

GRAND ROUNDS

Tuesday, November 1, 2016

HSC, LH 1 ([directions](#))

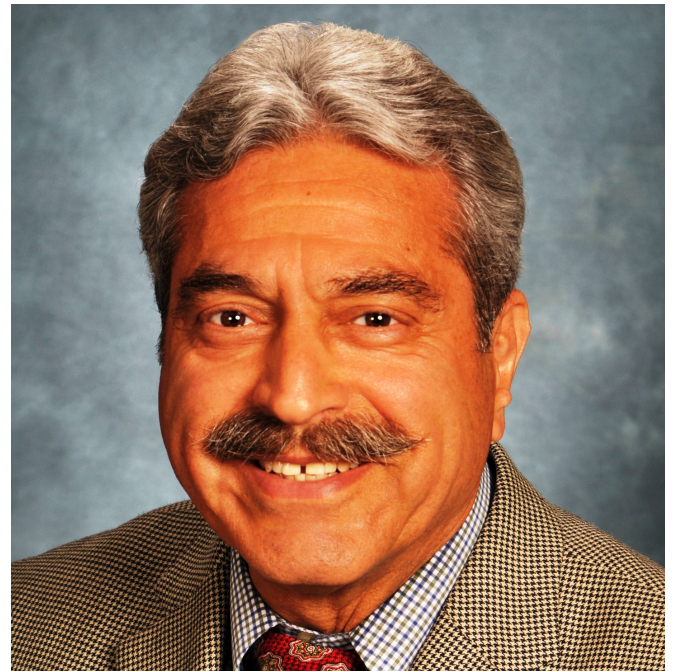
4:30-6:00pm

EMPATHY IN HEALTH PROFESSION EDUCATION: What Have We Learned and Where Do We Go from Here?

Mohammadreza Hojat, PhD

In medical education we use many methods to produce physician humanists who are empathically attentive to the patient as he or she experiences an illness. We expose students to literature, film, the creative arts, poetry, and narrative medicine; we reflect on the virtues of the “good doctor” who is an attentive listener, empathic, and a reassuring communicator with patients and in healthcare teams; we develop opportunities for students to write and reflect on their clinical role models both good and bad, and on what they learn from them about how or how not to practice medicine; we develop clinical simulation center interactions between students and actor patients to allow for feedback on the clarity and the effectiveness of empathic skill sets; we have reflection rounds in the clinical clerkships that allow students to discuss the human side of their clinical interactions and the preservation of their empathic integrity. By being encouraged to closely observe the subjective illness experience, students begin to connect with patients as persons, replete with narratives of hope, anxiety, fear, love, loss, meaning, goals, culture, and treatment preferences. This awareness of patients as “persons” and not just as “puzzles” is at the very center of the art of medicine and of healing. There are empirical questions: Can empathy be taught, or at least can we help to sustain it so that our students can flourish and go on to practice medicine in ways that are gratifying? What can be learned from the Jefferson scale for the measurement of empathy and how can it be applied?

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