Mayo Clinic’s Empathic Communication Training

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Objectives

• Discuss the process of building and implementing a data-driven, empathy-based training program, improving clinical outcomes and patient/employee satisfaction

• Identify specific empathic communication strategies that can be applied in challenging patient scenarios to enhance the patient experience
Meet Mr. Jones
PRIMARY VALUE

The needs of the patient come first

MAYO CLINIC VALUES

Respect
Integrity
Compassion
Healing

Teamwork
Innovation
Excellence
Stewardship
Mayo Clinic Culture

“It is easy to philosophize; the philosopher is said to be the one who bears with equanimity the sufferings of others”

• Dr. William J. Mayo
What Patients Say

- Communication (25 studies)
- Access (18 studies)
- Shared Decision Making (SDM) (8 studies)
- Clinical Quality and provider knowledge and skills (7 studies)
- Physical environment (6 studies)
- Patient Education (3 studies)
- Electronic Medical Record (EMR) (3 studies)
- Pain control (3 studies)
- Discharge process (2 studies)
- Preventive services (2 studies)

Mohammed, et al.
What Providers Do – Missed Opportunities

**Expressed Emotion**
- Explicit – Stated
- Implicit – (Psychosocial Cues) Death, Illness, Life Issue

**Provider Response**
- Ignore/Change Topic
- Dismiss/Minimize
- Elicit
- Problem-solve
The Difference

“The irony is that clinicians tend to take for granted that care is going to be compassionate, whereas patients take for granted that care is going to be excellent.”

• Thomas Lee, M.D.

*An Epidemic of Empathy in Healthcare*
Discuss/Define Empathy

• Empathy vs. Sympathy vs. Courtesy

• Ability to communicate that you have taken one’s perspective and feelings without judgment

• “At least…” “yeah, but…”
Discuss/Define Empathy

- Empathy vs. Sympathy vs. Courtesy

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- “At least…” “yeah but…”
Empathic Communication for Providers:

Mrs. Bardis - 56-yr old, married sales rep

Heel pain has left her unable to walk without limping. She presents today at a consult with a podiatrist after her PCP has referred her with a diagnosis of Plantar Fasciitis.

“The pain has been horrible for months with no signs of improvement. I’m unable to perform at work and enjoy life. I’m really scared that I’ll be debilitated for life.”

A) Assess for diagnosis
B) Offer explanation of why this occurred
C) Explain treatment options
D) Other
Empathic Communication

• Tend to the emotional elements of what you hear
• Mindful Presence of relationship/partnership
• Acknowledge patient’s perspective before giving yours
  • Reflective Listening
    • Paraphrase words/emotions
    • Statement form, not question

“…I’m unable to enjoy life

…I’m really scared that I’ll be debilitated for life”

“Mrs. Bardis, this pain is really impacting your quality of life.”
Building Relationships through Empathic Reflective Listening

- Shows sensitivity to the fear, tenderness, rage, confusion or whatever the patient is experiencing
- Deescalates high emotions
- Creates deeper connections
Challenging Communication
Tangential Behaviors

Mrs. Fletcher calls at 1:00 p.m. to cancel her 2:00 eye exam appointment. She explains that she went out to run some errands prior to her appointment, and she is at the grocery store on the other side of town, and her car won’t start.

Mrs. Fletcher is tangential in nature and is relaying details that are irrelevant in this situation. It’s difficult for the scheduler to break into this conversation.

The scheduler would like to offer Mrs. Fletcher a new appointment, but isn’t sure she should interrupt.

Should the scheduler interrupt? If so, when? How?
Empathic Redirection

- Be self aware of your thoughts/feelings
- Engage your empathy
- Orient with sound/name (optional – gentle touch)
- Ask permission to jump in
- **Reflect/Validate/Summarize** what you’ve heard
- Redirect to mutual goal
Empathic Strategies for Service Recovery

Mayo Clinic’s definition of Service Recovery:
An empathic approach to quickly respond and fairly resolve patient concerns, in a way that makes them feel satisfied.
LEAD

L - Listen
E - Empathize
A - Apologize
D - Do something

I’m Sorry
“I waited more than 20 minutes past my appointment time for you, and this is not the first time this has happened to me when I’ve had an appointment with you.”

• Start with a word other than, “I…” or “we…”
• Statement form, not question
“I don’t want to see a resident. I want to see a ‘real’ doctor.”

- Start with a word other than, “I…” or “We…”
- Statement form, not question
- No advice/problem solving or rationale
- No apology
Program Process and Timeline

- Initial Leadership Consult
  - Within 3 months of consult

- Training with Unit Staff
  - Within 4 weeks of final training session

- Follow-Up with Unit

- Hand off to Unit Champions
Initial Consult with Leadership

**Importance**
- Not enough time
- Not my job

**Confidence**
- Uncomfortable
- Lack the necessary skills
Training Sessions with Staff

Key Principles:

• Partnering language → “We” or “Let’s”
• Mindfulness
• Reflective Listening
• Empathic Redirection
• More for challenging situations
2016 Program Overview

- Small group sessions – 20-30 per session
- “Unit Champion” model for sustainment
- Duration: 60 min per session
- Content is “contextualized” for the unit or discipline being trained.
- 400+ Staff trained in 3 clinical units

<table>
<thead>
<tr>
<th>Specialty Areas</th>
<th>Discipline Trained</th>
</tr>
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<tbody>
<tr>
<td>Dermatology</td>
<td>Physicians, Nurses, Front Desk Staff</td>
</tr>
<tr>
<td>Neurology</td>
<td>Physicians, Nurses, Front Desk Staff</td>
</tr>
<tr>
<td>Orthopedic Surgery</td>
<td>Nurses Only</td>
</tr>
</tbody>
</table>
Initial Data and Outcomes

Top Box Scores - Neurology

Overall | Nurse/Assistant | Care Providers | Personal Issues | Overall Assessment
---|---|---|---|---
Overall Score | Q3 2015 | Q3 2016 | Target
Staff Feedback

Attendee Post-Training Feedback

- “Such simple, intuitive material, yet crucial and much more difficult to master than would be expected!”
Lessons Learned & Next Steps

### Challenges
- Dedicate time away from patient care to attend
- Length of the courses

### Barriers
- Varying levels of motivation
  - (Great way to model the Empathic behaviors!)

### Improvements
- Follow-up
  - Sustainment & New employees
  - Metric driven identification

### Next Steps
- Refine content
- Expand training in Rochester and diffuse to other sites
1. Be courteous: Say, “Thanks,” and leave graciously to respect his autonomy.
2. Let him know that you’re not only invited, but that you were ordered by his physician.
3. Ask if you can come back at a different time that might work better for him.
4. Leave some materials, and let him know that he can contact you if he changes his mind.
5. Ask a question such as, “What concerns you the most about what will happen if you do agree to meet with me?”
Building Relationships

“People don't care how much you know until they know how much you care.” (Theodore Roosevelt)
Summary

• Tend to the relationship (show interest in the patient)
• Focus on patient’s perspective prior to giving your perspective
• Reframe “Difficult Patients” to “Challenging Communication”

Several studies show that empathic communication enhances the quality of the patient experience
Questions?
Bibliography


