"We have a system where everything revolves around the system... What we need to do is put patients at the centre of this universe and have everything else revolve around them."

from “Putting Patients First,” by Dr. Brian Day, past-president of Canadian Medical Association - given at the Fraser Forum, Vancouver, October 2008

A ‘patient-first’ mentality means more than doing the procedures we’re required to do with courtesy, consideration and respect. That’s proficiency. It’s a basic part of our job – the minimum expected.

We all say we put patients first, but do we really? Most of us put ourselves first. We think about our priorities, pressures or the procedures we need to carry out, and we put these before our patients. This is natural – but it’s not patient-focused. Putting patients first means placing them at the centre of what we do.

➔ Here’s the 5 key principles and practice areas for putting patients first. They interconnect – changing your personal approach in one area flows through to others...

1. PUT PATIENTS FIRST – It’s all about them, not you. It’s easy to forget patients are people and treat them with clinical detachment – as bundles of symptoms or hostages in our system, which puts its own needs over those of patients. Putting patients first takes a shift of mind. We have to treat patients as people – and make them feel listened to, understood and really cared for. We have to also see patients as customers, not captives and remind yourself constantly that “it’s all about them, not me – that’s why I’m here”.

2. MANAGE your MOODS – don’t infect others with bad feelings. Moods are contagious. If you’re cheery and warm, patients are likely to act the same. If you’re impatient or cranky, you infect them with toxic feelings and they’ll treat you the same way. When we let negative feelings control what we say and do, we’re emotionally hijacked! Managing moods means seeing how feelings affect your behaviour and infect people around you. So handle your hijacks. Don’t bring bad moods to work or take your bad day out on others. Choose your mood – and make it a good one!

3. CONNECTING COSTS NOTHING – talk with heart. Caring starts with connecting. It’s part of doing a professional job and means the world to patients. Connecting costs nothing. But being rude or non-responsive can be very costly and take up far more time than interacting in a positive way in the first place. When we’re pre-occupied with our duties, it’s easy to forget to take that few extra seconds to make time for a connective moment, acknowledge their sentiments, tune into their feelings and talk to patients with heart. So before you say what you want to say, or do what you need to do, try connecting with the patient first. Be present, be personable and be patient.

4. WATCH WHAT YOU SAY – courtesy and consideration count. We don’t always stop to think about the damage we do with “don’t-care” messages. When we’re busy, we’re often not mindful enough of what we say and the impact this has – how we can come across as curt, abrasive or uncaring rather than considerate, courteous and connective. Patients can be difficult, demanding and abusive – but you’re the professional. Curbing the impulse to come back at them with attitude, can calm and stop situations escalating. So remember, rude is not the rule – courtesy and consideration count.

5. CRANK UP YOUR CARE FACTOR – compassion is not an optional extra. Patients expect compassion from us, but it’s often missing. Instead, they get detachment or indifference. Compassion is seen as a soft-headed response that gets in the way of a good clinical job. But research suggests it has a calming, even healing effect, on both us and the patient. Compassion is caring in action. It’s a conscious conviction we make to empathise with the suffering of patients and do something about it. We tell ourselves we don’t have time for those small acts of kindness that really make a difference to patients – yet that’s exactly what great carers do make time for.