Beyond flat pack empathy – transforming transactions into healing relationships

“When I first watched this video it was like seeing a snapshot of the patient; now I have listened again more deeply to everything he said, this consultation feels more like I have read a chapter in his life story.”

“My story is broken, can you help me fix it?”
Overview

Which section of the consultation does this session address?

Providing structure & flow to the consultation
Initiating the session and agenda setting
Gathering information
Physical examination
Explanation and planning
Closing the consultation

Building the relationship

Which specific skills are addressed in this session?

This session explores the concepts and practice of advanced skills in expressing empathy.

CG skills

26. Accepts legitimacy of patient’s views and feelings; is not judgmental.

27. Uses empathy to communicate understanding and appreciation of the patient’s feelings or predicament, overtly acknowledges patient’s views and feelings.

28. Provides support; expresses concern, understanding, willingness to help; acknowledges coping efforts and appropriate self-care; offers partnership.

45. Picks up and responds to verbal and non-verbal cues e.g. patient’s need to contribute information or ask questions, information overload, distress.

46. Elicits patient’s beliefs, reactions and feelings re. information given, terms used; acknowledges and addresses where necessary. How does this apply in remote consulting situations?

How does this apply in remote consulting situations?

When the clinician and the patient are not in the same room it is harder to develop the trust and communication that often develops naturally in some face to face meetings. When working remotely, the skills of building rapport need to be in place and highly developed skills for expressing accurate empathy are a valuable way to ensure that clinician and patient understand each other. This demonstrates to the patient that their perceptions are recognised and valued.

Skilled verbal expressions of empathy are even more important when working remotely, as visual non-verbal clues are largely absent. Responding attentively to a patient’s feelings, as well as the facts they are disclosing, usually makes for less repetition. Empathy enables the clinician to link their expertise more closely with what the patient needs within the context of their own life and experiences. Acknowledging feelings makes for more effective summarising, which can help the consultation to move forwards smoothly, (see TALC SKILLS FOR EFFECTIVE EXPLANATIONS: WHY ARE EFFECTIVE SUMMARISING SKILLS THE ENGINE OF THE CONSULTATION?).

References


57 Stories of Sickness – Howard Brody, Yale University Press.


Introduction

**Beyond flat pack empathy – transforming transactions into healing relationships**

Inexperienced clinicians who watch educators or trainers consulting, will often say things like: "It is so much easier because you know the patient already".

This may even happen when the educator has seen a new patient. So what is the learner observing that is so significant? When consultation skills get beyond basic competence, an important qualitative change can occur. The use of high level skills enables consultations to change from transactions to relationships. The result is that the consultation truly becomes a ‘meeting between experts’ – the patient brings their expert knowledge of themselves and their life, while the clinician offers their expertise in health care.

Experienced generalists can develop an effective relationship with patients very quickly, using rapport building, active listening and relationship building skills. When a clinician takes a patient’s thoughts, concerns and proposals for action into account, trust will develop. One way to enhance the effectiveness of the clinician-patient relationship is through the use of higher order empathy skills.

This chapter explores how there is a continuum in both the specificity and the intensity of the effects of expressions of empathy. Initially, empathy can be of the ‘flat pack, one size fits all’ type. This is expressed in empathic statements that are generic and even formulaic. This type of empathy is generalised and the phrases used can be applied to a variety of very different circumstances. This kind of empathy can be a good starting point in a conversation, sometimes enabling the conversation to turn away from symptoms, to an exploration of the effects of the symptoms on the person.

Developing skills in expressing empathy further will result in ‘bespoke empathy’, where the empathic comment indicates precise listening to the actual situation of the speaker. As relationship building skills develop, a therapeutic alliance forms between clinician and patient, to the extent that the clinician uses ‘therapeutic empathy’ which also expresses values and aspirations, to help the patient see new possibilities in their own narrative (see note A).

Here are some examples to make the concepts clearer, as shown in the responses to the patient’s statement:

"I went to the clinic expecting the ‘all clear’ yesterday, but I have felt terrible since as the oncologist told me that the tumour has spread so much I can’t have any more chemo."

**Flat pack empathy**: “I am sorry to hear that”. This may be a perfectly good start, however, the skilled clinician will explore the patients responses further, leading perhaps to:

**Bespoke empathy**: “It sounds like you had been hoping for good news, so you felt deflated and let down after the clinic”. If the clinician is accurate, the patient will endorse that by saying something like “that’s right” or “exactly”. Being understood, the patient will usually be able to expand on what is concerning them. This will help the clinician understand the patient’s predicament more fully.

**Therapeutic empathy**: “You have coped with so much already, now you are facing a very challenging time in your life”. This endorses the patient’s fortitude, “you have coped with so much”. The past tense changes to the present tense and turns to the future. “Now you are facing a challenging time” enables the focus to move to what lies ahead. The conversation might move more easily to explore what really matters to the patient now.

Here is another example:

“**My old dog died last week, after 10 years of being part of the family**”.

**Flat pack empathy**: “I am sorry to hear that” (Note how this statement could be used for almost any difficult circumstance, which is why it can sound formulaic or insincere.)

**Bespoke empathy**: “So you are really missing a family member now” (picking up the clue about “part of the family”).

**Therapeutic empathy**: “How sad to lose your dog, who gave you so much, for so long”. This takes the conversation from sadness and loss, to include gratitude, happy memories and perhaps even a recognition that ‘all things must pass’. This kind of empathy builds the relationship with support and even hope.

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**NOTE A**: I am indebted to the participants in the HEENW 2019/2020 Consultations Masterclass for the discussions that gave rise to the concepts of ‘flat pack’ and ‘bespoke’ empathy.
Introduction (continued)

This kind of relationship is called a ‘therapeutic alliance’. A therapeutic alliance, or therapeutic relationship, has been shown to be the crucial element in any kind of mental health work and is important when caring for people in any healthcare context. It consists of three elements:

1. Agreement on the goals of the meeting (which might include diagnosis, taking into account the ideas, concerns and expectations of the patient, or might be about follow up or a specific aspect of care such as delivering treatment).

2. Agreement on what is to happen next.

3. **The development of a personal bond made up of reciprocal positive feeling.**

There is an excellent description of the effectiveness of increased empathy in Barry Bub’s book *Communication Skills that Heal* (see Reference 59).

Therapeutic relationships become even more effective over time, through continuity of care. Continuity (which is a proxy for a developing relationship) has been repeatedly shown to have very beneficial effects on outcomes (see References 60 and 61). Most importantly perhaps, continuity is thought to improve the experience both of patients, and clinicians who work with them (Reference 61).

When empathy is expressed skillfully, effective relationships develop, even during an isolated clinical encounter, and consultations become more satisfying and less stressful for clinicians. This must be a strong motivation to develop the relevant skills.

These advanced empathy skills build on those that are discussed in:

- **TALC SKILLS FOR BEGINNING CONSULTATIONS EFFECTIVELY – WHY IS RAPPORT LIKE MONEY?**
- **TALC SKILLS FOR BUILDING EFFECTIVE RELATIONSHIPS – CAN WE ALL GET ON THE SAME PAGE? HOW TO DEEPEN RAPPORT** and
- **HOW DOES A SMALL DOSE OF EMPATHY PRODUCE MUCH BETTER CLINICAL OUTCOMES?**
Teaching notes

How to teach and develop these skills

Working one to one

The educator can begin by asking if the clinician has ever had the experience of hearing the words “thank you for listening” or “I feel so much better now I have talked to you”. What does it feel like to receive such a comment? For most clinicians this is a very satisfying and encouraging moment in clinical work. On the other hand, has the clinician ever felt grateful to someone else for “giving them a good listening to”? This could be in a clinical context and might also occur after a conversation with a relative, friend or even a spouse. Explore how that felt. Can the clinician articulate how this happened? What was the quality of the listening that gave this result?

The basic skills of attentive, active listening and identifying what the speaker is really concerned about are obvious components. However, feeling really ‘listened to’ usually requires attention to the feelings that are being expressed, as well as the facts. This is empathy at work. Ask the clinician to give some examples of empathic comments that they have used or heard. Explain the concepts of empathy described in the introduction to this chapter. What kinds of empathic statements comments are they using currently? Introduce the idea that there are different levels of empathy, which will have different effects in the consultation, as described in the introduction.

Then ask the clinician to tell you about a situation that they found difficult, that they are willing to discuss with you. It need not be too dramatic! Explain that you will stop from time to time and make an empathic comment. Try out all the different types. Ask the clinician to see if they can distinguish the different types of empathic comment.

When the story is finished, invite reflection on what it was like to be on the receiving end of different kinds of comment. Which seemed generic or formulaic? Which seemed most linked to what the speaker had been expressing. Were there any comments like “that’s right” to indicate that the speaker felt they had been understood?

Finally, change roles, with the educator ‘telling a story’ and the clinician offering empathic comments. Explore the differences, giving feedback about how they felt. Discuss how being empathic requires truly attentive listening, to focus on ‘what it is like to be in the other person’s shoes’. This means all active listening skills must be used.

Finally, ask the clinician to explicitly note their own key learning points from this discussion and skills rehearsal. Ask them to describe exactly how their behaviour might be different in their consultations following the session. Asking the clinician to focus on giving bespoke empathy in their next few consultations can often lead quite naturally into more therapeutic empathic statements too.

Be sure to ask the clinician how things went when they expressed empathy in a different way, noticing and praising any empathic skills, especially when they are observed in subsequent recordings of consultations. It can be worth highlighting that developing empathy can also occur when we watch films, read novels or biographies, as these are all ways in which we can deepen our understanding of the predicaments of other people, as well as improving and widening our use of accurate language.
How to teach and develop these skills

Working with groups

Begin by explaining that the session is going to address advanced relationship building skills, and introduce the concept of the therapeutic alliance. In pairs, ask participants to discuss any situations where they have heard the words “thank you for listening” or “I feel so much better now I have talked to you”.

Invite reflection on any situation where they have felt better after talking to someone or felt like saying “thank you for listening” themselves. Emphasise that this could be in a clinical or non-work setting such as a conversation with a friend or relative.

Then debrief by asking “how did the experience come about, that led to the ‘thank you for listening’ comment?”. What happened to create that experience?

When the educator listens to participants’ accounts it will usually be possible to draw out common elements. The use of active listening skills, picking up clues and cues help, enhanced by empathic statements that indicate that the listener understands the speaker’s actual experience.

The educator can begin to model empathic comments during this debriefing discussion, by picking up on any feeling expressed by participants; “so you felt especially satisfied because your patient felt so much better, they cancelled their follow up appointment?”, or “It sounds like you were quite encouraged yourself when your friend responded so well to your careful listening?”.

It is worth emphasising the idea of ‘whose feelings are these anyway’. We can easily become affected by patients feelings, which is not necessarily a bad thing, but all clinicians need to recognise when they are feeling something that comes from the patient (this is called transference – see reference 56), which needs to be let go of when the patient leaves the room (see also TALC SKILLS FOR BEGINNING CONSULTATIONS EFFECTIVELY – HOW CAN YOU GO HOME WITH ENERGY TO SPARE?).

Then ask participants for some suggestions of ‘empathic comments’. Participants will usually be able to generate some ‘flat pack empathy’ statements (see the introduction to this chapter). Introduce the idea that empathy is more complex and includes being precise about the patient’s own specific context (‘bespoke empathy’) which can then go further to help build a therapeutic alliance, which provides support, encouragement and hope.

The educator can then ask for a willing participant to describe a difficult situation they have been in, that they are willing to talk about in front of the group. Say that you are going to make some empathic comments as they tell their story. Use flat pack, bespoke and therapeutic empathy statements.

Debrief by asking the speaker what the different types of empathy felt like. Which ones helped to build the relationship and how?

Finally, ask participants to spend three minutes writing some notes about an encounter with a patient that they personally found especially difficult, and that they are also willing to discuss with a partner. Divide participants into pairs. Ask them to take turns to tell their story. The listener is only required to listen and to make empathic comments. They should resist any temptation to ‘fix the problem’ or say “what I would have done is...”.

Ask the pairs to create several flat pack, bespoke and therapeutic empathic statements to go along with each story. Allow 10 to 15 minutes for this part of the session.

Then ask the pairs to combine to form fours. One person should ‘tell their story’ inviting the second pair to provide empathic statements as they hear the story for the first time. Then the story tellers share the empathic statements that were produced in their initial discussion.

The fours should then decide which empathic statements were most powerful. Allow time for taking turns within the group of four, to tell the stories and compare empathic comments.

Debrief the whole group by asking how it went. Were there any examples of generic empathy? What are the benefits of flat pack/generic empathy, especially near the start of conversations? What are the difficulties of bespoke empathy and therapeutic empathy? What were the beneficial effects of being on the receiving end of an accurate empathic comment?

The educator can acknowledge that these are higher order skills and may take considerable practice to get right.

However, sincere empathy based on what the patient is actually saying, is almost always helpful to the overall clinical patient relationship. Even if the empathic statement is not quite right, the patient will usually say “actually it is more like...” which gives useful clarity as the patient names their own feeling.
How to teach and develop these skills

When the patient can correct and expand on the feelings in question, it deepens the relationship further and allows for a more accurate assessment of the patient’s situation. If the speaker says “that’s exactly right”, the development of a personal bond made up of reciprocal positive feeling is being established, to everyone’s benefit.

Follow through by inviting participants to try these skills in at least two consultations and then ask about their experiences next time you meet. Ask participants to share any empathic comments that seemed to have a helpful effect on the consultation and to explain how that came about.

Reviewing skills after a period of practice is a good opportunity to celebrate and reinforce success and correct any misconceptions. Peer to peer discussion can often help to find ways through any difficulties that have been experienced.
Notes for educators

Engaging participants
Meeting their needs

When participants talk about their experiences of hearing the words “thank you for listening”, they are beginning the session reflecting on success. This is a good frame of mind to start with. Everyone likes to hear “I feel so much better now I have talked with you” and so this session can be framed as an opportunity to be ‘even better if...’ and to have more of those satisfying, less stressful, consultations. What if every patient left the room feeling like that?

Energising participants
Maintaining energy throughout

By asking participants to reflect on their own experiences of receiving empathy during the session, the learning is clearly related to practical experiences. Working in pairs and fours means that everyone gets to participate fully, which maintains energy in the room. Actively listening to a narrative and creating empathic statements engages the creative and playful mind to good effect.

Evaluations and feedback
Making the most of the session for participants and educators

Ask participants to write down three key things they have learned about empathy and to write down two things they intend to do differently in their subsequent consultations. Follow this up by asking about progress at future sessions.

How to provide structure to the session
Help participants to structure their consultations

This session is about deepening and developing nascent skills. If educators can identify a sequence of skills to be learned this contributes to a sense of structure and progress in learning that can be motivating. While empathic statements in themselves are not ‘structuring or signposting’ statements, when accurate empathy has been expressed, the patient will often say “that’s right”. This will usually allow the conversation to move on, because the patient feels understood. If this doesn’t happen, then conversations get stuck, often with much time wasting repetition. Accurate, bespoke and therapeutic empathy save time in consultations, because the clinician and patient rapidly get ‘on to the same page’.

Building relationships
Help participants build relationships with their patients

Advanced empathy skills facilitate better relationships, which allow much greater trust and cooperation between the parties. This applies in consultations and also in the learning relationships between participants in an educational programme.
Here are some ‘sample stories’ with some possible empathic comments for the educator who is facilitating the group to ponder on. The participants could be divided into groups of eight for this exercise. The participants should generate and write down their own empathic statements.

**Story 1**

“I have not felt right since last week when I heard that my old friend had died.

We had been friends for 45 years. She used to give me very good advice about everything, I phoned her twice a week to talk.

I still wear some of the lovely jackets she made for me, she was a wonderful dressmaker.”

**EDUCATOR NOTES:**

Flat pack empathy after “my old friend died” might be an appropriate: “I am sorry to hear that”.

Bespoke empathy pick up on “twice a week to talk”, “sounds like you miss those phone calls”.

“She was a wonderful dressmaker” – therapeutic empathy might be something like “she was a wonderful friend, you have those lovely jackets to remind you of that”.

**Story 2**

“Work is very difficult. I used to enjoy it but this new management is awful.

They don’t give you any sick pay. I have had two outpatients at the hospital about my endometriosis, which means I lose a day’s pay even if I tell them what it is for.

I need the money because its just me and the kids since Gary buggered off to Spain.”

**EDUCATOR NOTES:**

“Management is awful” – flat pack empathy: “I am sorry to hear that”.

“Lose a day’s pay” – bespoke empathy could be something like: “losing pay adds insult to injury when you have the endometriosis to deal with too”.

“Gary buggered off to Spain” – therapeutic empathy could be something like: “you are coping with a lot of things at once here and still really working hard to provide for your children”.

**Story 3**

“I got done for drunk driving, so I have lost my licence for a year. That means I got kicked out of my job because I needed to be able to drive.

I just end up sitting around all day watching rubbish TV and waiting for my girlfriend to come home.

She’s fed up with me, she says I need to do something or I will just get really down.”

**EDUCATOR NOTES:**

“Kicked out of my job” – flat pack response: “I am sorry to hear that’s happened”.

“Rubbish TV...waiting for my girlfriend to come home” – bespoke empathy could be something like “sounds like you get really bored at home when you have been used to a driving job?”.

“She says I need to do something” – therapeutic empathy could be something like “sounds like you feel your girlfriend coming home is something worth waiting for, and from what you are saying she sounds as if she is concerned about you”.