



Treating Patients Right

Tact, Courtesy, and Etiquette in Medical Practices

SUMMARY: Patient goodwill is every practice's most valuable asset. And when you consider the boost just one courteous, friendly, and helpful employee can be, then it only makes good sense to give every staff member the solid training it takes to deal with patients more effectively. That's what this workshop is all about: solid training in patient relations skills, image, and communication techniques. This training is 100% practical, with all the important patient contact skills to keep them coming back and referring to your practice enthusiastically.

OBJECTIVE: Participants in this course will learn techniques to conduct themselves with poise and confidence in routine and difficult interactions with patients and coworkers.

TOPICS:

- Your Patient Service Roles in the Office
- Using "TLC" to Keep Patients Happy
- The Telephone: Don't Let It Ruin Your Day
- Improving Written Communication
- Non-verbal Communication: "It's Not What You Said, ..."
- Listening: It's Half of the Process.
- Saying What You Mean . . . and Making Them Love It.
- Projecting Authority to Build Patient Confidence
- When You Just Can't Avoid a Bad Situation
- Special Situations

**Solid Training in
Patient Relations
Skills, Image, and
Communication
Techniques!**

Thursday, February 4, 2010, 11:00AM – 1:00PM

WHEN: Thursday, February 4, 2010, 11:00AM – 1:00PM
WHERE: **SEMINAR:** SDCMS Meeting Room: 5575 Ruffin Road, Suite 250, San Diego 92123
WEBINAR: Wherever you are, with a computer and Internet access.
SPEAKER: Judy Bee, principal of SDCMS-endorsed Practice Performance Group (PPG)
REGISTRATION: Fax this completed form to SDCMS at (858) 569-1334 by February 3, 2010
QUESTIONS? Call Lauren Wendler at SDCMS at (858) 300-2782 or email her at LWendler@SDCMS.org

REGISTRATION FORM: Complete and Fax to SDCMS at (858) 569-1334 before Feb. 3, 2010

Free Seminar/Webinar Open Only to SDCMS Members and Staff

Will Attendee(s) Be Attending the Seminar or the Webinar ?

Member Physician's Full Name: _____

Address: _____

Telephone: _____

Fax: _____

Email: _____

Attendee(s) Name(s): _____