Short Communications: Empathy

Location: Lomond Auditorium, SECC

#9J1 (27935)
Professionalism Cultivation Study: Association of Empathy and Medical Humanities Curriculum and Service Learning

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Background: Although the importance of professionalism in medical education has been well recognized, the specificity of each kind of educational trainings on the effects of such cultivation in medical students is not clear. Previous students in this regard are few and inconsistent, neither the role of empathy, medical humanities curriculum, and service learning is fully investigated in medical students.

Summary of Work: Two hundred twenty three Taiwanese and Chinese medical students have filled out the Jefferson Scale of Physician Empathy, General Health Questionnaire Chinese Version, and survey on chronic fatigue symptoms, depression, and questions on the medical humanities and service learning courses taken.

Summary of Results: Significant associations were found between empathy and depression, and empathy and quantity of medical humanities and service learning courses taken.

Discussion and Conclusions: Professionalism is mandated by world medical organizations for training the future medical doctors. It plays central role in medical practice, but objective evaluation and validation are required for medical educators to design the training for our students in order to achieve the stipulated objectives.

Take-home messages: Significant associations were found between empathy and depression, and empathy and quantity of medical humanities and service learning courses taken.

#9J2 (26067)
Empathy does not decline during clinical training – a cross-sectional study in Singapore

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Background: Empathy is a desirable trait in medical professionals, correlating with positive health outcomes. Previous studies generally show empathy levels declining during training but results have been contrasting and inconclusive. Our previous work has shown a declining trend of empathy levels in medical students. It is not known whether this trend continues as students graduate and progress through residency training.

Summary of Work: In a cross-sectional study, the Jefferson Scale of Physician Empathy was completed by 881 medical students and 247 residents in a single university and training institution in Singapore. An empathy profile of the residents was constructed and analysed, with comparison against that of the students.

Summary of Results: Empathy scores did not decline with progressive years in residency training. However, there was a significant difference between empathy levels in residents and medical students. The largest decline occurred when students entered the clinical years, with no significant year-on-year change in the following years of medical school and residency. Female residents had higher empathy levels than males. There was no significant difference between medical and surgical or clinical and non-clinical specialties.

Discussion and Conclusions: The transition into clinical training which occurs as a student may be the most vulnerable point of empathy decline in a trainee’s career, and the most valuable focus for future study and intervention. Empathy can remain stable during residency, possibly due to increased maturity and stronger support systems.

Take-home messages: Empathy decline is greatest in medical school and need not occur thereafter. Studies should consider the entire education process from medical school to residency as a whole.
Where is the devil? Decreased empathy perception during internship among Taiwan medical students and PGY-1 trainee

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Background: Empathy is one of the key abilities for patient care. Many studies indicated medical students undergo a loss of empathy during medical school whereas some studies reported different results. Understanding the empathy perception change helps to develop empathy-promoting strategy.

Summary of Work: Under the cross-sectional design, 265 medical students (fourth to seventh-year) and 32 postgraduate year one (PGY1) trainees from a single medical center in Taiwan completed validated questionnaires assessing empathy perception (Chinese Healthcare Providers Version of Jefferson Scale of Empathy, JSE). We compared their self-reported empathy according to medical school or postgraduate year (grouped as follows: preclinical – fourth year; clerk – fifth and sixth years; intern – seventh year and PGY1), gender and future career interest.

Summary of Results: The mean JSE scores of preclinical students, clerks and PGY1 trainee were 109.5, 109.4 and 111.4 respectively and have no statistical difference. The JSE scores (103.2) were significantly lower in the intern group. Female group had higher empathy perception than male (109.6 vs. 106.5). No difference in JSE scores was detected according to their future career interest.

Discussion and Conclusions: The result showed an empathy perception decline only during the intern year. The reason of such decline needs further evaluation but is possibly related to higher stress, even burnout when these students started “true” clinical work. In line with other studies, female have better empathy perception than male students/trainee.

Take-home messages: Medical students might have a marked empathy perception decline while starting their clinical work. The program directors and clinical teachers should be aware of this phenomenon to enhance patient care.

Medical Residency: Raiders of Lost Empathy

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Background: Empathy is a key component for a successful doctor-patient relationship. During medical residency, the young physician faces heavy workload and intense emotional experiences, which could lead to Burnout Syndrome and possibly impair medical empathy.

Summary of Work: Medical residents (n=84) of different specialties filled out the Jefferson Scale of Empathy(JSE) and the Maslach Burnout Inventory(MBI) at the beginning of the residency program and at the end of their first year.

Summary of Results: We observed a significant decrease in JSE empathy levels, from a pretest of 123.2 to 119.7(p<0.001). The loss of empathy was greater among residents from surgical and technology-oriented specialties (n=43; pretest JSE=124.4; posttest JSE=116.3), when compared with residents from clinical specialties(n=41; pretest JSE=123.2; posttest JSE=119.7). There was a negative and significant correlation between JSE mean score and Depersonalization domain of MBI (r=-0.43; p<0.0001), and a positive and significant correlation between JSE and the Personal Accomplishment domain of MBI(r=0.5196; p<0.0001).

Discussion and Conclusions: Medical residency’s first year may have a negative impact on resident’s empathy levels, especially for those of surgical or technology-oriented specialties. The depersonalization related to Burnout syndrome may contribute to this loss. On the other hand, the professional satisfaction may have a protective effect. These findings suggest that negative feelings towards the patient and the perception of a worse doctor-patient relationship, both related to the Burnout Syndrome, may be linked to the loss of empathy observed during medical residency.

Take-home messages: The loss of medical empathy observed during the first year of medical residency may be related to the development of Burnout Syndrome.
Empathy in Allied Health Technologies: a cross-sectional study

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**Background:** Empathy is considered an important skill in the performance of healthcare professions. However, little is known about the existence of differences in the profiles of students choosing programmes from different areas of Allied Health Technologies (AHT), or over increasing school years. The goal of this cross-sectional study is to compare empathy in students from different AHT programmes and attending different school years.

**Summary of Work:** A sample of 240 first- and third-year undergraduate students from two areas of the Evaluation and Therapeutic Intervention programme (Physiotherapy and Speech Therapy) and from two AHT Laboratory areas (Pharmacy and Pathological Anatomy) completed the Interpersonal Reactivity Index (IRI; Alves, 2010) and the Jefferson Scale of Physician Empathy - student version (JSPE-S; Magalhães, DeChamplain, Salgueira & Costa, 2010).

**Summary of Results:** Analyses are expected to show higher empathy scores among students attending programmes in the domain of Assessment and Therapeutic Intervention than among students in the Laboratory area of AHT. These differences are expected to remain or even increase in later years of training. The results are discussed in the context of the competence profile of each programme and regarding implications for professional practice. Effects of training are also discussed.

**Discussion and Conclusions:** These results are important for the characterization of the communicational profile of AHT students and for the inspection of the effects of training in empathy. Future longitudinal studies will cast additional light on these effects of training over time.

**Take-home messages:** Results will contribute to understand whether empathy is a salient skill in AHT, especially when patient care is involved.

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Empathy - a complex phenomenon under constant change

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**Background:** Empathy is an indispensable skill in medicine and an important part of the patient-doctor-relationship and is a part of the curriculum of most medical schools, often with its own learning outcomes. Medical educators as well as students and doctors have voiced concern regarding a decline in empathy among medical students and doctors. Studies have focused mainly on a quantitative approach, opening for qualitative investigations of empathy.

**Summary of Work:** In 2014, 8 medical interns in Umeå, Sweden, were interviewed about their experiences of empathy, in working life and during their education. Interviews were analyzed using a mix of qualitative content analysis and interpretative phenomenological analysis. Two main themes were generated: Empathy - a multifaceted/ambiguous and conflictual phenomena? Empathy - changeable and maintainable if given an effort? The themes covered areas such as everyday challenges, educational contribution and strategies for maintaining and developing empathy.

**Discussion and Conclusions:** Empathy is ambiguous and sometimes causes conflict of interest in the daily work as a doctor. Educational efforts are considered to contribute to development of empathy, still hidden curriculum and lack of time forms obstacles for empathy. Efforts are needed to encourage self-reflection and other strategies among medical interns and students, to maintain and further increase empathy.

**Take-home messages:** Empathy is a complex phenomenon under constant change; influenced by external and internal factors - improvable yet delicate.