



## *Provider Caring Communication Program Request for Observer*

Thank you for your interest in participating in the WellSpan Provider Caring Communication Program. Please complete the information below and return to Ann Schleig [aschleig@wellspan.org](mailto:aschleig@wellspan.org). She will match a Patient Experience Observer to your schedule and send you instructions on the next steps.

Date:

Provider Name and Credentials (e.g. MD, DO, PA, etc):

Location (Practice name & address or Hospital name & department):

Practice Manager Name and phone number:

Contact Name and phone number for scheduling (if different than above):

Please give a brief explanation as to why you would like to participate:

I would like to improve my clinical practice by *(select all that apply)*

- ☐ Making a positive and welcoming first impression by investing in the opening of the patient visit, through my personal greeting and introductions.
- ☐ Being mindfully present during my conversations with patients and family members
- ☐ Engaging patients to be involved in their care and treatment decisions
- ☐ Providing information that is clear and understandable to the patient and family
- ☐ Being able to verbally recognize and validate feelings of patients and their families, and communicate empathy nonverbally
- ☐ Utilizing proven techniques to handle hard conversations
- ☐ ending a patient encounter leaving the patient feeling closure, support and clarity—with a positive memory of their encounter