

From Bedside Manner to Bar-Side Manner

Adapting Healthcare's Emotional Intelligence Training for Legal Education

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Why Look to Medicine?

Lawyers and physicians work with individuals facing:

- Stress
- Uncertainty
- Fear
- High-stakes decisions

Clients and patients value:

- Communication
- Empathy
- Trust
- Professionalism

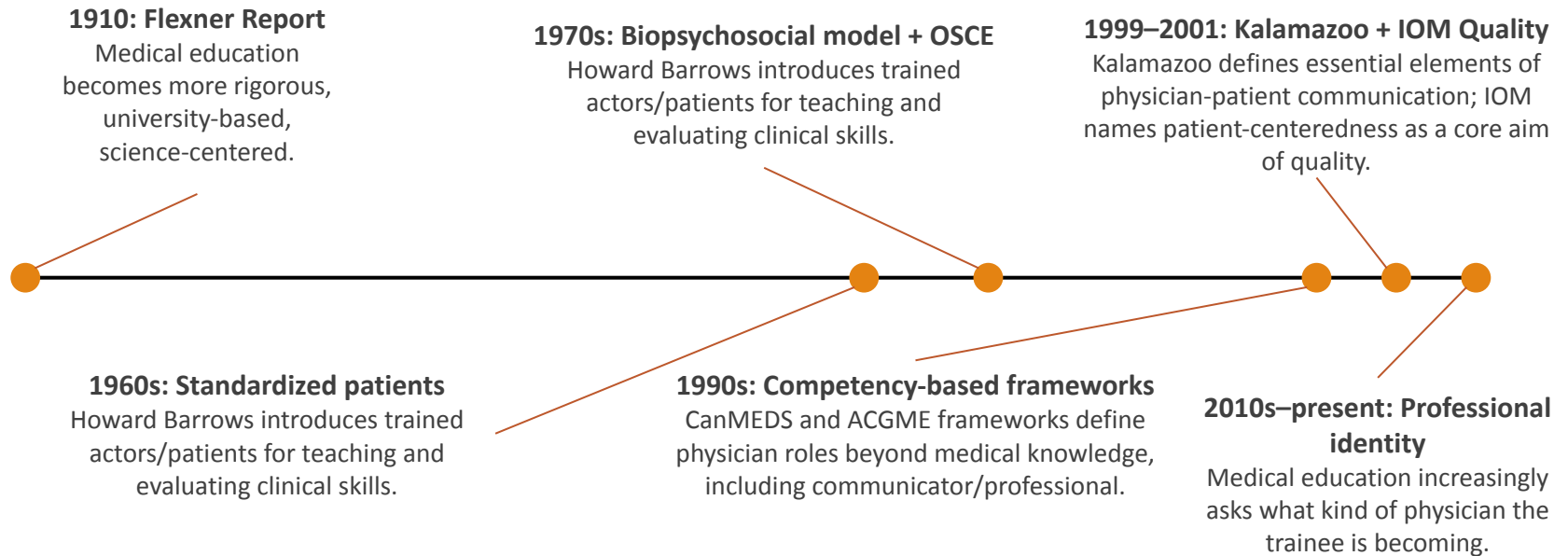
Medical education has taught the skills for decades.

Law schools teach students how to think like lawyers, but not always how to connect with clients.

Question: What can legal education learn from Medicine?

Medical Education Transformation: A Brief History

Medical education has evolved from scientific standardization to competency-based formation. Physicians are now expected not only to know medicine, but to communicate, counsel, collaborate, and earn trust.



The Client Experience Gap

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- Clients rarely complain about legal doctrine.
 - More often they complain about poor communication, lack of responsiveness, and feeling unheard.
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International surveys consistently find that physicians are among the most trusted professions, whereas lawyers tend to receive substantially lower trust ratings.

The 1L Paradox

Students enter law school motivated by service and justice, yet legal training often rewards analytical detachment and adversarial thinking.



Professional Identity Formation

How do we develop lawyers who are both technically excellent and emotionally competent?

Technical excellence answers: “Can I solve the problem?”

Professional identity asks: “Can I be trusted with the person?”

In medicine, that trust is built at the bedside.

What Is Bedside Manner?

Bedside manner is the practical expression of professional identity.

From Theory to Practice:

How medical education teaches communication as a skill

The Old Framing

Empathy
Rapport building
“Good Bedside Manner”



The Curricular Innovation

1. Practice specific frameworks
2. Observe performance
3. Give structured feedback
4. Assess improvement

Examples of Teachable Frameworks

Motivational Interviewing

Helping patients navigate ambivalence.

SPIKES Protocol

Delivering bad news with structure and compassion.

Shared Decision-Making

Guiding choices when values, risks, and tradeoffs matter.

Motivational Interviewing

When the “right answer” is not enough.

Clinical Problem

The patient is ambivalent.

Communication Tactic

Elicit values, barriers, and readiness.

Patient Value

The plan becomes personally meaningful and actionable.

Bottom line:

Curiosity before advice.

OARS	
O	Open-ended questions Encourage deeper reflection.
A	Affirmations Reinforce the client's strengths and successes.
R	Reflective listening Validate and deepen understanding.
S	Summaries Highlight key points to reinforce motivation

SPIKES Protocol: Breaking Bad News

When expertise must meet emotion.

Clinical Problem

The patient or family is receiving difficult news.

Communication Tactic

Use a structured sequence to deliver information with clarity and compassion.

Patient Value

The patient can better understand, process, and respond to serious information.

Bottom line:

Structure helps preserve empathy.

**S**

Setting

Choose a private, comfortable, non-threatening setting

**P**

Perception

Uncover what patient & family think is happening

**I**

Invitation

Ask patient what they would like to know

**K**

Knowledge

Explain disease and care options in plain language

**E**

Emotion

Respect feelings, respond with empathy

**S**

Summarize

Recap and decide what's next

Shared Decision-Making

When there is more than one reasonable path.

Clinical Problem

There is no single right answer; the best path depends on the patient's values, risks, and goals.

Communication Tactic

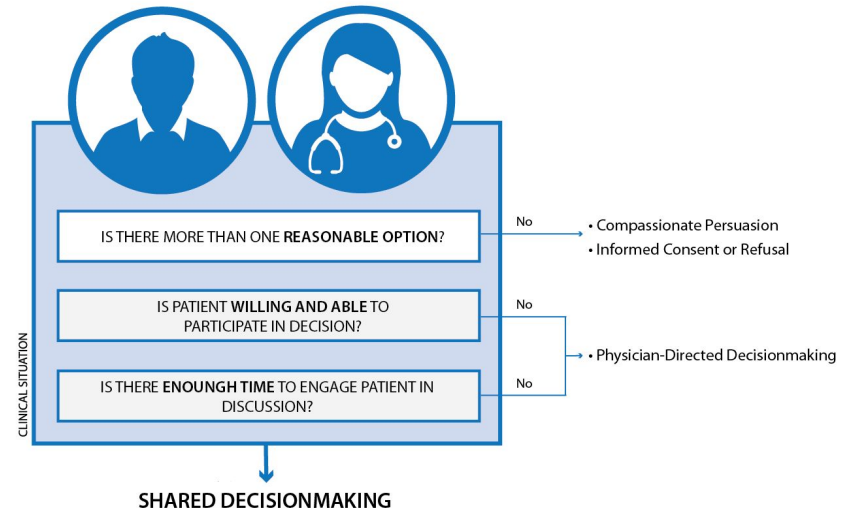
Explain options, trade offs, and uncertainty; then elicit what matters most.

Patient Value

The patient can make an informed choice they understand and own.

Bottom line:

Guiding with expertise while allowing patients to live their values.



Why Communication Training Works

Patient Experience

Training improves satisfaction, empathy, and trust.

Adherence

Poor physician communication is associated with a 19% higher risk of patient nonadherence.

Actionability

Communication training increases the odds of patient adherence by 1.62x.

Risk Reduction and Professional Satisfaction

Teachable communication behaviors are associated with fewer malpractice claims and decreased physician burnout.

Bottom line:

Communication is not cosmetic. It changes outcomes.

Introducing Bar-Side Manner

The ability to communicate legal information with empathy, professionalism, and emotional awareness while maintaining legal competence.



The Bar-Side Manner Framework

Legal Knowledge + Professional Skills +
Emotional Intelligence = Effective Lawyer

Self-Awareness

Recognizing stress, bias, and emotional triggers during client interactions.

Social Awareness

Active listening, understanding client concerns, and recognizing cultural differences.

Relationship Management

Expectation management, conflict resolution, and difficult conversations.

Professional Identity

Beyond thinking like a lawyer toward becoming a trusted counselor.

Standardized Clients

Simulated client consultations modeled after medical standardized patient programs.

Reflective Legal Rounds

Structured discussion of ethical dilemmas, client interactions, and emotional challenges.

Challenges and Future Research



**ASSESSMENT
METHODS**



**FACULTY
TRAINING**



**CURRICULUM
CONSTRAINTS**



**EMPIRICAL
VALIDATION**

Conclusion

Medicine transformed technical experts into patient-centered professionals.

Legal education can do the same through Bar-Side Manner training.