AMA | STEPSforward™

Listening with Empathy

Save time, communicate more effectively and improve patient and provider satisfaction

CME CREDITS: 0.5

Suzanne C. Tayal, MD

Kristen Michelson, PhD
Assistant Professor
University of Oklahoma

Neeraj H. Tayal, MD, FACP
Associate Professor
The Ohio State University Wexner Medical Center

How will this module help me listen with empathy?

1. Eight STEPS to listening with empathy
2. Answers to frequently asked questions about empathetic listening
3. Tools and resources to help you and your team

Increasing administrative responsibilities—due to regulatory pressures and evolving payment and care delivery models—reduce the amount of time physicians spend delivering direct patient care. When empathetic listening is used in health care, patients and families are more satisfied and more open to hearing their physician's advice. Practicing empathy can save time and effectively defuse difficult situations. By forging deeper connections with patients, physicians can experience greater professional satisfaction and joy in work.

Listening with empathy
Release Date: August 31, 2016
End Date: August 31, 2019

Objectives
At the end of this activity, participants will be able to:
Identify the benefits of listening with empathy.
Demonstrate techniques on how best to listen for underlying feelings, needs or values.
Reflect on conversations and refine techniques as necessary.

Target Audience
This activity is designed to meet the educational needs of practicing physicians.

Statement of Need
Studies have shown that physician empathy is an essential attribute of the patient-physician relationship and is associated with better outcomes, greater patient safety and fewer malpractice claims. However, due to the rigorous amount of education physicians already need to go through, communication skills training has traditionally received less attention. This module provides physicians the training on how to demonstrate empathy to patients in their practice.

Statement of Competency
This activity is designed to address the following ABMS/ACGME competencies: practice-based learning and improvement, interpersonal and communications skills, professionalism, systems-based practice and also address interdisciplinary teamwork and quality improvement.

Accreditation Statement
The American Medical Association is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Credit Designation Statement
The American Medical Association designates this enduring material for a maximum of 0.5 AMA PRA Category 1 Credit™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Claiming Your CME Credit
To claim AMA PRA Category 1 Credit™, you must 1) view the module content in its entirety, 2) successfully complete the quiz answering 4 out of 5 questions correctly and 3) complete the evaluation.

Planning Committee
Alejandro Aparicio, MD, Director, Medical Education Programs, AMA

Rita LePard, CME Program Committee, AMA

Bernadette Lim, Program Administrator, Professional Satisfaction and Practice Sustainability, AMA

Becca Moran, MPH, Program Administrator, Professional Satisfaction and Practice Sustainability, AMA

Sam Reynolds, MBA, Director, Professional Satisfaction and Practice Sustainability, AMA

Christine Sinsky, MD, Vice President, Professional Satisfaction, AMA

Allison Winkler, MPH, Senior Practice Development Specialist, Professional Satisfaction and Practice Sustainability, AMA

Author(s)
Suzanne C. Tayal, MD

Kristen Michelson, PhD, Assistant Professor, Modern Languages, Literatures, and Linguistics, University of Oklahoma

Neeraj H. Tayal, MD, FACP, Associate Professor of Clinical Medicine, Director, Division of General Internal Medicine and Geriatrics, The Ohio State University Wexner Medical Center

Faculty
William T. Branch, Jr., MD, MACP, Carter Smith, Sr. Professor of Medicine, Division of General Medicine and Geriatrics, Department of Medicine, Emory University School of Medicine

Jodi Halpern, MD, PhD, Professor of Bioethics and Medical Humanities, Joint Medical Program and School of Public Health, University of California, Berkeley

Andrea N. Leep Hunderfund, MD, MHPE, Assistant Professor of Neurology, Mayo Clinic

Beth A. Lown, MD, Associate Professor of Medicine, Harvard Medical School. Medical Director at The Schwartz Center for Compassionate Healthcare

Becca Moran, MPH, Program Administrator, Professional Satisfaction and Practice Sustainability, AMA

Christine Sinsky, MD, Vice President, Professional Satisfaction, AMA

Allison Winkler, MPH, Senior Practice Development Specialist, Professional Satisfaction and Practice Sustainability, AMA

About the Professional Satisfaction, Practice Sustainability Group
The AMA Professional Satisfaction and Practice Sustainability group has been tasked with developing and promoting innovative strategies that create sustainable practices. Leveraging findings from the 2013 AMA/RAND Health study, "Factors affecting physician professional satisfaction and their implications for patient care, health systems and health policy," and other research sources, the group developed a series of practice transformation strategies. Each has the potential to reduce or eliminate inefficiency in broader office-based physician practices and improve health outcomes, increase operational productivity and reduce health care costs.

Disclosure Statement
The content of this activity does not relate to any product of a commercial interest as defined by the ACCME; therefore, neither the planners nor the faculty have relevant financial relationships to disclose.

Media Types
This activity is available to learners through Internet and Print.

References

1. Halpern J. Empathy and patient-physician conflicts. *J Gen Intern Med.* 2007;22(5):696-700.
2. Street RL, Makoul G, Neeraj A, Epstein RM. How does communication heal? Pathways linking clinician-patient communication to health outcomes. *Patient Educ Counsel.* 2009; 74(3):295-301.
3. Paling J. Strategies to help patients understand risks. *BMJ.* 2003;327(7417):745-748.
4. Langewitz W, Denz M, Keller A, Kiss A, Rüttimann S, Wössmer B. Spontaneous talking time at start of consultation in outpatient clinic: cohort study. *BMJ.* 2002;325(7366):682-683.

5. Leebov ED, Rogering C. *The Language of Caring Guide for Physicians: Communications Essentials for Patient-Centered Care*. 2nd ed. Language of Caring, LLC; 2014.
6. Coulehan JL, Platt FW, Egener B, et al. "Let me see if I have this right ...": words that help build empathy. *Ann Intern Med*. 2001;135(3):221-227. http://annals.org/article.aspx?articleid=714679.
7. Sears M. *Humanizing Health Care - Creating Cultures of Compassion in Health Care with Nonviolent Communication*. Encinitas, CA: Puddledancer Press; 2010. http://nonviolentcommunication.com/store/humanizing-health-care-p-121.html
8. Compassionate Communication Center of Ohio. http://www.speakingpeace.org/. Accessed April 25, 2016.
9. Center for Nonviolent Communication. https://www.cnvc.org/. Accessed April 25, 2016.
10. Halpern J. What is clinical empathy? *J Gen Intern Med*. 2003;18(8):670-674. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1494899/.
11. Suchman AL, Markakis K, Beckman HB, Frankel R. A model of empathic communication in the medical interview. *JAMA*. 1997;277(8):678-682. http://jama.jamanetwork.com/article.aspx?articleid=414372.
12. Zimmerman C, Del Piccolo L, Finset A. Cues and concerns by patients in medical consultations: a literature review. *Psychol Bull*. 2007;133(3):438-463.
13. Fortin AH, Dwamena FC, Frankel RM, Smith RC. *Smith's Evidence-Based Interviewing: An Evidence-Based Method*. 3rd ed. New York, NY: McGraw-Hill; 2012.
14. Branch WT, Malik TJ. Using "windows of opportunity" in brief interviews to understand patients' concerns. *JAMA*. 1993;269(13):1667-1668.
15. A Framework for Practicing and Teaching Compassionate, Relationship-Centered Care. http://medicine.tufts.edu/~/media/TUSM/MD/PDFs/Education/OEA/Faculty%20Development/Clinical%20TeachingFramework%20for%20Practicing%20%20Teaching%20Compassionate%20CareLown.pdf. Accessed May 20, 2016.
16. Melnick ER, Powsner SM. Empathy in the time of burnout. *Mayo Clinic proceedings*. 2016; Volume 91, Issue 12, 1678-9.

Introduction

Empathy begins with "engaged curiosity about another's particular emotional perspective."[1] Empathetic listening builds on the concept of empathy and allows one to be fully present for another person's experiences. When empathetic listening is used in health care, patients and families are often more satisfied and more open to hearing their physician's advice. Listening with empathy can save time and effectively defuse difficult situations. It can forge deeper connections with patients, which leads to greater professional satisfaction and joy in work.

Eight STEPS to listening with empathy

1. Decide to connect with empathy
2. Use subtle cues to convey that you are listening intently and honor the first "golden moments"
3. Listen for underlying feelings
4. Listen for underlying needs or values
5. Remain present when you are listening to the speaker
6. Consider responding verbally
7. Look for cues that the speaker has finished expressing him/herself
8. Reflect on your experience and rejuvenate yourself for the next time you offer empathy

1 Decide to connect with empathy

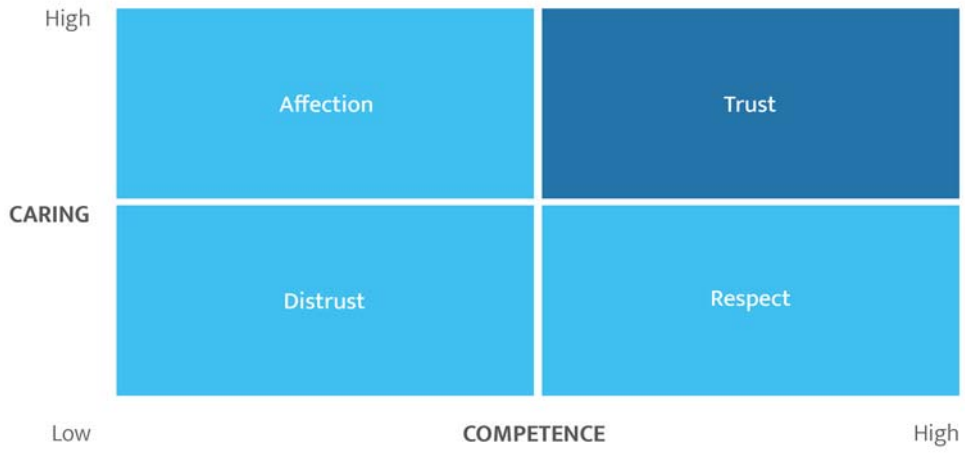
Highly charged situations in which you aren't certain what to do are ideal times to use empathetic listening. You might try it with a patient who is experiencing grief related to an illness or with a co-worker who is having a work-related conflict.

Q&A

I am caring in all my interactions. How will this help me?

Learning to listen with empathy reinforces that you care and that you want to improve your listening skills. Empathy is not a character trait; rather, it is a decision to connect with another person in the moment. For example, if you are able to elicit the patient's agenda at the beginning of a clinic visit and couple it with your goals for the patient's visit, you can be present to what the patient may be experiencing. Practicing empathy can help this come more easily. When a patient recognizes both clinical competence and caring demonstrated by empathy, trust develops (see Figure 1).

FIGURE 1. Competence and caring in relation to building trust.[3]



Adapted from Paling J. *BMJ.* 2003;327(7417):745-748.

What are some benefits to connecting with empathy?

Tangible and intangible benefits to listening with and demonstrating empathy include:[1]

- Greater therapeutic efficacy
- More trust, which leads to improved patient adherence to treatment
- More effective communication between patient and provider that results in decreasing patient anxiety and improving patients' ability to cope emotionally
- Enhanced patient disclosure of problems and concerns

2 Use subtle cues to convey that you are listening intently and honor the first "golden moments"

Use body language to show that you are listening. Start by sitting nearby and facing the speaker. Lean toward them and make eye contact. Make sure your arms are not crossed as this can signal to the speaker that you are closed off and not really listening. Periodically echo or summarize to further demonstrate that you heard what the patient had to say.

Practice scenario: A patient presents with persistent neck pain. During the interview, she states, "My neck was fine until the car accident, but it's been getting worse ever since. Now I can't sleep, I can't do chores around the house, and my boss is really getting upset about all the days I've missed at work." It may be tempting to jump in with additional questions, such as, "How would you rate the pain on a scale of 1 to 10?" However, a response like this does not effectively show the patient that you are listening to what she is saying. A better response would be to echo her words (e.g., "I understand. You've missed a lot of days at work because of the pain"), to summarize what she's said (e.g., "So to summarize, you didn't have any neck pain until the car accident, but it's been getting progressively worse since and it is having a major impact on your life") or invite her to share more in an open-ended way (e.g., "Tell me more about your neck pain").

In a clinical situation, the first few minutes of the encounter are precious. There are many tasks that need to get done during the visit—questions to ask, problems to analyze and solve—and you may feel pressured to dive right in. However, if you leap into these tasks without listening first, you may miss key information. Honor the first "golden moments" of the visit by setting aside distractions such as charts, computers, phones, alarms and pagers. Give your full attention to the person speaking. Deciding to be fully attentive at the very beginning of the visit prevents important issues from coming to light at the end when you need to be moving on to the next patient on the schedule. Empathetic listening can save you time later because you are more likely to understand the patient's concerns or symptoms earlier in the visit.

While the first few minutes of a visit are important, some data suggests that most patients do not reveal their underlying, most serious concerns in the first few minutes of an interaction. Thus, it is equally important to be fully attentive throughout the interaction to ensure that the patient's concerns are heard later on if revealed later in the interaction.

Practice scenario: A patient is seen for a preventive health visit. The office recently developed an electronic note template designed to help physicians navigate preventive health guidelines and recommendations. Dr. Erickson starts the visit facing the computer and asks how the patient is doing. The patient responds with a brief "Fine, thank you." However, when Dr. Erickson recognizes that she has not given the patient her full attention and turns away from the computer to ask "How are you doing today?" the patient's response is more complete. Seeing that Dr. Erickson is fully attentive, the patient feels free to express the anxiety he has been experiencing related to a conflict with his work supervisor. It also comes to light that he hasn't been sleeping well lately. Together they decide that sleeplessness will also be on their visit agenda today.

Q&A

How do I give a patient my full attention when I have a responsibility to keep the electronic health record update?

With an electronic health record (EHR), there is a temptation to multitask during the encounter by typing while listening to the patient. A more effective strategy is to alternate between working on the computer and communicating with the patient. In moments where empathy is called for, remove your hands from the computer completely and turn to face the patient. If you do need to enter something into the EHR, you can "announce" your transition to the EHR by letting the patient know that you need to put some information into the computer; make sure to turn the screen towards the patient so that you can view it together.

3 Listen for underlying feelings

Sometimes feelings may be right on the surface; other times they are hidden. Patients might bring up an emotional situation briefly and wait for a clinician's cue that it is okay to continue. Watch for feelings hidden in body language, facial expressions or other non-verbal cues and allow the speaker to elaborate. Take your own emotional temperature and note whether you sense any feelings in yourself (anxiety, sadness, frustration) that might be in response to the patient. This can also be the opportunity for you to switch from medical questioning to an empathetic listening mode. A brief pause, softening of your tone of voice and a question indicating interest in the patient's feelings invites the patient to express her concerns, opens the door to further empathy, and makes it easier to address the patient's unique needs.

Practice scenario: Dr. Nolen tells a patient with cyclic vomiting syndrome that she needs to stop using marijuana. As he says this, he notices a sudden grimace on her face. This expression could mean many things. It could reflect anger because she thinks she's being judged about drug use, it could indicate worry if marijuana was the only thing that has alleviated her symptoms, or she could be confused if a previous physician told her marijuana use was unrelated to her vomiting. She might be embarrassed to talk about her marijuana use in front of others, even confidentially with her physician. In a situation like this, Dr. Nolen should try to ascertain what the grimace means. He might tentatively say, "You seem to be concerned," and pause to allow the patient to elaborate.

Q&A

How can I be sure I'm correctly identifying someone's feelings?

There will be situations where you might name one feeling while the speaker is actually feeling something else. The important thing is that the speaker hears your interest. Expressing interest invites more expansive conversation and increases the probability that the speaker will reveal the true underlying feeling.

4 Listen for underlying needs or values

Deep empathetic listening means being attuned to the underlying value or need that the emotion is pointing to. Everyone has a common set of needs or values that include:

Subsistence	Health, sustenance, soothing, comfort
Safety	Security, fairness, protection, consideration
Work	Competence, contribution, productivity
Honesty	Authenticity, integrity, clarity
Autonomy	Choice, freedom, control, independence, power, space
Challenge	Adventure, play, learning

Transcendence	Meaning, purpose, beauty, creativity
Rest	Sleep, relaxation, humor, leisure, ease
Empathy	Respect, acceptance, support
Community	Acknowledgement, belonging, cooperation

Adapted with permission from: Brown J. Wheel of universal human needs. Open lines of communication: making your voice heard. *Center for Nonviolent Communication*. Published June 17, 2011. Accessed April 25, 2015.

Practice scenario: In the example in Step 3, the patient was given an opportunity to say more and states that she is worried she might not be able to find anything other than marijuana to alleviate her nausea. Now that there is clarity about what the underlying feeling is (i.e., worry), Dr. Nolen expresses curiosity to learn more about the underlying need or value. "So it sounds like it's important that you can make sure you're comfortable." The patient may respond with, "Yes! And I want to have the freedom to help myself be comfortable." When Dr. Nolen suggested that the patient stop using marijuana, the patient perceived this as a threat to her comfort and autonomy. By inviting the patient to share more about her feelings and needs, Dr. Nolen is able to find common ground with the patient. The focus of the visit can now be turned to suggesting other ways for the patient to alleviate her symptoms.

Alternate Practice scenario: Dr. Rice is running late in clinic, enters a patient room and promptly apologizes for the delay. In spite of the apology, the patient mutters a half-hearted greeting and avoids eye contact. Noting this response, Dr. Rice asks, "I sense that you're angry with me."

The patient replies, "Yes, I am angry but also embarrassed."

Dr. Rice: "Before we talk about the reason for your visit, can you help me understand why you're feeling that way?"

Patient: "I can't drive anymore so my daughter brings me to my appointments. She's out in the waiting room now. She has a job and kids and I have become such a burden on her. This only makes things worse—the wait, that is."

Dr. Rice: "It sounds like you really value respect—both for your time and for your daughter's time. Did I get that right?"

Patient: "Yes...and independence. I just wish I could be more independent."

We all have common needs but different ways of acting in response to these needs. For example, two clinicians need to make changes in their morning schedule so that they can get their children to daycare. One may choose to approach her boss with a request to start later, making up the productivity by double-booking and going into the lunch hour. Another may send an angry email to her boss lamenting the lack of family-friendly work policies. Both clinicians are expressing how much they want autonomy and balance; however, they have very different strategies.

When we focus on needs and values, we focus on how we are the same. In contrast, when we focus on how a speaker tries to meet those needs, we highlight our differences. During empathetic listening, keep focused on the underlying need, rather than the speaker's communication style or behavior. You may not know what the need is at first; just be open to hearing the need.

DOWNLOAD Identifying underlying needs

Q&A

What does listening for underlying needs look like in practice?

Dr. Jimenez receives a prescription refill request for a patient, Roger, who has not been seen in the clinic for three years. He decides to prescribe a limited supply and asks his medical assistant (MA), Pattie, to schedule an appointment. When Pattie calls Roger, he becomes angry that Dr. Jimenez won't refill the entire prescription. He says he's going to get a different doctor and hangs up on Pattie.

Pattie tells Dr. Jimenez about the conversation; both are dismayed about his lack of respect. Dr. Jimenez calls Roger back.

If Dr. Jimenez focused on Roger's actions, he might say, "My MA is very upset about the way you treated her on the phone. I would like you to apologize to her." This would likely result in Roger becoming defensive.

Instead, Dr. Jimenez focuses on Roger's needs and says, "My staff told me you were very upset on the phone. To be honest, I was surprised, as I wasn't expecting that response." He pauses to give Roger a chance to talk. Roger explains that he has been travelling a great deal, taking care of his ill mother who is hospitalized in another city. He had a long day at work and was very frustrated by having to deal with his own health care. This time, Roger apologizes for having treated Pattie the way he did. Through this exchange, Dr. Jimenez comes to understand that Roger just wants it to be easier to get his medications. He can relate to this need for ease. His openness to understanding why Roger hung up on Pattie paves the way for a civil—rather than contentious—conversation. This conversation still has room for Dr. Jimenez's need for respect to be met. Roger apologizes without prompting and Dr. Jimenez conveys the apology to Pattie. By approaching Roger empathetically, there is accountability for Roger's actions and an opportunity for Roger's, Pattie's and Dr. Jimenez's needs to be met.

What if my speculations about the speaker's feelings/needs are wrong?

You are still listening with empathy. The speaker recognizes your openness to learning more and will likely correct you. For example, a rheumatologist tells a patient that she has lupus and the patient sighs. The doctor says, "I'm wondering if you're overwhelmed with this news?" The patient responds, "No! I'm just so relieved that I finally know what's been causing all my symptoms!" While the word "overwhelmed" was not accurate—at least at this moment—the patient heard the message behind the words: "It matters to me how this news affects you."

You and your team can practice identifying underlying feelings and needs using the downloadable tools for this module.

DOWNLOAD Identifying underlying feelings

DOWNLOAD Identifying underlying needs

5 Remain present when you are listening to the speaker

> "With empathy, we don't direct, we follow. Don't just do something, be there."

—Marshall Rosenberg, American psychologist and founder of the Center for Nonviolent Communication

Become comfortable with silence. Show you are listening by using non-verbal body language:

- Adopt an open, comfortable stance, making sure your arms aren't crossed
- Make eye contact
- Lean in
- Match the speaker's emotional intensity with your expressions
- Murmur simple responses, such as "Uh huh," "Mmmm" or "Oh"
- Nod your head

Give the speaker an opportunity to express his or her feelings to completion. Their feelings and values will surface if they are given ample time to express themselves in a welcoming environment. Focus on those moments when the speaker seems to display the most energy around a topic (e.g., more rapid speech, change in facial expressions, more pronounced gestures, etc.) as these signs can provide clues to what the speaker values most.

Practice scenario: An MA notices that the physician she works with is not smiling and seems distracted. The MA asks the doctor, "Everything OK?" and he responds, "Oh, my three-year-old is home with my mom and she won't stop vomiting. Every 15 minutes." The MA shows concern through her face, murmurs, "Mmmm," and lets the doctor continue. "I'm also thinking about that little girl who came in yesterday with leg pain. Her labs are back, and it looks like she has leukemia." The doctor ducks into another exam room while the MA reflects on her own surprise and dismay about the patient's diagnosis. She realizes that the doctor could be experiencing anxiety, weariness, or a feeling of being overwhelmed. She wonders if the doctor might need balance, or perhaps just a chance to be sad about not being with his daughter while she's ill. Later that morning, the doctor shares that his mom called and his daughter has been feeling a little bit better. Instead of looking relieved, the doctor still looks concerned. Picking up on facial expressions, the MA says, "You're still worried?" The physician replies, "Oh, I know she'll get better from this. I am a little worried that my mom will get this bug. But I'll tell you what. I just keep thinking about how that little girl's dad doesn't know if his daughter will get better." By this time the doctor is speaking with a little more speed and energy. The MA listens while he expresses his need for safety for his child. By the time the doctor and MA need to move on to their next patients, they both can feel a bit better, each one knowing that someone at work cares about what they are going through.

Q&A

I have a habit of keeping a professional distance and this seems to threaten that distance.

Communicating with empathy involves emotionally engaging with the speaker but does not mean losing your professional boundaries. Empathetic listening does not demand that you become responsible for resolving all feelings or needs expressed by a patient or co-worker, but just that you listen to them with focused attention. You may find yourself becoming more comfortable listening to the needs and feelings of others as you discover that empathy facilitates more effective relationships with patients and colleagues.

I'm already busy managing my patients' medical conditions. I don't know that I can also start worrying about their personal needs.

Strengthening the doctor-patient relationship will lead to more effective clinical care. For example, a woman comes for a check-up and, knowing that her husband is very ill, the doctor asks, "Would you like to talk about your husband?" She responds, "Yes! Yes, it has been so difficult." She speaks of her responsibilities caring for him and how she doesn't want him to see her cry. She is worried about how her heart is holding up under all this stress. The physician listens and encourages her to talk about these feelings; while he doesn't have the capacity to change the situation with her husband, he has demonstrated caring and understanding, from which she will benefit. He can then re-focus on her medical conditions; a careful check of her blood pressure and heart rate gives her reassurance.

6 Consider responding verbally

There are opportune moments for verbal responses to what the speaker is sharing. For example, verbal reflection may be helpful when:

- You need more description or explanation from the speaker
- You sense the speaker would like confirmation that you are listening and understanding

When you respond, keep this question in the back of your mind: "Is the patient feeling _____ because they value/want _____?"

When you respond, you should speak naturally; be yourself. At this point in the dialogue, the focus is still on listening and it is not the time to share your experiences or opinions. Listening with empathy has a reflective quality, allowing a speaker to reach clearer self-understanding. When you choose to speak about your own feelings and values, you have moved past empathetic listening and into expressing yourself.
There are also some potential mnemonics to keep in mind when responding to patients' emotions. These devices are helpful in remembering important empathy skills and concepts and how to make the speaker feel understood.

"NURSing" the emotion to be empathetic

N	**Naming**	"That's upsetting..."
U	**Understanding**	"...I can understand that..."
R	**Respecting (praise and/or acknowledge plight)**	"...thanks for mentioning it, it's been a hard time for you..."

RSVP skills: respond with compassion

R	**Reflective statements**	"I hear you saying..."
S	**Support**	"I'm here if you need help or support..."
V	**Validate**	"It's understandable that you would feel..."
P	**Partner**	"We'll work on this together..."

Adapted from Lown, A Framework for Practicing and Teaching Compassionate, Relationship-Centered Care.

Q&A

How can I make it feel more natural when reflecting feelings back to the other person?

It can be helpful to adopt a tone of curiosity and openness to having missed the mark. Consider starting your response with:[5]

"I imagine you might feel..."
"I am wondering if you are feeling..."
"You sound..."
"You seem..."
"Is it important to you that...?"
"Let's see if I have this right..."

Patients perceive a lack of empathy when you:

- Interrupt or finish their thoughts
- Challenge their feelings
- Reassure them in a way that sounds patronizing
- Tell them what they ought to think or feel
- Turn the topic to yourself and away from them
- Do not acknowledge their emotions but simply proceed with medical questions

This is a lot to remember. I'm not sure I can keep track of all these "to-dos" at the same time.

The most important thing is to have the intention to connect with empathy. The techniques are secondary and only useful if they indeed help you to stay true to that intention.

Consider this example: A doctor named Emily found herself as a patient, requiring a dilation and curettage (D&C) procedure after a miscarriage. She awoke in recovery before her husband arrived, feeling sad, defeated and disappointed. Her OB/GYN came to see her, stood next to her and intuited that Emily wasn't ready to talk about the procedure or how she was feeling. Instead, the doctor allowed her to speak of unrelated subjects—her college experience, her husband—and connected to Emily physically by holding her hand. In this instance, the doctor didn't follow a specific sequence of steps or a protocol for demonstrating empathy. A few days later, Emily described her experience to a colleague: "My doctor was with me, and really this is what I needed. There was no person on Earth who was going to have the right words to say to make me feel better in that moment. I didn't need to feel better. I needed to be sad."

I communicate with my patients frequently through a secure web portal. Is it possible to show empathy iny my typed responses?

Empathy is different in a written conversation than in a live conversation, since non-verbal cues of facial expression and body language, as well as intonations, are absent. Acknowledging the patient's emotional experience in writing can still provide a benefit. It is possible to demonstrate caring by responding in a way that shows you recognize the underlying feelings and values the patient is trying to communicate in their message.

Consider the difference between the following two email responses to a patient:

Patient:

Doc – I need help. My wife is getting weaker and as a result, I have to help her get in and out of her wheelchair. She hasn't done her PT in forever and seems to have no motivation to do so.

When I lift her now, it feels like I am taking more of her weight. Recently, I fell backward while helping her transfer and now MY back is KILLING me. We have to do something about this!

Physician response (example 1):

I would like you to take some ibuprofen for now. Take 600 mg a couple times per day and apply some ice. Try to use better mechanics when you lift your wife. Let me know how things are in a week. Happy to see you in clinic if you have time.

Physician response (example 2):

Thanks for contacting me. It sounds like you are really frustrated with the situation. You're trying to help your wife but it's putting your own health at risk. I would like to understand more how this is affecting you. I would prefer to meet in person or talk on the phone if you have time. I would like to help you and your wife manage better.

DOWNLOAD Deflective listening

7 Look for cues that the speaker has finished expressing him/herself

Cues might be a decrease in emotional intensity, a deep sigh or a shift in the focus of the conversation. At this point, it is natural to move to another stage of the communication process—either expressing yourself, attempting to solve a problem together or attending to the medical care needed.

Q&A

I understand that empathetic listening may save me time, but I'm not sure I have the energy to listen like this to all of my patients.

No one has the expectation that you should listen empathetically to all of your patients or coworkers all of the time. If you are new to the practice of listening with empathy, make it a goal to apply it with one person today.

8 Reflect on your experience and rejuvenate yourself for the next time you offer empathy

As you reflect on a conversation in which you listened with empathy, begin to think about how ***you*** are feeling. Is there anything you are grateful for in your life or this specific interaction? Anything you would like to do differently next time? Offer yourself a chance to be heard and understood for your own experiences.

You can listen to yourself with empathy using the same steps outlined here. For emotionally charged situations, writing narratives about your experience can be helpful. Consider asking a supportive person to listen to you, and if you want, request that they listen without offering advice or solutions to problems. Often, it can be helpful to seek trusted colleagues and mentors with whom you can share some of the emotional impact of patient care. There are venues in which you can safely share these emotions as well:

- Balint groups
- Schwartz Center Rounds
- Healer's Art

DOWNLOAD Worksheet for self-reflection

AMA Pearls

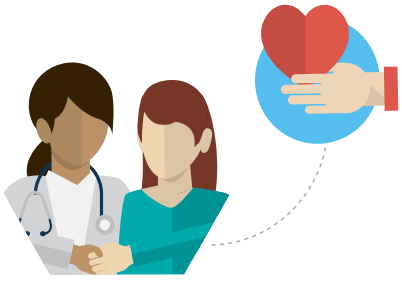
Empathy prepares another person to receive what you have to say more effectively; it may also encourage them to cooperate with you more fully.

Feelings are signals that point to what's important to the speaker.

During empathetic listening, keep focused on the individual's personal values or needs, rather than the specific strategy used to meet that need. This helps you refrain from becoming judgmental or getting pulled into a conflict.

Conclusion

Listening to others with empathy is a learnable skill that can foster trust in the physician-patient relationship, increase collaboration among co-workers and enhance personal well-being. Focusing on a speaker's underlying feelings and needs demonstrates that you are committed to understanding their experience, and your choice of language and other non-verbal responses is key to drawing out their feelings and values. In a clinical setting, patients are more likely to hear you and be open to your counsel if they first have sensed your empathy.



Additional Resources

AMA Wire – Listening with Empathy

STEPS in practice

1 How's it working in Houston, TX?

Robert Janda* is a 73-year-old man who has chronic congestive heart failure. His wife, Naomi, is a retired nurse who has been helping to manage his care at home. His doctors include Dr. Antonelli, a general internist, and Dr. Salzwedel, a cardiologist. Dr. Salzwedel has been Robert's cardiologist for about two years since he fired his previous cardiologist. During the past couple of years, the patient has had several exacerbations of his disease. His wife has emailed the cardiologist and internist about her dissatisfaction with the medical care her husband has received. Dr. Antonelli received the following email from the patient's wife:

"I want to tell you that I think Robert's medical care off hours is lousy. Unless I reach Dr. Salzwedel, the cardiologists on call don't take the job seriously. Once when I called, I talked to a doctor who didn't even seem like he had graduated from medical school. Is your night call any better? I haven't tried it but I doubt it. I can't take him to the emergency department because it's actually dangerous. If it hadn't been for me, he would have died on two occasions. What can I do about it?"

This email was sent through a non-secure email, despite requests to communicate through the electronic patient portal. It is representative of other emails sent by Naomi over the past few years.

Dr. Antonelli asked his staff to call the patient to request that he and his wife come into the clinic to discuss the issue. They agreed. Before the appointment, Dr. Antonelli spent a few minutes thinking about what he would like to say to Naomi. He made a decision to listen with empathy at the beginning of the visit. He stuck a Post-it note to the chart to remind himself of his intentions.

Dr. Antonelli met the patient and his wife in the room and after a friendly greeting, said, "I believe our goal for our visit today is to find out how to provide you with more support. I want to make sure I understand the situation, and what your needs are, so we can figure out how we can best support you." Then he listened silently. Robert started, saying, "I think that this is honestly more my wife's concern, rather than mine. But it has been a pretty bad experience, the couple times I've been sick. I was pretty upset about waiting so long in the emergency room."

Dr. Antonelli nodded, "Mmm, hmmm." Robert looked at his wife.

Naomi talked for five to six minutes about her husband's care and her dissatisfaction with it. She described several evenings when she needed to talk to a doctor and didn't get the response she wanted. She spoke of the stress and pressure that put on her. She used language that placed the blame for her stress on the doctors and the medical system. She also spoke of a time that she went to the emergency room for her own care and waited for several hours. She said, "The health care system just doesn't support us. We just have to fend for ourselves when it's not business hours."

During these five to six minutes, Dr. Antonelli didn't speak but did convey that he was listening by using body language that showed his attention and concern. At a lull, he said, "It sounds like in the evenings and on weekends you haven't gotten the care that you've needed. That's put you in the really uncomfortable position of having to be his wife and his medical provider at the same time. Am I understanding that right?"
Naomi nodded her head yes and then continued to speak for a few moments about the dissatisfaction. There was less urgency and emotion in her speech.

Dr. Antonelli decided to speak: "Let me talk to you about access to care. I understand that we let people down all the time; they can't get an answer to a phone call when they want. May I tell you about some of the things that I've done to help my patients get better access to care?" When Naomi and Robert nodded yes, he continued by explaining about his practice's on-call system and the electronic patient portal. He explained the role he could play as primary care physician, as a first contact for any questions they might have. He closed by saying, "I hear you loud and clear. You want to be able to trust that you will be able to reach a doctor when you need one." Robert and Naomi expressed some surprise, saying that they hadn't understood they could call their primary care doctor about a cardiac issue. Naomi said that would help a lot.

Dr. Antonelli went on, "I feel like I know what your needs are and it sounds like you understand better how I can help meet those needs. I'd like to tell you what my needs are now." Robert and Naomi nodded. "It's a hospital policy that we not use email for any patient communication. I'd like for you to avoid using email and instead use the electronic patient portal. I'd like to be able to give you my cell phone number, but I want to make my practice sustainable and I want to be fair to my family. I just can't have patients calling my cell phone directly." Both the patient and his wife agreed and Naomi concluded by saying, "I feel better about what you're going to be able to do to help us in the evenings and on weekends."

After meeting with Naomi and Robert, Dr. Antonelli reflected on the conversation: "The Post-it note was an effective tool to remind me of what I had decided to do, which was listen with empathy. I settled on that approach because I believed it would be good for them and ultimately good for me. After this experience, I feel very good about how I handled it and have a lot less stress as a result."

* Names, locations and other identifying details have been changed.

2 How's it working in Massachusetts?

Atrius Health is a non-profit healthcare organization that delivers connected care to more than 675,000 patients across Eastern Massachusetts. After attending the Cleveland Clinic's annual Empathy Innovation Summit and reading the book, "An Epidemic of Empathy," leadership at Atrius committed to building a culture of empathy. They learned that clinical empathy can improve patient satisfaction, adherence to treatment recommendations and health outcomes and reduce distress and medical errors. Patients want health care providers who understand their needs and what they are going through. Patients assume that their clinicians are competent; what they will remember is how they felt when they came in for care. Patients want to know that they are cared for, their perspective is appreciated and their care providers sense their emotions and understand their fears.

With this information, Atrius realized empathy was important for everyone to demonstrate in their daily work. Not only would this benefit the patient experience, but Atrius also learned that when employees feel that their supervisors, co-workers and leaders care about them as human beings, there is reduced stress on the job, greater teamwork and enhanced employee engagement. In 2016, Atrius instituted the "Amplifying Empathy forums" to support their continuous efforts to provide an exceptional experience for their patients and employees.

The Amplifying Empathy forums were designed to engage everyone in the practice in the conversation around empathy. To meet operational needs, Atrius designed and delivered the forums in a way that was relevant, practical and easy to implement. Each participating site identified a site-based leader that attended a mandatory three-hour train-the-trainer session, where they were taught the foundations of presenting/facilitating and how to engage an audience. They were then provided with a full script, education materials and videos and practiced facilitating a forum. Once training was completed, each Amplifying Empathy forum was co-facilitated by the site-based leader in partnership with an Organizational Development & Learning (ODL) or Human Resources (HR) consultant.

The Amplifying Empathy forums program consists of:

Pre-work: All participants receive pre-work two weeks prior to attending a forum. The pre-work is designed to lay the groundwork for the forum and includes: reading a short article on empathy in the workplace, viewing the "Human Connection to Patient Care" video created by the Cleveland Clinic and completing a

self-assessment on demonstrating empathy. Participants are also asked to come prepared to talk about their successes and challenges in demonstrating empathy.

Forums: The in-person, 90-minute forum is designed to include large and small group discussions, didactic presentation of a communication model and video demonstrations of before and after scenarios utilizing one of their own practices. The goal is to ensure the program is interactive and fits all learning styles.

Post-work: Following the forum, all participants receive a communication package from ODL that includes guidelines and direction for leaders to provide ongoing reinforcement and coaching in empathy concepts during individual meetings, team meetings and huddles. Additional information about available resources is posted on the Atrius intranet.

The initial Amplifying Empathy forums at Atrius were successful and continue to evolve. Atrius learned that having site leaders co-facilitate with an ODL/HR consultant was an important strategy because participants saw their local leaders engaged in the conversation, which lent credibility to the program. It also became clear that 90-minute sessions were not enough. Some challenges included pulling resources from already busy clinical practices, coordinating logistics across 22 locations and completing mandated training for over 6,000 employees in just one year.

Some important takeaways for others interested in implementing empathy forums include:

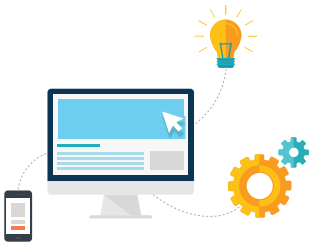
- Do not underestimate the amount of administrative support necessary for program success.
- Program preparation—including materials creation, management of the CME process, delivering communications and tracking participation—is time consuming.
- Facilitators need to be prepared and have a firm grasp of the content. They should also have characteristics and attributes respected by colleagues.
- Be future focused. Do not think of this as a one-time training program. Plan for how this will become a part of your organizational culture.

Overall, the program has been very beneficial to the organization. The anecdotal feedback Atrius has received from patients indicates a positive impact on care delivery. They have seen a significant increase in their "likelihood to recommend" scores since these sessions started and one patient left this comment regarding the physician: "Dr. Smith is an incredible medical professional. She's always cheerful and makes me feel comfortable in every way. I know I can talk to her about any issues." Employees also feel more empowered to discuss vulnerable topics and are more prepared to have difficult conversations with patients, families and colleagues. For example, one employee stated, "I find I am listening more, trying to understand what my colleagues or my patients have been through and am less judgmental." It has also reminded employees and clinicians of the importance of eye contact, active listening and body language. Following completion of the empathy forums, another employee revealed, "This training has opened my eyes to what empathy is really about. It's caused me to be more cautious in the words I use and to pay attention to others feelings and emotions."

To demonstrate completion of this module and claim *AMA PRA Category 1 Credits*™, please visit:
www.stepsforward.org/Empathy

Get implementation support

The AMA is committed to helping you implement the solutions presented in this module. If you would like to learn about available resources for implementing the strategies presented in this module, please call us at (800) 987-1106 or click here to send a message to StepsForward@ama-assn.org



References

1. Halpern J. Empathy and patient-physician conflicts. *J Gen Intern Med.* 2007;22(5):696-700.
2. Street RL, Makoul G, Neeraj A, Epstein RM. How does communication heal? Pathways linking clinician-patient communication to health outcomes. *Patient Educ Counsel.* 2009; 74(3):295-301.
3. Paling J. Strategies to help patients understand risks. *BMJ.* 2003;327(7417):745-748.
4. Langewitz W, Denz M, Keller A, Kiss A, Rüttimann S, Wössmer B. Spontaneous talking time at start of consultation in outpatient clinic: cohort study. *BMJ.* 2002;325(7366):682-683.
5. Leebov ED, Rogering C. *The Language of Caring Guide for Physicians: Communications Essentials for Patient-Centered Care.* 2nd ed. Language of Caring, LLC; 2014.
6. Coulehan JL, Platt FW, Egener B, et al. "Let me see if I have this right ...": words that help build empathy. *Ann Intern Med.* 2001;135(3):221-227. http://annals.org/article.aspx?articleid=714679.
7. Sears M. *Humanizing Health Care - Creating Cultures of Compassion in Health Care with Nonviolent Communication.* Encinitas, CA: Puddledancer Press; 2010. http://nonviolentcommunication.com/store/humanizing-health-care-p-121.html
8. Compassionate Communication Center of Ohio. http://www.speakingpeace.org/. Accessed April 25, 2016.
9. Center for Nonviolent Communication. https://www.cnvc.org/. Accessed April 25, 2016.
10. Halpern J. What is clinical empathy? *J Gen Intern Med.* 2003;18(8):670-674. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1494899/.
11. Suchman AL, Markakis K, Beckman HB, Frankel R. A model of empathic communication in the medical interview. *JAMA.* 1997;277(8):678-682. http://jama.jamanetwork.com/article.aspx?articleid=414372.
12. Zimmerman C, Del Piccolo L, Finset A. Cues and concerns by patients in medical consultations: a literature review. *Psychol Bull.* 2007;133(3):438-463.
13. Fortin AH, Dwamena FC, Frankel RM, Smith RC. *Smith's Evidence-Based Interviewing: An Evidence-Based Method.* 3rd ed. New York, NY: McGraw-Hill; 2012.
14. Branch WT, Malik TJ. Using "windows of opportunity" in brief interviews to understand patients' concerns. *JAMA.* 1993;269(13):1667-1668.
15. A Framework for Practicing and Teaching Compassionate, Relationship-Centered Care. http://medicine.tufts.edu/~/media/TUSM/MD/PDFs/Education/OEA/Faculty%20Development/Clinical%20TeachingFramework%20for%20Practicing%20%20Teaching%20Compassionate%20CareLown.pdf. Accessed May 20, 2016.
16. Melnick ER, Powsner SM. Empathy in the time of burnout. *Mayo Clinic proceedings.* 2016; Volume 91, Issue 12, 1678-9.