

Language of Caring



Be well, get well, and stay well.

That's our brand mission.

It's a promise to be the trusted partner who values relationships above all else and who approaches every interaction, every conversation, with human understanding. It's about taking the time to get to know each person we meet and learning what's most important to them. And it's about always being ready to connect our community to the care they need when it matters most.

Living our brand means being intentional about the words we use, the actions we take, and the interactions we create with our colleagues and the people who come to us for care.

Throughout this *Language of Caring* guide, our goal is to provide suggestions on how you can integrate the Virtua brand into your everyday communications. Here, you'll discover research-supported examples of words and phrases that can help you form more authentic, caring relationships in a welcoming manner.

Why is this important? If those we care for feel safe, seen, and heard, they'll be more likely to trust and to engage in activities that will improve their health and well-being. Using language that resonates can make all the difference.

In this guide, we build on the research of the American Medical Association, the Association of American Medical Colleges, the American Psychological Association, Krames, healthline.com, and others. We have also incorporated findings from our own consumer research—best practices that we incorporate into our marketing messaging and campaigns. In addition, as Virtua Health embarks on a journey of practicing excellence with intention, we have supplemented our chapters with links to relevant tips taken directly from our Practicing Excellence curriculum. These tips provide practical advice for employing the Language of Caring in your daily life and activities.

We know that using language that meets people where they are is not an exact science as people and circumstances are unique. Things change, people evolve, and it's okay not to know sometimes. People have different preferences because, well, they are unique. Often, asking how someone prefers to be addressed—and being a good listener—goes a long way toward forming a trusting relationship.

This guide is a living, breathing document that through research and your ideas and experiences will evolve and change, so please check back for updates. Through the language we choose and the actions we take, let's always see good—together.

Brand Voice

Our voice is a reflection of our Values and our Brand Personality. In particular, our values of integrity and respect combined with our brand personality attributes should come through clearly in all written content. Because we engage with people across a spectrum of experiences, we will adapt our tone, but our voice remains consistent and will reflect these elements:

We are people-oriented: Our patients are more than their conditions. We do not refer to “cancer patients” or “diabetics.” Our Values lead us instead to say “a mother of three with cancer” or “an electrician with diabetes.”

We are consumer-centric: We write about things from the consumer perspective. For example, a new piece of technology is only interesting to a consumer in the way that it improves their experience and/or outcome.

We are authentic and compassionate: We use easy-to-understand language so we can be conversational in a genuine way. For example, research revealed patients with cancer do not like terms such as “battle” and “fight.” So instead of saying “Virtua helps you fight cancer,” we might say, “We at Virtua are honored to support you and your family throughout your treatment for cancer.”

Brand Tone

Our voice remains consistent and, overall, our tone is conversational and respectful. But our tone changes to meet the audience. This allows us to be more light-hearted when we are talking about a yoga class, contrasting the more respectful tone we would take toward someone preparing for cardiac surgery.

So when we create content, we should always be aware of where we are meeting someone. Are they experiencing discomfort and wondering where to get a diagnosis? Do they want to find a way to eat healthier? We adjust our tone based on those answers.



Chapter 1: Person-First Language

Everyone wants to feel seen and heard. It’s a fundamental truth for each and every person who visits our facilities, interacts with our team in person, online, or by phone, and trusts us with their care. That’s why we must go above and beyond to get to know someone as a person. Learn how they would prefer to be addressed, their goals, their story, and their concerns about their condition or challenges. *It’s reminding ourselves that a person is always more than the illness we are treating.* Here are some simple ways to focus on putting the person before the condition.

TERM TO AVOID	SUGGESTED ALTERNATIVE
diabetic	person with diabetes
cancer patient	person with cancer
alcoholic	person with alcohol use disorder
victim, survivor	person who has experienced... person who has been impacted by...
wheelchair-bound	person who uses a wheelchair
mentally ill	person living with a mental health condition person with a mental disorder person with a mental illness
abusive relationship	relationship with a person who is abusive
addict	person with a substance use disorder
homeless person	person without permanent housing

Relevant Tips from the



Curriculum*



*You may initially need to log into the Practicing Excellence (PE) portal to access the tips.



Chapter 2: Age

Getting older has its fair share of challenges. Beyond the health conditions that come with age—there are the fears (and sometimes realities) of being set aside or stigmatized. The words we use, whether unintentionally or subconsciously, have the power to add to this narrative.

At Virtua, we’re here to provide our community with the care they need at every age and stage of life. No matter where they are in their health care journey, here are some terms to guide your conversations.

TERM TO AVOID	SUGGESTED ALTERNATIVE
the elderly	older adults
elderly people seniors senior citizens	older people
the aged	persons 65 years and older
aging dependents	the older population

Relevant Tips from the



Curriculum*



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Chapter 3: Disability Status

Language is always evolving. The words we use and the terms we adopt are constantly changing and progressing to reflect the culture and attitudes of today. As caregivers, it's our responsibility to be at the forefront of this movement and treat people how they prefer.

Being uninformed or having unconscious bias can cause one to treat those with disabilities in ways that minimize them or impact their overall well-being.

While we focus on the person, rather than their condition (*see Chapter 1*), there are some important exceptions. Some individuals with disabilities prefer identity-first language, believing their condition is an inherent part of their identity, not something that happened passively to them.

Whether we use person-first or identity-first language, people with disabilities, while possibly needing accommodations, are not held back by their condition. Through the language we use, we promote a stronger, healthier world inclusive of everyone.

TERM TO AVOID	SUGGESTED ALTERNATIVE	COMMENT
normal, healthy	person without a disability	Use person-first or identity-first language as is appropriate for the community or person being discussed.
person with autism	Autistic person	
struggle, hardship	experience	

special needs physically challenged mentally challenged mentally retarded handi-capable	person with a disability person who has a disability disabled person people with intellectual disabilities child with a congenital disability child with a birth impairment physically disabled person person with a physical disability	The language used should be selected with the understanding that people's expressed preferences regarding identification supersede matters of style. Avoid terms that are condescending or patronizing.
mentally ill	person with a mental disorder person with a mental illness person living with a mental health condition	

Description of Deaf or hard-of-hearing people

person with deafness person who is deaf	Deaf person	Most Deaf or Deaf-Blind individuals culturally prefer to be called Deaf or Deaf-Blind (capitalized) rather than "hearing-impaired," "people with hearing loss," and so forth.
hearing-impaired person person who is hearing impaired person with hearing loss	hard-of-hearing person person who is hard-of-hearing	
person with deafness and blindness	Deaf-Blind person	

Description of blind people and people who are visually impaired

person with blindness	blind person person who is blind	
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visually challenged person sight-challenged person	visually impaired person vision-impaired person person who is visually impaired person who is vision impaired	
wheelchair-bound person	wheelchair user person in a wheelchair person who uses a wheelchair	Avoid language that uses pictorial metaphors, negativistic terms that imply restriction, and slurs that insult or disparage a particular group. As with other diverse groups, insiders in disability culture may use these terms with one another; it is not appropriate for an outsider (nondisabled person) to use these terms.
AIDS victim	person with AIDS	
brain damaged	person with a traumatic brain injury	
cripple invalid	person with a physical disability	
defective nuts crazy	person with a mental disorder person with a mental illness person living with a mental illness	
alcoholic	person with alcohol use disorder	
meth addict	person with substance use disorder	

Avoid slang language such as:

- | | | | |
|----------------|----------------------|----------------|--|
| ✗ Crazy/psycho | ✗ Falls on deaf ears | ✗ Blind review | ✗ On/off the wagon (in relation to alcoholism) |
| ✗ Cripples | ✗ Turn a blind eye | ✗ Sanity-check | |

Relevant Tips from the

PRACTICING
EXCELLENCE

Curriculum*



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Chapter 4: Body Size

Body size is highly stigmatized in our country. There’s tremendous pressure for people to look a certain way or achieve that “perfect weight.”

For this reason, people who experience obesity are vulnerable to negative bias, prejudice, and discrimination in many different settings. This includes the workplace, educational institutions, interpersonal relationships, and even health care facilities.

At Virtua, we recognize the hard work and lifestyle changes of people on a journey to lose weight as well as the medical challenges and medications that can cause weight issues. That is why it is important that we use person-first language and avoid unnecessary and non-medical adjectives, language, and gestures that may be considered offensive or hurtful.

TERM TO AVOID	SUGGESTED ALTERNATIVE
plus-size chunky big-boned chubby portly pudgy plump heavyset stocky hefty flabby ample curvy	Use “obese,” “morbidly obese,” and “overweight” only in the context of BMI classification and not as a way to describe someone. Use person-first language: “a person/individual with/experiencing obesity” rather than “an obese person.”



*You may initially need to log into the Practicing Excellence (PE) portal to access the tips.



Chapter 5: Race and Ethnicity

Our colleagues are as diverse and dynamic as the communities we serve. That's why it's so important to be intentional with the words we use to describe ourselves, our neighbors, and the values, beliefs, and traditions that represent us all. And if you aren't sure about a person's ethnicity or cultural *preferences*, don't be afraid to ask.

TERM TO AVOID	SUGGESTED ALTERNATIVE
black Caucasian Latin American Spanish	Black (capitalized), African American white Hispanic, Latino/Latina, Latinx; if possible and preferred, use nation of origin/region, such as "person from Mexico"
Oriental Middle Eastern Indians	Asian; "person from _____ country" "person from _____ country" Indigenous Peoples, Native Peoples; If possible and preferred by the person, specify the nation/tribe (e.g., Cherokee, Leni Lenape, Navajo, Sioux)
Colored people, non-white Minorities Illegal immigrant Ex-con/felon	People of Color, Communities of Color Marginalized, historically marginalized Undocumented immigrant Formerly incarcerated

Avoid terms that have negative cultural references, such as

✗ "lowest rung on the totem pole" ✗ "circle the wagons" ✗ "on the warpath" ✗ "redline"
✗ "spirit animal" ✗ "peanut gallery" ✗ "whitelist/blacklist" ✗ "get gypped" ✗ "get Jewed"

Relevant Tips from the

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Chapter 6: Gender and Sexual Identity

Inclusivity is at the heart of everything that we do. The way that we've defined and redefined gender and sexual identity has completely evolved. And for some, it's a new set of words, ideas, and principles to understand. Unlearning what was once a universally accepted construct can be a challenging but essential component of growth and development.

Sex, gender, gender identity, and sexual orientation are often mistakenly used and misrepresented. As an organization that's here for good, we support the use of gender-inclusive language and provide care that meets the unique needs of everyone in our community.

In fact, Virtua has convened a multidisciplinary team of stakeholders who are developing guidance and activating new procedures to address issues of sex, gender, and names. The SGN Steering Committee is identifying opportunities within our system to ensure our electronic medical records provide a broader and more inclusive perspective of who patients are and how they identify. This will result in more meaningful conversations about their life experiences and care needs, and further establish Virtua as a place for personalized, compassionate care.



Ask the person you are caring for the name they use (which may be different than the name in the medical record) and the pronouns they prefer. “They” should be used as a gender-inclusive pronoun when preferred.

Other gender-inclusive nouns include “everyone,” “friends,” “loved ones,” “distinguished guests,” “chairperson,” and “first-year student.”

TERM TO AVOID	SUGGESTED ALTERNATIVE	COMMENT
birth sex natal sex	assigned sex sex assigned at birth	
born a girl, born female born a boy, born male	assigned female at birth (AFAB) assigned male at birth (AMAB)	
hermaphrodite tranny transvestite transsexual (unless being used medically)	LGBTQ+, LGBTQIA+, etc. transgender people trans and gender nonbinary folks or folx genderqueer *queer	The term “tranny” is considered a slur. *Consider your audience when using the term “queer”; not everyone receives this word positively; many members of the LGBTQIA+ community have now reclaimed it.





Chapter 7: Socio-Economic Status

At Virtua, we believe that everyone deserves access to high-quality care. And we’ve seen firsthand how financial status, educational attainment, and occupational hardship can significantly deter health and well-being.

People who experience adversity fear being judged and cast aside. Our words have the power to undermine a person’s feelings of self worth. That’s why we seek to avoid language that can be dehumanizing or stigmatizing.

TERM TO AVOID	SUGGESTED ALTERNATIVE
vulnerable groups, unserved communities, underprivileged communities, disadvantaged groups, high-risk groups, at-risk groups	groups that have been economically marginalized, under-resourced communities, groups with a higher risk of (condition)
the homeless	people who are experiencing homelessness, people without permanent housing
victims	survivors
the poor low-class people poor people	people whose incomes are below the federal poverty threshold people whose self-reported incomes were in the lowest income bracket



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Chapter 8: Violent Language

In health care, we have a habit of falling into clichés. For example, it’s fairly common to battle, fight, or wage war on a certain disease (such as cancer). Indeed, for some people, adopting a warrior mentality is an integral part in overcoming their illness. It’s important, however, that we don’t unintentionally burden people with an expectation of “fighting” or “battling” hard enough.

While we respect these attitudes, our intention is not to use words with violent connotations when they are directed at people or groups. It’s important to understand that certain words can be triggering; they can cause a person to feel negative emotions due to previous experiences or to feel as though they are not living up to the expectations of their family and friends to “fight” harder.

Here’s a quick list to consider while interacting with people in our community.

TERM TO AVOID	SUGGESTED ALTERNATIVE
target	engage/prioritize/collaborate with/consider the needs of
aimed	intended
combat, war against, fight	eliminate
killing it	great job! awesome!
take a shot at, take your best shot, pull the trigger, take a stab at	give it a go try
within shooting distance	near our goal
go off the reservation	disagree with the group, defect from the group



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Chapter 9: Clinical Phrases and Abbreviations

Health care has a lot of abbreviations, acronyms, and medical jargon. They seem second-nature to many of us, rolling off the tongue in conversations and saving time and space while writing in a patient's medical record. [However, they can often be misunderstood](#) or misconstrued.

For guidance on developing clear and transparent language in the clinical setting, Virtua has looked to [OpenNotes](#), an international organization that has raised awareness on the use of language in health care communications, especially now that patients have greater access to their medical records. Here are some common terms to think about as you practice open communication and relationship-based care, both verbally and in writing.

TERM TO AVOID	SUGGESTED ALTERNATIVE
non-compliance	non-adherence
SOB	shortness of breath
F/U	follow up
BO	bowel obstruction
H&P	history and physical
ED	eating disorder, emotional disorder, erectile dysfunction
IT	information technology
SAD	seasonal affective disorder
OD	once daily
OD/OS	right eye/left eye
NPO	don't eat or drink anything

Relevant Tips from the

PRACTICING
EXCELLENCE

Curriculum*



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Chapter 10: Dealing with an Angry/Upset Patient or Consumer

We recognize that respect, patience, and kindness go both ways. [Our leaders have purposefully created signage and reminders that everyone deserves respect.](#) However, we recognize that we are often dealing with people in their most vulnerable moments. Stress about their illness or the world around them can greatly impact their mood or behavior. While our first reaction may be to deal with such individuals in kind, it is important to remember that even when people are at their worst, they still deserve our best.

In alignment with our brand, the Virtua Access Center has developed the **LOVE** tool to de-escalate tensions and improve frayed situations.

Listen
Observe
Verify & Apologize
Empathize & Take Action

*Here are some common scenarios where the **LOVE** tool is applied.*

A patient needs to speak with their doctor, states that pain level is a 10, and no one is doing anything about it. The patient is angry and upset.

Virtua staff member: Good morning/afternoon/evening my name is _____
How may I help you?

Patient: I need medication for my pain and I've been requesting it for the last hour. I don't know what's taking so long. Every time I come to this hospital, they always try not to give me what I ask for. Why do you always procrastinate and take your time? You act like I'm making this up. Why would I lie and say I'm in pain if I wasn't? This is ridiculous. I need to speak to a supervisor or someone who can help me, NOW!

(Listen without interruption. Observe any nonverbal clues/queues.)

Virtua staff member: Ok, I'll be happy to help you. **(Verify and apologize)** I'm sorry that you've been in pain for over an hour. **(Empathize and take action)** I can't imagine how you must feel. Let me reach out to your doctor to see what we can do. In the meantime is there anything I can get you while we await the doctor's answer?

Patient: No, I just want my pain meds that I've been asking for. I really don't know why it is so difficult to get some help around here...omg.

Virtua staff member: I understand your frustration, it should only take a few minutes. I'll be right back.

A patient is irate because they have been waiting hours for assistance.

Virtua staff member: Good morning/afternoon/evening my name is _____
How may I help you?

Patient: Why isn't anyone helping me? **(Listen) (Observe)**

Virtua staff member: **(Stay calm and allow the patient to speak; no need to disagree)**
I could see how you're frustrated, or I could see why you are upset.

Patient: (patient is still upset)

Virtua staff member: (remain neutral) **(Verify & Apologize)** OK, to be sure I understand you correctly, you need assistance with _____ **(Empathize and take action)** I'm so sorry. Please give me the opportunity to make it right. Here's how I can help you.

7 Tips To Remember When Dealing With Someone Who Is Angry

1. Remain calm. When a patient starts yelling or being otherwise rude, there is nothing to be gained by responding in a similar manner. In fact, that will probably escalate hostilities. Maintain control of yourself, even if the patient's tirade makes you feel like yelling yourself.

2. Don't take it personally. Remember, the patient is not angry with you. They are displeased with the performance of your product or the quality of the service you provide. Your personal feelings are beside the point.

3. Use your best listening skills. The first thing an angry patient wants is to vent. To do so, they need someone to listen—and, for better or worse, you are that person. Listening patiently can defuse a situation, as long as the person feels acknowledged in his or her complaint. Hear them out. When they are done talking, summarize what you've heard and ask any questions to further clarify their complaint. Body language can be critically important here. Keep eye contact. Stand or sit up straight. Keep your arms uncrossed. Show how closely you're paying attention to their problem.

4. Actively empathize. After the patient vents, they want to know you understand where they're coming from and how they feel. Express empathy for their unpleasant experience. Respect and understanding go a long way toward resolving issues and soothing emotions.

5. Apologize gracefully. Whether a complaint is legitimate or not is really irrelevant. Express an apology for the problem they are having (or perceive to be having). A simple, straightforward statement is often all that's needed: "I'm sorry you're not happy with your experience. Let's see what we can do to make things right."

6. Find a solution. Once you understand why the individual is unhappy, it is time to offer a solution. Ask them what they feel should be done or put forward your own fair and realistic answer to the problem. In most cases, that's all the person is looking for—and may result in providing some degree of satisfaction.

7. Take a few minutes on your own. After the situation has been resolved and the individual is on their way, it's helpful for you to take your own "time out." Even if you've handled the situation in the most professional way possible, it's still a stressful experience. Rather than let that stress linger inside you, take a short walk, treat yourself to a snack, or find someone to talk to who makes you laugh. Then you'll be ready to once again engage.





Chapter 11: Signage Speaks Too

When we think about language, we most often consider the ways we express ourselves verbally. But the language of caring is not limited to what we say on the phone or how we converse with a patient. Even our signage “speaks,” and we have a shared responsibility to ensure it represents us in the best way possible.

Some signs need to be simple and direct, such as those that read “Danger” or “Stop.” For the most part, however, signs can provide both context and courtesy to support the primary message. Even small differences can dramatically alter the tone. Here are some examples.

Wayfinding:	Virtua Primary Care is the second door on the left.	Welcome! For Virtua Primary Care, please enter the second door on the left.
Safety:	All visitors must wear masks in this area.	For everyone’s safety, all visitors are required to wear a mask. Thank you.
Instructional:	Take a seat in the waiting area. We are busy with other patients.	Welcome. Please have a seat in the patient lounge. We look forward to serving you soon.

It’s not just a matter of using more words; it’s using words intentionally so that the reader feels welcome and appreciated, as well as informed.

RESPECT

Everyone deserves it.

This is a caring organization and inappropriate language, loud and or threats of violence have no place be tolerated. So take a deep breath just don't take it out on our staff.

Kindness & Patience are
Good for
Your Health.



Respect

Everyone deserves it.

Please remember this as you engage with the caring people who are here to help you.

We have **Zero Tolerance** for bad behavior and will take all necessary actions to maintain a safe and respectful environment for our staff, patients and visitors.

Thank you for your courtesy.

When creating a sign on the [Virtua Brand Hub](#), consider the following:

1. How can I craft a message that encourages the desired behavior/action?
2. What words can I use that emphasize positive actions and outcomes (rather than calling attention to the negative)?
Example: "Please leave the pens on the counter for future guests" vs. "Do not take the pens"
3. How would I feel if I were the person reading the sign? Does the tone convey respect?

The notion of "signage that speaks" received considerable attention at Virtua Health and beyond a while ago. Virtua, like many health systems, had experienced a period in which visitors were frustrated with various safety protocols brought on by COVID-19. Unfortunately, some of these visitors voiced their frustration with the staff in disrespectful, unkind ways.

Although these individuals represented a small subset of the community, leadership recognized the need to support our colleagues in front-facing roles. One tactic was to create signage that clearly stated our values and caring culture.

These signs did not scold or accuse visitors (most of whom were perfectly kind and understanding). Rather, they conveyed the respectful environment we strive for while clearly addressing the behaviors and actions we cannot allow.

The signs had their intended effect. In fact, they were so well received, Dennis Pullin requested that versions of the sign without Virtua branding be made available for other health systems to repurpose at their own hospitals and care locations. [The templates](#) were used by many of Virtua's industry peers throughout the country. Signs, quite literally, send a message. Let's work together to ensure we get the message right.



Chapter 1: Person-First Language

- [Respecting Patients Tip #2: What Matters to You](#)
- [Listening Well Tip #1: Being Heard](#)
- [Listening Well Tip #3: What Listening Does Not Look Like](#)
- [Explaining Actions Tip #2: The “How To” of Explaining Actions](#)
- [Conveying Respect Tip #3: Valuing Differences](#)

Chapter 2: Age

- [Bringing Compassion Tip #3: Genuine Compassion](#)
- [Managing Fear and Anxiety Tip #2: Responding to Patient Fear](#)

Chapter 3: Disability Status

- [Conveying Respect Tip #1: Respect Defined](#)

Chapter 4: Body Size

- [Respecting Patients Tip #5: All In On Respect](#)

Chapter 5: Race and Ethnicity

- [Respecting Patients Tip #4: Valuing Our Differences](#)
- [Connecting Through Differences Tip #1: Taking Care of Patients Who Are Different From Us](#)
- [Connecting Through Differences Tip #2: The Skill of Understanding Differences](#)
- [Connecting Through Differences Tip #3: When Patients Beliefs Clash with Medical Evidence](#)
- [Connecting Through Differences Tip #4: Building a Bridge When Beliefs are Different](#)
- [Connecting Through Differences Tip #5: Body Language to Accept Others](#)

Chapter 6: Gender and Sexual Identity

- [Understanding Bias Tip #1: Did I Do That? The Impact of Bias](#)
- [Understanding Bias Tip #2: Identifying My Own Biases](#)
- [Understanding Bias Tip #3: Gender Bias in the Exam Room](#)
- [Understanding Bias Tip #4: Tactics to Reduce Bias](#)
- [Understanding Bias Tip #5:](#)

[Microaggression Recovery](#)

- [Understanding Bias Tip #6: Becoming An Upstander](#)

Chapter 7: Socio-Economic Status

- [Care Equity in Action Tip #1: Cultural Humility Across the Organization](#)
- [Care Equity in Action Tip #2: Social Determinants of Care](#)
- [Care Equity in Action Tip #3: The Impact of Linguistic Competency](#)
- [Care Equity in Action Tip #4: Tapping the Team to Raise Health Equity](#)

Chapter 8: Violent Language

- [Managing Difficult Encounters Tip #4: When to Leave the Room](#)
- [Empathy in Action Tip #4: Empathy in Action](#)

Chapter 9: Clinical Phrases and Abbreviations

- [Explaining Care Tip #1: The Current State of Explaining Care](#)
- [Explaining Care Tip #2: Explaining Medications](#)
- [Explaining Care Tip #3: Explaining Diagnosis](#)
- [Explaining Care Tip #4: Verifying Understanding](#)
- [Listening Well Tip #2: Problem-Directed Questions](#)

Chapter 10: Dealing with an Angry/Upset Patient or Consumer

- [Managing Difficult Encounters Overview](#)
- [Managing Difficult Encounters Tip #2: The Challenging Patient](#)
- [Managing Difficult Encounters Tip #3: Our Influence on a Difficult Patient Encounter](#)
- [Managing Difficult Encounters Tip #4: What to Do](#)
- [Managing Difficult Encounters Tip #5: How Do I Respond?](#)
- [Managing Difficult Encounters Tip #6: When to Ask for Help](#)
- [Bringing Compassion Tip #4: Difficult Encounters](#)

*You may initially need to log into the Practicing Excellence (PE) portal to access the tips.



Appendix

"I realized that listening isn't something you just do with your ears. It's something you do with your whole body. You know, it's very much about being present, being sensitive, being open physically to the energy someone else is putting out there."

Riz Ahmed, 2020 best actor nominee for Sound of Metal.

To read more from the resources we used to compile this guide, visit:

- ▶ [Virtua President & CEO Dennis Pullin OpEd on Civility](#)
- ▶ [Dennis Pullin Discusses Respect in the Workplace](#)
- [Healthline](#)
- [JAMA Network](#)
- [American Medical Association](#)
- [American Psychological Association](#)
- [Open Notes](#)

Additional resources:

- [One doctor's crusade to improve health literacy](#)
- [Health Literacy Solutions Center](#)
- [PRACTICING EXCELLENCE](#)
- [Plain Language](#)
- [Clear Language Group](#)
- [HRSA](#)
- [Healthy People 2030](#)
- [NRC 2023 Health Experience Perspective.](#)
- [Grapevine Health](#)