

Understanding Approaches to Empathy and Efficiency in Dermatologic Patient Care

Kendra R. Martel MD, Madison Godfrey BSc, Zaheed Damani MD PhD, Pamela V. Mathura MBA, and Marlene Dytoc MD PhD FRCPC

Background

The practice of empathy is known to positively impact patients as well as decrease physician susceptibility to burnout and low mood states^{1,2,3}. However, both empathetic and efficient care is difficult to balance with an increasingly aging and complex population⁴.

Aim

Improve understanding of dermatology clinic staff physicians and residents utilizing the LEEP program, and develop actionable strategies for improvement of empathetic, efficient patient care.

LEEP = Learning Empathy and Efficiencies in Practice
 → A program designed by Eli Lilly Canada to educate physicians and healthcare staff and provide tools on effectively integrating empathy and efficiency into daily practice

Methods

- Recruit voluntary participants by email invitations to resident and staff dermatology physicians at the Kaye Edmonton clinic (KEC)
- Information outlining LEEP program sent to participants & participant consent obtained
- LEEP program presented to 20 practicing dermatologists and resident physicians via Zoom on October 14, 2020
- LEEP presentation divided into 6 sequential stages of a patient clinic visit, which include: (1) *Waiting room*, (2) *Physician's office*, (3) *Examination room*, (4) *Physical examination*, (5) *Treatment discussion*, (6) *Visit summary and follow-up*
- For each stage of the LEEP presentation, a video scenario of this was presented followed by a reflective group discussion via Zoom
- Participant feedback gathered anonymously via study questionnaires for each video scenario via Survey Monkey
 - Requested reflections on each stage, suggestions for improvement of empathy and efficiency, and identification of what each participant believed to be the most meaningful suggestions
 - The anonymous responses were compiled into an Excel spreadsheet and distributed to three study team members for thematic analysis.

References

- Kim S, Kaplowitz S, Johnston, M. The Effects of Physician Empathy on Patient Satisfaction and Compliance. *Evaluation & the Health Professions*. 2004;27(3):237-251. <https://doi.org/10.1177/0163278704267037>
- Stewart, M. Effective Physician-Patient Communication and Health Outcomes – A Review. *Canadian Medical Association Journal*. 1995;152(9): 1423-1433. URL: . Accessed: March 20, 2020.
- Thiroux, B, Birault, F, Jaafari, N. Empathy is a protective factor of burnout in physicians: new neuro-phenomenological hypotheses regarding empathy and sympathy in care relationships. *Front Psychology*. 2016;7(763). Doi: 10.3389/fpsyg.2016.0076327303328
- Slade, S, Shrichand, A, DiMillo, S. Health Care for an Aging Population: A Study of how Physicians Care for Seniors in Canada. *The Royal College of Physicians and Surgeons of Canada, Ottawa, Ontario*. 2019; 1-36. URL: <https://www.royalcollege.ca/rcsite/health-policy/senior-care-e>. Accessed: January 5, 2021. Bernardo, M, Cecilio-Fernandes, D, Costa, P, Quince, T, Costa, M, Carvalho-Filho, M. Physicians' self-assessed empathy levels do not correlate with patients' assessments. *PLoS ONE*. 2018;13(5), e0198488. Retrieved from Retrieved from <https://link.galecom.ezproxy.lib.ucalgary.ca/apps/doc/A540977527/AONE?u=ucalgary&sid=AONE&xid=4f50868b>

Data Analysis

- Grounded-theory study design and thematic analysis used
- Inductive method of thematic analysis used to uncover recurring sub-themes from data
- From sub-themes, overarching themes determined from which viable action can be taken
- Each team member independently reviewed, coded and developed themes
- Post independent reviews, team met to discuss and agree upon codes using consensus from which sub-themes were determined
- Subthemes were compared and combined to define major themes that were utilized as the basis for developing possible actionable interventions to be implemented into daily patient care at KEC
- Actionable interventions divided into intrinsic and extrinsic interventions

Actionable Interventions

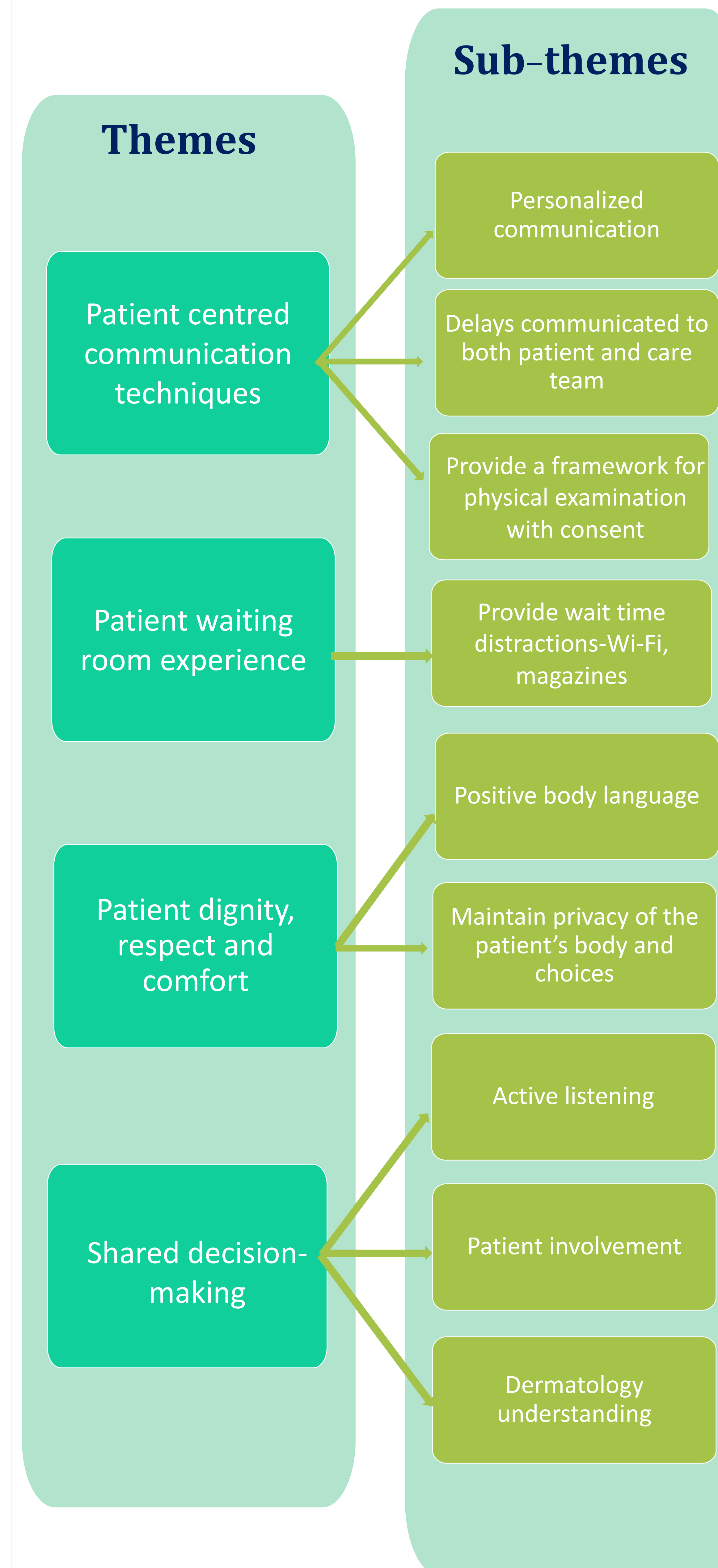


Results

LEEP Scenario	Scenario 1: In the Waiting Room	Scenario 2: In the Physician's Office	Scenario 3: In the Examination Room	Scenario 4: The Physical Examination	Scenario 5: Treatment Discussion	Scenario 6: Summarizing and Follow-up
Total Number of Responses	13	10	12	9	9	5
Responses Based on Communication	10	6	11	6	7	5
Responses Based on Improving Waiting Room	6	0	0	0	0	0
Responses Based on Individualized Patient Care	7	6	3	0	5	0
Responses Based on Maintaining Patient Respect and Comfort	0	0	3	4	7	5
Responses Based on Shared Decision Making	0	0	11	0	5	5

Table 1. Number of Responses Collected for each scenario during the LEEP Presentation on October 14, 2020.

Thematic Analysis



Actionable Interventions

Intrinsic

- Continual empathy education: LEEP sessions for physicians and clinic staff
- Implement human-based interactions wherever possible for empathetic patient-physician encounters

Extrinsic

- Employ clearly visible signs welcoming patients to the clinic (greeting, Wi-Fi login, projected wait-times)
- Track patient clinic time using labels throughout patient visit
- Provide empathetic script for clinic staff and physicians
- Increase patient dermatological understanding with information resources on common therapies and conditions
- Implement an empathy assessment survey for patients

Conclusions

- Effectively incorporating empathy and efficiency into practice at KEC should be practiced at every stage of the patient visit.
- We intend to implement the actionable strategies in a quality improvement project, and employ a standardized patient survey to identify efficacy of these interventions
- Future research will aim to apply these practices to other ambulatory clinic settings.

