

Márcia R.F. Campiolo

Medical Office Management

Developing and Managing
Systems with High Quality
Customer Service

Contributions by
Francisco Eugênio Campiolo



Springer

Medical Office Management

Márcia R.F. Campiolo

Medical Office Management

Developing and Managing Systems
with High Quality Customer Service

 Springer

Márcia R.F. Campiolo
Londrina, Paraná, Brazil

ISBN 978-3-319-13886-2 ISBN 978-3-319-13887-9 (eBook)
DOI 10.1007/978-3-319-13887-9

Library of Congress Control Number: 2015959482

Springer Cham Heidelberg New York Dordrecht London
© Springer International Publishing Switzerland 2016

This work is subject to copyright. All rights are reserved by the Publisher, whether the whole or part of the material is concerned, specifically the rights of translation, reprinting, reuse of illustrations, recitation, broadcasting, reproduction on microfilms or in any other physical way, and transmission or information storage and retrieval, electronic adaptation, computer software, or by similar or dissimilar methodology now known or hereafter developed.

The use of general descriptive names, registered names, trademarks, service marks, etc. in this publication does not imply, even in the absence of a specific statement, that such names are exempt from the relevant protective laws and regulations and therefore free for general use.

The publisher, the authors and the editors are safe to assume that the advice and information in this book are believed to be true and accurate at the date of publication. Neither the publisher nor the authors or the editors give a warranty, express or implied, with respect to the material contained herein or for any errors or omissions that may have been made.

Printed on acid-free paper

Springer International Publishing AG Switzerland is part of Springer Science+Business Media
(www.springer.com)

To dedicate a book to someone is, to the author, a way of demonstrating a profound love, respect, and consideration toward the people to whom the work is dedicated.

In my life, my husband Francisco Eugênio is to me a great example of a human being who has an amazing inner beauty, to be appreciated by those who have the privilege of having him in their lives.

With great love, I dedicate this book to this man, partner for all times, who I had the honor and privilege to wed, and to our beloved sons Fernando and Daniel who are to us a gift from God.

To these beloved children to which my life has been dedicated and who also embraced the medical career, I leave this honor as a way to not only express my love but also my ideas.

To my parents João and Josefa, I leave my thank you for the love, hardship, and perseverance for giving me and my dear and only sister Eliane not only a university degree but the strength to face and overcome all difficulties in our lives.

Preface

The book *Medical Office Management: Developing and Managing Systems with High Quality Customer Service* from Marcia Campiolo is a unique approach that fills a real need in medical literature.

There is a growing awareness of the need to implement a professional management in healthcare facilities, from small clinics up to large hospitals. However, there is a real lack of knowledge in this area from healthcare professionals, and this is a real area of concern for many doctors.

This work comes to stimulate and guide physicians of any specialty to improve the ways for managing their practices, enabling further development of their staff.

Providing a service with excellence in quality and maximum concern for helping the patient represents the true foundation of the medical profession. However, customer experience with humanized healthcare is fundamental for professional growth.

This is my great pleasure to support and recommend this excellent work, which I consider to be a true statutory duty to stimulate all players in the medical field.

Rio de Janeiro, Brazil

Renato Ambrósio Jr.

Preface

A good medicine practice has always been supported by medical knowledge, which is acquired through years dedicated to the course and the specialization we later choose.

In the last few years, we have seen the growth in the number of professionals in different medical fields, making this an extremely competitive career.

Associated to that we have had great technological advancement in all fields of medicine, leading doctors past the point of no return, where huge amounts of constant investment are necessary for a quality medical practice with positive results.

When I finished medical school and, later on, my specialization in ophthalmology, I always emphasized medical knowledge, without great care for the organization and functionality of my office. The impulse in this area was only possible after my wife Márcia Campiolo managed my clinic.

At first I paid no mind to the “little, but constant, changes” introduced by her and even had some difficulty accepting some of her management procedures. But after some time I surrendered to the results obtained, especially with the clinic’s functionality, staff efficiency, rationalization, and better management of my time, as well as the visible development of our clinic.

The results are easily seen: a well-prepared staff to present a humanized and professional service; physical structure ready to offer comfort, convenience, and well-being; a cautious and thorough financial administration; and an objective and efficient service cycle. With all this structure functioning harmonically, investing in technology and in my professional training and improvement, especially, completes the cogwheels that move the clinic.

Today, I am fully convinced that professional success is a process of multiple correlations between good medical formation and efficient office management, always looking for effective quality in medical services and professional, humanized, and ethical treatment.

This book portrays a portion of our day to day routine, which makes practicing medicine with ethics and quality an even more delightful exercise.

Londrina, Paraná, Brazil

Francisco Eugênio Campiolo

Author's Biography

Márcia R.F. Campiolo is a Brazilian psychologist specialized in human resources administration and works in the field of management of health services. She is a consultant and lecturer in several medical events and congresses in Brazil. Also, she is the manager of a medical service, where she daily deals with matters related to this field.

Her exclusive dedication to the field of health services management started in 1996; since then she makes use of her vast experience to adapt and develop works that involve team development, as well as organization and professionalization of work cycles inside doctor's offices, clinics, and hospitals.

She is the editor of the *Ophthalmology Management*, of the Brazilian Society of Administration in Ophthalmology, of which she also is, for the second time consecutively, administrative director.

She is columnist for the human resources magazine *Revista Doc—gestão em saúde* (*Doc Magazine—Health Management*) and also of the magazine *Gestão em Oftalmologia* (*Management in Ophthalmology*).

She is author of the two books *Medical Office Management* and *Doctor's Agenda: Beyond the Trivial*.

Contents

1	Introduction	1
2	The World Today: Understanding How the Client Arrived to the Current Profile	3
	Historical Retrospective	3
	Understanding History	9
	References.....	11
3	The Doctor’s Office Clients	13
	Patient or Client?.....	14
	The Client Today.....	17
	Who Is the Client?	18
	The Client Market	20
	The Client of the Information Age.....	24
	Client Expectations	25
	The Unsatisfied Client.....	27
	Suggestion Box/Computerized Totem/Feedback Poll	28
	Conflict Management.....	29
	References.....	32
4	Ensuring Customer Loyalty: The Challenge of a Long-Lasting and Stable Relationship	35
	Understanding the Creation of Loyalty.....	35
	Relationship Programs with Clients of Medical Practices.....	37
	References.....	40
5	Selecting New Members for the Clinic’s Staff: The Search for New Talents	41
	The Selective Process.....	41
	Recruiting.....	43
	Internal Recruitment	43

- Employee Referral 44
- Curriculum Database 44
- Job Announcements 44
- Recruitment Agencies 44
- Technical Course Schools 45
- Class Association 45
- Websites of Professional Placement 45
- Professional Relationship Websites 45
- Screening: Initial Assessment 46
- Candidate Selection 47
 - Before the Interview 49
 - Precautions To Have During an Interview 50
 - Taking Notes During an Interview 51
 - Place of the Interview 51
 - Active Listening 51
 - What to Observe During an Interview 52
 - Ethical Aspects of the Interview 53
 - Steps of the Interview 53
 - Warm-Up 53
 - Investigation 54
 - Closing 56
- Is Previous Experience Important? 57
- The Time to Fire an Employee 58
- References 59

- 6 The Preparation of the Clinic’s Staff 61**
 - Client’s Perspective 61
 - Teamwork 63
 - Developing of Competences and
Continued Education 65
 - Customer Service 69
 - Tools for the Work in the Staff’s
Continued Education 70
 - Presenting the New Employee 70
 - External Events 71
 - Benchmarking 72
 - Scholarships 73
 - Multifunctionality 74
 - Courses/Internal Lectures 74
 - Constructive Feedback 74
 - The Mistake as a Source of Learning 74
 - Individual Interviews 75
 - Conditions for the Utilization of the New
Knowledge and Skills Developed 75
 - Meetings 76

- Acquiring of Knowledge..... 77
- Evaluating the Work in the Clinic..... 77
- Sharing and Applying Knowledge..... 77
- Dantotsu 78
- Motivation for Work..... 78
- Green Behavior: The Socioresponsibility in Focus 81
- References..... 84

- 7 Basic Areas of Customer Service in Medical Clinics 85**
 - The Tripod of Customer Service..... 85
 - Telephone: The Magic of the Words..... 86
 - Scheduling Techniques 96
 - Vocabulary 97
 - Time Options..... 98
 - Interest for the Client 99
 - Confirmation of Appointments 99
 - Urgency and Emergencies..... 100
 - Tips..... 100
 - Front Desk..... 101
 - References..... 103

- 8 The Process of Communicating with the Client..... 105**
 - Communication Channels..... 106
 - Verbal 106
 - Nonverbal..... 108
 - Symbolic 110
 - Unraveling Communication 110
 - The Impact of Words in the Relationship with the Client..... 115
 - Positive Language 118
 - Feedback 119
 - Listening to Others..... 120
 - References..... 121

- 9 Managing the Client’s Time Perception..... 123**
 - Waiting Time..... 123
 - Waiting Room: Maintenance and Organization..... 125
 - Contamination..... 125
 - Ambience 126
 - Amenities 127
 - Magazines 129
 - Ambient Sound 132
 - Television 133
 - Other Amenities Offered to Clients 134
 - References..... 135

10 Professional Image and Client Perception 137

 Building a Professional Image 137

 Appearance Care 139

 Makeup 141

 Fingernails..... 141

 Hair 141

 Accessories 142

 Dress Code 142

 General Care 142

 Professional Ethics in Teamwork..... 143

 References..... 145

11 Pearls of Wisdom in Customer Service:

Real-Life Stories..... 147

 The Clients Are Always Surprising 147

 Embarrassing Reception 149

 Impulsive Answer 149

 Pleasing Within Possible..... 150

 Professional Blindness 150

 A Matter of Name 150

 Doctor-Client Communication..... 150

 Personality That Astounds 151

 Professionalism? 152

 Professional Ethics? 152

 Teamwork..... 152

 Misunderstood Words 153

 Anxiety..... 153

 Special Request..... 153

 Professional Secrecy 154

 Politically Incorrect..... 154

 Privacy in the Reception 155

 Robotization in Service..... 155

 Image..... 156

 Multiple Inadequation..... 156

 Exemplary Posture 157

 Inappropriate Smile..... 157

 References..... 157

Index..... 159

Chapter 1

Introduction

“Words are the breath of the soul.”

Pythagoras (Greek mathematician, lived approximately between 580 and 500 B.C.)

With the fast and continuous movement of global changes, profound modifications on the client’s profile can be noticed, in all areas of the economy and also regarding their doctor.

Therefore, medical clinic managers strongly feel the need to search for wider and more innovative actions, becoming even bigger strategists, mainly to what comes to human resources, since its importance is notorious to a doctor’s success.

To innovate is to introduce novelty to the old, to step out of the box where old habits in old practices imprison us and, with that, reach an integrated, motivated, and efficient staff who wishes to grow, to learn, to develop, and to reach success.

Nowadays, to manage people is no longer a synonym to controlling, patterning, and routinizing, but to stimulate involvement, growth, and staff development. This is, surely, a task of great proportions.

It is important to recognize that it is crucial for the manager to have a high endurance to frustrations, considering that, when dealing with people, there will be fatal judgment errors or unforeseen changes in a worker’s behavior. These situations often lead to questionings to the real validity of certain strategies that give emphasis to the elevated valuing of the staff.

Frustrating situations or misjudged assessments don’t cancel out the great importance of this work, quite the other way around, actually. They become sources of expertise that will aid you on the planning of future strategies, where such occurrences may be avoided more dexterously.

Innovating, being creative, and obtaining more positive results in this work surely will help doctors in their search for professional success in this highly competitive market.

Therefore, the manager must constantly have a wide and critical view of their work, for, as Thomas Edison said: “If there is a way to do it better, find it.”

I hope this book may somehow contribute to improve the quality in doctor’s offices services, wherever the ideas, the breath of my soul, herein contained, may reach.

Chapter 2

The World Today: Understanding How the Client Arrived to the Current Profile

“Men make their own history, but they do not make it as they please; they do not make it under self-selected circumstances, but under circumstances existing already, given and transmitted from the past.”

Karl Heinrich Marx (German Philosopher, 1818–1883)

Abstract To understand the present and make pointing out tendencies possible, it is of utmost importance to know and understand the historical process the world went through. The past is a determining factor for us to be able to become managers who are better prepared to face the current challenges. The historical comprehension leads to the maturing of knowledge and the broadening of the world view and the ways of the market. By analyzing the historical events related to the rights and behaviors of the consumer, we observe that even the facts that occur on different parts of the world end up having their role in changing the profile of the client. World events are not isolated islands; the world communicates and intertwines, provoking changes. This chapter aims to reunite a part of the world’s history through a few important facts that somehow helped guide the way people around the world changed their behavior, becoming more demanding regarding their consumer rights, leading up to us having the client in doctors’ offices with the current profile, in which they are ever more demanding and aware of their rights.

Historical Retrospective

“Only persons that really changed history are those who changed men’s thinking about themselves.”

Malcolm Little, also known as Malcolm X (one of the greatest defenders of African American rights in the United States, born in 1925 and murdered in 1965)

It is common knowledge that we are living a moment of great and quick transformations; however, although this is a widely discussed subject, many doctors can still be seen not fully noticing the repercussions of these changes in their work dynamics.

It is important to recognize the questions related to the urgent need of changes in the sense of a greater modernity in the health services, in all aspects that involve people as well as the general functioning of the workplace.

Within this point of view, the development and professionalization of the employees and even of the doctor to give quality treatment, focused on the attention, cordiality, professionalism, information, knowledge of the law, and socioenvironmental responsibilities, are essential.

To better understand this new profile of the society, as well as the individuals and the new concepts of treatment, it was necessary a brief analysis of some important facts that happened in the world and that with time greatly contributed in the creation of this new profile of market and client that now presents itself.

Of course it would not be possible to cite all the facts in this area that occurred in the world, but I make here an attempt to list some that I consider the most important ones happening throughout history:

1. In the Babylon of the eighteenth century B.C., the Hammurabi Code shows the existence of laws to handle matters related to family, succession, and patrimonial issues. Furthermore, there are references to issues related to pricing, quality, and quantity of products, as well as duties of liberal professionals, such as surgeons and architects, and autonomous professionals, such as contractors, also referenced. Penalties could be pecuniary, physical punishments, or even death. In the text, a concern over the protection in the buying and selling of products and businesses, as well as in social relations, can be observed. According to Hammurabi's legislation, people with lesser financial means paid less for certain products and services, while those financially better paid more.

In the articles 215, 216, and 217, it is stated as follows:

- If a doctor has done in an awilum a difficult incision with a bronze plate and healed the awilum or (if) cut open the nakkaptum (eyebrow) of an awilum with a bronze knife and cure the awilum's eye: he will take ten silver shekels.
 - If it is the son of a muskênum: the will take five silver shekels.
 - If it is the slave of an awilum, the owner of the slave will give the doctor two silver shekels.
2. In the thirteenth century B.C., the Massu code in India created sanctions for cases of food adulteration, foreseeing fines and punishments, as well as compensation of damages, to those who adulterated classifications (Law No. 697) or that delivered something of inferior quality to the one agreed upon or sold goods of equal nature for different prices (Law No. 698).
 3. There are studies about the testimonies of Cicero, in the first century B.C., in Greece, assuring a guarantee in case of, in the process of buying and selling, the salesman delivers goods of quality below that which was promised. He wished to raise alert and make sure that problems in the relations of consumer goods could be solved.

4. In France, 1481, during Louis XI's reign, the scalding bath was the punishment for those who mixed water with milk or sold butter with rocks, to increase its weight.
5. In the fifteenth century, in France, the adulterations were handled with physical punishments to the falsifiers.
6. In the seventeenth century, the advent of the microscope allowed the visualization and facilitated the replacement of passive observation to active experiencing, and it became a great ally to the consumer in the aid of the analysis of food, water, and adulterations, especially of spices.
7. In the United States, in 1773, colony period, the episode against tea taxes on the Boston Harbor (*Boston Tea Party*) is a registry of a manifestation of consumer reaction against the outrageous demands of the British farmers.
8. In 1789, in France, the "Declaration of Rights of Men and Citizens" was contextualized within the perspective that before considering the subject of the relationship of consume, one needs to recognize the individual as a citizen, subject of individual rights.
9. In Brazil, in 1840, the Commercial Code in its articles 629 and 632, established rights and obligations of the passengers of vessels.
10. In May 15, 1862, the first draft of the FDA, as the US Chemistry Division and Department of Agriculture.
11. The telephone has its invention attributed to Alexander Graham Bell in 1876. But amidst so much polemic, even the US Congress recognized in 2002, through resolution 269, that the first device was created around 1860 by the Italian Antonio Meucci, who called it the "talking telegraph." The telephone, with time, would become one of the greatest communication tools among consumers and companies.
12. In 1890, the edition of the Sherman Antitrust Act happened, also known as the Sherman Law, aimed to suppress frauds done in commerce, as well as outlaw dishonest commercials.
13. In 1891, Josephine Lowell, in the United States, had the initiative to create the "New York Consumers League," currently "Consumers Union," that kick-started the Consumer Movement, that spread throughout the nineteenth century and during the twentieth century, to the world.
14. In the year of 1894 the Telephone Central was invented, notably changing telephone communication. Since the invention of the telephone, the use of the device had not expanded much until then.
15. In 1906, Upton Sinclair writes *The Jungle*, describing the author's visit to a meat-based food factory. The intense repercussion of his work led to the editing of the Pure Food and Drug Act, due to the incredibly and countless negative revelations regarding the production process of those foods.
16. As a result of the Pure Food and Drug Act, in 1907 the Meat Inspect Act was created, aiming to inspect and control the meat commercialization.
17. In Sweden, the first consumer's protective legislation was approved in 1910.
18. In the United States, in 1914, the Federal Trade Commission is created, aiming to apply antitrust laws and protect the customer's interests.

19. PFDA (Pure Food Drug Insecticide Administration) comes forth in 1927 in the United States.
20. In 1930, in the United States, the FDA (Food and Drug Administration) begins to have their current designation, as well as more regulatory functions. This is the organ in charge of the liberation and control of medications and food that in 1938 began to attend to attributions and competences of the cosmetics segment as well.
21. In 1936, in the United States, Consumers Union arises, becoming a great organ of consumer protection in the world. Among its attributions was the publishing of magazines and books to advise consumers.
22. In the 1940s, in England and the United States, the practice of “social auditing” in the world begins to appear for the first time.
23. In the United States and Japan, after the 1950s, postwar period, the movement toward rapid ascension in the production and consumer markets began, leading clients to accelerate the process of change where the essence is demand for quality in every meaning.
24. From the postwar period on, in Brazil as well as in other Latin American economies, state intervention in the economy happened, especially on the basic sectors (power, transportation, mining, metallurgy, etc.).
25. In 1953, in the United States, the book *Social Responsibilities of the Businessman*, by Howard Bowen, was published, the theme being welcomed with great interest and space.
26. The 1960s were marked by important happenings for consumers. In the beginning of the decade, the IOCU (International Organization of Consumers Unions), currently known as CI (Consumers International), was created. The IOCU was initially composed of five countries: Australia, Belgium, the United States of America, Holland, and the United Kingdom. Brazil currently participates in the IOCU through Fundação Procon (Procon Foundation) and IDEC.
27. Though there are no exact dates, it is known that the call center began in its most elaborate form in the 1960s, in the United States. According to Gubert et al. (2004 p. 19), there are no dates of origin for the call center.
28. In the 1960s, call centers were created, making the communication of clients and companies much faster and more accessible.
29. A significant fact of the 1960s in Brazil, in what comes to consumer protection, was the decreeing of the Delegada Law No. 4 of 1962 that took effect until 1998 and aimed to secure the free distribution of goods.
30. In 1962, on March 15, John Fitzgerald Kennedy sent the American Congress a letter where he asked the congressmen that laws began to have a special attention to what comes to consumer rights, related to four aspects: right to security of protection against the commercialization of products dangerous to health and life; the right to information, which includes general aspects of advertisement and information on the product itself and its best utilization; the right of choice, fighting monopoly and antitrust laws and considering competition and competitiveness favorable factors to consumers; and the right to be heard that began to consider consumer’s interests when creating government policies and

regulation procedures. Currently, March 15 is celebrated as World Consumer Rights Day.

31. In 1965, in Malaysia, the first consumers organization for developing countries was created, the “Selangor and Federal Territory Consumers Association.”
32. In 1967 AT&T launched the 1-800, through which clients now could call companies that made their names available, without costs to the consumer.
33. In 1969, in the ambit of the OECD (Organization for Economic Co-operation and Development) (an international organization of developed countries with representative democracy and free market economic principles with head office located in Paris, France), a commission was created for consumer policies, initiated by Germany, the United States, France, and Holland.
34. In 1969, in Europe, a commission for consumers policies was created, being responsible for a report, delivered in 1972, that ended up leading to the creation of the Consumer Letter, the UN resolution over Directives for a Consumer Protection Policy (Resolution no. 39/248 of 1985) coming some time after that.
35. At the end of the 1960s, in the United States, the concept of ethics in business takes momentum, and this is mainly due to the attacks to the automobile industry and to the movement in defense of Consumers Rights.
36. In 1971, in Canada, Greenpeace, now with head office in Amsterdam, comes to life, an NGO with approximately three million collaborators, with offices in more than 40 countries, and whose goal is environmental protection. After its creation, the world seems to accelerate its course, toward a greater ecological consciousness, slowing down the environmental destruction, many other NGOs concerned over the matter arising with time. We watch the beginning of a global voice that demands fresh air, clean water, and a safe future for Earth.
37. Still in 1971, in Sweden, consumer protection began to count with the ombudsman and the consumer court.
38. After nearly 100 years of the telephone’s invention, in 1973, Motorola presents the first mobile phone device. This device was designed by Martin Cooper, the one who made the first call to the competition (Bell Labs), with whom they competed in the creation of a wireless phone device. This first call was received by Joe Engel, who later on perfected the technology and made Bell Labs responsible for the cell phone as we know today.
39. In France, Rover Law was edited, meant to protect small businesses and craftwork that had regulation norms of illicit publicity and permission to exercise civil action through consumer associations.
40. In the 1970s, in Europe, the idea of social responsibility of companies became popular.
41. In 1975 Microsoft is founded, the company that later on began to dominate the operating systems market. The initial public offering of the company was in 1986.
42. In 1976, Consumer Commission, stemmed from OCDE, created the Consumer Letter that constituted the first official document in Europe to discuss consumer rights. Although this document was very synthetic, it served as the base to the inspiration for Resolution C092/01 of 1975 (European Council) that

established a CEE preliminary program, turned to consumer protection and information.

43. In 1976, the Government of São Paulo created the first public agency for consumer protection, named Executive Group of Consumer Protection (Grupo Executivo de Proteção ao Consumidor), now PROCON. It was also in this decade that the promulgation and implementation of norms directed to the food segment (Act 986/69), healthcare (Act 211/70), and housing (Law 6649/79 on renting and 6676/79 on allotment).
44. In England, in 1977, the Unfair Contract Terms Act was created as a defense system for the consumer that wanted to know the nullifies of abusive clauses, especially those that could eliminate responsibility and risks to the supplier, outside of the requirements of reasonability, being that, in those cases, reasonability was objective, according to consecrated parameters.
45. With no consensus over the exact date, but it being set in the 1980s, the modern Internet appeared in the United States. Global systems of computer networks caused a revolution to human kind, turning old habits into new and creating new ones, shaping world information, work processes, social interaction, and human behavior. The Internet was shaped from pioneer study programs that were being developed since the 1960s, by the United States, United Kingdom, and France, but that had not created the Internet as it is.
46. On April 9, 1985, the UN, General Assembly of the United Nation, issued the Resolution no. 39/248, as guidelines for a Consumer Protection Policy, that can be pointed as one of the responsible for the concretion of basic consumer rights, restating the importance of government participation in the implementing of consumer defending policies.
47. In 1985, in Portugal, Act no. 446/85 of October 25, 1985, forbids hiring clauses contrary to good faith, safekeeping contracts, and even dealing with reparation for illicit acts done by those who guiltily cause harm to the other party.
48. In 1985, the UN General Assembly adopted Resolution no. 39/248 that established directives for consumer protection, highlighting the importance of government participation in the implementation of consumer defense policies.
49. In 1987, in Brussels, the *European Ethics Network* (EBEN) was created, aiming to give space to exchange programs of company managers and business administration students.
50. In November, 1989, the Berlin Wall fell down and, along with it, the border that divided Germany for 28 years.
51. In 1986, the International Institute for Economy, in Washington, promoted a meeting of which many international financial institutes attended and where the Washington Consensus was created as a reform program for Latin America that included market deregulation, commercial opening, increase of flexibility in work laws, rigorous fiscal adjustment, and state interference reduction.
52. In the beginning of the 1990s, the Internet was introduced to the world, changing the client to company relationship and global behavior.

53. In September, 1990, in Brazil, the approval of a Consumer Defense Code (CDC) also created the Consumer Defense and Protection Department, of the Economical Rights Office of the Justice Ministry. The biggest impact was not juridical but social: the clients became aware of their rights in the country.
54. In Germany, 1990, specific legislations were created, such as the *VerbKrg* (Consumer Credit Act) that intended to regulate credit contracts and credit procurement contracts, privileging the consumer's position that could now even revoke the contract unilaterally.
55. In 1991, the Soviet Republics, after an attempt of a Coup d'État, chose to end the USSR and adopt market economies.
56. In 1992, with initially about 50 companies, the Business for Social Responsibility organization is created in the United States.
57. In 1998, the concept of social responsibility for companies is introduced at the World Business Council for Sustainable Development, in Holland.
58. In 1998, in Brazil, the Ethos Companies and Social Responsibility Institute is founded, aiming to promote and disseminate socially responsible business practices, helping companies and society to achieve social, economic, and environmental development.
59. In 1998, Google is created to provide online and software services. Its public offering happened on August 19, 2004. Since the beginning, its mission is to organize world information and make it universally accessible and useful. Its slogan is "don't be evil."
60. 2004 is the year when Facebook is created, a website and social network service. In 2012 it hit the one billion users mark, becoming the biggest social network in the world.
61. In June, 2012, more than 2.4 billion people were counted as users of Internet services, more than a third of the world's population.
62. According to an ITU report, in 2014, the number of connected people in the world was nearly three billion people, almost 40 % of the world's population.
63. According to a consultancy, in 2014 the world's e-commerce had an over 20 % growth, reaching nearly 840 billion dollars.

Understanding History

"We must be inserted in the globalization process. We cannot choose whether or not to participate on it."

Alfredo Riskallar, president of the Stock Exchange of São Paulo, about globalization.
Source: Isto é Magazine—Date of publishing: Aug 21, 1996.

Of course the facts highlighted address only some of the happenings throughout man's history in the world, but it's possible to take conclusions based on these facts.

We can clearly observe from the course of history that happenings inexorably occur in a way to create in our society citizens that are informed, demanding, critical, and aware of their rights, as well as environmental and social matters.

The relationship with clients goes beyond money exchanged for products or services. It implies a balance of rights and duties for both sides. At the same time, it is also apparent that companies, public agencies, and nongovernmental organizations have showed great concern over sharing responsibilities over social actions with the state, intending to fight social inequities and support minorities.

With all this, it is possible to see social responsibility and ethics mobilizing an increasingly bigger number of organizations that believe that this is the way to sustainability and the creating of a society more prosperous and honest.

The great theme today is social or socioenvironmental responsibility. It can be said that having social responsibility implies in a way of developing your business in a way that your actions show concern and looks after the well-being of the community, the environment, and your staff.

The spreading of the Internet, without a doubt, was an extremely remarkable presence in our history, through the popularization of the computer as a communication and universalizing of information tool and even actually facilitating access to medical information by the clients, which in turn are led to ask more questions to their doctor.

This behavior demands an increasingly greater investment and preparation from the doctors and their staff, in what comes to acquiring and updating of knowledge, technologies, client treatment, as well as comfort and convenience in the physical space.

For the last few years, there was also an increase in health insurances and medical assistance, diluting the amount of participation of each company in this field, gradually pulverizing the segment, and, with that, establishing new rules that arrive to make the doctor's ascension even harder.

The Internet has also made information more instantaneous and widely democratic, which brings us to another problem: the over-information, where we always feel the need to be informed, news multiplying constantly, making the holding of information simply unfeasible.

With all this, to follow the evolution in the information world, its technologies and new client profile, many doctors, individually or in groups, end up investing in building new, modern, bold, and well-equipped hospitals and clinics, as well as in greater attendance to medical events, looking to update themselves, while others remain stuck in the same place, making clients realized the polarizing and contrast between one and the other, which ends up making clients increasingly more demanding and the doctor increasingly more exposed to this market evaluation. It is common to see that after being in modern environments and with a better prepared professional treatment, the difference regarding those that remain stuck in time is even more obvious and uncomfortable.

We conclude, then, that individuals are transformed by all these happenings in our history, and their attitudes, behaviors, and expectations quickly go through modifications, leading them to develop profiles that are presented to us every day inside the clinics, where criticism, demands, and expectations regarding treatment and services provided in the doctor's office are extremely high.

References

1. Almeida Neto, Antonio Prudente de. História e evolução do Direito do Consumidor. Jus Navigandi, Teresina, ano 15, n. 2645, 28 set. 2010. Disponível em: <http://jus.com.br/artigos/17500>. Acesso em: 16 jan. 2015.
2. de Altavila J (2001) Origem dos Direitos dos Povos, 9th edn. Cone, São Paulo
3. Roman, Artur . Revista FAE Business, número 9, setembro de 2004, artigo Responsabilidade Social das Empresas: um pouco de história e algumas reflexões. Disponível em: http://www.fae.edu/publicacoes/pdf/revista_fae_business/n9/11_rs_empresas.pdf
4. Saraiva, P. S. O movimento de responsabilidade social das empresas no Brasil e no mundo. In: Relações Públicas e a Responsabilidade Social das Empresas com o Público Interno. Monografia de Conclusão de Curso (Graduação em Relações Públicas) – Escola de Comunicação, Universidade de São Paulo, São Paulo, julho/2001. Disponível em: www.ethos.org.br
5. Duarte, Cristiani de Oliveira Silva e Torres, Juliana de Queiroz Ribeiro. Valor Online, artigo: Responsabilidade Social Empresarial: dimensões históricas e conceituais, de, Prêmio Ethos-Valor - 4ª edição – 2004. http://www.valoronline.com.br/ethos/docs/cristiani_duarte_e_juliana_torres.pdf
6. Guglinski, Vitor. Breve histórico do Direito do Consumidor e origens do CDC Acesso em JusBrasil - <http://vitorgug.jusbrasil.com.br/artigos/112106596/breve-historico-do-direito-do-consumidor-e-origens-do-cdc>
7. Herschberger, Marc. The Complete History of Customer Service Operations, access in Eventus Solution Group, <http://www.eventusg.com/blog/the-complete-history-of-customer-service-operations>
8. Zitscher HC (1999) Introdução ao Direito Civil Alemão e Inglês. Del Rey, Belo Horizonte

Chapter 3

The Doctor's Office Clients

"God forgives, the client does not."

Anonymous

Abstract To better understand the client, one must also understand the market, and this is the path to have a better management in the health service sector. The client is the reason of a clinic's existence; therefore, it is crucial to be deeply aligned with this critical face, for the survival of the business. In the health sector, the designation of patient or client generates a certain polemic and doubt over which is the best word to identify that which is the reason of all the doctor's and the team's work and study. To conclude, it is necessary to thoroughly analyze the concept of client and patient, searching in their origins, the reason for them to be. That being said, we then return to the concept of client. The concept of client cannot be considered only as the patient. There is a series of factors that orbit around the client and the clinic that are also highly important for the success of the health sector. Also, we need to better understand what the client wants from the health sector, what he looks for in a consultation, and match these data with the information connected to the profile of the client we see today in at the doctor's office, with their demands related to service growing exponentially, as well as their demand for the service of the clinic. It is necessary to point out that even when making great efforts to perform a quality work, unhappy clients will always exist, making it also very important to know how to deal with matters of dissatisfaction, turning them into a source of learning and customer loyalty. A better understanding of these complex aspects related to the client arms us with better tools to face an increasingly competitive and fragmented market, where the fraction belonging to each professional is always being shared with new professionals flooding the market each day. This makes the work in the health area a daily challenge in the hopes of acquiring and maintaining professional space.

Patient or Client?

“The art is long, life is short, opportunity fleeting, experiment dangerous, judgment difficult.”

Hippocrates (Greek Doctor, 460–370 B.C.)

Words are created to express meanings. Often times to accompany the evolution of thought in societies, some words change in an attempt to better verbalize the conceptual evolution of thought and people's needs.

The word “patient” originates from the Latin “*patientem*,” the one who suffers, aches. It is a word of double meaning, for it reminds us of someone who is under a doctor's care for suffering from an illness, but it also points to those who have no rush, who know how to wait, someone with patience.

In the history of medicine, for centuries, the word “patient” was used in a “natural” way on the day-to-day health services; however, with the great changes that happened to society's profile and to people's behavior, a process began, where “patients” began to be called clients by some parts of the health sector, and, gradually, this denomination began to gain strength.

Because of its market economy derivation, the name *client* has not been totally accepted among doctors, once there is the fear that the use of this expression may bring serious modifications with it, dehumanizing and marketizing medicine. This is perhaps because the denomination client derives from the general market to medicine, something that, to many people, does not clearly state the noble character of the profession focused on the preservation and quality of life and can push professionals away from the ethical aspects necessary to the exercising of this profession.

There is not a consensus and it is not about a purely semantic matter, but of a much deeper meaning, rooted culturally and historically.

This path toward change went against the agreement to the concept that the word client has a more participative and less paternalist connotation, as opposed to the word patient, that, ever since the beginning of medicine, has been having a more passive stand regarding medical treatment.

In 1993, Richard Gordon wrote in his book *The Alarming History of Medicine* a quotation attributed to an anonymous that says: “your disease has a very long name in latin, that you will not understand.”

This sentence has a very elucidating meaning, in which the humanization of medical treatment did not exactly pass by the right to information that the patients had of being aware of their own conditions, and possibly, taking a more participative stand in the decision processes about which conducts are to be adopted.

This new conceptual perspective intends to take, to those who get and to those that offer treatment, the possibility of broadening their view about it, where disease stops being the sole focus of attention, giving those who receive medical treatment, bigger possibilities in their relationship with the doctor and the staff.

The concept of information today is at the center of a doctor's treatment, just as freedom is at its foundation, making the individual who receives treatment an important and active character in this process. Freedom of choice is connected to the access to quality information.

Today the concept of client in a health service is quite extensive, where not only the person who receives treatment is conceptually called a client. The companions, family members, healthcare providers, and even the community may be included in the concept of a health service client, because they must be received and assisted with all the care of someone who intends to offer services of elevated excellence and provide a positive perception in all segments related to it.

Within this point of view, it is possible to say that all patients are clients, but not all clients are patients.

More important than the expression used is the concept lying behind it, the way the individual who receives a medical care is seen and treated. The treatment must point not only to all the aspects related to the physical and mental state of people but also to the broader concept of a human being, where they are individuals that want and must get a quality service, where information and respect shape this relationship.

Despite the changes observed, it is known that many professionals that work in the medical field still resist changes and insist on keeping an outdated relationship model with the client, one that no longer satisfies society’s demands. To the ones who resist, the loss of unsatisfied clients is inevitable.

On the other hand, we are seeing the gradual growth of groups of medical professionals that try to tune in to the present moment and maintain a better positioned relationship with the patients, regarding the expectations of the contemporary individuals that come looking for health services.

It is possible to say that, in ideal terms, from the noble character of medicine, focused on the human life, there may be a need to have a designation that may hover between the expressions client and patient, keeping away from the common designation of client as it exists in the general market, one that currently still does not exist.

In this book I will mostly use the term *client* to designate those who receive medical care, but it is necessary to make clear that here, the term will be used within the new concepts of customer service, aligned to the current wish of the societies, as well as respecting the ethical precepts of the medical field and its important focus on a humane care, on life, and on the welfare of the human being.

In this respect, to understand the relation of the doctor with their client, we must know the models proposed in 1972 by Professor Robert Veatch from the Kennedy Institute of Medical Ethics of the University of Georgetown, the ones called doctor-patient relationship model (Table 3.1).

Table 3.1 Models proposed by Robert Veatch

Model	Who has the authority	Who has the power	Power relation between doctor and patient	Power relation between patient and doctor
Sacerdotal	Doctor	Doctor	Domination	Submissive
Engineer	Doctor	Patient	Accommodation	Variable
Colleague	–	Equal	Negotiation	Negotiation
Contractualist	Doctor	Shared	Commitment	Commitment

The sacerdotal model is based fundamentally on the hypocritical tradition as the base for the doctor-patient relation, where paternalism is the biggest mark, leaving aside the wishes and opinions of the client, from whom it is expected a posture of submission to the authoritarian power of the doctor.

As opposed to the sacerdotal model, the engineer model is where the doctor leaves all the decision power to the patient and, although preserving his or her authority, gives up the power of decision.

When analyzing the colleague model, we see that the power is exercised in a way to obtain an egalitarian relationship, where the negotiation is the essence of the relation. The great criticism to this model is the absence of the purpose of the doctor-patient relation, once the equal sharing makes the professional figure who has a certain knowledge and helps someone who wants answers to their problems and doubts lose character.

Lastly, we have the contractualist model where there is a sharing of power within the doctor-patient relationship. The doctor holds power through the responsibilities of what comes to technical decisions. The patients, on the other hand, share the responsibilities of the general decisions of their case with the doctor. This way, commitment and standing behind the decisions and prescriptions made are what is prized in this model.

Today, in a world where information is more accessible, the clients look for a customer service where they feel valued and completely informed. The information became an important differential to the satisfaction and loyalty of the client. It is possible to say that in this relationship between the doctor and the person who gets treatment, the most radical changes occurred in the behavior of the person receiving medical care. This person has left their "comfort zone" to have a less passive and more central performance in this relationship.

If we transport these doctor-patient relationship models to a doctor's office daily reality, we will see that the profile of the client today, in most cases, renders authoritarian or passive relationships impossible.

In their relationship with their doctor, clients look for professionalism, updated knowledge, clear and elucidating information, attention, empathy, availability, humane care, and respect.

With this profile of demands, many professional doctors try to supply the client with all the needed information, before suggesting and executing the prescriptions and procedures necessary.

This way, this individual will be duly enlightened and aware of what it is, what it means, the pros and cons of the procedures and prescriptions proposed, where in some cases, they participate even of the decisions, to the possible extent.

In what refers to surgical procedures, the so-called free and clarified consent is a practice already incorporated in a great number of doctor's offices and hospitals in Brazil and in the world, becoming, also, an important juridical instrument.

There are computer programs, developed essentially to this end, looking to show, through images, all the steps of the procedure the patient will go through. This educational task is often times delegated to assistants, as long as they are fully prepared for this function.

The *doctor-patient* relationship must be understood having in mind the creation of a relationship in tune to the current characteristics of the market, of the clients and of the doctor, looking for a relationship focused on ethics and scientific knowledge.

Thus, we could build a relationship model that we could call the *aggregation* model, once it could aggregate characteristics of all four models cited by Veatch, where in this relationship model ethics, information, respect, and client commitment are prioritized in the processed of medical care through knowledge of the disease.

In this model, the professionals constantly try to update themselves and win the respect of their clients through consistent knowledge and quality medical care.

In reality, the doctor-patient relationship that is present today comes from the course of history, of happenings that lead mankind to evolve and develop new ways of relationship between themselves.

This way, doctors cannot close their eyes to this process that is historical and follows inexorably this path, where a greater connection to the client and a bigger flexibility from the doctor are of vital importance to professional success, since the client wants professionals that answer to this expectations profile regarding their medical care.

We can believe that this is not an invention of our time, but a consequence that we live until now and that surely will evolve and transform; after all this is a dynamical relationship that transforms itself with time.

The Client Today

“The important thing is not what we do, but the way we do it.”

Amyr Klink (Brazilian navigator, born in 1955)

We face now in this twenty-first century a new client profile, whose characteristics reflect in a general way in all sectors of the economy.

The great changes in the market and consequently in the behavioral profile of people make us think back and study the client that arrives at the doctor’s offices.

We are constantly surprised with new situations and questionings every day, showing that this profile is in a growing way to changes, meaning these clients are learning every day to be more questioning and confident of what they are looking for in medical care.

By specifically analyzing the client that arrives at our doctor’s offices, their main characteristics are:

1. Demanding regarding medical care.
2. Complaints happen more often and more easily.
3. Have bigger access to information through several communication media but also wish to get information from the clinic regarding their diagnosis, treatment, prognosis, exams, and other services offered.

4. Are more connected, exchanging information about professionals over social networks.
5. More and more intolerant to mistakes, poor medical care, and poor-quality services.
6. To reach a stable and long-lasting relationship with the client has become an increasingly difficult mission. The client “switches” doctors easily.
7. They are more critical regarding the clinic structure and like it to proportionate comfort and well-being during their stay in it.
8. Have little time. Are always in a hurry and like agility.
9. Are observant and questioning.
10. Evaluate different prices for medical services on the market.
11. Usually have information about the competition, often more than you do.
12. Like practicality.
13. Are attracted to medical technology. Welcoming to technological innovations.
14. Understand that the relationship must be satisfactory also after the medical care.

We should also remember that this is not a finished, static profile. The characteristics of the clients we welcome every day at the clinic are extremely dynamic and are constantly changing.

The client today is more present during medical care, giving opinions and complaining when unhappy about it.

In the past, it was common for the complaints to be directed to the staff, but not when in front of the doctor. Today we see the client complaining also to the doctor, mainly to what comes to delays and poor quality in treatments.

This current profile that comes from a historical process of the evolution of societies acts directly over the institutions, causing changes in the processes and mechanisms of treatment. The client is a great agent of change. The discomfort caused by their complaints, suggestions, and requests constitutes a powerful agent that may lead to changes in health services concerned about growing and positioning well in the market.

Who Is the Client?

“Our clients never complained.”

(Advertising of a funerary services company in Rio de Janeiro, Brazil)

So that we may have an understanding of the current market, we must first define an extremely important point in any service: who is the client?

It is common to define a doctor's office client as “the patient.” A more careful and updated look over this matter shows that this answer is now particularly mistaken, since the professional physician today depends of a network of relationships that leads to their professional image, positive or not, in all sorts of places and social groups.

When a patient/client is under treatment, their companion must also be seen as a client, since they are present during medical care, extracting information and conclusions that will probably be passed on, during future opportunities.

Within this reasoning, we have the pharmaceutical and equipment industries reps, that, by visiting many offices, end up working as an important piece in the creation of the doctor's image outside of the clinic.

Of course the main focus is the individual who is the reason for the medical care, meaning, that will be directly seen by the doctor, but we cannot leave aside the other "instances" of clients, because, surely, they possess an important weight to the effectiveness of the doctor's professional success.

We cannot forget the staff members, to whom we must also pay a closer look, once they will also be transmitting the clinic's image to the market. From this perspective, the concept of endomarketing comes to integrate this point of view, looking to develop programs to proportionate among coworkers a positive perception of the doctor and the organization, seeing the staff as clients as well.

We could say that we have the primary clients, those who will receive medical treatment, and the secondary, those who, even though not receiving treatment, compose the groups that orbit around the clinic, influencing the perception of the health service performed there.

Hence, within this point of view, we may resume into this list of internal and external clients of a doctor's (Fig. 3.1) office:

Facing this great variety of segments, we can conclude that in each area, there are more than one segment of clients, with different needs and perceptions, there being a need to manage these differences the best way possible.

For example, a doctor who does not treat children still can have in the clinic a space of entertainment option for kids that end up accompanying parents and get

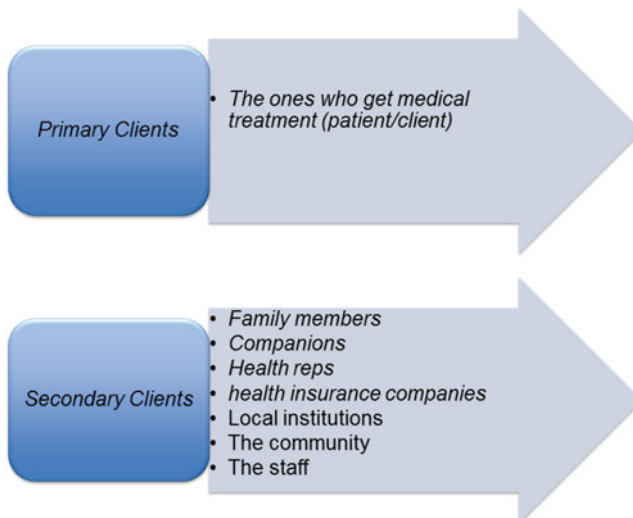


Fig. 3.1 The client instances

impatient or agitated because they have nothing to do, making parents impatient, trying to calm the child down.

By preparing the clinic to welcome children, even if the medical care is not turned to this segment, the doctor is giving these children the “client” treatment.

When it comes to children, especially, actions to improve their perception of the clinic end up generating a “rebound” effect, where parents see this attention to their children and feel pleased, in a way even thankful that the doctor remembered the presence of kids in the clinic.

The same happens with the elderly. Even if the client segment treated by the doctor does not include them, the clinic may have in its ergonomics some aspects turned to their comfort, such as safety rails, chair height adjustments, etc., improvements that may also see to this segment in a gentle, safe, and comfortable way.

This same logic may be applied to other groups of clients mentioned above, so that the management actions of the clinic through this broadened point of view may plan actions that guarantee the best levels of satisfaction possible, to the many segments involved in the health service process.

The Client Market

“No, I don't have a new path, what I have is a new way of walking.”

Thiago de Mello (Brazilian poet, born in 1926)

If we look at the client market of medical practices, we divide them into two parts: the active market and the potential market.

The active market constitutes the group of clients who already make use of the health services. The potential market is characterized by the clients that will come or that could come to be a part of the active market, meaning it is the potential expansion of a determined market.

Obviously every medical specialty possesses their own characteristics with a bigger incidence of clients, such as age group, gender, and expanding capacity, but we will consider only that all specialties possess an active and a potential market (Fig. 3.2).

In every medical specialty, the market is divided between professionals that are acting in it and those that will still arrive. In areas where the demand for new professionals coming to the market is high, being in a faster pace than the expansion capacity of that potential market ends up with a narrowing of work space for professionals, making the share of patients for each doctor becomes increasingly smaller.

There must be a balance between the number of doctors of each specialty and the population, so that people may have access to a number of doctors that give them a satisfactory medical care, just as doctors have a success perspective and are remunerated adequately.

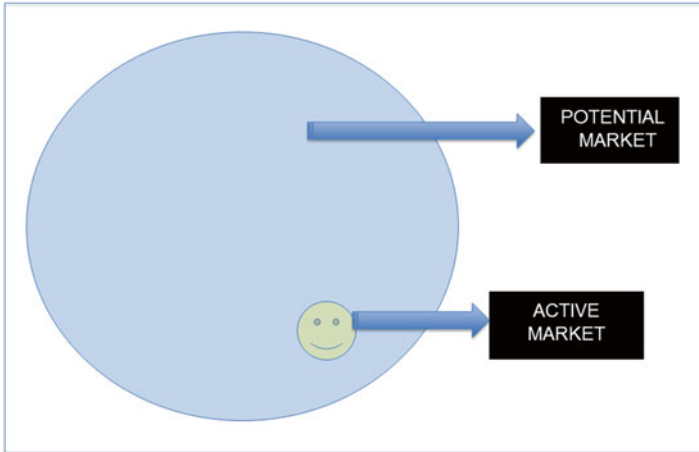


Fig. 3.2 The customer market

According to the World Health Organization (WHO), doctors are distributed unevenly around the world. But there are countries where the number of doctors is higher, mainly in some specialties.

In these cases, the number of professionals is above the “ideal” mark, which means that in these cases, the increase in the number of doctors is bigger than the demographic growth during the same period, in that region.

In these cases, especially, it is even easier to see how much maintaining the relationship with the client or, for short, retaining them, is becoming one of the most powerful weapons to reach and maintain professional success. It is not enough to win the client over; it is necessary to keep those who have at some point been seen by the doctor.

However, if we evaluate the service to the client, we realize that it is a long and complex process. When the client is before the doctor making a consultation, it is important to remember that before this stage, this relationship has already gone a long way.

In this long way, many clients were lost, many before they even got to the doctor. This way it is necessary to give a closer look to the process that is the “medical care.”

In every medical specialty, we have more or less steps to the medical care, but, basically, we can number some steps to this process:

1. The client feels the need to receive medical care from a determined specialty.
2. Looks for information that may lead them to choose the doctor that will see them.
3. Makes the decision about which doctor to go to.
4. Looks for information on where this doctor is located.
5. Contacts the doctor’s office for scheduling an appointment.

6. Confirms scheduling by the clinic.
7. Is seen at the reception.
8. Is pretreated by the doctor’s staff.
9. **Consults with the doctor.**
10. Does complementary medical exams.
11. End of medical care.
12. End of reception service—last impression.
13. Treatment of post-consultation problems.

Above are related, in a resumed way, the general steps to a medical care cycle for the client. It is noticeable the complexity that creates a great difficulty in keeping clients satisfied in all stages of the process that compose the medical service.

Each little step is like a link that must be united to another, firmly. Weak links may put to waste every work and effort of the others. For example, the doctor invests in their professional formation many times and is very well prepared to exercise competently their profession, but in their reception, there is an unprepared receptionist that does not please clients seen at the doctor’s office.

So this worker may be a weak link that may put to waste all the team work, since the client may choose to switch doctors, because they felt unsatisfied with the receptionist work. This is a scenario we might call “classic.”

I have performed a research with approximately 700 clients seen at a clinic in 2005. In 2014 I again did a research, this time with 1200 clients. Of course there are significant differences in different regions of the same country, but, even so, the informations serve as a numerical exemplification, of the obvious importance of having clients getting treatment capable of making them loyal, as well as making them indicate the medical service and the workers to others in their social circle. This principle is universal and its meaning can be extended to many other countries.

The research shows that 74 % of the clients seen for the first time at the clinic were indicated by another client. Besides that, it is possible to see that the search for doctors over the Internet has grown and is winning over more space.

On the other hand, the old phone book practically does not appear anymore, having been replaced in the majority of times, by the search tool on the Internet (Table 3.2).

Other than that, of the clients showing up for the first time in the clinic, 89 % had already seen another doctor of the same specialty before, which denotes an elevated volatility in the doctor-patient relationship, making them change their doctor of choice easily (Table 3.3).

Table 3.2 Sources the client opted by to choose a determined doctor

Other clients of that doctor’s office (%)	Health plan search engines (%)	Indication of another doctor (%)	Internet (%)	Other (%)
74	10	9	5	2

Source: Centro de Olhos Londrina (Londrina Eyecare Center) Research conducted in 2014. Total of clients researched: 1200

Table 3.3 Doctor turnover of the same specialty

Already consulted with doctors of the same specialty (%)	First consultation with doctors of this specialty (%)
89	11

Source: Centro de Olhos Londrina (Londrina Eyecare Center) Research conducted in 2014. Total of clients researched: 1200

We must also note that there are differences among medical specialties around the world, as well as configurations in the board of doctors that compose the clinical body of a specific practice, meaning that there are characteristics that may change these data.

Through these data, we may conclude that the satisfied client is the best advertisement a clinic may have. Besides, we may see that loyalty to a doctor is a goal that distances itself more and more from doctors, since it has become frequent and commonplace to “switch” doctors. That stable and long-lasting doctor-patient relationship is becoming a rarity in the market, giving place to less stable, not as durable ones.

By choosing or indicating a certain doctor, the client evaluates (even if unconsciously) everything involving references received in the indication of the doctor, the service offered by the clinic, as well as the environment and facilities, technological investments as well as all the other conditions involving a doctor’s image in the market.

A doctor-patient relationship involves a fundamental value: *freedom of choice*. Men must be free to decide over their body, health, and life, as long as those decisions don’t extrapolate the limits of their own person.

It is also important to be concerned about giving clients the best service on items that are not directly related to solving the medical problem itself, for example: appearance of the room, comfort, speed, helpfulness of people, welcoming, etc. People want a solution, yes, but it is also interesting to them HOW this solution is delivered to them.

The market has a constantly moving structure that must be watched closely and have its changes analyzed, understood, and put into perspective in a way to make possible the gathering of alternatives to keep us on route to success.

This search for ways to keep us well positioned in the market needs to go through the satisfaction of the clients seen by the clinic. They surely are the key to open doors to new clients and consequently to professional success.

So, to conclude, people who come to us to receive medical care must be recognized as clients. Someone who needs a solution to their problem but also someone who chose us to be their supplier, for this matter, must also receive our full commitment not only to the solution of the problem itself but also to give them a good experience during the whole process.

The Client of the Information Age

“Your disease has a very long name in Latin, you wouldn't understand.”

Richard Gordon—anonymous doctor quoted in “The scary history of medicine.”

We live in a very special moment where communication has reached a level and an extent never before seen by men.

The information became more accessible to people in all social levels and to even the most remote places in the world, made possible mostly by the Internet.

It is known that in the social layers with higher purchasing power, and in the richest countries, the access to the Internet is bigger, but little by little it is also becoming possible in the bosom of the least favored communities, where we see a gradual but constant decrease in the differences regarding access to information among social classes.

In the world, according to the Internet World Stats, in December 2014, there were more than three million users, 45.6 % concentrated in Asia, 18.9 % in Europe, 10.5 % in Latin America and the Caribbean, 10.1 % in North America, 10.3 % in Africa, 3.7 % in the Middle East, and 0.9 % in Oceania and Australia.

Of course there are abysmal differences between countries and even in different regions of one country, but even though the speeds are different, the global tendency is the expansion of the Internet use.

A national research conducted in the United States by Pew Internet & American Life Project, in March 2002, showed that 62 % of the Internet users, meaning, 73 million people in the United States, had researched health information over the Internet. In 2007, according to this same research company, the percentage was already of 86 %.

In what comes to general use of the Internet, still according to the Pew Internet & American Life Project in a research conducted in January 2014, 87 % of the adult Americans used the Internet, as opposed to the 14 % in 1995.

This fact has brought concern, including over the quality of the health information in *websites*, since many times the source of the specialist are unknown.

This new reality generated the so-called Internet client that in the office presents many demands and behaviors such as:

1. Has easier access to information about health, which allows them to feel more secure during the consultations, discussing and questioning more
2. Wants to have detailed information over the diagnoses, prognosis, and procedures indicated
3. Often questions the real need for certain exams and procedures
4. Needs to receive a bigger number of information regarding the new guides or payments in return consultations, surgeries, etc.
5. Researches pricing of medical services

All this leads us to reflect over the client that comes to the doctor's office. It is very common, especially if they already have a diagnosed pathology, to already have researched this pathology and bring a good deal of information about the subject.

In this case, the client usually is very inquisitive, with a much higher need for explanations and answers to their problems.

Not only the Internet, but the television, radio, newspapers, and magazines all very often bring articles and interviews over subjects connected to the medical field, leaving a very wide range of options as sources of learning.

The client is having access to a very large quantity of information that ends up creating a new paradigm relating to the doctor-patient relationship, often surprising doctors with new situations and questionings coming from the patient.

This client profile, in visible growth, is part of a group that more and more look for medical services that from their point of view may tend to their expectations and needs. We may notice that we are facing a very complex reality that makes the demands over the preparation not only of the doctor, but of the whole staff, become much bigger.

For this, the attention to the processes of continued education of the staff, focusing also on updating, must have a prioritized character, since a large part of the time the client spends inside the clinic, they are interacting not only with the doctor but also with someone from the staff.

Client Expectations

“The consequences of our actions take hold of us, quite indifferent to our claim that meanwhile we have “improved.”

Nietzsche (German philosopher, 1844–1900)

When a client looks for a clinical service, they bring with themselves many expectations and wishes regarding the service they would like to receive, which are relatively common among people. Often times these expectations don't manifest themselves in a totally conscious way to the clients, but they end up realizing them the moment one of them is not fulfilled, and a feeling of frustration and unhappiness begins to grow in relation to the service.

Meaning, when leaving the house and going to the clinic, the client is not consciously thinking: I want to be served well! I want to get a qualified medical service! In reality these wishes form inside each one of them, from their own life experiences and needs, creating the so-called demand group that presents itself to a higher or lower degree, depending on the person.

So, we can see processes involving clients' expectations through the graphics (Fig. 3.3) below:

Expectation may therefore be defined in a very simple way, as that is what you expect of someone, something, or a situation.

If it is something you expect, this means it anticipates the fact that will supply the needed information to confront our expectations.

This way, expectations are confronted with the reality that is perceived by the client, then appearing the client, satisfied or not, by the perception caused by the clinic.

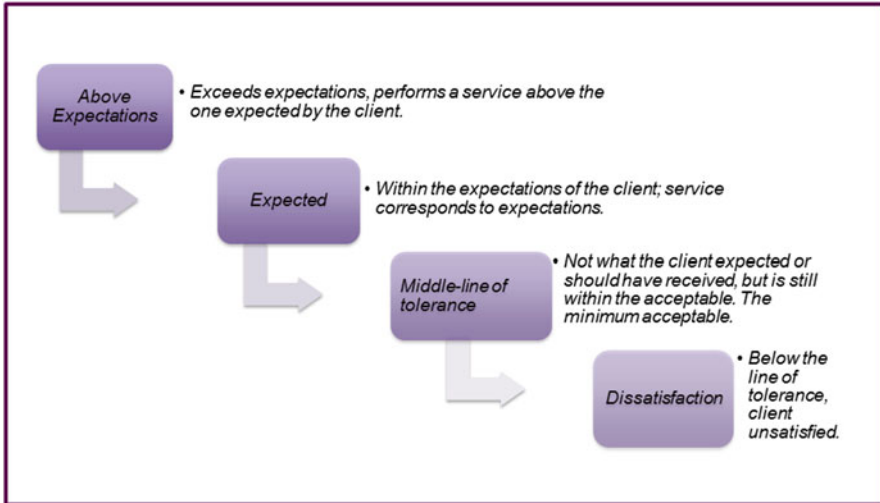


Fig. 3.3 Clients expectations

Therefore, to answer to the clients expectations and if possible, to go above them, must be the goal in every practice, once the maintenance of this client's stay in the clinic will fundamentally depend in achieving positive results in the services offered there.

During the medical care, through personal perception, while these expectations become a reality or not, the client begins to form their general perception of the doctor and the service they received; this perception will carry through comments to other people, creating a complex, dynamic, and diffuse network that spins out of control from the managers of the doctor's office.

Among the expectations noticed in clients, we could state the following as the main ones:

1. To receive a highly qualified medical care
2. Advanced technology aligned with medical service
3. To be well received
4. To be heard
5. To receive extraordinary attention
6. To feel important
7. To have comfort and convenience
8. To feel delighted
9. To feel unique

The Unsatisfied Client

“Man invented language to satisfy his deep need to complain.”

Lily Tomlin (American actress and comedian, born in 1939)

To express dissatisfaction was less common in the past. Today, the client increasingly expresses their lack of satisfaction with the service received.

Even today, a great share of clients complain preferably with members of the clinic’s staff, even if it is something related to the doctor’s care, for example, when it comes to the doctor’s tardiness.

This behavior is changing quickly and more often than not, complaints are being made directly to the doctor. However, it is common in health services for many of the client’s complaints not even reach the doctor’s ears. It is frequent for it to stay only between the members of the staff.

This happens mainly because of a lack of preparation from the staff, to understand that information supplied by the clients may be a source of growth to the clinic. Besides, in case the doctor or the leader of the clinic adopts a management style where these information that arrive at the clinic are not being utilized and fall into oblivion or even may become a reason for punishment of the staff, then, these information will hardly reach those in power to change something in order to better receive the clients.

By carefully analyzing this matter, we arrive at the following conclusions:

1. Many of the problems that cause dissatisfaction to the client may take a long time to reach the person in charge of the clinic, or they may never reach them at all.
2. We do not know what is going on inside a client’s head, even when they do not appear bothered by situations such as tardiness or any other problem happening in the clinic; their answer to these situations may surprise you.
3. The unsatisfied client is a valuable source of feedback over the clinic behavior and problems.
4. Being prepared to answer dissatisfied clients is surely a good strategy for the clinic’s success.
5. A dissatisfied client tends to be more “ferocious” when it comes to comments to a third party, regarding a specific doctor or clinic, compared to a satisfied client.
6. In their reports the dissatisfied client will try to maximize their unhappiness, often adding information or twisting reality.

In the client-clinic relationship, answering to complaints is fairly complex and demands more from the staff than answering to satisfied clients, but it is a moment where the practice shows its real quality standard.

Suggestion Box/Computerized Totem/Feedback Poll

It is common in some doctor's offices the presence of a "suggestion box." Regarding this matter, it can be said that its effectiveness depends on some very important points, so that the "box" reaches its goals.

1. It must be installed in a place where there are no staff members present, since it is common for this box to be on the reception counter, beside the receptionists, which makes clients embarrassed of depositing their suggestion that is often a complaint. This way, once the box is in an appropriate place, clients that wish to be silent or private about their complaint may do so undisturbed.
2. There must be, in the waiting room, or even at the reception, a notice informing the presence of the suggestion box and indicating its location, so that its existence does not go unnoticed. Besides, if the client gathers this information at the beginning of the medical care, they may become more alert to what is happening.
3. The papers for filing the suggestion must be available besides the box, as well as the pen, so that the client does not have to go to the reception to borrow either one, being further identified as a complainant.
4. The staff must be showed that the box does not mean punishment, but feedback, learning, and knowledge about problems, so that the practice may correct any possible flaws or add new elements that may please the clients.
5. Therefore, do not use the information in the box to punish employees, because this will surely lead to a lack of commitment from the staff, regarding the box's success.

In what comes to computerized totems for satisfaction polls in the clinic, it will be important to pay attention to the same points listed relating to the suggestion box, in what comes to location of the Totem, visibility, and destination of the information gathered.

Regarding e-mail feedback polls, it must be handled with thorough planning of how this action will take place. We currently receive a countless number of spam mails, making our e-mail a real "deposit" of advertisements or malware ready to infect our computers and copy our important data.

Besides it is now uncommon to send satisfaction polls via e-mail, making people answer them at an even lesser rate.

This way, some considerations are important:

1. Inside the clinic, the client must be informed that their e-mail will be used to send a satisfaction poll. At this moment, it is important to reinforce the importance of their answer to the improvement of the clinic.
2. The title of the e-mail must be short and state clearly to the client that the research is about the medical care service they utilized.
3. Forms must not be too extensive and must be objective in their questions and answer possibilities.
4. It must be sent at an appropriate time so that the chances of the client reading it are increased.

5. When preparing the form, pay attention to the data analysis issue. The study of how the data will be statistically and qualitatively treated must be previously established.
6. Consider the possibility of using specialized programs for this type of research work. These programs may often attend perfectly to your needs at a low cost and elevated efficiency.

If the clinics already have a website, they may have an area where the client may communicate freely with the clinic, without very specific forms. This is also a productive channel to communicate with the clientele.

In any of the channels mentioned above, an extremely important aspect is that the client who identifies themselves receives an answer with information about the destination and actions taken regarding their suggestion or complaint. The client must always feel that the clinic is thankful for their collaboration.

This way, the client will feel valued and feel they are contributing to the growth of the health service they utilize. So, a complaint received and well conducted may become a strong tool to foster client's loyalty. Meaning, a complaint may also make you lose a client, having a reverse effect and becoming a source of dissatisfaction and lack of client maintenance.

Use the complaints and problem-situations in the practice to review procedures and correct possible flaws. Do not waste the opportunity to improve your practice's service, bringing more quality to it. Thus, this may become an important tool, allied to learning processes and developing of staff.

Conflict Management

“The golden rule of conduct is mutual toleration, seeing that we will never all think alike and we shall always see Truth in fragment and from different points of vision.”

Mahatma Gandhi (Indian 1869–1948)

Several day-to-day occurrences may generate situations that generate conflicts between client and clinic. These conflicts should not be left aside, but managed through procedures that look to minimize the negative impacts of this occurrence.

It is important to remember that the more competitive the market is, the more the clients tend to gradually increase their expectations, demanding that the staff keep an upward route in terms of quality of services, aiming for high client satisfaction.

Instituto Íbero-Brasileiro de Relacionamento com o cliente (IBRIC) did a research where 1800 clients were interviewed in Belo Horizonte, Rio de Janeiro, and São Paulo, between the months of March and June, 2008. When leaving a practice, ambulatory or public hospital in these three capitals, clients were approached with questions regarding service satisfaction, among other matters. The main complaints when asked “what upsets you the most about medical services?” were doctor's lack of attention and care (36.6 %) and delay in service (27.5 %).

These data come to aid in the perception that managers in this area already see daily in clinics and practices, also where problems with delay in service tend to be very frequent.

In case of dissatisfaction, clients tend to use, more frequently, the following channels to report their complaint: e-mail, the press, complaint websites, medical board, suggestion box, speak directly to the members of the staff or with the doctor, phone the clinic, and others.

In any case, if the information over the dissatisfaction of the client reaches the clinic, it is time for a trained employee to spring into action to manage these conflicts. For this, it is crucial that the person designated to answer to these matters receives enough training to allow them to follow through with this issue in a satisfying way. This employee may approach the client for a talk, while still inside the clinic, or, depending on the situation, make a phone call at a later moment. Personal contact, where clients may openly expose their dissatisfaction to a listener that will announce the clinic's point of view in the matter, tends to be more effective than written contact.

The first step is to choose in the clinic the employee with the best profile to take on this mission, which they may conciliate with other tasks developed by them, except for in institutions, where the demand of conflicts is frequent enough to have an employee solely for this end.

The person chosen must have mainly the following characteristics: peacefulness, common sense, creativity, sympathy, verbal fluency, profound knowledge of the clinic's routine, and gentle behavior in the general handling of people.

From this choice of employee, training must contemplate strategies that can be used when solving conflicts.

In case of a conflict where the complainer is seen to still inside the clinic, or even in a later contact via phone, there must be an appropriate place for this mission or so that the necessary conditions of privacy and quiet are met.

It is important to remember that many complainers want to know what will be done "now" to solve the problem. So, hereinafter are some tips to see to this dissatisfied client.

During a talk with the client, the employee must pay attention to the following points:

- Introducing themselves to the client.
- Establishing a good initial rapport.
- Demonstrate from the beginning respect, understanding, and worry over the client's dissatisfaction.
- Listening carefully to the client's complaint shows interest to his problem. Listen to the complaint until the end without interrupting; even if the client is not telling the truth, do not interrupt; let them talk until the end of their protest.
- If the client is taking a long time explaining, make a polite interjection; tell them a summary of what they spoke earlier, and only then continue your positioning regarding what was presented.

- Avoid facial expressions that may signal disagreement or arrogance, this may aggravate the client, making them feel disrespected, further increasing the problem related to them.
- Try to knock down barriers/prejudices. When listening to the client, do not let rushed judgments influence your job.
- Stick to the matter at hand, try not to stray away from the topic; the focus must be kept on the problem, because when letting the subject mingle with other matters, it will increase the complexity of the problem, with information not relevant to the its solution.
- Allow the speaker to score some points; they must feel that they are being given at least some reason, but there may be matters that they might not be aware of or may not have noticed. Use phrases such as: You are absolutely right to be displeased, sir, but....
- Apologize (when needed) firmly. The apology must be sincere and firm enough so that the client feels the their complaint was really understood.
- Avoid apologizing too much, since they may give away the feeling of a bigger guilt then it actually is.
- Put yourself in their shoes; try to understand their point of view.
- Respect the client, even if the complaint is baseless, never laugh or say ironic words to the complainer.
- Use a natural tone of voice, no hostility, even if nervous or feeling angry toward what is being said by the client; do not lose your calm.
- Show that you care about the problem and that you are trying very hard to find a solution.
- Try to lead the client to a diagnosis of the situation, repeating what he said, but adding words that were not said by him, to explain the situation: “You mean you arrived at the clinic at 2:00 pm and until now (2:30 pm) you still have not been seen by the doctor? I am sorry for the inconvenience but you were informed the doctor was 40 min late, sir, we called to let you know.”
- Offer alternatives—show possible solutions.
- Present verbalizations and polite and positive actions, since they generate a psychological pressure forcing the client to act the same.
- Use words such as: I understand, I am sorry, this will not happen again.
- Focus more on solutions, not on looking for someone to blame.
- Focus more on convergence not divergence.
- Show firmness about the solution possibilities; show the client that the solution to the problem surely will happen.
- Never leave a complaint lost, without answer or solution, and avoid that the client has to call the clinic saying: “You said you would call me last week, so far you have not called.”
- Listen and observe the speaker carefully.
- Try to bring down communication barriers.
- Attain to the topic at hand; do not deviate from it.
- Allow the speaker to score some points.
- Use a natural tone, no hostility.

- Try to bring the client to a diagnosis of the situation where both sides are contemplated.
- In very hard situation, the postponing of the decision (for a short time) may be best, since we must avoid being precipitated. A postponed decision may be favorable so do not precipitate yourself. If necessary, ask for some time (as little as possible) to solve the situation.
- Use diplomacy and the promise of a fast response.

The contact with the unsatisfied client must be done quickly, since in conflict situations, the time the clinic spent not trying to find a solution counts negatively in the client's eyes. A conflict must be solved quickly and efficiently, to positively surprise the client.

References

1. Almeida, Sergio (1997) O melhor sobre clientes, Casa da Qualidade, 3rd edn. Bahia, Jornal Valor
2. Amoroso, Sergio. Responsabilidade Social: menos marketing e mais ações, Filantropia.org, artigo 20 de agosto de 2003, de Sérgio Amoroso http://www.filantropia.org/artigos/sergio_amoroso.htm
3. Baehr ME (1992) Predicting success in higher-level positions. Quorum Books, New York
4. Barros CD'ACd (1999) Excelência em serviços: uma questão de sobrevivência no mercado, 2nd edn. Rio de Janeiro, Qualitymark
5. Bergstein, Gilberto, Os limites do dever de informação na relação médico-paciente e sua prova Tese de doutorado da Faculdade de Direito da Universidade de São Paulo, Orientada pela Professora Titular Teresa Ancona Lopes, São Paulo, 2012
6. Bowditch JL, Buono AF (1992) Elementos de Comportamento Organizacional. São Paulo, Pioneira
7. Cantero, C. Compra com atitude. Revista Consumidor Moderno. São Paulo, 21/05/2003. 23 p.
8. Dallari D d A (2004) Direitos humanos e cidadania, 2nd edn. Moderna, São Paulo
9. Filomeno JGB (1991) Manual de Direitos do Consumidor. Atlas, São Paulo
10. Gates B (1999) A Empresa na Velocidade do Pensamento: com um sistema nervoso digital. Companhia das Letras, São Paulo
11. Godri D (1998) Conquistar e Manter Clientes, 66th edn. Blumenau, Eko
12. Golden JS, Johnston GD (1970) Problems of distortion in doctor-patient communications. Psychiatry Med 1(2):127-149
13. Gordon R (1996) A assustadora história da Medicina, tradução de Aulyde Soares Rodrigues. Ediuoro, Rio de Janeiro
14. Machado L (1997) Relações entre o médico e o doente. Loyola, São Paulo
15. Prux OI (1998) Responsabilidade Civil do Profissional Liberal no Código de Defesa do Consumidor. Del Rey, Belo Horizonte
16. Gushiken, Luis. Revista Teoria em Debate, número 19 - debate 2, ago/set/out 1992 - Fundação Perseu Abramo, artigo O que temos e o que almejamos.
17. Sanches R, Mahoney JTM (1996) Flexibility, and knowledge management in product and organization design. Strategic Management Journal 17(Special Issue):63-76
18. Saviani JR (1997) Empresabilidade. Makron Books do Brasil, São Paulo
19. Solomon MR (2002) O comportamento do Consumidor, 5th edn. Artmed/Bookman, São Paulo
20. Urdan, Andre. T., A Qualidade de Serviços Médicos na Perspectiva do Cliente, RAE-Revista de Administração de Empresas, vol. 41, n. 4, out-dez 2001

21. Veatch RM (1972) Models for ethical medicine in a revolutionary age. *Hastings Cent Rep* 2:5-7
22. Veatch RM (1991) *The patient-physician relation – the patient as a partner, part 2*. Indiana University Press, Indiana
23. Whiteley RC (1992) *A empresa totalmente voltada para o cliente*, 13th edn. Campus, Rio de Janeiro
24. Zulzke ML (1991) *Abrindo a empresa para o Consumidor*. Qualitymark, Rio de Janeiro

Chapter 4

Ensuring Customer Loyalty: The Challenge of a Long-Lasting and Stable Relationship

“The price of fidelity is eternal vigilance.”

Millôr Fernandes (Brazilian artist, comedian, and play writer,
born in 1923)

Abstract How is it possible to have faithful clients in your clinic? To answer this question, we must first understand that fidelity can be translated to “a stable and long-lasting relationship between the doctor and his staff and the client.” Currently, the achieving of this loyalty is becoming more and more challenging, requiring bigger and more specialized efforts from the health services in the planning and execution of actions, striving for this particular goal. This way, it is crucial to invest in the area of CRM (customer relationship management), where the clinic also takes the initiative in contacting the client. These contacts are carefully planned and executed within preset goals and, within legal and ethical precepts, try to continue the relationship with the client, through client loyalty. Thus, the traditional paradigm in the relationship of health service and clients is broken, and where before only the client took the initiative to look for a medical service, in this new model the service also takes the initiative to contact clients.

Understanding the Creation of Loyalty

“Nothing endures, but change.”

Heraclitus (pre-Socratic philosopher, 540–470 B.C.)

It is possible to notice a great market movement, directed toward the crescent search in several areas of the economy, wanting to elaborate and implement strategies that may win over and maintain clients.

It is interesting to observe all technical apparatus coming up in an attempt for professionals to understand clients’ profiles and, through this understanding, find out the best way to not only get to them but also keep them coming back.

In the medical field, we can see that the market is presently in a moment of great change. Medicine lives today with this reality in a very intense way, since, as well as the high demands clients present related to service, many other specialties demand investments in constant improvement and updating in technology and

formation of groups to increase growth, not to mention the great increase of professionals in the field.

So, the concern must not be only to conquer new clients but also to maintain a stable and lasting relationship with those who have already been seen at some time in the past.

According to the dictionary, fidelity means:

1. Quality of being faithful; loyalty
2. Constance, firmness in affections and feelings; perseverance

We may synthetically say that stable means low oscillation, and long lasting relates to what lasts for a long period of time. But I believe we must also add a third element in the equation: the sharp rise and fall in the quality of services provided very important condition so that the relationship with the client may indeed persist.

This means that, even after being won over, the client must be constantly surprised with the introduction of new elements.

To transfer this meaning to the daily life of a medical practice, we may call a loyal client, one who is involved and bewitched, does not change, suggests the practice or doctor to other people, and stays for a long time, choosing the practice or doctor and going back whenever necessary.

The complexity of the earlier definition may be pointed out as being very difficult, making it hard to achieve these goals in a medical practice, but the structural foundation is possibly found in the following points:

1. Offering a high-quality service
2. Impeccable general service from the staff
3. Administrative/financial/human resources competences
4. Relationship programs with the client
5. Constant improvement/updating of the staff
6. Attention to what happens in the medical market, especially inside the same specialty

Other than that, when thinking about making someone loyal to your service, four basic points need to be clear:

1. The client is always ready to “switch doctors,” but generally prefers to be where they are, instead of migrating.
2. There is no ungrateful client, but someone looking for the best alternatives, according to their point of view.
3. Making someone loyal in the definitive sense does not exist in the area of services or selling of goods.
4. By winning over the client, it is common to settle and cease all efforts.

To invest in the inspiring of loyalty in clients, teamwork must be in a more proactive than reactive way, meaning the work of maintaining a stable relationship with the client must have actions planned and executed before problems occur or before the client identifies new needs. So, whoever adopts only reactive postures, meaning only taking action when unpleasant facts occur, does not follow the best path toward inspiring client loyalty.

Relationship Programs with Clients of Medical Practices

“We are faithful to ourselves, nothing else.”

Jean Anouilh (French writer, 1910–1987)

There was a time in which it was enough to be a competent professional to be successful. After some time, this was not enough. It was required that as well as being good professional, good customer service also be offered, as well as comfortable facilities and technology investments.

And nowadays we wonder: is good customer service enough? Because the fact of a client receiving a good service is not a guarantee that they will look for this same doctor’s services again.

To better understand the logic of how this reality works, it is necessary to remember that long-term memory is connected to very strong factors. A doctor’s appointment may be a pleasant experience, but not necessarily strong enough to be fully preserved in the client’s memory.

This client, during the period that takes to go back to a doctor of the same specialty, will go through numerous other pleasant or unpleasant situations that, based on their importance, will “occupy” the slot in their memory where the appointment was stored.

This takes us back to the conclusion that after a “good customer service,” we cannot simply forget the client. It is necessary to worry about keeping a more frequent and lasting relationship with them, so that we do not only win over new clients but also keep those who already received our services and may not return.

For that, it is necessary to break the old paradigm where the contact initiative is always exclusively the client’s, and adopt proactive attitudes, in the sense of having some initiative.

It is hard to find the definition of the best strategy that is within the ethical limits and precepts and that may still add positive values to the relationship with the client. Each doctor must use their creativity and also use the involvement and integration of the staff to the clinic’s staff, making service laced with efficiency and continuity, something viable.

Today, more than never, discussion over the doctor-patient relationship has been a constant. With the great historical and consequently profile changes in the clients that have become and are getting even more questioning, critical, and demanding, looking for more and more information, it is even predictable that the doctor-patient relationship with this client would also go under changes.

We have seen today an ever-growing number of doctors that try to tune in to the current moment and keep with clients a better relationship regarding their expectations and profile.

The doctor-patient relationship nowadays, in most cases, can be seen as a process that sums up to the following steps:

1. The client takes the initiative of looking for the doctor.
2. The client receives the treatment intended.
3. The client decides whether or not to look for the doctor again in the future or search elsewhere.

In this relationship, contact initiatives are usually invariably from the client.

A few years ago, a new way of relating to the client was beginning to be conceived, by modifying relationship methods and channels, where contact initiative came from both sides, and had a bigger management of these client's relationships. This technique was called customer relationship management (CRM).

The CRM technology is expanding more and more through several areas of the world's economy where several sectors began to adopt this strategy that began to attempt to notice and anticipate client needs.

It is a great change of concepts of service that existed so far that extrapolates the existing quality practice and teaches the importance of cultivating clients, establishing a long-lasting and stable relationship. It is a way of changing the culture in health service.

We know that professional success for doctors depends on the quality of client relationships, so the possibilities of applying these concepts in the practice are great, in the so-called contact points with the client.

But how to create a strategy to work with CRM? Is it possible to apply it to all clients in the practice?

It is important to define who the target public of these actions will be. Often, when the clientele is too big, it is hard to apply it to all of them, since it involves costs and staff to perform this job.

It is possible to define strategies to apply on general client and other ones for specific groups. Each practice, through a study of their possibilities, will define their own strategy within the resources they have and results they want to achieve.

To resume the stages for this type of work, we may call out five basic (Fig. 4.1) steps:

The identification of client groups to be the target of the programs is the first step and, in the case of a medical clinic, could, for example, be organized by the group of diagnosis of a certain pathology. This group of patients could then become a part of a more educational work, with no lucrative or commercial end, that, through channels that keep more constant contact, resulted in a better informed client, more connected to the treatment.

The results would produce a ripple effect, since the positive impacts of this work end up reflecting positively to other clients not inserted in the program.

Today, our century is called the "Information Age" and the client looks for a service where they will feel valued and fully informed. The information became an important differential when it comes to generating client satisfaction and loyalty.

We may, then, say that adding works related to information and education, which contribute to the improvement of health and quality of life for the client, is the main path to aggregate, to the medical service, values that may potentially lead to more loyalty from clients.

This is only one example of a work that could be developed, but in reality has huge possibilities.

The identification of clients could take into consideration the following points:

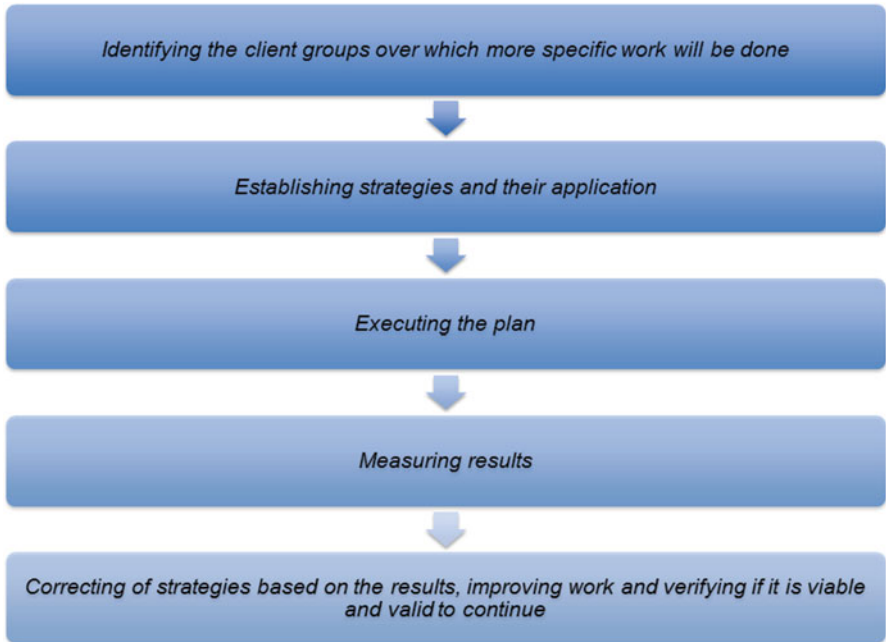


Fig. 4.1 Strategy to work with CRM

1. Pathologies
2. Geographical location
3. Other characteristics

Regarding relationship channels that may possibly be used in the clinic, some examples may be given, such as:

1. Personalized correspondence
2. Events
3. Information meetings for clients of the same pathology
4. Educational programs for a specific target audience
5. Reminder of the date of their last consultation
6. Others

A simple e-mail reminding clients of the date of their last consultation and the importance of regular medical follow-ups may be an example of resources that, if used properly, may produce positive results.

The tools conceived must be implemented within a harmonious array, associated to the quality service in the daily routine of the clinic, and it must be continuous because, otherwise, clients will be lost, making the search for loyalty utterly innocuous.

This is a very complex work proposal that demands an integrated staff, tuned in and professionalized, whose missions and visions are clearly defined within the clinic and the market they are inserted in, as well as the ethical precepts within the medical point of view.

The management of client relationships is a continuous work that must permeate the actions of the staff and must be seen more as a work philosophy that, with every step toward a better service, aggregates more and more work values.

This way, medical practices must support themselves in a work in which the orientation must be toward not only a quality service but also a long-lasting relationship.

Many clients already see good service nearly as an “acquired right,” in a way that we are now looking for the extra step, trying to serve well and offer a wider range of services, that, among other positive results, may also establish a more solid relationship with them.

A doctor’s professional success will depend more and more on the quality of their client relationship, so we must think ahead, take a step further, and see the countless possibilities presented to us.

References

1. Almeida, Sergio (1997) O melhor sobre clientes, Casa da Qualidade, 3. ed., Bahia
2. Kristin A, Carol K (2001) Customer Relationship Management, 1st edn. McGraw-Hill, Secaucus
3. Bee F (2000) Fidelizar o Cliente. Nobel, São Paulo
4. Bretzke M (2000) Marketing de Relacionamento e Competição em Tempo Real. Atlas, São Paulo
5. Cronin JJ, Taylor SA (1992) Measuring service quality: a reexamination and extension. *J Mark* 56(3):55–68
6. Godri D (1998) Conquistar e Manter Clientes, 66th edn. Eko, Blumenau
7. Morgan RM, Hunt SD (1994) The commitment-trust theory of relationship marketing. *J Mark* 58(3):20–38, Published by: American Marketing Association, Stable URL: <http://www.jstor.org/stable/1252308>
8. Sohrabi B, Haghghi M, Kahanlari A (2010) Customer relationship management maturity model (CRM3): a model for stepwise implementation. *Int J Hum Sci* 7(1):1–20
9. Strauss J (2011) E-Marketing, 6th edn. Pearson, São Paulo

Chapter 5

Selecting New Members for the Clinic's Staff: The Search for New Talents

“If we all did the things we are capable of, we would literally astound ourselves.”

Thomas Edison (American inventor and businessman,
1847–1931)

Abstract Selecting a new member to be a part of a staff is a task that requires much skill, technique, and creativity. From recruitment to selection, all stages are important. The choosing of the candidate will bring its essential contribution to the growth and success or not of a health service, thus being a crucial choice for defining the service's performance. The choosing of a candidate is based on the premise that the future behavior of this new employee will be the one the clinic needs and is searching for. In this case, we are talking about predicting the future, and this is a task of great dimension that requires high levels of technical preparation, to be accomplished. The employee of a clinic is the connecting point between the client and the doctor. Through this person occurs great part of the communication process between the doctor and the patient, especially in the cases of scheduling of consultations, exams, and procedures. It obviously cannot be resumed to only that, since the work of these professionals is complex and involves a great amount of diverse tasks that make the functioning of the health service possible. The complexity of a selection process will depend on the availability of resources that the health service has to offer. In small- and average-sized clinics, the technique used most is the interview. This is, surely, a highly used technique, but it needs to be prepared well to be conducted correctly and to really show results that help in best choosing among candidates. For this to happen, it is necessary to have the interview occurring in steps and taking the necessary measures to the correct development and application of the technique.

The Selective Process

“From each according to his ability to each according to his need.”
Karl Heinrich Marx (German philosopher, 1818–1883)

We may say that a good staff begins with a good selective process. This is the “entry door” of new workers that will compose the clinical staff.

If we consider that each person has their qualities and skills that make them more efficient and happy performing certain tasks, we may conclude that adequately choosing someone that presents a certain profile to occupy a certain position available at the clinic is trying to avoid weak links.

If we take a chain, for example, and make it pull something, we will see that all links must be strong, because if any of them is weak, no matter how strong all the others are, the chain will break at its weakest point.

This analogy is very interesting when it comes to teamwork, because it shows how careful we must be in each area, each member that composes a health service team of staff.

The selective process may be defined as actions aiming to choose someone that presents the necessary profile to occupy a certain position available at the clinic.

The choice of a new worker to compose the clinic's team of staff is a complex task and is of great importance for the clinic's success.

Besides, it is important to highlight that, currently, the selection aims to get talented worker to develop competences in tune to the clinic's success project, making it a more challenging work.

The complexity comes from the fact that when selecting someone, in reality we are trying to foresee their future behavior, meaning, among all candidates presented, the option is the one that supposedly will present a performance that tends to the clinic's needs and profile.

When talking about future behavior, this is already a strong indicator of the huge task that lies ahead, that is, the choosing of a new worker. The unpredictability of most of human nature, associated to the general unpredictability of the future, creates a great scenario for making mistakes when choosing.

It is not rare to select a person, and they, during work, present behaviors that do not associate with the expected or foreseen during selection. This way, the organization and methodology of the process are of great importance so that the margin of error is as small as possible.

By doing a selection for medical practices, we must have a very clear focus on that area, on the position to be filled and its specificities, so that we can know what we are looking for and how to identify these points in the candidate.

In doctor's offices, especially small- and medium-sized ones, it is common for the doctor himself, or some older secretary, to select the candidates to be hired. Knowing these characteristics of the medical field, we may conclude that a simple and effective selective process is needed, one that does not need to involve very complex techniques of selection that would only end up unfeasible for most medical practices, but one that allows the highest precision possible, when choosing a candidate.

The processes that lead to the choosing of a new staff member can be divided in basically four steps (Fig. 5.1).

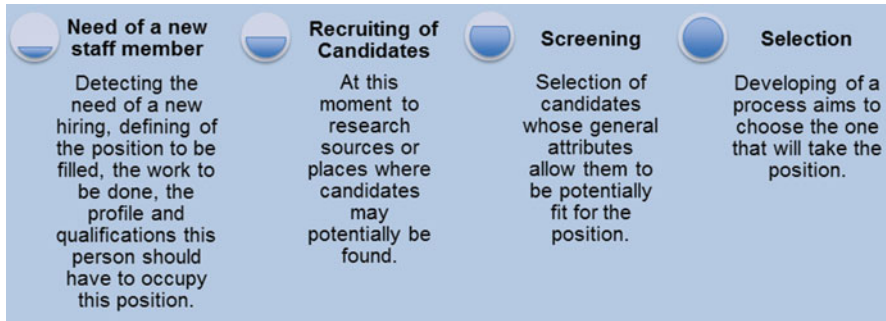


Fig. 5.1 Processes to choosing a new staff member

It is necessary to highlight that in the first stage, where the need for a new hiring is detected, it is important that the salary and benefits also be set for the job position, since in the selection it will be necessary to evaluate what the clinic offers regarding the candidate’s expectations.

The entire selective process requires creativity. There is no ready formula that you can apply without worrying about adapting or creating new alternatives. What I intend here is to show the base for this type of work so that from these ideas, each service may create their own path, fitting the processes to their own reality.

Recruiting

“Modern technology is capable of production without jobs. The devil is that modern economy cannot invent a way of consuming without a salary.”

Hebert de Souza (Brazilian sociologist, 1935–1997)

We may consider the recruitment stage as the foundation of selection, since the quality of the candidates presented in the selection will depend on the effectiveness of the recruitment in getting adequate candidates for the job.

We may use the following sources of recruitment:

Internal Recruitment

In this type of recruitment, the source for candidates is the employees already part of the staff team themselves. This way, you can promote employees that possess the qualifications for the job. In this case, in any way, you will still have a selection to do, since, if the internal recruitment happens, some other position will invariably open up and need to be filled.

Employee Referral

The employees themselves also bring suggestions of people they know from their social circles and that may possess the necessary qualifications for the position being offered.

Curriculum Database

It is common to appear people leaving curriculum at the clinic, wanting to be let known in case a position opens up.

The Internet is also a highly utilized channel so that professionals send their curriculum to the clinic, independently of job availability.

These curriculums must be stored and organized in a database that may be quickly accessed in case a position becomes available.

Job Announcements

To publicly announce an opening has not been the first choice as source of recruitment for doctor's offices, since it may bring too many candidates, often hindering the effort of going through all of them.

So before announcing, think about where the announcement will be posted and in what way. Newspaper, social networks, the clinic's website, and even a poster wall inside the clinic, where the public has access to it, may all be used, as well as other places.

The announcement may happen in basically two ways:

1. Open announcement, where the clinic's name is public
2. Closed announcement, where the name of the clinic is omitted and only the address, mailbox, e-mail for curriculum sending, or even a phone number for contact.

Recruitment Agencies

The task of recruiting (and/or selecting) candidates for the clinic may be delegated to a specialized agency that, having possession of the position's information and the required candidate's profile, may recruit candidates from the market, doing an initial screening and sending them to the clinic so they may be selected.

This process usually is quite practical for the clinic, facilitating the hiring work, but the success will depend on the quality of the information sent to the agency, as well as their competence.

Technical Course Schools

This is a fairly interesting source, since it may proportionate candidates with a specific formation in the required area.

We may name the technical schools below as examples of possible sources of recruitment:

1. Nursing school
2. Receptionist school
3. Secretary school
4. Accounting school
5. Computer course

Class Association

Some associations, syndicates, and other entities of the class, mainly the ones that offer courses, may also become a source of candidate recruitment. It is common for these entities to offer course especially in the service area, where it is possible to announce openings among the participants in these courses.

To do the choosing process for the recruited candidates, we must organize ourselves carefully, following the steps that will take us to the selection of the one considered to be presenting the best conditions to fill that position in particular.

Websites of Professional Placement

Numerous websites on the Internet offer opportunities for candidates to publish their professional assets as well as the job they would like to perform.

Professional Relationship Websites

Some social networks such as LinkedIn offer the recruiter the opportunities to look for talents. There are also tools developed to allow the recruiter a search mechanism using criteria such as abilities, age, gender, and even social interaction. This is a new

recruitment model that has been gradually gaining more adepts and that will surely also expand into new options for recruiters.

Screening: Initial Assessment

“No one can arrive being talented alone, work transforms talent into genius.”
Anna Pavlova (Russian ballerina, 1881–1931)

It is a process where, within the candidates' available data, preliminary evaluations will be done to select in this stage only the candidates that fill out the required basic attributes for the job, according to the profile that is being looked for, where we can evaluate information such as:

1. Attributes related to gender/age
2. Information about geographical location, in relation to the clinic's
3. Curriculum analysis
4. Professional stability
5. Current professional activity
6. Courses
7. Experience
8. Time availability
9. Wage expectations
10. Age group

As well as the other numerous information that will be useful in the process of selection.

The basic mechanism in this stage is the thorough analysis of the available curriculum. The most important information is looked for in this stage where personal contact has still not been made with the candidates.

At this point, one of the issues is that often the curriculum is so simplified that they end up not bringing too much actually relevant information. The recruited, in case of not having other search mechanisms for the information, must then make the decision of whether to invite this candidate for the next step of the process or not, basing on often insufficient data.

Social and professional networks are also a great tool to aid in the assessment stage of those that have already made their curriculum available to the clinic. They may provide additional personal and professional data related to the job.

In this stage of the selective process, candidate research through these networks may help with the data collecting related to the job.

In this stage, mainly through curriculum and social and professional networks, it will be possible to have a data gathering that supplies important material to be used in the candidate's interview, once they pass through the assessment. The preselected candidates may be sent to the next stage of the selective process, where there will be a more thorough look at the data gathered before.

Candidate Selection

“Experience is not what happens to a man, but what a man does with what happened to him.”
Aldous Huxley (British writer and philosopher, 1894–1963)

After the initial assessment, the chosen candidates must be called in for the following stage of the process that will be defined by the one handling the selection at the clinic.

There is a series of techniques that may be utilized in this stage of the selection, but caution is advised when choosing one, since it is required that the professional handling the application and analysis of the technique is duly prepared for this mission.

Techniques such as group dynamics and situational and psychological tests are great selection instruments, but they require technical preparation to be performed. The one doing them must have the specialized professional background needed, so the handling of this tool is not done in an amateur way and will not misinterpret the data, which could inclusively generate a negative impact, especially over the candidate and the clinic’s image.

Because of this, we can observe that for most small-sized and medium-sized clinics, it is difficult to opt for more complex selection methods that require qualified professionals to conduct them. So, it is important to have the option of effective procedures, compatible with the effectiveness conditions of the technique at the clinic.

Thus, in case the selection is done at the doctor’s office by the doctor or a designated employee, the most accessible technique would be the interview.

The moment of the interview consists of an investigative method of *face to face*, in a process of uninterrupted interaction, where the interviewer of the clinic will be before the potential candidate for the available position and will check the information on their curriculum, confront the data, and try to get to know the aspects related to their personality traits and general behavior.

The selection interview is a method that aims to evaluate the candidate’s answers and behavior, in way to predict their future behavior, which, despite the subjectivity of the analysis of most of the acquired data, is still an adequate and valid instrument when it comes to selective processes in a doctor’s office.

There are several kinds of interviews, but one of the most utilized models is the semi-structured interview. In this type of interview, questions are previously defined and elaborated.

The interviewer has a script with questions to use as a guide, but according to the answers and situations that come up during the interview, it is possible to improvise new questions, analyzing more deeply certain points, when the need arises, according to the candidate’s behavior and/or answers.

To a better effect, it is interesting that the interview is not only made of questions but also hypothetical questions that can be presented to the candidate so they may say their position, according to each situation.

It is also necessary to try to use questions that will make the candidate speak for a longer time, answering in a way that shows important aspects of their lives and that may help the decision process of the selection.

The questions and situations presented must have a very clear focus on the profile and competences of the candidate the clinic is looking for. So, the ideal is that their answers be, in summary, spontaneous, so that the person selecting may really gather meaningful data.

The spontaneity here refers to the behavior that truly showcases who the candidate is. Rehearsed answers may create artificial, plastic profiles that may lead the person in charge of selecting to evaluation errors, where the found profile is not the same when they are finally hired, in a day-to-day work situation.

It is necessary to remember that whoever is conducting such an interview must be prepared for this task, which may be very productive or not, depending on the interviewer's ability. In other aspects, the interviewer must use their perception skills, directing their focus to the prediction of the human performance for the job.

We are seeing in the market a challenging happening for the human resources area of work that is strengthening the "prepared interviewer" figure more and more.

With the access to information ever more pervasive, candidates to any position have at their disposal an enormous amount of information aiming to prepare them for the selective process in a job opening. This means that it is possible to partially predict what the interviewer will ask, or how to behave during a group dynamic, which means the candidate is ready to talk and behave according to what the interviewer expects.

Of course, it is not such a simple process, where the candidate may know exactly what to do before the interviewer, but surely new variables are being inserted into this process, and this deserves a special attention from the person handling a selective process.

A quick Google search shows a great number of websites with information about how to behave during selection. In the tips on how to have a good performance in how to handle group dynamics, interviews, and so on, information is often divided into preparing before selection, personal appearance, proper answers and questions, body posture, and general expected behavior.

"In a traditional job interview, you can usually get away with telling the interviewer what he or she wants to hear...."

Source: http://www.quintcareers.com/behavioral_interviewing

"Strategies so you can ace the face to face talk and get that big career chance."

Revista Você S/A (Brazilian business magazine)

"Employers and hiring managers use these types of questions in order to get an idea if you have the skills and competencies needed for the job."

Source: <http://biginterview.com/blog/behavioral-interview-questions>

"Look into the eyes of the interviewer—By facing him, you will transmit confidence and create empathy."

Source: www.carreiras.empregos.com.br

"It will help you identify basic business etiquette that can improve your chances...."

Source: <http://www.gcflearnfree.org/interviewingskills/3>

Access to these tips cannot be considered bad for the candidate, since looking for these information may be an indicator of interest and initiative from them. Other than that, it allows candidates of potential to prepare themselves not to make any mistakes that may end up “camouflaging negatively” their good potential for the job.

On the other hand, this preparation from the candidate shows a clear need that the ones responsible for selection prepare even more to meet them. So, the ones doing the selection must improve their technical capability of observing and structuring the selective process.

This is an issue that deserves a more accurate analysis so that we may understand more clearly the impact of this market behavior over hiring done in clinics, doctor’s offices, and hospitals.

So that the interview may flow positively, the interviewer must be in synergy with the interviewed, and, despite that seriousness and importance of the moment, the interview must be identified as a pleasurable moment, not a police questioning. This favorable mood will be able to help in the capturing of information on the candidate that really can contribute in a positive and decisive way to the selective process.

An important aspect to be considered is in the interviewer’s point of view. The interviewer must have a special attention in what comes to distortions that may be provoked by the candidate’s verbal skills, remembering always that what the candidate says does not necessarily reflect the truth about them.

Besides, another aspect that may cause distortions in the interviewer’s evaluation is the candidate’s life condition. Oftentimes, the candidate describes their misfortunes, and the interviewer loses an objective reference of the position and starts evaluating the candidate by their need for employment.

The selection interview is a technique that has potential and limitations. The greatest instrument in an interview is the interviewers themselves that through their skills, posture, and personality will determine the success of the task.

The interview may be individual or in group. Group interviews surely demand more skill from the interviewer, since they will have to control, analyze, and obtain information on more than one candidate at the same time, but it also allows for more observations on the behavior of the candidates within the group.

In the individual interview, it is easier for the interviewer to keep control of the process and obtain in a satisfying way the desired information.

However, it is not a problem to utilize both interview methods in different moments, one in group and another individual one. It is an option to be considered.

This way, there are some basic points to consider, for the success of this kind of interview:

Before the Interview

Prepare yourself to interview the candidate. An unprepared interviewer compromises the validity and effectiveness of the results. This way, try:

1. To check thoroughly the job description
2. To review the characteristics required for the job to be selected and the professional profile being searched for
3. To evaluate the behavior characteristics and skills expected from the candidate
4. To study which information must be obtained
5. To plan the strategy and instruments to be used during the interview in order to obtain and check the desired information
6. To observe the problems in this job (turnover, cooperation, supervision type, discipline, etc.)
7. To analyze the candidate's curriculum and sign points that you consider important to have more information about, as well as the points that made you invite the candidate for an interview
8. To prepare the questions before
9. To set up an interview at a quieter time
10. To be careful not to be interrupted during the interview
11. To reserve an appropriate place for the interview to happen in

Precautions To Have During an Interview

During an interview, the interviewer must be careful about the following points:

1. Encouraging the candidate to talk most of the time. Remember that the one being interviewed is the candidate.
2. Keep visual contact with the candidate.
3. If an awkward pause in the interview occurs, try to feel comfortable and, if possible, let the candidate break the silence.
4. Avoid "yes or no" questions. The questions should make the candidate speak as much as possible.
5. Avoid personal or embarrassing questions.
6. Use language appropriate for the candidate's profile.
7. Avoid technical or extremely complex language.
8. Open up space so that the candidate also makes some questions.
9. Try to keep the interview under control, and do not allow the candidate to digress.
10. Observe their behavior, body posture, and their reactions to questions.
11. Facing the candidate's anxiety, try to appear calm and natural and, in this moment, limit yourself to mild questions, until the candidate has decreased their level of anxiety and nervousness.
12. Beware facial and body expressions that indicate disagreement to anything being said by the candidate, since this is something they will "pick up" on and be more restrained from then on, filtering their next information.
13. Try not to treat the candidate robotically, but amicably.

14. Improvise questions and situations, depending on the behavior and information supplied by the candidate.
15. Create in the interview a favorable mood for the interviewer and the interviewed.
16. Direct the theme of the conversation, not letting the candidate deviate from it, approaching new themes that are not part of the main objective.
17. If you must check your watch, do so as discreetly as possible.
18. Try to integrate the information obtained to the questions asked.

Taking Notes During an Interview

Data can be written down during an interview or after. In case of taking notes during an interview, you must try to be discrete and brief, as to avoid compromising the rhythm of the interview.

Other than that, you must:

1. Avoid writing excessively in a way that ends up drawing the candidate's attention from what they are saying or doing.
2. Use keywords and short sentences, in an objective way, without losing content and clarity.

Place of the Interview

The place where the interview will be conducted must be appropriate to proportionate quietness and privacy, as to avoid places with the following characteristics:

1. Excessive noise
2. People coming and going
3. Dark environment
4. Phone ringing

Active Listening

During the interview, the interviewer must allow the candidate the opportunity to express themselves and talk most of the time. The moments during the candidate's speech must be of "active listening," meaning the interviewer is carefully listening what is being said and, at the same time, is evaluating the content, formulating new questions, and taking notes of the most important points.

In reality, it is a moment of intense mental activity from the interviewer, where, while listening to what is being said, new paths for the interview to take are being formulated in their mind.

Another aspect to be remembered is that while listening, the interviewer must, when appropriate, give out gestures or facial expressions that indicate attentiveness and that what is being said by the candidate is being understood.

What to Observe During an Interview

During an interview, the perception of the interviewer must be ready to capture all verbal and nonverbal information produced by the candidate, remembering always that each person has their qualities and abilities and that they will be more efficient and happy performing certain tasks that correspond to their profile.

This way, we can name a few key points that must be carefully observed during an interview:

1. Compatibility with the job.
2. Capability of living with the remuneration proposed by the job.
3. Availability for the hours proposed by the job.
4. Clarity of ideas and information.
5. Capability of adapting the family to the hours proposed by the job.
6. Data of the candidate's expectations.
7. Personal life projects.
8. Candidate's ethics regarding previous employers.
9. Care for personal appearance.
10. Appropriate dressing code.
11. Technical knowledge.
12. Candidate's reactions to certain questions.
13. Flexibility and capability of adapting to certain changes.
14. Desire to learn.
15. Paying attention to the distortions provoked by the candidate's verbal skills.
16. Remembering that what a person says does not necessarily reflect what they really are.
17. Observing the clarity and coherence of the candidate's speech.
18. Body posture and gesture from the candidate.
19. Behavior and psychological profile.
20. Personal and professional projects the candidate has.
21. Critical positioning over situations important to the clinic.
22. Criteria, alternatives and initiatives for finding solution to problems.
23. Disposition for cooperating and teamwork.
24. Social relationship style usually adopted at work.
25. Desire to learn and grow.
26. Identifying with the clinic's organizational culture.

27. Relationship style with leaders.
28. No detail is irrelevant.

If possible, put the candidate in contact with a real situation from your health service and ask the other employees for help evaluating the candidate in this situation. Listen to the staff.

Ethical Aspects of the Interview

We must understand that the interview, as well as many other data obtained in it, must be kept in secret, since oftentimes very personal information are received from the candidate's life.

Sometimes it may occur that the candidate is still attached to another workplace, and this way, the information that they are attending a job interview may hurt them in their current position.

Another aspect to be remembered is that information over other employees is often exposed by some candidate. In this case also, keeping a secret of those information is very important.

The interview, depending on the interviewer's skill or lack thereof, may end up going very personal paths, where, this way, it is important that the interviewer is very attentive, avoiding these private life paths that may create a feeling of "complicity and intimacy" with the candidate, which should not occur.

Steps of the Interview

Because of the complexity of the information looked for in an interview, you can tell the responsibility that comes with this moment. This way, to better understand it, we can divide an interview into four parts.

1. Warm-up
2. Investigation
3. Closing

Warm-Up

The first step is the beginning of the process, where the initial presentations occur and the "initial rapport" is made. At this moment, the famous *icebreakers* are done, looking to relieve some of the candidate's anxiety and make them calmer for the remainder of the interview.

For this, it is important to use the following resources:

1. Greet the candidate to try to show sympathy.
2. Address them by their name.
3. Introduce yourself.
4. Offer them the chair.
5. Offer water, coffee, tea, etc.
6. Make observations on easy subjects such as:
 - (a) Weather
 - (b) Positive reference to the candidate's home town.

Investigation

The interview's script can be divided into six parts, where each one of these parts is evaluated in a preferably chronological order:

First Part: General Data

In this part, some general information about the candidate, supplied at the application form, are checked. These data must be checked at the beginning of the interview, because they do not have such content that might cause too much anxiety to the candidate, helping to move forward the rapport process. So, in this moment, the following can be checked:

1. Information over date and place of birth
2. Where they live, distance from work
3. Required documents for the job (driver's license or other documents needed)

Second Part: Educational History

In the educational history, the information will show the degree of instruction the candidate possesses, as well as the professional direction they are taking their studies:

1. Level of education.
2. Attended course.
 - a. Why they chose to attend those course.
3. Vocational guidance in the courses attended.
4. Preferred subjects.
5. Extracurricular activities.
6. What hour they currently study at.
7. Evaluate their education and training chronologically, observing their vocational guidance, preferred subjects, type of social life in school, and extracurricular activities.

Third Part: Profession History

It is assumed that the candidate's performance in previous jobs may be an indication of their future behavior in the clinic, in case they are hired. Thus, we must investigate:

1. The candidate's professional history chronologically, observing progress in knowledge, skills, likes, dislikes, aversions, and failures
2. The candidate's professional history chronologically, observing progress in knowledge, abilities, or problems and difficulties found
3. Previous jobs
4. How long they stayed in each job
5. Reason for leaving jobs
6. Who initiated the termination of the job contract: employee or employer?
7. Job and function performed in each previous jobs
8. Information contained in their work documents

The work permit brings all their earlier professional ties. Because it is a document with extremely resuméd and formal information, it is necessary to be cautious not to jump to conclusions basing on these data.

For example, a previous job stay of only 1 month may lead the employer to consider it as professional instability, but in the interview, when questioned, the candidate explains that the job was only to cover for another employee's vacation period.

This way, it is important that during the interview, you speak to the candidate about information present in their work permits, so that they may personality explain them.

Fourth Part: Family History

Family history shows us a little about their life conditions, how they live, and how their family routine works. This way, it is possible to ask:

1. Family interaction.
2. Family structure.
3. Place of living.
4. Analyze the data, type of education received, and how they spent their childhoods, adolescence, and youth.

Fifth Part: Social Life

Social life gives us great indications of personality, social behavior, teamwork capability, and candidate's lifestyle. The following points may be questioned:

1. Interaction with friends
2. Leisure preferences

3. Hobbies
4. Social activities
5. Lifestyle

Sixth Part: General Positioning of the Candidate

There lies here a great opportunity to observe how the candidate positions themselves before questionings, their life projects, and future plans. These questions show an interesting side of their personalities, as well as their verbal skills. Thus, we must try to use questions that enable an analytical response, where they analyze the question asked, not having the possibility to answer with a yes or no.

1. Why are you interested in this position at the clinic?
2. How do you think you would contribute to work here at the clinic?
3. What do you consider your biggest life achievement?
4. What are searching for, before anything else, in this position?
5. Tell me about your experiences in your previous jobs.
6. Where and how do you see yourself 5 years from now?
7. Do you prefer to be a part of a team or to work alone? Why?
8. How would your best friend describe you?
9. What type of literature do you prefer?
10. What motivates you the most?
11. What is your salary expectation at this clinic and why?

Closing

1. Notify the candidate, in case you have other people to interview, but that you will get back to them shortly, whether the answer is a yes or no. And do get back to them!
2. Thank them for their participation.
3. Cordially see them off.

The interviewer must be careful. Often a poor evaluation may lead to mistakes in the conclusions about the candidate. This may lead to the loss of a good candidate or the hiring of an inappropriate person for the job. In both cases, the experience ends up being unpleasant for the one hiring and the person who was hired as well.

Another aspect to keep in mind is that wrongly done selective processes lead to an elevated employee turnover, and this is something that contributes negatively to the performance and success of the clinic, as well as not preserving the cost and energy spent with selection, training, and developing of the person hired.

Is Previous Experience Important?

“There are certain things that, to know well, it is not enough to simply learn.”
Seneca (Roman philosopher, 4 B.C.–65 A.D.)

Frequently, at the moment of selecting a new employee for a clinic or a hospital, the selector looks for someone “with former experience” in the activity in another place.

This so-called experience may be defined as a hall of professional living in the area of work desired by the medical service. Meaning, a new employee that comes to this service is practically “semi-ready” to develop their activities in their new job.

But is this truly necessary? Is it truly necessary to include so frequently and so vehemently this requisite in the desired list of attributes of a candidate?

What is worth more in an organizational environment: attitude or experience? Is experience enough to ensure satisfying results to the organization?

With so many questionings, we must clarify some contact points in this intricate network of different and often new situations that present themselves in the area of selection.

The globalized market asks for professionals that are not dominantly experienced, but preferably owners of competences that may be developed to a technical and behavioral level.

Of course experience has a great value, and it is the history of life, the learning that is often acquired through hardships. Experience shows ways, dodges already familiar obstacles, avoids traps, and brings with it a vast knowledge at the organization’s disposal, which is highly relevant. In some positions, actually, this experience is crucial when hiring, especially when it comes to leadership or management positions.

However, I believe that often the market becomes excessive when demanding experience for many positions for which it could be possible to hire candidates with huge potential and that can be prepared for the full exercising of their functions.

Besides, we must consider that technical flaws can be corrected through technical training, but in what comes to attitude, it is much harder to make someone learn and change their behavior.

It is also necessary to remember that experience is only really useful if in the hands of a behavior pattern focused on teamwork, interpersonal relationships, communication, interest, creativity, as well as potential in areas specific for the job they are being hired to do.

It is important to highlight that this posture from the selector, of analyzing the job position thoroughly and if possible to not try to tie themselves to the old paradigm of a search focused solely on experience, can only be adopted in case the organization has real conditions to offer to the newly hired the tools necessary to their full development.

If we define competences as a set of aptitudes, behaviors, skills, and knowledges that will allow the achievement of success in the execution of certain activities, a candidate’s selection must be aligned to this thinking for the organization and pri-

orities when it comes to the necessary requisites to the candidate. The tools of selection must be pointed in this direction, in way that it is possible to detect the competences that are being looked for.

The world demands that we are people that look at the wider picture, that question the old methods, and that may look for new views and creative alternatives to this job.

The Time to Fire an Employee

“The ultimate measure of a man is not where he stands in moments of comfort and convenience, but where he stands at times of challenge and controversy.”

Martin Luther King Jr. (Protestant pastor and political activist, 1929–1968)

Letting an employee go is a task that involves a series of sentiments, frequently uncomfortable, with a heavy emotional load for all people participating in it.

A research done a few years ago, with professionals who were fired, by the Instituto Amigos do Emprego (Friends of Work Institute), a Brazilian nongovernmental organization, focused on studying the job market, stated that in 71 % of the cases, they feel they were treated unfairly, by the company that fired them and the market in general. Besides, many feelings such as guilt, revolt, rejection, fear, and anxiety also appear.

Despite these feelings present when letting someone go, it is necessary to remember that, in most cases, the firing is caused by behavioral or performance problems, caused by the employee themselves, but that also involves the employer's responsibility.

So, the responsible for informing the employee that they are being let go must be cautious without losing their objectivity, avoiding words and attitudes that may contribute to the increasing dissatisfied feelings of the former employee. Besides, these precautions, other than minimizing the emotional impact for the employee being let go, also aim to prevent future work-related legal problems.

This way, before making the decision of letting someone go, if possible, it is important that the employee is notified, through constructive criticism and feedbacks, of their employer's dissatisfaction regarding their performance. This offers the employee the opportunity of knowing the path they are leading is not the one the company is looking for and is an opportunity to correct their way. So, in case the dismissal is inevitable, they will not have a huge surprise with the news.

The dismissal process must be done responsibly, being that, for the one being dismissed, getting an enlightening feedback regarding the reason they are being let go is very important. So, below are a few tips pointing out possible procedures when letting someone go:

- Choose a proper place to talk to the employee. There must be privacy, without any kind of interruption.
- Ask for no phone calls to be passed to you during this moment.

- Try to be cordial in your conversation, but without showing any kind of satisfaction toward the situation, risking being misunderstood.
- Show confidence and objectivity, trying not to beat around the bush.
- Listen to what the employee has to say and show that their information matter, since they could lead to the correction of possible inside problems.
- Never use adjectives that qualify or judge their character or personality in a negative or demeaning way. Try to focus on facts, without approaching the particularities that may affect their morals.
- Inform them clearly about:
 - When their last day will be
 - Giving back items that belong to the employer, uniforms, etc.
 - Expiration date for health insurance and other benefits that were perhaps being offered
 - Date, time, and place for settlement of payments and salary

It is also important to think about the protection of the intellectual capital of the clinic, so, always have computer backups, especially for the one being used by the former employee. This preventive work aims to avoid damages done by possible inconsequential acts done by the former employee, often in a moment of strong emotional tension.

An important aspect is to keep a secret over the dismissal that will be done. The less people know about it, the better. This avoids any leakage of information before the task is actually done.

Even though it is very difficult, the employer must understand that letting someone go is a part of the administrative process and must be faced with professionalism and respect for the person being let go.

References

1. Bleger J (1980) *Temas de psicologia – entrevista e grupos*. Martins Fontes, São Paulo
2. Bowditch JL, Buono AF (1992) *Elementos de comportamento organizacional*. Pioneira, São Paulo
3. Bueno JH (1994) *Manual do selecionador de pessoal*. LTR, São Paulo
4. Gurjão P (1996) *Banco de potenciais humanos*. Gente, São Paulo
5. Hoffmann GH (2004) *Revista FAE business*, número 9, Setembro de 2004, artigo responsabilidade social e a questão de gênero
6. Keith D, Newstrom JW (1992) *Comportamento humano no trabalho*. Pioneira, São Paulo
7. Pontes BR (1988) *Planejamento, recrutamento e seleção de pessoal*. LTR, São Paulo
8. Publifolha (1999) *Como fazer entrevistas*. Divisão de publicações do grupo Folha

Chapter 6

The Preparation of the Clinic's Staff

"I only know that I know nothing."

Socrates (Greek philosopher, 470 B.C.–399 B.C.)

Abstract At the clinic, having a staff prepared to welcome and see to clients in a humane, efficient, and precise way requires investment in their preparation and continued education. The concept of continued education must be present during the planning of actions that aim for the preparation of employees. A punctual training cannot obtain the long-lasting results desired. It is necessary to invest in the continuity of the learning and in constant development. When planning for strategies in this area, it is important to establish the areas of knowledge that will be present in this investment, remembering the importance of developing the skills needed for working in groups. Thus, it is important that the employee's development is not only in technical knowledge related to the area of work but also that of working and living together as a group. There are countless possible tools to use when preparing the staff, but it is essential that each one of these options is used with precise techniques that allow for obtaining of acceptable results. In this work it is also imperative to emphasize the importance of the multiplication of knowledge. Each employee must always share with the staff the knowledge he or she acquired, in order to multiply what was learned. If there is not an adequate technique and a certain amount of planning during the execution of the training, the investment ends up being wasted.

Client's Perspective

"I prefer those who criticize me, for they correct me, than those who worship me, for they corrupt me."

Saint Augustine (Catholic bishop, theologian, and philosopher, born in Algeria, 354–430)

I wonder: what is a well-prepared staff, according to the client's perspective? The preparation and development of the staff must be focused on how the client sees the staff, what the client expects from it, and what would surprise the client, when it comes to customer service.

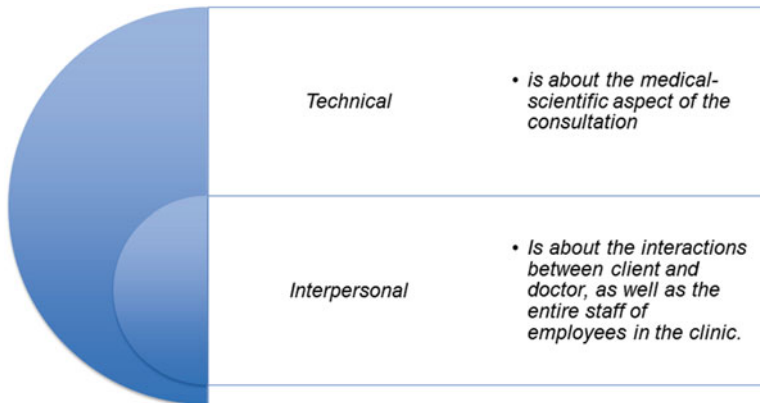


Fig. 6.1 Perspectives of the client perception of the medical service

If we consider the service inside a clipping, from the moment the client calls to schedule an appointment to their leaving the clinic after receiving that service, we will see that during a good part of the stages and service time, this client will be in contact with a staff member.

The client when looking for a medical service receives the service that can be analyzed within two spheres, technical and interpersonal, that, despite being part of the same service done, the part the client feels best prepared to evaluate is the interpersonal one, since in the technical part, often they do not feel prepared enough to evaluate more accurately (Fig. 6.1).

We shall here analyze this issue within the sphere of interpersonal customer service aspects.

We may have in the daily routine of the office a series of situations that involve a good and bad service, walking side by side. Because of that, we may assume as an example the following situation: the doctor has done an excellent service to the client but some staff members failed in their mission of also doing an excellent service in other areas of the clinic.

At this moment is, established in the mind of the client, a fragmentation of their perception regarding customer service, since it was partially pleasing and partially displeasing.

From there these information are processed, forming the concept of the doctor and their office, as well as the decision of continuing or not to be client to that clinic. We may say that the negative perception ends up having a very heavy weight in the client's evaluation, relevantly interfering in their decision.

This is a characteristic that is natural to humans: what is bad in a relationship tends to have a bigger chance of fixating in memory and more weight, than good things, when it comes to evaluating relationships. This occurs in people's general daily lives, in a general way.

We frequently hear someone feeling wronged by another and saying as follows: "I was always so good to him, helped him in everything he needed, was his friend and now he won't talk to me anymore because of some silly thing I did and he didn't like."

This fact is relatively frequent and obeys an inside logic from the system of “values” and “perception of others” that individuals apply to themselves and society.

This way, this same dynamic of how perception works also occurs inside this logic when it comes to the service received in doctor’s offices.

Clients usually are rather “harsh” when it comes to criticism over service and pay attention to the minimal details they see and notice, frequently manifesting, especially, to the staff.

This leads us to conclude that every step of customer service within the doctor’s office deserves a special attention. All areas are important and must work in a harmonical way aiming for high standards in service, in all stages, without any fluctuation or “highs and lows” in service pattern.

Thus, to proportionate conditions for the staff to adequately prepare, in a sense of developing for this professional activity, is an effort that deserves special attention in the management of doctor’s offices, which certainly brings positive results to the clinic, since it:

1. Solidifies concepts and corrects performance issues
2. Prepares individuals to overcome difficulties
3. Gives power and self-confidence to work
4. May be a catalyzing moment that determines change of behavior turned to a bigger commitment when searching for better results

The clinic’s staff must be cohesive, work toward common goals, be involved in their personal and professional development, and be motivated to work. Therefore, so we can trail paths to take us toward these goals, we must know the following areas related to people management in doctor’s offices better.

1. Teamwork
2. Continual development and education
3. Work motivation

Teamwork

“Where there’s a will there’s a way.”

Napoleon (French military and statesman, 1769–1821)

Most doctor’s offices have small structures with a small staff. Within these structures, the individualization, the establishing of functions rigidly designed, does not constitute a good work policy, since small staffs demand, in most cases, to be multifunctional and intensely cooperating among members, so that they reach efficiency.

Brian Clegg and Paul Birch, authors of the book *Teamwork: Motivate and Energize Your Team Now*, give us the following definition: “teamwork supposedly combines individual talents to generate something else from what is possible with each individual in separate.”

We live in a world of huge competitiveness, where individualization is a very striking and present characteristic. The biggest fear people have regarding team work is of seeing individual talent succumbing or dissolving inside a group result. Meaning, it was not “me” who did it, it was “us.”

Human beings, by nature, look for recognition and valuing as a way of feeling good with themselves and with the group.

This aspect, if not understood and administrated by the clinic's leaders, surely can decrease the possible good resulted from teamwork.

To work in a team requires attitudes and postures from people and the work sphere, which in turn require observing of some aspects, such as motivation, division, and delegation of tasks, integration, and respect, which is fundamental for the group's success.

The balance point between individual and collective depends not only on the individual characteristics of each team member but also on the way local leaderships conduct the processes and jobs.

It is up to the leaders to encourage and value the individual that works in a collective process, to impose a productive work rhythm, and to offer conditions that improve the team's motivation. Thus, there are certain procedures within the office that will favor those conditions, such as:

1. Reserving time for team meetings.
2. Presenting “work missions” to the group whenever possible.
3. Using efficient communication methods.
4. Exercising shared leadership and delegation of responsibilities.
5. Encouraging the group to accept individual differences as a form of respect and group enrichment.
6. Visualizing and maximizing the use of every team member's potential.
7. Avoiding comparing the staff to a family, comparing to a “cohesive, cooperative, collaborative, friendly team, working for a mission, with common goals.”
The concept of family differs in many aspects to that of a work team.
8. Recognizing the individual work and talent of team members.
9. Overcoming adversities through their understanding and using it as a source of personal and collective learning and knowledge.
10. Helping each other so that each one is responsible for their actions and does not hinder the group's performance.
11. Use staff meetings as a chance for:
 - (a) Guidance
 - (b) Compliments
 - (c) Arguments and learning over problems happening at the clinic
 - (d) *Feedback* for group actions
 - (e) Knowing closely how the staff's motivation is
 - (f) Restating the idea of a team
 - (g) Discussing client's complains and compliments
 - (h) Suggestions on how to improve the doctor's office's dynamics
 - (i) Problems in the clinic that need solving

- (j) Restating the clinic's values and mission
- (k) Knowing and easing group and individual conflicts related to work

Besides, in every work inside the clinic, there may be incentives for the following group concepts:

1. The customer service job may be compared to a "chain," where no link can break since it constitutes a cycle where one single weak link damages the whole work.
2. Each person of the group must adopt the attitude of being part of a team and not an isolated individual.
3. The team works as a group sport's team, where individual talents are important and are recognized as such, but can only work inside a team context, meaning the team achieving good results. We do not say "player x won the game." We say "Brazil won the game and Ronaldinho played beautifully."

Developing of Competences and Continued Education

"Happy is the one who knows, and learns what teaches."
Cora Coralina (Brazilian poetry writer, 1889–1985)

Learning follows us all our life; from the moment we are born, we are preparing for survival and social interaction.

In the professional field, learning is focused on preparing for the competent exercising of professional activities. For this to happen, we must offer conditions for the development of the skills of each member of the clinic's staff.

Skills may be seen as an iceberg, where only a small part can be seen at the surface (developed), but there is a good amount still hidden underwater, which means a potential to be explored and developed. From this point of view, developing skills is to explore potentials as well as improve the ones already acquired through training tools, meant to aid in this development.

The notion of development of skills must involve a wide process, where it included opportunities for personal development. Besides this, the means offered must not be isolated procedures, but a part of a continued education with basic principles that may be summarized within the concept that "knowledge is never ready."

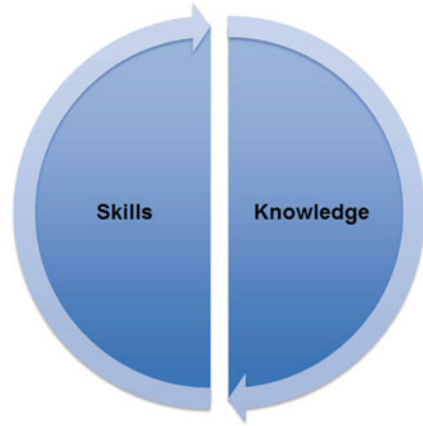
Talents need opportunities to develop. When we create such opportunities, the staff is strengthened and talents flourish.

Also, to work with continued education inside a doctor's office, there must be well-established human resources policies, in the several areas that compose it, creating favorable and motivational conditions for learning and development.

We may quote a few minimal areas in the HR that must be balanced:

1. An effective selective process adequately hiring for each position open
2. Pleasant work environment
3. Prepared leaderships
4. Internally and externally balanced remuneration

Fig. 6.2 Basic composition of the competence



5. Good work conditions

6. Talent recognition

The Webster dictionary (1981, p. 63) defines competence as “quality or state that must be functionally adequate or have enough knowledge, judgment, skill or strength for a certain task.” This is quite an interesting definition of this concept.

Competence does not have a single concept, but the definitions in a general way lead to paths that show that it is the human qualification to perform complex activities. Competence always has in its composition skill and knowledge (Fig. 6.2).

The greater goal of the continued education is the development of the individual and collective competences of the service's employees. For this work to be developed in a way that it can successfully achieve results, it is necessary to previously structure a strategical planning, over which skills are to be developed, which knowledge must be achieved, how the work will be done, through which tools, and how the results may be measured.

To begin work in this area, there must be a diagnosis over what the clinic's needs are and which areas must be developed along with the staff.

To accomplish a **diagnostic evaluation**, we may raise the following aspects data from within the clinic:

1. Points seen as deficient
2. Points seen as positive
3. The current stage of development and skills of each employee
4. The staff's opinion about problems faced daily and possible solutions
5. Analysis of the clinic's market position regarding others of the same specialty
6. Where it is necessary to train
7. Who to train
8. Client's complaints and suggestions
9. Detailed financial report of the clinic
10. Which areas could present a better performance
11. Vision, mission, and values of the service

The diagnosis must identify the needs to develop new skills or the needs to improve the ones that already exist, according to the necessities in the tasks performed by the employee, as well as the necessities of the clinic as a whole.

A base instrument of great importance for this job is to keep at the clinic an individual file, per employee, with notes on their formation, courses, and other events of which they have participated, as well as other experiences.

To know the characteristics of each professional in the staff better allows a better planning of development programs focused on their specific needs.

In the *planning*, goals are established, as well as “who” will participate on the programs.

Next are four basic points that must be defined in this phase:

1. Establishing the performances that need to be improved or be acquired at the clinic, meaning the goals you wish to achieve.
2. Make a priority scale, establishing what is necessary on a short-, medium-, and long-term basis.
3. Developing a project with the actions, instruments, and timeline needed to reach the aforementioned goals.
4. Remember always that any initiative must be planned with the intended results in mind.

The *developing of the planned actions*, aiming to reach the goals that were established, needs appropriate conditions to be effective. That being said, we must pay attention to the following points:

1. *Motivation*: The participant must have reasons to learn the subject, which must have a meaning.
2. *Understanding of the transmitted information*: The understanding is directly linked to how adequate the content and instruments used are.
3. *Using and developing of skills*: Skills learned must be used daily so they may be incorporated in their repertoire.
4. *Immediate feedback*: If the *feedback* does not accompany the employee’s actions, it is much harder for them to know if they are “on the right track.”

The *evaluation of results* of the development programs in the area of services is very hard to be measured numerically.

In the great majority of cases, doctor’s offices have small structures that do not possess the conditions to support a formal evaluation system. In these cases, establishing an informal evaluation system is more effective.

Behavioral evaluation is very hard to be done. A person’s behavior change highly depends on the strength of their resistance to change. So, a tool that can be used is the observation of the employee during a relatively long period, this being one of the alternatives that can be utilized.

The evaluation of results may be qualitative or quantitative. These two pillars of evaluation may include the following items:

1. Qualitative

- (a) Evaluation of the staff in meetings
- (b) Individual moments of the leader with employees for the evaluation of the program
- (c) Daily problems at the office that may expose possible flaws
- (d) Complaints received
- (e) Compliments received
- (f) Staff's perception
- (g) Suggestion boxes/instruments for the client to formulate and send feedback

2. Quantitative

- (a) Clinic's turnover
- (b) Equipment turnover
- (c) Number of clients seen
- (d) Surgeries performed
- (e) Waiting time in the schedule
- (f) Complaint number
- (g) Others

The *follow-up* as well as the *obtained result maintenance* must be systematically done.

It is common to see people attend courses of a certain subject, but when returning to their daily work routine, not applying the knowledge and information received.

This leads us to reflect over what makes a professional incorporate or not the new behaviors and knowledge to their daily professional routine.

In reality, then, a talent development process aims for behavioral change. It is expected that the people participating in these programs learn, be informed, and change.

This is not an easy goal to reach, since to change an individual, you must first accept change as something positive to your life.

The investment in education and formation of an employee grants conditions to change their potential into concrete professional actions.

Another aspect seen in the ambit of doctor's offices refers to the fact that employees are often sent to attend several courses, mainly in the field of customer service, but the administrator of the doctor's office, that is, often the doctor, is not prepared for the new concepts of customer service involving the subject, since they know there will not be any direct applicability to their work.

The hall of skills needed to perform in a satisfying way the activities within a doctor's office is pretty large, since the service involves a great complexity of elements. We may list, for example, some skills needed to develop competences for the activities of client service within the clinic:

1. Effective communication
2. Creativity
3. Personal development
4. Pro-activity
5. Sympathy
6. Team spirit
7. Interpersonal relationships
8. Flexibility
9. Solving situations
10. Acting as a multiplier of knowledge within the organization
11. Good humor
12. Caring for the image
13. Client focus
14. Patience
15. Analytical capability
16. Knowing how to listen
17. Verbal fluency
18. Using language tools properly
19. Emotional control

In the same activity at work, multiple skills are utilized.

For effective results at the work of continued education, the team must be motivated with the learning and growing, since good results from this work will depend, greatly, on the team's motivation to develop.

Besides this, one of the balance points to make investing in competences development valid is the low turnover of employees. Since with the depart of an employee over which a training investment was done, good part of the investment goes to waste.

Each member of the staff must be carefully prepared for their work at the clinic, within several areas of expertise; but in what comes to customer service, this knowledge will be very important for the work in the medical field.

The preparation in these two areas will allow the employee the necessary conditions to perform efficiently in their work.

Customer Service

“Customer service” is a fascinating area that is now very developed in what comes to the necessary tools for customer service professionals.

The control of these technical tools allows the professional to acquire the necessary confidence to develop their work, as well as their potential.

All quality customer service techniques show paths, conducts, and instruments that the professional may adopt and will propitiate a better development, as well as increase the probability obtaining client satisfaction with the service.

The techniques in a general way are developed coming from the theoretical principles connected to the psychic conditioning of the individuals, applied to specific customer service areas.

For example, in phone services, the auditory perception of the client is the main focus of the attention. So the techniques used try to maximize the potential of obtaining client satisfaction through this perception.

In the reception, there is the plurality of live elements in action, which makes the process more complex. The bigger the number of variables involved, the more complex it is, increasing the difficulty in obtaining success.

Of course the technique presented only points to the paths and postures necessary and important and is up to each of us to combine these aspects to our own personality, making every customer service something unique, inside the determined quality standard.

This way, to propitiate the staff with courses and trainings that give them opportunities and conditions to master the customer service is a must in order to have employees prepared to do their jobs and consequently with bigger conditions to be motivated, since being technically unprepared is not a motivational factor.

Parallel to the application of technical tools, we must pay attention the “dehumanization factor” in customer services. The service must always be human and personalized, answering to the people who enjoy feeling important in the process.

The robotic technique, barren of humanization, does not present effective results.

Tools for the Work in the Staff's Continued Education

“I can give you nothing that has not already its origins within yourself
 I can throw open no picture gallery but your own
 I can help make your own world visible-that is all.”
 Hermann Hesse (German writer, 1877–1962)

Presenting the New Employee

When hiring a new staff member, the first step is introducing them to the new environment of work. To do that, it is necessary to adopt certain measures that allow this new staff to:

- Become acquainted with the work space
- Know the clinic's history
- Know the mission, values, and mission
- Know which are their rights and their duties
- Be introduced to the staff
- Adapt and feel welcomed
- Acknowledge the norms and procedures

- Know informations about work safety and security
- Basically know the pathologies and exams performed by the medical specialty they are now working for

This work allows for a faster and more peaceful socialization of the new employee, making this new member of the staff more receptive toward learning and the incorporation of the service culture of the clinic.

For that, we can quote as examples some procedures that may be applied:

1. Regarding the clinical staff
 - (a) Should be informed a few days prior to the arrival of the new member.
 - (b) The staff must be motivated to welcome the newcomer well.
 - (c) Put some member in charge of “supporting” the newcomer, especially in the first days of work, someone they can go to and that introduces them to the group.

Instruments that may be used:

1. Videos
2. Booklets
3. Visits to the facilities for recognition of the environment and presentation to staff members
4. Internal lectures
5. Especial welcoming breakfast to present the new employee

Of course each clinic will have their own way of work during this moment, but the most important is to focus on the goals of this work and use creativity to introduce more and more productive ways to add a new person as employee.

External Events

The clinic's manager, basing on data collected from the staffs' needs of learning and development, may program ways to offer the employees access to courses and other events outside of the clinic, allowing their growth and group preparation, which will certainly bring positive outcomes.

In these external events are included:

1. Courses
2. Lectures
3. Congresses
4. Symposiums
5. Forums
6. Other opportunities within this model

Sending employees to attend courses outside of the clinic, with content adequate to the needs that arise when working in doctor's offices, is very important, since it:

1. Shows interest from the employer in investing in the professional training of employees
2. Offers the employee the chance to recycle, update, and develop their potential
3. Pleases clients that know of the investments done in the professional training of the staff

It is common to send employees to courses not adequate to the reality in the institution, sometime representing large amounts of wasted funds, with few results that the staff eventually end up forgetting.

This being said, it is important to observe a few very relevant points, to the efficiency of this tool:

1. Observe the efficiency of the theme related to the employee's work, how adequate the days and workload is, and the competence and preparation of the lecturer.
2. Give the participant the task of bringing back information written down, materials that were delivered, etc.
3. Take a copy of the material delivered at the course for the clinic's archive that is available to all the staff.
4. Ask the participant to evaluate how valid the course is, valid aspects or not, and how the content learned can be applied to their work.
5. Do a gathering to share and multiply knowledge, where it discussed ways and applicability of the contents in the clinic's daily routines.
6. Offer conditions so that, if pertinent, the content learned may actually be used in the daily work at the clinic.
7. Have the attitude of someone who wishes to learn from others and not only one of someone satisfying their curiosity.
8. Process of learning with others and not copying and imitating.

Benchmarking

Benchmarking is a management tool of great utility for several areas of the organization. It is a process that searches for improvement through observation, learning, and comparing, in relation to other organizations. This practice is often done with the strongest competition or the ones with more recognition. Meaning, the parameters of learning or comparatives are always for those that are ahead in the market, in a way to look forward in the market.

Benchmarking can be defined as a continual process of comparison of services and practices used in the clinic, to those of the strongest competitors or the most recognized clinics, to reach better levels in the patterns used in the clinic. It is a viable tool to any organization, applicable to any process.

Among those benefits of benchmarking, we may highlight:

- Improvement of costs through the implementation of new, more effective procedures

- Improvement of processes and internal procedures
- Better preparation of employees participating in the work
- Facilitating processes of organizational changes
- Creating a vision channel to the external market
- Making possible data over the sense of urgency to improve

We may practice benchmarking through several tools and for several goals. However, to a medical clinic, a very practical way with great results is the sending of employees to do “internships” usually of short stay, in other institutions. This practice constitutes a tool that allows for the opening of the ideas, concepts, procedures, and vision of the market.

In the *benchmarking*, before its application, we must clearly identify the following points:

1. The best places
2. Possibility of access to the desired location
3. Goal
4. Type of information to be collected
5. Organizational differences
6. Investment courses

This way, to obtain effective results, we must look still, to some other conditions:

1. Easier access to clinics located in other regions.
2. Depending on the type of information searched for, there is the option of choosing clinics of the specialties.
3. Preparing the employee that will participate, so they maintain a posture of respect for the culture of the other place.
4. Participants must be oriented to the points to be watched and written down carefully.
5. Being prepared for an exchange of information and concessions with the clinic that provided the opportunity for your employees.
6. Doing sharing meetings and multiplying of knowledge acquire, where ways and applicability of contents are discussed for the clinic's daily routine.

Scholarships

Offering full or partial scholarships for courses may contribute to the formation of new staff members, with the application of information and skills learned to the work inside the clinic.

It is important to remember that the employee benefited from a scholarship must be chosen carefully, so that the investment may actually return to the clinic, in the way of new knowledge and service specialization.

Besides this, the employee must be aware of the character of reciprocity of the scholarship, where the knowledge acquired will always be shared with other members of the staff, whenever necessary to aid to the needs of the clinic.

Multifunctionality

Whenever possible, have more than one employee trained for the same function. With the multifunctionality, each one has a defined position, but transits through other areas unperturbed.

This way, it used the principle of integrated knowledge that, among other positive elements, offers conditions for the employee to experiment with other modalities of work inside the office, offering conditions that lead them to develop skills, as well as leaving the clinic at a more comfortable position, in case some employee has to leave.

Courses/Internal Lectures

Courses and internal lectures are designed especially to attend to the needs of a certain work location; if elaborated along with a specific collection of data from the work space they attend, they may offer many positive results.

Constructive Feedback

The feedback is a tool that, when used well, may be an important ally to the work of continued education, as long as it is used aiming for the individual and group growth of the staff.

Within this positioning, the *feedback*, when constructive, means to inform another person of how their performance in certain activities or as a whole, so it will become possible for this other person to self-diagnose themselves, focusing on the positive change and development.

The Mistake as a Source of Learning

Learning may occur through our mistakes, as well as through the mistakes of other staff members. To err is the possibility of getting it right in the next try.

For this to happen, the error must be accompanied with the responsibility for what happened, the learning and the absence of a punitive and or discrediting pos-

ture from the employer. Within this positioning, a posture of elevated respect is adopted with the employee who committed the mistake, seeing the occurred as an instrument for the learning and growth of the staff.

From the observation of errors committed, the individual may become more attentive to a second mistake and this way gets closer to their goals. It is like learning to walk.

It is necessary to remember as well that the repeating mistake may be a sign of problems that must be identified since the effectiveness of this tools depends on the correction, analysis, and learning from the occurred, not from its repetition.

It is common for mistakes to occur from the following reasons:

1. Absence or insufficiency of information and skills developed
2. False understandings/evaluation mistakes
3. Lack of motivation

Bill Gates, one of the founders of Microsoft, said the following: "a company needs to have people that make mistakes, is not afraid of mistakes and learn from them."

Individual Interviews

Individual interviews must occur periodically and may provide the leaderships of the clinic, as well as the employees in general, the opportunity of exposing their ideas, motivations, satisfactions, and projects for the future individually.

This procedure is important, since in a group situation the individual exposes less and therefore their ideas are less known. So, an individual interview allows you to know the employee in a deeper way, in a private, individualized moment, in which they can express themselves freely.

This interview must be pleasant and always based in tranquility, informality, and candidness so that the employee may truly "open up" and the clinic may know and plan better the development of their staff members.

Conditions for the Utilization of the New Knowledge and Skills Developed

The skills learned must be used in the daily routine so they can be incorporated in the repertoire, since, when each member of the staff is encouraged to search certain knowledge, and it cannot be applied to their work, it ends up being a source of frustration, as well as it does not allow for the development of the employee through the incorporation of new actions in their repertoire. Frustration also decreases personal growth.

Adopting new practices in the daily life, acquired through learning processes, may stimulate other staff members to search for development as well.

So, creating opportunities for the introduction of the new strategies brought by employees ends up as an effective tool for the continual development of the staff.

Of course it is necessary to evaluate case by case to know the real necessity, applicability, and validity of procedures suggested, in order to verify the possibility of their utilization. However, what must not occur is the discarding of the possibility of implementing new ideas, resulted from the lack of information from the manager, something that can be very frustrating for the employee.

Meetings

A meeting can be an instrument of continued education when well administrated and planned for. It is necessary to be clear that the meeting is a live process that must be managed carefully.

Meetings must be moments of exchange of information, considerations, learning, and integration, as well as proportioning opportunities for spontaneous manifestations of thoughts. With so many targets to hit, it is fundamental to carefully plan strategies to be used; because of this, below are some tips for the execution and productivity of the meeting:

Before the Meeting

1. Appropriate meeting hour.
2. Choice of participants.
3. Dimensioning the time needed and adequate to the reach effective results.
4. Establishing beginning and ending time for the meeting.
5. Go around the issue of travel time and availability of participants.
6. Define the meeting schedule clearly.
7. Plan techniques for the presentation of contents.
8. Defining an appropriate time.
9. Providing comfortable and adequate accommodations.
10. Organizing the materials to be used, beforehand.
11. Taking care of details that may make the meeting time more pleasant.

During the Meeting

1. Designate someone to coordinate it.
2. Do not allow for interruption from external reasons.
3. Take the necessary measures not to have any interruptions.
4. Request the cell phones from the participants are shut off.
5. Allow for informality, but be careful with excesses.
6. Have a space for questions, dialogue, and exchange of experiences.
7. Register all ideas and decisions.
8. Manage the meeting time carefully.
9. Do not allow participants to take the focus away from the meeting points.

Meetings can be used for the most diverse ends, according to the needs and planning of the clinic, where we may point out some types to be utilized:

Acquiring of Knowledge

It is used to approach subjects that are important for the full performance of the activities inside the clinic, for example, the basic notions of the medical specialty the clinic is inserted in.

This way, it may occur when taking into consideration the following points:

1. Selecting contents and participants according to the needs of the clinic.
2. The content must be handled by the doctor or a prepared assistant, depending on the content to be broached.
3. Comes from the principle that members of the staff, including the doctor, may contribute effectively to the development of the staff and consequently to the improvement to the customer service.

Evaluating the Work in the Clinic

In this type of meeting, the staff has the opportunity to exchange ideas, as well as discuss and relate experiences in the clinic, in what comes to complaints or compliments from clients.

From these meetings usually come the suggestions for courses and other activities to develop the staff.

Sharing and Applying Knowledge

After the participation of an employee in courses, lectures, benchmarking, or any other kind of event, it is very important that the knowledge acquired be shared with the group, in a way for the individual investment to become a team qualification investment.

In these meetings, there could be discussions about possibilities and the way of applying this knowledge to the clinic's daily routine.

The effectiveness of these meetings depends on a strong team spirit to work properly.

It is very important that a process in progress always exists, happening in a continued way inside the clinic. The staff is never completely ready, always something can be better prepared, no professional must be considered fully ready, and always they can learn and develop more.

A quote from a Peter Senge book called *The Fifth Discipline* fits here perfectly: “Learning organizations are those in which people constantly expand their capacities of creating the results they wish for, where new and elevated patterns of reason arise, where collective aspirations are set free and people continually learn to learn to learn in a group.”

Dantotsu

Dantotsu is a Japanese word that in sum means “the best among the best.” When talking about the development of competences, we are talking about individuals that learn how to do something better in the future than what is being made today, termed constant improvement.

This word expresses in a very convenient way the “spirit” of the constant search for improvement that leads us to a scenery of continual enhancement, one that must be the essence of the development of competences.

All health services should have the Dantotsu philosophy to conduct their management and disseminate it among the employee in the hopes of constant and endless improvement. This moves us, generating energy to always be ahead in the market.

Motivation for Work

“We are what we do, and above all, we are what we do in order to change who we are.”

Eduardo Hughes Galeano (Argentinian journalist and writer, born in 1940)

The motivation at work may be defined as a strengthening energy that drives, involves, and sustains a person's efforts at work.

Motivating the staff is a great challenge to be faced by the managers in the health sector; however, before all else, managers must have clarity in understanding what it means to be a motivated employee and what are the necessary conditions to achieve this goal.

It is important to highlight that facing such a highly competitive and demanding market such as the one we have, we need more and more that each employee is as committed as possible with the clinic's success, with its mission, with the reasonable use of resources, as well as with the production of a work with elevated levels of excellence and in constant improvement and perfecting

It is common that facing the need to elevate the staff's motivation, the manager hires lecturers or sends employees to lecture on motivation. But, often, this measure is ineffective, with low satisfactory results, because it is based on the idea that the problem is with the employee that they should motivate themselves. Strategies that aim to elevate the employee's self-motivation can only obtain better results when followed by a work environment with an organized structure working toward keeping the staff with high levels of satisfaction at work.

Is it possible for a demotivated employee, with a low pay, that has no perspective of growing inside the company, who does not feel appreciated in their work environment, to change into a motivated employee simply by watching a self-motivation lecture?

Surely this complex facet of the human being deserves a deeper analysis. We need to raise some important considerations, linked to motivational aspects at work, so that we may amplify our understanding of this matter.

Motivation involves individual aspects, as well as environmental conditions surrounding individuals.

This way, we may say that the determination of the motivation occurs through a set of intrinsic and extrinsic conditions that, in the work related case, determines will, effort, and energy invested in the execution of professional tasks from a certain individual or team.

We will talk here about the extrinsic factors, meaning how the work environment conditions may interfere with the motivational state of staff members in clinics.

Among the factors that act over the motivational energy of employee, we may mention as examples: perspective of professional growth, remuneration, benefits offered, recognition for the work done, norms and rules employees are subordinated to, conditions of the structure and materials to perform the work, as well as the style of leadership exercised within the clinic.

The leader or leaderships are responsible for a good part of the problems or solutions in the staff work. It is up to the leader to structure and make work the internal engine the work relations in the office.

It is necessary to remember that, even in clinics that have specialized managers, the figure of the doctor, as the higher leader of the enterprise, is of great importance.

This fact has demanded from doctors investments not only in the medical field but also in the administrative one, to allow them to know this universe better and have better conditions to administrate the office, since unprepared leaderships generate an unstructured work environments, where the levels of motivation have trouble staying high.

Therefore, preparing to exercise leadership is a must, since it is common to see in the market managers without the necessary preparation to lead their staff to the path of motivation. The leader has a meaningful role in the motivation of employees and as such should know how to delegate, orientate, recognize, respect, aggregate, and value their employees.

From the factors herein mention, we can see that a series of coexistent and constantly interactive elements exist.

In an isolated way, these elements are not self-sufficient enough to understand the motivation at work, and they must be analyzed and understood in conjunction.

Thus, for example, an employee who is well paid may be demotivated at work because they would like to perform a different type of task they believe they have the potential to develop or may be dissatisfied with the leadership.

From the example above, it is easy to realize that the control of all elements that surround a clinical staff is something extremely complex. The manager of the clinic must try to reach the best results possible, through the balance of each of the areas.

In a resumed way, we can point out a few useful tips for the daily routine, so the manager can obtain the success of a highly motivated staff.

1. Professional perspective:

- (a) Propitiate conditions for training and development.
- (b) Observe and evaluate the potentials and progress of each member of the staff, to make available conditions for them to takeover new functions and responsibilities inside the clinic.
- (c) Carefully place newly hired employees in positions they adequate to their profile.

2. Work environment:

- (a) In meetings, thank and recognize before the group performances and attitudes of employees.
- (b) To delegate is important and may be seen as a demonstration of trust.
- (c) Always listen to suggestions and complaints coming from the team, try to find a solution, or forward the issue presented to you.
- (d) In case of incorrect actions from employees, try to guide them in a proper location, respectfully, discretely, and with a dialogue.
- (e) The leaderships must not adopt explosive demeanors, say what they want, and then regret it all.
- (f) Meet with the staff periodically.
- (g) Value the work of all staff member in their different positions, showing the spirit of a cohesive team, in which all are important for the success of the clinic.

3. Norms of the clinic:

- (a) By creating new norms of what is or is not allowed at the clinic, try to present and discuss the matter in meetings.
- (b) In case of new employees, apply efficient methods to inform them of the norms of the clinic.
- (c) Try not to make the norms of the clinic too strict, as to not create a hostile atmosphere of lack of flexibility and staff members feel trapped to a “military” structure.

4. Remuneration:

- (a) Be careful when granting universal pay raises. Try whenever possible to evaluate salaries together and separately.
- (b) Be in tune with the salaries of the market, setting these measures as a routine, since the market tends to fluctuate.

5. Place of work:

- (a) The place of work must be a pleasant environment, “light,” and peaceful.
- (b) Be careful that the lightning is appropriate for the work done and the people in that environment.

- (c) Adopt and orient employees regarding the necessary steps for the staff's safety.
- (d) Acquire adequate furniture that is comfortable in relation to the physical profile of the staff, adapting it to the individual and not vice versa.
- (e) Be careful that the climate conditions of the environment are pleasant.
- (f) Position monitors in a way to propitiate comfort to the users.
- (g) In the case of staff that perform, activities of statistical function (repetition) offer guidance as to the cares and procedures to avoid problems coming from the side effect of this type of work.
- (h) Evaluate carefully the hiring of people that live in places too far away from the place of work.

Of course the items above do not describe all the needs regarding the extrinsic conditions of the individual that are present at work and interfere in the motivation of the employees, but they are points that deserve, surely, especial attention from the managers of doctor's offices, doctors that wish for an integrated and motivated staff at work.

Workers with elevated motivation are not a utopia, but demand from the manager a careful and thorough job in the construction of a staff in tune with the clinic, firmly looking for growth and success at their work place.

Green Behavior: The Socioresponsibility in Focus

“The sky was once blue but now is grey
And what was green no longer exist.”

Renato Russo (Brazilian singer and songwriter, 1960–1996)

Green behavior is the one where there is a deep involvement and commitment to the preservation of the environment, through the adoption of sustainable practices and solutions. This tendency follows the globalized path where the concern over the environment is occupying an important and growing space among global concerns.

Taking care of the environment became an invaluable attitude for the professional image.

The client more and more looks favorably to services that promote and show concern for the environment. It is common today to see in the media campaigns where the company has as a focus associating their image to the concern for the environment.

In reality, the speed in which this issue has been presenting itself in all our lives is increasing rapidly and provoking changes in the client's behavior that, each day, is more critical and observant regarding this issue.

Doctors, as well as their staff, are citizens that are also being involved in all this world movement turned to the preservation of the environment. What many times happens is the mistaken view that a doctor's office cannot or need not offer its con-

tribution to this issue. In reality all society must be aware and participative in this process, which also implies changes of attitudes in the daily routine of a doctor's office.

Clinics and doctor's offices, no matter what size or the number of people involved in its structure, can and must adopt in their daily lives attitudes that promote the rational and sustainable use of resources and materials. This is a value that, surely, must be ever more present in the life of these professionals.

To bring this concept to inside doctor's offices, the starting point is the doctor and their staff really believing in this important concept for all society and that must be adopted daily at their work, since, to obtain positive results, the involvement of all those that compose the clinic is necessary.

There are countless positive actions that are possible to be adopted by all that are a part of the clinic. Below are some tips:

1. Turn off the lights, as well as the air conditioner, that are not being used.
2. Turn off computers or at least monitors during the time for lunch break or other moments they are not being utilized. You may as well configure your computer to shut down the monitor when inactive for a certain period of time.
3. Try to, whenever possible, print in both sides of the sheet of paper.
4. Before printing, carefully check if the copy/print is truly necessary. Saving paper is a way of protecting forests and water. To be produced, each ton of paper means the cutting of approximately 18 trees and each kilo of paper consumes thousands of liters of water.
5. Keep printers in the economy printing mode.
6. Ask that the mail lists and database stop sending unnecessary pamphlets, news, and promotions.
7. Reutilize papers as drafts and/or printing paper for internal control.
8. Utilize non-disposable cups for the staff to use. Leave disposable cups only for clients.
9. Install ceiling fans to be used in days that are not very hot, in replacement for the air conditioner. Fans may save up to 90 % of energy in comparison to the air conditioner.
10. Try to clean or change the air conditioner filters regularly.
11. Replace your current lamps for LED lamps. LED lamps may last for decades and save energy.
12. When acquiring appliances for the clinic, choose the ones with low energy consumption.
13. Use pen drives instead of CDs or DVDs. A CD takes 450 years to decompose.
14. Adopt actions that may decrease the consumption of water inside the clinic, especially in the maintenance and cleaning of sidewalks, garages, and gardens.
15. Keep faucets and toilet valves in the clinic regulated to a low water outflow. Moreover, faucets and vales must be kept regulated, without leakage. A faucet dripping one drop every 5 s represents more than 20 L of water in a day.

16. Avoid waste regarding products used in the cleaning maintenance of the clinic, and use only the necessary amount. Despite being “biodegradable,” detergents are great water polluters. Detergent diluted in water remains active for several days before decomposing.
17. Practice the selective waste collecting. Recycling not only saves natural resources but is an efficient way of contributing to water saving. Recycled products require less water to be produced, when compared to products from raw materials.
18. Whenever possible use rechargeable batteries, since they generate less residues than disposable batteries. This way we avoid the fabrication of more batteries and generate less residues. Besides this, always dispose of batteries in the proper location.
19. Dispose of appliances, ink cartridges, furniture, and other products always in the appropriate location.
20. Try to always use less materials and resources. Reuse, recycle, and do not waste products.
21. Plant a tree.

I believe this concern for the environment is present in some ways in many health services, but in most cases, it is still timidly so. We must dare a little more, and we need more hospitals and doctor’s offices adopting more and more the concern and concrete actions toward this issue.

However, currently there are several initiatives in this area, clinics, and hospitals all around the world showing a growing commitment and concern in developing sustainable actions that save resources and pollute less and less the environment.

Moreover, several countries are adopting norms that guarantee the protection of the environment and professionals to work directly in the management of residues, whose measures are located in the field of biosecurity.

The implementation of this Health Residues Management Program is a clear demonstration that changes like this in the health area are already firmly knocking on the door of clinics and doctor’s offices.

All of us as citizens are benefited from actions such as these. Besides, there is also the economic aspect, since actions that lead to a more reasonable and conscious use of resources and materials also lead to a reduction of costs in the clinic.

When actions are meaningful and publicly advertised, the impact in the perception of the client is surely positive. On the other hand, even being actions still timid in this direction, the involvement of the staff in a project such as this may also result in positive results in the motivation and commitment of the staff to the clinic, since this work may awaken in individuals the feelings of being contributing positively in the construction of a better world, resulting in the pleasant sensation of “doing their part.”

It is important to remember that a work like this may only produce positive results if there is the involvement of all that are part of the clinic’s structure. The actions must be developed as a chain, with no weak links, where doctors and employees may adopt conjointly actions aligned to the preservation of the environment.

Without a doubt, it is possible for a meaningful reduction of the consumption of materials, energy, and water and even in the durability of equipments. The ideal would also be that the staff may be informed regarding the positive results of their actions. This way, the ideal is that there are data from before these actions were adopted, and data from after, so there may be comparative information that produce concrete indicators of the results achieved. Of course, not everything may be measured, but whenever possible, it is of utmost importance that evaluations of the results may be done and then shared with the whole staff.

An American organization called PayItGreen that stimulates electronic payment performed a study that realized the following:

If just 20% of American households switched from paper to electronic bills, statements and payments each year, the collective impact would:

- *Save 146,930,912 lb of paper*
- *Save 542,669,898 lb of wood*
- *Prevent producing 689,437,189 lb (312,709 t) of greenhouse gases*

The green wave is also causing changes in the industry where the fight against waste is the target. Some developers are creating printers with options that allow for paper economy when printing, such as several pages per sheet of paper mode, as well as other possibilities that allow the user to have a better planning of their prints, aiming for economy of paper.

Through these examples, it is possible to see how much little attitudes day in day out may produce meaningful results in the preservation of the environment. Every time a doctor's office begins adopting ecologically sustainable actions, this work is added to the many other already being done, as well as serving as an example to encourage others into following this path.

Developing in the staff a sense of responsibility to the environment is today an important path that leads to a good future, regarding motivation and commitment of the employee toward the health sector.

References

1. Birch P, Clegg B (2002) Trabalho em equipe: motive e energize sua equipe já! Qualitymark Editora Ltda, Rio de Janeiro
2. Davis K (1992) Comportamento humano no trabalho. Pioneira, São Paulo
3. Keith D, Newstrom JW (1992) Comportamento humano no trabalho. Pioneira, São Paulo
4. Kirkpatrick DL (1996) Evaluating training programs-the four levels, 2nd edn. Berrett-Koehler Publishers, San Francisco, CA
5. Minicucci A (1989) Relações humanas - psicologia das relações interpessoais. Atlas, São Paulo
6. Moscovici F (1985) Desenvolvimento interpessoal. Livros Técnicos e Científicos, Rio de Janeiro
7. Phahalad CK, Hamel G (1990) The core competence of the corporation. Harv Bus Rev 68(3):79
8. Webster (1981) Third new international dictionary of the English language, unabridged. G. & C. Merriam, Springfield, MA

Chapter 7

Basic Areas of Customer Service in Medical Clinics

“What’s important is not to win everyday, but to fight.”

Saint Augustine (Catholic Bishop, theologian, and philosopher, born in Algeria, 354–430)

Abstract A medical clinic has in its gears a series of very complex areas and activities. However, there is a tripod, where three areas do an indispensable work of support in order for any work process to happen. These areas are the telephone, the schedule, and the reception. The telephone is where the magic of words happens. This is basically because the sense clients use to “become aware” of the clinic’s message is the hearing. This way, what is said and how it is said makes all the difference. Besides, it is necessary to know and understand how to conduct a phone call in its different stages, so that it can get the best results to have success in the medical service. The work of scheduling must be planned and executed in a way to maximize the work potential of doctors. For this to come true, it is necessary to have technique and creativity. The reception desk is where the customer service happens face to face. At this moment, along with an effective verbal communication, other variables will also be observed by the client and will influence the perceptive image he or she will create of the clinic and its employees.

The Tripod of Customer Service

“A wise man will make more opportunities than he finds.”

Francis Bacon (English politician, philosopher, and essayist, 1561–1626)

The clinic’s customer service is sustained by three basic mutually interchanged points (Fig. 7.1).

The scheduling of appointments is the basic fuel for the work in doctors’ offices. Even when doctors dedicate themselves exclusively to surgical procedures, anesthesia services, and so on, at some point, it was scheduled for some professional the appointment for this client that triggered the rest of the process.

Meaning, a doctor’s appointment is at the foundation of a doctor’s work, this is why we must dedicate an extremely special amount of attention to this process, when one is scheduled.

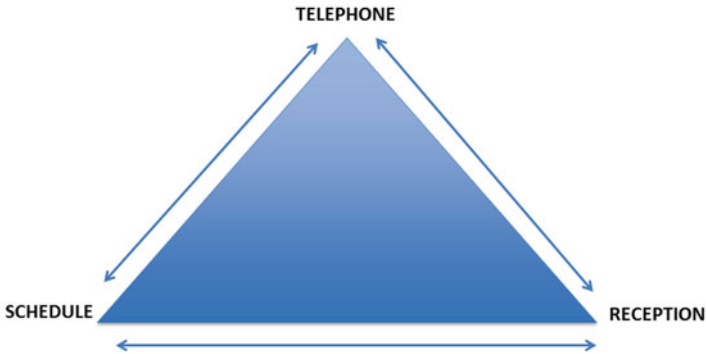


Fig. 7.1 Tripod of customer service

Phone service, in most cases, is the instrument used to schedule appointments. This is why they are intimately connected and dependent of one another, not overlooking the fact that today, clients can sometimes count with the possibility of an online appointment scheduling.

The scheduling requires a phone service, and the phone service can only exist if there are clients interested in scheduling. Besides this, obviously, the phone is the most used channel for clients to contact the clinic and obtain clarifications or other services and information.

In the reception, the first actual customer service happens within the clinic's installations. It is the moment when clients make up a large part of their impressions on the clinic. The reception is the place where the client gets most of their services that do not require a proper medical specialty and that along with the telephone service and scheduling, form the foundation that supports the rest of the work to be offered to the client, a work that, from this moment on, will be of a medical connotation.

The manager of the office must always prepare the staff for all stages of customer service, but these three areas must receive a special attention for the results to be effective.

Telephone: The Magic of the Words

"I have always wished my computer was as easy to use as my telephone. Now, my dream has come true because I can no longer figure out how to use my phone."

Bjarne Stroustrup (computer scientist and a full professor at the Texas A&M University, born in 1950)

Do you realize the power a telephone has inside a doctor's office?

What is the percentage of clients who use the phone when they want to:

1. Schedule appointments or procedures
2. Clarify doubts acquired during a consultation
3. Report problems or symptoms from the usage of the medication prescribed

The phone service, deservedly, is considered an incredibly important tool in a doctor's path to success. It is through the telephone that, in most cases, after the choosing of the doctor, the relationship process between client and clinic has its first contact point.

Moreover, the telephone is also a powerful tool in the difficult task of maintaining the clients previously served, a stable and long-lasting relationship, since the absolute majority of them, when needing the clinic's service again, run to the telephone to seek this service, be it for elucidating doubts or scheduling procedures and appointments.

Concepts of efficiency, worrying about client's welfare, and professionalism are factors that are commonly included in the evaluation of the person performing the call, and these concepts are then transferred to the clinic as a whole, meaning, in the initial stage, in the first contact point, the relationship may already begin in a worrisome way, in case the staff is not duly prepared.

Knowing the importance of this area in the clinic, it is the first step so that the manager may organize themselves strategically, trying to achieve an elevated level of efficiency in the customer service provided by telephone. No matter if the clinic is small or huge, if it possesses an exclusive phone service for that job only or if the phone service is done along with the reception the aspects we will discuss here apply to all these cases.

The telephone is often the first contact point clients have with the clinic and constitutes a fundamental instrument for the work at doctors' offices, becoming a powerful communication tool with the client.

Thus, it will require multiple aptitudes and skills from the professional performing this service, but the primordial and key point for the success of their work will be the verbal skill.

This is because, regarding clients, the sensory organ used most will be the hearing. This way, dominating the speaking is an indispensable tool for the true development of this task.

On the phone, variables to be controlled are fewer, when compared to customer service done face to face, since there are no visual clues. This way, the verbal skill that will supply perceptible leads for the listener will be very important in the following aspects (Fig. 7.2):

1. Tone (sonority that transmits or not, sympathy, interest, etc.)
2. Voice modulation (variations in height or intensity in the emission of sounds)

It is known that this is a procedure that requires much technique, as well as creativity, flexibility, and quick thinking, because situations may happen in a very dynamic and fast way, requiring that the employee be one that knows how to search for alternatives to find "a way out" for problems and issues related to the customer they are talking to.

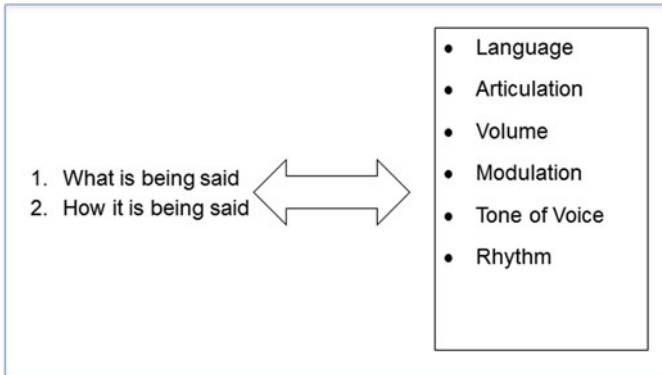


Fig. 7.2 Variables to be controlled on the phone

This way, the excellence of the work in the phone service begins with the hiring of the staff members that will be charged with this work. An improper choice already compromises the rest of the process. It is very difficult to train, to prepare for this area, someone who does not possess the needed qualities and potential important for the proper development of this work.

After choosing who will perform the job, a program that will prepare them for the execution of this task with elevated professionalism and efficiency will begin to be developed.

The hall of techniques and tips for procedures on the phone will never be able to approach or provide ready-made answers to all the questions that will arise during the performing of this work, but it can provide a foundation that prepares and gives ammunition and confidence to the professional that will then perform the job with higher chances of success.

It is necessary to remember that the professional when answering to a client on the phone will be in this moment “embodying” the clinic. They are representing the clinic through the customer service.

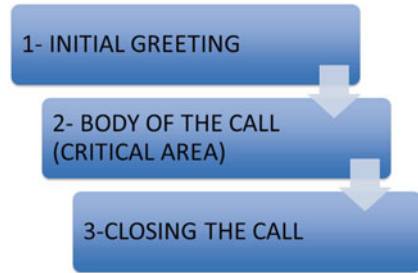
In reality, we may say that to the client, the poor customer service of the employee on the phone may be generalized to the clinic as a whole. As if “the clinic” had a poor customer service.

It is common for the client to do this type of generalization, “dragging” the whole staff in the clinic to the poor customer service group, regardless of their actual performance, having as reference only the phone service.

To understand the phone service, we must understand its mechanism. We may say that this service can be divided into three parts, where in each one is developed different aspects of the service (Fig. 7.3).

Thus, to develop a phone service with elevated performance, we must guide ourselves using a basic script that allows us flexibility, in the sense of looking for possible alternatives for each client, according to the problem presented, but after that, return to the script from the point before the interruption, so that the service is personalized, but at the same time technical and professional.

Fig. 7.3 Parts of the phone service



This way, we will study the steps for the basic sequence in a script for phone services in medical clinics, basing ourselves in the chart above.

Initial Greeting Must be brief, well articulated, and clarifying. If it is too long, it may annoy the client on the other side of the line, right from the start.

The main goal of this moment in the call is that when listening to the initial greeting of the employee, the client is able to identify clearly the place to where he called, as well as the employee's name, with the added bonus of feeling welcome to the clinic.

When after this initialization the client asks, "Where am I calling to, please?", independently of what was happening to the client on the other side (distracted, talking to other people, etc.), the initialization has failed, since the information said was lost and had to be repeated.

The employee must always pay the utmost attention to the number of patients that ask this question after an initialization, to check if this flaw is not consequence to the way the call is being initialized.

Another aspect to be careful in this stage is the time between the beginning of the call and the beginning of the employee's speech. It is necessary to wait the correct amount of time, as to not cut off the beginning of the speech. Some employees start speaking even before the connection is completed to begin the service. Initialization is in the following (Fig. 7.4).

1. *Identifying the clinic:*

When defining what will the clinic's identification on the phone be, it is important to remember that it should not be very long; thus, in case you want to use the doctor's name or the clinic's name and this name is too long, try to find a way of, without depriving it of its characteristics, simplifying the name used in the initial greeting.

2. *Identifying the employee:*

Using only one name. In case of a middle name, try to use only one of them to facilitate the understanding and speed up the initialization.

Fig. 7.4 Initialization of the phone service

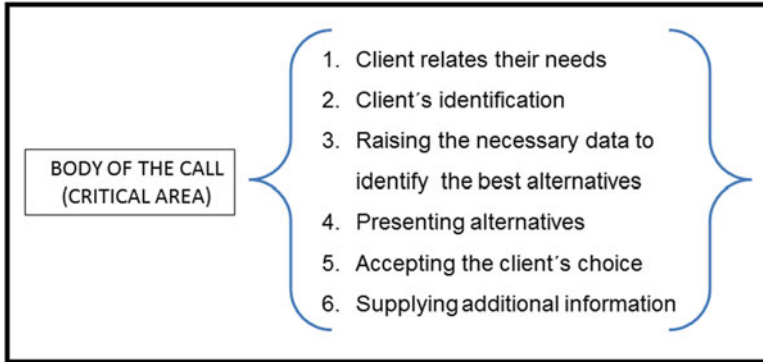
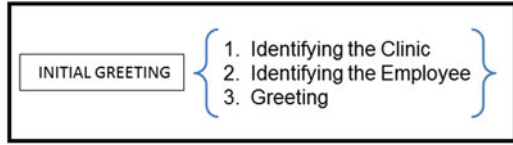


Fig. 7.5 Body of the phone call

3. *Greeting:*

The basic alternatives are good morning, good afternoon, and good evening. Besides those, there are other possibilities which will be chosen by the office manager, such as saying Merry Christmas and other greetings for specific times of the year. Another alternative is using the basic greetings in this initial stage, and when ending the call, use a more specific one, in case it is a very special time of the year. However, be careful with “specific greeting” when initiating the call, since in some cases if used wrong, they may create an unprofessional or improper connotation, even risking being “hilarious” to the client.

Body of the Call This is the stage that will require the employee’s skills the most, since it is here that the actual dialogue between employee and client will occur.

This is a critical area in phone service, since it involves technical aspects, but also common sense and creativity for many situations occur where the problem presented is unusual or even a client presents a profile that makes communication hard to be established during a call. In this point, the greatest difficulties are presented (Fig. 7.5).

Giving sequence to the initialization, the stages in the phase are:

1. *Client relates their needs:*

After the last sentence is said by the employee during the initialization, the client enters the call signaling their problems, with sentences such as:

- I would like to schedule an appointment.

Or

- I was there last week, the doctor prescribed me a medication, but I have a question I would like to ask him.

At this moment, before entering the issue stated by the client, the employee must go to another stage, which is the:

2. *Client's identification:*

The name of the person by the phone must be asked.

- Who am I speaking to, please?

Or

- Your name, please, Sir (Ma'am)?

When the client says the name, the employee must immediately write it down somewhere visible, or repeat it mentally, in order to memorize it, and from this moment on, always call them by their name.

Since with a phone call it is not possible to clearly identify a person's age, the employee must use the term "Ms./Mr.," followed by the client's name, to refer to them.

Only stop using this term if the client specifically asks to be called something else, such as by just their name.

From then on, go back to the problem presented by the client, as stated below.

3. *Raising the necessary data to identify the best alternatives:*

Once the identity of the caller is established, the employee must return to the initial issue presented by the client, adding a few clarifying elements, such as in the example:

- The doctor is with a patient at the moment. Could you tell me what is happening? Maybe I can help.

Or

- The consultation only routine or is there anything urgent?

4. *Presenting alternatives:*

At this moment, the employee presents to the client the options available, from what was already requested:

- To schedule the appointment, we have an opening for Friday, March 23rd, at 4 p.m.

Or

- I'll write down your message and as soon as possible the doctor will call you back to talk to you.

We must watch out for the fact that in situations that there is a need to consult with/request authorization to another person in the clinic, the client must not be kept waiting for long. It is best to explain the reason why the circumstance cannot

be solved at that moment, and say you will call them back, as soon as you have an answer ready.

In any case, whatever the nature of the issue presented by the client, the search for a solution must follow the same logic previously presented. The employee must be quick-witted to look for the information needed to find a “way” toward solution.

From this moment on, new options are presented to the client, until, within the possibilities of the clinic, a solution favorable to the client is finally found.

At this moment, the employee passes on to the following stage.

5. *Accepting the client’s choice:*

When reaching a consensus with the client, the employee goes on to the procedure of collecting the necessary data for the option chosen by the client and then moves on the next stage.

6. *Supplying additional information:*

It is the moment when additional necessary information may be supplied to the client, such as the clinic’s address, parking information, etc.

Closing of the Call In this phase the employee will close the call, leaving the best “last impression” possible from this phone contact.

The closing of a call must be done in a polite and gentle way (Fig. 7.6).

1. *Repeating what was agreed*

To ensure the best memorization possible of the solution given to the problem, at this moment, what was agreed should be repeated to the client in short, clarifying sentences that avoid any room for doubts. For example:

- Ms. Marli, I wrote down all your information, and the doctor will contact you through your cell phone number xxx-xxxx-xxxx, today, after 6 p.m. Is this alright for you?

Or

- You are scheduled for an appointment with Dr. A, on May 15th, Thursday, at 4:30 p.m.

2. *Thanking*

The thank you should always be said emphatically, such as:

- Thank you very much, Ma’am! (if the caller is female).

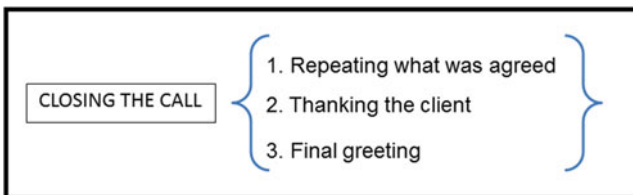


Fig. 7.6 Ending the telephone service

- Thank you very much, Sir! (if the caller is male).
- We thank you for your call!
- Clinic X thanks you for your call.
- Thank you for calling.

3. *Final Greeting*

After thanking, the employee continues in sequence, joining the last sentence to a good-bye that may also be personalized according to time, day of the week, or even a specific date:

- Have a nice day!
- Have a nice afternoon!
- Have a nice evening!
- Have a nice weekend! (after Friday).
- Have a nice holiday! (a day before holidays).
- Have a Merry Christmas! (on holidays at the end of the year).

When finishing a call, be careful not to hang up the phone too quickly, the client could still have the phone by the ear and would feel offended, especially if in a hurry the phone was disconnected too quickly and they had not finished talking. After the last sentence is said, wait a few moments for the listener to fully hang up the phone first.

We must also remember we are living a moment when call centers are massively present. Often we are seen by or receive calls from *call centers*, where employees trained to perform sped up customer services, within fixed scripts, talk to us as if they were robots, without ever deviating from their “itinerary,” in a customer service that is strictly “metallic” and unpersonalized.

This “tone of voice,” the trademark of services like this, surely is not pleasing the ones receiving them, whose satisfaction is, or at least should be, the biggest goal for these services.

It must be very clear to the person preparing an employee to answer calls or make them that professionalization and using of scripts are not reasons for the facts abovementioned to happen.

The essence is in keeping the phone service human and personalized.

The preparation of employees must privilege these aspects, without losing the technical connotation that professionalizes the work.

We must pay attention to these situations, so that we do not incur from these mistakes. When talking about the health area, inclusively, the attention must be even greater, since it is an especially complex area that deserves a very specialized tone when talking to the client.

When preparing an employee for scheduling, answering, or making phone calls, the emphasis must be given to the humanization of this service, without losing the professionalism. And there included the technical and ethical aspects of the job.

An aspect that must also be observed by the managers of the medical clinics is that often the “automation” of the service may be the product of a repetitive work routine. So, the occurrence of these facts must be carefully observed, verifying the possibilities and options available in the clinic, as to avoid them.

There are countless other aspects connected to the phone service that must be observed. We may name several behaviors and attitudes that must be avoided when answering a phone call:

- Answering private calls in front of clients.
- Talking to another person on the side while talking to the client.
- When in a phone call, chewing on food or swallowing liquids.
- Not to have a notepad in a place of easy access.
- Making any possibly distasteful jokes.
- Not identifying the client’s profile (age, vocabulary, etc.), and try to find the proper language and rhythm of the call, so the communication is more effective.
- Utilize slangs, diminutives, laughs, and jokes.
- Take the phone off the hook, continuing the conversation on the side and then talking to the client on the phone.
- Let happenings from a previous difficult call interfere in the current one.
- Say certain words (What? How? Who? Speak louder! No! You’re welcome! What did you *say*?) using a “very abrupt tone of incomprehension.”
- Not using expressions such as: “kindly,” “please,” “may I help you?”, and “thank you!”
- Using words such as: honey, darling, sweetie, love, etc.
- Appearing in a rush over other people who are awaiting service.
- Long silences during phone conversations. It is fundamental to frequently say “yes,” “sure,” “you are right,” etc., to show you are listening.
- Using long earring that gets in the way of the phone by the ear and often hurts the ear with the pressure made over it, getting in the way of the phone service.
- Using rings or bracelets that make noises on the phone.
- Not considering the client’s conversation as always important and trying to find them the quickest most reliable answer.
- If a call was left “waiting,” not thanking the client for waiting and then continuing the service with the client.

Another important point to be watched is in relation to information over the doctor’s personal life that may lead to bad interpretations from the listener or that may even be linked to the doctor’s safety.

So, it is necessary to have extreme caution with the use of words, and in the case of personal information such as phone numbers, schedules, and travels of the doctor, try to always prepare employees about which and how information should be passed to the client.

Another important issue is regarding services that were not able to follow through, as in the case of the person not being in the clinic or not being able to

answer a call at that moment. In these cases, try to always take the message so the person being looked for can return the call as soon as possible.

Never request that the client calls back later, in another day or another time. We must always remember that when making a phone call to the clinic, the client took a step in our direction. It is advisable and convenient that the next step of approximation is given by the clinic.

Phone professionals must also be prepared to properly write down messages, guaranteeing its effectiveness.

Thus, we may give a few tips to ensure the effectiveness of the message:

- Name of who should receive the message.
- Date and hour of the call.
- Full name of the person calling.
- Whenever possible, reference the company or clinic, meaning the place whoever left the message is calling from.
- Phone number to return the call.

The message (that does not need to be long, but concise and clear).

- Name of the person taking and writing down the note.

It is important to remember that the clinic's staff must be oriented to always answer the calls of clients that left a message, as soon as possible. Never leave the message aside and answer some time later or even forget about calling back.

Relating to the phone ringtone, especially in clinics where the reception is together with the waiting area, it must be quiet, as to not disturb the clients present there. Other than that, the phone must not ring too often before being answered; the ideal is that it rings only three times before it is answered.

Another aspect to watch for in the technical aspect of phone answering is related to the position of the speaker of the phone. Often employees place it directed toward their chins and not their mouths, which is a mistake.

The correct position of the speaker or receiver of the phone is in front of the voice exit, which is the mouth, to allow the employee to use a pleasant tone of voice, lower, without pushing it, allowing the listener to have a better understanding of what is being said. The further the receiver is from the mouth, the louder and harder the employee's voice will have to be, to be understood.

We must also remember the voice is the main instrument of work for a phone professional. It must be known and dominated, so it can be used efficiently.

How often do we hear someone's voice and imagine what they look like, and how often that does not correspond to their real appearance at all.

The professional must always try to transmit their voices as a pleasant smile; keeping a good posture, which also helps to get a more effective voice; avoiding whispering; or talking too loud, but talking in a natural tone.

In reality, the voice usually expresses a lot of our feelings, but someone who works on the phone must learn not to transmit emotions related to sadness, euphoria, or any other emotional state that may affect negatively the listener's perception.

Besides, the voice must have a pleasant rhythm, neither slow nor excessively fast.

A phone service must be cordial, but also objective and agile. The employee must be prepared to remain calm even when facing unfair complaints or any other problems.

It is important to highlight how important is an intense work of strategic planning for this area, focused on the continued education of staff members that will perform customer service via phone. These actions may become great allies to the doctor on the path toward growth and professional success.

Scheduling Techniques

“Eternal are all the things that last a fraction of a second, but with such intensity that petrifies and no power ever gets them back.”

Carlos Drummond de Andrade (Brazilian poet and writer, 1902–1987)

Innovation is a healthy and creative way of thinking. Trivial may be defined as something commonplace and ordinary.

The trivial agenda, despite having its great amount of worth for the daily routine of clinics and doctors’ offices, may step forward and become an innovative, strategically better instrument.

Of course the size of the doctor’s office or the clinic, the amount of doctors and employees, and the area of medical specialty, as well as the quantity and profile of the public seen to, are factors that will interfere directly to the way the schedule may be worked with, but it is very important to try breaking the traditional paradigm of working with schedules that in general is very limited and set more innovative eyes upon the act of scheduling.

A doctor’s schedule must be treated with the importance it deserves. It is the fuel that feeds a doctor’s work and the clinic as a whole. The quality and quantity of the fuel will determine in many aspects how far and how this professional may walk. Besides, the schedule may (and must) be used also as an important ally not only for the aforementioned doctor’s career but also as an ally in their family and social life.

A poorly managed schedule complicates not only the life of the doctor but also their relation to their family and even their social relationship in general, since their rhythm of life will be dictated, for the most part, by the way their professional schedule will be organized. The schedule is only a tool for the daily life in a medical clinic, but it must be strategically organized and managed within the clinic’s context.

We cannot understand and use the schedule only for appointment, exams, and medical procedures. The schedule can and must be an ally to the doctor also in their personal life and social life, as well as the professional one. So, to reschedule clients because the doctor decided to go to a congress or went on vacations with the family should be an isolated, rare occurrence, since a more organized planning could reduce these happenings.

First of all, it is necessary to understand that the rhythm of life doctors have usually is filled with repeating events that happen with a certain frequency, inclusively in what comes to vacation times with the family, medical congresses preferably frequented, and other activities. This way, these more frequent occurrences may be listed in the planning of their schedule in great advance.

Avoiding unnecessary movements in the scheduling of clients is a form of respect and professionalism. When a client seeks a consultation from a certain doctor and, after contacting the person in charge of their scheduling, a decision over a time in the schedule is made, at that moment a commitment between the employee and the client was created. To break this commitment may lead to problems to the person who was already prepared for it.

This way, a schedule that is planned and executed in a professional and strategic way makes the client more satisfied, as well as bringing more tranquility to the personal and professional life of the doctor.

Let's talk about a few specific aspects for a good management of a doctor's schedule:

Vocabulary

We must begin with the usage of the words and their meanings. It is common for the responsible for the schedule to use the word "only," when referring to an available date for scheduling:

- The doctor **only** has an opening after the next 4 months.
- The doctor **only** has an opening for the month of December.

When you say "only," this word brings with itself the meaning that the employee considers the waiting time to be long, and that is why she provided this information first, so after checking the listener reaction, in case it is positive and the client wishes to schedule, only then she would list the options of date and time.

When she initially gives only a clue regarding a waiting time for the consultation, in reality she is analyzing the client's reaction and also showing her personal opinion over the matter.

Another aspect also relates to tone and modulation of voice. Usually, in the sentence, the word "only" gets a certain emphasis, reinforcing the aspects mentioned above.

In reality the employee must not imprint to their customer service any personal interpretation. On the contrary, they must act naturally, giving the client the impression that the waiting time for an opening is "natural." Dates and times must be offered from the start, and from there begin the process.

Still about the use of the vocabulary, we must analyze the following words regarding their meaning:

When inviting patients from the waiting list for a consultation, whenever possible by the fact that some client withdrew their name from the schedule for whatever reason, when making the call, the employee must never say:

- A patient canceled the consultation so I have an opening for you.

Or

- A patient won't come to the consultation so I have an opening for you.

In this case, the use of the word rescheduled is better, since "canceling" has a heavier connotation, as if the client does not even want to consult with that specific doctor anymore.

Using reschedule is milder and denotes only that a consultation was postponed.

Besides this, it is good to remember that kind words, showing education, and respect for the client must always be very present in the dialogue.

It is also important to point out that slangs may be considered, partly, as a reflex of the dynamism and social changes. In the day-to-day life, it is present in the most diverse segments of societies, but we must remember that its use must always be inserted in a proper context and situation, which usually does not include customer service. So, in a professional environment, it should be avoided.

We know the process of communication does not happen only through verbalization but also through body and written expression. So, it is important to harmonize the diverse tools of communication so that a human and high-quality service can be possible.

Time Options

We must also avoid presenting an excess of free time to the client. By presenting too many time options, we can confuse the client that is listening to this information and also expose the doctor's agenda relating to availability of time, which, depending on the case, may lead the client to taking dubious conclusions about the doctor's professional success.

So, when a determined option of time is presented and the client uses some argument to reject it, such as:

- I can't in the mornings.
- I'm at the ballet at this hour.
- Fridays I have class in the morning.

These cases show we must check more carefully the client's availability of time, to only then present them new options. All you need for this is to, before indicating an available time, ask the client if they have any preference for any weekday or if they prefer mornings or afternoons.

Interest for the Client

In situations of high demand of patients, the idea that “a client more a client less” makes no difference can be easily spread within the staff, leading to a false idea that it is no longer necessary to worry about winning new clients over and maintaining the ones already there, which is a dangerous mistake.

It is necessary to clarify that this behavior usually appears and happens in a way I would call “unintentional” and even in a way “unconscious.” Behaviors are established without the employee even noticing how much they have been changing their behavior pattern. It is called the “full schedule syndrome.”

As the attitudes described above settle, it becomes harder and harder to change and transform this style. The adoption of changes in the style and patterns of the customer service usually generates a resistance in the staff, becoming a challenge to reach the goal of transforming this service to make it more human, thoughtful, and concerned with the client.

For that it is necessary to change the paradigm established, to show that the client is important and must be treated humanely and with dignity, independently of the doctor to whom the staff reports to having or not the means to see to the scheduling the way they would like.

This is surely a conduct to be avoided; independently of the high demand for the doctor, it is a must to always maintain a posture of respect, consideration, and concern for the client.

It is here that enters the need for the scheduler to have skills that would allow them to deal with the impossibility of seeing to the client in a humane way, trying to find alternatives, or even telling about the impossibility to schedule them when they would want, so the client will not feel unimportant or even belittled.

Confirmation of Appointments

The confirmation of the appointment with the client must be done 12–24 h before the consultation. This simple procedure implies in a maximization of the use of the doctor’s time, minimizing the occurrence of clients not showing up at the scheduled time.

This procedure is simple and can be made via phone, e-mail, text messages, or other methods of communication, but it demands a continued routine, without flaws. Thus, the ideal is that one person from the staff be in charge of doing this work in a certain time of the day, every day, to be incorporated to their routine and avoid the staff forgetting about it.

In the case of clients who scheduled their appointment a very long time before, it is advisable to make two confirmation calls, one a week before and another 12–24 h before. This is because of how long before the consultation was scheduled, the client often forgets and ends up scheduling other appointments (travels, etc.) that many times cannot be rescheduled in a period of 24 h.

Urgency and Emergencies

Employees involved in the medical scheduling must have these definitions as clear as possible inside the area of medical specialty they work with. Many of the ones that come into contact with these services, before being in front of the doctor, will pass by someone from the staff (usually via phone) that shall have the sensibility and required knowledge to quickly send to medical care the ones that need it.

So, having in the scheduling an unprepared professional, to act in these situations, may end up creating situations where the emergency/urgency does not receive the needed, appropriated forwarding. It is also important to remember that, since the scheduling area works mostly with phone services, the client's word is the biggest source of the information. Therefore, it is important to say that the information related by them through the phone is often exaggerated to convince the scheduler and may not be the actual portraying of the situation. In any event, however, the client's word is fundamental for us to support ourselves, when it comes to prioritizing service.

On the other hand, there may even occur that the client minimizes the problems and, even having contacted the clinic, is in some way waiting to hear from the other side of the line that everything is okay and there is no need for medical evaluation and that there is no urgency. So, the scheduler must have the necessary training to obtain the clues needed to not allow the client to stall on necessary treatment.

Besides, the doctor must be the one responsible for defining the criteria and prepare their employees so they can give the proper forwarding in these situations, since, especially in some specialties, they occur with a certain frequency. This way, the employee performing the scheduling must be prepared to distinguish if a case is a priority or not, to make the right decision as to scheduling.

Tips

As well as the aspects previously discussed, here are some practical tips for the work in a clinic's scheduling:

- After scheduling the appointment or procedure, repeat the information for the information to fixate better.
- Inform the client about:
 - (a) Possibilities of parking or valets
 - (b) Clinic's address
 - (c) Information for easy access to the clinic
 - (d) Other information about the facilities offered by the clinic
- Writing down everything promised to the client during scheduling.
- Be flexible, try to show interest, and have alternatives.
- Give, at the most, two date options at a time.

- Every client is important; even if you cannot schedule an appointment for them, show attention and concern to answer to any impasse.
- Keep a worksheet with all the patients scheduled or not consultations and the ones who would like to be called in case there are openings sooner.

The competent management of the schedule is one of the keys for a doctor's professional success, and the employee performing this work must be very well prepared, since the consequences of mistakes or errors committed by them during this work will always fall on the doctor, which is the reason the schedule exists.

Front Desk

“The fact that the sea is calm on the surface does not mean that something is not happening below.”

Jostein Gaarder—“Sophie’s World” (Norwegian philosopher and writer, born in 1952)

What is the impact of the reception of a clinic in a client's front desk? This question does not have a difficult answer, since we may actually reflect on our own experience, when we are clients and arrive at a certain health service for a consultation or exams.

A primary mistake in this area, that happens often, is the receptionist not smiling to signalize, to those that arrive and are seen, that they are welcome.

In case the receptionist is performing a service, they often wait to finish with one client to then look at the others (who are often there for some time now, looking at the receptionist) and finally greet them and ask if they can be of any help. This tends to cause dissatisfaction to the client.

Another thing we can easily see is that if we are there to complain about something or clarify some question with the doctor, it is common for the staff to have trouble in maintaining the same level of sympathy in these situations.

Have you ever been in a clinic where the receptionists, while talking to you, also talk about internal affairs, people from the medical service, or even about their own personal life? This tends to cause awkwardness to the clients that are in these situations.

Of course we cannot generalize and surely in many services these situations may not happen. But it is a common fact, their occurrence.

These situations here referenced, as well as many others, like some where you have received great customer service, are factors that will collaborate strongly to a first formation of the impression of the clinic and its employees.

The front desk is like the doctor's office business card and is the starter for the service within the clinic, where the impressions formed outside will interact with the ones inside.

The new client, when arriving at the clinic, brings with themselves a series of expectations and impressions formed over the doctor and the clinic in a general way. Usually, in case they were indicated by some other client, they come carrying a

preconceived impression that was passed on from this other client. The phone service received by them when scheduling will also join the other information.

The receptionist's job, different from the telephone, is a face-to-face service and, because of that, will be closely connected to several sensory organs of the client (hearing, vision, smell) that, through the interactions with their particular contents coming from their life history, will form their initial "impressions" about the service.

Bad impressions at the reception may lead the client to be negatively predisposed in relation to the rest of the service to be finished at the doctor's office.

The reception is part of a long and complex process that composes the "customer service," and this "link" cannot be weak, since it may compromise the rest of the process.

The care in this area of the service must begin with the care for the appearance of the employees located in this sector. A well-kept appearance must be considered a powerful ally to the work in the front desk. It must transmit sobriety, professionalism, sympathy, and competence.

The smile must be a tool to be used frequently and adequately.

The nametag must be used correctly to be effective. So, it is never to be worn at the waist or another place other than the chest area of the receptionist, since the main goal is to provide information that helps in the process of communication with the client. Outside this area, the goal would not be reached and therefore would lose its reason to exist.

Of course each clinic has their own dynamics, some with the telephone in the reception, others without, but within the basic attributions of the reception, we may point out:

- Welcome those who arrive.
- Greet the client (Good morning! Good afternoon! Good evening!).
- Place yourself at their disposition to offer help (May I help you?).
- Identify the client's name and call them by their name.
- Identifying the needs of the clients that arrive at the clinic.
- Show agility, sympathy, kindness, availability, and efficiency.
- Supply information.
- Guide them regarding time, waiting area, and other basic information.
- Control the entering of people in the clinic.
- Make or update client's profile.
- Fill up the slips for the health insurance companies and request the appropriate signatures.
- Make the spontaneous and delicate smile a tool of work.
- Politely ask for documents, whenever necessary.
- Thank them when returning the documents.
- Make yourself available to help them solve any problems related to documents, slips, or other problems related to the service.
- Inform about delays from the doctor.
- Gently indicate the place where the client must go to.

On the other hand, it is necessary to highlight as well that which should not be done by the reception staff. Those are behaviors and attitudes that will impact negatively on the clinic's image as well as the receptionist's.

I also want to remind that when sitting, the receptionist must opt for an elegant and discrete posture, never sitting over their leg or in an ungraceful position. Below are a few examples of inadequate behaviors for this job:

1. Chewing on food or swallowing liquids.
2. Put on makeup or retouch makeup.
3. Unorganized reception desk.
4. Coats or other clothes hanged on the chair.
5. Reading magazines or other materials not pertinent to the job.
6. Receive clothes salespeople or any other kind, makeup, jewelry, etc.
7. Taking too long with only one client.
8. Not looking at an arriving client when talking to another.
9. Leave the cell phone on and answer it while the client waits.
10. Having friends or family over for a talk.
11. Show tiredness, impatience, nervousness, or hurry.
12. Laugh or talk too loud.
13. Let the talk with the client evolve too much into personal aspects of the client's life.
14. Tell clients about personal life, or the doctor's life, or any other person's life.
15. Ask questions such as: Is that your mother? Is that your daughter?

The service at the reception must strive for courtesy, sympathy, but also agility.

Besides this, usually it is by the reception the clients pass again when leaving the clinic. So, the reception staff must adopt adequate postures in this moment as well, thanking them and saying good-bye.

The thanking:

- Thank you very much, Ma'am! (if the person is female).
- Thank you very much, Sir! (if the person is male).

The good-byes in the clinic may be the same ones used during the phone service:

- Have a nice day!
- Have a nice afternoon!
- Have a nice evening!
- Have a nice weekend! (after Friday).
- Have a nice holiday! (a day before holidays).
- Have a Merry Christmas! (on holidays at the end of the year).

References

1. Adams S <http://www.forbes.com/sites/susanadams/2013/11/19/how-to-communicate-effectively-at-work-3/>. Accessed on April 25, 2015

2. de Barros CDC (1999) Excelência em serviços: uma questão de sobrevivência no mercado, 2nd edn. Qualitymark, Rio de Janeiro
3. Campiolo MRF (2012) Agenda Médica: muito além do trivial, 1st edn. Editora DOC, Rio de Janeiro
4. Santo E (1999) Alexandre do. além do alô. Londrina, Grafmark
5. Linkemer B (1999) Secretária eficiente. Nobel, São Paulo
6. Moller C (2002) O lado humano da qualidade. Pioneira Thonson, São Paulo
7. Morey DOC (1999) Como falar ao telefone. Market Books Brasil, São Paulo
8. Weiss D (1991) Como obter sucesso ao telefone. Nobel, São Paulo

Chapter 8

The Process of Communicating with the Client

“The good and bad results of our sayings and works distribute themselves, possibly in a very orderly and balanced way, for all the days to come, including those endless ones, in which we will not be here to prove them, to congratulate ourselves or to ask for forgiveness. By the way, some say this is the immortality we speak so much about.”

José Saramago “Blindness” (Portuguese writer, winner of the Nobel Prize for literature in 1998. Born in 1922)

Abstract Communication is one of the most important tools when working in a health service. To better understand the communication, regarding its channels, we can divide it into verbal and nonverbal. In any communication form, one must be aware that not always what you transmit is exactly what the receiver understands. This is because, between the transmitter and the receiver, there is a series of variables that may act by changing the understanding. The more precise the receiver’s comprehension is, the more effective the communication will be. This way, in order to reach as much precision as possible, it is important to know and control the mechanisms that may cause distortions in the communication. Besides this, psychological characteristics as well as personality also act over the understanding of the message. Little to nothing can be done to control these variables, however. Close attention and technique is a must during transmitting, so that we can communicate as effectively as possible, with the minimal amount of distortion to the comprehension. Still regarding communication, a special attention must be paid to the impact words have in the relationship with the client. Each word has its meaning pointing toward different directions, depending on the context. One must be careful when choosing the most appropriate ones to reach the goals in the communication. Words impact.

Communication Channels

“A word on time is worth more than a hundred out of time.”

Miguel de Cervantes (Spanish novelist, 1547–1616)

The word “communicate” has its origins in the Latin *communicare* meaning to make known, participate, and communicate ideas. Thus, the primordial purpose of communication is the intelligible expression of thoughts, ideas, and feelings.

The word is not the only way through which we communicate. Facial and body expressions, gestures, images, sounds, flavors, smells, and sensations are part of the set of tools we use to express ourselves.

Throughout a day of work in the medical office, we spend a great part of the day speaking, writing, and interacting with others. Therefore, we should consider communication as a basic element in the relationship with the client, and to all the people that surround us, and, therefore, consider this a skill where efforts should be applied in developing it, in order to achieve “notable” performances from all the staff members. However, what we often see is a great lack of preparation and disregard for the “traps” that communication brings us in our daily lives.

People communicate basically through three channels or languages: verbal, symbolic, and nonverbal. Each of these channels is highly complex and subdivided into more specific ones.

Verbal

The verbal communication is the use of the articulate word as a means of communication between people, meaning, it is the channel of communication where we use the word as tool.

The communication through the verbal language has to occur within elevated technical standards, in order to achieve the best results.

Thus, to use this skill in a competent way in our work, it is necessary to understand it thoroughly.

1. **Exact:** to be linguistically correct, communicate without linguistic mistakes.
2. **Objective:** it is the ability to stay focused on the objective, communicating with words within context, without deviating from the matter at hand.
3. **Intelligible:** trying to have as much clarity as possible in communicating, avoiding ambiguities that may distort the meaning of the communication.
4. **Natural:** the absence of robotization using language based on a pleasant “human tone.”
5. **Deference:** choosing for the use of the language where respect for the listener is present, through the absence of vulgar, cynical, or aggressive vocabulary or expressions.

6. **Unobstruction:** during the verbal communication with the client, the mouth must be fully unobstructed of food or any other kind of element, such as gums and candy.

It can be divided into:

1. **Oral verbal:** it is the spoken language, that which is said, using the mouth as the channel. In a general way, it is used frequently during the work in a doctor's office.

It is a highly complex tool, since the interpretation of a word depends not only of its exact level of translation but also of the way it is said, as well as the personal characteristics of the listener who receives the message.

2. **Verbal written:** refers to that which we write, using the graphic symbolism specific for each language, to transmit our message.

In this manner of language, despite being prone to variations in the interpretation of its contents according to who reads it, it is seen that the "distortion" in the interpretations are less intense than those of the spoken language.

Etiquette in Verbal Communication

We may define as etiquette the "art of the good manners." Without a doubt, applying this art to the communication with the client is of fundamental importance to the success in the communication.

The polished, polite, and kind behavior, being also professional and effective, are characteristics always highly appreciated by the client and, thus, should be practiced, developed, and perfected every day.

The habit of greeting people and smiling kindly often causes a positive perception to the person receiving it, and this is an example of a behavior seen as "good manners."

To use the label in the communication is the mission of doctors, managers, and the entire staff, being it when dealing with clients or coworkers.

Here are some examples of "good manners" in communication:

- Looking at the person talking to you.
- Using friendly facial expressions while listening to others.
- Not interrupting someone else's speech.
- Letting the other person finish their thought.
- Show you are listening while the other person talks.
- Choosing polite and kind words over rude ones.
- Be straightforward, the lack of it may tire the listener.
- Do not hold yourself to stereotypes of preconceived ideas of people.
- Respect the possible limitations that others may have in understanding certain matters. Look for and find the best way to reach an understanding with the other person, always respectfully and patiently.

Always try to pay attention to the way you are communicating and if it would be possible to add a few etiquette elements that will surely make your communication more effective and pleasant.

Nonverbal

“The eyes of men converse as much as their tongues, with the advantage that the ocular dialect needs no dictionary, but is understood all the world over.”

Ralph Wando Emerson (North American poet, 1803–1882)

The nonverbal communication is a way of transmitting information through the channels that involve the way we use our body to transmit messages, without the use of spoken or written language. This form of expression is very important in the process of communication with the client, since it will associate itself to other information perceived by the listener, and in a global way, meaning, through a process of interaction of all the diverse forms of communication used by the speaker, the listener will form their personal perception of what is being communicated.

We can say that body posture and facial expressions are the most hard-hitting ways of nonverbal communication. They transmit several informations that are captured and interpreted by the listener. We know this side of communication is very present and has a strong participation in the process, bringing a great complexity of elements that make it hard to control in all its aspects.

It is common even without the use of words, for the individual to easily be able to express their feeling related to a situation, where we can hear the following phrase:

He didn't say anything, but I noticed he didn't like it one bit.

Albert Mehrabian, Ph.D., psychologist, researcher, and professor at the UCLA, has since the 1960s done studies on the importance of the process of communication. Among the countless works performed by him in this field, Mehrabian has established this classic statistic regarding the effectiveness of communication:

7 % of the meaning is on the spoken words.

38 % of the meaning is paralinguistics (the way the words are said).

55 % of the meaning is on the body expression.

We cannot interpret these data in a simplistic way, since communication involves countless variables, but it is possible to clearly see that nonverbal communication is responsible for a good share of the information captured by the listener and is consequently responsible for the effectiveness or lack thereof of a communication process.

The channel of nonverbal communication will allow the human being to relate to each other in a creative way, through the use of different body parts as relationship instrument. It can occur in the following ways:

Physical reactions: are the spontaneous reactions of our body that often cannot be easily controlled, such as blushing, shivering, scowling when in pain, and becoming pale from a fright.

These reactions transmit information that are captured and interpreted by the listener.

Auxiliary gesturing for articulated language: it is common for the speech to be accompanied by gestures that aid in the transmission of the message. For example, a “no” accompanied by a fist hitting the desk has great intensity in its message and can help express anger, revolt, and disagreement of strength.

Emotional expression: crying, shouting, and laughing are expressions that can be emitted intentionally, but that can also arise spontaneously, without the person emitting it having any control. In either case, its occurrence emits messages that are captured and interpreted by the listener, and it often can have a strong emotional appeal, in the sense of awakening feelings and reactions from others.

The configuration of the body: our body has messages that emanate from its design, such as nose, eyes, hands, feet, mouth, hair, weight, and all other parts that make up our body, that become a group, allowing others to capture and interpret information that will help define us to them. The physical characteristics of people help define them, such as age, gender, ethnic background, etc.

Thus, we often see people changing aspects of their bodies through diets, colored contact lenses, and others that may cause change in the way people perceive them.

Facial expression: through a set of physical facial elements formed by the skin, movements of the muscles, wrinkles, lines, marks, as well as physical facial characteristics such as nose, mouth, and eyes, we can emit expressions that can transmit a series of information, often so strong it dismisses words to express its significance.

Positioning of the body: hands, arms, legs, feet, torso, back, and all parts of our body move in an apparent way to the listener, being able to express countless information which has perceptible meanings.

Body movements often can be hard to control, generating ambiguous messages regarding what is being said. For example, a person tries to appear calm while speaking, but constantly taps their foot on the floor, or clicks incessantly with their pen, thus giving the listener the message that in reality, despite saying they are calm, they are actually tense.

So, preparedness and attention are necessary to make our body message go along with what we are trying to transmit, eliminating or at least scaling down the dichotomies regarding speech.

Symbolic

We are constantly surrounded by “symbols” that transmit intense information and then captured and interpreted. Consequently, these information about us are sent to others, from one person to the other. We can identify these “symbols” as the place we live, our car, the type of decoration in the office, the equipment the clinic possesses, the cell phone we use, and so on, this being about an infinity of items that will communicate with others, at all times.

This channel of communication is also at the mercy of interpretation from those who capture the message that will be decoded according to each person’s personal values, where the information receives a meaning and a value according to the characteristics of the receiving person.

Unraveling Communication

“The biggest problem in communication is the illusion that it has taken place.”

Bernard Shaw (Irish writer and play writer, winner of the Nobel Prize for Literature in 1925, 1856–1950)

Communication is one of the fundamental processes that constitute the foundation for almost all activities inside organizations.

Thus, when two or more individuals gather, there is the need for communication among them, some way to facilitate the understanding of what each person wants and needs in that situation.

In the administrative area, the management of knowledge has been growing in space inside business environments, becoming a fundamental part also in the development of interaction channels among members of the organization (SANCHEZ and MAHONEY, 1996), which is possible only through the communicative competence.

Communication can be understood as a trade of information between a transmitter and a receiver, mediated by the presence of inference factors in the receiver’s perception.

Thus, we can conclude that there is a distinction between the transmission of communication and the understanding of the meaning of that information, since between the transmitter of the message and its receiver, we find countless variables acting in order to change the understanding of what was transmitted (Fig. 8.1).

This way, all the process of communication must try to use the needed mechanisms so the information transmitted gets to its receiver and is perceived with the least distortions possible.

Many have already participated in the game “Chinese whispers,” where a small message is transmitted from one person to the other, and at the end, it always arrives distorted from its original meaning. This very simple technique illustrated clearly how much the process of communication can be distorted, but a more careful analy-

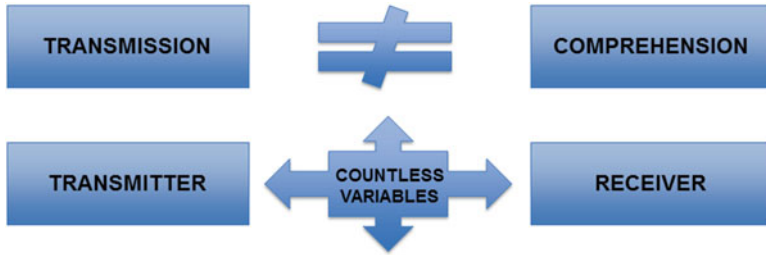


Fig. 8.1 Distinction between the transmission and understanding communication

sis can show how the less instructed a group is on how to take the necessary steps in order for the message not to be modified bigger the distortions in it. However, if a group is well prepared to take a series of precautions when transmitting the message, we can see much smaller levels of distortion, where the message arrives at its destination still very similarly to how it was sent.

It is necessary to remember that, in case in a process of communication the receiver fails to understand what the transmitter wants to communicate, the responsibility for the efficiency in the communication is entirely the transmitter's.

The story below illustrates how a poorly directed and imprecise communication can cause great performance damages to the work environment.

This is a story about four people named Everybody, Somebody, Anybody, and Nobody.

There was an important job to be done and Everybody was sure that Somebody would do it.

Anybody could have done it, but Nobody did it.

Somebody got angry about that, because it was Everybody's job.

Everybody thought Anybody could do it, but Nobody realized that Everybody wouldn't do it.

It ended up that Everybody blamed Somebody when Nobody did what Anybody could have.

In the transmission of a message, what is under the control of the transmitter is how they transmit the message, so we must know some possible problems in the perception of information, so we can take the necessary precaution against these real "traps," in order to minimize these problems.

Messages, when arriving at the receiver, can suffer basically four types of distortion, which we may call: evaporation, aberration, impediment, and exacerbation.

- **Evaporation:** we say that something evaporates when it is dissipated into the atmosphere. In communication, the transmitter often says something, but only part of it reaches the receiver, meaning part of what was said "dissipated into the atmosphere." This way, the receiver only sees a part of what was said and often can greatly distort the original meaning of the transmission.

- **Aberration:** can be considered as an anomaly, an abnormality, meaning a distortion. If we apply this concept in a communication process, we will say they are occurrences where what was said by the transmitter is interpreted in a completely erroneous way by the receiver, leading to an abyss between what was said and what was understood.
- **Impediment:** in this, the communication, for some reason, is not capable of reaching the receiver, falling into oblivion. It is the case of people who are nervous and “cannot listen” to what the other person is saying, listening only to their own reasons. What the transmitter says seems to be ignored by the receiver, who will continue to insist on their point of view, giving no opening to the information that arrives.
- **Exacerbation:** in this process, the information transmitted becomes more intense, exaggerated, leading to a distortion in the understanding. We can point out, for example, clients in doctor’s offices who receive a diagnosis and possible evolution of the problem. In these cases, it is common for the doctor to say “...it is unlikely, but what could happen is...” and the client to understand that this will surely happen and worry about something not very likely to happen.

There are also some aspects connected more to the psychological profile and the personality of each person, which also interferes in the way the message is transmitted, as well as understood. Here we will talk about how these issues affect the interpretation of the message. Among these aspects, we may relate the following:

- **Anxiety:** the anxious individual often cannot focus on what the other person is saying and thus ends up losing bits of what is being said, leading to a partial or distorted interpretation of the message.
- **Emotion:** if a person is under strong emotions, this feeling can also lead to a difficulty in analyzing and understanding the message, which interferes significantly in the way they interpret what is being communicated.
- **Overrate:** when the receiver overestimates their own knowledge and considers themselves “an expert” in the subject of the message, they can feel as if they do not need to know more about this subject, and often, this perception of themselves generates a barrier to listen to what is being said and why they are being said.
- **Favorable interest:** individual interests in some situation being solved favorably to themselves also act on the understanding of what is communicated. The individual often really wants a certain situation to be solved favorably to their interests, and this may cause problems in the interpretation of the message.
- **Divergent values:** in this situation, the question is about what each person learned to value in their lifetime. Rokeach said in 1973 that values are long-lasting beliefs over specific forms of social behaviors or over abstract states of existence. This way, this can be a difficult factor in the understanding of a message.

So that others understand your messages as clearly as possible, it is necessary to pay attention to the following points:

1. Using the adequate vocabulary for the receiver

It is necessary to remember that when talking to someone, we must quickly analyze our listener's profile and adequate our words to the situation. If the listener does not have any knowledge about the subject at hand, it is not proper to use very technical terms, since this will block a more efficient communication, surely making the message more "sinuous," unable to reach its goal. Exuberance of vocabulary is not always a synonym for clarity.

All professions have their own idioms. In the medical area, professionals easily get lost during dialogue with a layman, going down a path punctuated by medical terms that to the listener may sound as incomprehensible blanks during the conversation. In this case, these blanks tend to be of vital importance for the listener's understanding. Technical terms frequently correspond to the key to understanding, or not, a message.

The opposite side of technical communication is the "infantile" one, used to communicate with some types of patients, such as elderly and children. Explanations too simplified, added to an infantile speech, may lead to patients, especially elderly ones, feeling helpless.

This form of communication is often used when the professional sees that the listener will have trouble understanding the content to be exposed, so they choose an extreme of this process, which is the infantile oversimplification. This evaluation of the listener's understanding ability may often be incorrect, underestimating the other person's ability.

Besides, the use of vocabulary absent of medical terms or at least with the minimum amount possible is not synonym to oversimplification, but of alternative ways to reach the best understanding possible from the listener.

We may conclude that both cases may lead to levels of information below the necessary one for the patient.

Some studies indicate that, a few minutes after being informed of a disease by the professional, many patients—about 30 %—do not have the ability to repeat their diagnosis. Approximately half don't understand important details about the disease or its treatment.

The appropriate use of each word is crucial so that the process of communication between the staff and the client follows its course the best possible way, without misunderstandings or wrong perceptions that may cause any "noise" or "distance" in this relationship.

2. Level and modulation of the voice according to environment

The modulation of the voice can be understood as variations in its level or intensity when emitting sounds.

When we speak, we must situate the level and modulation according to the environment we are in, so, in a party, it is possible that using a higher level and modulation of voice is necessary. However, in a work environment, it is necessary to make use of a lower level, since too much volume is not adequate.

3. Speed and rhythm of words

The speed with which words are emitted, as well as its rhythm, helps in the underestimating of what is being said.

Extremes are often unadvised, since people who speak too fast, as well as too slow, hurt the reception of the information. In both cases, the listener may feel “annoyed” with the situation, having trouble keeping up with the information being given to them. These facts significantly contribute for a noneffective communication.

Besides the speed, we must also pay attention to the rhythm with which we say the words. Often the change of rhythm, when done in balanced doses, may contribute to hold the listener’s attention.

So, in certain moments, to give emphasis to something specific, we could speak slowly and, at other times, adopt a more agile rhythm.

We cannot forget that each individual has their own rhythm, and this must be respected, but within each style, it is necessary to find the most appropriate rhythm for the context where it will be applied.

4. **Amount of words used to express yourself**

Finding the balance between the amount of words used to express yourself is finding the balance point to not talk too much, but say all that is necessary. People who talk too much become easily unpleasant to their listeners. But the too quiet ones risk not communicating all the content, often choosing not to express themselves over important matters.

We must speak what is necessary according to the moment, using the right amount to make the listener understand us clearly.

5. **Organizing the content to be expressed**

We must remember that the explaining of a certain matter needs to have a beginning, a middle, and an end. These parts should be organized within a logical sequence of information, allowing the listener to better keep up with the information, which facilitates the understanding.

It may seem easy, but it is frequent for people to lose themselves while exposing a theme or when telling a story, where they then, in the middle of the subject, remember something from the beginning of it. In these cases, it is easier for the listener to lose themselves in this maze of information being received, without the proper organization or chronology necessary for a good understanding.

6. **Attention to the articulation of words**

According to the Aurélio (1999) dictionary, articulation means the “distinct pronunciation of words.” Applying this concept, we may say that a well-articulated word means to emit sounds clearly and distinctly, without fumbling with letters and words that compose the speech.

If we look closely at this important aspect of speech the moment we are communicating verbally, our verbalization will “sound” clearer to the listener, increasing the chances of an effective communication.

7. **Voice impostation**

The voice impostation can be considered, basically, as the projection of the voice in its fundamental tone. The right tone can be understood as putting the voice in a pleasant frequency, without doing any effort to speak; therefore, it must “sound” naturally pleasant.

Understanding what it means to impostate the voice, the importance of a good impostation of the voice during a spoken communication becomes quite clear.

But developing a good voice impostation is a hard task that requires observation, practice, and perseverance to reach.

Other than the points previously highlighted, we must remember a factor of great importance for the success in verbal communication: it is necessary to take down the wall before beginning a conversation, because people tend to respond strongly according to the other person's behavior.

And so, in the first instant, when you establish eye contact, before saying any word, before breaking the silence, a smile is the key to open the first door in the process of communication.

Besides the smile, another aspect that must not be forgotten is the importance of calling a person by name, which consists of a very "sweet" sound to people.

Even though we know of the importance of calling the client by name, it is common to ask for the person's name and forget it in the middle of the conversation. This may give the client the perception of lack of care, devaluation of a person.

This way, in order to remember the client's name, you can use a simple, but usually very effective, technique by doing the following:

- (a) Ask the client's name in the beginning of the conversation.
- (b) Repeat the name mentally to yourself.
- (c) Memorize it conscientiously.

The Impact of Words in the Relationship with the Client

"The most prized of all talents is that of never using two words when one will do."

Thomas Jefferson (American politician, 3rd President of the USA, writer of the Declaration of Independence, 1743–1826)

As we have seen, verbal communication constitutes, in the medical area, a powerful instrument of work. It is the tool with which we maintain the exchange of information with the client.

The communication is perhaps one of the most critical and complex points in the human relationship, and a better grasp of this area may be considered a great challenge for professionals of any area, but to those who work with customer service, it is a matter of survival.

The great problem is that this is not a precise tool, since when communicating, the listener does not exactly understand that which we wanted to transmit, and this is the critical point in this process.

When the communication process does not occur in an effective way, there are two major obstacles that very often make this process difficult:

1. We assume the other always understands the meaning of our words.
2. We believe we communicate in the same language.

Despite words being an instrument of work in the daily routine, we are not always aware of its great power in the process of communication. It exercises a great impact in the relationship with the client.

“Misplaced” words or “misinterpreted” words not always can be fixed. It is necessary to tread lightly when directing words to another person. A Chinese proverb of great wisdom says: “three things in life that never come back: time, words, opportunity.”

When something goes wrong in communication, it is always easier to blame the other person, delegating to them the full responsibility for the lack of success in the understanding of a dialogue, but we must look at the reality in a more profound way, to see that the responsibility for the efficiency of the communication is of the transmitter of the message.

So, if the other does not understand your message as you expected, this means that some adjustments are necessary in your ability to communicate, looking to develop in the use of words and adapt them to every context, where we spend our life learning with hits and misses every day.

To better understand the concept of communication, we must begin by its etymology. The word “communication” derives from the Latin “communicare,” which means “to share something, make it common.” When we say something to someone, this information is processed by the receiver of the message and receives a meaning that is proper to them, according to their particularities acquired during life, knowledges, etc.; thus, the representation is individual. What can be easily accepted by one client can be completely unacceptable to another.

Being something so complex, the control of this perception that the client can have becomes something very difficult, where we can act over as part of this process, when we choose the words to be said and the way they will be said.

This way, the responsibility for the adequate choice of the words used in the day to day in doctor’s offices becomes very great words that bring with them meanings and perceptions that will help define the image the client creates of the doctor and the staff.

The figure of the doctor has, throughout history, been following its path full of representations, which in many cases lead them to not be seen as ordinary people.

The medical profession brings with it an aura of respect and reverie that grants them a special place in society, because their job is linked to the preservation of life and health of individuals.

So, words in a doctor’s office must be thought about in their broadest meaning, involving the special characteristics of this profession.

Here is a list of sentences where some words may cause a negative or positive impact or even distortions in the communication with the client, and the alternatives to be said to the client, avoiding causing distortions in the perception of what is said.

Of course the interpretations below may not be the only ones possible to be captured and seen by the client, but they serve as a model so the reader understands the possible paths through where the simplest words from daily life can go (Table 8.1).

Table 8.1 Word possibility communication

Phrases/situations	Meaning/possible thoughts	Alternative
Could you wait 1 min, sir... 1 h later...	Perception that they will be seen in a short while. With the time of waiting, the initial perception is shown to be completely mistaken and the client has multiple feelings going from anger to disappointment	Could you please await in the room next door, sir
The doctor is on vacation in Paris	If I made as much as he does, I, too, would be on vacation! Those doctors are very well off! I'm here with problems and the guy is there enjoying life!	The doctor is not in town
The doctor is in a congress in Hong Kong	My doctor is out of the country. This doctor is very up-to-date; he is always in international congresses around the world	The same one used in the first box Or it could be said as "the doctor is in a congress abroad"
The doctor went to the supermarket to shop for groceries	Is this doctor really competent?	The doctor is out at the moment
	I wonder if she's dedicated to practicing medicine or if she's more of a housewife?	
	In the middle of the day going to a supermarket? I wonder if I made a good choice	
The doctor said you should return in 60 days 60 days later... What! The doctor didn't say I would have to pay for another consultation!	The word "return" has a connotation of an ongoing treatment or consultation and, thus in the client's mind, is not something that has to be remunerated	The doctor said you should come for a new consultation in 60 days
I'm going to try to fit you in for an appointment	Is this a "normal" consultation?	It was possible to schedule your appointment
	Is the doctor still going to give me a full checkup?	
	Is it different from a consultation at a regular time?	

Situations such as these occur very frequently, with countless other words and contexts that lead the client into creating different perceptions related to the doctor and the staff.

These perceptions surely can contribute for the search for a long-lasting and stable relationship with the client to become effectively real or not.

It is necessary to search for in the language words that may cause positive impacts in the relationship with the client, which will surely bring benefits, building strong foundations for this relationship.

Thus, a suggestion is to use frequently words considered as "magical" ones when it comes to customer service:

1. Thank you very much!
2. I'm sorry!

3. Excuse me!
4. May I?
5. Is it okay for you if I...?
6. You are absolutely right, sir.
7. Let me check.
8. Please!
9. Good morning!
10. Good afternoon!
11. Good evening!
12. Have a nice weekend!

Positive Language

The positive language must be focused on that which is possible: goals. We must use words that may express what you intend to reach, trying to motivate possible actions, provoking positive feelings.

The negative language is more focused on problems than in solutions. We speak more of the behavior we want to avoid than the one that can or should be done.

By thinking about this, to exemplify these types of language, we may highlight the ATM machines where the phrase “don’t forget to take your card back” tends to appear. If we use positive language, the sentence would be “remember to take your card back.”

This way, the use of positive language in customer service brings better results in the relationship with the client. However, it is not easy to adopt this kind of vocabulary. It is more frequent for people to end up getting used to using the negative language when communicating.

Below are some examples of positive and negative language (Table 8.2):

Table 8.2 Positive and negative language

Client’s question	Answer using negative language	Answer using positive language
Can I pay in four installments?	No, we cannot do this type of payment	We accept payments in three installments
I have a problem, can I arrive 1 h late for my appointment?	No, if you arrive at this hour you will not be able to be seen by the doctor	Would it be possible for you to arrive only 30 min late?
Can I enter that room?	No, you cannot	Ma’am, you must remain in the waiting room until you are called by the doctor
Can I do this exam today?	Not today!	You can do this exam tomorrow, ma’am
I’m worried about my exams	Don’t worry	Be calm

It takes a daily effort in the sense of learning and developing a more effective and positive communication, turned to more satisfactory results.

Feedback

“The trouble with most of us is that we would rather be ruined by compliments than saved by criticism.”

Norman Vincent (American writer, 1898–1993)

Giving and receiving feedback is essential in the process of communication, so that a work group may “correct their ways” and grow in terms of effectiveness of performance, as well as in motivation for the personal development and that of the group.

Thus, we must take some precautions and use high skills of communication in the moment of emitting a feedback, so it can truly be effective:

Proper moment and place: often, especially in the case of a positive feedback, it may be important to give it in front of the staff, since recognition from the group is an important factor for any individual. However, it is better to be careful as to not bring down or be unfair to other members of the group, which could put the complimented employee in an uncomfortable position or even incite a rejection from the group.

In the case of a feedback where the employee must correct some postures or procedures, it may be more proper to have an individual conversation in order to not expose the employee in front of the rest of the staff.

Describe instead of evaluate: evaluations may be susceptible to disagreement from the other person; the description of what happened in the situation, as a fact, makes the feedback more acceptable, since there is no judgment.

Constructive instead of punitive: the feedback, in order to be effective inside doctors’ offices, must have a constructive connotation, instead of a “destructive” one, meaning, it should be used as a source of learning and defining the best path to follow, and not as punitive.

Within work, constructive feedback means to inform another person in a “mature” and calm way how their performance is in certain activities, or as a whole, so that it is possible, for this other person, to self-diagnose themselves, to reevaluate their conduct, aiming for positive change.

Applicable: feedback must be directed to situations that can be modified and applied by others, so that does not become an element of frustration at work, since the necessary modifications will not be able to be implemented.

Immediate: the effectiveness of feedback depends also of the event that generated it, happening again. When there is a distance between the element that generated it and the feedback for that situation, most of its effectiveness will be lost.

Assertive: when emitting a feedback, especially a negative one, you must go straight to the point, in a peaceful and clear way, without beating around the bush, since

this can end up increasing the employee's anxiety, for something they already know is coming.

Effective: it is important, at the end of the feedback, to check if the employee really understood the meaning of the information that was passed to them, as well as the possible ways to follow next, from that moment on, since in case of any misunderstanding being detected, this can be the moment to correct it, thus avoiding distortion from the goals.

Feedback is a very important tool in the process of communicating with the staff and also with the client and must be used with technique and precision, so it can reach positive goals.

Listening to Others

"You have one mouth and two ears, use them in that proportion."

Chinese proverb

We may say that knowing how to listen walks side by side with knowing how to speak, since both skills are used in the process of communicating with others.

Therefore, "listening" is also a way of communication. Knowing how to be a good listener tends to be seen as a positive attitude from the speaker, since it denotes respect.

Besides, knowing how to listen is a condition to understanding. In the case of the doctor, as well as their staff, listening carefully to a client is an extremely important behavior in the evaluation of the client, since they feel like they are getting the attention they came for.

Everyone who works in the clinic in the customer service surely uses (in higher or lower degree) this skill in their daily routine at work.

Listening to others, giving the necessary space for its manifestation, is an attitude of respect and consideration toward others. We must see this attitude as a necessary skill to the work in customer service and as something that must be "exercised" daily, in the sense of developing and improving this skill.

Thus, we may point out a few important guidelines for the learning and development of the listening skill:

- Look at the person talking to you. Looking may transmit a lot about the attention and importance you are giving to the person talking to you.
- Your body must be kept in front of the person talking to you.
- Do not interrupt the person speaking to you, as to not compromise their line of thought in favor of yours. Mentally record or write down discretely the points of the other person's talk that you would like to touch on when they finish talking.
- When the other person is talking, try to keep your attention on what they are saying, do an active listening:

- Emit words or short expressions, showing you are paying attention to what they are saying.
 - Smile, if the subject calls for it.
 - Move your head affirmatively or negatively.
- Listening and observation supply important information about the other person's behavior and characteristics; therefore, when they speak, try to evaluate the information being sent to you also from their nonverbal behavior, such as body posture, facial expressions, gestures, and tone of voice.
 - In the case of clients that talk too much, sometimes repetitively, it is the moment to stop listening actively and politely interrupt the client's speech. Sometimes this is not an easy task, but to interrupt them, watch the short stops for breath they make and interrupt politely in one of these moments, using this to say things such as "I believe I understand your problems, so here is what we will do...."
 - Points of view that are different from yours must not be a source of anxiety. Keep your calm so that arguments can be created in your mind while you listen. Besides, a point of view different from yours may be correct, and it is noble to admit to this.
 - Don't rush to conclusion taking only from partial data. Listen until the end to your speaker's line of thought before reaching any conclusions about what is being said.
 - Ask the other person that what you have not understood. The effectiveness of your listening depends on how true your understandings are to what is actually being said.
 - Keep your body posture under control, in a way as to not give away a negative perception to what the other person is saying, transmitting clues to your impatience of disagreement.

To listen is to realize and understand the other using your sense of hearing in a careful and professional way, where respect for what the person is saying and the sharing of ideas give the tone of the communication.

References

1. Adams <http://www.forbes.com/sites/susanadams/2013/11/19/how-to-communicate-effectively-at-work-3/>. Accessed on April 25, 2015
2. Anderson K, Kerr C (2001) Customer relationship management, 1st edn. McGraw-Hill, New York, NY
3. Bergstein G (2012) Os limites do dever de informação na relação médico-paciente e sua prova Tese de doutorado da Faculdade de Direito da Universidade de São Paulo, Orientada pela Professora Titular Teresa Ancona Lopes, São Paulo
4. Bretzke M (2000) Marketing de relacionamento e competição em tempo real. Atlas, São Paulo
5. Brikman LA (1989) Linguagem do movimento corporal, 2nd edn. Sumus, São Paulo
6. Coelho BJ (2005) Comunicação verbal, 2nd edn. Cultura, Goiânia
7. Davis K (1992) Comportamento humano no trabalho. Pioneira, São Paulo

8. Ferreira ABH (1986) Novo dicionário da língua portuguesa, 2nd edn. Nova Fronteira, Rio de Janeiro
9. Filomeno JGB (1991) Manual de direitos do consumidor. Atlas, São Paulo
10. Golden JS, Johnston GD (1970) Problems of distortion in doctor-patient communications. *Psychiatry Med* 1(2):127–149
11. Guiraud P (1991) A linguagem do corpo, 1st edn. Ática, São Paulo
12. Linkemer B (1999) Secretária eficiente. Nobel, São Paulo
13. Mehrabian A (1980) Silent messages: implicit communication of emotions and attitudes, 2nd edn. Wadsworth Publishing, Belmont, CA
14. Minicucci A (1989) Relações humanas - psicologia das relações interpessoais. Atlas, São Paulo
15. Oliveira MHC (2007) Metodologia da linguagem, 7th edn. Saraiva, São Paulo
16. Publifolha (1999) Como se comunicar bem. Divisão de publicações do grupo Folha
17. Weil P, Tompakow R (1988) O corpo fala, 19th edn. Vozes, Petrópolis

Chapter 9

Managing the Client's Time Perception

"To tame time is not to kill it, but to live it."

Afonso Arinos de Melo Franco (Brazilian jurist, politician, historian, professor, essayist, and critic, 1905–1990)

Abstract The speed with which time is perceived may be different depending on the situation and conditions people find themselves in. The perception of the waiting time which the client spends inside the clinic must be managed to the smallest details that may make the waiting time a more pleasing and less morose experience. It is necessary to understand the importance of planning and managing carefully the waiting room where clients will be inside the clinic, constantly keeping these areas with an elevated level of quality in its maintenance.

There is a series of actions that may be planned for these locations, such as: magazines, coffee, ambient music, TV, connectivity, etc. Moreover, questions related to the environment such as lighting, accessibility, and amenities are also very important for the perception of time. Each one of these must be previously analyzed in a technical way so that it can be used correctly, fully achieving its goal which is to make the client's time awareness the best one possible.

Waiting Time

"I made a deal to coexist peacefully with time: neither does it chase after me, nor I run away from it, and one day we meet."

Mário Lago (Brazilian songwriter and soap opera actor, 1911–2002)

In Paris, 1922, in the prestigious Collège de France, during a presentation, Albert Einstein (1879–1955) answered to Henri Bergson (French philosopher, 1859–1941) his question regarding the meaning of time, giving him explanations about the theory of relativity and concluding with: "... it is only that there is a psychological time, different from the physical one" (CANALES, 2005).

The relativity in the perception of time is already part of our common sense. It is a consensus that 1 h of suffering has a very different dimension from 1 h of happiness.

If we are interested and enjoying the actions we are conducting, time “goes by quickly”; if not, it seems like “the hours are dragging by.”

Thus, when applying these ideas and concepts to the daily life in the doctor's offices, we see that the waiting time for the client to go in for consultation must be managed very carefully.

Unfortunately, it is clear that the number of doctors, who have not yet realized the importance of this matter to the daily life in the office, is considerable. We often see, especially in the waiting room, the absence of planning for the waiting “time” to be seen by the client as a moment of relaxation, rather than a moment of “expectation and anxiety.”

When we talk about managing clients' perception of time, we are referring to the possibility of introducing to the environment elements that may transmit the sensation of “distraction,” regarding the time they stay in the doctor's office.

Let's use a simple example in order to understand the management of the perception of time.

In a building with several floors and two elevators, people usually are impatiently waiting for the elevator, tapping their feet, pressing the button nonstop, and often hitting the door.

When you adopt the strategy of putting mirrors on the sides of elevator doors, what will happen is that, in many cases, while waiting for the elevator to arrive, the person can look in the mirror, play with their hair, or evaluate their shape, and when the elevator arrives, they feel like the waiting time was not that long and handle it with less anxiety and impatience.

It is simple, but it works in a great number of cases, surely scaling down on the door banging or button breaking.

But why do we worry about managing the perception of time in doctor's offices?

1. One of the greatest complaints clients have regarding doctor's offices is the waiting time for consultations and the delay. As the waiting continues, the dissatisfaction, discomfort, and irritation toward the service increase.
2. *Unoccupied time* seems longer than *occupied time*. If the time is being filled with something, the client pays less attention to the actual waiting.
3. The waiting in the preprocess, the one that occurs before the consultation is initiated, seems longer than during the process. (“Wow! I waited so long and the doctor's consultation was so quick!”).

So that we can adopt strategies to manage this area, we must first understand some basic concepts:

- There are individual differences in the perception of time.
- Young people are more impatient than elderly ones.
- Kids are the most intolerant when it comes to waiting.
- Evenings are the favorite hours for clients so-called opinion makers (business-people, liberal workers, etc.), and it is usually at this hour that most delays tend to happen.

- A client annoyed by delays could be predisposed to be more guarded toward the doctor that will see him afterward, this being able to interfere negatively in the client-doctor relationship.
- All of the time the client stays in the clinic is part of the service offered to them.
- The time also has situational variables linked to clients' personal lives; this being said, it depends on the client's "mood" and "state of mind," as well as what happened prior to their arrival at the clinics and other appointments they have that day.
- To better organize the environment in a way so that the way clients experience and notice the waiting time is made as something more favorable and pleasant, then having less uncertainty and irritation, it is necessary to prepare the clinic for the client.

With all this being said, it is possible to highlight few aspects of the clinic that act expressively over the client's perception of time.

Waiting Room: Maintenance and Organization

"Time is the moving image of eternity."

Plato (Greek philosopher, 428–347 B.C.)

The waiting room is a place where the client spends some time that can be either short or long. But regardless of that, this period has to be the most pleasant one possible. During the waiting time for a consultation, the client has time to observe every detail from the room. So, this environment must be planned in a way that the client, while entering it, has a perception of comfort, well-being, and humanization.

The Journal of Ambulatory Care Management published in 2008 a study by Franklin Becker, Ph.D.; Bridget Sweeney, M.S.; and Kelley Parsons, Ph.D. to examining medical facility's physical environment and patient's satisfaction.

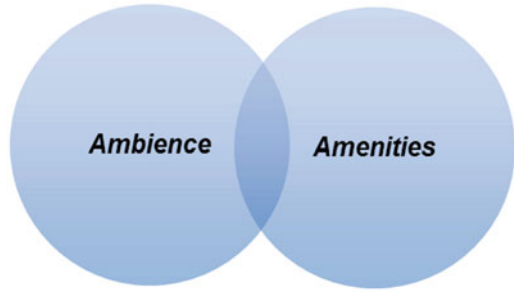
The conclusion was that "there are consistency across several studies each of which has employed different research designs, patient populations, and methodologies that suggests that the relationship between the attractiveness of patient facilities and patients' perceived quality of care is a robust one."

This research shows that the perception clients have is obtained through multiple factors, including the amenities and commodities offered to them during service, being then, directly related to the satisfaction of the clients.

Contamination

There is currently a great polemic regarding books, toys, magazines, and other items left in the waiting room, from the risk they have of being a carrying element for contaminating agents, since they go through the hands of several people in the office.

Fig. 9.1 Areas that influence customer perception



Thus, it is advisable that, within each specialty, some precautions may be taken, so that magazines and other options of entertainment can be kept, while at a better level of safety.

An option would be to have a separate waiting room, without toys and magazines, for the cases of suspected contaminating diseases. The patients under this suspicion, let's say, for example, the pinkeye, should already be taken to this special waiting room.

Besides this, it is interesting to always change magazines, having always recent editions. Magazines must not remain for very long in the waiting room, to be discarded.

The option to provide or not these entertainment elements is the decision of each service. In here, I want to provide the best way to use them as a distraction during the waiting time, in case the service opts to use them in their waiting room.

The planning of a waiting room should not be done randomly, but strategically, trying to make the time spent inside it perceptively pleasant, somewhere time goes by quickly. This is the goal to be reached, so each detail planned will have its role within the set that must be in tune to what clients need.

Thus, it is necessary to pay attention to a series of details inside the two areas below that will directly influence the client's perception and well-being (Fig. 9.1).

Ambience

When we refer to ambience in health services, we are dealing with environment issues related to organization, architecture, technology, signaling, and also aesthetic and sensory components. This environment must be prepared to proportionate a humanized and welcoming perception for the professionals working there and for the clients as well.

Within this concept, we turn to the ambience of doctors' offices and how adequate they are for the service in this area.

We often observe that many offices are not properly prepared in their architecture and ergonomics to properly receive clients. We may frequently identify points that

could or should be different in doctors' offices. We must worry about preparing the clinic in order to make it with easy access and safe, as well as making the time of stay inside it as pleasant and comfortable as possible, where the client may feel an extremely warm welcome.

Therefore, here are a few tips for important aspects, of which the presence is relevant for the client to feel truly welcomed:

1. Stairs are not advisable in places where elderly people or disabled people are seen, unless elevators are also available.
2. The lighting must be bright, without excesses, but with the needed brightness, especially if elderly people or people with eyesight problems are present, for they need good lighting for a safe locomotion.
3. Sanitary facilities must be properly taken care of and allow the access of people with disabilities.
4. Have bathroom railings available, especially for the elderly, but surely for the safety of younger people as well.
5. Climatization, ventilation, and renovation of the air in the environment will proportionate more comfort for clients while inside the clinic.
6. Chairs must be comfortable and cannot be too low, since, frequently with elderly people, it is difficult to stand up.
7. Ramps are necessary to facilitate the access of wheelchairs.
8. A place inside the waiting room for people to "park" their wheelchairs, properly signaled for that purpose.
9. Doors and hallways with the proper width to accommodate the traffic of wheelchairs.
10. A baby corner to better care for babies.
11. Properly dimension the spaces regarding the volume of clients seen.
12. Maintenance of the environment is always impeccable regarding cleanup.
13. Plan for the presence of pleasant and adequate decorative elements.
14. It is not advisable to have a clock in the reception and/or waiting room. This can elevate the client's anxiety, leading them to frequently gaze at the object, keeping track of the time, and in case of delays, accentuate their dissatisfaction.
15. Parking is becoming a more and more important aspect to be offered to clients.

Amenities

Amenities are related to comfort and well-being. When we think about offering these services to our clients, we must program items that really will be able to please clients.

When a person goes to a doctor's office, they already imagine that there will be some stages in the service and that, probably among those stages, they will wait to be seen by the doctors. At this point we must think:

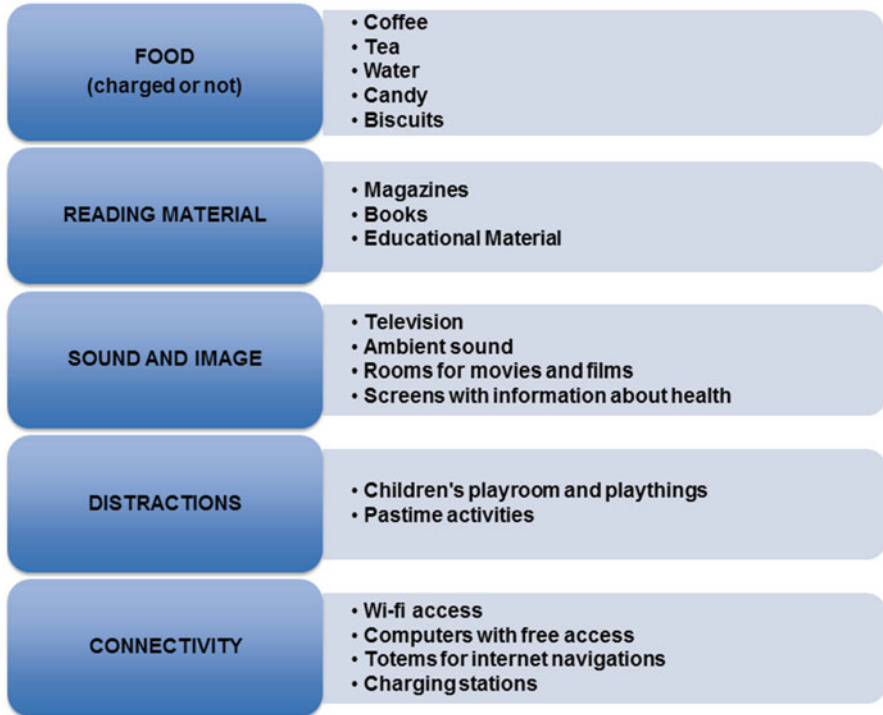


Fig. 9.2 Amenities

What could bring commodity to this client at this moment?

What could help making their time less morose and tiring?

What would make the client more relaxed and patient toward waiting?

Answering to these questions, we could say that amenities offered can be divided into the following groups:

1. Food
2. Reading material
3. Sound and images
4. Distractions
5. Connectivity

In each of these areas, it is necessary to always be creative and plan what can be offered within the proper cost-benefit. Here are some suggestions (Fig. 9.2):

I want to highlight that, in the pastime item, a series of possibilities may be included, such as crosswords, Sudoku, coloring books, and embroidery.

I will then detail more on some elements suggested above.

Magazines

I consider important to open a special chapter on magazines, since this subject needs to be dealt with more attention and needs to be more detailed.

It is often committed the mistake of minimizing the importance of having good reading materials in waiting rooms of the clinic.

A clinic with good reading material available has an image of concern for the well-being of the client awaiting in the waiting room and surely can contribute to a better tolerance for the waiting time.

We may say that this is a great tool to keep the client “distracted” while waiting.

Despite its importance, this item has been relegated to the background by a great number of office managers. Old and/or poorly conserved magazines and small variety of reading options have become commonplace.

But, to acquire magazines for a doctor’s office, it is necessary to first define the target audience, meaning, who will be the readers of the magazines put in the office.

It is common for the person in charge of acquiring magazines to be guided more by their own personal taste than by the target audience’s evaluation.

This way, before buying these reading materials, we must observe the following details:

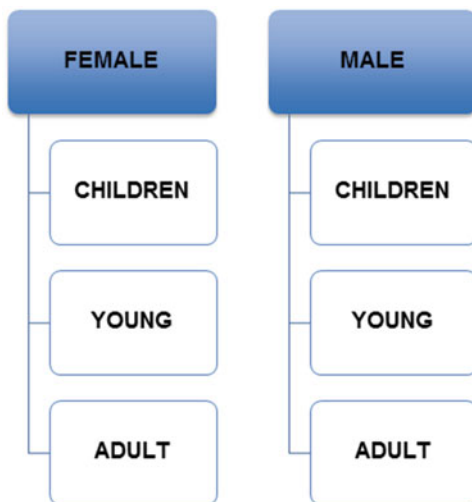
1. Preference profile of the patients tends to be very variable, so “options” are required.
2. Decadent, trashed, lacking cover, outdated magazines are part of a set of characteristics that end up reflecting a bad status to the clinic.
3. Each magazine is directed to a target audience; this is why you must determine the profile of the people seen by the clinic, and also of their companions, to then, from there, choose the type of reading to invest on.

The public audience for doctors’ offices is divided into countless groups, but, to select magazines, we must simplify the types of groups so that we do not have excessive subdivisions. So, basically, in a general way, we have two major groups, subdivided into six, which are (Fig. 9.3):

Another possibility of segments refers to more specific groups that, when found in the office this sort of reading materials, tend to be pleasantly surprised, for example:

General	Pet owners/lovers Wine lovers Clients who speak a foreign language Esoterics Hobbies
----------------	--

Fig. 9.3 Public to read the magazines



Besides focused on a target audience, we must also be careful to maintain them in a good state of conservation, with identification from the clinic, and updated. It is important that the magazines are recent and in good quantity, so that the reader has choosing options, even when several people are waiting in the same waiting room.

When it comes to updating, we must evaluate few variables to define the updating of a magazine according to its profile.

If we take as example a magazine specialized in hobbies or special activities such as gardening, orchid growing, fishing, tourism, decoration, etc., we may see that, as long as they are in good conservation conditions, they can remain in the office for a longer time.

However, magazines that talk about news, artists' lives, and soap operas have a very short "lifespan" at the clinic, because they are quickly out of date and uninteresting to the reader and give away the level of update the other magazines at the clinic have.

So, by keeping reading materials updated and varied, we may face the following question coming from the client:

I loved this magazine, can I take it home?

This is a question frequently heard at the doctors' offices that invest in their magazine archive.

The staff must be previously prepared for this situation and previously know the answer to be given to the client, so they do not seem uncertain of what to do, not knowing what to say.

A suggestion for an answer can be:

Sir, I apologize for not being able to help you, but this magazine is only for reading inside the clinic; unfortunately, it cannot be removed from the office.

After receiving countless complaints from clients about the lack or absence of updated magazines in his office, researcher Bruce Arroll, along with Stowe Alrutz

and Simon Moyes from the University of Auckland, New Zealand, developed in 2014 a research with the title:

An exploration of the basis for patient complaints about the oldness of magazines in practice waiting rooms: cohort study. They arrived to the conclusion that, especially with gossip magazines and the most updated ones, have a higher probability of “disappearing” from the doctor’s office in a shorter period of time (ARROLL, ALRUTZ e MOYES, 2014).

Even with a situation such as the one presented by the researchers, it is very important that the investment in the material remains, taking the necessary measures for the loosing of materials to be at an acceptable level. The fact that magazines often tend to be “lost” or “mutilated” in waiting rooms must not be the reason for demotivation or to interrupt their maintenance and acquisition.

I believe we must face this fact as part of the questions faced by the manager of the office in its daily routine.

Some measures may actually minimize the problem, such as:

- Label glued to the magazine reminding people that it is only for reading inside the office
- Identification of the clinic very visible
- Adding of special cases
- Adding of rigid supports in the magazines left side (careful not to make it difficult to handle, as to not risk angering the client)

Another aspect that must be remembered is the place where the magazines will be put.

Often the magazines are simply piled on a corner table in the room, without much care for order, subject, appearance, or access.

It is important that the clinic has a proper magazine holder to expose the reading material, facilitating its access and choosing. Besides, the poor disposition of magazines devalues the investment made on them, because they end up often hidden under each other.

An important conclusion to be put here is magazines are an element of great importance in the waiting rooms and when well administrated, they please the clients very much, helping the waiting time to be more pleasant.

To exemplify the importance, as well as the nuisance caused by the poor administration of this issue in the clinic, in the Internet, there is a series of websites that publish letters and articles showing how much clients value the presence of magazines in the waiting rooms as well as their dissatisfaction over the matter. Here are some excerpts of these articles:

Title: *This is why magazines in waiting rooms are always out of date*

Source: The Independent – <http://www.independent.co.uk/life-style/health-and-families/health-news/this-is-why-magazines-in-waiting-rooms-are-always-out-of-date-9928274.html> – December 2014

Doctors’ waiting rooms are stressful and boring enough as it is, but the situation is usually made worse when you find yourself faced with a stack of magazines telling you how to prepare for your summer holiday in December.

Title: *A burning question: why are waiting room magazines typically out of date?*

Source: <http://www.medicalnewstoday.com/articles/286944.php> – December 2014

It is a mystery that has plagued patients in waiting rooms for years: why are the magazines in a doctor's office always out of date? Do the staff only put out old magazines, or do the newer ones disappear? Rest easy, because the first study to examine the phenomenon of magazines disappearing from waiting rooms has the answer.

Title: *To read at the doctor's office*

Source: *Época Magazine*, Xongas, by Ricardo Freire – Issue 307 – 05/04/2004
<http://revistaepoca.globo.com/Epoca/0,6693,EPT708598-2845.html>

This one is for you. Yes, you, sitting in the waiting room of a clinic and who just went through the basket of old magazines at the left side of the sofa.

Title: *Magazines of the waiting room*

Source: *O Estado de São Paulo*, Caderno 2, Ignácio de L. Brandão – 04/30/2000
<http://txt.estado.com.br/colunistas/loyola/anterior.html>

I looked at the magazine stand. Another enigma to be solved is the one of the magazines in doctors' and dentist's offices. This one here, despite very well equipped, had in its book stand the most ridiculous publications.

Title: *Why are magazines in doctor's waiting rooms always old?*

Source: Daily Mail/Mail Online – December 2014 – <http://www.dailymail.co.uk/health/article-2877733/Why-magazines-doctor-s-waiting-rooms-old-patients-steal-newer-gossipy-ones-leave-reads.html>

Everybody knows a standard part of visiting a doctor involves sitting in the waiting room, thumbing through a terrible magazine, usually completely out of date and grubby with fingerprints.

Title: *Three Absurd Tools For Coping With Waiting Room Misery*

Source: Philip Lüschen, Amsterdam, Co.Design – <http://www.fastcodesign.com/1671645/three-absurd-tools-for-coping-with-waiting-room-misery#4>

Going to the doctor's office wouldn't be so bad if it weren't for the wait beforehand. Those waiting rooms, filled with bad magazines and a diverse array of germs, are places where time slows to a crawl, where minutes seem like hours, and where human misery sits openly under fluorescent lights.

Ambient Sound

The ambient sound of any place destined to customer service must be carefully planned in order to reach its goal, without the so-called side effects.

To do that, we must pay attention to the following matters:

1. The first point is to know in what places of the clinic it would be proper to have the presence of an ambient sound.

2. What equipment is proper to get a pleasant, quality sound in the chosen environments, preferably equipments that allow the sound to be regulated according to the environment.
3. What type of music should be used.
4. What volume is ideal so the music does not get in the way of the clinic's harmony and tranquility.

The music in these places must be chosen in a way to give the client a sensation of tranquility, well-being, and warmth, always being careful not to be guided exclusively by personal taste.

Television

Another item frequently present in waiting rooms and that deserves few considerations is the television.

We may initially raise some key issues regarding this subject:

1. Not every client likes TV noise in the waiting room.
2. It is hard to please everyone regarding the choice of channel.
3. It is hard to reach a decision over the ideal volume.

The ideal is that clinics could have more than one waiting room, where the client could choose for a room with a TV and another without, because this way we can have a quieter room with only ambient music playing nicely and another with the TV in a channel that can please different audiences.

The television in the waiting room of doctors' offices must then be carefully analyzed so that it can truly be a positive element inside the clinic.

We can point out a few of the most frequent problems with televisions in the waiting rooms, as said by clients:

1. Are left on uninviting channels
2. Show videos that end up pleasing only a small part of the people in the room
3. To be in a waiting room where you cannot go to another room to escape the noise from the television
4. To be in a too low volume making people angry since they cannot hear what is being said
5. To be on mute, only showing images, leading to people having to imagine what is being said, which is deeply unpleasant
6. To be in a very loud volume, causing discomfort to the clients
7. To be positioned very high on the wall, above people's eye level, leading them to keep their heads excessively tilted upward, causing them postural discomfort
8. Too small monitors for the size of the room, being of low quality for the ones watching

This way, we may conclude that it is not enough to simply have a television in the waiting room; it takes some planning to make use of it. It is possible to initially point out six basic elements that must be present when choosing to put a TV in these rooms:

1. **To be in a proper place**—preferably in a separated room. When there is only one waiting room, it should have enough dimension to separate a TV space and another quieter one, so the client does not feel the interference of the sound in the environment.
2. **Adequate volume**—should not be too loud or too quite. The volume must be in a level according to the distance of the chairs where the clients will sit to watch, allowing them to understand the sounds coming from the set.
3. **Comfortable positioning height**—position the TV monitor in a way so that the client with maximum neck inclination may still watch comfortably.
4. **Size of the monitor planned**—the size of the monitor must be according to the size of the room and the distance to whom is watching. Too small monitors are only good in small environments.
5. **Interesting channels of general tastes**—cable TVs offer channels with diverse documentaries. Those that refer to animal life and nature tend to please a higher number of people.
6. **Maintain access to restricted channels to a designated employee**—if possible, program the TV set as to not let the buttons accessible to clients in the room, and keep the remote with someone from the clinic's staff.

The use of television in the waiting room, as long as it is well planned for, can aid in a very effective way, in the management of the client's perception of time.

Other Amenities Offered to Clients

Creativity and common sense is the limit to insert new elements that aid in the client's process of perception of time in a pleasant way.

The care to receive children in the office is very important, especially since, independently of the medical specialty, or if you have or not children appointed to the doctor, many clients come accompanied by children that end up inside the office without having anything to do.

Preparing yourself to receive children may not be so difficult and surely will contribute to a better harmony to the environment inside the clinic.

Here are some tips:

1. Having in the waiting room a small table and chair so kids can do certain activities there
2. Keeping children magazines and comic books as reading material at the clinic
3. Offering coloring books and coloring pencils
4. Having toys at their disposal
5. Some place to show children's videos

This way, by preparing a space where kids can be distracted and stay behave, you actually make the adults' waiting room more comfortable.

Offering clients at the office some tea, coffee, juice, crackers, candy, etc., deserves a special planning as well, before being aggregated to the set of positive elements offered to clients.

It is a consensus, at least among most of the people, that warm coffee or coffee done several hours before is not very pleasant.

So let's imagine a client is in a hurry, the doctor is late and he decides to have some coffee that, to his indignation, is cold and tastes bad.

You may conclude, from this situation, that the coffee contributed for the negativity state of the client to aggravate.

So we may say that planning the offering of these "added values" in customer service must be done in a planned out way, aiming for quality in what is being offered, as well as making the costs adequate to the clinic's reality.

In the specific case of coffee, it can be offered by an automatic machine, or it can be constantly renewed and conditioned in a warm place until the next change.

Besides what was said here, it is very important that the doctor and the manager of the clinic try to talk to the staff about complements or complaints from the clients, as well as entering all the clinic's rooms, to see how it is being organized. When there are no people being seen, go to the waiting room, sit at one of the chairs, check the magazines, drink the coffee, and try putting yourselves in the client's shoes, inside that room.

This attitude is fundamental to always be aware of how the office is and what can be done to improve, since the doctor spends most of the time inside the exam room and ends up "shutting down" to the outside world.

Another aspect to be mentioned about the waiting room is regarding the clinic's staff. It is very important that everyone collaborates to its organization and maintenance, so that it stays as impeccable as possible during the whole service hours.

When going by the room, or when having some available time, the members of the staff must be oriented to keep the magazines organized; check the cleaning and the general organization of the place, temperature of the air conditioner, and lightning; call the cleaning person when necessary; and effectively collaborate so everything stays as orderly and put together as possible.

The staff must incorporate the idea that keeping the waiting room impeccable is everyone's job.

References

1. Barros, Claudius D'Artagnan C. de. (1999) *Excelência em serviços: uma questão de sobrevivência no mercado*, 2 edn. Rio de Janeiro: Qualitymark
2. Bruce Arroll, Stowe Alrutz, Simon Moyes (2014) An exploration of the basis for patient complaints about the oldness of magazines in practice waiting rooms: cohort study, *BMJ Magazine*, 2014; 349 doi: <http://dx.doi.org/10.1136/bmj.g7262>. <http://www.bmj.com/content/349/bmj.g7262>

3. Canales, Jimena (2015) The physicist and the philosopher: Einstein, Bergson, and the debate that changed our understanding of time. *hardcore*
4. Urdan, Andre T (2001) A Qualidade de Serviços Médicos na Perspectiva do Cliente, *RAE-Revista de Administração de Empresas*, vol. 41, n. 4, out-dez
5. Whiteley, Richard C (1992) *A empresa totalmente voltada para o cliente*, 13ª ed., Rio de Janeiro: Campus

Chapter 10

Professional Image and Client Perception

“The first impression of the senses is not the true one. To judge well one must compare.”

Jean-Baptiste Massillon (French religious, 1663 – 1742)

Abstract The representation that employees have to other people is their professional image. We can say that it is the image they project to people who they have contact with. This image is formed from countless variables such as: care for appearance, communication, etc. Each one of these variables contains any numbers of points to be controlled, if one wishes to have a positive image. Furthermore, the ethical behavior has been having an increasingly higher weight in the formation of an employee’s professional image. Clients are now more attentive than ever to these issues, and they value ethical employees whose main goal at work is the well-being of the client. All the variables together with these information will form a reflection that is perceived by others. Thus, it is important to become aware of this and carefully manage the image each one puts in their reflection, since having a positive perception from clients and society is decisive for a doctor’s professional success.

Building a Professional Image

“A man is worth as much as he gives himself value.”

François Rabelais (French Renaissance writer, 1483–1553)

The professional image may be defined as a representation or perception people have of a professional from a set of information that are passed to people and society as a whole, the so-called visible signs showed by the professional over several aspects of their person.

This way, the perception people have of a determined professional possesses a complex structure to be understood in all its dimensions.

Despite that, it is possible to highlight the main aspects that may compose a doctor’s professional image (Table 10.1).

Table 10.1 Professional Image

Areas that compose image	Items inserted in the area
Social aspects	<ul style="list-style-type: none"> • Public activities • Social life • Socioenvironmental responsibilities • Participation in voluntary work • Family life
Appearance	<ul style="list-style-type: none"> • General appearance care • Style
Communication	<ul style="list-style-type: none"> • Use of language in all its dimensions • General posture
Professional aspects	<ul style="list-style-type: none"> • Doctor's office appearance and structure • Quality in service in office • Investment in equipment • Professional formation/qualification • Results from surgical and clinical interventions • Frequency in seminars, courses, and congress • Participation in class organs • Professional ethics • Business cards, pamphlets, etc.

It is very important that clients have a positive perception of the doctor's professional image. It constitutes a factor of great importance to the construction of the clinic/doctor's office in society. It is fundamental in the relation between competence and image visibility, meaning it is not only important to be competent, but to appear so, since it is the clients who volunteer and divulge information (that may or may not be true) in a very intense way to the most diverse locations and social groups. The image the clinic imprints in the clients is connected to the image the society receives.

Another issue to be considered is that the several sectors of society are redefining their roles; this way, the liberal professionals, among them the doctors, must take a closer look into this matter.

Society today also expects from doctor postures and attitudes that involve a concern for society, since the concept that everyone is responsible for the management and well-being of the society and environment we live in is a rapidly growing notion.

Moreover, the professional has their status established not only through their projected/communicated image but also internally, among fellow professionals of the same area/profession. Thus, participation in events of the area, as well as ethical behavior and professional formation are aspects that strongly participate in the construction of the doctor's image among professionals of the same area.

We may notice that the structure of the "professional image" is composed of several aspects, including ones separated from the professional, such as the customer service that the employees from the clinic offer clients.

For example, we may say that when a client is dissatisfied with a phone service, they usually say:

- I had a horrible service at Dr. X's office.

or

- Service at Dr. X's office is really bad.

By analyzing the previous example, we may notice that, in reality, the positive or negative encumbrance for the service done by the clinic's staff ends up causing an impact on the doctor's image.

We must not forget, then, that the behavior of the staff that works along with the doctor is of utmost importance for the formation and consistency of the latter's image.

We have seen in the market a growing concern from the managers of clinics, with staff preparation, in the sense of service techniques, but we may not forget the staff's preparation when it comes to caring for appearance, since this is the issue that is being valued more and more by the client and that ends up incorporating the doctor's image as well.

Appearance Care

“Do not consider the vessel, but its contents.”

Talmud (The Talmud is a compilation that dates back to 499 A.C., of Jewish laws and traditions, consisting of 63 treaties of legal, ethical, and historical matters)

“You do not have a second chance to cause a first impression.” This sentence translates in a very clear and simple way the essence of what is the impact caused by your personal image, to someone else.

When we arrive at a certain environment and look to the people there, automatically, without necessarily thinking about evaluating the people present, we start to process the information acquired through our senses. This is a process that comes “naturally” to people.

If this is a reality, it is inevitable that this shall happen that we will inexorably be evaluated; then it is all we can do, taking our due precautions, so the client's impressions are the best ones possible, about the doctor and about the employees of the staff.

A growing demand over personal presentation may be seen in the market. In the case of doctor's offices, the care for the staff's appearances is very important to help compose their and the doctor's professional image.

A well-groomed appearance is key when composing an agreeable look, transmitting an image of professionalism, care, and thoughtfulness to the client.

Taking care requires the acquiring of regular personal care habits. We must prepare ourselves to go to work. This must be a daily and infallible ritual, since the

characteristics of a person's professional image solidifies from the constancy of certain characteristics.

So, it is not enough for the professional to take care of themselves one day and, in the other one, show up in a completely different way, without the signs of care of the day before. It is necessary for the presence of the "constancy" factor to create a more consistent image.

Let's take as an example a man who shaves once and then spends the next 2 days without shaving, only to shave again after that time. What is the perception people around him will have, about the treatment done by him, regarding his personal care in appearance?

Another aspect to be reminded is the absence of a group line of conduct related to this point, from the clinic's staff.

Let's see, for example, a doctor's office that has three receptionists working together. Two of them take great care of their personal appearance, having an adequate image in a work environment. However, one of the receptionists does not follow through, not adopting personal care and appearance measures, maintaining a neglected look when compared to the other two coworkers. What is the client's perception when arriving at the clinic? Probably they, among other aspects, notice a dissonance in the staff.

The caring for appearances must always respect the individuality and preference of each professional, except in cases that are not allowed in a work environment because it interferes negatively in the clinic's image.

But, within these limits, each person finds their own way of caring for themselves and presents themselves adequately at work. What is not advisable is the full lack of care.

There are some basic care and postures to be seen to by members of the staff, independently of gender, for a good appearance at work:

1. Worrying about always keeping a well-groomed appearance.
2. Being discrete about choices related to appearance.
3. Wearing always clean and pressed clothes.
4. In case of uniforms and white coats, keep them always clean and in good conditions.
5. Keep shoes always clean.
6. Keep dandruff problems controlled.
7. In case of colored hair, always keep it up to date with maintenance.
8. Teeth require extra care since they are always very visible.
9. Skin problems that affect appearance must be treated.
10. Rigorously follow personal hygiene habits.
11. Avoid fragrances that are too strong and permeate the room.

In relation to appearance care to men and women, we may highlight some more specific aspects.

Regarding men, they are more concerned about keeping:

1. Hair always groomed
2. Short clean fingernails
3. Groomed mustache and beard
4. In case of mustache and beard, always short and cared for
5. Formal and discrete clothes
6. Discrete shoes (sneakers and sandals are not appropriate) and clean

Regarding women, the use of makeup and hair care are elements of great importance when it comes to an appearance that will cause a positive impact in the client seen at the doctor's office.

We may face these cares as auxiliary tools in the day-to-day work routine that help transmitting a cared-for appearance, showing concern for professionalism in all its stages.

Despite knowing the undeniable importance of these cares, it is important to point out that using them in a balanced and work-appropriate way is the main concern.

The wrong use of makeup and even hairstyles for work usually transforms into elements of great negativity to the image, conspiring against their user, transforming themselves into a real "own goal."

But what is the formula for balance and properness in makeup and hair, in a health area work environment, like medical clinics?

Since these are not factors that can be measured through mathematical numerical answers, the only way is to define image adjectives that you want to transmit and, from there, outline possibilities.

We may say that the image must transmit seriousness, discretion, tastefulness, serenity, sympathy, and professionalism.

Based on these information, we can try to, in a resumed way, translate them into actions, the following way:

Makeup

- Use of discrete and soft makeup, avoiding strong colors.

Fingernails

- Preferably wear light-colored polishes, shorter, and clean

Hair

Hair impeccably done without improvising (such as with pencil or pen in an updo) that shows a lack of care to image

Long hair preferably tied in an updo

Colored hair with constant maintenance, no roots of hair of a different color showing through

Accessories

- Avoid rings, bracelets, necklaces, earrings, and other accessories that are too flashy, loud, or in excessive quantity.

Dress Code

Discrete clothes and shoes, avoiding:

- Low cleavages
- Skirt slits
- Short clothes
- Transparencies
- Shorts
- Low pants
- Short skirts
- Tight clothes
- Excessively high and thin heels
- Clogs, flip-flop style
- Bright colors
- Too open sandals

General Care

- Shaved legs
- Keeping face-hair-shoes-clothes-makeup harmony

Each one must have common sense to create within their personal style a proper image for the work environment, staying away from visuals that tend to the exotic or excessively modern, leaning more toward the behaved, discrete, and careful look.

It is important to remember again that these cares must be incorporated into each professional's daily routine and not to be something that only happens sometimes. This way it will be possible for these cares to really become a part of the image each professional wants to imprint into their work environment.

To have staff members on the team that are concerned about appearance and see these cares as professionalism, worrying about the image being presented to each

client seen at the clinic, is an element that will surely aggregate positive values to the doctor's office.

We may finalize remembering that the care to hair and makeup alone are not enough. It is the harmony of all behaviors linked to work and their presence day after day that will create a consistent and positive image to the professional.

Professional Ethics in Teamwork

“All our dignity consists in thought. Let us endeavor then to think well. This is the principle of morality.”

Blaise Pascal (French writer and mathematician, 1623–1662)

A doctor's professional image is linked not only to their ethical behavior but also that of their staff.

The client is getting increasingly more observant regarding staff behavior, so, ethics takes a place of great importance in the client's perception, since it involves moral aspects and work reliability.

In different societies, ethical theories rose in different historical contexts as the answer to problems between men. The historical contextualization allows us to see that many conditions had their origins in questions that are to this day still relevant.

Professional ethics verses about norms of human conduct, considered acceptable within moral standards of common sense in a certain society, and is by which professionals must guide themselves in their conduct and the exercise of their profession.

Ethics has its foundations in philosophy. Many philosophers dedicated themselves at some point to “think” and try to find explanations and ways to ethics.

Here are some examples of what certain philosophers thought about this subject through time:

- **Socrates** (470–399 B.C.) – Virtue comes from knowledge of education to get people to be and to act according to moral.
- **Plato** (427–347 B.C.) – Evil does not exist by itself. It is only an imperfect reflection of reality that is good, essential element of reality.
- **Aristotle** (384–322 B.C.) – To men, there is no greater happiness than virtue and reason.
- **Gottfried Wilhelm Leibniz** (1646–1716) – “Do not do to others what you would not like to be done to yourself.”
- **Jean-Jacques Rousseau** (1712–1778) – In his *Social Contract* (1762), he attributed the ethical evil to the socially maladjusted and claimed human beings were good by nature.
- **Immanuel Kant** (1724–1804) – According to him, the morality of an action is not to be judged by its consequences, but only by its ethical motivation.

Professional ethics, as a set of attitudes that permeates human action, can be considered as indispensable in the practice of any activity linked to work.

In doctor's offices, to cultivate the practice of ethics in all steps and areas, not only to customer service but also in relationships with coworkers and employer, is of fundamental importance to the formation of the morality of the staff in a doctor's office.

We know that adopting ethical attitudes incorporated to the professional behavioral routine of the staff demands, in many cases, a behavioral change that, in summary, basically depends of two factors:

1. Personal
2. Organizational

In what refers to personal factors, it is the values and morals acquired through each person's life history, in their familiar, educational, and social environment, and, therefore, there is no way to act in this area.

But the organizational aspects refer to experiences, learnings, and values existing within the clinic that permeate the staff attitudes.

In this environment, the staff must be prepared to "understand" the concept of ethics in all its extension and receive instructions on the expected ethical behaviors. The professional ethics, then, must be cultivated, as part of the clinic's organizational culture, so that there is person, professional, and institutional growth.

Of course it would be impossible to talk about all situations and questions we could come up in the office's day-to-day life, but from the moment an individual understands the concept of "professional ethics," it can then permeate their behavior inside work, since once established and accepted the concept within them, they can generalize its logic in all their actions.

This way, here are some suggestions of ethical postures for staff members that may be adopted when working in a doctor's office:

1. Consider all information acquired about clients in the doctor's offices as absolutely confidential and that shall not be commented on with anyone, ever.
2. In case the client complains about a doctor, from another clinic, do not ask the name of the doctor the client is referring to.
3. Do not comment with professionals from other clinics, family members, or friends what goes on at work.
4. Do not try to get information from the client about their "problem" unless it is part of the job.
5. Never criticize the doctor or the clinic's supervisors in front of clients or other employees.
6. Be respectful to your coworkers.
7. Be loyal and respectful to doctors and supervisors from the clinic.
8. Never discriminate or treat people differently because of their social or economic condition, race, color, or creed. All must be treated with the same respect, attention, and regard.
9. Never supply client's information such as phone number, address, or any other information to other people or companies.

10. Respect all kinds of confidences that are made by the client during work.
11. Never comment on personal or family problems with clients. If you do, make it as generic as possible.
12. Handle and keep in a private way, for professional use only, the clients' charts.
13. Never accept any sort of present or money from the client, in exchange from favors.
14. Never exceed responsibilities and abilities; this, inclusively, puts at risk the clinic's credibility.
15. By no means prescribe medications or procedures of any kind that would constitute as illegal practice of medicine.
16. In case of items forgotten by clients, handle them carefully. Keep them in a safe place and notify the client about it as soon as possible.
17. Try to always take responsibility over mistakes or errors done. Never apologize or blame someone else for your actions.
18. In case of job exchange, never comment or supply any sort of information about your previous place of work, in what comes to doctors, employees, clients, coworkers, or any other type of information.
19. Use the material and equipment from the clinic with reason, moderation, and care.

The respect for the clinic, the client, doctors, and coworkers is a matter of maturity and professionalism for each person, but if we are worried about staff training and formation, surely, the chances of having committed employees, whose respect for the human being extends to every detail of their work, are much bigger, which surely will bring positive results, from the client's perception.

References

1. Baehr ME (1992) Predicting success in higher-level positions. Quorum Books, New York
2. Cohen D (2003) Os dilemas da ética. Revista Exame, Rio de Janeiro
3. Dainese M (2002) Códigos de ética empresarial e as relações da organização com seus públicos. Universidade de São Paulo, São Paulo, www.ethos.org.br
4. Dallari D d A (2004) Direitos humanos e cidadania, 2nd edn. Moderna, São Paulo
5. Demarais A (2005) A primeira impressão é a que fica. Sextante, Rio de Janeiro
6. Keith D, Newstrom JW (1992) Comportamento Humano no Trabalho. Pioneira, São Paulo

Chapter 11

Pearls of Wisdom in Customer Service: Real-Life Stories

“Truth is a pathless land. And you cannot approach it by any path whatsoever.”

Jiddu Krishnamurti (Indian philosopher and mystic,
1895–1986)

Abstract Stories from real-life situations give us a more exact measure of what has been happening and what may happen in the future. It is the real proof of what may or may not work in certain situations. Thus, these stories become a substantial source of learning that may make us change our course without having to go through situations that can easily be avoided. They also give us precious data that aids us in planning for strategies and actions that may predict or prevent possible problems or even give us clues to what can work well. The examples told here are ones to aid health services in their learning and planning, aiming for client satisfaction.

The Clients Are Always Surprising

“Our lives are defined by moments. Especially those that take us by surprise.”

Bob Marley (Jamaican composer, singer, and guitarist, 1945–1981)

In the day by day in doctor’s offices, many stories occur during customer service performed by the staff. Among these happenings, surely some stand out, becoming remarkable for group stories, true pearls of wisdom that illustrate certain situations.

If we stop to think more closely over these occurrences, it is possible to see how rich they can be in the aid of staff training since they tend to be illustrative of situations that characterize clearly occurrences that must be avoided, changed, kept, or improved. It all depends on their characteristics, context, and applicability.

It is important to remember as well of many situations that happen in a doctor’s office and express, for example, clients’ dissatisfaction and may actually show what other clients also felt but did not have the courage to say. Many of them may have simply changed doctors.

In a clinic, an old man, after waiting for 2 h for a doctor that had arrived late, sees a person who had just arrived be called first to be seen by the doctor. Even

without understanding what was going on exactly, he could understand the obvious: “someone was privileged and did not have to stand for hours in waiting, like all other mere mortals there.”

Indignant with the situation, he went to the reception already pretty upset and said exasperatedly:

Listen here, young lady. I have been here for over 2 h, and that man just arrived and was already called in. How could such situation happen? This is a complete lack of respect!

Then, the secretary answered, with an expression that showed it to be obvious: That man is a doctor; he cannot afford to be kept waiting.

The client, even more irritated, said:

Could you return me the money I paid for this appointment? I don't ever want to return to this doctor.

And the secretary answers:

Suit yourself, sir.

From the situation above, we may tell that the secretary has made some very important mistakes, such as:

1. Not paying enough attention to the fair complaint of the client, accepting the request to cancel the appointment promptly. Because of this, the perception of the client was that he was not important. Of course, in a situation such as this, the client may cancel his appointment and receive his money back, but it is necessary to, cautiously, argue with him, showing how important he is to the clinic, and how much you would like him to stay, and then try to speed his service. This way, to the request to cancel the appointment, she could say:

I apologize, in behalf of the clinic, for the delay in service and for what happened regarding the person who was seen before you. I understand your dissatisfaction perfectly, but I can assure you that in no way there was any inconsideration toward you. If you really want, we will give you your money back immediately, but we would really like if you could await just a moment longer and be seen by the doctor.

2. The explanation offered by the secretary hurts the client and sends the message that, for being a doctor, one client had the right to be seen before all others. In fact, what happened was a professional courtesy among doctors that know and understand the routines of one another. Independently of agreeing or not with this argument, it is possible to see that this problem escalated with the way she explained, aggravating even further the client's dissatisfaction. She could have answered:

I apologize, sir, but it was truly necessary for this man who just came in be seen urgently. I ask you if you would be so kind as to sit and wait a while longer, and we will do all we can to call you as quickly as possible.

3. The facial expression worn by the secretary when explaining the situation to the client was inadequate, since it transmits the impression of an obvious situation,

the man *should surely* understand. The most adequate path would be for the secretary to look to the client with an attentive expression, showing concern over his problem.

In reality, the most important thing is for the facial expression to demonstrate understanding and solidarity to the client's uncomfortable situation and show that the staff puts itself in his shoes and understands him. This way, it is possible to minimize the walls lifted by this displeased man and then explain properly the clinic's motivations and the concern over solving his problem quickly.

So, through a clinic's occurrence, it was possible to learn from mistakes, find new ways, and set new behavioral paths for the staff that leads to a customer service that is constantly searching for a greater quality pattern.

Below are a few accounts of real cases happening in health services and that may be illustrative for the learning in the area of customer service.

The cases herein reported suffered modifications to preserve identities and where they took place, keeping only the essence that allows us to transpire the message the account brings with it.

Embarrassing Reception

An old lady, approximately 70 years old, came for her first medical appointment in the clinic, when the receptionist was creating her file:

Receptionist: Date of birth, ma'am?

Client: December 11.

Receptionist: And the year?

Client: I won't say.

Receptionist: Ma'am, this information is only to aid the doctor during the appointment.

Client: But I won't say.

Impulsive Answer

A new employee in the reception mistook the numbers she had written and ends up having to ask for the client's card three times. In the third time, before handing over the card, the client said:

How dumb are you, girl?

And the employee answered:

I'll ask for the card as many times as I want.

Pleasing Within Possible

A new magazine had been placed that morning in the clinic's waiting room and in the beginning of the afternoon:

Client: Young lady, may I take this magazine home with me?

Secret: I'm sorry, but the magazine is only for reading inside the clinic.

Client: Alright, keep the magazine, then, fine!

Professional Blindness

After typing the client's file, the secretary said: 300.

Client: When I called to schedule the appointment you said 200 and not 300.

Receptionist: I said 300.

Client: You said 200. I'll go blind if I'm lying.

Receptionist: Then you will leave this place blind, because I said 300.

A Matter of Name

The client when arriving at the reception says:

You called me to confirm the appointment, but since you called me Elisa and I don't like that because my name is Maria Elisa, I said there wasn't anyone there with that name.

Receptionist: We are very sorry, ma'am!

Client: Next time pay more attention when writing down people's names.

Doctor-Client Communication

A man of approximately 30 years old was in an ophthalmic appointment while the doctor did the refraction:

Doctor: Is this one better?

Doctor: Better?

Doctor: Better?

Doctor: This one or this one?

The client, feeling confused among the lenses, shakes his head appearing pensive for a few seconds, and then, before the client can say anything, the doctor says:

Doctor: Let's restart.

Doctor: Better, better...

Doctor: This one or this one?

And again the client stopped for a few seconds, showing doubt, when then suddenly the doctor says:

Doctor: Are you married?

Client: Yes. Why?

Doctor: Because otherwise you could have trouble finding a girlfriend.

Doctor: Let me tell you a story, there was a woman who drank one glass of milk every day. One day she died, and people said it was because of the glass of milk she always drank.

The client got concerned over what the doctor told him, since he did not know if the doctor was making fun of him or saying something important.

This account was made by a man, about something that happened to him 10 years prior, by another professional, and that to this day he never forgot, because he had developed a feeling of deep hurt for that doctor.

Personality That Astounds

An old lady of approximately 65 years of age scheduled an appointment and, at the time scheduled, arrived along with her husband.

This old man appeared nice and pleasant since the moment he walked inside, talking to the secretaries, smiling a lot.

The receptionist was making the client's file and asked her:

Receptionist: Marital status?

Client's husband: Married and very well, right, honey? We never fight.

When finishing collecting all personal data from the client, the receptionist ran the magnetic card through the machine, saying:

Receptionist: Could you please enter the password for the card, ma'am.

Client's husband: Password, what password? I never needed this; no one has ever asked me this. What is going on?

And then the old man was completely out of himself, seemed to become someone else, speaking loudly and being extremely rude, yanked his wife by the arm, and said:

Client's husband: Let's go. I told you not to keep going to all these doctors. Just buy any glasses at the shop. These people know nothing, asking for passwords. I never needed such a thing to get an appointment before.

Receptionist: Sir, calm down. It's alright. You can bring the number for the appointment later. Your wife will still be seen by the doctor.

The client, very ashamed, signed to the receptionists, saying quietly:

Client: It's no use. Just let him do as he pleases. I'll come back with my daughter-in-law.

Client's husband: No, you won't. Let's go. You won't step a foot in this place, again!

And both left, leaving the receptionists completely shocked, not having completely understood what happened, since they kept their calm and were polite and solicitous to the client and her husband, but nothing made him calm down.

Professionalism?

A pharmaceutical lab sales representative arrived at a doctor's office, where he was received nicely by the secretary.

At a certain point, while the young man awaited the doctor, the secretary said:

Why do you leave the doctor samples of medications?

And the sales representative, not understanding the question, asked:

What do you mean?

And the secretary then says:

It is just that he always forgets to give the samples to the clients and ends up letting the medication expire. Take a look at this bag under the desk; it is full of eye drops to be incinerated.

Professional Ethics?

The secretary of a clinic went to another office, of the same specialty, to pick up a document.

When she arrived, she decided to go to the waiting room to drink some coffee. When entering the room, she recognized one of the clients who was sitting and awaiting an appointment. He had been consulting in the office where she worked, with the doctor from there. She immediately came up to him and said:

Hi, Mr. John, how are you, what are you doing here? Are you betraying Dr. Beltrano? How could you do this to him?

Teamwork

An old man was having eye problems and decided to pay for a private appointment in a doctor someone gave good references for.

He scheduled the appointment and was seen by the doctor, who prescribed an eye drop.

The client left very pleased with the doctor's service.

After 3 days using the medication, the symptoms got worse and he called the clinic, where the secretary said:

The doctor had a family situation and will only see patients again next week.

And the client asks:

But I'm very bothered by this. I cannot wait for a week. Do you not have any other doctor in the clinic that may see me?

Receptionist: We do, sir, but you will have to pay for another appointment.

Misunderstood Words

A client called the office and said to the receptionist:

I am a client for a long time now, and I don't have my healthcare plan anymore. I want to have an appointment, but with my son's healthcare.

The receptionist told the client how she could not possibly accept his request, and the client kept on insisting vehemently.

Then the receptionist impulsively said:

The doctor is very **honest**, he doesn't do that.

Then the client said:

Look, I'm not trying to be dishonest. Who do you think you are? I won't listen to this!

The family said the client was so nervous with what the receptionist said that he had a hypertension crisis and nearly had a heart attack, having to go to the hospital.

Anxiety

An old man was paying for his appointment, and at this moment, a lady with her daughter, a 6-year-old child who had hurt her eye at school, arrived. Apparently, the child was fine, but the mother was a little nervous.

One of the receptionists verified what the case was about and sent them to the pretreatment room so they could wait a little until she could communicate the doctor of what happened, and he could see the child.

The man who was paying disagreed with the service, saying that they should send the girl in that very moment, even if he was already seeing someone inside, and finished saying:

"If it were with me I'd break down that door to the doctor's office and barge in so he had to see me that very instant."

Special Request

A client of approximately 50 years old, after trying out several multifocal contact lenses, felt very satisfied with the results of her visual acuity, but wanted to make a final test. She then requested stairs so she could walk up while wearing the contact lenses, since with the glasses she couldn't, and said:

If I can go up the stairs wearing contact lenses, then I'll wear them; otherwise, I don't want them.

Professional Secrecy

In a plastic surgery clinic, the employees are trained to keep secret over the surgical procedures done at the clinic. No information of the clients may be passed on to other people.

Then one day, a client found an acquaintance at the reception, who had put breast implants.

When the client with the implants went to the waiting room, the other client went on asking, curiously:

What surgeries has she been doing there?

The employee promptly answered:

I don't know, ma'am.

Then the client went to the waiting room and asked the other client what surgery she had done with the doctor.

Breast implants.

When leaving, the first client who had asked the questions looks at the receptionist and says:

Honestly how can you be so distracted you don't even know what patients do here. This is absurd! You must be better in tune with your work, you hear?

Politically Incorrect

In a certain day, a very politically influential client was waiting in the waiting room and talking on the phone, loudly, the most absurd swear words.

To remove her from the room, the employee had an idea and, interrupting the client's phone call, said:

I apologize, but a man outside said he is a congressman and wants to talk to you, ma'am.

The client promptly wrapped up the call and went outside the clinic. When she arrived, she could not find anyone, so she returned to the reception, saying to the secretary:

Where is the person who is calling for me? I couldn't find anyone. What was his name?

The employee answered:

He wouldn't leave a name, only said he was a congressman and seemed to be in a hurry.

The client was very upset for not having talked to the congressman and was at the reception for a long time, trying to know the man's physical characteristics.

Privacy in the Reception

In a clinic there were two doctors working: Dr. A with a very full schedule and Dr. B, not so much.

A man (man C) called to schedule an urgent appointment for his mother for Dr. A. The secretary said:

Unfortunately, I only have an opening for Dr. A 2 months from now, but if you don't mind, Dr. B can see her tomorrow morning.

The man on the phone insisted she "find a place" for her mother in the agenda, but the secretary was unyielding, and he ended up agreeing to schedule a time with Dr. B.

The following day, the sir on the phone was at the reception waiting for his mother to be seen by Dr. B, when he heard the following conversation from the receptionist on the phone:

Look, unfortunately in Dr. A's schedule, we only have a time available in 2 months...yes, well, I'll fit you in for tomorrow morning at 10 with Dr. A, then. Is that okay for you, sir?

When the secretary finished the call, gentlemen C stood up, extremely mad, talking loudly, demanding explanations from the secretary, saying:

Why could you fit this person on the phone for Dr. A on the phone, but not my mother who has actually been Dr. A's patients for many years now? This is a disrespect! We will never return to this doctor's office ever again; this doctor is out of my life forever.

Next, the man called his mother who was sitting awaiting the doctor, and they left without the woman being seen by the doctor.

Robotization in Service

A young woman called the *call center* of a telephone operator company, to register a complaint.

An employee in a very fast tone, identified the company, identified herself, and, before the young woman said anything, asked:

City?

The young woman answered:

Identity of who? Mine?

And the employee answered quickly:

City?

And the young woman again asked:

Identity? Well do you want my name?

And the employee rudely said:

Your CI-TY, ma'am!

The client, already nervous with the employee's attitude, said:

Ah! ci-ty, and then why, from the beginning when you noticed I understood identity, instead of just saying city? City? you didn't say: Ma'am, I need the name of the city you are calling from, not your I-den-ti-ty. It would have been much better and would avoid problems for you and for me. What a service! You sound like a robot in a hurry!

Image

A young man, who was prematurely going bald, had a friend tell him to go look for a certain doctor, who was very good and could help him with his problem.

When reaching the doctor's office, the client paid for the appointment and waited.

After a few minutes of waiting, the secretary called his name and asked him to enter the doctor's office.

When entering the room, for the client's surprise, the doctor was bald. The client greeted him and went on saying:

Look doctor, you could be very competent, but you won't have my money. I'm going home.

He turned around, went to the reception, asked for his money back, and went away.

Multiple Inadequation

A couple arrives at a doctor's office where the wife had scheduled an appointment. When entering the reception, which was connected to the waiting room, they found the secretary using a short shirt that exposed her belly button and a very deep cleavage.

The lady was also with a cold and, when asking for the client's data for the file, used her hand as a "handkerchief."

After finishing the client's file, the secretary got a phone call from her mother and proceeded to argue with her about some issue or another, where she would often repeat, in a loud voice:

But mom, you don't understand... It's nothing like this, you must understand...

The couple that was now in the waiting room could not even talk to each other, since, in a very inconvenient and rude way, all attentions were on the secretary.

After 5 min of this situation, the secretary hung up the phone, and when the janitor of the clinic arrived, she went to her, bouncing up and down, and very loudly said:

You won't believe what happened to me today...

The couple, in disbelief, watched the multiple inadequations and asked:

How can this doctor allow for all this to happen in his office?

Exemplary Posture

A client scheduled an appointment with a doctor on a Saturday. It would be the first appointment with the physician.

This client was a human resources consultant and, when going to the clinic, thought to himself:

I bet that, because it's a Saturday, all the employees will be working unwillingly. When I get there, I'll test them a bit.

When reaching the clinic's reception, he was greeted by two smiling receptionists, impeccably dressed, who said to him, as soon as he stepped inside:

Good morning, sir!

The client, with a smile, answered:

Good morning! Wow, this doctor, huh, is making you work on a Saturday!

The employees looked at him with a calm smile on their faces, and one promptly answered:

Not at all, sir, this is our job and we really like it. We work on Saturdays with pleasure.

The client was surprised at how naturally and professionally the answer came, since he was expecting what usually happened often the moment he made this kind of comment, the employees complaining about this situation.

He made sure to congratulate the doctor enthusiastically, for the well-prepared staff with which he worked.

Inappropriate Smile

An employee was answering a phone call when another one who was arriving tripped and almost fell down. The employee on the phone laughed loudly, which was noticed by the client on the phone.

The employee finished the phone call without explaining what the laughing was about.

An hour later the client on the phone showed up, very angry, asking for the employee who was with her on the phone. She said:

I want you to tell me if there is something funny about me that made you laugh while talking to me.

References

1. Bowditch JL, Bueno AF (1992) Elementos de Comportamento Organizacional. São Paulo, Pioneira
2. Davis K (1992) Comportamento humano no trabalho. Pioneira, São Paulo
3. Moller C (2002) O lado humano da qualidade. Pioneira Thonson, São Paulo

Consulted Websites

Globo Online - www.oglobo.globo.com
 FAE Business School - www.fae.edu
 Balanço Social-I Base - www.balancosocial.org.br
 Cidade futura - www.cidadefutura.com.br
 National Center for Biotechnology Information - www.ncbi.nlm.nih.gov
 Valor Online - www.valoronline.com.br
 Filantropia. ORG - www.filantropia.org
 Fundação Unimed - www.fundacaounimed.org.br
 RITS Rede de Informações para o Terceiro Setor - www.rits.org.br
 Instituto Ethos de Responsabilidade Social - www.ethos.org.br
 NetMed PubMed - www.pubmed.com.br
 American Accounting Association - www.accounting.rutgers.edu/raw/aaa
 American Institute of Certified Public Accountants - www.aicpa.org
 Business for Social Responsibility - www.bsr.org
 Centro de Estudos em Administração do Terceiro Setor - www.ceats.org.br
 Ethics Officer Association - www.eoa.org
 European Ethics Network - www.kuleuven.ac.be/een/Contents/introduction.html
 Ambito Jurídico - <http://www.ambito-juridico.com.br>
 Big interview - <http://biginterview.com/blog/behavioral-interview-questions>
 Michaelis Moderno Dicionário da Língua Portuguesa - <http://michaelis.uol.com.br/moderno/portugues/>
 JusBrasil-<http://vitorgug.jusbrasil.com.br/artigos/112106596/breve-historico-do-direito-do-consumidor-e-origens-do-cdc>
 Internet World Stats - <http://www.internetworldstats.com/stats.htm>
 Amigos do emprego - <http://ongamigosdoemprego.blogspot.com.br>
 Instituto Ibero-Brasileiro de Relacionamento com o cliente - <http://www.ibrc.com.br/site/>
 Pew Research Center - <http://www.pewresearch.org>
 Princeton University Press - <http://press.princeton.edu/titles/10445.html>
 PayItGreen - <http://www.payitgreen.org/consumer/get-the-facts>
 ITU - Committed to connecting the world - <http://www.itu.int/en/ITU-D/Statistics/Pages/publications/wtid.aspx> -
 ATKearney - <https://www.atkearney.com/consumer-products-retail/e-commerce-index>
 Quint Careers - http://www.quintcareers.com/behavioral_interviewing
 EventusSolutionGroup-<http://www.eventusg.com/blog/the-complete-history-of-customer-service-operations>

Index

A

The Alarming History of Medicine, 14

Amenities, client, 124, 128–129

Appearance care

accessories, 142

basic care and postures, 140

dress code, 142

finger nails, 141

general care, 142–143

hair, 141–142

individuality and preference, 140

makeup, 141

for men and women, 140, 141

well-groomed appearance, 139

B

Bell Labs, 7

Benchmarking, 72–73

Boston Harbor (Boston Tea Party), 5

Brazilian Institute of Client Relation
(IBRIC), 29

C

CDC. *See* Consumer Defense Code (CDC)

CI. *See* Consumers International (CI)

Clients

aggregation model, 17

Bell Labs, 7

Boston Harbor (Boston Tea Party), 5

characteristics, 17, 18

Cicero testimonies, 4

complaints, 18

conflict management

characteristics, 30

diagnosis, 31

dissatisfaction, 30

procedures, 29

signal disagreement, 31

contractualist model, 16

customer service, 15

determined doctor, 22

doctor's care, 14

doctor-patient relationship models, 15, 16

dynamical relationship, 17

EBEN, 8

economy derivation, 14

employees development, 4

entertainment option, 19

environmental and social matters, 9

expectations, 25–26

FDA, 6

global systems, computer networks, 8

Hammurabi Code, 4

health services, modernity, 4

instances, 19

Internet, 10

IOCU, 6

market, 17

Massu code, 4

medical treatment, 14, 19

OECD, 7

patient, 19

PFDA, 6

postwar period, 6

Pure Food and Drug Act, 5

scalding bath punishment, 5

semantic matter, 14

Sherman Law, 5

“social auditing”, 6

social/socioenvironmental responsibility, 10

- Clients (*cont.*)
 - telephone, 5
 - treatment, 15
 - unsatisfied
 - behavior, 27
 - client-clinic relationship, 27
 - suggestion box/computerized totem/feedback poll, 28–29
- Client market
 - characteristics, 20
 - doctor-patient relationship, 23
 - Internet, 22
 - medical practices, 20
 - medical service, 22
 - professional success, 21
 - satisfaction, 23
 - steps, 21, 22
 - team work, 22
- Clinic's staff
 - candidate selection
 - active listening, 51–52
 - before, interview, 49–50
 - candidate positions, 56
 - closing, 56
 - educational history, 54
 - ethical aspects, 53
 - family history, 55
 - general data, 54
 - individual interview, 49
 - initial assessment, 47
 - interviewer, 47, 49
 - interviews, 47
 - notes, 51
 - observation, 52–53
 - place of interview, 51
 - precautions, 50–51
 - profession history, 55
 - small and medium-sized clinics, 47
 - social life, 55–56
 - techniques, 47
 - traditional job interview, 48
 - characteristics, 62
 - customer service, 63
 - medical service, 62
 - personal and professional development, 63
 - preparation and development, 61
 - professional activity, 63
 - screening, 46
 - selection processes steps, 41–43
 - tools of selection, 57–58
- Communication channels
 - aberration, 112
 - adequate vocabulary, receiver, 113
 - amount of words, 114
 - articulation, 114
 - channels/languages, 106
 - client relationship, 106
 - contents, 114
 - etymology, 116
 - evaporation, 111
 - exacerbation, 112 (*see also* Feedback)
 - human relationship, 115
 - impediment, 112
 - issues, message interpretation, 112
 - knowledge management, 110
 - known, participate and communicate ideas, 106
 - life and health of individuals, 116
 - “misplaced”/“misinterpreted” words, 116
 - nonverbal (*see* Nonverbal communication)
 - positive language (*see* Positive language)
 - speed and rhythm of words, 113
 - symbolic communication, 110
 - and transmission, 110, 111
 - verbal (*see* Verbal communication)
 - voice impostation, 114, 115
 - voice level and modulation, 113
 - word possibility communication, 116, 117
 - work environment, damages, 111
- Competences and continued education
 - composition, 66
 - customer service, 68
 - diagnostic evaluation, 66
 - employees, 67
 - evaluation, 67, 68
 - favorable and motivational conditions, 65
 - investment, 68
 - learning, 65
 - medical field, 69
 - planned actions, 67
 - skills development, 65
 - skills, client service, 68
 - survival and social interaction, 65
 - talent development process, 68
- Constructive feedback, 119
- Consumer Credit Act, 9
- Consumer Defense Code (CDC), 9
- Consumers International (CI), 6
- Contamination, 127
- Customer loyalty
 - client relationship, 36
 - complexity, 36
 - economy, 35
 - elements, 36
 - fidelity, 36
 - medicine, 35

- services, 36
- technical apparatus, 35
- Customer market, 21
- Customer relationship management (CRM), 38
- Customer service, 69–70
 - anxiety, 153
 - doctor's appointment, 85
 - doctor-client communication, 150–151
 - exemplary posture, 157
 - image, 156
 - inappropriate smile, 157
 - manager, 86
 - medical connotation, 86
 - misunderstood words, 153
 - multiple inadequation, 156
 - personality, 151
 - phone service, 86
 - professional
 - blindness, 150
 - ethics, 152
 - secrecy, 154
 - reception, 86
 - reception privacy, 155
 - robotization in service, 155–156
 - scheduling, 85, 86
 - special request, 153
 - teamwork, 152
 - tripod, 85, 86

D

- Dandotsu, 78
- “Declaration of Rights of Men and Citizens”, 5
- Dismissal process, 58
- Doctor's offices services, 1
- Doctor-client communication, 150–151

E

- European Ethics Network (EBEN), 8
- Exacerbation process, 112

F

- Fatal judgment errors, worker's behavior, 1
- Front desk
 - attributions, 102
 - behaviors, 103
 - customer service, 102
 - doctor's office business card, 101
 - face-to-face service, 102

- health service, 101
- impression, 101, 102
- nametag, 102
- receptionist, 101
- thanking, 103

G

- Green behavior
 - biosecurity, 83
 - client, 81
 - clinics and doctor's offices, 82
 - environment, 81, 83
 - green wave, 84
 - health services, 83
 - motivation and commitment, 83, 84
 - positive actions, 82, 83

H

- Health Residues Management Program, 83

I

- Information age, client
 - client profile, 25
 - Internet client, 24
 - national research, 24
 - social classes, 24
- International Organization of Consumers Unions (IOCU), 6

J

- Job interview, 48, 53

L

- Listening communication, 120–121

M

- Magazines
 - articles, 131, 132
 - audience's evaluation, 129
 - groups, 130
 - lost/mutilated, 131
 - poor administration, 131
 - problems, 131
 - waiting rooms, 129
- Malcolm X, African American rights in the United States, 3
- Medical clinic managers, 1

“Misplaced”/“misinterpreted” words, 116

Motivation

- clinic norms, 80
- demotivated employee, 79
- employees, 79
- environmental conditions, 79
- growth and success, 81
- intrinsic and extrinsic conditions, 79
- leader/leaderships, 79
- place of work, 80
- professional perspective, 80
- remuneration, 80
- staff, 78
- work environment, 78, 80

N

Negative language, 118

Nonverbal communication

- auxiliary gesturing, articulated language, 109
- body configuration, 109
- body positioning, 109
- description, 108
- effectiveness of, 108
- emotional expression, 109
- facial expression, 109
- physical reactions, 109

O

Organization for Economic Co-operation and Development (OECD), 7

P

PayItGreen, 84

PFDA. *See* Pure Food Drug Insecticide Administration (PFDA)

Positive language

- goals, 118
- and negative language, 118

Professional blindness, 150

Professional ethics, teamwork

- doctor's professional image, 143
- historical contextualization, 143
- personal and organization, 144
- philosophers, 143
- postures for staff members, 144, 145

Professional image

- aspects, 138
- competence and image visibility, 138
- definition, 137, 138
- liberal professionals, 138

Pure Food and Drug Act, 5

Pure Food Drug Insecticide

Administration (PFDA), 6

R

Recruiting

- agencies, 44–45
- class association, 45
- curriculum database, 44
- employee referral, 44
- internal, 43
- job announcements, 44
- professional relationship websites, 45–46
- quality, 43
- technical course schools, 45
- websites, professional placement, 45

Relationship programs

- channels, 39
- contact initiative, 37, 38
- contact points, client, 38
- CRM, 38, 39
- definition, best strategy, 37
- doctor-patient relationship, 37
- educational work, 38
- e-mail, 39
- good customer service, 37
- identification, client groups, 38
- long-term memory, 37
- management, 40
- medical practices, 40
- pleasant/unpleasant situations, 37
- professional success, 38, 40
- quality service, 39
- ripple effect, 38

S

Sacerdotal model, 16

Scheduling techniques

- appointments confirmation, 99
- client interest, 99
- commitment, 97
- factors, 96
- family and social life, 96
- management, 97
- planning, 97
- reschedule clients, 96
- time options, 98
- tips, 100–101
- trivial, 96
- urgency and emergencies, 100
- vocabulary, 97–98

Selangor and Federal Territory Consumers

Association, 7

Selection process

- characteristics, medical field, 42
 - complexity, 42
 - definition, 42
 - medical practices, 42
 - organization and methodology, 42
 - qualities and skills, 42
 - staff member, 42, 43
 - teamwork, 42
 - Sherman Law, 5
 - Social responsibility
 - for companies, 9
 - description, 10
 - Society profile. *See* Clients
 - Socioenvironmental responsibility, 10
 - Staff's education
 - benchmarking, 72–73
 - courses/internal lectures, 74
 - dandotsu*, 78
 - evaluation, 77
 - external events, 71–72
 - feedback, 74
 - individual interviews, 75
 - knowledge and skills development,
 - knowledge, 75–77
 - learning, 74–75
 - meetings, 76–77
 - new employee, 70–71
 - scholarships, 73–74
 - sharing and applying knowledge, 77–78
 - Symbolic communication, 110
- T**
- Teamwork
 - attitudes and postures, 64
 - competitiveness, 64
 - concepts, 65
 - conditions, 64
 - definition, 63
 - human beings, 64
 - motivation, 64
 - Telephone
 - ammunition and confidence, 88
 - aptitudes and skills, 87
 - behaviors and attitudes, 94
 - body of phone call, 90–92
 - call centers, 93
 - categorization, 88, 89
 - clients, 86
 - closing of the call, 92, 93
 - communication tool, 87
 - customer service, 87, 88
 - doctor's personal information, 94
 - efficiency, 87
 - employees, 93
 - generalization, 88
 - humanization, 93
 - initial greeting, 89, 90
 - initialization, 89, 90
 - interruption, 88
 - manager, 87
 - message, 95
 - professionalism and efficiency, 88
 - relationship process, 87
 - repetitive work routine, 94
 - ringtone, 95
 - services, 94
 - speaker/receiver position, 95
 - staff members, 88, 96
 - “tone of voice”, 93
 - tool, phone service, 87
 - variables, 87, 88
 - voices, 95
 - Time management, clients
 - added values, customer service, 135
 - ambience, 127–128
 - ambient sound, 132–133
 - amenities, 124, 128–129
 - clinic's staff, 135
 - contaminating factors, 127
 - creativity and common sense, 134
 - influence customer perception, 124
 - magazines, 125, 129–135
 - television, 133–134
 - waiting room (*see* Waiting room)
 - waiting time (*see* Waiting time)
- U**
- Unfair Contract Terms Act, 8
- V**
- Verbal communication
 - description, 106
 - etiquette, 107, 108
 - oral verbal, 107
 - technical standards, 106
 - verbal written, 107
 - Voice impostation, 114, 115
- W**
- Waiting room, 126–127
 - Waiting time
 - distraction sensation, 125
 - expectation and anxiety, 125
 - management of, 125, 126
 - Webster dictionary, 66
 - World Health Organization (WHO), 21