

Empathy with Patients in the Medical Education Program of Iran: Status and Training

Minoo Yaghmaei, MD, PhD¹; Alireza Monajemi, MD, PhD^{2*}; Maliheh Arab, PhD¹

¹ Obstetrics and Gynecology Department, Medical School, Shahid Beheshti University of Medical Sciences, Tehran, Iran

² Science and Technology Department, Institute for Humanities and Cultural studies, Tehran, Iran

Abstract

Empathy is a cognitive but not emotional trait that consists of understanding (and not sensing), experiences, concerns and views of patients and the capacity to share this understanding. Some medical educationists believe that clinical education may have a negative effect on medical students and residents' empathy and steps should be taken for teaching empathy to medical students. Our main aim in this study was to assess the status of empathy in Iranian medical education program and how it is taught within this program. In this regard, by investigating and studying this program, we found that although there are some brief references to empathy, no proper program has been suggested for reaching this goal. It seems that the medical students' (and probably other healthcare personals) training programs should be revised in order to develop empathy in Iran's healthcare system.

Keywords: EMPATHY, MEDICAL EDUCATION, MEDICAL STUDENTS, IRAN

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Introduction

There is always a distance between the doctor and the patient, that is both necessary and disruptive for communication. For understanding this distant and reaching a mutual relationship, the doctor and the patient should reach a common ground that can only be achieved by dialogue (1). In the doctor-patient relationship, empathy -that is the most fundamental aspect of this common ground- is understanding, comprehension and acknowledging the feelings of patients and has moral, cognitive, emotional, and behavioral aspects (2).

Some medical educationists believe that clinical education and training may have a negative effect on medical students' and residents' empathy. It seems that problems

such as long working hours, sleeping disorders, dependence on diagnostic and therapeutic technologies, as well as shorter hospital stay and time spent talking to patients contribute to diminished empathy (3, 4). Other possible causes could be the emphasis of modern medical education on the physicians' emotional detachment, maintenance of emotional distance, and clinical neutrality as well as lack of a role model and educational experiences (5). Therefore, measuring and evaluating medical students' level of empathy and designing and implementing programs for improving medical students' empathy have grown more important.

Considering the importance of empathy, we aimed to assess the status of empathy in Iran's medical education program. Therefore, in this paper initially empathy is defined and then its training will be considered. Finally, the status of empathy in the Iranian Medical Education Program will be investigated. In conclusion, some suggestions for improving

***Corresponding author:** Alireza Monajemi, Philosophy of Science and Technology Department, Institute for Humanities and cultural Studies, Tehran, Iran.

Email: Monajemi@ihcs.ac.ir

and enhancing empathy in patient-physician relationships will be introduced.

Empathy with patients and its clinical significance

Proper patient-physician relationship improves treatment outcomes, patient compliance, and reduces patient complaints and healthcare costs that would ultimately lead to higher patient and physician satisfaction. It seems that empathy is the most fundamental aspect of this relationship. Alberta Szalita, a psychiatrist from Columbia University, defines empathy as “caring about other people’s feelings and readiness to respond to their needs without their burden falling on our shoulders.” (6) In other words, empathy is an individual disposition in which one understands the others’ thought and conditions by putting oneself in another’s shoes (7). However, in the field of patient care, empathy is more a cognitive state than an emotional one. Furthermore, it is understanding (not feeling), patients’ experiences, concerns and point of views as well as the capacity to share this understanding (8). While in empathy, physicians share their understanding with the patients, in sympathy only emotions are shared (7). In Frederic Platt’s view, the key steps for an empathic relationship are the recognition of a strong sense in the clinical setting, contemplating on understanding the patients’ feelings, expressing that understanding, respecting the patient’s effort in coping with their problem, as well as providing support and cooperating with patients (6).

Improving medical students’ and physicians’ empathy with patients

People with empathy have a strong imagination and can see through the eyes of others (9). However, the question is whether

this sense can be taught? In contrast to the past that empathy was considered as an inherited trait, currently most experts believe that it is a teachable and learnable process (6). Thereafter in the curriculum of many medical schools worldwide, empathy has been emphasized and implemented in medical students training (6, 8). For instance, empathy has been highlighted as one of the main goals of the Association of American Medical Colleges (AAMC) for training compassionate and altruistic doctors (10).

The development of clinical empathy is multi-phasic. Concerning its education, at least its initial phase which is the ability to encourage the patient to raise his/her concerns and feelings and their recognition can be taught. The capacity to learn other phases depends on the student’s characteristics (11). Medical students should first be familiarized with the theory and concept of empathy and then learn how to apply it in the clinical context. Overcoming some common obstacles such as recording the patients’ medical history while talking to the them, early focus on the patient’s chief complaint and reviewing all the systems while talking to the patient should be take into consideration (6).

Teaching empathy is based on several important assumptions. As mentioned in the introduction, empathy cultivates during conversations, therefore, the art of dialogue is the first and foremost condition that facilitates empathy. Many educational programs have been devised with the purpose of improving communication skills in medical students, healthcare team, and physicians, the easiest of which is giving lectures in class (11). Improving interpersonal skills is also very important. Although patients directly and indirectly raise their concerns and feelings when talk to physicians, untrained doctors are not able to receive or understand these signs and thus cannot respond suitably. For that reason, short-term educational programs have been designed for improving interpersonal skills and enhancing empathy. For example the focus of Suchman and colleagues was in the field of clinical interviews, aiming at

improving three basic communication skills including recognizing the patients' emotions and negative experiences and concerns (cognition) via his verbal and nonverbal messages, examining and understanding them (understanding), and the ability to show this understanding to the patient (communicating) (12).

However, it should not be forgotten that teaching empathy, dialogue, and communication skills cannot be limited to theoretical training in the classroom. They should be applied in real settings in order to show their effectiveness. For this reason, observing the experts' empathic behavior towards patients could have a significant role in order to improve empathy of medical students and postgraduates (8). Some researchers have criticized this method, as students may not select a suitable person for this purpose (11).

Another suitable method is role playing. In this method students are asked to play a role of a patient and at the end explain their own experiences. Studies show that after this experience, students grasp a better understanding of the patient's condition and problems (8).

Paul Thagard postulates that empathy is actually the establishment of an analogy or similarity between our own condition and the patient's condition. If we eager to empathize with someone, we should be able to find something in common with him or her. Therefore, in many educational programs a situation is presented to students so that they can put themselves in patients' shoes to find common ground. Based on this view, teaching empathy occurs throughout the experience of hospitalization. Students are admitted as patients while hospital personnel are not informed. It is supposed that students understand a part of the process that the real patient experiences when going through the reception and communicates with the healthcare team (13).

Realizing the difference between illness and disease is also crucial in clinical empathy. During clinical encounter, the physician is

aiming to diagnose the disease, while what the patients is experiencing is illness. The patient is worried about his/her illness not to be dangerous, fatal, debilitating, etc. Physicians strive for diagnosis among various signs and symptoms while the patients submerge in fear and concerns and this is always an obstacle in having an effective conversation (14).

One of the most effective ways for understanding patients' illnesses is narration and making efforts to recollect the patient's account of his/her illness. For this purpose, reading stories and watching movies properly put students in human conditions, so the art of narration is highlighted (14). Reading books, poems, novels and watching a show, photo, sculpture, or listening to music can transfer the same experience and show how emotions are expressed. Accordingly, in some medical schools, literature courses are implemented in the curriculum (8, 11). Elizabeth Sinclair says "The humanities remind doctors that they are dealing with complex people with unique needs and beliefs" (15).

The last key feature in teaching empathy is the significance of both self-reflection and reflection of others. This means that the doctor gains the ability to evaluate the conversation and act effectively for its adjustment while speaking to the patients. In this method small-group meeting is held under the supervision of a Psychologist. In these meetings, the relationship between patients, physicians, and healthcare personnel are discussed, and the patient is considered as a human being and not a case of disease (8). Another method is showing audio and video files of encounters of patients with physicians, nurses, and hospital administrative staff. These files are analyzed with respect to the ability to empathic communication (8).

Empathy with the patient and Iranian undergraduate medical education program

In Iran, medical graduates are expected to be compassionate and benevolent, always consider the interests of patients and be able to gain the trust of patients as well as the whole society through Islamic ethics and behavior. Accordingly, issues such as improving communication skills and listening skills have been considered for gaining the patients' trust (16).

Also, general physicians are expected to be empowered in eight domains for performing their role effectively in the society. One of these domains is clinical and communication skills. This area consists of twelve sub-skills including establishing effective communication with patients and their families, colleagues, and members of the healthcare team, ability and creativity in applying communication skills, listening skills in order to establish emotional connection with patients, skills to gather required information from them, and ability and art of gaining the trust of the patients and the whole society (16).

In Iran, the general medical course consists of four stages: 1- General courses and basic sciences, 2- Semiology and physiopathology, 3- Clinical clerkship, and 4- Clinical internship. Of course, reformed curriculum in some medical schools may combine these stages (16).

Examining the medical education curriculum, it is evident that none of the general courses are related to empathy education. Among basic courses only a psychology course seems to be related to this area. It seems that in this course, only chapter entitled "The relationship between psychology and other sciences and its applications in medicine" has potentially serve the basis to discuss empathy with patients. In semiology and physiopathology courses, no direct link to empathy has been found (16).

In the third stage (clinical clerkship) that follows through the fourth and fifth years of medical education, students go to clinical wards and study several other theoretical courses concurrently. Concerning empathy in this stage, only the theoretical course of Ethics and History of Medicine and Psychiatric rotation have the potential to initiate the patient-physician relationship and empathy (16).

In the medical ethics course, the only subjects related to empathy mentioned in the list of expectations from the course is that student be able to recognize human and ethical aspects of medical practice (knowledge domain) and establish a suitable professional relationship with patients based on medical ethics, gain the collaboration of patients and their families in decision making (skill domain). Besides, both the establishment of a proper and effective therapeutic relation with patients and respect to their believes are relevant (16).

In psychiatric rotation course plan, active listening skills and proper communication with patients of different age groups, skills in receiving verbal and nonverbal messages from the patient, and the ability to empathize and communicate with the patient without judgment are mentioned (16). It is at this stage that the word "*empathy*" has been explicitly mentioned for the first time. It is also surprising that in the theoretical course of mental illnesses, nothing has been mentioned about empathic communication with patients (16). In the fourth stage, Clinical Internship, empathy has only been mentioned in the psychiatry internship rotation the same as the clerkship rotation (16).

Empathy with patient and its extracurricular training

It should not be ignored that in different universities and at different times there are different types of extracurricular programs for training empathy to medical students. For example here two studies are mentioned. A

Quasi-experimental study was carried out in 2010 about the effect of one course of story reading on empathy with the patient on medical students of Zahedan University of Medical Sciences. At the beginning of this study 41 interns completed the Persian translation of Jefferson Empathy Scale (specifically for medical students). Then, for 16 volunteers, 10 sessions lasting for 120 minutes of story reading was organized. In these sessions a part of the book that was initially chosen by the tutor, was read (in these texts the characters of the story were dealing with scenarios of disease, disability and death). Then the participants discussed the described situation in the text with each other. At the end of the period they were asked again to answer the questionnaire and few open questions. The students in the two case and control groups answered the questions at the end. The result of the study showed that although the average overall score of the two groups at the beginning and end of the period did not have a significant difference, the score obtained by the control group decreased by 5 scores and the score of case group increased by one. These changes cannot be ignored. Answers to the open-ended questions showed that students found this experience interesting and innovative and helpful for learning empathy (17).

Another study in Isfahan University of Medical Sciences showed that holding 6 sessions of watching movies with medical humanities themes and introducing relevant sources for further studying had a significant effect on the level of empathy with patients as well as their moral judgment. The researchers concluded that this method is helpful to teach empathy to medical students (18).

Conclusion

It could be concluded that since it is expected from medical graduates in Iran to be able to properly communicate with colleagues, patients and their relatives, they do not train appropriately for it. As no explicit topic or discipline is specified to teaching empathy,

without suitable planning it is probable that this issue would remain neglected throughout the program. Concerning empathy education, both formal educational courses as well as extracurricular activity are appropriate.

One of the best ways of teaching skills like empathy and other social skills, learning skills, and thinking skills is using the threaded model of curriculum integration. In this approach, these concepts can be used in all disciplines and at all times during the course (19). Of course, the focus on these skills varies depending on the learner's level and the training course may emphasize the concept throughout the course or discussed at the beginning of the program and then again at certain intervals (20).

Elective plans like book and poem reading sessions and watching movies are influential. Optional courses (non-pivotal) are the courses that students choose them based on their interest and tendency and can include goals and pivotal content or be non-pivotal (21). Currently such programs are considered as important educational activity rather and students are given the opportunity to learn what they are interested in and obtaining critical assessment skills (22).

Therefore, we suggest the teaching of the theoretical basis of empathy at the beginning of medical training period (for instance in the courses of medical ethics and psychology) and then in the overall pivotal plan and especially in the different elective courses so that the student can have practical experience. It seems that the medical students' (and probably other healthcare personals) training programs should be revised in order to develop implement empathy in Iran's healthcare system.

Conflict of Interest

The author declares no conflict of interest.

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