

# Engaging Your Patients

**Presented by Edward Leigh, MA**



**THE CENTER FOR  
HEALTHCARE COMMUNICATION**

**1-800-677-3256**

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# Program Objectives

1. Demonstrate effective openings & closings
2. Practice nonverbal communication skills
3. Demonstrate empathic & caring behaviors  
(Psychosocial)
4. Apply strategies for gathering information from patients (Interviewing)
5. Employ techniques for informing patients  
(Educating)

# Nice isn't Enough

## Nice

Meet expectations

Good experiences

Good pat sat scores

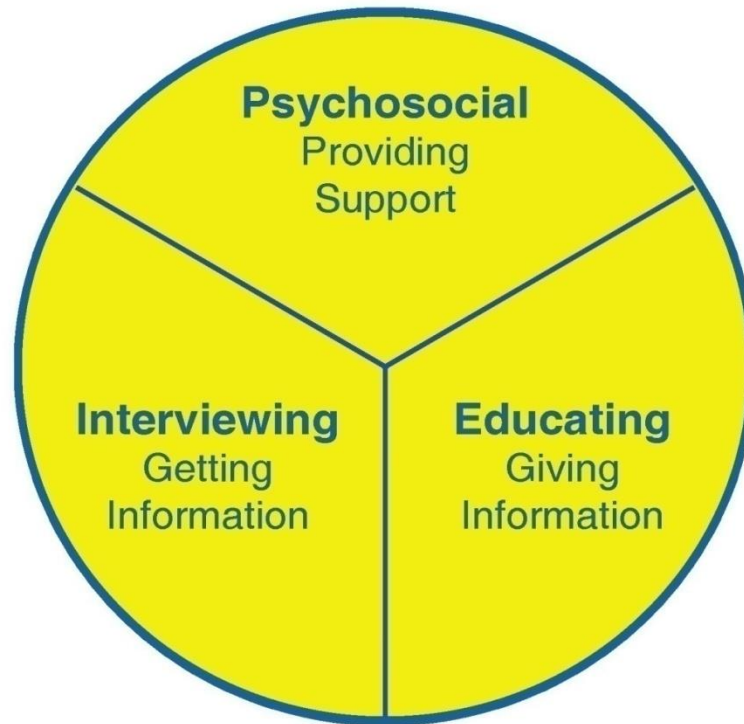
## Nice PLUS

Exceed expectations

Great experiences

Great pat sat scores

# PIE Model



# Signposting

On the street, you see street name signs on posts. These provide direction. They tell us where we are going.

Signposting is also a powerful tool in healthcare to give patients direction. This dramatically relieves stress.

An example would telling a patient what they will experience when you walk in a room to visit. You can say to a patient, “Today, we will talk about these three items ...”



# The Opening



The first few seconds of meeting a patient are critical to establishing rapport, helping the patient feel at ease and setting the tone.

# The Opening: Guidelines

- Take a Deep Breath. During a busy day, you will develop a fast pace and your patients may pick up on that in your actions and voice. Taking a quick deep breath will relax you and prepare you for your next patient.
- Knock at the Door. Do not just walk in. This only takes a few seconds.
- Use patient's Preferred Name. State your name and role.
- Say hello to guests. Ask their names & use their names.
- Start with an open ended question. This includes the question, "Tell me what is happening..." or "How could I help you?" Let the patient talk for at least a minute before asking questions.

# The Closing



Just as a good opening is crucial, an excellent closing is equally important in establishing a positive relationship with the patient. The last moment of the interaction will reflect on the entire experience a patient has just had.



# The Closing: Guidelines

- **Keep Track of Personal Comments.** During the conversation, if the patient happens to mention a big event coming up, such as a daughter's wedding – mention this item.
- **Use patient's name.** As with our opening, we want to use the patient's name to create a personalized ending to the meeting.
- **Positive statement.** We want to convey to the patient that we hope for the best outcome. For example, "I hope this new medication will help you feel better."
- **Partnership Statement.** This is a statement indicating that you and the patient are working as a team ("partners"). Sample statements include:
  - "I know this is happening to you, but we'll face it together."
  - "We'll work it together"

# Nonverbal Behaviors

## Eye Contact

### **Zone A Intimate Zone:**

Looking below Zone A point could be considered suggestive or devious.

**Zone B Dominant Zone:** Looking above Zone B level could be considered arrogant or that you are talking down to the person.



# **Nonverbal Behaviors**

## **Sitting Guidelines**

**Whenever possible – sit, sit, sit!**  
**Sends the message, “I have time for you.”**

**Don’t lean back when talking to patients.** This may feel relaxed, but it also conveys a casual manner and disinterest. The leaning back position also indicates dominance in the interaction, which is what we want to avoid.

**The ideal sitting position is leaning slightly forward** facing the patient. Numerous studies have shown that this position leads to the highest patient satisfaction levels. To clarify, when we say facing the patients, this does not mean we have to face them exactly directly; a slight angle is acceptable.

# Nonverbal Behaviors

## Avoid Crossing Arms



# Empathic and Caring Behaviors

Definition (Webster's): The action of understanding, being aware of, being sensitive to, and vicariously experiencing the feelings, thoughts, and experience of another.

Empathic responding does not take long periods of time. Professionals are often concerned that with a busy schedule they will not have time for empathy. However, empathic responding could take as little as 30 seconds. The use of empathy could actually shorten patient visits by immediately putting the patient at ease.



# Empathic and Caring Behaviors



**How is this patient feeling?**

**Name it!**

# **Empathic and Caring Behaviors**

## **Rapport Before Report**



# **Empathic and Caring Behaviors**

## **Rapport Before Report**

Empathy enhances trust.

Trust improves compliance.

Improved compliance enhances outcomes.



# Empathic and Caring Behaviors

## The Crying Patient

**Provide Tissues.** If you are with a patient who begins to cry, the first thing to do is give them a box of tissue. This simple act of kindness shows you are acknowledging their difficult time. Incorporate empathy, such as by stating, “I know this has been very difficult for you.”

**Avoid discouraging comments,** such as, “Oh, don’t cry.” Crying is therapeutic. I have heard many people describe crying as a cleansing experience. We can’t deny people this right to their feelings.

**Allow for silence.** If a patient does cry give them time, which may mean you need to be silent. People often feel embarrassed when they cry so the tears may not last for long periods of time. However, if the tears persist, you may need to give them time. For example, you may say, "I know this is hard to hear, let's take a break.

Press Your MUTE Button!



# **Stop Talking, Start Listening**

If we are to be truly patient centered, we must ask a question and then stop talking.

Give the patient  
1 – 2 minutes to speak.

"Most people do not listen with the intent to understand; they listen with the intent to reply."

— Stephen R. Covey

(Author of, "*The 7 Habits of Highly Effective People*")

# Interviewing Patients

## Caution with “Why” Questions

Using the word “why” can often be seen as judgmental and should be avoided. This will make the question seem much more comfortable for the patient, rather than putting them on the defensive.

Use an “I” statement and, if appropriate, empathy. Then rework the question.

Why question: “Why didn’t you take your medication?”

Better question: “I am concerned about you. I want you to feel better. What was reason you did not take your medication?”

# Interviewing Patients

**After the person has spoken, repeat back to be sure of understanding.**

This activity will help clarify and avoid potential miscommunication. To say "I understand" is not sufficient. People need proof of understanding, such as by occasionally restating the gist of their comments or by asking a question, which proves you are following the main subject.

**Acknowledge the patient's perspective.**

The patient may have theories to what is happening. Professionals need to acknowledge their thoughts, otherwise they could feel ignored. This may cause the patient to feel, "They are not listening to me."

# Educating Patients

## **Partner with your patient.**

Engage in shared decision making in which you discuss a treatment and then ask the patients their thoughts / feelings about the plan.

## **Avoid medical jargon.**

Unless your patient is also a healthcare professional, use everyday language.

## **Chunk & check.**

Break the information down into manageable units rather than flooding them with too much info too quickly.

# Educating Patients

## **Use brochures.**

Provide written information for patients. Just before giving the brochure to the patient, briefly review key sections with them. Keep a pen or highlighter nearby; you may want to mark certain parts of the brochure.

## **The "Teach Back" Method.**

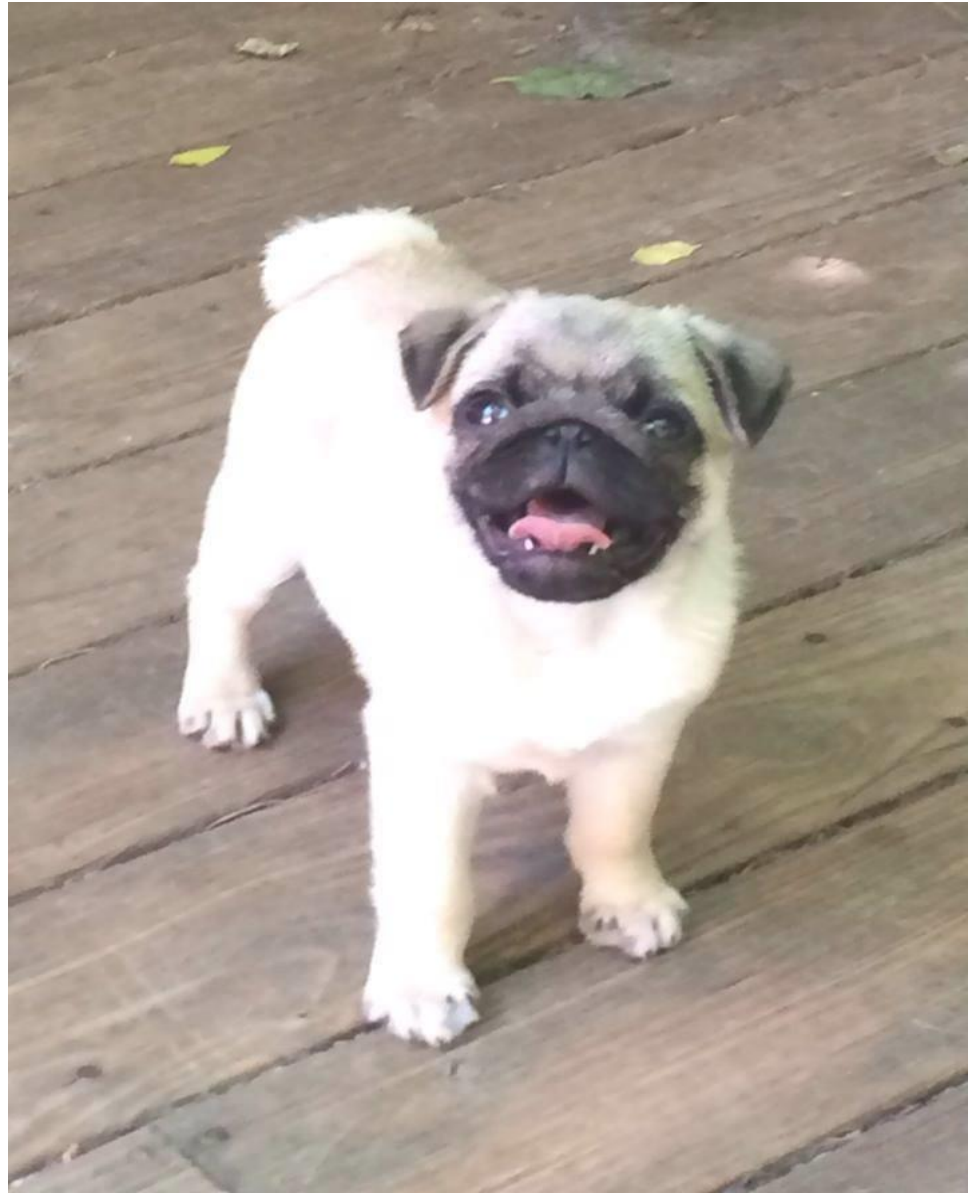
This is when you ask the patient to repeat back information. Keep in mind, this is a test for you, not the patient. When using this strategy emphasize that you are testing your skills. For example, you can say, "To be sure I explained everything, I would like to you to tell me what we discussed ..."

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Wishing  
you  
Joy!



# **For more information:**

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