PERSPECTIVE TAKING IN ONCOLOGY EDUCATION

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BACKGROUND: CHALLENGES OF INPATIENT ONCOLOGY EDUCATION

• Medical complexity
• Uncertainty in prognosis
• Multiple providers
• Multiple levels of learners
• Extremes of patient Age
• Family and care team personality dynamics
• Insurance/system issues
• Death and morbidity

GOALS:
1. Teach Hematologic Oncology
2. Strategies to Prevent Burnout
BACKGROUND: WHY FOCUS ON TEACHING EMPATHY?

EMPATHY

BURNOUT

PT = Perspective Taking  EC = Empathic Concern

Burnout (%)

Low PT  High PT

Low EC

High EC

BACKGROUND: PERSPECTIVE TAKING IS ‘COGNITIVE EMPATHY’

**Perspective Taking:**
- ‘Social History’
- Learned skill set
- Utility as a brief workshop series
- Potential to impact all areas of knowledge acquisition needed as an oncologist
METHODS

Iterative process throughout Kern KINETIC³ Teaching Academy, involving stakeholders and mentor

Perspective taking in oncology workshop:
  • Orientation to perspective taking
  • Practice scenario/ toolkit
  • Reflection session
  • Course evaluation
Methods

Learner Cohort:

Inpatient oncology ward learning communities (April and May 2019 teams)

- Small group - 4 participants
- 3rd Year Medical Students
- Department of Medicine house staff (PGY1 & 2)
- Fellow - Hematology and Oncology
- Advanced Practice Practitioner
Orientation to Perspective Taking (5-10 minutes):

- Added to Standard Rotation Orientation
- Brief Explanation of Workshop - origin and goals
- What is Perspective Taking

- Handout Materials
  - Primary Literature
  - Expectations and Objectives
  - Topics for each of two subsequent sessions
  - Interpersonal Reactivity Index
Perspective Taking Strategies

What factors are motivating your response (i.e. Self-awareness)
- Interpersonal Reactivity Index survey (IRI)
- Questions for personal reflection

What factors are at play for other people and how do you find that out?
- How to ask and obtain an accurate perspective
METHODS

Practice Scenario (45-60 minutes):

Each learner randomly selected a role
  - Provided with ‘factual background’ and ‘perspective’ for each role
  - Attending physician
  - Oncology nurse
  - Adult with acute myelogenous leukemia (AML)
  - Spouse of adult with AML

Goal – obtain and appreciate implications of each perspective
Reflection Session (45-60 minutes):

- Month-long goal of practicing perspective taking during clinical and intra-professional encounters
- Each participant shared a meaningful clinical episode during which they used or retrospectively applied perspective taking strategies
- Encouraged narrative writing

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Social Perspective Taking Workshop During an Inpatient Rotation

- Feasible
- Real-time, bedside-adjacent, shared experience
- All learners participated
- Supportive and valuable environment
RESULTS

Participant’s Value Perspective Taking as a Clinical Skill Set

Perspective Taking is Useful

Perspective Taking Improves my Clinical Skills

(\(n = 5\) of 8 participants)
The Workshop Helped me Develop New Clinical Skills

The Workshop Reinforced or Further Developed Clinical Skills I Already Use

Participants Felt That Workshop Augmented their Clinical Skills

I Have Had Prior Perspective Taking Education

I Have Had Perspective Taking Education in the Past 12 months

The Workshop Helped me Develop New Clinical Skills

The Workshop Reinforced or Further Developed Clinical Skills I Already Use

(n = 5 of 8 participants)
The Perspective Taking Workshop Was Appropriate to the Clinical Rotation

- The workshop took too much education time
- The workshop should be included in the rotation
- I would recommend the workshop to a colleague
- The workshop improved clinical team dynamics

(n = 5 of 8 participants)
Participants Identified **Caring** as the Aim of Medical Education Addressed by this Workshop

"A space to decompress and appreciate the perspectives of my colleagues"

"It helped me realize I was not alone in some of my fears and frustration"
How Would Participants Improve the Workshop?

• “It was difficult to find the time outside of wards to do the requested reading”  
  
  Participant

• “Perhaps a room without computers would have been helpful”  
  
  Participant

• “Scheduling sessions was harder than we expected”  
  
  Drs. Wiger and Carlson
CONCLUSIONS AND FUTURE DIRECTIONS

HOW DID WE DO?

1. Addressed an educational gap in clinical oncology training
2. Developed a workshop curriculum that is feasible and well-received by a pilot group of learners
3. Identified places for improvement
4. Areas for further development
   • Longitudinal study of efficacy
   • Expansion to other cohorts
OUR ENTREPRENEURIAL MINDSET:

Curiosity:
- How do you teach patient-centered high quality clinical medicine?
- Can we teach skills to mitigate distress amongst trainees?

Connections:
- Program directors
- House staff representatives
- Nursing staff
- Fellow attendings

Creating Value:
- Study depth of impact
- Expand cohort to multiple disciplines
ACKNOWLEDGEMENT

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Participants

Patients