THE FOUR HABITS MODEL

			DAVOEF
HABIT	SKILLS	TECHNIQUES AND EXAMPLES	PAYOFF
INVEST IN THE BEGINNING	Create rapport quickly Elicit the patient's concerns	 Introduce self to everyone in the room Refer to the patient by last name and Mr. or Ms. until a relationship has been established Acknowledge wait Make a social comment or ask a non-medical question to put patient at ease Convey knowledge of patient's history by commenting on prior visit or problem Consider patient's cultural background and use appropriate gestures, eye contact, and body language Start with open-ended questions: "What would you like help with today?" Or, "I understand that you're here for Could you tell me more about that?" 	 Establishes a welcoming atmosphere Allows faster access to real reason for visit Increases diagnostic accuracy Requires less work Minimizes "Oh by the way" at the end of visit Facilitates negotiating an agenda Decreases potential for conflict
	Plan the visit with the patient	 Make eye contact and smile at patient so you are perceived as attentive. Repeat concerns back to check understanding Let patient know what to expect: "How about if we start with talking more about, then I'll do an exam, and then we'll go over possible tests/ways to treat this? Sound OK?" Prioritize when necessary: "Let's make sure we talk about X and Y. It sounds like you also want to make sure we cover Z. If we can't get to the other concerns, let's" 	
ELICIT THE PATIENT'S PERSPECTIVE	Ask for the patient's ideas	 Assess patient's point of view: "What do you think might be causing your problem?" "What worries or concerns you most about this problem?" "What have you done to treat your illness so far?" "Have you sought help in your community?" Ask about ideas from loved ones 	 Respects diversity Allows patient to provide important diagnostic clues Uncovers hidden concerns Reveals use of alternative treatments or requests for tests Improves diagnosis of depression and anxiety
	Elicit specific request Explore the impact on the patient's life	 Determine patient's goal in seeking care: "How were you hoping I could help?" Check context: "How has the illness affected your daily activities/work/family?" "What are the main problems your illness has caused for you?" 	
DEMONSTRATE EMPATHY	Be open to the patient's emotions	 "What are the main problems your liness has caused for you?" Respond in a culturally appropriate manner to changes in body language and voice tone 	 Adds depth and meaning to the visit
	Make an empathic statement	 Look for opportunities to use brief empathic comments Name a likely emotion: "You seem really worried." Compliment patient on efforts to address problem 	 Builds trust, leading to better diagnostic information, adherence, and outcomes Makes limit-setting or saying "no" easier
	Convey empathy nonverbally	 Use a pause, touch, or facial expression 	
	Be aware of your own reactions	 Use your emotional response as a clue to what patient might be feeling 	
INVEST IN THE END	Deliver diagnostic information	 Frame diagnosis in terms of patient's original concerns 	 Increases potential for collaboration Influences health outcomes Improves adherence Reduces return calls and visits Encourages self care
	Provide education	 Explain rationale for tests and treatments Review possible side effects and expected course of recovery Discuss lifestyle changes that are consistent with patient's lifestyle, cultural values and beliefs Provide resources, for example, written materials, in patient's preferred language when possible 	
	Involve the patient in making decisions	 Discuss treatment goals: express respect towards alternative healing practices Assess patient's ability and motivation to carry out plan Explore barriers: "What do you think we could do to help overcome any problems you might have with the treatment plan?" Test patient's comprehension by asking patient to repeat instructions. "Just so I am sure that I have explained things well, would you tell me your understanding of the next steps?" Set limits respectfully: "I can understand how getting that test makes sense to you. From my point of view, since the results won't help us diagnose or treat your symptoms, I suggest we consider this instead." 	
	Complete the visit vsician Education & Development, TP	 Summarize visit and review next steps Ask for additional questions: "What questions do you have?" Ask family members if they have other questions Assess satisfaction: "Did you get what you needed?" Close visit in a positive way "It's been nice meeting you." "See you in months." "Thanks for coming in." PMG, Inc. Revised April, 2003 in partnership with the Institute for Culturally Competent Care. 	



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Four Habits Model: 23 Skills

Habit 1: Invest in the Beginning

Skill #1: Indicate clear familiarity with patient's history.

Skill #2: Greet patient in a manner that is personal and warm. Skill #3: Make non-medical comments to put the patient at ease. Skill #4: Identify the problem(s) using open-ended questions, with minimum interruption. Skill #5: Encourage patient to expand in discussing his/her concerns. Skill #6: Generate an agenda early in the visit to elicit the full range of patient's concerns.

Habit 2: Elicit the Patient's Perspective

Skill #7: Explore patient's understanding of the problem.

Skill #8: Ask (or respond with interest about) what the patient hopes to get out of the visit.

Skill #9: Attempt to determine in detail (or show great interest in) how the problem is affecting the patient's lifestyle.

Habit 3: Demonstrate Empathy

Skill #10: Openly encourage expression of emotion.

Skill #11: Clearly accept/validate patient's feelings.

Skill #12: Explore patient's feelings by identifying or labeling them.

Skill #13: Display nonverbal behaviors that express great interest, concern and connection throughout visit.

Habit 4: Invest in the End

Skill #14: Frame diagnostic and other relevant information in ways that reflect patient's initial presentation of concerns.

Skill #15: Pause after giving information, to allow patient to react to and absorb it.

Skill #16: State information clearly and with little or no jargon.

Skill #17: Fully and clearly explain the rationale behind current, past, or future tests and treatments so that the patient understands their significance.

Skill #18: Test for patient comprehension.

Skill #19: Invite patient input into decision-making.

Skill #20: Explore acceptability of treatment plan and express willingness to negotiate if necessary.

Skill #21: Explore barriers to implementation of treatment plan.

Skill #22: Ask for additional questions from patient (and respond to them in at least some detail).

Skill #23: Make specific plans for follow-up to the visit.

*These skills are based off of the Four Habits Model developed by Frankel, RM and Stein, T and are being used by Center for Care Innovations' for The New Agenda: Patient Centered Strategies for the Exam Room program, which is funded by Blue Shield of California Foundation, with additional support from Kaiser Permanente.