

Date:	
Time:	
Location:	
Assessed by:	



**Empathy can be difficult to measure.** We often think of it as an internal feeling, making assessment and measurement difficult. Yet most of us know when we feel cared about, respected, listened to and 'seen' in health interactions. This assessment was intended to try and capture some of the specific behaviors and physical indicators that often convey care, compassion and goodwill, in order to be able to more purposefully and intentionally enhance empathy-based care in our health systems.

**This assessment is meant to be used empathically,** in the same spirit as what it is trying to measure. This means not using it to evaluate, discipline or criticize in any way. It is important to note that barriers to empathy-based care in organizations are systemic, not individual. For example, often reception staff do not look up to make eye contact with patients as soon as they walk up to the desk. This is not an individual employee problem, rather it is a problem of having receptionists (who are asked to 'receive' patients, to greet and welcome) answer phones pre-authorize insurance, prep charts and check patients in- all tasks that crowd out the relational goal of reception.

**Ideally, this assessment tool is shared with employees, and used only with the knowledge, agreement and involvement of employees** who are being observed. It has been tested at many organizations, and seems to work best when the assessor/observer is from the same job class as those being observed, when those being observed have invited assessment and observation, and when the results are discussed in the spirit of compassion and learning.

**We would love to hear how this has worked for others and especially would love to hear ideas and feedback that might make this a more effective tool.**

To share, please email [elizabeth@emorrisonconsulting.com](mailto:elizabeth@emorrisonconsulting.com)

## Section 1: Waiting Room/ Front Office Experience

Description	Yes	No	Comments
Are there any staff who come into the waiting room? (move from behind the desk to talk to patients, straighten magazines, etc.)			
Does the staff in the waiting room or behind the desk interact or converse with patients, beyond transactional tasks? (purposeful small talk, etc.)			
Does the staff offer patients and/or their family's water or other refreshments?			
Is the waiting room clean and tidy?			
Is the temperature of the room comfortable?			
If there are magazines, are all magazines less than 1 month old, in good condition, appropriate for the organization, and reflective in culture and language of the patients served?			
Do the walls reflect care? (Nothing unframed on walls, no taped documents, no staff information observable to patients, no bare walls, etc.)			
Does the wall art reflect the cultures of patient's served?			
Does signage mitigate power differentials? Are any command signs present? (Examples: NO smoking; NO food or drink)			
Is there an absence of 'rule' signs? (Examples: 'Late patients will not be seen' or 'no cell phones in the waiting rooms')			
Are there welcoming signs present? (Examples: 'Welcome!' or 'We are glad you are here!')			
Do the staff answering phones introduce themselves to callers?			
Do the staff answering phones answer with a smile in their voice?			
Did the staff acknowledge patients with eye contact, smile and a warm greeting within 5 seconds of walking into building?			

Description	Yes	No	Comments
Are all patients greeted with a salutation? ('Good Morning', 'Hello', 'Hi') before beginning transactional tasks ('sign in here', 'do you have an appointment?', etc.)			
Were 'connecting statements' observed? (compliments, humor, small talk)			
Are children greeted?			
Is there a children's area/table? Are there crayons and coloring pages? Is it clean and tidy?			
Do the staff keep patients informed about wait times at least every 15 minutes?			
Does staff apologize easily?			
Is all furniture in good condition? (no rips or stains)			
Are there areas for those in wheelchairs?			
Are chairs placed to create smaller seating 'clusters' (re: Not 'wall hugging' chair placement, with chairs backed up to walls all around the room)			
Are there enough chairs for everyone?			
Do the floors look clean, neat, no stains, spills, spots, scuff marks?			
(Ideally there is no TV) If there is a TV, is it showing all-age appropriate, positive programming? Re: no news, crime dramas, etc.)? Is the volume appropriate? Does the language reflect patients served? Is there signage clearly indicating how a patient can request it to be turned off, or change programming?			
(Ideally there are no glass barriers) If there are glass barriers, are they open at all times? Are the staff working behind them facing where patients come to the desk?			
Are there welcoming signs at the desk, and an absence of 'not do' signs ('we do not fill out disability forms'; 'co-pay is due at time of visit'; 'we no longer accept X insurance')?			

Description	Yes	No	Comments
Is the reception area and desk area free of branded name medication advertising?			
If BH services are offered at site: Are there high quality, low stigma outreach print materials and invitational signage, for BH services?			
If SUD services are offered at the site: Are there high quality, low stigma outreach print materials and invitational signage, for SUD and/or MMAT services?			
Are there positive parenting messages in signage or printed media in the waiting room?			
Is the lighting soft/warm? (absence of fluorescent lighting)			
Is there evidence that all races and ethnicities are welcome? Note evidence in comment section.			

*Your additional items here*


### **TELEHEALTH: RECEPTION**

Confirmation calls: Does receptionist introduce themselves?			
Confirmation calls: Does receptionist use a greeting before the business/ confirmation?			
Confirmation calls: Does receptionist make connecting statements, use humor and other conversational strategies?			

*Your additional items here*


<b>In clinic observation:</b>	<b>Smile</b>	<b>Greet</b>	<b>Eye Contact</b>	<b>None</b>	<b>Comments</b>
Did staff acknowledge patients with eye contact, greeting, and smile in the first 5 seconds of walking into building?					
Client 1					
Client 2					
Client 3					
Client 4					
Does staff acknowledge patients waiting in line? If so, how?					
Does staff acknowledge people at the desk, even when on the phone? If so, how?					

## Section 2: Back Office

<b>In Clinic Observation</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
Did the clinician/ MA come into the waiting room to get patient? (Not call from door)			
Client 1			
Client 2			
Client 3			
Client 4			
Did the clinician/MA greet, smile and make eye contact with the patient in the first few seconds of contact?			
Client 1			
Client 2			
Client 3			
Client 4			
If new patient: Did staff introduce themselves?			
Were 'connecting statements' observed?			
If new patient: did staff ask patient for name preference?			

Did the clinician/MA walk side by side with client when leaving the waiting room? (not far in front)			
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*Your additional items here*


**TELEHEALTH BACK OFFICE:**

Does MA make eye contact, smile, greet patient?			
Does MA take mask down to greet patient, complete screenings, etc.?			
Is MA and provider background free of noise, other people or other distractions?			
Does MA and provider screen allow for looking directly at camera (so as not to turn away from patient)			
Do MA and provider narrate when they look away from camera ('I'm just typing in your responses right now...')			
On phone: Do provider and MA narrate non-verbal's? ('I'm smiling with you now!' 'I'm nodding in agreement...' 'I'm pausing now just to type')			
On phone: Do provider and MA use high levels of reflective listening, to confirm understanding and listening?			

### Section 3: General

Observation:	Smile	Greet	Eye Contact	None	Comments
Does the staff that walk by you (assessor) or patients in the parking lot or hallways greet, smile, and make eye contact first?					
Employee 1					
Employee 2					
Employee 3					

Description	Yes	No	Comments
Parking lot: is parking lot clean, free of garbage, clearly marked for parking, easy access for parking?			
Building exterior/ landscaping: is building clean, landscaping done, are there sufficient garbage cans (not full), do the doors have the correct names, absence of command signs?			
Signage inside the clinic: is signage clear about where patients should go? No 'command signs' present?			
Bathrooms: are bathrooms clean and well stocked?			
Bathrooms: are bathrooms designed for children to use (step stool, etc.)?			
Bathrooms: Are there changing stations in all bathrooms (male and female bathrooms)			
Is exam room, clean, neat, appear orderly, no old, outdated materials/magazines?			
Is the exam room free of branded medication materials?			
Is the temperature in the exam room comfortable?			
Are there chairs for family members in the exam room?			
Is there culturally reflective and attractive art and on walls in exam rooms?			
Is the BH treatment room neat, clean, uncluttered?			
Is the BH treatment room culturally reflective with attractive art, soft furniture and soft lighting?			
<i>(add additional elements to be assessed here)</i>			