

Empathic Communication Skill Training in Medical Education

Judit Szalai-Szolcsányi¹, Vilmos Warta², Kata Eklics³

¹Department of Languages for Biomedical Purposes and Communication, Medical School, University of Pécs, Hungary.

Abstract

Empathy plays an essential role in communication between doctor and patient, which can facilitate treatment. Therefore, it is crucial to develop communication and empathic skills of medical students through experiential role-playing at the Medical School. This study focuses on methods improving the empathy of medical students in doctor (student) - patient (actor) simulated role-plays. The purpose of our research was to identify factors that promote the development and expression of empathy in medical encounters. We aim to investigate the language of clinical empathy: how medical students can use the language to build empathetic communication. The authentic case-based role-plays provide sociolinguistic tools for interactions and for expressing empathy as well as reassuring the patient's emotions. Our study demonstrates how empathic communication skills form a more effective doctor-patient relationship, leading to greater patient satisfaction and better patient compliance.

Keywords: *Empathy training, the language of empathetic communication, medical education, simulation, verbal and non-verbal clinical communication.*

1. Introduction

The Medical School of the University of Pécs offers high-level professional training for medical students. As future doctors, it is paramount that they are proficient in medicine and confidently make a diagnosis and therapeutic plan. In addition, they need to communicate appropriately with both patients and their relatives, as a well-structured communication situation can significantly improve the outcome of therapy. The Department of Languages for Biomedical Purposes and Communication emphasizes the professional language training of Hungarian and international students, which helps them present their professional knowledge at a higher level of language proficiency. The pilot study directs our attention to the fact that it is not just what you say that matters but how you say it in doctor-patient interactions. The empathic communication used during the interactions significantly promotes therapeutic collaboration and understanding, which is essential for therapy. As an investigative situation, we chose the two most challenging situations in which empathy plays a significant role, the communication of bad news and persuasion. The main object of our pilot study was to evaluate students' communication focused on using the basic elements and techniques of verbal and nonverbal signs of empathic communication.

2. Specialties of doctor-patient communication

2.1. The dominant role of the doctor

It is paramount in the doctor's healing activity that the patient obeys their physician. The doctor's instructions and requests affect specific actions of the patient and, in many cases, affect his entire lifestyle. Even in the case of complete impersonality, the doctor-patient interaction quickly develops to a personal level. An essential prerequisite for this position of trust is empathy. The patient's obedience is only realized if he has complete confidence in the person from whom he receives instructions, treatment plans, and advice.

2.2. The role of empathy in individually shaped interaction

Doctor-patient communication is a unique situation in which patients find themselves in an intimate situation with a stranger, their doctor. They often have to share sensitive information. They have to answer questions that they do not even talk about to others, often even family members. It allows the doctor to have tests that affect patients' intimate sphere. Therefore, it is paramount that this interaction is not schematic but individually designed. The physician must be able to communicate according to the psychological needs of the particular patient. It is why empathy is emphasized in a doctor-patient dialogue. "Empathy is essentially the key to understanding the patient's individual communication code system" (Buda 1986: 186). If the patient experiences an empathic, understanding doctor-patient interaction, their collaboration will be more effective, making therapy more effective. It is essential to have an

open, trusting atmosphere that a doctor can only create with their patient if they can create this attunement through empathic communication. It is crucial in situations where the doctor has to report bad news. In the absence of empathy, physicians have difficulty interacting, which affects the effectiveness of treatment. In applying empathy, the personality almost empathizes with the other person's situation, focusing on their emotional and conscious state with full attention. This attention should also focus on the patient's non-verbal communication, emphasizing what the patient is saying. For this reason, the development of communication, the development of communication sensitivity, and the enhancement of empathy are of paramount importance for physicians: Buda (1986).

3. Definition of empathy

When we talk about empathic communication, we need to define what empathy means for the doctor. Previous studies have sought to answer two questions. How do we know what the other person is thinking and feeling? What factors help someone respond sensitively and carefully to another person's suffering? According to many theories, the two questions are closely connected; other research has sought to answer only one or only the other question: Batson (2011). It is essential to determine what empathic skills can be applied in clinical practice. Based on a comprehensive review of the relevant literature, empathy in patient care has been defined as a predominantly cognitive (rather than affective or emotional) trait that involves understanding rather than feeling a patient's pain and suffering: Hojat et al. (2011); Hojat (2018).

3.1. The two-step process of empathy in clinical practice is:

Understanding and sensitively appreciating another person's situation or feelings.

Giving feedback to the patient in a supportive way: Silverman *et al.* (2013).

4. The role of the group in enhancing empathy

Simulated doctor-patient situations provide an opportunity for medical students to communicate with a patient in a medical case scenario. Group dynamics can increase participants' empathic attunement in several ways. Students can experience the doctor-patient interaction not only as a doctor but also as a patient. Their own experience and empathy can help develop their medical communication skills. After each interaction, the feedback and view of the participants and external observers are essential. It is possible to review the recorded image and audio material of the dialogues, which is a great help to view and evaluate the situation played out and experienced as an external observer. Feedback from group participants helps to transform the usual patterns. The group effect provides an opportunity to develop self-knowledge and introspection skills. The physician-patient

interaction displayed in the simulation situation shows remarkable similarity to the scenarios played in the psycho-drama group: Buda, (1986). When breaking bad news, participants experience the same difficulties and individual emotional problems between the doctor and the patient in their role as in an actual situation. Emotional experience, similar to a psycho-drama group, helps the participants develop their communication and psychological skills, which allows them to form patient-centered conversations later, beyond their barriers. The focus shifts from the doctor experiencing difficulties to the patient's problem in the simulated situation. In simulated practice, the patient must respond as quickly and sensitively as in an actual case. On the other hand, discussing possible errors and difficulties helps the medical student to minimize these errors in clinical practice and to be able to handle and control difficult situations with much more confidence. These experiences in the group will help them in their later medical work.

5. The role of persuasive communication in medicine

The purpose of persuasion is to reach joint decision-making in therapy. During persuasion, the doctor tries to influence the patient to cooperate and change their mind. Communication effectiveness depends on the doctor's ability to help the patients understand and accept the diagnosis, the need for related therapeutic procedures, and whether the outgoing patient has memorized the medical instructions. Patient opposition to treatment may be due to fears, misconceptions, criticism, distrust, bad experience, or attitude. The steps of joint decision-making are well structured. The doctor informs the patient that there are several ways to solve the problem. He describes the benefits and risks of each option. A comprehension check is essential in this process. He should assess the patient's treatment preferences. Based on all this, he suggests treatment, and finally, they agree on the views of the doctor and the patient: Pilling (2011); Pilling (2018).

6. Empathic communication in healthcare

Active listening is the basis of empathic communication. Empathic communication has nonverbal and verbal signs. Verbal signs:

Repetition, which can help give back vital information to the patient. Paraphrase: rewording the patient's words. Sub-summary: a brief summary of a long train of thought. Elimination or decreasing of fear. Transform negative attitude into positive.

It helps joint decision-making if the doctor explains the course of treatment to the patient in detail, avoids complicated medical terms, gives positive confirmation of all the issues, clarifies misunderstandings, and answers questions.

Nonverbal signs: eye contact, posture, mirroring of any facial expressions of the patient, nodding, which can be a sign of attention, encouragement to continue, and agreement, adequate distance, slow and low pitch voice: Pilling (2018).

7. Method

Title of the twelve-week course: Empathy and assertive communication in clinical practice
Participants: 4-5-6-year medical students and a dentist student – identifying with doctor roles in the simulated scenarios, a 5-year teacher's assistant medical student – identifying with different patient roles. Instructors of the course: Judit Szalai-Szolcsányi – psychologist and ESP, and medical communication instructor Kata Eklics – ESP and medical communication instructor.

7.1. The objective of the course:

Our pilot course aimed to improve senior medical students' empathy and assertive communication skills through simulation exercises. The course was designed for an in-person format; however, due to Covid-regulations, it was launched during the peak of online education. Therefore, the planned scenarios had to be reconstructed to match the online communication. The teacher assistant student – playing the patient's role – was trained to shift focus from the total body onto facial non-verbal communication prior to each session. Maintaining eye contact was hampered by different camera angles and looking at the screen simultaneously. Yet, when preparing the participants for the scenes, we emphasized the importance of talking to the camera when they wished to be listened to by their conversational partners or convinced them. After being exposed to a theoretical introduction to different types of empathy and assertive communication, the available linguistic tools, and non-verbal cues, the students were asked to play the role of a medical specialist who has to break bad news or inform the patient of a diagnosis of a current condition and/or treatment options. The diseases were chosen by the instructors after learning about the medical background of the participants (major: general medicine or dentistry, year of studies, and also gender roles when patient-doctor situation was planned). The cases were based on authentic scenarios collected by clinician colleagues and applying case presentation guidelines for medical students in Hungary.

Process of enhancing emphatic communication:

- teachers' online presentations: students were given a detailed theoretical background
- simulation case: role-playing between student and simulated patient
- after each scenario: feedback focusing on emphatic communication

- teacher evaluation: how frequently students could use verbal and non-verbal signs of empathic communication during scenarios

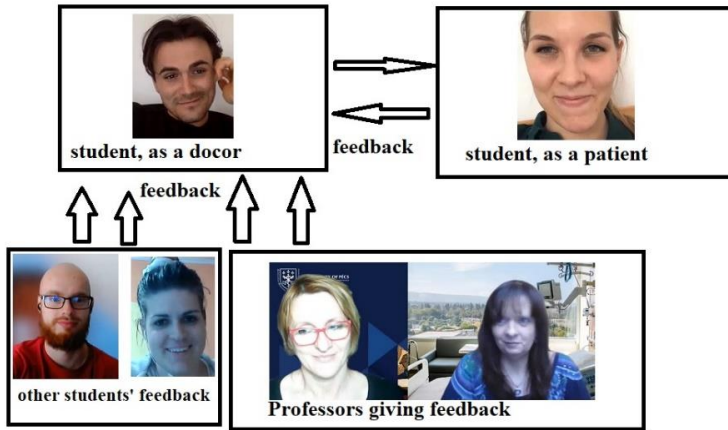


Figure 1. Feedback after the doctor-patient situation

7.2. The scenarios were as follows:

The cholecystitis procedure, when the doctor informs the patient of the necessary gallbladder surgery, but the patient wants to avoid operation. The broken tooth, when the dentist tells the patient of the need for extraction. The diagnosis of high cholesterol level and its medical therapy, when patient denies medical treatment. The hepatitis C infection, when student should break bad news of a fatal disease and tells its consequences. The pancreatitis, when a student breaks bad news and details a fatal outcome. The abscess in the oral cavity, when the doctor gives a bad diagnosis. The diagnosis of Wolff-Parkinson-White (WPW) syndrome (congenital heart disease with excessively rapid heartbeat) when the patient is against the operation. In the last case, the dentist informs a mother of the need for clinical investigations of her child, but the mother denies hospitalization.

8. Results

The simulated scenarios were assessed during the sessions, starting with self-reflection, followed by peer assessment, and finally commented on by the psychologist and the communication instructor. They were also video-recorded and later analyzed by the instructors. During analysis, we scored 0-5 scales on the frequency of communication signs used by medical students during scenarios. A value of 0 indicates that there was no detected the given verbal or non-verbal communication sign in the scenario. A value of 1 indicates that the given communication sign was rarely present. A value of 2 indicates that the given communication sign was sometimes noticed. A value of 3 indicates that the given

communication sign was often used during the dialogue. A value of 4 indicates that the given communication sign was very frequently used by the medical student, and a value of 5 indicates that the given communication sign was continuously used.

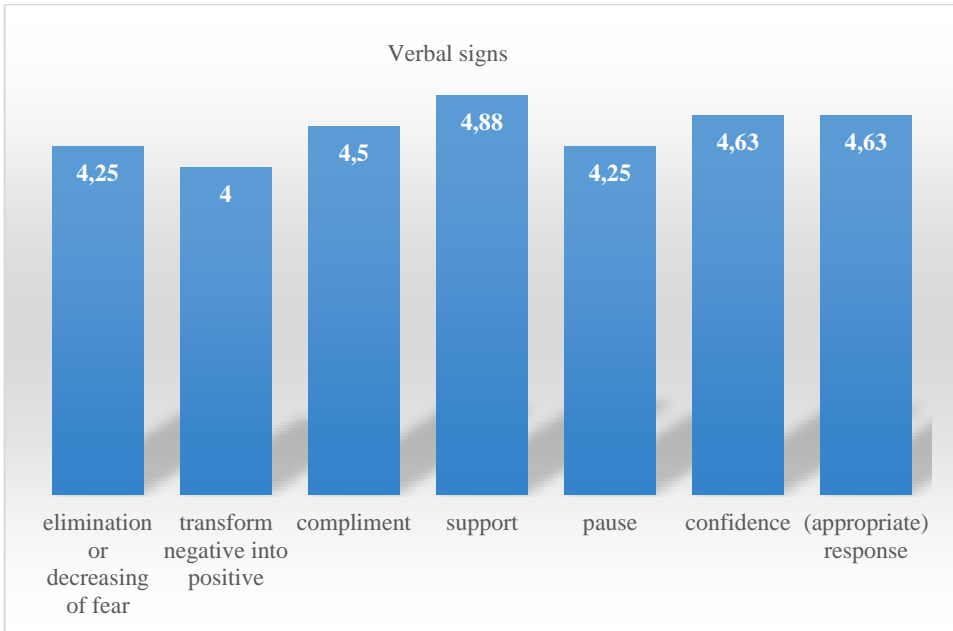


Figure 2. Mean scores for verbal signs

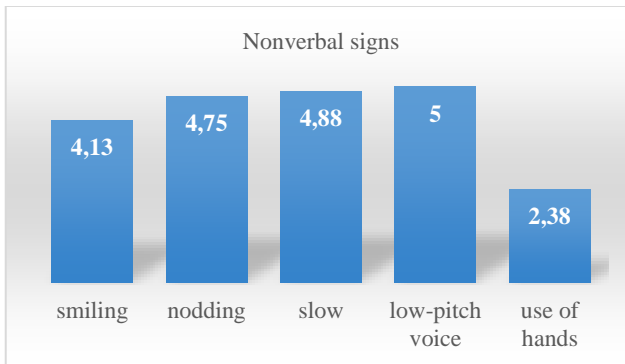


Figure 3. Mean scores for nonverbal signs

In the case of most situations, the verbal and nonverbal signs got 5 or 4 points. The patients with hepatitis C and pancreatitis gave only 3 points for "elimination or decreasing of fear", and only 2 points for "transform negative into positive".

Table 1. Descriptive Statistics of cases

	N	Minimum	Maximum	Mean	Std. Deviation
cholecystitis	12	4.00	5.00	4.67	.49237
broken tooth	12	4.00	5.00	4.83	.38925
high cholesterol	12	3.00	5.00	4.58	.66856
hepatitis C	12	.00	5.00	3.75	1.60255
pancreatitis	12	.00	5.00	3.67	1.61433
abscess in the oral cavity	12	4.00	5.00	4.83	.38925
WPW	12	3.00	5.00	4.42	.66856
child with asthma	12	.00	5.00	4.08	1.37895

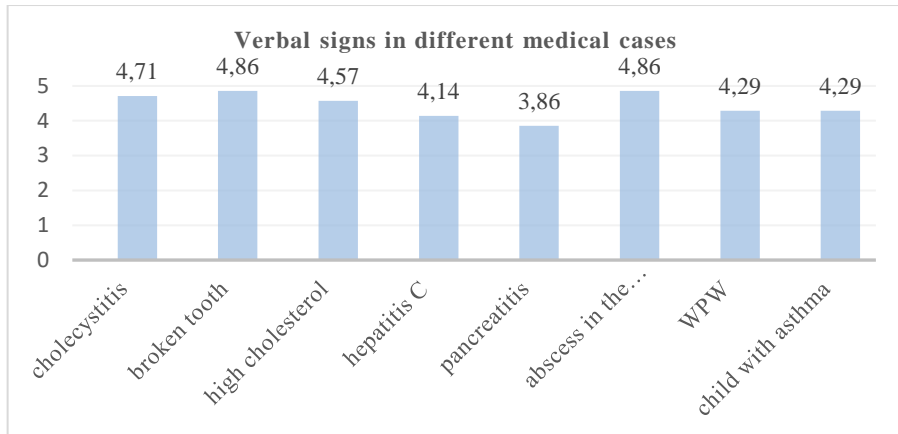


Figure 4. Mean scores for verbal signs in different medical cases

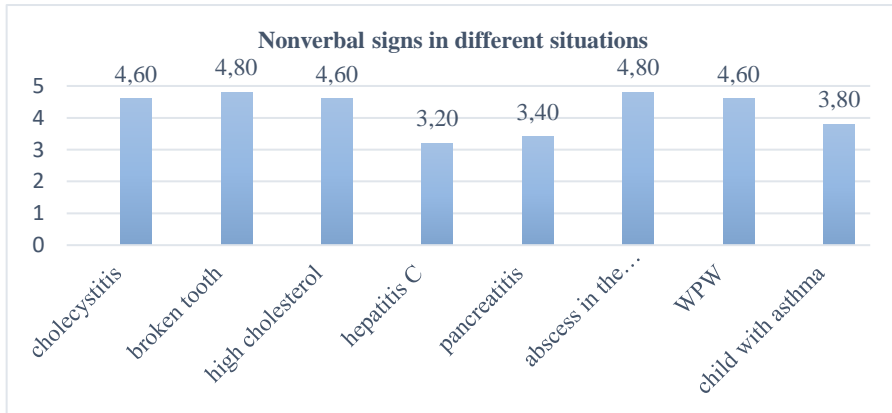


Figure 5. Mean scores for verbal signs in different medical cases

9. Conclusion

In our pilot study, we found that even in an extraordinary situation such as online doctor-patient communication, students could apply empathic communication well. During the persuasion, the doctor and the patient were able to reach a joint decision. After studying the theoretical background, students were given the structure and techniques to build a dialogue that helped them break the bad news and use persuasion. In the online platform, verbal tools of empathic communication were used more; but even nonverbal elements, including eye contact, smiling, and use of hands could appear. Although the use of hands was less present on the online platform, it appeared on the screen in some situations. We found a difference in whether the task was only to persuade the patient about the treatment or to break the bad news. In the latter case, it was difficult for the students to communicate the plan of successful therapy to the patient. Thus, the role of empathic communication in persuading was to achieve successful cooperation while breaking bad news, such as in the case of an incurable disease, to provide support, understanding, and assistance. During the analysis of the video material on the scenarios, we found that using both verbal and nonverbal tools, the students provided continuous feedback to the patient in the given case. Fears and misconceptions were reduced by providing an accurate, detailed description of the treatment. Positive affirmation, encouragement, and active listening as essential elements of empathic communication all appeared. Students acting as doctors did not assess the patient asking a lot of meaningless questions negatively. They reacted to questions with patience and supportive behavior. All the methods and techniques studied in the theoretical part of education were used correctly. Based on the patient's feedback, the persuasion was effective. The most frequently used adjectives were the *confident*, *trustworthy*, *calm* words to the doctor. Students' feedback suggests that with the techniques they have learned and their practice, they will be able to build a much more confident and structured dialogue in the future, in which they need to

convince the patient or break the bad news to them. We recognize that this study has several limitations, but during one semester, in 12 online seminars, we could perform no more situations. The main advantage of this technique is to give detailed feedback to students individually, which can enhance students' empathic communication.

References

- Batson, C. Daniel (2009). These Things Called Empathy: Eight Related but Distinct Phenomena. In Decety, J. – Ickes, W. (Eds.) (2011), *The Social Neuroscience of Empathy*, 3-15. Cambridge, Massachusetts: The MIT Press.
- Buda, Béla (1986). *A közvetlen emberi kommunikáció szabályszerűségei*, 142-143, 181-187. Budapest, Hungary: Animula Kiadó.
- Hojat, Mohammadreza et al. (2011). Physicians' Empathy and Clinical Outcomes for Diabetic Patients. In *Academic Medicine. Journal of the Association of American Medical Colleges*. 86(3), 359-364. doi: <https://doi.org/10.1097/ACM.0b013e3182086fe1>
- Hojat, Mohammadreza. et al. (2018). The Jefferson Scale of Empathy: a nationwide study of measurement properties, underlying components, latent variable structure, and national norms in medical students. *Advances in Health Sciences Education: Theory and Practice*, 2018 Dec. 23/5, 899-920. doi: <https://doi.org/10.1007/s10459-018-9839-9>
- Pilling, János (2011). *Medical Communication*, 113-137. Budapest, Hungary: Medicina.
- Pilling, János (2018). *Orvosi kommunikáció*, 88-96 Budapest, Hungary: Medicina.
- Silverman, Jonathan – Kurtz, Suzanne – Draper, Juliet (2013). *Skills for Communicating with Patients*, 138, London, England: Radcliffe Publishing Ltd.