



“Hello my name is...” is a simple phrase that should be used at the start of a healthcare relationship. It recognises, above all, that healthcare is an interaction and relationship between two human beings.

“Hello my name is...” starts a collaboration that promotes learning, flexibility and the trust that is essential for providing human-centred care.

The key to the success of “Hello my name is...” lies in its simplicity. Introducing yourself takes very little time, it is relatable, costs little, helps build trust and shows respect.

When patients know who you are and what your role is they feel respected and are more likely to have less anxiety, increased trust in you, ask questions and share important information about themselves.

Who is this tool for?

All staff, both clinical and non-clinical. “Hello my name is...” works best when introduced as a health service wide initiative, in all departments and across all disciplines.

When should you use this tool?

Starting conversations with “Hello my name is...” can be used anytime and anywhere. It is particularly important when you meet a patient, their family or carers for the first time. Also if you are re-establishing your relationship with them after some time has passed or within high stress environments: for example in emergency or ICU.

Good practice

- 1. Be ready** to use “Hello my name is...” in any situation. Think about non-verbal and verbal cues. Be friendly and warm. Be aware of your facial expressions, eye contact, gestures and postures, they should be open, warm and friendly. Little things like sitting down next to a patient, if appropriate, so you are at the same eye level. It also makes a big difference to a patient to look at them, not your notes or devices.
- 2. Start the conversation.** Upon approaching a patient, start the conversation with “Hello my name is...”. Don’t rely on your name tag. While you may have a name badge on – it is often hard for patients to see or read them “in the moment”.
- 3. Extend** your introduction to include your role or purpose so the patient is aware of the reason for your visit. *“I’m the...” or “I’m here to talk about...”*
- 4. Ask** a question that is not clinically related e.g. *“Can I call you <first name>? How did you sleep? How did you get here today?”* Take some time to learn about them as a person.
- 5. Share** – as the patient shares personal details be ready to share a few personal things about yourself that you feel comfortable with, *“Yes I have a dog too”, “I am also a runner...”* As the patient shares more about themselves, continue to listen and ask questions to build the relationship.

hello my name is...



Why it works

You will notice patients, families and carers are more relaxed in your care. This may be displayed in their body language and by the relaxed way they sit or hold themselves. They will become more open to share who they are, their beliefs and behaviours in the context of the clinical situation.

For those from different cultures and circumstances you will initiate the opportunity to understand their values and beliefs, which may influence how you speak or interact with them, maximising their understanding and communication¹. You will quickly understand the importance of social and cultural influences for your patients.

If you notice that the communication, verbal or non-verbal, is not more open, consider cultural and situational influences. For example, cultural positioning and power of health professionals as experts, the patients' domestic situations, language barriers, socioeconomic & demographical influences.

Consider involving other health care professionals, support agencies or family members that may relate better to this person and support them in the next appointment.

Principles of this concept



COMMUNICATION

is of paramount importance. Timely and effective communication which is bespoke to the patient makes a huge difference and starts with a simple introduction.



THE LITTLE THINGS

really do matter – they aren't little at all. They are indeed huge and of central importance in any practice of healthcare and in society. This could be someone sitting down next to you rather than looming over you or holding the door open for someone coming through.



PATIENT AT THE HEART OF ALL DECISIONS

“No decision about me without me”. These words ring true in healthcare as the most important person is the patient and everything should be done with them in mind.



SEE ME

See me as a person first and foremost before disease or bed number. Individuals are more than just an illness, they are human beings, they are a family member, they are a friend etc and we should all remember to see more of an individual than just the reason they are using healthcare.

Safety Fundamentals and Accreditation

Implementing this Safety Fundamental for Person Centred Communication will support healthcare organisations to demonstrate they are meeting actions in *National Standards 2: Partnering with Consumers* and *6: Communicating for Safety*.

Acknowledgement and source

The CEC consumer partners for their input and support

<https://www.hellomynameis.org.uk/>

[AHHA \(2018\)-Deeble Institute for Health Policy Research - Perspective Brief](#)

Footnote

[†]<https://ahha.asn.au/news/%E2%80%98hello-my-name-%E2%80%A6%E2%80%99-should-be-starting-point-all-healthcare>