

Effective Non-Verbal Communication Tips in Healthcare with Shelly O'Donovan Ep #159

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[00:00:07] Hello and welcome to another amazing episode of the Patient Convert podcast. My guest with us today joining my co-host Joy Everybody is Shelly O'Donovan and she is here today to talk about some of the things they think we can relate to when it comes to the world of health care and in business in general. And marketing is communication. And a lot of us out there face some challenges in building relationships like physician liaison and building relationships with providers and health care executives or medical sales reps, and building relationships with other providers or physicians in the area, or even physicians trying to understand what they're communicating non-verbally to their patients. And that's what Shelly is really going to dive into today. So, Shelly, tell us a little bit about who you are and your background.

[00:00:55] Yeah. So I started my career in politics, and so in those places, I started to see these patterns of influence moved into from there to health care worked for a large health system, the University of Pennsylvania health system, doing lobbying for them and again trying to influence both in Harrisburg, the state capital and also on the federal level, moved into pharma, then had roles in government relations and policy again, all

influencing the environment, and I started to really pick up patterns. And so it's after I saw those patterns that I opened my own business and now I go in and I train in medical device and pharma, in health care systems and train people to use those patterns to really improve their influence in the workplace.

[00:01:41] That's excellent. And there's been a lot. I mean, I even just got off a call overseas with somebody that like patient experience and patient experience. You just keep hearing that word again and again and again in health systems I think are starting to understand. People do have choices and they care a lot about their, I think, just as much about the actual point of care, about what is going to happen to them when they go there from an experience standpoint. And I think physicians, because they can you get so narrowly focused on the patient care you can oftentimes forget about the bedside manner component and how heavy that weighs into from the patient's point of view and through their lens what they're experiencing. So with your experience, talk a little to the physicians that are listening out there. Maybe tips things they should be keeping in mind when they're interacting with patients to make sure that they're building a good experience for the patient and the patient is coming out happy?

[00:02:31] Yeah. So one of the first things that you can do as a physician is to walk in and actually address that patient where I look them in the eye. Take a minute. It only takes like a minute to really connect with someone face to face before you're right into the computer, pulling up their chart and all of that. That in of itself is a big game changer for physicians, and I know that you don't have much time and you're so worried about getting to the next patient, but just being in the moment with that patient for a minute before you open up the chart and then even saying something like, I'm going to turn away from me for a second while I open up your chart and get us into the stuff that we have to do, that's a big game changer, and that really makes a difference in building that trust.

[00:03:16] Are there when you are teaching this stuff to physicians, are there any whether it's tools or platforms like whether it's a scribe or dictation services? Because a lot of that, that burden is falling on the shoulders of the physician with all of these external responsibilities that they now have, which used to, they could sit there. They could take forty five minutes with a patient. They could get to know them, talk about their family history, and they've got to be in and out. So are there anything that you're

recommending to allow the physician to kind of refocus on the patient while they're in the room?

[00:03:45] Yeah. So a couple of things that you can do is just go in with open body language. And so that's a big thing, like not having your arms crossed when you walk in that room because that's going to let the patient feel like they can open up to you like they can trust you. So that's one thing again, for that brief minute or two before you go in and really are typing out their chart, having that connection time, having your arms open and using gestures, looking at them in the eye and really connecting one on one, that makes a huge difference as well.

[00:04:17] Yeah, absolutely.

[00:04:18] Well, I think a lot of physicians are always trying to stay one step ahead and improve patient experience, but also really listen and focus. So what are some other tips you have during the patient experience where a physician could maybe connect better on a nonverbal communication level than maybe a competitor or just little things that maybe physicians are not aware of, like you mentioned not having your arms crossed? What are some other ones you would advise on?

[00:04:45] So the other big thing I would say, I know that you're running from patient to patient and just taking a minute before you walk in to take a big, deep breath and to let the stress go, because otherwise that totally leaks out in your communication. So there was actually a study that was done a couple of years ago. It's very controversial, but they took physicians speaking. Our patients, and so they took the words that they were speaking to their patients, they kind of garbled them up, so you couldn't understand exactly what they were saying, but they listened to the voice tone and they have participants then rank those clips with that voice tone. And what was really interesting is that they looked at malpractice like a malpractice list for those physicians, and they were able to match it perfectly, which meant that if your voice tone seemed relaxed and calm and connecting, you actually had lower malpractice suits against you. Now this is really controversial. It has not been replicated, but it tells us a lot about how it does. Voice tone is

[00:05:48] Yeah, I think it's very revealing about what that means and what it's perceived as from a patient care point of view, regardless of how good you are as a physician, from an actual care standpoint. But the body language, the nonverbal cues, all of that. And that's what I was. Actually, I was going to ask you if there's things that they should do before they walk in the room, because there's you hear a lot about physician burnout and the pressure. I mean, even having physicians in our family and seeing the stress day to day, especially being if you're a surgical physician in an operating room, it's hard to shake that and not carry it from patient to patient to patient, especially if you have a swath of your patients that can be rougher around the edges to deal with and to not carry that into another patient experience.

[00:06:30] Yeah, that becomes really important, right? Because you're not going to connect well with the next patient if you're still kind of your head is still in that last room. So taking that deep breath. The other thing that you can do, so there's this part on our body that's like, right under kind of the Adam's apple, it's called the Super Sternal notch. And I tell folks not to rub this in front of people because it looks a little weird. But if you take a little rub of it before you walk in to meet with a patient, it actually releases a little bit of oxytocin and that's going to calm you down and help you connect with the next patient. So one place to catch this that I love to see it is if you watch like the hearings from Washington and the the folks behind the table start to get really tough questions. They start to adjust their ties or their dresses or their necklace, and that's what they're getting at. It's like a subconscious thing that we do, but you can use it consciously to kind of calm yourself down.

[00:07:23] Well, that's a great tip.

[00:07:24] Yeah, it's an awesome tip. Well, some of my students that I teach are Physician liaison Shelley, and I know we talked a little bit before the podcast kind of understanding the realm of physician liaison. So Shelley shared with me that she helps a lot of medical device companies as well kind of learn some of these strategic tips in building these relationships with nonverbal communication. But for my listeners, though, they're not selling, it is important for them to get over some of the similar challenges, like getting past gatekeepers or front desk individuals, allowing them permission to speak with these providers who have such limited time. So these gatekeepers are really important. You know, they're trying to keep their doctors on time and their patients

happy, and we disrupt that completely by coming in unannounced. So what types of nonverbal communication tips or advice would you have for somebody kind of call it almost cold calling, but walking into these practices, looking to either build a relationship with the front desk that then evolves into building relationship with referring provider or simply allow the front desk to have some sense of confidence that this individual is an important individual to have these types of conversations with the provider.

[00:08:37] Yeah. So first and foremost, them walking in the door is really important because that's going to be the first impression that's set, and that actually has nothing to do with when we open our mouths. People think that's when it really is set, but it happens the minute someone sees you. So having that confidence in that body language as you walk in, not like carrying a million things and looking very disheveled as you walk in, that's going to make a big impact. Then approaching the front desk in a way that is open where your body language is open, your hands are open, not doing what we call negative nonverbals. So that's like when we get nervous. We might be like rubbing our arms or like tapping our foot, or even if we're, you know, a bit rushed or something, we might do something that's distracting. So you don't want to distract that person behind the desk and then also looking at what those nonverbals are coming from them, right? There are clear indications that I don't want to talk to you right now. I'm busy. And so that is challenging when you're walking into that situation. So if the arms are crossed or they're looking down and they're not making that eye contact with you, you might have to hold back for a second until you can find that opening. One way to open somebody up, though who's blocking is to give them something so, you know, giving them a piece of paper, giving them a glass. If it's in an interview, you're maybe giving them a glass of water that literally has to open up their body language. And so once we open somebody's body language up. Are actually more receptive to hear what we're going to say. It's not that they're necessarily going to make the move we want or be influenced in the way that we want, but they are more receptive to it. So however, you can open up that body language becomes a real game changer.

[00:10:20] It's cool. That's a good disarming technique because that's what I was thinking is that's a lot of the problem is the front office staff is I do.

[00:10:26] Yeah, that's why I do. What I do is that's so great that you mentioned that in the body language is one of my first things that I do, even before I introduce myself, is

hand them my doctor's card. And that's exactly what you just said. It's to kind of get their attention right away. And though I didn't think of it as a nonverbal communication or positive body language, so I really love that you mentioned that, but I found it very successful in what I trained my students is kind of skip all the introductions and kind of try to open them up right away. And I love that. So what are some other positive body languages or tips that you have for kind of getting their attention?

[00:11:00] Yeah, even just like I said, the first impression becomes important. And before that first impression, whether it's like in your car, when you're driving to the office, putting music on something to kind of pick you up as well, because we all know that when somebody is engaged and somebody energetic, we are much more likely to be receptive to that because they have a positive spin. They're putting out a lot of energy. So those are things you can do before you even walk into that office. And then doing things which are a little bit more vivid, right? Using. I assume that if you're approaching that desk, you might be kind of over the desk and maybe they're only seeing like the top half of you or your face. So anything that you can do to increase some of those microexpressions that you're making, you know, having an open, engaging face. I mean, people want to talk to folks who are positive and have lots of energy. So all are pooling all of that out becomes really important.

[00:11:55] Yeah, that's excellent. And I think interesting enough, very early on when you were training me as a physician liaison, Kelly was probably the only person that I had seen at the time using scrubs as a again another DYAMI mechanism because most reps are either suit and tie or dressed in kind of a I mean, obviously heels like you can tell that they're a rep when they walk through the door and not a patient. And the scrubs thing was an extremely effective tactic and still is one of the major things that you kind of preach in your courses because it immediately associates like the person's. Even if they are selling something, they're in the medical field, they're experienced, probably associated with some type of a nurse or mid-level, potentially so. So I think a lot more disarming to the front desk than what obviously looks like a rep or a physician liaison or whoever it may be walking in the office.

[00:12:41] That's excellent. That's considered ornaments in body language. So anything that you do to change your appearance is considered an ornament. So it might be the glasses that I'm wearing or how I do my hair, the scrubs that you put on. And those

things can be really impactful in kind of connecting to that other person as well. Like, we've all had the experience where we show up. Some are not dressed appropriately. And so and you know that you feel that internally right away. So that that's an excellent way, Kelly to connect with folks.

[00:13:12] Now, you know the technical term, too, and the course is ornament

[00:13:16] Making me sound good. Cheli, I'm to talk to them. No, I love it. You mentioned micro-expressions. And again, I don't know the technical terms and I'm not a professional in this. But I know when I started creating content, I started video and I really wanted to share my ideas and I started filming myself. And this is just my own personal experience. But as a blonde and when I was young, I just always felt like some of these physicians didn't take me quite very serious. So I tried not to smile. I tried to be very serious and not very bubbly. But when I started my content journey online and filming myself, I noticed that it was so boring and that without smiling, it changed the whole content journey. And I think that I tell my students that if you're ever nervous about what your face is, making people struggle with hearing their own voice or seeing themselves recorded, but I think it's important that you understand what expressions you're making and the difference it has on the individual you're speaking to. So even though in the beginning I thought smiling, maybe came off as bubbly or just not very serious, I saw in the videos that it actually made a huge disconnect. So is there any advice you have on the nonverbal side or how you teach your students to communicate with those facial expressions that you find important in health care when talking to providers?

[00:14:36] Yeah, so expressions are really important, and that is one thing that connects us to one another. So we all know somebody who doesn't make eye contact who struggles with those kind of things, and that becomes really challenging. But you also have really explained exactly why it's important to kind of pull out who you are because it sounds like you tried to kind of crush the bubbly part and then you weren't connecting well to others because that's part of who you are. So pulling out. His facial expressions, making sure that you're interested and the best way to do that is to really speak from a place of passion. The other trick is to tell a story because when we tell a story, not only do we automatically make more facial expressions, but we also have a better voice. So our voice will go up and down and do interesting things that we don't normally do in our

voices, and it keeps the other person really engaged. So those things become really important. And then the final thing is, if you're really, really interested, you can learn micro-expressions. They happen so quickly, though, that the naked eye won't normally catch them, but from a subconscious perspective, you catch them. And there are these quick, intense expressions that we make. Paul Ekman is kind of the father of micro-expressions, and so I've been trained in his micro-expressions and you can certainly reach out and get yourself trained to. But it's a fascinating study as well.

[00:16:01] That's right. That's interesting. And that was, I think, when I started my video journey because you were a little bit ahead of me. You don't realize because you can't see your face when you're talking to people, too is I feel like you smile half as much as you think that you do. And then it looks real awkward when you're on video, because then you're like, Wow, I look really upset the whole entire time that I'm talking, especially when you're trying to capture somebody's attention to change the subject to. I was curious from a communication and kind of persuasive body language standpoint. Most physicians out there are naturally leaders, whether it's a smaller group of like mid-levels and front office staff, or they run a larger organization, whether it's private practice or health care systems. So I'm sure you work a lot with them, and some are natural born leaders and some are just some, like your natural born kind of. They have the business mind that's not taught in med school and some aren't. And so what tips do you have on the physician side when it comes to not dealing with the patients, but dealing with their staff and motivating them and building a good trust relationship that is critical to mentally to running a practice and the patient point of care?

[00:17:03] Yeah. So like I said it, so some of the same things like the open body language, the using your hands and the one reason we say using your hands. So that is a trust indicator. And so if you think back to like when we were cavemen, if I was walking down the the dirt path and you saw me, you're going to be looking for my hands. And that's because you want to know, do I have a weapon? And even though you're not looking for that anymore, you still subconsciously want to see my hands so that, you know, whether we're friends or foes. So that is one big mistake that people make, right? They've been taught to kind of keep their hands on their lap if they're out to lunch or something, and that really has a negative effect on trust, on building trust. And the other thing is just if you want to build trust with your staff, like the first place to start is just having that trust established, trusting your staff as well, right? Having those open

lines of communication. It's so funny that I think that we often think that we're communicating when we're not communicating enough. So I would caution people over communicate rather than under communicate, and that makes all the difference in the world. And so you're going to not only communicate verbally, but you're going to communicate with your nonverbals. And so you want to just hone that all in and make sure that you're pushing out communication constantly.

[00:18:21] That's staff. Yeah, that's great advice. We definitely need to show that we trust people and make them feel comfortable, whether it's a tough subject or something really late, but we want to make sure we're encouraging our team. You mentioned how your voice can influence nonverbal communication, and I think this is an interesting topic for some of our listeners that are device sales or pharmaceutical sales. That is a little different than liaisons. And something that I loved so much about being a physician liaison was because I wasn't selling anything and I had a lot of pressure off me. I just was there to build relationships. But when you are medical device sales or pharmaceutical sales, you must go in there with the mindset. You are trying to make a sale, which would change the tone of your voice they feel or maybe the approach as far as how do you keep that in line with a positive energy and like we're talking about and being open when it comes to the point of the actual sales part. So we talked about building relationships and positive nonverbal communication, but now we have to talk about things that are a little bit harder and that's presenting someone with a sales opportunity. And what advice do you have for them?

[00:19:24] Yeah. So the first thing I would say from a sales perspective is to keep an eye on the other person as well. So there's so much information that gets leaked out in someone's body, so you can easily tell if someone's engaged in what you're saying or not, and then pivot on that conversation on that sales conversation. Just from a tone perspective, in terms of what is kind of credible in terms of tone, we tend to like people with deeper registers, we trust them more. So this becomes challenging sometimes for salespeople that have higher pitched voice. I would definitely consider playing with your voice and seeing where your register is. I'm not telling you to speak in some way that's not realistic for you, that

[00:20:10] Main voice,

[00:20:13] But I would say, like the deeper the voice, sometimes the better. The other thing is having some tone and emotionality in your voice. And again, that's going back to building in some stories, building in some rapport that's going to make your tone go up and down and people will be more interested in what you say. So that's that's another thing that becomes really important in terms of that voice tone.

[00:20:36] Now, have you been doing anything to address even what we are doing now is talking over Zoom, because that's really changed a lot of how business interaction is occurring. And even a lot of this physician relationship building stuff is now done over Zoom because COVID changed everything. And hopefully, I mean, things are hopefully progressing back to more face to face. But what are you talking to people about and teaching your students about and how we should maybe change or interact over Zoom because you can't see anything but my shoulders and above?

[00:21:06] Yes, yes. So a couple of things for Zoom in particular. So the first thing is if you can get your hands into the shot, that becomes really important for building that trust, right? We talked about how important hands are. So if you can get a little more of your upper body into the frame, that's important. Lighting becomes incredibly important over Zoom. So of course, at this stage I have professional lights. But even when I first started, I would just pull every light from my house and kind of front light my face and makes a huge difference. The other thing is we're having conversation. We might be seeing each other on the screen and you're going to want to get some cues from the person on the screen. But you also really need to look right into the camera, which is very awkward sometimes because you're not seeing that other person then when you're looking right into the camera. But what happens is they feel like you're looking right at them. And so that becomes a game changer as well, because now it seems like I'm talking directly to you because I'm looking right in the camera at you. So those are something.

[00:22:09] Yeah, because that is an awkward thing to do. I even struggle with that is because you're looking depending on where the placement of your camera is, you're usually looking above your screen. So it's kind of awkward like you're staring up while you're talking to somebody that's right in front of you. There's, I think, a natural eye level adjustment because I even do a two to look at the person on the screen versus looking up at the camera, whether it's like a laptop or a desktop computer.

[00:22:31] Oh yeah, I never look at the camera, but I well know.

[00:22:34] Yeah, that's I always think about that on LinkedIn lives. It's like, it's weird because you're staring above the person's head, but it translates much better on camera.

[00:22:42] Yeah, it definitely does.

[00:22:43] I was just going to say, that's the other thing like film yourself, whether it's a zoom or something, just see what you're doing, because sometimes we have these nervous tics that we might do or something that looks weird. And once you see it yourself, you're going to catch it and be like, Oh, I should really stop, like tapping my pen during that meeting. It's distracting, right?

[00:23:01] That's a good point. I think that that's always a good idea when you're getting into any type of videos or your own worst critic in terms of be willing to watch yourself back.

[00:23:10] Yeah, for sure. I know Justin mentioned when I wore scrubs, it really changed kind of the environment for me. But part of that decision was what he discussed is I thought it was more relatable to medical providers that I was coming from a provider's office and not trying to sell them anything. But the second part was I naturally am a very relaxed person. I don't like dressing up. I really am kind of a jean short sandal Florida girl and I like the water. And so when I'm dressed up, I tend to fidget. And it's not even a nervousness, it just kind of something that I do, like you said subconsciously. So if my hair's all done and my makeup is all done and I'm in heels in a suit, I fidget constantly. So I told my students, we need to build our confidence right when we're approaching these relationships or these conversations with health care providers. And for me, being in scrubs, I was more confident. I just felt like I wasn't messing with my hair. I wasn't worried about if my makeup was anywhere. I just felt very comfortable. Now that's different for every person. But what tips do you have for people as far as being dressed appropriately for a situation, but also trying to, I would say, break some of these habits or be aware of some of these habits because even though I wasn't nervous and I wasn't feeling insecure, I just was uncomfortable. But that, I think,

translated to a more nervous situation, which is a less trusting situation. So what advice do you have for people out there who maybe don't feel very confident or comfortable in what they're wearing as ornaments and how to be aware of these ticks that we have?

[00:24:41] Yeah. So the first thing is just to be aware of it. So you might either you know already or you might ask someone, Is there anything weird that I'm doing like somebody you trust, right? And your kind of circle or your business circle who can give you some real feedback on that? That becomes a game changer, too. And then just knowing what bothers you and what's setting you off, I had a student, one of my classes, who would? Go up for a presentation and she was like, touch your hair the whole time she's giving the presentation, and I said to her next week, I want you to tie your hair back. And I said, I don't care what else you do, but that's going to keep you from touching your hair the whole time. It's me. And so knowing and just knowing how you can stop that with Zoom meetings, I have a few folks that are really, you know, fidget ers. And I say to them, like on Zoom is great because you can fidget like under the table. You could be tapping your foot as long as nobody hears it right? Very good point. Yeah. So just, you know, to pick your poison if it's going to come out somewhere like, see how you can kind of calm it down because sometimes what happens is we try to fix something and something else pops out somewhere else. So we have to be careful about. And the other thing I would say is slowly make these tweaks right. You don't want to try to make these tweaks when you're going into like a high stakes moment, and that's the first time you're going to try to like, stop touching your hair, right? So try to stop it when you're with your friends or you're going to the coffee shop or something like that. That's kind of a low stakes moment that you can practice with it.

[00:26:15] It's great advice, definitely. Asking someone, I think would help a lot. It's hard for us to always pick up on these things, what we're saying and what we're doing. You know, we all have these habits that we don't even know that we're doing. Like you talked about, there's a whole lot more. So tell us a little bit of how our listeners can connect with you and maybe even be a student of yours.

[00:26:36] Yeah, absolutely. So you can find us at Authentic Influence Group. And then the best place to find me, though, is online on LinkedIn, so you can find me at Shelley O'Donovan link with me and you'll see videos come out a few times a week where I give

lots of tips and lots of tricks. And then if you want to work with me too, you can either direct message me there or you can find us on the website as well.

[00:27:00] Well, excellent. Well, thank you so much for joining us, Shelley and sharing all of your years of experience. And we will, as we always do, will have these show notes up. We'll have links to everything that Shelly just mentioned so you can get in touch with her and connect with her on LinkedIn and just be on the lookout to as we release this across LinkedIn and all that stuff. Thank you again, Shelly, for coming on and sharing some of your expertise.

[00:27:22] Thank you.

[00:27:22] Shelly, thanks.

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