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SPECIAL ARTICLE

Why teaching empathy is important for the medical degree[☆]

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Abstract Empathy is a basic skill in the exercise of medicine and increases patient and physician satisfaction and improves clinical results.

However, the teaching of empathy is poorly covered in the teaching plans. A number of studies have observed a reduction in empathy during the final training courses. The reasons for this decline include, the students' excessive academic workload, the prioritization of acquiring medical expertise over humanistic knowledge, the patient load in hospitals and health centers and the physicians' need to distance themselves from their patients. Nevertheless, intervention studies through simulation with standardized patients have shown an increase in empathy in students, which can be evaluated through the Jefferson scales: JSE-S and JSPPE.

The teaching of empathy to medical students is an important commitment in the curricular programs of medical schools.

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PALABRAS CLAVE

Empatía;
Estudiantes de
Medicina;
Escala de Jefferson

¿Por qué es importante la enseñanza de la empatía en el Grado de Medicina?

Resumen La empatía es una competencia básica en el ejercicio de la Medicina, ya que aumenta la satisfacción del paciente y el médico, y mejora los resultados clínicos.

Sin embargo, su enseñanza es poco relevante en los planes docentes. Algunos estudios observan una disminución de la empatía durante los últimos cursos de formación. Entre los motivos destacan: la sobrecarga de trabajo académico de los alumnos, la priorización en la adquisición de conocimientos médicos sobre los humanísticos, la presión asistencial en los hospitales y

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centros de salud, y la necesidad de distanciarse del paciente. No obstante, estudios de intervención mediante simulación con pacientes estandarizados demuestran un aumento de la empatía en los estudiantes que puede ser evaluada mediante las escalas de Jefferson: JSE-S y JSPPPE.

La enseñanza de la empatía a los estudiantes de Medicina es una apuesta importante en los programas curriculares de las facultades de Medicina.

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Empathy is considered a basic skill when learning medicine, because it is a fundamental quality in the physician–patient relationship.¹ Several authors and scientific societies have commented on its importance. Cowley holds that medical schools need students who are better able to understand their patients and can therefore apply the most appropriate treatment.² The General Medical Council includes numerous references to empathy and describes it as a quality that leads to a good physician.³ The Association of American Medical Colleges states that physicians should be compassionate and comprehensive in caring for their patients and that the teaching of empathy should be an essential objective in undergraduate education.⁴ Chapter 3 of the Medical Deontology Code of the Spanish Medical School Organization states that (1) physicians should be careful of their attitude, language, methods, image and, in general, their behavior in order to promote full patient trust and that (2) medical care requires a full relationship of understanding and trust between physician and patient.⁵ In short, experts highlight the value of empathy, and medical schools should therefore strive to teach it to students.

Empathy is difficult to define and measure and requires clear conceptualization, both in the context of medical education and in patient care. Empathy has classically been divided into two components: cognitive and affective. A number of researchers have only (or predominantly) considered the cognitive component,⁶ which involves the ability to understand the patient's experiences and perspective and to communicate this understanding⁷ while "remaining distant", without involving a personal emotional response. According to Platt, to be empathic requires a process that is developed in various phases (Table 1),⁸ which makes it possible to teach and to be learned.⁹ However, other authors have emphasized the affective or emotional component of empathy, which is manifested by feeling and sharing the

pain and suffering of others as a passive response to their emotions.^{7,9} Finally, there is a third group with an inclusive vision, which considers that empathy includes both the emotional and cognitive dimensions.¹⁰

The benefits of empathy are that it increases patient satisfaction,¹¹ with improved clinical results due to better physician–patient communication and relationships. With patients more able to express their symptoms and concerns, a better case history and diagnostic accuracy can be obtained,¹² and adherence to the treatment and recommendations is also improved.¹³ This contributes to fewer medical errors and malpractice suits.¹⁴ Costs are also reduced because improved communication decreases the number of diagnostic tests performed.¹⁵ Moreover, empathy appears to positively influence the physicians themselves, which is related to professional satisfaction, lower stress and less burn-out, as well as higher assessments of their clinical competence.¹⁶

What is the current state of affairs concerning the empathy of medical students?

Despite the evidence showing the benefits mentioned above, the teaching of empathy is still poorly reflected in teaching programs. In general, students who enroll in medical schools are idealistic and are excited to become physicians. However, there are several factors that change this attitude¹⁷ and that have been the object of study. In the United States, there has been a recent and significant reduction in empathy during medical and specialization studies, for which there is growing concern among medical professors.^{18,19} However, this reduction is not so apparent in the European studies.^{20,21}

A number of studies have correlated the reduction in empathy among students to exposure to patients and the clinical setting, a reduction that is more pronounced during the final years.²² The reasons for this reduction include the following: (1) excessive academic workload, which increases anxiety among students and decreases their empathy. More than 80% of students have some manifestation of anxiety, and more than 50% have more than 3 manifestations, including burnout, low-quality of life, depression, insomnia and stress²³; (2) the lack of relevance of empathy in the student's curriculum ("hidden curriculum"). Students have emphasized that the acquisition of theoretical expertise and skills on humanistic knowledge are prioritized (conveyed in the informal and hidden curriculum). Although

Table 1 Phases for effective empathy.

- Recognize intense emotions in the patient.
- Imagine how the patient feels.
- Let the patient know we understand their emotion.
- Legitimize the patient's emotions.
- Show respect for the patient's efforts to address their situation.
- Offer help and support.

Taken from Platt.¹

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