The Impact of “Tweet” Style Patient Reflections While Rotating in a High Need, High Cost Clinic During the M4 Ambulatory Rotation

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BACKGROUND

- Empathy declines during M3/4 years\(^1\)
- Reduced empathy \(\rightarrow\) poor provider-patient interactions, reduced clinical effectiveness, more errors, higher burnout\(^2,3\)
- Allowing students to complete short “tweet” style narratives is an effective way to encourage reflection\(^4\)

METHODS

- **Intervention:**
  - Seven M4 students rotate in a High Need, High Cost Clinic over 2 months, completing a total of 22 clinics
  - After each clinic, students asked to complete three short “tweet” style reflections on patient interactions (< 280 characters) (47 total)
- **Measures:**
  - 3 analysts: group consensus on first 20 tweets followed by independent analysis of remaining tweets (#1,2). Group consensus on all for #3
    1. Grounded Theory analysis for themes
    2. Complexity of reflection using the REFLECT rubric\(^2\) (1-4)
    3. Analysis of empathetic content and type

RESULTS

- **Theory:**
  - Two main themes:
    1. The provider-patient relationship: Connecting with and understanding patients
    2. Social determinants of health (SDH): Understanding social need, some looked at ways to fix this
  - Two Minor Themes:
    1. Behavioral change: communication tools, success, and struggles
    2. Advanced Care Planning: Empathetic concern and communication tools
- **Overall:**
  - Most looked deeper into the medical interaction than just at face value
  - Tweet length appeared to affect the students’ ability to form complex reflections and deeper empathetic responses and was harder to interpret during analysis.
- **REFLECT analysis:**
  - Average: 2.6 (Thoughtful to Reflective); rarely critical (3/47) or habitual (2/47)
  - Increased time spent on the tweet correlated with complexity \(R = 0.26\)
  - Tweet number did not affect complexity \(R^2 = 0.0447\)
  - Empathetic Content:
    - Majority of tweets were empathetic 25/47
  - Examples:
    - “Speaking with the patient about his COPD, I struggled to put myself in the patient’s shoes as he told me about his living conditions and how this was negatively affecting his condition. It was frustrating for me as I felt I had a lack of understanding of his complete disease”
    - “I found it difficult to do a good abdominal examination on a patient with pancreatitis. I did not want to hurt the patient and did not push very hard on the abdomen. This bothered me and I think it’s necessary at times to make patients uncomfortable even if it is hard to do.”
    - “I think $50/mo for meds would be expensive for me,” I thought, “I don’t understand how you can’t afford $1.35/prescription.” I then learned that he made $454/mo ($1368 for food stamps), and he contributed $375 for rent. Even $10/mo can be expensive”
    - “She lies in bed with ulcers on her upper legs, the kind that make you wince. “It was either go to the inpatient environment or jump out the window”. “You guys can’t understand this pain”. We hear this kind of thing often, but I believe her. Maybe I can’t feel her pain, but I can believe it”

CONCLUSIONS

- **Student “tweeting”** while in a high need high cost clinic encourages students to:
  - Delve deeper into and form empathetic reflections to complex patient interactions
  - Begin to process and understand provider-patient interactions and SDH in a clinical context
  - Generating More Questions:
    - Do these tweets change behavior and empathetic care?
    - Was it the tweets or the pressure to tweet that worked?
    - How can we stimulate more critical and more empathetic tweets?
    - Can we implement this more broadly?

MY ENTREPRENEURIAL MINDSET

- **CURIOSITY**
  - How do we help clinical year students maintain or improve empathy?
  - Can rotating in a high need, high cost clinic improve or hurt empathy by providing an intensive exposure to complex patient interactions?
  - Can intentional reflections while rotating in a HNHC clinic improve empathy?
  - What will students write about?
  - Will the tweets be empathetic?

CREATING VALUE

- Tweets are a way to encourage students to dig deeper into provider-patient interactions and SDH, and form empathetic responses to patient interactions.
- Next steps – Kern Innovative Idea Award:
  - Experiment with more characters and time to complete tweets
  - Develop an app to facilitate tweet formation
  - Try preceptor-led tweet review
  - Study and implement more broadly in the curriculum and with different preceptors

Measure change in Jefferson Scale of Empathy S-version

3. West, Colin MD PhD et al. “Association of Perceived Medical Errors With Resident Distress and Empathy: A Prospective Longitudinal Study” JAMA 2006;296(9) 1071–76