Empathetic Listening

Improve the Patient Experience by Honoring the First Golden Moments to Understand Patient Needs and Values

How will this module help me?

1. Presents 5 STEPS on how to listen with empathy.
2. Answers frequently asked questions about empathetic listening.
3. Provides tools and resources to help you and your team implement new strategies to listen with empathy.
Introduction

Empathy begins with “engaged curiosity about another’s particular emotional perspective.” Empathetic listening builds on the concept of being attentive in an effort to gain a better understanding of another person's experiences. Empathy is also described as the capacity to put one’s self in another’s shoes to feel what that person is going through and share their emotions; the recognition and validation of a patient's fear, anxiety, pain, and worry; and the ability to understand patients' feelings to facilitate more accurate diagnoses and more caring treatment.

Empathetic listening fosters the connection between the patient and physician and can effectively alleviate difficult conversations. Patients who feel understood are often more open and responsive to their physician's advice. In return, physicians may have an improved sense of professional satisfaction and joy in work.

Five STEPS to Listening With Empathy

1. Connect with Empathy by Honoring the First “Golden Moments.”

2. Listen for Underlying Feelings, Needs, or Values.

3. Remain Present When You Are Listening.

4. Look for Cues That the Patient Has Finished Speaking.

5. Reflect on Your Experience.

Connect with Empathy by Honoring the First “Golden Moments.”

Expressing empathy is a key ingredient to enhancing the patient experience. In fact, 65% of patient satisfaction has been attributed to physician empathy. Regardless of their medical condition, patients often arrive for the visit with emotions such as anxiety, fear, and apprehension. By connecting with empathy, you can help to dissuade those fears and convey that you and your care team are listening to their concerns.

The feeling of being understood by another person is intrinsically therapeutic. It bridges the isolation of illness and helps to restore the sense of connectedness that patients need to feel whole. The foundation of empathetic communication is based on accurately understanding the patient's feelings and effectively communicating that understanding back to the patient so the patient feels understood.

Empathetic listening can be used in emotionally charged situations. You might try it with a patient who is experiencing grief related to an illness or with a co-worker who is having a work-related conflict. As you practice empathetic listening, use body language to show that you are actively listening. You can do this by sitting next to or near the speaker, leaning in their direction, and maintaining eye contact. Make sure your arms are not crossed, as this can signal to the speaker that you are closed off and not really listening. It is also helpful not to focus solely on a computer keyboard or screen with your back to the patient. As patients tell their story, periodically echo or summarize to further demonstrate that you heard what they had to say.
Practice Scenario:

A patient presents with persistent neck pain. During the interview, she says, “My neck was fine until the car accident, but it’s been getting worse ever since. Now I can’t sleep, I can’t do chores around the house, and my boss is really getting upset about all the days I’ve missed at work.” It may be tempting to jump in with additional questions, such as, “How would you rate the pain on a scale of 1 to 10?” However, a response like this does not effectively show the patient that you are listening to what she is saying. An empathetic response would be to echo her words by saying, “I understand. The neck pain is affecting many aspects of your personal and professional life.” After the patient has finished speaking, you can summarize what she said by saying, “So to summarize, you didn’t have any neck pain until the car accident, but it’s been getting progressively worse ever since and it is having a major impact on your life.” Alternatively, you can invite her to share more in an open-ended way, such as “Can you tell me more about your neck pain?”

In a clinical situation, the first few minutes of the encounter are precious. During the initial patient visit, you may feel pressured to dive into the various clinical tasks that need to be completed. However, if you leap into these tasks without listening to the patient, you may miss critical information. Take the time to honor the first “golden moments” of the visit by setting aside distractions such as charts, computers, phones, alarms, and pagers. Giving the patient your full attention at the start of the visit prevents important issues from surfacing at the end, and will allow you to better understand the patient’s concerns or symptoms.

While the first few minutes of a visit are important, you should continue to be fully attentive throughout the interaction to ensure that you capture any concerns that may be revealed later in the visit.

Practice Scenario:

A patient is scheduled for a preventive health visit. The office recently developed an electronic note template designed to help physicians navigate preventive health guidelines and recommendations. The physician starts the visit facing the computer and asks the patient how he is doing. The patient responds with a brief, “Fine, thank you.” However, when the physician recognizes that she has not given the patient her full attention and turns away from the computer to ask, “How are you doing today?” the patient’s response is more complete. Seeing that the physician is fully attentive, the patient feels free to express the anxiety he has been experiencing related to a conflict with his work supervisor. It also comes to light that he hasn’t been sleeping well lately. Together they decide that difficulty sleeping will also be on their visit agenda.

Q&A

I am caring in all my interactions. How will this help me?

Caring is a natural part of the patient-physician relationship. Empathetic listening reinforces the care that you have for your patients, and that you are fully invested in listening to and understanding their emotions. Empathy is not a character trait, but a skill that allows you to have meaningful interpersonal connections with your patients. Your patients may know that you care about their health outcomes, but they may share more information and develop better trust if you are attuned to verbal and emotional messages.
How do I give a patient my full attention when I have a responsibility to keep the electronic medical record (EMR) updated?

When using an electronic medical record (EMR), there is a natural temptation to multitask during the encounter by typing while listening to the patient. A more effective strategy is to alternate between working on the computer and communicating with the patient. In moments where empathy is called for, remove your hands from the computer completely and turn to face the patient. If you do need enter something into the EMR, you can announce the transition by letting the patient know that you need to put some information into the computer. It may be helpful to turn the screen towards the patient so that you can review the information together.

What are some benefits to connecting with empathy?

Tangible and intangible benefits to listening with and demonstrating empathy include:

- Greater therapeutic efficacy.
- Increased patient trust, which may increase the amount of information the patient discloses and improve adherence to treatment.
- Improved communication between patient and practitioner, which may decrease anxiety and improve the patient and physicians' ability to cope in emotionally charged interactions.

Listen for Underlying Feelings, Needs, or Values.

Sometimes feelings may be right on the surface, but at other times they can be hidden. Patients often mention emotional situations, and then wait for a practitioner's cue that it is okay to continue. As the patient explains the situation, watch for feelings hidden in body language, facial expressions, or other non-verbal cues. As your interaction continues, take your own emotional temperature and note your own internal feelings like anxiety, sadness, or frustration. Use the patient's non-verbal cues to assess if this is an opportunity to switch from medical questioning to empathetic listening. To switch to empathetic listening, allow for a brief pause in the conversation, soften your tone of voice, and ask a question that is directly related to your interest in the patient's feelings. This strategy invites the patients to express their concerns, and allows you to address the patient's unique needs.

Identifying Underlying Needs

This tool will help you gain a deeper understanding of the underlying needs we all have but may not openly or knowingly express.

Practice Scenario:

A patient with cyclic vomiting syndrome comes to the clinic, and the physician tells her that she needs to stop using marijuana. As he says this, he notices a sudden grimace on her face. This expression could mean many things. It could reflect anger because she thinks she's being judged about drug use, it could indicate worry if marijuana is the only thing that has alleviated her symptoms, or she could be confused if a previous physician told her marijuana use was unrelated to her vomiting. She might also be embarrassed to talk about her marijuana use in front of others, even confidentially with her physician. In a situation like this, the physician should try to ascertain what the grimace means. To do so, the physician lowers his glasses to make direct eye contact.
contact with the patient and says softly, “You seem to be concerned,” then pauses to allow the patient to elaborate.

The patient explains her concerns, and indicates that she is worried she might not be able to find anything else to alleviate her nausea. With further insight into the patient’s emotions, the physician expresses interest in learning more about the underlying needs or values by saying, “So it sounds like it’s important that we make sure you’re comfortable.” The patient may respond with, “Yes! And I want to have the freedom to help myself be comfortable.” Upon reflection, the physician realized that when he suggested that the patient stop using marijuana, the patient perceived this as a threat to her comfort and autonomy. By inviting the patient to share more about her feelings and needs, the physician establishes a common understanding of her needs. The focus of the visit can then shift to discussing other methods for the patient to alleviate her symptoms.

We all have common needs, but different ways of acting in response to these needs. When we focus on needs and values, we can identify ways in which we are the same. During empathetic listening, keep focused on the patient’s underlying need, rather than communication style or behavior. You may not know what the need is at first—be open to hearing the need.

There might be situations where you may not be able to identify the feeling that the patient is experiencing. In those circumstances, it is important to emphasize that you are interested in hearing about the patient’s experiences. Expressing interest invites more expansive conversation, and increases the probability that the patient will reveal underlying feelings.

**Practice Scenario:**

The physician is running late in clinic, enters a patient room, and promptly apologizes for the delay. Despite the apology, the patient mutters a half-hearted greeting and avoids eye contact. Noting this response, the physician asks, “I sense that you’re angry with me.” The patient replies, “Yes, I am angry but also embarrassed.” Before continuing to discuss the reason for the visit, the physician asks, “Can you help me understand why you’re feeling that way?”

The patient expresses that he can no longer drive and is dependent on his daughter to bring him to his appointments. “She’s out in the waiting room now. She has a job and kids and I have become such a burden on her. This only makes things worse—the wait, that is.” The physician pauses, and responds, “It sounds like you really value respect—both for your time and for your daughter’s time. Did I get that right?” The patient expresses a sigh of relief and says, “Yes...and independence. I just wish I could be more independent.”

**Remain Present When You Are Listening.**

Give patients an opportunity to express their feelings to completion, without interruption. Their feelings and values will surface if they are given ample time to express themselves in a welcoming environment. Focus on moments when the patient seems to display the most energy around a topic (e.g., more rapid speech, change in facial expressions, more pronounced gestures) as these signs can provide clues to what the speaker values most. Embrace silence to allow for a compassionate experience.
"With empathy, we don’t direct, we follow. Don’t just do something, be there."

Marshall Rosenberg, PhD, Founder and Director of The Center for Nonviolent Communication

Practice Scenario:

A medical assistant (MA) notices that the physician she works with is not smiling and seems distracted. The MA asks the physician, “Everything OK?” and he responds, “Oh, my three-year-old is home with my mom and she won’t stop vomiting. Every 15 minutes.” The MA shows concern through her face, pauses, and lets the doctor continue. “I’m also thinking about that little girl who came in yesterday with leg pain. Her labs are back, and it looks like she has leukemia.”

The physician ducks into another exam room while the MA reflects on her own surprise and dismay about the patient’s diagnosis. She realizes that the physician could be experiencing anxiety, weariness, or a feeling of being overwhelmed. She wonders if he might need an opportunity for balance, or perhaps just a chance to be sad about not being with his daughter while she’s ill. Later that morning, the physician shares that his mom called and his daughter has been feeling a little bit better. Instead of looking relieved, the doctor still looks concerned. Picking up on facial expressions, the MA says, “You’re still worried?” and the physician replies, “Oh, I know she’ll get better. I am a little worried that my mom will get this bug. But I’ll tell you what. I just keep thinking about how that little girl’s dad doesn’t know if his daughter will get better.” This time, the physician is speaking with a little more speed and energy. The MA listens while he expresses his need for safety for his child. By the time they need to move on to their next patients, they both feel better knowing that someone at work cares about what they are experiencing.

Q&A

I have a habit of keeping a professional distance. Will this impact my ability to engage in empathetic listening?

Communicating with empathy involves emotionally engaging with the speaker, but it does not mean that you have to lose your professional boundaries. Empathetic listening does not demand that you become responsible for resolving all feelings or needs expressed by a patient or co-worker, but that you listen with focused attention. As you continue to practice empathy, you may become more comfortable listening to the needs and feelings of others as you discover that empathy facilitates more effective relationships.

I’m already busy managing my patients’ medical conditions, how do I begin to acknowledge their emotions as well?

Strengthening the patient–physician relationship will lead to more effective and efficient clinical care. For example, a woman comes for a check-up and, knowing that her husband is very ill, the physician may ask, “Would you like to talk about your husband?” She responds, “Yes! Yes, it has been so difficult.” She speaks of her responsibilities caring for him and how she doesn’t want him to see her cry. She is worried about how her heart is holding up under all the stress. The physician listens and encourages her to talk
about these feelings, and while he doesn't have the capacity to change the situation with her husband, he
demonstrates an understanding that she will benefit from. After listening to her underlying emotions, the
physician can then re-focus on the medical conditions.

Look for Cues That the Patient Has Finished Speaking.

There are opportune moments for verbal responses to what the patient is sharing. Cues might be a decrease
in emotional intensity, a deep sigh, or a shift in the focus of the conversation. At this point, it may be natural to
respond to their message and attend to the medical care needed. Verbal reflection may be helpful when you
need more description or explanation from the patient, or when you sense the patient would like confirmation
that you are listening and understanding.

When you respond, keep this question in the back of your mind:

“Is the patient feeling [this emotion] because they have this particular [value or need]?

As you respond, it is important to speak naturally and be yourself. At this point in the dialogue, the focus is still
on listening and it is not the time to share your experiences or opinions. Listening with empathy has a reflective
quality that allows the patient to reach a deeper level of self-understanding.

You may also want to consider actions that may suggest a lack of empathy. These include:

- Interrupting or finishing the patient’s sentences.
- Challenging the patient’s feelings.
- Speaking in a manner that sounds patronizing.
- Describing what the patient ought to think or feel.
- Lack of emotional acknowledgement by changing the topic and proceeding with medical questions.

Identify and Overcome Deflective Listening

Use this tool to understand and overcome barriers to empathy.

How can I make it feel more natural when reflecting feelings back to the other person?

Adopt a tone of curiosity and openness. Consider starting your response with⁴:

“I imagine you might feel…”
“I am wondering if you feel…”
“You sound…”
“You seem…”
“Is it important to you that…?”
“Let’s see if I have this right…”

This is a lot to remember. How do I keep track of all these “to-dos” at the same time?

The most important principle to remember is to be intentional about connecting with empathy. The techniques are secondary and only useful if they help you to stay true to that intention.

Consider this example: Shaalini, a patient requiring a dilation and curettage (D&C) procedure after a miscarriage, awoke in recovery before her husband arrived. She felt sad, defeated, and disappointed. Her OB/GYN came to see her, stood next to her, and intuited that Shaalini wasn’t ready to talk about the procedure or how she was feeling. Instead, the doctor allowed her to speak of unrelated subjects—her college experience, her last vacation, her husband—and connected to Shaalini physically by holding her hand. In this instance, the OB/GYN didn’t follow a specific sequence of steps or a protocol for demonstrating empathy. A few days later, Shaalini described her experience to a colleague. “My doctor was with me, and that is what I really needed in that moment. No one was going to have the right words to say to make me feel better in that moment. I didn’t need to feel better. I needed to be sad, and to know that it was ok to feel that way.”

I communicate with my patients frequently through a secure web portal. Is it possible to show empathy in my typed responses?

Empathy is different in a written conversation than in a live conversation, since non-verbal cues of facial expression, body language, and intonations are absent. Acknowledging the patient’s emotional experience in writing can still be beneficial. It is possible to demonstrate empathy by responding in a way that shows you recognize the underlying feelings and values the patient is trying to communicate in their message.

5 Reflect on Your Experience.

As you reflect on a conversation in which you listened with empathy, begin to think about how you are feeling. Is there anything you are grateful for in this specific interaction? Is there anything you would do differently next time? Offer yourself a chance to be heard and understood for your own experiences.

You can use empathy to reflect on your own underlying feelings and experiences using the same steps outlined here. For emotionally charged situations, writing narratives about your experience can be helpful. Consider asking a supportive person to listen to you, and if you want, request that they listen without offering advice or solutions to problems. It may also be helpful to seek trusted colleagues and mentors with whom you can share some of the emotional impact of patient care.

There are many venues in which you can safely share these emotions, you may consider these or others:

- Balint groups
- Schwartz Center Rounds
- Healer’s Art

Worksheet for Self-Reflection

Use this worksheet to restore yourself for the next time you listen with empathy

(MS WORD, 48 KB)
Conclusion

Listening to others with empathy is a skill that can foster trust in the patient-physician relationship, increase collaboration among co-workers, and enhance personal well-being. Focusing on a patient’s underlying feelings demonstrates that you are committed to understanding their experience, and your choice of language and other non-verbal responses is key to drawing out their feelings and values. In a clinical setting, patients are more likely to hear you and be open to your counsel if they sense your empathy.

STEPS in practice

Empathetic Listening Case Report: A Cardiology Patient and His Wife Go to the Internist

Robert Janda*, a 73-year-old man who has chronic congestive heart failure. His wife, Naomi, is a retired nurse who has been helping to manage his care at home. Robert’s doctors include Dr. Antonelli, a general internist, and Dr. Salzwedel, a cardiologist. Dr. Salzwedel has been Robert’s cardiologist for about two years now, since Robert fired his previous cardiologist. During the past couple of years, Robert has had several exacerbations of his disease. His wife has emailed the cardiologist and internist about her dissatisfaction with the medical care her husband has received. Dr. Antonelli received the following email from the patient’s wife:

“I want to tell you that I think Robert’s medical care off hours is lousy. Unless I reach Dr. Salzwedel, the cardiologists on call don’t take the job seriously. Once when I called, I talked to a doctor who didn’t even seem like he had graduated from medical school. Is your night call any better? I haven’t tried it but I doubt it. I can’t take him to the emergency department because it’s actually dangerous. If it hadn’t been for me, he would have died on two occasions. What can I do about it?”

This email was sent through a non-secure email, despite requests to communicate through the electronic patient portal. It is representative of other emails sent by Naomi over the past few years.

Dr. Antonelli asked his staff to call the patient to request that he and his wife come into the clinic to discuss the issue. They agreed. Before the appointment, Dr. Antonelli spent a few minutes thinking about what he would like to say to Robert and Naomi. He made a decision to listen with empathy at the beginning of the visit. He stuck a Post-it note to the chart to remind himself of his intentions.

Dr. Antonelli met the patient and his wife in the room and after a friendly greeting, said, “I believe our goal for our visit today is to find out how to provide you with more support. I want to make sure I understand the situation, and what your needs are, so we can figure out how we can best support you.” Then he listened silently.

Robert started, saying, “I think that this is honestly more my wife’s concern, rather than mine. But it has been a pretty bad experience, the couple times I’ve been sick. I was pretty upset about waiting so long in the emergency room.”

Dr. Antonelli nodded, “Mmm, hmmm.” Robert looked at his wife.
Naomi talked for five to six minutes about her husband’s care and her dissatisfaction with it. She described several evenings when she needed to talk to a doctor and didn’t get the response she wanted. She spoke of the stress and pressure that put on her. She used language that placed the blame for her stress on the doctors and the medical system. She also spoke of a time that she went to the emergency room for her own care and waited for several hours. She said, “The health care system just doesn’t support us. We just have to fend for ourselves when it’s not business hours.”

During these five to six minutes, Dr. Antonelli didn’t speak but did convey that he was listening by using body language that showed his attention and concern. At a lull, he said, “It sounds like in the evenings and on weekends you haven’t gotten the care that you’ve needed. That’s put you in the really uncomfortable position of having to be his wife and his medical provider at the same time. Am I understanding that correctly?”

Naomi nodded her head yes and then continued to speak for a few moments about the dissatisfaction she had felt. There was less urgency and emotion in her speech.

Dr. Antonelli decided to speak: “Let me talk to you about access to care. I understand that we let people down all the time; they can’t get an answer to a phone call when they want it. May I tell you about some of the things that I’ve done to help my patients get better access to care?” When Naomi and Robert nodded yes, he continued by explaining about his practice’s on-call system and the electronic patient portal. He explained the role he could play, as primary care physician, as a first contact for any questions they might have. He closed by saying, “I hear you loud and clear. You want to be able to trust that you will be able to reach a doctor when you need one.”

Robert and Naomi expressed some surprise, saying that they hadn’t understood they could call their primary care doctor about a cardiac issue. Naomi said that would help a lot.

Dr. Antonelli went on, “I feel like I know what your needs are and it sounds like you understand better how I can help meet those needs. I’d like to tell you what my needs are now.” Robert and Naomi nodded. “It’s a hospital policy that we not use email for any patient communication. I’d like for you to avoid using email and instead use the electronic patient portal. I’d like to be able to give you my cell phone number, but I want to make my practice sustainable and I want to be fair to my family. I just can’t have patients calling my cell phone directly.”

Both the patient and his wife agreed and Naomi concluded by saying, “I feel better about what you’re going to be able to do to help us in the evenings and on weekends.”

After meeting with Naomi and Robert, Dr. Antonelli reflected on the conversation: “The Post-it note was an effective tool to remind me of what I had decided to do, which was listen with empathy. I settled on that approach because I believed it would be good for them and ultimately good for me. After this experience, I feel very good about how I handled it and have a lot less stress as a result.”

*Names, location, and other identifying details have been changed.

Empathetic Listening Case Report: Atrius Health

Atrius Health is a non-profit healthcare organization that delivers connected care to more than 675,000 patients across Eastern Massachusetts. After attending the Cleveland Clinic’s annual Empathy Innovation Summit and reading the book, *An Epidemic of Empathy*, leadership at Atrius committed to building a culture of empathy. They learned that clinical empathy can improve patient satisfaction, adherence to treatment recommendations, and health outcomes, and can reduce distress and medical errors. Patients want health care providers who understand their needs and what they are going through. Patients assume that their clinicians are competent; what they will remember is how they felt when they came in for care. Patients want to know that they are cared for, their perspective is appreciated, and their care providers sense their emotions and understand their fears.

With this information, Atrius realized empathy was important for everyone to demonstrate in their daily work. Not only would this benefit the patient experience, but Atrius also learned that when employees feel that their supervisors, co-workers, and leaders care about them as human beings, there is reduced stress on the job,
greater teamwork, and enhanced employee engagement. Atrius instituted the “Amplifying Empathy forums” to support their continuous efforts to provide an exceptional experience for their patients and employees.

The Amplifying Empathy forums were designed to engage everyone in the practice in the conversation around empathy. To meet operational needs, Atrius designed and delivered the forums in a way that was relevant, practical, and easy to implement. Each participating site identified a site-based leader that attended a mandatory three-hour train-the-trainer session, where they were taught the foundations of presenting/facilitating and how to engage an audience. They were then provided with a full script, education materials, and videos, and practiced facilitating a forum. Once training was completed, each Amplifying Empathy forum was co-facilitated by the site-based leader in partnership with an Organizational Development & Learning (ODL) or Human Resources (HR) consultant.

The Amplifying Empathy forums program consists of:

1. **Pre-work:** All participants receive pre-work two weeks prior to attending a forum. The pre-work is designed to lay the groundwork for the forum and includes: reading a short article on empathy in the workplace, viewing the “Human Connection to Patient Care” video created by the Cleveland Clinic, and completing a self-assessment on demonstrating empathy. Participants are also asked to come prepared to talk about their successes and challenges in demonstrating empathy.

2. **Forums:** The in-person, 90-minute forum is designed to include large and small group discussions, an informative presentation of a communication model, and video demonstrations of before and after scenarios utilizing one of their own practices. The goal is to ensure the program is interactive and fits all learning styles.

3. **Post-work:** Following the forum, all participants receive a communication package from ODL that includes guidelines and direction for leaders to provide ongoing reinforcement and coaching in empathy concepts in individual meetings, team meetings, and team huddles. Information about additional resources available is posted on the Atrius intranet.

The initial Amplifying Empathy forums at Atrius were successful and have continued to evolve. Atrius learned that having site leaders co-facilitate with an ODL/HR consultant was an important strategy because seeing their local leaders engaged in the conversation lent credibility to the program for many participants. It also became clear that 90-minute sessions were not enough. Some challenges included pulling resources from already-busy clinical practices, coordinating logistics across 22 locations, and completing mandated training for over 6,000 employees in just one year.

Some important takeaways for others interested in implementing empathy forums include:

- Do not underestimate the amount of administrative support necessary for program success.
- Program preparation—including materials creation, management of the CME process, delivering communications, and tracking participation—is time consuming.
- Facilitators need to be prepared and have a firm grasp of the content. They should also have characteristics and attributes respected by colleagues.
- Be future-focused. Do not think of this as a one-time training program. Plan for how this will become a part of your organizational culture.

Overall, the program has been very beneficial to the organization. The anecdotal feedback Atrius has received from patients indicates a positive impact on care delivery. They have seen a significant increase in their “likelihood to recommend” scores since these sessions started, and one patient even left this comment regarding her physician: “Dr. Smith is an incredible medical professional. She’s always cheerful and makes me feel comfortable in every way. I know I can talk to her about any issues.” Employees also feel more empowered and prepared to have difficult conversations with patients, families, and colleagues. For example, one employee stated, “I find I am listening more, trying to understand what my colleagues or my patients have been through, and am less judgmental.” It has also reminded employees and clinicians of the importance of eye contact, active listening, and body language. Following completion of the empathy forums, another employee revealed, “This training has opened my eyes to what empathy is really about. It’s caused me to be more cautious in the words I use and to pay attention to others’ feelings and emotions.”
Learning Objectives
1. Identify the benefits of listening with empathy
2. Demonstrate best practice techniques to listen for underlying feelings, needs, or values
3. List ways to reflect on conversations and refine listening techniques as necessary

Article Information

AMA CME Accreditation Information

Credit Designation Statement: The American Medical Association designates this enduring material activity for a maximum of .50 AMA PRA Category 1 Credit™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

ABMS MOC Statement: Through the American Board of Medical Specialties (“ABMS”) ongoing commitment to increase access to practice relevant Maintenance of Certification (“MOC”) Activities, this activity has met the requirements as an MOC Part II CME Activity. Please review the ABMS Continuing Certification Directory to see what ABMS Member Boards have accepted this activity.

Additional Information: About the AMA Professional Satisfaction and Practice Sustainability Group: The AMA Professional Satisfaction and Practice Sustainability group has been tasked with developing and promoting innovative strategies that create sustainable practices. Leveraging findings from the 2013 AMA/RAND Health study, “Factors affecting physician professional satisfaction and their implications for patient care, health systems and health policy,” and other research sources, the group developed a series of practice transformation strategies. Each has the potential to reduce or eliminate inefficiency in broader office-based physician practices and improve health outcomes, increase operational productivity and reduce health care costs.

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Unless noted, all individuals in control of content reported no relevant financial relationships.

References