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[Episode 8 - Nabeela Kajee \(2 Oct 2024\).mp3](#)

Transcript

00:00:10 Speaker 1

Stories reflecting upon experiences, poetry, a number of medical schools have encouraged the arts and and in fact, there are a number of studies that have looked at theatre and the arts in in changing perspective and shifting mindsets and and. And there's also a lot of interesting research also and.

00:00:28 Speaker 1

Around doing and and engaging in activities that one may find to be mentally resourcing and and assist with Co regulation and that can range everything from exercise to getting enough sleep to taking good enough care of oneself and and sort of the.

00:00:49 Speaker 1

Basic mechanisms that support healthy psychology.

00:00:53 Speaker 1

I think a big piece of that also in terms of input is recognizing when people need additional support beyond their norm, whether that is in the form of therapy or or in the form of any additional support mechanisms that one might need within their immediate working environment.

00:01:12 Speaker 1

I think there's another piece to that as well, which is that.

00:01:16 Speaker 1

In order to feel empathetic, one should also be receiving empathy and in in the empathy tank model they speak to the value of receiving empathy and the ability to then give them this. And I think this speaks to what I spoke about a little bit earlier around the culture and the climate that that the individual finds themselves in, because that's also quite important.

00:01:36 Speaker 1

In that network and then on the output side of things in.

00:01:40 Speaker 1

Terms of advice and.

00:01:42 Speaker 1

There's two big pieces there that potentially are important. The one is is.

00:01:48 Speaker 1

Think.

00:01:49 Speaker 2

The.

00:01:49 Speaker 1

Nuances of the healthcare professional. Understanding how to use empathy because time is scarce, resources are limited. All of those things are true, but it is also possible to navigate the degree to which an empathic response is required, how much empathy is required.

00:02:08 Speaker 1

In a particular.

00:02:09 Speaker 1

Circumstance. So for example, if one has a patient that is.

00:02:12 Speaker 1

Coming for a flu shot.

00:02:14 Speaker 1

Right. Perhaps that case might require a lot less empathy than someone who's just learned that they have terminal cancer, right? It may not necessarily be the case. The patient that's come in for the flu jab might tell you. Actually, they just lost their dog that morning, or they just had a terrible day. Right? But I think navigating.

00:02:34 Speaker 1

What is in front of you and being able to?

00:02:37 Speaker 1

Adjust the requirements or the needs of patients is important. That sort of temporality.

00:02:44 Speaker 1

And then the second part of it, I would say is understanding how to navigate your resourcing and notice when your level of resourcing is low and when it is high. And I think being honest with patients around your capacity is also important and this is something that I think is becoming more and more evident in the literature.

00:03:04 Speaker 1

Is around era medical error and around communication is communicating in a way that is dynamic and generative with patients and honest and to say you know.

00:03:17 Speaker 1

I'm able to offer this, you know, perhaps at our follow up visit, we can attend further to these items if if they're not emergencies, for example. And so I think instead of neglecting something entirely to have a follow up is often been shown in the literature to be an opportunity for empathy where there is in time or capacity in.

00:03:35 Speaker 1

The immediate moment.

00:03:37 Speaker 1

You're navigating where and how to use empathy, but also who needs empathy? And when you may or may not be resourced enough, or you need to put more into the tank. That could be a really good way to protect healthcare professionals from running on too low for too long.

00:03:55 Speaker 1

And causing distress.

00:03:56 Speaker 2

Thank you, Navy. You've raised so many interesting and intersecting ideas, and I'm struggling to think about which way to go down because there's so many possible areas we could chat about. But maybe just thinking about the developing or embedding empathy training, you know, like you said, understanding, you know, how much to give and what capacity.

00:04:17 Speaker 2

And how do you think you can do that from perhaps like undergraduate right through to a postgraduate or graduate level?

00:04:23 Speaker 2

Is it through something like including it in a PBL case study or is it through storytelling where a patient comes into the lecture room? Is it through, you know, modeling it as a senior when you have juniors around the patient beds side, any sort of ways you can think about it at a curriculum or pedagogy level?

00:04:42 Speaker 1

Oh yeah, I think.

00:04:43 Speaker 1

There's.

00:04:44 Speaker 1

So many interesting ways you see, I think what's an important piece here and I think this.

00:04:49 Speaker 1

Is really interesting.

00:04:50 Speaker 1

Is there's sort.

00:04:51 Speaker 1

Of two pieces or two pathways often that are taught empathy. But one is sort of direct or primary empathy, which is often.

00:04:59 Speaker 1

What you say to patients and and how you say it and and teaching tools, as I've explained around the experiential elements and the processing elements of of the of those interactions reflection. But there's a second part which is also sort of what we would describe as secondary qualities and those would relate to.

00:05:19 Speaker 1

Tone pores presence and the way you hold space.

00:05:26 Speaker 1

Which are sort of more peripheral areas and and and those areas are perhaps they take a bit more time both of those areas perhaps take different types of training to cultivate.

00:05:37 Speaker 1

I think what's really interesting about your question is how do we start to develop a career trajectory for empathy? You know, not looking at empathy.

00:05:45 Speaker 1

As a one shot.

00:05:46 Speaker 1

Yeah, but really as something that we sort of cumulatively develop.

00:05:50 Speaker 1

And there's been quite a lot of research looking at empathy across medical education and the trend that we're seeing in the research base is that empathy decreases with training time in medical schools and, and that's sort of replicated across various spaces and continents. And that's concerning. That's really concerning.

00:06:11 Speaker 1

And there's there is a lot of research. There is now exploring. Why is that the case on a micro macro and meso level? And so I think part of understanding how we should integrate it is really on an institutional level understanding what is the driver of decreasing empathy in that space.

00:06:30 Speaker 1

Because obviously those would be barriers to address and then in terms of your question more fully facilitators of empathy.

00:06:38 Speaker 1

Some medical schools internationally use something called situational judgment tests, where when they recruit medical students, one of the important attributes they look for is empathy, for example, or or compassion, for example, and there are also other tributes that are often looked for in those situational.

00:06:58 Speaker 1

Judgment tests.

00:07:00 Speaker 1

Around logic and so.

00:07:01 Speaker 1

Forth, but I think what's interesting.

00:07:04 Speaker 1

Going back to that question of how do we develop empathy? So medical students come in and they presumably will be a normal distribution of empathy across individuals. And then how do we develop that to the nuances of being a healthcare professional?

00:07:20 Speaker 1

I think that is really interesting because we want to improve specialization and empathy, which is what I was speaking about, about the fine tuning of how to make it sustainable.

00:07:31 Speaker 1

And how to offer empathy in everyday practice in a way that is received by patients.

00:07:37 Speaker 1

And I think what is what is really interesting to see is that medical curricula becoming more and more flipped in some ways as you, as you pointed out, which I think is so interesting, is how do we actually teach medical students and nowadays what is so interesting is that medical students are being taught more and more by patients themselves.

00:07:56 Speaker 2

Yeah.

00:07:56 Speaker 1

I was sitting the other day in a lecture where a Type 1 diabetic was giving a talk on what it is like to live with type 1 diabetes and what I found so interesting is at the end of the session.

00:08:08 Speaker 1

The questions that were asked of the patient were actually medical questions. How often do you take your insulin? What do you do when you're when you're HT? Your sugars are too high and you know what happens if you do eat pizza and your your sugar skyrockets? What do you do? And if your friends want to have a drink of alcohol and you know that.

00:08:28 Speaker 1

Sugar could be influenced. What do you do? And you know, some really getting to the crux of some of the questions that actually lectures would really struggle to answer because most of them have not lived with those conditions.

00:08:39 Speaker 1

And so I think this is really interesting sort of flipping the empathy model, which is where we potentially don't learn empathy from other healthcare professionals. We reflect our empathy on patients and ask patients, how would you like me to tell you this? What would you, what would you wish you had heard? How would you have liked to have been interacted with in that experience? I think that's something that we, as healthcare professionals through through a Co creation.

00:09:02 Speaker 1

We can learn so much more and and quite a number of medical schools are moving in that direction to to change the way in which we grapple with this concept.

00:09:11 Speaker 1

Empathy.

00:09:13 Speaker 1

I think they're also interesting pieces around generational differences and empathy. And, you know, I think this is also interesting because.

00:09:21 Speaker 1

That's something that again we have to contend with the shifts in the way society understands empathy and relates to each other. And then a third piece, I would say around training and cultivating empathy across the training spectrum, is starting to also understand that the demands of the profession increase potentially.

00:09:41 Speaker 1

Through specialization in medicine and.

00:09:44

And.

00:09:45 Speaker 1

We, as you know, health professions. Educators need to think more carefully about the tools we're using to train empathy. Up to now, quite a lot of those tools have been didactic,

meaning giving and lectures or or talking to to students about empathy. But as I spoke to you about now.

00:10:05 Speaker 1

Yet and the arts, mindfulness training, narrative, reflection, poetry. These are examples from social sciences and psychology and and the humanities at large that offer us the ability to extend outside of ourselves in an experiential teaching.

00:10:23 Speaker 1

And so I think that's a fascinating area of research in empathy is how do we make empathy experiential, not just thought of cognitive as, as I've spoken about earlier in the definition?

00:10:33 Speaker 2

Thanks. That's incredibly powerful everything. I mean, my interest is obviously a bit in sort of decolonial thinking and I see this sort of rehumanize nation of the profession and sort of breaking down of High Rockies and having the patient like patient and public involvement having the patient as the expert.

00:10:49 Speaker 2

Seeing one another as human beings and not sort of infallible superheroes who, you know we're human and, you know, I think as someone who's not a health professional, I I've also been guilty of, sort of idolizing health professionals and not seeing them as human beings first. And I think the power of arts and storytelling and the diversity.

00:11:10 Speaker 2

Of what counts as knowledge and evidence and good practice, it's really encouraging to see this sort of shift and rehumanize nation of the profession.

00:11:20 Speaker 2

Time is flying, and while I would love to keep chatting for another 30 minutes.

00:11:26

Yes.

00:11:26 Speaker 2

Any sort of last thoughts or reflections, either about empathy or your transition, not out of medicine, but sort of including education into your clinical practice or even thinking about

context and communication, how that might be an interesting thing to think about, you know, within South Africa.

00:11:46 Speaker 2

Or any loss, reflections or encouragements for listeners. It's really up to you on the final word.

00:11:47

OK.

00:11:51

Hello.

00:11:52 Speaker 1

Thank you, Nikki. I think a big piece for me would be to say that I think I want to encourage other people who are interested in doing more research in empathy and communication skills and medicine.

00:12:05 Speaker 1

To go for it.

00:12:07 Speaker 1

I think this is going to be one of the most important.

00:12:12 Speaker 1

Areas of research in the next decade at least, if not century, because we're shifting into a world that is.

00:12:22 Speaker 1

Placing so much attentional demand on all of us all the time, we're pulled between the digital space and the so-called real world, and that in between space all the time and those attentional demands have a potential huge ramification on communication skills and the way we hold space for each other.

00:12:24

Well.

00:12:42 Speaker 1

Specifically in the healthcare.

00:12:44 Speaker 1

Saying and I I really am very excited to see what comes up not just in our research but also in the researches of others in this area and I hope that we can also have more research with the humanistic lens, not just an efficiency orientated model that just looks at reduction of mistakes and error, although that is important.

00:13:04 Speaker 1

But also to look at the wider net of communication also being a very personal experience to the.

00:13:11 Speaker 1

And and and that that communication experience also has an impact on the doctors and.

00:13:16 Speaker 1

The healthcare professionals engaging in it so.

00:13:18 Speaker 1

That would be my my last piece.

00:13:20 Speaker 2

Thank you. Thanks Nabila and you've heard the call listeners. I mean, I feel very excited and I can't wait to see where your research leads and I definitely hope to see more of it in the future. But thank you so much for your time and all the food for thought you've given us today.

00:13:34 Speaker 1

Likewise. Thank you, Nikki, and thank you.

00:13:36 Speaker 1

To our listeners.

00:13:37 Speaker 2

Pleasure.

00:13:43 Speaker 2

I am Tamika Simms, your host and producer. Thank you for joining conversations in Madrid.

00:13:50 Speaker 2

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00:13:52 Speaker 2

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00:13:59 Speaker 2

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00:14:18 Speaker 2

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00:14:29 Speaker 2

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00:14:40 Speaker 2

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