Empathy Mapping- Seeing through the eyes of the patients

Empathy mapping is a simple visual engagement tool to invite patients/clients and families/caregivers to share with health providers their experiences and to find out what matters to them.

"Vicariously walk in their shoes - listening and learning directly from patients/families"

Why

Empathy Mapping is about inviting patients to take you on a journey so you can see their health experiences and the health system through their eyes and vicariously walk in their shoes - listening and learning directly from patients/families their realities, feelings, hopes, struggles and fears. To co-design improvements with our patients, we need to experience and understand their realities. Many providers say – 'I thought I knew what families experienced and their struggles, but hearing their reality was an eye opener'; 'I really had no idea…' - it challenges your assumptions. The purpose of empathy mapping is to build a deeper appreciation for the true realities patient's daily experience that will result in improved health care experiences. That means taking action on what matters to patients!

Who

The empathy map could be facilitated by anyone (no experience required) with a patient/client or group of patients, family members/caregivers, health providers, planner and/or administrators. The maps will become references that are used throughout the planning of improved services and can be redone at check-in points. It can be used to ask the question "Are/will our services/programs work(ing) for these people?" Emerging patterns, themes and insights into gaps and opportunities will drive future improvements. In today's agile world, empathy mapping is a team sport which gets us to the 'a-ha' moments a lot faster. Try to make sure that you do not over ask the same patients.

It is a fun, illuminating, and supportive visual activity where health providers and leaders come together to empathize with their patients and take new kinds of action in their health services.

Having the providers and planners in the room with patients reduces the step of translating/reporting what patients have said and stimulates agile discussion together into improvement actions. It can prompt and organize reflections about what the patient is experiencing in real time. For example, what are they seeing, hearing, thinking, etc while they read the new handout, participating in an education session or entering the primary care office?

When

When done well, empathy maps can affect the entire project/plan -requirements, strategy, prototypes, testing, etc. It is one tool to use with patients when initiating something new or seeking to make improvements to health care delivery. Participants can be invited to frame their responses around a general or specific experience relevant to your objective. For example, you might ask:

- What is it like for you to live with [insert chronic disease/condition]?

How
1. **Prep**: Define goals, frame the question, choose patients, and start questioning assumptions.
2. **Map**: Spend 30-60 min with patients, capturing their input and experiences.
3. **Reflect**: Reflect on your observations, question them, and draw connections to opportunities for action.
4. **Act**: Based on findings, create a hack or co-designing session with patients and providers, and tests small and ongoing changes in your health setting.

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- Think about when you left the hospital and the month following, tell us about your experiences?
- When you go to see your health provider about your condition, what is it like?

Map

The empathy mapping tool is easily sketched on a white board or printed out and looks like this:
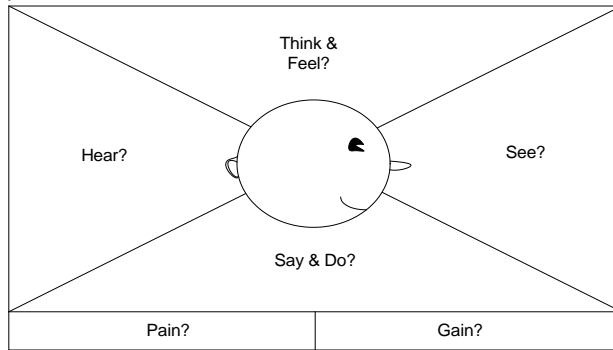
Responses could be captured on sticky notes or handouts or written directly on the map. As the sections are populated, you can start to see how the thoughts, feelings and actions of the user interact. A rich picture quickly emerges. The sections and prompts include:

1. **Think and feel:** the patterns of thoughts, ideas and feelings that the patient experiences around a topic.
2. **Say and do**: their words and actions which illustrate their motivations and behavior.
3. **Hear**: what they've read, what they hear through media and from healthcare professionals, friends and family, government information campaigns etc.
4. **See**: where people were, the objects that surrounded them and what was going on around them.
5. **Pain/Challenges:** the pain points they experienced, the parts of the process that blocked or slowed them achieving their goal, what hindered rather than helped.
6. **Gain/Opportunity**: benefits that they, and others, would experience if our service redesign removed those pains and barriers

Examples /Resources

- [Stanford Webinar - Apply Design Thinking in Your Work](#)
- [How to do Empathy Mapping Webinar](#)
- [Getting to know you, getting to know all about you" – Empathy Mapping](#).
- [Kennedy Institute of Ethics - Empathy Mapping - Informed Consent Empathy Map](#)
- [Empathy Map One Pager](#)

For more information, email CDM.ProvincialEducation@ahs.ca

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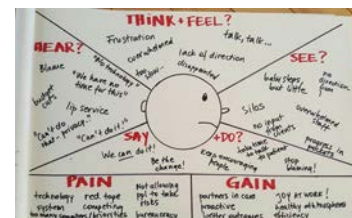Primary Health Care

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Examples in action:

Chronic disease management group program were asked 'What is it like to live with a chronic disease?'

Patients felt it was cathartic to express their feelings to providers. Themes from the session included:
- lack of empathy,
- limited physician time,
- unable to express
- desire to be heard
- feel part of a community
- have social support
- desire for a long term relationship with the health team
- not treated as an short term problem

Virtual Patient & Family Centred Care (PFCC) Co-Design workshop

A mix of staff, patients & family were asked 'what is it like trying to promote/ advance PFCC in your zone or area?' Here was the result

Think &
Feel?

Hear?

See?

Say & Do?

Pain?

Gain?

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