

# Safe Supportive Encounter Checklist

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Watch for symptoms of distress.

√	<b>Beginning and ending</b>
	Knock and wait for acknowledgement before entering the room.
	Meet the patient fully clothed before and after the exam or procedure.
	Allow enough time to help the patient understand fully what is to be done.
	Inform clients at the outset how much time you have to spend with them, and negotiate its best use. For instance, “We have 15 minutes and I plan to ... Is there anything else that you need or want?”
	Prevent interruptions. Ten minutes of uninterrupted time allows the practitioner to focus on the patient and achieve objectives than 20 minutes of interrupted time would.
	Invite patients to express their needs for privacy, safety, and comfort, and problem-solve to meet them.
	Complete the initial health history <i>before</i> asking the client to remove any clothing required for the physical examination.
	Invite patients to make a list of questions and concerns for each future appointment in order to reduce their sense of anxiety.
	Describe what touch will be involved, and repeat during the exam.
	Use verbal and nonverbal communication to convey interest and attention. Speaking at eye level to conduct interviews and explaining departures shows consideration and respect.
	Provide clear instructions, both verbally and in written form.

√	<b>Disrobing and other Prep</b>
	Explain why removal of clothing is necessary.
	Be ready and open to discussing clothing requirements with distressed patients, and collaborate on an agreeable solution.
	Provide gowns that fit the patient’s body, and describe how to put them on.
	Minimize the amount of clothing that must be removed and the length of time the patient must remain disrobed.
	Watch for terms that can raise anxiety. For example, ask patients to <i>change</i> rather than get undressed, use <i>examination table</i> rather than bed, and say <i>underwear</i> or <i>undergarments</i> rather than panties.
	Leave the room while the patient is changing.

√	<b>During the Exam or Procedure</b>
	Encourage questions throughout the encounter.
	Ask for permission to begin and, again, as you shift to another body part.
	Validate apparent discomfort, and ask if there’s a way to make the process more comfortable.
	Ask if there is anything else you should know, and repeat if there is evidence of discomfort.
	Seek a balance between offering symptom descriptors (“Would you describe the pain as sharp or dull, throbbing or aching?”) and encouraging patients to find their own words. Survivors may be out of touch with their bodies.

√	<b>During the Exam or Procedure</b>
	Move off topics that seem to make the patient uncomfortable or questions that they have difficulty answering. Return to essential questions later.
	Tell patients that they can withdraw consent at any time without penalty to them.
	Monitor body language and ask about signs of distress.
	Minimize the amount of time the patient must remain in a subordinate position.
	Approach patients from the front rather than behind.
	Avoid quick, unexpected movements; some individuals startle easily.
	Notify patients before shifting focus from one area of the body to another.
	Explain the rationale for examining areas of the body other than the site of the symptom.
	Encourage patients to ask that you pause, slow down, or stop as needed.
	Inform patients when something is likely to be uncomfortable. Collaborate to minimize discomfort by soliciting and responding to feedback throughout the procedure. For example, ask, "How are you doing? Can we continue?" and, if they say "No," take a break until they are ready.
	Avoid glib assurances, which sound dismissive and indicate a lack of understanding. For example, instead of "Don't worry, you'll be fine," say "I know this is difficult for you. How can I help you to feel more comfortable?".
	Drape body parts not being examined.
	Provide a running commentary on your actions.

√	<b>Challenges</b>
	Assess pain in a systematic, nonjudgmental manner.
	Discuss appropriate referrals with the client.
	Respond to non-compliance by adapting treatments to better fit the patient.
	Create same-day appointments for patients who frequently cancel.
	Recognize the fight-flight-freeze response.
	Help a triggered patient to reorient, and normalize the experience by commenting that health care interventions commonly trigger flashbacks or emotional responses.
	Ensure adequate follow-up or referral for triggering.
	(some sort of de-escalation) <b>SAVE</b> a crisis: <u>S</u> top and focus on the crisis, <u>A</u> ppreciate the patient's situation, <u>V</u> alidate the patient's experience, and <u>E</u> xplore next steps with the patient.
	Assure patients in crisis of your interest and concern, and negotiate next steps.
	Adopt non-threatening body language if a patient appears angry or agitated.
	Attend to your personal safety.