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moyez.jiwa@nd.edu.au**Copyright:**© 2017 The Authors. Published by Archetype Health Pty Ltd..
This is an open access article under the [CC BY-NC-ND 4.0](https://creativecommons.org/licenses/by-nc-nd/4.0/)
license.**SUMMARY**

How patients are greeted and welcomed to the office when they consult a clinician seldom receives much attention. The impact of that greeting has been established in the literature. A ritual to follow in preparation for meeting the next patient can be included as part of the process for greeting patients. This ritual can include triggers to help the clinician be more present during the consultation. This paper describes one clinician's ritual before greeting patients. The ritual includes handwashing as routine practice before going out to shake the patient's hand.

Key Words

Primary Health Care; Referral and Consultation; Communication.

INTRODUCTION

The style of greeting is a very important consideration in any interaction where people consult a doctor.¹ Although much has been written about communication skills in the consulting room, not much has been written about how to greet the patient even before they enter that room.² Some doctors “call” the patient from the waiting room and the journey from the waiting room to the consulting room is when the patient may form an impression of the doctor.³ If, in the course of this usually very short journey, the patient comes to believe that the doctor is not likely to respond well to the patient's needs, communication may already be hampered and the outcome may be poor.

In previous research, patients have expressed views on how they would like to be greeted and what they regard as helpful in the doctor's communication at the time. They like the doctor to: smile (23.2 per cent); be friendly, personable, polite, respectful (19.2 per cent); be attentive and calm, make the patient feel like a priority (16.4 per cent); and make eye contact (13.0 per cent).² Much of this research hints at the doctor becoming “present” or “mindful” when meeting the patient for the first time at that visit. More specifically, that the doctor becomes “present” at the start of the encounter.⁴ As Davis suggests in this context “presence” is understood as an “*enhanced awareness of the various phenomena that make up what is happening in the present moment*”.⁴

That means that the doctor has to clear his/her mind of the thoughts that may be part of the previous consultation or in anticipation of the next consultation. This is consistent with Roger Neighbour's idea of “housekeeping” as part of the ritual of closing consultations to avoid carrying emotional baggage to the next patient encounter.⁵ This attitude of presence essentially requires moving one's attention to what is happening here and now.⁶ Closely associated with this, the doctor should be aware of his/her own prejudices and actively work to set them aside at the moment of seeing the next patient, adopting an attitude of “acceptance and non-judgement”.⁴ One of the conditions necessary for mindfulness to arise is not needing anything to be different from the way it is.⁷ Therefore, the doctor may consider if the sight or sound of his/her next patient has evoked strong emotions, which may impact on his/her ability to give that patient full attention.

In summary, greeting the patient is an important part of communication with the patient. It may set the scene for a fruitful encounter or become a barrier even before the patient begins to outline his/her reason for attending. The doctor can improve the patient experience by how s/he presents him/herself at the moment of greeting and what his/her body language may relay in terms of attitude

to the patient. This paper outlines one clinician's experience of greeting the patient and what that might suggest about how to begin the encounter.

SUMMARY

The preparation to greet the patient begins before the meeting actually takes place. The encounter begins by closing the previous meeting (Figure 1). I follow a specific ritual which involves clearing the desk and closing the previous patient record. This is followed by handwashing, which serves two purposes: 1) it washes off contagious pathogens; and 2) it helps to review any residual emotions that may be clinging to the psyche—anger, sadness, or anxiety. The value of handwashing as part of the ritual to increase mindfulness has been reported previously:

One example taught in our study, and also noted in the literature to be one such practice is mindful handwashing, described as the act of mindfully washing one's hands, and purposefully engaging all senses in the process, ie, noting the feeling the warm water, and the scent of the soap, observing the sound of the cadence of the rhythmic motion of applying friction between the hands, and finally watching the water circling slowly as it leaves the sink through the drain; this is to be 'present' during handwashing.⁸

Our practice does not have an appointment system and when I feel I am ready, I go through to the reception area and collect the note of the next patient in the queue. This slip of paper includes the patient's name, but also his/her special request; eg, name or gender of the doctor s/he prefers to see, if possible. Sometimes the patient—who can come from any ethnic background—has a name that I cannot pronounce, so I would ask a receptionist if s/he knows what the patient prefers to be called. I would then stand in a specific spot with a clear view full view of the entire waiting room. This triggers what follows:

1. First, I call the patient's name.
2. When the patient identifies him/herself, I wait until the patient is within a couple of metres away and then I smile. I clear any prejudices that I may have brought to mind either from the patient's appearance or behaviour (eg, the patient may be talking loudly on a mobile phone as s/he approaches me).
3. I greet the patient, state my name, and offer to shake the patient's hand. I do the same for anyone who is

accompanying the patient up to any child approaching teenage years.

4. We then head into the corridor towards my consulting room and I stand at the end of the corridor and point out the room to which we are heading. I make sure I am walking beside and not ahead of the patient.
5. We then enter the room, usually with the patient walking slightly ahead of me. I have set up the consulting room as previously described in this journal.⁹

LESSONS LEARNED

What I learned from following this ritual is:

1. I may be preoccupied as I go between consultations, so it is always helpful to clear my mind or at least become aware of issues that may intrude on the next consult. I seldom go out to call the next patient unless I am sure that I have cleared my mind as much as possible.
2. Patients like to be greeted in the way described. People seem much more forthcoming when they feel welcome and valued. This is reflected in the literature.⁴ Very occasionally a patient is talking animatedly on his/her mobile phone and can't shake my hand. We then walk down the corridor to the consulting room where I would seldom start the consult until I have the patient's full attention and we are making eye contact.
3. As a healthcare professional, it is worth considering how you greet patients, but also developing a ritual with triggers to remind you to clear your mind before you see the next person in need of expert advice. In your practice, the routine for greeting patients may be very different; eg, calling the patient over a Tannoy system or a nurse ushering the patient in. In either case, standing up to greet the patient, smiling, and introducing yourself may be part of the routine. The practice can seek feedback from patients specifically on this issue and review its procedures accordingly.
4. For each practice, it may be helpful to consider developing a policy on how patients are greeted by a healthcare professional.

CLINICIAN INSIGHT

The art of medicine, particularly in general practice, is in the effective communication with a patient in a

meaningful, patient-centred manner. Practising this art, indeed, should start with preparedness and greeting; as the title says, it sets the scene for what's to follow in the rest of the consultation and its effectiveness.

However, as with all communication skills, and in my experience and training in this area for over 20 years, the art and success of the greeting is dependent on several factors, including:

1. Being responsive to the cues presented by the patient and his/her individual preferences; and
2. Having an authentic approach that works for the clinician yet still achieves the overall objective.

For example, how does this approach vary for the new patient compared with the regular patient who attends to see you weekly? Does it vary for the patient who attends an open sit-and-wait clinic compared to a booked appointment for a particular purpose; eg, minor surgery? How should the approach respond to cultural diversity? For example, should a handshake occur at all? Should it vary between a male and female compared to same sex? How firm should the handshake be? How long for?

These questions are not a barrier to implementing a more effective and standardised approach to improving the greeting. Moreover, they should compel one to do so. The first step in the journey to clinical excellence is to start with a common approach to processes of care.

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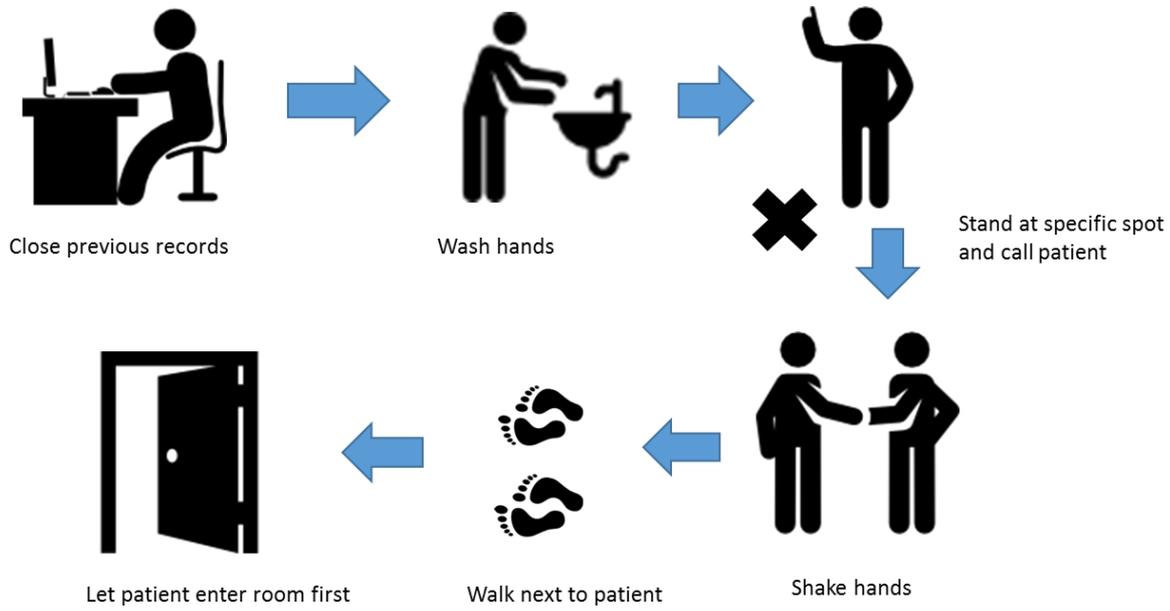
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Figure 1: Routine for greeting a patient



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