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

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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
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.
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”
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."
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.”
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.”
• 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

Dr. Hilgeman

Dr. Minshew
REFERENCES


