**TIPS FOR PROVIDER COMMUNICATION WITH PATIENTS**

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| **OPEN** |
| • Introduce yourself |
| • Greet the patient |
| • Welcome the patient |
| • Maintain eye contact |
| • Acknowledge the staff the patient just interfaced with |
| **ENGAGE AND SET AGENDA** |
| **Engaging the person** |
| Let the patient know what will happen: *“Before we get to why you are here today, I’d like to get to know something about you, then we’ll talk about what’s going on, do an exam and work together on a plan.”* |
| * For returning patients, remember something personal from the last visit.
 |
| * Use a pleasant, consistent tone of voice.
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| **Engage the patients’ agenda** |
| * Elicit expectations or goals for encounter: *“What were you hoping we’d accomplish today?”*
 |
| * Get all complaints: *“Is there anything else you were wondering about?”*
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|  **Summarize agenda** |
| * List the patient’s issues: *“I want to make certain I’ve got everything you were concerned about….”*
 |
| * List your issues: *“I want to make sure we cover the readings from your blood work….”*
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| **Prioritize agenda** |
| * You may have to negotiate: *“I want to be sure we completely cover your top concerns.”*
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| **Elicit patient’s story** |
| * Use open ended questions: *“I’m curious about…”*
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| * Allow the patient time to tell the story.
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| * Use short summaries: *“So, I hear you saying…”*
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| * If you need to interrupt, do it warmly: *“Let me stop you for just a second, I want to be sure I understand.”*

 *“Help me understand, I am puzzled.”* |
| **EMPATHIZE** |
| * Show empathy (voice, tone, body language);
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| * Don’t try to fix problems out of your control; recognize and move on: *“That is a very difficult situation; on top of that you’re managing high blood pressure, that’s a lot to take on.”*
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| * Okay to say “*that’s too bad”* when there is nothing you can do about it.
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| * Handle chronically late patients: *“Love to be able to help you with this, but your late arrivals are getting in the way of me taking good care of you.”*
 |
| **EDUCATE** |
| * Use the patient’s language.
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| * Judge the behavior not the person.
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| * Ask about patient self – diagnosis: “*What do you think is going on?”*
 |
| * Assess patient’s current knowledge: *“What is your understanding about this illness?”*

*“What worries you the most?”* *“What thoughts do you have about treatment?”* |
| * Assure understanding: *“What questions do you have?”* *“When you go home, what will you say to about what we talked about today and what you need to do?”*
 |
| **ENLIST** |
| * Offer options when possible; agree on the best option for the patient: *“I thought we had agreed to….”*
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| * Encourage patient participation
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| * Ask at the end of the visit if the patient will follow treatment.
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| * Follow up and ask patient if he/she will call doctor if treatment does not work and wait for patient to agree.
 |
| **CLOSE** |
| * Ask question at end of visit to ask them honestly how closely the visit matches what they thought was going to be accomplished.
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| * Summarize, review diagnosis, treatment, patient self–care and prognosis.
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| * Review next steps, i.e., future visits, calls, tests, test results.
 |
| * Say good–bye and express hope.
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| **OTHER TIPS** |
| • Do three minute huddles with your staff before each session. |
| • Remember the family members test; if they are in the room, they are a player! |
| • Remember to pause. |

*Source:* *Facey Medical Foundation*