

Health Promotion and Education

Essential Behaviors to Improve the Patient Experience

Q. Your health care team includes all the doctors, nurses and other people you see for health care. In the last 3 months, did you and anyone on your health care team talk about specific things you could do to prevent illness?

- **Focus on the common barriers to improving health.** As a physician, you know the best treatments for diseases or ailments, but health promotion involves lifestyle, and every patient's lifestyle is different. Instead of telling a patient what to do (i.e., lecture), ask why he or she is having difficulty.
 - "What don't you like about your exercise plan? What would help you to do it?"
 - "Why do you think you cannot quit smoking? What has not worked in the past?"
- **Encourage patients to keep working on improving their health** (e.g., "You have made progress since your last visit!"), and empathize with patients when they become discouraged (e.g., "It is difficult to make lifestyle changes."). Patients struggling with challenges such as weight loss may feel shame and need empathy as well as encouragement.
- **Utilize the teach-back method** to evaluate patients' understanding. Ask patients to summarize messages about preventive care.
 - Following a discussion about illness prevention, ask patients to summarize what they heard in their own words. For example, "Today we talked about your weight gain and how that can cause a lot of problems. Tell me what you are going to do."
 - Use supporting resources (handouts, pamphlets, recorded material, etc.) along with verbal explanations. This method supports the better retention of information. "Here is some information for you to read/listen to that might help with this."
 - Document educational efforts in patients' medical records to show the patient understood the information reviewed/provided.
- **Understand if patients are taking typical preventive measures** (e.g., annual check-up, mammogram, or self-breast exams). To encourage those who aren't taking proactive steps to improve health, try the following:
 - Include reminders in practice newsletters or mailings, e.g., "Don't forget to schedule your annual physical!"
 - Hang posters or place reminders tents in the reception area. Align awareness months with the reminder, for example, encourage women to conduct self-breast exams in October, breast cancer awareness month.
 - Document preventive measures patients are taking in their patient records and follow up on measures you believe patients should be taking. "Mr. Jones, have you scheduled that appointment with your cardiologist?"

Q. In the last 3 months, did you and anyone on your health care team talk about a healthy diet and healthy eating habits?

- **Recognize that lifestyle changes are not easy.** They take continuous reinforcement, education, encouragement, and follow-up. Do not indicate frustration when patients do not adhere to healthy lifestyle recommendations, rather, try a different approach.

- Ask patients what obstacles they are encountering. For example, if a patient does not have reliable Internet access, offer written materials for him or her to take home.
- Ask patients what is going well; positive reinforcement and encouragement have a powerful impact. Explain that even small lifestyle changes are a start: drink more water, eliminatesugar, etc.
- **Switch from a lecture-style communication to a more patient-centered, conversational style.**
 - **Using open-ended questions**, ask patients to reflect on better choices. Do not shame them for the choices they currently make, rather, focus on what can improve.
 - Do not say, “That was a bad choice for dinner.”
 - Instead say, “What would have been a better choice for dinner?”
 - **Provide positive affirmation**; don’t just focus on the end goal.
 - Do not say, “You still have a long way to go.”
 - Instead say, “You may not be at your goal yet, but look at the progress you have made.”
 - **Listen closely and provide reflection.**
 - Do not say, “You need to make these changes to your diet if you want to avoid taking high cholesterol medication.”
 - Instead say, “It sounds as though you don’t feel confident about making these changes to your diet, but you do want to change.”
- **Remember, healthy eating habits apply to all patients, not only those who are overweight.**

Q. In the last 3 months, did you and anyone on your health care team talk about the exercise or physical activity you get?

- **Don’t focus solely on weight loss**; focus on improving health. Patients may become embarrassed or frustrated if the focus is on the scale.
- **Recognize that lifestyle changes are not easy.** They take continuous reinforcement, education, encouragement, and follow-up. Do not indicate frustration when patients do not adhere to physical activity recommendations, rather, try a different approach.
 - Ask patients what obstacles they are encountering. For example, if a patient has knee problems, discuss options like swimming or strength training.
 - Ask patients what is going well; positive reinforcement and encouragement have a powerful impact. Explain that even small lifestyle changes are a start: walk to work once a week, play with the dog an extra five minutes each day, etc.

Q. In the last 3 months, did anyone on your health care team talk with you about specific goals for your health?

- Demonstrate that you care about the health of your patients by **asking them to share personal health goals and what they’d like to accomplish.**
 - Allow patients to self-manage their health efforts by asking them to define their own goals. Give them the autonomy to set their own health goals while providers serve as guidance; patient participation in care preserves dignity.
 - Try to understand the barriers to improving health. As a physician, you know the best treatments for diseases or ailments, but health promotion involves lifestyle, and every patient’s lifestyle is different. Instead of telling a patient what to do (i.e., lecture), ask why he or she is having difficulty.

- “What don’t you like about your exercise plan? What would help you to do it?”
- “Why do you think you cannot quit smoking? What has not worked in the past?”
- **If an appointment will include discussion about the patient’s goals, notify the patient** beforehand, so he or she may be prepared for the conversation.
 - You may also remind patients you will discuss their health goals with a reminder for the appointment.

Q. In the last 3 months, did anyone on your health care team ask you if there was a period of time when you felt sad, empty, or depressed?

- **Offer reassuring phrases and acknowledge suffering** if a patient is expressing or showing concern: “We are going to take great care of you,” “I will do everything I can to help you,” etc. Use open-ended questions to solicit patient feelings: “How do you feel right now?”
 - Empathy offered to patients and families will not appear genuine if body language does not correspond.
 - Empathy offered to patients and families will not appear genuine if the tone of voice does not correspond. Speaking too quickly can be misconstrued as a lack of concern.
- **Avoid phrases that may actually make patients feel worse:**
 - “I know how you feel” or “I understand.” You do not know how the patient feels, because their feelings are unique and a culmination of a lifetime of happenings.
 - “Everything happens for a reason.” This phrase is difficult because the reason cannot be explained.
- **Instead, use phrases such as, “It sounds like ...,” “I can see ...” or “I’m so sorry.”**
- **Body language matters when showing empathy and emotional support.**
 - Make eye contact. As a patient begins to say what is really on his mind, lean forward and listen attentively.
 - Use physical touch to close distance and show care. Sit down and hold the patient’s hand if he or she starts to cry.

Q. In the last 3 months, did you and anyone on your health care team talk about things in your life that worry you or cause you stress?

- **Train all staff to ask questions and make statements to confirm that you are meeting patients’/families’ needs**, demonstrating that their emotional states are respected and show each patient is valued. Provide affirmations and positive reinforcement. For example:
 - “I know this can be a stressful time.”
 - “This is very difficult. I will do whatever I can to help.”
 - “Tell me how you are feeling.”
- **Be aware of facial expressions and nonverbal language.** They convey easily perceptible emotions. Body language matters.
 - Indicate openness by making eye contact.
 - Maintain a relaxed, attentive body posture.
 - Slow down. It is natural to feel pressed for time or pressured to attend to other tasks. Listen attentively, be present and focus on the patient.
 - Hold the patient’s hand or place a gentle hand on their shoulder to indicate your care and concern.
- **Acknowledge that all patients and families are experiencing some degree of pain and suffering, whether urgent or non-urgent.** Everyone deserves to have his or her issue(s) heard and respected.