

Can We Teach Empathy?

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Our Mandate

- Physicians must be compassionate and empathetic in caring for patients (AAMC: Learning Objectives for Medical Student Education Guidelines for Medical Schools Medical School Objectives Project, 1998)
- Students must demonstrate “compassionate treatment of patients, and respect for their privacy and dignity”. (UTSWMC Educational Objectives for the Medical School)
- **Compassion** Literally, suffering with another; a sensation of sorrow excited by the distress or misfortunes of another; pity; commiseration. (*Webster's Revised Unabridged Dictionary*)
- Benefits – more trust by the patient; more accurate focus, and associative thinking by the physician.

What Happens if We Don't?

- Medical Students become less empathic over the course of medical school (Hojat et al, Med Educ , 2004; Diseker et al, 1981; Newton et al, Acad Med, 200)
- Interns become less empathic and this persists throughout internal medicine residency (Bellini, Acad Med, 2005)
- The issue isn't teaching empathy but preventing its degeneration (or slowing the course)
- Question: Why would a medical student become less empathic?

Empathy vs. Sympathy

Sympathy

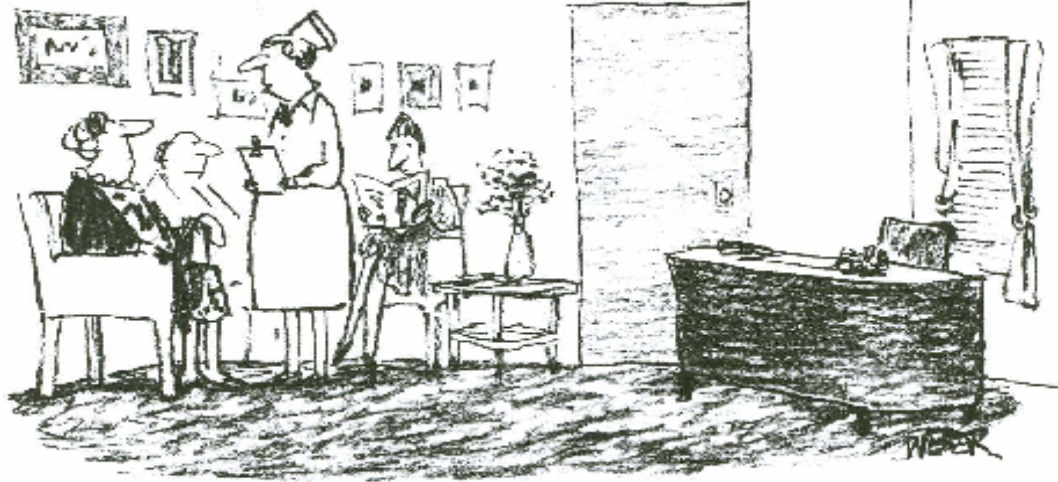
- Mutual understanding or affection arising from a relationship ... in which whatever affects one correspondingly affects the other (Stedman's Medical Dictionary)
- The act or capacity of entering into or sharing the feelings or interests of another (Merriam – Webster's Medical Dictionary)

Empathy

- Direct identification with, understanding of, and vicarious experience of another (Stedman's)
- The action of understanding... being sensitive to, and vicariously experiencing the feelings, thoughts, and experience of another... without having ... communicated in an objectively explicit manner (Merriam-Webster)
- So Empathy is more active, and includes perceptions beyond the patient's explicit communications.

Cognitive vs. Affective

- Physicians must ‘neutralize their emotions to the point that they feel nothing in response to suffering’ as a way of obtaining an uncontaminated and clear vision of the patient’s inner life.
William Osler, Principles and Practice of Medicine, 1912
- The patient must have ‘complete confidence in the sympathetic understanding of the physician...’ “Time , sympathy, and understanding must be lavishly dispensed, but the reward is to be found in that personal bond which forms the greatest satisfaction of the practice of medicine. ... for the secret of the care of the patient is in caring for the patient.”
Francis Peabody, Caring for the Patient, 1927



*"The doctor will see you now, Mrs. Perkins.
Please try not to upset him."*

A Working Definition

Empathy is the action of understanding and vicariously experiencing the feelings, motives, and thoughts of another person without explicit verbal communication.

It is an active process and it calls upon sensitivity to subtle communications, imagination, and access to one's own past emotional experiences.

It is always both cognitive and affective.

It requires internal modulation and containment.

Generative vs. Imitative Empathy

- We don't just reflect what is there, we arrange it into a scene in our own mind and this gives it a new sense of order, meaning, or dignity that the patient then perceives and internalizes along with the reflection of the feelings.
- “Nothing human is alien to me”. The immense power of acceptance, especially of the less appealing feelings (selfish fears, resentment, arrogance).

The Natural History of Empathy

- Evolved: ‘Reciprocal Altruism’. Its good strategy to help those who help me, but I need to know when another person is hurting or scared, and when my interventions help.
- Hardwired: ‘Mirror Neurons’.
- Early development: Infants and mothers respond reciprocally to each other’s delights and anxieties from birth.



Natural History of Empathy cont.

- Didactic Teaching: “When you do X to your brother he feels Y. So say you’re sorry!”
- Later Identifications: Learning how to be with others based on how others have been with me.
- Ethical/Spiritual Principles: Do Unto Others As You Would Have Them Do Unto You.



Measuring Empathy

- How is empathy measured? Self reports, pencil/paper tests, observer ratings
- Are we measuring empathy or only attitudes towards empathy? A major conceptual difficulty in the literature.
- “Not everything that is worth measuring is measurable and not everything measurable is worth measuring.” (attributed to A. Einstein)



Attempts to Enhance Empathy

- Communication Skills Training
- Creative writing
- Exposure to Humanities
- Experiential learning
- Role models and the hidden curriculum

Communication Skills Training

- Lectures and workshops (Evans et al, 1993; Sanson-Fischer, 1978; Winefeld et al, 2000)
- Training in listening, observing, reflecting, attention to nonverbal cues, using body language and tone of voice, etc.
- Assessments with self-reports as well as with external observer ratings show improvements in empathy with directed education.

A Caution About Simulated Patients

- Advantages are standardization, and less risk of harm to the patient by the learner.
- But...Do we want to train doctors who “know how to pretend they’re being moved by another’s pretense of suffering?” – anonymous Boston medical student
- Simulated patients are, however, excellent for helping students listen for themes, and practice well defined communication skills.

Becoming the Simulated Patient

- Students were given a ‘chief complaint’ and then underwent 24 hrs of hospitalization – housestaff were blinded, ie. thought these were for real. (Wilkes et al, Med Educ, 2002)
- Students described loss of privacy, coldness/distance of medical staff and reported heightened concern for improving the ‘human aspects’ of their future patient’s experience
- Interesting aside: Housestaff found the expectable findings on physical exam for each chief complaint.

Using Creative Writing

- From the tradition that empathy is enhanced through an immersion in people's stories.
- 5 week seminar to write a personal illness narrative , your own or a family member's, and then read to classmates. Results in examining feelings and ideas about student's bodily reality and feeling closer to experiences of their patients. (DasGupta s and Charon, Acad Med, 2004)

Film, Theatre, Literature

- Studied a Literature and Medicine elective. Qualitative interviews revealed a move from abstractions about being interested in patient's humanity to very specific reflections about actual patients and their lives (Shapiro et al).
- Watching theatrical performance about AIDS and cancer by actual patients resulted in increased self report of empathy (Shapiro, Med Educ, 2003)
- Can expand your experience vicariously, by immersion in effective fiction and performances.

Wellness and Self-Care

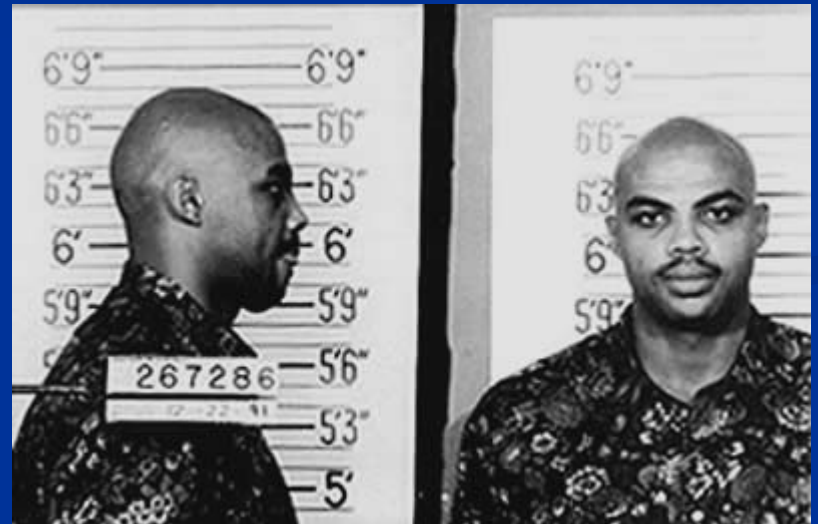
- One study found a correlation between students who volunteered for sessions on wellness and self-care and enhanced self-reported empathy scores (DiLalla et al, 2004). Problems of self-selection.
- Intuitively makes sense: when we're exhausted or stressed, we all can notice that we're less empathic
- Worth coming back to later.

Formal vs. Informal/Hidden Curriculum

- Formal curriculum – mission statements, course objectives, planned sessions on patient doctor relationships, ethics, communication, self-care, etc. The Colleges.
- Informal curriculum – unplanned, unscripted – rounds, day to day work. The Clerkship.
- Hidden curriculum – the institutional culture. What is really valued, ie. what gets funding, what gets time/space? What behavior is tolerated?

Role Models

- “We must acknowledge ... that the most important, indeed the only, thing that we have to offer our students is ourselves. Everything else they can read in a book.” (D. Tosteson, M.D.)
- Yet many teachers don’t show the qualities that residents want to copy – incl. sensitivity to patients, interest in the relationship, appreciation of psychosocial aspects. (Editorial, NEJM, 1998)



Enhancing Role Modelling of Empathy? (Cruess et al, 2008)

- Awareness of our impact
- More time for teaching and seeing patients with our students and residents.
- Making the implicit, explicit- why did you do what you did in that brief, bedside exchange?

Being Treated Empathically

- Reinforcement of how we developmentally learn empathy.
- Perhaps this is why sessions on Wellness and Self Care may help – not the didactic knowledge, but simply that the teachers/administration are concerned about me.
- Peer support – talking about shared experiences, validation, containment

What Has Worked for You?

- *As a Person?*
- *As a Student?*
- *As a Teacher?*
- *What about students/residents who come to you with a real empathic deficit?*

Conclusions: What to Do?

- Empathy is both innate and developed
- Adults can develop their empathic skills
- Specific programs may help, but probably not as much as role modeling, identification, and a commitment to learning from your patients
- We can foster environments where students are not isolated with overwhelming feeling, not exhausted, and treated with respect and concern.