

point of view  
**Empathy**  
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gs, thought



## Empathy Matters: Strengthening Leadership Through Targeted Empathy Training for Medical Education Leaders

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Medical Centers Annual Meeting



A decorative graphic consisting of a grid of small purple dots.

# Disclosures

## **Speakers:**

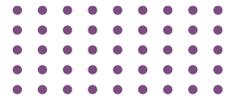
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Dr. Diana Singer

## **Disclosure:**

None of the speakers for this educational activity have relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.





# About Us



# Getting to Know YOU



**Role**



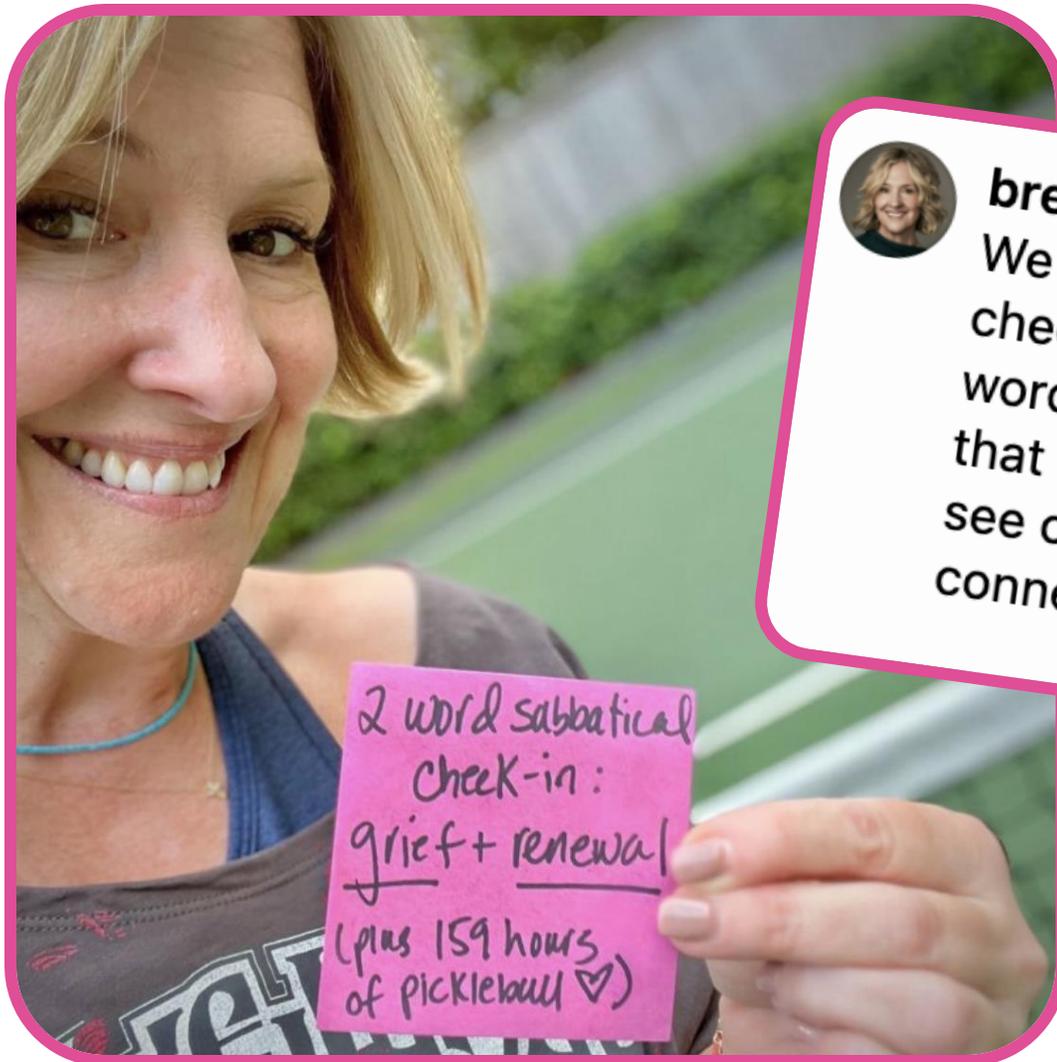
**Years in  
Medical  
Education**



**Institution**



# Two-Word Check-In



**brenebrown** ✓ 256w

We start every meeting with a two-word check-in. We take turns sharing two words that describe how we're feeling that day. We all have the human need to see others and to be seen. The realness connects us.



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# Setting the Stage



# Setting the Stage



“The modern residency program cannot operate without [GME program] coordinators/administrators”



Medical Education Leaders are essential to the success of students, programs, and institutions



Yet professional development in empathy [for administrative leaders] is overlooked



# Why This Matters



Medical Education Leaders face demanding responsibilities: compliance, scheduling, evaluations, etc.



Limited structured development in operational leadership skills such as empathy



High burnout and turnover rates



Psychological safety and teamwork suffer



# Literature Gaps



Empathy training linked to improved communication, collaboration, and reduced burnout in clinicians



Very few peer-reviewed studies exist on empathy training for non-clinician medical education administrators



**Critical oversight:** Empathy is often assumed to be innate rather than intentionally developed





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# What is Empathy?



What Do You Think of  
When You Hear the Word

**EMPATHY?**

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# Brené Brown on Empathy



# Defining Empathy



Empathy is understanding another person's perspective and experience



Empathy is recognizing emotions without judgement



Empathy is communicating understanding through listening and validation



Empathy is responding in ways that demonstrate care and respect



Empathy is maintaining professional boundaries while staying present



Empathy is a teachable skill that can be developed and strengthened over time

# What Empathy is NOT



Empathy is NOT fixing or solving someone else's problem



Empathy is NOT agreeing with or excusing behavior



Empathy is NOT taking responsibility for others' emotions



Empathy is NOT absorbing or carrying emotional distress (Compassion Fatigue)



Empathy is NOT avoiding difficult conversations



Empathy is NOT a sign of weakness or lack of boundaries



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# Pause, Reflect, Respond Activity

# Pause, Reflect, Respond

**The goal of this activity is to practice empathetic listening without fixing or problem-solving**

## Activity Instructions

- Partner with someone you do not know
- One person shares a brief, work-related challenge
- The listener's role is to listen without interrupting
- Do not fix, advise, or problem-solve
- Respond with one empathetic reflection
- Switch roles after one minute

## Listener Prompts

- "What I hear you saying is..."
- "That sounds challenging because..."
- "It makes sense that you felt..."



# Pause, Reflect, Respond

## Debrief Questions

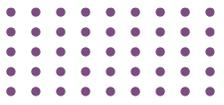
- What felt most challenging about this exercise?
- What was different about listening without fixing or advising?
- How did the empathetic response feel as the speaker?
- Where might this approach be useful in your day-to-day work?



## Key Takeaways

- Empathy does not require solving problems to be effective
- Brief, intentional listening can reduce tension and build trust
- Empathy helps slow down interactions in high-pressure situations
- Empathetic responses support clearer communication and better outcomes

**Empathy is not about having the right answer –  
It is about showing understanding in the moment**



# Empathy is a Skill (Not a Trait)

» Empathy can be learned, practiced, and strengthened over time

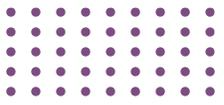
» Empathy improves with intention, reflection, and feedback

» Empathy shows up differently across roles and situations

» Empathy relies on skills such as listening and perspective-taking

» Empathy can be applied deliberately in professional settings





# What Gets in the Way of Empathy

» Time pressure and competing priorities

» Emotional fatigue and burnout

» The urge to fix or problem-solve quickly

» Assumptions and unchecked bias

» High-stress or high-stakes situations



# Why Empathy Matters for Medical Education Leaders



Medical Education Leaders manage high-stakes operational flow



Empathy supports difficult conversations and policy enforcement



Applied operationally, empathy improves efficiency, retention, and stability



# Medical Education Scenarios That Require Empathy

Leading strategic  
plans that don't  
always align

Balancing  
compliance  
requirements  
with learner-  
centered  
environments

Shaping  
feedback and  
accountability  
culture across  
programs

Navigating  
resident-faculty  
conflict

Making high-  
stakes decisions  
with constrained  
options and  
competing  
priorities

Designing  
systems for  
remediation,  
progression, and  
learner support

Responding to  
student,  
resident, or  
fellow distress



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# My Pilot Study

# Research Question and Hypothesis



**Research Question:** How does a targeted and comprehensive empathy training program influence the personal empathy level of GME program coordinators/administrators as measured by the Perth Empathy Scale (PES) and Interpersonal Reactivity Index (IRI) at pre-post-and follow-up assessment?



**Hypothesis:** There will be an increase in the personal empathy levels of GME program coordinators/administrators from pre- to post-assessment, and this increase will be sustained at the 30-day follow-up assessment.



# Theoretical Framework



Davis's multidimensional model: empathy as cognitive, affective, behavioral



Empathy as a teachable, adaptable skill supported by evidence in healthcare and leadership training



Framework guided intervention design and interpretation of results

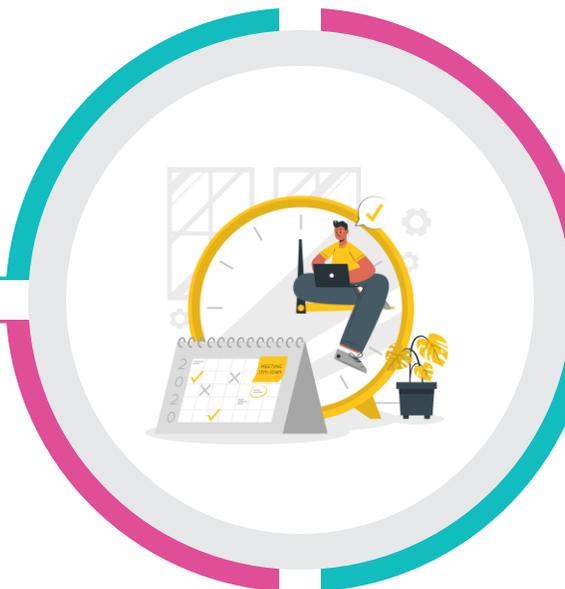
# Intervention: Empathy Training Program



In-Person Workshop (Two Days)



30-Day Virtual Follow-Up Session



**Experiential Learning:**  
Role-Play, Reflection, Storytelling



**Focus:** Building empathy skills  
relevant to GME program  
coordinator/administrator role



# Empathy Training Program Objectives



Increase Understanding of  
Empathy and Its Importance  
in Leadership



Enhance Self-Awareness  
and Personal Mindset  
Management



Develop Skills for Empathic  
Listening and Effective  
Communication



Improve Conflict Resolution  
and Problem-Solving  
Abilities



Apply Empathy Skills to  
Real-World GME Scenarios



Foster an Ongoing  
Commitment to Personal and  
Professional Development

# Empathy Scales



Perth Empathy Scale: Cognitive, Affective, and Behavioral Dimensions



Interpersonal Reactivity Index: Perspective Taking, Empathic Concern, Fantasy Scale, and Personal Distress



Qualitative Data: Five Open-Ended Survey Questions

# Participant Recruitment



220

Invited



25

Expressed Interest



15

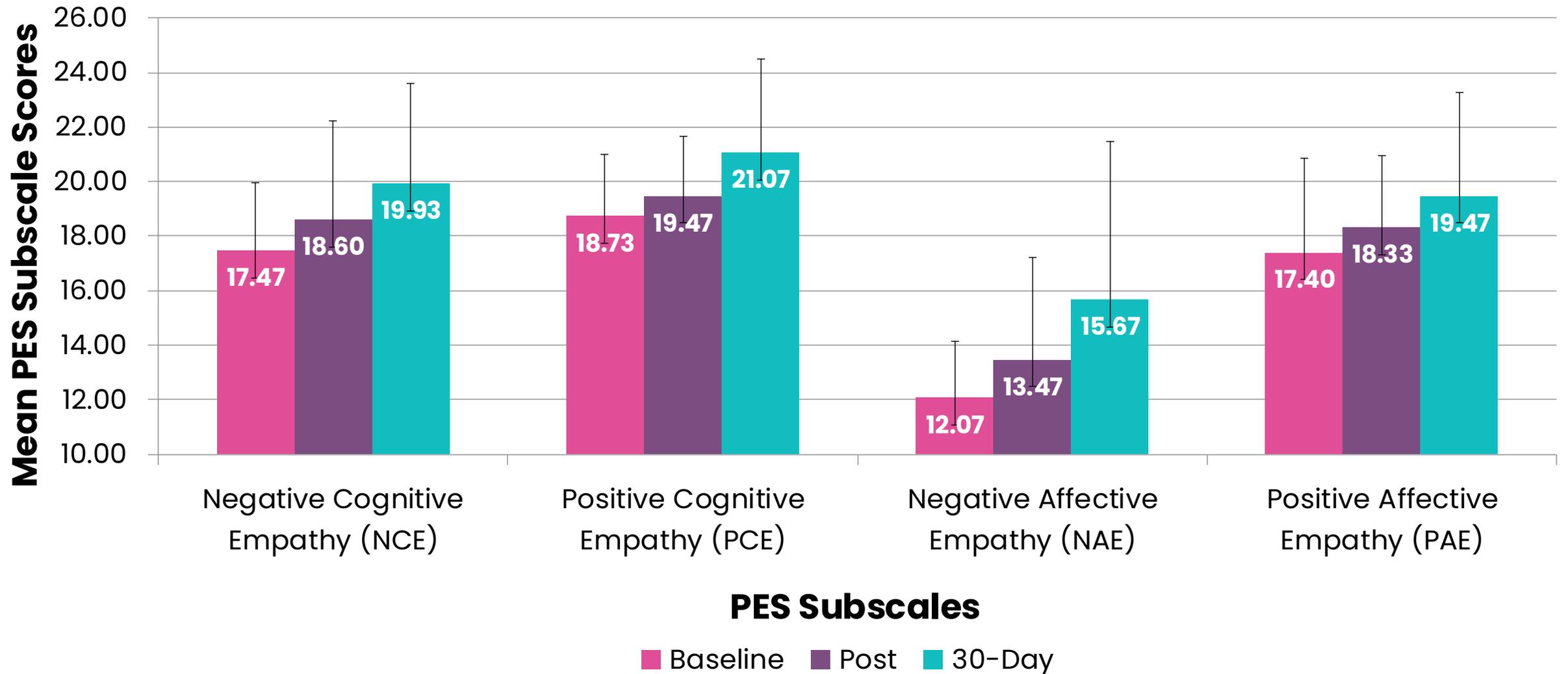
Completed All Phases



Attrition Occurred  
Before Intervention

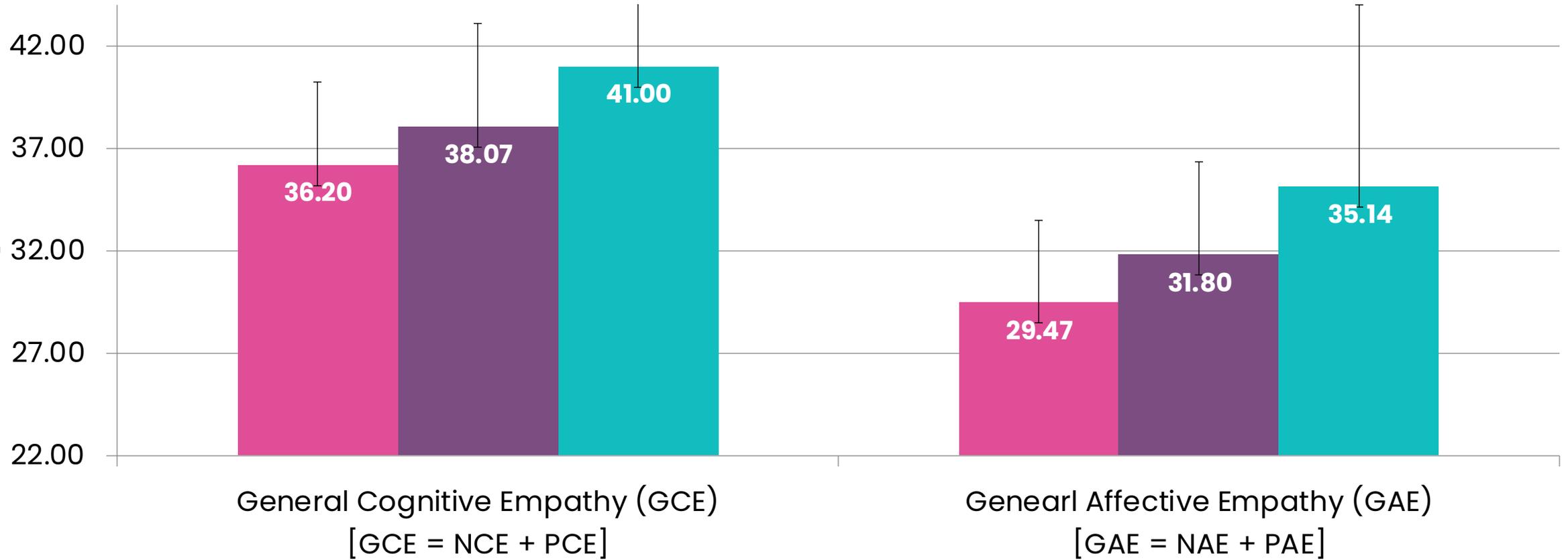


# Perth Empathy Subscales



# Perth Empathy Composite Scores

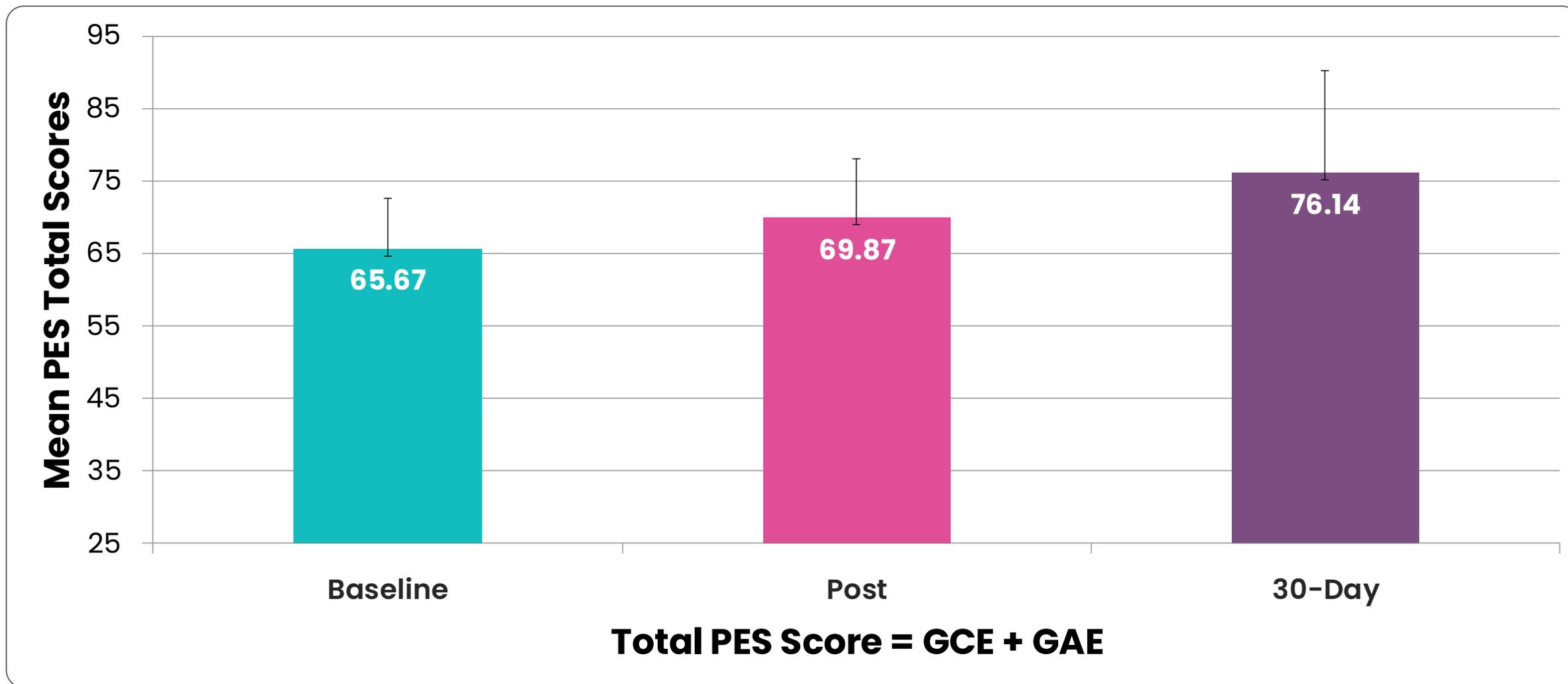
Mean PES Composite Scores



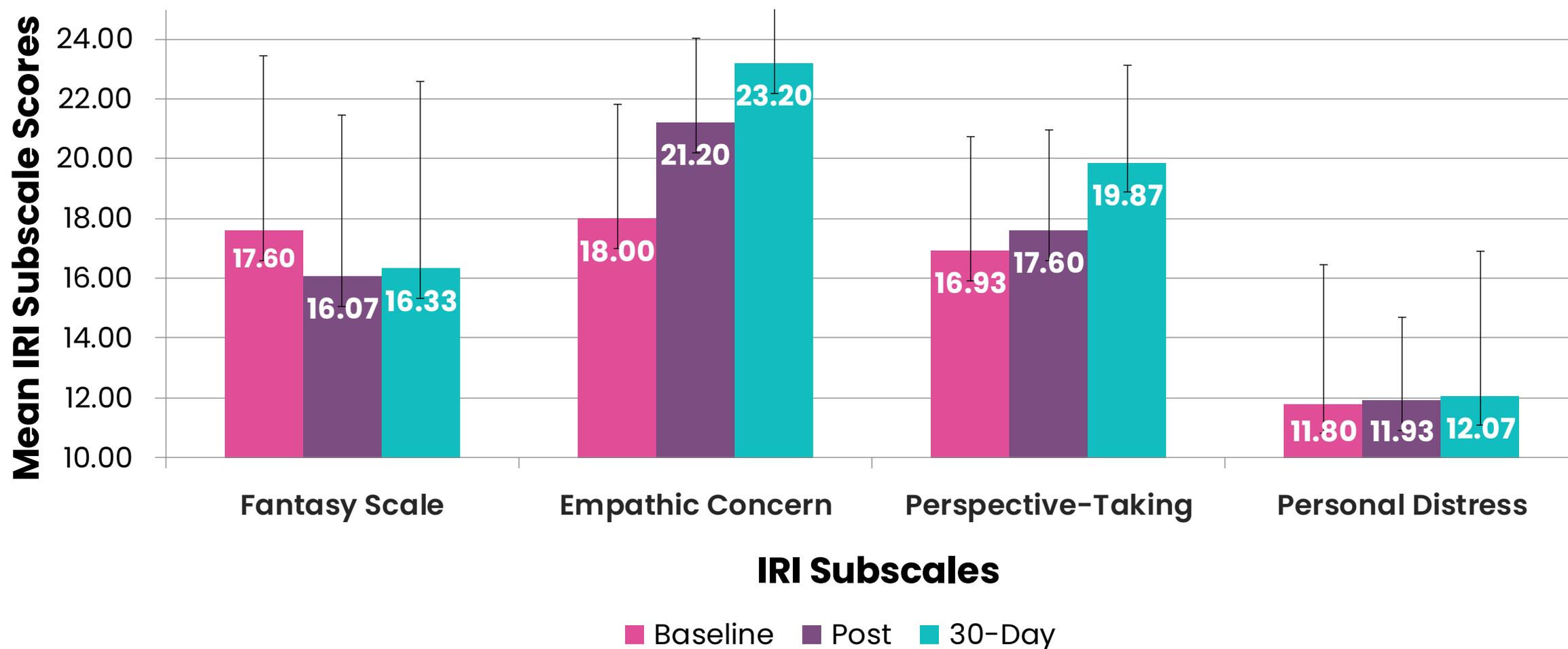
## PES Composites

■ Baseline ■ Post ■ 30-Day

# Perth Empathy Scale Total Scores



# Interpersonal Reactivity Index Subscales



# Qualitative Themes



-  Increased Self-Awareness
-  Active Listening Skills
-  Conflict Navigation
-  Challenges sustaining Empathy under stress
-  Desire for continued Peer Support

# Participant Quotes

*I pause and listen more carefully.*

*Stress makes empathy harder.*

*The group support was most valuable.*

*I am a better person because of the training.*

*My goal is for others to feel heard, seen, and valued.*

*Understand the underlying root cause... respond with empathy.*

*This training has helped me try to give others the benefit of the doubt.*





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# Case Study Activity



# Case Study:

## “This Feels Punitive:” A Policy Rollout Case



### Case Study Summary

An institutional GME office implements a medical record score policy tied to delinquent charts, orders, and potential suspension.

The policy is designed to address patient care, compliance, and billing risks and intentionally mirrors medical staff expectations.

It is approved through GMEC and rolled out in phases.

Despite this, residents perceive the policy as punitive and unclear.

The policy met system needs yet created frustration and mistrust.



**Where does empathy fit?**



# Case Study



## Debrief Questions

- What system-level needs was this policy designed to address?
- Where is the gap between policy intent and learner experience?
- How do communication, timing, and rollout influence how policies are received?
- What assumptions might both learners and leaders be making in this situation?
- Where could validation of the learner's experience have been incorporated earlier?

## Reflection Question

- Draft one sentence a leader could use to open this conversation that validates the learner's experience without assuming intent, while clearly reinforcing expectations and next steps.



# Case Study



## What We Notice

- Policies aligned with patient care and medical staff standards can still create unintended relational strain without empathy
- Alignment with institutional expectations does not guarantee shared understanding or buy-in
- Perception of fairness is shaped by how policies are introduced, explained, and reinforced
- Empathy is critical in translating policy into practice
- Early acknowledgment of impact strengthens trust and reduces resistance



**Empathy does not replace accountability –  
it strengthens how accountability is delivered**



# But Don't Forget – Empathy Matters in Your Entire Healthcare System





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# Benefit of the Doubt Activity

# Benefit of the Doubt

**This activity builds empathy by helping identify assumptions, reframe perspectives, and apply benefit of the doubt thinking**

## Activity Instructions

- Partner with someone you do not know
- Think of a recent work interaction that felt frustrating, confusing, or irritating
- Briefly describe the situation to your partner
- Identify the first assumption you made about the people in the situation
- Then, reframe the situation by naming at least two alternative explanations that should give the benefit of the doubt.
- Switch roles after one minute

## Reframe Prompts

- “One assumption I made was...”
- “Another possible explanation could be...”
- “A more generous interpretation might be...”





# Benefit of the Doubt



## Debrief Questions

- What assumption showed up most quickly for you?
- How did the alternative explanations change your perspective?
- What felt challenging about giving the benefit of the doubt?
- Where could this help reduce tension or escalation in your work?



## Key Takeaways

- Empathy often begins with pausing before assigning intent
- Assumptions narrow perspective; curiosity expands it
- Benefit of the doubt thinking can prevent conflict escalation
- Small reframes can change how we respond operationally

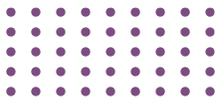
**Giving the benefit of the doubt does not excuse behavior – it creates space for understanding and more effective responses**



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# Key Takeaways



# Strategies That Support Empathy Use



Using brief, repeated response frameworks in daily interactions



Establishing a shared language for empathy across teams



Building moments for short reflection and gratitude into daily routines



Practicing intentional pauses before responding under pressure



Modeling empathetic communication in leadership and operations





# Barriers to Practicing Empathy

» Time pressure and competing operational demands

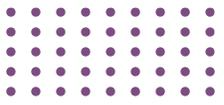
» Stress, fatigue, and emotional overload (Compassion Fatigue)

» Default problem-solving and fixing behaviors

» Lack of shared language or expectations around empathy

» Limited reinforcement or modeling within institutions





# Empathy “Conversation Starters”

» “What I hear you saying is...”

» “That sounds challenging because...”

» “It makes sense that you felt...”

» “I can see why that would be frustrating...”

» “Tell me more about...”





What Can You Take Back  
to Your  
INSTITUTION?



What is One Commitment  
You Will Make to  
**YOURSELF?**



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# Questions



# Contact Us



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