



IHC Patient-Centered Communication Series:

The Empathy Effect: Countering Bias to Improve Health Outcomes (EE) Faculty course (Train-the-Trainer)

Overview

In every aspect of healthcare, trusting relationships between the healthcare team and patients are essential for optimal care. Effective communication skills promote information sharing, diagnostic accuracy and shared decision-making; they are directly related to clinical outcomes for patients; and they contribute to greater patient/client and healthcare team member satisfaction. From the perspective of patients/clients, everyone associated with a healthcare organization is part of the constellation of caregivers; as such, everyone has opportunities to ensure that interactions with patients are positive and healing.

In healthcare, as in all human interactions, people hold ideas and feelings about others that may involve judgment, demonstrate stigma and reflect bias, which is demonstrably harmful for all people, and more so for those who are most vulnerable in our society (Blaire, 2011; Cohen, 2011; Corrigan, 2001; Lorié, 2017). Blue Shield of California Foundation, recognizing the scope and significance of trauma among safety net clinic patients/clients and employees, has funded the creation of this communication skills training program (Morrison, 2015). As with all IHC communication skills training programs, the avenue for dissemination that has proven most successful and cost-effective is workshop delivery by trained staff members of participating organizations.

Effective empathy conveyance skills are measurable, learnable skills (Drwecki, 2011; Henry, 2013). While most people who work in healthcare are drawn to service, few have exposure to explicit and intentional training focused on evidence-based communication and models for interacting with patients/clients. Combined with sound technical skills and patient-friendly systems, effective communication raises the level of patient adherence and satisfaction in measurable—and clinically significant—ways (Boodman, 2015; Flickinger, 2016; Pollak, 2007; Tamblyn, 2010). By having trained staff members lead skills development workshops, organizations can ensure that the training content is congruent with the organization's language and culture and best assure sustainability over time.

The Empathy Effect: Countering Bias to Improve Health Outcomes (EE) workshop provides a fast-paced and highly interactive learning environment that combines opportunities for self-reflection and practical skill building in structured activities and small group settings. The ***EE train-the-trainer faculty course*** prepares selected individuals to lead the EE workshop within their own organizations.

Audience

The Empathy Effect: Countering Bias to Improve Health Outcomes is designed for everyone who works in healthcare who comes into contact with patients/clients and families. The ***EE faculty course*** is intended for individuals with formal and/or informal leadership within their organizations, who are involved in staff training and/or professional development, and who will teach the ***EE*** workshop. Because we strongly recommend that all members of the healthcare team participate in ***The Empathy Effect*** (to build common vocabulary and expectations for evidence-based communication skills), ***EE*** faculty course learners must relate effectively to co-workers throughout their organizations. In addition, ***EE*** faculty course learners must have strong group facilitation skills and a high level of comfort managing complex interactions that may occur during the workshop, including disagreements, personal disclosures, and conversations about race, trauma and other sensitive topics.

The ***EE faculty course*** is applicable to a wide variety of organizations that seek to develop or enhance in-house capacity for clinician communication training. These include safety net organizations; hospitals and health systems; medical, dental, physical therapy and other practices; mental health and behavioral health organizations; managed care organizations medical, dental, pharmacy and other professional schools; specialty societies and government agencies.

Train-the-trainer faculty courses can accommodate 6-30 learners to ensure individualized attention and optimal small group learning.

Content

In this 3.75-day training, ***The Empathy Effect: Countering Bias to Improve Health Outcomes (EE) train-the-trainer faculty course*** presents an extensive research base, a commitment to active learning, in-depth skills development opportunities with simulated patients and workshop facilitation practice with structured feedback. The training uses structured self-reflection and focuses on practical skills that learners can bring to their daily work immediately. In addition, the ***EE faculty course*** provides expert guidance on planning and implementing ***EE*** program launch in sponsoring organizations.

The ***EE*** workshop, which is presented in its entirety at the outset of this faculty course, is a fast-paced interactive program that gives participants opportunities to practice key skills and techniques. Participants view video encounters between staff and patients and work in small groups on skills that apply in a variety of realistic situations.

The EE workshop is based on three foundational premises:

1. Empathy is healing and judgment is harmful,
2. Vulnerable populations experience greater harm by judgment and lack of empathy, and
3. We all have judgments, and we can learn to mitigate them.

IHC's model for effective empathy conveyance embodies six essential techniques, each of which is treated in detail and with learner participation.

**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
A = Affirm Strengths
R = Reflective Listening



The logo for the IN GEAR model features the text "IN GEAR" in a bold, sans-serif font. To the left of the text are two stylized human figures, and to the right is a gear with a heart inside it, symbolizing the connection between people and the mechanics of empathy.

Throughout the workshop, learners are invited to participate in a series of exercises that are graduated to engage learners around their own experiences in a safe and supportive environment. There are specially created video vignettes and trigger videos that are used as bases for observation and discussion.

In this workshop, as for all IHC programs, facilitators model “people-first” language, goodwill greetings, reflective listening and other effective communication skills.

An extensive annotated bibliography for this curriculum is available on IHC's website ([EE bibliography](#)). We encourage learners to use the bibliography after the workshop as a resource for further professional development on empathy conveyance and bias reduction. The workshop also includes a detailed skill summary for the IN GEAR model. Learners are encouraged to identify one or two specific techniques to work on in the weeks following the workshop. IHC collects information (voluntarily) from all learners several weeks after the completion of the workshop to reinforce skills practice and gather additional feedback.

Expectations

The Empathy Effect: Countering Bias to Improve Health Outcomes is a 3.75-day program conducted over four consecutive days. It is *intense and interactive*, with substantial experiential learning opportunities in large and small group exercises. To minimize distraction, IHC recommends that learners be freed from additional work-related tasks for the duration of the training.

Learners are expected to participate in all large and small group exercises and discussions. Learners consistently report high value receiving feedback from their peers and sharing their experiences in this structured and safe environment. We also expect learners to commit to teach the half-day **EE** workshop once they are trained to do so.

Throughout the **EE** faculty course, IHC Senior Trainers and small group facilitators provide feedback to learners and assess their readiness to conduct **EE** workshops. In the event that additional support and coaching is needed prior to teaching the **EE** workshop, IHC Senior Trainers are available to provide such personalized support and guidance. Individualized support is scheduled separately and subject to additional fees.

All IHC faculty must use the most up-to-date version of IHC's copyrighted curricular materials for the course(s) they are trained to lead.

Learning Objectives

By the end of the faculty course, learners will be able to:

1. List two of the three premises for empathy-based care
2. Identify the elements of the IN GEAR model for empathy conveyance
3. Identify two internal or external cues associated with interactions that invite judgment
4. Name at least one counter cue to shift from a view of judgment to one of understanding
5. Demonstrate at least two examples of conveying empathy
6. Describe facilitation skills when presenting the **Empathy Effect** workshop
7. Create an action plan to deliver the **Empathy Effect** workshop at home organization

Methodology

The Empathy Effect: Countering Bias to Improve Health Outcomes train-the-trainer faculty course is fast-paced and interactive, with a strong focus on opportunities to practice skills and techniques in a safe and structured environment. The majority of the workshop is interactive, combining individual and small group exercises to analyze video enactments of actual cases, role-play to apply newly learned skills to contextually relevant cases and practice workshop facilitation skills.

Participants practice presenting components of the **EE** workshop and provide feedback to one another. They practice engaging their audience in activities and maintaining the flow of the workshop.

Participants are exposed to the theory and practice underlying graduated involvement, consistent with best practices in adult learning. All of the **EE** workshop activities involve all participants. From a learning standpoint, the theoretical grounding of this approach can be found in the research on cooperative learning and, more recently, action learning.

IHC will provide each learner with a completed set of educational materials to teach the **EE** workshop: a teaching manual (with slide scripts, facilitation guides, teaching strategies and tools), training video vignettes, PowerPoint slide deck, workshop workbook with annotated bibliography, and a carrying bag.

Faculty

Faculty members who teach IHC's **EE train-the-trainer faculty course** are experienced senior educators, designated as IHC Senior Trainers. Senior Trainers have extensive clinical and clinical teaching experience.

CME/CE

The Institute for Healthcare Communication (IHC) takes responsibility for the content, quality and scientific integrity of this CME/CE activity. IHC is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. The Institute for Healthcare Communication designates the 3.75-day ***The Empathy Effect: Countering Bias to Improve Health Outcomes faculty course*** for a maximum of 23.75 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Continuing education (CE) credit may be available to non-physician participants. IHC will provide a certificate of completion, which can be submitted to learners' respective accrediting organizations. IHC is pleased to provide any necessary documentation to help learners gain CE credits for completion of this activity.

NOTES

Blaire E (2011). Unconscious (Implicit) Bias and Health Disparities: Where Do We Go from Here? *Perm J*. 2011 Spring; 15(2): 71–78.

<http://www.thepermanentejournal.org/files/Spring2011/HealthDisparities.pdf> [Accessed 5-20-2016]

Boodman SG (2015). Efforts To Instill Empathy Among Doctors Are Paying Dividends. Blogpost from *Kaiser Health News*, March 12, 2015. Retrieved December 02, 2015, from <http://khn.org/news/efforts-to-instill-empathy-among-doctors-is-paying-dividends/> [Accessed 3-13-2017]

Cohen M, Quintner J, Buchanan D, Nielsen M, Guy L (2011). Stigmatization of Patients with Chronic Pain: The Extinction of Empathy. *Pain Medicine* 12: 1637–1643.

<http://www.ncbi.nlm.nih.gov/pubmed/22054062> [Accessed 8-18-2016]

Corrigan PW, River LP, Lundin RK, Penn DL, Uphoff-Wasowski K, Campion J, Mathisen J, Gagnon C, Bergman M, Goldstein H, Kubiak MA (2001). Three strategies for changing attributions about severe mental illness. *Schizophrenia Bulletin*, 27(2), 187-195.

<http://schizophreniabulletin.oxfordjournals.org/content/27/2/187.full.pdf+html> [Accessed 5-23-2016]

Drwecki BB, Colleen F, Moore CF, Ward SE, Prkachin KM (2011). Reducing racial disparities in pain treatment: The role of empathy and perspective-taking. *Pain*: 152(5): 1001–1006.

http://journals.lww.com/pain/Abstract/2011/05000/Reducing_racial_disparities_in_pain_treatment_The.11.aspx?trendmd-shared=0 [Accessed 5-20-2016]

Flickinger TE, Saha S, Roter D, Korthuis PT, Sharp V, Cohn J, Eggly S, Moore RD, Beach MC (2016). Clinician empathy is associated with differences in patient–clinician communication behaviors and higher medication self-efficacy in HIV care. *Patient Educ Couns*. 2015 Sep 3. pii: S0738-3991(15)30070-7. doi: 10.1016/j.pec.2015.09.001. <http://www.ncbi.nlm.nih.gov/pubmed/26395313> [Accessed 5-23-2016]

Henry SG, Holmboe ES, Frankel RM (2013). "Evidence-based competencies for improving communication skills in graduate medical education: a review with suggestions for implementation." *Med Teach*. 35(5): 395-403.

Lorié A, Reiner DA, Phillip M, Zhan L, Riess H (2017). Culture and nonverbal expressions of empathy in clinical settings: A systematic review. *Patient Educ Couns*., 100(3): 411-424. [http://www.pec-journal.com/article/S0738-3991\(16\)30446-3/abstract](http://www.pec-journal.com/article/S0738-3991(16)30446-3/abstract) [Accessed 3-13-2017]

Morrison, E, Rainwater, M for Blue Shield of California Foundation (2015). *Enhancing Behavioral Healthcare for Low-Income Californians*. <http://www.blueshieldcafoundation.org/sites/default/files/covers/Enhancing%20Behavioral%20Healthcare%20are%2010%20Things%20May2015FINAL.pdf> [Accessed 5-23-16]

Pollak KI, Ostbye T, Alexander SC, Gradison M, Bastian LA, Namenek Brouwer RJ, Lyna P (2007). Empathy goes a long way in weight loss discussions: female patients are more likely to step up weight loss efforts when a physician shows empathy and offers support. *Journal of Family Practice* 56(12): 1031-1036.

<http://static1.1.sqspcdn.com/static/f/995733/19717283/1344045933707/Dia+4.+Empathy+in+weight+loss.pdf?token=C043jQhngaNVC7oc2UY6fHpW1yg%3D> [Accessed 9-26-2016]

Tamblyn R, Abrahamowicz M, Dauphinee D, Wenghofer E, Jacques A, Klass D, Smee S, Egualé T, Winslade N, Girard N, Bartman I, Buckeridge DL, Hanley JA (2010). Influence of Physicians' Management and Communication Ability on Patients' Persistence With Antihypertensive Medication. *Arch Intern Med* 170(12): 1064-1072. <http://archinte.jamanetwork.com/article.aspx?articleid=416089> [Accessed 8-24-2016]

For further information, please contact:

Institute for Healthcare Communication
171 Orange Street, 2R
New Haven, CT 06510-3111
(800) 800-5907
info@healthcarecomm.org
website: www.healthcarecomm.org