Empathy Training for Our Medical Students

Below, for purposes of discussion, are my thoughts about empathy and the teaching of empathy:

What is empathy, can empathy be taught, is empathy in medicine the same as empathy in our daily lives? Answers to these questions and many others about empathy have been explored by thinkers of many academic disciplines for years and yet there has been no agreement in the answers until recently when many philosophers, psychologists, biologists and neuroscientists have arrived to a consensus on the importance of empathy and how to define it. Empathy is now believed by many to be important in human connectedness, caring, altruism, morality, the evolution of humans and even epistemology. If this is true then empathy should be important in medicine and its understanding and enhancement should be an essential part of the education of our medical students. Why then, has it not happened to a significant degree? One view could be the mistaken belief that to be empathic is to be 'emotional' rather than objective, a requirement of a scientific attitude. Thus, one who is empathic – rather than 'rational' – will be swayed by the sentiments and suffering of the patient and not be objective enough to make an accurate diagnosis and provide the correct treatment. In this view, rather than be emotionally connected to the patient the physician needs to be detached from the patient's suffering. This attitude has created the perception that physicians are aloof and uncaring, a belief that hurts the profession and, if true, hurts the patients. Unfortunately, there is evidence that both are true.

Our purpose in offering a curriculum for consideration is to stimulate the conversation on the need for medical students to understand empathy, ways to enhance and modulate it, and how to apply it so that we—the medical profession-- are able to connect and become better listeners, become receptive to our patients' values and needs, become more caring, increase the trust of the patients and our own work satisfaction, and thus decrease the chance of burn-out. We can also expect that the empathic attitude developed during the medical school years will also create better relationships with other members of the health care team, and with family and friends.
Definition of Empathy

The term Empathy describes a neutral psychological mechanism that makes us have feelings that are more congruent with another's situation than one's own.

This definition is the one used by Martin Hoffman in his book, "Empathy and Moral Development" and also by philosophers like Michael Slote, neuroscientists like Tania Singer, biologists like Frans de Waal and others. In medicine (and other professions) we use the mechanism of empathy *professionally* to facilitate connection and understanding of our patients. This we call *Clinical Empathy*. In the teaching/training/enhancement of empathy in the clinical setting the following assumptions are made:

1. Empathy, as defined above, is present in all humans unless they are autistic, sociopaths, alexithymics or severely psychologically impaired. It is doubtful that more than a handful of medical students, with these impairments, got through the multiple filters present prior to applying to medical school. So it is fair to assume that most medical students, if not all, have the basic capacity to empathize.
2. Empathy plays a vital role in the establishment of a healthy physician–patient relationship.
3. Physician empathy fulfills the patient’s basic human need to be understood and potentially impacts therapeutic effectiveness.
4. Effective physician communication, both verbal and nonverbal, are the means of expressing empathy in a clinical setting.
5. Within the clinical setting empathy entails not only cognitive and affective components but also a behavioral component that allows observers, such as researchers and patients, to express their impression of the students or physicians’ empathic attitude so it can then be measured. So empathy has been, by adding that component to the definition, operationalized.
6. Enhancing empathy in the future physicians should be one of the most important tasks of medical education.

Then, if our assumptions are correct, the question we need to answer as we develop the 'empathy' curriculum is:

*How are we going to give our medical students the necessary tools to become even more empathic by the completion of their training?*

We are already doing quite a bit of this, but I believe that it is important to have a program that teaches the skills that enhance empathy which is practical and doable so that it can be maintained and reinforced throughout the 4 years of medical school.
Recent reviews on how to enhance empathy in our medical students and residents have shown that indeed it can be done. Understanding that the purpose is neither to teach or train for empathy, but to teach the tools to enhance the mechanism of empathy in the context of the practice of medicine. Below are interventions shown to 'increase empathy' by using different methods that 'measure' affective, cognitive or behavioral empathy.

Types of Interventions that have been shown to enhance empathy:

1. **Patient Interview Training.** The most comprehensive method to do this, in my opinion, was developed by Richard Frankel. He takes advantage of the patient interview to develop The Four Habits Method. According to him the third habit is to demonstrate empathy. He defines empathy quite similarly to the one used by Hoffman and Carl Rogers. He has developed a method for teaching and testing it.

2. **Communication Skills Training.** This method is mostly about behavioral changes that both enhance the student’s empathy and the perception by the patient of the student's empathy. Can be measured via different methods mainly through *observation of behavior* and self assessment. It goes beyond patient interviewing.

3. **Interpersonal skills training.** It emphasizes the teaching of empathic listening.

4. **Exposure to Literature, poetry, theatrical performances, films and the creative arts.** Several studies have shown improvement in the affective part of empathy but not in the cognitive part. Use of the Humanities section in JAMA, On Being a Doctor in the Annals of Internal Medicine, Literature and Medicine, The journal of Medical Humanities etc...etc... This, I think, should be started in Pre-Med but could be supplemented by vignettes in PBL or similar venues.

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1 Samantha, A and others. *Teaching Empathy to Medical Students: An Updated, Systematic Review.* Academic Medicine, 88 (8)/ August 2013
5 Bayne, H *Training Medical Students in Empathic Communication.* The journal for Specialists in Group Work, Vol 36. #4 December 2011, 316-329.
6 Shield, R *Teaching communication and compassionate care skills...* Medical Teacher 33:e408-e416. 2011.
8 Charon, R *Narrative Medicine A Model for Empathy, Reflection, Profession, and Trust.* JAMA, October 17, 2001-Volune 286, #15, page 1897
5. **Writing poetry, short stories, blogging,** drama and reflective writing. This seemed to increase the affective type of empathy, increasing scores in BEES not on ECRS.

6. **Drama or how to act-in role.** This method involves showing students how to act as if they were really empathic. Improvement in empathy was not sustained. It may help to 'act' when we are exhausted and stressed out, but this is fake or surface empathy instead of actual or deep empathy and may back fire.\(^9\)\(^10\)

7. **Incorporate empathy and communication skills in PBL**. Found only one article from Turkey.\(^11\)

8. **Stress management**, meditation skills and self-care\(^12\)

9. **Exposure to role models**, main problem is shortage in the number of appropriate role models among medical school faculty. Difficult to validate.

10. **Experiential learning interventions**. The students’ actual experiences of patients’ medical conditions as if they were patients.

This is, of necessity, a compact review of the issue of empathy, its teaching and the complex interaction that occurs between physicians and patients. Yes, there are many system barriers that complicate improvements in the teaching of empathy to our students, including lack of time. Also lacking are studies that adequately instruct the faculty on how and for how long the teaching should be carried out. In addition, students need to be provided a humane and empathic environment where they receive empathy and respect from faculty, other physicians and even patients so they can experience empathic connections. What is at stake is not only the care of our patients and the satisfaction we get from practicing medicine, but the future of medicine as a profession as well.

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**Available Methods to Measure Empathy**\(^13\)

**IRI** *Interpersonal Reactive Index*

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10 Teng Lim, B. "Being-in-role": A teaching innovation to enhance empathic communication skills in medical students. Medical Teacher 33, e663–e669, 2011.

11 Karaoglu, N. Looking for winds of change with a PBL scenario about communication and empathy. HealthMED. Volume 5/#3. 2011

12 Epstein, R. *Mindful Practice* JAMA Sept. 1, 1999–Vol 282, #9

13 Pedersen Empathy References
RCRS  *Empathy construct rating scale*

BEES

AES

HRS

ESWI

Jefferson Scale

CARE

and many others...