

The CARE Measure – summary of research and current use (2009)

Background

The Consultation and Relational Empathy (CARE) Measure is a consultation process measure developed by Professor Stewart Mercer and colleagues in the Departments of General Practice at Glasgow University and Edinburgh University. It is based on a broad definition of empathy in context of a therapeutic relationship within the consultation (clinical encounter). The wording reflects a desire to produce a holistic, patient-centred measure that is meaningful to patients irrespective of their socioeconomic position. The measure has been extensively validated (see below) and is widely used in the UK and internationally. A summary of the research is shown below, followed by a summary of the ways in which the CARE Measure is currently being used in practice.

Published work on the CARE Measure (2002-2009)

Theoretical underpinning

- Mercer SW and Reynolds W. Empathy and quality of care. BJGP 2002, 52 (Supplement), S9-S12
- Neumann M, Bensing J, Mercer S, Ernstmann N, Ommen O, Pfaff H. Analyzing the “nature” and “specific effectiveness” of clinical empathy: A theoretical overview and contribution towards a theory-based research agenda. Patient Education and Counseling 2009, 74:339-46

Validity and reliability of the CARE Measure

- Mercer SW, Watt, GCM, Maxwell M, and Heaney DH. The development and preliminary validation of the Consultation and Relational Empathy (CARE) Measure: an empathy-based consultation process measure. Family Practice 2004, 21 (6), 699-705
- Mercer SW, McConnachie A, Maxwell M, Heaney DH, and Watt GCM. Relevance and performance of the Consultation and Relational Empathy (CARE) Measure in general practice. Family Practice 2005, 22 (3), 328-334
- Mercer SW and Howie JGR. CQI-2, a new measure of holistic, interpersonal care in primary care consultations. BJGP 2006, 56 (525), 262-268
- Mercer SW, Murphy DJ. Validity and reliability of the CARE Measure in secondary care. Clinical Governance: An International Journal 2008, 13; 261-283

- Mercer SW, Hatch DJ, Murray A, Murphy DJ, Eva HW. Capturing patients' views on communication with anaesthetists: the CARE Measure. *Clinical Governance: an international journal* 2008, 13 (2) : 128-137
- Murphy DJ, Bruce DA, Mercer SW, Eva KW . The reliability of workplace-based assessment in postgraduate medical education and training: a national evaluation in general practice in the United Kingdom. *Advances in Health Sciences Education* 2009, 13: 219-232
- Fung C, Mercer SW. A qualitative study of patients' views on quality of primary care consultations in Hong Kong and comparison with the UK CARE Measure. *BMC Family Practice* 2009, 10:10
- Fung C, Hua A, Tam L, Mercer SW. Reliability and validity of the Chinese version of the CARE Measure in a primary care setting in Hong Kong. *Family Practice* 2009 26(5):398-406

Effect of CARE on outcomes

- McPherson H, Mercer SW, Scullion T, Thomas KJ. Empathy, enablement, and outcome: an exploratory study of acupuncture patients' perceptions. *J Alt. Comp. Med.* 2003, 9(6), 869-876.
- Mercer SW. Practitioner empathy, patient enablement, and health outcomes of patients attending the Glasgow Homoeopathic Hospital : a retrospective and prospective comparison. *Wien. Med. Wochenschr.* 2005, 155, 21-22, 498-501
- Bikker AP, Mercer SW, Reilly D. A pilot prospective study on the consultation and relational empathy, patient enablement, and health changes over 12 months, in patients going to the Glasgow Homoeopathic Hospital. *J Alt. Comp. Med.* 2005, 11 (4), 591-600
- Price S, Mercer SW, McPherson H. Practitioner empathy, patient enablement, and health outcomes: a prospective study of acupuncture patients. *Patient Education and Counseling* 2006, 63 (1-2), 239-245
- Neumann M, Wirtz W, Bollschweiler E, Mercer SW, Warm M, Wolf J, Pfaff H. Determinants and patient-reported long-term outcomes of physician empathy in oncology: A structural equation modelling approach. *Patient Education and Counseling* 2007, 69: 63-75
- Mercer SW, Neumann M, Wirtz W, Fitzpatrick B, Vojt G. Effect of General Practitioner empathy on patient enablement, and patient-reported outcomes in primary care in an area of high socio-economic deprivation in Scotland - A pilot

prospective study using structural equation modelling. *Patient Education and Counseling* 2008, 73; 240-245

Other published studies that have used the CARE Measure

- Mercer SW and Watt GMC. The inverse care law: clinical primary care encounters in deprived and affluent areas of Scotland. *Annals of Family Medicine* 2007, 5: 503-510
- Mercer SW, Fitzpatrick B, Gourlay G, Vojt G, McConnachie A, Watt GCM. More time for complex consultations in a high deprivation practice is associated with increased patient enablement. *BJGP* 2007, 57: 960-966

Studies that informed or support the use of the CARE Measure

- Mercer SW, Cawston PG, Bikker AP. Patients' views on consultation quality in primary care in an area of high deprivation; a qualitative study. *BMC Family Medicine* 2007, 8:22
- Mercer SW and Reilly D. A qualitative study of patients views on the consultation at the Glasgow Homoeopathic Hospital. *Patient Education and Counselling* 2004, 53 (1), 13-18
- Mercer SW, Reilly D and Watt GCM. The importance of empathy in the enablement of patients attending the Glasgow Homoeopathic Hospital. *BJGP* 2002, 52 (484), 901-905

Current use of the CARE Measure

- The CARE Measure has been named in the draft Quality Strategy of the Scottish Government as the measure of choice for healthcare staff in the NHS in Scotland for patient feedback in appraisal and revalidation.
- The CARE Measure is accredited and is routinely used in the appraisal of GPs in Scotland by NHS Education Scotland and the RCGP Scotland (since 2003) and has been available as a web-based feedback system run by RCGP Scotland since 2006 (www.caremeasure.org)
- Also accredited by RCGP (UK) for use in membership by assessment and international membership by assessment since 2006
- The CARE Measure is a compulsory component of the assessment of all GPs in training in the UK (since 2007), as part of workplace-based assessment for the new MRCGP exam

- The CARE Measure is being used (with the CQI_2) in the ‘Year of Care’. The year of care initiative is a partnership between the Department of Health, Diabetes UK, NHS Diabetes and The Health Foundation which aims to deliver a personalised approach to care for people with long term conditions, including support for self management
- The CARE Measure has been piloted as a patient-feedback tool by the Royal College of Anaesthetists
- The CARE Measure has been included in the National Quality Measures Clearing House (NQMCH) in the USA, which is sponsored by the Agency for Healthcare Research and Quality (AHRQ), U.S. Department of Health and Human Services, and is a public repository for evidence-based quality measures and measure sets. See <http://www.qualitymeasures.ahrq.gov/>
- The CARE Measure has been translated and validated into a number of languages and is being used by independently by researchers in Europe, USA, Canada, China, and Japan
- Current collaborative research with Stewart Mercer:
 - Japan: Daiwa Foundation funding in 2006 to translate, validate, and pilot the utility of the CARE Measure in primary care (ongoing) with Nagoya University.
 - Hong Kong: Translation, validity and performance of the CARE Measure with Dr Colman Fung, Chinese University of Hong Kong (ongoing)
 - Germany: German version of the CARE Measure translated and validated by Dr Melanie Neumann and colleagues at the Universities of Cologne and Freiburg and used in studies in oncology and primary care (ongoing)

Independent research / use of the CARE Measure

- UK:
 - Dr Susan Kennedy, Lecturer, Department of Nursing Studies at Glasgow University is using the CARE Measure as an assessment of nurses communication in ‘Keep Well’ the Scottish Governments’ flagship health inequalities intervention
 - Dr Madeline Murtagh, Senior Lecturer in Social Science and Public Health at the Institute for Health and Society at University of Newcastle is using the CARE Measure in a relational approach to decision making support in consultations

- Dr Sarah Flyer, Clinical Neuropsychologist, is using the CARE measure to evaluate a training course for nurses and unqualified care staff for the Acquired Brain Injury Service in Cumbria
 - Dr. Johnson D'souza, a General Practitioner based in Castleford in West Yorkshire, undertaking a MSc in Diabetes Care, who is using the CARE Measure to assess patient satisfaction with the care plans in diabetes care
 - Dr Selena Ledwidge, a Specialist Registrar in General Surgery in Oxford currently studying for a Masters in Surgical Education at Imperial College, London who is using the CARE measure to obtain feedback from patients
 - Michelle McArthur, PhD student in Clinical Psychology, UK, is using an adopted version of the CARE Measure to assess veterinarians' communication skills and client (owner) satisfaction
- International;
- Professor Bruce Barrett, Department of Family Medicine, University of Wisconsin, USA, in a National Institute of Health-funded major RCT (with over 700 patients) has found that the CARE Measure (as a measure of the doctor-patient interaction) predicts severity and duration of illness and immune response in the common cold. (see Rakel DP, Hoelt TJ, Barrett BP, Chewing BA, Craig BM, Niu M. Practitioner empathy and duration of the common cold. Fam Med 2009, 41(7); 494-501)
 - Dr Robin Muller, Behavioral Health, Consultant in Behavioural Health training, The Center for Family Practice of The Greenville Hospital System University Medical Group, South Carolina, USA, is using the CARE Measure to evaluate the effectiveness of Balint groups on consultation quality in primary care
 - Emily Bower, PhD student from Department of Family medicine, University of West Virginia, USA, is assessing medical students communication and empathy in OSCE using CARE Measure
 - Dr Lee McKinley has included the CARE Measure in the curriculum for second year medical students at Indiana University School of Medicine, USA
 - Dr Chris Dietz, Instructor of Anaesthetics, is using the CARE measure in an ethical training intervention with anaesthetists, at the Mayo College of Medicine. Mayo Clinic, Rochester, Minnesota, USA
 - Pieter Greef, a Master's student in Research Psychology, enrolled at the North-West University, South Africa, using the CARE Measure in his research on the development of a short-term training programme for forensic

interviewing.

- Robin Takeshita, a PhD student from Argosy University in Hawaii, is using the CARE Measure to assess oriental medicine practitioner empathy in the patient population in Hawaii
- Dr Jean-Pierre Jacquet is translating the CARE Measure into French and using it in the teaching of GPs at the National College of GP Teachers (College National des Generalistes Enseignants)
- Dr Pedro Laja and Professor Francisco Cardosa, Universidade de Trás-os-Montes e Alto Douro (UTAD), Portugal have translated the CARE Measure into Portuguese and are using it in a study on emotional intelligence and therapeutic alliance in clinical psychology
- Dr Julia Strupp is using the German version of the CARE Measure in a study with people suffering from MS at the Cologne Centre for Palliative Care
- Greek translation of the CARE Measure used at the 3rd International Geriatric Symposium, September, 2007, Rhodes, Greece, in an interactive clinical seminar with Greek general practitioners concerning their attitudes towards the frail geriatric patient in primary health care
- Dr Helen Richards, Lead Clinical Psychologist, is using the CARE measure with patients who have been assessed by medical students, at Mercy University Hospital, Cork

8. Explaining things clearly..... <i>(fully answering your questions, explaining clearly, giving you adequate information; not being vague)</i>	<input type="checkbox"/>					
9. Helping you to take control..... <i>(exploring with you what you can do to improve your health yourself; encouraging rather than "lecturing" you)</i>	<input type="checkbox"/>					
10. Making a plan of action with you ... <i>(discussing the options, involving you in decisions as much as you want to be involved; not ignoring your views)</i>	<input type="checkbox"/>					

The scoring system for each item is ‘poor’=1, ‘fair’ = 2, ‘good’ = 3, ‘very good’ = 4, and ‘excellent’= 5. All ten items are then added, giving a maximum possible score of 50, and a minimum of 10. Up to two ‘Not Applicable’ responses or missing values are allowable, and are replaced with the average score for the remaining items. Questionnaires with more than two missing values or ‘Not Applicable’ responses are removed from the analysis.

© Stewart W Mercer 2004

The CARE measure can be used free of charge. The Intellectual Property rights rest with Professor Stewart Mercer on behalf of the Scottish Government. The measure may not be used on a commercial basis If you would like more information, please contact;

For further information, and to download the measure please visit;

www.gla.ac.uk/departments/generalpractice/caremeasure.htm