UNIVERSITY OF MIAMI MILLER SCHOOL of MEDICINE



"I'm so sorry to hear that." A Unique Approach for Teaching the Unteachable Skill of Empathy Rachel Penn BA, Monica Broome MD, FACP, FAACH, Jeffrey Brosco MD, PhD Leonard M. Miller School of Medicine, University of Miami—Miami, FL

INTRODUCTION

- Medical students advancing through their clinical years experience a decline in self-perceived empathy^{1,2}.
- Third year students enter the hospital with abundant knowledge but limited skills on how best to connect with patients.
- There are few published studies about approaches to improve empathy.
- To address this problem, we developed a small group approach involving the analysis and discussion of video vignettes that follow a 21-year-old patient's journey through her cancer diagnosis, daily highs and lows, and treatment.
- The authors tested the effectiveness of this protocol in a pilot study with second year medical students at UMMSM as part of a larger curricular module that includes a lecture and readings on empathy in medicine.



nages used with permission

METHODS

- The 1-hour empathy small groups were conducted with groups of 12-15 students and led by a junior or senior student facilitator, each of whom received a 1-hour orientation and tutor guide.
- The sessions consisted of 5 video clips followed by group discussions with specific aims. For example, the segment in which the patient loses her hair is followed by discussion on how a medical student with no experience of cancer/hair loss can connect with patients experiencing that side effect.
- The session concluded with a competition to produce the best way to express empathy without using the phrase "I'm so sorry to hear that." Faculty led a 1-hour debriefing session for students after the small groups.
- Pre- and post-surveys were distributed to second year medical students to assess the small groups.

RESULTS

- 150 students participated in the group sessions.
- 70 students completed the pre-survey. 24 students completed the post-survey.
- Students expressed relatively high levels of empathy before the small group (Mean = 7.29/10).
- Empathy ratings improved slightly after the session (Mean = 7.59/10). **91%** of students who completed the post-survey indicated that the sessions changed their level of comfort in expressing empathy.
- Tables 1 and 2 show post-session evaluation data.
- Informal feedback received reflected that upperclassmen facilitators allowed the students to be more open and honest in their discussions.

RESULTS

Table 1: Post-session evaluations from the students.

	Definitely	Somewhat	Not at all	Unsure
Informative?	21	1	0	2
Do you anticipate it being useful?	18	3	1	2
Met your expectations?	16	6	0	1

Table 2: Students' reflections on the sessions.

"Having experienced MS4 perspective on providing empathy in a relatable way provided good insight into the process and technique of comforting patients."

"Seeing the girl my age with cancer was powerful. [It] just overall has helped me more to take the patient's perspective."

"These sessions were eye-opening in helping me realize how the stress of being a medical student / physician could impact how I express (or don't) empathy.'

"Finally makes the paper cases real and makes you more emotionally invested."

"I realize that empathy requires emotion and personal connection."

"Helped me to understand other ways I can support patients or provide comfort besides one-line statements."

"I learned more from my peers than I could from any lecture."

"A little more time to discuss in small groups."

"Not enough real practice [with patients]."



UNIVERSITY OF MIAMI MILLER SCHOOL of MEDICINE



DISCUSSION

- According to students who completed the post-survey, empathy training sessions were useful and improved self-perceived ability to express empathy.
- Upperclassmen facilitators 1) limited demands on faculty time and 2) allowed students to feel comfortable speaking freely in the sessions.
- Students expressed a desire for more hands-on practice with real patients.
- Some students were disturbed by the emotional nature of the videos, and requested "trigger warnings" in the future.
- This innovative approach is readily adaptable by other programs seeking to implement an empathy curriculum.
- We aim to expand our empathy curriculum and obtain longitudinal data on its impact.

ACKNOWLEDGEMENTS

- A special thank you to Racheli Alkobey, whose strength and optimism throughout her fight with cancer is beyond inspirational. Thank you for opening your heart and allowing the next generation of physicians to become more loving, caring, and empathetic.
- We also thank Dr. Rose van Zuilen for support and guidance in this project, and Danielle Howard for her help with creating the small group lesson plan.

REFERENCES

1. Hojat M., Mangione S., Nasca TJ., et al. 2004. An empirical study of decline in empathy in medical school. Medical Education. 2004. Sep:38(9):934-41. 2. Neumann M., Edelhäuser F., Tauschel D., et al. 2011. Empathy decline and its reasons: a systematic review of studies with medical students and residents. Academic Medicine 86(8):996-1009.

The work reported on this poster was supported by the authors' institutions. The investigators retained full independence in the conduct of this work.