BECOMING HealthyHer

PREPARE | PRESENT | PREVENT

THE RESPECT FRAMEWORK

RESPECT gives clinicians a memorable, evidence-backed structure for the parts of a visit that are hardest to standardize: building rapport, naming structural barriers, and earning trust rather than assuming it. Each element is tied to a specific, measurable outcome (stronger therapeutic alliance, better adherence, more accurate diagnosis), so it functions less as a soft-skills reminder and more as a practical checklist for reducing bias and improving care, especially for patients whose symptoms and strength are most often misread. It's a tool, not a formula, meant to guide judgment rather than replace it, since no framework can capture every patient's unique needs.

Disclaimer: We also recognize that the U.S. healthcare system's structural constraints, including short visit windows, reimbursement pressures, and staffing shortages, don't always allow clinicians the time or latitude this framework calls for. That's a systemic limitation, not a failure of individual providers, and closing it is part of what this program is working toward.

R	Rapport: Connect as a human first Open with a genuine question, greet the person, not just the complaint. Evidence: Pinto et al., 2012
E	Empathy: Respond to the individual, not assumptions Respond to what this patient's specific combination of identity and circumstance means for her, not a generic script. Evidence: Hojat et al.; Bowleg, 2012
S	Support: Name structural barriers Say the structural barrier out loud: cost, transportation, childcare, insurance, rather than filing it under 'non-compliance.' Connect the patient to a concrete resource(s), if one exists, whether that's a social worker, a patient navigator, or a tool like AAFP's Neighborhood Navigator. Evidence: Metzl & Hansen, 2014
P	Partnership: Treat the patient as a co-expert Bring the patient into the decision, not just the consent; share the reasoning, and ask what matters to her. Evidence: Charles, Gafni & Whelan, 1997
E	Explanations: Use plain language and teach-back Skip the jargon by default, then close with teach-back: ask the patient to explain the plan in her own words. Evidence: AHRQ Health Literacy Toolkit
C	Cultural Congruence: Practice reflection, curiosity, and adaptation Every patient knows her own life and context better than you do. Make self-reflection routine — not occasional. Evidence: Tervalon & Murray-García, 1998
T	Trust: Earned trust never assume Don't expect trust by default. Build it through consistency, transparency, and follow-through, visit over visit. Evidence: Armstrong et al., 2007; Boulware et al., 2003