A collection of personal reflections from the 1000 Lives Improvement Student and Educator Community, inspired by the global campaign ‘Hello my name is’
Healthcare students across Wales are getting involved in the ‘Hello my name is’ campaign, supported by 1000 Lives Improvement Student and Educator Community. The campaign was started by Dr Kate Granger MBE, a doctor and terminally ill cancer patient, who is encouraging all healthcare professionals to begin interactions with patients using the introduction ‘Hello my name is’.

1000 Lives Improvement Student and Educator Community is pleased to support Dr Granger’s campaign and has been encouraging its members to get involved.

Felicity Hamer, Student and Educator Community Manager says:

“This campaign is a reminder to both students and health professionals alike, of the importance of a simple introduction that puts the needs of our patients and families at the very heart of what we do. It’s been an exciting opportunity to share experiences of person-centred care and to celebrate the good work students in Wales are taking forward”.

Kirsty Jones, nursing student from Swansea University says:

“The learning I’ve gained from entering the competition has built my confidence to improve my communication skills and assertiveness. I feel I am now able to effectively introduce myself and use cues to encourage introductions between other healthcare workers and the patient and their family”.

Students improving patient experience

Students have been getting involved by:

- **Using a simple introduction:** Every encounter with a patient must begin with “Hello, my name is…”
- **Spreading the message:** Students have been tweeting using hashtags #1000lives and #hellomynameis, and taking selfies holding a ‘Hello my name is’ sign and tagging on Instagram.

Keep up to date with the Student and Educator Community

‘like’ us on Facebook:
1000 Lives Plus Student Network

or follow:
@1000livesplus

For more information, visit www.1000livesplus.wales.nhs.uk/student-educator-community
Why use a simple introduction?

When Dr Kate Granger MBE, an Elderly Medicine Registrar and terminally ill cancer patient, was in hospital with post operative sepsis, she made several observations about her care. Perhaps the starkest observation she made was that many of the staff caring for her did not introduce themselves before delivering care.

As a result, Dr Granger started a campaign to encourage and remind healthcare staff about the importance of introductions in the delivery of care - and ‘Hello my name is’ was born.

Dr Granger says:

“I firmly believe it is not just about knowing someone’s name, but it runs much deeper. It is about making a human connection, beginning a therapeutic relationship and building trust. In my mind, it is the first rung on the ladder to providing compassionate care.”

“I was overwhelmed by the enthusiasm of Welsh healthcare students to improve care when I visited Llandudno. It was so refreshing to hear the future of the NHS excited and inspired about providing truly person-centred, compassionate care.”

Supporting the ‘Hello my name is’ campaign in NHS Wales

Professor Jean White, Chief Nursing Officer for Wales, explains the importance of supporting frontline staff and students to ensure they adopt this introduction at every interaction:

“We should never underestimate the power of simple things like knowing who is speaking to us, particularly if we are unwell and possibly fearful of what may happen to us.”

“I really welcome this booklet that shares experiences of students getting involved in this important movement. I hope it inspires others to think about how they communicate and engage meaningfully with those they are caring for; it really helps remind us to see the person as an individual.”

This booklet celebrates the dedication of our Community members to changing attitudes towards patients by putting them at the centre of their care. It aims to inspire other healthcare students and colleagues to do the same!

The following pages capture some of the personal reflections from members of the 1000 Lives Improvement Student and Educator Community, inspired by the global campaign ‘Hello my name is’.

Visit the ‘Hello my name is’ website at http://hellomynameis.org.uk

To hear Dr Granger talking to students in Wales visit: https://youtube/UmeQjgy4QnE

#hellomynameis

For more information, visit www.1000livesplus.wales.nhs.uk/student-educator-community
# hello my name is…

**Alice Gingell, nursing student, Swansea University**

"Hello! My Name is Alice Gingell and I am here to help."

I believe this statement is a significant part in any nurse’s career.

On a recent placement as a student nurse, I was caring for a lovely patient who was deaf and due to her diagnosis of dementia had lost the ability to speak. This lady thoroughly enjoyed reading and writing. Due to her loss of speech she would kindly write down any needs or questions she would have and would hand them to healthcare professionals to read. It was fascinating and also incredibly sad to see how different speaking to someone and communicating via pen and paper is.

I decided that whilst caring for this lovely patient, I would communicate with her the way she did with me. I would use A4 paper and write little things on there that I would usually say to her, asking her how she is or telling her what the weather was like, I attempted to draw pictures and we both laughed at how useless my attempts were. I soon began to see that communication and creating a holistic relationship does not have to solely focus on talking to someone, communication can appear it all different variations.

If I had thought of using the ‘Hello my name is’ name tag during my placement I believe this would have been a massive help in communicating with many patients especially this particular patient. Due to the placement I was in on a dementia ward, patients would often forget names or who you are. The ‘Hello my name is’ name tag would have been a significant step forward in helping patients communicate with me and myself with them.

I always find it strange how often in hospitals and healthcare settings, healthcare staff will know patients names and yet most patients will have no idea of the name of the nurses caring for them.

I truly believe this needs to change, how can therapeutic relationships begin if a patient doesn’t even know the basics such as your name.

The ‘Hello my name is’ tag, would have significantly benefitted my lovely patient mentioned above as she would have been able to write down staff names in her notebook and as she would often write she would like to tell her relatives about the lovely nurses she has encountered but she either didn’t remember or didn’t know nurses names.

The ‘Hello my name is’ name tag is a step forward I believe in enabling both staff and patients to remember that even a small thing such as a name can make a big difference to a person’s care.

What’s in a name? The start of a new relationship with every patient.

# hello my name is…

**Bethan Wyn Jones, nursing student, Bangor University**

"Hello, my name is Bethan Wyn Jones."

I am a student at Bangor University and was on a placement at a community hospital in North Wales. I was working in a bay with a nurse and a healthcare support worker who was new to both the ward and patients. The NMC Standards of Conduct Code (2008) is followed where advice on a range of professional and ethical considerations including the fact that a nurse should respect patients as individuals, protect confidential information and act to identify and reduce risks for patients. These establish an ethical framework that nurses are expected to follow in their practice.

One patient was ill and vomiting. I closed the curtains around her to respect her dignity and privacy. With the Dr Kate Granger ‘Hello, my name is...’ campaign in mind, I introduced myself to the patient and held her hand in empathy and had a conversation with the patient so that she could share her feelings and in order for me to understand those feelings.

I felt it was important to communicate with the patient to maintain a good working relationship and allow the patient to build her trust in me as a student and to understand that I am there to help.

Whilst I was with the patient, the healthcare support worker and nurse came in to tell the patient that we would wash her down and told her to collect her things. I realised that neither the healthcare support worker nor the nurse had introduced themselves to the patient, nor had they provided information about the care that was being offered so that the patient could decide for herself and agree to what was being proposed. I remember the patient looking impatient and tired and speaking to the support worker and the nurse in an agitated and curt manner, telling them to leave her alone, but she then held my hand and asked me whether I was going to stay and look after her.

I left the patient for a short while and had the opportunity to speak to the nurse and healthcare support worker and asked them whether they had heard about Dr. Kate Granger’s campaign and the 1000 Lives event held in Llandudno in 2014. I explained about the day in Llandudno and the campaign. Doing these little things are a good starting point to ensuring that compassionate care is provided to the patient.

Later, when I was with the patient, the healthcare support worker joined us once again, and this time she introduced herself and held the patient’s hand, before asking how she felt.

I was immensely proud that I had shared the information about the campaign and that it had made a difference to the way in which the healthcare support worker had dealt with the patient that day, and I hope that she in turn will share this information with others.

For more information, visit [www.1000livesplus.wales.nhs.uk/student-educator-community](http://www.1000livesplus.wales.nhs.uk/student-educator-community)
# hello my name is…

Chelsie Edwards,
nursing student,
Swansea University

“Hello my name is Chelsie and I am a third year student nurse!”

On a previous placement as a student nurse, I introduced myself to a new patient who had recently been admitted to the ward.

I began by welcoming her onto the ward, telling her my name and explaining that I am a student nurse, I also told her to give me a call if ever there was anything that I could do for her during her stay on the ward. This patient was hugely grateful of her warm welcome to the ward. She found it very amusing to give me the nickname ‘Chelsie Bun’ as I always wore my hair up in a bun, nevertheless, a fantastic nurse patient rapport was made, and I suppose that she would never forget my name as I was named after her favourite cake!

I worked with this patient a lot whilst on this placement and from this I got to know her very well. I came onto an afternoon shift and noticed that this patient didn’t seem normal, cheery self, so I asked her if everything was okay, and following this she became very emotional.

I drew the curtains and asked her if she wanted to talk about it, here she expressed her fears and worries to me. I comforted the patient and reassured her that everything was okay, and following this she was back to her normal self. 

I felt privileged that she felt that she could confide in me and I had a very rewarding feeling knowing that I had made her feel better.

The patient had introduced me to her family during visiting hours, here also a great professional relationship was built with the family; this is something I feel very strongly and passionate about as it helps aid in the delivery of holistic nursing care for the patient.

When this patient was being discharged from the ward I received a ‘Thank you’ card from her; she was deeply grateful of the care that I provided for her during her stay on the ward, and she wished me all the best in my nursing career, still referring to me as ‘Chelsie Bun’.

I personally feel that it is a fantastic campaign that Dr Kate Granger has created.

My positive experience of how something so simple as introducing myself has made me realise that it can make all the difference to a patient, as it allows the health care professional to begin a therapeutic relationship and gain trust from the patient.

I will most definitely continue to introduce myself to patients’, also I will encourage others to do so as well as it is of utmost importance in the start of delivering high quality compassionate care for the patient.

For more information, visit www.1000livesplus.wales.nhs.uk/student-educator-community

# hello my name is…

Danielle Speak,
Edgehill University

“Hello my name is Dani and this is my story.”

During my time as a student, I have always been aware of introducing myself to all patients I come into contact with, mainly out of respect, I happened to think that this was natural and the norm. When I started to read about Kate’s inspirational story and campaign, I started to look around more in the area’s I worked in and there noticed that in many cases it wasn’t the norm at all.

I still pride myself in introducing myself and make more of an effort to do so now through hearing stories, and previously being a patient myself.

Unfortunately however very recently I had a hospital admission myself, where introductions lacked.

I was referred to AED by my GP, arrived there at 18:40. I was then left in the waiting room in AED, with no update until I was moved into Majors at 22:45, with SATS of 91% and Shortness of Breath. A nurse came into the cubicle to take my obs, did them and shortness of breath was then natural and the norm. When I started out of respect, I happened to think that this was natural and the norm. When I started to read about Kate’s inspirational story and campaign, I started to look around more in the area’s I worked in and there noticed that in many cases it wasn’t the norm at all.

I then waited another half hour, to be sent up to EAU, during my whole wait up to now there was no explanation to me why I was being moved into a ward area or what was happening. I arrived on EAU at 23:15.

This proved to me how vital introductions are. However I never met the nurse in charge of my care that night, until the following morning’s handover, at my bedside, where she still didn’t introduce herself.

With this experience not being so good, I have formally written to the nursing director of the trust and explained about what happened to me. I have also offered to help spread the word of the ‘Hello my name is’ campaign within the trust. I hope that with the trust’s help and mine, and the use of this campaign, my local AED will be great at introductions soon.
Debbie Rogers, nursing student, Bangor University

“My name is Debbie.”

A simple statement, but one that can and does have a huge impact upon a patient’s experience in the hospital environment. By introducing yourself to the patient they will feel valued and reassured. This will have a huge positive impact upon their psychological state, sense of wellbeing and ultimately their healing and recovery and allow them to achieve their optimal health.

In my role as a Health Care Support Worker at a local hospital, I was involved in the care of an elderly patient (who, for the purposes of this reflective piece, I shall call Molly). Molly was a lady in excess of 100 years old. Each time I entered Molly's room I introduced myself to her simply by saying, “Hello Molly, my name is Debbie.” Due to Molly’s advanced years, her memory recall was not as sharp as it had perhaps once been. For this reason I reiterated my introduction with each separate interaction. That said, every time I went in to Molly a little more recognition emerged and a smile began to develop.

Due to her frailty Molly found moving both physically and mentally exhausting. Molly required personal care which involved altering her position. Molly could become quite distressed and was very reluctant to allow anybody to move her.

By introducing myself throughout the day and reminding Molly who I was, I felt that Molly and I built a good carer/patient relationship.

Molly now smiled and responded positively to my presence. When I asked Molly for her consent for myself and a colleague to administer her personal care she gave us her verbal consent. This was quite a significant step forward for Molly and, once we had completed the task at hand, Molly stated that she felt much better. In fact, Molly began to interact with us as best she could and her mood definitely lifted.

As Molly and I had forged a good relationship over the course of the day, not only did I make the effort to say “Hello my name is...” but as my shift drew to a close I also felt it was only right and proper to let Molly know that I would be finishing my shift soon and saying goodbye. I entered Molly’s room with my colleague who would be covering the shift. I began by explaining I would be going home soon and my colleague Marie would be continuing her care.

A small shadow of doubt crossed Molly’s face until Marie said, “Hello Molly, my name is Marie.” Then, Molly smiled.

I feel that Molly’s experience in the hospital environment was made so much better by being introduced properly to those involved in her care. Her general mood and thus her wellbeing were elevated. The whole experience with Molly had quite a profound effect on me and, I feel, shaped my future practice. Although Molly had moved to another ward the next time I was on duty, I would like to think that I, and my colleagues made a difference to Molly’s hospital experience. I genuinely hope that wherever she went, Molly was greeted with the words “Hello, my name is...”

Emma Murray, nursing student, Bangor University

“My name is Emma Murray, I am 30 years old, currently a third year student nurse studying at Bangor University.

I would like to begin with explaining the importance of introducing yourself as I have experienced this myself in a positive and negative way. I will begin with the positive. It was my first day of placement, I felt nervous and anxious. I arrived on the ward, introduced myself to the staff at the nurses’ station who advised me to go to the office for handover. I followed their instructions, introduced myself to the staff in the office and took a seat. At this point I was still feeling nervous as I did not know these people, also that it was a strange environment as I had never been there before.

I was finally greeted by a nurse who introduced herself, the other members of the team and welcomed me to the ward, I instantly began to feel at ease.

I will now discuss the negative experience. One night shift as a bank health care support worker I was involved in transferring patients from the assessment unit to other wards within the hospital. Myself, the porter and the patient arrived on this particular ward where we came across a nurse who was sat at the nurses station, who did not greet us and continued with her paperwork. This patient required a pat slide to transfer onto the bed, with not being familiar with the ward I did not know where it was kept. I went to find the nurse to ask and still sat at the desk, she informed me where it was kept with no offer of assistance. I finally found the pat slide and asked the nurse to assist. My first thoughts were that the nurse was rude and unhelpful, I understand she might have been busy with paperwork but it is all about prioritising work.

The nurse should have greeted the patient and offered help, this would have created more of a pleasant experience for the patient.

I returned to that ward on several other transfers that evening, with the same porter and received the same acknowledgement as the first one.

These two experiences are very different, however confirms the importance of introducing yourself. I have been fortunate enough with my health that I have not had to be admitted to hospital, but can imagine it must be a frightening experience for some, therefore it is important to ensure that patients feel comfortable, that their stay is as positive as possible, this can begin with a simple task by introducing yourself which helps build rapport. I will never forget the nurse who made me feel welcome and the nurse that made me feel uncomfortable.
For more information, visit www.1000livesplus.wales.nhs.uk/student-educator-community

# hello my name is...

Michelle Bishop, nursing student, Swansea University

“Hello, my name is Michelle.”

When I started my nursing career at Swansea University we were given student badges which just listed the details: Student Nurse M. Bishop.

I soon discovered that although I would introduce myself to the patients, more often than not they would forget my name. This could be for many reasons, such as dementia, poor hearing, or - like myself at times - just a poor memory.

I know that when someone has introduced themselves to me and I have immediately forgotten their name, I am too embarrassed to ask them to repeat it.

As part of the Swansea Chapter we have pushed for all students to have a badge which clearly states ‘Hello my name is…’

The badge is in bold letters also, so should a patient be hard of hearing, their sight is not quite 100% or they are forgetful, the badge is on display so that patients and relatives can easily see it.

It has made a huge improvement in my placement settings and patients feel more confident in calling the attention of someone’s name when they know it.

# hello my name is...

Kimberley Davies, nursing student, Swansea University

“Hello my name is Kimberley Davies and I am a second year student in the adult branch of nursing.”

I have used ‘Hello my name is’ in my current placement. I start my shift in my allocated bay, I turn on the lights, say good morning and introduce myself - stating that I am a student nurse also. This starts up conversation about university etc and about me as a person. This has given my patient an insight to me as a person.

On my rounds during my shift I learn about each patient individually, just by introducing myself I have given a personal touch to the care I am providing.

# hello my name is...

Laura Coghlin, nursing student, Swansea University

My dad was rushed into hospital and during his time there we met a lot of different staff.

I found that not all of them introduced themselves. I remember one incident after being transferred from A&E to the ward a healthcare assistant approached my dad and clearly wanted to take his observations as she had the NEWS chart and machine with her.

She didn’t say hello, she didn’t introduce herself, she didn’t smile or ask if she could take my dad’s BP, temperature, she didn’t say goodbye... she didn’t say anything!

I was upset and worried about my dad, he was nervous, anxious and vulnerable, and I thought to myself - it doesn’t take a minute to say ‘Hello my name is... is it OK to take your blood pressure etc?’ It is common courtesy and good manners. To not utter a single word to your patient is plain wrong and rude.

From that day onwards, when I started my nurses training, I made sure I introduced myself to every patient/relative/staff member I met.

Even in my outpatient placement where I would meet the patient for only a few seconds I still introduced myself as I walked them to the consultation room. Sometimes I found it broke the ice - as the patient was often worried whilst waiting to be called in to see the consultant/nurse - so chatting on the way in often put them at ease.

The feedback I receive from patients makes me feel humbled by how they view the care I provide them with.

They tell me they can open up to me and ask the ‘silly questions’ and I feel this is because I have given a personal touch to the care I have given. These patients allow me to strive to become a professional with a personal touch.

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**# hello my name is...**

**Gemma Prebble, nursing student, Bangor University**

“Hello, my name is Gemma and I am a student nurse.”

I don’t know how many times I have introduced myself in such a way, to my peers in my cohort on my first day, to my mentors on my first placement and to patients I have helped to nurse. My most recent, and nerve wracking, usage occurred when I was asked to give a presentation on my experiences of being a student in healthcare sciences to a new intake of 200 midwifery, nursing and radiography students.

I spoke about first day nerves, first assignments and first placements, including practical advice as well as recounting a humorous incident involving some asparagus soup! I discussed what I had gained from my course, self-knowledge, self-discipline, self-confidence (and many other self’s!). I then paused to reflect, what could I discuss that would resonate with all my future colleagues, the skills I have developed and experiences gained which are common among healthcare professionals in practice? Whether it’s a radiographer’s ability to calm an elderly, worried patient with a suspected fracture or a midwife supporting an anxious first time Mum, I feel our ability to continually develop and utilise empathy and compassion during patient care should unite all healthcare professionals.

Whilst on clinical placement, working my first week of night shifts, I was able to support a patient during end of life care. Although I did relatively little for the patient, helping with positioning, fetching some cold water and talking about her family she was very grateful for my presence.

The patient deteriorated rapidly, family were called but did not arrive in time to be with the patient as she died, they thanked me for my role in their mother’s care and my presence during her final moments. Although it was a difficult and emotional experience it confirmed to me that the hard work and stress of embarking in a career in healthcare is made worthwhile by being able to make a difference during these moments of transition.

We are all in the privileged position to be present and support patients during moments of transition, of uncertainty and pain, joy and fear and life and death. By starting with a simple phrase we can earn the right to enter into a therapeutic relationship which can enhance joy, reduce fear and pain, supporting patients in an empathic and dignified manner.

**In a short space of time we developed a therapeutic relationship in which the patient felt comfortable, giving my name and some of my time enabled my patient to feel respected and at ease in my presence.**

As the new intake enter the healthcare profession I hope they can hear “Hello my name is” in the back of their minds, remembering that by taking that initial step of introduction they can make lifelong friendships.

As the conversation progressed Mrs Evans informed me how anxious she was over a certain issue. I asked her if she would like me to stay beside her a little longer, she said yes. We talked about her issue and I also discovered we both shared a passion for cooking!

I went home that night with a feeling of satisfaction that I’d made her day more tranquil. From that experience I benefitted emotionally as I connected with Mrs Evans.

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**# hello my name is...**

**Jade Zachary, nursing student, Bangor University**

My name is Jade, a very new nursing student.

‘Hello my name is’ can seem a simple and well-used phrase but it is often lost or forgotten in the mind of some busy healthcare workers. It’s a powerful campaign that should be used more to prevent patients feeling exposed and out of their comfort zone.

**By simply introducing yourself to a patient you are interacting and building that initial relationship with them that could essentially encourage their co-operation in improving their care.**

Communication is one of the 6 C’s of Nursing that I strongly feel should be highlighted to make staff more aware of its importance. Without stepping into the shoes of a patient sometimes it’s difficult to understand how one simple phrase can make someone feel at ease and respected in a strange and vulnerable setting. I feel the well known saying ‘treat others how you want to be treated’ is often neglected; after all, would you want someone caring for you when you don’t even know their name?

With previous experience in the healthcare sector I can relate to experiences involving introducing yourself to patients. To protect patient confidentiality I’m going to refer to the person in my example as Mrs Evans.

Approaching Mrs Evans with a smile on my face was the first link I had with the patient. I told her my name and my role (volunteer) and offered her a hot or cold drink. The immediate response was “thank you”. Looking confused she explained she was grateful I told her who I was. Astonishingly she described how she knew the staff by the colour of their uniforms.

As the conversation progressed Mrs Evans informed me how anxious she was over a certain issue. I asked her if she would like me to stay beside her a little longer, she said yes. We talked about her issue and I also discovered we both shared a passion for cooking!

I went home that night with a feeling of satisfaction that I’d made her day more tranquil. From that experience I benefitted emotionally as I connected with Mrs Evans.

I learnt a valuable lesson how important it is to introduce yourself to someone because it can reveal a lot more.

You wouldn’t meet someone outside the healthcare profession and not introduce yourself, so why is it not used more? As well as introducing yourself with your name I also feel that people’s role/position should be made clear. Staff within the multidisciplinary team know who each other are however many patients only see a coloured uniform.

For more information, visit www.1000livesplus.wales.nhs.uk/student-educator-community
# hello my name is... 

**Helen Price**, nursing student, University of South Wales

*Listening to Dr Kate Granger’s story at last year’s 1000 Lives National Learning Event was inspirational.*

It was truly exciting to be part of a social movement that is shifting the culture of healthcare – putting the patient at the centre of everything, sharing stories in the hopes of altering care delivery and shifting the balance of power in hierarchies that stifle communication and innovation. When I began to observe what was happening in practice, many staff offered no form of introduction before providing some aspect of care, and for the staff that did it was merely ‘Hi, I’m the nurse’. Based on this I decided to embark on a campaign based on ‘Hello my name is’ in the area I was working called ‘Respond with Heart.’

A hospital journey is a personal experience; although some aspects are common to most, everyone experiences things differently. I wanted to encourage patients to be an active participant in their care, by feeling supported and listened to so they can make choices. Optimal patient and family communication is about conveying a message and establishing a connection.

**As nurses, our intentions for communication need to be rooted in our desire to help, support and provide care.**

It struck me that staff know an awful lot of information about patients; name, personal details, health condition, and more! They help make decisions about patient’s lives, yet patients know nothing about staff, identifying us by our uniform colour and addressing everyone as nurse or doctor.

My first step was to ensure all staff had a visible name badge that included job role. Through teaching and sharing patient stories staff understood the importance of a simple smile and warm introduction, whether it be the very first meeting or the start of a new shift.

A common adage suggests that a picture is worth a thousand words; so we created a ‘Welcome Board’ and posted photographs of each member of the care team along with their role and some personal information. This helped us to foster an atmosphere in which staff are recognizable and approachable. I created a pledge and displayed it on the board, with permission for any patient or family member to challenge staff if they failed to fulfil the promise. All this information was incorporated into a Welcome leaflet given on admission.

*I firmly believe it’s the small, seemingly insignificant details that make a BIG difference, but these things get lost amongst the more complex.*

Based on work from the Cleveland Clinic USA, I used the acronym H.E.A.R.T to describe how staff members are expected to greet patients, reminding them to ‘respond with Heart’:

- **H** ‘Hello I am... and I will be your nurse today.’
- **E** Establish the team – ‘another important staff member is ... and she is the HCSW. …is wonderful and assists me with your care. I just want to make sure you know their names; so to help you remember,’
- **A** Acknowledge the patient, build rapport - How would you like me to address you? I have received report from your night nurse and was told... Lets discuss the plan for today... Please feel free to ask me any questions. If I can’t answer them, I will find someone who will.
- **R** Reinforce your commitment to their needs - It is very important to us that you are informed about and understand your plan of care. We will do our very best to make you as comfortable as we can during your stay.
- **T** Target time for return in line with intentional rounding/ transforming care - ‘I am going to check on my patient next door now. I will be back in to see you in about one hour. As I said before, your HCSW will come in next to assist you with anything you need. Please call if you need anything. Before, I go, is there anything else I can do or answer for you?’

A simple introduction really makes the difference to understanding how patients’ views, values and beliefs are respected.

This campaign channels students enthusiasm in an effective way that makes a real difference!*

For more information, visit [www.1000livesplus.wales.nhs.uk/student-educator-community](http://www.1000livesplus.wales.nhs.uk/student-educator-community)
“My name is Julimar and I will hold your hand!”

As I was doing an observation round in the ward that early afternoon, I noticed that a lovely lady across the other side of the bay was having some difficulties in breathing. A couple of nurses had just arrived at her bedside and quickly set a nasal oxygen cannula to help with her breathing. I joined them and took an oxygen saturation that showed an worrying figure of 89%.

A doctor working on the ward suggested we turn on a fan close to her face to improve air circulation, which we promptly did. Unfortunately, none of our efforts seemed to help much. Her breathing was now quite shallow and much faster. She was clearly very distressed and the doctor suggested that she tried to calm down a bit that it would help. This lady sadly suffered from advanced stage COPD and there wasn’t much more that could be done.

I was merely a student there; not even the doctor and the nurses were able to help her anymore. We were all watching this uncomfortable reality before our eyes as she teared and said: “I just wanted a chance to say goodbye to my family”. Those words felt like a sword going through my guts.

Suddenly, in an impulse reaction without putting any thoughts to it, I walked towards her, sat on her bed and said. Dear, my name is Julimar and I will hold your hand! She grabbed my hands as I looked her in the eyes and started talking to her.

“I need you to start breathing with me, try to breathe through your nose, and lets take some deep breaths”. Initially she struggled to follow my instructions but I persisted! For the next 10 minutes, I sat by her side holding her hand and doing some intense breathing exercise. I looked at the nurse who smiled and nodded to give me a bit of confidence. At that moment I had just realised how courageous I was to have stepped up to it in front of the team. The lovely lady eventually came around and got her breathing under control.

At the end of that shift, she called one of the nurses and said: “Look after this lad very well; there are not many like him around”.

These comments were the best feedback I received since I started studying medicine.

That day I went home feeling really good.

“Hello my name is student nurse, Kirsty Jones and I am writing a reflective piece to highlight and support the ‘Hello my name is’ campaign.”

From a personal and professional perspective I agree with Dr Kate Granger that introducing yourself builds a personal, trusting, therapeutic relationship and is the first step to compassionate care. I feel it is important in interdisciplinary working to introduce yourself to other staff, as well as patients and family members. Throughout this reflection I will be using the pseudonym Peter, in accordance with the confidentiality code of conduct NMC (2011) guidelines.

I will reflect on one particular situation, which resulted after numerous occasions during my training, when other healthcare staff had not introduced themselves to me or explained the role they were working in. This had made me, as a trainee, feel invisible and play the guessing game as to who was who. I also wondered about how patients would feel when it is the choices for their body being discussed; and their space that is being invaded.

Throughout my training my confidence and assertiveness has grown to become an advocate for the patient in any kind of situation.

However, it was not until my second year of training whilst in a cubicle assisting a patient, in the presence of their relative, that I took action and felt competent. Three individuals came in with tags around their neck. I thought of the patient’s point of view and could see non-verbal communication between the patient and their relative wondering who these people were. On noticing this I decided it was time to be the patient’s advocate and was confident enough to introduce myself:

“Hello, my name is Kirsty, a student nurse and this is the patient Peter and his wife.”

This was in order to give prompting cues for the others to respond. They took the cue and introduced one another and their job roles.

Instead of it being an anxious, uncertain feeling from the patient and their relative they visibly relaxed: the ice was broken.

Also Peter knew who his multi-disciplinary team was so that he could feel comfortable and to speak to any member: thus providing holistic care. Sometimes people feel belittled if they are not introduced; feeling that the staff are superior to them. This could be because the staff have become complacent in their environment. Some patients may be in hospital for the first time and may not know who is who, such as the rank of their uniforms.

I believe when you know somebody’s name you can relax as you can see a bit of their personality: how they would like to be addressed, whether by their first or second name. It helps to give continuity and consistency. Introducing yourself and other staff members to a patient makes them feel involved within their own care; giving the patient a name, rather than a number.
I was having a celebration treat after spending a long afternoon in the hospital as a patient.

As I sat down in the restaurant the lady in front of me introduced herself ‘Hi I am Sara and I am going to be your waitress today’.

This introduction made me think. I knew who she was and I knew what her role was and what she could do to help me. Simple!

Well this is not always the case when in a different setting such as a hospital. As a third year nursing student I have seen many members of staff fail to introduce themselves. This is always something that I always make sure I do. However this afternoon I experienced something very different from a patient’s perspective.

I sat alone in the waiting room for what felt like the longest time. I read all the posters and made polite chat about the weather to the lady sitting next to me. The waiting room was full of ladies some with beautiful locks of hair and some with no hair at all.

The knots in my stomach turned, until…. I was having a celebration treat after spending a long afternoon in the hospital as a patient.

As I sat down in the restaurant the lady in front of me introduced herself ‘Hi I am Sara and I am going to be your waitress today’.

On reflection I was seen by various members of staff each of them introduced themselves and I was informed of their roles. This made me feel like I made friends with these complete strangers.

I felt more comfortable and was put at ease by the connection that was made, I felt like a person with some worth, not a human on a production line.

I ask why don’t we make all our patients feel like a person that matters if all it takes is a simple introduction and a smile. As a student nurse, I will promise to introduce myself and any members of the team I work with if they fail to do so to every patient who I will care for in the future as I think it made me feel better so it must be essential for the patients I now care for to feel that way too. Thank you for giving me this opportunity… ‘Hello my name is Paula.’

‘Hello my name is…’ is the starting point for my reflection.

Making small changes to how staff interacted with a service user suffering from dementia eased her transition into respite care. I shall call the service user Gladys for this account.

When Gladys entered residential care for respite her family were asked to complete a ‘This is me’ booklet developed by the Alzheimer’s Society Wales (ASW) (2012). This simple tool assists families and service users to indicate personal preferences. It gives a history of past events that can impact on the patient and is intended to help enrich life (ASW, 2012). It is primarily designed for people with a dementia diagnosis.

Using this booklet with the family is a good way to break the ice on caring for their family member and indeed to gain understanding of how the service user likes to communicate about themselves and their health. Simply finding out how the service user would like to be addressed by staff for example. The document can, if used correctly, inform the health professional about the person’s needs and their health belief system. Individual health belief systems can be informed by many things and can affect how a person views or understands the advice given to them by health professionals (Adams, et al, 1998). It was a good opportunity as part of the process for staff to introduce themselves to Gladys and gauge her communication needs.

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Despite all the introductions with Gladys it did have a positive effect on Gladys when people introduced themselves and took the time to be on her level.

By combining the ‘Hello my name is’ ethos with basic non-verbal communication techniques, like a smile and sitting at the patient’s eye level, engaged Gladys much more in what was being said to her. The simple continuity and application of the message from the campaign really informed and enriched my experience with this service user. It is certainly an experience I will remember and adapt for other service users in the future.

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“Hello, my name is Sera and I am in my second year at Bangor studying Adult Nursing.”

I am undertaking the whole course through the medium of Welsh, which is very important to me. Providing care through the medium of Welsh is important to allow individuals to explain their concerns, be they vulnerable people, children, adults or older people.

During the last two years, I have been on a number of work placements in a community hospital and a variety of general hospital wards. I have seen much in relation to the ‘Hello my name is’ campaign and communicating through the medium of Welsh.

When I met a patient for the first time, I always introduced myself, for example “Hello, my name is Sera, and I’m a student nurse. I and the rest of the staff will be looking after you today. How are you feeling this morning?”

The next time I would carry out an observational task such as taking blood pressure I would introduce myself again, and ask “Is it ok if I take your blood pressure please?”

When my Grandfather was in hospital, when the nurse approached him she did not introduce herself and did not smile. At the time my Grandfather was vulnerable and felt that he was not safe and that he could not put his trust in the staff. From my perspective as a student, I have seen many nurses and healthcare support workers approaching a patient without introducing themselves, whereas a doctor would do so.

Many patients and their families would ask me “What is the name of that blonde nurse who was here just now?” and “I came to this hospital hoping that I would be cared for through the medium of Welsh”. I often heard a nurse speaking English first with the patient when both the nurse and the patient were fluent Welsh speakers - perhaps a lack of confidence to start a conversation in Welsh, who knows?

In my view, speaking Welsh with patients is vitally important as a patient feels a sense of belonging, whatever their age.

Introducing yourself is certainly important to create that sense of belonging whilst a patient is in hospital or any other healthcare setting.

It can be a frightening and anxious experience for both the patient and their family. I firmly believe that this needs to be embraced wholeheartedly and that the ‘Hello my name is’ campaign should be promoted further...."
# hello my name is...

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