



HeartBeat

ON THE QUALITY PATIENT EXPERIENCE

Insights, tips, tools and resources to help you achieve the unparalleled patient, family and employee experience



**RESHAPING
THE CULTURE
OF CARE**



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Soapbox: Questioning Our Questions

By Wendy Leebov, Ed.D., Partner; Language of Caring, LLC

My grandkids live far away. Still, I talk to them on Skype all the time, but often had a very difficult time getting a conversation rolling. I fired questions at them and usually got one-word answers. It was very frustrating, to say the least. One day the lightbulb went off and I realized the reason I got one-word answers. I was asking yes, no or short-answer questions. That's when I decided to PLAN open-ended, thought-provoking questions before every call. Just maybe this would help my grandkids open up and really yak with me.

The results of my conversations with my grandkids have been so good in the weeks since my epiphany, that I started noticing the questions doctors, nurses, managers, and others ask during healthcare interactions. At times, one person will ask a patient or co-worker a question that actually discourages the other person from giving a thoughtful response. This begs the question: Are they afraid the other person will go on and on and require more time than they have? Or, perhaps they don't realize they are asking questions that require little thought or response. Whatever the reason, I have come to realize that short-answer and yes and no questions can sometimes stop communication instead of stimulating it.

Let me explain. We've all sat in a medical office reception area filling out long medical history forms. The form asks us to read through a long list of problems, and check "yes" or "no" in the appropriate boxes. I actually don't mind filling out these forms, because I understand that the physician wants to eyeball my history as we talk, even though my immediate concerns might not be included on the checklist. What I don't like is when I'm face-to-face with the doctor and he or she then asks me a long series of yes-no, or short-answer questions to single out my concerns. Although this may not be the doctor's intent, it still feels like he or she is walking me through a form with yes and no boxes, except now its face-to-face and out loud, instead of written. "Is this a problem?" "No." "Is this a problem?" "No."



The alternative: An open-ended question, like, “What problems or concerns are you having?” See the difference?

Here’s a typical example of what I mean —

Patient: “I have a stomach ache.”

Doctor: “Do you feel bloated?” “Is it a sharp pain?” “Is it on your right side?”

When asked short-answer, or yes and no questions (closed-ended questions) it seems you have to name every alternative...like a guessing game. I think you would learn so much more if you were to ask open-ended questions, such as, “How does it hurt?” or, “Tell me what it feels like.” or, “Now show me where it hurts.” Targeted questions, such as these point the doctor in a direction of a diagnosis, open the lines of communication and often serve to clarify what patients are experiencing. Of course, if the patient can’t really explain, it might be very helpful to ask yes-no questions.

“Clearly, beginning with open-ended questions... is a ‘blended’ approach that shows you care, and encourages conversation.”

Clearly, beginning with open-ended questions that allow patients to put their concerns into their own words, then asking targeted questions to add clarity and sift out specific details, is a “blended” approach that shows you care, and encourages conversation.

Open-ended questions are essential to patient-centered care.

Beth Lown, MD, internist at Mount Auburn Hospital and instructor at Harvard Medical School said, “*The biomedical culture encourages physicians to think principally of the disease paradigm, to the exclusion of a patient’s experience of symptoms and illness. But if you ask questions about the patient’s experience, you will be more efficient, more patient-centered and inherently more empathetic. You end up widening the list of diagnostic and therapeutic possibilities.*”

Open-ended questions encourage the person to talk—to share their thoughts, concerns and perspective in their own words. Patients engage. They are active, not passive. They produce information that is rich and meaningful to them, while also shedding light on possibly underlying concerns. And they produce valid, helpful information quickly.

Examples of Open-Ended Questions:

- What’s concerning you that you would like us to address? And what else?
- What does it feel like?
- What have you already done to try and feel better? And what happened?
- What are your thoughts about what would help?
- How has this illness affected your daily life?
- Last time we talked, you were having trouble with your breathing. Tell me—how has your breathing been over the last few weeks?”



Questions That Check a Person’s Understanding

“Do you understand?” Are your next steps clear to you?”

Although questions like these are often asked with the best of intentions, most people will answer “yes,” simply because they don’t want to admit they don’t understand. Or, maybe they think they understand, when in reality, they don’t.

Our team’s *Language of Caring for Physicians* program includes a module on “Effective Explanations.” In this module, we discuss the fact that just because you explain something, doesn’t mean the patient has understood.

The alternative?

The “Teachback Technique” (sometimes called the “Tellback Collaborative Method”). This technique invites the patient to restate — in their own words — what you’ve told them. And when you fine-tune questions in a supportive and non-threatening way, the patient won’t feel tested or embarrassed. This also helps you know what they have, or haven’t understood, so you can clear up any confusion, and clarify any other concerns.

“...when you fine-tune questions in a supportive and non-threatening way, the patient won’t feel tested or embarrassed.”

CLOSED-ENDED QUESTIONS (People feel pressure to answer either “yes” or “no.”)	OPEN-ENDED QUESTIONS
<ul style="list-style-type: none"> • “Do you understand?” • “Is that clear?” 	<ul style="list-style-type: none"> • Teachback - “We’ve discussed a lot, and I want to be sure you feel clear about your next steps. What is your understanding of your next steps? OR: “I’m curious when you get home and your wife asks you to tell her all about your plan, what will you tell her?”
<ul style="list-style-type: none"> • “Do you have any questions?” 	<ul style="list-style-type: none"> • “What questions do you have?”
<ul style="list-style-type: none"> • “Have we addressed everything you wanted to discuss?” 	<ul style="list-style-type: none"> • “What else do you want us to discuss before you go?”



Open-ended questions aren't just for patients!

In *many* situations, open-ended questions are far more productive than short-answer questions.

“In *many* situations, open-ended questions are far more productive than short-answer questions.”

Situations Calling for Open-Ended Questions		
When you want to learn how people are feeling after communication skill training	<p><i>Did you like the session?</i></p> <p><i>Did you learn anything useful?</i></p> <p><i>Should we do more training like this?</i></p>	<p><i>How did you feel about the session?</i></p> <p><i>What did you learn, if anything?</i></p> <p><i>What else could we do to help you sharpen your communication skills?</i></p>
When you're interviewing people for a position	<p><i>Did you find your last job satisfying?</i></p> <p><i>Have you ever handled a really difficult customer?</i></p> <p><i>Are you willing to work at odd hours when you're trying to meet a deadline?</i></p>	<p><i>Tell me about a time when you found your job particularly satisfying.</i></p> <p><i>Tell me about a time when you were involved with a very disgruntled or upset customer.</i></p> <p><i>Tell me about a time when you ran out of time when you were facing a deadline.</i></p>
When you want to learn about your child's or friend's day	<p><i>Did you have a good day?</i></p> <p><i>Do you feel exhausted?</i></p>	<p><i>How was your day?</i></p> <p><i>How are you feeling now?</i></p>
When you want feedback from your boss	<p><i>Were you satisfied with my report?</i></p> <p><i>Am I meeting your expectations?</i></p>	<p><i>What did you think about my report?</i></p> <p><i>What concerns do you have about my performance?</i></p> <p><i>How do you think I'm doing in meeting your expectations?</i></p>



Quick Practice

Like most things you want to improve, it takes practice. Turn the following questions into open-ended questions. You can do this yourself, or engage your co-workers in this quick practice as well. Then share peoples' responses.

“If you really want to know how or what a person thinks, follow open-ended questions with targeted questions.”

Question Practice: Convert the closed-ended or short-answer questions on the left to open-ended questions. Jot down your revision on the right.	
Questions to Patients	
Have your allergies been under control this spring?	
Do you want me to share information with your family?	
Have you been smoking?	
Is your mother feeling good?	
Will you be sure to call me if you have a problem with your medication?	
Questions When Rounding on Patients	
Are we treating you well during this hospital stay?	
Have our nurses responded quickly when you needed them?	
Would you tell your friends good things about our hospital?	
Questions When Rounding on Employees	
Are you having a good day?	
Is there a lot of stress today?	
Is your team working well together?	

Now, listen to yourself. Check for open-ended vs. closed-ended questions. Ask someone to observe you, and jot down any closed-ended questions you ask. Then, rethink these questions and decide how you can convert them into more useful open-ended questions. Until they become second-nature, carry them with you into the exam room or on rounds, or at the dinner table as a prompt.

Consider this: If you really want to know how or what a person thinks, follow open-ended questions with targeted questions — only by integrating both can we create the optimum conversation from which to make the best decisions.



Case Study: CHOP Advances Family-Centered Care with the Language of Caring.

The Children’s Hospital of Philadelphia is widely respected as a pioneer of Family-Centered Care. They have engaged in a powerful initiative that has strengthened their culture and helped to make Family-Centered Care a far-reaching reality.

Rachel Biblow, CHOP’s Senior Director of Patient and Family Services, describes their implementation of the Language of Caring for Staff program and how it has strengthened family-centered communication throughout CHOP.



Hear CHOP’s compelling story



Are You a Worrier?

“Worry is like a rocking chair. It gives you something to do but never gets you anywhere” –Erma Bombeck

I was having lunch with several patient advocates at a recent workshop on “Dealing with Difficult-for-Me-People.” We were chatting about the health consequences of getting stressed about difficult people, and one person said, “You want to know how I REALLY make myself sick? WORRYING— worrying about anything and everything!” We proceeded to share things we each worry about.... “Will I be able to leave today in time to pick up the kids?” “Will enough nurses show up to provide for a full house?” “Will my boss embarrass me in front of other people, yet again?” “Will an irate family member consume my whole day with a maddening complaint?”

It turned out to be quite hilarious, because the things we worry about are things WAY beyond our control. And we agreed, “What a WASTE of our energy and talent!”



So, I got to thinking more about worrying, and because I am a reformed worrier, I would like to share a few questions/suggestions I find helpful:

1. Is this my problem? Is it about my future and choices? If it's not about you, you're causing yourself unnecessary stress.
2. Shift your mind to what you can do about it, if anything. For instance, jot down a list of ways you could respond to different situations related to your worry. Worrying without problem-solving is really a waste of energy.
3. Consider how you could handle the worst-case scenario. If you can figure out a way to address that, then you can quiet your racing mind, because you're ready. Also, you can remind yourself that your worst scenario is not typically what actually happens.
4. What is one thing I can do about this, even a very small thing? If it is totally out of your control and there isn't a single thing you can do about it, ask yourself whether you really want to waste your energy like this—over things you can't control.



“Kind words will unlock an iron door.”

Turkish Proverb



Rachel Naomi Remen in the great book, *Kitchen Table Wisdom: Stories That Heal* — tells a Sufi story about a man who is so good that the angels ask God to give him the gift of miracles.

Step 1: Read the story to your team.

“So the angels visit this good man and offer him first the gift of healing by hands, then the gift of conversion of souls, and lastly the gift of virtue. He refuses them all. They insist that he choose a gift, or they will choose one for him. “Very well,” he replies. “I ask that I may do a great deal of good without ever knowing it.”

The story ends this way: The angels were perplexed. They took counsel and resolved upon the following plan: Every time the saint's shadow fell behind him it would have the power to cure disease, soothe pain, and comfort sorrow. As he walked, behind him the shadow made arid paths, green, caused withered plants to bloom, gave clear water to dried up brooks, fresh color to pale children, and joy to unhappy men and women.

The saint simply went about his daily life diffusing virtue as the stars diffuse light and the flowers scent, without ever being aware of it. The people, respecting his humility, followed him silently, never speaking to him about his miracles. Soon they even forgot his name and called him “*the Holy Shadow.*”

Step 2: Ask your team to pair up and tell each other about a person they know who they think casts a “holy shadow”—doing good wherever they go.



Are Language of Caring Programs Right for Your Organization? REGISTER FOR A FREE WEBINAR OVERVIEW TO FIND OUT.



OR



Overview of Language of Caring for Staff®
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REGISTER NOW!

Overview of Language of Caring for Physicians®
July 29, 2015
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- 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 Client Portal for easy access to videos, all materials and and sustainability resources
- Get to know our implementation services that help you jumpstart your strategy and accelerate your results
- Ask your questions!

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SPACE IS LIMITED

Contact Us!



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

Spread the Resources

- Forward this month’s Heartbeat email to others.
- Share and tweet the following link: <http://languageofcaring.com/wp-content/uploads/2015/07/questioning-our-questions.pdf>

Received this from a colleague? **Sign up today!**

Join our LinkedIn Group “Quality Patient Experience and HCAHPS Improvement” and add to the rich discussions.

PLEASE FOLLOW US!

