

The five things you didn't know about teaching empathy

August 10 2015, by Frank Otto



The Drexel College of Medicine teaches empathy to its students to help doctors and patients better connect for more efficient care.

Though it seems like they may obscure a patient's medical issues at times, emotions can actually be the key to unlocking more about a

person's condition.

At Drexel's College of Medicine, understanding and reading those emotions is a point of focus. Medical [students](#) take part in [empathy](#) training during their first year. In their second year, that training is reinforced.

By the time they hit their third year, students take part in a webcam-based simulation developed at the College that uses actors portraying patients to test what the students have learned and determine how well they apply it.

That technology, created by Dennis Novack, MD, professor of [medicine](#) and associate dean of Medical Education, Christof Daetwyler, associate professor of Family, Community and Preventive Medicine, and Gregory McGee, web developer in the College of Medicine, was recently licensed by DecisionSim under the name CommSim. It will be used to train [doctors](#) across the country, potentially including the United States Department of Veteran Affairs.

But how do you actually train someone to be empathetic? Novack talked with DrexelNow about what you need to know.

You have to be careful about mixing empathy and sympathy.

"There are several definitions of empathy in the medical literature, but the most common is 'the ability to put yourself in somebody else's shoes,'" Novack said. "It's to have a, more or less, objective experience of what it must be like to be this person going through an illness. It's understanding."

Sympathy, in the meantime, is to "feel with," Novack said. It's a more subjective experience.

"If your friend's mother dies, you go over to their house and cry with them. You're feeling similar emotions," he said. "Sympathy is quite different, in that regard."

The training provided at the College of Medicine is about giving [medical students](#) the skills to understand what a person is going through.

When a doctor blurs the lines between empathy and sympathy, Novack said studies have shown that they order extra or unnecessary testing and procedures.

"The patient-physician relationship relies on boundaries," he said. "If a patient tells you something tragic, you don't want them to look up and see you crying."

Empathy is a skill-based quality.

"People have a different capacity for empathy going into medical school," Novack said. "People are just wired differently."

Brain scans show that some people simply have fewer brain cells designed for empathetic qualities, according to Novack.

So the training aims to develop listening skills that can be applied to demonstrating empathy.

They include skills like reflection, which means being able to comment or ask about a patient's emotions; legitimization, which can be indicating recognition and normalizing an emotional reaction ("most people would feel as you do in this situation"); partnership or support, which could be

as simple as saying you'll do your best to work with them; and summarization, an accurate retelling and checking what a person has told you.

Personal biases need to be recognized and overcome.

"We're human beings. We're social animals. We all have judgments," Novack said. "You meet someone and 30 seconds later you have a judgment."

The training at the College of Medicine encourages students to reflect on their own lives and also those of their parents and grandparents to trace back any biased attitudes or feelings they might have and where they originated.

Being aware of these biases or attitudes is crucial to overcoming them and seeing the world the way a patient might.

"If you don't seek the patients' perspective, you can get judgmental and that will get in your way when you're caring for a person."

Empathy is about being present in a situation, but that can be hard for a doctor.

Doctors whip back and forth from the mundane to the horrific, seeing the best moments of people's lives to the absolute worst.

"You go from death to the birth of a baby," Novack said.

As such, it's important to teach medical students to do their best to be present in each situation.

"You have to free yourself up. You can't completely do it but you can rely on the skills we're teaching you, even if you're not feeling it," Novack said. "If you can just get a glimmer of what that person is feeling, that will help them, even when you're not completely present."

Sharpening empathy skills can boost a doctor's overall performance.

"If you're not empathic, you're not going to get very far," Novack said. "Patients who feel understood are more willing to reveal important information and worries to their physicians."

The more information a doctor has, the easier it is to diagnose a condition and the more efficiently it can be treated.

"I remember seeing an interaction where the doctor was being completely clinical, didn't say one empathic thing but he listened very well and, if you watched this interaction, you would've said, 'That's not an empathic doctor,'" Novack said. "And then, at the end, he said, 'I think I know what's going on with you now.' And he said to this woman what he thought the emotional experience was. And she started to cry and said, 'Yes, that's exactly what I'm going through.'"

Two minutes of empathy was all it took to ensure the patient's trust and form an agreement with a difficult diagnostic and therapeutic plan.

"If you can get to that moment where you accurately relate their experience back to them, that sets up a relationship where patients are now ready to listen to you and your recommendations," Novack said.

Provided by Drexel University

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