"Active Listening" Lost Art or Learnable Skill?

***Compassion in Action* Webinar Series**

April 19, 2016

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Moderator

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Director of Business
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Audience Reminders

- This webinar is funded in part by a donation in memory of Julian and Eunice Cohen.
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- You may submit a question by typing it into the Question and Answer pane at the right of your screen at any time.
- We value your feedback! Please complete our electronic survey following the webinar.

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Host

Beth Lown, MD
Medical Director
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Compassionate Collaborative Care Framework

http://www.theschwartzcenter.org/media/Triple-C-Conference-Recommendations-Report_FINAL1.pdf

Focuses attention	Demonstrates trustworthiness
Recognizes nonverbal cues	Communicates with colleagues, adjusts
Actively listens	Practices self-reflection
Elicits info about the "whole person"	Builds relationships, partnerships, teams
Nonjudgmentally values each person	Practices emotion regulation
Asks about, responds to emotions, concerns	Practices self-care, attends to personal and professional development
Shares information, decision-making	Practices self-compassion

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Today's Speaker

Abraham Fuks
McGill University

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"Active Listening" Lost Art or Learnable Skill?

Abraham Fuks
McGill University

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Learning Objectives

- ✓What listening means in clinical settings and its role in clinical interactions
- ✓Why listening is the foundation of the clinical method
- ✓How to teach clinical listening skills
- ✓Types of "deafness" found among caregivers and their causes

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What do you think makes a good doctor?

- *Patients' Perspectives on Physicians' Roles: Implications for Curricular Reform*
- A research study of interviews of 58 patients on the attributes of good doctors
- "Please describe the characteristics of a good doctor"

Boudreau et al Academic Medicine 83:744, August 2008 and personal communication

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Polling Question

What do you think makes a good doctor?

Please select what you think was the most common response found among patients or family members in the research study:

1. Medical knowledge
2. Diagnostic skills
3. Ability to listen
4. Technical and procedural skills

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Clinical Listening

- All participants, without prompting, talked about the physician's listening skills.
- Listening is the "essentia" of good doctoring
- Dominant issue--a priority requirement
- French: "être à l'écoute": being in "a state of listening"

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Clinical Listening
Patients' Comments

Patients' views: Why is listening important?

Information for diagnosis

Therapeutic

- "because sometimes listening to a person will cure half of [one's] problems"

Doctor patient relationship

- "…if you listen to the patient (you) give the patient respect"
- "…my surgeon…put my values first"

Time

- "...but in those two minutes he listened to you…impression you had spent an hour with him…"

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Clinical Listening
Patients' Comments

"If they close their ears to you, then what are they understanding? Only what they're seeing, right? And seeing is not everything."

"Eye contact to me is always important. It's like anything else,…you shake someone's hand, you look them in the eye and say hello."

"..need to be recognized as unique persons."

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Ovid Medline

Communication	108353
Teaching	56014
Speaking	9171
Listening	5181
Teaching + Listening	169
	<10 relevant

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Listening Paradox

70% of waking time in communication

- 11% writing
- 15% reading
- 32% talking
- 42% listening

Listening is "the type of communication we engage in the most and learn first, [yet] it requires a skill we are taught the least."

Weisberg M J. Legal Educ. 57: 427 2007 citing Pamela Cooper

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Paradox
Socio-Cultural Context

Listening is second to seeing

- Eyes are better witness

Listening is second to speaking

- Courses on rhetoric, public speaking
- Speaking is macho: leadership, attention

Listening is misunderstood

- Not seen as a challenge
- Seen as passive

Listening is difficult

- Requires maturity
- Shift of relationships

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Listening
Why Am I Listening?

Informational: flight info, medical history
- *I will know what to think*

Transactional: broker, surgical history
- *I will know what to do*

Relational: teacher, physician
- *I will know who you are (and what I must be)*

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Clinical Listening
How Do We Describe It?

1. Attentive listening is a perceptual, cognitive and social act
2. Attentive listening is an **active** process
3. Attentive listening is triadic: the speaker, the utterance and the listener
4. Listening attentively involves focusing on word choice, **paralanguage** and non-verbal cues and signs

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Clinical Listening
How Do We Describe It?

5. Listening attentively requires: receptiveness, an understanding of how spoken language works; and an ability to move between **open-mindedness** and an awareness of inference
6. Attentive listening can accomplish the following: reveal the personhood and **concerns** of the patient, produce diagnostically relevant data, and assist in **healing**

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Clinical Listening
How Do We Describe It?

7. Attentive listening is not a neutral act—it can have positive or negative impact on the patient, caregiver, and their **relationship**
8. Attentive listening necessitates the formation of new **habits**

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Listening
How Do We Do It?

- Turn waiting – pseudo listening
- Defensive listening
- Critical listening
- Judgmental listening
- Skeptical listening
- Rhetorical listening
- Record keeping listening
- Attentive or deep or relational or affiliative listening

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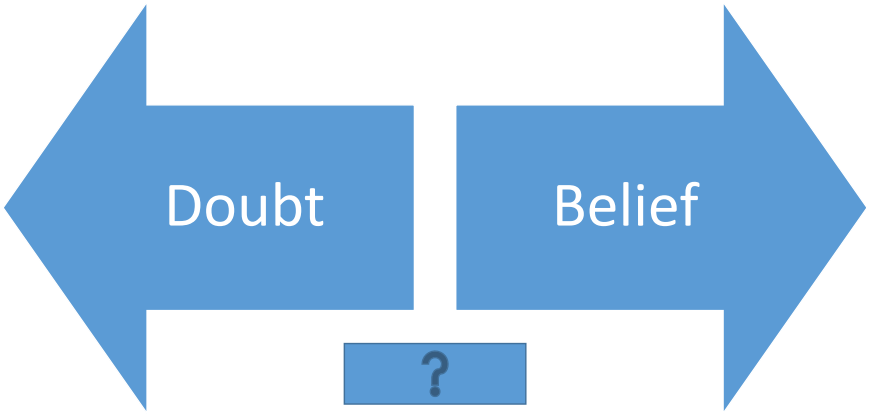
Listening Spectrum



Listening
How Do We Do It?

Attentive listening

- Deep/relational/affiliative

Compassionate listening

- "People are dying in spirit for lack of it"
- "What do I need to be for you?"
- "Accompaniment or partnership"

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Listening to the Non - Verbal

Listening for pauses, cadence, timbre, register

Sensitivity to non verbal communication

Mindful of our own non verbal communication

Non verbal communication to signal that we are listening

- Distance
- Acknowledgement
- Demeanor/orientation
- Eye contact
- Immediacy/rapport
- Bespoke

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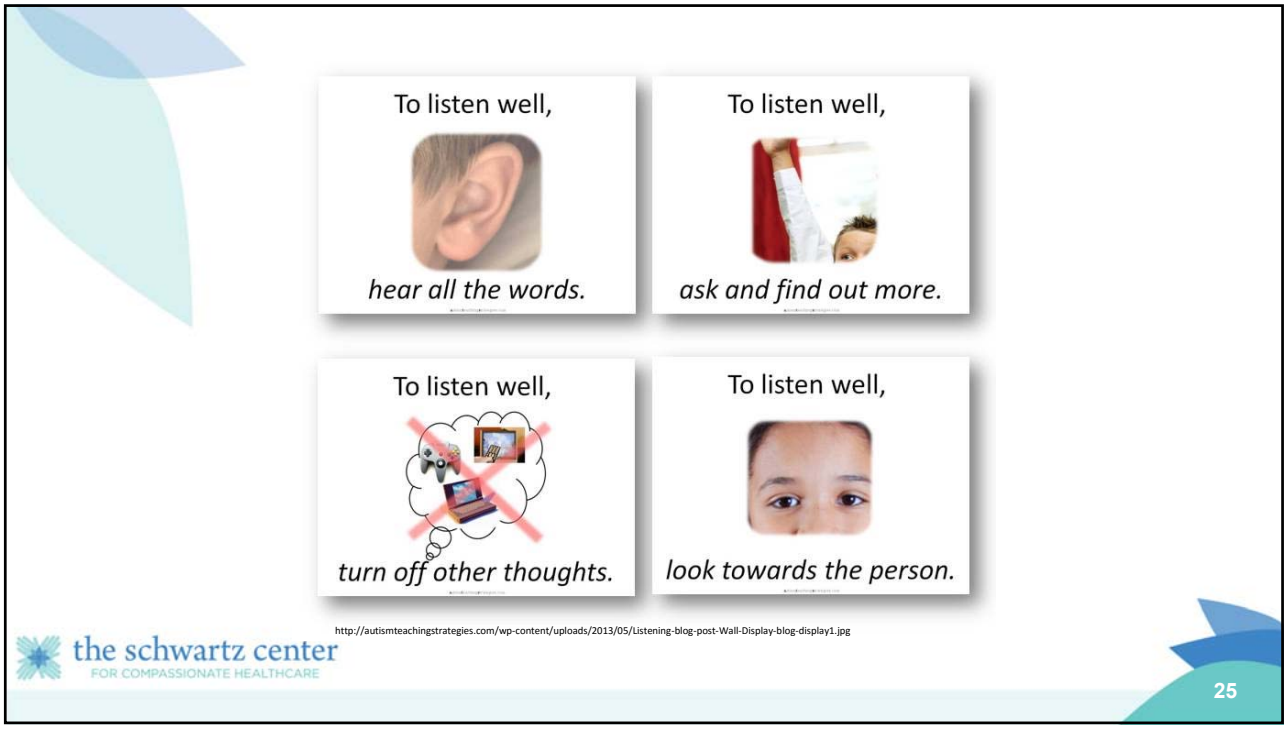

http://autismteachingstrategies.com/wp-content/uploads/2013/05/Listening-blog-post-Wall-Display-blog-display1.jpg

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https://www.socialthinking.com/~/media/Images/Products/Whole%20Body%20Listening%20Larry%20Poster.ashx

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Relational Listening
Special Features

"Seldom is there a deep, open-hearted, unjudging reception of the other. And so we all talk louder and more stridently and with a terrible desperation. By contrast, if someone truly listens to me, my spirit begins to expand."

Mary O'Reilley: Radical Presence

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Relational Listening
Special Features

"One of the biggest challenges for physicians is listening to people who aren't talking. Past experiences of not being heard or even perceptions that someone doesn't care or won't understand can shut a person down"

Requires education in process

Anonymous Blog Comments
http://well.blogs.nytimes.com/2008/10/16/doctors-and-patients-on-stage/#comment-66353

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Relational Listening
Special Features

"Is this a story of shame and they need you to listen? Is this a story of fear and they need you to be there with them? Is this a story of blame…or self-blame and they need to hear that it wasn't their fault? I mean, what is the story? So what role do they need you to be in?"

Requires education in content

Scott, J et al *Ann Fam Med* 2008;6:315-322

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Clinical Listening
What Does it Accomplish?

Creates the dyadic relationship for care

- Enacts recognition of the other and respect for the person
- Listening is maieutic
- Enables modest exploration of ideas
- Permits understanding across broad horizons
- Leads to co-construction of meaning
- Creates a conduit for healing

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Clinical Listening
What Does it Accomplish?

Relational outcomes

- Trust
  - *Willingness to be vulnerable, feeling cared for, knowing promises will be kept*
- Hope
  - *Belief that some positive future beyond present suffering is possible*
- Being known
  - *Accumulated sense that the physician knows the patient as a person*

Scott, J et al Ann Fam Med 2008;6:315-322

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Clinical Listening
What Are the Challenges?

Voice of experience

- Paternalism: "Father Knows Best"
  - Power and class
- When did Empathic become Emphatic?

Our own comfort with silence

Role confusion: Who are we in the moment?

Goal confusion: What is our purpose?

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Clinical Listening
What Are the Challenges?

Reward Systems

Med student: "You can get away with being brusque,…you can't get away with bad medicine."

"There was nothing I could do---so I just talked to the patient."

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Clinical Listening
How Can We Teach It?

Small Group Learning

1. Read transcript: others listen
   Compare: reading, role-play and voice of patient
2. Written descriptions of audio of patients
   With and without video
3. Figurative language and metaphors
4. Logic of stories

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Clinical Listening
How Can We Teach It?

Small Group Learning

5. Prosody, tempo, pitch
6. Affective states
7. Word choice
8. Distancing from disease

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Teaching Example

This is the voice of the wife of a 42 year old man about to be discharged after a one week stay in the hospital for a massive heart attack. She was interviewed about 20 minutes before going home with her husband.

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Polling Question

What emotion do you hear in the woman's voice?

1. Anxiety
2. Bewilderment
3. Abandonment
4. Anger
5. Comfort

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Clinical Encounter

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Clinical Deafness
Impaired Caregivers

A. Simple clinical deafness
   1. Passive: clinician who does not listen
   2. Active: hears but interrupts-18 sec syndrome
   3. One word trigger: drop down menu sign
   4. Acquired: specialty variants-e.g. stethoscope tubal scarring—purchase ultrasound machine

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Clinical Deafness
Impaired Caregivers

B. Receptive or neurological deafness: can hear but cannot interpret signals—a processing problem
   1. Misses patient word usage
   2. Misses patient context

C. Reflexive clinical deafness: caregiver hears own words but not their impact on patient—a lack of self awareness

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Clinical Deafness
Impaired Caregivers

D. Complete communication failure: Clinician neither speaks nor listens.

A rare syndrome but seen amongst dermatologists

Clinical Listening
Does it Make a Difference?

"Certain aspects of doctor-patient communication seem to have an influence on patients' behavior and well-being:

- Satisfaction with care
- Adherence to treatment
- Recall and understanding of medical information
- Coping with the disease
- Quality of life
- State of health" [17 citations]

Ong et al, Soc Sci Med 40:903, 1995

Clinical Listening
Does it Make a Difference?

Patient's Needs

"The need to know and understand"
and
"The need to feel known and understood"

Ong et al, Soc Sci Med 40:903, 1995

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Styles of Behavior
Buller & Buller. J Hlth Soc Behav. 1987; 28:375.

Affiliation	Control
Extremely attentive	Tends to come on strong
Listens very carefully	Dominates conversations
Deliberately acts…I know …is listening	Verbally exaggerates to emphasize
Very encouraging	Dramatizes a lots
Very relaxed	Very argumentative
Eyes reflect what s/he is feeling	Constantly gestures

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Clinical Hypocompetence

Platt & McMath. Ann Intern Med. 1979; 91:898.

Interview of low therapeutic content

- "It is news to many of our house staff that a diagnostic interview should be therapeutic to the patient."
- "The use of the familiar rituals of meeting is therapeutic in itself, for it affirms that the patient has not strayed beyond the bounds of civilization into the hands of the technicians."
- "I am with you."

Inappropriately high control style

- "The patient's job is to tell his story and the physician's job is to listen and hear."
- "…the patient's voice should be heard and little of the interviewer's."

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STOP
LOOK
LISTEN
THINK
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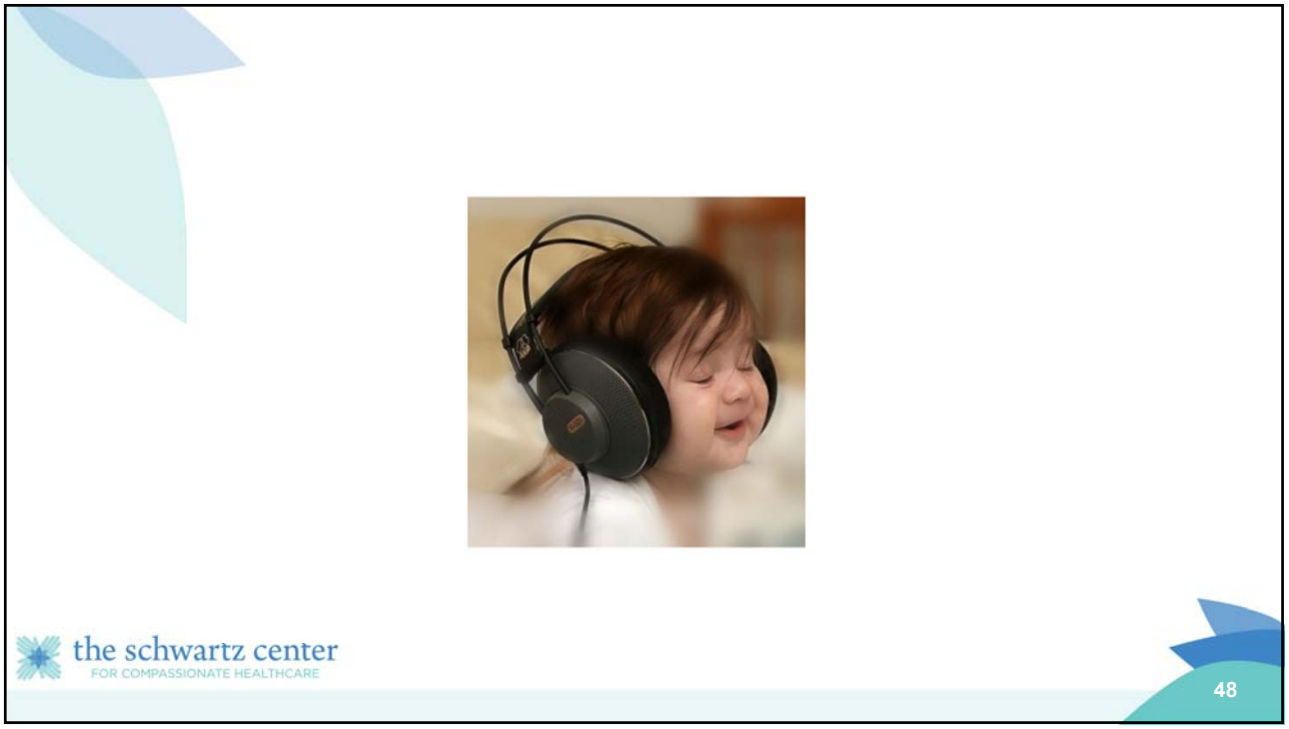
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Questions

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Upcoming Webinars

THE ALCHEMY OF EMPATHY AND COMPASSION:

TRANSFORMING STRESS INTO MEANING AT WORK

Eve Ekman, PhD, MSW
Postdoctoral Student
Osher Center for Integrative Medicine, University of California San Francisco.

May 16, 2016

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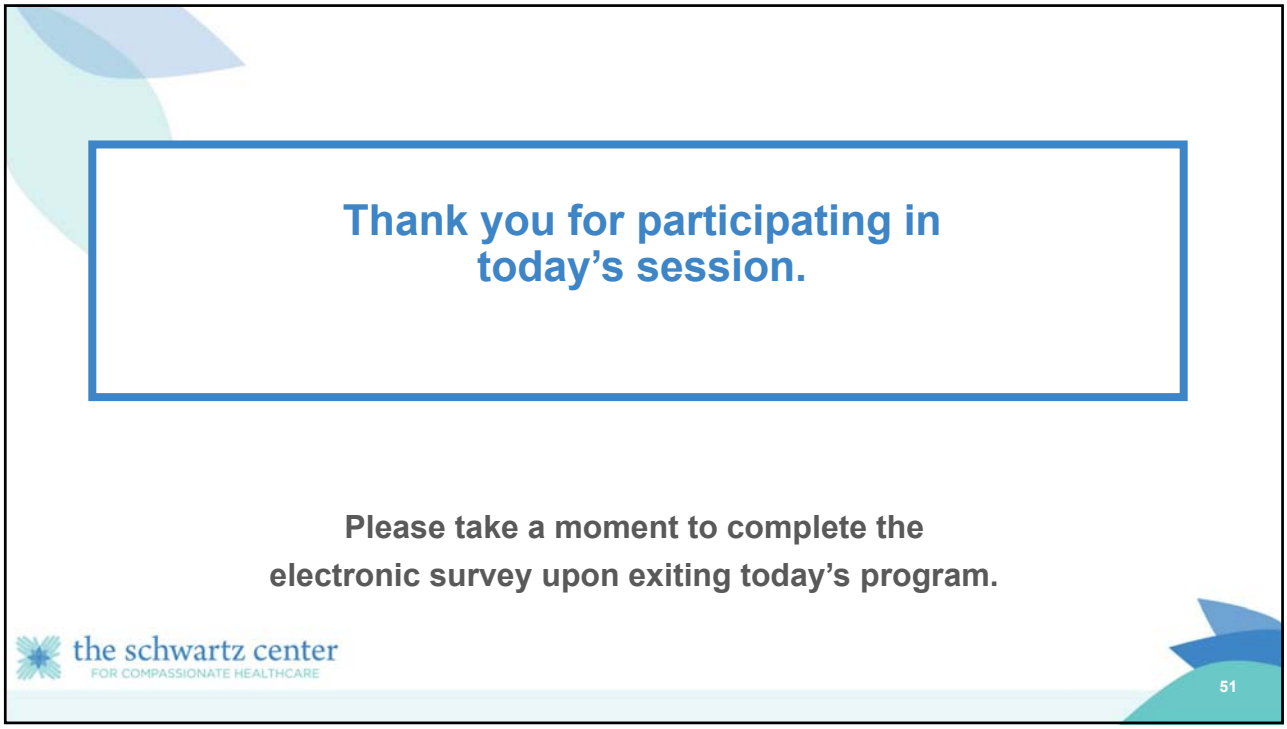
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