

Trialing Empathetic Approaches in Dermatology: From Theory to Practice

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empathy, efficiency, quality, improvement, dermatology

The practice of empathy in medicine is advantageous to both patients and physicians.¹ Dermatology physician perspectives were used to identify actionable empathetic approaches in a previous study.² The purpose of this study was to develop, trial, and evaluate the identified interventions in a dermatology clinic in western Canada.² This may advance the use of empathetic approaches improving patient-physician interactions and patient experience.

A pre- and post- study design guided by the Model of Improvement was used.^{3,4} Five empathetic interventions were developed: (1) empathetic education—Learning Empathy and Efficiency in Practice (LEEPTM), a program by Eli-Lilly Canada; (2) empathetic scripts and tip sheets (Supplemental Figure 1); (3) a welcome poster for waiting areas (Figure S2); (4) tracking patient-wait time; and (5) providing informational resources pertaining to patient diagnoses and therapies. A one-month PDSA (plan, do, study, act) cycle^{3,4} was completed. All five interventions were trialed and evaluated by patients and physicians during this time. A voluntary paper-based questionnaire was developed and distributed to patients and physicians pre- and post- intervention. Descriptive statistics were used to compare pre- and post- data.

A total of 50 patient (pre = 25; post = 25) and 16 physician (pre = 8; post = 8) questionnaires were completed (Supplemental Table 1). Patients agreed or strongly agreed that the clinic atmosphere was more friendly, and staff were more polite post-intervention. Patients also perceived that the welcome poster increased their knowledge of Wi-Fi availability and expected wait times. According to the patient perspective, wait time was decreased post-intervention and there was a slight increase in informational resources given to patients. In contrast, physician self-rating of their empathetic behavioral practice was similar pre- and post-intervention. Most physicians perceived that the interventions had a neutral or positive effect on their demonstration of empathy. Physicians reported a greater number of empathetic actions post-intervention (Supplemental Table 2), suggesting that the empathy education, scripts, and tip sheets were

effective. Taken together, these results suggest an increased awareness and number of empathetic actions performed by physicians following the interventions. Notably, patient and physician perspectives differ in terms of their perception and demonstration of empathy, respectively.

Physician heightened awareness of empathetic actions was observed, suggesting the benefit of empathy education. The usefulness of informational posters in the waiting room and provision of informational resources to patients, as well as the value of tracking patient clinic time during a clinic visit is supported in the literature.⁵ This study's findings suggest that the scripts and tips sheets may be useful in increasing physician awareness of empathetic actions. Our study detailed the process of developing a clinic's 'empathy kit,' which included LEEP education, intervention development, trial, and evaluation to determine which empathetic approaches should be sustained. Limitations include a short study timeframe and a small number of physicians surveyed.

Declaration of Conflicting Interests

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Supplemental Material

Supplemental material for this article is available online.

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