

# Curriculum development using VR technology to enhance empathetic communication skills in future health care professionals

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# Curriculum development using VR technology to enhance empathetic communication skills in future health care professionals

## Project Coordinator:



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## Project partners



UNIVERSITY  
of NICOSIA  
MEDICAL SCHOOL

<https://www.unic.ac.cy/el/>



<http://www.cycert.org.cy/index.php/el/>



<https://www.vub.be/>



<https://www.charite.de/en/>



UNIVERSITY OF  
THESSALY

<https://www.uth.gr/>



<http://www.omegatech.gr/>



# Work Area 1: *General Overview of Empathy*

Unit 1.1: Understanding empathy and qualities/competencies necessary for empathy

Duration: 4.5 hours

Trainer:



# Welcome and Introduction

## “Golden Minute Exercise”

- ▶ In pairs please talk to your partner for one minute about a topic that you feel comfortable with and is true about yourself. Your partner cannot take notes and cannot ask you any questions. He/she has to listen attentively.
- ▶ After one minute you switch. Your partner talks for one minute and you have to remain silent listening to him/her.
- ▶ When the 2 minutes are over, each pair has to report to the whole group what they have learnt about each other.



## Ground rules

- ▶ Mobile Phones
- ▶ Smoking
- ▶ Breaks
- ▶ Other



# Participation

# Respect

# Express your opinion



# Plan of the training

- ▶ 3 half days of training in total
- ▶ Each half day will involve:
  - ▶ Individual exercises
  - ▶ Interactive exercises
  - ▶ A PowerPoint presentation
  - ▶ Educational videos
  - ▶ Role-plays
  - ▶ Virtual Reality (VR) scenarios



Unit 1.1:  
Understanding  
empathy and  
qualities/  
competencies  
necessary for  
empathy



# Learning Outcomes: Knowledge

1. List three different types of empathy (emotional, cognitive, prosocial)
2. Describe the different perspectives when talking about empathy
3. Outline relevant research findings in relation to empathy in different care settings





# Learning Outcomes: Skills (1/2)

4. Self-reflect and self-assess your level or lack of empathy in daily life

*Use techniques as listed below to develop empathy during contact with the persons you are supporting:*

5. Demonstrate genuine interest and respect for the other party

6. Demonstrate active listening

7. Use verbal and non-verbal cues in a way that facilitates/reinforces empathy

8. Use appropriate questioning/clarifying techniques



# Learning Outcomes: Skills (2/2)

9. Demonstrate sign-posting
10. Use summarizing techniques
11. Give voice to the person you are caring for/support
12. Recognise, Acknowledge and validate (RAV) the person's concerns, feelings
13. Provide support while demonstrating empathy by expressing concern, understanding, willingness to help; acknowledging coping efforts and appropriate self-care
14. Deal sensitively with delicate issues

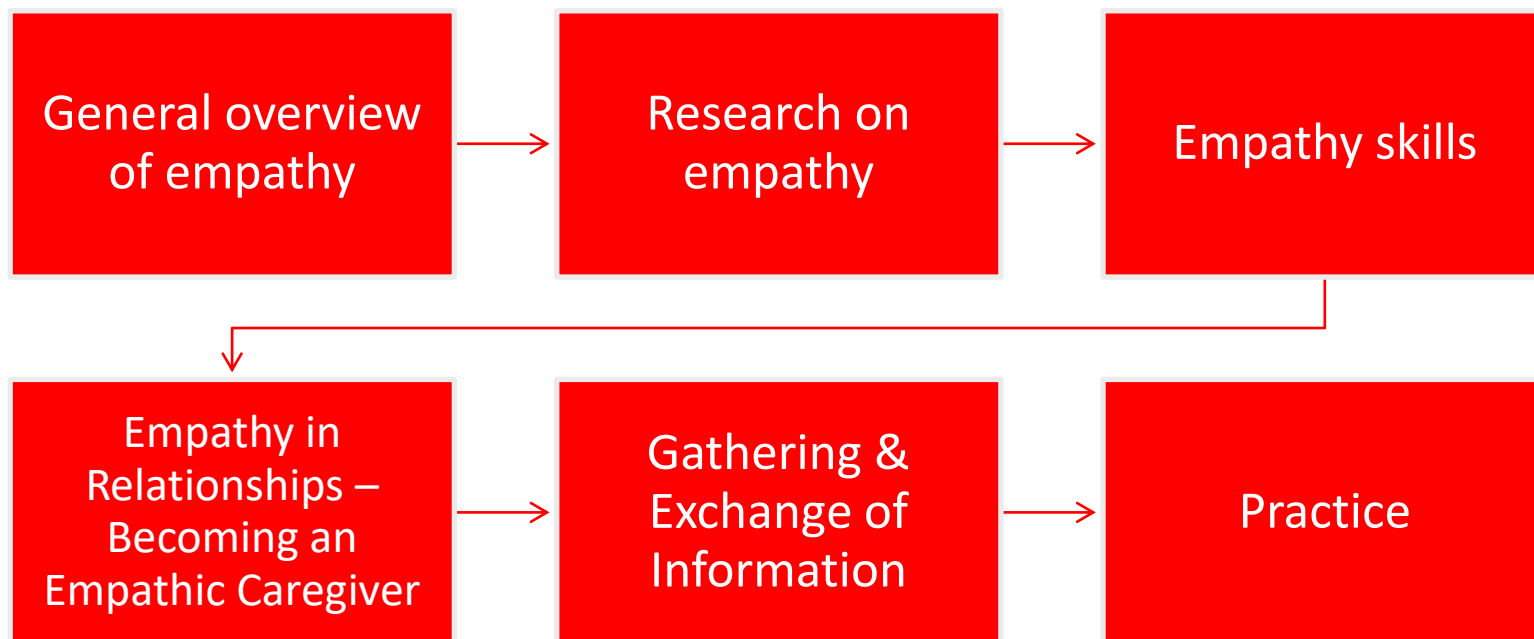


# Learning Outcomes: Competencies

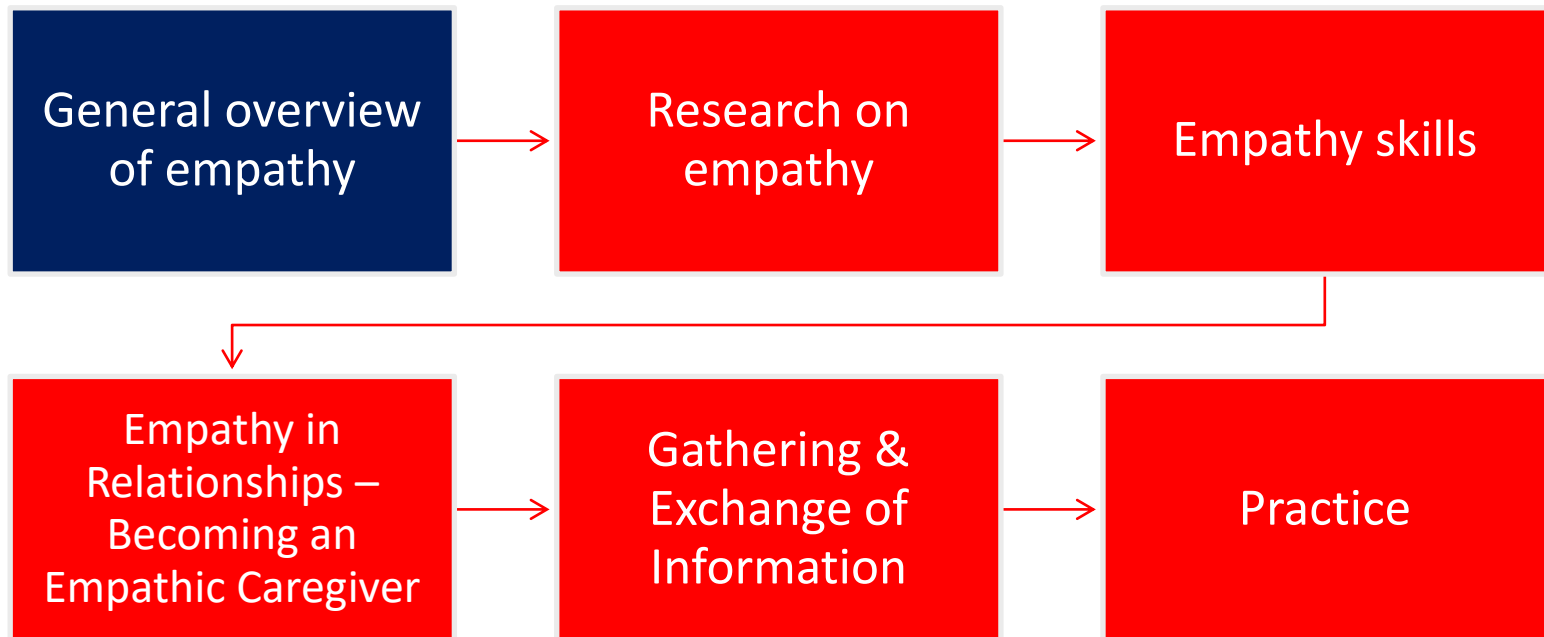
15. Evaluate the feedback from colleagues and simulated persons with care needs on your level of empathy and ways of improving
16. Adapt your empathetic behaviour to the person in need of care



# Route Map



# Route Map



# General Overview of Empathy

# Group discussion: What is empathy?

- ▶ Discuss in groups the following question:
- ▶ What do you understand when you hear the word “empathy”?



# Understanding Empathy – Getting in another person's position

## ► Scenario 1

Think of a difficult incident/problem you have encountered at work with a person you support/care for (e.g. a fall from bed, unwillingness to accept help). How would you feel if you were in their position?





# Understanding Empathy – Getting in another person’s position

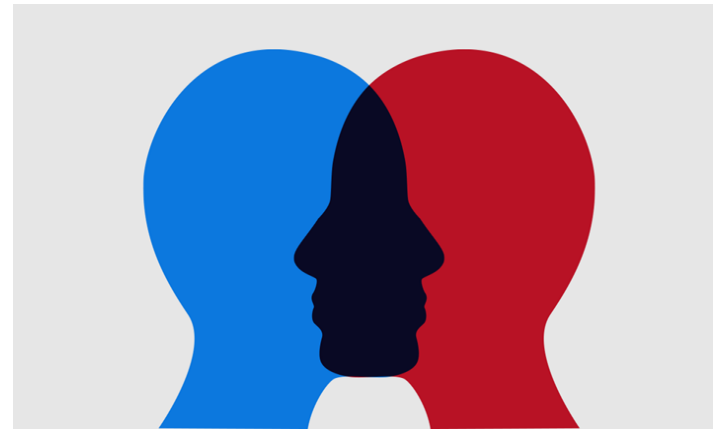
## ► Scenario 2

A recipient of care is losing their temper because of frustration (e.g., due to a health issue, difficulty to be independent etc.). Try to get into this person’s place: how would you react? Describe feelings and actions related to that.



# Definition of Empathy

- ▶ “Empathy is an essential part of emotional and social development and an important motivator for helping those in need. In a very literal sense, it is the *“ability to feel or imagine another person’s emotional experience.”*”



McDonald, N. M., & Messinger, D. S. (2011). The Development of Empathy: How, When, and Why. *Free Will, Emotions, and Moral Actions: Philosophy and Neuroscience in Dialogue*, 23, 333-359

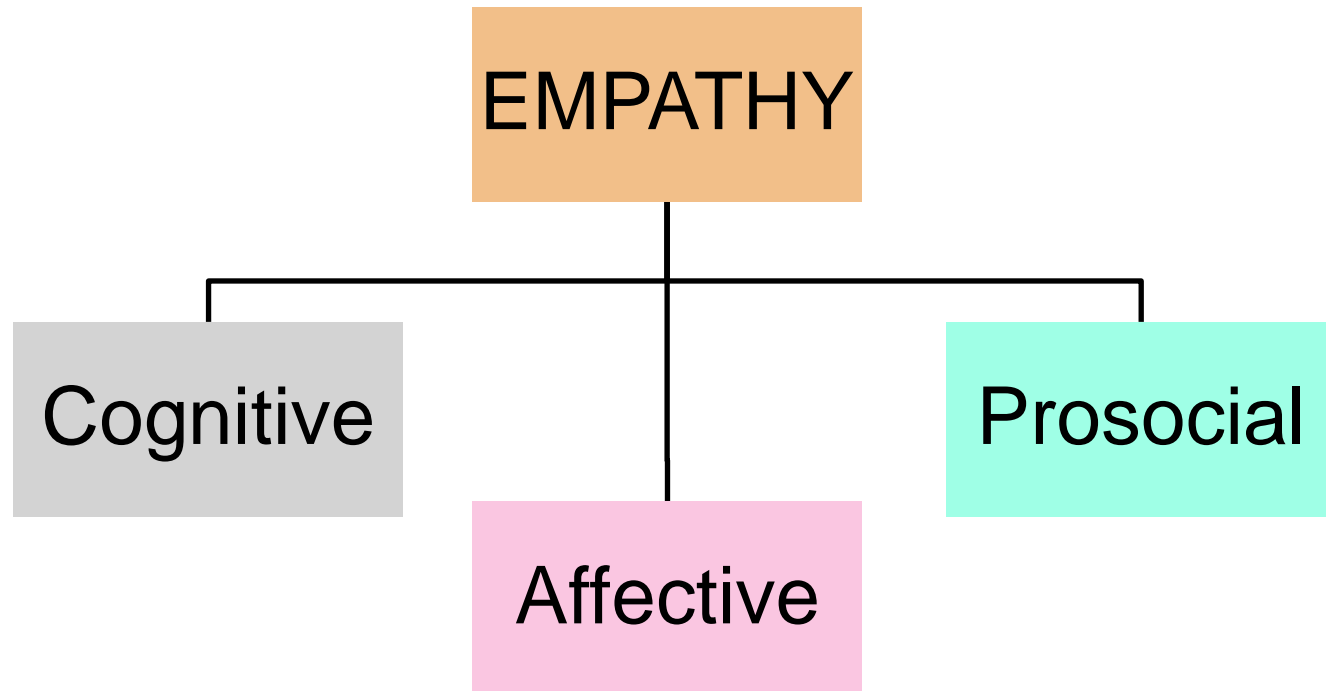
Decety, Jean, et al. "A social neuroscience perspective on clinical empathy." *World Psychiatry* 13.3 (2014): 234.



# Video: Empathy vs Sympathy



# Types of Empathy



# Cognitive Empathy

- **Cognitive empathy** (mentalising, perspective taking)

= “the ability to explicitly reason and draw inferences about other people’s mental states” **(Zaki & Ochsner, 2012)**

or

“the conscious awareness of the emotional state of another”  
**(Decety et al, 2014)**



Zaki J, Ochsner KN. The neuroscience of empathy: progress, pitfalls and promise. *Nature neuroscience*. 2012 May;15(5):675.

Decety, Jean, et al. "A social neuroscience perspective on clinical empathy." *World Psychiatry* 13.3 (2014): 233

# Cognitive Empathy

- ▶ **Cognitive empathy** means seeing things from another person's perspective, understanding why and how they are interpreting and responding to events taking place.
- ▶ Individuals who do best at cognitive empathy find it easier to cooperate with, help, and defuse conflicts between others



# Emotional-Affective Empathy

- ▶ **Affective empathy** (experience sharing, shared self- and other representations, emotional contagion)
- ▶ = “the tendency to take on, resonate with, or 'share' the emotions of others”



Zaki J, Ochsner KN. The neuroscience of empathy: progress, pitfalls and promise. Nature neuroscience. 2012 May;15(5):675.

# Emotional-Affective Empathy

- ▶ It is the ability to share the feelings of another person. Some have described it as "your pain in my heart."
- ▶ This type of empathy helps you build emotional connections with others.





# Prosocial Empathy

- ▶ **Prosocial concern** (empathic motivation, sympathy, empathic concern, compassion, altruism)

= “The prosocial motivation to help others (e.g. to share and/or cognitively understand the emotions they are experiencing)”



Zaki J, Ochsner KN. The neuroscience of empathy: progress, pitfalls and promise. Nature neuroscience. 2012 May;15(5):675.

# Prosocial Empathy

- ▶ People engage in prosocial behavior when they donate time or money to charitable causes, help a friend move heavy furniture, run errands for someone who is ill, and encourage someone who feels like giving up.

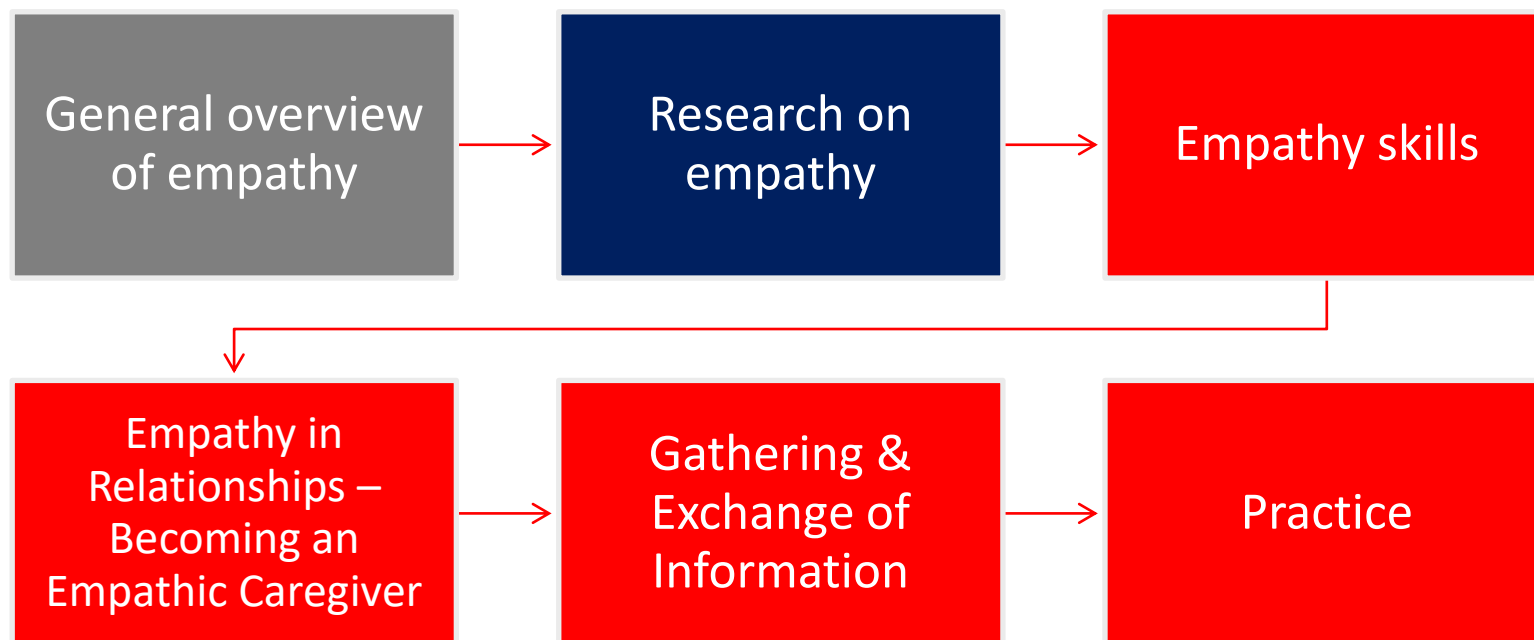


# Knowledge Quiz

- ▶ What are the main differences between the 3 aspects of empathy?
- ▶ Please provide an example for each type of empathy: Cognitive, affective, prosocial.



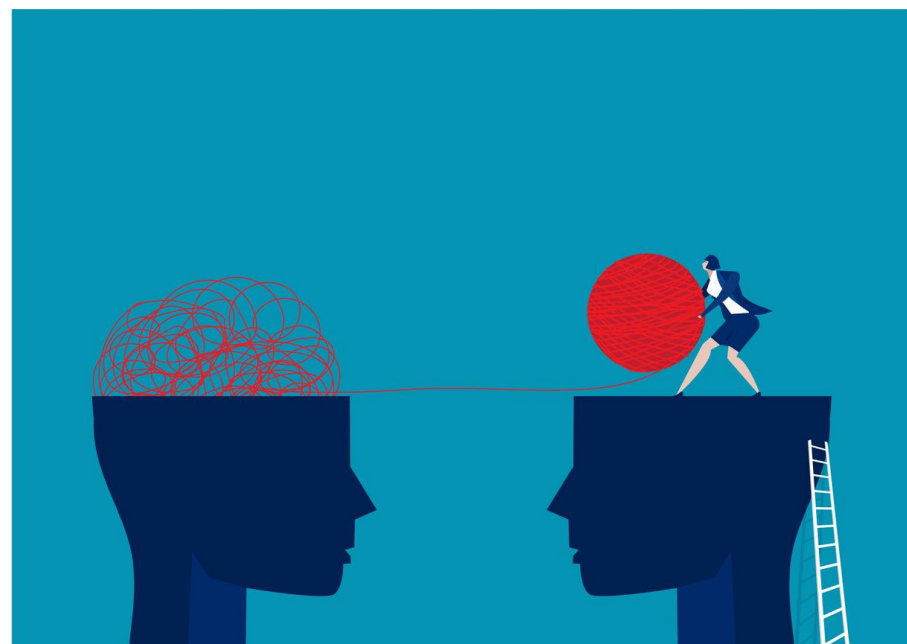
# Route Map



# Research on Empathy

# Research on Empathy

- ▶ Empathy and Neuroscience
- ▶ Empathy, Sympathy and Compassion
- ▶ Psychological approaches
- ▶ Social Care



# Are your emotions contagious?



# Research on Empathy: Neuroscience

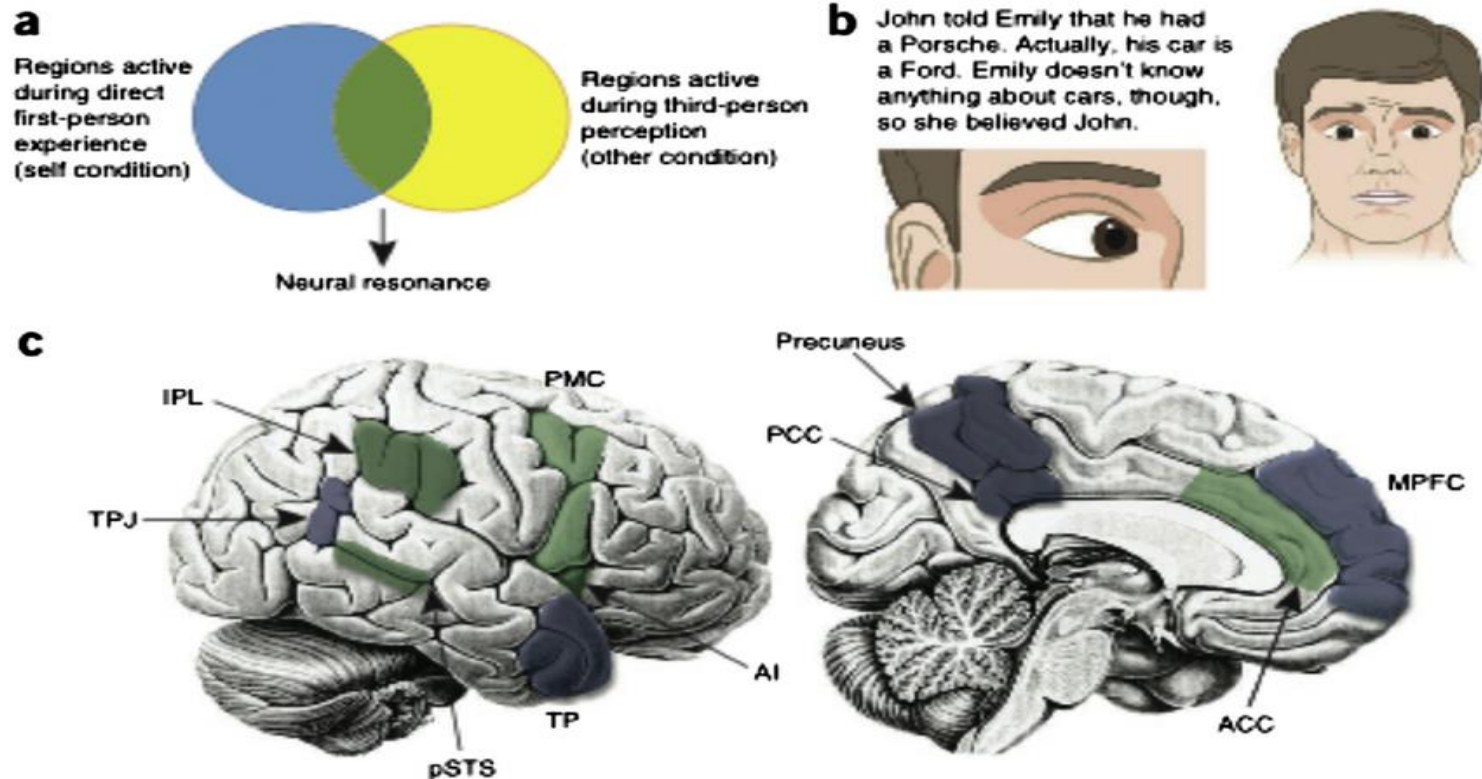
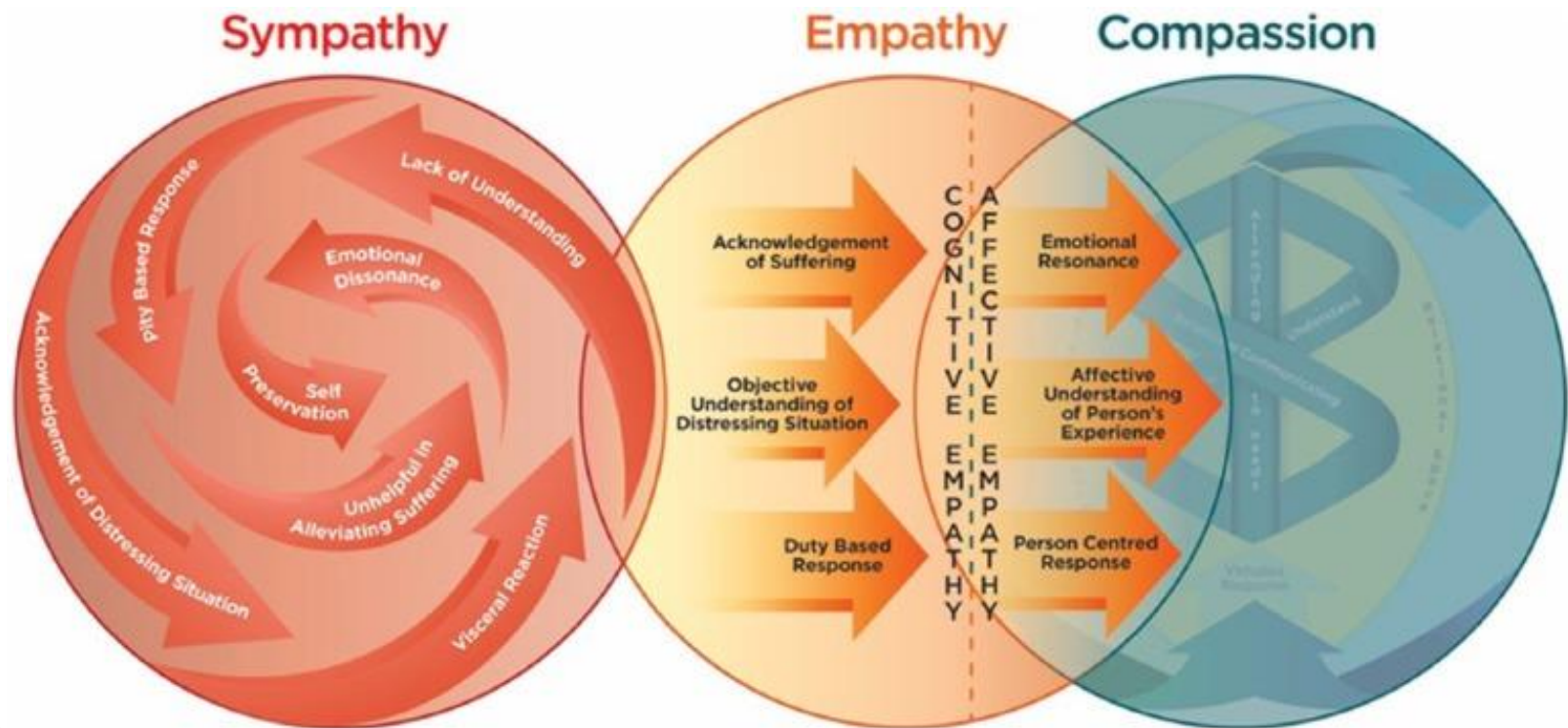


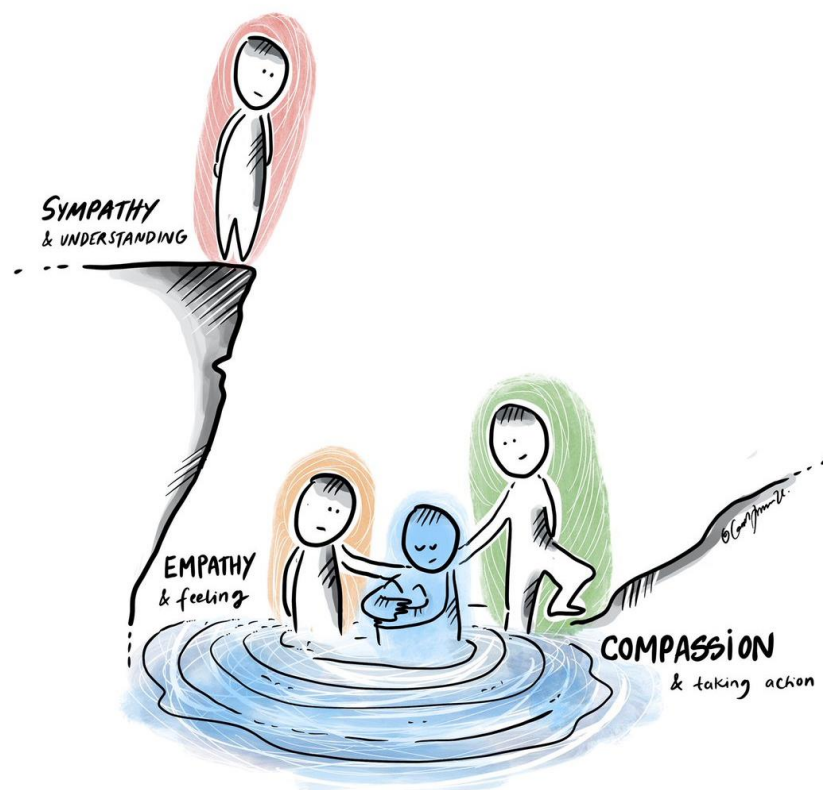
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# Sympathy, empathy and compassion in healthcare



# Empathy, sympathy, compassion

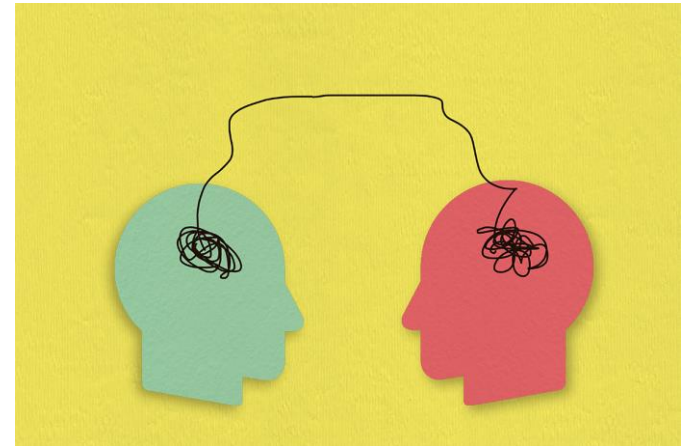


@camillatuominenofficial



# Research on Empathy: Psychological approaches

- ▶ They focus mostly on behaviour, i.e. showing empathetic responses
- ▶ Laboratory experiments, field experiments, surveys using self-report measures to assess empathy (e.g. Jefferson Scale)
- ▶ Qualitative research using video-taped interactions



# Research on Empathy: Social Care

- ▶ Research on caregivers and empathy is mostly focused on unofficial carers (i.e., family, friends), healthcare providers (e.g., nurses), and social workers
- ▶ Guidelines related to empathy for caregivers showcase the importance of empathy in their work
- ▶ Elements related to empathy in the doctor/nurse and patient relationship are applicable also to the relationship between caregivers and care recipients



# Research on Empathy: Social Care

- ▶ Many care workers mention empathic feelings for the elderly or people in suffering as one their motives for choosing this profession
- ▶ Care workers are happier with their work when the relationship with the recipient of care involves empathic understanding and care
- ▶ Care workers usually experience empathic feelings, understanding, and empathic care, but they fail to take empathic action



# Research on Empathy: Social Care

- ▶ Empathy improves the recipient's of care satisfaction, receptiveness to care and agreement with treatment when taking medication
- ▶ Perceived pain/stress is reduced



# Hindrances to Empathy in Caregiving

## ▶ Lack of time

- Carers do what they are required to do according to the care plan
- The social aspects of work are 'invisible', in terms of care plans.
- Much depends on a worker's good will and availability to meet other needs.

## ▶ Lack of flexibility in organizational structures

- Care work routines limit the workers' autonomy and reduce opportunities for empathic responses.
- Limits on care workers' autonomy and freedom to express empathy



# Hindrances to Empathy in Caregiving

- ▶ **Emotional Exhaustion – Work Stress**
  - Care workers often regulate their empathy to avoid emotional exhaustion
  - An optimal balance should be reached between emotion regulation and empathic concern
- ▶ **Failing to understand individual needs**
  - Care workers failing to understand their clients' individual needs, e.g. because they consider older adults as a homogeneous group with similar needs





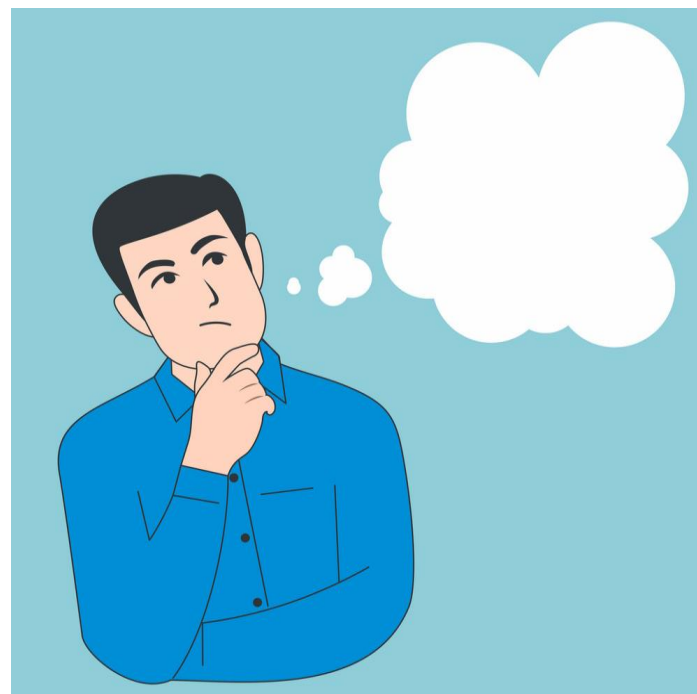
# Research on Empathy: Decline of Empathy

- ▶ Research shows that there is erosion/decline of empathy in care professionals after a certain time
- ▶ This can be explained through several processes including dehumanization



## Reflective exercise

- ▶ In pairs, discuss your experience in empathising with the persons you care for.
- ▶ What type of empathy do you feel you experience during these encounters?

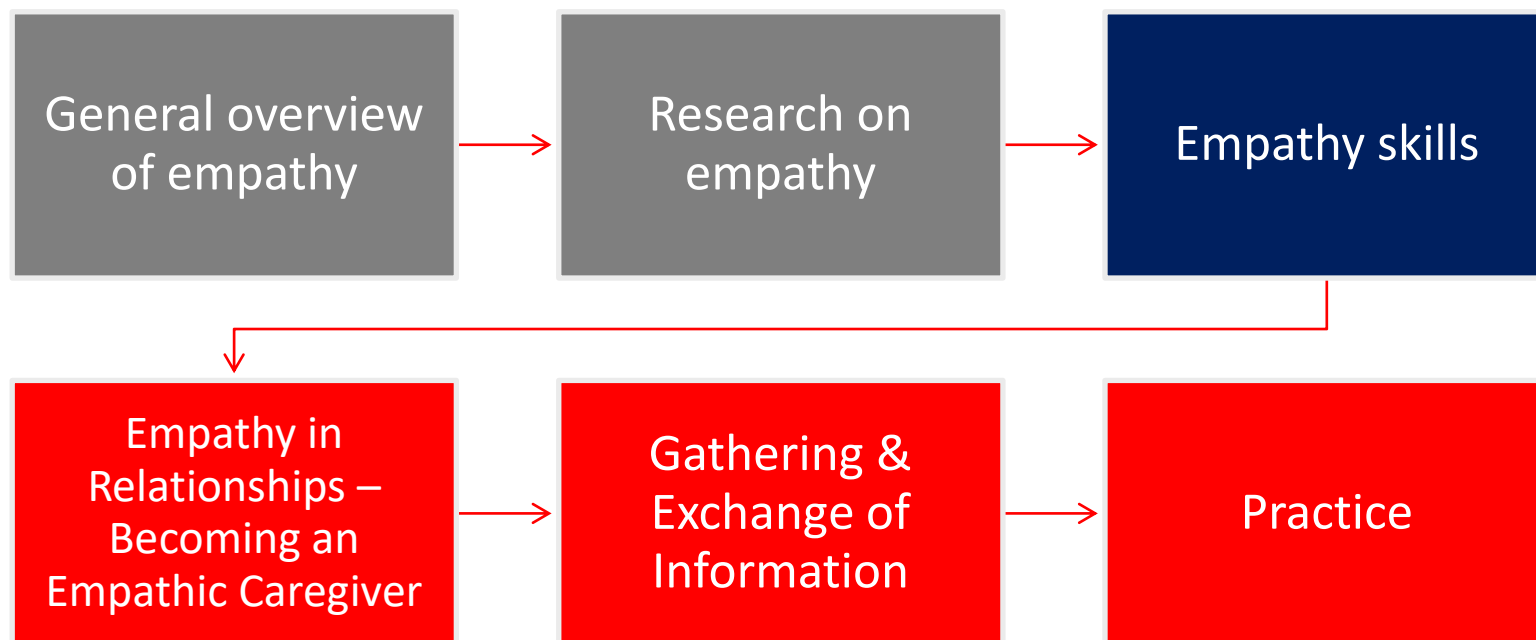


# Summary

- ▶ Different types of empathy
- ▶ Different approaches to empathy
- ▶ Relevant research findings in relation to empathy in different care settings



# Route Map

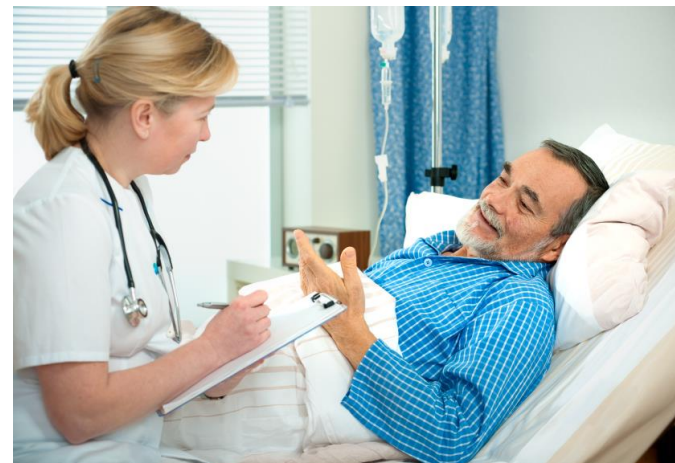


# Empathy Skills

# Frameworks for communication in healthcare settings

Creation of frameworks and consensus statements providing conceptual models and skills for communication in healthcare settings in response to the need of:

- ▶ Facilitating the teaching and assessment of communication skills of medical learners
- ▶ Providing healthcare professionals with guidance in everyday practice in terms of the communication in different health care settings and situations



# Adjusted framework for empathy skills and competencies for carers (based on the SEGUE Framework)

## ***Build a relationship***

- ▶ Listen to care recipient's story of illness/disability
- ▶ Be aware that ideas, feelings, and values of carer and care recipient influence the relationship
- ▶ Respect care recipient's participation in building a routine/care plan

## ***Start and maintain a Discussion***

- ▶ Give the chance to care recipient to start discussions (if possible)
- ▶ Learn about the concerns of care recipient
- ▶ Create a personal connection

## ***Gather Information***

- ▶ Use open-ended and closed-ended questions appropriately
- ▶ Summarize information
- ▶ Actively listen



# Adjusted framework for empathy skills and competencies for carers (based on SEGUE Framework)

## *Understand the care recipient's point of view*

- ▶ Learn about family, culture, gender, age of care recipient
- ▶ Learn what they think and expect with regard to their health/disability
- ▶ Acknowledge and respond to their values and ideas

## *Share Information*

- ▶ Use language the care recipient can understand
- ▶ Check for understanding
- ▶ Encourage questions

## *Reach Agreement on Problems and Plans*

- ▶ Give the option to care recipient to choose and make decisions in term of the care routine/plan
- ▶ Try to offer support to the care recipient beyond the standardized caring services if necessary





# Skills Necessary for Caregivers

- ▶ Psychology-related skills
- ▶ Time management
- ▶ Controlling emotions through communication and empathy
- ▶ Skills related to stress support



## Can the change resulting from communication/empathy skills training be retained?

- ▶ **Research on patients and medical students** showed that they still held on to the skills after 2-5 years (**Bowman et al, 1992; Maguire et al, 1986a; Oh et al, 2001**).
- ▶ There is paucity of research in formal caregivers based on the amended skills training proposal. Need for extra research and your point of view, down the road.



# Care Recipients Views

- ▶ Looking at the point of view of care recipients, there is still a lot to be desired. Their views are still rarely asked during care encounters
- ▶ Care recipients are often ignored and their views downgraded
- ▶ There is still a relative lack of relationship-centred exchange in most care interactions



## Group Discussion

- ▶ Do you think that teaching and learning empathy skills is effective?
- ▶ Discuss the research but also your personal experience on the topic.



T A K E

A

B R E A K

# Work Area 2: *Empathy in relationships and information exchanges in different caregiving contexts/ environments*

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

Duration: 4.5 hours

Trainer:



# Learning Outcomes: Knowledge

17. Define patient-centred/empathetic relationships
18. Describe the characteristics of a relationship that fosters and nurtures empathy and trust
19. 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)
20. Describe the skills necessary during initial and continuous communication with the recipient of care



# Learning Outcomes: Skills (1/2)

21. Self-reflect and self-assess his/her level or lack of empathy in relationships and information exchanges in daily life.

*Use evidence-based techniques as listed below to develop empathy during information exchanges with recipients of care (e.g. when caring for persons with dementia and mental health issues, etc)*

22. Share his/her thinking with other party
23. Assess recipient's of care condition
24. Use the responses of the recipient of care as a guide on how to proceed





## Learning Outcomes: Skills (2/2)

25. Use appropriate language without jargon
26. Check other party's understanding
27. Elicit other party's ICE
28. Discuss the kind of care needed
29. Negotiate mutually to decide on a mutually acceptable plan/routine
30. Provide forward planning: explain to the recipient of care the next steps (e.g. I will help you get out of bed in the morning. I will help you take your medicines. I will collect your prescriptions etc.)

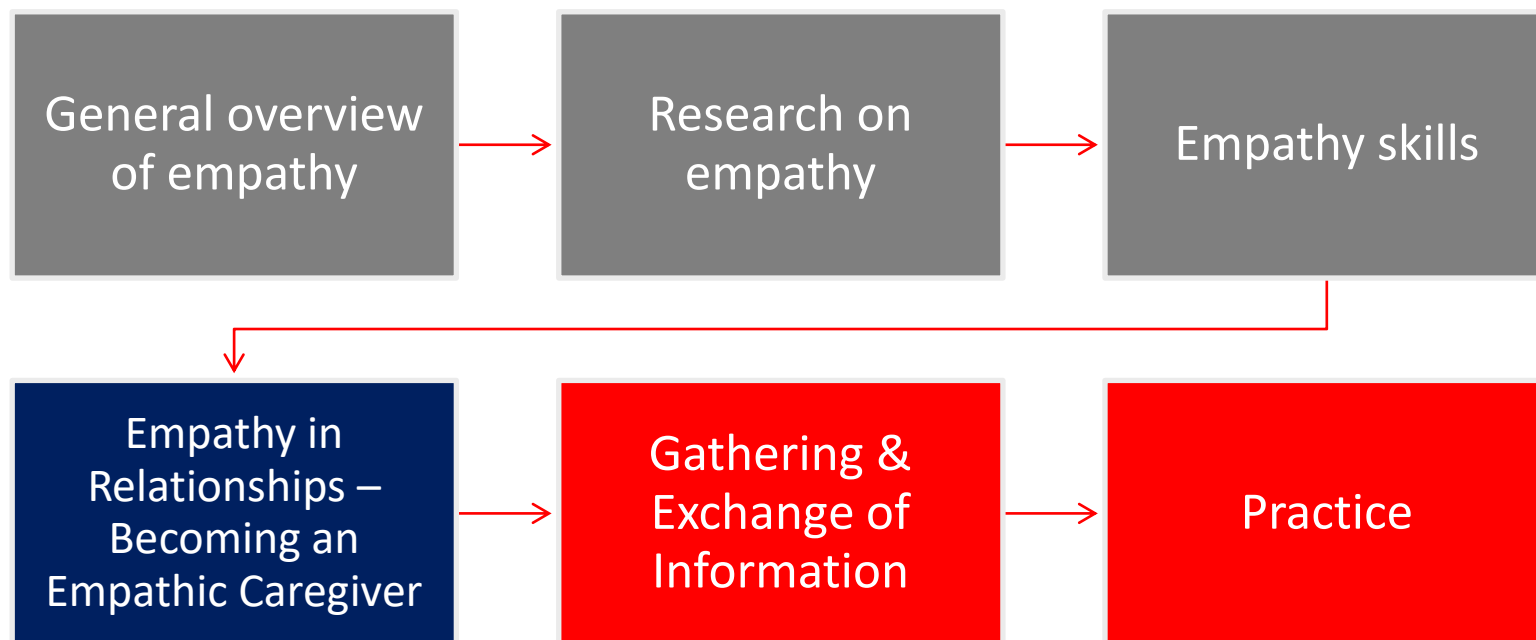


# Learning Outcomes: Competencies

31. Evaluate the feedback from recipients of care on his/her level of empathy in relationships and information exchanges and ways of improving.



# Route Map



# Empathy in Relationships – Becoming an Empathic Caregiver

# Video: Person-Centred Care Guideline



# Relationship-Centred Care

- ▶ Empathy is connected with the most important aspect of care/healthcare: Relationship-Centred Care
- ▶ Relationship-Centred Care requires:
  - ▶ Care in which all people involved appreciate the importance of their relationships with one another
  - ▶ Care that is supported by moral and ethical foundations
  - ▶ The care recipient is dealt with as a whole person who has individual preferences situated within social contexts
  - ▶ Shared control of the care, decisions about interventions or management of health problems/care routine with the care recipient



# Empathic Caregiving

- ▶ It is important to grasp an individual's unique life situation
- ▶ Addressing the needs of specific people with their own individuality, history, and unique circumstances
- ▶ Respecting the other person's autonomy and integrity presupposes that the care worker knows the person and how he/she wants to be respected
- ▶ Conversation and interaction between the care worker and the recipient of care is vital



# Effects of Empathic Caregiving

Several studies have indicated that proper training and application of empathy-related communication skills by professional caregivers can improve:

- ▶ Wellbeing and psychological outcomes for caregivers
- ▶ Quality of care for care recipients

## Especially:

- ▶ Pain management
- ▶ Stress management
- ▶ Improved wound healing
- ▶ Adherence to treatment plans
- ▶ Care recipients' self-reported satisfaction





# Applying relationship-centred care & enhancing empathy

- ▶ STEP 1: having the internal motivation to understand the care recipient's perspective
- ▶ STEP 2: using appropriate communication skills



# Communication Skills for Empathic Caregiving

- ▶ Strong communication skills help towards diffusing challenging situations
- ▶ They also help keeping care recipients at ease when out of character moments occur (e.g., burst of anger etc.)
- ▶ Care givers can create/agree upon a set of communication rules together with the care recipient
- ▶ Good listening skills are essential
- ▶ Understanding non-verbal cues is also essential in this context, as care recipients may struggle with verbal communication



## Video: How to improve your communication skills as a caregiver



# Communication issues that may arise

- ▶ Lack of patience with persons receiving support and care
- ▶ Language issues – barriers
- ▶ Health issues that create problems in communication (e.g., dementia, loss of hearing etc.)

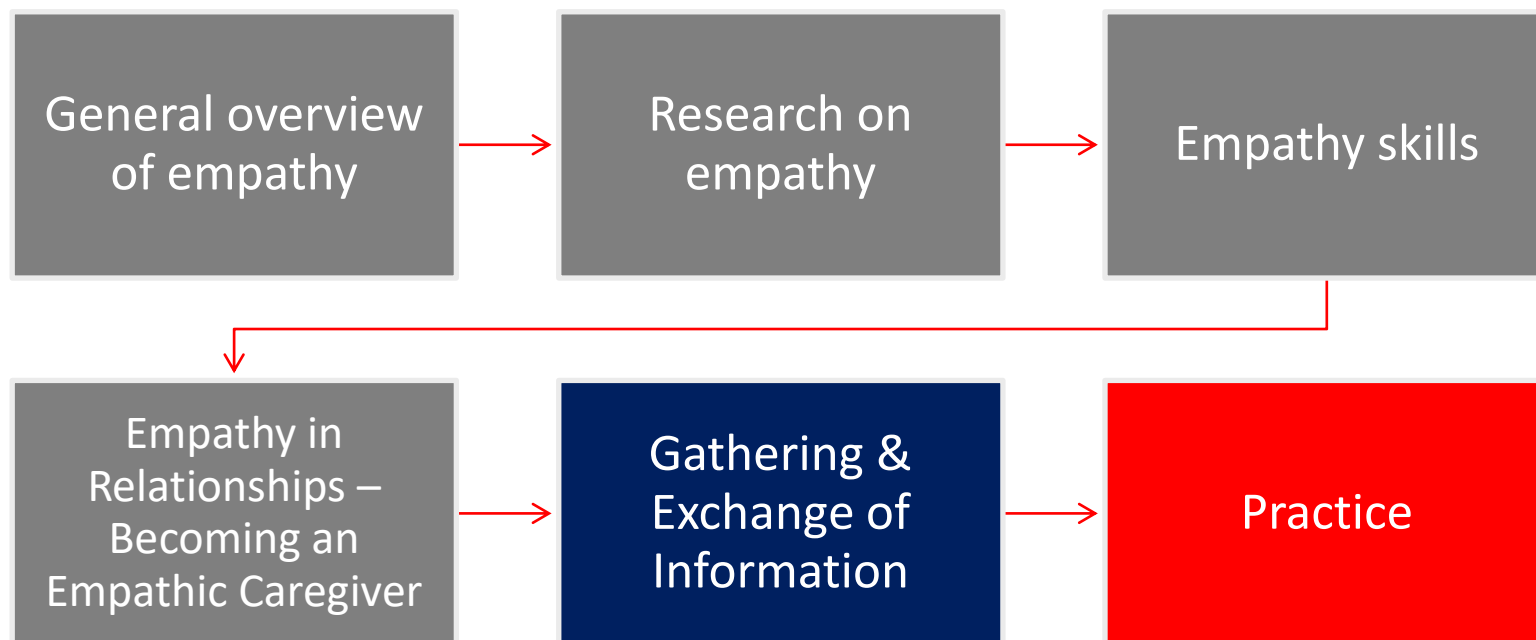


# Solving communication issues

- ▶ Speak at a slower pace
- ▶ Do not talk to care recipients as though they are children
- ▶ Do not use complicated questions, as these hinder quality communication between caregivers and care recipients



# Route Map





# Gathering & Exchange of Information

# Information Giving Exercise





# A Guide for Caregivers: informed by the Calgary-Cambridge Guide to the Medical Interview

- ▶ The Cambridge-Calgary model is a standardized approach to teaching and training clinical communication skills
- ▶ It divides the medical interview into 5 basic tasks that have to be achieved in order the consultation to be patient-centred, efficient and effective for both the doctor and the patient
- ▶ **We have used an amended version of the Calgary-Cambridge Guide to accommodate the specific needs of caregivers' and care recipients' interaction relationship**



## Providing Structure and Support

- Sign-post
- Summarise
- Share your thinking with the other party
- Make sure discussions are ongoing and there is constant interaction in between
- Know and understand the particular needs of the person who receives care

## Initiating and Continuing Discussions

- Address the person using their name
- Initial interaction: introduce yourself and keep doing so in cases of cognitive impairment
- Keep confidentiality at the core of the relationship

## Gathering Information

- Gather general information on the person and routine of the care recipient
- Discuss with the care recipient and/or family about their condition
- Keep yourself updated on the information

## Physical Contact

- Ask for initial consent and again from time to time to initiate and continue physical interaction
- Share with them the reason for physical contact
- Attend to comfort and dignity

## Ongoing interaction

- Organize the different forms of interaction in categories (e.g., medication support, physical support, psychological support, etc.)
- Check how much is needed to share with the care recipient
- Give information in small chunks
- Be aware of person's understanding abilities (i.e., cognitive and emotional)
- Relate behaviour towards the person to their understandings
- Assist in numerous contexts, beyond the care setting (e.g., social, governmental etc.) if necessary
- Try to understand and consider the care recipient's personal history (e.g., who they are, where they come from, family characteristics etc.)
- Help persons to be assertive in their needs (if possible)

## Compassionate exit

- Helping a person that receives care might mean leaving. Best to explain and make the person aware of the situation of change

## Building the Relationship

- Build rapport by showing genuine interest about the person and his/her needs
- Use active listening
- Pick up cues (verbal and non-verbal)
- Elicit care recipient's Ideas, Concerns, Expectations (ICE)
- Use empathy: Recognise, Acknowledge Validate (RAV)
- Provide Support
- Deal sensitively with delicate issues

# Initial Encounter with the Care Recipient

- ▶ Introduce yourself and keep doing so in cases of cognitive impairment
- ▶ Address the person using their name
- ▶ Identify the care recipient's problems or the issues
- ▶ Listen attentively to the care recipient's opening statement, without interrupting or directing his/her response



# Gathering Information (1/2)

- ▶ Gather general information on the person and routine of the care recipient
- ▶ Discuss with the care recipient and/or family about their condition
- ▶ Listen attentively, allowing the other person to complete statements without interruption and leaving them space to think before answering or go on after pausing
- ▶ Pick up verbal and non-verbal cues (body language, speech, facial expression, affect)



## Gathering Information (2/2)

- ▶ Periodically summarise to verify own understanding of what the other person has said
- ▶ Use concise, easily understood questions and comments
- ▶ Encourage the recipient of care to express feelings
- ▶ Keep yourself updated on the information
- ▶ Plan care routine taking the recipient's of care needs into account



## Planning – Shared Decision-Making

- ▶ Share own thinking as appropriate: ideas, thought processes, dilemmas
- ▶ Involve care recipient or family member by making suggestions rather than directives
- ▶ Encourage care recipient or family member to contribute their thoughts: ideas, suggestions and preferences
- ▶ Negotiate a mutually acceptable plan
- ▶ Offer choice and encourage care recipient or family member to make choices and decisions to the level that they wish



# Closing the Initial Session

- ▶ **Forward planning**
  - ▶ Agreement with recipient of care re. next steps
  - ▶ Safety nets, explaining possible unexpected outcomes, what to do if the plan is not working, when and how to seek help
- ▶ **Ensuring appropriate point of closure**
  - ▶ Summarise and clarify plan of care
  - ▶ Final check that care recipient or family member agrees and is comfortable with the plan and asks if any corrections, questions or other items to discuss



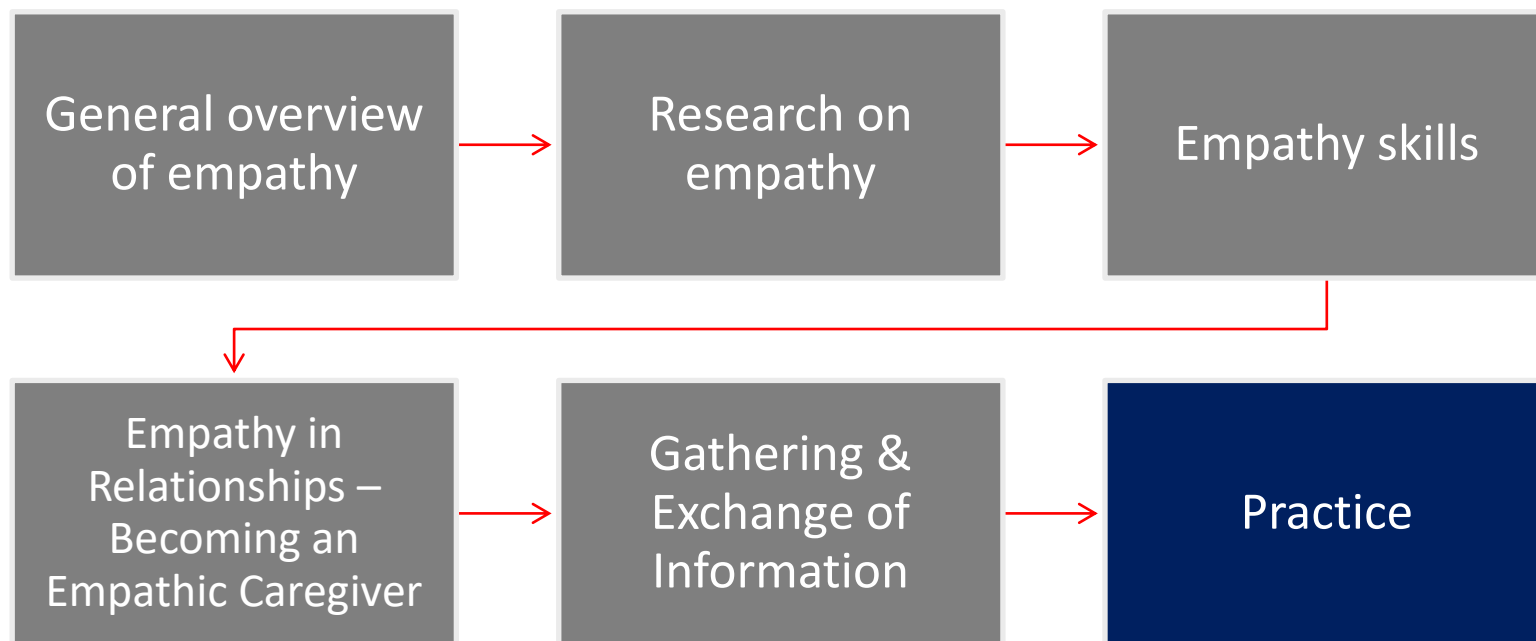
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# Route Map



Let's practice

# Video: Caregiver Training: Refusal to bathe | UCLA Alzheimer's and dementia care



# VR Video



# Educational Video (UNIC)

- ▶ Use the amended Calgary/Cambridge Guide to evaluate Educational video
- ▶ Watch the Educational Video and tick the skills you observe on the amended Calgary/Cambridge Guide
- ▶ Seek students' feedback on video and discuss





**Role play**

# Group Discussion

- ▶ Closure and evaluation of the day



# Revision Questions

1. What are the main definitions of empathy?
2. What are the first 10 skills that come to mind when you want to establish an empathetic relationship while interacting with care recipients?
3. Based on today's learning, what are the skills you need to further work on?





- Definitions of empathy
- Research in empathy
- Skills and competencies in building empathetic relationships during information exchanges



## Key Points

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THANK YOU

