

Component I: Core

Module A: Introduction to the Profession of the Medical Assistant

Topic 5: Professional Communication and Service Excellence

Statement of Purpose

To prepare the learner with basic knowledge and skills for effective customer service and communication skills.

Student Learning Outcomes

Upon completion of this topic, the learner will be able to:

1. Spell and define key terms.
2. List three essential components of communications.
3. Discuss sources of communication breakdown.
4. List examples of verbal and nonverbal communication.
5. State three factors that influence receipt of a message.
6. Identify each of the five levels of Maslow's Hierarchy of Needs.
7. Identify defense mechanisms.
8. Describe the types of telephone communication and special features.
9. Describe techniques used for effective telephone communications.
10. List nine factors that will enhance customer service.

Terminology

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| 1. Active listening | 11. Maslow Hierarchy of Needs |
| 2. Body language | 12. Message |
| 3. Communication | 13. Non-verbal |
| 4. Compensation | 14. Projection |
| 5. Conference calls | 15. Rationalization |
| 6. Defense mechanisms | 16. Receiver |
| 7. Displacement | 17. Sender |
| 8. Enunciation | 18. Telephone technique |
| 9. Esteem | 19. Verbal |
| 10. Facsimile (FAX) machines | 20. Voice mail |

References

1. Davis, F.A. (2013). *Taber's Cyclopedic Medical Dictionary* (22nd Ed.). Philadelphia PA: F.A. Davis.
2. French, L.L., & Fordney, M.T. (2013). *Administrative Medical Assistant* (7th Ed.) Clifton Park, NY: Delmar, Cengage Learning.
3. Blesi, M., Wise, B.A., & Kelley-Arney, C. (2012) *Medical Assisting Administrative and Clinical Competencies* (7th Ed.) Clifton Park, NY: Delmar, Cengage Learning.
4. Lindh, W., Pooler, M., Tamparo, C. & Dahl, B., (2013). *Comprehensive Medical Assisting Administrative and Clinical Competencies* (5th Ed.). Clifton Park, NY: Delmar, Cengage Learning.
5. Kronenberger, J., Southard D. L., & Woodson, D. (2012). *Comprehensive Medical Assisting* (4th Ed.). Philadelphia, PA: Lippincott, Williams & Wilkins.

6. Booth, K.A., Whicker, L.G., Wyman, T.D., & Moaney-Wright, S. (2011). *Medical Assisting: Administrative & Clinical Competencies with Anatomy and Physiology. (4th Ed.)*. New York, NY: McGraw-Hill Company, Inc.
7. Dennerll, J.T., & Davis, P.E. (2010). *Medical Terminology: A Programmed Systems Approach (10th Ed.)*. Clifton Park, NY: Delmar, Cengage Learning.
8. Proctor, D. B., & Young-Adams, A. P. (2011). *Kinn's The Medical Assistant: An Applied Learning Approach (11th Ed.)*. Philadelphia, PA: Saunders Elsevier.

| Content Outline/Theory Objectives | Suggested Learning Activities |
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| Objective 1 Spell and define key terms. <ul style="list-style-type: none"> A. Review the terms listed in the terminology section. B. Spell the listed terms accurately. C. Pronounce the terms correctly. D. Use the terms in their proper context. | <ul style="list-style-type: none"> A. Games: word searches, crossword puzzles, Family Feud, Jeopardy, bingo, spelling bee, hangman and concentration. B. Administer vocabulary pre-test and post-test. C. Discuss learning gaps and plan for applying vocabulary. |
| Objective 2 List the three essential components of communication. <ul style="list-style-type: none"> A. Sender, person who desires to transmit information to another person or group of people. B. Receiver, a person or group of people for whom the information is intended. C. Message, information transmitted by sender to receiver. | <ul style="list-style-type: none"> A. Lecture/Discussion B. Assigned Reading |
| Objective 3 Discuss sources of communication breakdown. <ul style="list-style-type: none"> A. Message is unintelligible or obscure. B. Environment is not conducive to communication; noisy, interruptions. C. Listener is not attentive. D. Language barriers can cause misunderstandings and miscommunications. E. Levels of education, literacy. F. Individuals' personalities. G. Time constraints/heavy workload. | <ul style="list-style-type: none"> A. Lecture/Discussion B. Assigned Reading C. Request Examples |
| Objective 4 List examples of verbal and nonverbal communication. <ul style="list-style-type: none"> A. Verbal communication <ul style="list-style-type: none"> 1. Speaking directly to another individual. 2. Presenting a speech or report to a group. 3. Talking over the telephone. 4. Recording instructions for others to hear. B. Nonverbal communication <ul style="list-style-type: none"> 1. Position or body language. 2. Touch. 3. Facial expressions. 4. Eye contact. 5. Personal space. | <ul style="list-style-type: none"> A. Lecture/Discussion B. Assigned Reading C. Role-Play Scenarios |
| Objective 5 State three factors that influence receipt of a message. <ul style="list-style-type: none"> A. Distractions or confusion. | <ul style="list-style-type: none"> A. Lecture/Discussion |

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| <p>B. Interruptions and loss of continuity. C. Age and level of education of receiver.</p> | <p>B. Assigned Reading</p> |
| <p>Objective 6 Identify each of the five levels of Maslow's Hierarchy of Needs.</p> <p>A. Physiological (basic need)</p> <ol style="list-style-type: none"> Physical, biological or basic needs that are required by every human being in order to live <ol style="list-style-type: none"> Oxygen. Food. Water. Elimination of waste products. Sensory stimulation <ol style="list-style-type: none"> Touch. Sight. Smell. Hearing. Taste. Motor, involving the effects of muscle stimulation. Atrophy, effects of muscles that are not stimulated. <p>B. Safety (basic need): becomes important after the physiological needs have been satisfied</p> <ol style="list-style-type: none"> Security in one's environment. Freedom from anxiety and fear. <p>C. Love and affection (psychological need)</p> <ol style="list-style-type: none"> Need for friendship. Need to belong to and relate to others. Social acceptance. Ability to give and receive love. <p>D. Esteem (psychological need)</p> <ol style="list-style-type: none"> Receiving respect, approval and appreciation from others creates positive outcomes. Developmental milestones set the stage for the enhancement of self-esteem. Individual achievement and success creates self-esteem. <p>E. Self-actualization (self-fulfillment need) is achieved only when all other levels have been achieved</p> <ol style="list-style-type: none"> Individual is satisfied with the levels of growth and success that he or she has achieved. Personal beliefs are strong. Ideas are expressed with confidence. The individual's full potential has been explored and accepted. | <p>A. Lecture/Discussion B. Assigned Reading C. Maslow's Hierarchy of Needs diagram.</p> |
| <p>Objective 7 Identify defense mechanisms.</p> <p>A. Defense mechanisms are methods of unconscious behavior that assist people in coping and adapting to various aspects of life.</p> <ol style="list-style-type: none"> Rationalization is the use of logical reason or acceptable explanation for a particular behavior that | <p>A. Lecture/Discussion B. Assigned Reading C. Role Play</p> |

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| <ul style="list-style-type: none"> makes the behavior seem appropriate. 2. Projection attributes one's own undesirable qualities to another person. 3. Compensation attempts to make up for a specific physical or mental inferiority. 4. Displacement redirects an emotion or behavior from the original person or object. 5. Denial is one of the first stages of illness. 6. Repression is where patient subconsciously repress situations and does not remember details. 7. Regression is when a patient regresses to an earlier stage of development. Common in children. | |
| <p>Objective 8 Describe the types of telephone communication and any special features.</p> <ul style="list-style-type: none"> A. General guidelines <ul style="list-style-type: none"> 1. Your telephone personality. 2. Confidentiality. 3. Personal calls. 4. Holding the telephone handset correctly. 5. Developing a pleasing telephone voice. 6. Using proper enunciation. B. Incoming telephone calls <ul style="list-style-type: none"> 1. Answering promptly. 2. Personalizing a patient call. 3. Identifying the office and yourself. 4. Identifying the caller. 5. Offering assistance. 6. Screening incoming calls. 7. Placing caller on hold/taking off of hold. 8. Minimizing waiting time. 9. Transferring a call. 10. Answering a second call. 11. Ending a call. C. Taking a telephone message <ul style="list-style-type: none"> 1. Preparation before the call – materials needed. 2. Information required. 3. Transmitting and recording the message. 4. Taking action. D. Incoming calls the Medical Assistant can handle <ul style="list-style-type: none"> 1. Appointments for new patients. 2. Return appointments. 3. Inquiries about bills. 4. Inquiries about fees. 5. Requests for information. 6. General assistance. 7. Receiving x-ray and laboratory reports. 8. Satisfactory patient progress reports. 9. Reports from patients. 10. Routine reports from hospitals, convalescent homes, | <ul style="list-style-type: none"> A. Lecture/Discussion B. Assigned Reading C. Role Play |

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| <p>physical therapy and other sources.</p> <ol style="list-style-type: none"> 11. Office administration matters. 12. Requests for referrals. 13. Prescription refills. 14. Appointment changes. <p>E. Calls that require transfer to the doctor or call back</p> <ol style="list-style-type: none"> 1. Calls from other physicians. 2. Unsatisfactory patient progress reports. 3. Requests for test results. 4. Third-party requests for information. 5. Complaints about care or fees. 6. Patients who will not reveal symptoms. 7. Unidentified callers. 8. Monitor and patient update calls. 9. Requests for house calls. 10. Responding to emergency calls. 11. Routine but troublesome calls. 12. Unauthorized inquiry. <p>F. Telephone answering service</p> <ol style="list-style-type: none"> 1. Operator-answered services. 2. Electronic answering devices. 3. Voice mail. <p>G. Placing outgoing calls</p> <ol style="list-style-type: none"> 1. Pre-planning the call, materials needed. 2. Placing the call. 3. Calling etiquette, confidentiality. 4. Long distance service. 5. Dialing direct. 6. "800" numbers and operator-assisted calls. 7. International service. 8. Wrong numbers. 9. Conference calls. <p>H. Telephone equipment and services</p> <ol style="list-style-type: none"> 1. Number and placement of telephones. 2. Number of incoming phone lines. 3. Equipment selection. 4. Headsets. 5. Facsimile (Fax) machines. 6. Mobile equipment. <p>I. Using the telephone directory.</p> <p>J. Using the internet to find a telephone number.</p> | |
| <p>Objective 9 Describe techniques used for effective telephone communications.</p> <ol style="list-style-type: none"> A. Be ready to talk. B. Answer calls promptly. C. Offer a pleasant greeting. D. Identify yourself and the office or department. E. Make sure you are understood. F. Observe your body posture. | <ol style="list-style-type: none"> A. Lecture/Discussion B. Assigned Reading C. Role Play |

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| <ul style="list-style-type: none"> G. Picture the other person. H. Give your full attention. I. Use the caller's name. J. Use hold correctly. K. Remember to smile. L. Use active listening. M. Take accurate notes. N. Refrain from automatically transferring. O. Seek to understand and help the caller. P. Speak positively. Q. Handle problem callers if possible. R. Close your calls courteously. S. Confirm and close. | |
| <p>Objective 10 List nine factors that will enhance customer service.</p> <ul style="list-style-type: none"> A. Medical Assistant's professional appearance. B. Professional appearance of the office. C. Patient reception and follow up. D. Follow up on lab reports. E. Promptly answering questions. F. Billing issues addressed in a timely fashion. G. Appointment availability. H. Physician accessibility. I. Telephone technique. | <ul style="list-style-type: none"> A. Lecture/Discussion B. Assigned Reading |
| <p>Objective 11 Describe communication in a patient-centered medical home facility.</p> <ul style="list-style-type: none"> A. Team huddles <ul style="list-style-type: none"> a. Involve the entire patient care team. b. Promotes communication among team members. c. Avoids duplicated work. d. Ensures tasks are planned with appropriate team member input. e. Should take place twice a day (before morning and afternoon patient appointments). f. Effective communication <ul style="list-style-type: none"> 1. Make huddle brief (i.e. 10 minutes). 2. Allow no interruptions. 3. Stay focused and keep conversation on point. B. Huddle conversation. <ul style="list-style-type: none"> a. Patients with chronic disease. b. Patients who have been hospitalized or seen in the emergency room. c. Patients who are problematic, i.e. noncompliant, late, miss appointments. d. Patients for whom the physician will need assistance. | <ul style="list-style-type: none"> A. Lecture/Discussion B. Assigned Reading C. Role play a "team huddle." |