

## ACTIVE LISTENING AND EMPATHIC RESPONSE

Active listening is the process of listening to others in order to understand their ideas, opinions and feelings and to demonstrate you have understood. Active listening is a valuable skill because it enables us to demonstrate that we understand what another person is saying, and through empathy we comprehend how he or she is feeling about it.



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1.	Introduce yourself to the patient <b>Hello, I am doctor... and she is my colleague, nurse .... And you are?</b> Let the patient tell his name. <i>Avoid expressions such as "Are you Mr. Smith" could generate a false confirmation through an automated false answer of "yes" that could come from a patient distracted by his symptoms from the discussion he undertake with the medical staff.</i>	<b>ESSENTIAL</b>		
2.	If the patient comes with a relative/ friend find out who the person is and what the relation to the patient is. <b>It is good to see that you came today with Mr/ Mrs ... ( say the patient name). Can you please tell me who you are and what is your relation to the patient?</b> <i>(avoid making assumptions like "Are you the wife?" – She might be a daughter or other and you can create embarrassing situations).</i>			0 1 3
3.	Shake hands (if the patient wants to). <i>(First you should shake hands with the patient, THEN with the spouse or friend - if present This non-verbal communication shows that the patient has priority)</i>			0 1 3
4.	Ensure the privacy for the conversation. - Shut the door after you put on the door the sign consultation in progress (or other way to mark that a consultation takes place in that room) - Patient in bed- draw the curtains around the bed <i>(Through proper communication you will build trust and you start by showing respect for the person in front of you).</i>			0 1 4
5.	Reduce environment disturbing factors Turn off the radio, TV, cell phone (or ask your secretary to hold on calls). <i>(Educate your staff, other patients not to enter the room when a consultation takes place).</i>			0 1 3
6.	Spatial arrangement a. Invite the patient (and caregiver) to sit. <b>Would you please take a seat?</b> <i>(There is a different time perception by the patient if you and he/ she are sited. The same amount of time is perceived longer when sitting compared with standing)</i>			0 1 3
7.	b. Sit yourself. If patient is in bed take a chair and sit near the bed - At a comfortable distance from the patient (about 1m) - The doctor's eyes should be at the same level with the patient's eyes (exception: when patient cries or is angry, the doctor's eyes should be at a lower level than the patient's eyes) - If patients come with relative/friend sit yourself in such a way to face the patient. At a closer distance from the patient that the friend/relative			0 1 5

8.	c. Remove barriers between you and patient - Move your chair to be next to the patient (better across the corner of the desk than across the full desk). - Clear the desk in the area near the patient <i>(Do not sit behind the desk, computer -nonverbally this is blocking communication)</i>				0 1 5
9.	d. Be prepared for patients/relative who cry Have a box of tissues nearby, just in case the patient or the relatives begin to cry; in that case, offer them tissues				0 1 3
10.	Body language Take a neutral position that makes you look unhurried and relaxed - Feet flat on the floor - Shoulders relaxed; slightly lean forward - Friendly facial expression - Hands on the knees <i>(When you talk about difficult subjects like bad news, prognosis, patients fears, so on, you will feel uncomfortable but it is important that to train your body so that your nonverbal language appears calm and offers reassurance to the patient).</i>				0 1 3
11.	Ask permission to read documents / write in the patient chart during the interview. <b>-Is it OK with you if I take notes during our conversation?</b> <i>(You may have the patient's chart in front of you, but do not speak to the patient while reading it. It is better to prepare before the consultation by reading patients medical record/ documents but sometime the patient comes with new documents that you will need to consult later in the consultation).</i>				0 1 3
12.	Starting the interview Clarify the purpose of the patient for the consultation. <b>Can you please tell me why you came for the consultation today?</b> <i>(for students practicing their communication skills in teams they can use a real life case from their own practice or the case scenario provided at the end)</i>				0 1 3
13.	Listening skills a. Use broad opening/exploratory statements <b>Please tell me more about your disease/ problem</b> ( whatever the patient states is the reason for the consultation)				0 1 3
14.	b. Use open questions (What...? How...? Why...? etc) that can be answered in any manner. Some examples: <b>What did you think was the cause of your pain?</b> <b>How did you feel when the doctor told you about the diagnosis/treatment?</b> <b>Why were you avoiding speaking to your family about your disease?....</b> <i>(Mandatory parts of the therapeutic dialogue)</i>				0 1 5
15.	the most important technique in facilitating dialogue c. Be silent and do not interrupt the patient <i>Listen to what the patient says with words (content, tone) but also to the nonverbal communication (gesture, facial expression, body position...)</i>	ESSENTIAL			
16.	d. Tolerate short periods of silence when the patients pause to reorganize his thinking. If you need to break the silence ask: "What is making you pause?" <i>(Silence also may have other meanings: the patient is thinking or feeling something too intense to express in words)</i>				0 1 5

17.	e. Encourage nonverbally or with short sentence the patient to continue his ideas nodding, pausing, smiling, using responses such as “yes”, “tell me more”				0 1 3
18.	Repetition and reiteration “Since I started taking those new tablets, I’ve been feeling sleepy”- “So, you’re getting drowsy from the new tablets?” Will confirm to the patient that you have heard what has been said.				0 1 3
19.	Clarification <b>When you say...do you mean that...?</b> Gives the patient the opportunity to expand on the previous statement or to emphasize some aspect of the statement when the clinician shows interest in the topic				0 1 4
20.	Maintain eye contact without being intrusive - Be careful, you should not stare at the patient but also, you should not look down and away too often - It is helpful to avoid eye contact when the patient is angry or cries				0 1 5
21.	Acknowledgement of emotions: empathic response a. Identifying the emotion the patient is experiencing <b>I see you are furious...</b> (name the major emotion the patient is experiencing <i>Empathy is defines as the capacity to understand rationally what the patient is experiencing emotionally. It differs from sympathy.</i>				ESSENTIAL
22.	b. Identify the origin of that emotion <b>....because the diagnosis was delayed (name the underlying cause generating the emotion)</b>				ESSENTIAL
23.	c. Responding in a way that tells the patient that you have made the connection between steps 21 and 22. <b>This must be awful for you.</b> <i>It is important to accept both negative and positive emotions expressed by the patients as normal in the context of a life limiting illness.</i>				ESSENTIAL
24.	Do NOT use: “I understand how you feel!” <i>We do not go through the same experience as the person so this is a superficial reassurance!</i>				0 1 5
25.	Touching You may touch the hand or the forearm, but keep in mind: - This must come naturally from your side - Same patients might not feel comfortable with physical contact				0 1 3
26.	Management strategy Recapitulate the main aspects/problems the patients was referring to <b>Let me make a short summary of what I understood as being your main concerns: The pain you have in the legs, the difficulty in breathing and your fear to sleep because your breathing might stop; the concerns for your daughter in coping with the new responsibilities...</b> <i>(Include in the summary all concerns physical, emotional, social, spiritual)</i>				0 1 5
27.	Verify with the patient your summary. <b>Did I cover everything you told me?</b>				0 1 3
28.	If patient is content with your summary, propose a management strategy. <b>I suggest we do the followings: for pain we take some pain killers and massage, our social worker will be in contact with your daughter to advise about legal rights....</b>				0 1 3

29.	Assess the patient's response and adjust to include patients perspective <b>How does this sound for you?</b> <b>I see you are worried that the medication will make you sleepy , we will start with small doses and grow gradually</b>					0 1 3	
30.	Agree on a management plan a write down instructions for the patient. Check patients understanding <b>Here are the written instructions tell me if you understand them. Can you please repeat them for me?</b>					0 1 4	
31.	The closure of the interview An invitation to the patient to ask questions <b>Do you have further questions?</b>					0 1 4	
32.	A clear arrangement for the next contact <b>I suggest the nurse calls to see how the treatment worked in 2 days and we meet again in one week.... How those this sound for you?</b> ... <b>Good bye see you next week!</b>					0 1 4	
<b>Total score: 100</b>					<input type="radio"/>		%
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					<input type="radio"/>		%

Legend:  - unfulfilled criterion;  – partially fulfilled criterion;  – completely fulfilled criterion

(score according to column P)

### Selective references

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### Role play - doctor

**You are a doctor. You have a 45-year-old patient**, divorced, with 2 children of 11 and 14 years-old. She has breast cancer operated 2 years ago, treated cytostatically and irradiated, currently under hormone treatment; without any special symptoms until recently; **moderate bone pain for several months and fatigue**; bone scintigraphy and tomography done 2 days ago, **comes to the oncologist for results**.

The tests show the evolution of the disease (**multiple bone and liver metastases** occurred).

- You have to communicate empathically with the patient to see what she understands about her current condition and to see what concerns she has; you do not know how much the patient suspects of the current disease, you have not talked to her very much until the imaging investigations.

### Role play - patient

**You are a 45-year-old patient**, divorced, with 2 children of 11 and 14 years-old. You were diagnosed with **breast cancer**, operated 2 years ago, treated cytostatically and irradiated, currently under hormone treatment; you did not faced any special symptoms until recently; **moderate bone pain ocured from several months and you feel fatigue**; you did new tests in the hospital 2 days ago - bone scintigraphy and tomography and **you came to the oncologist for results**.

- You suspect something is wrong, but you do not know exactly what.
- You are waiting the doctor's appointment with fear.
- You are worried about children (not to become a burden) and have financial worries.