

Being a patient: a medical student's perspective

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Abstract: Medical education follows the clinical drive toward patient-centered care and, therefore, puts strong emphasis on the development of empathy by medical students. It has, however, been found that there is a decline in empathy throughout a student's education. Students' participation in role-play as the doctor has been proved to improve patient care in a clinical capacity. Here, it is proposed that patient role-play can enhance patient care holistically, by enhancing key communication skills and student's empathy.

Keywords: empathy, role-play, medical education

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Empathy and maintenance of the patient at the center of the care process have been shown to decline as a student progresses through their medical education. This occurs despite a strong focus on the teaching of communication skills by medical schools and the ubiquitous reinforcement of patient-centered care in the current health care system.^{1,2} The reasons for which this decrease in empathy exists are several, including poor work-life balance and a low sense of well-being. In solving the decrease in empathy by medical students, these elements must be investigated pragmatically and each offered an appropriate solution, for example, by practicing mindfulness and stress-reducing techniques.³ However, that is beyond the scope of this article, which focuses on generic mechanisms of developing empathy in medical students regardless of the underlying cause of decline.

Simulated patient/doctor role-play has been demonstrated to improve patient care, by developing student knowledge of medical conditions and communication skills, with which comes an element of improved empathy.⁴ It is known that where students take on the role of the doctor benefits accrue not only in gaining knowledge, but also in developing an understanding of the role of the doctor and the significance of building up rapport with patients.⁵ Here, we propose that a valuable learning opportunity is presented in the student taking on the role of the patient as well as the doctor. Current literature regarding the student as the patient is promising in supporting development of empathy, and further emphasis is required to promote the formal inclusion of patient role-play in the medical curriculum.⁶

Empathy is the ability to identify and understand another person's emotional state.⁷ While students may understand the importance of empathy, there is currently no consensus on the appropriate method for teaching this quality.⁸ McKee categorizes emotional intelligence into five domains,⁹ with empathy being suggested as the most

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difficult of those domains to develop.¹⁰ Those students who have had higher level formal training in the development of empathy are able to attend the patient holistically, rather than on a purely medical basis.¹¹ Therefore, it derives that should all medical students receive appropriate formal training in empathy, all will provide appropriate holistic patient care.

Tomorrow's Doctors require that a doctor must reflect on their actions.¹² Peer feedback is a critical part of learning and reflection and a critical dimension of a medical student's development. Where students make up both parties in the patient–doctor scenario, they can analyze various communication techniques and styles demonstrated by peers. Personal experience, both in delivering and receiving empathetic statements made by fellow students, potentiates the understanding of how best to provide quality care and enhance patient satisfaction.¹³

Support for the inclusion of this form of simulation is evident in educational theory. Role-play engages Kolb and Fry's four domains of "learning environments".¹⁴ These include allowing a student to experience a diverse array of communication styles; reflect on their effectiveness; and subsequently incorporate that into future practice.¹⁵ Furthermore, student engagement provides active learning and can be used to deliver clinical content from the curriculum.¹³ In this manner, the student not only gains core clinical competencies but also enhances their own medical knowledge, combining key elements of clinical presentations with those situations where empathy is vital.

Although students do play the patient in some medical schools, this is not the case in all UK medical schools. Often, students role-play the patient during informal revision or teaching times, rather than as part of the core communication skills sections of the curriculum. Teachers associated with the University of Birmingham Medical School suggest that students practice history taking and patient examination as peer groups and often students volunteer as the patient during group sessions. However, during formal communication skills teaching, external actors and patient volunteers play the patient role, and students take on the role of themselves or the health care professional.

The student as the patient in role-play has similar effectiveness to simulated-patient role-play.¹⁶ Yet, there are additional benefits to incorporating students as the patient. Simulated patients generally necessitate financial expenditure, whereas medical students do not, therefore saving on resources.^{6,17} Additionally, the student develops transferrable skills such as providing feedback which is useful in peer study

sessions and in teaching, a compulsory part of the doctor's working life.

Role-play is a well-known phenomenon to medical students, and the participation in both sides of the doctor–patient partnership is not alien to them. However, personal experience notes that considerably more emphasis is placed upon the student as the doctor, rather than the patient. Although this is sensible considering the student is working toward becoming a doctor, for the student to provide holistic patient care they must possess empathy. While no two medical students are the same, the completion of the degree and the ability to competently undertake a career in the profession necessitate certain personality attributes. Quantitative research into the value in students taking on the role of the patient is limited, but current literature and personal experience are positive and an alteration in the formal medical curriculum to include the student playing the role of the patient can result in an improved caliber of doctor graduating from UK medical schools.

Disclosure

The authors report no conflicts of interest in this work.

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