Scottish School of Primary Care

GP Clusters

Briefing

Paper 14

Measuring and Enhancing Empathic, Patient-Centred Care

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Improvement Topic Series

The improvement topic series is a set of briefing papers about areas of quality and safety which general practice clusters could usefully focus improvement activity on. They summarise research, guideline and other evidence about areas of care which can be improved, and improvement methods and interventions.

Improvement Topic 14—Measuring and enhancing empathic, patient-centred care

The consultation between the healthcare professional and the patient is at the heart of primary care. High quality care requires a combination of clinical skills including empathic, patient centred interpersonal skills. The Consultation and Relational Empathy (CARE) Measure is a validated and widely used tool which captures patients' views on the clinical encounter. It can be used by a wide-range of healthcare staff. The CARE Approach is a free online toolkit, which can be used alone or in conjunction with the CARE Measure, to enhance practitioners interpersonal skills. This paper describes the development, validity, and utility of the CARE Measure, and the contents of the CARE Approach, and how both can be used to improve the quality of the patient experience.

Empathic, patient-centred consulting

Empathic, patient-centred is central to high quality healthcare.[1] The clinical encounter between healthcare professional and patient lies at the heart of care, where important issues of concern to the patient are discussed and explored, and clinical decisions made that may have profound effects on the future health and wellbeing of the individual. Empathy is strongly related to good experience of care by patients and patient enablement[2], and can also improve health outcomes.[3,4] Contrary to common opinion, there is little evidence that empathy increases clinician burn-out but rather most studies suggest that it protects against burn-out.[4]

Measuring empathy

There are numerous ways to try measure practitioner empathy, from self-report, observer-rated, or patient-rated. Self-reported empathy is the simplest method to collect data but does not correlate with patient-rated empathy.[5] Patient-reported empathy measures on the other hand predict outcomes, and -although more time-consuming to collect than self-reported measures- are feasible depending on the measure and the setting, Observer-rated methods are laborious and very time-consuming, and seldom used outside of research settings.

The Consultation and Relational Empathy (CARE) Measure was developed and validated in primary care in Scotland, and is one of the most widely used patient-rated measures of empathy in the world.[6] It was based on a broad definition of empathy, relevant to healthcare. This definition stated that empathy in the clinical context involves an ability to;

1. Understand the patient's situation, perspective, and feelings (and their attached meanings)
2. Communicate that understanding and check its accuracy, and
3. Act on that understanding with the patient in a helpful (therapeutic) way.

The CARE Measure contains 10 items, rated by the patient after the consultation on a scale of 1 to 5 (poor to excellent). Each item has an explanation to help the patient understand its meaning (see appendix). The wording of the items in the measure, and the explanations, were informed by qualitative interviews with patients in both affluent and deprived areas.[6,7] The CARE Measure has undergone extensive validation in primary care and in other clinical settings.[8-10] A recent independent systematic review identified it as the most valid and reliable measure patient-rated empathy currently available.[11]

An important feature of the CARE Measure is its ability to reliably discriminate between healthcare professionals when a feasible number of patient ratings are collected for each practitioner.[7] The graph below shows the increase in reliability as the number of patient-ratings per GP increases. As can be seen from the figure, approximately 50 patient scores are required per doctor to ensure a high level of reliability (gold-standard reliability being a co-efficient of 0.8 or above). Given the high numbers of patients seen in primary care, collecting 50 questionnaires per healthcare practitioner is usually not an onerous task.

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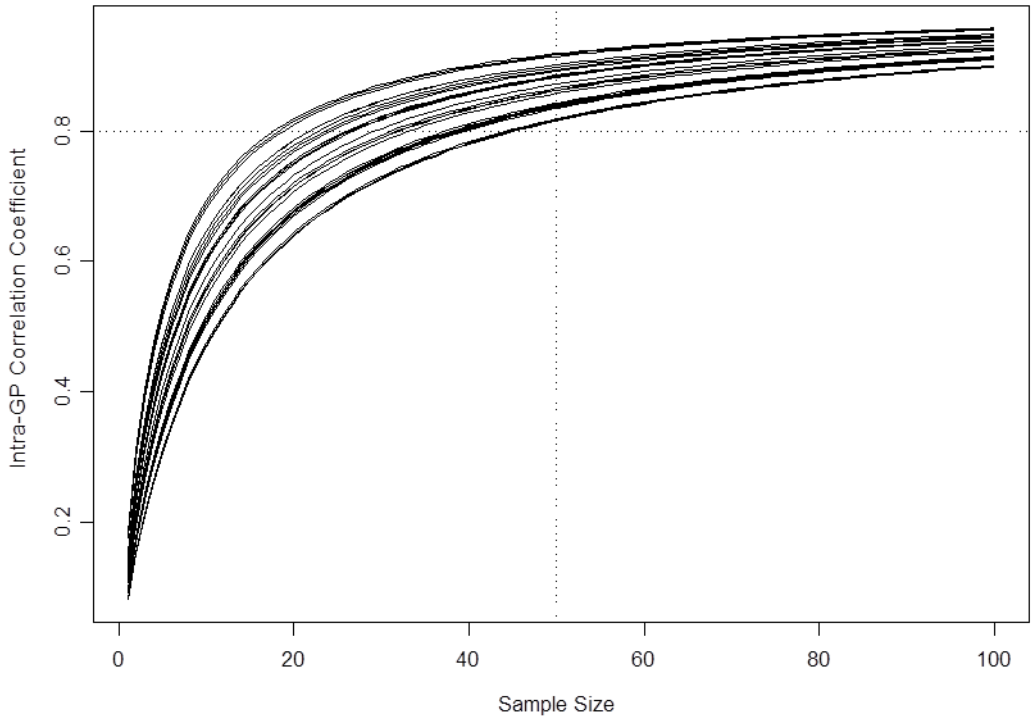

Figure 3: Relationships between the intra-GP correlation coefficient and sample size for each GP, based on the estimated between-GP variance and observed within-GP variances of CARE measure scores. Horizontal and vertical lines indicate that with a sample of 50 patients, a GP is likely to obtain a reliable estimate of their mean CARE measure score (correlation >0.8)

Implementation in real-life NHS practice

The CARE Measure has been routinely used in the NHS for over ten years. It is used in GP annual appraisal and revalidation, and is also used as part of workplace-based assessment of GPs in training as part of their MRCGP qualification. It has been validated across a range of other disciplines and specialities, and has been recommended for use by all health care professionals by the Scottish Government since 2010.[12] There is a CARE Measure website that generates a report for healthcare professionals that is suitable for appraisal purposes (www.caremeasure.org). The CARE Approach is a learning tool derived from the CARE Measure. It has four components;

Connecting with the patient as a person rather than the diseases

Assessing holistically using a biopsychosocial approach

Responding empathically and in a validating way

Empowering and enabling including supporting self-management

Each component is discussed in a series of modules, with learning exercise and video-clips to prompt thought and discussion. The tool can be used individually, or in a group setting. It has undergone preliminary evaluation in Scotland by NHSES, who commissioned an independent evaluation of a number of pilot sites that had used the learning tool.[13] The feedback was generally very positive. It is available free of charge in Scotland to healthcare practitioners at this website;

https://www.gla.ac.uk/researchinstitutes/healthwellbeing/research/generalpractice/careapproach/

It is also available as a book, which contains additional modules.[14]

Implication for collaborative quality improvement in general practice clusters

Empathy in the clinical encounter would be a suitable topic for general practice clusters because it is a topic which matters to staff, and for which there is a suitable resource that is freely available (the CARE Approach) and a measure that could be used to chart progress, which can also be used for appraisal and revalidation.

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