

**Royal College of General Practitioners and Warwick Medical School
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Abstract Submission Form**

PRESENTER'S DETAILS	
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Category Research	
PRESENTATION DETAILS	
Authors Tierney, S Perry, S Özer, C-T	Title of Study Compassion in healthcare: A circular phenomenon and a shared responsibility, but where does medical education fit in?
What's the problem you are tackling? Delivering compassionate care (CC) is a defining part of health professionals' role, underpinned by its inclusion as a key value in the NHS Constitution. Self-compassion is recognised as a potential facilitator of compassion towards others (e.g. patients and colleagues). The role of educators in advancing CC and self-compassion has been little investigated from the perspective of trainee doctors. Without such understanding, it remains unclear how medical schools can support and prepare students to be compassionate to self and others. Our qualitative study set out to explore this gap in knowledge.	
How did/will you do it? Four focus groups were conducted with 31 student doctors from one graduate-entry course. Purposive sampling achieved variation in terms of year of study, gender and age of participants. Thematic analysis (Braun and Clarke, 2006) was used.	
What did you find? Four key themes were developed from the data: <ul style="list-style-type: none"> • Authentic compassion – humanity in a clinical setting • Functional compassion – an instrumental resource • Micro level – focusing on individuals • Macro level – a communal remit <p>Within these themes, a circularity to compassion was articulated, which encompassed students themselves, their peers, lecturers, the medical school culture, patients, role models in practice and the wider healthcare system. The presentation will focus on this circular phenomenon.</p>	

Why does this matter?

Participants' narratives highlighted that compassion towards self and others was dependent on more than an innate, personal drive. This has implications for values-based recruitment. Expression of CC appeared to be impeded by a lack of preparation for its demonstration in challenging clinical situations, and because of difficulties associated with legitimising self-compassion. Data suggested that compassion to self and others should underpin all aspects of medical training, and not be seen as an add-on to biomedical and clinical knowledge.