

## Implementing Innovative Pedagogical Techniques to Develop Empathy in Undergraduate Medical Education in the Wake of Middle East Refugee Crisis

Ghadah A Al-Sharif, Shreya Gupta, Hemica Hasan, Aya Akhras and Saad Syed\*

MBBS Program, Mohammed Bin Rashid University of Medicine and Health Sciences (MBRU), Academic Medical Center, Dubai Health Care City (DHCC), Dubai, United Arab Emirates

\*Corresponding Author: Saad Syed, MBBS Program, Mohammed Bin Rashid University of Medicine and Health Sciences (MBRU), Academic Medical Center, Dubai Health Care City (DHCC), Dubai, United Arab Emirates.

Received: September 09, 2017; Published: November 08, 2017

Over the last few decades, medical curricula in most countries have aimed to integrate basic science into medical education, a need first foreseen by Abraham Flexner and, publicized as Flexner report. The Flexner report advocated the notion that formal analytic reasoning, the kind of rational thinking fundamental to the basic sciences especially the natural sciences, should hold precedence in the intellectual training of physicians [1,2]. Succeeding the publication of Flexner report medical curricula in most countries especially in Europe, UK and North America, have evolved from a “science based” to a more “system based” approach, where the primary focus is on the development of core competencies beyond the command of knowledge and facts. These core competencies include: patient centered care, interdisciplinary teams, evidence based practice, continuous quality improvement, use of new informatics and integration of public health [3]. However, substantial research indicates that development of empathy in medical students is limited during undergraduate medical education (UME) [4].

Empathy is an emotional understanding between an observer and a subject in which the observer, established on visual and auditory cues, recognises and ephemerally experiences the subject’s emotional state [5]. In order to be professed as empathic, the observer must communicate and express this understanding to the subject. During the preliminary rung of the process, the observer must not only classify but also understand the core of the subject’s feelings.

For example, a physician may happenstance a patient who appears despondent, expresses feelings and mind-sets of sadness and informs the physician that a close relative has recently passed away. This may cause the physician to recollect subconsciously his poignant state during a similar situation in which a close relative died [6]. Thus, for apposite empathic experience, a medical student/physician has to communicate with patients who have suffered a loss, rather than being taught through standardized patients or simulated situation.

Flexnerism has been able to inculcate accretion of medical knowledge through logical and rational thinking in UME, albeit, falls short on identifying the importance of development of empathy in UME. Therefore, in today’s healthcare milieu, where clinicians are regarded as global citizens, innovative pedagogical techniques need to be implemented in UME, such that development of empathy is facilitated. More so because today, “we live in the age of refugees”. If one reflects on the situation evolving in many countries around the globe especially in the Middle East, one observes the largest migration of refugees from countries such as Syria to countries in Central Europe. In fact, a large proportion of these asylum seekers are fleeing to other countries in search of medical care. In line, clinicians and health-care workers in these countries need to assume an empathic view towards refugees, as the socio-cultural ethos of the refugees is significantly different from those presented by the residents of the countries providing asylum. Also, when these refugees reach their destination countries they are in a state of despair having experienced loss at various fronts, which the attending physicians need to take into consideration. Therefore, there is an ardent need for implementing innovative pedagogical strategies in UME, where empathy and altruism can be developed as a skill.

---

**Citation:** Saad Syed., et al. “Implementing Innovative Pedagogical Techniques to Develop Empathy in Undergraduate Medical Education in the Wake of Middle East Refugee Crisis”. *EC Cardiology* 4.4 (2017): 121-122.

Journal clubs are scholastic get-togethers in which, individuals meet on a routine basis to critically assess/appraise current/recent articles in the scientific literature. Journal clubs address a higher cognitive domain and operate on the principle of flipped classroom [7]. Learning in a journal club happens through active engagement and can be best elucidated by the learning theory of Constructivism.

We as medical students pursuing UME, propose the use of virtual journal clubs involving Twitter, where articles depicting the altruistic and humanitarian work of clinicians, published in leading medical journals are presented and discussed by students pursuing UME. Use of Twitter has two specific advantages. Firstly, use of Twitter will allow increased number of medical students of diverse ethnic, social, cultural and economic backgrounds to participate in these journal clubs. Secondly, such journal clubs will allow the students to interact directly with the authors of the article, and understand the true calling behind their altruism and humanitarian act [8].

The most important question that arises here is “What kind of articles should be presented in these journal clubs?”

We cite here two examples. First, is the work of Salman Zarka recently published in JAMA. Zarka a colonel and clinician in the Israeli Defence Forces has provided medical care to roughly 2500 Syrians [9]. Another article being the experiences of two clinicians as medical volunteers in the Syrian refugee camps published in International Journal of Medical Education [10].

We believe that skills like empathy cannot be disseminated through designed courses by instructors, as such skills need to be experienced first-hand. Twitter driven journal clubs will provide a suitable platform for empathic interaction and provide medical students like us with tools to both successful and communicators and competent physicians.

## **Bibliography**

1. Barzansky B. “Abraham Flexner and the era of medical education reform”. *Academic Medicine* 85.9 (2010): S19-S25.
2. Cooke M., *et al.* “American medical education 100 years after the Flexner report”. *New England Journal of Medicine* 355.13 (2006): 1339-1344.
3. Bagian JP. “The Future of Graduate Medical Education: A Systems-Based Approach to Ensure Patient Safety”. *Academic Medicine* 90.9 (2015): 1199-1202.
4. Hojat M., *et al.* “An empirical study of decline in empathy in medical school”. *Medical Education* 38.9 (2004): 934-941.
5. Marcus ER. “Empathy, humanism, and the professionalization process of medical education”. *Academic Medicine* 74.11 (1999): 1211-1215.
6. Wright SM., *et al.* “Attributes of excellent attending-physician role models”. *New England Journal of Medicine* 339.27 (1998): 1986-1993.
7. Deenadayalan Y., *et al.* “How to run an effective journal club: a systematic review”. *Journal of Evaluation in Clinical Practice* 14.5 (2008): 898-911.
8. Thangasamy IA., *et al.* “International Urology Journal Club via Twitter: 12-month experience”. *European Urology* 66.1 (2014): 112-117.
9. Abbasi J. “Israeli Physician Salman Zarka, MD: Caring for Syrian Patients Is Our Duty”. *Journal of the American Medical Association* 317.11 (2017): 1105-1107.
10. Abi Nader H and Watfa W. “Why be a refugee camp doctor: the challenges, rewards and medical education aspects”. *International Journal of Medical Education* 8 (2017): 307-308.

**Volume 4 Issue 4 November 2017**

**© All rights reserved by Saad Syed., et al.**