

Responding to Patient Feedback (including complaints)

A leaflet for healthcare staff



Making conversations easier

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Gather information

- a. Active and reflective listening
- b. Use questions

Provide information

- a. Provide the correct amount and type of information
- b. Aid patient recall and understanding
- c. Incorporate the patient's perspective
- d. Shared decision-making

Close the conversation

- a. Forward planning
- b. Ensure appropriate point of closure



The quieter you become, the more you are able to hear

Rumi, 1207 -1273



Brings you back to contents





Initiate

a. Prepare yourself



Be aware of your personal appearance, a professional approach is important

Make sure that you have completed any outstanding tasks and that you are in the right frame of mind for the conversation.

What do you need to find out from the other person? What new understanding do you need the other person to reach? Know that you are doing this from a place of care and compassion.

Remember you have many meetings and conversations each day, but for the patient and their loved ones this is a unique and vital conversation.

Initiate

b. Prepare the environment

It is important to establish a therapeutic space for your conversations and to take any steps necessary to respect the patient's privacy.

Where possible, put a sign on the door to your consultation area/space/room to ensure privacy and avoid interruptions.

If you are at the hospital bedside, it is important to take any possible steps to respect the patient's privacy.

Ensure that you have switched off/turned to silent your phone and any computer applications and notifications.



Have pen, paper, healthcare record and any necessary documents to hand.

Initiate

c. Prepare your information

Are there records that you need to read before the conversation? Read carefully information from colleagues, test results, referrals and letters.

Prepare a list of points to cover, and consider your agenda for the conversation.



Remember the patient will also have their own agenda which needs to be included.

Evidence shows that the impression you give the patient at the start of the conversation has a significant impact on their view of you and their readiness to share sensitive healthcare concerns.



Initiate

Communication skills

- Prepare yourself
- Prepare the environment
- Prepare your information

TIP

On the day of meeting the patient, it is important for the team to meet before the patient and their loved ones arrive. The aim of this pre-briefing is to ensure that team members are clear on respective roles and the meeting agenda.



Initiate

d. Greetings and introductions

Warm greeting

Greet the patient with a warm 'hello'

Consider nonverbal approaches like shaking hands.

Introduce yourself (name and role)

Hello, my name is Yvonne O'Brien and I am the consultant obstetrician

Check the patient's name and how they like to be addressed

It's Margaret Egan, is it? And what do you like to be called... is it Margaret or...?



Initiate

Check who is with the patient (name/relationship)

And who is with vou here today?

Check if the patient consents to that person being involved in conversations about their care.

Use the patient's name, particularly when demonstrating empathy

If I understand correctly **Maggie**, you are feeling angry about...and you must be worried too This type of reflective comment will usually lead to the patient giving more information about the situation.





Initiate

Communication skills

- Warm greeting
- Introduce yourself (name and role)
- Check the patient's name and how the patient likes to be addressed
- Check who is with the patient (name/relationship)
- Use the patient's name, particularly when demonstrating empathy

TIP

Even if you have already met the patient/family, re-introduce yourself and explain who you are, your role, the team – "Hello my name is _____. I am part of the team team of respiratory doctors who are working with your father." If more than one person, signpost how the conversation will go – "We are here to listen to you and John. We want to be sure that we are clear about your concerns. There's no hurry at all. We have as much time as you need..."

Initiate

e. Non-verbal behaviour

Facial expression

Maintain a warm facial expression



Facial expressions are a common form of nonverbal communication. Examples include smiling, crying and grimacing.

Eye contact



Make and maintain appropriate eye contact with the patient.

Our eyes convey how we feel and what we are thinking.

Open body language

How we sit, stand or walk can convey strong messages.

Sit down at eye level with the person and look attentive.

interested and calm. A relaxed posture is important so the patient doesn't feel rushed.



Initiate

Pace, pitch and tone

Use appropriate pitch, slow pace and a warm tone of voice.



It is often through our pace, pitch and tone that we reveal our feelings and attitudes.

Touch

Touch can be used to show support, care and empathy.

A hand on the arm or shoulder if the patient becomes upset.



Space

Give your patient space while staying connected with them.





Initiate

Maintain focus on the patient

That's a really important point, John (our scribe) will make a note of all of your concerns in the meeting notes. We will send you a copy of these after the meeting.

A dedicated scribe can take notes during the meeting. This allows staff to maintain a focus on the patient.

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- Eye contact Space
- Open body Maintain focus language on the patient
- Pace, pitch & tone

TIP

Demonstrating relaxed and open non-verbal behaviour will build rapport and trust. Remember that non-verbals are 'two-way'. Observing and interpreting the patient's nonverbals helps us to understand how the patient is feeling or the extent to which they agree with or understand the information being shared with them.

Initiate

f. Involve the patient

We are in this together

Can you hear me ok? Is it better for you if I sit on this side?

Are you comfortable? Would you like me to get you some water?

I am here. You are not alone



Involving the patient helps to build connection, trust and psychological safety

Communication skills

- Establish that the patient can hear and understand you
- Share your thinking
- Ask permission for what you are doing
- The right words & phrases



Initiate

g. Demonstrate empathy

Get

It sounds like this has been very difficult for you **Una.** I can certainly see why this situation has made you feel... (name the emotion that you see or hear).

Identify

You look frustrated

You sound worried when you say that

Explore

This is such a tough situation. I think anyone would be scared. Could you tell me some more?

Validate

Its been really tough for you

It is normal to feel stressed when you are waiting for results.

When emotion is high, communication cannot flow



Initiate

Explicitly refer to the difficult emotions the person may be feeling by naming the emotion. Do so with some tentativeness and don't worry if you get it wrong, the person will correct you. It is also empathic to tell the person that you cannot imagine what they are going through – this shows you recognise the uniqueness of their experience.

Communication skills

G.I.V.E. to connect, understand, and support*

- G Get that it's emotion
- Identify the emotion
- V Validate
 by acknowledging feelings
- E Explore
 to better understand the emotion

^{*} Dr Laura Rock, Assistant Professor, Harvard Medical School



Initiate

h. Identify the reasons for the conversation

It can be helpful to begin by discuss the sequence of events leading up to this point. Observe verbal and nonverbal cues to assess the patient's emotional state. Listen without interruption.

Open questions

I can imagine that it has been a long 2 weeks for you... What else? Tell me more about that? What is important to you right now?



Active listening

Give the person time to speak without interruption. Use verbal and nonverbal listening skills (nodding, leaning, silence, pauses, summarising and screening) to encourage them to express their emotions.

Initiate

Reflective listening

So you are really angry because the doctor left you alone in the room with your legs still in the stirrups and with no covering. You were alone in this position for 10 minutes before John came in & found you like that. Have I got that right?



Summarise the points that the person has made. This helps to confirm that you have listened carefully to what they are saying and to make sure that both of you are talking about the same problem(s) or concern(s).



Initiate

Pause/Silence

This allows an opportunity to hear other issues which may be important but which have not been surfaced yet.

Summarise a shared agenda

I'd like to take a moment please to check that I've got it right...

Ask for permission

Niamh and I have read your letter and talked about it. Is it ok if we go through some of the detail of your story with you now?



Provide structure

Progress from one section of the conversation to the next using signposting.



Initiate

Communication skills

- Open questions
- Active listening
- Reflective listening
- Pause/silence
- Summarise a shared agenda
- Ask for permission
- Provide structure

TIP

Using good communication skills at the start of the conversation results in mutually understood common ground. This helps to build rapport, trust and enables the rest of the conversation to flow more smoothly.



a. Active and reflective listening

Don't be afraid to use **silence** during a conversation. Silence offers you and the patient time to reflect on what has been said.

Effective pauses

You sound sad (pause)... tell me more about that...

Minimal encouragers

Uh-huh/Yes/Right/ Ok/Mmm-mm Brief responses to let the patient know you are listening and keeps them talking.

Summarising

Thank you for telling me that. What I am hearing is... Did I get that right?





Gather

Communication skills

- Silence
- Effective pauses
- Minimal encouragers
- Summarising
- Non-verbals (face the patient, open body posture, leaning, nodding, appropriate eye contact)

TIP

Listening to understand helps you to hear the words that are spoken **and** any underlying messages from the patient. Summarising what the patient has said and repeating it back to them shows that you have listened. This also gives the patient an opportunity to **hear** what they have said, reflect on it and correct any misunderstandings.



Gather

b. Use questions

Helpful questions usually require more than a 'yes' or 'no' answer, typically beginning with 'who,' 'what,' 'when,' 'where,' and 'how'.

Open questions

Tell me more about..? How do you feel about?... What have you considered so far?



Ask open questions that show you've been paying attention and that move the discussion forward.

Gather

Screening

So you are very anxious about this report. You think that you will not get a full report as one of your slides went missing - is there anything else on your mind?

Closed questions

How many weeks have you been taking the heart medication?

Screen at a natural pause to encourage the patient to continue their story.



TIP

Open questions are broad in nature, do not suggest a 'right' answer and show the patient that you are interested in their story. Closed questions do not promote discussion and are only used when you want specific information or to bring closure to an issue. Closed questions usually begin with words like: Do, Can, How many, and so on.

Gather

Communication skills

- Open questions
- Screening
- Closed questions
- Silence

TIP

Core emotional concerns are fundamental, universal human motives driving behavior, cognition and emotion. By identifying and exploring these core emotional concerns (appreciation, affiliation, autonomy, role and status), we can build and enhance relationships with our patients. The quickest and most effective way to support someone's core emotional concerns is to listen, to properly listen to understand.

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Video: Core Emotional Concerns





Patients often say that want they want most of all is an acknowledgment of their feelings and concerns.

a. Provide correct amount and type of information

Find out what the patient already knows or understands and what they want to know.

Assess the starting point

Just so I know where to begin, could you tell me what you know already about...?



When you have established what the patient already knows and wants to know, merge this agenda with the information you want to provide.



b. Aid patient recall and understanding

Chunk and check

First I am going to tell you about... (pause), then we can talk about what we can do to help you (pause)...

Apologise

We are very sorry to hear that you were upset by... that should never have happened

Provide small chunks of information, slowly, pausing regularly to check understanding.

Ask what other information would help the patient

Many people also want to know...? Would that be helpful for you?







Avoid giving advice or reassurance prematurely

It is better if patients understand their own situation and work out what would work best for themselves.

Before we talk about what we can do to help you, tell me more about...

Communication skills

- Assess starting point
- Chunk and check
- Ask what other information would help the patient
- Avoid giving advice or reassurance prematurely

TIP

You will know that the conversation is working well when it becomes more like a question-and-answer session with the patient asking the questions.



c. Incorporate the patient's perspective

Ask the patient what is important to them.

Relate explanation to patient's ideas, concerns and expectations

You said you were worried that... I can see why you thought that. I think it is more likely that...

Watch for and respond to nonverbal cues

You look worried (pause), are you concerned about ...?

Allow time and opportunity for the patient to contribute

What questions do you have for me now?

Reflect what you observe or hear with a statement. To explore the patient's thoughts further, use tell me more...





Communication skills

- Relate the explanation to the patient's ideas, concerns and expectations
- Watch out for and respond to nonverbal cues
- Allow time and opportunity for patients to contribute

TIP

Acknowledge and validate how people feel, this builds connection and helps to make emotions less overwhelming so that people can participate in the conversation.





d. Shared decision-making

Share your thinking

So what we think would be best to do now...? How does that sound?

Use 'we' and make suggestions. Check with the patient.

Explore options

What do you think? Tell me about...? What is important to you...?



Instead of listing options, use open questions to understand the patient's goals, views and wishes.



Provide

Negotiate the plan

How do you feel about ...?

Signpost your own preference and determine the patient's preference.

Check with the patient

What questions do you have for me now?



Provide

The aim when sharing information is to agree the next steps and check the patient's understanding of the information that you have given to them. If there are nonverbal cues, describe what you see. Use language that mirrors or reflects the patient's language... it looks like you have something on your mind.

Communication skills

- Share your thinking
- Explore options
- Negotiate the plan
- Check with the patient

TIP

Check that the person is happy with the plan by inviting questions, observing the person's nonverbals and agreeing on next steps.



Close

a. Forward planning

Outline next steps

I will make arrangements for... You have my contact details if you want to get back to us about anything...

Offer ongoing support (e.g. contact details) as the patient may think of questions after the conversation.

Safety netting

If you are worried about anything in the meantime...you could contact...







b. Ensure appropriate point of closure

Summarise the conversation (briefly)

Thank you both for taking the time to write to us and to meet with us today. I am very sorry for our failure to...

Check with the patient

Before you go, can I check that you are comfortable with the plan?...
What questions do you have for me now?

Final check that the patient agrees with and is comfortable with the plan.







Document fully what you told the patient and their relatives. This will help to facilitate co-ordination of care

Communication skills

- Outline next steps
- Safety netting
- Summarise the conversation (briefly)
- Check with the patient

TIP

Healthcare conversations can be difficult. It may be helpful to debrief with a colleague or take a short break before your next meeting or conversation.





This Skills Card is the work of the National Healthcare Communication Programme.

