We want to share with you a wonderful, thought-provoking piece by Faustino Gonzalez, MD FAAHPM, Chief Medical Officer of Hospice Services, TrustBridge Health, as told to Franzannie Guiteau at TrustBridge Health.

My experience as a physician and especially a hospice physician has taught me that it is infinitely the little things that matter to patients and families. It’s the small gestures of listening, communicating clearly, asking questions, accepting kindness and caring about who my patients are that shape the patient experience. Oftentimes we learn this valuable lesson through mistakes. I have learned to use those moments as opportunities for growth. In becoming the physician I am today, life’s classroom began to mold me in childhood.

Lesson 1: Listen to your patients and families

Each year, I write my little brother and remind him that his pain is why I became a doctor. He was run over by a car outside our apartment building. Though the emergency room doctors saved his life, they never took time to talk with my family. Mom had questions, but the doctors had no patience for her.

It was a defining moment. I knew I wanted to become a physician and that when I did, I would talk with my patients’ families. Even then, I intuitively saw something missing from medicine—the element of conversation.

Over the years, I learned that the greatest gift a doctor can give a patient is education. People want to know “why do I feel this way?” Even if you, as a physician, don’t have all the answers, taking the time to listen and explain what is going on gives them comfort and trust. It has therapeutic, medicinal value.

Lesson 2: Be clear and do not assume

After four years as a hospice physician, I realized that sometimes the way I communicated led people to believe they had longer life expectancy than they actually did. I was working with a patient suffering from end-stage renal disease. One day, her daughter confronted me about her mother’s prognosis.
She accused me of implying that her mother was getting better. Confused by this, I asked her what she meant. She reiterated to me what I had told her: her mother was stable. Her blood pressure was OK, she was making urine, and her breathing was OK. As a physician, I still did not understand what the problem with this was, since all of that information was accurate.

She told me this: when her family hears that she is stable and all of these things are going OK, they hear that she is getting better. She demanded to know whether her mother was dying or not.

I was mortified at the thought of how many times I had spoken just like this, perhaps creating a false hope for recovery. I should have explained what “stability” in hospice patients meant for her mother’s diagnosis, I should not have assumed that she understood vague medical terms like “stable.”

**Lesson 3: Ask patients what they want**

Ten years into my hospice career, I encouraged a CNA to get a patient with thyroid cancer who had a feeding tube and tracheotomy out of bed. The CNA gave her a bath, took her for a walk in the garden, stationed her wheelchair in the atrium near the waterfall to enjoy the sunshine and later brought her in the common area during lunch time. As I was doing rounds, the patient gave me a note complaining about all of the kind things that her CNA did. In her note she explained that the sun hurt her eyes because she has Glaucoma and she needs special glasses. The waterfall was like torture for her because she has a feeding tube and could not drink water as was sitting in the cafeteria while everyone ate food she could not have.

My first thought was, “How ungrateful!” Yet, as I continued reading, I realized that we never considered her perspective. We should have asked her what she wanted. The next day we procured sunglasses before taking her out, gave her something to moisten her mouth, and during her lunch hour we didn’t take her out of the room. I’d given academic lectures about patients’ perspective and needs, and still missed the mark.

**Lesson 4: When someone offers a gift of themselves, receive it without preconceptions**

I visited a couple in a crowded, multi-family home. Their baby had been born without most of its brain. I could see they were very poor, and yet they felt obligated to offer me the best of what they had—a bottle of water. Initially I said no because I didn’t want to take more from them. They were so disappointed. By not accepting their offer, I unintentionally gave the impression that I was better than they were. I did not understand this at first and continued to decline their attempts at hospitality. The family was not comfortable with me during the appointment, and I did not understand why. Eventually I accepted the water, and this simple act created a bond. I confirmed with the father later that he felt as though I was being disrespectful by not accepting their acts of kindness.
Lesson 5: “Patient” and “Caregiver” are not names, and they do not describe a lifetime

In medicine, when you ask about a patient’s medical history, you focus on clinical questions only. You miss the important stories that create who your patients are.

I take the time to understand my patients. Asking about who they are gives patients power and validates them. We remind them and we are reminded that they are more than their disease. This is espoused in hospice care. Yet, this simple step is often overlooked. When I began to make it a priority, it opened up a world for me.

Lesson 6: Life is a classroom

These lessons have made me not only a better physician, but a better human being, husband and father. Perhaps the most important lesson I learned is the importance of family. The same way I have learned to empathize with my patients, I have learned to listen to my family and put myself in their shoes. I didn’t change who I am; I just changed how I behaved and reacted.

Life’s classroom—and the patients who stepped in as professors—have taught me that clinical expertise can only take you so far. Though being an excellent clinician is imperative, patients and their families often remember the small things for the rest of their lives.

Watch a Medical Director and Clinic Manager with PeaceHealth Medical Group describe the impact of the Language of Caring for Physicians program. “I believe that the (Heart-Head-Heart Communication) tool is what transformed me from a manager into a leader.”
“We need to make the extra mile the normal mile.”

Sean Keyser; Corporate Vice President, Patient Experience; Novant Health

“No One Dies Alone”

A lonely patient’s request to nurse Sandra Clarke sparked the development years later of this wonderful program that makes volunteers available to comfort dying patients during their final hours. Watch Sandra describe the birth of this program.

Volunteers (often hospital staff) use the hospital's intranet to enter times they’re available (before or after their work hours or on a day off). They are called as needed. Volunteers have access to resources, including a CD player and calming music, a journal for recording thoughts and feelings, a sweater, a parking pass, a meal voucher and the list of important phone numbers. For information about program materials, contact the founder Sandra Clarke at saclark@peacehealth.org.

Unforgettable People

(Thank you to Elizabeth Jacobs, PFAC Leader at Johns Hopkins for this idea.)

Purpose: Help your team tune in to powerful experiences with people in their work world.

1. Ask your team members to share their response to this with a partner or trio: “Tell me about a patient (or coworker) you will never forget because of your positive experience with them.”

2. Ask your team members to share their answer to this with a partner or trio: Tell me about a patient (or coworker) who you think will never forget YOU because of their positive experience with you…. and describe the experience.

3. Afterward, ask the whole group:
   - How did it feel to share these stories?
   - What themes came up for you?
     a. What characteristics or behaviors make patients and/or coworkers unforgettable?
     b. What makes US unforgettable to patients/coworkers?

4. End by encouraging people to decide every day to make someone’s day…. So they will have more and more stories to tell.
Watch these two videos for personal renewal:

- Short excerpt on “Deep Listening” from Oprah’s interview with mindfulness expert Thich Nhat Hanh.
- 2-minute video on Cultivating Lovingkindness with Sharon Salzburg.

LANGUAGE OF CARING WEBINAR SERIES PRESENTS...

How to Deal with Difficult-for-Me People

In healthcare, we deal daily with people we find irritating or frustrating. There are also times when we must deliver messages that patients and families do not want to hear. Faced with unsettling behavior and the need to give unwelcome news, members of our care and service teams need to communicate with empathy, directness and tact. This webinar helps to reframe the concept of “difficult people” and strengthens key communication skills that, by turning up the warmth, turn down the heat.

**Highlights:**

- Words and actions that make matters worse, despite the caregiver’s best intentions
- Using Language of Caring skills to defuse emotionally charged situations
- In-depth attention to how you can hold your ground with compassion and composure after you’ve done everything possible to accommodate the other person
- How you can preserve your energy and reduce stress in everyday difficult situations

**WHO SHOULD ATTEND?**

- Everyone!

**WEBINAR FACULTY**

Wendy Leebov, Ed.D is Partner for Language of Caring. She’s a passionate advocate, speaker and consultant for creating healing environments for patients, families, and the entire healthcare team for over 30 years and author of more than 12 books for healthcare.

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Jill Golde, MA, Dorothy Sisneros, MS, MBA and Wendy Lebov, EdD—partners at Language of Caring.

Spread the Resources
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• Share and tweet the following link: http://languageofcaring.com/wp-content/uploads/2015/06/life-lessons-doctor-g.pdf

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