



Building Medical Student Empathy through Patient Hospitalization Debriefs

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Background

Medical students practice in environments that utilize patient and family perspectives to evaluate the quality of their care.

Feedback from patients can build medical students' empathy and promote their professional identity formation.



Objective

Explore medical student perceptions of conducting a patient-caregiver debrief interview during an inpatient hospitalization

- Learn about the patient/parent's experience of care
- Benefits and challenges



Methods

- IRB-approved qualitative study
- Multi-institutional (Howard University, George Washington University)
- Eligibility: All third year medical students rotating through pediatrics during Academic Year 2015-2016
 - Randomized to debrief interview + reflection essay vs. reflection essays alone



Methods – Debrief Interviews

- Performed with a patient or caregiver during the inpatient portion of their pediatric clerkship
 - Typically done mid-afternoon
 - Advised to select patient they were most curious about
 - Patient with longest relationship
 - First time hospitalization
 - Chronic and complex patients
 - Most disgruntled family



Methods – Debrief Interviews

1. What word comes to you when you think back to first learning you/your child had to be hospitalized this admission? Tell me more...
2. Were there any surprises for you about being hospitalized?
3. What makes you feel comforted in the hospital?
4. What makes you feel less comfortable in the hospital?
5. What feelings do you have when my team comes in for morning rounds?
6. What has the team done particularly well?
7. If there was one thing you could tell your team to help improve your hospitalization, what would it be?

Is this something you'd want me to share with the team or keep confidential? Y / N



Methods – Debrief Interviews

8A. Please circle as many of the words below that you feel reflect your interaction with the team today or during this hospitalization. You are welcome to skip this question. <HAND PATIENT PAGE 2>

8B. Are you willing to share the ones you did? Yes/No. If yes, please share

Happy Surprised Scared Worried Embarrassed Ashamed
Accepted Confused Understood Hopeful Important
Angry Unimportant Comfortable Satisfied Misunderstood
Frustrated Ignored Uncomfortable Dissatisfied
Powerless Other (specify): _____



Methods – Medical Student Focus Groups and Analysis

- 60-minute focus group to explore the benefits and challenges of conducting the interview
- Data analyzed iteratively and inductively using principles of phenomenological analysis
- Data collection continued until saturation of themes was reached
- Dedoose software used for analysis
- Themes were evaluated for trustworthiness through triangulation and participant review
 - Triangulation through analysis of individual essays



Results

Participants:

- N = 60
- Focus Groups 7 (3 GWU, 4 Howard)

Themes divided into two domains:

- Benefits
- Challenges



Results

Benefits and Unique Learning of Debrief Interviews

- (1) humanize patients and appreciate the social and environmental influences on patient health
- (2) assess caregiver/patient understanding about their care to clarify and correct misunderstandings
- (3) actively involve caregivers/patients in the development of treatment plans
- (4) engage patients in active expression of their questions and concerns
- (5) value their role on the healthcare team



Humanize patients and appreciate the social and environmental influences on patient health

a reminder that patients come in with their own set of problems that might not be medical and that we need to be kind of aware of that and keep it in mind when we make decisions that require something like an admission to the hospital... So I think sometimes we see so many patients sometimes we might start to group them all as -- you know by their disorder and their disease and not by a person with all their own complex issues and social things



Assess caregiver/patient understanding about their care to clarify and correct misunderstandings

I thought as a medical team we did a great job explaining to them what was going on and why they were being admitted, they were nodding their head and everything but it wasn't until I started doing these interview questions **when it really came out that they didn't really know what was going on and they didn't really understand, because they still had questions like 'is he contagious?', 'are we going to get it?', 'we have kids at home and we didn't really know'** and these questions didn't start coming out until after I started digging a little deeper and I thought that was pretty interesting that even though they were nodding their heads agreeing, they really were not understanding, they really didn't get the whole picture and I thought that was pretty interesting



Actively involve caregivers/patients in the development of treatment plans

I didn't know that [to them] the rounding process, even the awkwardness in the beginning was worth it to be part of the assessment plan. So **I think that going forward I'm going to make more of an effort to include them in the assessment plan** even if you can avoid the awkward spectacle of 15 people but even on just a person level.



Engage patients in active expression of their questions and concerns

they kept seeing us do these things to their child to assess and they didn't understand how we were able to assess anything that was going on with the little tummy and so mom and dad said "I keep seeing you guys use your stethoscopes and pushing on his belly and but I don't know what's going on." **So we actually took the kid over to the bed and I let mom and dad use my stethoscope to listen and I told them to listen to their tummies**

Value their role on the healthcare team

I learned as a third year we can make a difference, that was very surprising in that sense, again, just because I'm so used to the attending making the difference or the resident making the difference but just kind of hearing them and giving them ownership in the room, a floor to speak, I think made a difference to them. **So I learned that anybody on the team can really leave an impact regardless of whether we're a third year, fourth year, a nurse; anybody on the team!**

Results

Challenges of Conducting Debrief Interviews

- (1) Lack of medical knowledge to answer questions about patient diagnoses and
- (2) Discomfort responding to caregiver/patient frustration, anxiety or sadness



Lack of medical knowledge to answer questions about patient diagnoses

So after -- going in **you have to be very prepared to answer every single question** about that kid, like every. single. question. I thought that **maybe I should have been a little more prepared** in that sense but that was pretty challenging.



Discomfort responding to caregiver/patient frustration, anxiety or sadness

I think it was harder to reassure my patient at the end because he didn't really know what was going on with his son, so it was hard, to the point that I felt like I had to draw on my own personal experience as an example so that he could relate to it understanding that sometimes not everything happens right away and we're just trying to get to know his son and make the right calls and not just rush to something and not understand what's really going on. **So I almost felt like I was compelled to have to reassure him, because I felt like I brought it up and he got his frustrations out and then it was my responsibility to try to fix it per se at the end and that was a little hard**

Limitations

- Pediatrics clerkship only
- Perspectives vs. observations

Conclusions

Debrief interviews offer a unique approach to build medical student empathy and improve communication between the caregiver, patient and healthcare team

Interviews have the potential to improve the patient-provider relationship and patient engagement through open discussion of caregiver/patient questions and concerns and feedback to the healthcare team



Next Steps

- **Comparative analysis of reflection essays**
- **Analysis of patient/caregiver responses to the debrief interviews**
- **Caregiver interviews regarding perceptions of the debrief interview**
- **Incorporating use of debrief interviews in the pediatric intern curriculum with comparative scores of empathy**



Questions?

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Other Quotes

- like cause a lot more anxiety and then they don't always remember to ask all of the questions that they had at the end so and it just made me think about family-centered rounds versus the other types of rounding

I actually got to spend time in the room with the parent and it's not in a setting where they're being like badgered like bludgeoned with information about their kid or how to take care of it or this is what you need before you leave but just like – like a nice like decompressing moment where I sit down and the mom was actually – it was kind of funny because the mom had just had a c-section and like no one had ever even stopped to be like oh wait, you just got out of surgery yourself and you're running around taking care of this kid like how are you feeling? And so she finally got to be like you know I'm really tired and yes, I appreciate family-centered rounds but I'm being woken up all the time and just to be able to like get to know the family better and kind of take some stress out of mom for awhile

-there are so many different aspects that are included in their hospital stay like just like their overall comfort, like access to whatever resources they need while they're here if they're going to be here for a while, so those kinds of things you don't really get much insight in unless you actually ask them about it

- if I feel empowered to ask these type questions, a lot of this could provide valuable feedback when it comes to where the actual direction of the patient care is going to go

- I think that as future physicians and as part of the medical team it's – we have a responsibility to – if we're like the leaders of the entire medical team, we have a responsibility to create an atmosphere and to create a culture where patients feel safe enough that they can communicate their feelings to not just the nurse, but they can also communicate how they feel to us or how they feel to Child Life or whatever, but if we're – and if we're not creating that space and we're not allowing – and we're just saying okay, this is completely the realm of that particular specialty or that group of people then as the head of the medical team, when it comes to the discipline, I feel like we are dropping the ball in some way, because at the end of the day we're overseeing their care...period and that's mind/body/spirit...everything and so if we can just create an environment where that dialogue is freely welcomed and then I think that that is one way that we can improve and we don't have to always hear directly from the patient's mouth, we can hear from the nurses, but we want the patient to know that like if you have an issue with some level of care like please tell your nurse

