



Balanced Living[®]

YOUR GUIDE TO EVERYDAY HEALTH



THE GIFT

OF

CLINICAL
EMPATHY

USE
TECH FOR

GOOD
HEALTH

THE
PREDIABETES
WAKEUP
CALL



PRACTICING EMPATHY

A doctor's
near-death
trauma
inspires
a quest to
connect.

A happy marriage, a first baby on the way and a blossoming medical career: Dr. Rana Awdish was living her dream life walking out of Henry Ford Hospital in Detroit on May 15, 2008, the last day of her pulmonary medicine fellowship.

Not even her medical training prepared Dr. Awdish for her arrival hours later in the ER – as a patient with unbearable abdominal pain.

A benign tumor had ruptured in her liver, and blood was pooling in her abdomen. Bleeding out, because her blood was too acidic and cold to clot, her liver and kidneys shut down. She was put on a ventilator in a medically induced coma and had a stroke. The baby didn't survive.

Lying on the gurney, she could hear the doctors say, "We're losing her," and "She's circling the drain," phrases she may have said herself while trying to save patients. But hearing those words with her life on the line made her feel helpless. She knew the meaning of every medical term spoken around her but didn't know if she'd live another minute or if the people working to save her life even saw her as a person. She tried to calculate her survival chances in her head.

Later, in intensive care, Dr. Awdish heard someone say, "She's been trying to die on us," which made her angry. If her medical team didn't believe in her, how could she have hope for her survival? Where was the empathy?

Her recovery involved five major surgeries, multiple invasive procedures and months of rehabilitation to learn to walk and speak again. Ultimately, she was able to return to work.

The greatest challenge of Dr. Awdish's recovery was finding her identity. "Going from a fully functional critical care physician to being slow, needing oxygen and not being able to do anything alone, like shower, let alone

work, was the hardest part," she says. "Sickness alters your sense of self and makes you vulnerable."

After relearning skills and getting her life back, she was determined to go back to work at the hospital. "I genuinely felt that my illness had taken so much from me that I wasn't going to let it take anything else," she says. "I had a sense from the beginning that I would be able to unite the patient side to the physician side and I could practice medicine and it would be worthwhile."

Today, Dr. Awdish is back at work full-time, and she and her husband have an 8-year-old son. Dr. Awdish is director of the Pulmonary Hypertension Program at Henry Ford Hospital in Detroit and medical director of Care Experience for the hospital's parent organization Henry Ford Health System. Her near-death experience transformed how she viewed treating patients and motivated her to write her 2017 memoir, *In Shock: My Journey from Death to Recovery and the Redemptive Power of Hope*. The book has become suggested or assigned reading in more than 50 medical and graduate schools.

Dr. Awdish believes that medical providers are good people and highly skilled. But she says there is often a disconnect between providers and their patients. Medical schools have long taught students to be objective, distant and detached, but not how to effectively communicate with patients with empathy. She felt compelled to try to fix it.

Teaching doctors to connect with patients and listen more attentively, she believed, would improve the quality of care. There was a way to treat the patient wholly, as a person and not just as another illness.

She shared her views with hospital administrators, and the health system embraced her suggestions.

"I tied my observations to a teaching

Treat them like a person, not an illness.

– Dr. Rana Awdish

curriculum that was part of the solution,” Dr. Awdish says. “Henry Ford views itself as a learning organization and is always open to improving.”

The CLEAR (standing for Connect, Listen, Empathize, Align and Respect) Conversations Project, which Dr. Awdish developed with three colleagues, brings to light the lack of effective communication and empathy she experienced as a patient. Detroit actors role-play patients, and providers are shadowed by physicians who give feedback on their communication skills. “We’re learning skills to help us connect to our patients beyond just extracting the patient’s history, contrary to the way we were trained in medical school,” Dr. Awdish says.

The surprising takeaway to emerge from the program, Dr. Awdish says, was the physician response: “I thought we were doing this for just the patients, but the doctors benefited – it’s improved their engagement and joy in their work.”

Despite limited time and the demands of electronic medical record charting, it’s still key for physicians to talk to and listen to each patient, Dr. Awdish says. “The kind of efficiency physicians are pushed toward can be inefficient if you don’t know who your patient is,” she says. “The investment in asking the bigger, harder questions up front deepens and strengthens the relationship, so when you need to make big decisions down the line, there is more trust to make them together.”

Dr. Awdish was recognized with two awards in 2017 for improving physician communication with patients – the National Compassionate Caregiver of the Year and the Press Gancy Physician of the Year.

“We teach our physicians to do the work that needs to be done in the room and change the dynamic, so everyone feels heard,” says Dr. Awdish.

“I shift my perspective back and forth between patient and physician all the time,” Dr. Awdish adds. “I find it impossible not to share relevant experiences with my patients, like what my fears were going into a procedure. We’re not immune to suffering, and it helps to develop trust, connection and a sense that we’re in this together.” ■

