

Quest for Altruism · Peer Support Series

Altruism Allies: A Clinician's Reflective Companion

"For clinicians who chose this work because healing matters — and still do."

Name (Optional) **Date** **Setting / Specialty** **Years in Practice**

This worksheet is an educational, voluntary, peer-framed space for honest self-reflection — it is not an evaluation, not a supervision tool, and not a clinical instrument of any kind. It was created for clinicians, by people who understand the complexity and privilege of clinical work. Whatever you write here belongs to you — there is no right answer, no score, and no judgment. You are among colleagues here. Bring whatever you have today.

How I Show Up

Every clinical encounter begins before a word is spoken. Clinicians bring their full selves into each room — their history, their fatigue, their intention, their warmth. This section invites you to reflect on what you most want your presence to communicate, and what it might actually convey on any given day.

PROMPT 1

"When I walk into a patient's room or begin an encounter, what do I most want them to feel?"

PROMPT 2

"What does my 'default mode' with patients look like — and does it reflect the clinician I set out to be?"

PROMPT 3

"What non-verbal signals might I be sending that I'm not fully aware of?"

PROMPT 4

"When I feel rushed or depleted, how does my presence change — and what helps me recalibrate?"

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02

Noticing the Distance

Clinician drift is a natural, human phenomenon — not a character flaw. Systems, volume, and time pressure shape all of us in ways that can quietly accumulate over months and years. Reflection is not self-criticism; it is how we find our way back to the kind of clinician we intended to become.

PROMPT 1

"When did I last feel fully present with a patient? What made that possible?"

PROMPT 2

"What routines or habits have crept into my practice that feel more automatic than intentional?"

PROMPT 3

"If a trusted colleague observed me for a full day, what might they notice that I might not?"

PROMPT 4

"What phrase, attitude, or behavior in myself surprises me — in ways that feel inconsistent with who I thought I'd be as a clinician?"

Check any that resonate — no judgment, just noticing:

I finish patients' sentences more than I used to

I notice myself mentally moving to the next patient while still in the room

My documentation pace affects my eye contact

I've adopted a "clinical voice" that feels different from my natural self

I feel relief when certain types of encounters are over

I care as deeply as ever — but it doesn't always show the way it once did

The Art of the Encounter

Bedside manner isn't performance — it is the integration of skill, presence, and genuine regard for another human being in a vulnerable moment. It is also learnable, renewable, and absolutely worth tending across an entire career.

PROMPT 1

"What clinician modeled great bedside manner for me — and what specifically did they do?"

PROMPT 2

"What are the elements of my own bedside manner that I'm most proud of?"

PROMPT 3

"Where do I feel my bedside manner is strongest? Where does it feel most effortful?"

PROMPT 4

"How do I define 'healing compassion' — and how would patients know I have it?"

PROMPT 5

"What would change in my encounters if I approached each patient as the most important person I'd see all week?"

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The Practice of Truly Hearing

Listening is more than the absence of talking. It is an active, receptive, relational skill — one that patients notice immediately and that shapes every clinical outcome, often in ways that don't appear in any chart. The quality of our listening is the foundation of everything else we offer.

PROMPT 1

"What kind of listener am I — really? What do I do well, and what do I miss?"

PROMPT 2

"When patients tell me something unexpected or emotionally charged, what happens inside me — and does it affect what I do next?"

PROMPT 3

"How do I integrate what patients say across a visit, versus hearing it and moving on?"

PROMPT 4

"Have I ever changed my clinical direction because of something a patient said in a way I hadn't anticipated? What happened?"

PROMPT 5

"What would 'listening with my whole self' look like in practice?"

Self-reflection grid — circle one per row. No right answers, just honest noticing:

Listening Behavior	Rarely	Sometimes	Often	Consistently
I make eye contact while listening				
I pause before responding				
I reflect back what I heard				
I notice emotional				

Listening Behavior	Rarely	Sometimes	Often	Consistently
content, not just clinical data				
I adjust my plan based on what I hear				

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What Formed You

Every clinician is shaped by their training, their patients, their mentors, their own health experiences, and the culture of the institutions they have inhabited. These forces are neither good nor bad — but they are worth naming. Knowing what formed you is a form of professional self-awareness that benefits everyone in your care.

PROMPT 1

"What originally drew me to this work — and how much of that original pull is still alive in my daily practice?"

PROMPT 2

"What experiences — positive or difficult — have most shaped the kind of clinician I've become?"

PROMPT 3

"What has working in healthcare taught me about suffering, resilience, or the limits of medicine?"

PROMPT 4

"Is there a patient encounter that changed the way I practice? What shifted?"

PROMPT 5

"What story do I carry about what clinicians are 'supposed to' do or be — and does that story serve me?"

06

When the System Pushes Back

Modern healthcare operates inside systems that measure, benchmark, and incentivize in ways that don't always align with the relational, ethical heart of clinical care. Naming this tension honestly — without pretending it doesn't exist — is an act of professional integrity and personal courage.

PROMPT 1

"What institutional or corporate pressures do I feel most acutely — and how do they affect my patient interactions?"

PROMPT 2

"Have I ever done something in clinical practice that felt like it served the system more than the patient? What happened, and how did it sit with me?"

PROMPT 3

"How do I reconcile quality metrics and productivity benchmarks with first-do-no-harm values?"

PROMPT 4

"What do I do — internally or behaviorally — to protect my values when external pressures mount?"

PROMPT 5

"What would I do differently if volume, documentation, and reimbursement were not factors?"

"My personal ethical north star in clinical care — even when the system doesn't make it easy — is:"

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The Sound of Care

Prosody — the rhythm, pace, pitch, and warmth of the voice — is one of the most powerful and least-discussed tools in clinical communication. Patients are acutely sensitive to tone and pacing, and to what is communicated beneath words. Healing prosody is the intentional cultivation of a voice that conveys presence, safety, and genuine regard. Like any skill, it can be practiced, refined, and deepened over a career.

PROMPT 1

"What does my voice sound like when I'm at my best with patients — calm, urgent, warm, brisk? How would I describe it?"

PROMPT 2

"When do I notice my voice or communication pace changing in ways I don't intend?"

PROMPT 3

"Have I ever had a patient respond to how I said something more than what I said? What does that tell me?"

PROMPT 4

"What would it mean to practice 'healing prosody' in my encounters — and what would I need to do differently?"

PROMPT 5

"If patients could describe my voice and communication style in three words, what would I hope they'd say — and what might they actually say?"

◆ Prosody Practice Micro-Experiment · Take-Home Challenge

"This week, I will try:"

"In one encounter per day, I will intentionally:"

"I'll notice:"

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The Return

Reflection is only powerful when it leads somewhere. This final section is an invitation to name — in your own words, for yourself — what you want to carry forward from this experience and what you are genuinely willing to do differently. Not as a grand gesture, but as a quiet, daily act of recommitment.

PROMPT 1

"What is one thing this worksheet helped me see more clearly?"

PROMPT 2

"What is one thing I want to do more of in my clinical practice — starting this week?"

PROMPT 3

"What is one thing I'm willing to let go of — a habit, a belief, a coping strategy — that no longer serves my patients or me?"

PROMPT 4

"If I could write a letter to the version of myself who first entered clinical training, what would I most want them to know?"

PROMPT 5

"What does recommitment to my ideals look like — not as a grand gesture, but as a daily practice?"

*"Altruism Allies is a peer space — not a performance.
Whatever you brought to this page was enough. Keep going."*

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◆ **Peer Support Space · Optional**

I'd like to discuss this with a peer or colleague: Yes Not yet I'd welcome being asked

Topics I'd most value reflecting on with a colleague:

About This Worksheet: This document is part of the *Quest for Altruism* educational series and is offered through the *Altruism Allies* peer support program at RelaxingOne.com. It is intended solely for voluntary, educational, and peer-to-peer reflective use among licensed and practicing clinicians. It does not constitute clinical supervision, performance evaluation, psychological assessment, or professional credentialing of any kind. Participation is entirely voluntary. All responses are private and belong solely to the individual completing this worksheet.

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