

Communication Do's and Don'ts During Patient Engagement

Craig Phifer, PT, MHA

Dependence Phase

DO	DON'T
Build trust by demonstrating empathy and validating the patient's experience.	Give them too much to focus on.
"I'm sorry you've had to deal with this."	Instead
"I would feel in your situation, too."	
	Minimize the physical and mental load. Keep things simple to avoid overwhelm. This might look like an HEP that has one exercise on it.
Find the positive through the use of Motivational Interviewing.	Use controlling language when asking questions and/or giving commands.
• "On a scale of 1 to 10, with 1 meaning 'not the least bit ready' and 10 meaning 'totally ready,' how ready are you to?"	Instead
Ask why they didn't provide a lower number to help them consider their personal motivations.	Avoid setting negative expectations about the treatment, which may provoke the nocebo effect.
Demonstrate your commitment.	Double up or rush their sessions.
Follow up with your patient. Check in to see how the first day of their exercise or new behavior went.	Instead
 Encourage them to contact you by providing your business card, email address, or cell phone number. 	Allow plenty of time for 1:1 focus to build the relationship of trust and foster better engagement.



Empowerment Phase

DO	DON'T
 Bring the patient into the process. "What questions do you have? How does that work for you?" Highlight care that didn't require your involvement. If a patient previously required manual manipulation for relief and is now able to create that relief on their own, highlight that they were able to produce that result themself via their HEP. Begin to phase out the manual therapy and phase in more home exercises. 	Indulge the patient's inclination to rely on you. Instead Encourage any attempts toward independence. Less "doing to" and more "doing with." Highlight what didn't work. Instead If a patient tries something on their own and doesn't get the desired outcome, stay positive! Say something like "Everyone has a unique nervous system, and now we know what does and doesn't feel good for yours. That's important data that you helped us collect!"
 "What role do you think smoking plays in how you were feeling?" The goal of this conversation isn't to enact immediate change, but to get the patient thinking about it. 	



Self-Determined Phase

DO	DON'T
Ask the hard questions to prepare for what's next. "Where do you want to be? What do we need to do to help get you there? What do you think the next step is?"	Get upset when the patient doesn't do everything you ask. Instead Step back and remember that this is a natural part of the process and it's healthy for them to explore boundaries. We must help patients explore the vision for their health and what they can do beyond this process.
Complete their care by reviewing where they started and where they are now. Remind them they have everything they need to stay in control of their own health. • Prepare them for the eventuality of future pain by reminding them of what they learned. If at any point that's not enough, you're still there and you can get them in any time.	
Remind them that their story is powerful. They can help others by spreading the word about their journey. Rehabilitative care isn't always top of mind when someone is experiencing pain or another challenge, but your patient's experience shows firsthand the powerful results of treatment.	