**Teaching and Fostering Empathic Touch and Eye Gaze**

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**Background/Purpose**

Though empathy is conveyed both verbally and nonverbally (1), little focus has been placed on teaching nonverbal empathy, which is crucial to proper patient-centered medical care (2). We explored the following question: can a 3-minute video, promoting empathic  touch and eye gaze, encourage these behaviors during Standardized Patient interviews, AND increase empathy scores?

**Approach/Methods**

We conducted a randomized controlled trial of 34 first-year medical students. Participants watched either a handwashing video or one encouraging touch, and eye gaze at exit. Videos of SP encounters were analyzed for touch (excluding handshake), prolonged eye gaze at exit, and handwashing. A true “empathic touch” was defined as a moment of physical interaction by the student associated with an empathic moment in the conversation with the SP. Any “pseudo-touches” (a maneuver of reaching out to the SP as a physical reaction to information relayed during the conversation) were noted but not counted. Any sustained eye contact with the SP while the student exited was also noted. Correlations between perceived empathy by SPs, (using the Jefferson Scale of Patient Perception of Empathy-JSPPE) with physical touch and eye gaze were assessed (3,4). Statistical tests used included the Levene’s test of median-based homogeneity of variance to assess data distribution and Mann-Whitney U Test to compare differences in A and B groups. Kendall’s rank correlation was utilized to detect any correlations in JSPPPE responses.

**Results/Outcomes**

23.5% (4/17) of the “touch video” (intervention group) students performed at least one act of touch during the SP encounter. 88.2% (15/17) of intervention students demonstrated eye gaze at the exit of the interview. 20 students in total showed eye gaze at exit (including 5 students in control group). Analysis with JSPPPE scores compared all students who performed eye gaze at interview exit vs. those who did not. 70.6% (12/17) of the “control-hand hygiene” students washed hands during encounter. There was greater compliance among this group than the “touch” group. Eye gaze at exit was the only maneuver that showed a statistical correlation with JSPPPE scores. Kendall’s Tau (correlation) was 0.479 for eye contact at exit with a 2 tailed significance of 0.001.

**Discussion**

Historically, within medical education, while a great deal of attention has been paid to optimal word usage in conversations in patients to demonstrate empathy, relatively little focus has been placed on nonverbal communication as part of empathy. A significant positive correlation between sustained eye gaze at the exit of an interview and a patient’s perception of empathy was found. We believe this is a new finding. The touch video appeared to result in 23.5% of students touching their patients. This demonstrates the potential of brief instructional videos in teaching empathy.

**Conclusions/Significance**

Our study has implications in teaching and assessing nonverbal empathic behaviors in history-taking. Instructional videos on physical empathic touch and sustained eye gaze at exit may be useful in promoting empathic nonverbal communication maneuvers. To our knowledge, this is the first study to instruct and encourage touch, as well as eye gaze at exit, using brief videos and correlate with empathy score. Empathic touch can be promoted in medical education, but further studies are needed to explore barriers in empathic touch during medical student/ SP interactions. These findings can be generalized to the greater community of health practitioners.

**References**

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