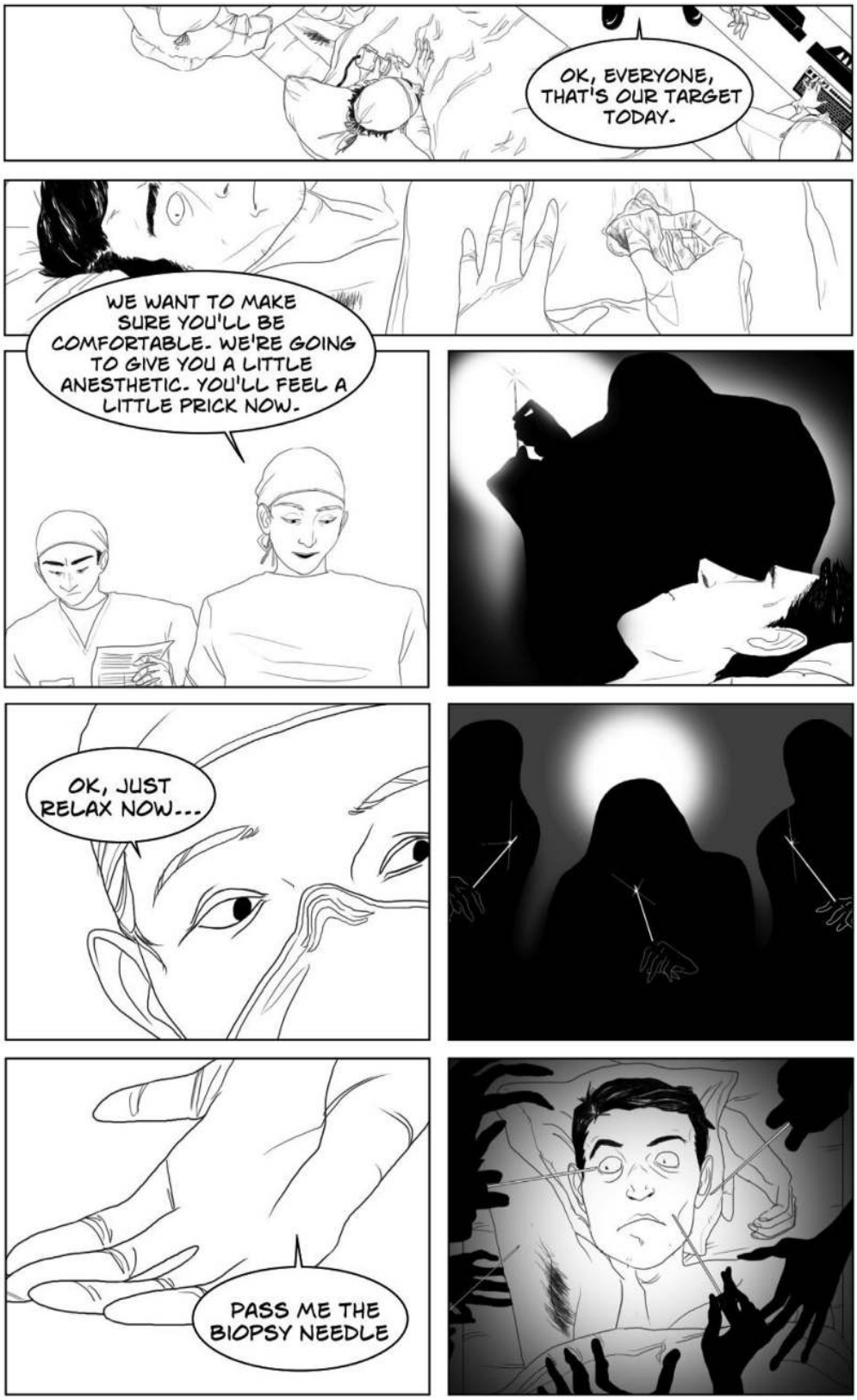
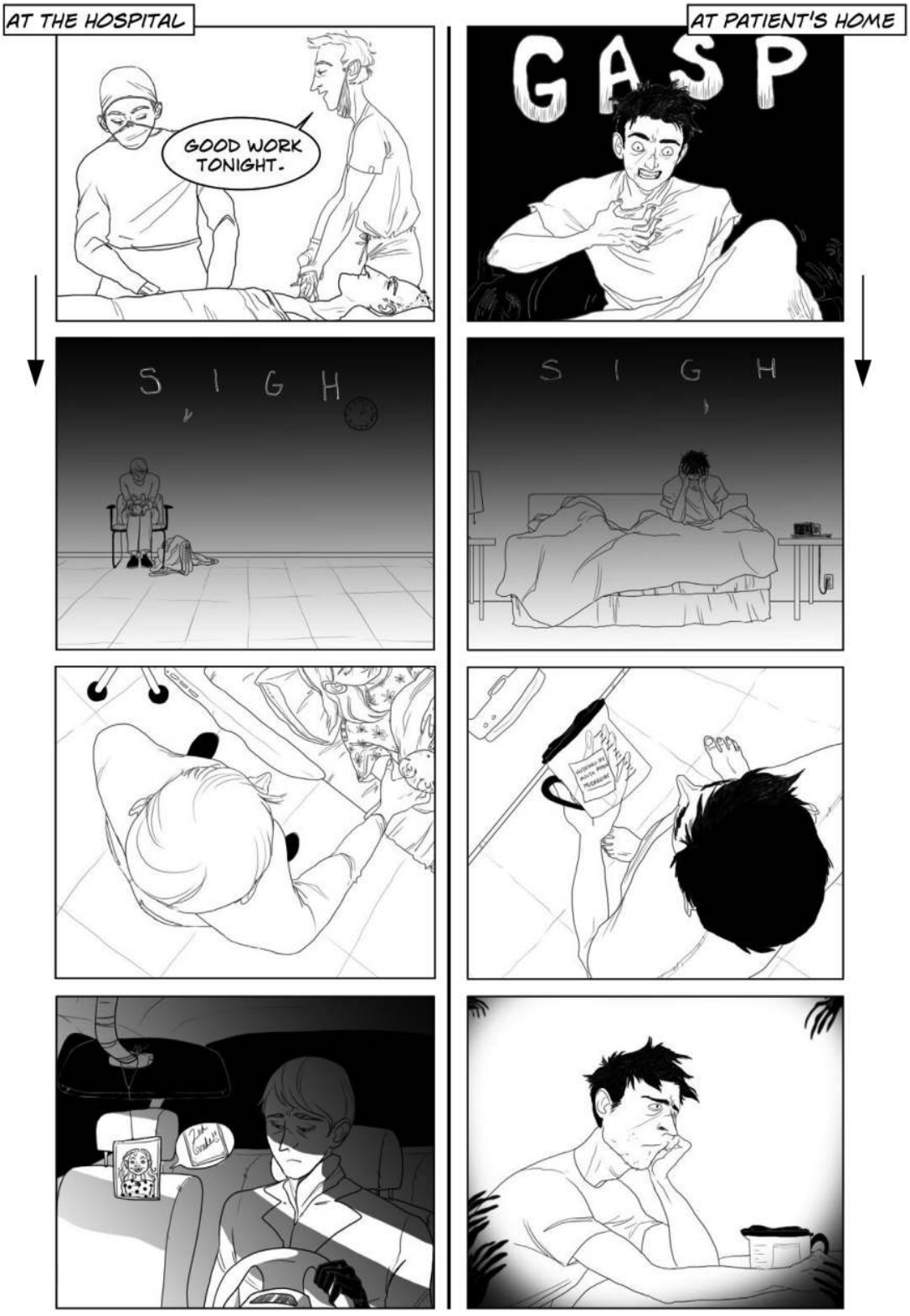
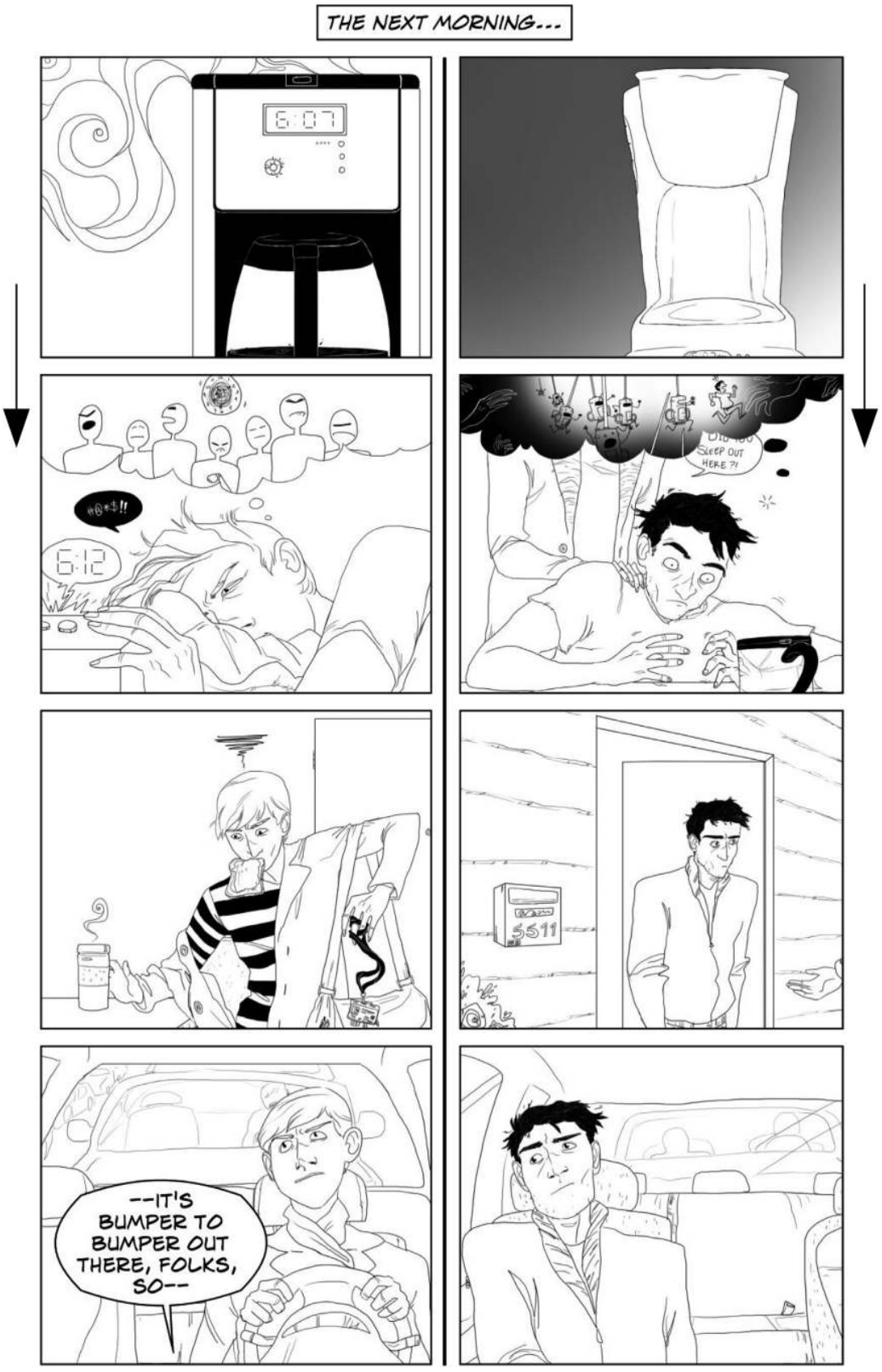
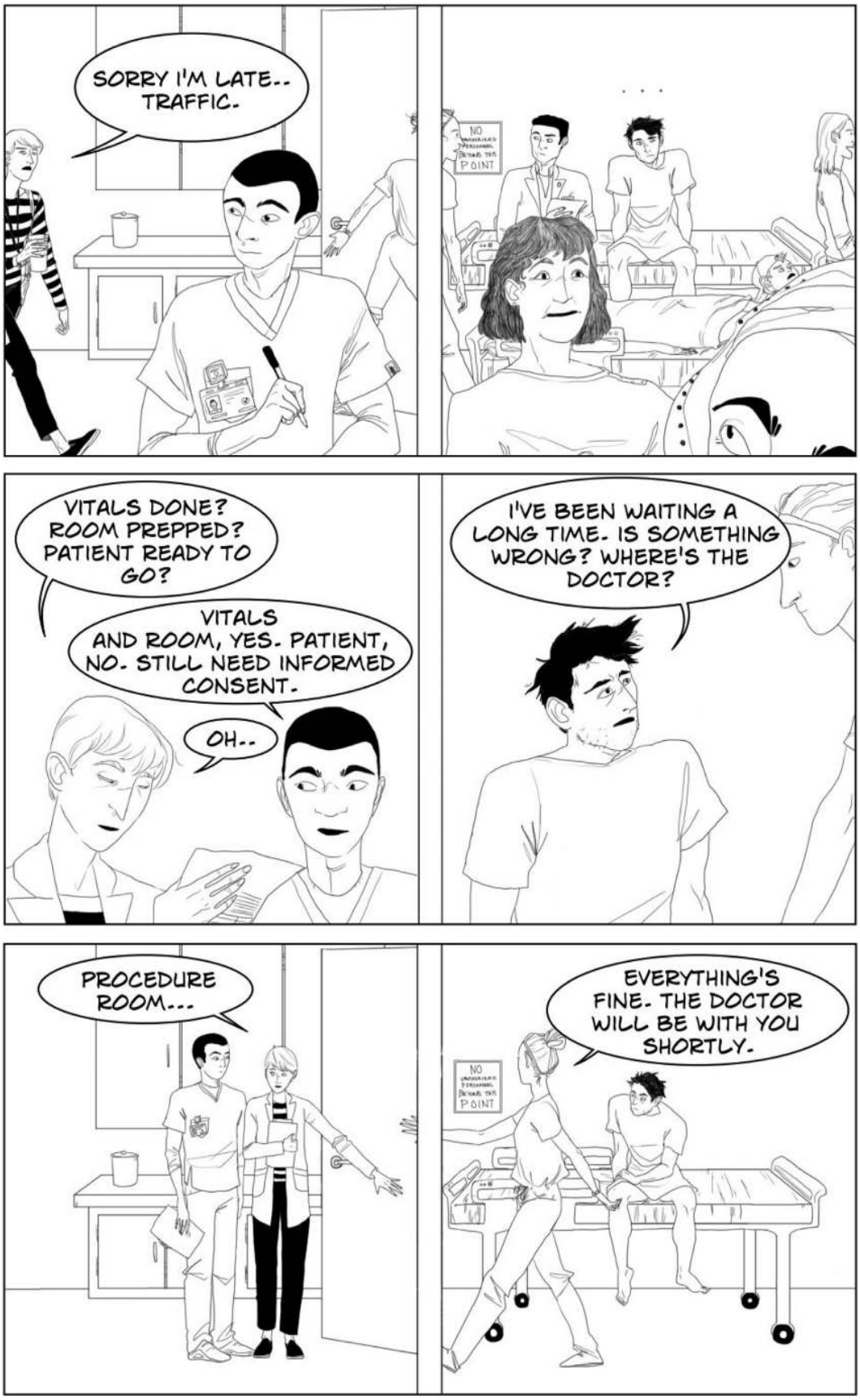
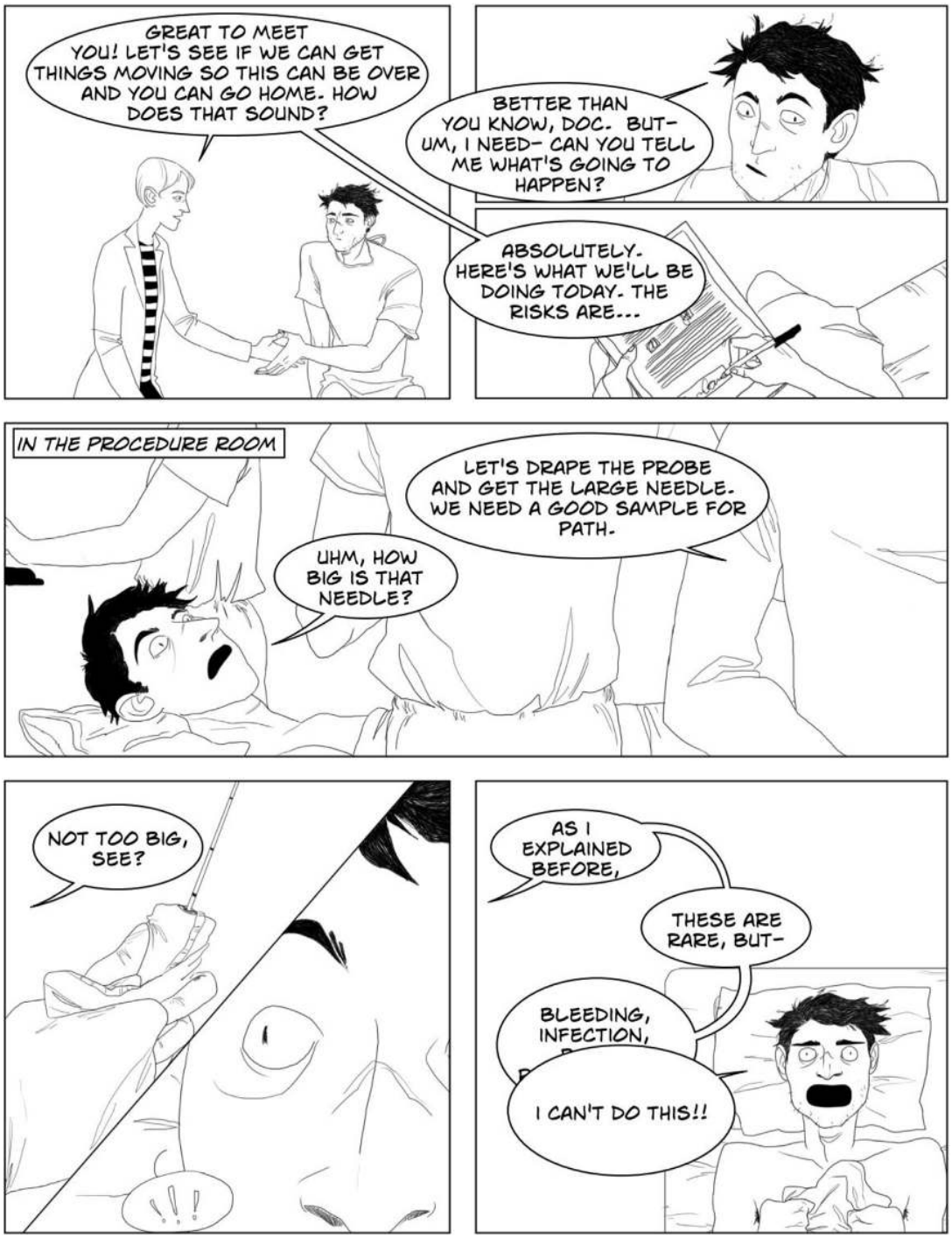
Difficult Doctors, Difficult Patients: Building Empathy




AT THE HOSPITAL
GOOD WORK TONIGHT.
AT PATIENT'S HOME
GASP
SIGH
SIGH


THE NEXT MORNING...
6:07
6:12
#@*$!!
SLEEP OUT HERE ?!
5511
--IT'S BUMPER TO BUMPER OUT THERE, FOLKS, SO--


SORRY I'M LATE-- TRAFFIC.
VITALS DONE? ROOM PREPPED? PATIENT READY TO GO?
VITALS AND ROOM, YES. PATIENT, NO. STILL NEED INFORMED CONSENT.
OH--
I'VE BEEN WAITING A LONG TIME. IS SOMETHING WRONG? WHERE'S THE DOCTOR?
PROCEDURE ROOM...
EVERYTHING'S FINE. THE DOCTOR WILL BE WITH YOU SHORTLY.


GREAT TO MEET YOU! LET'S SEE IF WE CAN GET THINGS MOVING SO THIS CAN BE OVER AND YOU CAN GO HOME. HOW DOES THAT SOUND?
BETTER THAN YOU KNOW, DOC. BUT- UM, I NEED- CAN YOU TELL ME WHAT'S GOING TO HAPPEN?
ABSOLUTELY. HERE'S WHAT WE'LL BE DOING TODAY. THE RISKS ARE...
IN THE PROCEDURE ROOM
LET'S DRAPE THE PROBE AND GET THE LARGE NEEDLE. WE NEED A GOOD SAMPLE FOR PATH.
UHM, HOW BIG IS THAT NEEDLE?
NOT TOO BIG, SEE?
!!!
AS I EXPLAINED BEFORE,
THESE ARE RARE, BUT-
BLEEDING, INFECTION,
I CAN'T DO THIS!!

ORIGINAL ARTICLE

Difficult Doctors, Difficult Patients: Building Empathy

SA-CME

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Abstract

Effective doctor-patient communication facilitates the therapeutic relationship, promotes patient physical and mental health, and improves physician satisfaction. Methods of teaching effective communication use a range of techniques, typically combining didactic instruction with simulated communication encounters and reflective discussion. Rarely are patients and physicians exposed to these instructions as colearners. The evidence for the utility of graphic stories, comics, and cartoons to improve patient comprehension and self-regulation is small but encouraging. The authors describe the use of graphic medicine as a teaching tool for engendering empathy from both the physician and the patient for the other during a shared clinical encounter. This use of educational comics in a colearning experience represents a new use of the medium as a teaching tool.

Key Words: Graphic medicine, comics in education, consumer health information, bibliotherapy, patient communication, clinician education, pictorial work, informed consent, doctor-patient relations, communication

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INTRODUCTION

Effective doctor-patient communication increases patient and physician satisfaction [1-7], decreases patient complaints and malpractice claims [2-5,8], and increases patients' physical and mental health related to their diseases [8-11]. Recognizing the importance of communication to the therapeutic relationship, the ACGME requires resident mastery of effective communication with patients and families as a core competence [12].

METHODS OF TEACHING EFFECTIVE COMMUNICATION

Physician education ranges from simulated patient encounters [13-18] to role playing, didactic lectures, and reflective discussion [19] with constructive feedback from peers and facilitators [18]. These interventions have been implemented across levels of experience, among trainees and health professionals alike [18]. Collaboration, conflict management, and an understanding of personal, cultural, and social constraints that inform health beliefs represent domains of effective communication [1]. This latter domain can lead to divergent, or at the least implicit, expectations of the care encounter that can result in a perception that the patient is being difficult or noncompliant. Anger and frustration at the clinical situation, diagnosis, or therapy may be directed toward the provider, further shutting down information exchange. Physicians themselves may react with their own frustration, also framed by their own personal and cultural beliefs and experiences.

Patients participated in simulated communication encounters, as raters and advisers of provider communication expertise and as coinstructors. We were unable to identify interventions in which patients participated as colearners. A physician, in a position of power, bears the responsibility of finding effective ways to convey information that may be difficult for a patient to hear and continuing to engage the patient to reach a collaborative decision for care. Where possible, patient empathy for the physician can ease this communication process and enhance the care received.

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Using the transactional model of physician compassion [20] as a frame, a clinician's expression of compassion care relies on complex interactions among clinician, patient, and environmental and system factors. A physician feeling threatened by workplace or patient complaints or distracted by personal issues may shift to a defensive or aggressive approach or may express frustration during a clinical encounter that is perceived by the patient to be an expression of the clinician's lack of empathy or care. Patients remain in a position of power by being able to choose to empathize with clinicians and by doing so receive reciprocal empathy and compassion from clinicians [21].

GRAPHIC MEDICINE AS A TEACHING TOOL

The Patient-Centered Outcomes Research Institute's Engagement Rubric for Applicants [22] proposes that patients attend training courses on research methods to prepare them to fully participate in the design of research studies. Adapting this model, we have designed an illustrated story or educational comic as a case study using a common radiologic procedure, a liver biopsy, to portray microencounters that have the potential for conflict and represent opportunities for effective communication. The case study provides both the patient and physician perspective of these microencounters in an effort to build empathy for both participants in a care encounter. The idea for this graphic story grew from a *JACR* tweet chat titled "Difficult Patient or Difficult Physician," with guest moderator Patricia Anderson (@pfanderson), a patient and emerging technologies librarian at the University of Michigan and participant in GraphicMedicine.org.

Graphic medicine, an emerging discipline, explores comics as a medium for health communication and education [23-27]. As an example, M. K. Czerwiec, artist-in-residence at the Northwestern University Feinberg School of Medicine and coauthor of the *Graphic Medicine Manifesto* [28], uses the medium to teach medical students about the complexity of chronic illness in story form. Doan [24] used the medium to describe the anxiety component of his obsessive-compulsive disorder (OCD), viscerally conveying the oppressive and disordered nature of the disease beyond what can be accomplished with words alone. Williams [29,30], a physician also with OCD, uses graphic medicine to create empathy for doctors by telling the story of how his OCD affects his clinical practice.

Graphic stories accomplish their effect through a variety of mechanisms [25,31-33] that are illustrated in the liver biopsy case study. Juxtaposition of text and images conveys emotion and reaction in a visual format, much like reading a patient's expression provides context for a verbal response. This juxtaposition can also depict unspoken thoughts critical to understanding the patient perspective. Image manipulation, such as altering perspective, progressive background change, and cropping, economically draws attention to key components of the care experience from the relevant perspective. Visually altering the text using different typefaces or font sizes emphasizes the importance a patient or physician gives to a particular thought, further illustrating any discrepancy in perspective. How the characters are designed, through the choice of characteristics such as gender and stylized or realistic portrayal, can affect readers' willingness to insert themselves emotionally into the story. These subtleties of design, derived from comic literacy and best practices, can be used to create a product targeting specific audiences [34].

In the liver biopsy case study, the parallel panel construction presents the physician's perspective on the left and the patient's perspective on the right. The temporally related perspectives begin with the night before the patient's biopsy and converge on the same biopsy encounter seemingly shared by the physician and the patient. However, the panels demonstrate how different the experience is for both, with each missing information about the other that would engender empathy. Furthermore, the opening panels representing the patient's perspective are ambiguous; the patient's dream state is not immediately apparent, emphasizing the uncertainty prevalent in a patient encounter with the health care complex.

Graphic stories, cartoons, and comics have been used to improve care in a variety of settings. In small randomized trials, Tjiam et al [35] demonstrated that an educational cartoon story without words targeted to 4- to 5-year-old Dutch children on the importance of wearing an eye patch improved compliance for amblyopia occlusion therapy more effectively than an information leaflet directed at their parents. The educational cartoon was particularly effective among patients from low socioeconomic strata and among children of immigrants [36]. In an Australian multicenter randomized controlled crossover trial, 81% of patients preferred the use of cartoon animation depicting cystoscopy and stent insertion as part of the informed-consent

process, compared with 19% preferring standard verbal communication, with a 15% increase in understanding after the use of cartoon animation [37]. Similarly, a single-arm study of the use of comics in obtaining informed consent for stroke care among family members of Japanese patients with intracerebral or subarachnoid hemorrhages demonstrated the usefulness of comics in addition to doctors' explanations [38]. A cartoon-based measure of symptoms of posttraumatic stress disorder (PTSD) as defined by the *Diagnostic and Statistical Manual of Mental Disorders*, 4th ed, when self-administered among Danish children and adolescents in high-risk settings correlated with a clinician-administered PTSD scale for children and adolescents. A receiver operating characteristic analysis suggested that the cartoon-based measure significantly predicted PTSD in this population [39]. The use of an educational comic book on epilepsy resulted in increased knowledge about the cause, treatment, and first response during a seizure among rural and urban Ethiopian high school students [40]. Exploratory evaluation of the potential of educational comics in health settings suggests that in addition to improving knowledge, comics provide opportunities for enhanced self-awareness, reassurance, and empathy and a way to explore the impact of illness on family relationships [41]. Barriers include a lack of awareness or easy access to educational comics and the perception that comics as a medium are too lighthearted or geared exclusively for children. McNicol [42] discussed how comics can provide support for patients regarding fear and anxiety, interactions with medical providers, self-management, and disease prevention, using diabetes comics as an illustrative example. Tsao and Yu [43] noted that enhanced physician empathy and improved diabetes outcomes are associated with the use of comics. Their study describes the use of comics on diabetes to affect learning processes for empathy in medical students, as empathy declines during medical school training.

SUMMARY

Although the current evidence base for the utility of graphic stories, comics, and cartoons is small, the results encouragingly demonstrate the improvement in patient comprehension, self-regulation, and emotional support across a variety of clinical communication encounters. In this case study, we explored the medium as a colearning experience for both physicians and patients and as a means to spark discussion on building empathy. The following questions are meant to provoke personal insight into the complexity of physician-patient interaction.

For the following discussion questions, refer to the preceding comic

1. Whom did you identify with and why? Whom did you not identify with and why not?
2. What did each need to know about the other?
3. As the patient, what would you want the doctor to have done differently? As the doctor, what would you want the patient to have done differently?
4. How might this story change your next doctor-patient encounter?

To enhance the learning experience, a journal club will take place during the *JACR* tweet chat on February 25, 2017, from 12 to 1 PM Eastern Standard Time to discuss these teaching questions.

TAKE-HOME POINTS

- Graphic medicine, an emerging discipline using illustrated stories, comics, and cartoons for patient care and patient education, improves clinical care in a variety of clinical communication settings.
- Text and image juxtaposition, image manipulation, and text alteration are ways a graphic story can more effectively convey the patient experience compared with plain text.
- Mastery of culturally sensitive patient communication represents an ACGME core competence for diagnostic radiology residents.
- Cultural beliefs can lead to patient behaviors that promote a misperception of adherence to physician recommendation.
- Physician empathy for the patient and patient empathy for the physician together can improve communication and promote deeper understanding of each other's perspectives.

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