



Short Communication

# The effect of an elective psychiatry course on pharmacy student empathy

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## Abstract

**Introduction:** While a number of published studies have evaluated the impact of pedagogical methods on pharmacy student stigma and attitudes toward patients with mental illness, the current study is the first to compare a psychiatry elective course to traditional lecture on pharmacy student empathy toward patients with mental illness.

**Materials and methods:** All third-year pharmacy students at one pharmacy school enrolled in the Pathophysiology/Therapeutics III course and prior to enrollment in an Advanced Psychiatry elective course, were invited to complete a survey containing the Jefferson Scale of Empathy Health Professions Student Version (JSE-HPS). Demographic variables including age, gender, family history of mental illness, and previous experience in mental health hospitals were also collected. The same survey instrument (JSE-HPS with demography) was administered after traditional lecture/prior to psychiatry elective and at the conclusion of the Advanced Psychiatry elective.

**Results:** The survey was completed by 60% ( $N = 41$ ) of students prior to traditional lecture, 45% ( $N = 31$ ) after traditional lecture and 88% ( $N = 14$ ) after the psychiatry elective. Mean empathy scores increased from 109.32 pre-lecture to 112.86 post-lecture ( $p = 0.162$  vs. pre-lecture) and 120.00 post-elective ( $p = 0.001$  vs. pre-lecture).

**Conclusion:** The teaching methods employed in the psychiatry elective course, including media, contact-based education and an auditory hallucination simulator, lead to an increase in pharmacy student empathy toward patients with mental illness. Pharmacy educators should continue to explore novel ways to increase pharmacy student empathy toward patients with mental illness.

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## Introduction

Empathy can be seen as a vague and uncertain human quality; however, there is some consensus on the cognitive nature of this construct. Empathy has been defined in “patient-care situations, as a cognitive attribute that involves

an ability to understand the patient’s inner experiences and perspectives and a capability to communicate this understanding.”<sup>1</sup> Researchers have demonstrated that empathy can positively impact patient satisfaction, reduce medical errors, and positively influence patient adherence to clinical recommendations.<sup>2–4</sup> Some researchers have asserted that empathy is such an important factor in the patient/provider relationship that it should characterize all health care relationships including the patient’s relationship with his/her pharmacist.<sup>5</sup> Fortunately, health care providers

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typically report higher levels of empathy than non-health care providers. For example, Wilson et al.<sup>5</sup> utilized the Jefferson Scale of Empathy Health Professions Student Version (JSE-HPS), a validated scale, to evaluate empathy in pharmacy, nursing, and law students and discovered higher empathy ratings in pharmacy and nursing students as compared with law students.

Because empathy is, by definition, a cognitive process, it is intuitively appealing that this is a skill that can be taught. In fact, the Accreditation Council for Pharmacy Education (ACPE), the American Association of Colleges of Pharmacy (AACP), and the Center for the Advancement of Pharmaceutical Education (CAPE) Educational Outcomes emphasize the importance of empathy as a component in pharmacy education.<sup>6</sup> There have been a number of investigations into pharmacy student empathy and the effect of different pedagogical techniques. Lor et al.<sup>7</sup> utilized the JSE-HPS in a randomized study to evaluate the effect of a simulation of disability (loss of dominant hand use, loss of vision, and loss of speech) on pharmacy student empathy. The authors found a significant increase in empathy seven days after the simulation but not 90 days after the intervention.<sup>7</sup> Van Winkle et al.<sup>8</sup> evaluated the effect of a theatrical performance on the challenges of aging on pharmacy and medical student empathy utilizing the JSE-HPS. They found higher empathy ratings immediately after the workshop but the effects were not sustained after participation in the workshop.<sup>8</sup> Chen et al.<sup>9</sup> evaluated the impact of a patient empathy modeling assignment for 10 days in which advanced pharmacy practice experience students “became the patient.” The authors found an increase in student empathy as measured by the Jefferson Scale of Physician Empathy.<sup>9</sup> Lastly, Manolakis et al.<sup>6</sup> found an increase in pharmacy student empathy as a result of a module on death and dying that incorporated media as measured by the Balanced Emotional Empathy Scale (BEES). Based on these data, it appears that empathy can increase as a result of a variety of pedagogical techniques.

Perhaps there is no patient population in greater need of an empathetic health care provider than those with mental illness. According to National Survey on Drug Use and Health (NSDUH), in 2013, there were an estimated 10 million adults aged 18 years or older in the United States with Serious Mental Illness (SMI) in the past year, which represented 4.2% of all U.S. adults.<sup>10</sup> Since pharmacists are consistently rated as some of the most accessible and trusted health care professionals, they would inevitably encounter patients with SMI, and it is critical that they feel comfortable providing care to those patients.<sup>11</sup> A 2012 survey of patients taking mental health medications conducted by the College of Psychiatric and Neurologic Pharmacists (CPNP) along with the National Alliance on Mental Illness (NAMI) found 91% of patients felt very comfortable going to community pharmacies and 83% reported feeling respected by their pharmacist.<sup>12</sup> However, 43% reported that they did not have a strong professional relationship with

their pharmacist and 75% reported that they did not receive effectiveness or safety monitoring assistance from their pharmacist.<sup>12</sup> Rickles et al.<sup>13</sup> surveyed community pharmacists regarding their attitudes toward patients with depression and schizophrenia and found generally more negative attitudes toward patients with schizophrenia than depression. Alternatively, Cates et al.<sup>14</sup> found generally positive attitudes among pharmacists toward patients with mental illness and providing care to those patients.

Because of the prevalence of SMI and the accessibility of pharmacists, it is important that pharmacy students be taught not only about mental illnesses and their treatment but also how to empathize with this patient population. There have also been several investigations into pedagogical techniques and their impact specifically on stigma and attitudes toward patients with mental illness. Bell et al.<sup>15</sup> compared the Social Distance Scale (SDS) and items regarding stigmatization for third-year pharmacy students prior to any lectures on mental illness with pharmacy graduates who were attending a seminar in Sydney, Australia. They found no difference in the scores on the SDS and the items related to mental health stigma. Contact-based education that incorporates patients with mental illness has been found to decrease social distance and stigma.<sup>16–19</sup> Likewise, elective courses in psychiatry have been found to have a favorable impact on social distance, stigma, and attitudes related to psychiatry.<sup>20–22</sup> The purpose of the current study was to evaluate and measure the impact of traditional large classroom lecture on pharmacy student empathy compared to a smaller elective course which utilized contact-based education, media, and an auditory hallucination simulator. The stated hypothesis is that the elective with its pedagogical techniques would increase pharmacy student empathy toward patients with mental illness more than traditional lecture on mental illness.

## Methods

This study utilized the Jefferson Scale of Empathy Health Professions Student Version (JSE-HPS). The JSE-HPS is a 20-item survey utilizing a seven point Likert scale from 1 (“strongly disagree”) to 7 (“strongly agree”). The original Jefferson scale was developed to be used in the physician population but was modified to be applicable to other health care professionals as well as health care professional students.<sup>1,23</sup> The scale’s psychometric properties remained at acceptable levels with the modifications with a reported coefficient alpha of 0.81 and a test–retest reliability of 0.65.<sup>1</sup> The JSE-HPS was demonstrated to be both valid and reliable for measuring empathy in pharmacy students, with results similar to those found previously in physicians and medical students.<sup>24</sup>

Participation in the present study was both voluntary and anonymous. The survey was offered to third-year pharmacy students at Belmont University College of Pharmacy, a private, faith-based university in the southeastern

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