

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



INTELLECTUAL OUTPUT 3: CURRICULUM: EMPATHETIC COMMUNICATION IN HEALTH CARE PROFESSIONS

ACTIVITY IO3A1 COMPOSITION OF THE CURRICULUM (EQF LEVEL 7)



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TABLE OF CONTENTS

Introduction to the Curriculum	5
Empathetic Communication in Health Care Professions	5
A Curriculum at EQF Level 7	7
The European Qualification Framework (EQF)	7
Level 7	7
The aim of the training programme	9
Target Group	10
QUALIFICATION FRAMEWORK AT A GLANCE:	11
Empathetic Communication in Health Care Professions – competencies to be achieved	11
THE CURRICULUM AT A GLANCE	14
Description of Work Areas	15
WA 1: General Overview of Empathy	15
Learning Outcomes	15
Topics' List:	16
General Overview of Empathy	16
Training Methods:	16
Training Techniques:	17
WA 2: Empathy in relationships and information exchanges in different health care contexts/environments	18
Learning Outcomes:	18
Topics' List:	19
Training Methods:	20
Training Techniques:	20
WA 3: Showing empathy in diverse environments and overcoming barriers/challenges to empathy	21
Unit 3.1: Showing empathy in diverse environments	21



Learning Outcomes:	21
Topics' List:	22
Training Methods:	22
Training Techniques:	23
Unit 3.2: Challenges to empathy in health care and how to overcome these	24
Learning Outcomes:	24
Topics' List:	24
Training Methods:	25
Training Techniques:	25
Training Methodology	26
Classroom Teaching	26
Asynchronous Electronic Learning	27
Directed Self Learning	27
Training Techniques	28
Lecture	28
Role Play	28
VR Videos	29
Educational Videos	29
Literature	31



INTRODUCTION TO THE CURRICULUM

EMPATHETIC COMMUNICATION IN HEALTH CARE PROFESSIONS

The empathetic abilities of health care professionals are central to achieving the best patient outcomes in all fields of medicine, in physiotherapy and in midwifery. Next to being closely linked to treatment success and outcomes quality of provider interaction strongly affects how patients experience their treatment and their overall hospital stay. Patients highlight that empathetic communication is essential to their experience of respectful care, but they frequently experience dissatisfying or even disrespectful communication with their health care /home care providers (Lukasse, Schroll et al. 2015; Bernardo, Cecilio-Fernandes et al. 2019). Empathetic communication between health care provider and patient is key to facilitating shared decision making and negotiation around medical options and alternatives (Pattillo 2013), which is an important factor for reducing health care costs as shared decision making can reduce unnecessary procedures or re-admission to hospital (Veroff et al., 2013).

Whilst the relationship between health care providers and patients ideally is characterised by partnership that facilitates patients informed decision making and by reciprocity in the interactions, it is important to emphasise that ultimately it is the health care providers who are responsible and accountable for the quality of their communication with their patients.

Research suggests that student empathy can decline during their educational years (Ward 2014; Neumann et al 2011). Scarcity of practice placements is a challenge in many health care educational settings and may leave students with limited experience with communicating with patients in a particular setting, contributing to difficulty in empathizing with their patients. Targeted activities have been found to enhance and sustain health care student's empathy (Kelm, Zak et al., 2014). It is thus of high importance to offer training and practice to health care students which assists them in identifying opportunities to express and communicate empathy when providing care.

The aim of this curriculum is therefore to inform and train undergraduate and graduate health care students who will be the future health care professionals with the necessary knowledge, skills, and competencies in developing and maintaining empathetic interactions. The first part of the curriculum will be focusing on enabling students to understand the theory and research behind empathy as well as the



competencies necessary for building and maintaining empathetic communication using interactive learning activities and constructive feedback. In the second part of the curriculum, empathy in relationships and information exchanges in different health care contexts/environments is being elaborated. The curriculum will focus on the skills necessary to develop a relationship that fosters and nurtures empathy and trust and to enhance patient-centred information exchanges.

A subsequent part of the current curriculum will deal with the importance of cultural competence on patient and collaborating with colleagues from various cultural and social background. Cultural competence is a critical core component of health professionals and should be considered as a part of “best practice” in providing empathetic patient care. Achieving cultural competence is a process that is cultivated within the individual through acquisition of knowledge, attitudes, skills, and behaviours specific to culture, language, and communication.

The last part of the curriculum will be focusing on enabling students to understand the complex relationship between empathy and burnout in health care. In response to high levels of burnout in the health care professions which can affect professionals’ empathetic abilities, as well as affecting their mental and emotional health and retention the curriculum aims to enable students to apply methods that prevent or alleviate symptoms of burnout.



A CURRICULUM AT EQF LEVEL 7

THE EUROPEAN QUALIFICATION FRAMEWORK (EQF)

This curriculum is based on the European Qualification Framework (EQF) The EQF is an 8-level framework based on learning outcomes. It is designed for all types of qualifications and serves as a translation tool between different national qualifications frameworks. The main purpose of the EQF is to make qualifications more readable and understandable across countries and systems. This is important to support cross-border mobility of learners and workers and lifelong learning across Europe.

The use of learning outcomes makes it clear what a person knows, understands and is able to do. The level increases according to the level of proficiency, level 1 is the lowest and 8 the highest level.

Furthermore, the learning outcomes are classified in terms of knowledge, skills and autonomy and responsibility. (See Description of the eight EQF levels)

Knowledge learning outcomes describe what a person knows about theories and facts. While skills outline cognitive and practical abilities, such as logical thinking or using a specific method.

The category of autonomy and responsibility involves the ability of the learner to apply knowledge and skills autonomously and with responsibility. It is very close to the term competence which means the proven ability to use knowledge, skills and personal, social and/or methodological abilities, in work or study situations and in professional and personal development. In the context of the European Qualification Framework, competence is described in terms of responsibility and autonomy. In this curriculum the consortium has decided to use the term of competencies because it implies the social and personal dimension which is especially in the field of empathy and health care an important factor of development and learning. (European Parliament Council 2008)

LEVEL 7

This curriculum is designed for Level 7 of the EQF. This means that the learning outcomes focus on students of the second cycle of higher education. This cycle typically finishes with a qualification labelled “Master” and is obtained after the successful completion of a study programme with 60-120 ECTS credits.
<https://www.ehea.info/page-three-cycle-system>



Students who have completed such a program

- have demonstrated knowledge and understanding that is founded upon and extends and/or enhances that typically associated with the first cycle, and that provides a basis or opportunity for originality in developing and/or applying ideas, often within a research context;
- can apply their knowledge and understanding, and problem-solving abilities in new or unfamiliar environments within broader (or multidisciplinary) contexts related to their field of study;
- have the ability to integrate knowledge and handle complexity, and formulate judgements with incomplete or limited information, but that include reflecting on social and ethical responsibilities linked to the application of their knowledge and judgements;
- can communicate their conclusions, and the knowledge and rationale underpinning these, to specialist and non-specialist audiences clearly and unambiguously;
- have the learning skills to allow them to continue to study in a manner that may be largely self-directed or autonomous.

These learning outcomes refer to the [Level 7 learning outcomes of the European qualification framework](#) which are

- highly specialised knowledge, some of which is at the forefront of knowledge in a field of work or study, as the basis for original thinking and/or research
- critical awareness of knowledge issues in a field and at the interface between different fields
- specialised problem-solving skills required in research and/or innovation in order to develop new knowledge and procedures and to integrate knowledge from different fields
- manage and transform work or study contexts that are complex, unpredictable and require new strategic approaches
- take responsibility for contributing to professional knowledge and practice and/or for reviewing the strategic performance of teams



THE AIM OF THE TRAINING PROGRAMME

Empathy is the key to effective communication between patients and health carers (Halpern, 2001) and has been shown to positively affect health outcomes and patient satisfaction but also improve patient safety (Derksen, Bensing et al. 2013). Communicating with patients is the most frequently used procedure by health care providers, however communications skills training in undergraduate health care programmes is variable and assessment of interpersonal competencies often neither reliable nor consistent (Kurtz et al 2005).

The training program “Empathy in Health” aims to fill this gap in Health Care Education. The focus of the program is to enable students to communicate empathetically with patients, families and colleagues in different situations and to identify challenges and barriers to their empathetic capacities including burnout and stress. The program is aiming to enable students to:

- Understand the theory and significance of empathy in health care
- To be empathetic in relationships in different health care contexts with a focus on enabling empathetic information exchanges
- Show empathy in diverse environments and be able to overcome common barriers and challenges to empathy in health care



TARGET GROUP

The program addresses students of midwifery, physiotherapy, and medicine. Ideally undergraduate students in their last year and already practicing professionals enrolled in Master studies should be encouraged to participate in the training program.

It is suggested that the students participating in this training program should already have some exposure to/experience in patient care in their health care profession. Having profession specific knowledge and technical skills is an important prerequisite to be able to work on empathetic competence and understand concepts to improve health care structures to be supportive of empathetic care provision.

However, it is also considered important to strengthen empathy in the target group before they finish their studies, so they enter the workforce with this important set of knowledge, skills and competencies related to empathetic care. This should increase their ability to relate with empathy to their patients, colleagues, and themselves, increasing patient satisfaction, the quality of their care as well as their own work satisfaction. The influx of young professionals who have received special training for maintaining and expanding their empathetic skills will increase awareness for the importance of empathy in health care provision and is expected to have a positive effect beyond the individual interactions on the culture in the relevant health care settings.



QUALIFICATION FRAMEWORK AT A GLANCE:

EMPATHETIC COMMUNICATION IN HEALTH CARE PROFESSIONS – COMPETENCIES TO BE ACHIEVED

	Work Area 1	Work Area 2	Work Area 3
Knowledge	The student knows different types of empathy, can describe different psychological approaches when researching empathy, is able to outline relevant research findings in relation to empathy in different health care settings (e.g., medicine, midwifery, physiotherapy), knows and defines the competencies necessary for empathy	The student can define patient-centered relationships, describe the characteristics of a relationship that fosters and nurtures empathy and trust, can outline relevant research evidence on the importance of empathetic/patient-centered relationships on patient outcomes in different health care contexts/environments, will be able to describe the skills necessary during information exchanges.	The student can define cultural competence its effects on patient outcomes, outline the different theoretical approaches to cultural competence, outline research evidence on the importance of cultural competence on patient and working with colleagues from various cultural and social background, define Interprofessional Learning (IPL) and the effectiveness of IPL in undergraduate health care settings, knows challenges to empathy in health care and discusses evidence-based instruments for burnout and stress-related conditions when working in health care and discuss evidence-based methods for preventing and/or treating burn out
Skills	After this program, the student will be able to self-reflect and self-assess his/her level or	The student will use evidence-based techniques to develop empathy during	Use evidence-based techniques as listed below to develop empathy during



	Work Area 1	Work Area 2	Work Area 3
	lack of empathy in daily life and use evidence-based techniques to develop empathy.	information exchanges with patients and other health care professionals.	<p>information exchanges with patients and other health care professionals from various cultural and social background</p> <p>Use self-reflection to recognize symptoms that he/she might be burnt out</p> <p>Use appropriate instruments/resources for testing his/her symptoms of burn-out (e.g. Maslach Burnout Inventory)</p> <p>Practice techniques to reduce stress and burn-out</p> <p>Seek appropriate help</p>
Competencies	The student can evaluate the feedback from colleagues and simulated patients on his/her level of empathy and can manage ways of improving or adapting his/her empathetic behaviour to the patient's needs.	The student can evaluate the feedback from colleagues, simulated patients to adapt his/her empathetic behaviour into the patient's and other health carers' needs.	<p>Evaluate the feedback from colleagues, simulated patients, and the VR environment on his/her level of empathy and ways of improving in culturally diverse environments and with culturally diverse people.</p> <p>Adapt his/her empathetic behaviour into the patient's and other health carers'</p>



	Work Area 1	Work Area 2	Work Area 3
			<p>needs from culturally diverse environments</p> <p>Advocate and model self-caring attitudes</p> <p>Increase self-confidence in self-caring under stressful situations</p> <p>Model a positive, calm and mindful approach when dealing with stressful situations</p>



THE CURRICULUM AT A GLANCE

Total workload (30h)	21h Classroom teaching 03h Asynchronous Electronic Learning 06h Directed Self Learning
Prerequisites for participants/target group	Graduate students or Final year undergraduate students or Health Care Professionals
Working Areas/Course Structure	1. General Overview of Empathy (10h) 2. Empathy in relationships and information exchanges in different health care contexts/environments (10h) 3. Showing empathy in diverse environments and overcoming barriers/challenges to empathy (10h)
Training methods	Classroom-Teaching, Asynchronous Electronic Learning, Directed Self Learning
Training techniques	Lecture, Role Play, VR Videos, Educational Videos
Degree	Certificate and/or 1 ECTS granted
Background reading and references	These will be provided in the tutor guide and at the end of this document



DESCRIPTION OF WORK AREAS

WA 1: GENERAL OVERVIEW OF EMPATHY

LEARNING OUTCOMES

Knowledge	<ol style="list-style-type: none"> 1. List three different types of empathy (Affective, Cognitive, Prosocial) 2. Describe the different psychological approaches when researching empathy 3. Outline relevant research findings in relation to empathy in different health care settings (e.g., medicine, midwifery, physiotherapy) 4. List the qualities/ competencies necessary for empathy according to published consensus statements (The Kalamazoo Consensus Statement <i>Acad. Med.</i> 2001;76:390–393, UK consensus statement Medical Education 2008: 42: 1100–1107 and Calgary/Cambridge model Silverman et al 2013) 5. Define the qualities/competencies necessary for empathy according to published consensus statements (The Kalamazoo Consensus Statement <i>Acad. Med.</i> 2001;76:390–393 and UK consensus statement Medical Education 2008: 42: 1100–1107)
Skills	<ol style="list-style-type: none"> 6. Self-reflect and self-assess his/her level or lack of empathy in daily life <p><i>Use evidence-based techniques as listed below to develop empathy during initiating a session with patients and gathering information:</i></p> <ol style="list-style-type: none"> 7. Demonstrate genuine interest and respect for the other party 8. Demonstrate active listening 9. Use verbal and non-verbal cues in a way that facilitates/reinforces empathy 10. Use appropriate questioning techniques 11. Use clarifying techniques



	<ul style="list-style-type: none">12. Demonstrate signposting13. Use summarizing techniques14. Elicit patient's Ideas, Concerns, Expectations (ICE)15. Recognise, acknowledge and validate patient's concerns, feelings (RAV)16. Provide support demonstrating empathy while doing so by expressing concern, understanding, willingness to help; acknowledging coping efforts and appropriate self-care;17. Deal sensitively with delicate issues
Competencies	<ul style="list-style-type: none">18. Evaluate the feedback from colleagues and simulated patients on his/her level of empathy and ways of improving19. Adapt his/her empathetic behaviour to the patient's and other health carer's needs

TOPICS' LIST:

GENERAL OVERVIEW OF EMPATHY

- Theoretical background for empathy in health care
- Empathy skills
- Becoming a reflective practitioner
- Educational videos
- ALOBA
- Interactive Role Plays

TRAINING METHODS:

- ☒ Classroom Teaching
- ☒ Asynchronous Electronic Learning



☒ Directed Self Learning

TRAINING TECHNIQUES:

☒ Lecture

☒ Role Play

☒ VR Videos

☒ Educational Videos



WA 2: EMPATHY IN RELATIONSHIPS AND INFORMATION EXCHANGES IN DIFFERENT HEALTH CARE CONTEXTS/ENVIRONMENTS

LEARNING OUTCOMES:

Knowledge	<p>20. Define patient-centred relationships</p> <p>21. Describe the characteristics of a relationship that fosters and nurtures empathy and trust</p> <p>22. Outline relevant research evidence on the importance of empathetic/patient-centred relationships on patient outcomes in the different health care contexts/environments (in this part partners could focus on contexts relevant to the scenarios they developed)</p> <p>23. Describe the skills necessary during information exchanges according to Calgary/Cambridge model and refer to USA consensus statement</p>
Skills	<p>24. his/her level or lack of empathy in relationships and information exchanges in daily life.</p> <p><i>Use evidence-based techniques as listed below to develop empathy during information exchanges (e.g., in obstetric and gynaecology, when sharing bad news, when caring for patients with dementia and mental health issues, etc) with patients and other health care professionals:</i></p> <p>25. Share his/her thinking with other party</p> <p>26. Explain rationale for questions or parts of physical examination</p> <p>27. Assess patient's starting point</p> <p>28. Chunk and check: give information in small bites and checks for understanding by using the patient's responses as a guide to how to proceed</p> <p>29. Screen: ask patient what other information would be helpful</p>



	<p>30. Organize explanation by dividing it into discrete sections that follow a logical sequence</p> <p>31. Use signposting: (e.g., There are three important things that I would like to discuss. First.... Now we move on to...., etc.)</p> <p>32. Use appropriate language without jargon</p> <p>33. Use visual methods for conveying information</p> <p>34. Check patient's/other party's understanding</p> <p>35. Elicit patient's other party's ICE</p> <p>36. Explore different management options with regards to treatment by ascertaining the level of involvement that patient wishes in making the decision at hand</p> <p>37. Ascertain level of involvement patient/other party wishes</p> <p>38. Negotiate mutually acceptable plan</p> <p>39. Provide forward planning: contract with patient regarding next steps for patient and health carer (e.g., "I will enter in the system the request for your blood tests. You will need to make an appointment with the lab to have the tests done. I will call you when your results come in to discuss what needs to be done.) and Safety netting: Explain what the patient should do if things do not go according to plan</p>
Competencies	<p>40. Evaluate the feedback from colleagues, and patients on his/her level of empathy in relationships and information exchanges and ways of improving</p>

TOPICS' LIST:

Empathy in relationships and information exchanges in different health care contexts/environments

- Patient centered relationships
- Relevant research: Evidence on the importance of patient centered relationships on patient outcomes
- Characteristics of a relationship that fosters and nurtures empathy
- Skills necessary during information exchange according to the Calgary Cambridge Model



TRAINING METHODS:

- ☒ Classroom Teaching
- ☒ Asynchronous Electronic Learning
- ☒ Directed Self Learning

TRAINING TECHNIQUES:

- ☒ Lecture
- ☒ Role Play
- ☒ VR Videos
- ☒ Educational Videos



WA 3: SHOWING EMPATHY IN DIVERSE ENVIRONMENTS AND OVERCOMING BARRIERS/CHALLENGES TO EMPATHY

UNIT 3.1: SHOWING EMPATHY IN DIVERSE ENVIRONMENTS

LEARNING OUTCOMES:

Knowledge	<p>41. Define cultural competence in multicultural and sociocultural environments and its effects on patient outcomes</p> <p>42. Outline the different theoretical approaches to cultural competence</p> <p>43. Outline research evidence on the importance of cultural competence on patient and working with colleagues from various cultural and social background</p> <p>44. Define Interprofessional Learning (IPL) in undergraduate health care settings</p> <p>45. Outline research evidence on the effectiveness of (IPL) in undergraduate health care settings</p>
Skills	<p>46. Self-reflect and self-assess his/her level or lack of empathy in daily life in diverse environments.</p> <p>Use evidence-based techniques as listed below to develop empathy during information exchanges with patients and other health care professionals from various cultural and social background:</p> <p>47. Use interpreters to eliminate linguistic barriers with adverse effects on language</p> <p>48. Show genuine interest and curiosity for the cultural beliefs of the patient/colleague</p> <p>49. Demonstrate avoidance of making assumptions</p> <p>50. Demonstrate avoidance of stereotyping</p>



	51. Deal sensitively with issues of sexuality, unease of some physical examinations, use and abuse of alcohol and other substances, etc.
Competencies	52. Evaluate the feedback from colleagues, and patients on his/her level of empathy and ways of improving in culturally diverse environments and with culturally diverse people 53. Adapt his/her empathetic behaviour into the patient's and other health carers' needs from culturally diverse environments

TOPICS' LIST:

Showing empathy in diverse environments

- General overview of cultural and social diversity
- Research on discrimination and health care
- Theoretical background of cultural competence
- Cultural Competence Skills
- Educational videos
- Interactive role-plays

TRAINING METHODS:

- ☒ Classroom Teaching
- ☒ Asynchronous Electronic Learning
- ☒ Directed Self Learning



TRAINING TECHNIQUES:

☒ Lecture

☒ Role Play

☒ VR Videos

☒ Educational Videos



UNIT 3.2: CHALLENGES TO EMPATHY IN HEALTH CARE AND HOW TO OVERCOME THESE

LEARNING OUTCOMES:

Knowledge	<p>54. Outline challenges to empathy in health care</p> <p>55. Define burnout and outline recent research evidence on the relationship between empathy and burnout</p> <p>56. Identify and label evidence-based instruments for assessing burnout and stress-related conditions when working in health care</p> <p>57. Identify and label evidence-based methods for preventing and/or treating burn out</p>
Skills	<p>58. Use self-reflection to recognise symptoms that he/she might be burnt out</p> <p>59. Use appropriate instruments/resources for testing his/her symptoms of burn-out</p> <p>60. Practice techniques to reduce stress and burn-out</p> <p>61. Seek appropriate help</p>
Competencies	<p>62. Advocate and model self-caring attitudes</p> <p>63. Increase self-confidence in self-caring under stressful situations</p> <p>64. Model a positive, calm, and mindful approach when dealing with stressful situations, e.g., in using emotional regulation and self-reflection</p>

TOPICS' LIST:

Challenges to empathy in health care and how to overcome these

- Workplace stress and health professionals' empathic ability
- Empathy in health care as emotional labour
- Burnout



- Emotional empathy and empathic distress
- Interventions to strengthen cognitive empathy

TRAINING METHODS:

- ☒ Classroom Teaching
- ☒ Asynchronous Electronic Learning
- ☒ Directed Self Learning

TRAINING TECHNIQUES:

- ☒ Lecture
- ☒ Role Play
- ☒ VR Videos
- ☒ Educational Videos
- ☒ Other: Reflection Exercises



TRAINING METHODOLOGY

The course will be taught in a modular structure using work areas that have been derived from initial research conducted in the project.

Each Working Area focuses on *one important aspect of empathy in health care*. Starting with a general introduction to empathy the students then deepen their competencies by focussing on empathetic communication and dealing with intercultural situations and threats to empathetic behaviour.

With an emphasis on practical exercises that are facilitated using virtual reality technique or role plays, the participants experience their competence in empathy directly and receive feedback from their peers – this enables them to improve their empathetic abilities individually or in groups.

Knowledge will be transmitted in classroom teaching via lecture and by instructing students to perform interactive exercises in pairs or triads to foster learning and practice the aimed skills. The classroom structure has been chosen because of the social aspect of empathy and the importance of non-verbal and verbal communication which is difficult to realize in a digital environment.

Congruent with the concept of a flipped classroom where theoretical aspects are first taught via Asynchronous Electronic Learning and then discussed and practised in classroom, Asynchronous Electronic Learning in this course will be used to underline the importance of empathy and motivate the students before the course starts. It will also be used to assess the competencies acquired during the course by assessing exchange between peers, self-reflection, and a knowledge quiz.

Directed Self Learning enables the students to deepen their knowledge and conduct their own learning path. A selection of articles and books will be provided but the student is also free to do his own research and connect to the learning community.

Using a workload corresponding to 1 ECTS will allow the integration of the program in different study programs of health professions more easily and makes it therefore available to a broader audience. It can also be integrated as a training course in the context of lifelong learning activities.

CLASSROOM TEACHING

In this course classroom teaching has been chosen to enable students to practice their empathetic and communicative competencies with peers and the teacher via role plays and virtual reality exercises right after a theoretical input. The classroom teaching focusses on the theory practice transfer right away.



Theoretical content will be presented using power point presentations. Following this using self-reflection exercises, group work and experiential exercises (role play, VR) the tutor will assure that students are able to translate theory and knowledge into skills that are directly transferable to their professions. In other words, the students will have achieved the desired learning outcome which is to act empathetically in their profession.

ASYNCHRONOUS ELECTRONIC LEARNING

Asynchronous Electronic Learning describes the possibility of initiating targeted learning processes in virtual learning spaces by means of digital media, alone or in groups, synchronously or asynchronously. Access takes place online and is linked to the possibility of communicating with teachers and other learners (Arnold, Kilian, Thillozen, & Zimmer, 2018).

In this course an online learning platform will provide learning content, precise exercises to prepare for the classroom teaching and the possibility to communicate with peers and teachers.

DIRECTED SELF LEARNING

In Directed Self Learning students direct their own learning process to achieve the competencies of their learning project. However, it does not mean they need to realize it alone - Directed Self Learning can also include consultation of peers and creation of learning networks, e. g. a community of practice. This course encourages Directed Self Learning by providing learning content and the possibility of exchange. Altogether six hours of Directed Self Learning are suggested.

As part of their Directed Self Learning students will need to engage with the literature that is provided on the online platform.



TRAINING TECHNIQUES

LECTURE

The lectures are given using a PowerPoint presentation to build a knowledge base in the 3 working areas (WAs).

WA 1: Understanding empathy and competencies necessary for empathy

WA 2: Empathy in relationships and information giving

WA 3-1: Showing empathy in diverse environments

WA 3-2: Overcoming challenges to empathy.

ROLE PLAY

A role play is used in each working area (WA) to encourage students to practice learned skills in a group and to give and receive feedback on their empathetic behaviour. The roleplays are focussing on the following themes:

WA1:

- Assessment and pain management in pregnant client with language barrier (interprofessional)
- New-born with weight gain challenges: sharing information and communicating risk (interprofessional)
- Elderly patient after hip replacement: communicating with the confused/angry patient (medic/physio/VET)
- Adolescent with diabetes: shared decision making in challenging situations (nursing/caregiving)
- Death of a young person: sharing bad news to family members (nursing)
- Elderly with dementia: challenges in communicating with the confused patient

WA2:

- Assessment and pain management in pregnant client with language barrier (interprofessional)
- New-born with weight gain challenges: sharing information and communicating risk (interprofessional)
- Elderly with dementia: challenges in communicating with the confused patient
- Elderly patient after hip replacement: communicating with the confused/angry patient (medic/physio/VET)



- Adolescent with diabetes: shared decision making in challenging situations (nursing/caregiving)
- Death of a young person: sharing bad news to family members (nursing)

WA 3-1:

- Assessment and pain management in pregnant client with language barrier (interprofessional)
- Elderly patient after hip replacement: communicating with the confused/angry patient (medic/physio/VET)
- Death of a young person: sharing bad news to family members (nursing)

WA 3-2:

- Elderly patient after hip replacement: communicating with the confused/angry patient (medic/physio/VET)
- Death of a young person: sharing bad news to family members (nursing)

VR VIDEOS

Three VR Videos are used to allow students to practice empathetic communication whilst being immersed in the clinical environment.

- Provision of woman-centered care during labour and birth (midwifery/medic)
- Young patient with chronic musculoskeletal pain: shared decision making with patient and family (interprofessional)
- Young person with new diagnosis of cancer: the process of sharing bad news (medic)

EDUCATIONAL VIDEOS

An educational video is used in each working area (WA) to encourage students to practice learned skills in a group and to give and receive feedback on their empathetic behaviour. The educational videos are focussing on the following themes:

WA1:

- Registration for birth and discussing birth plan with recently migrated client (midwifery/medic)
- Empathy Cultural Diversity, working with interpreter: Immigrant patient with lung infection (physio/medic)
- Medical Consultation: patient with high cardiovascular risk (medic)



WA2:

- Registration for birth and discussing birth plan with recently migrated client (midwifery/medic)
- Empathy Cultural Diversity, working with interpreter: Immigrant patient with lung infection (physio/medic)
- Medical Consultation: patient with high cardiovascular risk (medic)

WA 3-1:

- Registration for birth and discussing birth plan with recently migrated client (midwifery/medic)
- Empathy Cultural Diversity, working with interpreter: Immigrant patient with lung infection (physio/medic)

WA 3-2:

- Empathy Cultural Diversity, working with interpreter: Immigrant patient with lung infection (physio/medic)



LITERATURE

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