



Video Transcript: The Family Planning Patient Experience: Skills to Improve Every Visit

Anna Runkle (00:09): Hi, I'm Anna Runkle. And for many years I've worked with staff and providers in family planning clinics to make changes that result in a more positive patient experience. Patient experience is a buzzword in health care these days. Delivering a great experience, we now know, is not just about patient satisfaction. It can strongly influence health outcomes and make the difference between a stressful workday and a day that's filled with purpose, teamwork, and the joy of making a real difference in people's lives. Patient experience can also dramatically impact the overall success of your agency. More than ever, health care systems are focusing on quality, and it's important that we do our best to exceed patient's expectations throughout the visit. In this video, we're going to look at five simple skills that can help you quickly improve your interactions with patients. Let's look at what they are.

(01:01): One, make a welcoming statement. Two, use friendly words and tone of voice. Three, demonstrate empathy. Four, put things in the positive. And five, offer options. We'll show you some common ways things can go wrong in a patient interaction at the front desk, in the back office, and in the exam room. And then we'll see how these five skills can turn it all around.

Margo (01:31): No, we can't do that. Like I said, we can't do that.

Anna Runkle (01:35): This is Margo, and she floats from the front desk to the phones to the exam room. Like a lot of clinic staff, she's dedicated to delivering great care to patients, but she does a lot of multitasking. And that means she's often in a hurry with patients. Let's watch how she handles it when a patient drops in and wants to be seen.

Margo (01:55): Can I help you?

Sally (01:56): Yes, I think I need to be seen. I was here a couple weeks ago, and I had an infection and I think it's back.

Margo (02:01): Do you have an appointment?

Sally (02:04): No. When I was here last, they told me to just drop in if my symptoms came back.

Margo (02:09): Hmm, let's see. He might have something at five. He told you to just drop by?

Sally (02:18): He's said to call or drop in. I was on antibiotics, but they weren't working, or they were at first.

Margo (02:23): Yeah, it's just that we don't really have anything today. What's going on? Is it a UTI or something?

Sally (02:30): Uh, yeah, I think it's... I think it's back. It's pretty bad.

Margo (02:35): Okay, well, we'll probably need to get you in today, but, I mean, you're going to be waiting for at least an hour, and I can't really guarantee when he'll be able to see you.

Sally (02:44): Okay.

Margo (02:45): Yeah. So, what's your name?

Sally (02:46): Sally Pearson.

Margo (02:48): Okay, I'll get your chart. You can take a seat and I'll let you know what he says.

Sally (02:52): Thank you.

Anna Runkle: Okay. So, how is that compared to the front desk where you work? Margo maybe didn't demonstrate the best front desk skills you've ever seen, but her words and actions were not all that unusual. But let's look at it from another angle from the point of view of the patient. For Sally, this encounter actually made her feel—what—bad? I mean, here the doctor told her to just come by if symptoms came back, and they did, so she came back. And now Margo's barely hiding that she finds Sally to be a real pain. Have you ever been made to feel this way? I'm going to bet you have, because in any workplace where there is not an explicit focus on the patient experience, policies and behaviors will tend to creep towards what is convenient for staff. It doesn't mean we're bad people, it's just human nature. So, we need to consciously focus on the patient experience. So, how do you do that?

(03:53): There are millions of ways we can improve something in our lives. What I would like to share with you are five simple skills you can use that will radically improve the patient experience. They aren't cookie cutter answers to everything that can arise. Rather, they're guidelines you can use in any situation that will help you improvise a response that makes a difference. Okay, so let's go over the five skills again. They are: One, make a welcoming statement. Two, use friendly words and tone of voice. Three, demonstrate empathy. Four, put things in the positive. And five, offer options. So, let's review Margo's patient interaction and see how we might apply the five skills.

Margo (04:42): No, we can't do that. Yeah, I really have no idea. You'd have to call them. Okay. You're welcome.

(04:53): Can I help you?

Anna Runkle (04:54): Okay, skill one, make a welcoming statement. "Can I help you?" is not welcoming enough. Because first of all, everybody and I mean everybody deserves to be greeted when they walk into your office. You may be busy with another patient, you may be in the middle of something, but these wonderful patients who come to your practice make your life and your livelihood possible. And we need to keep in mind that it's not always comfortable to come to a medical appointment. Remember, you work here, you go through these motions and ask patients these questions all the time. But patients may not be feeling well. They may feel embarrassed or defensive, and here they have to walk up and tell a stranger, often in front of a roomful of strangers, why they're here. Do you like doing that? I don't like doing that. So, how do we make a welcoming statement? You say something like this. "Hi, welcome. I'm glad you're here." Or "you've come to the right place." Or "I can definitely help you with that."

Sally (05:58): Yes, I think I need to be seen. I was here a couple weeks ago, and I had an infection and I think it's back.

Margo (06:04): Do you have an appointment?

Anna Runkle (06:06): This is so unfriendly. Remember that patients often feel vulnerable and may be sensitive if they feel you're irritated, impatient, or judgmental. This is why the second of the five skills is to use friendly words and tone of voice. Phrases like, "I'd be happy to tell you about that." Or "Good for you!" Or "Let's see if we can find a time that works for you."

Sally (06:29): No, when I was here last, they told me to just drop in if my symptoms came back.

Margo (06:35): Hmm, let's see. He might have something at five. He told you to just drop by?

Anna Runkle (06:43): Ouch. Margo didn't seem to hear what Sally's saying. Sally is actually quite sick and may even be in pain. In health care, most situations demand empathy and that means responding with understanding when the patient says she's experiencing something difficult; pain, infection, relationship problems, worries about an illness. And that's why our third skill for a better patient experience is to demonstrate empathy. Saying things like, "I'm sorry to hear that," "I hope you feel better," or "That must have been tough."

Sally (07:16): He said to call or drop in. I was on antibiotics, but they weren't working, or they were at first.

Margo (07:21): Yeah, it's just that we don't really have anything today. What's going on? Is it a UTI or something?

Anna Runkle (07:28): Margo may talk about infections all the time, but she's making assumptions. And for the patient, this is not something to discuss in the waiting room.

Sally (07:39): Uh, yeah, I think it's... I think it's back. It's pretty bad.

Margo (07:43): Okay. We'll probably need to get you in today, but I mean, you're going to be waiting for at least an hour, and I can't really guarantee when he'll be able to see you.

Sally (07:51): Okay.

Margo (07:52): Yeah.

Anna Runkle (07:53): Oh, so negative. "We don't have anything, you're going to be waiting at least an hour," or "I can't guarantee he can see you." And remember, the patient has done nothing wrong. She's just doing what the doctor told her to do. That's why it's important to put things in the positive. Even when you have to explain something that's unhappy or inconvenient, there's a way to make it positive. You can say things like "There are no more appointments available that day, but what we can offer you is..." Or "We don't have that treatment available here, but we do have..."

Margo (08:28): So, what's your name?

Sally (08:29): Sally Pearson.

Margo (08:30): Okay, I'll get your chart. You can take a seat and I'll let you know what he says.

Sally (08:34): Thank you.

Anna Runkle (08:36): How do you feel when you have no choice? Depressed? Resigned? Angry? The sense of being stuck, having no choice is actually the number one cause of a rage reaction in a customer or patient situation. Having options is a basic human need, and it's also reality. If you can't give your patients some choices about their health care, then they might just exercise their choice to go somewhere else. So, the fifth skill for delivering a better patient experience is to offer options. Even when you have an absolute rule, you want to avoid saying you have to fill in the blank. Instead, you can say, "for patients who want this, we ask that this," or "I can tell you about the procedure, the cost and the medication available... what would you like to hear first?" Or "what time of day is best for you?" Okay, so those are the five skills. Now, you want to see how that scene plays out when you use the five skills? Let's watch.

Margo (09:44): Hi, welcome! I need to finish this phone call, but I'll be right with you. Okay?

Anna Runkle (09:50): Right away, she's in a friendly tone with friendly words and tone of voice.

Margo (09:57): All right. Thank you for waiting. I needed to finish the phone call, but I didn't want to just leave you standing there. How can I help you?

Anna Runkle (10:04): That is what we call a welcoming statement. Very nice that she had that window closed so she could keep her phone conversation private, too.

Sally (10:13): Yes, so I think I need to be seen. I had an infection and I think it's back.

Margo (10:17): Do you have an appointment?

Sally (10:20): No. When I was here last, he told me to just drop in if my symptoms came back.

Margo (10:25): Okay. And he said to just drop by?

Anna Runkle (10:27): Okay. She was surprised, but she stayed friendly.

Sally (10:31): He said to call or drop in. I was on antibiotics, but they weren't working, or they were at first.

Margo (10:37): Okay, I can tell that you're uncomfortable.

Anna Runkle (10:39): She demonstrated empathy and again, she was friendly.

Margo (10:44): Fortunately, things should open up soon, so if you want, you can wait. Although I think it could be—let's see—as long as an hour because we have one, two, three, four patients who've been taken back already. But I'll tell you what, if you want to go out and come back in an hour, I can hold your spot for you, and we should be able to get you in pretty quickly. Would you rather do that?

Sally (11:05): No, it's okay. I'll wait here.

Margo (11:07): Okay. You'd like to wait? All right.

Anna Runkle (11:10): There it is; options. Here, instead of telling the patient she has to wait, she's offering options. She can wait an hour or come back in an hour. It's still an hour, but it's a choice.

Margo (11:23): Write your name on this for me, please, and I'll get your chart. We'll call you back just as soon as we can, okay?

Sally (11:30): Thank you.

Margo (11:31): Yeah, sure thing.

Anna Runkle (11:35): And there it is, the five skills to improve the patient experience. Now let's go to the back office and see how the five skills can be applied there.

Samantha (11:47): Hello? Excuse me.

Julie (11:53): Oh, you're not really supposed to be in here.

Samantha (11:56): I'm sorry. I have this urine...

Julie (11:59): Well, actually, leave that in the urine cut through in the bathroom.

Samantha (12:02): I'm sorry, where am I supposed to leave this?

Julie (12:04): Let me take that. If you could wait across the hall, take a seat there and I'll be with you in a sec.

Samantha (12:10): Okay.

Julie (12:14): Okay. So, Samantha, pregnancy test, first time at this clinic, and you left a lot of this blank.

Samantha (12:24): Oh, yeah. I'm sorry, I wasn't sure what to write.

Julie (12:27): Okay, well, just tell me about your pregnancies. How many pregnancies?

Samantha (12:31): Two.

Julie (12:31): Two what? Births?

Samantha (12:35): Sorry, two births—my two daughters—and I had three miscarriages.

Julie (12:43): So, Five. Okay, so if the test is negative, you want an IUD?

Samantha (12:48): I think so. I had some questions I wanted to ask though before.

Julie (12:53): Well, that you'll have to ask the nurse practitioner. All right. So, let me check your test results and we'll go from there. Okay?

Samantha (13:01): Okay, thanks.

Julie (13:08): Okay. The test is negative, so you can go up to the front and schedule a consult with the nurse practitioner. Okay? Are we good?

Samantha (13:18): Okay, thanks.

Anna Runkle (13:24): "Okay, thank you," she says. Poor Samantha has been through a tough time, but Julie doesn't seem to be hearing her. Let's watch the scene again and see where Julie was missing opportunities to make this a better experience for Samantha.

Samantha (13:39): Excuse me.

Julie (13:41): Oh, you're not really supposed to be in here.

Anna Runkle (13:44): Oops. Not very welcoming. Samantha feels embarrassed walking around the clinic with her cup, and Julie's not making it any easier.

Samantha (13:53): I'm sorry I have this urine...

Julie (13:55): Well, actually, you leave that in the urine cut through in the bathroom.

Anna Runkle (13:59): Julie's using clinic jargon. It's not friendly to embarrass that patient with words she has to ask you to define.

Samantha (14:07): I'm sorry, where am I supposed to leave this?

Julie (14:09): Let me take that. If you go wait across the hall, take a seat there and I'll be with you in a sec.

Samantha (14:15): Okay.

Julie (14:19): Okay. So, Samantha, pregnancy test, first time at this clinic, and you left a lot of this blank.

Anna Runkle (14:29): That is a negative statement, "You left a lot of this blank."

Samantha (14:34): Oh, yeah. I'm sorry, I wasn't sure what to write.

Julie (14:37): Okay, well, just tell me about your pregnancies. How many pregnancies?

Samantha (14:42): Two.

Julie (14:43): Two what? Births?

Samantha (14:45): Sorry, two births—my two daughters—and I had three miscarriages.

Julie (14:52): So, five.

Anna Runkle (15:54): Oh, no. Julie completely ignored what Samantha just disclosed: three miscarriages. This is what it looks like to speak without empathy or patience.

Julie (15:05): Okay, so if the test is negative, you want an IUD?

Samantha (15:08): I think so. I had some questions I wanted to ask though before.

Julie (15:13): Well, that you'll have to ask the nurse practitioner. All right. So, let me check your test result and we'll go from there, okay?

Samantha (15:22): Okay, thanks.

Anna Runkle (15:26): Boy, Samantha is an awfully nice person to keep saying thank you when she's treated with so little empathy. Let's see what can happen when Julie applies the five skills.

Samantha (15:39): Excuse me.

Julie (15:40): Oh, dear. Oh. I did not mean to leave you walking around with your cup.

Anna Runkle (15:48): Right away, Julie is demonstrating empathy, showing that she's paying attention to how another person feels.

Julie (15:56): You know, if you're ever leaving a sample with us, you can just use this nifty little door we have. It's between the bathroom and the lab. And you don't have to walk around carrying your cup.

Samantha (16:06): Oh, I'll definitely remember that next time.

Anna Runkle (16:09): Great. Julie starts their interaction by making the patient feel welcome and using friendly words and tone of voice and turns and embarrassing moment into an opportunity for warmth and humor.

Samantha (16:21): Thank you.

Julie (16:22): Samantha, I need just a minute to set up your test. So, if you want to take a seat across the hall in that little room, I'll come join you, we'll go over your history while we're waiting for the results of the test.

Samantha (16:31): Okay. Thank you.

Julie (16:32): All right. Okay, Samantha. You say here that you've had two pregnancies.

Samantha (16:42): Yes, two girls.

Julie (16:44): And any pregnancies that didn't result in the birth?

Samantha (16:49): Yes, three. I had one miscarriage before the birth of my first child and then two before the birth of my second.

Julie (17:01): Oh, that's hard.

Anna Runkle (17:03): Okay, Julie heard it this time, and she showed Samantha that she understood and cared about what she had just shared.

Samantha (17:11): I mean, after three, I just... I didn't think I could handle being pregnant again. But then came Natalie.

Julie (17:18): Natalie! Pretty name.

Anna Runkle (17:21): Empathy means responding to the happy things patients say as well as the unhappy things.

Samantha (17:27): Thank you. She is 22 months.

Julie (17:31): Okay. And so where are you with this today? Are you hoping to be pregnant?

Samantha (17:36): Hoping not to be pregnant.

Julie (17:39): Hoping not to be, okay.

Samantha (17:42): But if I am, it's okay.

Anna Runkle (17:44): Julie is doing something good here, asking questions so she understands and not just grilling the patient for the information missing on the medical history.

Julie (17:53): So, it sounds like you could be happy either way, but you rather you weren't pregnant?

Samantha (17:58): Yes. My husband, he got laid off in November. And we're just trying to hold on, you know, until he gets a new job.

Julie (18:06): Well, I hope you keep hanging in there.

Samantha (18:09): Thank you.

Julie (18:11): I'm just going to pop across the hall and check your test result, okay?

Samantha (18:14): Okay.

Anna Runkle (18:17): In family planning clinics, we see patients who are sometimes at a very tender moment in their lives. They may be having hard times financially or in their relationships, or they may be going through a lot emotionally because of the possibility of pregnancy. Julie recognizes this and shows that she cares.

Julie (18:41): The test is negative.

Anna Runkle (18:43): Julie takes her time to make a connection with Samantha before delivering the news.

Samantha (18:52): Negative. That's good.

Julie (18:54): So, you said you were interested in an IUD?

Samantha (18:58): Yes, I am. I want to get something that totally works, but I also want to have the option to get pregnant again, just in case, you know, we get to that place again.

Julie (19:10): Great. Well, we can talk about the different kinds of IUDs available.

Anna Runkle (19:15): Now, here's where Julie even manages to offer Samantha options and to put things in the positive. Listen.

Julie (19:22): And if you want, I can go up to the front desk and we can see if we can get you into the nurse practitioner today for an insertion. Otherwise, we can discuss the different kinds of birth control you can use until you can come back again. Sound good?

Samantha (19:37): That's perfect. Thank you.

Anna Runkle (19:41): Wasn't that nice? Now let's look at one more interaction, this time in the exam room.

Laura (19:49): Ana, hi, I'm the nurse practitioner. My name is Laura.

Ana (19:53): Hi.

Laura (19:54): So, Rachel tells me that you want another birth control method?

Ana (19:58): Yes. I just don't like taking the pills. I don't like the way they make me feel.

Laura (20:03): Well, you didn't like the way the shot made you feel, and you didn't like the implant.

Ana (20:09): No, I'm sorry, I didn't.

Laura (20:12): You just stopped taking them? You're not protected, you know.

Ana (20:15): I know.

Laura (20:16): Do you want to get pregnant?

Ana (20:19): No, I just... Honestly, I just don't think that I like taking the hormones.

Laura (20:25): I hear so many women say that, but we have lots of patients here that take the low dose pills very successfully. Maybe we can just clear up what you believe about the pill and get you protected as soon as possible. Anyways, at some point you have to pick a method and stick with it. It's either that or get pregnant.

Ana (20:48): Okay, well, I guess I'll just keep taking the pills then.

Anna Runkle (20:52): Laura seems like she's actually a good nurse practitioner, but she's so sure she knows what's right for Ana that she may be putting her at risk for unintended pregnancy. That's a quality issue and a patient experience problem. Let's consider the five skills and where Laura has the opportunity to apply them.

Laura (21:17): Ana, hi, I'm the nurse practitioner. My name is Laura.

Ana (21:21): Hi.

Laura (21:22): So, Rachel tells me that you want another birth control method?

Ana (21:26): Yes. I just don't like taking the pills. I don't like the way they make me feel.

Laura (21:32): Well, you didn't like the way the shot made you feel, and you didn't like the implant.

Anna Runkle (21:37): The patient is being responsible and coming back to try to change her birth control method, but instead of making her feel welcome and validating her, Laura's trying to make her feel guilty about coming.

Ana (21:48): No, I'm sorry, I didn't.

Laura (21:50): You just stopped taking them? You're not protected, you know.

Anna Runkle (21:54): Laura is sincerely worried that Ana isn't protected, but her tone is hostile.

Ana (22:00): I know.

Laura (22:02): Do you want to get pregnant?

Ana (22:04): No, I just... Honestly, I just don't think that I like taking the hormones.

Laura (22:10): I hear so many women say that, but we have lots of patients here that take the low dose pills very successfully. Maybe we can just clear up what you believe about the pill and get you protected as soon as possible.

Anna Runkle (22:25): Here, Laura is trying to say what she has to say as nicely as she can, but she basically thinks the patient is wrong and that she's not capable of choosing the right option.

Laura (22:36): Anyways, at some point you have to pick a method and stick with it. It's either that or get pregnant.

Anna Runkle (22:44): Oh. Not true, Laura. No one has to choose a method.

Ana (22:49): Okay, well, I guess I'll just keep taking the pills then.

Anna Runkle (22:56): In this scene, Ana wasn't given the option to make her own decisions. The nurse practitioner was pushing her idea of what was best, and she was being negative about Ana's reasons for wanting a change. Ana had gone to a lot of trouble to get an appointment and seek a better method. But in the end, she just gave up. When patients are treated negatively or told what they have to do, a few of them will get angry and push back. But most will say nothing. They'll appear to go along with whatever they're told because they don't want to have a conflict or because they don't see themselves—yet, anyway—as being in charge of their own health care. But make no mistake, the consequences of a poor patient experience are still there. Let's see how things can go differently when Laura validates the patient and her concerns with welcoming statements and then offers her options about what to do next.

Laura (23:55): Hi, Ana. I'm the nurse practitioner. My name is Laura. So, Rachel tells me you're having some side effects with your pills, and you want to change your current method.

Ana (24:04): Yes.

Laura (24:05): Okay, great. We definitely want to find something that you're happy with. So, can you tell me what's going on with your current method?

Ana (24:12): Well, I was kind of hoping that the low dose would decrease the side effects, but I'm spotting all the time and I'm still having those same feelings that I didn't like with other methods that I've tried.

Laura (24:24): Can you describe that?

Ana (24:26): Just like “ugh.”

Laura (24:29): Like depressed or tired?

Ana (24:31): Yeah, just kind of like “bleh.”

Laura (24:35): Well, we definitely don't want you to feel “bleh.”

Ana (24:39): No, I want to feel good.

Laura (24:41): And you've tried the shot which...

Ana (24:44): Mm [negative], same thing.

Laura (24:46): And the implant.

Ana (24:48): Mm [negative].

Laura (24:49): Okay. I'm glad you came in here and told me that. We're just going to keep plugging away at this until we get something that works for you, all right?

Ana (24:58): Okay.

Laura (25:00): Is there another method you'd like to try? Would you like me to talk about some other choices?

Ana (25:07): Sure.

Anna Runkle (25:08): So, there it is. Laura applied all five skills and turned the entire visit around. We hope this video has inspired you to put the five skills into practice. They're simple, they're powerful, and they can make your work life more meaningful and happy. Positive interaction is just one part of providing a great patient experience, but it is an important one. Keeping these five simple skills in mind can help you maintain a focus on making every patient experience a great one.