

Can empathy be taught to medical students?

Redesign and re-evaluation of experiential empathy training curriculum

Empathy and a positive patient-provider relationship have been shown to increase patient adherence to treatment plans, improve patient outcomes and has also been shown to have a protective effect against physician burnout. Resilience in physicians has been shown to improve a physician's ability to empathize with patient experience and improve health outcomes. Research has demonstrated that throughout medical education, especially in years with increased clinical experience, student empathy scores decrease. The Adopt-A-Disease Empathy Training program was developed as an experiential learning intervention to increase student empathy towards those living with the chronic conditions of diabetes, asthma and aging. This curriculum has been executed twice with no significant change in empathy after intervention as measured by the Toronto Scale of empathy. In this study, we used the Jefferson Scale of Empathy for Students (JSE-S) to assess changes in empathy and the Brief Resilience Scale (BRS) to assess resilience as a possible modulating variable. The JSE-S was administered before and after the intervention while the BRS was administered after successful completion of the study. Participants were also given the opportunity to provide free-text written feedback. Results were analyzed to assess changes in empathy before and after the intervention and what other demographic and collected data may inform how empathy varies by gender, age or resiliency. There was a significant increase in JSE-S following the intervention, indicating that experiential empathy training programs could be a valuable addition to undergraduate medical education curriculum to benefit future patients and could benefit learners through the prevention of future burnout.