

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



INTELLECTUAL OUTPUT 7: TUTOR GUIDE FOR HEALTH CARE PROFESSIONALS (VET) EQF Level 5 - ANNEX

ACTIVITY IO7A2: DEVELOPMENT OF THE TUTOR GUIDE



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TABLE OF CONTENTS

1. EDUCATIONAL VIDEOS	4
EDUCATIONAL VIDEO 1: SCENARIO 8 (MEDICAL CONSULTATION: PATIENT WITH HIGH CARDIOVASCULAR RISK)	4
EDUCATIONAL VIDEO 2: SCENARIO 6 (EMPATHY CULTURAL DIVERSITY, WORKING WITH INTERPRETER: IMMIGRANT PATIENT WITH LUNG INFECTION)	9
EDUCATIONAL VIDEO 3: PARAPLEGIC PERSON: SHOWING EMPATHY IN SOCIAL INTERACTIONS	19
2. ROLE PLAYS	24
ROLE PLAY 1: ELDERLY IN NURSING HOME: DEALING WITH CULTURAL BELIEFS AND BARRIERS	24
ROLE PLAY 2: DEATH OF A YOUNG PERSON: SHARING BAD NEWS TO FAMILY MEMBERS	26
ROLE PLAY 3: ELDERLY WITH DEMENTIA: CHALLENGES IN COMMUNICATING WITH THE CONFUSED PATIENT	30
ROLE PLAY 4: YOUNG PERSON WITH DISABILITY: COPING WITH DIFFICULT PATIENTS	33
ROLE PLAY 5: OFFERING CARE TO AN LGBTQ PERSON	36
ROLE PLAY 6: CARER WITH BURNOUT	38
3. VR SCENARIOS	39



1. EDUCATIONAL VIDEOS

EDUCATIONAL VIDEO 1: SCENARIO 8 (MEDICAL CONSULTATION: PATIENT WITH HIGH CARDIOVASCULAR RISK)

Scenario 8: Medical consultation: patient with high cardiovascular risk
Type of scenario: Educational Video
Institution: UNIC
<p><u>A. Learning objectives</u></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>1.1 Understanding empathy and qualities/competencies necessary for empathy</p> <p>2.1 Understanding empathy in relationships and information exchanges in different health care contexts/environments</p> <p><u>B. Student's/ learner's Instructions and Task</u></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>Relevant Medical Notes:</p> <p>Andreas Petrou DoB 15/03/19-- - Age 55 years</p> <p>Past medical history:</p> <p>Hypertension – diagnosed in May 2018 - on Enalapril 10 mg once daily Left femoral hernia operation – July 2013</p> <p>Annual Review notes from Well Man Clinic:</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

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):

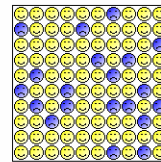
Weight (kg):

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/m².

How does your 10-year score compare?

Your score	
Your 10-year QRISK ^{®2} score	20.4%
The score of a healthy person with the same age, sex, and ethnicity*	6.4%
Relative risk**	3.2
Your QRISK [®] 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[®] Healthy Heart Age is the age at which a healthy person of your sex and ethnicity has your 10-year QRISK^{®2} 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 you 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.

EDUCATIONAL VIDEO 2: SCENARIO 6 (EMPATHY CULTURAL DIVERSITY, WORKING WITH INTERPRETER: IMMIGRANT PATIENT WITH LUNG INFECTION)

Scenario 6: Empathy Cultural Diversity, working with interpreter: Immigrant patient with lung infection
Type of scenario: Educational Video
Institution: UTH
<u>A. Learning objectives</u> The learning objectives of this scenario relate to the knowledge, skills and competences of the following work areas of the Empathy in Health Qualification Framework: 1.1 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
<u>B. Students' instructions and task</u> Student 1 (female student)



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.

Task

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.

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.

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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. (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>

EDUCATIONAL VIDEO 3: PARAPLEGIC PERSON: SHOWING EMPATHY IN SOCIAL INTERACTIONS

Scenario 18: Paraplegic person: Showing empathy in social interactions
Type of scenario: Educational Video – Short Film
Institution: MMC
<u>A. Learning objectives</u> The learning objectives of this scenario relate to the knowledge, skills and competences of the following work areas of the EmpathinHealth Qualification Framework: 1.2 Understanding empathy and qualities/competencies necessary for empathy

ACTIVITY IO7A2: DEVELOPMENT OF THE TUTOR GUIDE



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

B. Roles

Anna

Six months ago, Anna was involved in a car accident. She was walking at night on the street, when a car hit her. She was in a coma for a month. While doctors had said she would not make it, she eventually recovered. She now uses a wheelchair. She faces many difficulties in her daily life: she cannot move easily in the city, she needs help for her daily needs, she feels that people around her feel sorry for her. In the video, she goes out for coffee with an old friend of hers and a friend of her friend. When she arrives at the cafe, she has trouble getting through because of a parked car and of the tables. She wants to talk about the situation she is in and expects others to understand her.

Marina

Marina has been a friend of Anna for years. She feels uncomfortable when she sees her friend on the wheelchair. She thinks that it would be better if they avoid talking about her friend's current situation. She tries to change the topic when her friend tries to speak about it.

Georgia

She is a friend of Marina. She meets Anna for the first time and does not know how to behave with her. With her behaviour she seems more like as if she feels sorry for Anna.

C. Scenario

Η Άννα φαίνεται να πλησιάζει στο καφέ με το αμαξιδίό της (προσπαθεί να περάσει απο την είσοδο του καφέ, αλλά ένα αυτοκίνητο δεν της επιτρέπει την πρόσβαση. Φωνάζει τον σερβιτόρο).

ANNA: Συγγνώμη, μήπως ξέρετε ποιος πάρκαρε εδώ;

ΣΕΡΒΙΤΟΡΟΣ: Αχ όχι, ήμouνα μέσα, δεν το πήρα είδηση ότι κάποιος πάρκαρε. Μισό λεπτό να πάω δίπλα να ρωτήσω.

ANNA: (Περιμένει η Άννα – jump cuts- για να δείξουμε ότι περνάει ώρα) Καλά, ας πάω από την άλλη είσοδο.

(Η Άννα ξεκινάει την πορεία της. Η κάμερα την ακολουθεί. Φτάνει μέχρι λίγο έξω από το καφέ, πάει να μπει προς το καφε. Τα τραπεζάκια την εμποδίζουν. Η Μαρίνα και η Γεωργία που έχουν ήδη φτάσει στο καφέ προσπαθούν να μετακινήσουν τραπεζάκια για να της κάνουν χώρο να φτάσει στο τραπεζάκι τους. Ο σερβιτόρος με το που βλέπει αυτό το σκηνικό, παθαίνει πανικό και αρχίζει να μετακινεί καρέκλες, τραπέζια σπασμωδικά και να σπρώχνει την



Άννα προς το τραπεζάκι θεωρώντας ότι κάνει το καλύτερο που μπορεί. Τελικά φτάνουν και οι τρεις στο τραπεζάκι. Κάθονται. Η Μαρίνα χαμογελάει στην Άννα, ενώ η Γεωργία την κοιτάει με αμηχανία).

ANNA: Πραγματικά δεν έχω χειρότερο.

ΜΑΡΙΝΑ: Ναι βλακεία που έβαλαν έτσι τα τραπεζάκια και δεν υπάρχει πρόσβαση.

ANNA: Όχι μόνο αυτό. Δεν έχω χειρότερο από το να με αρπάζει κάποιος στα καλά καθούμενα και να αρχίζει να με σπρώχνει.

ΜΑΡΙΝΑ: Εντάξει, να βοηθήσει ήθελε το παιδί. Αγχώθηκε. Δεν το έκανε με κακή πρόθεση. Υπέθεσε ότι θα ήταν βοηθητικός.

ANNA: Αν θες να βοηθήσεις, ρωτάς. Δεν αρπάζεις τον άλλο και αρχίζεις να τον σπρώχνεις λες και είναι καρότσι σε οικοδομή. Σκέψου καθώς περπατάς να αποφασίσει κάποιος περαστικός να σε σπρώξει και καλά για να κάνεις πιο γρήγορα! Κάπως έτσι νιώθω κι εγώ όταν τον κάνουν χωρίς τη δικιά μου θέληση.

ΜΑΡΙΝΑ: Πόσο χαίρομαι που σε βλέπω! Σε πεθύμησα! *(Η Μαρίνα πάει να την αγκαλιάσει αλλά διστάζει)*

ANNA: Κι εγώ χαίρομαι! Έλα να σου κάνω μια αγκαλιά. *(αγκαλιάζονται)*

ΜΑΡΙΝΑ: Από δω η φίλη μου η Γεωργία. Δουλεύουμε μαζί.

ANNA: Χάρηκα.

ΓΕΩΡΓΙΑ: *(Η Γεωργία με εμφανή αμηχανία -γερμένο κεφάλι- θλιμμένο ύφος σα να σκέφτεται: «Τι κρίμα»- κοιτάει την Άννα και της χαμογελά. Αποφεύγει να κοιτάει το τροχοκάθισμα όσο η Άννα την κοιτάζει).* Κι εγώ χάρηκα. Πολύ.

ΣΕΡΒΙΤΟΡΟΣ: Τι θα πιούμε;

ΜΑΡΙΝΑ: Έχετε λεμονάδα;

ΣΕΡΒΙΤΟΡΟΣ: Ναι.

ΜΑΡΙΝΑ: Ωραία, μια λεμονάδα.

ANNA: Εγώ θα ήθελα μια μπύρα.



ΓΕΩΡΓΙΑ: Κι εγώ το ίδιο.

ΣΕΡΒΙΤΟΡΟΣ: Τέλεια.

ΜΑΡΙΝΑ: Για πες, πώς είσαι;

ANNA: Εντάξει, χαλάστηκα λίγο η αλήθεια, αλλά ok.

ΓΕΩΡΓΙΑ: (και πάλι με αμνηχανία) Είσαι πολύ όμορφη! Και τέλειο στυλ! (την χαϊδεύει- πιάνει το μπράτσο της).

ANNA: Ευχαριστώ. Ξέρεις όταν βγαίνω εντελώς μόνη κι έχω να διανύσω απόσταση μέχρι να φτάσω στον προορισμό μου, συνειδητοποιώ κάθε φορά πόσες δυσκολίες αντιμετωπίζει ένας άνθρωπος σε αμαξίδιο ή αποπύμα... ένας τυφλός ή ένας γονιός που πηγαίνει το παιδί του βόλτα με το καρότσι.

ΓΕΩΡΓΙΑ: Ναι, σίγουρα είναι δύσκολο... Φαίνεσαι όμως τόσο δυνατή! Μπράβο σου! Φαίνεσαι μια χαρά. (παύση)

ANNA: Είμαι καλά.

ΜΑΡΙΝΑ: (αλλάζει θέμα) Χαίρομαι πάρα πολύ που είμαστε έξω ξανά μαζί! Πώς είσαι; Πώς πάει; Τι έκανες χθες τελικά; Βγήκες με την Ειρήνη; Μάθαμε αν χώρισε;

ANNA: Δεν βγήκαμε τελικά. Πήγα στον φυσικοθεραπευτή μου το απόγευμα για να μου δείξει κάποιες καινούργιες ασκήσεις και άργησα να γυρίσω σπίτι.

ΜΑΡΙΝΑ: (αποφεύγει την συζήτηση για το πρόβλημα της Άννας) Α ok. Μιλήσατε στο τηλέφωνο όμως μετά; Σου είπε τίποτα;

ANNA: Όχι, ήμουνα πολύ κουρασμένη. Ο φυσικοθεραπευτής μου έδειξε κάτι ασκήσεις για ενδυνάμωση χεριών που ήταν λίγο ζόρικες και δεν είχα κουράγιο μετά.

ΜΑΡΙΝΑ: (και πάλι αποφεύγει) Ελπίζω να τα βρήκανε η Ειρήνη με τον Κώστα και να μην χώρισαν τελικά γιατί είναι κρίμα. (παύση) Κατά τ' άλλα;

ANNA: Δεν ξέρω... προσπαθώ να είμαι δυνατή. Νιώθω συνέχεια όμως ότι όσο κι αν εγώ είμαι δυνατή κι έχω όλη την καλή διάθεση να προσαρμοστώ στα νέα δεδομένα, ο κόσμος γύρω μου δυσκολεύεται να κατανοήσει τι βιώνω.

ΜΑΡΙΝΑ: Έλα, σταμάτα. Ο κόσμος προχωράει και γίνεται όλο και πιο προσαρμοστικός, άσε που η τεχνολογία προχωρά και ποτέ δεν ξέρεις...



ANNA: (Την κοιτάει με ένα βλέμμα σα να ξέρει ότι αυτά της τα λέει, απλώς για να τα πει, χαμογελάει – με ύφος τι μου λες τώρα). Προσαρμοστικός; (Η Τζωρτζίνα πιάνεται από την λέξη που δεν δείχνει ενσυναϊσθηση - τους διακόπτει το γκαρσόνι)

(έρχονται τα ποτά)

ΓΕΩΡΓΙΑ: (Στην προσπάθειά της και πάλι να την κάνει να νιώσει καλύτερα) Έχω κι εγώ μια ξαδέρφη που είναι σε αναπηρικό αλλά αυτή δεν μπορεί να κουνήσει ούτε τα χέρια της. (παύση) Υπάρχουν πολύ χειρότερα. (παύση)

ANNA: Ναι...

ΜΑΡΙΝΑ: Κατά τ' άλλα... Πώς είσαι; Πες μας... Ας μιλήσουμε για κάτι άλλο.

ANNA: Ας μιλήσουμε για κάτι άλλο... Μάλιστα. Κατά τ' άλλα... Κατά τ' άλλα... Κατά τ' άλλα... Όλα τέλεια...

(τα επόμενα λόγια ακούγονται voice over από την Άννα ενώ ξαναβλέπουμε την πορεία της από την αρχή, έτσι όπως την περιγράφει:

Κατά τ' άλλα, ξύπνησα σήμερα και ξεκίνησα να έρθω να βρω την φίλη μου. Πάρκαρα κοντά στο καφέ και μπήκα όλο χάρη από την πιο κοντινή μου είσοδο αφού κανένας δεν μου έκλεισε τον δρόμο, ένιωθα πανέμορφη, ο σερβιτόρος δεν έσπρωξε το αμαξίδιο, στερώντας την αυτονομία και την αξιοπρέπεια μου αλλά αντιθέτως με καλημέρισε και μου έκλεισε το μάτι ανεβάζοντάς μου την αυτοπεποίθηση, μετά κάθισα με τη φίλη μου, και μου γνώρισε την φίλη της η οποία δεν με κοίταξε με λύπηση, ούτε έλεγε υπερβολές για να με κάνει να νιώσω καλύτερα. Η φίλη μου δεν προσπαθούσε να αποφύγει κάθε συζήτηση για την αναπηρία και τα συναισθήματα μου αλλά άκουγε με προσοχή κάθε νέο σχετικό με την υγεία μου, με ρώτησε για την επίσκεψη στον φυσικοθεραπευτή, προσπαθούσε να δει αυτό που βιώνω μέσα από τη δική μου ματιά. Μετά μιλήσαμε για τα προσωπικά μας, γελάσαμε, ήπιαμε μπίρες και κλείσαμε τα εισιτήρια για την συναυλία του Σαββάτου. Η αναπηρία μου ήταν εκεί, αλλά όχι ως το επίκεντρο της συζήτησης. Είχαμε πολλά σημαντικότερα πράγματα να πούμε, όπως για παράδειγμα ότι ο κόσμος βελτιώνεται αν όλοι συνειδητά μπαίνουν στην θέση του άλλου ατόμου, το ακούνε και το καταλαβαίνουν χωρίς οίκτο, σεβόμενοι την κατάσταση, την αξιοπρέπεια, τις ελευθερίες και τα δικαιώματά του. Αυτό είναι πραγματική ενσυναίσθηση.

(Καταλήγουμε σε κοντινό στο τραπέζι με τα κορίτσια να πίνουν μπίρες και να γελούν)



2. ROLE PLAYS

ROLE PLAY 1: ELDERLY IN NURSING HOME: DEALING WITH CULTURAL BELIEFS AND BARRIERS

Scenario 10: Elderly in nursing home: dealing with cultural beliefs and barriers
Type of scenario: Role play
Institution: MMC
<u>A. Learning objectives</u> The learning objectives of this scenario relate to the knowledge, skills and competences of the following work areas of the EmpathinHealth Qualification Framework: 2.1 Understanding empathy in relationships and information exchanges in different health care contexts/environments 3.1 Showing empathy in diverse environments
<u>B. Student's/learner's Instructions and Task</u> You are a caregiver from India, who has been working at a nursing home for elders in Cyprus for the past two months. You are quite popular among the elderly in the nursing home, as you are well-qualified and friendly with the people to whom you provide care. Today, you are asked to provide help to an 80-year-old woman with mobility problems for the first time. She refuses to accept help from you, as soon as she sees the turban you are wearing. Due to the fact that the nursing home is understaffed, there is no other caregiver who can undertake her care.
Relevant Medical Notes: Helen Andreas DoB: 15/08/1938
Past Medical History: Mobility problems Diabetes
Annual Review notes from The Real Clinic: N/A
Task <ol style="list-style-type: none">1. Convince the agitated old lady to accept help from you2. Deal with refusal to accept help due to your different cultural background

ACTIVITY IO7A2: DEVELOPMENT OF THE TUTOR GUIDE



C. SP Scenario

Basic details:

You are Helen Andreas, an 80-year-old retired female.

Appearance, history and behaviour:

You are dressed in your nightdress. You have been living at the nursing home in the past 2 years. You have mobility problems and need help getting up from the bed. You do not feel comfortable receiving help from men, especially of different cultural background. You get frustrated easily.

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

“Who are you? Don’t touch me!”

Freely divulged to doctor/midwife/physio/VET:

“Mrs Helen, I am Anjur, I have been working here in the past two months...”

Divulged to doctor if specifically asked:

-

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

Mrs Helen Andreas:

She gets easily frustrated. She has not had experience interacting with people from different cultural backgrounds. She is religious and she feels particularly uncomfortable around people from different religions. She has asked to be taken care of by women.

When she receives an empathetic behaviour, she is more likely to calm down and accept treatment from the caregiver.

On the contrary, when she faces a non-empathetic behaviour, she is more likely to become more aggressive and refuse to accept help.

Empathy specific reactions for the SP:

You are being polite and keep calm, even though the reason the care recipient does not want to receive help from you, is the fact that you are from a different cultural background. You show understanding and try to convince her to trust you.

Ideas, concerns and expectations:



Mrs Helen is being suspicious with people from different cultural backgrounds, as she is not used to dealing with them.

Examination:

Not Applicable

Investigations

Not Applicable

Proposed Treatment

Not Applicable

Patient responses to proposed treatment

Not Applicable

Closing the consultation

By the end of this scenario, the caregiver manages to calm down Mrs Helen and convinces her to accept help.

ROLE PLAY 2: DEATH OF A YOUNG PERSON: SHARING BAD NEWS TO FAMILY MEMBERS

Scenario 11: Death of a young person: sharing bad news to family members

Type of scenario: Role play

Institution: MMC

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

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

You are a nurse in the Hospital. You have 6 years of experience in the field and the last 2 years you have been working in the same hospital. After a severe pile up seven persons are brought to hospital and three of them are immediately directed by doctors to operating rooms for surgery since their Lives are in danger. Persons families shave heard the bad news and have already arrived at the hospital.

ACTIVITY IO7A2: DEVELOPMENT OF THE TUTOR GUIDE



Because of the accident, all doctors are busy in the operating rooms and you have the responsibility to inform the relatives of the patients about the health of the loved ones.

One of the injured, a young man of around 30 years old, despite doctors' efforts has passed away. While you are coming out of the room you find about that the only one person waiting for the man who died, is a young pregnant woman who seems to be his wife. She looks upset.

1. You have to announce the bad news to the pregnant woman.

C. SP Scenario

Basic details:

You are a nurse, a 28-year-old woman. You have been working as a nurse for the past 6 years. The last 2 months you are working on the demanding department of the emergency room.

Appearance and behaviour:

You are a young but considerably experienced nurse. You feel confident at your job since you have been working as a nurse for the past 6 years. You are also familiar with the place of work since you have been at the same hospital for the past 2 years. Recently (2 months ago) you have been transferred to the emergency area department (first aid unit), a demanding unit and you are working 12-hour shifts 4-5 times a week.

In this scenario: After a long and busy day, and 1 hour before the end of your 12-hour shift, after a big accident, the emergency area receives 7 persons in different medical conditions. Three of them go directly in operating rooms and four of them were lucky enough to be in a good clinical condition with minor injuries and are going through all the necessary medical procedures. Despite your tiredness, you are pushing yourself to help the people in need and handle the mini-crisis in the emergency area department. As all doctors are busy in the operating rooms, you have to announce the news to the relatives of the people involved in the accident.

History

After getting the relevant medical notes about the condition of the patients you come out of the room to inform the relative of the patients. After trying to calm them down, you decide to handle each individual care separately, hence you are trying to prioritise.

One of the injured, a young man of around 30 years old has passed away. Out of respect, you decide to first inform the relatives of this man. When you ask to see the relatives of the man, you find out that the only person waiting for him is a young pregnant woman, who is most probably his wife. She looks upset, tired and really worried.



In this role play, you have to deliver the bad news about the death of the young man to his wife. You have to consider the fact that this woman is pregnant and should be treated as a member of a vulnerable group. You kindly ask the young woman to walk into another room, so as to give her information on the young man's situation in private. You close the door and you ask her to have a sit. You ask for her details to confirm her identity and the kind of relationship she has with the young man. You confirm that she is his wife.

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

Nurse Says: Mrs, I am in the bad position to inform you that the doctors of our hospital did everything they could. But unfortunately, they couldn't do anything to save the life of Mr I am really sorry.

Freely divulged to nurse:

The immediate reaction of the young woman is to start crying. She is in a state of shock. She refuses to accept it, questions the knowledge and capacity of the doctors and is repeatedly asking to see her husband.

Divulged to doctor if specifically asked:

-

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

Mrs, is a 29 years old pregnant woman. She is 6 months pregnant and works as an accountant in a small company in Nicosia. She gets emotional easily and is prone to stress. She expresses her feelings in an intense way.

She met her husband while they were studying at the university and have been together for 5 years. A year ago, they got married. They had a happy marriage and they were planning to buy an apartment in a suburb of Nicosia.

Empathy specific reactions for the SP

The Nurse needs to show empathy to Mrs She has to show understanding, and be in a position to help her accept the bad news. She needs to respond to the first shock of the woman in a calm way and offer her the necessary support. If the nurse has developed prosocial empathy, it will help her in such situation. The nurse should be open to answer the questions of the woman.

Ideas, concerns and expectations:

The woman is mourning for the loss of her loved one and the father of her child. She is worried about how life will be for her and her future child after this news. She has to inform her husband's family, but does not have the courage to do so. She hopes that a miracle will happen and her husband will be



alive. She is angry with him that he left them. She is angry with him for being there at that moment. She has questions about the accident. She cannot focus on one thought. She is in a state of shock. On the other hand, the nurse is trying to keep her calm as she knows she has to speak with other relatives as well. She knows that she has to support the woman the first few minutes after the news.

Medical history:

No medical History related to the accident

Medication history:

No medication History

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

A newly married 30-year-old man and father to be. Mr is a mechanical engineer, and he loves cars and speed. He recently had a promotion on his job and was very happy about it. He was a healthy young man without any medical or medication history.

Family history:

The medical history of his family is not related to the accident.

Examination:

Not applicable

Investigations

Not applicable

Proposed Treatment

Not applicable

Patient responses to proposed treatment (ICE)

Not applicable

Closing the consultation

By the end of the dialogue with the nurse, the woman should be in a calmer state. It would be better if she could have support from other people (friends or family). If she is alone, she should be given care from the hospital personnel until she is in a condition to leave. At the end of this meeting, the woman should not be angry at the doctors or the hospital. She should understand that they did everything they could to save the life of her husband. Finally, she should start trying to accept the news.



ROLE PLAY 3: ELDERLY WITH DEMENTIA: CHALLENGES IN COMMUNICATING WITH THE CONFUSED PATIENT

Scenario 12: Elderly with dementia: challenges in communicating with the confused patient

Type of scenario: Role play

Institution: MMC

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:

1.4 Understanding empathy and qualities/competencies necessary for empathy

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

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

You are female home caregiver. You have been doing this job for 13 years. Since 2018, you offer your services to an 81-year-old man, who suffers from progressive senile dementia problems. Although have been working with him for the past 3 years, and he seems to trust you and communicates with you, sometimes he loses contact with reality, he does not recognise you and you seem like a stranger to him. When this happens, he becomes aggressive with you and you are somehow afraid of his abrupt reactions.

This morning, you try to give him his medication and he does not recognise you. He becomes aggressive and does not accept the treatment.

Relevant medical notes:

Giorgos Papadiamantis

DoB:12/11/1940

Past Medical History:

Diagnosed with Senile Dementia – 2014

Thyroid Problem – 1993

Annual Review notes from The Real Clinic:

Blood pressure: 130/75

Weight 68 Kg, Height 175 cm, BMI 21.8

Family history: Sister diagnosed with Alzheimer disease

Social history: Ex-Smoker

Task

3. Address the current situation and try to calm Mr Papadiamantis down and give him his treatment
4. Develop a method to react and handle such situations in the future.



C. SP Scenario

Basic details:

You are Giorgos Papadiamantis, an 81-year-old retired male.

Appearance and behaviour:

You are dressed in casual everyday clothes. You are thin with an average height. Since the diagnosis, you get frustrated easily and angry with yourself and others. Some days you are yourself with only small changes every now and then but some days are more difficult. Even though the same caregiver has been helping you for the past 3 years, when you lose contact with reality, you do not recognise her and you become aggressive to her as she seems to you as a stranger.

History

Since 2014 you have been diagnosed with a Senile Dementia. Before that you were an architect. You are a father of 3 and also a grandparent to 5. You had a successful career and you are a respected person in the field of architecture.

In terms of habits, you are an ex-smoker and you used to drink alcohol on a weekly basis.

You are receiving the services of the caregiver over the last years.

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

“Who are you? Why are you here? Get out of my house or I am calling the police.”

Freely divulged to doctor/midwife/physio/VET:

Mr Giorgos, its me, (Express a memory from the past)

Divulged to doctor if specifically asked:

-

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

Mr Giorgos Papadiamantis:

Since the diagnosis his normal life has changed. Some days is just his normal self with only some changes every now and then. However, some days he is not himself, he loses contact with reality and he become confused. When this happens, he is easily getting frustrated and angry with himself and to others.

When he receives an empathetic behaviour is more likely to calm down in a quicker manner and accept his treatment from the caregiver.

In the contrary, with a non-empathetic behaviour, Mr Papadiamantis its more likely to get more aggressive.

**Empathy specific reactions for the SP:**

You keep your calm when you understand that Mr Papadiamantis loses contact with reality. Even though he does not recognise you, and that frustrates him you are being kind to him, and you show an understanding to him. In order to do that try to mimic his distress and repeat what he is saying. Offering your hand to him will help him trust you and calm him. Working with deep breaths can also help the situation and can calm him down. A final approach could be to Pump into his palm in a heartbeat-like rhythm – squeezing and releasing with your hand.

Ideas, concerns and expectations:

As most of people diagnosed with dementia, Giorgos Papadiamantis do not know that he is ill. When he loses reality, he feels frustrated and get angry with other people who cannot recognise. However, he is familiar with his thyroid problem and that he is receiving the treatment (medication) for it. He expects the caregiver to help him with everyday tasks etc.

Medical history:

Diagnosed with Senile Dementia – 2014

Thyroid Problem – 1993

Medication history:

Daily: synthetic thyroid hormone levothyroxine

Daily: Cholinesterase inhibitors, NMDA receptor antagonists and Antipsychotics

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

You are a husband, father of 3 and grandparent of 5. Your wife has passed away in 2012. You are a creative person and travelled a lot in your life.

In terms of habits, you are an ex-smoker and you used to drink alcohol on a weekly basis.

Family history:

Sister diagnosed with Alzheimer disease. Passed away in 2017.

Examination:

Not Applicable

Investigations

Not Applicable

Proposed Treatment

Not Applicable



Patient responses to proposed treatment

Not Applicable

Closing the consultation

By the end of this scenario, the caregiver manages to calm down Mr Papadiamantis, manages to help him feel safe again, and beginning to remember some things again. He accepts his treatment as well.

ROLE PLAY 4: YOUNG PERSON WITH DISABILITY: COPING WITH DIFFICULT PATIENTS

Scenario 14: Young person with disability: coping with difficult patients

Type of scenario: Role play

Institution: MMC

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:

1.5 Understanding empathy and qualities/competencies necessary for empathy

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

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

You are a caregiver working independently with persons with a form of disability. You have 15 years' experience in this field. You have previously worked with people with disabilities, mostly older individuals with mobility issues due to illness or old age. Recently, you have been hired to care for Costas, a 22-year-old who has been paralysed because of an accident with his motorcycle. His informal carers (i.e., mother and father) need to work from 9-5. Costas seems to have lost his will for life and has given up. He is slowly but surely heading towards depression. He is unwilling to accept help and he has bursts of aggression from time to time because of his loss of independence. This morning, you tried to help him get out of bed and in his wheelchair. But as usual, he refused to be helped and has given you a very hard time. He even assaulted you verbally in a very disrespectful manner.

Relevant medical notes:

NA

**Past Medical History:**

NA

Annual Review notes from The Real Clinic:**Task**

1. Address the situation as it happens. Try to diffuse the situation.
2. Try to develop a strategy to deal with his unwillingness to help himself and the people around who help him.

C. SP Scenario**Basic details:**

You are Costas Theodorou, a 22-year-old disabled young man. Recently, you were engaged in an accident whilst driving your motorcycle. The accident was not a fault of your own. Nevertheless, this accident left you paralysed from the neck down. The recency of the accident and its severity have left you with feelings of despair, a sense of loss of the self, with anger and frustration.

Appearance and behaviour:

You are thin and strongly built; you do not have control over your body though. You need assistance to even wear clothes which after the accident are mostly sweaters and pyjamas.

History

Six months ago, you were involved in an accident with your motorbike. This has left you paralysed from the neck down, constricting you in bed most of the times. You are in discomfort with numerous negative feelings such as despair, loss of meaning, and overwhelming sadness. You are receiving the services of a caregiver for the past month something that you are not used to yet.

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

“I am in a lot of pain and I just want to be left alone. Leave me alone, you are not welcomed here. I can do it by myself!”

Freely divulged to doctor/midwife/physio/VET:

Empathic response from caregiver: “I know you are in pain, and it must really suck. But I am hired and I am here to help you as much as I can”.

Non-empathic response from caregiver: “You don’t know what you are talking about. Now shush and let me do my work since I know better than you.”



Divulged to doctor if specifically asked:

-

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

Costas Theodorou:

Since the accident there has been a complete change of his life. He was an energetic and independent young man who had an active social and erotic life. After the accident he has lost all these traits and he is unable to engage in these behaviours. This is a transition period for him, hence his outbursts of anger and misbehaviour

Apparently, the care receiver needs psychosocial support in this new life. Psychological and social support need to be considered. However, the caregiver can provide support with their empathetic behaviour which can calm down Costas and make him more recipient to help.

When faced with non-empathetic behaviour, Costas will most likely retreat even more into himself refusing any form of help from external agents including the caregiver.

Empathy specific reactions:

When Costas loses his temper and he is unwilling to accept help:

- You respond with a calm and understanding manner. For example, you say: “Costa, I’m not going to tell you how you feel. You are definitely old enough to know what you want but I believe you need help in getting out of bed. I understand that this is not something you enjoy. I am here to help you though in living an easier life, considering the circumstances of course.” Here explain to the care recipient that you understand that they are not feeling well and that their life has changed for the worse, and that your role with them is to help them with their quality of life.
- You explain to him what your role is. For example, you say: “Costa, I’m here to support you with all the practical aspects of caring. I’ll be helping you with your everyday routine. I’ll be dressing you. I’ll be helping you get out of bed and into the wheelchair to move around the house. I’ll be feeding you and I’ll be helping you to use the toilet and cleaning you.” This explanation gives the opportunity to the care recipient to understand the nature of the future relationship between the two and that, indeed, a caregiver can give back to the person a semblance of normalcy.

Ideas, concerns and expectations:

NA

Medical history:

NA

Medication history:

NA



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

Family history:

NA

Examination:

NA

Investigations

NA

Proposed Treatment

NA

Patient responses to proposed treatment

NA

Closing the consultation

NA

ROLE PLAY 5: OFFERING CARE TO AN LGBTQ PERSON

Scenario 16: Offering care to an LGBTQ person

Type of scenario: Role play

Institution: MMC

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:

3.1. Showing empathy in diverse environments and overcoming barriers/challenges to empathy

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

You are a carer at a care home. A middle-aged man named Jacob who suffers from Multiple sclerosis (MS) entered the care home two weeks ago. Today a man visits Jacob. When you enter Jacob's room, you see the two men having an intimate moment and you realise that the two men are a couple.

1. You have to interact with the couple showing understanding and acceptance of people with diverse background

ACTIVITY IO7A2: DEVELOPMENT OF THE TUTOR GUIDE



C. SP Scenario

Basic details:

You are a carer, a 50-year-old man, working at the care home for the past 20 years. You are not familiar with the LGBTQ community and have never been trained on how to deal with people from diverse backgrounds.

In this scenario:

You have to provide care to a patient who suffers from MS and who has recently entered the care home. You do not know much about his personal life. You have only met his sister who accompanied him the day he entered the care home. When you enter the patient's room, you see the patient having an intimate moment with another man. You assume that the other man is his partner. You feel uncomfortable and do not know if you should leave the room. This is the first time you have to interact with a gay couple at work.

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

Carer says to the patient: Good morning, Jacob..... Sorry to interrupt. (Turning to the other man)
Hello, I am George, pleased to meet you.

Freely divulged to carer: Hello, nice to meet you. I am John, Jacob's partner. I have been wanting to meet you for a long time. I would like to discuss Jacob's health situation with you.

Divulged to doctor if specifically asked:

-

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

John has been Jacob's partner for the past 15 years. They used to live together, but some weeks ago, due to the worsening of Jacob's health condition, he convinced Jacob to enter a care home. He has not visited him since he entered the care home, as he was away on a business trip. From now on, he plans to visit Jacob everyday, and, if possible, to help him with his everyday needs. He wanted to meet Jacob's carers in order to discuss the Jacob's health condition, as he considers himself a member of his family. He gets upset when people do not accept him as a family member or when people are obviously uncomfortable to see a gay couple.

Empathy specific reactions for the SP

The carer needs to show acceptance of the patient and his partner.



Medical history:

No medical History related to the accident

Medication history:

No medication History

Family history:

N/A

Examination:

N/A

Investigations

N/A

Proposed Treatment

N/A

Patient responses to proposed treatment (ICE)

N/A

Closing the consultation

By the end of the meeting, the carer should have developed a friendly (but professional) relationship with the couple. He should also have to take into consideration any special requirements due to the patient's sexuality.

ROLE PLAY 6: CARER WITH BURNOUT

Scenario 17: Carer with Burnout
Type of scenario: Role play
Institution: MMC
<u>A. Learning objectives</u> The learning objectives of this scenario relate to the knowledge, skills and competences of the following work area of the EmpathinHealth Qualification Framework: 3.2 Challenges to empathy in caregiving and how to overcome these
<u>B. Student's/learner's Instructions and Task</u>



You are the manager of the nursing home. One of the carers in the nursing home has been taking days off very often lately. He justified it by saying that he has health issues. In reality, the carer has been feeling stressed because of the workload and other issues that arise at the nursing home, such as problems in his relationship with colleagues, difficult patients, lack of understanding from the management. You, as manager of the nursing home, are worried, because you do not have enough employees and the absence of one of them creates problems. You decide to talk to the carer to find out what the matter is.

Relevant medical notes:

n/a

Past Medical History:

n/a

Task

5. Address the current situation and try to find out why the carer takes time off so often.
6. Try to suggest ways to the carer to handle his burnout

C. Scenario

Basic details:

You are a manager at a nursing home. One of your employees has been taking days off very often lately. You realise that the carer could be experiencing a burnout. You discuss it with him and try to find the reasons for his absences. You suggest to him ways to get over the burnout.

Opening statement:

“Good morning, George. I have noticed that you have been taking days off lately. Is everything ok? How do you feel about the work environment and the workload?”

3. VR SCENARIOS

Title: Elderly with dementia in nursing home: dealing with refusal to accept help and with communication problems

Target Group: (VET Students)


Objective: Coping with care recipients who are easily agitated and refuse to accept help, dealing with care recipient’s anxiety, communicating with care recipients who have issues remembering and communicating


Description of the setting*: Nursing home for Elderly

ACTIVITY IO7A2: DEVELOPMENT OF THE TUTOR GUIDE



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

Character 1:	Mrs Myria 
Title (Doctor/Patient/Relative):	Care Recipient
Sex: (Male/Female)	Female
Age:	85
Clothes:	Casual clothes
Is the player (user wearing the headsets)	NO

Character 2:	George 
Title (Doctor/Patient/Relative):	Carer
Sex: (Male/Female)	Male
Age:	32




Clothes:	Carer Clothes
Is the player (user wearing the headsets)	Yes

IntroText (text informing the player about the scenario):




You are a carer at Nicosia Home for Elders, and there is woman with dementia who gets frustrated and refuses to accept care because she cannot remember you and because she does not realise she needs help.

Dialogues:

Dialogue number: 1








Character 1:
Who are you? I don't recognise you.
Expression: Confused
Speaking to: George

<p>Dialogue number: 2 (previous dialogue 1)</p>  <p>Character 2:</p> <ul style="list-style-type: none">• Option 1: Good morning Mrs Myria. It's George. How are you today? It's time for your pills. You are	<p>Dialogue number: 3 (previous dialogue 1)</p>  <p>Character 2:</p> <ul style="list-style-type: none">• Option 2: Good morning Mrs Myria. How are you? Please take your pills.	<p>Dialogue number: 4 (previous dialogue 1)</p>  <p>Character 2:</p> <ul style="list-style-type: none">• Option 3: Hi Mrs Myria, you know me, you see me every day. Take your pills,
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<p>taking medication for your diabetes, remember?</p> <ul style="list-style-type: none"> Choice Score: Unacceptable/moderately acceptable/excellent 	<ul style="list-style-type: none"> Choice Score: Unacceptable/moderately acceptable/excellent 	<p>please. I have so many other people to attend to.</p> <ul style="list-style-type: none"> Choice Score: Unacceptable/moderately acceptable/excellent
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<p>Dialogue number: 5 (previous dialogue 2 or 3)</p>  <p>Character 1: You seem like a nice man, but I don't know you. I am waiting for my husband to come and get me.</p> <p>Speaking to: George</p> <p>Expression: Confused</p>	<p>Dialogue number: 6 (previous dialogue 4)</p>  <p>Character 1: No, I don't know you. I'm not taking anything from you. <u>Please leave the room NOW!</u></p> <p>Speaking to: George</p>
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<p>Dialogue number: 7 (previous dialogue 5)</p>  <p>Character 2:</p> <ul style="list-style-type: none"> Option 1: Mrs Myria, you do know me. I am George. I've been your carer for a year now. Here are your pills; please 	<p>Dialogue number: 8 (previous dialogue 5)</p>  <p>Character 2:</p> <ul style="list-style-type: none"> Option 2: Mrs Myria, I am George, your carer. Here 	<p>Dialogue number: 9 (previous dialogue 5)</p>  <p>Character 2:</p> <ul style="list-style-type: none"> Option 3: Come on, Mrs Myria, you do know me. Your husband
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<p>take them. They are good for your health; you will feel better if you do.</p> <ul style="list-style-type: none"> Choice Score: Unacceptable/moderately acceptable/excellent 	<p>are the pills that you take everyday for your health.</p> <ul style="list-style-type: none"> Choice Score: Unacceptable/moderately acceptable/excellent 	<p>won't come. <u>Please take your pills!</u></p> <ul style="list-style-type: none"> Choice Score: Unacceptable/moderately acceptable/excellent
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<p>Dialogue number: 10 (previous dialogue 7 or 8)</p>  <p>Character 1: I don't need a carer. My husband and my daughters can care for me.</p> <p>Speaking to: George</p> <p>Expression: Frustrated</p>	<p>Dialogue number: 11 (previous dialogue 9)</p>  <p>Character 1: How do you know that my husband is not coming? Have you spoken to him?</p> <p>Speaking to: George</p> <p>Expression: Frustrated</p>
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<p>Dialogue number: 12 (previous dialogue 10)</p>  <p>Character 2:</p> <ul style="list-style-type: none"> Option 1: Mrs Myria, surely they can, but I care for you and I support you when your family is not here. Now I came to 	<p>Dialogue number: 13 (previous dialogue 10)</p>  <p>Character 2:</p> <ul style="list-style-type: none"> Option 2: Mrs Myria, your daughters cannot come here every day, so you have to accept my help. I brought you your pills. 	<p>Dialogue number: 14 (previous dialogue 11)</p>  <p>Character 2:</p> <ul style="list-style-type: none"> Option 1: Oh Mrs Myria, don't make it so difficult! I have to give you your pills and you have to take them. 	<p>Dialogue number: 15 (previous dialogue 11)</p>  <p>Character 2:</p> <ul style="list-style-type: none"> Option 2: Mrs Myria, I am afraid your husband is not coming today, but I am here for you. I
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ACTIVITY IO7A2: DEVELOPMENT OF THE TUTOR GUIDE





<p>give you your pills for your diabetes. You have to take them every morning. Here they are; please take them.</p> <ul style="list-style-type: none"> Choice Score: Unacceptable/moderately acceptable/excellent 	<p><u>Please take them so that we can move on!</u></p> <ul style="list-style-type: none"> Choice Score: Totally Unacceptable/moderately acceptable/excellent 	<p>I'm not here to negotiate.</p> <ul style="list-style-type: none"> Choice Score: Unacceptable/moderately acceptable/excellent 	<p>brought you your pills; here they are.</p> <ul style="list-style-type: none"> Choice Score: Unacceptable/moderately acceptable/excellent
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<p>Dialogue number: 16 (previous dialogue 12, 15)</p>  <p>Character 1: Thank you. Are you a doctor? What is your name?</p>	<p>Dialogue number: 17 (previous dialogue 13, 14)</p>  <p>Character 1: I don't want anything from you! You are lying! Call my daughter!</p>
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<p>Dialogue number: 18 (previous dialogue 16)</p>  <p>Character 2:</p> <ul style="list-style-type: none"> Option 1: My name is George, I am your carer. Let me help you get up. 	<p>Dialogue number: 19 (previous dialogue 16)</p>  <p>Character 2:</p> <ul style="list-style-type: none"> Option 2: Finally! No, as I said multiple times today, I am not a doctor, I'm a 	<p>Dialogue number: 20 (previous dialogue 18)</p>  <p>Character 2:</p> <ul style="list-style-type: none"> Option 1: Okay, Mrs Myria, I will call your daughter Helen. Helen told us that 	<p>Dialogue number: 21 (previous dialogue 18)</p>  <p>Character 2:</p> <ul style="list-style-type: none"> Option 2: Please Mrs Myria! Okay, I will call your daughter and I will tell her that you are
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<ul style="list-style-type: none"> Choice Score: Unacceptable/moderately acceptable/excellent 	<p>carer. Now I will help you get up</p> <ul style="list-style-type: none"> Choice Score: Unacceptable/moderately acceptable/excellent 	<p>the doctor said you should take these pills every morning. They are for your diabetes. Here they are. Now please let me help you get up.</p> <ul style="list-style-type: none"> Choice Score: Unacceptable/moderately acceptable/excellent 	<p>being difficult and that you won't take your pills!</p> <ul style="list-style-type: none"> Choice Score: Unacceptable/moderately acceptable/excellent
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<p>Dialogue number: 22 (previous dialogue 19, 21)</p>  <p>Character 1: I don't like you and I don't want you here. Leave me alone!</p>	<p>Dialogue number: 23 (previous dialogue 18, 20)</p>  <p>Character 1: I am fine. I can get up by myself.</p>
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<p>Dialogue number: 24 (previous dialogue 22)</p>  <p>Character 2:</p> <ul style="list-style-type: none"> Option 1: Mrs Myria, I am trying to do my job here and you are not 	<p>Dialogue number: 25 (previous dialogue 22)</p>  <p>Character 2:</p> <ul style="list-style-type: none"> Option 2: Mrs Myria, it's time to get up. Here, we can do this together. Are 	<p>Dialogue number: 26 (previous dialogue 23)</p>  <p>Character 2:</p> <ul style="list-style-type: none"> Option 1: Okay then, I will leave you 	<p>Dialogue number: 27 (previous dialogue 23)</p>  <p>Character 2:</p> <ul style="list-style-type: none"> Option 2: Okay, Mrs Myria, try to get up. I am here next to you and
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<p>helping me! I will come to help you get up.</p> <ul style="list-style-type: none"> Choice Score: Unacceptable/moderately acceptable/excellent 	<p>you ready? I will grab your arm and you will push up a little.</p> <ul style="list-style-type: none"> Choice Score: Unacceptable/moderately acceptable/excellent 	<p>alone. How are you going to get up though? Go on, try, you will see that you cannot do it by yourself!</p> <ul style="list-style-type: none"> Choice Score: Unacceptable/moderately acceptable/excellent 	<p>I can help you if you need it.</p> <ul style="list-style-type: none"> Choice Score: Unacceptable/moderately acceptable/excellent
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<p>Dialogue number: 28 (previous dialogue 24, 26)</p>  <p>Character 1: Young man, you are very annoying! What are you doing here by the way? Do I know you? When is my husband coming?</p>	<p>Dialogue number: 29 (previous dialogue 25, 27)</p>  <p>Character 1: Myria: Thank you, son! But who are you? Do I know you? Do you know if my husband is coming today?</p>
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<p>Dialogue number: 30 (previous dialogue 28)</p>  <p>Character 2:</p> <ul style="list-style-type: none"> Option 1: Mrs. Myria, I'm George, your carer. We have just taken our pills and now we are going to 	<p>Dialogue number: 31 (previous dialogue 28)</p>  <p>Character 2:</p> <ul style="list-style-type: none"> Option 2: Mrs. Myria, your husband is not coming. Just come to 	<p>Dialogue number: 32 (previous dialogue 29)</p>  <p>Character 2:</p> <ul style="list-style-type: none"> Option 1: Mrs. Myria, I am George, your carer. We have just taken our pills and now we 	<p>Dialogue number: 33 (previous dialogue 29)</p>  <p>Character 2:</p> <ul style="list-style-type: none"> Option 2: No, he is not coming. I have to go now. Your breakfast is coming.
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<p>get ready for breakfast. You just need to wait a bit until Maya comes with your breakfast. Now I need to go and care for Mr. John, but I will come back to you if you need me. Is that OK?</p> <ul style="list-style-type: none"> Choice Score: Unacceptable/moderately acceptable/excellent 	<p>the table and wait until your breakfast comes.</p> <ul style="list-style-type: none"> Choice Score: Unacceptable/moderately acceptable/excellent 	<p>are going to get ready for breakfast. You just need to wait a bit until Maya comes with your breakfast. Now I need to go and care for Mr John, but I will come back to you if you need me. Is that OK?</p> <ul style="list-style-type: none"> Choice Score: Unacceptable/moderately acceptable/excellent 	<ul style="list-style-type: none"> Choice Score: Unacceptable/moderately acceptable/excellent
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Dialogue number: 34 (previous dialogue 30, 32)



Character 1: Thank you, George, I understand.