Learning How to ‘Be’ a Doctor: A Look at the Decline in Empathy and the Role of Medical Education in the Professionalization of Medical Students

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Introduction:

Many clinicians-in-training enter medical school with highly idealized visions of becoming both highly competent and highly caring physicians who strive to provide a superior level of care to their future patients. However, this idealism, while not necessarily lost, evolves throughout their training. Studies show an overall decline in empathy among medical students during their education.\textsuperscript{1,2,3} Empathy is cited as one of the most important core characteristics of the physician with correlations between higher empathy and increased patient satisfaction and compliance.\textsuperscript{3(p244)} The American Medical Association\textsuperscript{4} recognizes this decline in positive attitudes during training and regards empathy and professionalism as products of the learning environment. Their Initiative to Transform Medical Education published a 2010 report\textsuperscript{4 (p7)} that identifies a need for further exploration into the role of medical curriculums on professional learning objectives. What is it about the educational process and the culture of medicine that influences students’ perceptions of patients, and even of themselves? With the support of the Clendening Fellowship, I aim to investigate the evolution of empathy at the University of Kansas School of Medicine (KUSOM) and to explore the development and role of both the formal and informal curricula in medical student socialization.
Background:

My interest in science and medicine has always been complemented by an equal, or even greater, interest in people and cultures. This led me to pursue a bachelor’s degree in medical anthropology before I applied to medical school. For my senior capstone project at Case Western Reserve University, I did a general literature review on the professionalization of medical students. In this project I discussed aspects of medical education such as the gross cadaver lab, the subsequent construction of the patient, and the changing social boundaries students face conducting intimate patient interviews. An anthropological view on the professionalization of students is unique and important because of the discipline’s focus on the navigation of the individual in a larger system or culture. Additionally, familiarity with anthropological data gathering methods such as participant observation, interviews, and focus groups is beneficial for developing answers to questions that my Clendening proposal asks. Exploring this topic of medical enculturation is fascinating and all the more relevant now that I myself am undergoing medical training. There are many changes that medical students undergo before they are considered or even feel like physicians. Education as an institution contributes more than just the biomedical knowledge needed to treat the human body. I am deeply interested in learning more about the intimate relationships between medical education and the development of the physician as a self and a professional, and my anthropological background has prepared me to further invest myself in such a project.
Description:

This summer, I would like to work with students and faculty at KUSOM to first gather a cross-sectional picture of trends in empathy among medical students through quantitative and qualitative means. Additionally, I hope to learn more about the development of medical curricula and use the data gathered from students to gauge the influence of various aspects of medical education on professional development.

The primary goals I would like to accomplish through the project are as follows:

- Develop a definition of empathy in the medical setting
- Gather and analyze statistical data on the status and evolution of empathy in students at KUSOM
- Obtain student narratives on empathy to augment objective data
- Critically explore the process of curriculum development and implementation at KUSOM and the roles of the formal and informal curriculum on professional development

First, I plan to conduct a preliminary literature review to garner a sense of the usage and meaning of empathy in the medical setting, in both the clinical and academic environments. After gaining a better understanding of empathy in practice, I will develop a definition to be used in my research for the following weeks. Once I have defined my research parameters, I will use aggregate data collected by KUSOM. KU administers the Jefferson Scale of Empathy for Medical Students at several points throughout students’ education. This will give me a cross-sectional as well as longitudinal perspective of empathy differences among various classes. I will working with Dean Bonaminio and Dr. Paolo to gain access to this information.
The heart of my project, however, is to gather qualitative narrative data that can be associated with and used to augment survey results. I plan to use e-mail and social media to recruit representative groups of 10-12 students per class, from incoming M1s to graduating M4s, and conduct focus group sessions. The incoming M1s, with no medical training, will be used as a baseline to measure differences in the other years. The goal of these sessions will be to facilitate a candid and confidential discussion among peers about their medical school experience. I plan to record these sessions and look for trends among dialogues to look for differences in responses among the classes and to see what students themselves cite as being the biggest influences on their self-perception of empathy and overall professionalization.

For the second part of my project, I would like to turn away from the students and look at KUSOM at an institutional level. I plan to look at the structure of KU’s curriculum throughout all four years to see where and how empathy is taught or discussed. Additionally, I plan to speak with different faculty to look at the process of how changes in the curriculum are developed and implemented. Additionally, I would like to explore more about the differences between the formal and informal curriculums in medical education. Finally, I plan to compile all of my learnings and data from my project to critically analyze how students at KU are influenced by the curriculums. The following is a general timeline of how I plan to conduct my project.

Week 1: Conduct a literature review on empathy in medical students and medical curriculum
Week 2-5: Collect raw data through Jefferson survey results and focus groups. I will work around student schedules, such as Step 1 and the beginning of clinical rotations for incoming M3s.

Week 6: Meet with KUSOM faculty and staff to discuss curricular development at KU and specific efforts KU has taken to avoid erosion of empathy; gather data about the incidence and objectives of empathy teachings in KU’s current curriculum

Weeks 7-8: Finish analyzing data and write report/prepare presentation

Methods:

Throughout the development of my projects, I have formed several relationships with KU faculty who will act as guides for my projects. Dr. Jana Zaudke from the Department of Family Medicine shares similar research interests in medical education and has agreed to serve as a mentor for my project. She will also work with me to perform a thematic analysis on the focus group transcripts. In the meantime, I will be observing the Major Society Professionalism Case Discussions for first and second year students in late February to begin field observations and develop topics and questions during later focus group sessions.

Additionally, Dr. Giulia Bonaminio in the Office of Medical Education has graciously agreed to act as a liaison between myself and the University in order to gain access to both past and present syllabi, learning objectives, and curricular structures, as well as to utilize systems such as JayDocs to document the distribution of empathy and professionalism throughout the
four-year curriculum. She has also volunteered to put me in direct contact with Dr. Bruce Newton at the University of Arkansas and Dr. Veloski at Jefferson Medical College, both of whom have spent years studying empathy in medical students and whose research is directly applicable to my exploration of empathy here at KU. Dr. Griebling also agreed to talk with me this summer as I explore the role of KU’s academic societies in students’ medical education.

**Budget:**

The following is a tentative budget for my project. Any additional or unexpected costs above the total of the Clendening Fellowship, should I receive it, will be covered by my personal savings.

- Thank you gifts for approximately 50 focus group volunteers .......................................................... $500
- Rent/Utilities for June and July.................................................................................................................. $1000
- Groceries for 8 weeks.............................................................................................................................. $500
- **Expected Total........................................................................................................................................... $2000**

The support of the Clendening Fellowship would be greatly appreciated in allowing me to further explore a topic that is of both academic and personal interest to me as I navigate through my own medical education and professionalization.
Bibliography:


Additional References:


