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Integration of Empathy into 3rd year Health Professions Curriculum

Dr Elize Archer, Mrs I Meyer, Mrs N Moller,
Mrs Roseanne Turner, Dr Ben van Wyk



Sentrum vir Gesondheidsberoepse Onderwys • Centre for Health Professions Education
Fakulteit Geneeskunde en Gesondheidswetenskappe • Faculty of Medicine and Health Sciences





Welcome and Introductions



Please introduce yourself and tell us:

- why you are attending our workshop,
- why you think empathy is important, and
- if you think empathy can be taught and assessed?



Outcomes of the session



The outcomes for today's workshop

- What is empathy?
- Why is it important in HPE curricula?
- The interventions we use
- The measurement of empathy
- Our research about the teaching of empathy



The context



Patient centred care, care which is responsive to and respectful of individual patient preferences, needs and values and ensures that individual patient values guide all clinical decisions.

- Builds caring relationship among healthcare providers and their patients,
- Improves health outcomes and
- Reduces healthcare costs.
- Increases patients quality of life
- Increases doctor and patient satisfaction, and
- Reduces patient anxiety.

Reference:

Mead N, Bower P, Hann M. *The impact of general practitioners' patient centeredness on patients post-consultation satisfaction and enablement.* Soc Sc Med 2002;55:283-99.



The main aspects of patient-centred care include

- A perspective change from disease-focus to inclusion of the whole patient's feelings and experience,
- A shift from the healthcare provider controlling the relationship, communication and decision making to one which involves understanding the patient's perspective
- => EMPATHY

Research shows empathy decreases during medical training

Reference:

Stewart M. *Patient-centered medicine: transforming the clinical method*. 1995. Sage Publications.



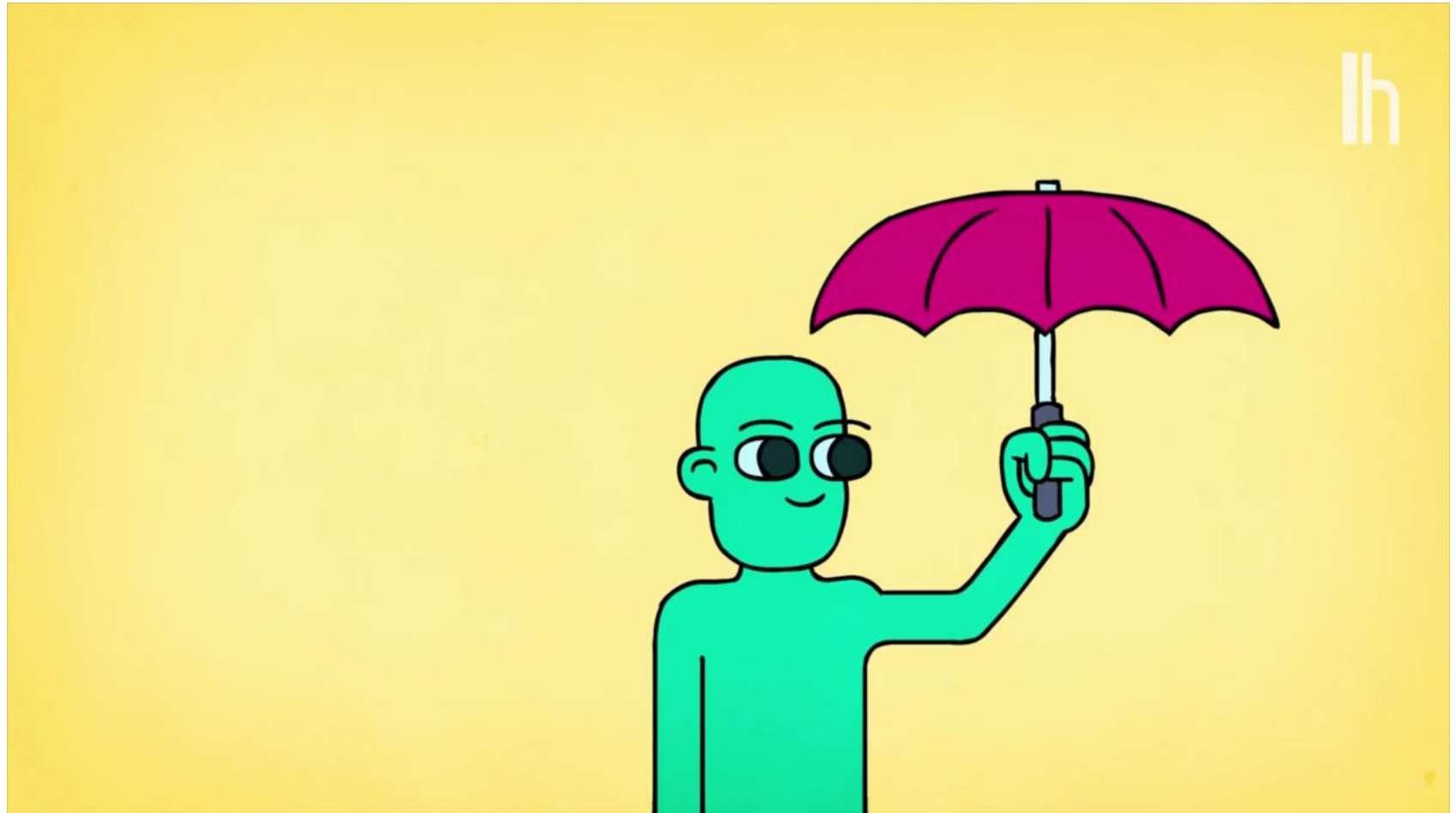
What is empathy?



- Audience input
- Students primed for session with:
 - Two short videos (to follow)
 - The importance of empathy
 - Empathy versus sympathy
 - Helen Reiss article (in handout)
- We need you to now become 3rd year medical students ...



The importance of empathy





Empathy versus Sympathy





Didactic session



Main types of empathy

- 1) **Affective or emotional empathy**
 - Usually “unconscious” taking on the emotions of the other,
 - Problematic if you are not self-aware,
 - Needs to be balanced with mindfulness and self-awareness
- 2) **Cognitive empathy**
 - Conscious drive to recognise and understand the emotions of another
 - Can be taught and is the focus of this project

Other important aspects of empathy are

- the **motivation** or desire to empathise, and
- ability to **communicate assumptions / understandings back** to the other



Empathy in humans



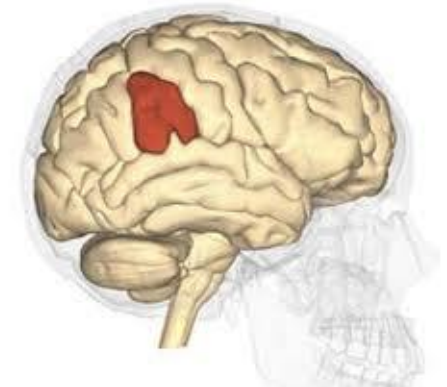
- Physically, humans are relatively small, slow and weak yet we dominate all species.
- This is thought to be due to empathy, our interpersonal faculties, which allow us to co-operate with and understand others.
- Unregulated **affective empathy** serves to connect people, especially those of our “own tribe” while distancing those perceived as “other”
- **Cognitive empathy** allows learning to recognise and overcome these biases to racial, ethnic, religious, physical differences.
- The neuroscience of empathy is a rapidly growing field of science thanks to functional MRI (*fMRI*).



The neuroscience



- **Mirror neurons** are triggered in our brains when someone else is sad, angry and in pain, etc.
These shared neural activations are attenuated and allow for **affective empathy** (Singer et al, 2004)
- The **right supra-marginal gyrus** (part of the cerebral cortex at the junction of the parietal, temporal and frontal lobes) was recently identified as a driver of empathy (Selani et al, 2013)





Neuroscience continued



- Humans have an innate tendency to be egocentric (self-centred) and our neurological default is to **lack of empathy** for the “other”
- We tend to assess the world around us, and other humans using ourselves as a yardstick. I.e. we usually project our own emotional state onto other people.
- The **supra-marginal gyrus** recognises this, autocorrects and helps us to separate (de-couple) our own emotions from those of other people.
 - Brain damage can disrupt the supra-marginal gyrus process
 - Activity is decreased when decisions are made quickly
 - Also decreased when in very agreeable and comfortable situations

Reference:

Silani G, Lamm C, Ruff C & Singer T. *Right supramarginal gyrus is crucial to overcome emotional ego centrality bias in social judgements.* Journal of Neuroscience, 2013;33(30): 15466.



Advantages of increased empathy in medicine



- **Patients:**
 - Feel more satisfied
 - Trust the doctor more
 - View the doctor as being warmer and more competent
 - Adhere better to their medication
 - File fewer malpractice claims
 - End up being healthier
- **Doctors:**
 - Make fewer errors
 - Experience increased job satisfaction

Reference: Helen Riess, (2017) The Science of Empathy. Journal of Patient Experience, 42(2) 74-77.



Role models



- Humans do what we see rather than what we are told
Example ...
- Because much of what we know about the neurophysiology and the benefits of empathy have been researched and described in past 10 years you **will** encounter doctors who are paternalistic and display neither empathy nor a patient centred approach. They may even pooh-pooh your attempts at empathetic care.
- Be empathetic anyway!



Self-empathy and self-care



You cannot give what you don't have!

Care worker distress leads to distancing and non-empathic behaviours

- Physical care for self (exercise, rest, food & drink)
- Emotional self care
 - Time for reflection
 - Kindness to self
 - Mindfulness
 - Humanity





-
- Following the didactic training students spend 2 hours playing “games” in the skills lab.
 - What follows is the material presented during the skills lab sessions
 - We are going to give you a taste of these experiential exercises



Before the games, remember ...



Empathy is defined in the context of health professional education and patient care as: ‘predominantly a *cognitive* (as opposed to affective or emotional) attribute that involves *understanding* the patient’s pain, experiences, concerns, and perspectives combined with a capacity to *communicate* this understanding (without judgement), together with the *intention to help* (compassion).

Hojat et al.



Remember also ...



- Empathy is **NOT** pity nor sympathy
- Empathy is also **NOT** about changing how YOU feel or think; if a patient is sad you don't have to feel sad, you don't even have to agree with them. (Empathy is not about you).
- Empathy is recognising your response to a situation may be different to the patient's response, and trying to understand (cognitive) the patient's perspective, by:
 - Listening effectively and getting their story,
 - Being aware of your (affective) response,
 - Trying to identify what they are communicating non-verbally,
 - Trying to identify the possible causes for their emotion,
 - Communicating your recognition and assumptions back.



Listening Exercises - in pairs



Person A - talk about something exciting which happened recently

Person B – Do not listen

SWAP ROLES

1 minute each – listen for the whistle

INSIGHTS??



Listening Exercises



Person A - talk about a challenge you are experiencing in your practice (nothing too personal)

Person B – Listen but do not interrupt

SWAP ROLES

1 minute each – listen for the whistle

INSIGHTS??



Identifying emotions - charades



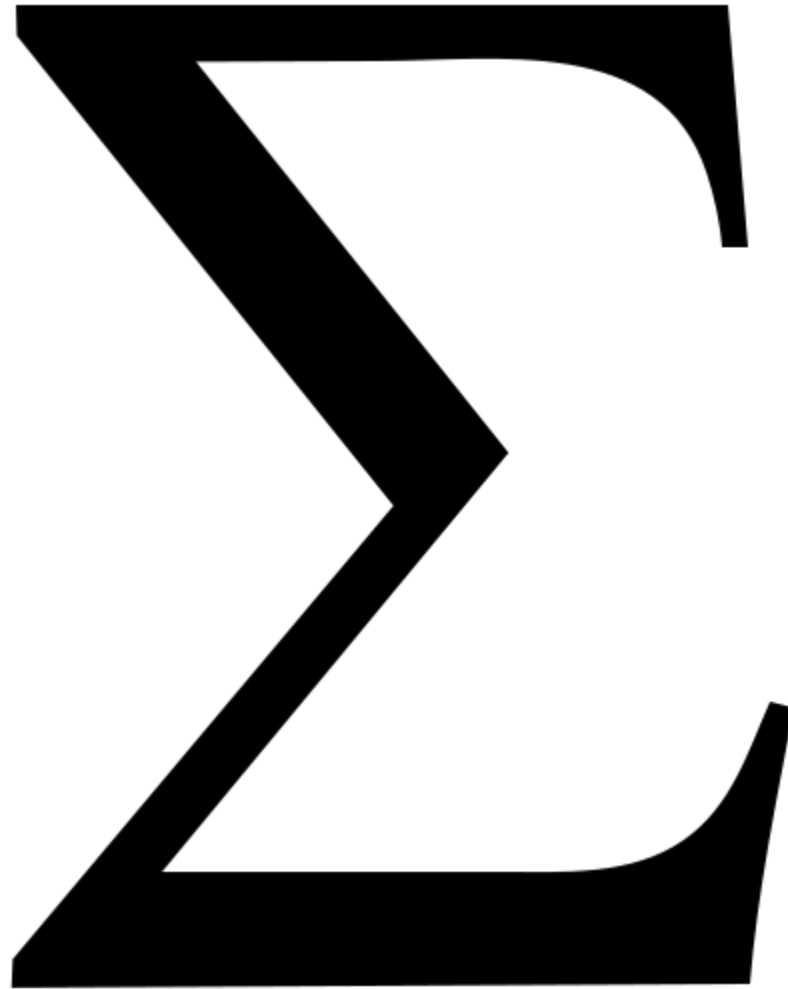
- At your tables (groups of 5 or 6)
- Use body to “act” the emotion listed on card
- Others try to identify the emotion ... NB to
- **Check** if your interpretation is correct, by asking ...
 - “It looks like you ...
 - “Guess a couple of times then move on -
 - “I can see something is wrong but can’t work it out can you tell me ...”

Keep going, even if you have a duplicate card

INSIGHTS??



Perspective Taking





Mindfulness & Self compassion



Mindfulness means paying attention on purpose, in the present moment, and non judgmentally. (Jon Kabat-Zinn)

Self compassion - kindness to self (Kristen Neff)

Mind Full, or Mindful?





Simulated Patient Scenarios





Exploring the humanness of encounter



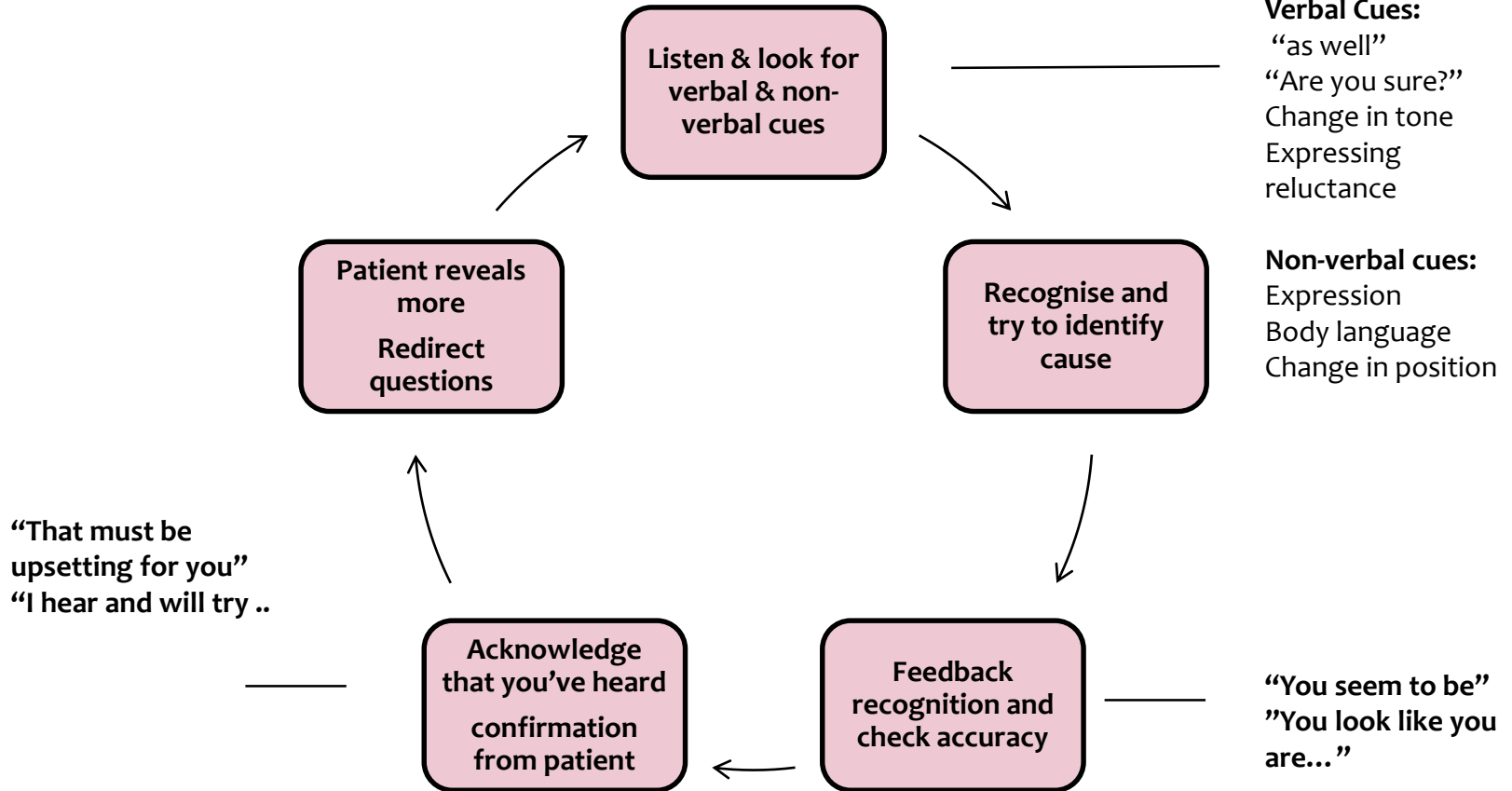
Verbal Cues:

“as well”
“Are you sure?”
Change in tone
Expressing reluctance

Non-verbal cues:

Expression
Body language
Change in position

“You seem to be”
“You look like you are...”



6 Steps

to Achieve **Clinical Empathy**



What is clinical empathy?

1. Trying to understand the patient's situation, perspective and feelings
2. Being able to communicate your understanding to the patient
3. The patient is the focus of attention

How to achieve clinical empathy?

1. Identify body language/displayed by the patient
2. Identify the root cause of the emotion
3. Let the patient know that you acknowledge and understand his/her emotions within this context



Listening to verbal cues
Looking for non-verbal cues

- Verbal cues:
"as well"
"Are you sure?"
Change in tone
Expressing reluctance
- Non-verbal cues:
Expression
Body language
Change in position



Recognising
Identifying



Acknowledge
Testing

- "You seem to be"
- "You look like you are..."



Confirmation from patient



The acknowledgement that
you have heard

- "It must be upsetting for you"
- "I hear and will try"



Reveals further relevant
information
Redirects course of questions



Scenario: Standardized Patient



Rose, a 45 year old lady, presents to the clinic. Her only complaint is that she is feeling very tired. She is married and has an active life and is part of the church choir.



Reflections – on this workshop



- Did anything stand out for you today?
- Did you learn anything which surprised you?
- What would you like to include into the way you communicate?



Reflections – what the students said



- FG1; F1: *It was the most fun I had. It was interesting. I learnt actually a bunch of new things. Wow, there are certain ways that you can show other people that you are empathic. I found it very helpful, very interesting and I had a lot of fun.*
- FG3; F1: *...was really nice, because for me it was a very positive experience. It really made me excited to be a doctor, because we get so caught up in the academic things, and being stressed and am I good enough doctor, because do I know all the signs for this and this and this? Where being a good doctor, is not just that. It's understanding your patients and having empathy.*
- FG3; F12: *...to think we have done all this, and we have actually learnt so much within a two-hour span. That was really interesting, like you don't need hours and hours.*



Measuring empathy



Jefferson Scale



Results: Mean JSE by Age & Gender



	<i>n</i>	Mean JSE	Standard Deviation (SD)
Overall	206	110	12.5
< 22 years	153	109	13
22-24 years	38	111	10.5
25 years and older	10	122	6.8
Male	60	106	15.6
Female	137	111	10.9

25+ significantly higher score than < 22 years ($p=.003$)

Females significantly higher score than males ($p=.019$)



Team Empathy



Your take home pack

- Copy of the slides
- Hard copy of Helen Reiss's Science of Empathy reference
- Reference list

Feedback form – please take time to complete now or email us your comments