Documenting trends in empathy and learning in a psychiatric pharmacotherapy course

David Fuentes
Pacific University

Follow this and additional works at: http://commons.pacific.edu/phrmfac

Part of the Pharmacy and Pharmaceutical Sciences Commons

Recommended Citation
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
Presented at the American Association of Colleges of Pharmacy 2010 Annual Meeting.

Rights
Terms of use for work posted in CommonKnowledge.
**Methods**

Patients’ Basic Demographics and Psychiatric Diagnoses:

- CASE 1: 34 YO F; Bipolar I; Axis I: 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 M; Schizophrenia; Gender Identity Disorder; Axis II: Histrionic
- CASE 7: 32 YO M; Panic Disorder; Axis II: Avoidant/Pandysmotic
- 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: 10 YO F; Insomnia; History of Suicide Attempts; Axis II: Dependent
- CASE 11: 92 YO F; Panic; Disinhibition; Aggression; Axis II: None
- CASE 12: 22 YO M; Narcotist; Axis II: Antisocial/Socialphobic

**Samples of How Reflections were Categorized:**

<table>
<thead>
<tr>
<th>Reflection Focus Category</th>
<th>Pathogenesis and Diagnoses</th>
<th>Disease State Management</th>
<th>Social and Patient-Specific Concerns</th>
<th>Medication-Specific Uses and Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pathogenesis and Diagnoses</strong></td>
<td>“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.”</td>
<td>“A piece of information I might still need to help this patient is knowing how long she has been adherent to her antidepressant regimen.”</td>
<td>“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.”</td>
<td>“A piece of information I might still need to help this patient is knowing which mood stabilizers have the least impact on platelets before I recommend an agent.”</td>
</tr>
<tr>
<td><strong>Disease State Management</strong></td>
<td>“The one most interesting concept I learned is that patients with resistant schizophrenia may be given medications with less available evidence i.e., allopurinol for adjunct therapy.”</td>
<td>“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.”</td>
<td>“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.”</td>
<td>“The most interesting concept I learned is that lithium can cause different types of renal failure.”</td>
</tr>
<tr>
<td><strong>Social and Patient-Specific Concerns</strong></td>
<td>“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.”</td>
<td>“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.”</td>
<td>“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.”</td>
<td>“A piece of information I might still need to help this patient is knowing which mood stabilizers have the least impact on platelets before I recommend an agent.”</td>
</tr>
<tr>
<td><strong>Medication-Specific Uses and Information</strong></td>
<td>“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.”</td>
<td>“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.”</td>
<td>“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.”</td>
<td>“The most interesting concept I learned is that lithium can cause different types of renal failure.”</td>
</tr>
</tbody>
</table>

**Conclusions**

- Students, whether exposed to formal courses on effective patient communication and empathy or not, can still learn the difference 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.