

**CURRICULUM DEVELOPMENT USING VR TECHNOLOGY TO  
ENHANCE EMPATHETIC COMMUNICATION SKILLS IN FUTURE  
HEALTH CARE PROFESSIONALS**



**APPENDIX**

# Table of Contents

<b>1. EDUCATIONAL VIDEOS</b> .....	<b>3</b>
EDUCATIONAL VIDEO 1: SCENARIO 13 (REGISTRATION FOR BIRTH AND DISCUSSING BIRTH PLAN WITH RECENTLY MIGRATED CLIENT) ....	3
EDUCATIONAL VIDEO 2: SCENARIO 8 (MEDICAL CONSULTATION: PATIENT WITH HIGH CARDIOVASCULAR RISK) .....	8
EDUCATIONAL VIDEO 3: SCENARIO 6 (EMPATHY CULTURAL DIVERSITY, WORKING WITH INTERPRETER: IMMIGRANT PATIENT WITH LUNG INFECTION).....	14
<b>2. ROLE PLAYS</b> .....	<b>24</b>
ROLE PLAY 1: SCENARIO 2 (ASSESSMENT AND PAIN MANAGEMENT IN PREGNANT CLIENT WITH LANGUAGE BARRIER) .....	24
ROLE PLAY 2: SCENARIO 3 (NEWBORN WITH WEIGHT GAIN CHALLENGES: SHARING INFORMATION AND COMMUNICATING RISK) .....	29
ROLE PLAY 3: SCENARIO 4 (ELDERLY PATIENT AFTER HIP REPLACEMENT: COMMUNICATING WITH THE CONFUSED/ ANGRY PATIENT) ...	36
ROLE PLAY 4: SCENARIO 9 (ADOLESCENT WITH DIABETES: SHARED DECISION MAKING IN CHALLENGING SITUATIONS).....	43
<b>3. VR SCENARIOS</b> .....	<b>50</b>
VR SCENARIO 1: SCENARIO 1 (MANAGEMENT OF A WOMAN IN LABOUR: THE PROCESS OF PROVIDING PATIENT CENTRED CARE) .....	50
VR SCENARIO 2: SCENARIO 5 (YOUNG PATIENT WITH CHRONIC MUSCULOSKELETAL PAIN: SHARED DECISION MAKING WITH PATIENT AND FAMILY).....	59
VR SCENARIO 3: SCENARIO 7 (YOUNG PERSON WITH NEW DIAGNOSIS OF CANCER: THE PROCESS FO SHARING BAD NEWS) .....	78

# 1. EDUCATIONAL VIDEOS

## Educational Video 1: Scenario 13 (Registration for birth and discussing birth plan with recently migrated client)

<b>Scenario 13: Registration for birth and discussing birth plan with recently migrated client</b>
<b>Type of scenario: Educational Video</b>
<b>Institution: Charité</b>
<p><b><u>A. Learning objectives</u></b></p> <p>The learning objectives of this scenario relate to the knowledge, skills and competences of the following work areas of the EmpathinHealth Qualification Framework:</p> <p><b>1.1 Understanding empathy and qualities/competencies necessary for empathy</b></p> <p><b>2.1 Understanding empathy in relationships and information exchanges in different health care contexts/environments</b></p> <p><b>3.1 Showing empathy in diverse environments</b></p>
<p><b><u>B. Students' instructions and task</u></b></p> <p><b>Student 1 (female student)</b></p> <hr/> <p>You are a student midwife in your final year. You are on placement on labour and delivery and today you are responsible for the booking appointments. Your next client on the list is Miray Kurt. She has an appointment to be registered for birth at the hospital you're working at. Some of the necessary information could be obtained by looking at Mrs. Kurt's Mutterpass. She seems to be a healthy 30-year-old woman. There are no relevant illnesses/medical conditions evident from her Mutterpass. Mrs. Kurt has received all of the regular antenatal bloodwork, ultrasound scans and appointments up to this point. She has been healthy throughout her pregnancy and her baby is growing nicely and seems to do fine. She has had one previous pregnancy, which resulted in a healthy daughter. Her daughter was born three years ago, at term, by spontaneous vaginal birth (SVD). Mrs. Kurt is now 31+2 weeks pregnant with her second child.</p> <hr/>
<p><b>Task</b></p> <ol style="list-style-type: none"><li>1. Take the medical history and fill out the necessary paperwork.</li><li>2. Discuss with Mrs. Kurt her wishes regarding birth and birth plan, considering her cultural, social, and individual needs.</li></ol>
<p><b><u>C. SP Scenario</u></b></p> <p><b>Basic details:</b></p> <p>You are Miray Kurt. You are a 30-years-old biology researcher. You were born and raised in Istanbul. Your family, with whom you are very close, still lives in Turkey. Beginning of this pregnancy you moved to</p>

Berlin, together with your husband and your three-year-old daughter Fatma. Your husband got a very good job offer in Berlin, and together you decided to take a leap of faith and come to Germany, at least for a while. Back home in Istanbul, you were working at Istanbul University. Your parents supported you and your husband regarding childcare. Currently, you are a stay-at-home-mum, due to the pregnancy, the move and lack of social/family support.

You are now waiting in front of an examination room, to be picked-up by someone for your registration appointment. It is your first time being in this hospital.

**Appearance and behaviour:**

You came all by yourself to the appointment, since your husband is at home looking after Fatma. You are fashionably, but modestly dressed. You are wearing a stylish hijab. You are very organized and have your papers/Mutterpass ready. You feel a bit apprehensive, since you are fairly new in Germany and aren't yet familiar with the maternal health care system. You don't speak any German. You are fluent in English, but some medical/pregnancy-related terms are unfamiliar to you.

**History:**

You've experienced a healthy pregnancy so far. In Germany, you found a female, muslim OBGYN, whom you saw for all of your antenatal appointments. You were happy with her, but she didn't have a lot of time for you during the appointments and just recently told you that she wouldn't be able to take care of you during childbirth. You are now anxious to figure out who will be there for you during labour and birth.

**Opening statement:**

When the student midwife approaches you and introduces herself in German, you should ask to talk in English or Turkish. She should apologize and switch to English or Turkish. Once both of you arrive in the office/examination room and took a seat, you could say this first sentence:

*- "I thought I would speak to a doctor today! No offense, but I would like to speak with the person who will be with me and responsible for me during labour and birth"*

A good student midwife should show understanding, presenting cultural competence. For example she should explain the purpose of the appointment; e.g.: 1. completing your medical records so hospital staff knows all the important information about you once you come back in labour, 2. talking about any wishes or preferences you have for birth and answering any questions you might have.

She could mention that midwives will be part of the team taking care of you and your baby during childbirth and it is going to be the midwife who will be mainly responsible for you.

The student could mention that the registration is usually done by one of the midwives, but of course it could be arranged for you to speak with the doctor in charge once your paperwork is completed. In this case, you can agree to cooperate with her. If the student midwife will not respond in this way, you could accept working with her however you won't be very cooperative.

**Disclosed freely:**

You should tell the student midwife that you moved to Germany recently. With your previous birth in Istanbul, your OBGYN, whom you saw in pregnancy, also took care of you during birth. You should express concern that care is different now from how it used to be.

A good student midwife should appear interested in your experiences regarding birth and should invite you to elaborate/ talk about it. She should also asked about concerns are specifically, so that they can be addressed properly.

**Disclosed only if invited to talk:**

When pregnant with Fatma, you chose a female OBGYN, who treated you during pregnancy and childbirth. Due to your faith, this was very important to you. Management of your birth was quite proactive. The hospital you chose was very modern with state-of-the-art medical equipment and hotel-like labour suites. Best medical care possible was very important to you, so you appreciated early pain relief via epidural and were happy with augmented labour.

**Medical History:**

**As seen in Mutterpass:**

**Past medical history:** nothing of note.

**Obstetric History:** SVD three years ago, 38+3 SSW, healthy baby girl, 3200g

**current pregnancy:** nothing of note, healthy pregnancy, today 31+2SSW

**Not apparent via Mutterpass:**

**Previous birth:** enema, epidural quite early in labour, no other form of pain relief offered, Pitocin drip (for labour augmentation/to speed up the birth), episiotomy, birth of baby in lithotomy position/stirrups

When you were pregnant with Fatma, you wished for a natural/vaginal birth. Since the CS-rate is quite high in Turkey, you specifically looked for a provider who specialised in natural childbirth. You decided to pay for birth at a private hospital rather than a public one.

You are happy with your birth and glad that you could give birth vaginally. The epidural was a relief and you were happy it was offered to you. Most of your friends opted for an elective caesarean, but the friends who had a vaginal birth have had similar experiences.

**Personality of the patient and how to react to empathetic and non-empathetic behaviors**

In Turkey, you were used to an obstetrician-based care, with the OBGYN you trusted. Midwifery led care is an unfamiliar concept to you. You are a little suspicious, and uncertain that the midwives will be able to provide adequate care for you.

This concern is even stronger knowing your mother and sister won't be able to be with you during labour and birth. Their support was immensely important to you last time. Female family support during the journey to motherhood plays an important role in your culture.

Furthermore, you feel uneasy thinking about having unknown staff present at your birth. You know that there are male OBGYNs working at this hospital. Your faith plays an important part in your life. According to Islamic edicts, men are not permitted to touch any part of the body of the woman. Due to that, you would prefer to be treated by female staff only. However, you know it is not always possible and, in an emergency, wouldn't be completely opposed to it.

The student should show empathy e.g. explore, recognize, acknowledge and validate your concerns. She should validate the lack of support by your relatives and ask whether there could be alternative support available to you (doula, your husband/partner, female friends). She should acknowledge the different health care systems and that being confronted with an unfamiliar system must be challenging. She should explain how thoroughly trained German midwives are and that in hospital, OBGYNs are always available and on standby, whenever they are needed. She should validate and acknowledge your concerns regarding male staff and should offer alternative solution if possibly (e.g. if possible male OBGYN only enters the room if needed/ if medical treatment is necessary, otherwise birth could be led by female midwife only).

**If the student does not show any cultural competence and she is critical, she does not explore your concerns or ignores them, does not explain information clearly, then you become defensive, short-spoken and snippy and in the end demand to talk to a doctor.**

#### **Empathy specific reactions for the SP**

If the student midwife shows empathy and cultural competence as described above, you become more relaxed and at ease.

#### **Your Ideas, Concerns and Expectations**

##### **Ideas**

You would like to give birth vaginally again and would like it to be roughly the same as last time (early pain relief, medical interventions to speed up birth):

The student should explain to you that in Germany, epidurals are usually advised to be administered in active labour the earliest and should explain the reasons for doing so. She should inform you about alternative methods of pain relief e.g. a warm bath, movements and massages or oral/intravenous pain medications.

However, she should encourage you to ask for pain relief whenever you need it throughout labour and empowers you in knowing your needs.

**If the student shows empathy as portrayed above, you may express interest in alternative methods such as the bath. The student should put that in your records.**

When describing your birth with Fatma and the interventions received, **the student should acknowledge your experience while being non-judgemental.**

She could explain that an enema, episiotomy, augmentation of labour and/or supine position are not routinely done in Germany and should explain why. For example:

- She could explain benefits of upright, mobile labour and birth and encourage you to give birth in the position you prefer. This implies that you can choose to lie down and use stirrups, but won't be encouraged to unless medically necessary.
- She could explain that you wouldn't be offered an enema, but can always asked for one if you would prefer to have one.

**You may express that you are certain that you want specific interventions (e.g. enema, epidural). The student should acknowledge that and write it down in your records.**

The student should show acceptance by restating or summarizing what you say, acknowledge your feelings and empower you to voice any preferences you may have during labour.

**Please note that the above are examples of showing acceptance, acknowledgement and validation of patient's ideas, concerns and expectations. Students will use their own words to express these skills.**

#### **Concerns – share if asked**

You worry about being alone during childbirth (since your female relatives won't be able to be there). The student midwife should show empathy and explore alternative options as described above.

You are concerned that you might not be receiving adequate pain relief due to language barrier. The student should acknowledge that. She should offer you the consent forms for an epidural beforehand/ to take and fill out at home. She should ask you whether you'd prefer them your native language (Turkish).

#### **Expectations**

You expect to learn more about care during birth in this country. You are not really sure what to expect from this appointment and are waiting to be called in by someone (you assume this will be a doctor).

#### **Some important points:**

The student should show empathy, understand the woman's fears and cultural boundaries. She will have to act professionally and accept, that a different standard of care doesn't necessarily means 'better or worse'. The goal should be to explore what the woman experienced and defines as a norm and as desirable for herself. At the same time, it might be helpful to give her an insight regarding the approach towards childbirth in the new country. This empowers her to understand routine procedures and demand a different approach if desired.

The challenges and impact that come with migration should be taken into account when caring for a client with migration background (e.g. language barrier, lack of social support, unfamiliarity with foreign (health) care system, stereotyping and discrimination).

## Educational Video 2: Scenario 8 (Medical consultation: patient with high cardiovascular risk)

<b>Scenario 8: Medical consultation: patient with high cardiovascular risk</b>
<b>Type of scenario: Educational Video</b>
<b>Institution: UNIC</b>
<p><b><u>A. Learning objectives</u></b></p> <p>The learning objectives of this scenario relate to the knowledge, skills and competences of the following work areas of the EmpathinHealth Qualification Framework:</p> <p><b>1.1 Understanding empathy and qualities/competencies necessary for empathy</b></p> <p><b>2.1 Understanding empathy in relationships and information exchanges in different health care contexts/environments</b></p> <p><b><u>B. Student's/ learner's Instructions and Task</u></b></p> <p>You are a medical student in year 5 of a six-year medical programme. You are currently doing your General Practice (GP) placement. The GP is running late and has asked you to speak to Mr Andreas Petrou before he comes to see him.</p> <p>Mr Andreou is here to get the results of his annual health review. Below you will find the relevant medical notes, annual health review results and relevant information to share with him.</p> <p><b>Relevant Medical Notes:</b></p> <p>Andreas Petrou DoB 15/03/19-- - Age 55 years</p> <p><b>Past medical history:</b></p> <p>Hypertension – diagnosed in May 2018 - on Enalapril 10 mg once daily Left femoral hernia operation – July 2013</p> <p><b>Annual Review notes from Well Man Clinic:</b></p> <p>Blood pressure: 130/75 Weight 80 Kg, Height 174 cm, BMI 26.4 HbA1C Levels (%): 5.4 Fasting glucose: 95mg/dL Total Cholesterol: 240 mg/dL LDL cholesterol: 195 mg/dL HDL cholesterol: 30 mg/dL Family history: 58-year-old brother has angina Social history: Smoker 10-19 cigarettes per day, Alcohol 3 units per week</p>



Based on above information his 10-year QRISK score is 23% (see below)

About you

Age (25-84):

Sex:  Male  Female

Ethnicity:

UK postcode: leave blank if unknown

Postcode:

Clinical information

Smoking status:

Diabetes status:

Angina or heart attack in a 1st degree relative < 60?

Chronic kidney disease (stage 4 or 5)?

Atrial fibrillation?

On blood pressure treatment?

Rheumatoid arthritis?

Leave blank if unknown

Cholesterol/HDL ratio:

Systolic blood pressure (mmHg):

Body mass index

Height (cm):

Weight (kg):

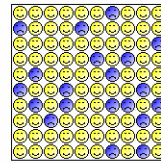
Calculate risk

**Your results**

Your risk of having a heart attack or stroke within the next 10 years is:

**20.4%**

In other words, in a crowd of 100 people with the same risk factors as you, 20 are likely to have a heart attack or stroke within the next 10



Risk of a heart attack or stroke

Your score has been calculated using estimated data, as some information was left blank.

Your body mass index was calculated as 26.42 kg/m<sup>2</sup>.

**How does your 10-year score compare?**

Your score	
Your 10-year QRISK <sup>®2</sup> score	20.4%
The score of a healthy person with the same age, sex, and ethnicity*	6.4%
Relative risk**	3.2
Your QRISK <sup>®</sup> Healthy Heart Age***	72

\* This is the score of a healthy person of your age, sex and ethnic group, i.e. with no adverse clinical indicators and a cholesterol ratio of 4.0, systolic blood pressure of 125 and BMI of 25.  
 \*\* Your relative risk is your risk divided by the healthy person's risk.  
 \*\*\* Your QRISK<sup>®</sup> Healthy Heart Age is the age at which a healthy person of your sex and ethnicity has your 10-year QRISK<sup>®2</sup> score.

**Task**

1. Discuss with Mr Andreou the results of his annual health review and his risk of cardiovascular disease
2. Address any relevant lifestyle modifications such as diet, physical activity, smoking. (additional information provided in Appendix 1)

**C. SP Scenario**

**Basic details:**

You are Andreas Petrou a 55-year-old (male) restaurant owner.

**Appearance and behaviour:**

55-year-old overweight businessman. You appear casually dressed. You are a social person and happy to talk to the student since your doctor is running late. You are not worried but more curious about your blood test results. You are comfortable with your current lifestyle and feel well and you are not worried much about your health.

**History:**

You are here to talk with the doctor about your blood tests. You attended the “Well Man Clinic” for the first time. Your wife insisted that you attend as you ignored the previous years’ invitations in previous

years. Your GP has been sending an invitation every year for the past few years, but you did not consider it important as you feel well. This year you decided to attend as your 58-year-old brother had chest pains recently and was diagnosed with Angina. Your wife is worried that you might also develop heart problems.

**Opening statement (the first sentence that the SP says upon prompting from the candidate):**

'The nurse called and said that the doctor wanted to see me about my blood tests.'

**Freely divulged to medical student/ doctor:**

If you are asked about the tests and what you know about them, you freely say the below:

- The nurse took your blood pressure and she said that it was normal
- Your weight was high – but you knew that anyway
- The nurse said that she took blood to check your sugar and lipid levels in your blood

**Divulged to medical student/ doctor if specifically asked:**

- You do not have any chest pain/tightness at rest/on exertion
- You do not have any breathlessness at rest but get easily breathless when you have to rush up and down at work – you know you are not very fit
- No ankle swelling
- You have not lost any weight recently
- You do not have increased urination or thirst
- Your appetite is as normal

**Personality of the patient and how to react to empathetic and non-empathetic behaviours**

You are usually an optimistic person who is positive about life. You do not feel that anything bad can happen to you. You feel that you are currently in good health, but you have become worried about the future since your brother was diagnosed with a heart condition.

If the student shows empathy e.g. explores, recognizes, acknowledges and validates your concerns, explains information clearly in a non-judgemental way, shows that he is interested in you, allows you to talk and he listens actively, has eye contact with you whilst you are having the discussion, is encouraging and supportive to you, then you feel more freely to talk to him/her, you are honest and you share your concerns and expectations and show motivation to change your lifestyle.

If the student is judgemental about your lifestyle, does not explore your concerns or ignores them, does not explain information clearly (i.e. says that you are at high risk for heart disease without being specific, or your risk is increased 3 fold, or your risk increases by 30%), then you become defensive, dismiss the risk by saying that you know of people with more unhealthy lifestyles who have grown old and do not have heart problems and you show no interest in the advice/information given.

**Empathy specific reactions for the SP:**

You are happy to speak to the medical student and show understanding that the doctor is busy. You also show that you understand the importance of talking to the student as it is part of their training to become doctors. If the student is empathic (as described above), you continue to be honest and build rapport

with him. If the student is not, you dismiss him/her and start to say that you do not have to talk to him/her and that you prefer to talk to the doctor when he is available.

**Ideas, concerns and expectations:**

You know that you are not the “healthiest person on earth” as you are overweight and you smoke 10-20 cigarettes every day. You also have high blood pressure, but you take your medication every day and this is well controlled – so you do not consider that as a medical problem any longer. You feel well in yourself, but you are a bit worried that you might end up with heart problems like your brother. You expect that the blood results have shown that you need to cut on unhealthy food and that the doctor will tell you to lose weight and stop smoking – doctors always say that but they do not understand that this is not easy and you do not like the way they often criticize the way you live.

You would like to find out about ways to stop smoking and lose weight although you have tried in the past unsuccessfully. Your wife has read a lot about healthy eating and very recently she joined a Gym and exercises 3 times per week. But you have no time for exercise as you are very busy with your work. Your diet is not healthy and you know it – you eat every night at the restaurant and you always go for the meaty/ fatty dishes and have dessert every night. You do not like fruits very much but have salad with your meals. You drink a lot of soft drinks (you like the ones with sugar).

**Medical history:**

Hypertension (May 2018).

Left femoral hernia operation (July 2013).

**Medication history:**

Enalapril 10 mg once daily (for high blood pressure).

**Social history and cultural background (including ideas, beliefs, etc):**

You are married and have 2 teenage boys. Your wife is a lawyer and works at a bank.

You own a restaurant and you work very long hours. Although you are very busy, you are happy that your business is growing, and you are now thinking of buying a café.

You smoke about 10-20 cigarettes per day – you used to smoke more when it was allowed to smoke in the restaurant but since this was prohibited; you do not have time to smoke as much.

You drink a couple of beers at the weekend – you are more into soft drinks.

**Family history:**

Brother diagnosed with angina – age 58.

Father died 2 years ago aged 78 with stroke.

Mother is 75 years old – has hypertension but otherwise healthy.

**Examination:** not applicable

**Investigations: as above**

**Proposed Treatment:**

The student will explain the following:

- Your lipid levels (total cholesterol and bad cholesterol) are higher than they should be and your good cholesterol (HDL) is low
- Your glucose levels are within normal range but upper end of normal
- Your weight for height ratio (BMI) is high – you are currently classified as overweight, but you are very close to the obese spectrum
- Your risk of developing heart disease in the next 10 years is about 30% (i.e., if we take 100 people like you with same health status and follow them up for the next 10 years, about 30 will have a stroke or heart attack but 70 will not)
- Your risk is about 3 times higher than the average person at your age
- The risk is calculated based on your gender, age, past medical history and family history of heart disease, diabetes etc, lipid levels, BP levels, weight, smoking history.

The student will propose the following lifestyle changes:

- healthy eating and more specifically ways to cut down on fat and sugar
- increase physical activity
- reduce or quit smoking
- may discuss possibility of starting lipid lowering medication

**Patient responses to proposed treatment (ICE)**

If the student explains information clearly, is non-judgemental, shows empathy (as discussed above), then you should engage in an honest discussion, explore your options and come to an agreement in regard to your proposed management plan.

If the student is judgemental, does not show empathy, his/her explanation is not clear, then you should become defensive and show no interest or dismiss/ignore his/her suggestions and say that you prefer to get the doctor's advice as he/she is just a medical student. You can also mention that you know a lot of people who had similar lifestyle with you and lived to very old age.

**Closing the consultation:**

By the end of the consultation, you and the medical student should agree on ways to reduce your cardiovascular risk and options on how to do that. The student should thank you for taking the time to talk to him/her and invites you to share with the GP the information discussed with him/her.

**Appendix 1. Additional Information on healthy lifestyle for the student** You will be expected to provide some basic information on lifestyle changes for this patient. It is important to assess first the patient's knowledge and motivation for change and provide some basic information to allow him to make some choices. You might offer written information to take away and read and another appointment to discuss options and set goals at a later stage.

**Diet**

Share information on healthy eating. Initial advice can be based on the Healthy eating Plate (Harvard Medical School and Harvard School of Public Health)

## HEALTHY EATING PLATE

**HEALTHY OILS**  
Use healthy oils (like olive and canola oil) for cooking, on salad, and at the table. Limit butter. Avoid trans fat.

**WATER**  
Drink water, tea, or coffee (with little or no sugar). Limit milk/dairy (1-2 servings/day) and juice (1 small glass/day). Avoid sugary drinks.

**VEGETABLES**  
The more veggies – and the greater the variety – the better. Potatoes and French fries don't count.

**WHOLE GRAINS**  
Eat a variety of whole grains (like whole-wheat bread, whole-grain pasta, and brown rice). Limit refined grains (like white rice and white bread).

**FRUITS**  
Eat plenty of fruits of all colors.

**HEALTHY PROTEIN**  
Choose fish, poultry, beans, and nuts; limit red meat and cheese; avoid bacon, cold cuts, and other processed meats.

**STAY ACTIVE!**  
© Harvard University

Harvard T.H. Chan School of Public Health  
The Nutrition Source  
[www.hsph.harvard.edu/nutritionsource](http://www.hsph.harvard.edu/nutritionsource)

Harvard Medical School  
Harvard Health Publications  
[www.health.harvard.edu](http://www.health.harvard.edu)

### Physical Activity

The new WHO guidelines/ recommendations for Physical activity  
World Health Organization 2020 guidelines on physical activity and sedentary behaviour, Bull et al, published in British Journal of Sport Medicine 2020,

Adults 18-64 (including those with chronic conditions) should do:

- At least at least 150–300 minutes of moderate-intensity aerobic physical activity per week or at least at least 75–150 minutes of vigorous-intensity aerobic physical activity per week or an equivalent combination of both
- Muscle strengthening activities at moderate of greater intensity that involve all muscle groups twice per week
- Limit sedentary time and replace with physical activity of any intensity for extra health benefits

- More physical activity than recommended if possible as it has extra health benefits

### Smoking cessation

Assess motivation for quitting smoking and talk about potential health benefits. There are various methods to be used to assist in smoking cessation such as behaviour/counselling programmes, nicotine replacement strategies. Offer to refer to local smoking cessation clinic if patient wants to or give him the space to think about it and come back to you.

## Educational Video 3: Scenario 6 (Empathy Cultural Diversity, working with interpreter: Immigrant patient with lung infection)

<b>Scenario 6: Empathy Cultural Diversity, working with interpreter: Immigrant patient with lung infection</b>
<b>Type of scenario: Educational Video</b>
<b>Institution: UTH</b>
<p><b><u>A. Learning objectives</u></b></p> <p>The learning objectives of this scenario relate to the knowledge, skills and competences of the following work areas of the EmpathinHealth Qualification Framework:</p> <p><b>1.1 Understanding empathy and qualities/competencies necessary for empathy</b></p> <p><b>2.1 Understanding empathy in relationships and information exchanges in different health care contexts/environments</b></p> <p><b>3.1 Showing empathy in diverse environments</b></p> <p><b><u>B. Students' instructions and task</u></b></p> <p><b>Student 1 (female student)</b></p> <hr/> <p>You are a physiotherapy second year student on placement on the respiratory ward. You were asked by your supervisor to attend to Mr. Hassan Ahmad, a Muslim patient who speaks Arabic as his usual physiotherapist is on sick leave today. Mr Hassan Ahmad is a refugee from Syria and he is in Greece the last 6 months with his family, leaving at a refugee camp. He was admitted to hospital and treated for a lung infection. He diagnosed with asthma. He uses inhalers. The nurse has already shown him how to use them. He will be discharged today you will discuss with him his management plan at home. His wife is with him. You have arranged an interpreter to come in order to help you with the translation.</p> <hr/> <p><b>Task</b></p> <p>Using the appropriate skills with the help of the interpreter, explain to Mr Ahmad his discharge management plan including showing him some breathing exercises for performing at the camp.</p>

*Additional information concerning 1) guidelines for effectively working with a health care interpreter is provided in Appendix 1, 2) cultural Competence in the Care of Muslim Patients and Their Families is provided in Appendix 2, and 3) breathing exercises (deep breathing and coughing) is provided in Appendix 3.*

---

**Student 2 (female student)**

---

You are Mr Hassan Ahmad' s wife. You are a refugee from Syria and you are in Greece the last 6 months with your family, leaving at a refugee camp. Your husband is a Muslim who speaks Arabic and he has been treated for a lung infection at a pulmonary clinic. He will be discharged today. You are with him when a female physiotherapy student comes to show him breathing exercises as your husband will be discharged today. She is accompanied by an interpreter.

---

Please try to remain silent and inactive all time unless someone will ask you to participate. In case your husband or the physiotherapy student or the interpreter talk to you or invite you to be involved in the session, please feel free to react appropriately, depending on physiotherapist's behavior.

You and your husband are religious and you believe in gender segregation. According to Islamic edicts, men are not permitted to touch any part of the body of the women, whether she is Muslim or non-Muslim. Islamic jurisprudence laws have traditionally ruled that Muslim men and women who are not immediate relatives may not, for instance, socialize in order to know each other with a handshake and any form of contact which involves physical contact. You are not that strict at all circumstances, especially now you are in Greece however you prefer your husband had a male therapist.

If the student shows empathy e.g. explores, recognizes, acknowledges and validates your concerns, shows that she respects your culture, she cooperates well with the interpreter, she explains information clearly in a non-judgmental way, is encouraging and supportive to your husband, then you feel more freely to cooperate with her. If the physiotherapy student for example ask you to demonstrate the breathing exercises to you instead of your husband, you could agree and help her in general, even talk and reassuring your husband.

If the student does not show any cultural competence and she is critical, she does not explore your concerns or ignores them, does not explain information clearly (i.e. (i.e. she does not look at and speak directly to you, but she speaks to the interpreter, she does not speak clearly at a normal pace in a normal volume or she does not allow the interpreter to answer for your husband or you), then you become defensive and do not cooperate with her.

---

**Student 3 (female/ male student)**

---

You are an interpreter. You were asked to visit to Mr. Hassan Ahmad, a Muslim patient who speaks Arabic. Mr Hassan Ahmad is a refugee from Syria and he is in Greece the last 6 months with his family,

leaving at a refugee camp. Mr Hassan Ahmad was admitted to hospital and treated for a lung infection. He diagnosed with asthma. He will be discharged today. His wife is with him. A physiotherapy student will give to the patients some instructions before his discharge and you will help with the translation.

---

*Additional information concerning useful professional interpreting skills and techniques is provided in Appendix 4.*

### **C. SP Scenario**

---

#### **Basic details:**

You are a 30-year-old Muslim man named Hassan Ahmad and you are on the respiratory ward with your wife. You are a refugee from Syria and you are in Greece the last 6 months with his family. You have been hospitalized due to a lung infection during the last week. You are diagnosed with asthma. You live in a refugee camp and speak Arabic. You have been told that the physiotherapist will come to show you some breathing exercises to do before you go back to the camp today.

#### **Appearance and behaviour:**

You look rundown and pale, dressed in cheap clothes as you are waiting to go to the camp soon. You are scared and confused. You face difficulties in communicating with the local staff as they only speak their own language and you are confused about your condition. You still have difficulty in breathing when you are walking. You are scared that you have not recovered fully yet.

#### **History:**

You had fever for 4 days and you were short of breath. The camp manager called the ambulance and you were admitted to the hospital one week ago.

#### **Opening statement:**

When the physiotherapy student will enter the room and introduce herself explaining the reason of this session, you could say this first sentence:

- *"I would prefer to have a male therapist!"*

A good physiotherapy student should show understanding, presenting cultural competence. For example she could mention that she would not like to offend you however there was no any male physiotherapist available for coming to you today. In this case, you can agree to cooperate with her. If the physiotherapy student will not respond in this way, you could accept working with her, however you not being very cooperative.

#### **Clinical Information- only if asked**



You have still difficulty in breathing, especially when walking. You feel very weak and you have pain all over your body. Your cough is productive with yellow sputum.

### **Social Hx**

**Smoking:** You are heavy smoker (30-40 cigarettes per day)

**Diet:** no pork

**Drinking:** no alcohol

**Past medical history:** nothing of note. You have previously been fit and well. You have never been in hospital before except when you were a child and had your appendix out.

**Medication:** Not any known drug allergies. Not on any regular medication up to now. However, as you have a new diagnosis of asthma, you now use inhalers. The nurse has already shown you how to use them.

### **Family history**

You have 3 children (2, 4 and 5 years old sons), they are in Greece too. Your father is a chronic smoker. Your parents have never had respiratory problems.

### **Physical Activity**

Poor level of physical activity, less than 150 minutes aerobic physical activity throughout the week. You do not usually do muscle-strengthening activities.

### **Personality of the patient and how to react to empathetic and non-empathetic behaviors**

You are a religious person and you believe in gender segregation. According to Islamic edicts, men are not permitted to touch any part of the body of the women, whether she is Muslim or non-Muslim. Islamic jurisprudence laws have traditionally ruled that Muslim men and women who are not immediate relatives may not, for instance, socialize in order to know each other with a handshake and any form of contact which involves physical contact. You are not that strict at all circumstances, especially now you are in Greece however you prefer to have a male therapist especially when your wife is presented.

If the student shows empathy e.g. explores, recognizes, acknowledges and validates your concerns, shows that she respects your culture, she cooperates well with the interpreter, she explains information clearly in a non-judgmental way, allows you to talk and she listens actively, has eye contact with you whilst you are having the discussion, is encouraging and supportive to you, then you feel more freely to talk to her, you are honest and you share your concerns and expectations and show motivation to comply with the today's rehabilitation program i.e. breathing exercises.

If the student does not show any cultural competence and she is critical, she does not explore your concerns or ignores them, does not explain information clearly (i.e. she does not look at and speak directly to you, but she speaks to the interpreter, she does not speak clearly at a normal pace in a normal

volume or she does not allow the interpreter to answer for you), then you become defensive, dismiss the risk by saying that you had enough and you need to prepare yourself for going back to the camp.

### **Empathy specific reactions for the SP**

You are willing to cooperate with the physiotherapy student as you know that she can give you important information for improving your condition. If the student is empathic (as described above), you continue to be honest and build rapport with her and be willing to cooperate. If the student is not, you dismiss her and start to say that you do not have to cooperate with her and that you prefer to talk to a male physiotherapist when he is available.

### **Your Ideas, Concerns and Expectations**

#### **Ideas**

You understand that you had a lung infection and you stayed in hospital to receive antibiotics. You feel a lot better now, but you get breathless easily. You think that the infection might not have been resolved and due to language barrier they do not understand you and this can get dangerous.

**If you feel that the student does not listen to you, you become discouraged and you say loudly that you need someone else to talk with.**

The student should show acceptance by restating or summarizing what you say, acknowledge your feelings by saying “I can see why you are anxious. Not speaking the same language could be frustrating in such a situation. However, we are here to help you. The interpreter will translate everything you say to me and everything I say to you”.

**Please note that the above are examples of showing acceptance, acknowledgement and validation of patient’s ideas, concerns and expectations. Students may use their own words to express these skills.**

#### **Concerns – share if asked**

You are worried about your health. You want to go back to the camp. Your main concern is to get well and then to travel to Germany where the rest of your relatives are. You are worried because you can’t easily communicate with medical staff. Furthermore, you are afraid that you if you would not be better soon, you could not be able to leave next week with your family for the new destination and you will remain at the camp during winter.

#### **Expectations**

Wait to be informed about your condition and be able to leave the hospital. The physiotherapy student should inform you about the benefits of breathing exercises and coughing and she should demonstrate them to you in a way that can repeat by yourself.

**If while treatment session you feel that the physiotherapy student is not addressing you but is only talking to the interpreter then you should react with irritation.**

The student should show acceptance by restating or summarizing what you say, acknowledge your feelings by saying for example "I can see why you are anxious. Please do not be afraid. We want to help you".

A good student would ask:

-It is important for me to respect you. Is there anything specific that I should avoid that could be regarded as disrespectful?

If you are asked this, say:

-It is not acceptable a patient to be treated by a clinician of the opposite gender, especially if the clinician is going to touch him in front of his wife.

**If you feel that the student becomes immediately critical and does not show understanding of cultural boundaries or insists that she should do her job even without your approval, you may show upset.**

A good student would suggest some solutions. Some solutions are:

1. The use of photographic material and instruction in your language (or links) with the instructions or breathing exercises
2. The demonstration of breathing exercises to your wife
3. The patient's and his wife consent in order to place her hand on your body.

In addition to exercise, your physiotherapist may suggest some tips for improving your health, such as quitting smoking, and increasing physical activity.

**Please note that the above are examples of showing acceptance, acknowledgement and validation of patient's ideas, concerns and expectations. Students may use their own words to express these skills.**

#### **Some important points:**

The student should show empathy, understand the patient's fears and cultural boundaries. She will have to find different ways to communicate and show patience.

Furthermore, it is worth the student to have a quick chat with the interpreter to discuss how they both felt the consultation went.

Questions that could be asked are:

- "Did I go at the right speed for you to interpret?"
- "Did I say anything that you found difficult to understand/interpret?"
- "Did I say anything or use non-verbal behaviours that could offend?"

Lastly, the student should not forget to thank the interpreter as his role was vital in a successful consultation.

The goal of this scenario is for students to understand your situation and respect your culture, showing respect, professionalism and confidentiality. It is also important that it ensures high quality care services.

**After the session ends, the SP to provide feedback to the student about:**

- What he/she did well in terms of the consultation: rapport, engaging with the patient, addressing your concerns and expectations in a respectful and non-judgmental way, feeling reassured and safe about his/her skills and knowledge. **Please provide examples from the role-play.**
- What aspects he/she could improve and pay more attention to in the future. **Please provide examples from the role-play.**

**Appendix 1**

**Guidelines for effectively working with a health care interpreter**

There are a number of things that the provider should consider in order to make the most effective use of an interpreter (Kasten et al., 2020):

**Pre-visit**

- Meet with the interpreter prior to the interview for introductions and to establish shared ground rules/behavior.
- Ask the interpreter questions such as, “Have you worked with this patient before? Is there anything that would be helpful for me/you to know before going in?”
- Allow extra time for the interview.

**Set-Up/Environment**

- Identify all persons in the room and who, if anyone, has some English proficiency. In an office setting: Position the interpreter next to or slightly behind the provider.
- In a hospital room or emergency department setting:
  - Interpreter and provider should stand on the same side of the bed to avoid the patient having to swing head back and forth between interpreter and provider.
  - Be sure the patient can see your face.
  - Be sure you can see the face of the patient.
  - Be sure any light source is on your face and not behind your head. This is especially important when interacting with a deaf or hearing-impaired patient.

**Speaking Techniques**

- Look at and speak directly to the patient in the first person, as if the interpreter was not present.
- Speak clearly at a normal pace in a normal volume. A common error is to speak too loudly.
- Speak in short sentences or short thought groups. Ideally, speak only 1 or 2 sentences at a time prior to allowing the interpreter to translate.
- Ask one question at a time, avoiding the “stacking” of questions (“Do you have any chest pain, shortness of breath, or palpitations?”).
- Use simple, common, everyday words.
- Avoid complex medical terms and acronyms (PE, COPD, ICU). When such terms must be used, be sure there is adequate definition/patient education.

- Avoid slang (“Bug Juice” for antibiotics).
- Avoid idioms (“Fit as a fiddle,” “Alive and kicking,” “Fall ill,” “Draw blood”).
- Consider adopting the patient’s terminology for a symptom/issue, after clarifying to be sure you have a shared understanding (“So you use the ‘purple’ inhaler that we call ‘Albuterol’?”).
- Avoid humor, as it can fail to translate.
- Do not allow the interpreter to answer for the patient.
- Keep control of the conversation by interrupting if necessary. If a lot of conversation occurs between interpreter and patient, ask the interpreter to explain.

**Check for Understanding**

- Use visual aids (diagrams, pictures and models) as much as possible to enhance communication.
- Provide frequent “wait time,” as pausing can be helpful for both the patient and the interpreter.
- Check often for understanding by asking questions.
- Be careful with explanatory analogies to be certain they are relevant and not idiomatic.
- Use “Tell me what I said” or “Show me what I said” or “How will you explain this to your family?” to check for understanding.
- Re-state what the patient has said in order to reinforce understanding.
- Ask for feedback from the interpreter prior to bringing closure to the interview. Lastly, do not forget to thank the interpreter

**References**

Kasten, M. J., Berman, A. C., Ebright, A. B., Mitchell, J. D., & Quirindongo-Cedeno, O. (2020). Interpreters in Health Care: A Concise Review for Clinicians. *The American journal of medicine*, 133(4), 424–428.e2.

**Appendix 2**

In order to improve your cultural Competence with this Muslim patient, please read the chapter titled “Cultural Competence in the Care of Muslim Patients and Their Families” <https://www.ncbi.nlm.nih.gov/books/NBK499933/>

**Appendix 3**

**Respiratory exercises**

**Breathing exercises**

Deep breathing and coughing can speed patient’s recovery and lower the risk of complications. Breathing and coughing exercises are crucial for assisting breathing and clearing excess secretion in the recovery stage. If sputum builds up in the lungs, it may become infected and increase the risk of pneumonia. Furthermore, excess sputum impedes the ability of the lungs to oxygenate effectively (Bruton, 2015; Freitas et al, 2013).

### **Deep breathing**

To deep breathe correctly, patient must use his abdominal muscles, as well as his chest muscles. The following instructions could be given:

- Breathe in through your nose as deeply as possible.
- Hold your breath for five to 10 seconds.
- Let your breath out through your mouth, slowly and completely. As you breathe with pursed lips (like blowing out a candle), your stomach should be going in. Breathe out twice as long as you breathe in.
- Rest and then repeat these steps with 10 repetitions.

### **Coughing**

The following instructions could be given to the patient for better coughing technique:

- Take a slow, deep breath. Breathe in through your nose and concentrate on fully expanding your chest.
- Breathe out through your mouth and concentrate on feeling your chest sink downward and inward.
- Take a second breath in the same manner.
- Take a third breath. This time hold your breath for a moment, then cough vigorously. As you cough, concentrate on forcing all the air out of your chest.
- Repeat this exercise two more times.

### **References**

- Bruton A. Breathing exercises for adults with asthma. Drug and Therapeutics Bulletin. 2015; 53(11):126–29.
- Freitas DA, Holloway EA, Bruno SS, Chaves GS, Fregonezi GA, Mendonça KM. Breathing exercises for adults with asthma. Cochrane Database of Systematic Reviews.2013; issue 10.

## **Appendix 4**

### **Professional interpreting skills and techniques**

Professional interpreting techniques that enable direct communication between the patient and the healthcare provider include:

- Interpreting in the first person (direct speech) – Interpreters speak in the first person, i.e. in the same grammatical form as the speaker and say “I am unwell” instead of saying “The patient says that she is unwell”. This minimizes confusion, enhances accuracy in form and content as well as reinforcing the role of the interpreter as a neutral facilitator of communication.
- Seating arrangement – Interpreters arrange seating to facilitate direct communication between the primary parties. Spoken language interpreters usually sit next to the patient and a little bit behind. However, interpreter positioning depends on the contextual needs of the setting. For example, the interpreter may be asked to sit next to the clinician in some counselling sessions where simultaneous interpreting is required as well as in some audiology assignments when the client needs to see both the audiologist and the interpreter to gain maximum visual information.
- Eye contact – Interpreters avoid engaging patients and health providers in direct eye contact and encourage them to look at each other instead of the interpreter.

- Facial expressions – Interpreters are aware of their own body language and avoid facial expressions indicating opinion or judgement.

- Mode of interpreting – Healthcare interpreters work predominantly in the consecutive mode. This means that they wait for the person to finish speaking before reformulating the message in the target language. Some interpreters take notes to aid their memory. In some medical settings however, simultaneous interpreting is required, i.e. the interpreter interprets at the same time as the client is speaking. This mainly occurs in specialist areas such as mental health, counselling, or speech pathology when the client’s speech is disturbed.

- Managing communication breakdowns

Interpreters play a role in discourse management and ensure that the communication flow is conducive to accurate interpretation. This includes managing the pace of communication, turn taking and overlapping speech.

- Providing cultural information

Interpreters have a role in bridging the cultural as well as the linguistic gap between clients and can offer insights into cultural aspects relevant to the treatment of individual patients. However, limitations apply and careful consideration is required in relation to when and how cultural information can be provided. Interpreters do not act as cultural brokers and take great care to avoid stereotyping. They generally provide cultural information at the healthcare provider’s request or when the cultural gap is affecting communication during an interpreting assignment. Healthcare providers are encouraged to ask patients direct questions regarding any matters that they view as needing clarification, thus enabling patients to provide the information relevant to them as unique individuals.

#### References

- <file:///C:/Users/user/Downloads/Guidelines%20for%20HCIS.pdf>

## 2. ROLE PLAYS

### Role Play 1: Scenario 2 (Assessment and pain management in pregnant client with language barrier)

<b>Scenario 2: Assessment and pain management in pregnant client with language barrier</b>
<b>Type of scenario: Role Play</b>
<b>Institution: Charité</b>
<b><u>A. Learning objectives (qualification framework, WA 3.1)</u></b> The learning objectives of this scenario relate to the knowledge, skills and competences of the following work areas of the EmpathinHealth Qualification Framework: <b>3,1 Showing empathy in diverse environments</b>
<b><u>B. Students' instructions and task</u></b> You are a student midwife in your final year. You are on placement on labour ward. The doorbell is ringing and you open the door. You see a pregnant woman who is wearing a long black cloak and a hijab. She is holding her belly and groaning with pain. Because of the size of the cloak, you cannot see the size of her pregnant belly. A man is standing next to her. You assume that he is her husband.
<b>Tasks</b> 1. Assess the woman in labour and decide further plan of action. 2. Discuss wishes regarding birth with the woman and her partner, considering the cultural, social, and individual needs.
<b><u>C. SP Scenario for Mrs Navid (1)</u></b> <b>Basic details:</b> You are Meral Navid, a 26 years old woman, born in Iran, married, housewife and mother of a two-year-old daughter. <b>Appearance and behaviour:</b> You arrive at labour ward with your husband. You wear traditional clothes. You do know a bit of German, but you are not fluent. You don't feel confident speaking German, and especially in stressful situations, your mother tongue comes more naturally to you. You know that your husband's German is pretty good and you are happy that he will be able to do the majority of talking. Your contractions have gotten worse over the last hours. The car ride to hospital was almost unbearable. At home, a warm bath and a hot water bottle helped a little bit, but right now, you don't know what would help and what options are available. All you know is that you are in a lot of pain, struggle with breathing during contractions and that you want some sort of support.



**History:**

You are pregnant with your second child. You have strong pains in the back for four hours now and you are sure to be in labour. You don't have any loss of water, discharge or bleeding. Your pregnancy was uncomplicated. You attended regularly antenatal care. The expected date of birth is in three weeks. Your first child was born two years ago. You remember that the birth was long and painful.

You came to Germany during your first pregnancy. You learned German but at home you speak your native language, Farsi. Since you don't have a lot of German speaking friends, and your relatives and husband speak Farsi, the opportunities to practise German are rare.

**Opening statement:**

Woman: Ahh (mourning) pain, pain

Man: This is my wife. We are here to have our baby. She is having contractions for hours now and she needs help!

***Freely divulged to midwife trainee:***

Man: If you are asked for the pregnancy records, you hand her the records.

Woman: (again) Ahh (mourning) pain, pain

***Divulged to midwife if specifically asked:***

Man: Name, expected date of delivery, age of first child, voice concern whether Meral will receive adequate care, explain that last time she didn't get the pain relief she wanted, that the last birth was long and exhausting and that the midwife didn't have enough time for the both of you.

Woman: So much pain, here, back.

(no further answer and no eye contact, heavy and fast breathing)

**Medical History:****As seen in Mutterpass:**

**Past medical history:** nothing of note.

**Obstetric History:** SVD two years ago, 38+3 SSW, healthy baby girl, 3200g

**Current pregnancy:** nothing of note, healthy pregnancy, today 37+2SSW

**Not apparent via Mutterpass:**

**Previous birth:** You gave birth to a baby girl two years ago. The birth lasted 16 hours. You experienced the birth as incredibly painful and did not get pain relief as it was not offered to you; and you and Hamid didn't know how to ask. The midwife appeared to be stressed. She wasn't with you much. You remember that she wasn't very friendly. As it was your first baby, you were unsure if this was normal during birth, but you and Hamid didn't feel adequately supported by the hospital staff.

**Social history and cultural background (including ideas, beliefs, etc):**

You are from Iran and came to Germany two years ago. Your native language is Farsi. You started to learn German. You understand quite well but are not used to speak. You don't have any German-speaking friends and usually are with your husband, relatives or friends who speak Farsi. You speak a little bit of English, no other language.

Your husband has already been living here before your marriage. He is working a lot while you take care of your daughter and manage the household. He helps you with all formalities in daily life. You have some friends and relatives in Germany and get support from them when needed. You miss your parents a lot, who still live in Iran. Especially during the postpartum period, you had wished to have your mother with you.

**Personality of the patient and how to react to empathetic and non-empathetic behaviours**

You appear very shy and don't talk much. In the beginning, you don't really want to be bothered to try and talk to the student midwife, as you don't feel comfortable speaking German while in labour and pain. At home, in your familiar environment, you normally feel very confident and are not shy at all. You feel insecure in hospital – a place where you have been only once in your life for giving birth to your first baby.

Because of your German skills, you are afraid not to understand what the health care workers want from you and not to be able to communicate your situation, your fears and wishes.

You hope that your husband will manage everything properly but you also know that you yourself have to get in contact with the midwife. You remember your first birth experience and fear that this birth ends up in the same way. Your contractions are getting more intense and you would like to get some sort of pain relief.

If the student midwife shows empathy, e.g.:

- she tries to find a way to communicate with you,
- she speaks slowly,
- she asks your husband to translate if necessary,
- she asks you what language you speak and prefer,
- she offers to speak English,
- she tries to get in touch by using other languages or non-verbal communication,
- if she continues to talk to you even without reaction from your side,
- she makes empathic statements like acknowledges that you are in pain and reassures you that you will be taken care of immediately,
- she smiles,

then you start with eye contact, smiling back and slowly to speak more and more German.

In case of non-empathetic behaviour, you continue to refuse eye contact and won't talk at all, you continue to groan of pain. You leave the communication to your husband.

**Please note that the above are examples of showing acceptance, acknowledgement and validation of patient's ideas, concerns and expectations. Students will use their own words to express these skills.**

**Empathy specific reactions for the SP**

*Woman:* You are happy that the student midwife looks friendly. If she speaks slowly and is patient and empathetic, you will start to relax. If she is not, you leave everything to your husband and be just more afraid of what will be coming.

*Man:* You want proper treatment for your wife. If the student midwife is polite and seems to know what she is doing, you will accept her as a help for your wife.

If she appears unsure, unfriendly or tries to keep you out, you will demand that a doctor will come to check on your wife.

**Ideas, concerns and expectations:**

*Woman:* Despite all that feelings of pain and fear, you want to get help. You want to get confirmation that you are in labour, you want to get pain relief. You hope that you are able to communicate with the health care workers. You hope that they are friendly to you, and you hope that the second labour will be better and faster than the first one. You hope that your husband stays at your side and will translate for you and support you. You know he wants to make sure that this time around, you get proper care and pain relief.

*Man:* You are afraid that Meral will not get proper care. You know that she is not confident in speaking German and try your best to communicate her needs to the midwife. You are afraid that the staff will be unfriendly and snippy again. You want to make sure that Meral is going to receive the best care, even if you have to demand it! You are unsure, if the student midwife is already competent enough and you would prefer someone else.

**Proposed plan-of-action:**

The student midwife should

1. guide you and Hamid into a private room to talk to you
2. try to find out what your wishes regarding support are; e.g.: staying in hospital/ on labour ward or going home again; support regarding pain management
3. ask what has helped you with your contractions at home
4. offer you a vaginal examination to assess how far along you are in labour, she should accept if you choose to decline
5. offer you support in coping with your contractions: help and guide you with your breathing, offer a massage and/or show Hamid how to massage your back, offer a warm bath, offer medical pain relief

The student midwife should

- try to find a way to communicate with you (in between contractions)
- work with and involve Hamid, ask Hamid to translate for her
- nonetheless, even with Hamid translating, talk *to* you rather than talk *about* you with Hamid
- stays friendly even if, in the beginning, you seem distant and refuse to communicate
- stays friendly even if Hamid seems upset/excited and vehemently demands someone should help you

The student should show acceptance by restating or summarizing what you say and what she sees/perceives. She should acknowledge your feelings by saying

*"I can see that you are working very hard and that your contractions are intense. Hamid told me that you would like some sort of pain relief. There are different things you could try, for example a massage, warm bath or pain medication. Is there anything that has helped you to ease the contractions while you were at home?"*

*"Giving birth and speaking another language must be hard. You don't have to speak German if you don't want to. Unfortunately, I don't speak Farsi, but Hamid will translate everything I say. I also try to speak very slowly, so that you might be able to understand me. Please let me know if there is anything you want or don't want. Nodding and shaking your head also works in a lot of situations."*

The student should show acceptance by restating or summarizing what Hamid says, acknowledge his feelings by saying or asking:

*"I can see why you are anxious. Seeing your loved one in pain is tough. However, Meral is doing brilliantly. I am here to support her and you. It would be very helpful if you could translate everything Meral says and everything I say. This way we can assure that I can respect Meral's wishes and that she receives the care she needs."*

**Please note that the above are examples of showing acceptance, acknowledgement and validation of patient's ideas, concerns and expectations. Students will use their own words to express these skills.**

#### **Empathy specific reactions for the SP (regarding plan-of-action)**

Woman: If the student midwife proceeds accordingly to the proposed plan-of-action and shows empathy in the above-mentioned way, you begin to relax your breathing, smile, try to communicate with her (more and more German, telling Hamid what you want so he can translate). You will agree to some sort of alternative pain relief (bath, massage), which will help you to cope with labour.

If the student midwife doesn't proceed accordingly and doesn't show empathy, your pain will get worse, your breathing will intensify, and you won't get in touch with her (no eye contact, no talking).

Man: If the student midwife proceeds accordingly to the proposed plan-of-action and shows empathy in the above-mentioned way, you will agree to translate everything. You will gain trust in her competence and start to relax.

You might be able to support Meral better, e.g. using massage technique the SM shows you. You're now confident that this birth Meral and you will receive the care you need.

If the student midwife doesn't proceed accordingly and doesn't show empathy, you will get more and more upset. Your fear, that this time will be just as bad as the last birth, is going to be confirmed and you refuse to accept that. You will demand to see a doctor and repeatedly ask to receive adequate care.

#### **Some important points:**

The student midwife should show empathy, understand the family's fear, and take their concerns as well as the woman's pain and her request for pain relief seriously. The goal should be to find a sufficient way to communicate with the woman and with her partner and to find out what her wishes regarding birth are.

The student should be aware that patients with “migratory background” have a higher risk to suffer from discrimination, even if the discrimination is unintentional. The student should know that, among other things, this may lead to inadequate pain management. The student should be aware of own implicit biases/stereotypes so that she/he does NOT act accordingly.

The challenges and impact that come with migration should be taken into account when caring for a client with migration background (e.g. language barrier, lack of social support, unfamiliarity with foreign (health) care system, stereotyping and discrimination).

### **SP scenario for Mr Navid (2)**

You are Hamid Navid, 30 years old and the husband of Meral Navid. You came from Iran to Germany several years ago and now speak and understand German quite well.

You were with Meral when she gave birth to your precious first daughter. You remember the birth being long and exhausting. Meral was in a lot of pain. Your German skills weren't as good then as they are now and you and Meral were struggling to communicate with the staff. You didn't know why no pain relief was offered to Meral. The staff seemed to be very busy; you felt helpless and were not sure if there was everything done for her. You remember the midwife being not very friendly and gruff, but back then you weren't sure if this was because of the language barrier. However, this time around, you are absolutely determined to make sure Meral gets the care she needs!

## **Role Play 2: Scenario 3 (Newborn with weight gain challenges: sharing information and communicating risk)**

### **Scenario 3: Newborn with weight gain challenges: sharing information and communicating risk**

**Type of scenario: Role play**

**Institution: Charité**

#### **A. Learning objectives**

The learning objectives of this scenario relate to the knowledge, skills and competences of the following work areas of the EmpathinHealth Qualification Framework:

##### **1.1 Understanding empathy and qualities/competencies necessary for empathy**

---

#### **B. Student's/learner's Instructions and Task**

You are in the 3<sup>rd</sup> year of a midwife trainee program (MT). You are currently in placement in a large postnatal maternity ward. You are in charge of two rooms with a mother and her newborn in each. One of them is Mrs Lea Kowalsky with her newborn son Paul. She wants to be discharged today, the 4<sup>th</sup> day after a caesarean section and Paul is below the normal/healthy/acceptable weight loss limit. When the

paediatrician reviewed the charts in your presence and saw Paul's weight loss, he clearly recommended that mother and child should not be discharged yet. He strongly suggested that they should stay one or two days longer until Paul's weight is going up. The midwife you work with is busy right now and you need to convey the news to Mrs Kowalsky.

From the patient file, you have the following data on Lea Kowalsky.

**Relevant notes:**

Lea Kowalsky

38 years old

Mrs Kowalsky had one abortion when she was 22 years old and one miscarriage two years before this birth. She underwent two curettages but had otherwise no other operations. Mrs. Kowalsky is taking L-thyroxin for hypothyroidism. Otherwise, she is only taking vitamins and iron supplements.

She broke her leg skiing when she was 32.

Mrs Kowalsky's mother had 2 children, is healthy and has no serious medical issues. Mrs Kowalsky father had a heart attack 3 years ago and takes a beta blocker for his elevated blood pressure.

Birth: Vacuum extraction with epidural 4 days ago because of a-pathological CTG, 39/5 SSW, PROM (premature rupture of membranes), spontaneous commencement of labour

Paul: good adaptation after birth, Apgar 9/10/10

Weight: 3640g at birth, 1<sup>st</sup> day: 3480g, 2<sup>nd</sup> day 3400g, 3<sup>rd</sup> day 50g, 4<sup>th</sup> day (today) 3320g

Stools: The first 3 days meconium, since yesterday stool rather brownish, becoming lighter in color, urine intervals 4-6 times/ day, dry skin, mild jaundice on the torso, blood sugar normal, active

Breastfeeding management: still insecure in handling, on demand, the newborn baby demanded the breast very often during the last day and night

Breast: nipples are sore, since today the breasts are equally fuller and warm

**Task:**

1. Discuss with Mrs Kowalsky the recommendation of the paediatrician.
2. Discuss with Mrs Kowalsky her concerns about staying another day in hospital.
3. After performing a breastfeeding assessment, give her advice on how to improve her milk supply and management of breastfeeding in general (See Appendix1)

**C. SP Scenario**

**Basic details:** You are Lea Kowalsky, 38 years old, physical therapist, married. Your son Paul, your first child, was born 4 days ago by Vacuum extraction after a long and exhausting time in the delivery room. Otherwise, you are a healthy and active person. You are happy about having a sweet and healthy baby. But you also feel confused in view of the new situation in dealing with Paul in an unfamiliar environment. Since yesterday you often have to cry suddenly, on the one hand from emotion and happiness and then again from overwhelm and also recurring memories of the birth, which you look at with mixed feelings, because they also bring the feeling of having failed, because so much intervention has taken place, the consequences of which you feel strongly, especially in the pelvic area and your nipples are sore.

**Appearance and behaviour:**

The first days with Paul were difficult, because you could not move without pain, you are unsure about the right techniques for breastfeeding. You read a lot in advance, but you found it difficult to transfer this knowledge into practice. You got a lot of different advice, but you feel under pressure to manage everything and fulfil the expectations of the staff, your family and your own.

You feel very uncomfortable at the hospital because you experience that people (nurses, midwives, doctors, cleaning staff) are constantly coming into your room throughout the entire day. You think that the food at the hospital is not the right food for someone who has had major surgery. You still have a considerable amount of pain. You want to sleep in your own bed, and eat your own food. Your husband is off work for the next two weeks and is a big help to you at home. You will also get help from your mother who arrived yesterday.

Currently you are tired and worn out and you still feel pain when moving, but you are dressed properly and also wear some make up. Even if you feel bad, you want to have a fine and healthy appearance and you also try to hide, that you still have pain. You are worried that someone will hold you back of going home. You expect your husband to arrive soon to pick you up.

**Opening statement (the first sentence that the SP says upon prompting from the candidate):**

Oh, great, that you are coming. I' m ready to leave. Are my papers ready yet? My husband will arrive soon to pick us up, so that we can finally leave. I can' t wait to sleep in my own bed!

**Freely disclose to MT:**

- You feel uncomfortable in hospital.
- You can' t sleep well and you want to be supported by your husband at night.
- The food makes you feel bad.
- You just want to go home.

**Disclosed to MT if specifically asked:**

- You are unhappy and disappointed.
- You feel that you have 'failed' at giving birth. If you fail at breastfeeding, this will be too much for you.
- You don't understand what you are doing wrong.
- Your nipples are sore.
- During the night you were breastfeeding a lot.
- Your breasts are getting heavier.

**Personality of the patient and how to react to empathetic and non-empathetic behaviours**

You are not accustomed to making compromises when you have set your sight on a goal that you want to achieve. You want the hospital staff to trust that you are making the right decision for yourself and your baby. At the same time, you are very uncertain if you can manage breastfeeding. You feel that your body is somehow broken or incapable of doing what it should be doing because you needed a Vacuum extraction. You get the feeling that the hospital staff assumes that you have already failed at it, since your baby continues to lose weight and your milk has not come in yet. You are also concerned about Paul's development.

You don't want anybody to see that you aren't coping well, since you have always coped well in life— for example, at your job, and with your partner.

You have zero tolerance for the hospital rules and guidelines. It is not easy for you to ask for and accept help. You are the daughter of a single mother and have had to cope on your own from an early age.

The fact that you are so insecure now is unusual and you are ashamed of it and try to hide it. However, at the hospital you feel as if you are being treated like a child.

If the MT shows empathy e.g.

- sits down and listens to you actively (= Practices active listening method with open facing posture at eye level, gestures of listening, and nonverbal and verbal storytelling prompts, such as, "Go on, I'm happy to listen.")
- shows understanding for your disappointment by **using summarizing techniques**
- recognizes that you are concerned about Paul's development by **using summarizing techniques**
- asks open-ended questions about the reasons why you want to leave so urgently
- asks open-ended questions. For example: what you need to feel better during your stay  
You are able to open up and share your concerns/ doubts and seek help in improving your breastfeeding skills.

If the MT insists on you staying in hospital and shows little empathy you get angry and ask to see the paediatrician for discussing a discharge against medical advice.

### **Empathy specific reactions for the SP**

You are happy for the midwife trainee (MT) to come. When she tells you, that you should stay longer in hospital, you are disappointed and don't want to follow this advice.

### **Ideas, concerns and expectations:**

It is important that you regain a sense of control in this situation.

**Medical history:** broken leg with 32, one abortion, hypothyroidism

### **Medication history:**

L-thyroxin for hypothyroidism. Otherwise, only vitamins and iron supplements.

### **Social history and cultural background (including ideas, beliefs, etc):**

Once you get more in personal contact with the MT and you can feel her empathy and interest in you, tell more of your personal background.

You were born in Germany. Your mother was a nurse at doctors without borders and the red cross, so you grew up all over the world. As a result, you were never able to develop close friendships because your family moved every 3-4 years. You are a physical therapist and work in a community of practice that you helped to establish. You married your husband two years ago. You began trying to conceive right away. You are disturbed by your felt loss of status at work that seemed to grow throughout the pregnancy. The last few weeks while on maternity leave, you have found it difficult to find peace and quiet and to do something on your own. In the end, you found out that listening to music is good for you to calm down.

### **Family history:**

Your mother had 2 children. She had two vaginal births at the hospital and breastfed both children for about 4-6 months. She is healthy and has no serious medical issues. Your mother is a nurse and your parents worked in humanitarian aid. This led to the fact that the family lived in different places around the world and changed their place of residence every 3-4 years. Your parents separated when you have been 5 years old. You have sporadic contact with your father, who has since lived in the USA. He had a heart attack 3 years ago and takes a beta blocker for his elevated blood pressure.



**Examination:**

If the MT asks for your consent and explains why she wants to examine your breast, you consent. If she simply wants to perform the upcoming examination without explanation, refuse and ask why.

If the MT shows empathy e.g.

- sits at eye level with you.
- Asks you to show her the painful regions on the nipples and gives you feedback on her assessment of the findings.
- once again asks your consent before she carefully palpate the breasts and gives you feedback on her findings ( for example, that the breasts feel very evenly warm and full, which is usually a good sign that milk production is increasing and milk is coming in and that it is very common that the breasts will probably feel full and plump for a few days. But the production will soon regulate itself to fit you and your baby's needs.

You cooperate.

If she does not examine you respectfully (for example: does not ask for your consent, stays upright while you are sitting, works in a hurry, etc.) and does not explain her findings, ask her, depending on the situation: to sit down, take her time, examine more gently and / or explain what it means what she feels and what the consequences are.

Using a baby doll or, if not available, a rolled-up piece of clothing as a newborn, act out a breastfeeding problem of your choice (for example: A) restless baby having difficulty grasping nipples made plumper by incoming milk. B) Wrong angle when putting the baby to the breast. The baby's head is held too tightly by the mother and pressed onto the baby's chest, making it difficult for the baby to swallow and causing the nipple to keep letting go. C) The mother holds the baby while breastfeeding, without support from pillows or other , pulling her shoulders towards her ears and looking very cramped.

If the MT shows empathy e.g.

By using open-ended questions such as:

Where do you feel pain?

How do you experience your child when breastfeeding?

What do you perceive as a challenge in breastfeeding?

Also uses questions that activate the woman as an expert of herself, such as:

Can you show me this area that is painful?

Have you already found something that helps you with this?

If the MT counsels you without first asking you about your current problems (women-centered care), respond with defensiveness and report back to her that it is not her problem until she asks you where you perceive the problems to be.

**Investigations**

- status of the breasts and nipples
- management of breastfeeding
- Pauls suckling behaviour

**Proposed Treatment**

The midwifery student should explain the following:

- The loss of weight is normal during the first days of life,
- But that the weight loss should not fall below 7 to a maximum of 10% and that this threshold is now already reached after 4 days, it's relatively fast, but it happens.
- But then special attention is needed that milk production is well established and breastfeeding is practiced well and safely.

- That most children then regain their birth weight by the 10th day after birth.
- Your breast is getting heavier, the milk is already coming, and Paul's stool has been rather brownish since yesterday and is getting lighter, which is a good sign that milk production is on a good way
- Nevertheless, according to experience, it would be good to stay on it now, so that the milk production and the security of breastfeeding are well established and Paul gets enough milk to gain weight again.
- Paul has only had 4 wet diapers in the last 24 hours according to his medical records. This information should be verified by asking you. If this is so, it should be explained that it is good to change the child at least every 2-4 hours and that 6-8 wet diapers indicate that the child has a regular excretion and therefore breast milk is reaching him.
- Paul also develops symptoms of an incipient jaundice on the torso. Jaundice is visible in over half of all healthy newborns and must be closely monitored. After birth, the newborn has an excess of red blood cells. Since these are no longer needed, they break down. The red blood pigment hemoglobin is thereby converted to the pigment bilirubin, which is normally broken down in the liver. However, since the liver of the newborn is not yet able to process a large amount of bilirubin immediately, the dye is temporarily deposited in the skin and eyeballs.
- Bilirubin is excreted in the stool. The consumption of breast milk stimulates the excretion of stool and thus of bilirubin. Insufficient supply of breast milk increases the risk of excessive jaundice.

The student should propose the following:

- You can support milk production with skin-to-skin-contact with Paul, warm showers, gentle stimulating breast massage, and manual breast milk expression or additional electric pumping. The techniques for stimulating breast massage and manual breast milk expression can be shown to you by the MT. The electric pumping would be the second choice if the milk production should really stagnate, which it does not seem to do, since the breasts have become heavier from yesterday to today and Paul's stool has been rather brownish since yesterday and is getting lighter.
- You can offer Paul the expressed milk by finger feeding.
- To protect the nipples it is important to work on the technique of breastfeeding and there are other tricks to take care of the nipples for example could you get a cream made from refined wool fat that protects the nipples and promotes healing.
- To support you during the next breastfeeding session, you could always get midwife help if needed.
- To stabilize the situation at least one more day in hospital will probably be enough and a check-up of the weight and the jaundice tomorrow could be easily done.
- We can put a sign on the door to keep personnel out when you need to rest.

#### **Patient responses to proposed treatment (ICE)**

If the MT provides information clearly and with empathy you should think about possibilities that could help you to arrange better with the hospital stay. You notice that it could be really helpful to have the professional advice until tomorrow. You gain hope that breastfeeding could be improved by the proposed actions. You want to try and gain confidence before going home. So, you agree to stay until tomorrow.

If the MT is impatient or presses you to stay, you demand to see the doctor angrily.

If the MT threatens you, that Paul could be harmed by your decision you break in tears and threaten to submit a complaint about the treatment on this ward.

## Closing the consultation

At the end of the contact, you should know clearly how to manage breast feeding until the next day. You should feel ok with staying another day. The MT and you plan together when she will come next time into your room to provide help with the breastfeeding management. The MT informs the ward's team that you stay until tomorrow.


## Appendix 1

The NICE Guidelines Postnatal Care (2021) recommend for assessment of breastfeeding:

To ask about:

- any concerns the parents have about their baby's feeding
- how often and how long the feeds are
- rhythmic sucking and audible swallowing
- if the baby is content after the feed
- if the baby is waking up for feeds
- the baby's weight gain or weight loss
- the number of wet and dirty nappies
- the condition of the woman's breasts and nipples

Below an instruction on hand - expressing breast milk from Alibhai et al., (2022)



**Hand Expressing Breast Milk**

**What is hand expression?**

- Involves massaging your breasts with your hands and fingers to stimulate the release of milk.
- You can start hand expressing either before or after you have your baby. Please consult your healthcare provider if you want to hand express before your baby is born.

**Why hand express?**

- To collect colostrum before your baby is born and prepare for feedings before your milk comes in.
- To increase your supply of breast milk.
- To relieve hard (engorged) breasts.

**How do I get started?**

- Wash your hands before you start.
- Pick a relaxing spot, sit comfortably and try leaning forward.
- Follow the instructions in the diagram.
- It may take a few compressions before you start to see drops of milk, and the expected volume of milk may also vary.
- Shorter, frequent sessions of up to 30 minutes are the most effective.

**How do I hand express?**

- 1 Gently massage the breast.** Start at the top of your breast and move your hand down toward the nipple.
- 2 Cup the breast in a C-shape.** Place your thumb and fingers 1-2 inches away from the nipple, on opposite sides.
- 3 Push back towards your chest.** Keep your thumb and fingers cupped in a C shape around the nipple.
- 4 Express milk.** Bring your thumb and fingers together. Slide forward toward but not on the areola. Press, compress & release. Repeat right away.

**Can I store the milk I collect?**

- Collect the milk in a clean container (i.e., cup, syringe).
- Seal & label the container with the date it was expressed.
- Store in the fridge (up to 4 days) or freezer (up to 12 months).

The Ottawa Hospital | OMNI | Scan for video tutorial

**Fig. 1** Breastmilk hand expression toolkit. The version depicted represents the final version after survey participant feedback was incorporated

Alibhai, K.M., Murphy, M.S.Q., Dunn, S. et al. Evaluation of a breastmilk hand expression toolkit: the M.I.L.K survey study. *Int Breastfeed J* 17, 8 (2022). <https://doi.org/10.1186/s13006-021-00448-3>

## Role Play 3: Scenario 4 (Elderly patient after hip replacement: communicating with the confused/ angry patient)

<b>Scenario 4: Elderly patient after hip replacement: communicating with the confused/ angry patient</b>
<b>Type of scenario: Role play</b>
<b>Institution: UTH</b>
<p><b><u>A. Learning objectives</u></b></p> <p>The learning objectives of this scenario relate to the knowledge, skills and competences of the following work areas of the EmpathinHealth Qualification Framework:</p> <p><b>1.2 Understanding empathy and qualities/competencies necessary for empathy</b></p> <p><b>2.1 Understanding empathy in relationships and information exchanges in different health care contexts/environments</b></p> <p><b>3.1 Showing empathy in diverse environments</b></p> <p><b><u>B. Students' instructions and task</u></b></p> <p>You are a last year physiotherapy student and you have been asked to mobilize (standing up and walk with aid) an elderly patient who has undergone a hip replacement yesterday. The nurse informs you that the patient is upset.</p> <hr/> <p>Please practice your communication skills and find out how Mr John Papadopoulos will cooperate with you.</p> <p><b>Task</b></p> <ol style="list-style-type: none"><li>1. Discuss with Mr Papadopoulos the necessity of early mobilization, explaining him how important is to be mobilized after his surgery</li><li>2. Explore Mr Papadopoulos ideas, concerns and expectations and arrive at shared decision about the best way to be mobilized.</li></ol> <p><i>Additional information concerning the necessity of early mobilization and barriers for early mobilization is provided before the end of this scenario.</i></p> <p><b><u>C. SP Scenario</u></b></p> <hr/> <p><b>Basic details:</b></p> <p>You are 70 years old patient named John Papadopoulos and you have been undergone a total hip replacement yesterday. You are at the orthopedic clinic.</p> <p><b>Appearance and behaviour:</b></p> <p>You are lying in bed wearing the surgical gown. You receive oxygen therapy (ventury mask, 2l/min). You have pain, you are weak and you feel dizzy. You are upset because you did not sleep well last night due to pain and the pillow you had between your legs- the nurse said that you had to keep it between your legs all night! You speak loudly because you feel they do not care.</p>

**History:**

You had a hip osteoarthritis of the right leg. You had pain for at least 10 years. You had a fall two years ago and after this accident the situation got worse. You could not walk due to pain and stiffness therefore your doctor suggested to have this operation.

**Opening statement:**

When the student physiotherapist will enter the room, you could say loudly this first sentence:

- *"I feel terrible. I didn't sleep last night. I am not going to have any physiotherapy today! No way!"*

**Freely divulged to student:**

If you are asked how you are today, you freely say the below:

- You have a lot of pain.
- You did not sleep well during the night due to pain and the pillow you had between your legs- the nurse said that you had to keep it between your legs all night!

If you are asked about your medical history, you freely say the below:

- You had a hip osteoarthritis of the right leg, for at least 10 years, experiencing pain.
- You have a COPD, stage I (early stage).
- You have hypertension well-controlled with medications.
- You had a cholecystectomy 20 years ago.
- You have a history of fall two years ago resulted in a fracture of the right hand.

**Social History**

You are married and live in your family house in a village close to Lamia with your wife. Your wife is supportive, however spends a lot of time helping your daughter with your grandchildren. After your retirement, you are periodically working as a farmer of olive trees. However, your bad hip made it impossible the last year. This is something you do not like because you think you are not as useful and important as before. You feel desperate. You think you have lost interest in friends, activities and things you enjoy. The doctor advised you to have a total replacement. You agreed but now you feel that you are worse. The last two nights you did not sleep because of your pain. You are disappointed as you expected to be a simple operation but now experiencing that much pain you are upset because you made the wrong decision.

**Smoking:** You used to smoke a pack of cigarettes for 20 years. You started when you were 20 and stopped in your forties.

**Diet:** Good appetite generally

**Drinking:** You are a social drinker.

**Past medical history**

You have a COPD, stage I (early stage). Your medical history included hypertension well-controlled with medications. You have a history of fall two years ago resulted in a femoral fracture of the right hand. You have previously tried treatment in the form of hip cortisone injections, NSAIDs, and physical therapy but with short term relief.

**Medication**

Medications for COPD (bronchodilators and corticosteroids) and high blood pressure (amlodipine)

**Family history**

You are the only child. Your mother was suffering from pain in her hips too.

**Personality of the patient and how to react to empathetic and non-empathetic behaviours**

You are usually a reasonable person who is rather skeptical about different situations in life. You have always been independent and you have raised a nice family, but now you feel that you are useless, not being able to offer.

If the student shows empathy e.g. explores, recognizes, acknowledges and validates your concerns, explains information clearly in a non-judgmental way, shows that he is interested in you, allows you to talk and he listens actively, has eye contact with you whilst you are having the discussion, is encouraging and supportive to you, then you feel more freely to talk to him/her, you are honest and you share your concerns and expectations and show motivation to comply with the today's rehabilitation program i.e. standing up and walk with aid (walker).

If the student is judgmental about your situation, does not explore your concerns or ignores them, does not explain information clearly (i.e. says that you are at high risk for complications after THR without being specific, or you need to be mobilized as it is suggested without explaining), then you become defensive, dismiss the risk by saying that you had already a fall and you know that it could happen again especially after this surgery as you feel weak and dizzy. Furthermore, you are afraid that after standing up and walk, pain will be worse as it will hurt your leg and you show no interest in the advice/information given or no intention to mobilize.

**Empathy specific reactions for the SP**

You are willing to cooperate with the physiotherapy student as you know that he can give you important information for the post-operative rehabilitation. You also show that you understand the importance of talking to the student as it is part of their training to become physiotherapist. If the student is empathic (as described above), you continue to be honest and build rapport with him and be willing to mobilize. If the student is not, you dismiss him/her and start to say that you do not have to cooperate with him/her and that you prefer to talk to the senior physiotherapist when he is available and be mobilized probably tomorrow or when you will feel like.

**Ideas**

If asked why you think that you refuse to stand up and get mobilized, tell the student that you feel pain and you're not sure that it's safe for your situation. You believe it needs more days. You believe that you will fall down. Your doctor told you that you shouldn't do extreme movements.

**If you feel that the student immediately becomes judgmental and lectures about how important early mobilization is, you become discouraged and upset and you say loudly that you feel pain.**

The student should show acceptance by restating or summarizing what you say, acknowledge your feelings by saying “I can see why you are anxious. Early mobilization can certainly cause stress”. The student should also validate your feelings by saying “I can appreciate why you are anxious and stressed. Many people in your situation would have similar feelings. If and when the student does so, you feel encouraged.

**Please note that the above are examples of showing acceptance, acknowledgement and validation of patient’s ideas, concerns and expectations. Students may use their own words to express these skills.**

### **Concerns – share if asked**

Your major concern is whether you will be able to be functional in the future and whether you will be **able to work and feel independent** again. In a few months it is the busy season at your olive trees farm. It seems that you will not be able to work. The last year’s efforts will be wasted. You already spent a lot of money to do this surgery and you are doubting if it is successful. You think you are weaker and less productive than before. **Anyway, your mother had the same problems and she ended being in a nursing home.** Besides, you are concerned about the **deterioration of your COPD and the blood pressure** due to inactivity. Your wife can't take care of you because she takes care of your grandchildren. You also worry about the **risk of falling** especially during the first attempt after the surgery. Furthermore, you are **embarrassed** walking around in surgical gown.

### **Expectations**

You expect to be told today if your pain will get worse and whether you will be able to do the things you like. The student should tell you that total recovery will need more than 1 month. Your pain will be lessening every week. You will change some of your daily habits. You will have a home exercise program and physical therapy for regaining strength and balance. At this point, the student should give you some evidence-based information about the benefits of early mobilization. After informing you of the benefits of early mobilization and the dangers of staying in bed, he/she should let you decide. He/she may suggest that you make a list of the pros and cons of mobilization for you.

### **Proposed Treatment**

The student will explain the importance of early mobilization after THR for:

- complications’ prevention (taking under consideration COPD and hypertension)
- better functionality and quality of life

The student will propose the following treatment plan:

- Have a controlled mobilization maneuver consisted of 1. Sitting out of the bed, 2. Standing up and 3. Walking for a certain distance with a walker. In every stage of the maneuver clinical symptoms (such as pain and dizziness) and readiness will be examined in order to continue.
- Have some exercises for strengthening, balance and respiratory improvement

### Patient responses to proposed treatment (ICE)

If the student explains information clearly, is non-judgemental, shows empathy (as discussed above), then you should engage in an honest discussion, explore your options and come to an agreement in regard to the proposed treatment.

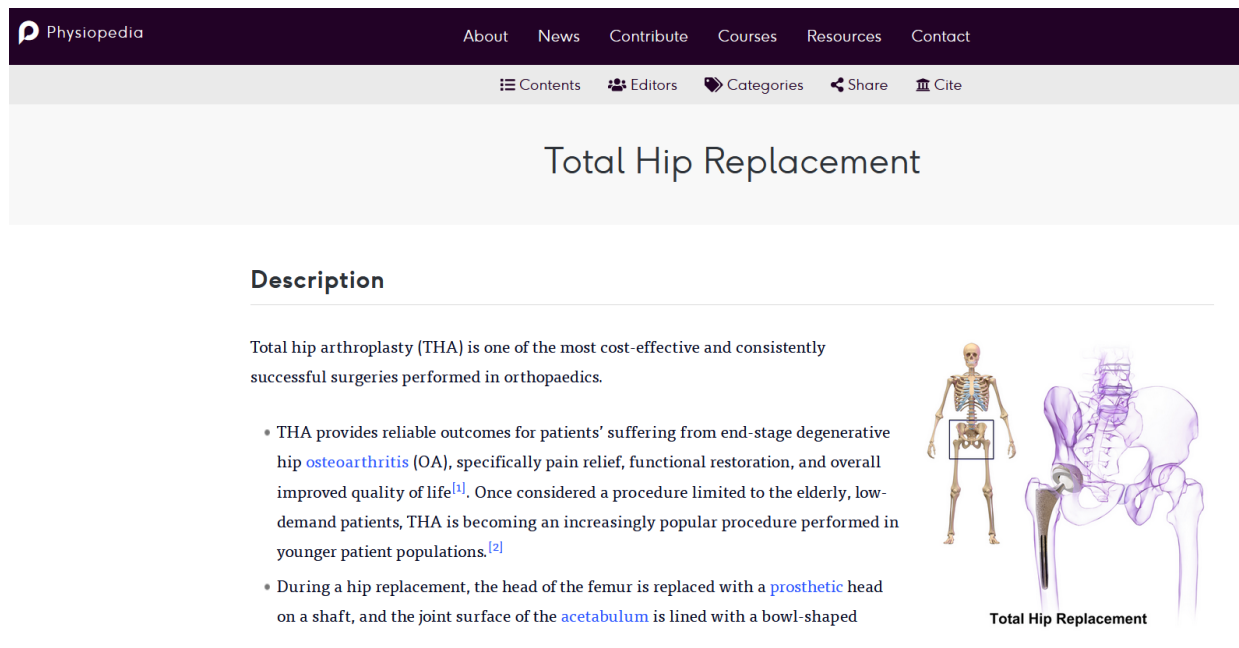
If the student is judgemental, does not show empathy, his/her explanation is not clear, then you should become defensive and show no interest or dismiss/ignore his/her suggestions and say that you prefer to talk to the senior physiotherapist when he/she is available and be mobilized probably tomorrow or when you will feel like.

### Closing the consultation

By the end of the consultation, you and the physiotherapy student should agree on the proposed treatment plan. The student should thank you for taking the time to talk to him/her and cooperate with him/her during the session. After this consultation and in case of reaching a shared decision, the treatment plan should be followed.

### Background information on post-operative procedures after total hip replacement

An overview of post-operative procedures after total hip replacement could be found in Physiopedia site, "Total Hip Replacement" at [https://www.physio-pedia.com/Total\\_Hip\\_Replacement?utm\\_source=physiopedia&utm\\_medium=search&utm\\_campaign=ongoing\\_internal](https://www.physio-pedia.com/Total_Hip_Replacement?utm_source=physiopedia&utm_medium=search&utm_campaign=ongoing_internal)



The screenshot shows the Physiopedia website interface. At the top, there is a navigation bar with links for 'About', 'News', 'Contribute', 'Courses', 'Resources', and 'Contact'. Below this is a secondary navigation bar with icons for 'Contents', 'Editors', 'Categories', 'Share', and 'Cite'. The main heading of the page is 'Total Hip Replacement'. Underneath, there is a 'Description' section. The text in the description states: 'Total hip arthroplasty (THA) is one of the most cost-effective and consistently successful surgeries performed in orthopaedics.' It then lists two bullet points: '• THA provides reliable outcomes for patients' suffering from end-stage degenerative hip osteoarthritis (OA), specifically pain relief, functional restoration, and overall improved quality of life<sup>[1]</sup>. Once considered a procedure limited to the elderly, low-demand patients, THA is becoming an increasingly popular procedure performed in younger patient populations.<sup>[2]</sup>' and '• During a hip replacement, the head of the femur is replaced with a prosthetic head on a shaft, and the joint surface of the acetabulum is lined with a bowl-shaped'. To the right of the text, there are two anatomical diagrams. The first is a full-body skeleton with a red box highlighting the hip area. The second is a detailed view of the hip joint, showing the femoral head and neck on the left, and the acetabulum on the right, with a prosthetic head and bowl-shaped socket. The caption below the diagrams reads 'Total Hip Replacement'.

Additionally, safe prescription of mobilizing patients in acute care setting (SAFEMOB) could be found at <https://www.physio-pedia.com/SAFEMOB>



More specifically, in order to be prepared for the proposed treatment more information is given below:

### **1. Total hip replacement and necessity of early mobilization**

After having total hip replacement (THR), a significant percentage of the patients develop complications such as atelectasis, pneumonia, deep vein thrombosis, falls, and constipation.

Furthermore, perioperative admission to ICU is more frequent in patients with COPD when compared to patients without COPD. Additionally, the rate of pneumonia seems to be higher in the patients with COPD group.

Mobilization plays an important part in reduction of these complications. The current literature emphasizes that patients undergoing THR should be mobilized within 24 hours of surgery to prevent and reduce complications and hasten healing.

International Journal of COPD

Dovepress

open access to scientific and medical research

 Open Access Full Text Article

ORIGINAL RESEARCH

## **COPD as a risk factor of the complications in lower limb arthroplasty: a patient-matched study**

This article was published in the following Dove Press journal:  
International Journal of COPD

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6110158/>

### **2. Early mobilization benefits after total hip replacement**

According to RCTs, early mobilization benefits in range of motion, muscle strength and health-related quality of life in favor of the experimental group. A meta-analysis of 5 trials found a reduced length of stay of 1.8 days (95% confidence interval 1.1 to 2.6) in favor of the experimental group. In 4 of the 5 trials the experimental group first sat out of bed within 24 hours post operatively. In 4 of the 5 trials the experimental group first walked within 48 hours post operatively.

# Early mobilization of patients who have had a hip or knee joint replacement reduces length of stay in hospital: A systematic review

Clinical Rehabilitation  
1–11  
© The Author(s) 2014  
Reprints and permissions:  
sagepub.co.uk/journalsPermissions.nav  
DOI: 10.1177/0269215514558641  
cre.sagepub.com  


Mark L Guerra<sup>1</sup>, Parminder J Singh<sup>2</sup> and  
Nicholas F Taylor<sup>3,4</sup>

<https://pubmed.ncbi.nlm.nih.gov/25452634/>

### 3. Barriers for early mobilization

Patient mobilization is a complex and dynamic process. It is affected by personal factors such as age, diagnosis, pain severity, mental status, fear and anxiety, environment, organizational culture, and policies. All patients, especially the older patients, may avoid mobilization because of the fear of falling and damaging the prosthesis after THR. This fear may cause restriction of activities and reduction of functional independence. Fear of falling is common among older people, with an incidence ranging from 21% to 85%. The incidence of fear of falling is 12.6% in people aged 55–75 years, but the incidence of fear of falling which restricts activities is reported to be higher. Fifty percent of older patients who fall experience fear of falls before mobilization. This fear can be encountered in patients without a history of a fall, although it usually develops after one has occurred.

Geriatric Nursing 39 (2018) 382–387



Contents lists available at [ScienceDirect](https://www.sciencedirect.com)

Geriatric Nursing

journal homepage: [www.gnjournal.com](http://www.gnjournal.com)



Feature Article

## Factors related to older patients' fear of falling during the first mobilization after total knee replacement and total hip replacement



Hale Turhan Damar, RN, MSc<sup>a,\*</sup>, Ozlem Bilik, RN, PhD<sup>a</sup>, Ozgul Karayurt, RN, PhD<sup>b</sup>,  
Figen Erol Ursavas, RN, PhD<sup>c</sup>

<sup>a</sup> Department of Surgical Nursing, Faculty of Nursing, Dokuz Eylul University, Izmir, Turkey

<sup>b</sup> Department of Nursing, Faculty of Health Science, Izmir University of Economics, Izmir, Turkey

<sup>c</sup> Department of Nursing, Cankiri Karatekin University, Cankiri, Turkey

<https://pubmed.ncbi.nlm.nih.gov/29325717/>

## Role Play 4: Scenario 9 (Adolescent with diabetes: shared decision making in challenging situations)

### Scenario 9: Adolescent with diabetes: shared decision making in challenging situations

Type of scenario: Role play

Institution: UNIC

#### **A. Learning objectives**

The learning objectives of this scenario relate to the knowledge, skills and competences of the following work areas of the EmpathinHealth Qualification Framework:

**1.3 Understanding empathy and qualities/competencies necessary for empathy**

**2.1 Understanding empathy in relationships and information exchanges in different health care contexts/environments**

**3.1 Showing empathy in diverse environments**

#### **B. Student's/learner's Instructions and Task**

You are a third-year medical student at a primary care placement. Chris Thomas has diabetes and has come with his mum, Mrs Irene Petrou-Thoma to see the GP. The mother has agreed to her son's request to sit outside and let Chris see you first before the GP sees both the mother and the teenager together. You have been asked by your GP to take a history from Chris and find out more about why his glucose control is problematic. Chris has agreed to speak with you. Both Chris and Mrs Petrou-Thoma will be seen later by the GP.

#### **More information about the mother (update by the GP)**

Irene Petrou-Thoma has agreed to sit outside and let Chris see the student doctor on his own. She feels that her son is going under a lot of stress lately and wants to help him as she understands what it means to have a chronic condition. Perhaps he will talk to the student-doctor easier if she is not there. They will then both see the GP together, something that Chris has agreed to.

#### **Background Medical Information for this scenario**

Following the information gathering phase of the consultation, an experienced physician would probably ask Chris to complete two questionnaires (a PHQ9 and GAD7) in order to formally assess if he is depressed or anxious. Then the doctor would proceed to take the vital signs including pulse, BP, temperature and examine the injection sites and abdomen but also his feet and retina if not already had

retinopathy screen recently. In addition, the doctor would carry out a urine dip to check for glucose and ketones.

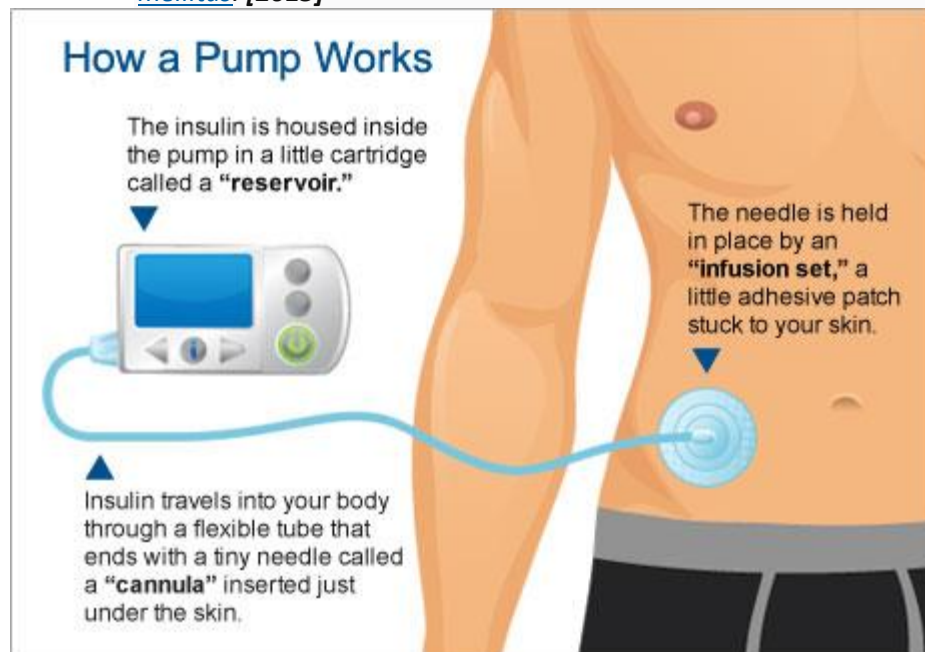
In addition, the doctor will probably order the following investigations: a blood test to check for his Hba1c, fasting glucose, and inflammatory markers

Following the guidelines above the proposed treatment would involve: referral to child and adolescent psychiatry/psychology, consider changing insulin injection to pump insulin and arrange a follow-up appointment in 1-2 weeks.

The students will need to familiarise themselves with Type 1 Diabetes Treatment recommendations in children and adolescents. In this scenario, Chris cannot tolerate his current treatment that involves a four-shot daily regime of insulin – e.g. short acting insulin before meals (three times a day e.g. Humulin) and a longer acting insulin (e.g. insulatard) at bedtime. He also needs to test his glucose before meals (finger prick blood testing kit) and injecting insulin accordingly. This is the recommended treatment according to NICE guidelines (<https://www.nice.org.uk/guidance/ng18/chapter/Recommendations#type-1-diabetes>),

*“Offer children and young people with type 1 diabetes a [multiple daily injection basal-bolus insulin regimen](#) from diagnosis. [2015]”*

When young people like Chris can not tolerate multiple daily injections, they are offered insulin pumps  
*“1.2.19If a multiple daily insulin injections are not appropriate for a particular child or young person, consider an [insulin pump](#) as recommended in the [NICE technology appraisal guidance on continuous subcutaneous insulin infusion for the treatment of diabetes mellitus](#). [2015]”*



### **C. SP Scenario**

#### **Basic details:**

You are Chris Thomas, a 15-year-old male (Please adjust D.O.B. to reflect the correct age)

#### **Appearance and behaviour:**

You are dressed casually (e.g. jeans and t-shirt, hoody).

At the beginning you appear moody with generally low tone, not willing to talk much. As the student develops rapport with, you feel more comfortable, appear more relaxed and talkative. If students do not make you feel comfortable, then continue to appear reserved and include this in your feedback at the end.

### **History**

**Opening statement (the first sentence that the SP says upon prompting from the candidate):** 'I have had several hypos recently and came to see the doctor'.

**Freely divulged to student doctor:**

You have come to the GP surgery with your mum who is sitting outside the consultation room; you are seeing the student-doctor on your own.

**Divulged to the student if specifically asked:**

You have been diagnosed as having diabetes when you were 8. You have been dependent on insulin injections since diagnosis. You were taught to draw up the syringe and to inject yourself when initially in hospital and for the first year you were supervised by one of your parents in giving the injections.

After the initial dismay at the diagnosis, you appeared to accept the illness and you never let it disrupt your life. You enjoy swimming and cycling and have been an active member of several school clubs. You appear to understand everything about managing your condition and when you go for check-ups at the hospital diabetic clinic the specialist and the staff congratulate you on managing so well. On only one occasion you needed to be re-admitted to hospital and this was during a severe chest infection when your control became unstable about 3 years ago.

You are on a four-shot daily regime of insulin – i.e. short acting insulin before meals (three times a day e.g. Humulin) and a longer acting insulin (e.g. insulatard) at bedtime. You should be testing glucose before meals (finger prick blood testing kit) and injecting insulin accordingly – but at times can't be bothered, or feel embarrassed if out in a new place with new friends.

### **Present situation**

For the last 12 months since your 14<sup>th</sup> birthday, your parents have been increasingly concerned about you. At that time your diabetes started to become unstable, and more recently, it has become chaotic. You have several "hypos" every week, your blood sugar at the last appointment was extremely high (18) and your previous sunny disposition has been replaced by moodiness. Initially your parents put the change down to the onset of adolescence and sought advice about this from the GP. Now, however, they are concerned about the long-term effects of the on-going instability and your mother has made this appointment for you to speak to the GP/Specialist.

*Initially you refused to go with your mother to see the doctor but then eventually agreed. Your mother is sitting in the waiting room, looking worried and you feel bad tempered. The GP/Specialist comes out and asks you if you are willing to be interviewed by a medical student so that the student can practice consultation skills. You don't look up. You shrug and say OK.*

### **Personality of the patient and how to react to empathetic and non-empathetic behaviours**

You are generally a social person but you have difficulty in making new friends in your new school and you miss your old school and social network. You want to get to know new people and try to adjust quickly to the new environment which makes you feel stressed. You feel very angry about having diabetes and you do not want diabetes to control you and stop you from doing normal things with your friends (e.g. eating and drinking as much as you want). You feel frustrated and angry towards your parents especially when having lots of hypos. You want to have more independence in your life and your parents to back-off but deep inside you want them to be there to support you.

### **Empathy specific reactions for the SP**

#### **Framework for ideas, concerns and expectations:**

- You have been feeling increasingly tired over the last few months and you hope the student will ask you about this.
- You have recently started **smoking** cigarettes and at a party tried some cannabis. Your friends have been encouraging you to drink **alcohol** so that now you and your friends go out drinking at the weekends (usually 6 or 7 bottles of alcopops each time). It all seems a bit of a laugh, but you know at the back of your mind that alcohol, smoking and diabetes in the long term are not good news. You usually manage to get away with this by staying over with a friend (your parents think your friend's parents are respectable, but actually often are not around much at the weekend). For the last couple of weeks you have been having a small alcohol drink before school – just to relax a bit – so far no one seems to have noticed.
- You should be testing glucose before meals (finger prick blood testing kit) and injecting insulin accordingly – but at times can't be bothered, or feel embarrassed if in/out a new place with new friends etc.

#### **Ideas and thoughts:**

Initially you say you don't know what caused the glucose instability; if the student gives you space to speak without feeling you are being interrogated (e.g. too many close-ended questions) and makes you feel safe, then you share your story about your new friends, smoking and drinking and skipping injections at school.

#### **Concerns:**

Your two major concerns are:

First, what the new peers will say about your insulin injections and hence, not being able to make friends. You started getting to know some people and you are particularly concerned as you don't want to lose your newly acquired friends. You prefer not doing insulin injections rather than not having any friends.

Secondly, you don't want your parents to find out that you are skipping your injections and about the smoking and drinking; if you feel supported and safe with the student then you share your concern that you skip your insulin because you believe you will be bullied if you say you have diabetes and not able to make friends. You state, if asked, that you haven't seen anyone being bullied at school. You ask the student if he/she will pass this information to your mum.

If the student encourages you to consider talking to some friends you trust about your diabetes, say you will think about it. If you feel you have developed good rapport/trust with the student, continue saying that other students may have diabetes too since you know that it affects many young people. So, they may be already aware what it means to have diabetes.

If asked too early in the session about your concerns, before developing rapport with the student, then you can say something along the lines 'I don't know, be ok I guess'.

**Expectations:**

You don't want to feel so tired and low anymore and you want your family to support you. You wish they knew what you are going through without having to tell them. If the student suggests that the doctor may help you talk to them say you are going to think about it.

**Medical history:**

You have been diagnosed with TYPE I diabetes when you were 8 years old. You have been dependent on insulin injections since diagnosis. You were taught to draw up the syringe and to inject yourself when initially in hospital and for the first 2 years or so you were supervised by one of your parents in giving the injections.

**Medication history:**

You are on a four-shot daily regime of insulin – i.e. short acting insulin before meals (three times a day e.g. Humulin) and a longer acting insulin (e.g. insulatard) at bedtime. You should be testing glucose before meals (finger prick blood testing kit) and injecting insulin accordingly – but at times can't be bothered, or feel embarrassed if out in a new place with new friends.  
You are not taking anything at the moment apart from your insulin.

**Family history:**

You are the youngest of three children with a brother 2 years and a sister 4 years older than you.

Neither of your siblings has diabetes.

Your parents, Irene and George have no history of diabetes on either side of the family and following your diagnosis with the illness, they did a lot of reading and down-loaded several articles on the management and long-term prognosis. Until recently, they have been relatively free of anxiety about your health problem, although always aware of the potential seriousness of the condition.

**Social history and cultural background (including ideas, beliefs, etc):**

You live with your parents (mum: Irene 49 years old; dad: George 50 years old, both work as primary school teachers) and your siblings Costa and Maria. The family has recently moved to a new area because your newly built house finished. This move meant a change of schools for you and the reality of leaving your friends behind.

The family appears to be happy and to enjoy active sports and going camping together.

You accepted your illness and you never let it disrupt your life. You enjoy your sports (cycling and swimming) and you understand how to manage your condition. You go for your check-ups every 3-4 months.

You are still adjusting to the new school and making new friends. You have a relatively ok relationship with your family, although at times they are getting on your nerves with their controlling attitude on what you do, if you study, who your friends are.

You asked your mum to sit outside to wait for you; you want your independence and privacy and you feel you have had diabetes for so long that you are able to discuss with the doctor what you want without your mum being constantly present.

**Diet and exercise:**

You try to eat a bit healthy, and you like swimming and cycling.

**Sex/Relationship:**

You are not in any relationship, you've never been so far and you wonder if you will meet someone you like. Perhaps at the new school which makes you desperate to fit in and getting to know new people.

**Recent situation**

Although you had been controlling your glucose level quite well, in the past 3-4 months the diabetes became unstable; you have some 'hypos' every week (which you didn't in the past) and your blood sugar at the last appointment (which was a couple of weeks ago) was very high (18).

(**'Hypo'**: the full name for a hypo is hypoglycaemia. It's when your blood sugar is too low. This can happen if the balance of diabetes medication you take, especially insulin, food you eat and physical activity you do sometimes isn't right).

You feel low and your parents are concerned about the impact of your glucose instability. You haven't told your parents but you have been skipping your insulin injections at school. You told no one at school you have diabetes and at lunch you disappear off "to go get some water from the water fountain" and you would go to the nurse's office to do your insulin. You did that a few times at the beginning but you couldn't cope with it. You were scared that you would be found out and feeling insecure of being different; then you realised you were missing out on time with your new friends so you stopped taking your insulin at lunch.

**What to expect from an excellent student**

Following the information gathering phase of the consultation, an excellent student would probably ask you to complete two questionnaires (a PHQ9 and GAD7) in order to formally assess if you are depressed or anxious. Then the student would proceed to take your vital signs including pulse, BP, temperature and examine the injection sites and abdomen but also your feet and retina if not already had retinopathy screen recently. In addition, the student would carry out a urine dip to check for glucose and ketones. In addition, the student will probably order the following investigations: a blood test to check for your Hba1c, fasting glucose, and inflammatory markers.



They may also refer you to child and adolescent psychiatry/psychology and they will consider changing insulin injection to pump insulin and arrange a follow-up appointment in 1-2 weeks.

**Patient responses to proposed treatment (ICE):**

**Ideas:** If the student does a good job in terms of building rapport and a patient-centred relationship with you, you will be open to all of the above. The suggestions of assessing your psychological state is a relief and the idea of seeing a psychologist is a bit strange but welcome as you are quite scared with what is happening in your life right now. You cannot talk to your parents so talking to an expert might really help you out.

**Concerns:** The new treatment suggestion (pump insulin) sounds interesting and a good alternative but it might interfere with your swimming. You need to know what happens when you go for a swim. Do you have to take it out? It will be embarrassing to have the pump exposed for others to see. You need more information about this one before you make the decision.

**Expectations:** You expect a considerate and sensitive approach to your problems and if the student does a good job you will be open to their suggestions. If they are not empathetic then you become defensive and monosyllabic.

**Mother's framework:** Irene Petrou-Thoma has agreed to sit outside and let Chris see the medical student on her own. She feels that her son is going under a lot of stress lately and wants to help him. She knows that something is troubling Chris so perhaps he will talk to the medical student easier if she is not there. They will then both see the GP together something that Chris has agreed to.

**Closing the consultation**

The student should offer you a follow-up appointment and suggest that you see the GP with your mother. You agree and finish the consultation.

### 3. VR SCENARIOS

#### VR Scenario 1: Scenario 1 (Management of a woman in labour: the process of providing patient centred care)

<b>Scenario 1: Management of a woman in labour: the process of providing patient centred care</b>
<b>Type of scenario: VR Scenario</b>
<b>Institution: Charite</b>

**Summary:** Mia Schmidt, a 28-year-old woman, is pregnant with her first child and has been in the delivery room for two hours. She is lying on the bed, her husband is sitting at her side. The midwife has been coming in and out of the room to check on her but has not stayed for a longer time with her. Mia is in quite a bit of pain when she has a contraction, and is feeling uncertain and unsafe because she can no longer manage the pain. In order to be able to choose the most appropriate pain relief for the stage of labour that the woman is in, the midwife tells her that it would be helpful to perform a vaginal exam to assess her progress in labour. Mia is scared and does not want a vaginal examination, but is also afraid she won't get good care/pain relief if she doesn't let the midwife exam her vaginally. The midwife is challenged to provide woman-centered empathic intrapartum care.

**Target Group:**(Higher Education/Midwifery Students)

**Objective:** The objective of this scenario is to train the midwife to make a connection with the woman in labour; to ask open questions and practice active listening as the basis of woman- and family-centered care, understand the needs of her and her Partner and involve and activate the competence of her and,

if possible, of her Partner. In summary to learn to adjust to listening and to respond to the individual needs of women in labour and giving individualized care even under difficult working conditions.

The goal is for the midwife to promote a symmetrical, empathic relationship with the woman in labour instead of an asymmetrical, sympathetic one as a basis of trust and women centered care. A symmetrical relationship refers to an open, respectful relationship and involves being on eye level with the woman and perform non-directive counseling.

**Description of the setting\*:** Hospital delivery room. The woman is lying on the bed on her left side. She is hooked up to the fetal heart monitor which is on the right side of the bed. Her Partner is sitting in a chair next to the bed, holding her hand. Across from the bed is a birthing tub.

**Description of characters/persons that take part in the scenario:**

<b>Character 1:</b>	
Title (Doctor/Client/Relative):	Client Mia Schmidt
Sex: (Male/Female)	Female
Age:	28
Clothes:	She is wearing her own T-Shirt and leggings
Is the player (user wearing the headsets)	NO

<b>Character 2:</b>	
Title (Doctor/Client/Relative):	Midwife
Sex: (Male/Female)	Not required
Age:	Not required
Clothes:	Not required
Is the player (user wearing the headsets)	YES

<b>Character 3:</b>	
Title (Doctor/Client/Relative):	Client's Partner Gurdeep Pandher
Sex: (Male/Female)	Male
Age:	27
Clothes:	Casual clothes
Is the player (user wearing the headsets)	NO

**IntroText (text informing the player about the scenario):**

*[e.g. You are a midwife in a hospital. At the moment, you are caring for two women in labour. One of the women you are caring for will give birth very soon, so you think, but of course you do not exactly know the timing (if it will be another hour or more). You are about to walk into a delivery room to a woman, Mia Schmidt, 28 years old and pregnant with her first child, who has been at the hospital for two hours. She has been hooked up to the fetal heart monitor for the last hour and you have not had a chance to visit her since you put the fetal heart monitor on her belly. You can hear from outside the room that she has contractions every 8 minutes, since she is breathing loudly, and making a shrill sound when she exhales. It sounds like she is not handling the pain well. Now she is using the Client bell. You are pressed for time because of the other birth and don't know how much time you will have to work with her. But of course, you go into her room to understand how she is doing.*

*Then, you would like to get back to the woman who is in advanced labour. You have the feeling that you can only spend a minute or two in the room with her.*

For most dialogue you can choose between two or three response options:




- 1) Not empathetic (a judgmental, authoritarian way of communicating)
- 2) Moderate empathetic (a more sympathetic way of communicating in which own ideas/experiences are frequently projected onto the Clients experience)
- 3) Empathetic (a positive, Client-centered, responsive way of communicating)

Dialogues without numbering and bold are the choices of the player (midwife)

- Dialogues with numbering are the sayings of the other Avatars (we need an mp3 file in each language for them e.g.1.mp3).
- Arrows indicate the different branches a scenario could follow moving from column to column.

<p><b>Hello, Mr. and Mrs. Schmidt,</b> (When she enters the room a contraction begins. As long as Mia has a contraction, the midwife clears the room noisily and hectically. When the contraction is over, she stands next to the bed and speaks from her standing position to the sitting Partner and the lying Mia.)</p> <p><b>I could hear you are only having contractions every 8 minutes. You are only at the beginning of the birth. I am taking care of another woman at the same time, she is already further along, the child will come soon, so I have little time. It is very busy here today. I can see from the CTG that your child is doing well.</b></p> <p><b>Choice Score: not empathetic</b></p>	<p><b>Hallo</b> (As long as the woman has a contraction the midwife cleans up the room a bit and squats at the end next to the woman in labor. She waits until the contractions are over. She begins to speak. She addresses her question to the couple.)</p> <p><b>I'm sorry that I haven't been able to visit you much in the last hour. It's very busy here today. How are you managing? I know from my one deliveries especially the beginning is difficult. I can see from the fetal heart monitor that everything is okay with the baby.</b></p> <p><b>Choice Score: moderate empathetic</b></p>	<p><b>Hallo</b> (The midwife enters the room and squats next to the woman in labor. She waits calmly until the contractions are over. Her body language is open and facing the woman, she actively participates and gives full attention to the couple to understand how they are doing. When the contraction is over, she begins to speak. She addresses her question to the woman and then integrates the Partner through eye contact.)</p> <p><b>How are you?</b></p> <p><b>Choice Score: positive empathetic</b></p>
<p><b>1. Partner(angry):</b> My wife is in a lot of pain. Please help her. Do something for her.</p> <p>Expecting 1.mp3 in English</p>	<p><b>2. Client(sad):</b> I'm glad to hear that the baby is doing well, but I am not managing well at all.</p> <p>Expecting 2.mp3 in English</p>	<p><b>3.Client:</b> I have severe pain in my back and I can no longer lie down.</p> <p>Expecting 3.mp3 in English</p>
	<p><b>4.Partner(worry):</b> We need help. My wife is in a lot of pain. Is there something you can do for her?</p> <p>Expecting 4.mp3 in English</p>	<p><b>5. Client (small smile):</b> I am in a lot of pain, and I don't know what to do. Please tell me my options. I took a birth preparation class, but it didn't prepare me for this kind of pain.</p> <p>Expecting 5.mp3 in English</p>

<p>I'm sorry to hear that your wife is not managing well.</p> <p>I am sorry that it seems to be already difficult for you to manage. I don't have much time to stay with you.</p> <p>I'd like to do a vaginal exam to see how far along the labour is. This is the only way I'll be able to know how to help.</p> <p><b>Choice Score: not empathetic</b></p>	<p>Mrs. Schmidt, I'm sorry to hear that you're not managing well. I'm sorry that I'm just getting around to checking up on how you're doing. I would have liked to check right after you arrived, but I got busy with another woman who is going to give birth really soon. I would like to do a vaginal exam, if that's okay with you. The vaginal exam could help me find some solutions together with you for your pain.</p> <p>Sometimes, it's easier to find the most appropriate way to help if we know how far along you are in labour—that means, if we know how dilated your cervix is.</p> <p><b>Choice Score: moderate empathetic</b></p>	<p>Okay, I understand: you have severe back pain and you don't want to lie down. Then I will take off the fetal heart monitor. The data collected from the child looks very good and stable. Let's see how it is with the back pain when you take a different position.</p> <p>The protocol now would advise a vaginal exam, but that is up to you. We could then see how wide open the cervix is, and we could look together at what options are available to support you at this stage.</p> <p><b>Choice Score: positive empathetic</b></p>
<p><b>6.Partner (stands up):</b> My wife doesn't want you to do a vaginal exam unless it is absolutely necessary. It's in her birth plan.  <a href="#">Expecting 6.mp3 in English</a></p>	<p><b>7.Client:</b> (Crying) I didn't expect the contractions to be this painful. I don't know what to do.  <a href="#">Expecting 7.mp3 in English</a></p>	<p><b>8.Client:</b> (Weeping a bit.) I didn't expect the contractions to be this painful. I don't know what to do. I don't want a vaginal exam unless it is absolutely necessary.  <a href="#">Expecting 8.mp3 in English</a></p>

<p><b>9.Client(fear):</b> I don't like vaginal examinations. They're too painful  <b>Expecting 9.mp3 in English</b></p>	<p><b>10.Partner(concern):</b> My wife really doesn't want you to do a vaginal exam  <b>Expecting 10.mp3 in English</b></p>	<p><b>11.Partner:</b> My wife wrote in her birth plan that she wants as few vaginal exams as possible.  <b>Expecting 11.mp3 in English</b></p>
	<p><b>12.Client(sad):</b> Vaginal examinations are painful for me even if I'm not in labour. Can you help me some other way?  <b>Expecting 12.mp3 in English</b></p>	
		
<p><b>Vaginal exams are the best way we have of helping you in labour. It is part of the process.</b></p>	<p><b>There might be some other options. I'm not sure yet.</b></p>	<p><b>There are always other options. Let's discuss what would be best for you</b></p>
<p><b>Event 1: There is a knock on the door. A voice can be heard from the corridor saying, 'Can you please come out for a moment!?'</b></p> <p><b>The midwife, Character 2, has three options. (7, 8 or 9)</b></p> <p><b>Expecting E1.mp3 in English</b></p>		
<p><b>I'm busy with Mrs. Schmidt, and am about to do a vaginal exam. I'll be right out.</b></p> <p><b>Choice Score: not empathetic</b></p>	<p><b>I'm busy with Mrs. And Mr. Schmidt and need some more time with them before I can talk with you. It's all not so easy here for Mrs. Schmidt right now. I'll be right out when I'm finished here.</b></p>	<p><b>Sorry I need some time here in the room with Mrs. Schmidt and Mr. Pandher to figure out together what to do next.</b></p>

	<b>Choice Score: moderate empathetic</b>	<b>Choice Score: positive empathetic</b>
<b>Midwife walks to the left side of the bed</b>		
<p><b>It's very busy today. I only have a few minutes before I have to check on someone else.</b></p> <p><b>Choice Score: not empathetic</b></p>	<p><b>I am sorry to have interrupted you. Let's go back to what we discussed about the vaginal exam and your concerns, which I can well understand, from my own experience.</b></p> <p><b>Choice Score: moderate empathetic</b></p>	<p><b>I'm sorry about the interruption. You have my attention now.</b></p> <p><b>Choice Score: positive empathetic</b></p>
<p><b>13.Partner:</b> My wife needs a midwife to stay with her and help her. I don't know what to do.  <b>Expecting 13.mp3 in English</b></p>	<p><b>14.Client:</b> I need help with the pain. It's too much for me. I don't know what to do.  <b>Expecting 14.mp3 in English</b></p>	<p><b>15.Client:</b> Thank you. I really need your help so I can manage better.  <b>Expecting 15.mp3 in English</b></p>
<p><b>16.Client:</b> Please help me however you can. What can I do?  <b>Expecting 16.mp3 in English</b></p>		



<p>I can see that you're in a lot of pain and it is difficult for you to deal with it, Mrs. Schmidt. I unfortunately won't be able to stay the whole time. I believe I was going to do a vaginal exam now?</p> <p>Choice Score: <b>Not empathetic</b></p>	<p>In order to help you manage labour pains better, I need some more information to get a complete picture of how to help you. One way to complete the picture is to do a vaginal exam.</p> <p>Choice Score: <b>moderate empathetic</b></p>	<p>How is your back pain doing now?</p> <p>I would very much like to help you, Mrs. Schmidt. You had mentioned that you didn't want a vaginal exam.</p> <p>Choice Score: <b>excellent</b></p>
<p><b>17.Client:</b> No. I didn't want a vaginal exam.</p> <p>Expecting 17.mp3 in English</p>	<p><b>18.Client:</b> I would like to avoid having a vaginal exam as long as possible. <b>My back pain is easier when I stand.</b></p> <p>Expecting 18.mp3 in English</p>	<p><b>19.Client:</b> No, if at all possible, I don't want one.</p> <p>Expecting 19.mp3 in English</p>
<p>A vaginal exam can be done quite quickly. And it is a part of this process. Sooner or later, I will have to check you.</p> <p>Choice Score: <b>Not empathetic</b></p>	<p>I understand that you don't want a vaginal exam. Could we discuss this so that I know what your fears are? I don't think it's as terrible as you think it is.</p> <p>Choice Score: <b>moderate empathetic</b></p>	<p>Of course, if you don't want a vaginal exam at this time, I can find other ways to help you.</p> <p>Choice Score: <b>excellent</b></p>
<p><b>20.Client</b></p> <p>No, I do not want that. Vaginal examinations are basically very uneasy for me.</p> <p>Expecting 20.mp3 in English</p>	<p><b>20.Client:</b></p> <p>No, I do not want that. Vaginal examinations are basically very uneasy for me.</p> <p>Same with previous</p>	<p><b>21.Client:</b></p> <p>Expecting 21.mp3 in English</p> <p>I would be happy if you could find a way to help and support me without the vaginal exam.</p>

<p>I see. It would have been good to talk more extensively about this when you registered here for the birth.</p> <p>Choice Score: <b>Not empathetic</b></p>	<p>I understand. You can trust me, though. I am here to help you. I wish I could find another way.</p> <p>Choice Score: <b>moderate empathetic</b></p>	<p>Of course, Mrs. Schmidt.</p> <p>Choice Score: <b>excellent</b></p>
<p><b>22.Client:</b> Just help me. It's all I'm asking.</p> <p>Expecting 22.mp3 in English</p>	<p><b>23.Client:</b> I'm just so stressed. Maybe I should just get an epidural</p> <p>Expecting 23.mp3 in English</p>	<p><b>24.Client:</b> What can I do for the pain?</p> <p>Expecting 24.mp3 in English</p>
<p>I'm going to help you. Let's first agree to the vaginal exam, and then I'll tell you your alternatives. I'll know better how to help you when I know how far along you are in labor.</p> <p>Choice Score: <b>Not empathetic</b></p>	<p>If you feel so stressed and unable to manage with the pain, this might be your best option, but there's more to consider. There are alternatives for pain relief. Let's talk about them.</p> <p>Choice Score: <b>moderate empathetic</b></p>	<p>There are alternatives for pain relief. What has helped you so far in dealing with contractions for example at home?</p> <p>Choice Score: <b>positive empathetic</b></p>
<p><b>25.Client:</b> I guess if I want you to help me, then I don't have a choice, so go ahead and do the vaginal exam.</p> <p>Expecting 25.mp3 in English</p>	<p><b>26.Client:</b> I'm so relieved. Thank you so much.</p> <p>Expecting 26.mp3 in English</p>	<p><b>27.Client:</b> At home it helped me tonight when my Partner pressed the hot water bottle very firmly on my back. But it really had to be very warm. But we forgot it in the car.</p> <p>Expecting 27.mp3 in English</p>

	<p>28.Client: Nothing. I don't know, lying at home was good because I could relax well there, but now it really didn't work. Nothing else has helped me. I really can't anymore.</p> <p>Expecting 28.mp3 in English</p>	
<p>I wish labour weren't so painful, Mrs. Schmidt. This is the right decision.</p> <p>Choice Score: <b>not empathetic</b></p>	<p>There are many positions you can try that experience has shown will help you cope with labor. I'll put a mat on the ground in front of the wall bars. I will give you a birthing ball, this often helps well to relax the pelvis and lower back.. Your Partner can give you a massage. I'll get you some massage oil and can show you some tricks to do this if you want.</p> <p>Another alternative might be to get in the bathtub. Warm water also helps to relax the body, which often helps a lot when dealing with the contractions. What do you think? What would you like to try?</p> <p>Choice Score: <b>moderate empathetic</b></p>	<p>Ok, wonderful, I see, heat and pressure helped. We also have hot water bottles here. I can warm them up and bring them to you right away.</p> <p>Or/ and you can take a warm bath or shower, and your Partner could treat your back like he did so well at home. And then we'll see? How do they feel about these suggestions?</p> <p>(The midwife looks first at the birthing woman and then at her Partner).</p> <p><b>I will support you with whatever you choose.</b></p> <p>Choice Score: <b>positive empathetic</b></p>

**VR Scenario 2: Scenario 5 (Young patient with chronic musculoskeletal pain: shared decision making with patient and family)**

<p><b>Scenario 5: Young patient with chronic musculoskeletal pain: shared decision making with patient and family</b></p>
<p><b>Type of scenario: VR Scenario</b></p>
<p><b>Institution: UTH</b></p>

**Summary:** Woman (40s) in chronic musculoskeletal pain (low back pain, somatization), with psychosocial problems (stress, anxiety, difficulties with sleep, kinesiophobia) that comes to physiotherapy clinic in order to get helped (doctor referral, otherwise she will have a surgery). The problem started after giving birth to her 3 years old son. Other therapies have not helped, she is disappointed, angry. The physiotherapist will propose a new therapy in order to help including exercise- behaviour change. She is accompanied by a member of her family (her father), she is divorced and she leaves at her parents' house with her 3 children.

**Target Group:** (Higher Education/ health sciences students)




**Objectives:** Exploring patient concerns, communicate with a patient's family, giving- gathering information, shared decision making

**Description of the setting\*:** Physiotherapy examination room (Image 1)




**IntroText (text informing the player about the scenario):**

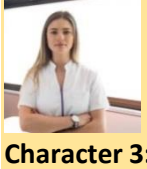
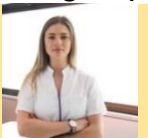
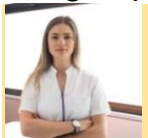
*You are a Physiotherapist at a Physiotherapy Clinic based in Athens. A patient (Mrs Papadopoulou) comes to your physiotherapy clinic. She has a chronic musculoskeletal pain (low back pain, somatization), psychosocial problems (stress, anxiety, difficulties with sleep, kinesiophobia)\*. The problem started after giving birth to her 3 years old son, she has two more children, 5 and 8. Other therapies have not helped, she is disappointed. She is divorced- 1 year ago and now she leaves with her parents. She is a primary school teacher and she is on illness leave the last 2 months. You have already discussed with her about pain in previous sessions (Pain Neuroscience education), you have given her an information brochure and today you are going to give information about kinesiophobia and make a plan for starting exercise such as walking. In the last session, you asked your patient whether she could be accompanied by a member of her family today and she agreed her father to come with her.*

*\*A more detailed medical record of the patient is given for your use. All participants are sitting in the physiotherapy examination room.*

Dialogue number:1	Dialogue number:2	Dialogue number:3
 <p><b>Character 3:</b></p> <ul style="list-style-type: none"> <li>• <b>Option 1:</b> Hello Mrs Papadopoulou, nice to see you again! It's a lovely day, isn't it?</li> <li>• <b>Expression 1:</b> [welcoming , smile]</li> <li>• <b>Choice Score:</b> Totally Unacceptable/moderate acceptable/excellent</li> </ul>	 <p><b>Character 3:</b></p> <ul style="list-style-type: none"> <li>• <b>Option 2:</b> Hello Mrs Papadopoulou....</li> <li>• <b>Expression:</b> [no expression]</li> <li>• <b>Choice Score:</b> Totally Unacceptable/moderate acceptable/excellent</li> </ul>	 <p><b>Character 3:</b></p> <ul style="list-style-type: none"> <li>• <b>Option 3:</b> Hello there! Today was a very busy day...I feel exhausted...</li> <li>• <b>Expression:</b> [frowning ]</li> <li>• <b>Choice Score:</b> Totally Unacceptable/moderate acceptable/excellent</li> </ul>

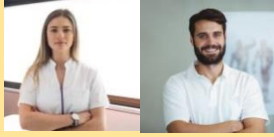
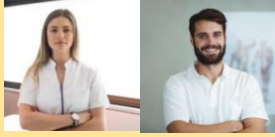



<p><b>Dialogue number: 4 (previous dialogue 1)</b></p>  <p><b>Character 1:</b> Hello, nice to see you again! ....it is a nice day although it is cold! Cold makes my back aching more...</p> <p><b>Expression:</b> [complacent]</p> <p>UTH4.mp3</p>	<p><b>Dialogue number: 5 (previous dialogue 2)</b></p>  <p><b>Character 1:</b> Hello ...</p> <p><b>Expression:</b> [discouraged]</p> <p>UTH5.mp3</p>	<p><b>Dialogue number: 6 (previous dialogue 3)</b></p>  <p><b>Character 1:</b> Hello ...</p> <p><b>Expression:</b> [Depressed]</p> <p>UTH6.mp3</p>
--	---	---



<p><b>Dialogue number: 7 (previous dialogue 4)</b></p>  <p><b>Character 3:</b></p> <ul style="list-style-type: none"> <li>• <b>Option 1:</b> You are right, it is quite cold! I understand how this could affect you in a way.....</li> <li>• <b>Expression:</b> [comfortable]</li> <li>• <b>Choice Score:</b> Totally Unacceptable/moderate acceptable/excellent</li> </ul>	<p><b>Dialogue number: 8 (previous dialogue 4)</b></p>  <p><b>Character 3:</b></p> <ul style="list-style-type: none"> <li>• <b>Option 2:</b> It is just a little cold...never mind!</li> <li>• <b>Expression:</b> [complacent]</li> <li>• <b>Choice Score:</b> Totally Unacceptable/moderate acceptable/excellent</li> </ul>	<p><b>Dialogue number: 9 (previous dialogue 4)</b></p>  <p><b>Character 3:</b></p> <ul style="list-style-type: none"> <li>• <b>Option 3:</b> Cold cannot affect pain! Don't listen what people say!</li> <li>• <b>Expression:</b> [annoyed]</li> <li>• <b>Choice Score:</b> Totally Unacceptable/moderate acceptable/excellent</li> </ul>
---	---	--

**Event 1 (previous dialogue 5, 6, 7, 8, 9): You look at character 2 (father)**



<p><b>Dialogue number: 10 (previous Event 1)</b></p>	<p><b>Dialogue number: 11 (previous Event 1)</b></p>	
--	--	--

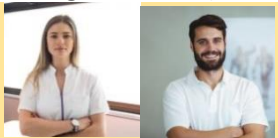
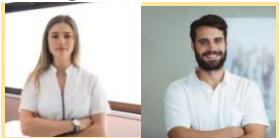
		
<p><b>Character 3:</b></p> <ul style="list-style-type: none"> <li>• <b>Option 1:</b> Hello! Are you the father of Mrs Papadopoulou? Nice to meet you!</li> <li>• <b>Expression:</b> [welcoming , smile ]</li> <li>• <b>Choice Score:</b> Totally Unacceptable/moderate acceptable/<b>excellent</b></li> </ul>	<p><b>Character 3:</b></p> <ul style="list-style-type: none"> <li>• <b>Option 2:</b> The father of Mrs Papadopoulou?</li> <li>• <b>Expression:</b> [complacent ]</li> <li>• <b>Choice Score:</b> Totally Unacceptable/<b>moderate acceptable/excellent</b></li> </ul>	



<p><b>Dialogue number: 12 (previous dialogue 10 &amp; 11)</b></p>  <p><b>Character 2:</b> Hello, yes I am....</p> <p><b>Expression:</b> worried</p> <p>UTH12.mp3</p>	
---	--

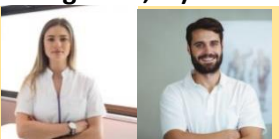
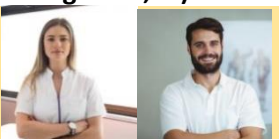
<p><b>Dialogue number: 13 (previous dialogue 12)</b></p>  <p><b>Character 3:</b></p> <ul style="list-style-type: none"> <li>• <b>Option 1:</b> My name is Mrs/Mr Alexiou, I am a physiotherapist and I am working with your daughter.</li> <li>• <b>Expression:</b> [smile ]</li> <li>• <b>Choice Score:</b> Totally Unacceptable/moderate acceptable/<b>excellent</b></li> </ul>	<p><b>Dialogue number: 14 (previous dialogue 12)</b></p>  <p><b>Character 3:</b></p> <ul style="list-style-type: none"> <li>• <b>Option 2:</b> I am Mrs/Mr Alexiou...</li> <li>• <b>Expression:</b> [complacent ]</li> <li>• <b>Choice Score:</b> Totally Unacceptable/<b>moderate acceptable/excellent</b></li> </ul>	
--	---	--


<p><b>Dialogue number: 15 (previous dialogue 13)</b></p>	<p><b>Dialogue number: 16 (previous dialogue 14)</b></p>	
--	--	--



 <p><b>Character 2:</b> Nice to meet you ....  <b>Expression:</b> [relieved]  <b>UTH15.mp3</b></p>	 <p><b>Character 2:</b> Ok....  <b>Expression:</b> [skeptical]  <b>UTH16.mp3</b></p>	
---	---	--

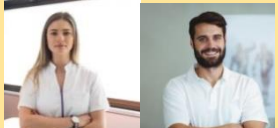
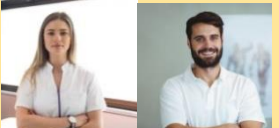
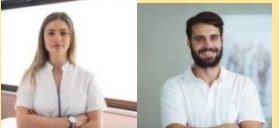
<p><b>Dialogue number: 17 (previous dialogue 15 &amp; 16)</b></p>  <p><b>Character 3:</b></p> <ul style="list-style-type: none"> <li>• <b>Option 1:</b> I asked your daughter if she could be accompanied by a member of her family or a friend to our session today. Thank you for coming along!</li> <li>• <b>Expression:</b> [smile ]</li> <li>• <b>Choice Score:</b> Totally Unacceptable/moderate acceptable/excellent</li> </ul>	<p><b>Dialogue number: 18 (previous dialogue 15 &amp; 16)</b></p>  <p><b>Character 3:</b></p> <ul style="list-style-type: none"> <li>• <b>Option 2:</b> I asked your daughter to be accompanied by you as I am pretty sure from what she has mentioned that you influence her a lot....</li> <li>• <b>Expression:</b> [mischievous]</li> <li>• <b>Choice Score:</b> <b>Totally Unacceptable/moderate acceptable/excellent</b></li> </ul>	
---	---	--

<p><b>Dialogue number: 19 (previous dialogue 17)</b></p>  <p><b>Character 2:</b> Ok...  <b>Expression:</b> [worried]  <b>UTH19.mp3</b></p>	<p><b>Dialogue number: 20 (previous dialogue 18)</b></p>  <p><b>Character 2:</b> I am not sure about that...  <b>Expression:</b> [worried]  <b>UTH20.mp3</b></p>	
---	---	--

<p><b>Dialogue number: 21 (previous dialogue 19,20)</b></p>	<p><b>Dialogue number: 22 (previous dialogue 19,20)</b></p> 	<p><b>Dialogue number: 23 (previous dialogue 19,20)</b></p> 
---	---	---




 <p><b>Character 3:</b></p> <ul style="list-style-type: none"> <li>• <b>Option 1:</b> I am really glad that you are able to be here with your daughter today because I think it will give you a better sense of how she is progressing.....</li> <li>• <b>Expression:</b> [comfortable ]</li> <li>• <b>Choice Score:</b> Totally Unacceptable/moderate acceptable/excellent</li> </ul>	<p><b>Character 3:</b></p> <ul style="list-style-type: none"> <li>• <b>Option 2:</b> ....in case you have any questions you may ask at the end of the session....now please just attend our discussion....</li> <li>• <b>Expression:</b> [serious]</li> <li>• <b>Choice Score:</b> Totally Unacceptable/moderate acceptable/excellent</li> </ul>	<p><b>Character 3:</b></p> <ul style="list-style-type: none"> <li>• <b>Option 3:</b> Mr Papadopoulos, please attend our discussion without interrupting.</li> <li>• <b>Expression:</b> [furious ]</li> <li>• <b>Choice Score:</b> Totally Unacceptable/moderate acceptable/excellent</li> </ul>
---	--	---

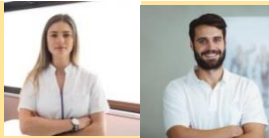
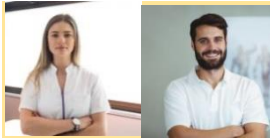
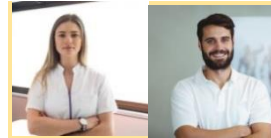
<p><b>Dialogue number: 24 (previous dialogue 21)</b></p>  <p><b>Character 2:</b> Yes, thank you for inviting me.... I really appreciate it!</p> <p><b>Expression:</b> [smile]</p> <p>UTH24.mp3</p>	<p><b>Dialogue number: 25 (previous dialogue 22 &amp; 23)</b></p>  <p><b>Character 2:</b> Well, ok....</p> <p><b>Expression:</b> [annoyed]</p> <p>UTH25.mp3</p>	
--	---	--

<p><b>Dialogue number: 26 (previous dialogue 24)</b></p>  <p><b>Character 3:</b></p> <ul style="list-style-type: none"> <li>• <b>Option 1:</b> Family plays an important role in a patient's life. Therefore, it is very</li> </ul>	<p><b>Dialogue number: 27 (previous dialogue 24, 25)</b></p>  <p><b>Character 3:</b></p> <ul style="list-style-type: none"> <li>• <b>Option 2:</b> It is very important being here today... <b>Expression:</b> [serious]</li> </ul>	<p><b>Dialogue number: 28 (previous dialogue 25)</b></p>  <p><b>Character 3:</b></p> <ul style="list-style-type: none"> <li>• <b>Option 3:</b> You are here because you must support your daughter!</li> <li>• <b>Expression:</b> [furious ]</li> </ul>
--	--	--



<p>important being with your daughter today...as you could provide proper support, helping her following the plan of her treatment.</p> <ul style="list-style-type: none"> <li>• <b>Expression:</b> [smile]</li> <li>• <b>Choice Score:</b> Totally Unacceptable/moderate acceptable/excellent</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Choice Score:</b> Totally Unacceptable/moderate acceptable/excellent</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Choice Score:</b> Totally Unacceptable/moderate acceptable/excellent</li> </ul>
---	---	---



<p><b>Dialogue number: 29 (previous dialogue 26)</b></p>  <p><b>Character 2</b> I will do my best to support her....</p> <p><b>Expression:</b> [smile]</p> <p>UTH29.mp3</p>	<p><b>Dialogue number: 30 (previous dialogue 27)</b></p>  <p><b>Character 2:</b> Ok...even though I cannot realize how my visit today can help...</p> <p><b>Expression:</b> [annoyed]</p> <p>UTH30.mp3</p>	<p><b>Dialogue number: 31 (previous dialogue 28)</b></p>  <p><b>Character 2:</b> My wife and I are doing our best. What more can we do? I wonder....</p> <p><b>Expression:</b> [angry]</p> <p>UTH31.mp3</p>
--	---	--


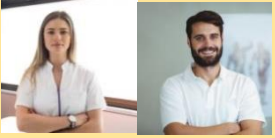

<p><b>Dialogue number: 32 (previous dialogue 29)</b></p>  <p><b>Character 3:</b> Yes.. I am sure...she is very lucky having your support.....</p> <ul style="list-style-type: none"> <li>• <b>Expression:</b> [smile ]</li> </ul>	<p><b>Dialogue number: 33 (previous dialogue 30)</b></p>  <p><b>Character 3:</b> Do not worry, you will see!</p> <ul style="list-style-type: none"> <li>• <b>Expression:</b> [complaced]</li> </ul>	<p><b>Dialogue number: 34 (previous dialogue 31)</b></p>  <p><b>Character 3:</b> Sometimes enough is never enough!</p> <ul style="list-style-type: none"> <li>• <b>Expression:</b> [distracted]</li> </ul>
--	--	---




**Event 2 (previous dialogue 32, 33, 734): You look at character 1 (patient)**


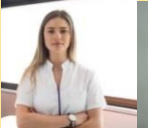
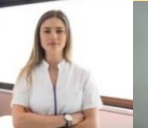
<p><b>Dialogue number: 35 (Event 2)</b></p> 	<p><b>Dialogue number: 36 (Event 2)</b></p> 	
---	---	--



<p><b>Character 3: Well, how was your pain all this previous week since our last session?</b></p> <p>Expression: [neutral]</p> <ul style="list-style-type: none"> <li>• <b>Choice Score:</b> Totally Unacceptable/moderate acceptable/<b>excellent</b></li> </ul>	<p><b>Character 3: Did you have any pain the previous week?</b></p> <p>Expression: [neutral]</p> <ul style="list-style-type: none"> <li>• <b>Choice Score:</b> Totally Unacceptable/moderate acceptable/<b>excellent</b></li> </ul>	
---	---	--

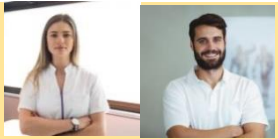
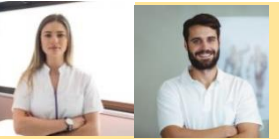
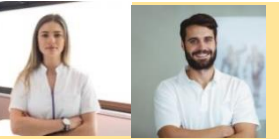
<p><b>Dialogue number: 37 (previous dialogue 35)</b></p>  <p><b>Character 1:</b> It was still there....I had a very difficult night on Friday, I did not sleep at all!</p> <p>Expression: [Depressed]</p> <p>UTH37.mp3</p>	<p><b>Dialogue number: 38 (previous dialogue 36)</b></p>  <p><b>Character 1:</b> Yes...I had a very difficult night on Friday, I did not sleep at all!</p> <p>Expression: [Depressed]</p> <p>UTH38.mp3</p>	
---	---	--



<p><b>Dialogue number: 39 (previous dialogue 37, 38)</b></p>  <p><b>Character 3:</b></p> <ul style="list-style-type: none"> <li>• <b>Option 1:</b> I am really sorry for this....it should be difficult not being able to sleep during all night.....</li> <li>• <b>Expression:</b> [empathetic]</li> <li>• <b>Choice Score:</b> Totally Unacceptable/moderate acceptable/<b>excellent</b></li> </ul>	<p><b>Dialogue number: 40 (previous dialogue 37,38)</b></p>  <p><b>Character 3:</b></p> <ul style="list-style-type: none"> <li>• <b>Option 2:</b> This is really bad... I am so sorry for your situation...</li> <li>• <b>Expression:</b> [pitiful]</li> <li>• <b>Choice Score:</b> Totally Unacceptable/moderate acceptable/<b>excellent</b></li> </ul>	<p><b>Dialogue number: 41 (previous dialogue 37,38)</b></p>  <p><b>Character 3:</b></p> <ul style="list-style-type: none"> <li>• <b>Option 3:</b> Why was this? I guess you didn't do the relaxation exercises I told you to do.</li> <li>• <b>Expression:</b> [annoyed]</li> <li>• <b>Choice Score:</b> Totally Unacceptable/moderate acceptable/<b>excellent</b></li> </ul>
--	---	--

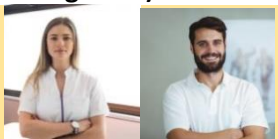
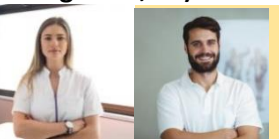
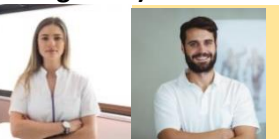
<p><b>Dialogue number: 42 (previous dialogue 39)</b></p>  <p><b>Character 1:</b> .....However, the pain was less during most of the days...I did my relaxation exercises a lot...I read the leaflet you gave me. Generally speaking, I think they helped me...</p> <p><b>Expression:</b> [Depressed] UTH42.mp3</p>	<p><b>Dialogue number: 43 (previous dialogue 40)</b></p>  <p><b>Character 1:</b> Although I did my relaxation exercises, I had pain the most of the days..I wonder if they helped me..</p> <p><b>Expression:</b> [Depressed] UTH43.mp3</p>	<p><b>Dialogue number: 44 (previous dialogue 41)</b></p>  <p><b>Character 1:</b> I had pain the most of the days! I did my relaxation exercises but they did not help me at all!</p> <p><b>Expression:</b> [annoyed] UTH44.mp3</p>
---	---	---

<p><b>Dialogue number: 45 (previous dialogue 42)</b></p>  <p><b>Character 3:</b> This is really good! I appreciate that you followed our plan. Do you have any questions on what we have discussed about your pain during the previous sessions?</p> <p><b>Expression:</b> [serene]</p>	<p><b>Dialogue number: 46 (previous dialogue 43,44)</b></p>  <p><b>Character 3:</b> Do not worry...Do you have any questions on what we have discussed about your pain during the previous sessions?</p> <p><b>Expression:</b> [serene] <b>Choice Score:</b> Totally Unacceptable/moderate acceptable/excellent</p>	<p><b>Dialogue number: 47 (previous dialogue 43, 44)</b></p>  <p><b>Character 3:</b> Ok...it is still too soon to see a great difference in your pain...</p> <p><b>Expression:</b> [serene] <b>Choice Score:</b> Totally Unacceptable/moderate acceptable/excellent</p>
--	--	--




<p><b>Dialogue number: 48 (previous dialogue 45)</b></p>  <p><b>Character 1:</b> I think almost everything is clear, I hope all these will help me with my pain in the end....</p> <p><b>Expression:</b> [confused] UTH48.mp3</p>	<p><b>Dialogue number: 49 (previous dialogue 46, 47)</b></p>  <p><b>Character 1:</b> I am still not sure if all these will help me with my pain at the end....</p> <p>UTH49.mp3</p>	
--	--	--

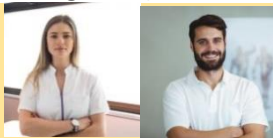
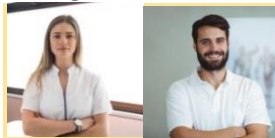
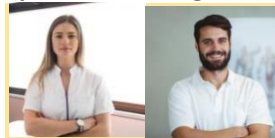
<p>Dialogue number: 50 (previous dialogue 48)</p>  <p><b>Character 3:</b></p> <ul style="list-style-type: none"> <li>• <b>Option 1:</b> Actually, knowing more about your pain will gradually make this pain more tolerable... it will help you to calm down this excess of sensitivity of your nervous system.</li> <li>• <b>Expression:</b> [confident]</li> <li>• <b>Choice Score:</b> Totally Unacceptable/moderate acceptable/excellent</li> </ul>	<p>Dialogue number: 51 (previous dialogue 48, 49)</p>  <p><b>Character 3:</b></p> <ul style="list-style-type: none"> <li>• <b>Option 2:</b> Knowing more about your pain will make this pain more tolerable...</li> <li>• <b>Expression:</b> [neutral]</li> <li>• <b>Choice Score:</b> Totally Unacceptable/moderate acceptable/excellent</li> </ul>	<p>Dialogue number: 52 (previous dialogue 49)</p>  <p><b>Character 3:</b></p> <ul style="list-style-type: none"> <li>• <b>Option 3:</b> You have to trust me! I have a lot of experience so don't worry!</li> <li>• <b>Expression:</b> [confident]</li> <li>• <b>Choice Score:</b> Totally Unacceptable/moderate acceptable/excellent</li> </ul>
--	---	---

<p>Dialogue number: 53 (previous dialogue 50)</p>  <p><b>Character 1:</b> Yes, you told me that...it will stop this alarm clock ringing all the time.....</p> <p><b>Expression:</b> [trusting]</p> <p>UTH53.mp3</p>	<p>Dialogue number: 54 (previous dialogues 51,52)</p>  <p><b>Character 1:</b> Ok....</p> <p><b>Expression:</b> [clueless]</p> <p>UTH54.mp3</p>	
--	---	--


<p>Dialogue number: 55 (previous dialogue 53)</p>  <p><b>Character 3:</b></p> <ul style="list-style-type: none"> <li>• <b>Option 1:</b> Exactly! You have done a great job up to now</li> </ul>	<p>Dialogue number: 56 (previous dialogue 53, 54)</p>  <p><b>Character 3:</b></p> <ul style="list-style-type: none"> <li>• <b>Option 2:</b> You are doing well so today we're going to the second step; we're going to</li> </ul>	<p>Dialogue number: 57 (previous dialogue 54)</p>  <p><b>Character 3:</b></p> <ul style="list-style-type: none"> <li>• <b>Option 3:</b> Today you are going to the second step; you're going to focus on getting</li> </ul>
--	--	--

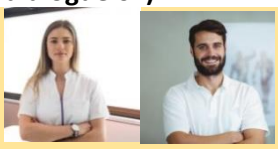
<p>understanding all these difficult concepts about pain.....It is not an easy approach as we have discussed.... Today I suggest to go to the second step, as we have agreed; to focus on getting you moving but doing it in the safest way possible. Before we launch into that I want to talk about something called kinesiophobia or fear of movement. Have you ever heard of that?</p> <ul style="list-style-type: none"> <li>• <b>Expression:</b> [serene]</li> <li>• <b>Choice Score:</b> Totally Unacceptable/moderate acceptable/excellent</li> </ul>	<p>focus on getting you moving. Do you know what kinesiophobia is?</p> <ul style="list-style-type: none"> <li>• <b>Expression:</b> [neutral]</li> <li>• <b>Choice Score:</b> Totally Unacceptable/moderate acceptable/excellent</li> </ul>	<p>moving, doing exercises and facing your kinesiophobia!</p> <ul style="list-style-type: none"> <li>• <b>Expression:</b> [ecstatic]</li> <li>• <b>Choice Score:</b> Totally Unacceptable/moderate acceptable/excellent</li> </ul>
---	--	--

<p><b>Dialogue number: 58 (previous dialogue 55)</b></p>  <p><b>Character 1:</b> Well, no, but I do know that I don't move much since I'm afraid it'll make the pain worse. I just end up sitting around doing nothing.</p> <p><b>Expression:</b> [trusting] <b>UTH58.mp3</b></p>	<p><b>Dialogue number: 59 (previous dialogue 56)</b></p>  <p><b>Character 1:</b> Well, no..... I never heard about that. I hope it is not as serious as it sounds!</p> <p><b>Expression:</b> [afraid] <b>UTH59.mp3</b></p>	<p><b>Dialogue number: 60 (previous dialogue 57)</b></p>  <p><b>Character 1:</b> Kinephobia...??? Never heard! It is too early to start exercises...it will definitely make my pain worse! No way!</p> <p><b>Expression:</b> [scared] <b>UTH60.mp3</b></p>
--	---	---


<p><b>Dialogue number: 61 (previous dialogue 58)</b></p>  <p><b>Character 3:</b> Precisely! This is kinesiophobia. It is the fear of pain due to movement....and it</p>	<p><b>Dialogue number: 62 (previous dialogue 59)</b></p>  <p><b>Character 3:</b> Kinesiophobia is the fear of pain due to movement....and it is actually</p>	<p><b>Dialogue number: 63 (previous dialogue 60)</b></p>  <p><b>Character 3:</b> Ok...we will try it next time...no problem...</p> <p><b>Expression:</b> [dissatisfied]</p>
--	---	--

<p>is actually very common in musculoskeletal patients with low back pain. There is evidence though that exercise training is effective for reducing kinesiophobia, including people with low back pain.</p> <p>Expression: [confident]</p>	<p>very common in musculoskeletal patients with low back pain. Exercise training is effective for reducing kinesiophobia, including people with low back pain.</p> <p>Expression: [complacent]</p>	
---	--	--

<p>Dialogue number: 64 (previous dialogues 61, 62)</p>  <p>Character 1: Ok, but I am not moving that much as I am afraid that I will hurt my back more...!</p> <p>Expression: [anxious]</p> <p>UTH64.mp3</p>		
---	--	--

<p>Dialogue number: 65 (previous dialogue 64)</p>  <p>Character 3: I can understand your fear.... however there is no any harm with some controlled movement..., on the contrary, you will be able to return to your activities....I remember you mentioned before that you feel "guilty" that you are not able to take care of your children...to leave in your own house...to work .....It would be nice to be able to return to all your activities, wouldn't it?</p> <p>Expression: [empathetic]</p>		
---	--	--

<p>Dialogue number: 66 (previous dialogue 65)</p>		
---	--	--

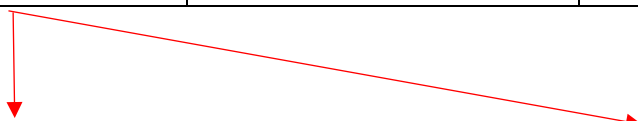
	<p><b>Character 1:</b> Well yes... it would. I feel bad now....my parents are doing a lot...the kids, the house...they even take care of me! ...but I cannot help it as even something like the laundry hurts too much to do. I feel so devastated...</p>		
<p><b>Expression:</b> [exhausted] UTH66.mp3</p>			

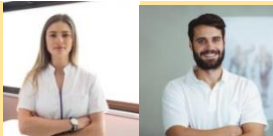
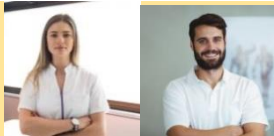
**Event 3 (thinking) (previous dialogue 66):**

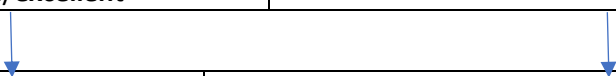
<p><b>Option 1:</b> I am stressed at the moment because she is crying. It is better to allow the patient a few moments to cry. In order her to feel supported, I must try to relax my muscles, take a couple full breaths, keeping an open body posture, bending forward towards her.</p>	<p><b>Option 2:</b> I am stressed at the moment because she is crying, showing it will make her understand I care.... It is difficult to be involved but it is part of my job.</p>	<p><b>Option 3:</b> I am stressed at the moment because she is crying... I have to show that I have complete control over the situation, crossing my arms and looking to a different direction will help.....</p>
<ul style="list-style-type: none"> <li>• <b>Choice Score:</b> Totally Unacceptable/moderate acceptable/<b>excellent</b></li> </ul>	<p><b>Choice Score:</b> Totally Unacceptable/moderate <b>acceptable/excellent</b></p>	<p><b>Choice Score:</b> Totally <b>Unacceptable/moderate</b> acceptable/excellent</p>



<p><b>Dialogue number: 67 (previous Event 3, options 1, 2 3)</b></p>		
	<p><b>Character 1:</b> This is really difficult...I am only 40 years old and I live with my parents, not being able to take care of my kids, not being able to go back to my work that I adore!! My</p>	

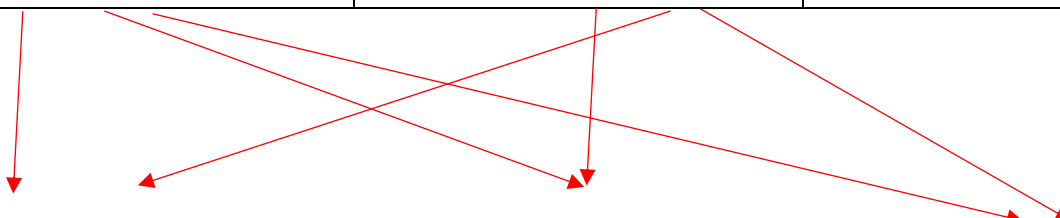
<p>parents help me even taking off my coat!! It is a frustrating situation...</p> <p><b>Expression:</b> [sad]</p> <p>UTH67.mp3</p>		
--	--	--



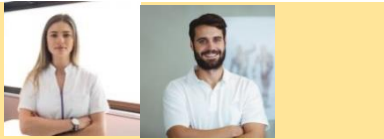
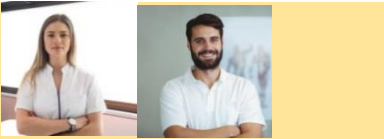
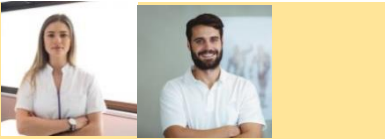
<p><b>Dialogue number: 68 (previous dialogue 67)</b></p>  <p><b>Character 3:</b></p> <ul style="list-style-type: none"> <li>• <b>Option 1:</b> Yes...it must be difficult. I hear you and I think it makes sense to want to protect yourself from more pain..... But as you know this pattern that you get into instead of turning the volume down on pain, it actually turns the volume up on pain...</li> <li>• <b>Expression:</b> [serene]</li> <li>• <b>Choice Score:</b> Totally Unacceptable/moderate acceptable/excellent</li> </ul>	<p><b>Dialogue number: 69 (previous dialogue 67)</b></p>  <p><b>Character 3:</b></p> <ul style="list-style-type: none"> <li>• <b>Option 2:</b> It is difficult, I know, but you do not need to protect yourself, there is nothing to damage!</li> <li>• <b>Expression:</b> [confident]</li> <li>• <b>Choice Score:</b> <b>Totally Unacceptable/moderate acceptable/excellent</b></li> </ul>	
--	--	--





<p><b>Dialogue number: 70 (previous dialogue 68)</b></p>  <p><b>Character 1:</b> It is so frustrating....I know....I will try to do my best.</p> <p><b>Expression:</b> [trusting]</p> <p>UTH70.mp3</p>	<p><b>Dialogue number: 71 (previous dialogue 69)</b></p>  <p><b>Character 1:</b> It is so frustrating....I know.... I am doing the wrong thing.</p> <p><b>Expression:</b> [disappointed]</p> <p>UTH71.mp3</p>	
---	--	--








<p><b>Dialogue number: 72 (previous dialogue 70, 71)</b></p>  <p><b>Character 3:</b></p> <ul style="list-style-type: none"> <li>• <b>Option 1:</b> You are doing fine up to now.....therefore I think we are ready for the next step.....we are going to talk about getting you moving in a safe way..... to get you back doing things for yourself, for your kids.... So, what do you think about starting with something like walking for exercise?</li> <li>• <b>Expression:</b> [smile]</li> <li>• <b>Choice Score:</b> Totally Unacceptable/moderate acceptable/excellent</li> </ul>	<p><b>Dialogue number: 73 (previous dialogue 70, 71)</b></p>  <p><b>Character 3:</b></p> <ul style="list-style-type: none"> <li>• <b>Option 2:</b> No.. it is not that easy.. you are doing your best up to now.... So, what do you think about starting with something like walking for exercise?</li> <li>• <b>Expression:</b> [smile]</li> <li>• <b>Choice Score:</b> Totally Unacceptable/moderate acceptable/excellent</li> </ul>	<p><b>Dialogue number: 74 (previous dialogue 70, 71)</b></p>  <p><b>Character 3:</b></p> <ul style="list-style-type: none"> <li>• <b>Option 3:</b> So, what do you think about starting with something like walking for exercise?</li> <li>• <b>Expression:</b> [complacent]</li> <li>• <b>Choice Score:</b> Totally Unacceptable/moderate acceptable/excellent</li> </ul>
--	---	---

<p><b>Dialogue number: 75 (previous dialogue 72, 73)</b></p>  <p><b>Character 1:</b> Well, I like to, but I just, I don't know, I mean, even going to the grocery store or coming here for appointments it's such a hassle and it hurts...</p> <ul style="list-style-type: none"> <li>• <b>Expression:</b> [worried]</li> </ul> <p>UTH75.mp3</p>	<p><b>Dialogue number: 76 (previous dialogue 74)</b></p>  <p><b>Character 1:</b> Well, I like to, but I just, I can't! Even going to the grocery store or coming here for appointments it's such a hassle and it hurts so much!</p> <ul style="list-style-type: none"> <li>• <b>Expression:</b> [terrified]</li> </ul> <p>UTH76.mp3</p>	
---	---	--

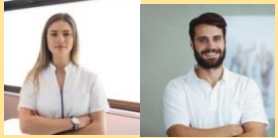
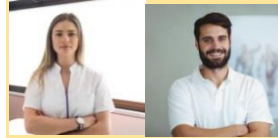
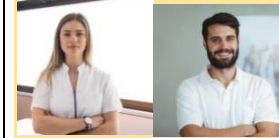
<p><b>Dialogue number: 77 (previous dialogue 75)</b></p>	<p><b>Dialogue number: 78 (previous dialogue 76)</b></p>	
--	--	--

 <p><b>Character 3:</b> I get that ...I really do..., but I'd like you to remember that everything that we're doing here we're going to do it together and gradually... starting from where you are right now, and come up with a plan together that's comfortable for you.</p> <ul style="list-style-type: none"> <li>• <b>Expression:</b> [confident]</li> </ul>	 <p><b>Character 3:</b> Ok...we will try it next time...no problem...</p> <p><b>Expression:</b> [dissapointed]</p>	
---	---	--



↓

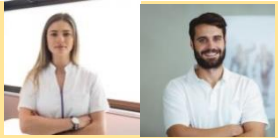
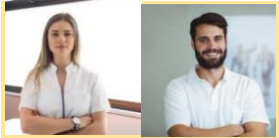
<p><b>Dialogue number: 79 (previous dialogue 77)</b></p>  <p><b>Character 1:</b> Okay. Well, I can't walk too far now but I would like to know how this can change going forward.</p> <ul style="list-style-type: none"> <li>• <b>Expression:</b> [optimistic]</li> </ul> <p>UTH79.mp3</p>		
---	--	--

↙ ↘ ↗

<p><b>Dialogue number: 80 (previous dialogue 79)</b></p>  <p><b>Character 3:</b></p> <ul style="list-style-type: none"> <li>• <b>Option 1:</b> Excellent! I really appreciate you are willing to try. That means a lot .... So let's look at this log together. This is our walking log okay? It's</li> </ul>	<p><b>Dialogue number: 81 (previous dialogue 79)</b></p>  <p><b>Character 3:</b></p> <ul style="list-style-type: none"> <li>• <b>Option 2:</b> Okay! Let's see what we are going to do now.... How far do you think you could walk consistently without stopping, before you have a</li> </ul>	<p><b>Dialogue number: 82 (previous dialogue 79)</b></p>  <p><b>Character 3:</b></p> <ul style="list-style-type: none"> <li>• <b>Option 3:</b> How far do you think you could walk consistently without stopping? Let's say around 10 minutes?</li> <li>• <b>Expression:</b> [smile]</li> </ul>
--	---	--

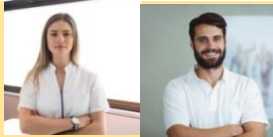
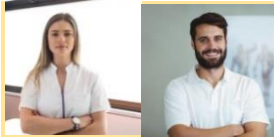
<p>going to serve as a guide for us, to set out a plan for ourselves. So... right now, ...how far do you think you could walk consistently without stopping, before you have a significant increase in discomfort?</p> <ul style="list-style-type: none"> <li>• <b>Expression:</b> [confident]</li> <li>• <b>Choice Score:</b> Totally Unacceptable/moderate acceptable/excellent</li> </ul>	<p>significant increase in discomfort?</p> <ul style="list-style-type: none"> <li>• <b>Expression:</b> [smile]</li> <li>• <b>Choice Score:</b> Totally Unacceptable/moderate acceptable/excellent</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Choice Score:</b> Totally Unacceptable/moderate acceptable/excellent</li> </ul>
--	--	---



<p>Dialogue number: 83 (previous dialogue 80)</p>  <p><b>Character 1:</b> Maybe seven or ten minutes.</p> <ul style="list-style-type: none"> <li>• <b>Expression:</b> [confident]</li> </ul> <p>UTH83.mp3</p>	<p>Dialogue number: 84 (previous dialogue 81, 82)</p>  <p><b>Character 1:</b> I'm not sure, well... maybe seven or ten minutes.... I am not sure...</p> <ul style="list-style-type: none"> <li>• <b>Expression:</b> [confused]</li> </ul> <p>UTH84.mp3</p>	
--	---	--

<p>Dialogue number: 85 (previous dialogue 83, 84)</p>  <p><b>Character 3:</b></p> <ul style="list-style-type: none"> <li>• <b>Option 2:</b> Okay, over seven minutes... So let's go ahead and put five minutes .... We're going to set that as our goal. ..then after a couple of days we'll add one more minute..... so all we're going to do is to increase really gradually starting at five minutes that</li> </ul>	<p>Dialogue number: 86 (previous dialogue 83, 84)</p>  <p><b>Character 3:</b></p> <ul style="list-style-type: none"> <li>• <b>Option 2:</b> Okay, over seven minutes. So let's go ahead and put five minutes .... then we're going to set that as our goal. ..then after a couple of days we'll add one more minute..... so all we're going to do is to increase really gradually</li> </ul>	
--	---	--

<p><b>you are comfortable.... What do you think?</b></p> <ul style="list-style-type: none"> <li>• <b>Expression:</b> [smile]</li> <li>• <b>Choice Score:</b> Totally Unacceptable/moderate acceptable/excellent</li> </ul>	<p><b>starting at five minutes that you are comfortable....</b></p> <ul style="list-style-type: none"> <li>• <b>Expression:</b> [smile]</li> <li>• <b>Choice Score:</b> Totally Unacceptable/moderate acceptable/excellent</li> </ul>	
--	---	--

**Event 3 (previous dialogue 85, 86): The door bell is ringing. It is the next appointment.**

<p><b>Dialogue number: 87 (previous Event 3)</b></p>  <p><b>Character 3:</b></p> <ul style="list-style-type: none"> <li>• <b>Option 1:</b> I apologize for the interruption. Do not worry, my secretary will handle it... So all we're going to do is to increase really gradually starting at five minutes that you are comfortable.... What do you think?</li> <li>• <b>Expression:</b> [smile]</li> <li>• <b>Choice Score:</b> Totally Unacceptable/moderate acceptable/excellent</li> </ul>	<p><b>Dialogue number: 88 (previous Event 3)</b></p>  <p><b>Character 3:</b></p> <ul style="list-style-type: none"> <li>• <b>Option 2:</b> We are a bit late... So you said six minutes... So let's go ahead and put five minutes .... We're going to set that as our goal. ...then after a couple of days we'll add one more minute..... so all we're going to do is to increase really gradually starting at five minutes that you are comfortable.... What do you think?</li> <li>• <b>Expression:</b> [anxious]</li> <li>• <b>Choice Score:</b> Totally Unacceptable/moderate acceptable/excellent</li> </ul>	
--	--	--

<p><b>Dialogue number: 89 (previous dialogue 87)</b></p>  <p><b>Character 1:</b> Sounds doable. Yes, sure!</p> <ul style="list-style-type: none"> <li>• <b>Expression:</b> [confident]</li> </ul> <p>UTH89.mp3</p>	<p><b>Dialogue number: 90 (previous dialogue 88)</b></p>  <p><b>Character 1:</b> If you think so...I will try....</p> <ul style="list-style-type: none"> <li>• <b>Expression:</b> [anxious]</li> </ul> <p>UTH90.mp3</p>	
---	--	--

**Blue line= compulsory route**

**Red line= make a choice route**

## VR Scenario 3: Scenario 7 (Young person with new diagnosis of cancer: the process of sharing bad news)

<b>Scenario 7: Young person with new diagnosis of cancer: the process of sharing bad news</b>
<b>Type of scenario: VR Scenario</b>
<b>Institution: UNIC</b>

**Summary:** A female patient in her early 40s is admitted to hospital with bowel obstruction. A CT scan on admission indicates a large mass blocking her large intestine and she is taken to theatre. The preliminary diagnosis of the excised mass indicates that this is cancerous. The mass is removed at surgery. The following day, the patient is visited by her mother and young daughter when the doctor comes in to share the bad news of the preliminary diagnosis of bowel cancer and explain the next steps in her management. The student is asked to communicate the bad news to the patient in an empathic way, explain the next steps in the patient's management, deal with her initial shock and realization of her diagnosis combined with her worry of being the only parent of a young child and deal with environmental barriers to empathic communication.

**Target Group:** (Higher Education/ health sciences students)

### **Objectives:**

#### **Objective: 1. Understanding Types of Empathy**

- 1.1 Understanding Cognitive Empathy
- 1.4 Understanding empathetic roles

#### **2. Practice Qualities Necessary for Empathy**

- 2.1 Verbal and Non-Verbal Communication
- 2.2 Attitude
- 2.3 Professionalism- Boundaries
- 2.4 Appropriate Behaviour and Respect
- 2.5 Self-Motivation
- 2.6 Self-awareness and Reflection
- 2.7 Active Listening (Behavioural Empathy)

#### **3. Relationships and Sharing Information**

- 3.2 with patient
- 3.4 Encouraging patients to share information

#### **4. Effective Patient Care or Achieving important patient outcomes**

- 4.1 Supporting patient in understanding and accepting the treatment
- 4.2 Supporting patient in handling the anxiety and stress
- 4.3 Presenting treatments options and getting relevant consent
- 4.4 Patient encouragement






#### **5. Overcoming the barriers**

- 5.2 Coping with patient related barriers




**Description of the setting\*:** Hospital room (Image 1)

**IntroText (text informing the player about the scenario):**

You are a doctor at a surgical ward. Maria Georgiou has come into hospital with bowel obstruction the day before. She underwent CT of the abdomen which showed bowel obstruction due to a mass in the large bowel. She subsequently taken to theatre and underwent open colectomy with anastomosis. The open surgical excision biopsy provided evidence for colorectal cancer. You were part of the surgical team and you are here to inform her about the outcome of the operation and the preliminary diagnosis and the next management plan.

<b>USER HAS TO MAKE A CHOICE (All options possible)</b>		
 <ul style="list-style-type: none"><li>• <b>Option 1:</b> Hello Ms Georgiou. I am Dr Andreou and I am one of the surgeons who operated on you yesterday. Would you like to introduce me to your visitors?</li><li>• Choice Score: <b>Excellent</b></li></ul>	 <ul style="list-style-type: none"><li>• <b>Option 2</b> Hello again. I am Dr Andreou, and I am one of the surgeons who operated on you yesterday. Choice Score: <b>Moderate acceptable</b></li></ul>	 <ul style="list-style-type: none"><li>• <b>Option 3:</b> Good morning...</li><li>• Choice Score: <b>Unacceptable</b></li><li>• </li></ul>
<b>Dialogue number: UNIC1</b>		
 <p>Good morning doctor. This is my daughter Eleana and my mother Anna.</p> <b>UNIC1mp3</b>		
 <ul style="list-style-type: none"><li>• <b>Option 1:</b> Nice to meet you.</li></ul>		

## USER HAS TO MAKE A CHOICE (All options possible)




 <ul style="list-style-type: none"> <li>• <b>Option 1:</b> So Ms Georgiou how do you feel today?</li> <li>• <b>Choice Score:</b> <span style="background-color: green; color: white; padding: 2px;">excellent</span></li> </ul>	 <ul style="list-style-type: none"> <li>• <b>Option 2:</b> I see you look better today. You are on regular painkillers and you have been given sips of water so hopefully your recovery will be as expected.</li> <li>• <b>Choice Score:</b> <span style="background-color: orange; padding: 2px;">Moderate acceptable</span></li> </ul>	 <ul style="list-style-type: none"> <li>• <b>Option 3:</b> I see you are better today. Your recovery is as expected.</li> <li>• <b>Choice Score:</b> <span style="background-color: red; color: white; padding: 2px;">UNACCEPTABLE</span></li> </ul>
--	---	---

Dialogue number: UNIC2



I am still in a little pain but certainly better than yesterday.

UNIC2.mp3

 <ul style="list-style-type: none"> <li>• <b>Option 1:</b> I am glad you are feeling better. You are on some regular pain killers but if you feel you are still in pain we can look into alternative options.</li> <li>• <b>Choice Score:</b> <span style="background-color: green; color: white; padding: 2px;">Excellent</span></li> </ul>	 <ul style="list-style-type: none"> <li>• <b>Option 2:</b> I am glad you are feeling better. You are on some regular pain killers and that should take care of your pain.</li> <li>• <b>Choice Score:</b> <span style="background-color: orange; padding: 2px;">Moderate acceptable</span></li> </ul>	 <ul style="list-style-type: none"> <li>• <b>Option 3:</b> It is good that you are feeling better. It is expected that you will have some pain.</li> <li>• <b>Choice Score:</b> <span style="background-color: red; color: white; padding: 2px;">UNACCEPTABLE</span></li> </ul>
---	--	--

Dialogue number: UNIC3





Thank you doctor.

UNIC3.mp3



- **Option 1:** I would like to discuss with you about the operation. Would you like to do this in private or would you like your relatives to be present as well.
- **Choice Score:** **Excellent**



- **Option 2:** I would like to tell you about the findings of the operation... Would you like to do this in private?
- **Choice Score:** **Moderate acceptable**



- **Option 3:** We have to discuss now about the operation. Can we do this in private?
- **Choice Score:** **UNACCEPTABLE**

Dialogue number: UNIC4





Mum can you take Eleana and go for a walk?

UNIC4.mp3




**Event 2:** Ms Anna and Eleana leave the room




**USER HAS TO MAKE A CHOICE**  
Thinking (All options possible)

 <ul style="list-style-type: none"> <li>Thought 1: I should better stand at the right side of the bed</li> </ul> <p>Excellent</p>	 <ul style="list-style-type: none"> <li>Thought 2: I should better stand at end of the bed</li> </ul> <p>Moderate acceptable</p>	
--	---	--

The doctor moves to the selected place of the room




**USER HAS TO MAKE A CHOICE**  
(All options possible)

 <ul style="list-style-type: none"> <li><b>Option 1</b> When you came in, your symptoms pointed us towards an obstruction in your large intestine. The CT scan showed a large mass blocking your intestine. During the operation, we removed the mass and reconnected the two parts of the intestine together. The operation went well and as expected. Do you have any questions so far?</li> </ul> <p>Choice Score: Excellent</p>	 <ul style="list-style-type: none"> <li><b>Option 2:</b> Your operation was successful yesterday. The CT scan showed a lesion blocking your bowel. We managed to remove it. and we expect that in a few days' time, your bowel will be back to normal function.</li> <li>Choice Score: Moderate acceptable</li> </ul>	 <ul style="list-style-type: none"> <li><b>Option 3:</b> Your operation was successful yesterday. We performed a laparotomy and removed a large lesion. The good news is that you did not have to have a stoma. We have sent the lesion for biopsy and we are waiting for the results.</li> <li>Choice Score: Totally Unacceptable</li> </ul>
--	--	--

<p>Dialogue number: UNIC5</p> 	<p>Dialogue number: UNIC6</p> 	<p>Dialogue number: UNIC7</p> 
---	---	---

<p>Doctor everything was clear apart from the mass that you mentioned. What could this mass be? UNIC5.mp3</p>	<p>So, what has actually caused this mass? UNIC6.mp3</p>	<p>Sorry doctor. I did not understand anything. Can you tell me a little bit more? UNIC7.mp3</p>
---	--	--

**USER HAS TO MAKE A CHOICE (All options possible)**




 <ul style="list-style-type: none"> <li><b>Option 1:</b> I am afraid the news about the mass are not good..... The preliminary biopsy has shown that it is cancerous.</li> <li>Choice Score: <b>Excellent</b></li> </ul>	 <ul style="list-style-type: none"> <li><b>Option 2:</b> This is what we are investigating. We sent it for biopsy and we will keep you informed when we have the results.</li> <li>Choice Score: <b>Moderate acceptable</b></li> </ul>	 <ul style="list-style-type: none"> <li><b>Option 3:</b> This lesion is a mass and we removed it at the operation and sent it for biopsy.</li> <li>Choice Score: <b>Unacceptable</b></li> </ul>
---	---	--

Dialogue number: UNIC8












Oh my God...This sounds serious...  
UNIC8.mp3

**USER HAS TO MAKE A CHOICE  
Thinking (All options possible)**

 <ul style="list-style-type: none"> <li><b>Thought 1:</b> I could offer tissues and give the patient space to process her emotions by remaining silent for a minute.</li> </ul> <p><b>Excellent</b></p>	 <ul style="list-style-type: none"> <li><b>Thought 2:</b> I could offer tissues and say something to make her feel better.</li> </ul> <p><b>Moderate Acceptable</b></p>	 <ul style="list-style-type: none"> <li><b>Thought 3:</b> This is very awkward. I will look at my notes for a minute.</li> </ul> <p><b>Unacceptable</b></p>
--	--	---

**USER HAS TO MAKE A CHOICE  
(All options possible)**

 <ul style="list-style-type: none"> <li><b>Option 1:</b> I understand that this news come as a shock to you. Some people prefer to have some space to process the information.. We could stay and talk to you a little bit more or give you some space and come back? What would you like us to do?</li> <li>Choice Score: <b>Excellent</b></li> </ul>	 <ul style="list-style-type: none"> <li><b>Option 2:</b> We can only be certain when we receive the definite biopsy results. But whatever it is we will be able to take care of it...</li> <li>Choice Score: <b>Moderate acceptable</b></li> </ul>	 <ul style="list-style-type: none"> <li><b>Option 3:</b> Don't worry....everything will be fine</li> <li>Choice Score: <b>Totally Unacceptable</b></li> </ul>
<p>Dialogue number: <b>UNIC9</b></p>  <p>No, please stay. I would like to discuss more about this...</p> <p><b>UNIC9.mp3</b></p>	<p>Dialogue number: <b>UNIC10</b></p>  <p>But I am very confused now, is it cancer, doctor?</p> <p><b>UNIC10.mp3</b></p>	<p>Dialogue number: <b>UNIC11</b></p>  <p>But I am very confused now, is it cancer, doctor?</p> <p><b>UNIC11.mp3</b></p>
<p>↓ ↓ ↓</p> <p><b>User has to make a choice (1 option available)</b>      <b>User has to make a choice (2 options available)</b></p>		
 <ul style="list-style-type: none"> <li><b>Option 1:</b> That is fine. Please let us know if at any point the information is overwhelming... Going back to your operation the mass was removed and we managed to put the two ends of the bowel together. We believe your bowel will</li> </ul>	 <ul style="list-style-type: none"> <li><b>Option 2:</b> Yes, it could be cancer...but let's wait and see. Even if it's cancer we will be able to take care of it. With recent advances in medicine, we are able to take care of most things. Try and think positively and focus on your recovery ...</li> </ul>	 <ul style="list-style-type: none"> <li><b>Option 3:</b> Just focus on the fact that the operation went well and we will have a definite answer when we get the biopsy results. I cannot tell you whether you have cancer before I get the formal biopsy results. Anyhow, whatever the results of the biopsy you will be fine. You are in good hands.</li> <li>Choice Score: <b>Unacceptable</b></li> </ul>

<p>be back to normal in a couple of weeks. We will keep you here for a few days to monitor your bowel movements and to start feeding you.</p> <p>Choice Score: <b>Excellent</b></p>	<ul style="list-style-type: none"> <li>Choice Score: <b>Moderate acceptable</b></li> </ul>	
---	--	--

Dialogue number: **UNIC12**



Thank you doctor. Will I need any other treatments after I leave the hospital?




**UNIC12.mp3**



- It is difficult to give you a precise answer at this stage. In a few days we will have the results of the detailed biopsy from the histopathology lab. Once we have all the results, we will discuss the management plan moving forward.

**Event 4:** The doctor's mobile phone rings. Will appear to his hand (the controller will vibrate)

Implementation option 2: User selects the appropriate thinking

<b>USER HAS TO MAKE A CHOICE</b> <b>Thinking (All options possible)</b>		
 <ul style="list-style-type: none"> <li><b>Thought 1:</b> Forgot to turn my phone off, I will apologize.</li> <li>Choice Score: <b>Excellent</b></li> </ul>	 <ul style="list-style-type: none"> <li><b>Thought 2:</b> My phone is ringing. If it is important I should apologize and take it.</li> <li>Choice Score: <b>Moderate acceptable</b></li> </ul>	 <ul style="list-style-type: none"> <li><b>Thought 3:</b> My phone is ringing. I will answer it and tell whoever it is that I will call them back</li> <li>Choice Score: <b>Unacceptable</b></li> </ul>

**USER HAS TO MAKE A CHOICE**  
Talking (All options possible)



- **Option 1:** I am sorry for the interruption. I know that there was a lot of information to take in. So, let me summarise. The mass may be cancerous but we removed You will need to stay in hospital for a few more days. In the meantime, we will receive the detailed biopsy decide on the next steps with regards to your treatment. Do you have any questions?
- Choice Score: **Excellent**



- **Option 2:** I am sorry for the interruption. I gave you too much information. Would you like to ask me anything else?
- Choice Score: **Moderate acceptable**



- **Option 3:** So, I hope everything was clear. We have to go and see the other patients now...
- Choice Score: **Unacceptable**

**END OF UNACCEPTABLE SCENARIO**

Dialogue number: **UNIC13**



I am in shock Doctor... I do not know what to ask first...Am I going to die? I have a young child... I do not want to leave her behind....  
**UNIC13.mp3**





**USER HAS TO MAKE A CHOICE**  
talking (2 options available)



- **Option 1:** I understand how difficult this is for you now. And it is expected that this question will be the first to come to mind. It is very difficult to answer this at this stage. One thing I can say is that even if it is cancerous, this



- **Option 2:** Try to think positively and focus on your recovery now which is very important
- Choice Score: **Moderate acceptable**

<p>particular cancer has very good prognosis at the early stages.</p> <ul style="list-style-type: none"> <li>Choice Score: <b>Excellent</b></li> </ul>		
<p>Dialogue number: <b>UNIC14</b></p>  <p>So How many days will it take before the results of the biopsy come back and we have more definite answers? I need to know... I have a young child... What kind of treatment will I have?... Do you think I may need chemo and stay in hospital and for how long? Oh my God, I cannot believe this...</p> <p><b>UNIC14.mp3</b></p>		
<p><b>USER HAS TO MAKE A CHOICE (2 Options)</b></p>		
 <ul style="list-style-type: none"> <li><b>Option 1:</b> I understand that these uncertainties make it even more difficult for you now. It is normal to feel this way. I hope that we will have more specific information to share by next week.</li> <li>Choice Score: <b>Excellent</b></li> </ul>	 <ul style="list-style-type: none"> <li><b>Option 2:</b> I hope that within the next week we will be able to provide the results of the biopsy. It is a bit premature at this stage to be discussing hypothetical scenarios.</li> <li>Choice Score: <b>Moderate acceptable</b></li> </ul>	
<p>Dialogue number: <b>UNIC15</b></p>  <p>Thank you doctor...</p> <p><b>UNIC15.mp3</b></p>		
<p><b>USER HAS TO MAKE A CHOICE (2 Options)</b></p>		




- **Option 1:** I am really sorry that I had to share with you this difficult information. I understand how upsetting and stressful this must be for you. I am sure you will have a lot of questions in the days and weeks to come. We are here to help you get as many answers as you need. Doyou have any more questions ?
- Choice Score: **Excellent**



- **Option 1:** You are welcome. As I told you, the main aim for you now should be to focus on your recovery. Our team will provide the best treatment for you.
- Choice Score: **Moderate acceptable**

Dialogue number: **UNIC16**



Oh my God... How am I going to tell this to my mum and my daughter?

**UNIC16.mp3**

**USER HAS TO MAKE A CHOICE (2 Options)**




- **1:** I can see that this can be hard for you. Some people prefer that we do this for them. If you would like that, we can arrange it for tomorrow How does this sound to you?
- Choice Score: **Excellent**



- **Option 2:** Ok tell them to come in tomorrow and I will talk to them. I have to go now. If you have any questions please let us know.
- Choice Score: **Moderate acceptable**



<p>Dialogue number: UNIC17</p>  <p>Thank you doctor. I think it will make it easier for me. Yes, let's arrange it for tomorrow when they come back to see me.</p> <p>UNIC17.mp3</p>	
<p><b>USER HAS TO MAKE A CHOICE (2 Options)</b></p>	
 <ul style="list-style-type: none"> <li>Option 1: Ok we will do that. I would also like to remind you that a lot of people will be supporting you from now on. You should not feel alone in this. You just need to ask for help every time you feel that you need it. I will see you later.</li> <li>Choice Score: Excellent</li> </ul>	 <ul style="list-style-type: none"> <li>Option 2: Ok we will do that. That's not a problem at all. Bye for now.</li> <li>Choice Score: Moderate acceptable</li> </ul> <p style="text-align: center; background-color: red; color: white; padding: 5px;"> <b>END OF MODERATE ACCEPTABLE SCENARIO</b> </p>
<p>Dialogue number: UNIC18</p>  <p>Thank you doctor. I really appreciate this. Goodbye.</p> <p>UNIC17.mp3</p> <p style="text-align: center; background-color: red; color: white; padding: 5px;"> <b>END OF EXCELLENT SCENARIO</b> </p>	