Short Communication: Empathy

Location: MR 114 – Pi

#3H1 (133067)
The Physician Healer Track: a longitudinal approach to developing compassion and avoiding compassion fatigue

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Background: The essence of healing is the practice of compassion, but caring for others in emotional and physical pain can result in “compassion fatigue.” Compassion fatigue is characterized by a reduction in empathy and potentially other physical, psychological, and social signs and symptoms. Because patients expect caring and compassion from physicians, maintaining and enhancing students’ natural compassion is a valid concern of medical educators.

Summary of Work: The UTMB School of Medicine created a longitudinal curriculum, the Physician Healer Track (PHT), which integrates training in being a healing presence throughout the four-year curriculum. The components of this voluntary program include monthly readings and reflections in preparation for small group meetings with faculty members (years 1-4), a 2-month clinical and mindfulness experience between years 1-2, and a month of structured activities plus 1-2 elective months in year 4. Topics include self-focused training (e.g., mindfulness, self-discovery and self-compassion, shame resilience) and other-focused training (e.g., cognitive behavioral therapy, seeing bias, motivational interviewing, and non-violent communication).

Summary of Results: Enrollment in the PHT has increased to approximately 25% of the medical class. Evaluation of the first two student cohorts (n=63) show improvement in empathy and self-care indicators in over 90% of students.

Discussion: Equipping students to provide compassionate care and to manage compassion fatigue is pivotal to their development as healers. This curriculum requires extensive mentoring by skilled, dedicated faculty members.

Conclusion: The PHT is well received by students and self-report has documented a positive impact on improving their skill sets for development of empathy and prevention of compassion fatigue

Take Home Messages: Recognition of and knowledge for treatment for compassion fatigue is imperative to a healthy profession of medical healers.

#3H2 (132305)
Cultivating compassion in undergraduate students: an interprofessional study

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Background: Compassionate behaviour is an integral part of delivering good outcomes in healthcare however this behaviour is not always enacted. We developed a compassion toolkit that could be used to initiate discourse around this area of practice. Using the compassion toolkit we explored whether promoting positive acts of compassion to undergraduate students across four health professions (medicine, physiotherapy, occupational therapy and nursing) would impact on their professional and compassionate care practice

Summary of Work: Students were asked to record acts of compassion seen within their clinical placements. The students then came together for a research workshop to analyse the themes and write a narrative around the effect of witnessing these acts had on their practice.

Summary of Results: The results of the workshop will be presented at the conference. The results will focus on what the students were recording, what impact that witnessing these acts had on their own professional practice and whether the acts of compassion seen were different by the different health professionals.

Discussion: At this stage of the research it is apparent that many students, although committed to the project initially, failed to upload acts of compassion. We aim to clarify the reasons for this apparent non-engagement. We have noted that many students who did not upload any acts of compassion were still actively seeking out these acts on a daily basis and reflecting on their own practice.

Conclusion: Compassionate practice is complex area and although a very important aspect of all health professionals’ curricula is often difficult to teach. We moved away from the concept of teaching compassion to the witnessing of compassion in practice as a possible model for the integration of compassion within curricula.

Take Home Messages: This model of promoting compassionate practice is cheap, simple and hopefully effective and could be used across all health professionals’ practice.
What goes up, must come down? Comparing longitudinal changes in medical student empathy, patient-centeredness, and tolerance of ambiguity

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Background: The erosion of medical students’ empathy over the course of training is well-documented. Understanding of how this change relates to specific transitions (e.g., pre-clinical vs. clinical training) and to other student attitudes is incomplete. This longitudinal study characterized changes in medical student empathy, patient centeredness, and tolerance of ambiguity over the course of 4 years.

Summary of Work: 316 medical students from the University of Toronto completed a series of surveys at four time points: T1) beginning of year 1, T2) end of second year, T3) end of third year, and T4) end of fourth year. These surveys included the Jefferson Empathy Scale (JES), Patient-Practitioner Orientation Scale (PPOS), and Tolerance of Ambiguity Scale (TAS). Multilevel linear modeling were used to assess changes over time with Bonferroni adjusted pairwise comparisons made between time points.

Summary of Results: JES, PPOS, and TAS scores were significantly different across time, all p < .001. From T1 to T2, there was a significant increase in JES, PPOS, and TAS, followed by a significant decrease from T2 to T3, and no significant change from T3 to T4, all p > .05. Compared to baseline scores (T1), JES scores at clerkship were significant lower at T3, p = .001, but not T4, p = .105. PPOS and TAS scores at T3 and T4 were not significantly different than scores at T1, p > .05.

Discussion: JES, PPOS, and TAS increase at the end of pre-clinical training and subsequently decrease during the clinical training. However, only JES scores were lower than measures taken at the beginning of training.

Conclusion: Though student empathy, patient-centeredness, and tolerance of ambiguity increase during pre-clinical training, these measures drop back down during clinical training.

Take Home Messages: The clinical training environment appears to be most deleterious to student empathy.

'To err on the side of coldness’ - the hidden curriculum at work ...

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Background: This study asked 4th year medical students at the University of Queensland how they learned to express compassion in the clinical context.

Summary of Work: An email linked to survey monkey invited Year 4, UQ SOM students (n = 400) to participate in the following reflection, “What have been the main influences (positive and or negative) in how you have learned to express compassion for your patients when working in the clinical context”? A textbox was provided for free text responses. Fifty six students responded. A thematic analysis was undertaken.

Summary of Results: Reflecting the tacit, unwritten rules of their community of practice the medical students defaulted to ‘act on the side of coldness’ rather than to be seen as too emotional.

Discussion: This study illustrates how the hidden curriculum and its implied message of detached concern continue to shape affective learning. Extending beyond the influence of the clinical role model, the students’ reflections highlighted disconnect between - what they brought to medicine, what they aspired to be and what they feared they would become.

Conclusion: Many participating students felt strongly that they came to medicine with compassionate attributes shaped through personal experience. What they aspired to learn is how to express these appropriately in a clinical context.

Take Home Messages: - What is taught - is only a small part of what is being learned – you are being closely observed. - The notion of detached concern needs to be challenged, redressed and reframed. - The conversation needs to change. Permission needs to be given to openly discuss not only how you think but also how you feel, in a safe, non-judgement environment, where emotional vulnerability is perceived as strength rather than fragility.
A pilot study to evaluate the utility of the ‘care’ measure to assess care and empathy in medical students

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Background: Empathy is an essential component of medical care. Most studies on medical student empathy use self-report instruments eg Jefferson Scale of Empathy (JSE) or third party assessments in OSCEs. The CARE measure (CARE) is a patient administered 10-item internationally validated tool for workplace assessment of general practitioners (GPs)’ care and empathy in practice.

Summary of Work: We aimed to (i) investigate the validity, reliability and utility of CARE as a measure of medical students’ empathy (ii) adapt CARE for use with medical students. Medical students and experienced patient educators (PEs) took part in consultations "to establish the impact of chronic disease on the patient’s life". PEs rated students’ empathy using (1) CARE and (2) Global Rating. Students completed the JSE and Interpersonal Reactivity Index (IRI).

Summary of Results: Three items were rated 'not valid' for use with students and were deleted, yielding a valid 7-item Student CARE (CARE-S). For CARE-S, Cronbach alpha =0.944 (excellent). CARE-S generated a broad range of scores, without floor/ceiling effect. Standard deviation of a student’s CARE scores was 4.38-7.11 and we note ‘hawk’ and ‘dove’ PEs. No correlation was found between CARE-S and JSE or IRI scores. All PEs preferred CARE-S to global ratings.

Discussion: The original 10 item CARE score is not valid for use with medical students as 3 items are considered not applicable by patient educators. The modified CARE-S has excellent validity, generates a good scoring range but has poor inter-rater reliability. This may be related to the subjective nature of patient-experienced empathy rather than a limitation of the instrument. IN keeping with this, dove and hawk PE assessors are found.

Conclusion: The modified CARE Measure (CARE-S ) is a valid and psychometrically sound patient assessment of medical student empathy. We establish its potential for use in training and formative assessment of medical students, but note low inter-rater reliability as a limitation to use in summative assessment.

Take Home Messages: Clinical empathy is difficult to assess and is most validly judged by the patient, however there is no instrument designed or validated for use with medical students. The 7 item CARE-S measure is valid, has excellent scale internal consistency and was acceptable to both students and patient educators as an assessment of student empathy.
Gender and personality effect on empathy growth: a study with four sample moments

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Background: Previous longitudinal research about empathy development in undergraduate medical students indicates that self-reported empathy scores during undergraduate medical training: decline or are stable; are higher in female students; are associated with personality traits of openness to experience and agreeableness. This study aims at longitudinally modeling empathy during medical school at four time points (admission, end of pre-clinical phase, beginning of clinical training, and end of medical degree).

Summary of Work: Data collected with the Portuguese Jefferson Scale of Empathy (student version) and the Portuguese NEO Five-Factor Inventory were obtained from three cohorts of students attending one Portuguese medical school. Complete data set was available for 112 students (78% women). Data were analyzed with latent growth modelling, conditioned by gender, openness and agreeableness.

Summary of Results: Empathy at all times was higher for female students, but only significantly at admission and at the end of medical degree. The quadratic growth model presented better fit than the linear growth model. Empathy maintained stable over time. Empathy development was affected by gender. Male students reported lower empathy at admission, greater rate of change during the pre-clinical phase than female students, and evidenced a decline in empathy from the third to the forth assessment. Openness and agreeableness were positively associated with empathy at admission, but not with empathy rate of change and acceleration.

Discussion: The stability found in JSE scores is consistent with previous findings in Portuguese medical students, but contradicts previous findings of decline.

Conclusion: The most original finding was a differential growth of empathy for male and female students. Our findings defy the prevailing view of empathy decline during medical school.

Take Home Messages: Empathy growth has different trajectories in male and female students. The decline in empathy in the transition to clerkships is more important in male students. Personality affects baseline empathy scores, but not its growth.

Empathy and learning styles amongst Chilean medical students: a multi-center cross-sectional study

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Background: Empathy has been described as the ability to feel compassion and concern for others; it is an essential part of professionalism and a key component for a successful patient-doctor relationship. Studies have shown that empathy can be linked to variables such as gender and often declines during medical training. This study was conducted to explore relationships between empathy and learning styles among medical students.

Summary of Work: We used the Jefferson Empathy Student Scale (JSPE-S) to measure empathy and the Kolb learning style inventory test to determine students learning styles. Ethical approval was obtained and the anonymity was kept. Tests were administered and completed by 818 students (465 men;363 women) from third and fourth-year at eight Chilean Medical Schools across the country in the spring of 2015 (mean response rate 70%).

Summary of Results: Total empathy score on the JSPE-S was 117; women scored significantly higher than men (mean score 122 vs 115, p < 0.01). 46% of the students were classified as assimilators (abstract-passive learners); 38% as convergers (abstract-active), whereas divergers (concrete-passive) and accommodators (concrete-active) accounted for 7% and 9%, respectively. In men, assimilators and convergers scored significantly lower on the JSPE-S score than accommodators and divergers (114 and 112 vs 121 and 120). In women, the JSPE-S score among learning styles had no significant differences.

Discussion: We need further studies to confirm whether empathy declines during medical training in Chilean medical students and if it related with their learning styles.

Conclusion: In this multi-center Chilean study, regardless their learning style, we found higher empathy scores among female medical students than in male. In men, we found differences in empathy scores according to their learning style, with lowest scores in convergers.

Take Home Messages: As medical students empathy level seems to be amenable to educational interventions and to prevent a decline during medical training, we should monitor learning styles and consider a variety of teaching methods to meet the diverse learning needs, especially in male students. Funded by grant FONDECYT115340