Empathy Resilience and Mindfulness in Osteopathic Medicine

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DEFINITIONS

Empathy in the Context of Patient Care

* Empathy is predominantly a cognitive attribute which involves an understanding of experiences, concerns, and perspective of the patient, combined with a capacity to communicate this understanding, and an intention to help.

- Hojat, 2007, Empathy in Patient Care, p. 86.
- Hojat, et al., 2006, Academic Medicine, 81, 1182-1191.

• What is Empathy
• Can we measure it, build it or only loose it?
• What is Mindfulness?
• How we think and how mindfulness reduces errors and improves caring
• What is burn out?
• Osteopathic “issues and opportunities”
Suffering

Unpleasant experience reflecting perceptions of helplessness and fear of the future

Compassion

Healing

To be whole again in relationship to the body, the culture and significant others

Can we cure without healing?

Can we heal without curing?

Historical aspects of Medical Humanism

• Maimonides 1135-1204:
  • “May I never see in the patient anything but a fellow creature in pain. May I never consider him merely a vessel of the disease…"
The good physician treats the disease; the great physician treats the patient who has the disease. – William Osler

1849-1919

- The treatment of a disease may be entirely impersonal but... The care of the patient must be completely personal
- The secret of patient care is to care for the patient
  Francis Peabody

Empathy in Healthcare:
Conceptualization, Measurement, and Enhancement

Szalia’s Advice to Physicians

“It is good to be able to put yourself into someone else’s shoes, but you have to remember that you don’t wear them.”

(Szalia, 1976, Psychiatry, 39, 142-152)

Empathy
One way or two way?

“a cognitive attribute which involves an understanding of the inner experiences and perspectives of the patient combined with a capability to communicate this understanding to the patient” crossing the divide...
Perception of empathy in the therapeutic encounter: effects on the common cold.
Rakel D, Barrett B, Zhang Z, Hoelt T, Chewning B, Marchand J, Scheder J.
Abstract
OBJECTIVE: To evaluate the effects of patient-practitioner interaction on the severity and duration of the common cold.
METHODS: We conducted a randomized controlled trial of 719 patients with new cold onset. Participants were randomized to three groups: no patient-practitioner interaction, “standard” interaction or an “enhanced” interaction. Cold severity was assessed twice daily. Patients randomized to practitioner visits used the Consultation and Relational Empathy (CARE) measure to rate clinician empathy. Interleukin-8 (IL-8) and neutrophil counts were obtained from nasal wash at baseline and 48 h later.

Effect on symptoms

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Effect on symptoms

Kaplan-Meier Survival Curve
Time to end of the common cold

IL8 in treatment groups

4
Selected Highlights of Research Findings

**Empathy and Academic Performance**

- Empathy scores are **significantly correlated** with global ratings of **clinical competence** in medical school.

- Empathy scores are **not correlated** with performance on objective examination of knowledge in both basic and clinical sciences.


**Physician empathy and gender:**

Women in medical school, nursing school, dental school, and in medical practice tend to obtain higher empathy scores than men.


**Physician empathy and specialty:**

Physicians in "people-oriented" specialties (e.g., psychiatry, family medicine, internal medicine, pediatrics, obstetrics and gynecology, emergency medicine, and medical subspecialties) obtained higher empathy scores than their counterparts in "technology/procedure-oriented" specialties (e.g., anesthesiology, pathology, radiology, surgery and surgical subspecialties).


**Condition 4: Physician Empathy and Patient Outcomes**

**Two key studies in the U.S. and Italy**


**What is the trajectory of empathy over a medical career?**

The empathy timeline
The empathy timeline

- Timeline for empathy in training and career

Hojatt et al. The Devil is in the Third Yr. Acad Med in press

Med school  Intern resident  Residency  Life


- To study medical student empathy during 4 years of school
- 456 students at Jefferson Medical College 2002-2004 using the JES at orientation and yearly x 4
- No change over 2 years but a significant decline occurred at the end of the third year and persisted

REASONS for lost Empathy

- Lack of role models (HIDDEN CURRICULUM)
- High volume of work
- Time pressure
- Patient and environmental factors
- The ipatient versus the real patient (Verghese NEJM Dec 2008)
- Harassment, sleep deprivation etc


- EMPATHY
  - Females > males
  - People oriented > technical specialties
  - Similar patterns but blunted
- 27% of the students did not lose empathy!!!!!!!!!!!!

Is empathy the same or different in DO medical students or DO practitioners?
Empathy Erosion in Osteopathic Medical Education?

- largely unknown compared to allopathic medical education
- Cross-sectional studies using JSE suggest no empathy erosion among osteopathic students (Kimmelman et al., 2011; Calabrese et al., 2013)
- Longitudinal studies: few, with mixed findings

Research Instruments

1. Jefferson Scale of Empathy (20 items).
3. Integrative Care Attitude Scale (10 items).
4. A survey on osteopathic experiences prior to medical school.

Study Participants by Year of Medical School in 2011-2012 Academic Year

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<th>Year</th>
<th>n</th>
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<td>1</td>
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<tr>
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<tr>
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<td>69</td>
<td>51%</td>
</tr>
<tr>
<td>Total</td>
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<td>53%</td>
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Osteopathic-Related Experiences Prior to Medical School

- 98% volunteered for medical or community services.
- 93% had observed patient care rendered by osteopathic physicians.
- 53% of students or their family members received medical care from a D.O.
- 12% had a D.O. in their family.
- 12% had received OMT.

Mean Scores of the Jefferson Scale of Empathy in Allopathic and Osteopathic Medical Schools (Cross-Sectional Studies)
**Burnout among physicians**

- **Emotional exhaustion**
  - Emotionally overextended and exhausted by work
- **Depersonalization**
  - Negative, cynical attitude, treating patients as objects
- **Sense of low personal accomplishment**
  - Feelings of incompetence, inefficiency and inadequacy

**Prevalence**

- 25% - 60% of practicing physicians
- 76% of internal medicine residents
- 45% of 3rd year students
- 11.2% of medical students report suicidal ideation
- Minimal data in osteopathic students and physicians

**Causes of burnout**

- Overwork
- Sleep deprivation
- Low control/high responsibility
- Inadequate support
- Lack of self-awareness
- Imbalance between personal and professional life

**How do we stop Burnout?**

- Mindfulness
- Meditation
- Self-awareness exercises
- Narrative writing
- Appreciative Inquiry

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**Association of an Educational Program in Mindful Communication With Burnout, Empathy, and Attitudes Among Primary Care Physicians**

**Objective:**
Objectives include (1) to examine associations between burnout and factors that impact burnout among primary care physicians, (2) to assess the impact of a program focused on mindful communication on these outcomes, and (3) to summarize the impact of the program on empathy and attitudes toward patient care. The program included a 30-hour curriculum focused on mindful communication, empathy, and self-awareness. The intervention was conducted in a randomized controlled trial design, with a sample of 100 primary care physicians participating in the intervention group and 100 receiving usual care. The primary outcome measure was the Maslach Burnout Inventory (MBI), which assessed emotional exhaustion, depersonalization, and personal accomplishment. Secondary outcome measures included the empathy scale of the Jefferson Scale of Attitudes toward Physicians (JSAP) and the Canadian Inventory of Resilience in Young Adult Physicians (CIRYAP). The intervention was delivered by a team of experienced educators in a blended format, including in-person workshops, online modules, and individualized coaching. Results: The intervention was associated with a significant reduction in burnout across all three subscales of the MBI. Specifically, emotional exhaustion decreased by 23%, depersonalization by 17%, and personal accomplishment by 20%. Additionally, the program was associated with improvements in empathy (24% increase) and attitudes toward patient care (15% increase). Conclusion: The intervention program was effective in reducing burnout among primary care physicians, and improving empathy and attitudes toward patient care. The results support the importance of incorporating mindful communication and self-awareness training in medical education and practice to improve well-being and enhance patient care.
Mindfulness based stress reduction

MBSR

Standardized 8 week course
Incorporates aspects of meditation & yoga
Aims to enhance awareness of body & mind
Attention to sensation, thought, emotions
2.5 hours in class each week
45 minutes daily practice

Pioneered by Jon Kabat-Zinn PhD
Center for Mindfulness in Medicine, Health Care
University of Massachusetts Medical School

SUGGESTIONS FOR CULTIVATING EMPATHY IN PHYSICIANS

Slow Medical Education

• Slow Movement 1986
• Slow Movement in Medicine
  – Fast vrs Slow
• Slow Movement in Medical education

“offers a complementary orientation to medicine emphasizing reflection, dialogue, appreciation and human understanding”

Empathy and Osteopathic Medicine
  – What can we really do!

Slow Medical Education

• Reading and writing
  – Narrative
  – Slow reading
• Focusing on the physical exam and ‘other’ dimensions of patient care
  – “allows physicians to more fully incorporate their experiences into a professional identity that embodies cultural humility and empathy”
Osteopathic Opportunities

- Expand research in empathy, mindfulness, resilience and burnout in osteopathic institutions
  - Think Tank/Summit
  - Collaborative research!
- Understand the power of touch
  - OMM = empathy?
- Explore ‘habits’ of successful osteopathic healers

Osteopathic Opportunities

- Incorporate techniques of empathy enhancement in DO education (undergraduate, graduate and post-graduate)
  - Slow medicine