

## Teaching Empathy. Interventions that have shown to improve empathy: Research clearly shows that empathy can be taught 1-3. Following measures have shown to improve empathy.

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### 1. Simple Interpersonal Skills including verbal and non verbal communication skills:

Holding the correct posture, maintaining the eye contact, assessing the patient's feeling correctly, responding appropriately with student's face, saying the patient's feelings in student's own words can improve communication and empathy<sup>4</sup>. Interpersonal skills development is considered as an essential prerequisite to demonstrate empathic behavior<sup>5, 6</sup>. Empathy can be enhanced by educational programmes to improve students' interpersonal skills that implicitly imply enhancement of the capacity for empathy<sup>7-9</sup>.

Suchman et al<sup>10,11</sup> identified three basic communication skills namely, "recognition" of patient's negative emotions, concerns, and inner experiences (cognition); "exploration" of these emotions, concerns, and experiences (understanding); and "acknowledging" them to generate a feeling in the patient of being understood (communicating). These three skills have been used to identify and promote empathy hence nodding or saying: "I understand your concern; let's work on it together" can improve the communication process<sup>12</sup>.

Hence nonverbal cues including: changes in tone of voice, eye contact, gaze and aversion of gaze, silence, laughter, teary eyes, facial expressions, hand and body movements, trembling, touch, physical distance, leaning forward or backward, sighs, or other signs of distress or uncomfortableness can help in establishing an empathic clinician-patient relationship<sup>13-15</sup>. Psychological effects of nonverbal cues such as folded arms (more likely to indicate defensiveness, coldness, rejection, or inaccessibility) or moderately open arms (more likely to convey acceptance and warmth) can also be taught in interpersonal skills training programs<sup>16</sup>. Also, teaching clinicians to try to mirror patients' postures, gestures, respiration rates, tempo and pitch of speech, and language pattern can contribute to forming an empathic engagement<sup>17</sup>.

Winefield and Chur-Hansen<sup>18</sup> reported that 81% of medical students who participated in two brief sessions on effective communication with patients felt

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more prepared to engage in empathic interviews. Yedidia and colleagues<sup>19</sup> reported that practicing communication skills and engaging medical students in self-reflection on their performances improved students' overall communication competence as well as their skills in building relationships in patient care.

A 5-day communication skills workshop offered to medical students and medical residents in Spain significantly increased scores of participants' empathy (measured by the JSPE) compared to a non-participant control group<sup>20</sup>.

In a randomized clinical trial conducted at the Johns Hopkins University School of Hygiene and Public Health, 69 physicians were assigned to one of three groups: two experimental groups and one control group<sup>21</sup>. The results showed that the empathic skills of the physicians who participated in either training course improved significantly without increasing the time spent with individual patients.

2. **Connecting with patients:** By teaching students to make a human connection, virtue can surface and move them in the right direction<sup>22</sup>.
3. **Natural Curiosity about patients' lives:** Students and trainees should be encouraged to maintain their natural curiosity about their patients' lives<sup>23</sup>.
4. **Learning from their own negative feelings:** Empathy is shown to increase when the students are taught in the way psychiatry residents are taught to pay attention to counter-transference (when clinician transfers emotions to a patient)<sup>24-26</sup>.
5. **Telling patients' first- person accounts of illness:** Telling patients' first- person accounts of illness is known to increase empathy<sup>27-30</sup>.
6. **Case Presentations:** Case presentations is known to increase empathy among students and trainee doctors<sup>31</sup>.
7. **Role Playing:** Role-playing exercises with students in the role of patients should be used to increase empathy in students<sup>32,33</sup>. About 30 years ago, a role playing game to simulate problems perceived by elderly people was described<sup>34-36</sup> used the technique and developed the "aging game" to increase the understanding of medical students about elderly people's sensory deficits and functional dependency. In first stage, students pretended that they were 70-99 years old, using earplugs to simulate hearing loss. In sec-

ond stage, students moved from independent to semi dependent and then in dependent settings. In each stage, the behaviour of facilitators becoming more disrespectful. In third stage, students discussed their experiences. When conducted to 112 students of Duke University Medical School, it showed that the experiment produced increased understanding and sensitivity to the physical and psychosocial problems of the elderly. Role playing results in the development of awareness and increased understanding of elderly patients<sup>37</sup>. Because understanding is the key ingredient in the definition of empathy, it is expected that improvement in understanding leads to enhancement of empathy. Such a link has been reported by Holtzman and colleagues<sup>38-40</sup> presented a three-hour workshop. They showed that the empathy scale increased significantly among participants after completing the workshop.

8. **Simulated Patients:** Simulated patients should be used to act in a case, which increases the awareness and increases empathy within students<sup>41,42</sup>.
9. **Theatrical Performances:** Shapiro and Hunt (2003)<sup>43</sup> presented students of the University of California-Irvine College of Medicine with performances by two patients. One patient presented his experiences with AIDS through a song. The other patient, a survivor of ovarian cancer, described her experiences at various stages of diagnosis and treatment. After the theatrical presentations, the students admitted that watching these performances improved their empathy.
10. **Improving Narrative Skills:** Window of opportunity to empathic engagement is opened by the physicians' attentive listening to their patients' narratives of illness rather than "clinical interrogation"<sup>44</sup>. Narrative hence increases the empathy in clinical setting<sup>45-48</sup>.
11. **Reading Literature and the Arts:** Reading literature, stories, novels, poetry; watching movies, plays, photographs, paintings, sculptures; and listening to music and songs provide insight to medical students, physicians, and health about human emotions, pain and suffering, and improve empathy<sup>49-53</sup>.
12. **Literary Texts and Reflective writing:** Literary texts and reflective writing exercises may help medical students to become empathically attuned to patients' experiences of suffering<sup>54</sup>.
13. **Audio- or Video-Taping of Encounters with Patients:** Pollak et al<sup>55</sup>, audio-recorded 398 interviews between advanced cancer patients and their oncologists and found empathy in only 27% of oncologists. Sanson-Fisher and Poole<sup>56</sup> and Werner and Schneider<sup>57</sup> showed that using audio and video tapes with medical students increased their empathy to patients.
14. **Hospitalization Experiences:** The empathy of health professionals with patients with whom they share common experiences has been described as the "wounded healer effect"<sup>58</sup>. Clinicians who have experienced pain have a better understanding of their patients' pain<sup>59,60</sup>. At the University of California-Los Angeles Medical School, healthy second-year medical students were hospitalised and later admitted that the experience increased their understanding of patients' problems<sup>61</sup>. The students were admitted to the hospital under an assumed name. They Ingelfinger<sup>62</sup> suggested that actual hospitalization experiences can be used as a criterion for admission to medical schools.
15. **Shadowing the Patients:** Shadowing the cancer patient is known to improve empathy among students<sup>63</sup>. At the University of Arkansas for Medical Sciences, 72% of medical students "shadowing" a patient admitted for surgery, increased their empathy<sup>64</sup>.
16. **Exposure to Role Models:** Faculty members in medical education can serve as role models or mentors to improve students' empathy<sup>65</sup>. In Shapiro<sup>66</sup> survey of primary care physicians, role modelling was considered by participants as the most effective way to teach empathy. In a study in Canada<sup>67</sup>, 25 percent of the second-year students and 40 percent of the seniors did not rate their teachers as humanistic physicians and teachers.
17. **Removing overwhelming and humiliating attitudes and situations:** Overwhelming and humiliating students, leads to a "tough emotional crust and marked disidentification with patients", and hence reduced empathy<sup>68,69</sup>.
18. **Removing threatening atmosphere for care providers:** Obviously Threats cannot make healthcare workers more compassionate.
19. **Stress on continuity of care (owning the patients):** Continuity of care is obviously essential for relationships to develop between patients and professionals.
20. **Balint Method:** The Balint training program<sup>70</sup> has been practised in United States with success<sup>71, 72</sup>. This programme is based on understanding that limiting the student to wards and laboratories will not help the student to take the patient as a true human being. It includes short small group sessions behavioral, cognitive, and emotional issues related to communication between patients, physicians, and other personnel and supervised by the psychologists.

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