

Perspective

Outline for Empathy-Based Medical Education

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Received: 21 November, 2023

Accepted: 26 December, 2023

Published: 02 January 2024

Abstract:

Empathy has been recognized in recent years to play a central role for the successful practice of medicine. Hence, developing empathetic skills needs to be the underlying objective during the training of undergraduate medical students as well as in continuous education of health professionals. However, during the process of medical education, the quality of empathy that is naturally present within the student has been found to decline. The task is to achieve the process of learning medicine and at the same time preserve and foster the quality of empathy. Spontaneous learning based on one's own interest, is a form of self-directed learning that taps the student's sense of curiosity about the problem and concern for the patient. Knowledge is acquired in a case-centered manner. All evaluations to be done through case-based discussions. The textbooks in each subject are to be treated as knowledge repositories for choosing the topics that need to be learnt. The 'self-directed spontaneous learning' ensures creativity in approach to problems, optimum utilization of one's time and avoids stress. The student's connection with his or her own 'inner self' is crucial for a focused and creative mind; therefore, its cultivation through the process of meditation is important. Empathy-based medical education-EBME facilitates the training of doctors who are competent as well as empathetic. Keeping the subjective aspect of education as the base while acquiring the objective aspect, leads to balance between competence and empathy.

Key words: Bringing out latent empathy, self-directed spontaneous learning, tapping curiosity and concern, case-centered knowledge acquisition, focused and creative mind

Introduction:

Empathy, which is described as 'the ability to understand and share other people's feelings', has been recognized in recent years to play a central role for the successful practice of medicine. Hence, developing empathetic skills needs to be the underlying objective during the training of undergraduate medical students as well as in continuous education of health professionals.^[1]

Drawbacks of present system:

However, during the process of medical education, the quality of empathy that is naturally present within the student has been found to decline, since presently the process is 'left-brain dominated, analytical and evidence-based'.^[2,3] While the goal of competence-based medical education is to ensure that 'all learners achieve the desired patient-centered outcomes during their training', all medical curricula including various versions of competence-based medical curriculum are taught based on a fixed schedule. This results in lot of stress for the students and is not conducive for fostering of empathy.

Bringing out latent empathy through self-directed learning:

The task is to achieve the process of learning medicine and at the same time, preserve and foster the quality of empathy, present within the students. Towards this end, researchers have proposed a medical school curriculum that includes standardized patients and didactic sessions to teach empathy to

medical students.^[4] However, it is emphasized that there is a natural way to bring out the latent empathy from within students.

Spontaneous self-directed learning:

Spontaneous learning based on one's own interest, is a form of self-directed learning that taps the student's sense of curiosity about the problem and concern for the patient. This natural method of learning is implemented right from the basic sciences, up to the final year clinical subjects. This entails the students to be exposed to actual cases in the OPD as well as the wards and allowing them to question and learn directly from the problems of the patient. For example, with respect to the subjects of Anatomy and Physiology, the patient diagnosed with a respiratory infection should prompt the study of the upper and lower respiratory tracts and their functional aspects. Students can observe and learn from teachers dealing with individual cases and in turn go about studying cases on their own with guidance from the teachers. Students learn about the structural and functional aspects in health and disease while remaining connected with the patients as individuals. Students learn about those topics that are applicable for individual cases and knowledge is acquired in a case-centered manner.

Purposeful acquisition of knowledge:

Classroom lectures can cover a broad outline of the subjects but having a fixed syllabus to be covered for each subject within a time frame is avoided. All evaluations to be done through case-

based discussions, credits being given to the number of cases discussed in-depth with respect to each subject. The textbooks in each subject are to be treated as knowledge repositories for learning the topics relevant to the cases. The extent of theoretical knowledge the student acquires may be lesser than with a fixed syllabus, but whatever that is learnt in a patient-centered manner is more meaningful and stays longer. Knowledge acquired from textbooks will not be for reproducing them in the exams, thus avoiding the situation where the student is expected to absorb vast amounts of knowledge that remains unused.

Ensuring creativity and avoiding stress:

While both textbooks and patients need to be studied side-by-side, studying primarily in a patient-centered manner as per one's own interest with the support of textbooks, helps to preserve and foster the quality of empathy. The 'self-directed spontaneous learning' ensures creativity in approach to problems, optimum utilization of one's time and avoids stress. The importance, intricacies and challenges of self-directed learning have been described,^[5] but tapping the spiritual intelligence (relating to the 'inner self' or 'soul') of every student simplifies and facilitates self-directed learning from within.^[6]

Cultivating the art of remaining focused:

The student's connection with his or her own 'inner self' is crucial for a focused and creative mind; therefore, its cultivation through the process of meditation is particularly important. All medical schools can have spaces for meditation centres, where the techniques of meditation are taught and learnt. The emphasis will be on the art of remaining focused on the problems of the patient, while learning the theory behind them with teacher's guidance and the widely available digital resources.

Conclusion:


The empathy-based medical education-EBME described above, facilitates the training of doctors who are competent as well as empathetic. It is finally a question of acquiring knowledge of the objective as well as the subjective aspect of medicine in a balanced manner. Keeping the subjective aspect as the base while acquiring the objective aspect, leads to balance between

competence and empathy. The shift to an empathy-based curriculum, keeping in mind the immense benefits for the student as well as the patient, requires more of developing the attitude of being student and patient-centered rather than being disease-centered.

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