The Power of Presence: 
Timeless Tools for Influencing 
the Patient Experience

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28 Sep 18

Purpose and Outline

Purpose: To provide practical tools to Advanced Practice Nurses for connecting with their patients and their families in powerful and effective ways.

Outline:
1. Connecting with patients
2. Effective use of self as a tool
3. Motivational Interviewing Techniques
4. Importance of Self-care

Connecting with Patients

Too often we underestimate the power of a touch, a smile, a kind word, a listening ear, an honest compliment, or the smallest act of caring, all of which have the potential to turn a life around.
Leo Buscaglia - 1924-1998, Author and Speaker
Sitting at Eye Level

- Perceive provider as being present longer
- Improved patient experience
- Feel questions were better addressed
- Better understanding of their condition
- Improved patient compliance

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The Power of Listening

People start to heal the moment they feel heard.

Cheryl Nohmad

Active Listening

- Be present in the moment
- Listen to understand, not to reply
- Maintain eye contact
- Show attentiveness with body language
- Keep an open mind
- Allow space to talk without interruption
- Convey empathy
- Reflect back

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**Self-Awareness**

- Become aware of biases, judgements and paradigms you may have that could affect your perception
- Play detective on yourself, by noticing when energy rises up in certain situations – evaluate within what might be causing that visceral reaction
- Be open to feedback from others
- Self-reflect & journal

**JOHARI Window**

[Diagram of JOHARI Window]

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Readiness for Change

5 Basic Principles

(D.E.A.R.S.)

• Develop Discrepancy
• Express Empathy
• Avoid Argumentation
• Roll with Resistance
• Support Self-Efficacy

Motivational Interviewing

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Develop Discrepancy

Change happens when the pain of staying the same is greater than the pain of change.

Tanya Robbins

Express Empathy

Avoid Argumentation

- Direct arguing creates resistance
- Telling patient they have a problem can lead to defensiveness
- Meet patient where they are at
- Allow patient to discover for themselves
- Needs to be a sense of readiness to change

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Roll with Resistance

- Asking Permission
- Reflective Listening
- Shifting Focus
- Reframing
- Emphasize personal choice and control
- Side with the Negative

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Support Self-Efficacy

# Whether you think you can or you think you can’t, you’re right.
- Henry Ford

A.R.O.S.E.

5 Basic Skills

- Affirmations
- Reflective Listening
- Open Ended Questions
- Summarizing
- Eliciting Change Talk

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Affirmations

- Statements that encourage, reinforce and acknowledge appropriate attempts or forward progress
  - “I’m glad you came in today.”
  - “Good work.”
  - “You’re doing great.”

Reflective Listening

- Demonstrating interest in what patient has to say
- Utilizing reflective statements
  - “So you feel…”
  - “It sounds like you…”
  - “You’re wondering if…”
  - “So, on one hand it sounds like… And, yet, on the other hand…”
  - “I get the sense that you are wanting to change, and you have concerns about…”
  - “What I hear you saying is…”

Open-ended Questions

- Questions cannot be answered with ‘yes’, ‘no’ or quick reply
- Encourages patient to do most of the talking
- Avoid the question ‘Why?’ as it puts people on the defense
  - “Tell me more about when this first began…”
  - “What’s happened since we last met?”
  - “What makes you think it might be time for a change?”
  - “What brought you here today?”
  - “What was that like for you?”
  - “What’s different for you this time?”
**Summarizing**

- Application of reflective listening that links together what was discussed and prepares patient to move on
- "Let me see if I understand you so far..."
- "Okay, here's what I've heard so far. Listen and tell me if I've missed anything important."

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**Change Talk**

- Change talk is any statement coming from the patient that expresses at least one of the following:
  - Desire to change
  - Ability to change
  - Reason to change
  - Need to change
  - Commitment to Change

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**How to Elicit Change Talk**

- Asking evocative questions
- Exploring pros and cons
- Asking for elaboration
- Imagining extremes
- Looking forward
- Looking back
Eliciting Change Talk

**Asking Evocative Questions**
- “What would you like to see different about your current situation?”
- “What makes you think you need to change?”
- “In what ways has this been a problem for you?”
- “What will happen if you don’t make a change?”
- “Why do you think others are concerned about your [insert risky problem/behavior]?”

**Exploring Pros and Cons**
- “What are some of the good things about…”
- “What are some of the not so good things about…”
- “What worries you about…”
- “What worries you about quitting?”

**Ask for Elaboration**
- “Tell me more about this…”
- “When was the last time this happened?”
- “Can you give me an example?”
### Eliciting Change Talk

#### Imagining Extremes
- "Suppose you don't change, what is the WORST thing that might happen?"
- "What is the BEST thing you could imagine that could result from changing?"

#### Looking Forward
- "If you were to decide to change, what would you have to do to make this happen?"
- "What would your life be like 3 years from now if you changed your [insert risky problem/behavior]?"
- "What would be the advantages of making a change?"
- "If you make changes, how would your life be different from what it is today?"

#### Looking Backward
- "Before you began feeling like this, what was your life like?"
- "Going back a time in your life before this became a problem for you, tell me what you wanted, hoped or expected your life to be like?"
Road Blocks

• Ordering, directing or commanding
• Warning or threatening
• Giving advice, making suggestions or providing solutions
• Persuading with logic, arguing or lecturing
• Moralizing, preaching or telling patients what they ‘should’ do
• Disagreeing, judging, criticizing or blaming
• Shaming, ridiculing or labeling
• Agreeing, approving, or praising
• Reassuring, sympathizing or consoling
• Withdrawing, distracting, humoring or changing the subject

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Asking for Permission

• Communicates respect for patients
• Patient more likely to discuss changing when asked, rather than being lectured
• “Do you mind if we talk about [insert behavior]?”
• “Can we talk a bit about your [insert behavior]?”
• “I noticed on your medical history that you have hypertension, do you mind if we talk about how different lifestyles affect hypertension?”
• “(Can substitute lifestyles with specific areas of concern…diet, exercise, alcohol use, etc…”

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Readiness for Change Ruler

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all ready</td>
<td>Somewhat ready</td>
<td>Mostly ready</td>
<td>Fully ready</td>
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Affirmations

- Recognizes a patient’s strengths, successes and efforts to change
- Acknowledges patient’s behavior changes and attempts to change
- Increases a patient’s confidence in their ability to change
- Must be authentic
- “Your commitment really shows by [insert a reflection about what patient is doing].”
- “You showed a lot of [insert adjective – strength, courage] by doing that.”
- In spite of what happened last week, your coming back today reflects that you are concerned about changing your [insert risky behavior].”

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Decisional Balance

Exercise 1

- “You have no business telling me what my kid needs.”
- “I love it when people who don’t have kids think they can tell me how to raise mine.”
- “Oh, for Pete’s sake. Can’t you do anything better with my tax dollars than ask me ridiculous questions like these?”
- “I don’t want help from any of you people.”
- “I don’t want to work with a 22 year old Nurse Practitioner if it’s all the same to you.”
Exercise 2

DECIDING TO CONTINUE DRUG/ALCOHOL USE
What are some of the good things about using drugs/alcohol?
What are some of the not so good things about using drugs/alcohol?

DECIDING TO BE CLEAN/SOBER
What are some of the not so good things about being clean and sober?
What are some of the good things about being clean and sober?

• On a scale of 1-10, how important is it for you to be clean and sober?
• On a scale of 1-10, how confident are you that you can become clean and sober?

Not important Not confident
Not important Not confident
1 2 3 4 5 6 7 8 9 10
1 2 3 4 5 6 7 8 9 10

Very important Very confident
Very important Very confident

Note: If a patient gives a rating on importance, ask, “I see what you rated importance a 3. Can you tell me why you didn’t rate it a 1?”

Note: If a patient gives a low confidence score, ask, “What would it take to move your confidence from a 2 to a 4?”

Self-Care

YOU CAN’T POUR FROM AN
EMPTY CUP.
TAKE CARE
OF YOURSELF FIRST.

Closing Quote

“I’ve learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel.”
- Naya Angelou

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References


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