POWER OF EMPATHY

Steve Kamajian, DO, CMD, FACOFP

Steve Kamajian, DO, CMD, FACOFP does not have any relevant financial relationships to disclose.
Topics

1. WHY EMPATHY MATTERS

2. COMMUNICATON SKILL BUILDING TACTICS
EDUCATIONAL OBJECTIVES

1. Assess why empathy matters
2. Apply communication skills in practice of medicine
3. Learn how to create medical outcomes and hospitable human experiences for your patients
WHY EMPATHY MATTERS

- A short film asking health care professionals to take a moment and think about patients as they experience their hospital stay. Perhaps our views of compassion, empathy and quality care would be a little different.
WHY EMPATHY MATTERS

1. Doctors Are Rude
2. Doctor’s Don’t Listen
3. Doctor’s Don’t Explain Things in Understandable Terms


“It’s a simple stress test – I do your blood work, send it to the lab, and never get back to you with the results.”
This does not come as a surprise to practicing physicians as these complaints have long permeated the health care patient experience. What is changing though is that health care is starting to pay attention.
Lack of quality communication is hurting the quality of care, driving up costs and increasing the risks of lawsuits.
PATIENT EXPERIENCE AN INVESTMENT WORTH MAKING

Patient Experience An Investment Worth Making

How you recover from a service lapse can mean the difference between loyal customers and detractors.

Small Problem, Big Repercussions

Fixing Problems Changes Perceptions

The VBP dollars tied to HCAHPS scores are significant, creating loyal patients represents a far greater opportunity.

1/4 of patients leave an average hospital less than fully satisfied. Changing the experience for just 1/4 of them could result in $2.5 MILLION in additional revenue in just one year.
Under Medicare rules, providers won’t get as much money if they rack up poor patient-satisfaction scores or too many preventable readmissions. CMS has upped the ante over the last few years, with 2% of reimbursement dollars ultimately being at risk in 2017.

The federal Medicare program last year began withholding certain payments as part of an effort to get hospitals to improve the quality of care and trim costs.

One way to make up the cuts and earn additional payments is to perform well on patient-satisfaction surveys known as HCAHPS, for Hospital Consumer Assessment of Healthcare Providers and Systems.

Better HCAHPS scores Protect Revenue

Providing an excellent patient experience is tied more closely than ever to reimbursements.

Clinical literature on patient experience revolves around educating physicians (clinicians) on empathy.

Empathy is a cognitive (can be taught) attribute that involves an understanding of experiences, concerns, and perspective of the patient combined with a capacity to communicate this understanding and the intention to help the patient.

As such empathy has no limits and is not defined as part of the emotional IQ of the physician.
“Empathy isn’t just something that happens to us, a meteor shower of synapses firing across the brain. It’s also a choice we make to pay attention, to extend ourselves. It’s made of exertion, that dowdier cousin of impulse. Sometimes we care for another because we know we should or because it’s asked for, but this doesn’t make our caring hollow.

The act of choosing simply means we’ve committed ourselves to a set of behaviors greater than the sum of our individual inclinations.”
• Patient experience is evolving into a discipline focused on understanding and delivering value from the patient's perspective.

• Today's healthcare leaders are as devoted to improving satisfaction as they are to clinical quality and safety, with the expectation that doing so will improve outcomes.

• The reasons for focusing on the service excellence range from the idealistic - a belief that it's "the right thing to do" - to the pragmatic - a recognition that service quality impacts margins, market share and staff morale, among other important metrics.
• Though patient experience excellence is more critical than every, it is still just as elusive. Despite massive investments in patient experience initiatives in recent years, the consumer satisfaction index for hospitals has risen just 0.3% per year on average.

• Part of the reason is that by asking but not acting, hospitals may make things worse. A closed loop system is required.
DOCTORS CAN CREATE MEDICAL OUTCOMES AND HOSPITABLE PATIENT EXPERIENCES

- Providers must instead design a care experience that anticipates and reacts to patient needs through the care experience, used real-time data to "close the loop" on patient needs and creation actionable intelligence that enables executives to continually and systematically improve the experience for all patients.
Cleveland Clinic
In 2009, Delos Cosgrove, the CEO of the Cleveland Clinic compared their performance in comparison to other hospitals and concluded their patients did not think highly of its primary medical center or any of their eight community hospitals.

It was time for a transformation.

In the next three years, the Cleveland Clinic's overall ranking in CMS survey of patient satisfaction jumped from average to among the top 8% of the roughly 4,600 hospitals.

How did they do it?
What have we done at Cleveland Clinic?

- 3-4 years ago, surveyed the current environment of communication in healthcare
- Reviewed the published literature, visited other medical institutions and consulted experts in the field
- Interviewed our top performers
- Hired AACH to train a group of 5 physicians in communication and facilitation skills
- Developed a one-day (7 hour) course
- Brought in outside experts to help us grow our skills
NEW INNOVATIVE APPROACHES AND SUBSEQUENT RESULTS

Center for Excellence in Healthcare Communication (CEHC)

- Communication Curriculum
- Coaching
- Faculty Development
- Research

- Foundations in Healthcare Communication (FHC)
- Advanced Courses
- Train the Trainer Program
Structure of FHC Course

- 4 key skills presented
- Brief didactic → demonstration → skills practice
- Discussion of difficult cases from the participant’s practices followed by skills practice exercises
- Each session has 8-10 participants, is taught by two facilitators and utilizes two standardized patients
NEW INNOVATIVE APPROACHES AND SUBSEQUENT RESULTS

Doctor Communication
Main Campus Overall

19th Period %ile Rank

Source: OPE Database
Date of data extract: 11/16/12
NEW INNOVATIVE APPROACHES AND SUBSEQUENT RESULTS:

HCAHPS - Dr. Communication

- Dr. Comm
- Explain
- Listen
- Respect

% Always

Pre
Post
NEW INNOVATIVE APPROACHES AND SUBSEQUENT RESULTS

Outpatient Survey

- 90%
- 85%
- 80%
- 75%
- 70%

% Very Good

CP Friendliness  CP Explain  Concern  Include Decisions  Info re: Meds  Info re: F/U Care  Used Words  Time Spent  Confidence in CP  Recommend CP  Control Pain  CP Overall Rating  CP Respect

Pre
Post
The CRMC reengineered its hospital discharge Process with the Vocera Good to Go solution which resulted in better patient engagement, understanding and compliance of care initiatives, ultimately increasing HCAHPS scores and reducing readmissions.

- 15% reduction in readmission rates.
- 62% HCAHPS increase in staff discussing help needed after discharge
- 63% increase in communication about symptoms to look for after discharge.

How did they do it?
Improving patient satisfaction and reducing readmission rates with better patient and family discharge communication.

**Improve Patient Experience and Outcomes**
Cullman Regional Medical Center (CRMC) in Cullman, AL, reengineered its hospital discharge process with the Vocera Good to Go® solution, which resulted in better patient engagement, understanding and compliance of care directives, ultimately increasing HCAHPS scores and reducing readmissions.

- 15% reduction in readmission rates
- 62% HCAHPS increase in staff discussing help needed after discharge
- 63% HCAHPS increase in communication about symptoms to look for after discharge

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Strategy</th>
<th>Results</th>
</tr>
</thead>
</table>
| - Improve patient and family understanding of personal discharge instructions.  
- Increase patient and family engagement in care plan.  
- Empower patients to manage follow-up appointments and other care directives.  
- Improve caregiver compliance and accountability.  
- Measure impact of new process on patient experience and outcomes. | - Record discharge instructions at the patient bedside using a HIPAA/HITECH compliant application on an iOS device.  
- Engage patients and families using teach-back and the recorded conversation.  
- Capture baseline images and instructional care videos.  
- Attach and link educational materials and hospital resource information to each patient’s Good to Go website. | - Decreased readmission rates by 15%.  
- Improved HCAHPS scores by 63% for questions related to discharge communication.  
- Improved staff satisfaction with patient discharge process.  
- Earned national recognition for nursing innovation, safety excellence, care coordination, and discharge planning.  
- Positioned CRMC as an industry thought leader. |

"The Good to Go solution was the communication tool we needed to improve patient education, compliance, and experience." — Cheryl Bailey, BSN, MBA

**Engage Patients and Families**
CRMC patients and family members use the award-winning Good to Go solution to:
- Review recorded discharge instructions at any time using any phone, mobile device or computer.
- Connect to a personalized Good to Go website to hear, see and manage care directives.
- Experience a continued connection to CRMC caregivers beyond the hospital walls.

**Improve Care Coordination and Compliance**
Members of hospital management use the Good to Go solution to:
- Improve caregiver communication with patients during the discharge process.
- Audit discharge communication sessions to identify teaching opportunities and reward staff.
- Ensure consistent messaging and staff compliance and competency.
- Monitor patient retrieval of discharge instructions to identify potential compliance issues and deploy interventions if needed.
The 116-bed hospital found itself in the 33rd percentile of HCAHPS scores for patients' overall willingness to recommend.

Within 2 years, they increased patient satisfaction 110%

The program did not cost any money.

Their strategy was to focus on what matters most to patients, ask meaningful questions at admissions, address spiritual needs and support systems and alleviate fears and concerns.

How did they do it?
Case Study Synopsis: Improving Patient Satisfaction, Loyalty with Sacred Moments

Health Management Associates and Twin Rivers Medical Center in Kennett, MO partnered with ExperiaHealth to improve patient satisfaction. In 2011, the 116-bed hospital found itself in the 33rd percentile of HCAHPS scores for patients’ overall willingness to recommend.

Strategy

Mapping Intervention
- Analyzed staff and physician pulse surveys.
- Hosted Town Hall Communication Series.
- Conducted patient and family interviews.
- Held care team “Lightning Rounds.”
- Deployed No Excuses Team (NET).

Solution

Sacred Moments
- Focus on what matters most to patients.
- Ask meaningful questions at admission.
- Address spiritual needs and support system.
- Alleviate fears and concerns.

Results

- Increased HCAHPS scores by 36%.
- Humanized care, transformed culture.
- Increased nurse satisfaction.
- Selected to join the Always Events Community and Recognition Program.

HCAHPS Top Box Scores

<table>
<thead>
<tr>
<th>Month</th>
<th>33.3%</th>
<th>47.1%</th>
<th>54.4%</th>
<th>72.4%</th>
</tr>
</thead>
<tbody>
<tr>
<td>November</td>
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<tr>
<td>December</td>
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<td>April</td>
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110% Increase in Patient Satisfaction
The St. Joseph Medical Center optimized the patient experience through feedback from the care team and patients and building stronger relationships between staff and referring physicians.

- improved HCAHPS ranking,
- increased physician marketing share by 5%
- Increased patient volume by 26%.

How did they do it?
Case Study Synopsis: Building Market Differentiation, Improving Patient Experience

St. Joseph Medical Center sought to differentiate its birthing center experience for patients and families as well as staff and physicians. Leveraging feedback from the care team and patients, they built stronger relationships between staff and referring physicians, which ultimately optimized the patient experience.

Strategy

Mapping Intervention
- Created physician/nurse leadership dyads.
- Analyzed patient navigation.
- Hosted physician/nurse "Fireside Chats."
- Customized birthing book and patient wish list.
- Conducted bedside care transition education.

Results

Post Mapping
- Improved HCAHPS ranking.
- Increased physician market share by 5%.
- Increased patient volume by 25%.

HCAHPS Percentile Ranking

Physician Market Share

Patient Volume
The University of Chicago Medicine identified a need to build a continuous improvement infrastructure that leverages patient, family, staff and physician voice to drive experience improvement and innovation.

The organization designed an Office of Patient Experience. Provided data and analytics to help pinpoint areas for further investigation and improvement.

Identified, prioritized and executed on experience improvement opportunities.

How did they do it?
Case Study Synopsis: Architecting the Office of Patient Experience

In 2012, University of Chicago Medicine identified the need to build a continuous improvement infrastructure that leverages patient, family, staff and physician voice to drive experience improvement and innovation.

The organization decided to design an Office of Patient Experience. The 700-bed academic medical center partnered with ExperianHealth to design an Office of Patient Experience, dedicated to creating new model of care and operational infrastructure that aligns clinical, physical, emotional and cultural components necessary to support improved patient and staff experience.

**Solution**

**Build Continuous Improvement Infrastructure**
- Assess existing infrastructure to map gaps and understand experience landscape.
- Capture voice of patients and families to build differentiated standards of care.
- Align operational efficiency, quality and safety, and organizational development initiatives with patient experience.
- Drive loyalty and differentiation.

**Results**

**Office of Patient Experience**
- Develop enterprise experience strategy.
- Organize resources to capture patient, family, staff and physician voice.
- Provide data and analytics to help pinpoint areas for further investigation and improvement.
- Identify, prioritize and execute on experience improvement opportunities.
- Design new innovations to optimize the experience.

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**Diagram:**
- Chief Medical Officer
- Executive Director Office of Patient Experience
- Patient Relations
- Experience Intelligence
- Experience Improvement & Innovation
- Friends and Family Program
WellStar, based in Marietta, Ga., used service coaches who work directly with doctors on such issues as avoiding words and phrases that have a negative impact, using more caring and helpful language and following up with dissatisfied patients.

The number of patients reporting that physicians always communicated well jumped to 86.2% in January from 77.5%.

How did they do it?
• Doctors are trained to ask permission to enter a room, introduce themselves and put patients at ease. And then they should be clear about how long an exam or procedure will take, when results will be back, what they are doing and why, what patients should expect and what the plan for the future is. Before leaving, they are expected to thank the patient and family and let them know it has been enjoyable to work with them.
• WellStar tracks its patient-satisfaction scores closely and gives immediate feedback to teams if they drop.

• Service coaches may also observe doctors interacting with patients and follow up with tips for improvement, while doctors who seem especially adept may be asked to mentor others.
Satisfaction scores are also circulated internally, so medical teams can see how they are doing against their peers. Dan Woods, WellStar senior vice president and president of its WellStar Kennestone Hospital, says HCAHPS surveys show the efforts are raising patient satisfaction.
Leslie Hall, interim dean of the University of Missouri School of Medicine, says that before the school instituted a new training program its medical center was consistently in the lowest quarter of hospitals in the country in patient-satisfaction scores, but it has steadily improved.

From June to December, patients gave physicians an average score of 90.1% for communication, well above the national average of 79.6%, according to data from health care research concern NRC Picker.

How did they do it?
The University of Missouri Health Care has put more than 1,000 physicians, from first-year residents to veteran doctors, through the training.

Doctors take an online course that includes 17 videos illustrating different communication issues.

At the medical school’s simulation center, groups of four or five physicians practice with actor’s known as “standardized patients” specific to their medical specialties.
After role-playing, there’s a debriefing session with the physician’s peers, the “patient” and facilitators to provide feedback about what went well and what the doctor could do better.

The training includes guiding doctors in providing a “blameless apology”—empathizing with a patient without accepting responsibility for the experience (“I’m so sorry this happened to you”)—and seeking a resolution to patient and family concerns.
The San Mateo Medical Center decreased burnout and fatigue and increased staff satisfaction and loyalty.

Post Intervention Results:
• 91% improvement on emotional exhaustion
• 45% improvement on the gratitude scale.
• 55% improvement on mindfulness scale

How did they do it?
**Case Study Synopsis:** Restore Joy to Staff, Increase Satisfaction and Loyalty

San Mateo Medical Center, a 509-bed hospital with 15 clinics and long-term care facility, looked to Experian Health to design and deploy a staff resiliency program for its care teams to decrease burnout and fatigue and increase staff satisfaction and loyalty.

**Why Staff Resiliency Matters**

- Burnout and Emotional Exhaustion
- Reduced Capacity for Empathy
- Reduced Satisfaction
- Increased Medical Errors
- Increased Malpractice Risk
- Increased in Hospital Mortality Rates

**Strategy**

- Measured staff emotional exhaustion.
- Listened to the voice of staff.
- Hosted a resiliency workshop, engaged participants, and provided tools focused on these principles:
  - Self Awareness
  - Mindfulness
  - Practice of Gratitude
  - Social Support
- Coached resiliency trainers.

**Results**

**Post Intervention**

- 91% improvement on emotional exhaustion.
- 45% improvement on the gratitude scale.
- 55% improvement on mindfulness scale.

"I feel like I am awakening. I can see for the first time." — Workshop Participant
THE NATIVIDAD MEDICAL CENTER

• Improved their overall HCAHPS scores
• Improved HCAHPS scores for physician and nurse communication
• Decreased number of call volume from laboratory
• Hospital Selected to Join the Always Events Community and Recognition Program

How did they do it?
Case Study Synopsis: Improving Patient Communication and Satisfaction

Feedback from Med/Surg patients and staff about poor communication and an inefficient process to identify attending physicians assigned to certain patient care led Natividad Medical Center to partner with ExperiaHealth.

**Strategy**

**New Communication Process**
- Map gaps in current communication.
- Listen to patient, family and staff voices.
- Engage multi-disciplinary team.
- Integrate solution with quality initiatives.

**Solution**

“Know Your Physician”
- Clearly defined roles of admitting and attending physicians.
- Developed master on-call scheduling tool.
- Created attending physician EMR report.
- Develop staff training guides with triage details for every type of call and fax.
- Create call and fax tracking tools.
- Implement workflow guides for medical and laboratory inquiries.

<table>
<thead>
<tr>
<th>HCAHPS Scores</th>
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</thead>
<tbody>
<tr>
<td>Overall Rating</td>
</tr>
<tr>
<td>Q3 2011</td>
</tr>
<tr>
<td>Q4 2012</td>
</tr>
</tbody>
</table>

**Results**

- Improved overall HCAHPS scores.
- Improved HCAHPS scores for physician and nurse communication.
- Decreased number of call volume from laboratory.
- Hospital selected to join the Always Events® Community and Recognition Program.
What communication skills do clinicians need to be able to implement?

- How to connect with other human beings
- How to listen without controlling the conversation
- How to recognize, identify and respond to emotion
- How to respond constructively to difference, disagreement and conflict
- How to communicate in such a way that the listener understands and remembers
Benefits of better communication skills

- Improved medical outcomes
- Improved patient adherence
- Improved patient safety
- Improved patient satisfaction
- Improved physician satisfaction
- Reduced risk of malpractice litigation
Most communication skills problems fit in one of a few categories

- Failure to express empathy effectively
- Allowing unnecessary conflict to develop
- Talking too much
- Listening ineffectively
- Communicating in a way that does not result in increased patient understanding
- Not allowing the patient to participate in setting the agenda and negotiating a plan of care
Your appointment today is about your elevated blood pressure, so we can’t talk about your diabetes. You’ll have to make another appointment.

I want to make sure I know what your blood pressure problems as are well as your diabetes, since one can effect the other.
BETTER BEDSIDE MANNER

Don’t Say this

I know how you feel about your cancer diagnosis. I’ve been an oncologist for 30 years.

Say this

I know this is a very difficult time for you and your family. Let me help you through this by answering as many questions as you need to ask.

The Talking Cure for Health Care.
Wall Street Journal
Please read and sign this informed consent form for your surgery.

There are risks and complications that can happen with this surgery, so I want to make sure you have every opportunity to ask questions and understand your specific risks.

The Talking Cure for Health Care.
Wall Street Journal
BETTER BEDSIDE MANNER

Don’t say this

They are making me use this laptop with all my patients, and I can’t find anything on it!

Say this

Our practice is using a new computer system, so I will be typing what you tell me as we talk. Please let me know if I fail to answer one of your questions.

The Talking Cure for Health Care.
Wall Street Journal
I don’t believe in alternative medicine. It’s hocus pocus. You have to stay on your current prescriptions.

What questions do you have about alternative medicines? I will research your questions and get back to you within the week. In the meantime, will you agree to continue your current prescriptions?
## The REDE Model

### Relationship:

<table>
<thead>
<tr>
<th>Establishment</th>
<th>Development</th>
<th>Engagement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Convey value &amp; respect with the welcome</td>
<td>Engage in reflective listening</td>
<td>Share diagnosis &amp; information</td>
</tr>
<tr>
<td>Collaboratively set the agenda</td>
<td>Elicit patient narrative</td>
<td>Collaboratively develop treatment plan</td>
</tr>
<tr>
<td>Introduce the computer, if applicable</td>
<td>Explore the patient’s perspective using VIEW</td>
<td>Provide closure</td>
</tr>
<tr>
<td>Demonstrate empathy using SAVE</td>
<td></td>
<td>Dialogue throughout using ARIA</td>
</tr>
<tr>
<td>Phase I</td>
<td>Phase II</td>
<td>Phase III</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Convey value &amp; respect with the welcome</td>
<td>Engage in reflective listening</td>
<td>Share diagnosis &amp; information</td>
</tr>
<tr>
<td>• Review chart in advance &amp; comment on their history</td>
<td>• Nonverbally – e.g., direct eye contact, forward lean, nodding</td>
<td>• Orient patient to the education &amp; planning portion of the visit</td>
</tr>
<tr>
<td>• Knock &amp; inquire before entering room</td>
<td>• Verbally using continuers such as – “mm-hmm”, “I see”, “go on” or reflecting the underlying meaning or emotion of what is said – “What I hear you saying is...” or “Sounds like...”</td>
<td>• Present a clear, concise diagnosis</td>
</tr>
<tr>
<td>• Greet patient &amp; companions formally with smile &amp; handshake</td>
<td>• Avoid expressing judgment, getting distracted, or redirecting speaker</td>
<td>• Pause if necessary</td>
</tr>
<tr>
<td>• Introduce self &amp; team; clarify role[s]</td>
<td>• Express appreciation for sharing</td>
<td>• Provide additional education, if desired &amp; helpful to the patient</td>
</tr>
<tr>
<td>• Position self at patient’s eye level</td>
<td></td>
<td>• Frame information in the context of the patient’s perspective</td>
</tr>
<tr>
<td>• Recognize &amp; respond to signs of physical or emotional distress</td>
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<tr>
<td>• Attend to patient’s privacy</td>
<td></td>
<td></td>
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<tr>
<td>• Make a brief patient-focused social comment, if appropriate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Collaboratively set the agenda</td>
<td>Elicit the patient narrative</td>
<td>Collaboratively develop the plan</td>
</tr>
<tr>
<td>• Orient patient to elicit a list of their concerns</td>
<td>• Use transition statement to orient patient to the history of present illness</td>
<td>• Describe treatment goals &amp; options including risks, benefits, &amp; alternatives</td>
</tr>
<tr>
<td>• Use an open-ended question to initiate survey</td>
<td>• Use open-ended question[s] to initiate patient narrative</td>
<td>• Elicit patient’s preferences &amp; integrate into a mutually agreeable plan</td>
</tr>
<tr>
<td>• Ask “What else?” until all concerns are identified</td>
<td>• Maintain the narrative with verbal &amp; nonverbal continuers – “Tell me more...” or “What next?”</td>
<td>• Check for mutual understanding</td>
</tr>
<tr>
<td>• Summarize list of concerns to check accuracy; ask patient to prioritize</td>
<td>• Summarize patient narrative to check accuracy</td>
<td>• Confirm patient’s commitment to plan</td>
</tr>
<tr>
<td>• Propose agenda incorporating patient &amp; clinician priorities; obtain agreement</td>
<td></td>
<td>• Identify potential treatment barriers &amp; need for additional resources</td>
</tr>
<tr>
<td>Introduce the computer, if applicable</td>
<td></td>
<td>Provide closure</td>
</tr>
<tr>
<td>• Orient patient to computer</td>
<td></td>
<td>• Alert patient that the visit is ending</td>
</tr>
<tr>
<td>• Explain benefit to the patient</td>
<td></td>
<td>• Affirm patient’s contributions &amp; collaboration during visit</td>
</tr>
<tr>
<td>• Include patient whenever possible (e.g., share labs or scans)</td>
<td></td>
<td>• Arrange follow-up with patient &amp; consultation with other team members</td>
</tr>
<tr>
<td>• Maintain eye contact when possible</td>
<td></td>
<td>• Provide handshake &amp; a personal goodbye</td>
</tr>
<tr>
<td>• Stop typing &amp; attend to patient when emotion arises</td>
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</tr>
<tr>
<td>Demonstrate empathy using SAVE</td>
<td>Explore the patient’s perspective using VIEW</td>
<td>Dialogue throughout using ARIA</td>
</tr>
<tr>
<td>• Recognize emotional cues &amp; respond “in the moment”</td>
<td>• Vital activities – “How does it disrupt your daily activity?” or “How does it impact your functioning?”</td>
<td>• Assess using open-ended questions</td>
</tr>
<tr>
<td>• Allow space to be with the patient &amp; their emotion without judgment</td>
<td>• Ideas – “What do you think is wrong?”</td>
<td>• What the patient knows about diagnosis &amp; treatment</td>
</tr>
<tr>
<td>• Clarify the emotion if needed</td>
<td>• Expectations – “What are you hoping I can do for you today?”</td>
<td>• How much &amp; what type of education the patient desires/needs</td>
</tr>
<tr>
<td>• Recognize emotion evoked in you &amp; refrain from trying to fix or reassure</td>
<td>• Worries – “What worries you most about it?”</td>
<td>• Patient treatment preferences</td>
</tr>
<tr>
<td>• Demonstrate verbally with SAVE</td>
<td></td>
<td>• Health literacy</td>
</tr>
<tr>
<td>• Support – “Let’s work together...”</td>
<td></td>
<td>• Reflect patient meaning &amp; emotion</td>
</tr>
<tr>
<td>• Acknowledge – “This has been hard on you.”</td>
<td></td>
<td>• Inform</td>
</tr>
<tr>
<td>• Validate – “Most people would feel the way you do.”</td>
<td></td>
<td>• Tailor information to patient</td>
</tr>
<tr>
<td>• Emotion naming – “You seem sad.”</td>
<td></td>
<td>• Speak slow &amp; provide small chunks of information at a time</td>
</tr>
<tr>
<td>• Nonverbally - Doing only that which feels natural &amp; authentic to you</td>
<td></td>
<td>• Use understandable language &amp; visual aids</td>
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<tr>
<td></td>
<td></td>
<td>• Assess patient understanding &amp; emotional reaction to the information provided</td>
</tr>
</tbody>
</table>
PHASE 1: Establish relationship

• Convey value and respect with welcome.
• Collaboratively set agenda.
• Recognize the elephant in the room - computer.
• Demonstrate empathy
Convey welcome and respect

- Review chart in advance
- Knock before entering room
- Greet both patient and family with smile, handshake and your title and last name.
- Position yourself at patient’s eye level.
- Recognize & respond to immediate sign of physical/emotion distress, attend to patient’s privacy.
- Make a brief patient focused social comment, if necessary.
How to convey welcome and respect.

- Knock before entering room
- Greet both patient and family with smile, handshake and your title and last name.
- Position yourself at patient’s eye level.
- Recognize & respond to immediate sign of physical/emotion distress, attend to patient’s privacy
- Make a brief patient focused social comment, if necessary.
HOW DEMONSTRATE EMPATHY NONVERBALLY

• Embrace pauses
• Open, forward leaning posture
• Facial expressions of care, concern and curiosity.
• Head tilt or nodding
• Moving closer
• Appropriate touch
• Gentle touch, slow pace to speech
STEP 2. Development

- Engage in reflective listening
- Elicit the parent narrative
- Explore the patient’s perspective using VIEW
REFLECTIVE LISTENING

- Listening in such a way as to understand and acknowledge what is being said.
- In this episode of Everybody Loves Raymond, Ray uses the Active Listening skills that he learned in a "Parent Effectiveness Training" workshop.
Steps:

• Use transition statement to orient patient to the history of present illness.

• Use open ended questions to initiate parent narrative.

• Maintain narrative with verbal and non verbal continuers
  - Tell me more
  - What Next

• Summarize narrative to confirm accuracy
STEP 3. Engagement

• Share Diagnosis and Information
• Collaboratively Develop the Plan
• Provide Closure
• Dialogue throughout using ARIA
  - Assess using open ended questions
  - Reflect patient meaning and emotion
  - Inform
  - Assess patient understanding and emotional reaction to the information provided
R.E.D.E TO COMMUNICATE

• Difficult Patient Encounters
• Discussing Code Status
• Helping Patients Change: Motivational Interviewing
• Delivering Bad News
Helping Patients Change: Motivational Interviewing

- Bad example
- Good example
- Discuss differences.