

Perceptions of medical professionals regarding role of present medical education system in developing physician's empathy-an observational study

Meenu Pichholiya¹, Arvind Kumar Yadav^{2*}

¹Assistant Professor, ²Professor, Dept. of Pharmacology, Geetanjali Medical College & Hospital, Udaipur, Rajasthan, India

***Corresponding Author:**

Email: drakyadav@yahoo.co.in

Abstract

Objectives: To detect how the positive and negative determinants of current medical education system during undergraduate and post graduate trainings affect the physicians' empathy.

Material and Methods: This is a questionnaire based cross sectional observational study conducted after taking permission from the institutional ethics committee. All the practicing medical professionals belonging to different specialities were included in the study. For each questionnaire item, they were asked to respond either yes / no. Data was interpreted as percentage of acceptance and rejection.

Results: 70% physicians believed that present medical education system is helpful in developing empathy still 80% were in favour of conducting classes on empathy during the medical education. 80% agreed to all the positive determinants of development of empathy while 40 % agreed to all the negative determinants of empathy.

Conclusion: In present setup though empathy is not included in medical curriculum but the assumed positive determinants of empathy during the under and post graduate training seems to be cultivating empathy in our socio-responsive physicians.

Keywords: Empathy, Practicing physicians, Medical education system, Healthcare relationships.

Introduction

Empathy has important role in the patient care and it has strong positive effect on patient's health outcome.¹ Clinical empathy is poorly defined and also difficult to measure.² In medical context empathy means an ability to understand the patients' feelings, situation and perspective and to act on that understanding with the patient in a helpful way.³ Hence it is an important component of high quality communication in healthcare relationships and a crucial aspect of medical practice. Various studies conducted so far relating physician's empathy and behaviour towards patients and their clinical outcomes have shown multiple positive effects. These studies have shown that clinical empathy enhances patient satisfaction, comfort, and trust.^{4,5} In current scenario of medical education empathy is undervalued and under-taught. Recent studies have shown that empathy can be significantly increased by teaching, particularly if focus is embedded in students' experiences with patients.^{6,7} Different medical education associations and other professional organisations in several countries agree that empathy is a desirable physician characteristic that should be developed and promoted in the medical education process.⁸ Currently, there is not much emphasis and time given to teach the empathic response in undergraduate training, postgraduate training and continuing medical education. With this background this study was planned to relate how the current medical education system during the undergraduate and postgraduate training affects the physicians' empathy.

Material and Methods

This questionnaire based cross sectional observational study was conducted in department of

pharmacology at a tertiary care teaching hospital. After taking ethical permission from the institutional ethics committee; data was collected in preformed questionnaire. Questionnaire consisting of few socio-demographic questions and other direct questions to physicians was developed with the help of Ahrweiler et al study⁸ and distributed amongst the medical education unit faculty of the college for validation. Validation of questionnaire was completed after lots of discussion and changes. The questionnaire was anonymous and was supposed to be submitted voluntarily. Participants were informed and explained the purpose of the study and asked to submit the filled questionnaire form if they agree to participate. Total one twenty clinicians working in the hospital belonging to different specialities were included in the study. Pre and Para clinical professionals were excluded from the study. For each questionnaire item, they were asked to respond either in affirmative (yes) or negative (no). Data was interpreted as percentage of acceptance and rejection. Data collected in questionnaire was analyzed in Microsoft excel.

Results

Total 120 practicing medical professionals including 72 (60%) males and 48 (40%) females with age varying between 32-62 years were finally recruited in the study. They were from various medical fields with experience varying between 8-32 yrs.

While responding to questions regarding medical education and the speculated positive determinants of empathy, 70% physicians accepted that medical education training was helpful in developing empathy and they were having memory of teaching empathy during undergraduate and postgraduate training. 100%

physicians agreed that medical education should aim to develop clinical empathy. 80% accepted that there should be classes on empathy and 95% believed that good teachers and lectures are helpful in developing empathy.

60% medical professionals accepted that skill of communication was taught during under and post graduate training. (Table 1)

Table 1: Questionnaire items related to present medical education system

S. No.	Questionnaire items	Yes (%)	No (%)
1	Memory of teaching empathy during undergraduate & postgraduate training	70	30
2	Medical education training was helpful in developing empathy	70	30
3	Medical education should aim to develop clinical empathy	100	00
4	Should there be classes on empathy	80	20
5	Skill of communication was taught during the training	60	40
6	Good teachers and lectures are helpful in developing empathy	95	5

Among the various forms of training speculated as positive determinants of empathy, 80% considered history taking, 70% clinical postings, 60% psychiatry teaching (both theoretical and practical) were helpful and

70% accepted that practice based learning was helpful in developing empathy. Group discussions, bed side teaching and learning from one another were helpful for 82% of the physicians. (Table 2)

Table 2: Questionnaire items based on positive determinants of empathy

S. No.	Questionnaire items	Yes (%)	No (%)
1	History taking was helpful	80	20
2	Clinical postings were helpful	70	30
3	Psychiatry teaching (both theoretical and practical) was helpful	60	40
4	Practice based learning was helpful	70	30
5	Group discussions, bed side teaching and learning from one another were helpful	82.5	17.5

While answering to questions based on negative determinants of empathy 60% practitioners accepted that most of the training was focused on scientific facts and diagnostic results and psycho-social aspects of patients' characteristics were neglected. Cramming for examinations, being overloaded, time taken by tasks that are away from patients (e.g. documentation), improper time management, exhaustion or general stress during the training period is responsible for lack of empathy was

agreed by 95% physicians. 65% physicians agreed that medical training is conducted in hospitals in which there is overwhelming exposure to sickness, suffering and death on one hand and responsibilities on the other. 65% believe that empathy declines after contact with patients is intensified and for 50% practitioners self-assessed empathy drops after students begin the clinical phase of training. (Table 3)

Table 3: Questionnaire items based on negative determinants of empathy

S. No.	Questionnaire items	Yes (%)	No (%)
1	Most of the training was focused on scientific facts and diagnostic results and psycho-social aspects of patients' characteristics were neglected	60	40
2	Cramming for examinations, being overloaded, time taken by tasks that was away from patients, improper time management, exhaustion, or general stress during the training period were responsible for lack of empathy	95	05
3	Medical training is conducted in hospitals in which there is overwhelming exposure to sickness, suffering and death on one hand and responsibilities on the other. Empathy declines after contact with patients is intensified	65	35
4	Self-assessed empathy drops after students begin the clinical phase of training	50	50

Responding to questions related to medical curriculum and empathy, for 90% practitioners; patient contact on personal level during initial clinical postings are helpful and contact with patient is an informal and hidden curriculum which includes empathy and 100%

agreed that lack of empathy in formal medical curriculum is responsible for its underdevelopment. (Table 4).

Table 4: Questionnaire items based on present medical curriculum

S. No.	Questionnaire items	Yes (%)	No (%)
1	Patient contact on personal level during initial clinical postings is helpful	90	10
2	Contact with patient is an informal and hidden curriculum which includes empathy	90	10
3	Lack of empathy in formal curriculum is responsible for its underdevelopment.	100	00

Discussion

An indispensable requisite for quality care of patients is clinical empathy as it results in better patient's contentment, compliance and lesser number of litigations against practitioners.⁹ Indeed, many of the criticisms of medical care voiced by patients refer to what they perceive as inadequate interpersonal and communication skills rather than therapeutic part.¹⁰ In this present study we tried to analyse scenario of development of clinical empathy in clinicians in perspective to present medical education system.

The result of this study suggested that for a large number of physicians, medical education training was helpful in developing empathy and they accepted that empathy was taught during both undergraduate and postgraduate courses. There is no clear-cut evidence of teaching clinical empathy as a separate skill. It can be assumed that probably it is communicated through curriculum which includes contact with patients.¹⁰⁻¹² Also according to the Shapiro study most clinicians convey clinical empathy through observable communication skills, verbal and non-verbal behaviours, body language and by specific concrete actions to improve condition and reduce suffering of the patient.¹³

All the physicians were of the opinion that medical education should aim to develop empathy. Though research regarding influence of empathy on clinical outcomes is lacking¹⁴ but there are researches that show that it improves doctor-patient relationship and their satisfaction and even enhance diagnostic accuracy. This positive empathy also helps in better identification of patients' needs, perceptions, and expectations.¹⁵⁻¹⁷

Physicians agreed that there should be classes on empathy. Most of the medical education curriculum does not include empathy.¹⁸ Traditionally empathy is not taught and is not given due consideration. Researches carried out on medical students have proved that empathy can be significantly increased if it is taught and especially if conveyed during patient interactions.^{7,19} Shapiro study says that formal training in empathy can lay a foundation, but that the most important aspects of empathy "can't be conveyed theoretically."¹³ In Buckman et al study residents were able to deliver bad news in a better way after a short course on empathy.¹⁰

In present study many clinicians opined that good teachers and lectures are helpful in developing empathy. In one study most of the faculty were of the opinion that role modelling is the most effective way to teach empathy though few said it is unreliable if done

without explanation.¹³ Wider use can be made of single half-day teaching sessions with didactic presentations, followed by supervised role play using standardized patients and DVD or Web-based examples to help integrate the skills into clinical practice.¹⁰

60% of physician agreed that communication skill was taught to them. Medical students can learn basic communication skills consciously or subconsciously by observing their colleagues and seniors though not adequately.²⁰ Further, it should be grasped by the students entire period of training and should be practiced so as to apply in future.^{21,22}

Although the need for training in communication skills is stated as a requirement in the 1997 Graduate Medical Education Regulations of the Medical Council of India, formal training in these skills has been fragmentary and non-uniform in most Indian curricula. The "Vision 2015" document of the Medical Council of India reaffirms the need to include training in communication skills in the MBBS curriculum.²³ According to Medical Council of India- Vision 2015, communication skills are one of the important competencies expected from a MBBS doctor.²⁴ The doctor has to be a good Communicator with patients, families, colleagues and community.

In agreement to the negative determinants various studies have shown that empathy declines during medical school and further decline during residency period. Moreover according to various studies physicians' stress affects practice habits.^{25,26} The Shanafelt et al study demonstrates that quality of care in parallel to empathy is negatively affected by personal distress in residents.²⁶ Results of Thomas et al study suggest training curriculum alone is not responsible for decline in empathy; moreover students' distress and quality of life also contributes.²⁷ Many Studies have shown a negative shift in attitudes of the students towards patients when compared between preclinical and clinical years.²⁸ Apart from these negative determinants other factors may also contribute. A darker aspect may be the fact that all senior physicians are good role models and may display negative role model behaviours. These may be silently acknowledged by the students as a 'hidden curriculum'.^{29,30}

In our study we found that physicians believed that contact with patient in clinics is helpful and it is an informal and hidden curriculum in which empathy is taught. According to the clinicians the fact that empathy is not included in formal curriculum; is responsible for its underdevelopment. So far we have learnt about

negative determinants of empathy and that is taught only as a hidden curriculum. Lack of evidence in modern medicine is suggested by Reynold et al study.³¹ So, teaching of communicative skills must be included in their syllabus.

Medical students themselves, and several professional bodies, have acknowledged the need to incorporate communication skills training within the formal curriculum.³² Recently Medical Council India has also introduced Attitude and Communication (AT-COM) programme through Nodal and Regional training centres to cultivate attitude and communication skills among the faculty and medical students.

Conclusion

The results of present study are suggestive to conclude that the present education system is helpful to an extent to develop physician empathy towards patients. In present setup though empathy is not included in medical curriculum but the assumed positive determinants of empathy during the under and post graduate training seems to be cultivating empathy in our socio-responsive physicians.

References

1. Terry C and Jeff Cain J. The Emerging Issue of Digital Empathy. *Am J Pharma Edu* 2016;80(4):58.
2. Quince T, Thiemann P, Benson J, Hyde S. Undergraduate medical students' empathy: current perspectives. *Adv Med Educ Practice* 2016;7:443-55.
3. Mercer SW, Reynolds WJ. Empathy and the quality of care. *Br J Gen Pract* 2002;52(Suppl):S9-S13.
4. Reiss HT, Clark MS, Pereira Gray DJ, Tsai FF, Brown JB, Stewart M et al. Measuring the responsiveness in the therapeutic relationship: a patient perspective. *Basic Appl Soc Psychol* 2008;30(4):339-48.
5. Kim SS, Kaplowitz S, Johnston MV. The effects of physician empathy on patient satisfaction and compliance. *Eval Health Prof* 2004;27(3):237-51.
6. Winefield HR, Chur-Hanson A. Evaluating the outcome of communication skill teaching for entry-level medical students: does knowledge of empathy increase? *Med Ed* 2000;34:90-4.
7. Branch WT Jr, Kern D, Haidet P, Weissmann P, Gracey CF, Mitchell G et al. Teaching the human dimensions of care in clinical settings. *JAMA* 2001;286(9):1067-74.
8. Ahrweiler F, Neumann M, Goldblatt H, Hahn EG, Scheffer C. Determinants of physician empathy during medical education: hypothetical conclusions from an exploratory qualitative survey of practicing physicians. *BMC Med Educ* 2014;14:122.
9. Levinson W, Roter DL, Mullooly JP, Dull VT, Frankel RM. Physician-patient communication: the relationship with malpractice claims among primary care physicians and surgeons. *JAMA* 1997;277:553-59.
10. Buckman R, Tulsy JA, Rodin G. Empathic responses in clinical practice: Intuition or tuition? *CMAJ* 2011;183(5):569-71.
11. Satterfield JM, Hughes E. Emotion skills for medical students: a systematic review. *Med Educ* 2007;41:935-41.
12. Hook KM, Pfeiffer CA. Impact of a new curriculum on medical students' interpersonal and interviewing skills. *Med Educ* 2007;41:154-9.
13. Shapiro Johanna. How do physicians teach empathy in the primary care setting? *Acad Med* 2002;77(4):323-8.
14. Di Blasi Z, Harkness E, Ernst E, Georgiou A, and Kleijnen J. Influence of context effects on health outcomes: a systematic review. *Lancet* 2001;357:757-62.
15. Suchman AL, Roter DL, Green M, Lipkin M Jr. Physician satisfaction with primary care office visits. Collaborative Study Group of the American Academy on Physician and Patient. *Med Care* 1993;31:1083-92.
16. Mercer SW, Watt GCM, Reilly D. Empathy is important for enablement. *BMJ* 2001;322:865.
17. Bre´ dart A, Bouleuc C, Dolbeault S. Doctor-patient communication and satisfaction with care in oncology. *Curr Opin Oncol* 2005;17(14):351-4.
18. Alder J, Christen R, Zemp E, Bitzer J. Communication skills training in obstetrics and gynaecology: whom should we train? A randomized controlled trial. *Arch Gynecol Obstet* 2007;276:605-12.
19. Winefield HR, Chur-Hanson A. Evaluating the outcome of communication skill teaching for entry-level medical students: does knowledge of empathy increase? *Med Ed* 2000;34:90-4.
20. Aspegren K, Lonberg-Madsen P. Which basic communication skills in medicine are learnt spontaneously and which need to be taught and trained? *Med Teach* 2005;27:539-43.
21. Rider EA, Hinrichs MM, Lown BA. A model for communication skills assessment across the undergraduate curriculum. *Med Teach* 2006;28:127-34.
22. Laidlaw TS, MacLeod H, Kaufman DM, Langille DB, Sargeant J. Implementing a communication skills programme in medical school: Needs assessment and programme change. *Med Edu* 2002;36:115-24.
23. Modi JN, Anshu, Chhatwal J, Gupta P, Singh T. Teaching and assessing communication skills in medical undergraduate training. *Ind Pediatr* 2016;53(6):497-504.
24. Shah S, Gupta Y, Shaikh M, Sathe S, Kowale A, Zingade U. Communicational and attitudinal skills in Ist M.B.B.S. students. *IJSRE* 2014;2(10):2054-61.
25. Firth-Cozens J, Greenhalgh J. Doctors' perceptions of the links between stress and lowered clinical care. *Soc Sci Med* 1997;44(7):1017-22.
26. Shanafelt TD, Bradley KA, Wipf JE, Back AL. Burnout and self reported patient care in an internal medicine residency program. *Ann Intern Med* 2002;136(5):358-67.
27. Thomas MR, Dyrbye LN, Huntington JL, Lawson KL, Novotny PJ, Sloan JA et al. How Do Distress and Well-being Relate to Medical Student Empathy? A Multicenter Study. *Society of General Internal Medicine* 2007;22:177-83.
28. Lu MC. Why it was hard for me to learn compassion as a third-year medical student. *Cambridge Quarterly of HealthCare Ethics* 1995;4:454-8.
29. Gaufberg EH, Batalden M, Sands R, Bell SK. The hidden curriculum: What can we learn from third-year medical student narrative reflections? *Acad Med* 2010;85:1710-6.
30. Benbassat J. Undesirable features of the medical learning environment: A narrative review of the literature. *Adv Health Sci Educ Theory Pract* 2013;18:527-36.
31. Reynolds W, Scott PA. Do nurses and other professional helpers normally display much empathy? *J Adv Nurs Stud* 2000;31(1):226-34.
32. General Medical Council. Tomorrow's doctors: Outcomes and standards for undergraduate medical education. London GMC 2009. Available from: http://www.gmcuk.org/Tomorrows_Doctors_1214.pdf_48905759.pdf. Accessed February 10, 2017.