

## Brief training program improves resident physicians' empathy with patients

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Resident physicians' participation in a brief training program designed to increase empathy with their patients produced significant improvement in how patients perceived their interactions with the residents. This contrasts with several studies showing that empathy with patients usually drops during medical school and residency training. The report from a team of Massachusetts General Hospital (MGH) researchers will appear in the *Journal of General Internal Medicine* and has been released online.

"The most exciting message from this study is that empathy can be taught and, most importantly, that improved empathy can be perceived by our patients. Many medical educators have thought that you are either born with this trait or you aren't," says Helen Riess, MD, of the [MGH](#) Department of Psychiatry, who led the study. "We are also very happy to see that participating residents liked the training and found it interesting and helpful."

Several studies have found that [medical training](#) is often accompanied by a drop in empathy – the ability to understand and respond to another person's feelings – and some have pinpointed the third year of [medical school](#), when students first become involved in patient care, as the most vulnerable period. Riess notes that possible contributors to the decline in empathy among medical trainees include self-protection against their own emotional distress and a desensitization that results from performing many potentially painful procedures. A lack of overt empathic behavior among senior residents and other role models, along with the escalating demands of training on residents' time and energy,

could be additional contributors.

Recent studies have revealed the neurobiological basis of empathy– for example, showing how areas of the brain involved in the perception of pain can be activated simply by watching a loved one experience painful sensations. Building on this information, Riess developed a protocol involving three 60-minute training sessions that begin with focusing on the neurobiology of emotion and go on to address recognition of facial expressions and other non-verbal emotional cues, emotional self-awareness and strategies for dealing with challenging patients or delivering bad clinical news. The sessions also include techniques for recognizing the impact of stress and fatigue on one's own behavior and regulating personal stress responses.

The current study, which followed an earlier pilot trial, enrolled 99 residents and clinical fellows in [Medicine](#), Surgery, Anesthesia, [Psychiatry](#), Orthopædics and Ophthalmology from MGH or the Massachusetts Eye and Ear Infirmary. Half were randomly assigned to participate in the empathy training sessions while the others continued their standard program. At the outset of the study, several of the patients seen by each study participant completed a standard assessment of their most recent interaction with the physician. The survey – called the Consultation and Relational Empathy Measure – asked patients to rank how well the physician did in "making you feel at ease," "fully understanding your concerns," "showing care and compassion" and similar measures.

The three training sessions, all conducted by Riess, were delivered over four-week periods to groups of 6 to 15 residents in the same specialty, starting within a month of the initial patient ratings. One to two months after training sessions were completed, another group of patients was asked to assess their interactions with their participating physicians – both those who completed the empathy training and the control group. In

addition, participating residents completed before-and-after tests of their knowledge of the neurobiology and physiology of emotion, assessments of their ability to decode facial expressions and the value they placed on empathic communication, along with self-assessment of their empathy-related attitudes and skills.

Study participants who completed the training course showed significant improvement in patient ratings of their empathic behavior, while the control group showed a decline in empathy during the study period. Training-group participants also had significantly greater improvement in knowledge of the mechanisms underlying empathy and in their ability to perceive and decode facial expression of emotion. There were no differences between the groups in self-reported attitudes about the importance of empathy or in improved [empathy](#) outside of patient interactions. Participants in the training course were overwhelmingly positive about the benefits of the course.

"This is the first study to show that a neurobiologically informed training program results in statistically significant improvement at the level of patient perception, without necessarily increasing the time physicians spend with patients," Riess says. "We were pleased to find this improvement could be accomplished with only three 60-minute training modules, something that is critically important with the time constraints faced by all training programs. Because it would be difficult to offer this training to all of our residency programs, we've created a web-based version to enable medical providers and residency program directors everywhere to incorporate this [training](#) into their programs."

**More information:** [www.massgeneral.org/psychiatry...es/empathy\\_home.aspx](http://www.massgeneral.org/psychiatry...es/empathy_home.aspx)

Provided by Massachusetts General Hospital

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