Frequently Asked Questions: Communicating with Hospital Staff

Q.) Should I speak with the hospital staff prior to seeing a patient?

A.) We feel that building a relationship with the hospital staff is always a good endeavor, and speaking with the patient’s nurse or social worker is one way to do so. In addition, the hospital staff may provide insight not outlined in standard documentation, such as how often family visits or favorite topics of conversation. However, we also understand this process takes time and is not always feasible. As such, speaking with the hospital staff is not a requirement, and you should feel comfortable walking directly into the patient’s room to interact with them.

Q.) How should I introduce myself to hospital staff?

A.) You should state who you are, what organization you work for, and how you hope to assist the patient. You should distinguish your program from the various other services provided by the hospital or in the community, and make it known that you will be following the patient post discharge. For instance:

“Hi, my name is _________. Myself and some other fellow students are on Mr/Mrs. ______’s care team. Once he/she is discharge, we’ll be working with him/her through home and community visits to assist in managing his/her health conditions and social barriers. We are not a home health agency; instead, we plan to take a holistic approach to the patient’s health to ensure the healthcare system is providing everything he/she needs.”

Q.) Once obtained, should I always carry the patient’s consent with me in the hospital?

A.) We have found that until a strong relationship is built with staff, carrying the patient’s consent form helps to alleviate concern on the hospital’s behalf.

Q.) Who should I speak with if I have discharge questions?

A.) Although every hospital is different, the RN care manager on the floor usually oversees the patient’s discharge. Social workers are sometimes consulted on as-needed basis, such as for patients who are unstably housed, so be sure to check-in with them as well. In addition, do not hesitate to discuss discharge questions with the patient present, so that they can voice their concerns as well.

Q.) What if I’m speaking with a patient, and their physician walks in to discuss the patient’s health?

A.) You should introduce yourself to the physician, and ask for the patient’s permission to stay while the two talk. Situations such as this are fantastic opportunities to understand the patient’s ability to
vocalize concerns. Once the physician leaves, you can also use that time to learn what the patient understood or translate the items that confused them.

Q.) What if the patient is not in when I visit?

A.) Check with the patient’s nurse to determine where they are. Most likely, they are having some type of test or procedure completed. Do not hesitate to ask how intensive the procedure will be, and whether or not the patient will need time to recover. For instance, a session of dialysis can be incredibly taxing on the patient; maybe visiting the following day after the patient has rested is your best option.

Q.) How should I proceed if the hospital staff is standoffish or territorial?

A.) You should recognize that there are a myriad of factors that go into caring for a patient in the hospital. This can often be overwhelming and weigh on the staff members. Be considerate of that, and reinforce that you are there to work with them, not against them. Most importantly, you should remind them that you will be caring for the patient outside the hospital, and as such, are in a unique position to help prevent the patient from being readmitted.