

Empathy & Equity Rounds: Practicing & Teaching the Art & Science of See, Think, Feel, Do

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Kaiser Permanente Greater Sacramento Valley Family Medicine Residency Program

Kaiser Permanente
Greater Sacramento Valley
Family Medicine Residency Program



Disclosures

The presenters of this activity have disclosed they have no relevant financial or commercial relationships to report.

The Research Determination Committee for the Kaiser Permanente Northern California region has determined the project does not meet the regulatory definition of research involving human subjects per 45 CFR 46.102(d).

Empathy

- + Improved patient care
- + Decreased burnout
- + Mitigate implicit bias
- + Professional associations view it as essential



Perspective of the Program Director

Thomas Balsbaugh, MD



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Empathy

"The good physician treats the disease; the great physician treats the patient who has the disease."

--Sir William Osler, MD



Perspective of the Module Leader

Rino Dizon, DO



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Pag-Asa

"Hope" in Tagalog

- Medical education > simple transmission of knowledge and skills
- Medical education includes a socialization process where norms and values can undermine formal messages in declared curriculum



Value the “Hidden Curriculum”

- Time reserved in clinic schedules 20 minutes after the lunch hour 3 Thursdays/month
- Demonstrate the importance of teaching this topic to residents when attendings are doing the same work



Perspective of the Behavioral Health Faculty

Jennifer Salib, PsyD, ABPP



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Art & Science

- 1) Engage faculty as learners themselves on this topic
- 2) Proceed with critical reflection to align empathy-based values, thoughts, and behaviors
- 3) Develop curriculum materials to highlight the important role of empathic care
- 4) Reliably measure the impact of this work, including the potential to increase equitable healthcare and enhance provider wellness



E&E Rounds

- Participate freely and respectfully
- Identify and analyze the effects of implicit bias and structural racism in clinical scenarios
- Employ empathy as an evidence-based tool to recognize and mitigate personally held implicit biases



Empathy & Equity Rounds

GREATER SACRAMENTO VALLEY
FAMILY MEDICINE RESIDENCY



Curriculum Guide

Kaiser Permanente Greater Sacramento Valley Family Medicine Residency Empathy & Equity Rounds Curriculum Guide

1. Time - ensure that there is time held for rounds and preparation of materials
 - a. Ideally this should not be lunch or "free time"
 - b. Include attending faculty along with residents
 - c. Determine if 60 or 90 minutes once a month vs 20 minutes weekly works best for your group (consistent attendance most important)
 - d. Determine who is your lead and ensure that faculty has dedicated time to prepare materials for rounds on a weekly or monthly basis; as well as the ability to facilitate discussions
2. Content
 - a. Faculty and residents may share real situations and patient PHI can be removed
 - b. A specific topic may be chosen first and then a case can be solicited which addresses the topic
 - c. There are published articles and videos that can be formatted for E&E Rounds to get you started if needed
 - i. https://www.mededportal.org/doi/10.15766/mep_2374-8265.10858
 - ii. <https://www.modernhealthcare.com/safety-quality/videos-healthcare-industry-executives-describe-their-encounters-racism>
 - iii. <https://edhub.ama-assn.org/ama-journal-of-ethics/module/2775649>
 - iv. <https://youtu.be/FP65bIVN8Wo>
 - d. Review the literature as it pertains to the case/topic and include information on historical inequities and specific forms of implicit bias relevant to the case/topic
3. Presentation
 - a. Standard E&E Rounds introduction/conceptual framework that reviews "ground rules" & objectives, definition of implicit bias, structural racism, and empathy in healthcare
 - b. Review of the case should strive to focus less on clinical data to avoid discussion going strictly to the science and over intellectualizing, but rather strive to focus on reflecting and perspective taking/empathy building
 - c. Provide historical context and evidence of impact of inequities related to the case/topic at hand
4. Discussion
 - a. Skilled moderator able to encourage the group to sit with discomfort
 - b. Include information on advocacy efforts (local or national) related to the case/topic
5. Evaluation
 - a. If IRB approval is required to collect outcome data, ensure this is done in a timely fashion
 - b. Allow time for structured measures to be completed by faculty and residents
 - i. Lynn Priddis & Shane L. Rogers (2017): Development of the reflective practice questionnaire: preliminary findings, Reflective Practice, DOI: <http://dx.doi.org/10.1080/14623943.2017.1379384>
 - ii. <https://www.jefferson.edu/academics/colleges/schools-institutes/skmc/research/research-medical-education/jefferson-scale-of-empathy.html>



Empathy & Equity Rounds

GREATER SACRAMENTO VALLEY FAMILY MEDICINE RESIDENCY



Perspective of the busy Attending Faculty

Joshua Wilner, MD



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Time

- Hospital, Clinic, MSK Clinic
- Precepting
- Curriculum Development
- Scholarly Work
- Wellness



Outcomes

Jennifer Salib, PsyD, ABPP



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RPQ (Reflective Practice Questionnaire)

Priddis, L. & Rogers, S. (2017)

RiA (Reflective in Action)

RoA (Reflective on Action)

RO (Reflective with Others)

SA (Self-Appraisal)

Dfi (Desire for Improvement)

CG (Confidence General)

CC (Confidence Communication)

Unc (Uncertainty)

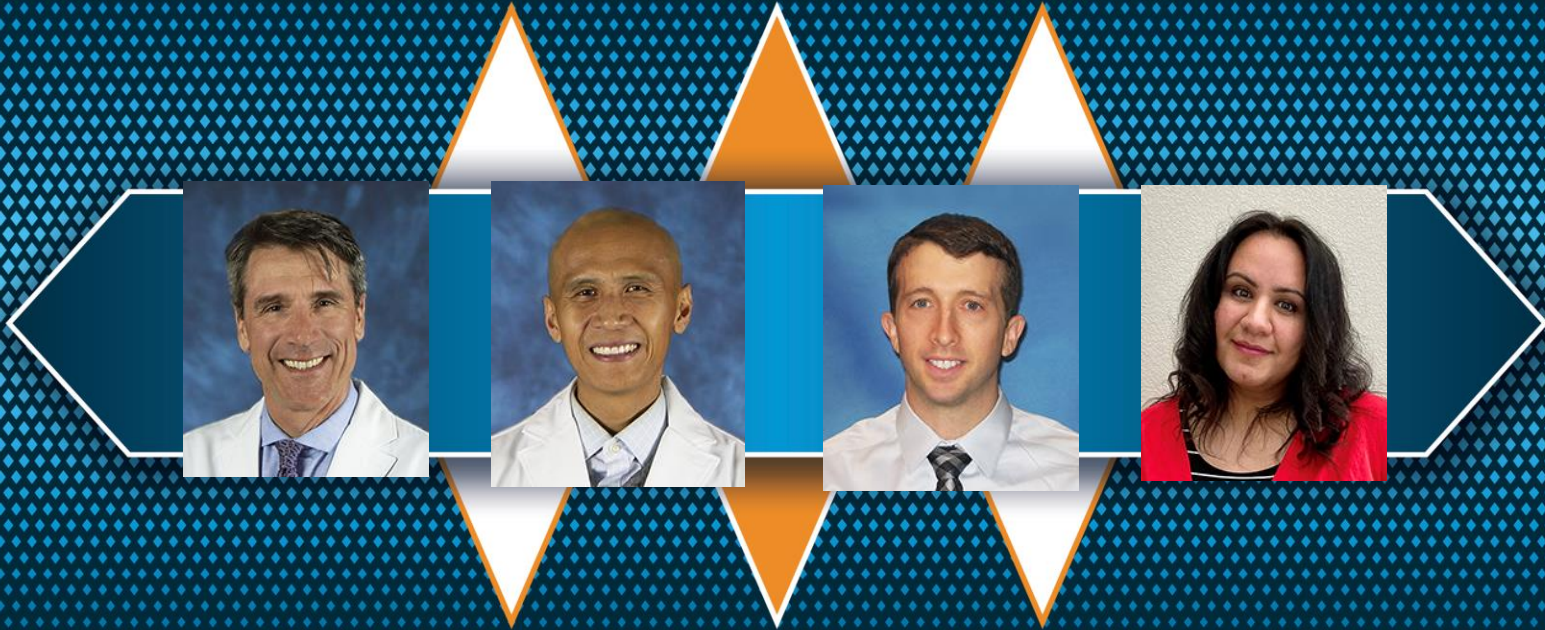
SiC (Stress interacting with clients)

JS (Job Satisfaction)

	Fall 2020 Average	Fall 2020 Average as a Percent	Spring 2021 Average	Spring 2021 Average as a Percent	Significant Change
RiA	3.7	62%	4.1	68%	+6%
RoA	4.2	70%	4.1	68%	
RO	5.2	87%	5.1	85%	
SA	4.1	68%	4.2	70%	
Dfi	5.1	85%	4.9	82%	
CG	3.3	55%	2.9	48%	-7%
CC	4.5	75%	4.6	77%	
Unc	4.2	70%	3.6	60%	-10%
SiC	4.4	73%	4.2	70%	
JS	4.5	75%	4.6	77%	

Questions & Discussion

Thank You & Keep in Touch



@KPSacFMR Instagram & Twitter

References

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