Being caring and communicating caring are two very different things. In the same vein, having skills and using them are two very different things. When employees engage in communication skills training, they improve their skills, but this doesn’t mean they use the skills in their work.

As I see it, bridging the gap between people’s capabilities and their USE of their capabilities is a major challenge to us as we pursue the consistently exceptional patient and family experience. So many healthcare organizations have invested heavily in communication skill training programs for staff. It’s obviously not enough for staff to “like” the training and give it high ratings. What matters most is their use of the skills in their everyday work. THAT’S what creates the concrete improvements in the patient and family experience that you seek as a return on your investment.

And herein lies the challenge. How can leaders ensure that members of their teams regularly use the communication skills they learn, as they go about their everyday routines? There is no avoiding it: This takes focus, commitment, time, and work on the part of the manager. Leaders need first of all to master the skills themselves –to have credibility and to be able to coach their team. They need to be able to say in good conscience, “Do as I say AND do as I do.”

A colleague of mine told me about a time when she conducted service excellence training for a hospital’s Admissions staff. During the training, they discussed how emotion-laden the Admissions touchpoint is for patients and families. And the employees committed to (and practiced) connecting to the patient and showing care and sensitivity, instead of exclusively focusing on information collection.
A few days after my friend conducted this training, a member of the Admissions staff stopped her in the hallway and said, with a tinge of sarcasm in her voice, “Remember that great training you did for us last week? Well, I saw a woman sitting by herself in the reception area with her little suitcase and she was crying. And I thought I have an opportunity to make a difference to this person right now. So, I left my cubicle, approached her, sat down and talked with her, and did my best to reassure her that she would be in good hands. And I felt really good about it—until later. When I returned to my cubicle, my boss called me aside and reprimanded me for leaving my station when we needed to process so many people. She didn’t even acknowledge that I did a nice, caring thing for the woman who was waiting. So, I loved your training, but I’m not allowed to use those skills in my job.”

This story demonstrates the fact that there is no point, in fact it’s counterproductive and disillusioning, to train staff in effective, caring communication and then send them back to a manager who doesn’t actively encourage, support and value employee use of the skills learned.

*Healthcare managers need to create the conditions that not only support and encourage use of the skills learned in training, but also require it.*

If managers don’t support and expect skill use, you are not going to get the quality improvement you want from the time, effort, and expense of training. And you will demoralize staff who want to be more than efficiency machines. They want to connect with people and make a difference to them.

**What does every healthcare manager need to do to make communication skill training matter to employees, patients, and families?**

<table>
<thead>
<tr>
<th>Leader Action</th>
<th>Sample Message Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Articulate with feeling the value of the skills.</td>
<td>These skills are really important to our effectiveness. Here’s why...</td>
</tr>
<tr>
<td>Master the skills yourself.</td>
<td>• I’ve worked on learning these skills myself, and I see their value firsthand.</td>
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<td></td>
<td>• I invite you to tell me when I misuse it or miss an opportunity to use it</td>
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<tr>
<td>Clarify expectations.</td>
<td>I expect you to use these skills. If you have it, but don’t use it, it’s of no value to the people we serve.</td>
</tr>
<tr>
<td>Lead by example.</td>
<td>No double standard here. Look, listen and you’ll see me using the skills too.</td>
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"I expect you to use these skills. If you have it, but don’t use it, it’s of no value to the people we serve."

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<td>Create practice opportunities.</td>
<td>The training helped us become familiar with the skills. Now we need to use them and use them again in a variety of situations, in order to achieve mastery.</td>
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<tr>
<td>Work on helping people apply the skills to specific situations they handle. Start with three situations, then another three, then another three.</td>
<td>To identify situations, ask such questions as: 1. When do you interact with patients or families who are full of emotion, whether the emotion is pain, delight, anxiety, fear or frustration? 2. When do the people you serve feel most upset or distressed? 3. What complaints do you have to handle often? 4. What policies do you have to enforce against the will of the people you serve? 5. What do you need to tell your customers that they do not want to hear?</td>
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<tr>
<td>Coach. Observe and give feedback and suggestions... ongoing.</td>
<td>• I happened to be there when...  • I noticed...  • How do you think that worked?  • Your thoughts on getting a better result?  • And I have another suggestion too...</td>
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<td>Verify skill use.</td>
<td>I’m checking to make sure you do use the skills: We can’t leave this to chance. I’m going to observe, ask for stories during rounding, invite feedback, and more.</td>
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<tr>
<td>Push hard for consistency.</td>
<td>The more you use these skills, the more you’ll see the positive results. You’ll feel good about the difference you’re making. And, the more you use the skills, the more they will become easy for you—second nature.</td>
</tr>
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<td>Call attention to the personal value of the skills to the individual. Address WIFM: “What’s in it for me?”</td>
<td>These skills are life skills. This is a big bonus. As you perfect them at work, the spillover to your life outside of work will enhance your life, your relationships with your kids, other family and friends, to say the least.</td>
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<tr>
<td>Dispel the myth that compassion can be dangerous.</td>
<td>So much that is written about compassion fatigue makes it seem like compassion is dangerous. While it can be draining to be bombarded by painful situations that evoke your compassion, it is more common that, when we are blocked from showing our compassion, we become fatigued and disengaged from our work. When we exercise our compassion, we make a difference and we feel good about the difference we’re making.</td>
</tr>
<tr>
<td>Address resistance directly.</td>
<td>We DO have time to use these skills. Here’s how I see it....</td>
</tr>
<tr>
<td>Address resistance directly.</td>
<td>Let’s share stories of these skills in action. Let’s savor the difference we’re making by being caring communicators.</td>
</tr>
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Share this article with your leadership team and ask them to do a self-check using this tool. And afterward, ask people to share with a partner a strength and an opportunity for improvement. And with the whole group, unearth and discuss the resistance points on the part of managers, so you can propel skill use, service quality and employee engagement forward.
The Beryl Institute now offers an institutional membership option for healthcare provider organizations. Individual facilities can offer unlimited memberships within their organization for a $1,000 annual fee. This is a bargain because ALL employees will receive full membership benefits including access to white papers, webinars, topic calls, blogs, and other resources exclusively for members. The richness of Beryl resources is amazing and it grows EVERY DAY! What a way to make case studies, ongoing education and wonderful tools available to everyone in your organization. And you can help people USE this resource once they’re members, by featuring a resource or two at every managers’ meeting, adding links to your employee newsletter, sending targeted emails that link to a Beryl resource related to an initiative going on in your organization. And much more. Click to learn more.

“If you want to go fast, go alone; if you want to go far, go together.”
African Proverb

Read this compelling case study by the Beryl Institute about 15 primary care clinics from four public health care systems who partnered with the California Health Care Safety Net Institute (SNI). The Goal: To measurably improve the patient and staff experience by (1) enhancing staff and provider communication skills with the Language of Caring program and (2) learning and implementing a package of support around Measuring, Understanding and Acting Upon patient experience data.

Staff Meeting Activity:
Reaching Goals
Have each team member share a goal (personal or professional) and how they plan to achieve it. Invite coworkers to watch for opportunities to help each other reach their goals.
The profession of Medicine is intrinsically noble, yet the current challenges in healthcare can separate physicians from the original principles we held at the time we first took our Oath. We have become less connected to our purpose, we work at a frenzied pace, we face endless frustrations, and we surrender more and more autonomy.

As a result, we not only experience less personal satisfaction and professional pride, but there is also evidence that medical errors are increased, we spend less time talking with patients, and we are less empathic. More diagnostic errors occur, costs increase, care suffers, and there are more ethical violations identified. In this workshop physicians will learn how to re-ignite their passion for their profession and for one another.

**HIGHLIGHTS:**

- The relevant principles of a contemporary Hippocratic Oath
- The power of mindful practice
- The value of committing to “one thing”
- The re-discovery of our noble purpose as physicians

**SKILLS AND TOOLS INCLUDE:**

- Personal and leadership processes to re-connect with and re-energize our professional communities
- Tools to refresh our daily discipline
- Tools to reframe “issues” for a more fulfilling future

**WHO SHOULD ATTEND?**

- CMOs, Physician Leaders, Patient Experience Leaders, Physician Facilitators, Champions and Coaches, Physician Alignment Leaders

**WEBINAR FACULTY**

Presented by Carla Rotering, MD, Vice President of Physician Services for Language of Caring and Medical Director of Respiratory and Pulmonary Rehabilitation at two Arizona medical centers.

An expert facilitator and exceptional communicator, Dr. Rotering engages her audience with concrete skills they can use to enhance the patient experience as well as their own professional pride and satisfaction. Dr. Rotering is co-developer of the web-based physician engagement program Language of Caring for Physicians and co-author of The Language of Caring Guide for Physicians: Communication Essentials for Patient-Centered Care.

**RESERVE YOUR FREE SPACE TODAY**

Promo Code: MEDICINE14
YOU AND YOUR COLLEAGUES ARE INVITED TO A FREE WEBINAR OVERVIEW

- Discover how these blended learning programs are helping organizations achieve breakthroughs in the patient experience and patient/family-centered care, as measured by CAHPS improvement
- Learn how these programs work and their specific components
- Preview our awesome new Client Portal for easy access to videos, all materials and sustainability resources
- Get to know our implementation services that help you jumpstart your strategy and accelerate your results
- Ask your questions!

Language of Caring

Achieving an unparalleled patient experience and a culture of caring through exceptional communication.

If you like this HeartBeat, please forward it to others. If someone else sent this to you, please subscribe at www.languageofcaring.com.

Join our LinkedIn Group “Quality Patient Experience and HCAHPS Improvement” and add to the rich discussions about the quality patient experience. AND please send us an INVITE so we can connect. Thank you!