FIELD GUIDE

The Power of SMALL MOMENTS

Turning good care into great experiences.

A practical companion to the keynote. Four habits, a set of stories worth retelling, and a way to run it with your team in twenty minutes.

THE CARE MODEL

C CONNECT | **A** ANTICIPATE | **R** RESPOND | **E** ENGAGE

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START HERE

How to use this guide

There are two ways to use what follows. The first is to keep it somewhere you will actually see it, and read a page whenever you need a reminder of why this work matters. The second is to teach from it, because the ideas in here are simple enough to hand to a team in a twenty minute huddle, and they tend to stick better when people talk them through out loud with the folks they work beside every day.

Nothing in this guide asks for more staff, more budget, or an extra hour in the day. Almost every story behind it took less than a minute.

WHAT IS INSIDE

THE BIG IDEA
Good care and great care are not the same thing, and patients can tell the difference quickly.

WHAT PEOPLE REMEMBER
Why experience is a running total, and why the ending carries more weight than the middle.

THE CARE MODEL
Connect, Anticipate, Respond, Engage. Four habits, sixteen specific moves, one page you can post on a wall.

EVERY ROLE HAS A MOMENT
How the experience gets built by people who never share a job title.

THE CULTURE BEHIND THE CARE
Four things leaders can do so their teams feel what we are asking them to give away.

TEACH IT
A twenty minute huddle plan, a bank of discussion questions, and a commitment page.

IF YOU ONLY REMEMBER ONE THING

Good care keeps people alive.
Great care makes them feel alive.

SECTION ONE

The human side of healthcare

Patients and families experience us during some of the most important and difficult days of their lives, and the strange thing about those days is that people rarely hold on to the clinical details. They may not remember the name of the medication, or which department ran which test, or how long any of it took. They remember how they were treated. That is not a soft observation, it is the thing they will describe at a dinner table years later, and it is built almost entirely out of moments that felt small while they were happening.

THE INVISIBLE SUITCASE

Every patient walks in carrying something we cannot see. Family, work, money, fear, past experiences, and questions they may be afraid to ask out loud. We see the reason they are here. They are experiencing everything they brought with them.

WE MAY SEE	THEY MAY BE THINKING
"Room 214 needs labs."	"Am I going to be okay?"

FOUR QUESTIONS EVERY PATIENT IS SILENTLY ASKING

01 DO YOU SEE ME?
02 DO I KNOW WHAT'S NEXT?
03 DO YOU UNDERSTAND WHAT THIS FEELS LIKE?
04 WILL YOU REMEMBER ME?

The CARE model on page 5 answers all four.

> *She doesn't come home telling stories about ventilators or charts. She tells stories about people. The scared patient who needed someone to slow down and explain what was happening. The family member who just needed reassurance.*
>
> ON HIS WIFE COURTNEY, A RESPIRATORY THERAPIST

SECTION TWO

How experience gets built

YOUR ORG CHART IS INVISIBLE TO THE PATIENT

Watch a Formula 1 pit stop and you will see twenty people with different responsibilities and different expertise, each working on one small piece of the process. The driver does not experience twenty departments. The driver experiences one pit stop. Patients are the same. They do not know that registration is a different team than radiology, or transportation, or nursing. They experience one organization, and they experience it as the sum of every interaction they had that day.

EXPERIENCE IS A RUNNING TOTAL

It is rarely won or lost in one giant moment. It is a series of small deposits and withdrawals, and every one of them lands. A remembered name, a clear update, a long silence, an ignored concern, a kind explanation. Each places another tile in the picture they carry home, and the frustrating experiences are almost never one big thing. They are five small things stacked on top of each other.

MOMENT		RUNNING TOTAL
Remembered their name	+5	+5
A clear update	+3	+8
A long silence	-4	+4
An ignored concern	-6	-2
A kind explanation	+4	+2
A smooth discharge	+5	+7

EVERY MOMENT IS A DEPOSIT OR A WITHDRAWAL

THE PEAK AND THE ENDING CARRY THE MOST WEIGHT

Researchers once studied patients undergoing colonoscopies. One group had a slightly longer procedure, but their discomfort eased before it ended, and they remembered the whole experience more positively than patients whose shorter procedure ended at a higher level of discomfort. Longer, and remembered better. Our brains do not add up every minute and divide by the total. The most intense moment matters, and the ending matters. Researchers call it the peak-end rule.

We pour enormous energy into delivering the care. It is worth asking how much thought we give to how it ends. Leaving a room. A discharge. The last sentence of a phone call. The way a complaint gets resolved. We do not control every moment, but the last one is almost always worth more than the middle.

POST THIS PAGE ON A WALL

THE CARE MODEL

Four habits that answer the four questions every patient is already asking.

C CONNECT

I SEE YOU.

- Make eye contact before you speak
- Sit instead of stand
- Use their name
- Put the screen and the phone down

A ANTICIPATE

NOBODY LIKES FEELING LOST.

- Explain what happens next
- Offer help before they ask
- Set expectations on timing
- Answer the question they did not ask

R RESPOND

FEEL IT BEFORE YOU FIX IT.

- Acknowledge the feeling first
- Look for the smoke, not the alarm
- Name the feeling before the fix
- Give an update even when there is no news

E ENGAGE

PEOPLE LOVE BEING KNOWN.

- Remember one detail that is not clinical
- Follow up on it next visit
- Ask a question about their life
- Write the detail down so you keep it

MOST OF THIS TAKES LESS THAN A MINUTE.

None of it requires more staff, more budget, or an extra hour.

Connect

I SEE YOU.

We have all talked to someone who was physically there and clearly was not listening, and we know exactly how that feels. Patients know that feeling too. It is possible to stand three feet from a person and still leave them feeling invisible, which is why presence is not really about being in the room. It is about making someone feel like they have the room.

Connection also starts earlier than most of us think. Body language and eye contact arrive before the first sentence does, and people can tell when we are rushed or distracted just as easily as they can tell when we are present. Most of that is decided in about seven seconds.

THE MOVES

01 EYE CONTACT
Look up and make contact before the first word. It arrives ahead of anything you say.

02 USE THEIR NAME
A name turns a room number back into a person, for them and for you.

03 SIT INSTEAD OF STAND
Sitting reads as time. Standing reads as leaving, even when it is not.

04 REMOVE DISTRACTIONS
The screen, the phone, the doorway glance. Put it down for sixty seconds.

A STORY WORTH RETELLING

Think about a flight that hits bad turbulence. What does everyone on board do? They look at the flight attendant. If she is calmly pouring another Diet Coke, the whole cabin settles. Patients do exactly the same thing with us when they do not understand what is happening. Before they understand anything, they are reading us to decide how safe they feel.

ASK YOUR TEAM

- Where in our day is it easiest to make someone feel invisible without meaning to?
- What would it take for us to sit down for the first minute of every encounter?

TRY THIS WEEK

- Pick one interaction a shift and give it your full attention for sixty seconds with nothing in your hands.

Anticipate

NOBODY LIKES FEELING LOST.

Think about riding in a car with someone and suddenly realizing you have no idea where they are taking you. Even if they are a wonderful driver, it is uncomfortable, and the moment they tell you where you are headed and how long it will take, your whole body relaxes. Patients are no different. Anticipation is simply recognizing the need before anyone has to ask for it, and that need is usually just information.

Uncertainty creates anxiety. Clarity creates comfort. Most of the great moments in a day get created before the request is ever made.

THE MOVES

01 EXPLAIN WHAT'S NEXT
Name the next step and who will be doing it, even if it is small.

02 SET EXPECTATIONS
A rough time frame beats no time frame, every single time.

03 OFFER BEFORE THEY ASK
A blanket, a water, a chair for the family member standing up.

04 WATCH FOR UNASKED QUESTIONS
Worry has a look. When you see it, name it gently and answer it.

A STORY WORTH RETELLING

You are at the gate, it is nearly boarding time, and there is no plane. The board still says On Time and everyone standing there knows something is wrong. The delay is not what makes that moment miserable. The silence is. One honest update would erase most of it, and it costs nothing.

The other side of this is the restaurant you love. Imagine being told your food is late because they are short staffed and the kitchen is slammed and nobody knows what is going on. All of that might be true, and none of it belongs to the guest. Patients should not carry our internal problems either.

ASK YOUR TEAM

- What is the most common thing patients here have to ask for that we could offer first?
- Where does someone wait without hearing from us, and how long is that wait really?

TRY THIS WEEK

- Give one update you were not required to give, to someone who has been waiting.

Respond

FEEL IT BEFORE YOU FIX IT.

When people are scared or frustrated or overwhelmed, they do not always need an answer first. They need to stop feeling alone in it. Empathy does not fix the problem, and it is not supposed to, but it changes how the problem is experienced, and it usually has to arrive before anything useful can be heard.

Picture someone who is drowning. You do not start by teaching them how to swim. You give them something to hold on to first. That is what empathy does in a hard conversation. It is the thing that makes a person steady enough to take in what comes next.

FIX IT, OR FEEL IT?

FIX IT (LESS HELPFUL)	FEEL IT (BUILDS TRUST)
"Don't worry."	**"I can understand why that would be frustrating."**
"Everything will be okay."	**"Let's take this one step at a time."**

A STORY WORTH RETELLING

If your smoke detector goes off at two in the morning, you do not stand in the hallway arguing with the alarm. You go looking for the smoke. When a patient or a family member seems difficult, their behavior is the alarm. Fear, confusion, pain, or a total loss of control is usually the smoke. It is a small shift in how you see the moment and it changes almost everything about how you walk into it.

A woman had recently started treatment after losing her husband. One morning a caregiver sat down beside her and said, tell me about him. She talked for five minutes. Nothing about that changed her care plan. It changed her day.

ASK YOUR TEAM

- What phrases do we reach for under pressure, and are they fix it or feel it?
- Think of a recent difficult patient. Looking back, what was the smoke?

TRY THIS WEEK

- The next time you want to reassure someone, acknowledge the feeling first and let the answer come second.

Engage

PEOPLE LOVE BEING KNOWN.

Most of us have a favorite restaurant, and if you ask why, the honest answer usually is not the food. It is that they know you. They know your order, they know your name, they know what matters to you. People love being known, and patients are no different. When you ask about someone's granddaughter or their farming season or their team, you stop being the nurse and you become the person who cared.

The patients we never forget are the ones we built something with. Everybody wants to be known as a person, not as a diagnosis.

THE MOVES

01 REMEMBER
One detail that has nothing to do with why they are here.

02 ASK
A real question about their life, not a pleasantry about the weather.

03 FOLLOW UP
Bring it up next time. Relationships are built between the visits.

04 WRITE IT DOWN
A note in your pocket keeps the detail from disappearing by Thursday.

A STORY WORTH RETELLING

Will Guidara ran one of the best restaurants in the world, and one night he overheard guests say the only thing they would miss about New York was a street cart hot dog. He went outside, bought one, and had his kitchen plate it properly. After a spectacular meal, what did they talk about for years? The two dollar hot dog. Great experiences are not always created by doing more. Sometimes they come from noticing more.

Closer to home, an employee remembered that a patient had mentioned months earlier that a granddaughter was graduating. All she asked was, how did graduation go? The patient lit up. Four seconds.

ASK YOUR TEAM

- What is one detail you know about a patient that is not in their chart?
- Has anyone here created a two dollar hot dog moment? What happened?

TRY THIS WEEK

- Learn one non-clinical fact about three patients, write them down, and ask about one of them next time.

SECTION THREE

Every role has a moment of magic

Patients rarely remember job titles. They remember the person who listened, the person who explained something, the person who noticed they were having a hard day. Nobody on this list needs permission from anyone else to create a moment, and none of these moments require a single extra resource.

FRONT DESK	**WELCOME**	You set the tone before anyone has said a word about medicine.
PATIENT CARE TECH	**COMFORT**	You are there in the anxious minutes when nobody else is in the room.
NURSE	**TRUST**	You build confidence at the moments when it matters most.
DIETITIAN	**GUIDANCE**	You help people take the next right step, in language they can actually use.
SOCIAL WORKER	**SUPPORT**	You see the whole person and the whole life, not just the diagnosis.
HOUSEKEEPING	**KINDNESS**	You create comfort in ways people remember long after they leave.
TRANSPORT	**REASSURANCE**	You are often the last face someone sees on the way out the door.

> *Patients do not experience twenty departments. They experience one organization, and every role touches it.*

A STORY WORTH RETELLING

A patient who had trouble walking had already made it out to the car when staff realized one more signature was needed. Instead of calling them back inside, someone said, pull up and I will run it out to you. So where are we still making people walk back inside?

SECTION FOUR

The culture behind the care

If we want teams to consistently create human moments for patients, they have to experience some humanity themselves, because it is difficult to pour out what people never feel on the inside. The good news is that the model does not change when you turn it around. See your people, anticipate what they need, respond to how they feel, and remember what matters to them.

Ask a room full of people whether they have ever had a leader make them feel truly valued, and most hands go up. Ask them to keep their hand up if it involved money, and almost every hand comes down. People remember how you made them feel.

FOUR PRACTICES FOR LEADERS

01 RECOGNIZE THE UNSUNG HEROES

The most valuable person in a month is not always the one with the biggest number. Sometimes it is the person who helped someone else win, or stayed calm when things got messy, or carried the culture when nobody was watching.

02 MVP MEETINGS

Open your meetings by recognizing that kind of value out loud. What you recognize in front of the group is what the group learns to care about.

03 SECONDHAND COMPLIMENTS

If you tell someone they did a great job, that matters. If you tell them that someone else came to you to say how much they appreciated them, it lands differently, and it quietly rewards the person who noticed in the first place.

04 WRITE THE NOTE

Take fifteen minutes and write to someone important in an employee's life. Tell them what this person means to the organization and the impact they are making. When someone's family is proud of where they work, that pride comes back into the building.

> *When we have great employees and treat them with great care, they turn around and treat everyone else that way. That is the whole mechanism.*

TEACH IT

A twenty minute huddle

This guide was built to be taught in pieces. Take one section at a time, run it in about twenty minutes, and repeat the format until you have worked through all four letters. Five sessions covers the whole thing, and the conversation matters more than the content.

0 TO 2 MIN
READ THE PRINCIPLE
Read the opening paragraph of the section out loud. Do not paraphrase it, just read it.

2 TO 5 MIN
TELL THE STORY
Use the story from that page, or better, one of your own from this building.

5 TO 12 MIN
DISCUSS
Pick two questions from the section or from the bank on the next page. Then stop talking.

12 TO 17 MIN
CHOOSE ONE MOVE
Have the team pick a single move from that letter to practice. One, not four.

17 TO 20 MIN
CLOSE WITH A COMMITMENT
Everyone writes down one thing they will do differently on their next shift.

FACILITATOR NOTES

- Go first. If you want honest stories, tell one of yours before you ask for theirs, and make it a real one.
- Let the silence sit. When you ask who needs to feel seen this week, count to five before you rescue the room.
- Resist the urge to lecture. The people in front of you already know what great care feels like, this is about naming it.
- End with one commitment, not five. One thing, done on the next shift, beats a list nobody remembers by Friday.

TEACH IT

Discussion questions

Pick two per session. The best ones are the ones that make the room quiet for a second before anyone answers.

TO OPEN ANY SESSION

- Think about the patients you will see this week. Who comes to mind, and who needs to feel seen?
- Think back over your career. What is one moment you will never forget, and why is it still with you?
- When was the last time someone made you feel truly cared for, at work or anywhere else?

ON CONNECTION

- Where in our day is it easiest to make someone feel invisible without meaning to?
- What does a rushed encounter look like from the chair the patient is sitting in?

ON ANTICIPATION

- What is the most common thing patients have to ask us for that we could simply offer?
- Where are we still making people walk back inside?

ON RESPONDING

- What is the last thing a scared person needs to hear, and what do we say instead?
- Think of a difficult patient from this month. Looking back, what was the smoke?

ON ENGAGEMENT

- What is one thing you know about a patient that is not in their chart?
- What is your two dollar hot dog? Has anyone here created a moment like that?

FOR LEADERS

- Who on this team deserves more recognition than they are getting right now?
- Do the people who work here feel the same care we are asking them to give away?

SECTION FIVE

One moment tomorrow

Every story in this guide has something in common. None of them required more staff, more budget, or an extra hour in the day, and most of them took less than a minute. The opportunity was never about finding more time. It is about making more of the moments already in front of us.

So before you put this down, write something. One thing you will do differently the next time you are with a patient, a family member, or a teammate. That is how culture actually changes. One moment at a time.

THE ONE THING I WILL DO DIFFERENTLY

WHO NEEDS TO FEEL SEEN THIS WEEK

THE MOMENT FROM MY CAREER I WILL NEVER FORGET

You don't have to change the world.
Just change one moment for one person.
Ten seconds. That's all it takes to be unforgettable.

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KEEP GOING

The families in your building are going to tell stories about your team someday.

WHAT WILL THOSE STORIES BE?

CHRIS SUND

Chris Sund is the bestselling author of You Are Capable of More and the President and COO of Uniti Med, GQR Healthcare, and Nebula. He speaks to healthcare organizations across the country about leadership, culture, resilience, and the small moments that turn good care into the story a family tells for years.

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