

### **How Can We Be More Professional?**

As some of you may know, I am an insurance broker and financial advisor. I see a variety of course curricula, codes of ethics and conduct, and speak to hundreds of therapists, teachers and administrators in the course of my profession (which is heavily regulated). I also have observed various types of claims and incidents reported in the day-to-day operations of our many schemes. In my capacity as a lecturer on practice management and insurance issues for therapists, I see various students and qualified therapists and have to answer their many questions and listen to their concerns. From all of these observations and experiences I would like to distil a few basic ideas and suggestions as worthy of your further consideration or reassessment:

1. Develop a professional ethos and standards, so that it is part of your everyday culture. Your patients deserve the best advice, information and care that you can provide. They need to have confidence in you, to trust you and have peace of mind that they are in good hands;
2. Somehow you have to find a way of combining professional rigour, plus a strong and well-grounded knowledge base, with the more intangible, intuitive, and caring qualities that often distinguish much of what is best in complementary and alternative medicine delivery. There is an energetic exchange that is definitely therapeutic, but indefinable – this must not be lost or substituted by too much intellectualism or remoteness in approaching the therapeutic relationship;
3. Maintain good boundaries combined with appropriate TLC. It is better not to get too intimate or familiar as a general rule with your patients. It may not be helpful to them;
4. Be polite; treat patients with respect, kindness and consideration. Acceptance and compassion are ideals to strive towards;
5. Ensure that if they come to you for one type of therapy, that you explain and get their permission to employ another therapy that you practise. Record this in your notes;
6. Have good, clear information leaflets to give extra useful communication to patients, and reinforce your message. Record details of written information supplied to patients in your notes;
7. Records.
  - a. Keep legible, copious and clear patient notes for at least ten years or more; or, in case of treating children, a minimum of 21 years. For seriously injured or disabled patients who come to you for treatment, maintain indefinitely;
  - b. Use black ink as other colours do not copy as well. If you make an error, cross it out, write the word 'error', and initial and date it. Make sure that a complete stranger could pick up your notes and be able to understand what you did or said, and why you did or said it, so that there is an audit trail of the therapeutic encounter and process;
  - c. Avoid subjective statements or opinions, and make your observations factual (the patient stated..., not the patient seemed..., etc). Obviously you will need to record your conclusions, diagnoses and prognoses;

d. Make sure you get informed consent about procedures, particularly examination of the body and especially for erogenous zones – note these on the patient record. Best not to blame anyone or anything in the notes. Could be embarrassing if made public. Good notes = good defence in Court; inadequate notes = inadequate defence; no notes...?

8. Try not to allow your financial situation and need for patients or income impinge on the relationship or advice you give;
9. Learn, develop or use listening and observing skills – take time to come to your opinion if you need it; don't be afraid of admitting you don't know something;
10. Let patients know that they have been heard; give them time (a frequent complaint against mainstream professionals);
11. Be prepared to refer to/work with other disciplines, therapists or specialists for the benefit of the patient with respect. Be humble enough to know and accept your current limitations;
12. Hello!!! Be aware of first impressions, and how you come across;
13. Understand and read up on ethical practice, and complementary medicine and law. Remember you have a common law duty of care in the practice of your profession. This is externally assessed according to guidelines of what could be reasonably expected, given your training, experience and professional standing;
14. Your practice needs to be a reflective space for people to deal with physical, emotional, mental and possibly spiritual issues – they need to be able to trust the relationship and the space it takes place in;
15. Consider confidentiality: Communication styles: listening (active) or hearing (passive)?
16. Consider risk management – how to increase quality and reduce risk. Clinical audit. Reflective practice;
17. Understanding and matching reasonable expectations of patient with outcomes. Dealing with the expectations;
18. Continuing professional development. To be viewed as a positive way of improving delivery of care to patient/clients rather than an onerous and costly burden;
19. If a patient is unhappy with the treatment or advice and complains, a careless or thoughtless remark previously made, even in a half-joking manner, may carry an emotional charge, which sticks in their memory. This may have more impact on them than the many helpful treatments you may have given. Consider how you use silence either positively or negatively, as well as inappropriate communication.

### **What if your Skill or Professionalism is Challenged?**

Most patient complaints tend to come from poor communication, the inability of the patient to understand what is said, unrealistic expectations about the outcome of the treatment, concerns about charging, the condition of the premises, attitude of the staff, misinterpretation of the diagnosis given, demand for repayment of fees, particularly if they suffer side effects or do not get a swift cure to their problems.

### How do you Manage/See the Outside World?

- How do you view yourself as a **professional** therapist?
- Do you have a vision? Is it clear? Can you **SEE** the way forward?
- What do you say about yourself based on what you see?
- Do you see yourself relative to other people, or do you have a clear **self-image**?
- What is your relationship with money?
- What is your relationship with power?
- Are your standards of practice those imposed from outside, self-imposed, or both?



A practice-based complaints procedure may be a useful thing to consider, especially if you are involved in a group practice, but do consult your insurers about this first, before implementation. Some may welcome it, some may be wary, particularly if they consider you may be put into a situation of admitting liability. A study undertaken within the National Health Service in 1994 showed that the majority of complainants wanted a system for complaints which:

- removed anxiety and fear from expressing concerns;
- took matters seriously;
- offered genuine sensitive communication;
- included careful listening to ensure concerns were understood;
- guaranteed impartiality;
- offered clear and concise answers;
- was open and honest;
- ensured action to improve services.

Consumers are becoming more aware of their legal rights and how to exercise them in the Courts should the need arise. This situation is being aggravated by a new breed of legal firms who advertise 'no win, no fee' services, and encourage people that they might be able to collect thousands of pounds in compensation. This heightened awareness means that there has never been a greater need for you and your practice to maintain an adequate level of professional indemnity and medical malpractice insurance protection, and to be aware of the small print in your policy. There have been landmark awards against conventional medical establishments in recent years: £3.9 million has been awarded in damages as happened a couple of years ago, and £5.1 million very recently for a ten-year-old boy paralysed in a road accident. Whilst complementary medicine claims to date have got nowhere near to these sorts of figures, one cannot be complacent.

We see many attempts by members of the general public at claiming against practitioners. In our experience, these attempts, whether unfounded or not, are definitely on the increase, as are allegations of sexual impropriety/assault.

### Precautions

- (a) Do not display your insurance certificate on the wall. For some people, it may be an open invitation to claim, and you could be prejudicing your insurers. Some practitioners think that an official insurance document such as this confers the impression of a more professional practitioner, but I do not believe this is so;

- (b) Many policy conditions state you should make patient records and keep for seven years. We would suggest that you keep them longer than that, particularly in respect of children patients, where the Statute of Limitation states that a claim could be brought against you for injury cases up to three years after reaching the age of majority. This is another reason why we have always considered that 'claims made' wordings are preferable to 'claims occurring' wordings. Your patient notes are a main source of defence – make sure that they are intelligible to others and always keep them in a safe place, preferably locked. Confidentiality and data protection issues should always be considered;
- (c) You must notify your brokers immediately of any circumstance which may give rise to any claim and always declare previous incidents on any forms you have to complete when starting or renewing cover, even though you think the underwriter may already know about them. Failure to do so could lead insurers to decline a claim for indemnity arising from such circumstances. With the recent reforms to the law, there is less time to respond to a solicitor's letter, so do not delay;
- (d) Take care when advertising, and in conversation, that no claims for cure are made. Even anecdotal conversations about your previous successes may be interpreted wrongly, so it is important to mention in these situations that every case is different;
- (e) Refer when appropriate, particularly if a condition or situation is beyond the scope of what you have been trained to do, or where you may feel out of your depth;
- (f) Extra care needs to be taken with children patients, particularly where they may be experiencing headaches or high temperatures;
- (g) If you are a multitherapist, and you decide to employ a different therapy from the one that your patient came for, involve the patient in that decision and ensure that your patient is in agreement. Make sure that the patient notes reflect this process and can be followed;
- (h) For techniques involving contact in erogenous zones, make sure that you have explained this and obtained the patient's permission, preferably written, and/or offer a chaperone.

Danger signs include:

- a verbal complaint from a dissatisfied patient or client, with a threat of taking things further;
- a letter of complaint alleging dissatisfaction, neglect, error or omission;
- A patient not showing up for a subsequent treatment without explanation or further contact;
- a client or patient refusing to settle or delaying settlement of your account for an unreasonable period;
- a request for a refund of fees because the treatment has not worked or met with expectations, or is stated as having caused harm in some way.

### Ground Rules

Try not to panic or get defensive, maintain goodwill and, above all, do not admit liability or indicate that you are insured. Your position will get weakened and it will make it more difficult for the insurers to defend you

successfully. Remember you must notify your insurers once you become aware of any situation that may possibly result in a claim being made against you.

These are difficult times, and you may feel vulnerable and angry. After many years of study and successful practice, you may feel that your professional life will be jeopardized by adverse publicity or possible financial consequences. It is helpful to talk things over with sympathetic peers and also with your broker, and to try not to worry or let the situation affect your work. We have found over the years that these situations do take on many twists and turns, and many attempts to claim do peter out if the practitioner works the process through over a period of time with correct advice and compliance with the terms and conditions of the policy.

- do not make any offers, but contact your broker or insurer (and the helpline if appropriate);
- they should give initial and ongoing advice and support. A claims handler or solicitor may investigate on your behalf;
- pass on any correspondence received unanswered. Send patient notes and your response to the allegations;
- try not to make any judgements as to whether the circumstances are valid or not; leave that to the insurers or their representatives;
- if in doubt – notify!

#### **Essential Business Elements of Professional Competence**

To demonstrate this to the outside world it is suggested that you should:

- be able to choose wisely the space and location, appearance, facilities, running costs;
- maintain financial records well, recording, providing an audit trail of income versus expenditure;
- plan and run an effective operation, thinking ahead and avoiding crisis management;
- be able to handle capital raising, necessary purchases and maintenance issues well;
- record accurately, demonstrate confidentiality with overall mindfulness of the ethical issues involved;
- cope with issues concerning staff: finding, training and managing employees;
- be aware of the importance of your initial choice of co-workers;
- communicate well with and absorb information from the outside world; develop business relationships and alliances;
- know about medical insurers and learn a little of the language of insurance policies;
- be able to prepare patient Reports for relevant agencies;

- be competent in organizing and managing a practice; this competence is necessary because a part of your role is to plan, organize, implement and manage the delivery of effective and efficient therapy;
- demonstrate good organization and management, forward planning and financial control;
- know about teamwork, roles, responsibilities, contracts, defined boundaries;
- show good communication, decision-taking;
- cope adequately with issues around authority, relationships;
- manifest ethical standards.

In addition, take a fresh look at the following – are these in harmony with your ethos, conveying your message or supporting your professionalism?

- the appearance and atmosphere of your place of work;
- your business cards;
- your telephone manner;
- your attitudes to the setting of fees, free treatments, reducing fees, cancellations;
- your hygiene and appearance;
- your peer groups or the lack of them.

Also, how do you choose and value the support and advice of other professionals in your work? For instance:

- your accountant (hopefully one who understands therapists' needs, and specializes in small businesses);
- your independent financial adviser;
- your insurance broker;
- your lawyer (especially needed if you get involved in contracts or lease/rent agreements).

#### **Conclusion**

It would be nice to dream of a day when the words 'complementary' or 'alternative' no longer need to be used – no doubt one day someone will come up with another name or title which will become universally used. This article has incorporated a number of questions for you to ignore or to consider and ask yourselves. I do think a healthy practice is a reflective one, and I hope that some of the questions will be ones you will have already asked yourself or continue to ask yourselves, although some may be new. They are not meant to be judgmental or critical, but if they are helpful or thought provoking then they will have served their purpose!

'Work is love made visible.' Kahlil Gibran, *The Prophet*

#### **About the Author**

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