

A Framework for Practicing and Teaching Compassionate, Relationship-Centered Care

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Theme	In patient care and in teaching, the provider/ educator...	Communication strategies, examples	Education strategies, examples
Build relationships	<p>Practices nonjudgmental acceptance of patients and learners as persons.</p> <p>Shows interest in patients and learners as whole persons, including background, important past and current experiences, stressors, barriers to learning.</p>	<p>“Tell me something about yourself.”</p> <p>“What’s happening in your life?”</p> <p>“How are you doing?”</p>	<p>Seek information about the learners in advance when possible.</p> <p>Introduction routines</p> <p>Informal “shmoozing” and checking in</p> <p>Teach a holistic or “biopsychosocial approach” to patient care: Teach the “Psychosocial Review of Systems.” Create integrated biopsychosocial problem lists with learners.</p>
Practice presence	<p>Mindfully sets aside other thoughts, tasks and focuses attention on the patient or learner.</p> <p>Watches for and articulates shifts in verbal and nonverbal behaviors, tone of voice as clues to inner states, thoughts, emotions.</p> <p>Uses active and “reflective” listening (i.e. tracks closely and reflects back the essence of what’s been said or observed).</p>	<p>“You look upset.”</p> <p>“You look puzzled.”</p> <p>“So you’re saying... Have I got that right?”</p>	<p>Teach mindfulness as an alternative to multi-tasking.</p> <p>Prime learners to watch for and respond to “clues” in the moment.</p> <p>Video-review, stopping to “think aloud.”</p> <p>Observe bedside and exam room interactions of learners with patients, peers and team members, followed by debriefing and feedback.</p>
Nurture empathy	<p>Elicits information to understand patients’ and learner’s situation and perspective.</p> <p>Names, understands and responds to emotions and concerns of patients and learners.</p> <p>Uses words and non-verbal behaviors that show care & concern.</p>	<p>Use and teach learners to “RSVP” (reflect, sympathize, support, validate, partnership):</p> <p>“I hear you saying...”</p> <p>“I’m sorry...”</p> <p>“I’m here if you need help or support.”</p> <p>“It’s understandable that you would feel uncomfortable asking these questions.”</p> <p>“We’ll work on this together.”</p>	<p>Explore joyful and difficult moments, seminal events, and critical incidents using small group or one-on-one discussion, feedback, written narratives.</p> <p>Model and debrief learners’ observations of what’s been modeled.</p> <p>Observe learners’ interactions with patients, peers and team members, followed by debriefing and feedback.</p> <p>Teaching sessions on common situations (e.g. bad news, withdrawal of life support)</p> <p>Narrative medicine; Medical Readers Theatre; use literature, film and the arts to teach.</p>

Foster safety	Models humility Counters stereotyping and explores assumptions Fosters respect, Invites dialogue	“Help me understand why you’re saying…” “All questions are welcomed here.” Dialogue: “Great point, what do others think?” Humility: “I don’t know the answer. Let’s find out.”	Use teaching sessions and “teachable moments” to discuss “differences” (e.g. stigmatized conditions, cross-cultural care) as a lens through which to explore personal awareness of assumptions, attitudes, behaviors and their impact on others
Understand & integrate needs, concerns & expectations	Elicits, acknowledges and validates patients’ and learners’ knowledge, needs, concerns & expectations and integrates these with his or her own	“What shall we focus on today?” “What concerns you most about this?” “How can I be of most help to you in this situation/with this patient?” “I’d like to be sure we also discuss…”	Use educational contracts to illuminate learners’ needs and your expectations, and to agree upon content, roles, and how/when/on what feedback will occur.
Provide patient- and learner-centered guidance	Elicits patients’ and learners’ understanding of a condition, emotional state or situation to calibrate where to begin Provides information in ways that patients and learners can understand	Use and teach Ask-Tell-Ask: Ask: “Just so I know where to begin… ..what’s your understanding of this condition? ..what’s your understanding of this patient’s emotional state right now?” Tell: Small chunks of info in simple language Ask: “What questions do you have so far?”	Use the microskills of teaching: What do you think is going on? Why do you think that? Teach general principles (e.g. Start where the patient’s concerns begin) Praise what’s done well Correct mistakes
Practice and foster personal awareness and reflection	Practices being a participant-observer Seeks feedback from trusted colleagues Practices openness/non-defensiveness	“What struck you during that interaction?” “What were you thinking?” “What were feeling when the patient said…” “What went well?” “What would you do differently?” “What would you like help with?”	Provide feedback on agreed upon goals and expectations Teach how to be a participant observer: Practice taking a mini-internal time-out to reflect on what’s happening in the moment. Consider what you’re thinking/feeling, what others are saying and what you think they’re feeling. Decide how to respond to these reflections to shape a compassionate and effective interaction. Assign/request reflection papers or comments during and at the end of clinical experiences.