LETTER

Could compassion cure the common cold?

Eleanor Watkins[1]

[1]Medical Education Directorate, NHS Lothian, Edinburgh, UK

Corresponding author: Eleanor Watkins, eleanor.watkins@nhs.scot

Dear Editor-in-Chief,

I read 'Effect of simulation-based team training on sick leave among healthcare professionals: a multisite controlled follow-up study' [1] with great interest. As a paediatric trainee, I am already recognizing the impact and importance of staff wellbeing and anticipate it being a critical component of my future career. I commend the authors for their work to gather quantitative data in what is a multi-faceted but crucial issue. What many interested in medical education may understand anecdotally – that a department which achieves a culture of training is one that thrives – must be evidenced if we wish to continue to make strides within the simulation-based training (SBT) sphere. Despite the challenges and limitations acknowledged by the research team, this study represents an important foundation for future work.

I wonder though whether there is more to discover in the discussion of this piece? Could we infer reduced sick leave secondary to reduced burnout from more than just 'fostering a sense of competence and confidence' [1]? The authors offer enhanced self-efficacy as a potential cause of their observed effect; but were we instead to use a lens of Compassionate Leadership [2], could we additionally hypothesize that this outcome was in part driven by a culture shift to one of greater compassion? The Compassionate Leadership framework describes three core needs of autonomy, belonging and contribution. Using these, I would argue that the introduction of regular SBT – delivered within established teams and bolstered by an in-situ local ambassador – would have an impact beyond increased self-efficacy alone.

I suggest regular SBT would promote greater autonomy by giving team members opportunities to shape their training in a way that is personally relevant and fulfilling. Furthermore, there would be increased autonomy within clinical practice through a better understanding of practitioner roles and mastery of their skills. I imagine a department where training is at the heart of its dynamic would foster a sense of belonging by demonstrating that its team members are sufficiently valued to warrant invested time and effort in facilitating them becoming the best versions of themselves. I recently participated in a simulation programme preparing trainees for registrar roles and the feedback from that course was that beyond the learning and skills acquired the fact that senior team members had invested time into the course 'made us feel valued as trainees' [3]. To then partake in SBT within a team that you will collaborate with on a day-to-day basis affirms a sense of belonging within a workplace cohort. Finally, how better to enable a staff member to contribute positively to their working environment than by regularly practising what their contribution may look like? Echoing the findings of Leyland [4], simulating a scenario then gives 'the confidence to "become more involved"' even within the profoundly difficult exemplar of parent bereavement. Regardless of the modality of SBT offered, any scenario where a team member is able to enhance skills that can then be applied in a real-world situation must surely solidify both the value and efficacy of their potential contribution.

As I look forward to further research that must be done into evidencing the positive benefit of embedded SBT, I believe that we should not underestimate the power of the compassion that the practice establishes. Although compassion may not be able to cure the common cold, if it could reduce burnout and the sick leave that may be a consequence of it, perhaps its impact could be as transformative.

Declarations

Authors' contributions

None declared.

Availability of data and materials

None declared.

Ethics approval and consent to participate

None declared.

Competing interests

None declared.

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