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INTRODUCTION

The updated **Good Medical Practice**¹ guidance emphasises the need for clinicians to treat patients with **kindness, courtesy, and respect**. Attitudes towards **homelessness** are crucial in shaping **equitable healthcare** delivery, as rough sleepers face significant barriers to care.

This project **evaluates medical students' compassion** scores before and after a targeted training session.

METHODS

Fact- and **narrative-based teaching sessions** were created to **promote compassion** via **research, patient stories, and expert insights**. 40-minute sessions were delivered simultaneously online to **self-selected clinical year medical students**. Compassion was measured using a **novel, 13-item, domain based², self-reported questionnaire**. Validation demonstrated good **intraclass correlation coefficient (0.908)** and **internal validity-coefficient ($\alpha=0.713$)**.

Demographics of both interventions were matched and had **similar baseline compassion** scores.

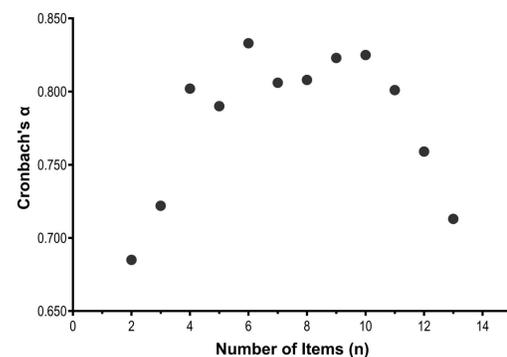


Figure 1: Number of Items against Internal Validity Coefficient (α). This indicates a satisfactory level of internal validity.

RESULTS

Cycle one recruited **11 participants** randomly assigned to each intervention. The **fact-based intervention** yielded a **statistically significant increase of compassion scores** from a **median±IQR** score of **42±9.00 to 57±6.50**, while the narrative-based intervention resulted in a non-significant increase from a **median±IQR** of **42.50±16.25 to 56.00±20.00**.

Feedback-driven refinements were made to Cycle two; however, this yielded qualitative data only due to recruitment difficulties.

Compassion Domains

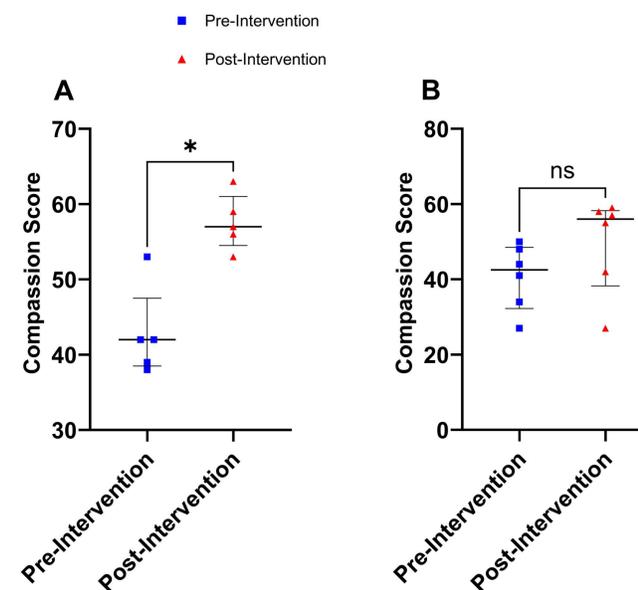
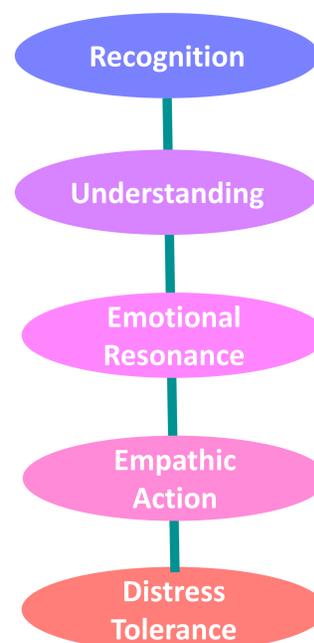


Figure 2: A) Results of PDSA cycle one fact-based intervention (n=6, d=0.798). B) Results of PDSA cycle one narrative-based intervention (n=5, d=0.440). (*p<0.05, Mann-Whitney U test, ns=p=0.1385).

DISCUSSION

Cycle one supports the internal validity of the compassion questionnaire and efficacy of online teaching in improving compassion scores. The greater impact of the fact-based intervention suggests **empirical evidence may be more persuasive for future clinicians**.

Feedback-driven refinements were made to Cycle two interventions, however, recruitment shortcomings led to inadequate sample sizes. Self-selection sampling **limited generalisability**, requiring future cycles to improve recruitment and sampling methods.

CONCLUSION

Cycle one supports the efficacy of online teaching in measurably improving compassion scores. The greater impact of the fact-based intervention in this student sample indicates the need for patient and clinician experience to be supported by empirical evidence. Understanding the impact of homelessness on health necessitates **dedicated time to be added to the medical education curriculum** to foster well-rounded clinicians.

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