Empathic Communication 101: How to Approach Difficult Conversations in Any Setting
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Speaker Introduction

• Amy Hatton has spent her career in pediatric healthcare. She is a proud Purdue alumnus completing her undergraduate studies in 1992 with a BS in nursing. She received her MSN – PNP from Indiana University in 2011. Ms. Hatton currently practices at Riley Hospital for Children in Indianapolis as a PNP with the palliative care team. Ms. Hatton completed training in the end of life nursing education consortium (ELNEC) pediatric APRN and instructor curriculum. She recently completed training as a VitalTalk instructor and is looking forward to teaching even more clinicians verbal tools to communicate empathically and effectively. Ms. Hatton is a certified hospice palliative pediatric nurse (CHPPN), certified diabetes educator (CDE) and a current item writer for the PNCB CPNP-PC exam. Ms. Hatton served on the NAPNAP Professional Issues committee (2012-2018) as well as the Pediatric Palliative Care SIG and has served on NAPNAP’s Indiana Chapter.

Disclosures

• I have no financial interests or relationships to disclose

Every illness is not a set of pathologies, but a personal story

~ Anne Fadiman from The Spirit Catches You and You Fall Down

Learning Objectives

• Recognize difference between empathy and sympathy
• Define NURSE statements to respond to emotion with empathy
• Identify words and phrases to respond empathically to patients and families
• Describe strategies to set up a patient/family meeting to share difficult news
• Identify mnemonics for frameworks to communicate difficult information

Why is Empathic Communication Important?
Transmission Model of Communication

- Also called the **sender-oriented** approach
- Sender transmits message to receiver
- Shortfalls:
  - Uneven balance of power between sender and receiver (ex: healthcare provider and patient)
  - Depicts communication as product of independent parties without a guarantee that important information will be heard and understood by receiver
  - Little concern for medium and medium's effectiveness (face-to-face, telephone, email)


Transaction Model of Communication

- People are simultaneously senders and receivers in an ongoing process
- Each person is influenced by the other
- Emphasizes shared meaning and what happens “between people”, between the sender and receiver
- Benefits:
  - Encourages people to share power
  - Reminds people to be attentive to cues about how others interpret information
  - Recognizes social, environmental, personal factors


Empathy versus Sympathy?

- Empathy
  - The ability to understand and share the feelings of another
- Sympathy
  - Feelings of pity and sorrow for someone else’s misfortune

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Qualities of Empathy

- See the world as another sees it
- Understand another’s current feelings
- Non judgmental
- Communicate the understanding

Recognize differences between empathy and sympathy

Empathy is:
- Understanding another’s point of view
- Nonjudgmental
- Presence

Empathy is NOT:
- silver lining
- “at least”
- pity

How to Respond to Emotion with Empathy

N - Name
U - Understand
R - Respect
S - Support
E - Explore
S - Silence

NAME the emotion
- “It sounds like this has been frustrating.”
- “It must be scary to think about your child having this procedure.”
- “You seem a little sad today.”
- “You sound relieved.”

UNDERSTAND the Emotion
- “It must be hard to be in this much pain.”
- “This helps me understand what you are thinking and feeling.”
- “No parent should have to think about this illness/treatment/decision.”

RESPECT the patient and family
- “I am so impressed how hard you are working in PT.”
- “We all see what loving parents you are.”
- “It is clear how much you love your child.”
- “You do such a wonderful job of organizing the medical information.”
- “I can see you have been really trying to follow the treatment plan.”

SUPPORT the patient and family
- “We will walk this journey with you.”
- “As questions come up, we are available to explore them with you.”
- “The team will be here to help with your headache/nausea/injections/decision.”
- “We will do our very best to make sure your needs are met.”
EXPLORE the emotion

• “Tell me more.”

• “I wonder if you would be willing to share your thoughts about what I said?”

• Could you say more about what you mean when you say that...”

SILENCE

“Silence is sometimes the BEST answer”
~ Dalai Lama

Empathic Responses to Emotion

<table>
<thead>
<tr>
<th>Words</th>
<th>Emotion</th>
<th>Response</th>
</tr>
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<tbody>
<tr>
<td>“I don’t think we can keep doing this”</td>
<td>Overwhelmed</td>
<td>It sounds like this have been very overwhelming... NOT – at least you will get better in a few weeks or you have to keep doing this to get better</td>
</tr>
<tr>
<td>“You mean you will not give me an antibiotic, he needs to get better fast.”</td>
<td>Surprised, Frustrated</td>
<td>I see how much you love him and want what is best for him... NOT – antibiotics do not cure viruses</td>
</tr>
<tr>
<td>“There is no way we can do all of these treatments.”</td>
<td>Sad, Overwhelmed</td>
<td>I see your tears and imagine you are feeling sad, can you tell me more about how you are feeling? NOT – at least you can stay home or these treatments have to be done every 4 hours</td>
</tr>
<tr>
<td>“No one told this would cause so much pain.”</td>
<td>Anger, Fear</td>
<td>It must be scary to be experiencing this pain, we will continue to work with you to control your pain NOT - the pain medicines should be working</td>
</tr>
<tr>
<td>“I am so glad to have a good scan/lab/check-up.”</td>
<td>Happy</td>
<td>I can see that this news made your day NOT - please do not get your hopes up</td>
</tr>
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Why should I learn this skill?

• Information cannot be changed
• Teachable skill
• Delivery by expert clinician with empathy and accuracy can positively effect experience of patient and family

Learn from the video here:
https://youtu.be/t685WM5R6aM
When did you receive difficult or “bad” news?
- Where were you?
- Who told you?
- What do you remember- sights, sounds, smells?
- What was helpful?
- What was not helpful?
- How did you feel?
- Who was with you?

Tools/Frameworks for sharing difficult news
- SPIKES
- GUIDE
- BREAKS
- ABCDE

**SPIKES**

| S | Setting | Privacy, no interruptions, ample seating, adequate time, important support people available, tissues |
| P | Perception | What does patient/family know, open-ended questions |
| I | Invitation | Often overlooked, ask if it is ok to talk about the news and support patient and family |
| K | Knowledge | Give the knowledge and medical facts you have to patient/family. Do not use jargon, be clear and concise, pause frequently |
| E | Emotions | Expect emotions and respond empathically – this is where that NURSES mnemonic can be helpful |
| S | Summary and Strategy | Summarize the conversation and plan, discuss next steps |

**GUIDE**

| G | Get ready | Make sure you have all the information you need at hand and the right people in the room. Find a place with some privacy |
| U | Understand | Ask about understanding of testing, other information given, overall experience |
| I | Inform | Give the information clearly and to the point with headline of the most important piece of information you want them to take away. Avoid jargon. PAUSE before giving more information |
| D | Demonstrate empathy | Expect the patient’s first response to be emotion. NURSES mnemonic again |
| E | Equip the patient for the next step | Don’t dismiss concerns or say that everything will be fine |

**BREAKS**

| B | Background | Know the background of patient/family and the medical concerns at hand. Culture is important |
| R | Rapport | Build rapport, provide ample space and time |
| E | Explore | Start with what the patient/family knows |
| A | Announce | Warning shot if possible and then information in a straightforward manner without jargon |
| K | Kindling | Kindle the emotions while giving accurate information, don’t lecture |
| S | Summarize | Summary of information and plan/next steps |
**ABDCE**

<table>
<thead>
<tr>
<th>A</th>
<th>Advance preparation</th>
<th>Arrange a time, ask about supports, be prepared</th>
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<tbody>
<tr>
<td>B</td>
<td>Build</td>
<td>Build the right environment — private, quiet, reassurance</td>
</tr>
<tr>
<td>C</td>
<td>Communication</td>
<td>Direct, avoid jargon, allow silence</td>
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<tr>
<td>D</td>
<td>Deal</td>
<td>Assess reactions, explore feelings, express empathy</td>
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<tr>
<td>E</td>
<td>Encourage</td>
<td>And validate emotions, evaluate effect of conversation, address further needs, arrange follow-up/next step</td>
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**Denial**

- The action of declaring something to be untrue
- Failure to acknowledge an unacceptable truth or emotion or to admit it into consciousness, used as a defense mechanism

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**Common Pitfalls**

- Assuming
- Lecturing
- Interrupting
- Block emotions
- Cognitive answers
- Medical jargon
- Euphemisms
- No space for silence
- Inability to adapt

https://youtu.be/qHGvjv_7PLU

**Giving “bad news”**

**Don’t:**
- Stand up
- Give information without asking
- Keep talking
- Lecture/correct
- Use jargon or medical lingo

**Do:**
- Sit down
- Ask about understanding
- Allow silence
- Respond to emotion with empathy
- Direct and concise
- Summarize and plan next step
- Support

*Could a greater miracle take place than for us to look through each other’s eyes for an instant?*

~ Henry David Thoreau
References


Resources

• https://www.vitaltalk.org/
• https://www.aacnnursing.org/ELNEC
• http://communicatecomfort.com/resources/
• https://brenébrown.com/