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### Title

Physicians as “Patients”- Use of immersive simulated patient experiences to foster physician empathy and compassion

### Permalink

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### Supplemental Material

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**TITLE: Physicians as “Patients”- Use of immersive simulated patient experiences to foster physician empathy and compassion**

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**BACKGROUND**

The importance of fostering physician empathy has become increasingly recognized as a critical aspect of physician training; among many things, increased physician empathy has been shown to lead to improved clinical outcomes, higher patient satisfaction, and decreased physician burnout. Despite this, there remains a paucity of interventions to effectively promote compassion and empathy in medical education. To address this void, we propose a set of novel immersive role-reversal simulation exercises which place resident physicians into patient roles to simulate the inpatient experience. We propose that increased appreciation of the patient experience through simulation can lead to improved physician empathy and compassion and thereby improved delivery of patient-centered care.

**PILOT INTERVENTION**

While the ultimate goal is to develop a formal curriculum involving numerous simulation didactics, we developed a pilot program to study the initial feasibility and effectiveness of this intervention.

**Aim:** Use of a 1-hour noon conference to expose end-of-year interns to numerous aspects of the patient experience to increase appreciation of the inpatient experience

**Methods:** Several different stations were developed that each highlighted a single aspect of the patient experience. At each station, a prompt provided a simulated patient context/perspective associated with a physical item. These stations included a hospital bed, patient foods, glucometers, bedpans, common patient foods, urinals, nasal cannulas/facemasks, incentive spirometer, oral secretion device, foley and urine leg bag. Participants were given patient gowns, telemetry leads, pulse oximeter leads, to simulate common patient attire. Interns rotated through these stations and were encouraged to discuss openly with their partners their thoughts and feelings from the perspective of the patient. A debrief session was held to reflect on the experience as a group. Learners were asked to complete surveys before and after intervention, evaluating their own empathy and compassion ratings, as well as their appreciation of patient experience.

**Results:** All 9 participants reported the activity to be useful, and all would recommend to future residents. Overall self-reported empathy and compassion ratings increased post intervention. Notably participants reported increased familiarity with the lived patient experience, increased appreciation of patients' backgrounds and contexts, improved ability to empathize with patient complaints, and increased importance on the physician-patient interaction.

**NEXT STEPS:**

While initial data was limited due to small number of participants, results were universally positive. Currently, this overall proposal has been accepted past phase 1 for consideration of a Seed Grant with the *UCSD Center for Empathy and Compassion*. We hope that this funding will allow this novel simulation intervention to be tested and expanded further, and if effective, anticipate it may provide great benefit for patients in the future.

## **CONCLUSIONS**

The use of patient experience simulation with resident physicians can be an effective, feasible, and fun modality for promoting physician empathy and compassion. This novel teaching modality has the potential to increase high-value and patient-centered care if adopted across GME.