

Clinical skills

How to ... Introduce yourself to patients

Rationale [100 -150 words]

This article explores the process of effectively introducing yourself to patients and discuss' some of the supporting evidence around this.

- Good communication skills are essential in nursing.
- Introducing yourself to patients begins the basis of forming a therapeutic nurse-patient relationship.

[Author, please summarise the topicality of and clinical need for the How to procedure you are submitting]

Contributing to Clinical skills

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Preparation and equipment [Author, this section should summarise, in no more than 5 bullets, what the nurse needs to do or have ready to perform the procedure]

- A suitable environnement (private room, drawn curtains etc.)

Procedure [Author, please supply an outline of the procedure in no more than 20 steps, 500 words max.]

1. Approach patient **and if applicable patients relative's.**
2. Consider your non-verbal communication (Figure 1)
3. Consider your verbal communication (Figure 2)
4. Open the dialogue with an introduction of your name and what your role is "Hello, my name is Ben, and I am your nurse for today"
5. Establish what it is the patient would like to be called themselves.
6. Explain to the patient what the purpose of your visit is and, if required, seek consent "I have come to record your blood pressure, is that Ok?"
7. Answer any questions the patient may have, remembering to speak in language the patient will understand. Consider active listening skills (Figure 3)
8. Once completed, ensure you check with the patient there is nothing else they require you to do "is there anything else you need before I leave?"
9. Close dialogue and leave.

[Author, if appropriate, 2-5 Illustrations for key steps are welcome, these can be images or diagrams (examples

Figure 1

Non Verbal communication: SOLER (Egan 2002)

- **S**- Sit squarely in relation to the other person
- **O**- Maintain an 'open' position and do not cross arms or legs
- **L**- Lean slightly towards the other person
- **E**- Maintain reasonable and comfortable eye contact
- **R**- Relax

Figure 2

Verbal Communication (Elcock & Shapcott 2015)

- Tone of voice
- Pace of speaking
- Clarity of speech
- Volume of speech.

Figure 3

Active Listening Skills (Elcock & Shapcott 2015)

Various ways to clarify and feed back to the patient what has been said include:

- **Repeating** what has been said using exactly the same words the patient used
- **Paraphrasing** what was said, using different terms and phrases to the patient
- **Reflecting** the content of the message back to the patient in your own words.

Evidence base

Communication is essential for initiating, forming and maintaining relationships (Baillie 2014), thus the first introduction you have with a patient will form the basis of the subsequent professional relationship. Communication is seen as 'the effective transfer of a message and meaning from one person or group to another' (McCorry & Mason 2011, p.6). This can be broken down into two components, verbal and non-verbal. Verbal communication is the spoken word and can be extended to the written word. Non-verbal communication include the use of body language: facial expressions gestures and individual presentation (Elcock & Shapcott 2015) - evidence suggests this form of communication constitutes 85% of all communication (Balzer-Riley, 2007), thus the importance of utilising both when communication with patients is evident.

The purpose of communication is to define therapeutic outcomes, gather information, and build a caring and supportive patient relationship (Ha & Longnecker 2010) and this begins with the first contact a healthcare provider has with a patient. **With this in mind the importance of the initial introductions not only with a patient, but with their families, if relevant, should be considered. With patient consent, families often play a key role in making key decisions in condition management**

(NICE 2012) thus forming early relationships can enhance care delivery. Failings in communication are known to have very detrimental effects to patient outcomes and overall experiences, and forms two of the most common complaints received from patients and their carers (Parliamentary & Health service Ombudsman 2011).

There has recently been a heightened awareness of the importance of the primary introductions to patients. Granger (2016), a medical consultant suffering from terminal cancer, noted that whilst an inpatient herself, many of the staff looking after her failed to introduce themselves. Initially via the realm of social media, the #hellomynameis campaign was launched. With a primary aim of getting healthcare staff to routinely introduce themselves to patients, thus allowing for therapeutic relationships to be formed, offering the first step to providing person-centred compassionate care. As nurses are required to find effective ways of communicating with patients (NMC 2015), a lack of initial fundamental communication is a failing not only to patients, but also to professional conduct.

The utilisation of known models of communication (Figure 1) and an understanding of the use of communication techniques (Figure 2 & 3), provide valuable resources for nurses to ensure they are communicating with patients in the most effective way possible, thus improving patient experience (Bramhall 2014). Used alongside with the simple yet effective #hellomynameis when you introduce yourself to patients will allow for effective and therapeutic nurse-patient relationships to be formed. With the primary focus of effective patient care delivery at the heart of nursing, the initial introductions made with a patient should form the basis of this essential requirement in nursing.

Literature [Author, please supply references and any further reading you feel useful]

References	Further reading and useful links
Baillie, L. (2014) <i>Developing Practical Nursing Skills</i> (4 th Edition). CRC Press, Florida.	Granger, K. (2016). #hellomynameis. Available: http://hellomynameis.org.uk/
Balzer-Riley, J. (2007) <i>Communication in Nursing</i> . New York, Elsevier Mosby.	
Bramhall E (2014) Effective communication skills in nursing practice. <i>Nursing Standard</i> . 29, 14, 53-59.	
Egan, G. (2002) <i>The Skilled Helper. A problem management and opportunity development approach to helping</i> . 7 th edition. Brooks/Cole, Pacific grove, California.	
Elcock, K. & Shapcott, J. (2015) Core Communication Skills Cited in Delves-Yates, C. (ed) <i>Essentials of Nursing Practice</i> . London, Sage, 212-222.	

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Ha, JF. & Longnecker, N. (2010) Doctor-Patient Communication: a review. *The Oschsner Journal*. Vol 10 (1): pp 38-43.

McCorry, L.K. & Mason, J. (2011). *Communication Skills for the Healthcare Professional*. Baltimore, MD: Lippincott.

NICE (2012). *Patient experience in adult NHS services: improving the experience of care for people using adult NHS services*. London, NICE guidelines.

Nursing and Midwifery Council. (NMC) (2015), *The Code: Professional standards of practice and Behaviour for Nurses and Midwives*, London ,NMC.

Parliamentary & Health Service Ombudsman. (2011). *Listening & Learning: The Ombudsman's review of Complaint Handling by the NHS in England 2010-2011*. London, The Stationary Office.

Reflective activity [Author, please provide 2 reflective questions for your article that allow the reader to develop their critical thinking. Examples are given]

- How will this article inform your practice in the future?
- How can you use this article could be used to educate your colleagues.