The CARE (Consultation and Relational Empathy) Measure

Background Information

What is it?
The Consultation and Relational Empathy (CARE) Measure is a patient–assessed measure of the doctor’s communication and empathy in the consultation. It consists of ten items relating to the patient’s perception of the doctor’s understanding of, and response to, the patients concerns and fears, conceptualised as ‘relational empathy’. In essence it is a measure of the ‘human aspects’ of the clinical encounter, and deliberately does not seek to assess technical skills, which are best addressed by other methods.

How was it developed?
The CARE measure has been carefully developed and validated over the last 5 years by Dr Stewart Mercer and colleagues in the University of Glasgow and University of Edinburgh. The stimulation for the development of the measure initially came from qualitative and quantitative work with patients in a secondary care setting (Mercer and Reilly 2002, Mercer, Watt and Reilly 2003). This led on to a 3 year project in primary care, supported by the Chief Scientist’s Office of the Scottish Office, which further developed and validated the CARE measure (Mercer and Reynolds 2003) and tested it in a large study of 3,000 patients living in areas of high or low deprivation across 4 health board regions in Scotland. On the basis of this detailed work, NHS Education in conjunction with the Royal College of General Practitioner’s (Scotland) has accredited it for GP appraisal and re-validation, and included it in an appraisal and re-validation ‘toolkit’ for use by all GPs in Scotland.

Is it relevant to secondary care?
The items in the CARE Measure relate closely to what patients say they want from all consultations with doctors (not just with GPs). The final version of the CARE Measure was piloted in a secondary care setting, and was found to be predictive of patient satisfaction, patient enablement, and symptom reduction at 3 months. The Centre for Change & Innovation’s recent pilot study with Consultants from a range of specialties in an Acute Hospital setting further supports the utility of the CARE Measure as a tool for development and appraisal by consultants in a secondary care setting.

References:
Mercer SW and Reynolds W. Empathy and quality of care. BJGP 2002, 52 (Supplement), S9-S12

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


Further information is available at: www.gla.ac/departments/generalpractice/caremeasure
Dr Stewart Mercer, GP and Senior Research Fellow, is contactable at stewmercer@blueyonder.co.uk