

Project Title: Empathy and Emotional Intelligence: Evaluating Humanities Education Among Medical Students

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Overview of the Study

The practice of medicine relies on the patient-physician relationship for the provision of quality medical care. Traditionally, empathy is discussed as a central feature of the relationship, and now researchers agree that the presence of empathy influences the outcomes of clinical care (Spiro 1993, Nightingale 1991) and relates to clinical competence among medical students (Hojat 2002).

The concept of “emotional intelligence” (Goldman 1998) has become the focus of much attention. Although its definition is evolving, this study focuses on the “ability to monitor one’s own and others’ emotions, to discriminate among them, and to use the information to guide thinking and actions” (Elam 2001, Salovey 1995).

The present study focuses on two challenges faced by medical education: 1) how can an admissions committee recognize students who have the capacities of empathy and emotional intelligence? and, 2) how can students develop skills of empathy and emotional intelligence?

First, the selection of students for medical school is a complex process (Elam 2002). Since empathy and emotional intelligence are important characteristics of quality medical care and relationship development, a reasonable question is: should the presence or absence of the capacity for empathy and emotional intelligence influence admission to medical school? If so, can these characteristics be recognized or predicted? This study is designed as the first step toward understanding additional factors, such as an interest in humanities and participation in humanities in medicine electives, that may be related to the presence of empathy and emotional intelligence among medical students.

Second, one method for learning or developing the skills of empathy and emotional intelligence is through experiences in the humanities. Many U.S. medical schools have Humanities in Medicine programs (HIM). The aim of these programs is not simply to expose medical students to the humanities disciplines (e.g., history, art, religion, ethics, law, literature), but rather to enhance the professional and personal development of students. The programs are designed to encourage interdisciplinary inquiry, to develop clinical skills including self-reflection, self-knowledge, interpersonal communication and empathy, to encourage flexibility in attitudes and behaviors, and to enable the student to look at situations from a variety of perspectives.

Several national initiatives are directed toward developing empathy and other humanistic attributes of the physician (Inui 2003, Wear 2000). For instance, the Association of American Medical Colleges (AAMC) has argued for the importance of humanism in medicine and medical education (Bickel 1993), and the AAMC urges the cultivation of empathy, a major component of the patient-physician relationship, as one of the proposed learning objectives (AAMC Medical School Objectives Project, <http://www.aamc.org/meded/msop/>). The American Board of Internal Medicine's Project Professionalism also supports efforts related to the humanistic qualities of the physician.

At the University of Virginia School of Medicine, the Program of the Humanities in Medicine (HIM), established in 1990, offers approximately 18, four-week electives to fourth year medical students. Examples of these courses include: History of Medicine, Literature and Medicine, Death in America, Suffering and Meaning, Mindful Life-Mindful Practice. Nationally as well as at UVA, outcome data describing the impact of participation in humanities education is scarce. Some studies have reported on the effectiveness of writing (e.g., critical incident reports (Branch 2001) or keeping a parallel chart (Charon 2004) and the development of empathy from reading and discussing literary texts, while none have addressed the overall impact of humanities education by measuring specific professional outcomes.

This study aims to answer two specific questions:

Question One: Is there a difference in empathy and emotional intelligence scores between medical students who take Humanities in Medicine (HIM) electives and students who do not take these electives? The hypothesis is students who do not take an HIM elective will have lower empathy and emotional intelligence scores, than students who do participate.

Question Two: Among students enrolled in the HIM electives, do scores of empathy and emotional intelligence (pre-test, post-test, and one month following completion of the elective) change? The hypothesis is empathy and emotional intelligence scores will increase after completion of an HIM elective and continue into clinical experiences.

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