Communicating Compassion: Reading the Signals
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Do We Communicate Compassion?

- 76% of physicians and 85% of patients both agreed compassionate care is very important for successful medical treatment.
- Do healthcare professionals provide compassionate care?
  - 78% of physicians said YES
  - 46% of patients said NO (Lown, 2011).

Our Challenge:

- Convey the compassion we feel, which requires reading the signals correctly and sending the right signals.

Aim:

- A workshop designed to:
  1. Improve awareness of patient signals (through active listening) and careful observation of nonverbal cues (ours and patients')
  2. Provide students with phrases to create a more open dialogue with patients
  3. Help participants become more aware of personal definitions of compassionate care and how to deliver it in their practices.

Methods:

A small group of 12 medical students and faculty participated in a two-hour workshop.

Active Listening

- Discussed attributes of active listening and empathetic phrases as a group.
- In a pairs, told a story about a time when they did not feel “heard, seen, or respected”. Listeners couldn’t interrupt expect to ask open questions like “What else?” or “What happened next?” (Stobbe, 2003) (Liberating Structures)

Ladder of Inference

Non Verbal Behaviors

- Participants shared their thoughts on what nonverbal signals patients may express.
- Watched clips of various types of nonverbal communication (ex. eye contact, shaping space) (Shorey, 2012)

Acknowledgements:
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References:

LiberatingStructures.com

How Do We Communicate Compassion?

- Participants filled a post-survey questionnaire.
- 100% of participants would like to see this workshop conducted again in small groups of 10 students.
- Benefits: having space to reflect & active and engaging activities. Students reported particularly benefitting from discussing the nonverbal behavior clips and becoming aware of the Ladder of Inference.
- Improvements: Offer optional prompts for exercises requiring participants to share stories.
- Future Impact:
  - “I will definitely be more aware of the assumptions I make and not saying "ok" too much. I’ll also try to do better by letting the patient speak longer without me interrupting.”

Source: Mark Washburn
Source: Matt Washburn

Acknowledgements:
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References:

LiberatingStructures.com