

# Good example of essay on education: discussion about patient communication

[Profession](#)



**ASSIGN  
BUSTER**

[Author Name(s), First M. Last, Omit Titles and Degrees]

[Institutional Affiliation(s)]

[Include any grant/funding information and a complete correspondence address.]

## **Discussion about patient communication**

Studies have shown that while many patients call their health care provider by their first names, a smaller percentage still prefer to use titles and last names (Moore, Yelland, & Ng, 2011). Sometimes it is difficult to judge which name a new patient wishes to be addressed by and until the patient and the health care provider are comfortable with first names, it is prudent to use last names (Gillette, Filak, & Thorne, 1992). I talk to my adult patients/clients using their titles and last names as I have been taught. I have noticed that many patients/clients respond cheerfully to a co-worker who uses first names, perhaps more than then do with me. Perhaps some of my patients/clients think I am too formal. But I believe it is judicious to err on my part by being too formal rather than familiar. My work, speech and actions should speak for themselves rather than easy informality.

1. THE FIRST RESPONSE: When I first meet a patient, I would be sure to address him/her by his/her last name out of respect and then introduce myself, In a situation where a patient doesn't feel comfortable with my using their last name, I would explain to them that it is out of respect that I do so. If after working with that one patient over a period of time, he/she asks me to call him/her by his/her first name, once again out of respect, I would obey them. I believe it is all about the connection between my patient and me. I have to read them to make sure they are comfortable with my calling them

<https://assignbuster.com/good-example-of-essay-on-education-discussion-about-patient-communication/>

either by their first or last names.

2- THE SECOND RESPONSE: Whenever I have new patients enrolling for my services, I would ask them if they prefer me to call them by their first or last names. If I have known them really well or for a long time, I would consider them calling them by their first name. Other than that, it's going to be Mr., Mrs., and Ms. all the time until the patient and I are comfortable with first names.

3- THE THIRD RESPONSE : I will always respect my elders and as a professional I would always greet adult patients/clients using their titles and last names until the patients or client have stated otherwise. Patients or clients might think I am too formal; but to me being " formal" is a way of showing respect to others. After getting to know my patients or clients better, they request that we use first names then, I may do so. Each time I see my patients after a period of time, I would address them using their title and last name.

4- THE FOURTH RESPONSE: The client is more comfortable and open with my co-worker than with me. I would handle this situation by becoming more like my co-worker. For a client to be on a first name basis, the client and health care provider must have known each other awhile. For me to be on the first name basis, I would converse with my client in an informal way as in, talking about things we have in common so he/she could open up to me and be more cheerful with me. It is more professional to talk to one's adult patients' using their title and last name; but being on first name basis with clients/patients, is informal and indicates a laid back attitude.

5- THE FIFTH RESPONSE: I would politely let them know that although they find it alright for my fellow co worker to call them by their first name, I feel it

is unprofessional for me to do the same. I then would advise my supervisor that my co- worker addresses patients/clients in an informal way. Although clients may respond cheerfully it is still necessary to maintain a professional tone in the work place towards clients/patients and co-workers.

## References

Gillette, R. D., Filak, A., & Thorne, C. (1992). First name or last name: which do patients prefer? *The Journal of the American Board of Family Practice / American Board of Family Practice*, 5(5), 517-22. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/1414453>

Moore, R., Yelland, M., & Ng, S. (2011). Moving with the times Familiarity versus formality in Australian general practice. *Australian Family Physician*, 40, 1004-1007. Retrieved from <http://www.racgp.org.au/afp/2011/december/moving-with-the-times/>