STEP 1: INTRODUCE

- Introduce yourself, shake the patient’s hand
- Identify roles (primary team, attending)
- Identify any team changes (on service, off service)
- Sit down and pay attention to your own and your patient’s nonverbal cues: body language, tone of voice, eye contact
- Give the patient your business card (ideally one with a photo)

STEP 2: LISTEN

- Ask the patient one or more open ended questions:
  - “How are you feeling today?”
  - “How was your night?”
  - “What are your main goals as we manage your care?”
- Listen closely to the patient’s answers without interrupting

STEP 3: EXPLAIN

- Explain medical issues clearly using easily understood language
- Use visuals if appropriate
- Treat the patient with respect and privacy
- Tell the patient what to expect re. testing, treatment, discharge, next encounter

STEP 4: ASK

- Check the patient’s understanding and/or offer to review:
  - “Does that all make sense?”
  - “Is there anything you would like to review or add?”
  - “Is there anything I forgot to ask you about?”
- Offer to answer questions:
  - “What questions do you have?” (vs. “Do you have any questions?”)
- Offer to update the patient’s family

ADDITIONAL BEST PRACTICES

- Look for opportunities to connect with the patient in a personal way. Ask about their family, pets, hobbies, weather, hometown, sports, etc.
- Offer supportive/empathic statements:
  - “You seem uncomfortable.”
  - “You look a lot better.”
  - “I’m sorry to have to give you such difficult information.”
  - “I can tell you do a great job caring for your mother.”
- Keep the patient and family updated re. discharge date and time
- Keep RNs updated on the plan discussed with the patient (ideally including RN in rounds)
- Ensure appropriate communication with the outpatient care team