

Empathy in medicine

Marin Hattori (M4) May 1, 2024

Outline

- 1. My Question about empathy
- 2. What is empathy?
- 3. How to measure empathy
- 4. How to improve empathy in medical school

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1. My Question about empathy

Q. This isn't the essence of empathy... is it?

M2 students practicing medical interview for OSCE

Patient



I have a stomachache.

Doctor



I see. Could you tell me more about the pain?

Patient



My stomach hurts so much. I woke up at 3AM because of the pain.

Doctor



It must've been difficult for you. (それは大変でしたね)

...Well, when did you first notice the pain?

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How do we engage in decision-making process of patients?

Written by Seiji Bito



Empathy in clinical practice

Edited by Hitoshi Ishii



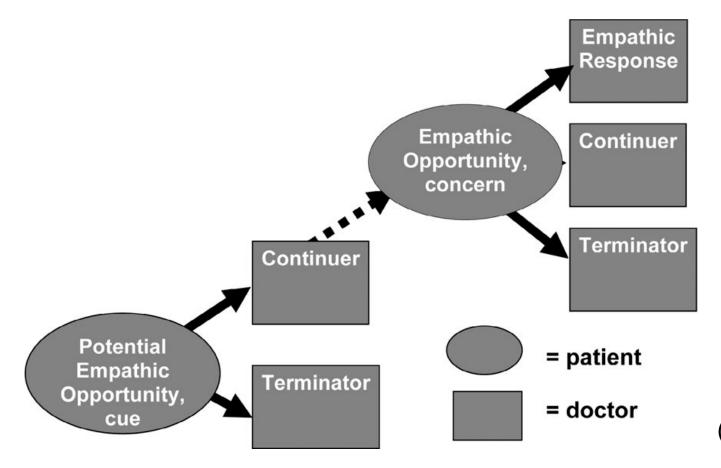
Comprehensive definition of "empathy"

- To sense the client's private world as if it were your own, but without ever losing the "as if" quality (Rogers, 1957)
- A predominantly *cognitive* (rather than an affective or emotional) attribute that involves an *understanding* (rather than feeling) of pain and suffering of the patient, combined with a capacity to *communicate* this understanding, and an *intention to help* (Hojat et al., 2018)



Empathy in clinical practice

A Model of Empathic Communication (Suchman et al., 1997)

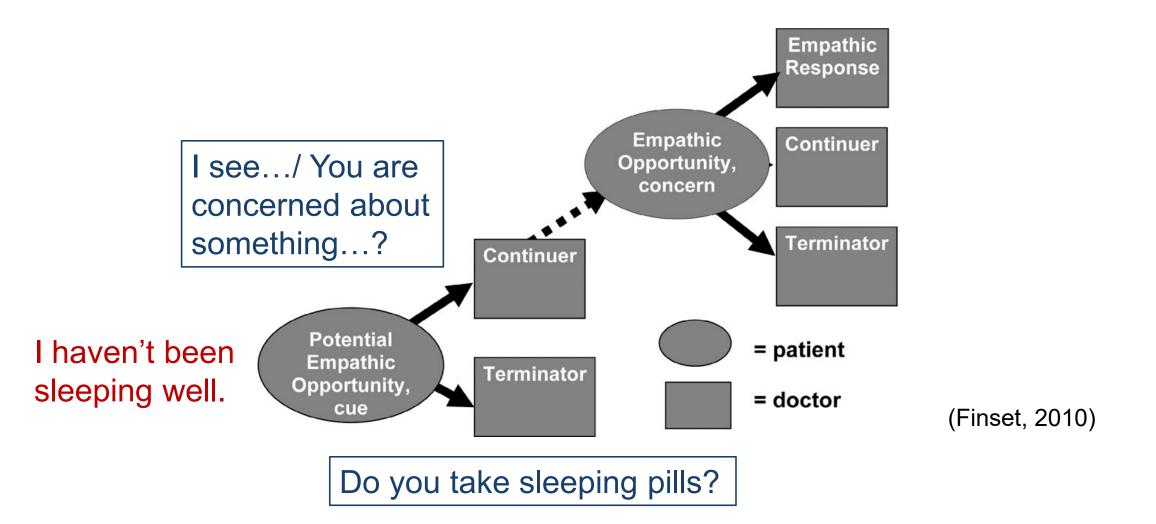


(Finset, 2010)

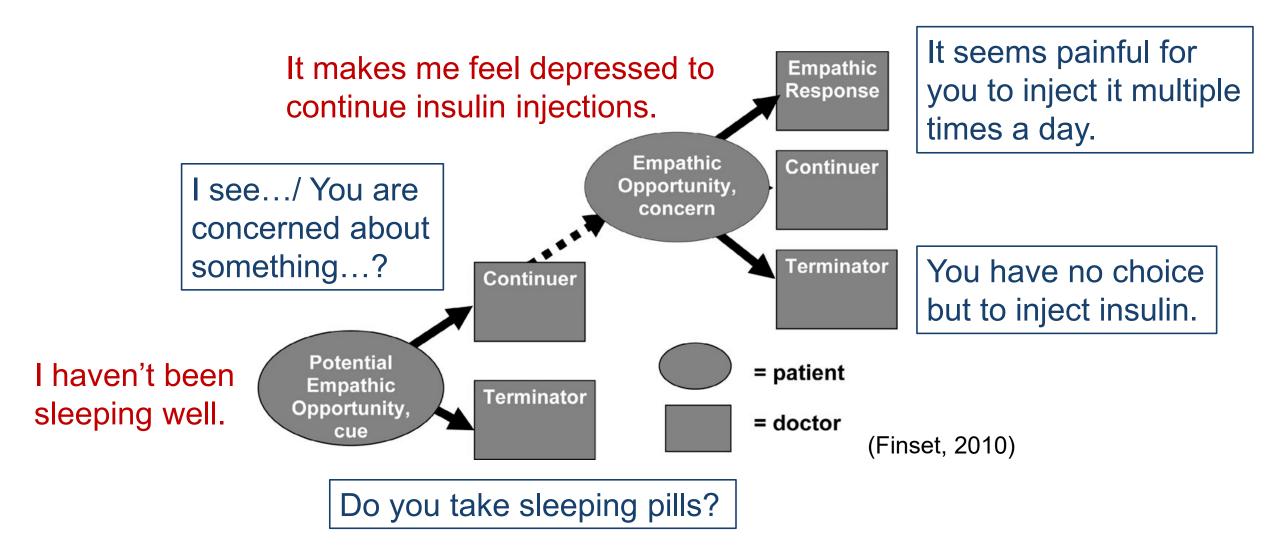
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2. What is empathy?

Example: A patient undergoing treatment for diabetes (Ishii, 2023)



Example: A patient undergoing treatment for diabetes (Ishii, 2023)



Nonverbal cues (from doctors)

Body posture

- typing information on the computer or facing the patient

Speaking speed and tone of the voice

- (I think) there is no absolute optimal speed and tone
- to synchronize the breathing

Physical examination

- not only to diagnose

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- 1 Jefferson Scale of Empathy (JSE)
- 2 Consultation and Relational Empathy Measure (CARE Measure)



1 Jefferson Scale of Empathy (JSE)

- Measure empathy by answering 20 questions with seven-point scale (self evaluation)
- Translated into 59 languages/dialects including Japanese (Kataoka, 2012)
- 3 versions

for Medical students (S-version)

for Health Profession (HP-version)

for Health profession students (HPS-version)



1 Jefferson Scale of Empathy (JSE)

- 1. Understanding how patients and their families feel does not influence medical or surgical treatment.
- 13. I try to understand what patients are thinking by paying attention to their unspoken cues and body language.

表. Jefferson Scale of Empathy (HP-Version) 日本語版

下記のそれぞれの文章についてあなたがどの程度同意するか,あるいは同意しないかを表示してください. その際,適切な評価指数(後述のスケール参照)を選び右欄の○を塗りつぶしてください. 以下の 7 点のスケールを使用して下さい(点が高いほど強く同意することを示します).それぞれの設問において塗りこぶすのは<u>一つだけ</u>です. 1 (全く同意しない)2-3-4-5-6-7(全くその通りである) 1 2 3 4 5 6 7

		1	2	3	4	5	6	7
1	担当患者及び家族がどのように感じているかということを理解することは、内科的、外科的な治療に影響を及ぼさない.	0	0	0	0	0	0	0
2	私が担当患者の気持ちを理解したら、担当患者はより快適と感じる.	0	\circ	0	0	0	\circ	0
3	私にとって担当患者の視点に立って物事を見ることは難しい.	0	\circ	0	\circ	\circ	0	0
4	担当患者のボディランゲージを理解することは、治療者-患者関係において言葉によるコミュニケーションと同じくらい重要であると思う.	0	0	0	0	0	0	0
5	私はユーモアのセンスがあり、それはより良い臨床的結果をもたらすと考える.	0	0	0	0	0	0	0
6	人はそれぞれに異なっているので、自分の患者の視点で物事を見ることは困難である.	0	0	0	0	0	0	0
7	私は病歴聴取の際や身体的健康状態について尋ねる際に,患者の感情に留意しないようにしている.	0	0	0	0	0	0	0
8	担当患者の個人的な経験に心を配ることは、治療結果に影響を及ぼさない.	0	0	0	0	0	0	0
9	私は担当患者に治療を行う際,彼らの視点で物事をとらえる努力している.	0	0	0	0	0	0	0
10	私の患者は、彼らの気持ちを私が理解することは、そのこと自体で 治療効果があると評価している.	0	0	0	0	0	0	0
11	患者の病気は内科的,または外科的治療のみによって治癒しうる. 従って,担当患者と情緒的な心の結びつきを持つことは,内科的, 外科的治療に著明な影響を与えない.	0	0	0	0	0	0	0
12	患者に対し彼らの私生活において何が起こっているかを尋ねること は、患者の身体的訴えを理解するために役に立たない.	0	0	0	0	0	0	0
13	私は、担当患者の言葉にはでてこない手がかりやボディーランゲージに注意を払うことによって、彼らの考えていることを理解しようとしている.	0	0	0	0	0	0	0
14	私は、内科的疾患の治療において感情の入る余地はないと考える.	\circ	\circ	\circ	\circ	\circ	\circ	0
15	共感は治療の技能であり,それなしでは治療の成功には限界がある.	\circ	\circ	\circ	\circ	\circ	0	0
16	担当患者との関係において重要な構成要素となるのが担当患者及び家族の感情の状態を理解することである.	0	0	0	0	0	0	0
17	より良いケアを提供するために,私は患者と同じように考えるよう 努めている.	0	0	0	0	0	0	0
18	私は担当患者やその家族との間の強い個人的なきずなによって影響 を受けることを自分自身に許さないようにしている.	0	0	0	0	0	0	0
19	私は医学と関係ない文学作品の読書や芸術が好きではない.	0	\circ	\circ	\circ	\circ	\circ	0
20	私は、内科的または外科的治療において共感は重要な治療要素であると考える.	0	0	0	0	0	0	0



2 Consultation and Relational Empathy Measure (CARE Measure)

- Measure doctors' empathy from <u>patients' perspective</u>
- A patient answers 10 questions with five-point scale after one-on-one interview between a doctor and a patient
- Some different languages including Japanese (Aomatsu et al., 2014)
 - the Japanese version of the CARE Measure provides a reliable estimate of perceived general practitioner empathy, if <u>38 or more completed questionnaires</u> are included. (Matsuhisa et al., 2018)

2 Consultation and Relational Empathy Measure (CARE Measure)

The CARE Measure

© Stewart W Mercer 2004

statement and answer every statement.										
How was the doctor at	Poor	Fair	Good	Very Good	Excellent	Does Not Apply				
1. Making you feel at ease (being friendly and warm towards you, treating you with respect; not cold or abrupt)										
2. Letting you tell your "story" (giving you time to fully describe your illness in your own words; not interrupting or diverting you)										
3. Really listening (paying close attention to what you were sayings; not looking at the notes or computer as you were talking)										
4. Being interested in you as a whole person (asking/knowing relevant details about your life, your situation; not treating you as "just a number")										
5. Fully understanding your concerns (communicating that he/she had accurately understood your concerns; not overlooking or dismissing anything										

6. Showing care and compassion (seeming genuinely concerned, connecting with you on a human level; not being indifferent or "detached")			
7. Being Positive (having a positive approach and a positive attitude; being honest but not negative about your problems)			
8. Explaining things clearly (fully answering your questions, explaining clearly, giving you adequate information; not being vague			
9. Helping you to take control (exploring with you what you can do to improve your health yourself; encouraging rather than "lecturing" you			
10. Making a plan of action with you (discussing the options, involving you in decisions as much as you want to be involved; not ignoring your views			

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REVIEW ARTICLE

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Towards an empathic hidden curriculum in medical school: A roadmap

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Q. How can we change the present medical education and improve empathy?

4. How to improve empathy

- Enhanced empathy reduces patient pain, improves their satisfaction with care.
- Empathy also appears to reduce practitioner burnout.

Yet,

- Medical student empathy appears to decline throughout medical school.
 (especially when students transition from predominantly campus and lecture based learning to clinical settings)
- The reasons for the decline were medical students' inexperience, together with the "hidden curriculum."

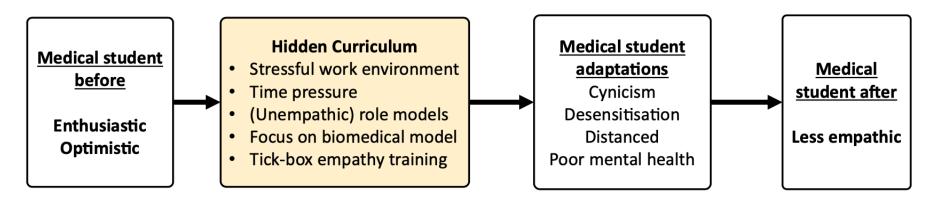


FIGURE 1 Negative aspects of the hidden curriculum and their influence on empathy.

What can generate an "Empathic Hidden Curriculum"?

- 1. An increased focus on the biopsychosocial model of disease
- 2. Earlier exposure to real patients
- 3. Vicarious experience of being a patient
- 4. Positive role models
- 5. Evidence based, and assessed empathy training
- 6. Enhanced wellbeing education

1. An increased focus on the biopsychosocial model of disease

- An undue focus on the biomedical model
 - → while medical students undoubtedly intend to empathize with complex real - world patients, they report feeling unprepared to do so
 - Practicing evidence based medicine (combining <u>best evidence with patient values and circumstances</u> as well as clinical expertise)

2. Earlier exposure to real patients

- can reduce the stress inducing shock of transitioning to the clinical phase of medical school
 - getting (real and virtual) patients into the classroom
 - early exposure to the clinical environment

→ enhanced empathy

3. Vicarious experience of being a patient

- With near-to-peer support (more experienced students support other students)
 - → help them move from the earlier to latter phases
- "Walk a mile" in patients' shoes
 (ex. play the role of patients, interact with people who have disabilities)
 - → develop empathic behaviors

4. Positive role models

- Some of the role models medical students encounter are not empathic
 - Training clinicians to act as empathic role models
 - Teaching students to identify empathic role models

5. Evidence - based, and assessed empathy training

- "tick box" empathy training is ineffective and gives students the wrong impression that empathy is superficial
 - ask the patient simulators and examiners to provide a rating for the medical students' empathy using validated measurement tools

6. Enhanced wellbeing education

- Medical students' high workload, examinations → stressful environment
- health enhancement programs to equip students to deal with stress
 - mindfulness training
 - pass/fail grading systems, collaborative learning, peer support, cultivating hobbies, and supportive social networks
 - helpful experiences that encourage altruism

Through this clerkship...

- got close to the key to understanding the essence of empathy
- learned to explain what empathy is in my own words
- focused on both verbal and nonverbal cues in communication
- had a critical eye for medical education and learned about ways to improve it.

Thank you for listening!

References

石井 均. 医療現場の共感力. 金芳堂 2023.

片岡 仁美、共感と医療について(エンパシースケールを中心に)、日本内科学会雑誌、2012: 101: 2103-2107.

Aomatsu M, Abe H, Abe K, Yasui H, Suzuki T, Sato J, Ban N, Mercer SW. Validity and reliability of the Japanese version of the CARE measure in a general medicine outpatient setting. Fam Pract. 2014 Feb;31(1):118-26.

Asano-Gonnella Center for Research in Medical Education & Health Care. "Jefferson Scale of Empathy". Thomas Jefferson University. 2022. https://www.jefferson.edu/academics/colleges-schools-institutes/skmc/research/research-medical-education/jefferson-scale-of-empathy.html, (accessed 2024-04-30)

Finset A. Emotions, narratives and empathy in clinical communication. Int J Integr Care. 2010 Jan 29;10 Suppl(Suppl):e020. Hojat M, DeSantis J, Shannon SC, Mortensen LH, Speicher MR, Bragan L, LaNoue M, Calabrese LH. The Jefferson Scale of Empathy: a nationwide study of measurement properties, underlying components, latent variable structure, and national norms in medical students. Adv Health Sci Educ Theory Pract. 2018 Dec;23(5):899-920.

Howick J, Slavin D, Carr S, Miall F, Ohri C, Ennion S, Gay S. Towards an empathic hidden curriculum in medical school: A roadmap. J Eval Clin Pract. 2024 Feb 8.

Matsuhisa T, Takahashi N, Aomatsu M, Takahashi K, Nishino J, Ban N, Mercer SW. How many patients are required to provide a high level of reliability in the Japanese version of the CARE Measure? A secondary analysis. BMC Fam Pract. 2018 Aug 16;19(1):138.

Mercer SW, Maxwell M, Heaney D, Watt GC. The consultation and relational empathy (CARE) measure: development and preliminary validation and reliability of an empathy-based consultation process measure. Fam Pract. 2004 Dec;21(6):699-705. Rogers CR. The necessary and sufficient conditions of therapeutic personality change. J Consult Psychol. 1957 Apr;21(2):95-103.

Suchman AL, Markakis K, Beckman HB, Frankel R. A model of empathic communication in the medical interview. JAMA. 1997 Feb 26;277(8):678-82.