



# INCORPORATING "TWEET" STYLE REFLECTIONS FOR STUDENT EMPATHY DEVELOPMENT IN AN INTENSIVE PRIMARY CARE CLINIC

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# BACKGROUND

- Empathy is an essential quality in clinicians that must be preserved and promoted
- Empathic care decreases patient anxiety, improves trust in providers and is associated with better chronic disease outcomes
- There is also decreased medical error, reduction in potential litigation and reduced physician burnout associated

# EMPATHETIC DECLINE

- However, empathy declines in medical education and in residency and clinical practice
- As learners engage in more direct patient care:
  - Care becomes more technical and objective
  - Students feel reduced social support
  - Increased burnout
  - High workload
- This leads to a loss of empathetic concern and dehumanizes the patient

# EMPATHETIC SKILLS

- There are core skills found to correlate with empathy
  - Perspective taking
  - Valuing others
  - Humanizing patients

# REFLECTIONS AND EMPATHY

- Reflecting upon patient encounters is a way to encourage the use of these skills and may preserve empathy
- Short “tweet” style reflections may be more practical and more likely to be adopted than long prose reflections

# METHODS



Pilot project with M4's in Ambulatory Medicine Clerkship (AMC) rotating in the Enhanced Care Program (ECP)



Half of the M4's in AMC (N=49) were randomly assigned to participate in the ECP (n=18)

# DATA COLLECTION

- The ECP participants were instructed to reflect on their experiences with 3 anonymous, secured "tweets" for every half day in clinic via Qualtrics

# DEVELOPING A CODE BOOK

- Qualitative analysis was done using an iterative process of deductive & inductive coding
- An Independent Auditor was utilized
- Inter-coder agreement was above 80%
- Currently looking into adding additional codes - I.e. human component to care, new perspective



## FINAL COUNT

The M4s wrote 131 tweets, averaging 2.05 tweets per half-day session.

Our initial findings presented here focus on the three deductive codes of descriptive, emotional, and cognitive reflection.

Some tweets demonstrated qualities of only one code, while some demonstrated qualities of two or all three codes.

# DESCRIPTIVE REFLECTIONS

Reflections coded as *Descriptive* are retellings of patient encounters, mostly story telling

*"Patient came in 25lbs volume up with severe edema in the lower extremities with worsening of his respiratory symptoms as noted by his daughter. Decided to treat as an outpatient. Should have follow up appointment in a week. Very curious and hopeful that he was compliant with txt"*

## **EMOTIONAL REFLECTIONS**

Reflections given the code *Emotional* are reflections that engage in the emotions of the student, patient or both

*"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."*

## COGNITIVE REFLECTIONS

Reflections that we coded as *Cognitive* demonstrated high order reflection, illustrating learning or conscious thought processes

*"It was enlightening to think that this patient's nonadherence to medication and therapy may be significantly influenced by depression through a lack of motivation and feeling overwhelmed with other aspects of her life. Must consider broad reasons for non-compliance."*

## REFLECTIONS- MULTIPLE CODES

Some tweets exhibit multiple code qualities. This is an example of descriptive, emotional and cognitive

*"An older lady was coming to terms with not being able to take care of the house that she has lived in for a long time. I felt for her and for how hard it must be to make that decision. To balance personal safety with leaving everything that brings you comfort and nostalgia."*

# TRENDS

- Cognitive tweets were in the majority
- Many Tweets contained the foundational skills needed for empathy: humanism, perspective taking and valuing patients

# COGNITIVE REFLECTIONS

- Some cognitive reflections indicated the students were engaging in higher order thinking regarding greater healthcare setting, their education, and the future of their practice
- This engagement within tweet reflections was done without being prompted to do so

# MULTIPLE CODE REFLECTIONS

- Reflections that involve both cognitive and emotional components indicate students have been engaging with what their patients are experiencing with a more thoughtful approach
- These indicate students are rehumanizing their patients and are building the foundation for empathetic care



# CONCLUSIONS

- Tweet style reflections are an efficient, practical, and familiar method to reflect on patient care
- Based on our qualitative analysis, the content of tweets contains many of the core skills necessary for empathy development including cognitive reflection on emotional interactions.

# FUTURE DIRECTIONS



Ti2 project



This was a pilot project, hoping to expand to others pursuing a medical career



Aim is to develop a pedagogical tool that will help preserve or foster empathy in clinicians while not being intrusive into the already busy medical setting

**SPECIAL  
THANKS**

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# REFERENCES

- Kerasidou A, Bærøe K, Berger Z, Caruso Brown AE. The need for empathetic healthcare systems. *Journal of Medical Ethics*. 2021;47(12):e27-e27. doi:10.1136/medethics-2019-105921
- Hojat M, Vergare MJ, Maxwell K, et al. The devil is in the third year: a longitudinal study of erosion of empathy in medical school. *Academic Medicine*. 2009;84(9):1182-1191.
- Neumann M, Edelhäuser F, Tauschel D, et al. Empathy decline and its reasons: a systematic review of studies with medical students and residents. *Academic medicine*. 2011;86(8):996-1009.
- Chen X, Zhang Y, Xu X, et al. Mediating roles of anxiety, self-efficacy, and sleep quality on the relationship between patient-reported physician empathy and inflammatory markers in ulcerative colitis patients. *Medical science monitor: international medical journal of experimental and clinical research*. 2019;25:7889.
- Wu Q, Jin Z, Wang P. The Relationship Between the Physician-Patient Relationship, Physician Empathy, and Patient Trust. *Journal of General Internal Medicine*. 2021:1-6.
- Del Canale S, Louis DZ, Maio V, et al. The relationship between physician empathy and disease complications: an empirical study of primary care physicians and their diabetic patients in Parma, Italy. *Academic medicine*. 2012;87(9):1243-1249.
- Batson CD, Eklund JH, Chermok VL, Hoyt JL, Ortiz BG. An additional antecedent of empathic concern: valuing the welfare of the person in need. *Journal of personality and social psychology*. 2007;93(1):65.