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Research Article

**EMPATHY TRAINING IN MEDICAL STUDENTS –  
A RANDOMIZED CONTROLLED TRIAL**<sup>1</sup>Dr Mirza Mashaal Khan, <sup>2</sup>Dr Farhan Nasir, <sup>3</sup>Dr Aqdas Qayyum<sup>1,3</sup>MBBS, King Edward Medical University, Lahore.<sup>3</sup>MBBS, Grodno State Medical University, Belarus**Article Received:** February 2020    **Accepted:** March 2020    **Published:** April 2020**Abstract:**

*To increase the patient's satisfaction and improve the diagnostic process and treatment outcome, doctors have portrayed empathic behavior in medicine. In the therapy of depression, a positive physician-patient relationship is very important link between empathy and alliance.*

*Physicians are always dealing with heavy work load and lack of resources which are risk factors of burnout. They are overloaded with caring of patient with very limited organizational resources.*

*It was randomized controlled study. In which 160 medical students were recruited into two groups. An intervention group receiving empathy training and a control group. The empathy training contains two sections; an introduction and an empathy skills training.*

*The value of alpha Cronbach's was 0.95 for experts and SP's questionnaire which shows a very high internal consistency. Item scale correlation was 0.77 and 0.86 which represents high resolution.*

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**INTRODUCTION:**

To increase the patient's satisfaction and improve the diagnostic process and treatment outcome, doctors have portrayed empathic behavior in medicine. In the therapy of depression a positive physician-patient relationship is very important link between empathy and alliance. [1]

Physicians are always dealing with heavy work load and lack of resources which are risk factors of burnout. They are overloaded with caring of patient with very limited organizational resources. [2]

Physicians are also have burden of many emotionally distressing situations associated with illness, dying, fear and suffering, which in turn could result in extremely challenging interactions with patients and other medical staff [3]. For better health outcomes there must be good doctor patient relationship [4, 5]. And to develop significant relationship with patients depends on both the patients' cognitive and affective states [6]. In a doctor-patient relationship both empathy and sympathy appear to be major factors.

Empathy has been defined as "a cognitive (as opposed to affective) attribute that involves an understanding of the inner experiences and perspectives of the patient, combined with a capability to communicate this understanding to the patient" [7]. Sympathy has been defined as a "predominantly emotional attribute that involves feeling patients' pain and suffering" [8]. The goal of empathy is to know the patient better, while the goal of sympathy is to feel the patient's emotions better [9]. These two concepts are very important to differentiate because they lead to different outcome. For example, in hypothetical situations, sympathetic physicians, compared with empathetic ones, have utilized more health care resources in the care of their patients [10].

Some authors believe that empathy leads to personal growth, career satisfaction and optimal clinical outcomes, while sympathy could be detrimental to objectivity in decision making, and lead to compassion fatigue and burnout [11]. Raising empathy among future doctors may escort to improved therapeutic alliances and hence better outcomes. Literature has shown that empathy could prevent burnout. A model which has been used generally differentiates four dimensions; cognitive, moral, emotive and behavioral dimension.[12][13] In future empathy would be proposed to develop as a process over time.

This process includes the following: (i) an inner process of listening, reasoning and understanding,

(ii) the communication of this awareness by the empathizing person, and (iii) the perception of being understood by the counterpart. Realistic training and assessment scenarios from Stimulated Patients (SPs) represent an established method of providing to medical students. SPs also provide the ability to assess communication skills [14]. The aim of the study was to evaluate that effectiveness of teaching empathy to medical students in psychiatry through empathy skills training with SPs.

**METHODS:**

It was randomized controlled study. In which 160 medical students were recruited into two groups. An intervention group receiving empathy training and a control group. The empathy training contains two sections; an introduction and an empathy skills training.

In the introduction course, participants reflected on their own experience as a patient, and scientific information for the role of empathy in the physician-patient relationship was provided. The empathy domain was built to explain that above mentioned physical learning objectives were used to fulfill the received checklist.

To identify empathic behavior and discussion two interviews were conducted between instructor and a SP. The training part was containing two sections each 2.25 hour. There were four different stations for each student with simulated psychiatric patients. The students marked their behavior on the basis of self-assessment after each encounter. Subsequently, feedback on empathic behavior was given by the SP and a student who had observed the encounter. For empathic behavior the important strategies were discussed and summarized by the end of each session. At the same time, the control group attended a seminar on an arbitrary psychiatric topic and also participated in small group discussions on medical history to ensure comparable duration and intensity of teaching.

During the following objective clinical structured examination (OCSE), empathy was rated in both groups by blinded experts and SPs who had been trained with a five-hour session that explained the empathy construct and the rating instrument. A video of the specific OSCE station which represented the "gold standard" was shown. The authors of this study developed a circuit of four OSCE stations with SPs suffering from a panic attack, borderline personality disorder, depression with suicide risk, and depression with sexual problems.

Experts and SPs were blinded to the students' group membership. Experts and SPs used a questionnaire representing the 11 aspects of

empathy-related communication skills as well as general interview techniques: The first 10 main dimensions were defined by four experienced psychotherapists in a critical review process of the aforementioned empathy models. Each dimension of this construct is rated on a Likert scale from 1 (“not fulfilled at all”) to 5 (“completely fulfilled”). In self-assessment part an English version of Jefferson Scale of Physician Empathy (JSPE-S) were given to students in which there is assessment of the attitudinal dimension of empathy. After significant multivariate test univariate tests were performed. The data analyses were performed in SPSS version 21. Significance level was <0.05.

### RESULTS:

The value of alpha Cronbach’s was 0.95 for experts and SP’s questionnaire which shows a very high internal consistency. Item scale correlation was 0.77 and 0.86 which represents high resolution.

Reliability based on the generalizability theory yielded a G coefficient of 0.7 for the experts’ global empathy rating and 0.5 for SPs. The G coefficient for the empathy total score was 0.7 for experts and 0.6 for SP. As the main finding of the present study, SP as well as experts assessed participants of the intervention group as significantly more empathic than the control group on all main outcomes, resulting in a significant group difference in the MANCOVA. Subsequent univariate analyses confirmed significant higher empathy scores in the intervention group compared with the control group.

### DISCUSSION:

The study has revealed that empathic skills of medical students can be improved via specific training. Students who received proper seminar focused on empathy and empathy skills as a training part of their psychiatry course represents remarkably high scores of empathic behaviors as compared to those who just received empathy as a part of course without focus and part of training. Further detailed discussion needed to identify whether these findings can directly be generalized to real patients. The training time was found significant with high efficacy. The participants in the study who were using SP had given its authenticity. No change in the self-assessment measured by the JSPE-S in the current study. Self-rated empathy, as it is an inner perception about oneself, might be less susceptible to change than behavioral empathy aspects. the underlying perspective is one in which empathy is viewed as a basic issue whenever a person is positioned to be a resource (or a threat) to others, which includes the whole spectrum of human services and extends deeply into purely personal relationships. Adapting the delineated cycle of steps involved in empathy,

to reciprocal personal and collegial relationships where self-expression and empathic listening move back and forth between partners, seems to present no problems in principle although remaining to be fully spelled out. Teaching emotion regulation should also be included within the educational goals of health care professions, because without these skills physicians’ emotion sharing with patients could lead to professionals’ personal distress and burnout. Also, future studies should include long-term follow-ups to ensure that the effects found are not transitory.

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