iPads for this. Palliative care patients (who receive an extra layer of care for symptom management and psychosocial concerns) complete a questionnaire on an iPad, usually while in the waiting room prior to seeing a doctor. The physician can access their responses during the appointment. The assessments cover the patients' physical and emotional health, personal relationships, financial concerns, and difficulties with medication or with work. Questions about satisfaction with physician care are also included; they can reveal problems underlying the escalation of a patient's emotions.

Communicate with care. The body language, choice of words, tone of voice, and appearance of staff members can have a big impact on anxious customers who are looking for evidence of competence and compassion and want to be reassured that they have chosen a good provider. A valuable exercise is to convene top providers and ask them to identify phrases that needlessly undermine customers' self-esteem, confidence, or hope. These "never phrases" can be incorporated into training sessions for the purpose of eliminating them.

Patients with advanced disease should never be told "There is nothing left to do," says Peter Eisenberg, the founder of Marin Cancer Care. He might instead tell them, "Let's focus on how well you can live, not how long you will live." All service sectors have never phrases. The key is to find and banish them.

3 Enhance Customers' Control

One aim of redesigning service experiences is to give customers a greater sense of control and peace of mind. Time can seem to stand still for anxious people who need a service but have no access to it. In her powerful essay "Don't Get Cancer Over the Holidays," published in 2009 in the *Yale Journal for Humanities in Medicine,* Diana Burgess describes her emotional trauma upon being informed a few days before Christmas that she had cancer by a doctor she had never met who left the next day for a multiweek vacation without arranging any backup services to assist her. Burgess relates her panic and desperation—and deep resentment—when she was snubbed by the on-call physician as she sought information about her test results: "I get off the phone, shaking. How dare she talk to me like I am a stalker, like I got her phone number out of the phone book and tracked her down? 'You were the doctor on call,' I think. 'It's your job. It was your practice that blew me off today when I called during business hours, your practice that never answered my calls.' This experience of being abandoned by the medical system, at the time in my life when I most needed a guide, the frustration of not knowing how to get the answers I so desperately wanted, had turned me into a crazy person."

Provide a direct contact. Stress related to a perceived lack of control can be relieved by access to customized service through a direct contact. Just knowing that assistance is available defuses anxiety. Many cancer centers employ patient navigators to help patients and family caregivers overcome barriers to care. The role and its impact vary widely from place to place, but Bellin's program is one of the most comprehensive and effective that we've observed.

Bellin assigns every new cancer patient a "coach"—someone with a background in nursing or social work who assists and advocates for the patient from the initial diagnosis to the completion of treatment. The coach meets the patient on the first visit with the oncologist, takes notes, remains after the doctor leaves to clarify and reinforce key points, provides a written summary of the meeting, and helps the patient prepare for subsequent visits. The coach also schedules appointments and assesses potential difficulties, such as child care, transportation, financial need, lack of family support, and inability to manage medications at home. Patients and family members have a direct phone line to their coach.

Knowing the patient and the family allows the coach to facilitate important interventions. For example, the wife of one cancer patient called his coach to say that he was scheduled for a heart procedure. The coach informed the patient's oncologist, who contacted the cardiologist to discuss the risks posed by the chemotherapy. The two doctors worked out a plan to minimize the risks.

Avoid service gaps. Cancer patients who fall ill during treatment may have to visit a hospital emergency room whose staff is unfamiliar with their medical history. To address this issue, Mayo Clinic's palliative care team in Arizona developed what is, in effect, a cancer urgent care clinic. In addition to better serving patients, such an approach can save money: Studies show that providing outpatient or palliative care support can significantly reduce emergency room visits and hospitalizations. A retrospective analysis of 300 cancer patients treated at Mayo's facilities in Phoenix and Scottsdale concluded that more than $2.5 million could be saved annually if, on average, one emergency room visit and one hospitalization per patient could be avoided.

Empower customers with mobile technology. Mobile technology can assuage anxiety by providing customers with tailored, real-time information and access to assistance. But it should be a complement to, rather than a replacement for, face-to-face and telephone conversations.

Mayo's myCare program is a good example. (See "How Mayo Clinic Is Using iPads to Empower Patients," on HBR.org.) After training by a registered nurse, cardiac surgery patients can use iPads to view customized daily plans, read educational materials, and work through daily "to-do" lists that include self-assessments, physical activities, and information on self-care after they leave the hospital. Care providers monitor patients' performance on dashboards, and the program alerts clinical staffers when an intervention is necessary. Mayo is extending the program to orthopedic and colorectal surgery patients, and other practices have requested it.

High-Emotion Services Should Ask...

- What about our service is most likely to trigger intense emotions?
- If customers could use a magic wand to make one improvement in our service, what would it be?
- What is our customers' pre-service impression of us?
- What can we do to make first impressions of our service exceptional?
- What are the "never phrases" we need to banish?
- Can we demystify our service to relieve customers' anxiety?
- Can we identify specific phases of our service that require customer preparation?
- Do our customers have ready access to reliable personal assistance when they need it?
- How can we use mobile technology to monitor the needs of our customers and offer them more control?
- What is the profile of our ideal employee?
- What skills and knowledge are critical to upholding our core purpose?
- How can we train employees to be more empathetic to our customers?

4 Hire the Right People and Prepare Them for the Role

Serving emotionally charged customers can be difficult, draining, and downright miserable for the wrong employee. People who deliver high-emotion services must be able to effectively cope with stress, respectfully communicate with customers, and strengthen customers' confidence. Thus excellent service organizations view the process of hiring and training employees as crucial to serving customers well.

Hire for values and company fit. Why are you in business? Articulating your organization's core purpose can help you identify the values and qualities that are essential in new hires. (See "Engaging Doctors in the Health Care Revolution," HBR, June 2014.)

Clinicians who perform personalized, high-stakes services, often on the fly, require a number of qualities. They must have emotional capacity (the ability to endure others' stress) and be resilient (able to bounce back from tough emotional encounters). Compassion, honesty, and teamwork are vital. To develop trust on the part of patients and families, they must have excellent communication skills and the strength to face reality and engage in difficult conversations.

How can you find people with these qualities? One way is to pose interview questions that reveal candidates' personal values and traits. Kimberly Frank, a nurse and a clinical director at Integris Cancer Institute, in Oklahoma City, might ask a prospective hire these questions:

"If I were to come over to your house, what would your house tell me about you?"