

Communication Skills for Demonstrating Empathy



Click link above to play video

Note on using this video

Read the background information to gain an understanding of the scenario context. On watching the video, you might feel that while many of the skills are good, perhaps there are some that you might do differently. To support your thinking on this, the communication skills sheet overleaf includes some examples of different wording.

As in any acted version of a healthcare conversation, you will notice that the video does not capture the full nuance of real-life communication. Instead, it highlights in a simplified, sometimes repeated manner, skills that are known to make healthcare conversations easier and more effective. The intention is not to teach skills 'by rote' and to learn wording by heart, but rather to help engage viewers in reflecting on what they communicate and how they do so.

The video includes multiple phases and skills. If you are using it in a teaching session, It can be useful to think in advance about particular skills you want learners to look out for.

Supporting materials

Visit our webpage at https://bit.ly/NHCP_MODULE_EMPATHY_WEBPAGE for supporting materials on communication skills for demonstrating empathy.

Communication Skills for Demonstrating Empathy

Background

Dolores is 76. Her husband, Jim, has COPD (chronic obstructive pulmonary disease). She and her husband have been made aware that his remaining lifespan may be short. Dolores recently saw her GP, who referred her to the social work team. He did so because he felt Dolores was exhausted. In the video, Maggie McNally, a social worker visits Dolores for the first time, in order to assess, and to propose how social services might provide support and how the social workers might help Dolores and her husband plan ahead.

Clips

There are four clips in this scenario.

FIRST CLIP

INITIATE THE CONVERSATION

00:00 – 02:25

Maggie introduces herself, and is invited in by Dolores, who has been expecting Maggie to arrive. Maggie checks Dolores' familiarity with what social workers do. She provides initial signposting about the agenda and purpose of their conversation.

SECOND CLIP

GATHER INFORMATION

02:26 – 08.20

Maggie encourages Dolores to talk about how she is. Maggie asks a broad initial question and Dolores talks through her day looking after Jim. Maggie then asks focused questions to gather further information, including about Dolores' current support. Maggie summarises and paraphrases, showing an empathetic understanding of the

challenges Dolores is facing. Dolores shows marked distress, and Maggie shows skill in how she responds to strong emotions.

THIRD CLIP

GIVE INFORMATION

08:21 – 09.20

Maggie clarifies the key challenges and proposes a meeting with Dolores and her two daughters, explaining her reasoning.

FOURTH CLIP

CLOSE THE CONVERSATION

09.21-END

Given that Maggie has proposed a conversation about her finances, Dolores expresses some hesitation about sharing personal information. In response, Maggie explains confidentiality. Maggie confirms what will happen next, and ensures Dolores has her contact details in case of questions.

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Communication Skills

FIRST CLIP

INITIATE THE CONVERSATION

00:00 – 02:25

- At the start of the video, we hear Maggie ringing Dolores' doorbell, introducing herself and her role, and confirming that she and Dolores had spoken on the phone last week. Dolores' reply (*"Oh yes, I was expecting you"*) indicates she recalls the conversation and suggests she is well disposed to Maggie's visit.
- Once settled in Dolores' sitting room, Maggie asks a broad, opening, how-are-you type question (*"How are you keeping Dolores?"*). Dolores' mentions her GP felt she was looking very tired, and Maggie picks up on this (*"That's right, Dr O'Keeffe contacted our service to see if we could come out..."*).
- Maggie asks if Dolores has had a social worker before, this enables her to check what Dolores knows about the role and the service, and then tailor what she says to Dolores' response. By checking the starting point in this way, Maggie avoids either under-assuming or over-assuming what Dolores knows, and thus she is able to provide Maggie with pertinent knowledge but not to tell her what she already knows (doing so could feel patronising to Dolores).
- Maggie signposts two of the agenda items for their conversation *"I'll tell you a bit about what we do as social workers, and maybe we can establish before I leave today what help we can offer you."*
- Maggie asks Dolores if she is comfortable with her taking notes during the conversation. This shows politeness, and signposts to Dolores that there may be times when the conversation needs to be briefly paused as she makes notes. Even though in this context, it seems very unlikely that Dolores would refuse this, by asking Dolores, Maggie frames the conversation in which Dolores has rights over what happens and over what Maggie does.
- Maggie asks a further broad introductory question (*"Can you tell me more about yourself and Jim?"*). This broad question is a helpful in several ways – Dolores' answer gives Maggie information about Dolores' understanding of Jim's diagnosis, the terminology she uses for it (*"Jim has COPD"*), her understanding of the causes, her awareness of his prognosis (*"They told me that he might not see next Christmas"*), and also her emotional state upon raising this prognosis – she becomes tearful.
- With regards Dolores' *"he might not see next Christmas"*, it is worth noting that both patients and practitioners quite often use indirect, but unambiguous terms for prognosis and dying. This indirect but unambiguous way of talking about the most serious of issues is one way of being sensitive and avoiding sudden severe emotional breakdown. For instance, Dolores might have become even more upset had she said: *'They told me he going to die soon'*.
- Maggie has been showing active listening – ensuring eye contact, leaning towards Dolores, showing a warm, concerned facial expression, and using gentle tone of voice. This helps to build rapport and trust.

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- When Dolores has told her of Jim's poor prognosis, Maggie responds with condolences (*"I'm really sorry to hear that"*), and an empathic statement – that is, one in which she refers to a particular emotion (*"That must have been very upsetting for yourself and Jim"*). With her phrase *"That must have been"*, Maggie shows that she has a level of understanding, but without claiming to definitely know just how they felt and feel. (When someone claims to fully or completely understand how another person feels, this can come over as insincere or overstepping the mark). Maggie sits with the emotion and doesn't try to fix it. By acknowledging and validating distressed feelings, she builds connection with Dolores and helps her to participate in the conversation. Also, through her empathy, Maggie conveys her understanding of the distressing nature of bad news about life expectancy.
- Maggie checks if Dolores is okay (*"Are you okay Dolores?"*). A little later the video, Maggie words her question as *"Are you okay to carry on?"*, this might be preferable because in a sense Dolores is clearly not okay, and because what Maggie is actually doing is checking Dolores' capacity and desire to carry on the conversation at this point, despite her understandable distress.
- Maggie signposts one part of the conversation's agenda (*"one of the things we could talk about today"*). Maggie talks of *"what support we could give you... as Jim's condition deteriorates."* An alternative way of wording this would have been something like 'if and when Jim's condition

deteriorates'. Whilst both Maggie and Dolores know that his condition will deteriorate, in real-life conversations, speaking of this in slightly less definite terms comes over as more gentle. Because Dolores has made it clear that she understands Jim's prognosis, slightly more indirect and hypothetical ('if') talk about the future is likely to soften the impact of what is said, without being misleading.

SECOND CLIP

GATHER INFORMATION

02:26 – 08:20

- Maggie asks an open question (*"Can you tell me more about you and Jim's day, a typical day?"*). This question is somewhat more focused than her earlier broad questions. Dolores' responds to this focusing, talking through her day looking after Jim.
- Maggie shows active listening, with eye contact and nodding. She shows empathy and concern too (*"that seems like a very busy day for you Dolores"*), and in using Dolores' name, she conveys that what she is saying is serious and heartfelt.
- Maggie then asks even more focused questions so as to gather more information about Dolores' situation and her current support. A question about recent changes prompts Dolores to talk about how difficult and unaccustomed it is for her to have taken over financial and administrative tasks that Jim used to do but is no longer able to.

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- Maggie shows reflective listening (several times, including *“That’s a lot to take on for one person”* and *“It sounds like you’re someone your family really depends on Dolores”*), that is, she shows she has picked up the implications behind what Dolores has directly said. By doing so, Maggie draws Dolores’ attention to how much she has taken on, and to how she is not sharing her feelings and difficulties with her family members.
- Dolores shows marked distress again – becoming tearful and apologising (*“sorry”*), and Maggie shows skill in how she responds. She uses a soft tone of voice, gently accepting this apology by reassuring her and conveying that it is okay that Dolores is temporarily too overcome by emotion to continue talking. Maggie avoids rushing on to a next topic or question. She also shows her understanding of the difficulties of this particular kind of conversation (*“I know this is a lot to talk about with someone you’ve just met”*). Finally, she does not try to push the conversation on, but waits until Dolores is a little calmer, then checks if Dolores wants to continue.

THIRD CLIP

GIVE INFORMATION

08:21 – 09:20

- Maggie moves towards making proposals, tying these to what has gone before (*“from what you’re saying...”*) and paraphrasing – that is, picking up on particular matters that social work and social care may be able to help with (shopping, managing finances).
- Maggie suggests a joint meeting with Dolores and her daughters, which Dolores hesitantly

welcomes. Maggie adds some information about what will be covered in the meeting (*“it’s important for your children to know what your concerns are, and together we would be able to plan ahead”*).

- Not shown in the video, Maggie also proposes a one to one meeting with Dolores to look at her finances together.

FOURTH CLIP

CLOSE THE CONVERSATION 09:21-END

- In both everyday conversations and in healthcare, when someone raises future arrangements, or returns to them, both parties recognise that that the conversation may be coming to an end.
- Maggie recaps future arrangements and thereby suggests that the conversation may be coming to an end. At this point though, Dolores raises the fact that it feels odd to be planning to talk about finances with someone other than Jim. Rather than push on towards ending the conversation, Maggie temporarily halts the movement towards the end of the conversation, by taking up what Dolores has raised and explaining to her how she as a social worker treats confidential, private information.
- The conversation then moves back to talk about when they will next meet, and Maggie ensures Dolores has her number so that she can contact her before then if she wishes. Maggie brings the conversation to an end with kindly talk (*“you mind yourself and Jim”*), a kindly and attentive facial expression, and showing her attentiveness by leaning in.