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Enseigner la compassion par une activité d'apprentissage expérientiel dirigée par une association citoyenne pour les étudiants en médecine de premier cycle : le projet Empathie

Lina Shoppoff, Christine Mathew, Kaite Burkholder Harris, Laura Muldoon , Sydney Persaud, Sophia Kelly-Langer, Elisha Davidson, Moira Alie, Carissa Grondin et Claire E Kendall

Volume 16, numéro 2, 2025

URI : <https://id.erudit.org/iderudit/1118226ar>
DOI : <https://doi.org/10.36834/cmej.79452>

[Aller au sommaire du numéro](#)

Éditeur(s)

Canadian Medical Education Journal

ISSN

1923-1202 (numérique)

[Découvrir la revue](#)

Citer cet article

Shoppoff, L., Mathew, C., Burkholder Harris, K., Muldoon, L., Persaud, S., Kelly-Langer, S., Davidson, E., Alie, M., Grondin, C. & Kendall, C. (2025). Teaching compassion through a community-led, experiential learning activity for undergraduate medical students: The Empathy Project. *Canadian Medical Education Journal / Revue canadienne de l'éducation médicale*, 16(2), 74–76. <https://doi.org/10.36834/cmej.79452>

Résumé de l'article

Énoncé des implications de la recherche

Nous avons co-animé une activité d'apprentissage expérientiel communautaire obligatoire pour les étudiants en médecine avec l'Alliance to End Homelessness Ottawa (l'Alliance pour mettre fin à l'itinérance) qui montre la faisabilité et l'impact positif de l'intégration d'un apprentissage dirigé par une association citoyenne dans le programme d'études médicales.

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Enseigner la compassion par une activité d'apprentissage expérientiel dirigée par une association citoyenne pour les étudiants en médecine de premier cycle : le projet Empathie

Lina Shoppoff,^{1,4} Christine Mathew,² Kaite Burkholder Harris,³ Laura Muldoon,¹ Sydney Persaud,⁴ Sophia Kelly-Langer,³ Elisha Davidson,³ Moira Alie,³ Carissa Grondin,² Claire E Kendall^{1,4}

¹Department of Family Medicine, Faculty of Medicine, University of Ottawa, Ontario, Canada; ²Social Accountability, Faculty of Medicine, University of Ottawa, Ontario, Canada; ³Alliance to End Homelessness Ottawa, Ontario, Canada; ⁴Bruyere Research Institute, Ontario, Canada
Correspondence to: Claire E. Kendall, 451 Smyth Rd, Ottawa, ON K1H 8L1; email: ckendall@uottawa.ca

Published ahead of issue: Jan 20, 2025; published: May 1, 2025. CMEJ 2025, 16(2) Available at <https://doi.org/10.36834/cmej.79452>

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Implication Statement

We co-facilitated a mandatory community-led experiential learning activity for medical students with the Alliance to End Homelessness Ottawa that demonstrates the feasibility and positive impact of incorporating community-led learning into the medical school curriculum.

Énoncé des implications de la recherche

Nous avons co-animé une activité d'apprentissage expérientiel communautaire obligatoire pour les étudiants en médecine avec l'Alliance to End Homelessness Ottawa (l'Alliance pour mettre fin à l'itinérance) qui montre la faisabilité et l'impact positif de l'intégration d'un apprentissage dirigé par une association citoyenne dans le programme d'études médicales.

Introduction

Social accountability is the obligation of medical schools to respond to societal needs.¹ A recent review found that most social accountability curricula are delivered through distributed education and community placements.² While many studies also reported activities incorporating community engagement and advocacy, few of these incorporated collaborative delivery and implementation, including hosting and facilitating activities. Nurturing compassion among medical students—the ability to recognize and seek to alleviate suffering—is integral to addressing the needs of individuals and communities,³ and there is evidence that increased empathy among physicians—the ability to understand and perceive this suffering—improves patient outcomes.^{4,5} As such,

emphasizing these concepts is essential to a socially accountable curriculum.

Innovation

University of Ottawa Faculty of Medicine collaborated with the Alliance to End Homelessness Ottawa (ATEHO) to facilitate and deliver the *Empathy Project*. Developed and coined by the ATEHO, the *Empathy Project* was designed for students to experience a “day-in-the-life” of someone seeking to overcome the barriers to health associated with poverty and homelessness. The half-day activity was compulsory for all first-year medical students and delivered at the medical school. In facilitated small groups, supported by people with lived experience, students discussed a case of an individual experiencing challenges meeting core social needs, such as income and housing.

They then moved through a series of stations that simulate the experience of attempting to address these needs at different community organizations and services. Students discussed their experiences in facilitated small groups, with an emphasis on relational empathy and solution-oriented dialogue. The session concluded with a large group debrief. The Office of Research Ethics and Integrity at the University of Ottawa determined that ethics review was not required, as these results form part of a program evaluation.

Outcomes

We developed a post-session questionnaire based on the New World Kirkpatrick Model (Levels 1-3).⁶ The questionnaire consisted of 11 close-ended and two open-ended questions exploring students' perceptions of the session (reaction); attitudes, confidence, and commitment to integrating their learning (learning); and their intention to apply concepts learned to future education and practice (behavior). Questionnaires were delivered electronically via SurveyMonkey at the end of the sessions with one reminder a week later.

Of the participants, 52.9% ($n = 83/157$) responded to the questionnaire. See Table 1 for the complete results. Overall, participants agreed the facilitators well prepared (4.0 (SD 1.0)) and strongly agreed they conveyed the subject matter effectively (4.3 (SD 0.8)). While they agreed the activities stimulating (4.0 (SD 0.9)), they agreed but was less enthusiasm that the session was well organized (3.6 (SD 1.1)). Participants agreed they learned a lot (4.1 (SD 0.9)), would recommend the session (4.0 (SD 1.0)) and strongly agreed it was relevant to their future education and practice (4.6 (SD 0.6)) (Reaction). Participants strongly agreed that the session's concepts are important (4.8 (SD 0.5)). They were confident in their ability to integrate learnings into future education and practice (4.0 (SD 0.8)) and were very strongly committed to doing so (4.6 (SD 0.8)) (Learning). Participants very strongly believed they would apply the concepts learned in their future education and practice (mean 4.4 (SD 0.9)) (Behavior). In their open-ended responses, students provided qualitative feedback such as the following:

This session allowed us to understand the struggles that individuals facing homelessness encounter [...]and the importance of compassionate care as a physician. It also emphasizes the importance of ensuring we have a lot of knowledge pertaining to resources to help these individuals.

The acknowledgment of never truly knowing someone's situation—treating people with kindness

and support as a physician in order to produce an environment of trust and therefore adequate care.

I felt frustration and empathy for all of those going through this. While this was only a short simulation with stations, I was able to reflect on how much more difficult it would be to experience this in real life...

Table 1. Post-session questionnaire results (combined Anglophone ($n = 62$) and Francophone ($n = 21$) participants)

Question	Mean score /5 (+/-SD) $N = 83$
Reaction	
Question #1: I found the facilitators well prepared for the session.	4.0 (1.0)
Question #2: I think the facilitators conveyed the subject matter effectively.	4.3 (0.8)
Question #3: The activities were stimulating.	4.0 (0.9)
Question #4: The session was well organized	3.6 (1.1)
Question #5: I have learned a lot in this session.	4.1 (0.9)
Question #6: I would recommend this session to another student.	4.0 (1.0)
Question #7: To what extent do you believe this session is relevant to your future education and practice?	4.6 (0.6)
Learning	
Question #8: To what extent do you believe that the concepts raised during this session are important?	4.8 (0.5)
Question #9: To what extent are you confident in your ability to integrate what you learned into your future education and practice?	4.0 (0.8)
Question #10: To what extent are you committed to integrating what you learned into your future education and practice?	4.6 (0.8)
Behaviour	
Question #11: To what extent do you believe you will apply the concepts of the session in your future education and practice?	4.4 (0.9)

Interpretation: Strongly Disagree: 1.0 – 1.8, Disagree: >1.8 – 2.6, Neither Agree nor Disagree: >2.6 – 3.4, Agree: >3.4 – 4.2, Strongly Agree: >4.2 – 5.0.

Discussion

Our study demonstrates the feasibility and potential impact of incorporating community-led learning into the mandatory medical school curriculum, supporting recommendations from a previous study.⁷ Our assessment of students' reaction, learning and behavior were positive, consistent with a previous review suggesting that students find participation in community engaged activities meaningful with the potential to positively influence future patient care.² Their feedback suggests that both empathy and compassion were nurtured among medical students who engaged with community members through this initiative.

Next steps

In 2024, we will deliver sessions to smaller cohorts to increase contact time and improve the session flow. We will conduct a pre-test questionnaire and will aim for higher response rates by enlisting student leaders and distributing questionnaires during the session.⁸ As the most important measure of socially accountable medical education is whether curriculum increases the skills graduates need to deliver care to diverse populations, future work should assess impact in terms of competencies achieved and practice decisions.

Conflicts of Interest: Claire E. Kendall is supported by a Clinical Research Chair Award from the Faculty of Medicine, University of Ottawa and by the Bruyère Research Institute. All other authors do not have any conflicts of interest to disclose.

Funding: Funding for this activity was provided by the University of Ottawa Faculty of Medicine.

Edited by: Adam Neufeld (section editor); Anita Acai (senior section editor); Marcel D'Eon (editor-in-chief)

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