# The REDE Model skills checklist

*The REDE Model skills checklist was created by The Cleveland Clinic and serves as a guide to effective and empathic communication between physicians and patients.*

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| Relationship | | |
| **Establishment ‒ Phase I** | **Development ‒ Phase II** | **Engagement ‒ Phase III** |
| **Convey value & respect with the welcome**   * Review chart in advance & comment on their history * Knock & inquire before entering the room * Greet patient & companions formally with smile & handshake * Introduce self & team; clarify role(s) * Position self at patient’s eye level * Recognize & respond to signs of physical or emotional distress * Attend to patient’s privacy * Make a brief patient-focused social comment, if appropriate | **Engage in reflective listening**   * Nonverbally, e.g., direct eye contact, forward lean, nodding * Verbally, using continuers such as:   + “mm-hmm,” “I see” or “go on,” reflecting the underlying meaning or emotion of what is being said   + “What I hear you saying is…” or “Sounds like…” * Avoid expressing judgment, getting distracted or redirecting the speaker * Express appreciation for sharing | **Share diagnosis & information**   * Orient patient to the education & planning portion of the visit * Present a clear, concise diagnosis * Pause if necessary * Provide additional education, if desired & helpful to the patient * Frame information in the context of the patient’s perspective |
| **Collaboratively set the agenda**   * Orient patient to elicit a list of their concerns * Use an open-ended question to initiate survey * Ask “What else?” until all concerns are identified * Summarize list of concerns to check accuracy; ask patient to prioritize * Propose agenda incorporating patient & clinician priorities; obtain agreement | **Elicit the patient narrative**   * Use transition statement to orient patient to the history of present illness * Use open-ended question(s) to initiate patient narrative * Maintain the narrative with verbal & nonverbal continuers:   + “Tell me more…” or   + “What next?” * Summarize patient narrative to check accuracy | **Collaboratively develop the plan**   * Describe the treatment goals & options including risks, benefits & alternatives * Elicit patient’s preferences & integrate into a mutually agreeable plan * Check for mutual understanding * Confirm patient’s commitment to plan * Identify potential treatment barriers & need for additional resources |
| **Introduce the computer, if applicable**   * Orient patient to computer * Explain benefit to the patient * Include patient whenever possible (e.g., share labs or scans) * Maintain eye contact when possible * Stop typing & attend to patient when emotion arises | **Provide closure**   * Alert patient that the visit is ending * Affirm patient’s contributions & collaboration during visit * Arrange follow-up with patient & consultation with other team members * Provide handshake & a personal goodbye |
| **Demonstrate empathy using SAVE**   * Recognize emotional cues & respond “in the moment” * Allow space to be with the patient & their emotion without judgment * Clarify the emotion if needed * Recognize emotion evoked in you & refrain from trying to fix or reassure * Demonstrate empathy verbally with SAVE:   + **S**upport – “Let’s work together…”   + **A**cknowledge – “This has been hard on you.”   + **V**alidate – “Most people would feel the way you do.”   + **E**motion naming – “You seem sad.” * Demonstrate empathy nonverbally – doing only that which feels natural & authentic to you | **Explore the patient’s perspective using VIEW**   * **V**ital activities   + “How does it disrupt your daily activity?” or   + “How does it impact your functioning?” * **I**deas   + “What do you think is wrong?” * **E**xpectations   + “What are you hoping I can do for you today?” * **W**orries   + “What worries you most about it?” | **Dialogue throughout using ARIA**   * **A**ssess using open-ended questions   + What the patient knows about diagnosis & treatment   + How much & what type of education the patient desires/needs   + Patient treatment preferences   + Health literacy * **R**eflect patient meaning & emotion * **I**nform   + Tailor information to patient   + Speak slowly & provide small chunks of information at a time   + Use understandable language & visual aids * **A**ssess patient understanding & emotional reaction to the information provided |

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