Handout for PHASE November 2018 Convening

The Empathy Effect: Countering Bias to Improve Health Outcomes

With Michele Nanchoff, PhD, RPsysch, Senior Trainer, Institute for Healthcare Communication
Overall Workshop Goal

To enhance our skills in effectively conveying empathy to others, with a special focus on vulnerable populations.
PREMISE ONE

Empathy is healing
and
Judgment is harmful

What is EMPATHY?
- Compassion
- Rapport
- Trauma-informed care
- Caring
- Humility
- Kindness
- Understanding
- Respect
- Good will
- Therapeutic alliance
- Perspective-taking

Types of Empathy

- AFFECTIVE
  - Feeling what others feel
  - Hard-wired in humans
- COGNITIVE
  - Perspective-taking
  - Helpful to counter bias and judgment

Neither automatically results in effectively conveying empathy

Premise One: Empathy

- Empathy is not the same as:
  - Giving in
  - Being a doormat
  - Caring ‘too much’
- Empathy is compatible with:
  - Self care
  - Boundaries and limits
  - Saying no

Empathy: Empathy Conveyance

- When we talk about empathy in this workshop, we are talking about cognitive empathy
- Our focus will be on how we effectively show empathy
PREMISE ONE

What is JUDGMENT?

Empathy is healing and Judgment is harmful

Discrimination
Bias
Condensation
Condemnation
Stereotyping
Stigma
Discounting
Negative attitudes

PREMISE ONE

Empathy impacts:
- Health outcomes
- Patient/client experience
- Healthcare team experience

In fact, empathy, in itself, is a treatment.

PREMISE ONE

Empathy ... IMPROVES HEALTH OUTCOMES

- Common cold
- Pain control
- Substance use disorders
- Anxiety
- Diabetes
- Depression

PREMISE ONE

Empathy ... IMPACTS THE PATIENT / CLIENT EXPERIENCE

- Increased satisfaction
- Increased disclosure of personal and health information
- Improved adherence
- Increased understanding of health conditions

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Empathy ... IMPROVES HEALTH CARE TEAM EXPERIENCES

- Increased rewarding interactions with each other and with patients / clients
- Decreased sick days when supervisors convey empathy to staff
- Decreased burnout
- Decreased complaints

The impact of empathy is egalitarian

No matter what their job, a patient / clients' perception of feeling cared about, is impacted by everyone who interacts with them

- Robust research on receptionists, nurses, medical and behavioral health providers, and others, show an impact on patient experience and outcomes

Judgment & Stigma impact ...

- Health outcomes and adherence
- Quality of care
- Patient/client experience

PREMISE TWO

Vulnerable populations experience greater harm by judgment and lack of empathy
Addictive Disorders

Addiction is best described as:
A. A chronic disease
B. A result of poor parenting
C. A moral or character problem
D. A lack of willpower

Adverse Childhood Experiences (ACE)

What percentage of the population, including healthcare staff, have experienced at least one ACE?
A. 25%
B. 45%
C. 65%
D. 75%

Chronic Disease & Life Experiences

What childhood experience predicts these situations?
- Obesity
- Diabetes
- Asthma
- Graduation rates
- Lost time from work as an adult
- Smoking status

Chronic Disease

Which chronic disease has the highest relapse rates? (ceasing self-management, return of unmanaged symptoms)
A. Diabetes
B. Asthma
C. Addiction
D. Hypertension
**A Model for Effective Empathy Conveyance**

**IN GEAR**

**Essential Techniques for Empathy Conveyance**

- Identify Your Internal and External cues
- Notice Judgments and Use Counter Cues to Shift Gears
- Goodwill Greeting
- Empathic Language
- Affirm Strengths
- Reflective Listening

**IN GEAR:**

**IDENTIFY** external and internal cues

**Identify EXTERNAL CUES**

EXTERNAL cues are what we see:
- Facial expression
- "Chronic pain" noted for reason for appointment
- People talking to themselves
- Positive urinalysis
- Parent yelling at child
- Ethnicity, age, gender, clothing

What are other examples of external cues we might SEE?

Some cues lend themselves to conveying empathy more easily than others

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**GOODWILL GREETING - ESSENTIAL SKILLS**
- Welcoming words
- Warm, sincere and friendly tone of voice
- Empathic body language
- Connecting statements and purposeful compliments

**IN GEAR: EMPATHIC LANGUAGE**
- Words matter
- The language we use can convey empathy
- Unskilled language can convey judgment and lack of caring

**EMPATHIC LANGUAGE**
- Person-first language and avoid stigma words
- Acknowledge Feelings
- Use Open-ended questions
- Shape expectations
- Normalize
- Repair

**Empathic Language: PERSON-FIRST/AVOID STIGMATING WORDS**
- Language can perpetuate negative stereotypes and depersonalize people
- Person-first language puts words referring to individual before words describing condition
Empathic Language:
AVOID STIGMATIZING LANGUAGE

<table>
<thead>
<tr>
<th>Stigmatizing Language</th>
<th>Non-stigmatizing Language</th>
</tr>
</thead>
<tbody>
<tr>
<td>She refused...</td>
<td>She is not in agreement with the treatment plan.</td>
</tr>
<tr>
<td>non-compliant</td>
<td>Patient reports not taking the medication as prescribed</td>
</tr>
<tr>
<td>Narcotics</td>
<td>Opioids</td>
</tr>
<tr>
<td>Committed suicide</td>
<td>He died of/ by suicide</td>
</tr>
<tr>
<td>Dirty UA</td>
<td>Urinary analysis positive for amphetamines</td>
</tr>
<tr>
<td>Patient claimed...</td>
<td>Patient reported... or Patient stated...</td>
</tr>
</tbody>
</table>

PEOPLE-FIRST LANGUAGE

<table>
<thead>
<tr>
<th>Stigmatizing Language</th>
<th>People-First Language</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schizophrenic</td>
<td>Mentally ill</td>
</tr>
<tr>
<td>Drunk driver</td>
<td>Alcoholic</td>
</tr>
<tr>
<td>Addict</td>
<td>Recovery</td>
</tr>
<tr>
<td>Train wreck</td>
<td>Homeless</td>
</tr>
<tr>
<td>Parolee</td>
<td>Pre-licenced</td>
</tr>
<tr>
<td>Frequent flyer</td>
<td>Unemployed</td>
</tr>
<tr>
<td>Homeless</td>
<td>Poor</td>
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Empathic Language:
ACKNOWLEDGE FEELINGS

- Acknowledging others’ feelings demonstrates our care for their emotional experience.
- Through acknowledgement, we help others process and handle their emotions.

Empathic Language:
The Process Of Acknowledging Feelings

- Listen carefully.
- Match feelings words the person used: You’re overwhelmed.
- If no feelings words were used, say your best guess as to what you think the person might be feeling: Sounds like you’re scared of what will happen if you... I get the sense that you’re feeling overwhelmed...
Empathic Language:
What we do **INSTEAD** of Acknowledging Feelings

<table>
<thead>
<tr>
<th>What we do</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Give advice</td>
<td>You need to tell him how you feel</td>
</tr>
<tr>
<td>Explain</td>
<td>The only reason the wait was so long is because...</td>
</tr>
<tr>
<td>Respond with facts</td>
<td>Our normal response time is 45 minutes.</td>
</tr>
<tr>
<td>Reassure</td>
<td>There’s nothing to worry about.</td>
</tr>
<tr>
<td>Correct</td>
<td>You can’t do more than: he doesn’t love you.</td>
</tr>
<tr>
<td>Say “at least...”</td>
<td>At least you had your son for 15 years.</td>
</tr>
<tr>
<td>Give platitudes</td>
<td>Every situation has a silver lining.</td>
</tr>
<tr>
<td>Discount</td>
<td>That was a long time ago. Let’s move on.</td>
</tr>
</tbody>
</table>

**EXERCISE 2:**
**PRACTICE ACKNOWLEDGING FEELINGS SKILLS**
1. View brief video.
2. Write an Acknowledging Feelings response.
3. Share in large group.
4. Record responses you like given by other participants.

Empathic Language:
**USE OPEN-ENDED QUESTIONS**
Open-ended questions are an invitation to the patient to share their story and sends message that their experiences are important.

- Tell me about...
- What was different about this pain medication?
- What are your thoughts about...
- What do you think would help?

Empathic Language:
**USE OPEN-ENDED QUESTIONS**

- Limit close-ended questions
  - Did you stop drinking?
- Avoid “Why” questions which can unintentionally confer blame and result in defensiveness
  - Why didn’t you get your blood work done?
- Avoid narrow questions that suggest desired response and close off other responses
  - So you haven’t missed alcohol with your pain medication, have you?
EXERCISE 3:
OPEN-ENDED QUESTION SKILLS PRACTICE

Work in small groups of 3 or 4.

Interviewer: Ask interviewee an open-ended question about their work. Follow-up with one or two more open-ended questions.

Interviewee: Respond to interviewer’s questions.

Observer: Quietly name the TYPE of questions you hear, and notice person-first language.

Some open-ended questions:
- What?
- How?
- Tell me...

TYPES OF Questions:
- Open
- Closed
- Narrow
- “Why?”

Empathic Language:
SHAPE EXPECTATIONS

Shape expectations by using statements of orientation to show respect and provide a sense of safety.

First I’ll get your insurance card, then I’ll ask you to fill out a few forms about your health.

Let’s talk about what this means. Then I’ll do a physical exam and afterwards, we’ll discuss what we need to do.

I apologize. It looks like the wait time is at least an hour.

Marieke M. Simons, 1999. Rizzo et al., 2009

Empathic Language:
NORMALIZING

Normalize any concerns that a situation is not uncommon.

Gosh, making changes with our food is so tough for all of us.

Many people have mixed feelings about their pregnancy.

Relapse is common. It is a tough disease.

Most of us seem to be hardest on those closest to us.

“well, everyone has pain of some kind.”

Empathic Language:
REPAIR - APOLOGY, SELF CORRECTION, WISHES...

Express regret for people’s disappointing, inconvenient and uncomfortable experiences.

APOLOGY: I’m sorry this happened.

SELF CORRECTION:
I’m sorry that came out wrong. What I meant was …

WISHES: I wish things were different.

“I’m sorry you feel that way.”


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**EXERCISE 4:**
**PRACTICE EMPATHIC LANGUAGE SKILLS**
1. View brief video.
2. Individually, write Empathic Language responses.
3. Share responses in large group.
4. Record responses you like given by other participants.

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**IN GEAR:**
**AFFIRM STRENGTHS**
- Affirming is noticing and amplifying a person’s strengths
- This is also sometimes called ‘commendations’ or ‘strengths focus’

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**AFFIRM STRENGTHS**
- Notice and amplify a person’s strengths:
  - "Wow, I really appreciate your honesty about this. I’m so impressed that you came today, with everything that is going on. I can hear how much you care about your relationship with your son. I admire the way you handled that situation. You showed a lot of strength and courage.

- "You’re awesome! / I’m so proud of you!"

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**EXERCISE 5:**
**PRACTICE AFFIRM STRENGTHS SKILLS**
1. In pairs, one person shares a difficulty.
2. Partner responds with a strength affirmation.
3. Share in large group.
IN GEAR:
REFLECTIVE LISTENING

- Reflective listening lets people know that we hear them and that we understand.
- Reflective listening requires that we:
  - be present
  - listen carefully
  - drop our agenda
  - not make assumptions
  - not attempt to influence at this moment

THE PROCESS OF REFLECTIVELY LISTENING

1. Listen and understand the meaning of what the person is saying
2. Restate or summarize what you heard
3. Pause

It may sometimes be necessary to:
- Confirm with person: Did I get that right?
- Correct what you heard if you did not get it right.

Reflective listening
STRATEGIES

- Use person's exact words
  You're at the end of your rope.
  So you're telling me that you've already filled out these forms.
- Provide short summary
  You've had a really stressful year.
- Reflect meaning
  Sounds like you are going through a hard time, and that makes sense given what you've already gone through.

EXERCISE 6:
PRACTICE REFLECTIVE LISTENING SKILLS

1. View brief video.
2. Write a Reflective Listening responses
3. Share your response with large group.
4. Record responses you like given by other participants.
Essential Techniques for Empathy Conveyance

I = Identify Your Internal and External cues
N = Notice Judgments and Use Counter Cues to Shift Gears
G = Goodwill Greeting
E = Empathic Language
AR = Affirm Strengths
R = Reflective Listening

For more information on this and other IHC programs, visit, http://healthcarecomm.org/
The Institute for Healthcare Communication (IHC) is a nationally accredited, nonprofit organization whose mission is to enhance the quality of healthcare by improving communication through education, advocacy and research. IHC works with healthcare organizations to provide educational opportunities for clinicians and other healthcare staff to develop the communication skills they need to be effective. IHC can provide trained IHC faculty members(s) to deliver workshops to local staff; alternatively, arrangements can be made to provide a Train-the-Trainer (TTT), so that each new faculty is able to facilitate workshops for that program at their own organization.

For more detailed information, visit www.healthcarecomm.org

**Clinician-Patient Communication to Enhance Health Outcomes (CPC)**
Effective clinician-patient communication underlies successful medical care. Research has demonstrated that using more effective communication skills improves diagnostic accuracy, increases involvement of the patient in decision-making and increases the likelihood of adherence to therapeutic regimens. Additional benefits are an increase in patient and clinician satisfaction and a reduced likelihood of exposure to malpractice litigation. The objectives of the program are to improve awareness of a clinician’s roles regarding the importance of communication as an essential aspect of healthcare and gain understanding of the concept that complete clinical care consists not just of “find it and fix it” but of four communication skills: Engage, Empathize, Educate, and Enlist.

- Workshop options: ½ day, 1-day, 1-hour Grand Rounds
- Train the Trainer (TTT): 3.5 days

**Coaching Clinicians for Enhanced Performance (CCEP)**
For the best and most lasting improvement of clinicians’ communication skills, research and educational evaluation support the implementation of reinforcement and support following training workshops. Ongoing clinician support includes periodic one-on-one coaching from a person who understands the clinical environment, identifies and can model the skills to be learned, and appreciates the coaching process. Healthcare systems and medical practices that invest in focused communication skill development can expect to see measurable improvements in patient satisfaction scores, clinical outcomes and clinician job satisfaction. IHC’s CCEP Train-the-Coach program will train selected individuals within your own organization to provide individualized clinician coaching and support.

- Workshop options: N/A
- Train the Coach (TTC): 2.5 days

**The Empathy Effect: Countering Bias to Improve Health Outcomes (EE)**
The workshop, designed for all providers and members of the care team in healthcare settings, is grounded in the most current research on empathy-based care. It provides unique opportunities for learner self-reflection and structured practice using strategies for countering judgment and bias. The workshop provides a safe learning environment through IHC’s signature facilitation of guided exercises and discussion. Learners come away with a deepened appreciation of introspection and intentional use of empathic skills for immediate application in practice.

- Workshop options: ½ day
- Train the Trainer (TTT): 3.5 days

**“Difficult” Clinician-Patient Relationships (DCPR)**
There have been many articles written about working with “difficult” patients. By identifying patients as the “difficult” part of the relationship, this literature can reinforce negative stereotypes and inhibit effective communication. Ultimately, though, the clinician has to respond in a constructive way to what is experienced as a difficult situation—by clinician and patient. This workshop challenges clinicians to examine the patterns of interaction with patients that cause them the greatest difficulty and to explore strategies for responding effectively.

- Workshop options: ½ day, 1-day
- Train the Trainer (TTT): 2.5 days

**Choices and Changes: Motivating Healthy Behaviors (C&C)**
Historically, patient motivation and behavior were viewed as the domain of the patient. The implied assumption was that the clinician could do little more than provide information to influence the patient’s actions; however, we now know this to be an inaccurate assumption about the dynamic that takes place between clinician and patient. This program is designed to acquaint the learner with the literature, theory and techniques for promoting change in health behavior.

- Workshop options: ½ day, 1-day, 1-hour Grand Rounds
- Train the Trainer (TTT): 3.5 days

**Team- and Patient-Centered Communication for the Patient Medical Home (PMH)**
There is broad recognition that effective communication must be learned, practiced and reinforced by all members of the healthcare team—not only clinicians. Patients, payers and co-workers expect every member of the healthcare team to communicate clearly, respectfully and compassionately. Similar to continuing education efforts to keep healthcare teams up to date on standards of care, communication skill improvements are necessary to meet today’s expectations. Enhanced communication efforts lead to improved care outcomes, higher patient satisfaction, reduced litigation and increased job satisfaction among providers, and are a fundamental tenet of the acclaimed Patient-Centered Medical Home (PCMH) model.

- Workshop options: 1-day, 1-hour Grand Rounds
- Train the Trainer (TTT): 3.5 days
**Conversations during Serious Illness (CSI)**

The Conversations during Serious Illness workshop is a series of five, 1.5-hour modules that cover a variety of end of life communication topics: sharing serious news; discussing advance care plans; transitions to palliative care; preparing for death; and self-care and resiliency for end of life caregivers.

- Workshop options: 5, 1.5-hour modules
- Train the Trainer (TTT): TBD

**Strangers in Crisis: Communication for Emergency Department and Hospital-Based Clinicians (SIC)**

Patients enter the hospital and the emergency department in crisis and are met by strangers who, in an instant, become responsible for their care. Time pressures, high information processing needs and the seriousness and complexity of the patient’s medical problems contribute to the intensity of the situation. This program was developed to address the specific needs of emergency department clinicians and their patients. By the end of this course, learners will be able to apply the 4E Model to communicating with patients, families and their team members in the Emergency Department.

- Workshop options: ½ day, 1-day, 1-hour Grand Rounds
- Train the Trainer (TTT): 3.0 days

**Disclosing Unanticipated Medical Outcomes (DUMO)**

This workshop is designed to provide learners with a better understanding of organizational, ethical, and risk management aspects of disclosure along with practicing the communication skills needed with patients and families. The goal of the workshop is to enhance learners’ ability to re-establish trust and rapport in the face of adverse outcomes. Research and experience suggest that the clinician’s and organization’s abilities to effectively respond to the patient’s and family’s concerns and emotions are the best way to reduce the likelihood that the situation will escalate to more contentious legal processes. Clinicians, patients, and families are able to acknowledge, forgive, and move on with less emotional distress when the process of working through adverse outcomes is handled sensitively, ethically and equitably.

- Workshop options: ½ day, 1-hour Grand Rounds
- Train the Trainer (TTT): 3.0 days

**Managing Communication after Unanticipated Medical Outcomes (MCUMO)**

When medical care results in adverse events and outcomes—regardless of the cause—the response of organizations and individual clinicians has a powerful effect on all the parties’ ability to communicate about and resolve the situation satisfactorily. This workshop is designed for clinicians, risk managers and administrators responsible for advising clinicians and helping to direct the organizational response when unanticipated medical outcomes occur.

- Workshop options: 1.5 days
- Train the Trainer (TTT): N/A

**Treating Patients with C.A.R.E. (CARE)**

Healthcare organizations face the challenge of assuring that all staff members who interact with patients use effective communication skills. Patients have better health outcomes when good interactions with staff encourage them to adhere to treatment plans and follow up with care. Treating Patients with C.A.R.E. (Connect, Appreciate, Respond, Empower) provides a model and specific techniques that guide all staff to communicate in ways that will enhance satisfaction and encourage patient partnership.

- Workshop options: ½ day, 1 day
- Train the Trainer (TTT): 2.5 days

**Coaching for Impressive Care for Managers and Supervisors (CFIC)**

When healthcare organizations want front-line staff to adopt critical strategies, such as improved service quality, supervisors are key. Without the active and consistent support of their supervisors, efforts to change staff behavior are less effective. This workshop provides front-line supervisors with a model of coaching that supports staff efforts to communicate in ways that will enhance satisfaction and encourage patient partnership. Supervisors are taught to put on their Coaching C.A.P.: C.A.R.E. about the employee, Assess communication skills, and Plan for impressive performance.

- Workshop Options: ½ day
- Train the Trainer (TTT): 2.5 days

**Connected: Communicating and Computing in the Exam Room**

This workshop has been designed for clinicians and medical office staff who use computers while interacting with patients. With effective communication, patients experience the electronic medical record as a valuable medical tool that enhances their confidence in care, encourages adherence to medical regimens, invites active participation in maintaining their health, and enhances their satisfaction.

- Workshop Options: ½ day, 1-hour Grand Rounds
- Train the Trainer (TTT): 2.5 days

**Intensive Communication Skills**

This workshop is designed as an intensive training experience for practicing clinicians who seek to reconsider their approach to patient communication in the clinical setting. Participating clinicians may be self-referred or referred by their organization. The program is intended expressly for professionals who provide patient care. Addressing provider issues such as psychiatric illness, substance abuse or clinician misconduct is beyond the scope of this workshop.

- Workshop Options: N/A
- Length: 2.0 days