



# 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: The Need for Self-Compassion

*Carla Rotering, M.D., Vice President, Physician Services, Language of Caring, LLC*

Despite my noble aspirations, I am no saint. I struggle every day of my clinical work in Medicine. I enter rooms distracted. Sometimes, I don't listen, and would rather be directive and parental than engage my patients. I impose my will on patients, families, and co-workers. On rare occasions, I give patients what they want, even when it isn't necessary, just to save time. At times, I harden my heart against the human suffering before me because it is simply too risky to go deeper, be more intimate, to be present.

I bring my body to my work, while sometimes my heart and mind are engaged elsewhere. I am, in a nutshell, still learning every single day to feel and speak the Language of Caring.



These things happen less often than they once did. These days, they happen rarely enough that I actually notice them, as though I am an observer of my own actions. That awareness serves as an entry point to change my direction – to point myself toward something more aligned with my heartfelt devotion to the patients who seek my care.

### More Buttons Than I Even Knew I Had

I saw a patient recently who pushed more buttons than I even knew I had. She is challenging just by way of her personality – a little edgy, a lot resistant, relatively noncompliant, with an expectation that it is my job to fix her – always urgently. She is also very sick. She has end stage lung disease, and continues to struggle with tobacco dependence. She lives at an altitude of 8000 feet and refuses to leave. Now she has a new cancer diagnosis. She is so thin that she is a whisper of a person, and does not find value in food. She has a husband who challenges every recommendation or observation I make. In addition, she has fragmented care. I don't know what providers she is seeing, where they are, or what they are doing. She sees a primary care doctor here, a radiation oncologist somewhere else, and was hospitalized out of town recently. We have no records and she claims she doesn't know a single thing that went on. She has a new medication for "something" but doesn't know its name, what it's for, or whether it is working. She is having some kind of "stomach test" but is unclear what that might be.



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“I doubt that any of us always behaves or responds in the ways we would like to – that’s just reality.”

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She is a very bright woman who managed her own business successfully throughout her adult life. Yet, when it comes to her healthcare, she appears uninformed and does not seem to want to know anything. She just shows up and allows us to do whatever we choose, rejects lifestyle recommendations, and then complains that she is not better from whatever it is that is “wrong” with her. And what is wrong with her – what she has come to see me for – is that she can’t eat, can’t breathe, can’t sleep, has pain everywhere, and feels like she is dying.

### **The Storm Within**

As I sat with her, a storm took form inside of me. Suddenly, I was overwhelmed by a huge barrage of reactions and judgments – of her, of her husband, of the other providers, of myself. My own pulse soared, my skin prickled with irritation, and I could feel my jaw – indeed all of my muscles – begin to clench. I became frustrated and impatient.

And here’s what I noticed.

I was self-righteous. I wasn’t hearing a word of her story about her current pain and suffering. I wasn’t maintaining eye contact with her. I had stopped connecting with her.

I didn’t scold or chastise her, and I suppose there is some redemption in that.

But I didn’t help her.

What slipped away in those moments was my desire to offer her comfort on both the emotional and physical level – my desire to ease her suffering – my desire to help her. I didn’t choose to try to get to the bottom of her suffering. Instead, I got lost in the story I created about how patients are supposed to look and act, what they should know, and what they should prioritize. I got lost in a world of “shoulds” – and she didn’t make the grade for a single one of them! I concentrated on what was “wrong” with her and forgot that she was suffering, frightened and yes - dying.

I got lost in my thinking and lost in my story.

I forgot about her. And I felt awful.

I doubt that any of us always behaves or responds in the ways we would like to – that’s just reality. We know all too well the feelings that emerge when we recognize we have not behaved in ways we would like to. We know the relentless inner accusations we throw at ourselves when we get enough distance to realize what has happened.

### **What I Have Come to Know**

What I have come to know– truly know – is that we have the power and inner authority to create a different understanding – to shape our experience in a more tender and heartfelt fashion that truly expresses our caring and our humanity to our patients and to ourselves.




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“When we offer warmth and understanding to others, we contribute to their healing.”

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Mercifully, what I finally remembered with my suffering patient is this: simply slow down to the speed of life, take a deep breath or two (literally) and ask two potent questions:

- 1) What is the kindest thought I could think about this person right now?
- 2) Is there a reason I could understand that might cause a rational human being (including myself!) to act the way this person is acting, or to do the things he or she is doing?

Rather than battering myself or others for perceived shortcomings and failures, these questions help me diffuse my escalating disturbance and turn me in a different direction. They help me tap into a pool of compassion and tolerance, so that I can operate from a higher ground. I can be gentler with my own shortcomings – more indulgent about my humanness. I can see myself and others through calmer eyes and learn to serve as a witness to what is occurring. The kindness I remember to express to patients can translate to a kindness I can also express to myself.

When we offer warmth and understanding to others, we contribute to their healing. When we offer that same warmth and understanding to ourselves – when we choose to stop ignoring our own experience – we meet ourselves with forgiveness and compassion and contribute to our own well-being. And from that place – we can offer truly genuine compassion to ourselves and to those who come to us for care.

Even if, for a little while, we forget.



**Get Certified!**

Don't miss the opportunity to join the inaugural class of Certified Patient Experience Professionals (CPXP). Applicants need at least three years of professional experience in a patient experience role or strategy (as healthcare professional, consultant, or patient and family member). A CPXP demonstrates clear qualifications to senior leaders, colleagues and the industry. Also, achievement of certification highlights a commitment to the profession and to maintaining current skills and knowledge in advancing the field. You can achieve CPXP designation by passing the online CPXP examination. The first test window is December 2015 and the application process is now open. [Click here to learn more.](#)



Kelly Johnson, Miss Colorado: WOW! During the talent competition, she skipped the song and dance and talked about Nursing. I loved it. [Watch here.](#)



### UbiDuo

This device allows staff members to communicate face-to-face with deaf, hard of hearing or non-speaking patients and family members. People sit facing one another, each with a keyboard. It's easy to use and always available even when interpreters are not scheduled or it is not easy to use remote video interpreting. For information, contact Paul Nicholson ([paul@scomm.com](mailto:paul@scomm.com); 866-505-7008)



I can recall walking into one patient's room and she asked, "What's wrong?"

**Doctor:** "Why are you asking?"

**Patient:** "Your face and forehead are all wrinkled."

**Doctor:** "Yes, I am thinking about how to help you."

**Patient:** "Think in the hallway and smile when you come in here."

*Bernie Siegel, MD, Love, Medicine and Miracles*



### Leaders, Are You Helping?

The National Institute for Occupational Safety and Health (NIOSH) of the Centers for Disease Control has been studying workplace stress for two decades. They suggest several leadership actions that reduce stress within work teams. Ask yourself:

- 1) Do I evaluate people's workloads to ensure they are doable with the available resources?
- 2) Do I make sure people's roles and responsibilities are clearly defined and understood?
- 3) Do I make sure people have a voice in decisions and actions that directly affect their jobs?
- 4) Do I maintain open communication?
- 5) Do I clarify and support career development paths that reduce uncertainty about future employment prospects?
- 6) Do I provide opportunities for social interaction?
- 7) Do I organize teams to work together and support one another in handling their workloads?

*Now what? Drawing on these suggestions, what is one intentional action you can take to reduce your team's stress?*



Ask people to think with you about staff meetings. Maybe they can help you improve them. For instance:

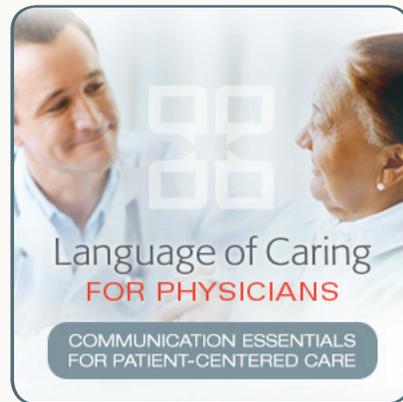
- 1) Form trios.
- 2) Ask the trios to design the "A+ Inspiring Staff Meeting."
- 3) After 10 minutes of discussion, invite the groups to report.
- 4) Close with the question: "Of all you heard, what's one thing you want us to try out in order to make our meetings more engaging and useful?"
- 5) Then, follow through!



## 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®**  
October 13, 2015  
12-1 PM (EDT)  
**REGISTER NOW!**

**Overview of Language of Caring for Physicians®**  
October 20, 2015  
12-1 PM (EDT)  
**REGISTER NOW!**

- 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!

**SIGN UP TODAY!**  
SPACE IS LIMITED

### Contact Us!



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Jill Golde, MS, 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/2015/10/need-for-self-compassion.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!

