Empathy Training for Medical Students

Technological advances in medicine, along with changes in the way medical care is delivered, have been a mixed blessing. One of the apparent costs of such change has been increasing dissatisfaction with the way in which medical personnel treat patients. Research in the early sixties began to document the tendency for medical students to become increasingly callous and dehumanizing in their behavior towards patients during their training. Eventually, medical schools and teaching hospitals began to develop experimental programs designed to train future physicians to be more empathic and sensitive in their interactions with patients. Today many medical schools include such programs as part of their training. They primarily target the competencies of empathy and communication.

An example of such a program is the one developed and evaluated in the pediatrics ward at a large university hospital in Israel (Kramer, Ber, & Moore, 1989). The participants were fifth year medical students (students in their first year of clinical training). In addition to the students, 10 doctor-tutors also were included in the program. The doctor-tutors participated in a supporting medical interview workshop. Following the workshop, the doctor-tutors helped deliver the training to some of the medical students.

The training consisted of ten 90-minute meetings held twice weekly for 5 weeks. The trainers were a faculty member from the Department of Counseling and Education and an internist who provided answers to medical problems. Each meeting was structured around a particular topic, such as initial patient history taking, diagnosis of a

severe disease, family counseling, and crisis intervention. The emphasis throughout was on openness, flexibility, and empathy.

Prior to each session, the trainers asked the group members to prepare a case that would illustrate the topic under discussion. After the case was presented, the trainers encouraged the group members to role play it. Participants played the roles of patient, doctors, and family members. The trainers and other participants gave feedback on the role plays, and the role players then practiced alternative responses based on the feedback. In this manner the participants learned a number of specific techniques and skills.

In addition to role playing, the trainers facilitated discussion on the emotional aspects of the doctor-patient relationship. There also were special activities, such as a genuine interview with a sick child's mother, designed to provide the group with insight into "the mother's plight, her anxiety, and lack of communication with the medical staff" (Kramer et al., 1989, p. 169). In another session, the group listened to a recorded interview between a doctor and an adult patient that resulted in extreme patient anxiety. The trainers then asked the participants to conclude the interview in a way that reduced the patient's anxiety and developed greater trust.

The program was evaluated through a pre/post/follow-up control group design. Students were randomly assigned to one of four groups: a group that received the training, a group in which the students did not receive training but their tutors participated in a supporting medical-interview workshop, a group in which both the students and the tutors received training, and a control group that received no training for either students or tutors. Trained observers watched the students engage in two patient

interviews prior to the beginning of the training, during the week following the training, and 6 and 12 months later. During each 10-minute observation period, the observers recorded how much the students engaged in supporting, neutral, and rejecting behavior.

Results of the evaluation revealed that students who went through the training showed a significant and lasting increase in supporting behavior, while students in the control group showed a significant decrease in supporting behavior. Even the tutors who went through the training showed a significant and lasting increase in supportive behavior. However, the students whose tutors went through training but who did not go through the training themselves showed no change in supportive behavior over time.

For more information on this type of training, see:

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Greco, M., Francis, W., Buckley, J., Brownlea, A., & McGovern, J. (1998). Real-patient evaluation of communication skills teaching for GP registrars. Family Practice, 15(1), 51-57.

Kramer, D., Ber, R., & Moore, M. (1989). Increasing empathy among medical students. Medical Education, 23, 168-173.

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and Tobago. Medical Education, 32(2), 181-189.