

Bedside Manner in a Healing Clinic

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I spent eight months studying in Asia, at three different hospitals and several private clinics - all of which counted towards my license. I participated in the apprenticeship program, which has since been removed as an option. Instead of spending three to four years pursuing my Master's degree in an accredited acupuncture school, I spent a year and a half in school. One year under the tutelage of a mentor, and eight months studying abroad. An eclectic educational background allowed me to see a lot of variations of bedside manners. I have received acupuncture in Europe, Asia, the Middle East, and America, and can easily say that bedside manner means something different in every culture.

While in China, I did a walk through a large clinic where there was a mass of people waiting to be treated. A doctor, holding a hundred needles in her left hand, walked up to a man and asked why he came to the hospital. "Back pain," he said. The doctor gave a curt nod, and with her right hand, started putting needles all over his body. Using the freehand technique, she ignored his wincing of pain, and asked no more questions before moving to the next patient. After about 10 patients, the doctor turned to me and asked if I've practiced for more than a year. I hesitated, and then said yes. The doctor handed me a few dozen needles of all lengths and widths and walked me over to the next patient. Without even asking the patient what was wrong, she instructed me to insert needles in some of the most common acupuncture points, then observed me long enough to approve my needle technique, and moved on to the next patient. I didn't worry about taking the needles out. There were a couple of assistants wearing gloves and masks that would come back in approximately 20 minutes to remove the needles and autoclave them.

For those who wanted herbs instead of acupuncture, there was a different doctor. After signing in at the hospital, telling the receptionist what department they needed, and paying in advance, they waited for five to 30 minutes until someone called their name. The assistant asked why they were there, took a few notes, and handed them over to the doctor. The patient had on average three minutes to state their case, and have their pulse and tongue read. The doctor quickly wrote an herbal prescription and sent the patient on their way to have the pharmacy fill it.

That's it. This might not seem like appropriate bedside manner here in our Western culture, but it sure works in China.

For us in the Western world, I would say that bedside manner is the single most important component of a healthcare practice. If you are weak as a practitioner, but your bedside manner is gentle, caring and consistent, people will come back, if only to be listened to and acknowledged. If you are weak in business acumen, but strong in bedside manner, people are likely to be drawn to you. If you are weak in bedside manner, but strong in business acumen and healing skills, you will have a lot of first-time patients. You might also have a hard time maintaining a steady clientele.

Bedside manner begins with the first contact and remains critical throughout the healing process, perhaps even extending beyond when the patient leaves the clinic, or a follow-up phone call the next day. Bedside manner is the personal relationships that you develop with your patients. On the

lowest level, we are talking about simply being nice to people. At the highest level we are talking about being living expressions of the highest principles of medicine, and actually being living proof of what's possible to the patient. I have found that bedside manner comes down to three things: Respecting the patient's needs, the acupuncturist's personal boundaries, and creating a generally comforting, nurturing ambiance.

Respecting Patients' Needs

The relationships that you create with your patients are essential for the delivery of high-quality health-care. Therefore, it is important to develop patient rapport by learning how to sensitively approach each individual personality. Every patient has different needs and reasons for seeking treatment. Ideally, we are properly trained to know what each patient will need on an individual basis. If you are in doubt as to how to approach a patient, or are having problems connecting with their energy, mirroring their body language is a simple and subtle tactic to establish the desired connection.

In general, I find that patients need transition time when they come into the office. Sometimes it is obvious; they will want to change out of their work clothes, or they will have rushed, and come in breathless and still moving. I like to offer these patients water or tea in these chaotic moments, to calm them and provide time to shift into a healing space.

To maintain professional rapport with patients, we must cultivate sensitivities and uncover our own traumas. Someone may have experienced their own past trauma; we never know what will upset someone, especially as so many people bury their issues. As we go through processes in life, it is important not to talk about our personal issues, but rather to talk about them as they relate to how it affects our cultivation of qi. People do not want to receive healing from a health care provider who is in crisis mode herself.

Personal boundaries

Teachers use the words melding and merging many moons ago, to encourage healers to synchronize with our patients' energies so as to best heal them. Many healers still do this, but I have found it isn't sustainable. These healers burn-out and retire young. When I see gifted healers losing steam due to this phenomenon, it always saddens me. For those of us who were moved to heal in this lifetime, we feel it is not just a calling, but a duty. To burn out so quickly is a shame, and something so easily remedied. Lonny Jarett says it best in his book, *The Clinical Practice of Chinese Medicine*: "... It can be tempting to want to climb down into each hole and lift each patient out of it on your back. But to expend resources in this way is not the most efficient use of your talents. If we use all our resources emotionally to help our patients, clinical practice may become a joyless burden. If we are to pull each patient out of the hole he is trapped in, how many people can we really treat effectively before our own backs are broken? Rather than climb down into our patients' holes (that is predicaments), it is more fruitful to walk around the tops of such holes and throw down a rope long enough to touch each individual patient..."

My mentor taught me to connect with patients only long enough to know how to heal them. I have found that the practitioners that have the best success in their practices are the ones that take care of themselves, continuing to cultivate their own health and seeking transformation in their own lives. After all, everyone has past trauma. We have to be living representations of the medicine we offer to our patients. I consider this personal integrity, and would count personal transformation courses - or even therapy - as a tax write-off, since it is part of our own integration as healing practitioners. In America, Chinese medicine is not just about putting needles in points to cure pain. It is about finding the root of a problem and healing it. It is the same for us as healers. In order to

be dedicated to the people in our clinics, it is our responsibility to continue to seek out our own enlightenment, in order to model and coach others in their personal growth and healing.

Have you ever scanned through the list of patient names that you are to treat, stopped at the sight of one and suddenly lost your energy? I call this patient a 'vampire patient.' I recommend that you never tolerate feeling drained by a patient, or continue to see a patient that you feel is abusive, especially if you have already had boundary conversations with that person. It violates your space as a healer, and one thing is for sure: you cannot heal a person that you resent. This is a time to refer them out, and discharge them. If this happens a lot, then I recommend reflecting upon your personal boundaries as a clinician.

Ambiance of your space

It goes without saying that the space of our clinics should have a warm, welcoming, nurturing feel to it. Magazines and comfortable chairs in the waiting room are ideal to ease the transition and water or tea, short waiting times and fruit assist in the process. Strangely, I find that most clinics do not hold this feel. It is not welcoming to find a mess of sheets lying about (whether clean and folded, or dirty), a trash can is filled to the brim, a loud clock ticking, or a frazzled practitioner. These things may not seem 'off' to you, since it is your place of work, and you have become accustomed to their existence. Nonetheless, reducing these small nuisances is an essential component of the general ambiance of a practice. Comfort and cleanliness in the waiting room will allow you and the patient to be present and at ease.

Similarly, the sounds, lightings and colors resonating from our office are important. A fire patient walking through your door is instantly grounded by the feeling of earthiness in the clinic, perhaps from plants in the office. A metal patient instantly softens as they walk through the door and sit in a plush, comfortable chair. A quiet space where people can voice their physical and emotional concerns are as vital in the healing process as placing the needles in the right spots.

Lastly, we must be conscious that we are continually putting people in an extremely vulnerable position; lying on a bed while needles are placed in their bodies, where they will stay for a period of twenty to forty minutes. We must strive to provide a holistically pleasant experience for people who regularly place their trust in us.

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