

EMPATHY, EDUCATION AND INTERPERSONAL ENGAGEMENT

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COMPETING INTERESTS TO DECLARE

- ▶ None (except that I am a Physician and I have been a Patient).



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EMPATHY - WIKIPEDIA

- ▶ The English word is derived from the Ancient Greek word ἐμπάθεια (*empathēia*), "physical affection, passion, partiality" which comes from ἐν (*en*), "in, at" and πάθος (*pathos*), "passion" or "suffering".
- ▶ The term was adapted by Hermann Lotze and Robert Vischer to create the German word *Einfühlung* ("feeling into"), which was translated by Edward B. Titchener into the English term empathy.



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EMPATHY ...

- ▶ Is a good thing
- ▶ Should be the basis of attitudes towards patient care
- ▶ Should play an important role in the physician-patient relationship (alongside deductive logic, physical examinations and treatment)
- ▶ Teaching is increasingly being incorporated into undergraduate medical curricula



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THE EMPATHY CONSTRUCT

- ▶ Many studies and theoretical research have examined the construct of empathy from numerous perspectives including
 - Philosophy
 - Psychology
 - Clinical neuroscience
 - Affective and social neuroscience
- ▶ Focus of much study has been on the empathizer (i.e. the person who experiences empathy)
- ▶ Less focus in studies on the mechanistic explanation of why empathy positively impacts the other person (i.e. the person who receives empathy)



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EMOTION, SYMPATHY & EMPATHY

▶ Emotion

- An automatic orienting system that evolved to guide adaptive behaviour
- A means of interpersonal communication that evokes responses from others
- Intrapersonal and interpersonal - reflects an intersubjective induction process by which positive and negative emotions are shared, without losing sight of whose feelings belong to whom (Decety & Meyer, 2008).

▶ Sympathy

- Experiencing another person's emotions
- Can lead to lack of objectivity and emotional fatigue

▶ Empathy

- A natural competency that has evolved with the mammalian brain to form and maintain social bonds, necessary for surviving, reproducing and maintaining well being and which comprises dissociative facets (Decety et al, 2012):
- Affective sharing – the capacity for affective arousal to others' emotions
- Empathic understanding – the conscious awareness of the emotional state of another person
- Empathic concern – the motivation to care for someone's welfare
- Cognitive empathy – the ability to put oneself in the mind of another individual and imagine what the person is thinking or feeling



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EMPATHY IN MEDICINE

► Conceptualized as

- a communication competence
- A subjective experience between the physician and the patient in which the physician uses various sensory cues (e.g. body language) to identify and transiently experience the patient's emotional states (Hirsch, 2007)
- The cognitive goal is for the physician to understand the patient's emotions
- From the patient's perspective
 - The physician's ability to understand how he/she (the patient) feels and thinks
 - How the physician expresses concern, compassion and care for the patient's own wellbeing



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THE FOUR COMPONENTS OF THE EMPATHY CONSTRUCT WITHIN THE FIELD OF MEDICINE

- ▶ Emotive
 - The ability to imagine and share a patient's psychological state or feelings
- ▶ Moral
 - The physician's internal motivation to express empathy
- ▶ Cognitive
 - The intellectual ability to identify and understand a patient's perspectives and emotions
- ▶ Behavioural
 - The ability to communicate this understanding of the patient's perspectives and emotions

(Mercer & Reynolds, 2002)



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Clinical and Teaching Empathy Google Scholar

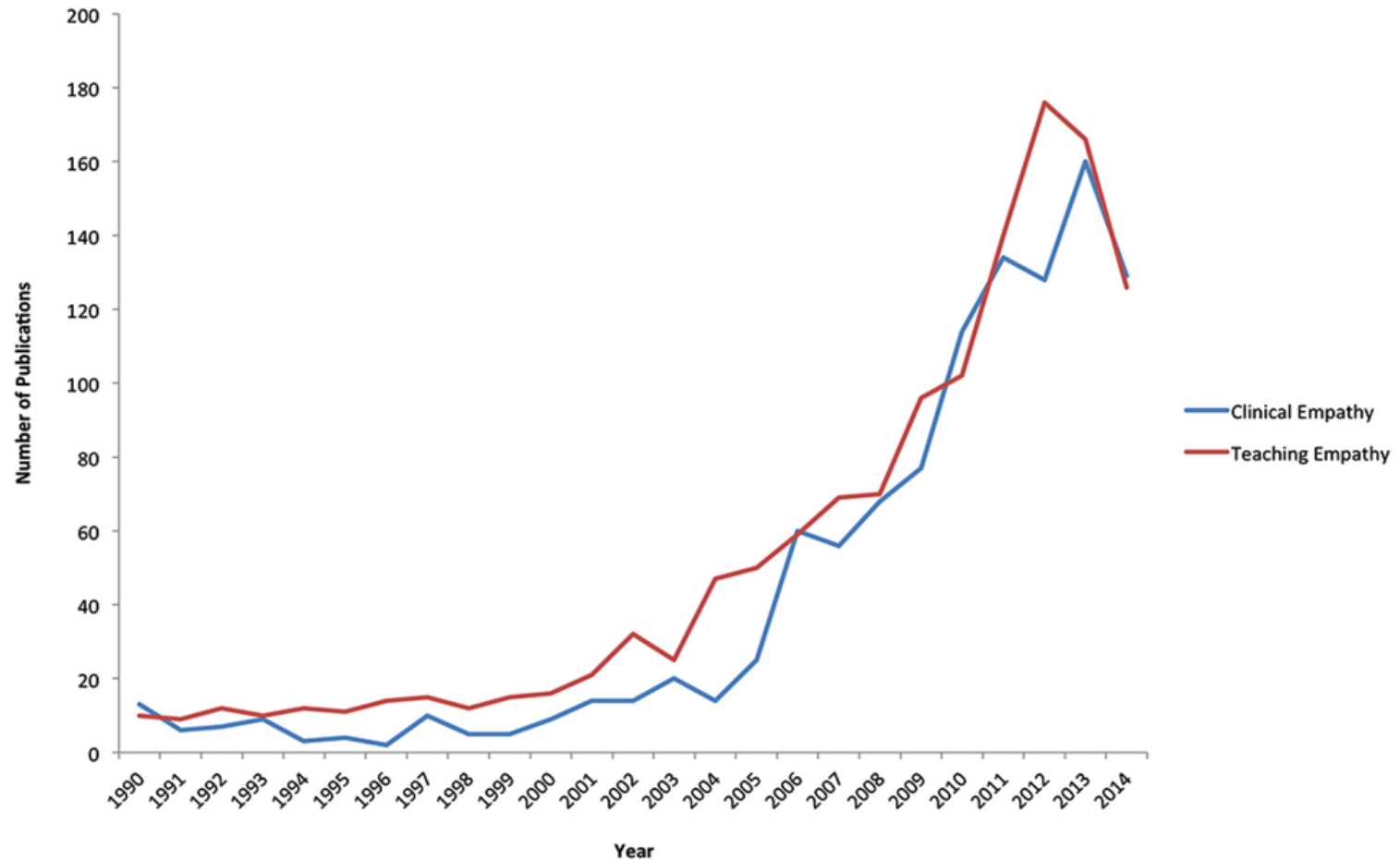


FIGURE 1 | Number of articles on the topics of clinical empathy and teaching empathy published between 1990 until 2014, from a Google Scholar search.

Decety & Fotopoulou, 2015

BENEFITS OF IMPROVING COGNITIVE EMPATHY IN PHYSICIANS

- ▶ Higher ratings of clinical competence (Hojat et al, 2002)
- ▶ Improved patient satisfaction (Blatt et al, 2010; Reiss et al, 2012; Krasner et al, 2009)
- ▶ More favourable health outcomes (Derksen et al, 2013)
- ▶ Improved adherence to medical recommendations or regimens (Hojat et al, 2011)
- ▶ Reduced medical-legal risk (Levinson et al, 1997, Moore et al, 2000)
- ▶ Reduced health care costs (Epstein et al, 2005)
- ▶ Better emotional regulation for physicians
 - Individuals who can regulate their own affective responses to maintain an optimal level of emotional arousal have greater expressions of empathic concern for others (Decety and Meyer, 2008)
 - Reduced depersonalization and burnout (Thomas et al, 2007)
 - Higher feelings of well-being (Shanafelt et al, 2005)

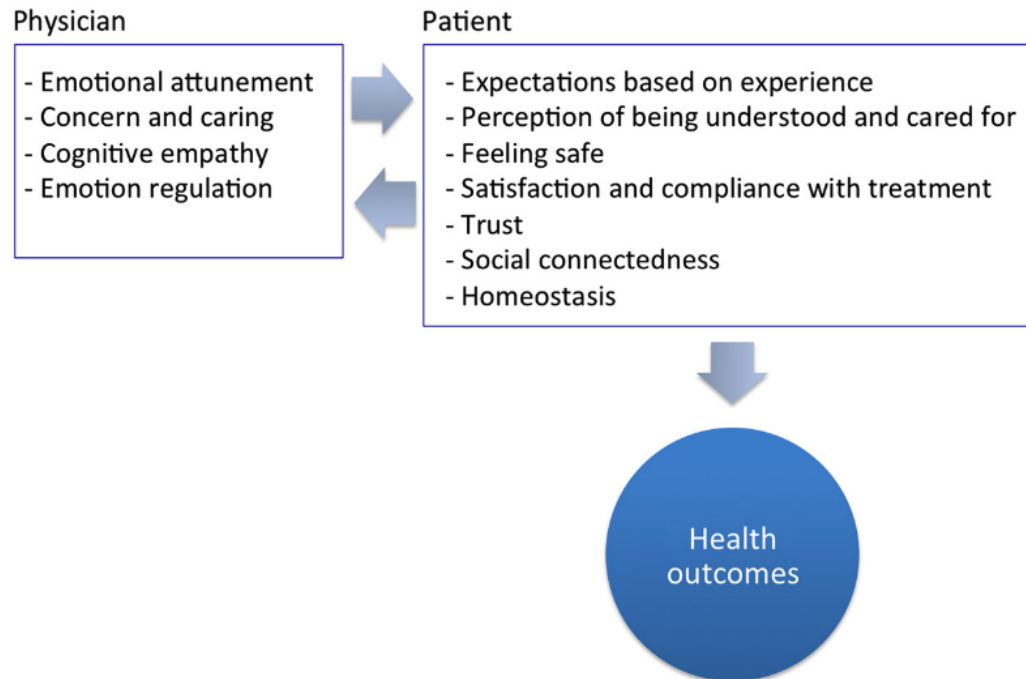


FIGURE 2 | The effect of empathy in medicine: clinical empathy results from the integration of cognitive, behavioral, and emotional factors (both in the empathiser and the recipient of empathy) and is embedded in an interaction between a physician and a patient.

Decety & Fotopoulou, 2015



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THE SOCIAL BASELINE THEORY

- ▶ Social support is essential for maintaining physical and mental health. Lack of support is associated with harmful consequences (Ozbay et al, 2007).
 - Reduces risk of psychological illness (including stress)
 - Reduces mortality
 - Associated with improved health and wellbeing
- ▶ The autonomic nervous system and hypothalamic-pituitary-adrenal axis regulates stress related activity – “social buffering” (Hostinar et al, 2014).
- ▶ SBT proposes that (Hostinar, 2012)
 - Organisms are adapted to social ecology more so than any physical ecology.
 - Social proximity to others is the human brain default.
 - Neuronal pathways and hormonal stress responses associated with self-regulation of emotion are less active when social support (e.g. physical presence, physical contact or visual contact) is provided or even anticipated.



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PROFESSIONAL DISTRESS

- ▶ Human brains are hardwired for empathy
- ▶ Our brains “feel” the pain (physical and emotional) we witness – Emotional Resonance
 - Gives us the capacity for feeling the pain of others and the opportunity to respond with compassion
- ▶ This can precipitate sympathetic distress
 - Can precipitate emotional exhaustion and burnout
- ▶ Conventional training for medical professionals warns that opening up to the emotions and feelings of the patient can create stress

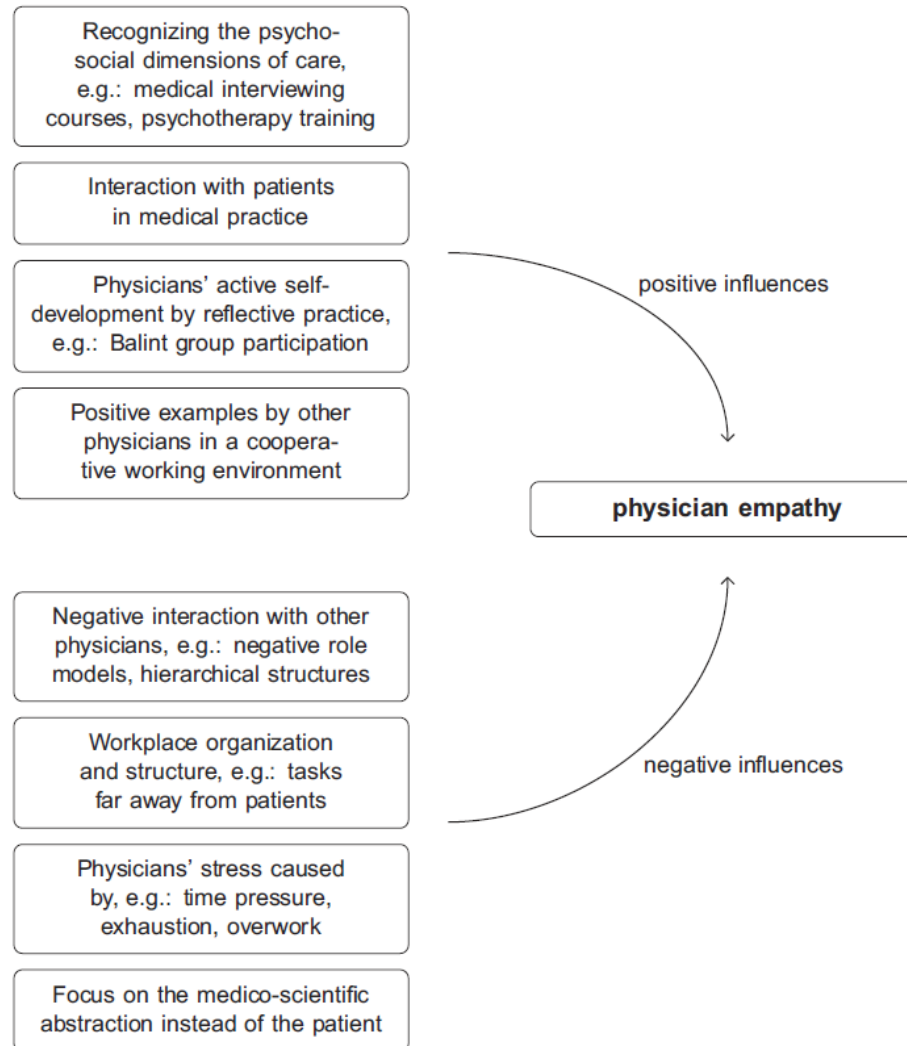
PROFESSIONAL EMPATHY

- ▶ Basic (or General) Empathy

- e.g. with a distressed friend
- Less need to regulate emotional resonance
- Becomes a natural caring response

- ▶ Professional Empathy

- The need to economize emotional resources and consider appropriate responses towards those who require attention
- A cognitive shift which moves the focus from witnessing and feeling with the suffering of the patient to curiosity about the circumstances and leads to a behaviour or interaction of empathy. (Halpern, 2001, 2003)
- Results from emotional (or affective) resonance, cognitive appraisal and a motivation to act. (Halpern, 2007)



Florian A, et al. Determinants of physician empathy during medical education: hypothetical conclusions from an exploratory qualitative survey of practicing physicians. BMC Medical Education. 2014;14(1):122.

PROFESSIONAL COMPASSION FATIGUE

- ▶ Compassion fatigue is closely associated with burnout for those working in close relationships with patients in health care settings (Adams, Boscarino, & Figley, 2006).
- ▶ Physicians working with dying patients and those in severe pain (hospice physicians and pain management teams) showed less compassion fatigue than other medical specialties (Kearny et al, 2009).
- ▶ In these settings, physicians are immersed in a culture that acknowledges caregiving as requiring meaning, self-care and conscious attention to grief and interpersonal support.



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WORKPLACE STRESS AND NURSING

- ▶ Nowrouzi B, et al. Occupational Stress Management and Burnout Interventions in Nursing and Their Implications for Healthy Work Environments. A Literature Review. Workplace Health & Safety 2015;63(7):308-315.
- ▶ According to the World Health Organization (2014), a global shortage of 7.2 million health care workers exists.
- ▶ This shortage is expected to increase to 12.9 million by 2035 (WHO, 2014), and is especially pronounced for the nursing profession, which is the largest group of health care professionals in hospitals, one third of the Canadian health care workforce; approximately 6 in 10 Canadian nurses work in hospitals (Canadian Federation of Nurses Unions, 2013).
- ▶ The Canadian Federation of Nurses Unions reported that 86% of nurses found their workplaces stressful and understaffed, 88% said they were under-resourced at work, and 91% experienced heavy workloads (Greenslade & Paddock, 2007).

PHYSICIAN BURNOUT

- ▶ Although the practice of medicine can be incredibly meaningful and personally fulfilling, it can also be demanding and stressful.
- ▶ A syndrome characterized by a loss of enthusiasm for work (emotional exhaustion), feelings of cynicism (depersonalization) and a low sense of personal accomplishment.
- ▶ May erode professionalism, influence quality of care, increase the risk of medical errors, promote early retirement.
- ▶ Can have adverse personal consequences for physicians including contributions to broken relationships, substance misuse and suicide ideation.



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THE BIG 4

- ▶ The “big 4” factors (Linzer et al, 2009) known to contribute to stress and burnout include
 - Lack of control over work conditions.
 - Time pressure.
 - Chaotic workplaces.
 - Lack of alignment of values (around mission, purpose and compensation) between providers and their leaders.

BURNOUT IS BAD FOR PATIENTS

- ▶ Of 115 (76%) responding residents, 87 (76%) met the criteria for burnout. Compared with non–burned-out residents, burned-out residents were significantly more likely to self-report providing at least one type of suboptimal patient care at least monthly (53% vs. 21%; $P=0.004$) – Shanafelt et al, 2002.
- ▶ Of 7905 participating surgeons, 700 (8.9%) reported concern they had made a major medical error in the last 3 months – Shanafelt et al, 2010.
- ▶ Over 70% of surgeons attributed the error to individual rather than system level factors. Reporting an error during the last 3 months had a large, statistically significant adverse relationship with mental QOL, all 3 domains of burnout (emotional exhaustion, depersonalization, and personal accomplishment) and symptoms of depression.
- ▶ Burnout and depression remained independent predictors of reporting a recent major medical error on multivariate analysis that controlled for other personal and professional factors. The frequency of overnight call, practice setting, method of compensation, and number of hours worked were not associated with errors on multivariate analysis.



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BURNOUT IS BAD FOR PHYSICIANS

Table 2. Burnout, Career Satisfaction, Depression, and Quality of Life Among 7288 Physicians Who Participated in the Survey Study

Variable	Value (n = 7288)
Burnout Indexes^a	
Emotional exhaustion	
Median score	21.0
Score level, No. (%)	(n = 7208)
Low	3041 (42.2)
Intermediate	1433 (19.9)
High	2734 (37.9)
Depersonalization	
Median score	5.0
Score level, No. (%)	(n = 7193)
Low	3601 (50.1)
Intermediate	1476 (20.5)
High	2116 (29.4)
Personal accomplishment	
Median score	42.0
Score level, No. (%)	(n = 7140)
High	4758 (66.6)
Intermediate	1495 (20.9)
Low	887 (12.4)
Burned out, No. (%) ^b	3310 (45.4)
Depression	
Screen positive for depression, No. (%)	2753 (37.8)
Suicidal Ideation	
Suicidal ideation in the past 12 mo, No. (%)	466 (6.4)
Satisfaction With Work-Life Balance	
Work schedule leaves me enough time for my personal and/or family life, No. (%)	
Strongly agree	1233 (16.9)
Agree	2279 (31.3)
Neutral	1046 (14.4)
Disagree	1775 (24.4)
Strongly disagree	911 (12.5)
Missing	44 (0.6)

Shanafelt TD, et al.,
Burnout and Satisfaction
With Work-Life Balance
Among US Physicians
Relative to the General
US Population. Archives
of Internal Medicine.
2012;172(18):1377.



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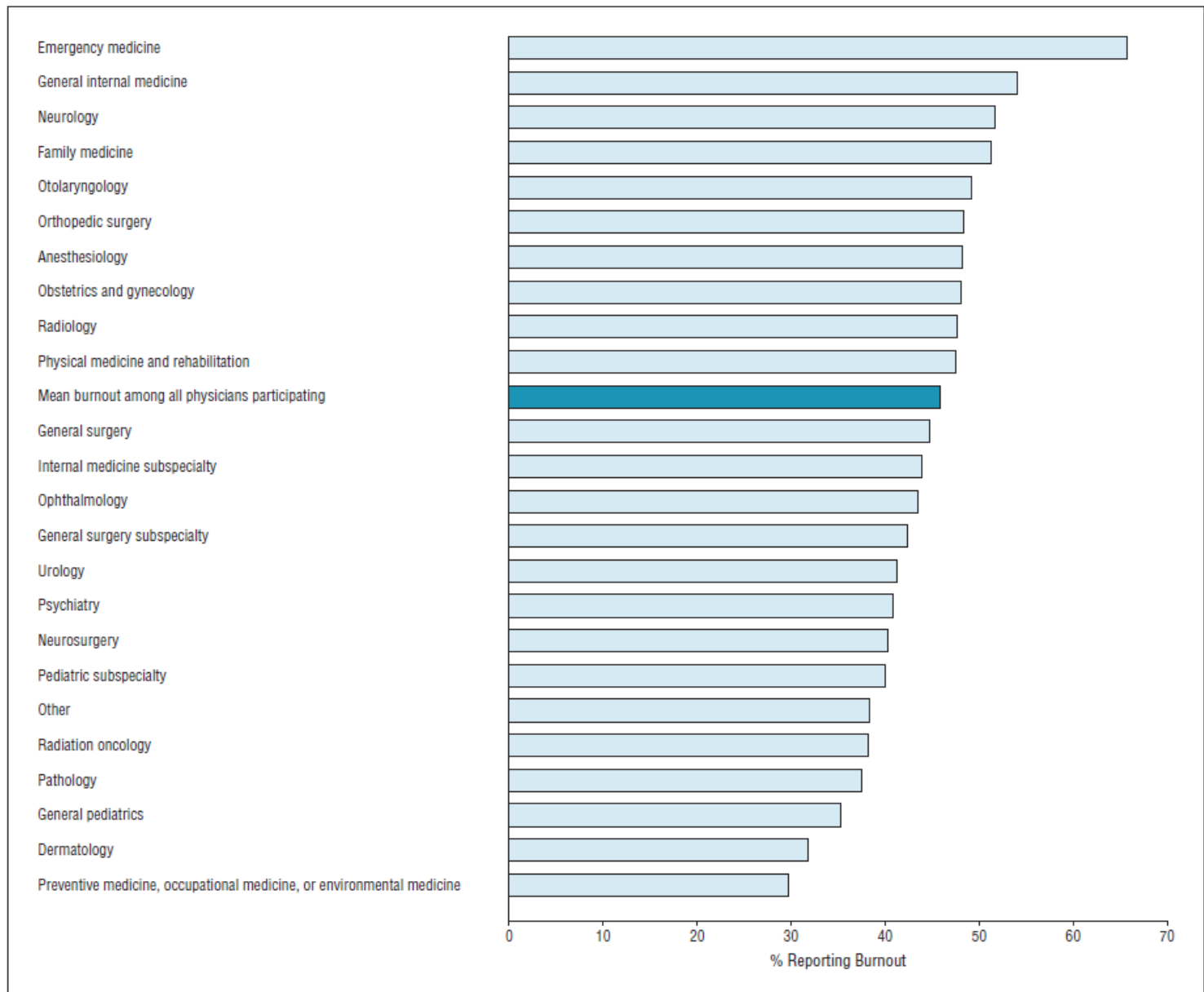


Figure 1. Burnout by specialty.

Shanafelt TD, et al.,
Burnout and
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Work-Life Balance
Among US
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to the General US
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of Internal Medicine.
2012;172(18):1377.

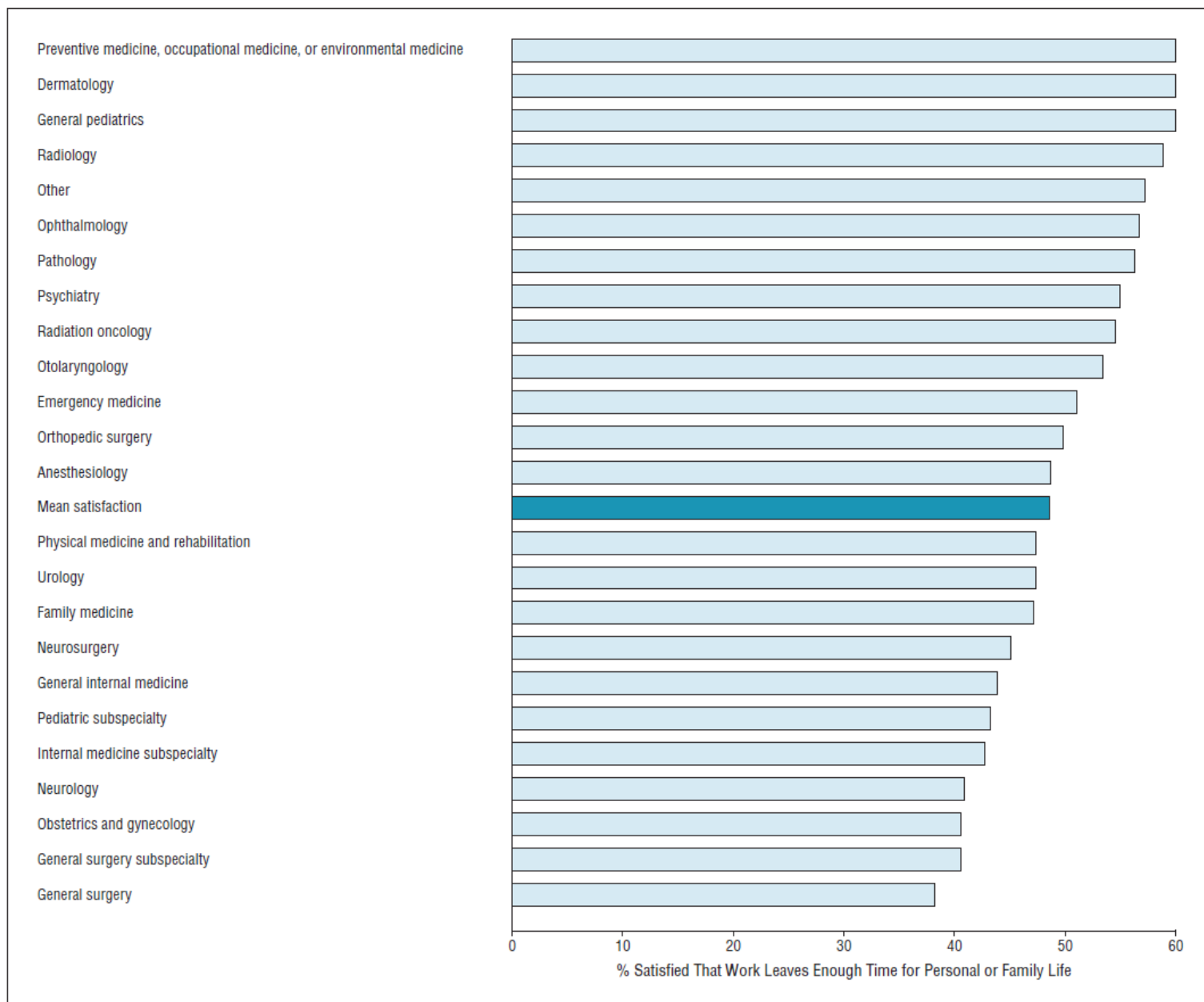


Figure 2. Satisfaction with work-life balance by specialty.

Occupation, No. (%)	...	
Professional ^a	...	1455 (42.3)
Health care ^b	...	217 (6.3)
Service ^c	...	234 (6.8)
Sales ^d	...	234 (6.8)
Office and administrative support	...	330 (9.6)
Farming, forestry, or fishing	...	23 (0.7)
Precision production or craft and repair ^e	...	232 (6.7)
Transportation and material moving	...	110 (3.2)
Other	...	586 (17.0)
Missing	...	21 (0.6)

^aBusiness or financial; management; computer or mathematical; architecture or engineering; lawyer or judge; community or social services; nonuniversity teacher; college or university teacher; life, physical, or social sciences; or other.

^bNurse, pharmacist, paramedic, laboratory technician, nursing aide, orderly, or dental assistant.

^cProtective service, food preparation or service, building cleaning or maintenance, or personal care or service.

^dSales representative, retail sales, or other sales.

^eConstruction and extraction, precision production (machinist, welder, baker, printer, or tailor), or installation, maintenance, or repair.

Shanafelt TD, et al., Burnout and Satisfaction With Work-Life Balance Among US Physicians Relative to the General US Population. Archives of Internal Medicine. 2012;172(18):1377.

Table 3. Comparison of Employed Physicians in the Sample Aged 29 to 65 Years With a Probability-Based Sample of the Employed US Population Aged 29 to 65 Years (continued)

Variable	Physicians (n = 6179)	Population Control Subjects (n = 3442)	P Value
Burnout Indexes, No. (%)			
Emotional exhaustion ^f			
Never	785 (12.7)	406 (11.8)	<.001
A few times a year	1637 (26.5)	1065 (30.9)	
≤ Once a month	782 (12.7)	537 (15.6)	
A few times a month	958 (15.5)	610 (17.7)	
Once a week	614 (9.9)	239 (6.9)	
A few times a week	819 (13.3)	372 (10.8)	<.001
Every day	536 (8.7)	193 (5.6)	
Missing	48 (0.8)	20 (0.6)	
High score ^g	1969 (31.9)	804 (23.4)	
Depersonalization ^h			
Never	2020 (32.7)	1357 (39.4)	<.001
A few times a year	1537 (24.9)	824 (23.9)	
≤ Once a month	679 (11.0)	348 (10.1)	
A few times a month	705 (11.4)	374 (10.9)	
Once a week	405 (6.6)	176 (5.1)	
A few times a week	541 (8.8)	202 (5.9)	<.001
Every day	247 (4.0)	133 (3.9)	
Missing	45 (0.7)	28 (0.8)	
High score ^g	1193 (19.3)	511 (14.8)	
Burned out ⁱ	2319 (37.5)	950 (27.6)	<.001
Depression and suicidal ideation			
Screen positive for depression	2494 (40.4)	1426 (41.4)	.31
Suicidal ideation in the past 12 mo	426 (6.9)	227 (6.6)	.59
Satisfaction with work-life balance			
Work schedule leaves me enough time for my personal or family life			
Missing	13 (0.2)	8 (0.2)	<.001
Strongly agree	879 (14.2)	671 (19.5)	
Agree	1898 (30.7)	1291 (37.5)	
Neutral	909 (14.7)	677 (19.7)	
Disagree	1621 (26.2)	605 (17.6)	
Strongly disagree	859 (13.9)	190 (5.5)	

Table 2 Potential ramifications of burnout among medical students and residents

Professional	Decreased empathy
	Cheating/dishonest behaviours
	Dishonesty regarding patient care*
	Problems identifying and managing conflicts of interest
	Decreased altruistic professional values
	Inappropriate prescribing behaviours
	Decreased personal accountability regarding impaired colleagues
	Dropping out of medical school
	Influence on specialty choice
	Suboptimal patient care
	Medical errors
	Decreased medical knowledge
Personal	Suicidal ideation
	Greater sense of stigma regarding mental health problems
	Motor vehicle incidents

* Reporting laboratory test as pending when not sure it had been ordered or knew it had not been; reporting physical examination as normal when knew it had been omitted from the physical examination.

Dyrbye L & Shanafelt T.
A narrative review on
burnout experienced by
medical students and
residents. Medical
Education.
2016;50(1):132–49.

INTERPERSONAL ENGAGEMENT

- ▶ Burnout includes exhaustion, mental distancing (cynicism or depersonalization) and lack of professional efficacy.
- ▶ Exhaustion and mental distancing constitute the core of burnout.
- ▶ Boredom at work is characterized by low arousal and dissatisfaction, which result from under-stimulation.
- ▶ Work engagement includes vigor, dedication and absorption.
- ▶ Burnout, boredom and engagement can be assessed by short self-report questionnaires.
- ▶ Engagement is inversely related to burnout and boredom.

WORK ENGAGEMENT

- ▶ The nature of employee well-being varies along two dimensions: pleasure–displeasure and activation–deactivation.
- ▶ Engaged employees are willing to go the extra mile, whereas satisfied employees are satiated.
- ▶ Engagement and workaholism are both characterized by a strong drive, but the nature of that drive differs.
- ▶ Burnout (resulting from overstimulation) and boredom (resulting from under-stimulation) are the opposites of engagement.

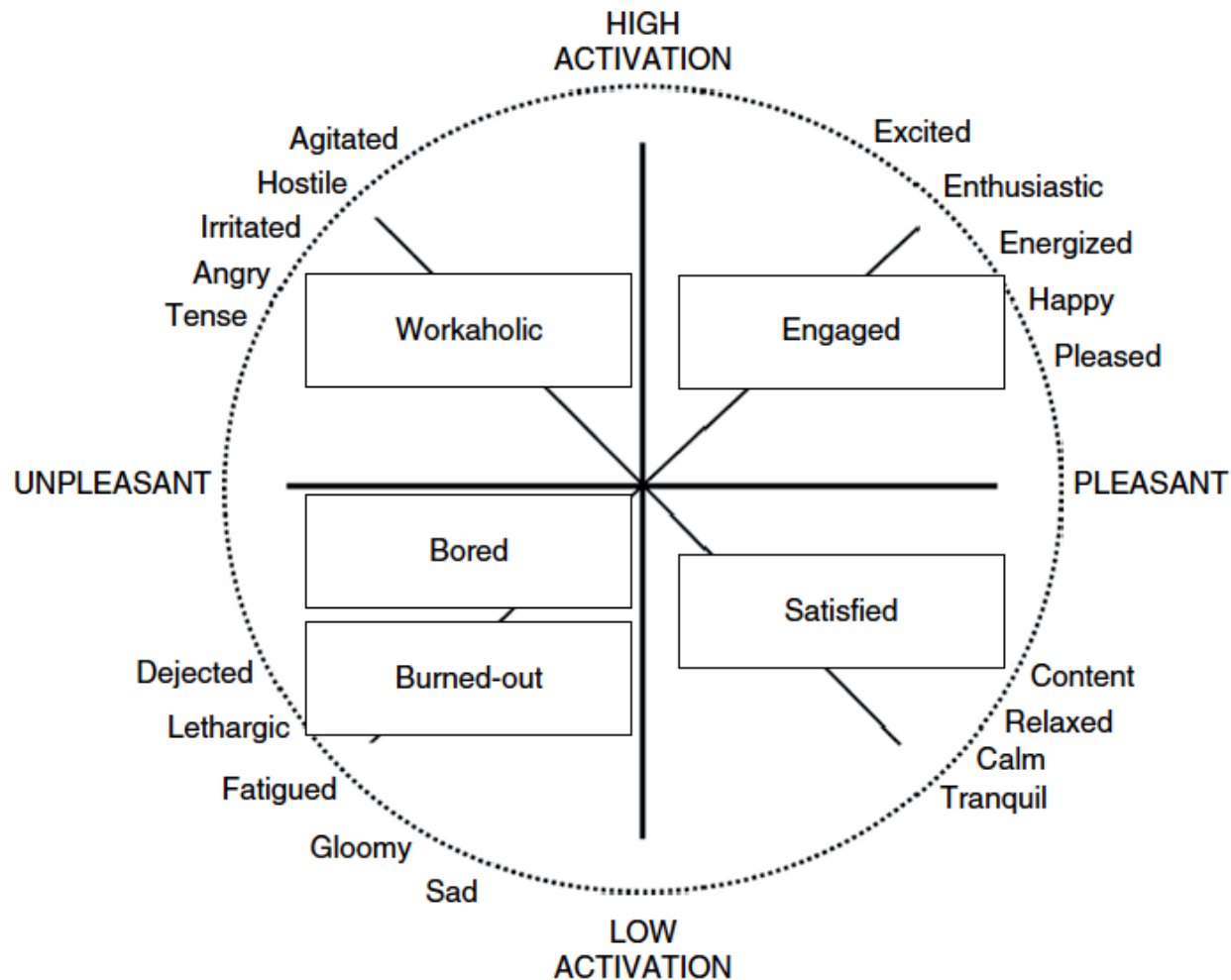


Figure 12.1 A taxonomy of work-related well-being (adapted from Russell, 1980).



WHY IS EMPATHY AT A LOWER LEVEL THAN IDEAL IN MEDICINE?

- ▶ Physicians often overlook or miss empathic opportunities during patient encounters
- ▶ Physicians tend to spend significantly more time and energy on biomedical inquiry and offering medical explanations to patients
- ▶ Empathy declines throughout medical training, in both medical school and residency.

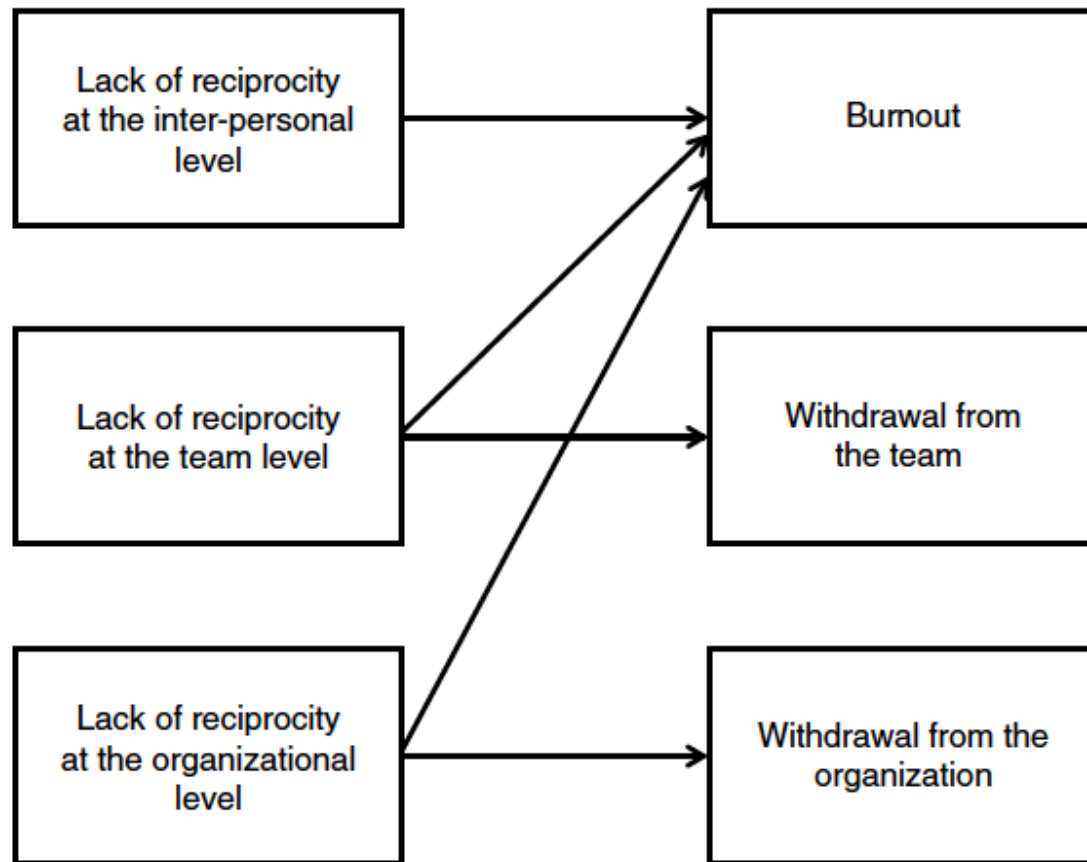


Figure 12.3 Burnout and withdrawal at different levels of social exchange (Schaufeli, 2006).



CAN PHYSICIAN EMPATHY BE ENHANCED

- ▶ Kelm Z, et al. Interventions to cultivate physician empathy: a systematic review. BMC Medical Education. 2014;14(1):219.
- ▶ Quality metrics
 - Tier 1: RCTs with reliable and validated outcome measures
 - Tier 2: RCTs with reliable but not validated outcome measures OR non-randomized controlled interventions with reliable and validated outcome measures
 - Tier 3: all other study designs

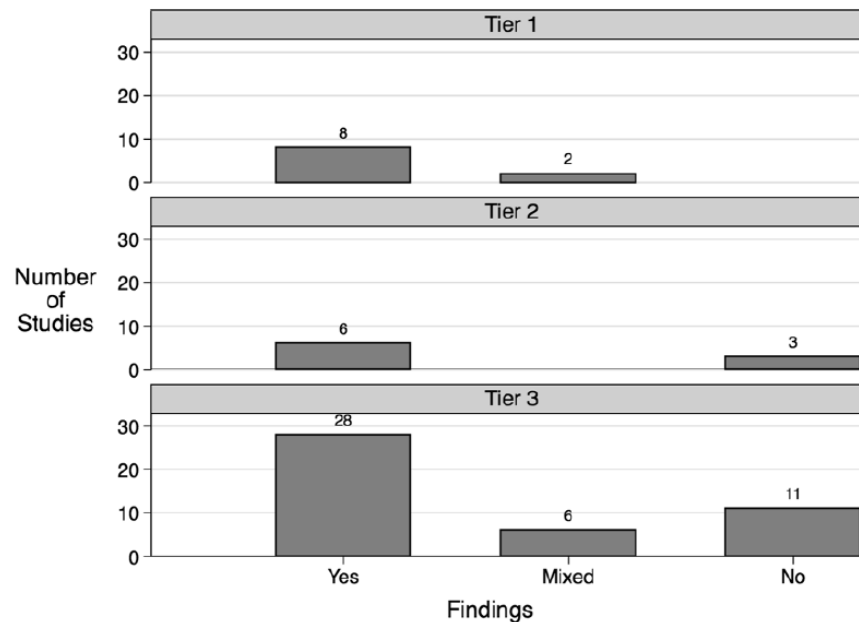


Figure 2 Comparison of study design quality with significant increases in empathy. Number of studies exhibiting significant, non-significant and mixed effects among Tiers 1, 2 and 3.

- Only half of the Tier 1 studies reported effect sizes
- Lack of long term post-intervention efficacy
- Only six studies used patient reported measures of physician empathy, three of which were Tier 1



Intervention studies evaluating quantitative changes in empathy.

N/A, Not Applicable; N/E, Not Explicitly Stated

Article	Source Population	Sample Size	Control Group	Random Assignment	Intervention Type	Duration of Intervention (hours)	Assessment Strategy (pre/post; within/between)	Type of Outcome Measure	Outcome Assessment Time Frame	Sig Increase in Empathy?
Riess et al., 2012	Residents & Fellows	99	Yes	Yes	Other	3	Pre & post; between-group	Self, other, patient-report	1-2 months post-intervention	Mixed
Sripada et al., 2011	Residents	12	Yes	Yes	Other	N/E	Pre & post; between-group	Self-report, patient-report	Immediately following intervention	Yes
Tulsky et al., 2011	Physicians	48	Yes	Yes	Communication Skills Training	N/E	Post; between-group	Other-report, patient-report	Immediately following intervention; 1 week post	Yes

Riess H, et al. Empathy Training for Resident Physicians: A Randomized Controlled Trial of a Neuroscience-Informed Curriculum. *Journal of General Internal Medicine*. 2012 Oct;27(10):1280–6.



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CARE Patient Feedback Measure for

*** Type name of Practitioner here ***

Please write today's date here:

/ /
 D D M M Y Y

Please rate the following statements about today's consultation.

Please mark the box like this ☒ with a ball point pen. If you change your mind just cross out your old response and make your new choice. Please answer every statement.

How good was the practitioner at...	Poor	Fair	Good	Very Good	Excellent	Does not apply
1) Making you feel at ease (introducing him/herself, explaining his/her position, being friendly and warm towards you, treating you with respect, not cold or abrupt)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Letting you tell your "story" (giving you time to fully describe your condition in your own words; not interrupting, rushing or diverting you)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Really listening (paying close attention to what you were saying; not looking at the notes or computer as you were talking)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Being interested in you as a whole person (asking/knowing relevant details about your life, your situation; not treating you as "just a number")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Fully understanding your concerns (communicating that he/she had accurately understood your concerns and anxieties; not overlooking or dismissing anything)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Showing care and compassion (seeming genuinely concerned, connecting with you on a human level; not being indifferent or "detached")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Being positive (having a positive approach and a positive attitude; being honest but not negative about your problems)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Explaining things clearly (fully answering your questions; explaining clearly, giving you adequate information; not being vague)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) Helping you to take control (exploring with you what you can do to improve you health yourself; encouraging rather than "lecturing" you)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10) Making a plan of action with you (discussing the options, involving you in decisions as much as you want to be involved; not ignoring your views)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: If you would like to add further comments on this consultation, please do so here.

OUTCOME MEASURES

- ▶ Neurobiology and Physiology of Empathy Test.
 - Assess physician knowledge of the neurobiology and physiology of empathy, including recent research on neural mechanisms involved in the experience of empathy.
- ▶ The Ekman Facial Decoding Test
 - assesses physician skill at decoding subtle facial expressions of emotion.
- ▶ The Jefferson Scale of Physician Empathy
 - assesses physician attitudes about the relative value of empathy in clinical practice.
- ▶ The Balanced Emotional Empathy Scale
 - measures general empathic responsiveness in personal life.

Table 4. Description of Modules

Session	Style	Content
Module 1	Didactic	Introduction and context for empathy training
	Didactic	Neurobiology and physiology of emotion
	Didactic and skill-based	Non-verbal communication of emotion
	Didactic, skill-based and Experiential	Decoding facial expressions of emotion
	Video trigger, skill-based and Experiential	Empathic management of entitled behavior
	Experiential and skill-based	Physician self regulation exercise and discussion
Module 2	Didactic	Introduction to empathy for the 'difficult' patient
	Didactic and Experiential	Understanding manipulative patient tactics and behaviors
	Video trigger, skill-based and Experiential	Maintaining empathy while managing manipulative patient tactics
	Didactic and skill-based	Recognition of subtle emotional threats
	Didactic, skill-based and Experiential	Decoding facial expressions of emotion
	Experiential and skill-based	Self regulation exercise and discussion
Module 3	Didactic	Introduction to empathy and delivering bad news
	Didactic	Empathy and delivering bad news
	Didactic	Patient-centered delivery of bad news
	Video trigger, skill-based and experiential	Empathy and delivering bad news
	Didactic, skill-based and Experiential	Decoding facial expressions of emotion
	Skill-based, and experiential	Self regulation exercises and discussion
	Skill-based	Exercises balancing optimism and reality
	Didactic and experiential	Final summary and group discussion

Table 2. Pre-Post Change Scores by Treatment Group

Measure	Training Group	Control Group	Difference	Effect Size (d)	P-Value
Primary Outcome Measure					
Patient-rated CARE	0.7±7.9	-1.5±6.0	2.2	0.31	0.04
Secondary Outcome Measures					
Neuro	2.3±2.4	0.4±2.3	1.8	0.79	< 0.001
Ekman	2.1±2.5	0.2±2.2	1.9	0.79	< 0.001
Jefferson	1.2±9.3	-1.1±6.7	2.3	0.28	0.12
BEES	.9±14.5	2.7±14.1	-1.7	0.12	0.49

Plus-minus values are means ± standard deviations. CARE = Consultation and Relational Empathy measure. Neuro = Neurobiology and Physiology of Empathy Test. Ekman = Ekman Facial Decoding Test. Jefferson = Jefferson Scale of Physician Empathy. BEES = Balanced Emotional Empathy Scale. Group differences were tested with two-tailed Wilcoxon-Mann-Whitney tests. The principal outcome measure was the patient-rated CARE

PHYSICIAN RESILIENCE

- ▶ If every fifth physician is affected by burnout, what about the other four? (Zwack and Schweiter, 2013)
- ▶ Identifies resilience as a central element of physician wellbeing.
- ▶ Resilience is *the ability of the individual to respond to stress in a healthy, adaptive way such that the personal goals are achieved at minimal psychological and physical cost.*
- ▶ Resilient individuals not only ‘bounce back’ rapidly after challenges but also grow stronger in the process.
- ▶ i.e. they don’t just survive, they **THRIVE**.



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PHYSICIAN RESILIENCE

- ▶ Epstein RM, Krasner MS. Physician Resilience: What It Means, Why It Matters, and How to Promote It. *Academic Medicine*. 2013 Mar;88(3):301–3.
- ▶ Self-Awareness and Self-Monitoring
- ▶ Self Regulation and Resilience
- ▶ Public Accountability, Communities of Care/Practice, and Health Care Institutions



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SELF-AWARENESS AND SELF-MONITORING

- ▶ Recognizing and accepting the early warning signs of stress – fatigue, irritability, feeling outside their comfort zone etc.



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MINDFULNESS AND EMOTIONAL AWARENESS

- ▶ Over the past decade, mindfulness-based trainings have been at the forefront of wellbeing and stress reduction interventions and wellness
- ▶ Mindfulness-based training teaches skills that can lead to successful regulation of emotions without suppression (Keng, Smoski & Robbins, 2011)
- ▶ Mindfulness practices have been found to reduce stress, depression and anxiety and to increase activation in brain regions responsible for regulating attention and positive affective states, including empathy and other pro-social emotions (Davidson & McEwen, 2012).
- ▶ Mindfulness-based programs build on the core skills to create a space of reflection between stimulus and response i.e. an ability to create some bspace between thoughts, emotions and the natural state of the mind (Kabat-Zinn, 1990).
- ▶ The realization of emotions as they arise is a metacognitive awareness, recognition of thoughts and emotions and, with practice, helps create more opportunity for choosing strategies of response instead of simply suppressing, avoiding, or getting caught in the experience of the emotion (Ekman & Halpern, 2015).



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SELF-AWARENESS AND SELF-MONITORING

- ▶ Contemplative practices
 - Mindfulness (-based stress reduction)
 - Balint groups
 - Informal practices
 - Foster a continuous self-awareness in which individuals can observe their own reactions to stress.
 - Promote physician self awareness during patient care.
 - Help physicians take stock and clear their minds at key moments allowing them to be aware of any less-than-optimal reactions that would not serve them well for the task at hand.

STRESS MANAGEMENT INTERVENTIONS

- ▶ Shapiro, Astin, Bishop, and Cordova (2005)
- ▶ Prospective randomized controlled trial
- ▶ An 8-week Mindfulness Based Stress Reduction (MBSR) intervention may be effective for reducing stress and increasing quality of life and self-compassion in nurses.



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PSYCHOSOCIAL INTERVENTION TRAINING

- ▶ Redhead, Bradshaw, Braynion, and Doyle (2011)
- ▶ Qualified and unqualified nurses in the experimental group showed significant improvements in knowledge and attitudes compared with the control group. Care plans showed a significant increase in the implementation of psychosocial interventions.



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SELF REGULATION AND RESILIENCE

- ▶ Recognition that stress exists, that it is unavoidable and that it can result in cognitive errors, strong feelings and moral distress is essential but not sufficient in itself.
- ▶ Clinicians do have a choice as to how they address these stresses and self-regulate their own cognitive, emotional and somatic reactions.
- ▶ Leaving it to their own devices often does not work.
- ▶ The role of exercise, relaxation and meditation is important out of work.
- ▶ Set boundaries and foster better work life balance.
- ▶ Survival and resilience also includes cultivating healthy habits which, when occur within work, can be brought to future challenges i.e. it is important to engage wholeheartedly with the often-harsh realities of the workplace rather than withdrawal.



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PUBLIC ACCOUNTABILITY, COMMUNITIES OF CARE/PRACTICE, AND HEALTH CARE INSTITUTIONS

- ▶ Sick patients rely on healthy physicians.
- ▶ Attention to self is key for elite musicians and sports men and women.
- ▶ The stakes are arguably higher in medicine.
- ▶ Support from Healthcare Institutions is essential for change.
- ▶ The rubric of Professional Identity Formation at key stages is crucial.
- ▶ Physicians (and other health care professionals) who take care of themselves do a better job of caring for others.
- ▶ Physicians (and other health care professionals) who take care of them selves are also more likely to be more empathic to their patients (and their colleagues).
- ▶ Many new interventions are being developed (e.g. mindfulness, narrative writing, reflective practice etc.) but these need much further study, both quantitative and qualitative, to identify what works, with whom and where.
- ▶ ...and how do we change attitudes, behaviour and culture?

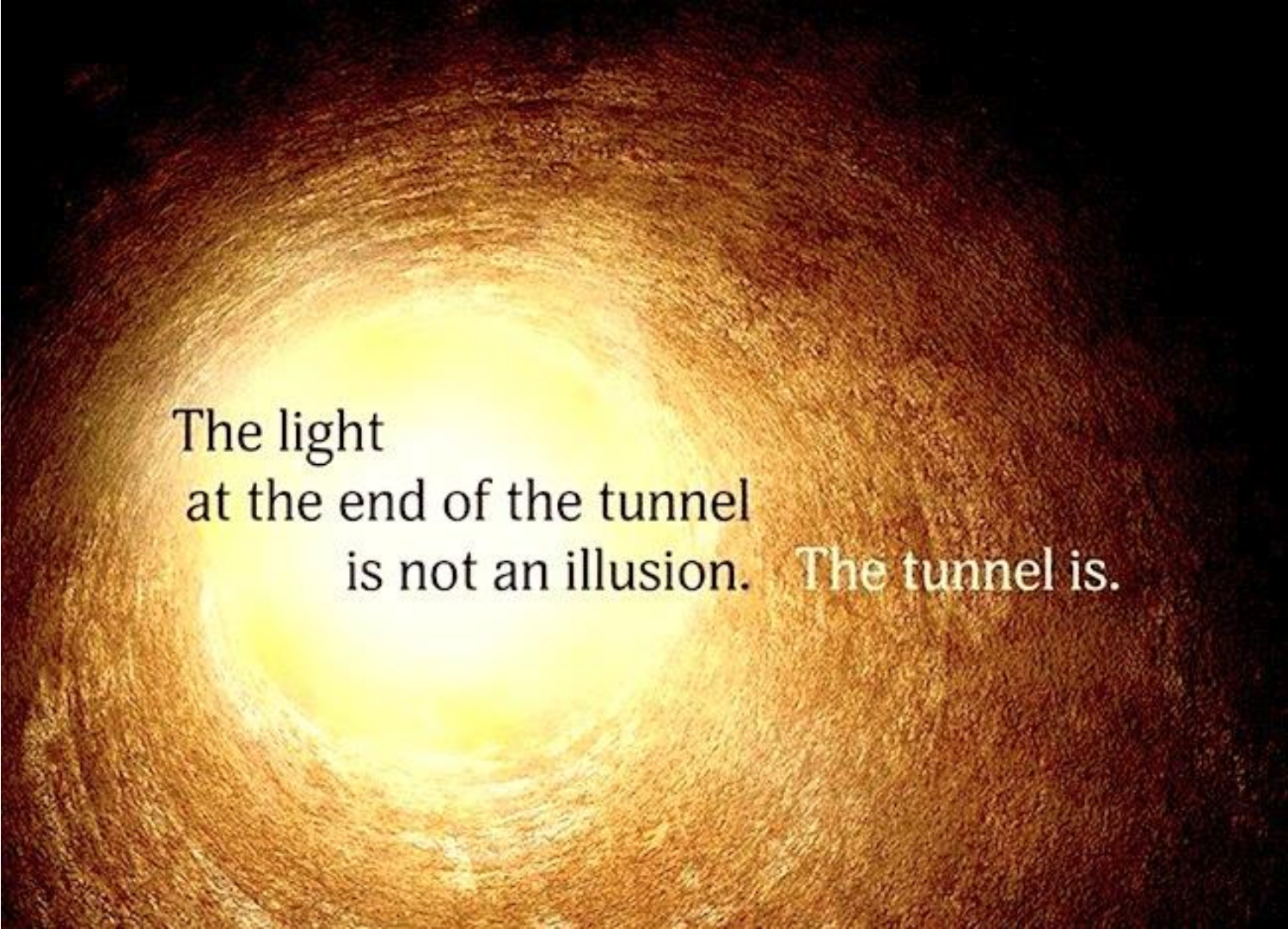


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The light
at the end of the tunnel
is not an illusion. The tunnel is.



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