

EFFECT OF AN EMPATHY INTERVENTION ON STUDENT PERFORMANCE OF OPTIONS COUNSELING.

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Medical students are trained to honor patient autonomy¹⁵. Curricular emphasis on competence in options counseling will benefit students planning to pursue any specialty where they will be providers for women of reproductive age. Prior studies have documented the gaps in education of many family planning topics^{5,7,8}. Interviews of OB/GYNs have shown that most of them valued having didactic training in abortion care during their undergraduate medical training, even if they opted out of surgical abortion training¹⁶ but many medical schools do not include any formal training on family planning topics⁷.

Student participation in this empathy intervention did not significantly improve their performance of pregnancy options counseling with respect to both competency and patient-perceived empathy. Overall, students performed very well on the Objective Structured Clinical Examination (OSCE) at the end of the block with the overall average score being 83.7% on the exercise. However, there were clear gaps in student competency in performance of options counseling. Specifically, many students neglected to mention adoption as an option and several neglected to mention continuation or termination as options. There was not a significant difference between the control and intervention groups, which suggests that a one-hour empathy intervention is not sufficient to meet the APGO educational objectives regarding pregnancy options counseling.

A significant difference between the two groups was seen in the area of patient-perceived comfort. Students who participated in the empathy intervention were perceived by the standardized patients in to be more comfortable with delivering the positive pregnancy test result and handling the patient's initial emotional silence than students who did not participate in the small group session. There was no significant difference between the groups in student-perceived comfort level when the students filled out the self-assessment in the post-encounter form.

Strengths of this study include its randomized design and implementation in a single institution thereby ensuring consistency in the curriculum of the control arm, the use of an OSCE that has previously been piloted at another institution and used in another randomized control trial,¹³ and consistency of small group facilitators as the same patient-facilitators were leading the small groups throughout the study. One of the limitations of the study is having the standardized patient evaluate the students after the encounter. The study by Lupi, et al. utilized a blinded observer for the OSCE¹³ and this would be a way to limit subjectivity and variation in scoring. Another limitation of the study was the requirement that the CAPE trained the actors for the OSCE. Without being part of the training process for the standardized patients, it is difficult to be sure that the actors were able to evaluate the students completely. This limitation would also be addressed with a blinded observer performing the evaluations for the students as this observer could easily be trained by the researchers to evaluate the study participants.