

Approach to teaching active listening in the age of artificial intelligence: Lessons from the Japanese art of aizuchi

Summary:

As technology becomes increasingly present in clinical practice, it is common in direct clinical observation to see learners drawn to the screens rather than the patients in front of them. This article explores incorporating the Japanese art of aizuchi as a tool to meet requirements for note taking and comprehensive care while keeping patient encounters engaging and in the moment. The 3 components of aizuchi (short acknowledgment sounds, nods, and echo statements or questions) mesh nicely with Western forms of active listening, as linguistic back channelling is universally common, independent of culture. This triad can be used to help learners move away from screens and be present with patients so they can, paradoxically, more accurately document these encounters shortly afterward.

Take-Away Tidbits:

- Active listening is an important part of physician-patient interactions. The practice of typing notes in the EMR or looking at screens during appointments can interfere with a physician's ability to be in the moment with patients, and can also lead to less accurate note-taking
- The Japanese concept of aizuchi involves a listener interacting with a speaker using both verbal and non-verbal communication (short acknowledgement sounds, nods, and echo statements or questions) as signs of respect and engagement
- Teaching learners about aizuchi may help them understand the mindfulness required for active listening
- Learners should be encouraged to take their eyes away from screens during patient encounters and to consider shifting the majority of their documentation to immediately after visits
- Tools such as AI scribes could potentially also be used to reduce the burden of note taking during appointments (but the use of these tools is evolving)

Link to Resource:

Approach to teaching active listening in the age of artificial intelligence. Daniel James Ince-Cushman, Marion Dove
Canadian Family Physician Jan 2025, 71 (1) 67-68

DOI: <https://doi.org/10.46747/cfp.710167>