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Title

I'll make a "Patient" out of you: An Update to "Physicians as 'Patients'" - Design, Implementation, and Challenges of Novel Immersive Simulated Patient Experiences to Foster Physician Empathy and Compassion

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Title: I'll make a "Patient" out of you: An Update to "Physicians as 'Patients'" - Design, Implementation, and Challenges of Novel Immersive Simulated Patient Experiences to Foster Physician Empathy and Compassion

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Issues Addressed/ Background

The importance of fostering physician empathy and compassion has become increasingly recognized as a critical aspect of physician training, with the ACGME and AAMC both acknowledging empathy as a key component of professionalism, with recommendations to incorporate empathy education into core medical education goals. The challenge remains how best to teach physician empathy and compassion in medical education, and to create long term effective educational interventions. Empathy curriculum in graduate medical education remains limited, as there are few standardized methodologies for teaching empathy. Herein lies an opportunity for growth and development of novel and new methodologies to deliver patient-centered and empathy/compassion education to physicians in training. We hypothesize that lack of appreciation or understanding of the patient experience is much to blame in the deficits in teaching physician empathy and compassion. To address this void, we propose a set of novel immersive simulation exercises to place resident physicians in the role of a patient with space for guided reflection. We propose that a standardized longitudinal curriculum based on high-fidelity immersive simulation exercises throughout medical training will improve physician empathy and compassion, and the delivery of this form of education can be effective, easily disseminated, cost effective, and enjoyable to the learner, ultimately leading to better patient-centered and high-value care.

This project was previously presented at PSQI 2022 in an earlier iteration, wherein the simulations were less immersive and in smaller sample size. The updated model presented here utilizes the UCSD patient room simulation labs to create high-fidelity fully immersive role-reversal simulation experiences.

Description of project/protocol/innovation

Study design and measuring empathy

This project was funded via a generous seed grant award from the Sanford Institute for Empathy and Compassion, Center for Empathy and Compassion Training in Medical Education. This study is being performed in the UCSD Internal Medicine residency program, which consists of 143 resident physicians at varying training levels. Simulations are based off national VA patient survey data and reflect aspects of the patient experience that are painful or common. Our first simulation session, which will occur April 14, 2023, will encompass 20 residents in several high-fidelity immersive simulations at the UC San Diego simulation labs, with the help of the

UCSD Simulation team. We also have plans to have a separate simulation session to include another 10-20 residents in early May 2023.

This study utilizes standardized survey data (Jefferson Scale of Empathy) to evaluate the effectiveness of role-reversal simulation didactics in fostering physician empathy. Baseline survey data has been collected from the entire residency, and additional survey data will be collected after interventions have been complete. An intervention group will include those residents who are randomly assigned to the simulation group, while the remainder of the cohort will make up the control group. Statistical analysis will be performed by the Jefferson Scale of Empathy team comparing the two cohorts. All results and responses are de-identified to the primary researchers.

The intervention/simulations

Several original simulations have been designed, each representing several aspects of the patient experience. Each resident is intended to rotate through each of the simulations in the role of the patient, which in total equals 30-40 minutes of simulation time. A debrief exercise is held afterwards for 30 minutes as well. During this debrief time, participants also will experience several forms of patient's foods supplied by UCSD Health Dining, which will add another sensory component to the patient experience.

Simulation A: a patient on the commode in a shared room is unable to reach their nurse to help them get back to bed

Simulation B: ED patient boarding in a busy hallway is given bad news, physician leaves partway through without finishing the news

Simulation C: patient undergoing central line procedure, being done by a novice resident who is visibly nervous, and accosted by a circulating nurse

Simulation D: patient interacts with a physician who speaks only a foreign language, who brokenly obtains consent for a procedure

Lessons Learned/expected outcomes

These novel simulations will be performed on April 14, 2023 over a 2 hour session, and an additional session in May 2023. Preliminary results from a prior iteration of this simulation idea suggested a positive signal between role-reversal simulations leading to increased empathy and compassion. We anticipate that these higher fidelity simulations and sensory immersion are powerful tools towards fostering greater appreciation of the inpatient patient experience, and will be effective towards increasing physician empathy and compassion.

We recognize several challenges with building this form of curriculum. These simulations require resources, including equipment and simulation space, actors who can play roles of physicians (which most standardized actors are not trained to do), and dedicated educational time, all of which can prove challenging to obtain.

Recommendations/ Next steps

While the development and implementation of these simulation activities is not without its own challenges, we believe these exercises may truly revolutionize how we approach empathy education in medical training. Current versions of standardized encounters do not take into consideration the patient experience, which we feel to be a crucial aspect of building empathy. These simulations are

relatively easy to reproduce, and in a world where simulation has become more commonplace, should be easily adopted into curricula. As such, we feel that the next steps for this exercise are to build more robust simulations and disseminate this information to other academic institutions. We have produced an educational packet for these simulation exercises, which will serve as a distribution tool so that other academic institutions may adopt this novel teaching modality. Within this educational packet includes the background and evidence supporting these interventions, a toolkit which includes a supplies list, the simulations and scripts, and generally provides the overall structure to recreate these simulations.