Documenting trends in empathy and learning in a psychiatric pharmacotherapy course

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Documenting trends in empathy and learning in a psychiatric pharmacotherapy course

Abstract

BACKGROUND: Presenting realistic and progressive patient story-lines in a Doctor of Pharmacy psychiatry course may help students integrate the traditional areas of focus with more humanistic concerns using reflective exercises. Documentation of students’ learning as it relates to empathy, sympathy, and social concern is difficult, but can be achieved with the use of open-ended exercises.

OBJECTIVE: Students were to respond to open-ended items asking them to:
1. Reflect on the case and write down the ONE MOST interesting concept you learned after reading the case and applying the lecture material to this patient.
2. Reflect on the case and write down ONE QUESTION you still have about the topic that would help you to give this patient better care as a clinician (to be discussed in class as we “close the loop”).

METHODS: Reflections were discussed in class the following day, collected and categorized into various areas of focus (e.g., social and patient-specific concerns, disease state management, pathogenesis and diagnosis, et cetera).

RESULTS: Students’ reflections were read by faculty and categorized in the following major focus/learning areas: 1) pathogenesis and diagnoses; 2) disease state management; 3) social and patient-specific concerns; and, 4) medication-specific uses and information. Student reflections showed students can learn traditional concepts, while appreciating more global social issues related to mental illness.

Disciplines
Pharmacy and Pharmaceutical Sciences

Comments
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Introduction

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Methods

**Patients’ Basic Demographics and Psychiatric Diagnoses:**
- **CASE 1:** 34 YO F; Bipolar I; Axis II: Histrionic/Borderline
- **CASE 2:** 22 YO F; Bipolar II; Self-injurious behavior; Axis II: Avoidant
- **CASE 3:** 42 YO F; Depression (major, recurrent); Axis II: Antisocial/Narcissistic
- **CASE 4:** 24 YO F; Depression; Bulimia; Axis II: Dependent/Obsessive-compulsive
- **CASE 5:** 23 YO M; Acute psychosis NOS; Malingering; Axis II: Conduct/Antisocial
- **CASE 6:** 38 YO MTF; Schizophrenia; Gender Identity Disorder; Axis II: Histrionic
- **CASE 7:** 32 YO M; Panic Disorder; Axis II: Avoidant/Paranoid
- **CASE 8:** 38 YO F; PTSD status-post Home Invasion/Sexual Assault; Axis II: None
- **CASE 9:** 42 YO M; Anxiety/Obsessive-compulsive Disorder; Axis II: Schizoid
- **CASE 10:** 42 YO F; Insomnia; History of Suicide Attempts; Axis II: Dependent
- **CASE 11:** 92 YO F; Insomnia; Pain; Disinhibition; Aggression; Axis II: None
- **CASE 12:** 22 YO M; Narcotepary; Axis II: Antisocial/Socialopathic

**Samples of How Reflections were Categorized:**

**Reflection Focus Category**

- **Pathogenesis and Diagnoses**
- **Disease State Management**
- **Social and Patient-Specific Concerns**
- **Medication-Specific Uses and Information**

**Focus of Student Reflection: What information would you still need in order to help this patient as a clinician?**

Results

**Reflection Focus Category**

- **Pathogenesis and Diagnoses**
  - “The one most interesting concept I learned is that personality disorders (Axis II) have so many overlapping symptoms and you have to really know the patient to categorize them and tailor the way in which you counsel them on adherence.”
  - “The one most interesting concept I learned is that patients with resistant schizophrenia may be given medications with less available evidence i.e., aripiprazole for adjunct therapy.”

- **Disease State Management**
  - “A piece of information I might still need to help this patient is knowing how long she has been adherent to her antidepressant regimen.”
  - “A piece of information I might still need to help this patient is knowing whether he has elevated ammonia levels because of his hepatic encephalopathy before recommending valproic acid.”

- **Social and Patient-Specific Concerns**
  - “The one most interesting concept I learned is that patients need to be responsible for their actions and held accountable. If UD has not had all those affairs she may have never been assaulted. I still feel bad for her, but in a different way.”
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- **Medication-Specific Uses and Information**
  - “The most interesting concept I learned is that lithium can cause different types of renal failure.”
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Discussion

- **While only 89% of our students responded to the voluntary and anonymous questions, we found that exposure to the cases provided students with an opportunity to reflect on the areas of:**
  1. Pathogenesis and diagnosis;
  2. Disease state management;
  3. Social and patient-specific concerns; and, 4. medication-specific use and information.

- **Students were able to use the cases to write reflections which sparked class discussions on the areas of:**
  1. Differentiating between empathy and sympathy
  2. Identifying ways in which to effectively communicate with patients
  3. Reflecting on past patient encounters with greater understanding

- **Students were not given a formal course on empathy or communication before exposure to course material or cases within the psychopharmacotherapy course, but still learned about the difference between sympathy and empathy.

- **The “vuluntary” and “anonymous” nature of responses may contribute to a reduced quality of responses. This was minimized by collecting the reflections and sharing them at random with the class to spark discussion.

- **The use of open-ended response fields could be problematic in the yielding the desired response quality. Creating a word-limit and structuring the response prompt, e.g., “The most interesting concept I learned…” [end your reflection response here] and “A piece of information I still need in order to help this patient as a clinician is…” [end your reflection response here].

Conclusions

- **Students, whether exposed to formal courses on effective patient communication and empathy or not, can still learn the differences between sympathy and empathy in the context of a psychopharmacotherapy course.

- **Addition of formal courses and examples differentiating sympathy and empathy may help students further solidify these concepts.

Contact Information

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