

Empathy Training Through Symptom Burden Simulation

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Abstract

Background: Providing quality care to hospice and palliative care patients requires the ability to feel and demonstrate empathic behaviors. To acquire a heightened level of empathy, the learner needs to internalize a process of experiencing first-hand real-life symptom burdens common at end of life. Making this happen during new employee orientation is a challenge but with powerful outcomes. **Objective:** To increase empathy levels in hospice and palliative care staff within the agency. **Methods:** A mandatory class for all new employees and open sessions for existing employees in a hospice and palliative care setting. Subjecting participants to multiple disease process simulations. **Results:** All new employees participated in a symptom simulation workshop during their orientation. **Conclusions:** Ninety-eight percent of the new employees found their experience in the workshop to dramatically positively affect their empathy levels and consequently formulate compassionate responses to patient situations based on their experiences of feeling empathy during the training.

Keywords

empathy, symptom, disease, simulation

Introduction

“Walk a mile in my shoes and then tell me you really understand?” Does having experienced someone’s suffering enhance the ability to show empathy and does it help develop more appropriate therapeutic responses?¹

A team of educators at Transitions LifeCare decided to test this out. The group put together materials to simulate some end-of-life disease symptoms. Naming it Symptom Simulation Lab, the group developed a systematic and consistent symptom burden experience for all participants.

The symptoms commonly experienced by patients with end-stage chronic obstructive pulmonary disease, congestive heart failure, peripheral neuropathy, macular degeneration, glaucoma, hearing loss, and dementia were simulated using common materials. In a hospice situation, it is quite likely that a patient could suffer from multiple disease processes. The simulation of symptom burden enabled the participants to increase their awareness of personal empathy capacity and reflect on how this may change their behavior with patients and families.^{2,3}

What is empathy and how does it help caregivers or those in the health-care field delivering hands-on care?

“The phenomenon of empathy, which includes the ability to understand the mental and affective states of others, has been described as a cornerstone of our lives as ‘social animals.’”⁴

It is also believed by the educators at Transitions LifeCare that acquiring a skill is best achieved through experiential learning.^{5,6}

Methods

The education team determined the best way to “try out” the new education module would be to involve all new employees who attend a week-long orientation prior to assuming their roles in the organization. These employees consisted mainly of clinical staff who provide services for palliative care, home health, and hospice patients including nurses, nurse practitioners, social workers, certified nursing assistants, chaplains, and bereavement counselors. Occasionally medical students joined the class and gender was mixed.

Each participant in the group completes a brief pre-experience survey which examines and rates their currently perceived empathy levels. After completing the survey, each participant is asked to engage in a breathing exercise that mimics shortness of breath and air hunger by breathing through a cocktail straw for 1 minute. Participants are then assisted with donning equipment that impairs sight, hearing, touch, and mobility. They receive instructions and are led into a room where they must perform 5 activities of daily living at various tables with a time limit. The 5 activities included sorting clothing, counting change, setting a table, pouring water into cups,

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and reading and signing a consent form. During this time, the participant also hears background noise and endures “staff” talking over them and about them.

When all the tasks are complete, participants are then led out of the room and equipment removed. A post-experience debriefing is held immediately after the daily living task exercise with participants completing an empathy survey, discussion, and evaluation. For each new orientation group, there was pre- and postbriefing.

Soon after this exercise was added to orientation, other employees requested to have sessions available to them and the simulation module was offered to existing employees. After 10 months, 101 participants had completed the simulation. Each month there was a class and the pre- and posttests were completed concurrently. The desired outcome goal of increasing perceived empathy for patients and families in hospice and palliative care was clearly observed and measured.

Analysis and Results

The Transitions LifeCare education team utilized not only imagination but symptom simulation to help build empathy among their staff and to promote empathic responses to hospice patients and families. The participants had a 5-minute simulation session in which they experienced first-hand the debilitating effects of severe diseases, including shortness of breath, sight impairment, fluid retention, stroke weakness, and peripheral neuropathy. In the postexperience debriefing, many participants shared common feelings: “desperate, scared, anxious, panicked, and exhausted.” Some stated they were genuinely changed by the experience: “Prior to this, I could only imagine. I had no idea how difficult it can be.” “I will be more patient.” “This was a meaningful and very powerful experience!” This debriefing also included how getting in touch with one’s empathy then translated to behavioral changes that the participants planned on making including appropriate empathic verbal responses to patients. Some participants exhibited strong emotional reactions to the class and needed additional postexperience debriefing to process their feelings.

One senior medical student was so impressed with his experience that he wrote his medical school Dean stating: “I would like to specifically mention an incredible patient simulation that Transitions provided for myself and 2 other students. Instead of role-playing as the provider, the simulation had us role-play as patients. They dulled our senses by giving us cataracts (scratched goggles), ascites (apron with weights), neuropathy (gloves), deafness and confusion (white noise headphones), shortness of breath (breathing only through a straw), and stroke (weights on one side of the body). Once ready, we had to transverse an obstacle course with each station having an everyday chore. Although the whole exercise lasted about 5 minutes, it completely changed my perspective of patients, especially elderly ones. It fundamentally challenged how I thought of patients, and it most definitely changed how I will administer care for them. I

can’t emphasize enough what a lasting impact this simple simulation left me.”

After 10 months, the pre- and postsurvey data showed a direct positive correlation between increasing empathy levels after participating in the symptom simulation class. One hundred one participants completed the survey and evaluation forms. There was 0% dropout rate or participants who did not complete the pre- and postquestionnaires. The compelling question on the postsurvey was: Upon completion of this program, I have increased empathy and understanding of how symptoms and disease processes affect individuals at end of life. The answer choices included strongly agree, agree, disagree, and strongly disagree. Of the 101 tallied responses, 96 chose strongly agree, 5 chose agree, and no one indicated disagree or strongly disagree.

Conclusion

In summary, the symptom simulation exercise proved to be a vital component of the onboarding process for health-care providers in multiple settings including empathy training. The manner in which empathy training is conducted is crucial to the learning experience and internalization of this highly needed skill. Not only did the participants enhance their sense of empathy, they noted a life-altering journey spurred by this experience through self-reflection, learning, and gratitude. This program at Transitions LifeCare has been the single most powerful experience for new employees during their onboarding period.

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Supplemental Material

Supplemental material for this article is available online.

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