I just came across an impressive study that reminded me of the dramatic power of words. The study reveals the difference in patient outcomes when a primary care physician asks, “Is there anything else concerning you?” versus “Is there something else concerning you?” Patients hear “anything else” as an attempt to close the encounter, while they hear

In the late 60’s, I was a grad student in education, taking mind-blowing courses on what was then a new movement called Experiential Learning. Until then, I did my best to learn from words, words, words —didactic learning— chalk-and-talk lectures, textbooks and term papers. Then, quite suddenly, I discovered that I learn better from concrete, firsthand experiences that engage my senses and emotions, not only my intellect. And I proceeded to delve deeply into how to design “experiential learning” into workshops, retreats, and other venues focused on learning and development. I became an advocate and facilitator of role-plays, learning games, mini-simulations, metaphorical physical experiences, and small group processing and reflection.

**Experiential learning** is the process of making meaning from direct experience. The experience can be staged or left open. I’ve always liked David Kolb’s Model of Experiential Learning. This model describes four steps critical in the design of experiential learning:

1. Stage an experience that engages people.
2. Help them reflect on the experience.
3. Encourage them to generalize and draw conclusions that go beyond the experience itself.
4. Apply what they learned in their everyday lives.


I like to refer to the experiential learning process more simply as the “What? So What? Now What? Process.”

- **What?** (That’s the experience.)
- **So what?** (the reflection on the experience)
- **Now what?** (How can I apply this, benefitting myself and others?)

Kolb says, and I strongly agree that the “So what” or reflection step is critical. We have experiences all the time, but we often miss out on learning from them because we don’t stop in our tracks, reflect on the experience and attempt to learn from it. Reflecting on the experience is critical. It’s even more powerful if we share an experience with others and reflect on it with them, because we can learn from their experience, reflections and generalizations too.
But Who Has Time?

Sad to say, experiences take more time than words. Since people in healthcare are strapped for time, we educators are urged to “make it short and sweet,” to TELL people the tips and best practices and to teach in sound bytes with Power Point.

I want to encourage you to experiment much more with experiential learning in your quest to improve the patient and family experience.

Try some of these examples of experiential learning methods applied to the patient experience.

Experiential Learning Activities: Examples

1. Gain a Patient Perspective on Specific Impairments
   - Spend 24 hours with gloves on to see what it’s like to have your hand mobility hampered.
   - Wear glasses with Vaseline on them to obscure your vision.
   - Gurney Ride: Wear only a patient gown. Have someone help you onto a gurney and take you from one place to another; include an elevator ride, going through crowded hallways and waiting in any area filled with people.
   - Hold a conversation with marbles in your mouth.

2. Do a walk-through:
   - With a colleague, undergo a service, one of you as patient, the other as a companion. Look. Listen. Feel. Resist thinking about fixes.
   - Tell staff what you’re doing. You are not hunting for problems or watching their performance. Instead, you want to see services through the eyes of the patient. Ask them to treat you as they normally would treat a patient or a family member.
   - Walk through the whole experience:
     - Start with setting up an appointment. Begin your experience at the parking lot or other transportation point and end by returning there. Pretend that you have never been to this service before. Get directions. Ask any questions you might have if you were a patient and family member.
     - When you arrive, tell the front desk person that you want to experience the service, so you’re going through it as if the two of you were a real patient and family member. Ask them to check you in as they would any other patient and family member. Fill out the forms. Wait your turn. Pay your co-pay if they ask. And so on.
     - When you’re in the exam room, undress if the patient would. Wait as the patient would. If the patient would do a peak flow meter, you do it too. Experience every part that you can without risk to yourself.
     - As you proceed, look through the lens of a patient or family member. See things as they would. Hear as they would. Try to think and feel as they would.
• Afterward, jot down notes about your feelings, anxieties and satisfactions. Have your colleague do the same. Don’t solve problems and identify improvements. Focus on the details of the experience from your view as a patient or family member. Prepare to tell the story.

3. **Take a gurney ride:** Wearing a patient gown, get taken on a gurney ride by a transporter from the emergency room to a distant inpatient room. Look, listen, feel.

4. **Be a transporter-in-training:**
   - Borrow a transporter uniform.
   - Spend 90 minutes with a transporter as that transporter’s trainee.
   - Note the patient’s experience. How do the patients see transport and nursing interacting? How long do the patients have to wait? What do the patients experience as they are taken to an ancillary service area? What are their likely anxieties?

5. **Zoom in on one step:** Experience one step in a service process the way several patients experience it.
   - Identify a high-traffic point where patients come for service.
   - Sit in that area in an inconspicuous place, reading a magazine.
   - Listen and notice. What are patients experiencing at that point in a service? What anxieties and concerns are they likely to have? Where are the opportunities to improve that patient experience?

6. **Shadow a patient:** Experience one service fully.
   - Ask a patient if you can tag along so you can try to see the experience through the patient’s eyes.
   - After shadowing, interview the patient on what helped reduce anxiety and build their confidence.

Remember that we don’t ensure internalizing the learning from these types of staged learning experiences, unless we build in time to engage learners in reflection, sharing of insights, and conscious, deliberate application of what we’ve learned.

Yes, these methods take more time than the “TELL” method. But the learning benefits are exponential, ensuring a very high return on your investment.

Click [here](http://languageofcaring.com) to share YOUR favorite experiential learning activities with me.
Experiential Activity for Your Work Team:  
Car and Driver

Try this favorite experiential activity with YOUR work team.

**Purpose:** Help your team empathize with the patient experience and reflect on the responsibility and opportunity they have as caregivers to ensure a positive experience.

**Instructions**

- Explain: “I’d like you to join me in a short experiment that I think will help us think together more deeply about our patients’ experience.”

- Ask people to pair up.

- Explain: “From here on, there is no talking at all. One of you plays the car. You stand in front of your partner with your eyes closed, holding your open palms out in front of your chest, acting as your bumpers. The other person is the driver. The driver should stand behind the car with eyes open and hands on the shoulders of the of your partner in front. Now, the driver will steer the sightless car around the room and hallway, making sure to prevent running into other cars. Drive, you are responsibility for the safety of your car. And remember, you can’t talk.”

- Demonstrate with a volunteer. Drive slowly! Acknowledge that most people are nervous with their eyes closed.

- Then, say, “You have about 2 minutes, and then I’ll call STOP! Okay, BEGIN!”

- After 2 minutes, say, “Stop. Open your eyes.” And ask people to switch roles and do it again.

- Afterward, ask people to sit or stand in pairs and discuss how they felt in both roles. If the group is small, do this sitting in a circle and asking everyone to share their experiences.

- Finally, ask, “How does this parallel the caregiver-patient relationship?” Ask, “How else?” And again, “How else?” Use such probes as, “Who is the car? And who is the driver? How is the patient’s experience difference from what you experienced? How is it likely to be the same? Etc.

- You will be IMPRESSED with people’s insights.

- End by asking, what is one insight you gained that you want to remember in your interactions with your patients?