“Active Listening”
Lost Art or Learnable Skill?

Compassion in Action Webinar Series
April 19, 2016

Moderator

Lynn Osborn
Director of Business Development and Operations
The Schwartz Center for Compassionate Healthcare
Audience Reminders

• This webinar is funded in part by a donation in memory of Julian and Eunice Cohen.
• Participate in polling questions by selecting the response that best reflects your opinion.
• 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.

Host

Beth Lown, MD
Medical Director
The Schwartz Center for Compassionate Healthcare

SCHWARTZ CENTER WEBINAR SERIES
APRIL 19, 2016

HANDOUT
## Compassionate Collaborative Care Framework


<table>
<thead>
<tr>
<th>Focuses attention</th>
<th>Demonstrates trustworthiness</th>
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<tbody>
<tr>
<td><strong>Recognizes nonverbal cues</strong></td>
<td>Communicates with colleagues, adjusts</td>
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<tr>
<td>Actively listens</td>
<td>Practices self-reflection</td>
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<tr>
<td>Elicits info about the “whole person”</td>
<td>Builds relationships, partnerships, teams</td>
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<tr>
<td>Nonjudgmentally values each person</td>
<td>Practices emotion regulation</td>
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<td>Asks about, responds to emotions, concerns</td>
<td>Practices self-care, attends to personal and professional development</td>
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<tr>
<td>Shares information, decision-making</td>
<td>Practices self-compassion</td>
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### Today’s Speaker

**Abraham Fuks**  
McGill University
“Active Listening” Lost Art or Learnable Skill?

Abraham Fuks
McGill University

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
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”

**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
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”

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…”
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.”

Ovid Medline

<table>
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<th>Count</th>
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<tr>
<td>Communication</td>
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<td>Teaching</td>
<td>56014</td>
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<tr>
<td>Speaking</td>
<td>9171</td>
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<tr>
<td>Listening</td>
<td>5181</td>
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<td>Teaching + Listening</td>
<td>169</td>
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<td>&lt;10 relevant</td>
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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

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
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)*

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
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.

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.
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
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”

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
To listen well, hear all the words.

To listen well, ask and find out more.

To listen well, turn off other thoughts.

To listen well, look towards the person.

Whole Body Listening!
Larry wants to remind you to listen with your entire body

Eyes = Look at the person talking to you
Ears = Both ears ready to hear
Mouth = Quiet - no talking, humming or making sounds
Hands = Quiet in lap, pockets or by your side
Feet = Quiet on the floor
Body = Faces the speaker
Brain = Thinking about what is being said
Heart = Caring about what the other person is saying
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

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
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


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
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


Clinical Listening
What Are the Challenges?

Voice of experience

• Paternalism: “Father Knows Best”
  • Power and class
  • When did Empathic become Empathic?

Our own comfort with silence

Role confusion: Who are we in the moment?

Goal confusion: What is our purpose?
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.”

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
Clinical Listening
How Can We Teach It?

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

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.
Polling Question

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

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

Clinical Encounter
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

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
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]

Clinical Listening
Does it Make a Difference?

Patient’s Needs

“The need to know and understand” and “The need to feel known and understood”


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Styles of Behavior

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

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.”
STOP
LOOK
LISTEN
THINK

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FOR COMPASSIONATE HEALTHCARE
Questions

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The Schwartz Center for Compassionate Healthcare

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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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Thank you for participating in today’s session.

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