INTRODUCTION to ...
Institute for Healthcare Communication’s newest workshop in our patient-centered communication series

The Empathy Effect: Countering Bias to Improve Health Outcomes
Tuesday, February 27, 2018

AGENDA for today
1. Introductions
2. EE Workshop premises
3. Linking learning to skill development
4. Q&A (Use CHAT feature)
Institute for Healthcare Communication

- Non-profit, nationally accredited organization based in New Haven, CT
- Since 1987 has developed and disseminated over 15 communication workshops
- Advances the quality of healthcare by optimizing the experience and process of healthcare communication
- Partners with 200+ healthcare organizations across North America (and beyond)
- Trained 2700+ faculty members to conduct 13,000+ IHC workshops in USA, Canada, Europe and Australia to over 210,000+ healthcare professionals and staff

Support for the Development of the EE Program

The development of this program was made possible with funding from Blue Shield of California Foundation

EE Development Team

Michele M. Nanchoff, PhD, RPych
Senior Trainer
Institute for Healthcare Communication

Elizabeth Morrison, LCSW, MAC
Senior Trainer
Institute for Healthcare Communication

Katheryn E. Stewart, BSc
Director, Office of Outreach & Quality Outcomes
Institute for Healthcare Communication

Kathleen Bonvicini, MPH, EdD
Chief Executive Officer
Institute for Healthcare Communication

Barbara Andrews, MPPM, MPH
Director of Grants and Projects
Institute for Healthcare Communication

+ User Insight Group (see following slide)
+ Expert Advisory Group (see following slide)
EE User Insight Group

Marty Adelman, MA, CPRP
Behavioral Health Program Manager,
Health Quality Partners

Almalauro Barraza
Family First Medical Care

Jill Bolster-White
Executive Director,
Transitions Mental Health Association

Federico Guerrero
Chief Operating Officer,
Operation Savannah Community Health Centers

Mychi Nguyen, MD
Site Director, Frank Kiang Medical Center
Asian Health Services

Melanie Phoenix, SPHR
Director of Training & Development
Santa Rosa Community Health

Veronica Rayas
Family First Medical Care

Rosalba Serrano, LCSW
Behavioral Health Manager,
Camarena Health Centers

Sylvia Shaw, MD, FACE, MACM
Chief of Endocrinology, Internal Medicine
Associate Chair of Medicine
Rancho Los Amigos National Rehabilitation Center
Clinical Associate Professor of Medicine
Keck School of Medicine, USC

EE Expert Advisory Group

Steven Berkowitz, MD
Associate Professor of Clinical Psychiatry,
Director, Penn Center for Youth and Family Trauma Response and Recovery

Ruben Cantu
Associate Director,
California Pan-Ethnic Health Network

Andrés F. Scollà, MD
Associate Professor of Clinical Psychiatry;
Medical Director, Natividad Point RST University of California,
Davis Department of Psychiatry & Behavioral Sciences

Glenda Wrenn, MD, MPH
Assistant Prof., Psychiatry & Behavioral Sciences;
Director, Salsher Health Leadership Institute Division of Behavioral Health; Morehouse School of Medicine

Dennis H. Novick, MD
Professor of Medicine, Div. of Internal Medicine,
Drew University College of Medicine

Cary Sander
Director of Policy Analysis,
California Pan-Ethnic Health Network

Lisa James
Director of Health, Futures Without Violence

California-based organizations involved in inaugural EE Faculty development:

1. Alameda Health Consortium
2. Community Medical Centers
3. Pajaro Valley Community Health Trust
4. Salud Para La Gente
5. San Francisco Health Network
6. Santa Cruz Health Improvement Partnerships
7. Transitions - Mental Health Association
Curious about you!

Zoom poll:
What is your general geographic location?

Curious about you!

What is your professional role?
WORKSHOP Premises & Overview

Overall Workshop Goal

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

Empathy is healing and judgment is harmful

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

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

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

Empathy ... IMPROVES HEALTH OUTCOMES
- Common cold
- Pain control
- Substance use disorders
- Anxiety
- Diabetes
- Depression

References:
- Coiera et al., 2015; Del Caro & et al., 2012; Derksen et al., 2013; Foggery et al., 1999; Fong et al., 2013; Geal et al., 2011; Mielke & Avis, 2014; Miller & Collinge, 2010; Naylor et al., 2009; Sait, 2009; Verheul et al., 2005; Weiss, 2012
Empathy ... IMPACTS THE PATIENT / CLIENT EXPERIENCE

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

Bott et al., 2010; Bodman, 2015; Buszewski et al., 2006; DeCote & Fotopoulou, 2015; Dickens et al., 2013; Epstein et al., 2007; Fleischer et al., 2013, 2016; Fleischman et al., 2011; Sinclair et al., 2014; Sianolia et al., 2016; Tamblyn et al., 2010; White et al., 2010; Werner & Masters, 2005; Yegh & Shingary-Cohen, 2016

Empathy ... IMPROVES HEALTH CARE TEAM EXPERIENCES

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

Bodman, 2015; DeCote & Fotopoulou, 2015; Diante et al., 2015; Bourgeois et al., 2015; Cusak et al., 2010; Gosselin et al., 2015; Lamothe et al., 2014; Lee et al., 2016; Scott et al., 2010

The impact of empathy is egalitarian

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

Bott et al., 2010; Buszewski et al., 2006; Fleischer et al., 2013, 2016; Foord & Snyder, 2000; Hoit et al., 2009; Nunes et al., 2011; Pollock et al., 2011; Sinclair et al., 2014; Poster et al., 2012; Sherman & Cranner, 2006; Silverman et al., 2014; Tamblyn et al., 2010; White et al., 2010; Wilson et al., 2012; Werner & Masters, 2005
Judgment & Stigma impact...

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

PREMISE 1

RESEARCH

PREMISE TWO

Vulnerable populations experience greater harm by judgment and lack of empathy

PREMISE 2

Vulnerable Populations

- Those who are poor, homeless, ethnic minorities, immigrants, refugees....
- Those who have mental health conditions, addictive disorders, chronic pain....
- Those who have experienced trauma, violence, and/or been in the criminal justice system....
Vulnerable populations often experience...

- Decreased self-esteem
- Decreased physical and mental health
- Decreased social, employment and housing opportunities
- Increased emotional stress and anxiety
- Reluctance to seek medical and behavioral health services

Clement et al., 2014; Corrigan et al., 2009; EFIRD, 2014; Kosar et al., 2012; Peters et al. 2012; Peters et al. 2015; Muzoki et al., 2009

QUIZ TIME!

Chronic Disease

Which chronic disease has the highest relapse rates? (ceasing self-management, return of unmanaged symptoms)

A. Diabetes
B. Asthma
C. Addiction
D. Hypertension
Answer:

B & D = Hypertension and Asthma

Relapse rates for...
A. Diabetes (30-50%)
B. Asthma (50-70%)
C. Addiction (40-60%)
D. Hypertension (50-70%)

McLellan et al., 2000

Adverse Childhood Experiences (ACE)

What percentage of the population, including health care staff, have experienced at least one ACE?

A. 25%
B. 45%
C. 65%
D. 75%

ACEs Connection Network, 2016; Felitti & Anda, 1997; The Adverse Childhood Experiences (ACE) Study, CDC, 1997; Felitti et al., 1998

Answer: C

65% of us have experienced at least one adverse childhood experience.
**PREMISE THREE**

We all have judgments

- Mostly unintentional
- Shows up in our language and actions
- Many of us believe we are non-judgmental
- We are exposed and influenced by stereotypes and stigma

**Judgments are normal**


**Linking learning to skill development**

- IHC workshops are highly experiential and utilize a learning format with case study videos, practice, pair share, small group discussion, interactive exercises, etc.
- The balance of the EE workshop is focused on raising our own self-awareness AND skill development via the INGEAR model
A Model for Effective Empathy Conveyance

Essential Techniques for Empathy Conveyance

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

What questions do you have for us?
For more information on The Empathy Effect, visit
http://healthcarecomm.org/training/continuing_education_workshops/the_empathy_effect-countering-bias-to-improve-health-outcomes/

For more information on the Institute for Healthcare Communication and its programs visit...

IHC Office:
171 Orange Street, 2R
New Haven, CT
06510-3153
T: 1-800-800-5907
E: info@healthcarecomm.org
W: http://healthcarecomm.org