

# 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



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



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



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



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



<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: 7 hours

Trainer:



# Welcome and Introductions

## 30min

- ▶ “Golden Minute Exercise”
- ▶ Tutor to keep the time using a stop watch
- ▶ In dyads please talk to your partner for one minute about a topic that you feel comfortable with and is true about yourself. Your partner can not take notes and can not 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 two minutes are over each pair has to report to the whole group what they have learnt for each other



# Establish Ground Rules (1/2)

30min

- ▶ Ask students to think about some of the best group discussions they have been a part of; then ask them to reflect on what made these discussions so satisfying. They should write these things down. (Example: felt comfortable to participate, felt tutor was approachable, etc.)
- ▶ Next, ask students to think about the worst group discussions they have participated in and reflect on what made these discussions so unsatisfactory. They should write these down as well.
- ▶ For each of the positive characteristics identified, ask students to suggest three things the group could do to ensure that these characteristics are present.



# Establish Ground Rules (2/2)

30min

- ▶ For each of the negative characteristics identified, ask students to suggest three things the group could do to ensure that these characteristics are not present.
- ▶ Use students' suggestions to draft a set of ground rules to which you all agree, and distribute them in writing.
- ▶ Periodically, ask the class to reflect on whether the ground rules established at the beginning of the semester are working, and make adjustments as necessary.



# Participation Contract

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



# Participation



# Respect

# Express your opinion



# Plan of the day (s)

## 15 min

- ▶ 3 days of training in total
- ▶ Each day will involve:
  - ▶ Interactive exercises
  - ▶ A power point presentation
  - ▶ Evaluation of educational videos
  - ▶ Role-plays with simulated patients
  - ▶ Virtual Reality (VR) scenarios





# Brainstorming: what is your understanding of Empathy?

40min

- ▶ The group to allocate a Scribe who will write on the whiteboard the answers on the following questions:
- ▶ **What is your understanding of empathy?**



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



# Learning Outcomes: Knowledge (1/2)

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)



# Learning Outcomes: Knowledge (2/2)

4. List the qualities/ competencies necessary for empathy according to published consensus statements (The Kalamazoo Consensus Statement *Acad. Med.* 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 *Acad. Med.* 2001;76:390–393 and UK consensus statement *Medical Education* 2008: 42: 1100–1107)



## Learning Outcomes: Skills (1/2)

6. Self-reflect and self-assess his/her level or lack of empathy in daily life

*Use evidence-based techniques as listed below to develop empathy during initiating a session with patients and gathering information:*

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



# Learning Outcomes: Skills (2/2)

11. Use clarifying techniques
12. Demonstrate sign-posting
13. Use summarizing techniques
14. 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

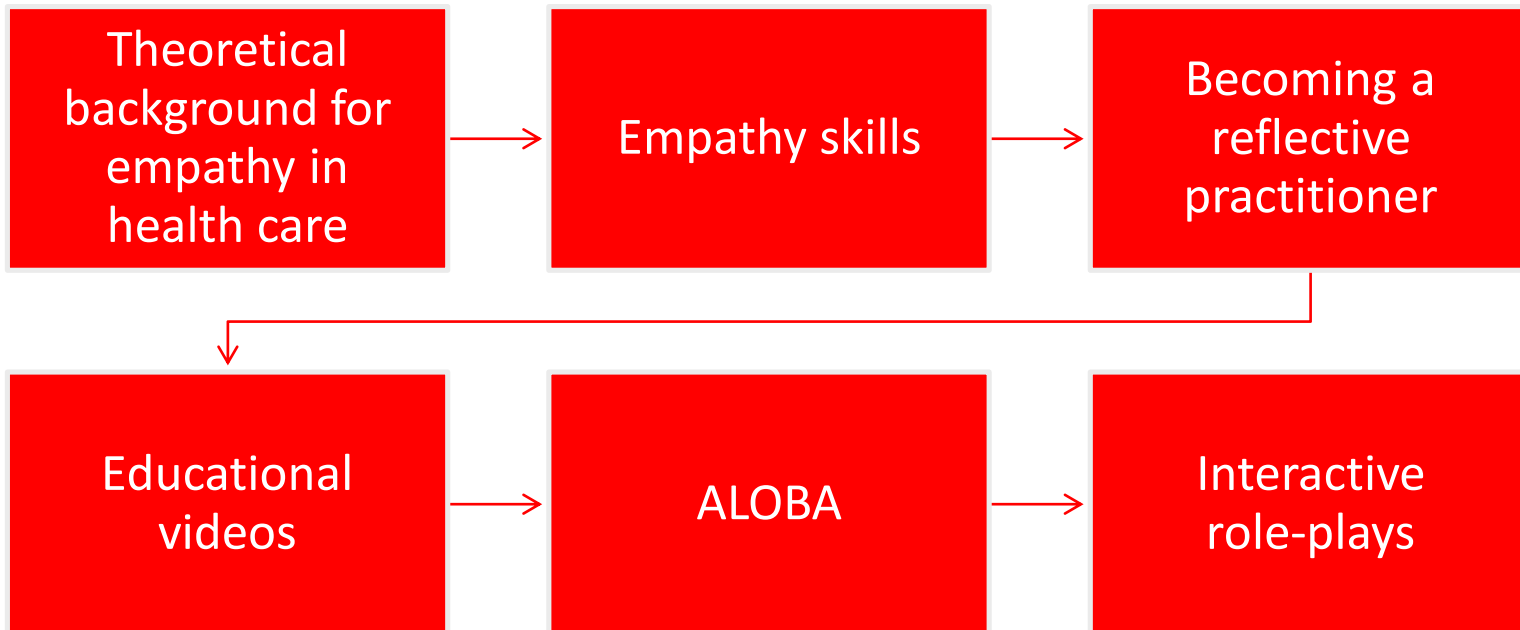


# Learning Outcomes: Competencies

18. Evaluate the feedback from colleagues and simulated patients on his/her level of empathy and ways of improving
19. Adapt his/her empathetic behaviour to the patient's and other health carers' needs.

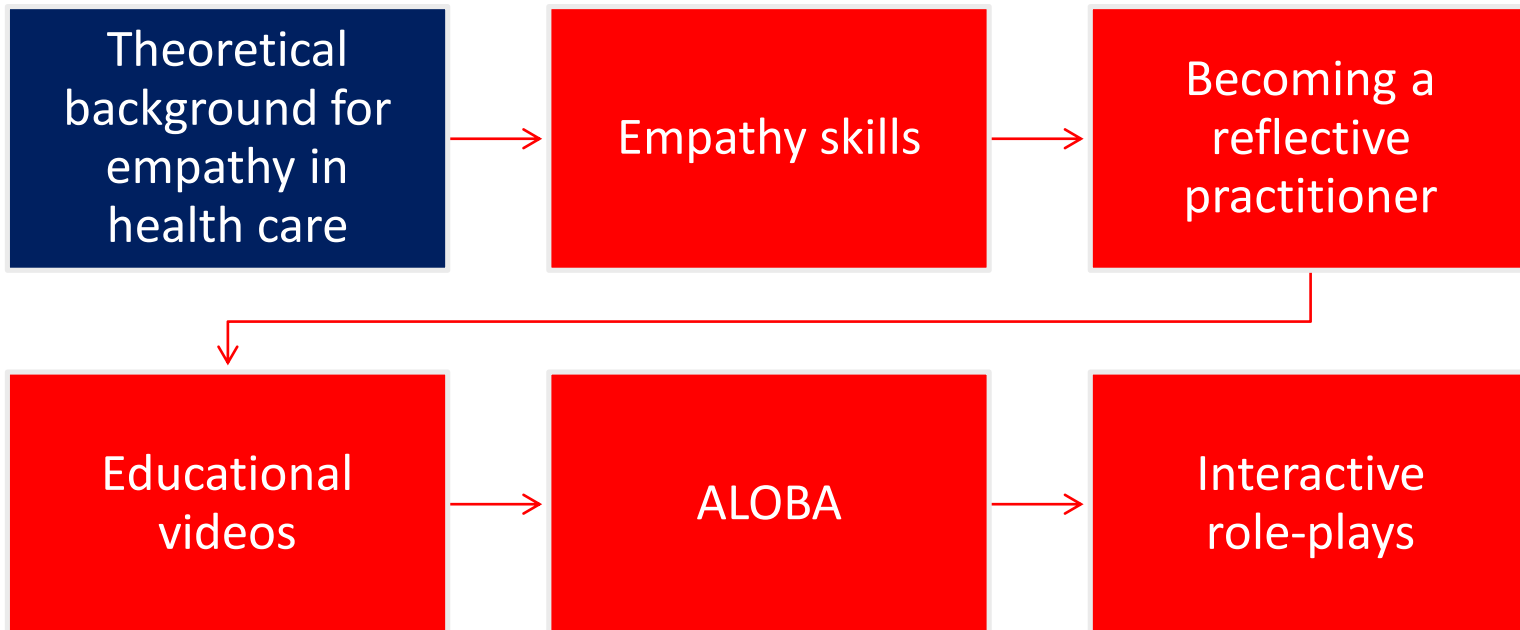


# Route Map





# Route Map



# General overview of empathy (90min)

# Empathy vs Sympathy

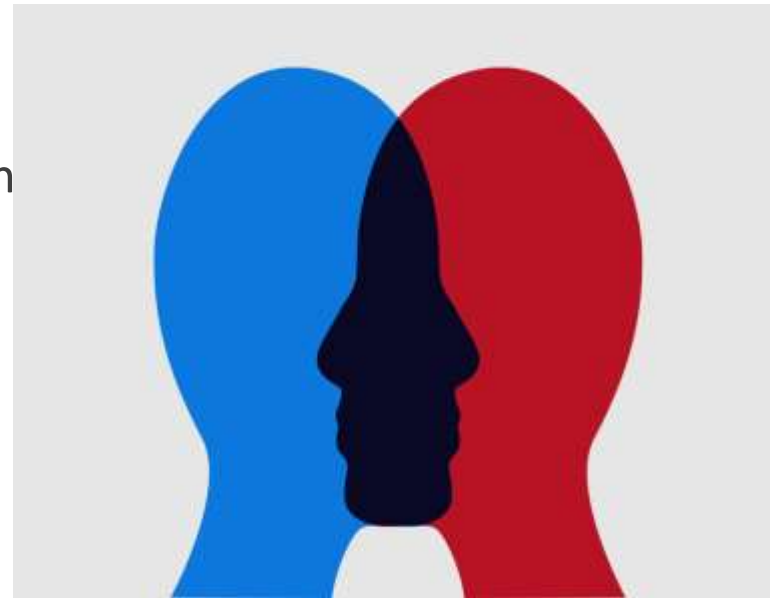


<https://www.youtube.com/watch?v=1Evwgu369Jw>



# Definition of Empathy

- ▶ “Empathy is a natural socio-emotional competency that has evolved with the mammalian brain to form and maintain social bonds, and which encompasses different components” (p. 234)



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

# The triangle of Empathy

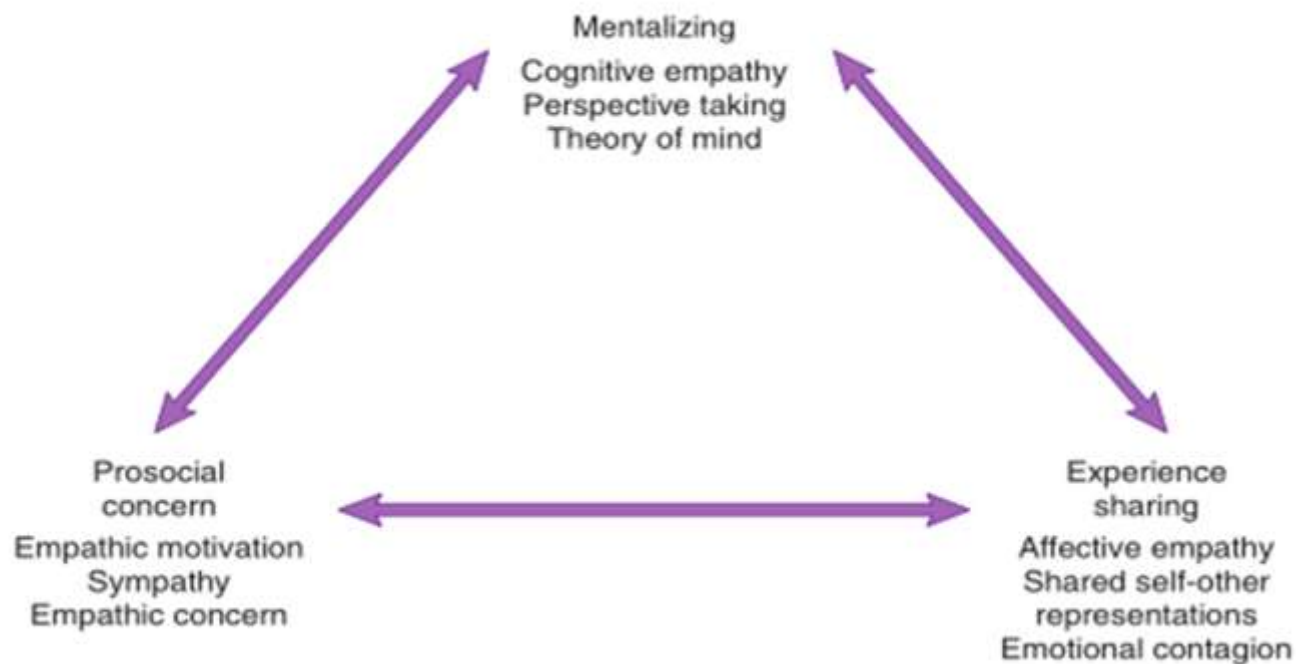


Figure copied by: Zaki J, Ochsner KN. The neuroscience of empathy: progress, pitfalls and promise. Nature neuroscience. 2012 May;15(5):675.

## Definitions of Empathy Terms (1/3)

- Cognitive empathy, mentalising, perspective taking, theory of mind =  
"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 person" (**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

## Definitions of Empathy Terms (2/3)

- Affective empathy, experience sharing, shared self 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.

## Definitions of Empathy Terms (3/3)

- ▶ Prosocial concern, empathic motivation, sympathy, empathic concern, compassion, altruism =

“The prosocial motivation to help others as a result of using one or both of the other corners of the empathy triangle (e.g. to share and/or cognitively understand the emotions they are experiencing)”



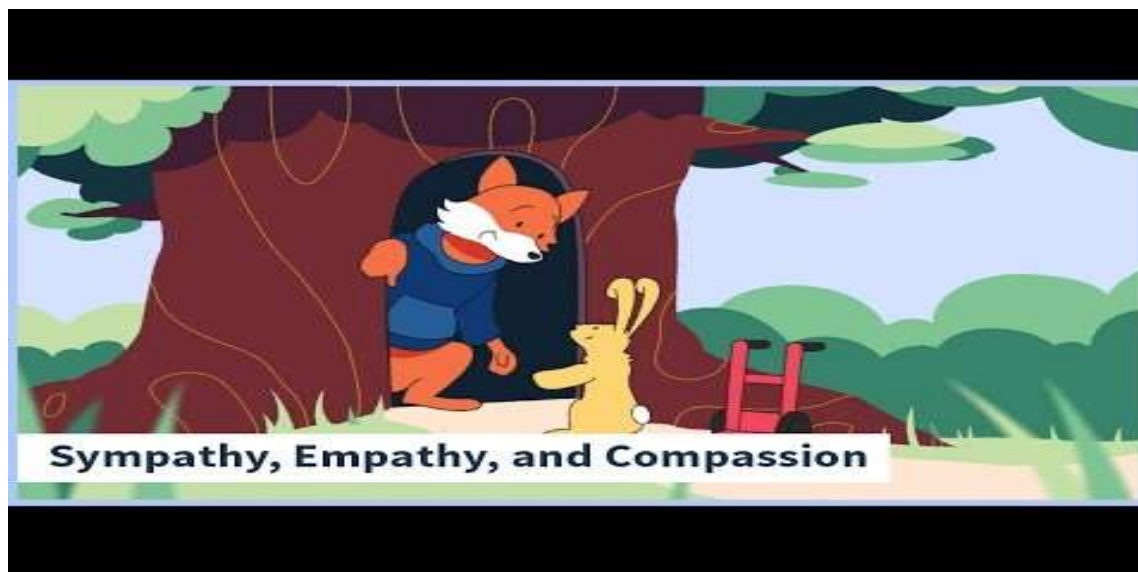
Zaki J, Ochsner KN. The neuroscience of empathy: progress, pitfalls and promise. *Nature neuroscience*. 2012 May;15(5):675.



# Emotional contagion



# Sympathy, empathy and compassion



<https://www.youtube.com/watch?v=XXb2awAbmUA>



# Knowledge Quiz

- ▶ What are the main differences between the 3 aspects of empathy as these are defined in the triangle of empathy?
- ▶ Please provide an example for each type of empathy as it is defined in the triangle of empathy.



# Research on Empathy

- ▶ Neuroscience
- ▶ Psychological approaches



# Research on Empathy: neuroscience

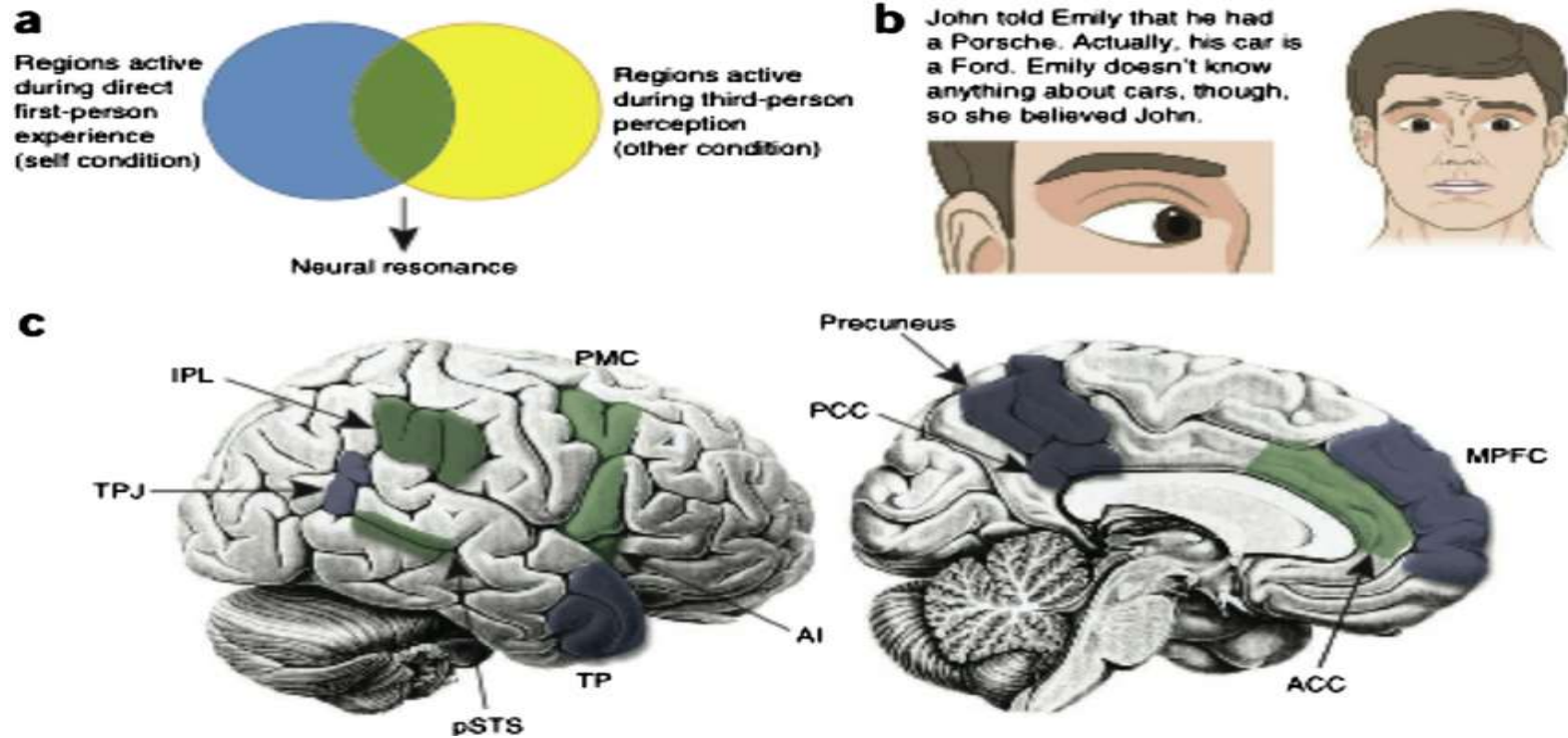


Figure copied by: Zaki J, Ochsner KN. The neuroscience of empathy: progress, pitfalls and promise. Nature neuroscience. 2012 May;15(5):675.

# Research on empathy: Psychological approaches

- ▶ Rely heavily on behaviour to indicate the operation of empathetic responses
- ▶ Laboratory experiments, field experiments, surveys using self-report measures (e.g. Jefferson Scale)
- ▶ Qualitative research using video-taped interactions (e.g. Verona Coding Definitions of Emotional Sequences (VR-CoDES)- two manuals, one for cues and concerns expressed by patients and one for health provider responses)



# Jefferson Scale of Physician Empathy Medical Student Version (Hojat et al 2011)

1. Doctors' understanding of their patients' feelings and the feelings of their patients' families does not influence medical or surgical treatment.

*Strongly Agree*      *Strongly Disagree*   1                      2                      3                      4                      5                      6                      7

2. Patients feel better when their doctors understand their feelings.

*Strongly Agree*      *Strongly Disagree*   1                      2                      3                      4                      5                      6                      7

3. It is difficult for a doctor to view things from patients' perspectives.

*Strongly Agree*      *Strongly Disagree*   1                      2                      3                      4                      5                      6                      7

4. Understanding body language is as important as verbal communication in doctor-patient relationships.

*Strongly Agree*      *Strongly Disagree*   1                      2                      3                      4                      5                      6                      7

5. A doctor's sense of humour contributes to a better clinical outcome.

*Strongly Agree*      *Strongly Disagree*   1                      2                      3                      4                      5                      6                      7

6. Because people are different, it is difficult to see things from patients' perspectives.

*Strongly Agree*      *Strongly Disagree*   1                      2                      3                      4                      5                      6                      7



# Findings relevant to EmpathyInHealth

## (1/4)- *Medical education*

- ▶ Doctors' ability to empathize with their patients is a crucial component of effective health care
- ▶ Empathy improves patients' satisfaction and concordance with treatment, reduces malpractice litigation, and improves doctors' competence in consulting with patients and their ability to make accurate diagnoses and efficiently utilize resources
- ▶ Some medical schools, attempt to choose prospective medical students with empathic attitudes in addition to good grades



Papageorgiou A, Miles S, Fromage M. Does medical students' empathy change during their 5-year MBBS degree?. *Educ Health*. 2018;31:142-7.



# Findings relevant to EmpathyInHealth (2/4)-*Medical Education*

- ▶ Early research evidence:
  - ▶ decline of empathy in undergraduate medical students as they progressed from preclinical to clinical years
- ▶ Several reasons behind this finding (quantitative studies):
  - ▶ gender, age, specialty choice, “psychological factors, the “hidden curriculum,”
  - ▶ unsuitable learning environments, cynicism/loss of idealism,
  - ▶ the perceived need for detachment



Papageorgiou A, Miles S, Fromage M. Does medical students' empathy change during their 5-year MBBS degree?. *Educ Health*. 2018;31:142-7.

## Findings relevant to EmpathyInHealth (3/4) *-Decline in empathy (qualitative studies)-Medical Education*

Students' empathy focused on sharing emotions with patients (sympathy), while residents' expression and perception of empathy was that of a cognitive process that was shaped by patients' physical and mental health status  
**(Aomatsu et al 2013)**

Students were aware of the importance of maintaining cognitive and intellectual control over their feelings and they considered skills' training and role models important in achieving this  
**(Tavakol et al 2012)**



Aomatsu M, Otani T, Tanaka A, Ban N, van Dalen J. Medical students' and residents' conceptual structure of empathy: A qualitative study. *Educ Health (Abingdon)* 2013;26:4-8.  
Tavakol S, Dennick R, Tavakol M. Medical students' understanding of empathy: A phenomenological study. *Med Educ* 2012;46:306-16.

# Findings relevant to EmpathyInHealth (4/4)- *Medical Education*

- ▶ Recent cross-sectional and longitudinal studies show no differences between students starting and approaching the end of their course due to:
  - ▶ Longitudinal clinical communication training, reinforcement of reflective practices, interprofessional training, empathetic role models
- ▶ Gender has been one of the most studied variables in empathy research
- ▶ Several studies showed that female students enter medical school with higher empathy scores than males and continue to maintain higher scores toward the end of their studies



Papageorgiou A, Miles S, Fromage M. Does medical students' empathy change during their 5-year MBBS degree?. *Educ Health*. 2018;31:142-7.

# Reflective exercise

- ▶ In dyads discuss your experience to empathise with patients you encounter in your clinical placements.
- ▶ What type of empathy do you feel you experience during these encounters?



# Studies relevant to EmpathyInHealth-Physiotherapy

- Empathy in Physiotherapy students:
  - is greatly increased in the first year and decreases until the last year
  - does not correlate with specialty interest, or birth region
  - is influenced by sex; female students show higher levels than men, but more research is needed.
  - is influenced by age; older students show higher levels of empathy (Ward et al, 2018; Dahl-Michelsen, 2015; Petrucci et al, 2016)
- Physiotherapists agree that empathy is an innate characteristic (Allen & Roberts, 2017).
- Senior physiotherapists place greater emphasis on the importance of empathic communication than student physiotherapists, whilst student and junior physiotherapists consider limited clinical experience to be a barrier in delivering empathic communication, anticipating this to improve over time (Allen & Roberts, 2017).



## Findings relevant to EmpathyInHealth (1/3)- *Midwifery education*

- ▶ Empathy skills are a core competency for midwives  
(Charitou, Fikli et al., 2019)
- ▶ Midwives provide care in and through relationships with women  
(Dahlberg et al., 2017)
- ▶ Emotional availability and responsiveness are associated with empathy skills in midwives (Leinweber, Creedy et al. 2019)

Charitou, A., Fikli, P., & Vivilaki, V. G. (2019). Is empathy an important attribute of midwives and other health professionals?: A review. *European Journal of Midwifery*, 3, 4. <https://doi.org/10.18332/ejm/100612>

Dahlberg, U., & Aune, I. (2013). The woman's birth experience—The effect of interpersonal relationships and continuity of care. *Midwifery*, 29(4), 407–415. <https://doi.org/http://dx.doi.org/10.1016/j.midw.2012.09.006>

Leinweber, J., Creedy, D. K., Rowe, H., & Gamble, J. (2019). Assessing emotional aspects of midwives' intrapartum care: Development of the emotional availability and responsiveness in intrapartum care scale. *Midwifery*. <https://doi.org/10.1016/j.midw.2019.03.019>



## Findings relevant to EmpathyInHealth (2/3) - *Empathy and respectful maternity care - Midwifery education*

- ▶ Empathetic communication is a core element of respectful maternity care
- ▶ During childbirth lack of empathic interactions with providers can traumatise women  
**(Leinweber, Fontein-Kuipers et al., 2022)**
- ▶ Increasing empathetic abilities in maternity care providers can decrease the incidence of disrespect and abuse  
**(Freedman and Kruk, 2014)**



Freedman, L. P., & Kruk, M. E. (2014). Disrespect and abuse of women in childbirth: challenging the global quality and accountability agendas. *Lancet*, 384(9948), e42-4. [https://doi.org/10.1016/s0140-6736\(14\)60859-x](https://doi.org/10.1016/s0140-6736(14)60859-x)

Leinweber, J., Fontein-Kuipers, Y., Thomson, G., Karlsdottir, S. I., Nilsson, C., Ekström-Bergström, A., Olza, I., Hadjigeorgiou, E., & Stramrood, C. (2022). Developing a woman-centered, inclusive definition of traumatic childbirth experiences: A discussion paper. *Birth*, n/a(n/a). <https://doi.org/https://doi.org/10.1111/birt.12634>

# Findings relevant to EmpathyInHealth (3/3)-Midwifery Education

- ▶ Evidence from exploratory study with 52 BSc Midwifery students
  - ▶ studying midwifery has an overall positive effect on students' empathy
  - ▶ However: low results in participants' attitudes towards patients presenting with substance abuse

**(McKenna et al., 2011)**



McKenna, L., Boyle, M., Brown, T., Williams, B., Molloy, A., Lewis, B., & Molloy, L. (2011). Levels of empathy in undergraduate midwifery students: an Australian cross-sectional study. *Women Birth, 24*(2), 80–84.



# Summary

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

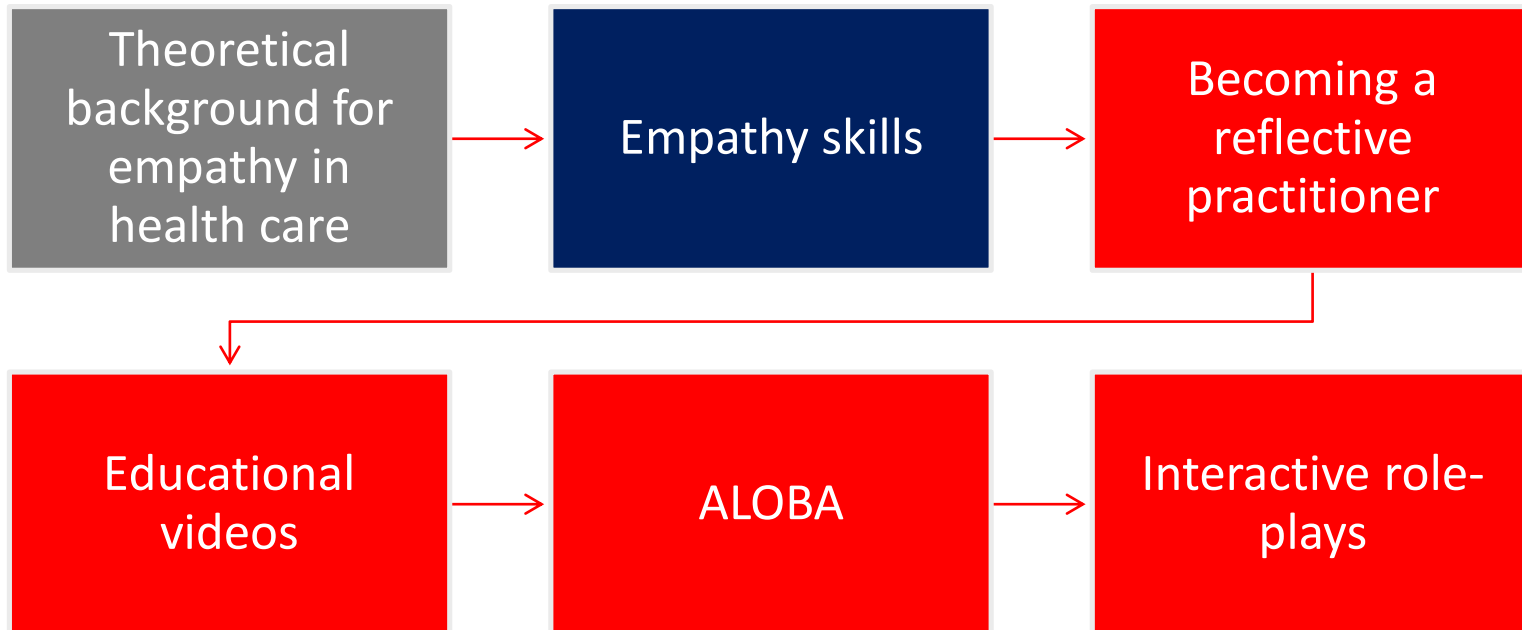


T A K E

A

B R E A K

# Route Map



# Empathy Skills

# Relationship-Centred Care

- ▶ Empathy underlies the most important aspect of health care: Relationship-Centred Care
- ▶ Relationship-Centred Care requires:
  - ▶ Top-down measures such as appropriate legal frameworks to support it (e.g. General Medical Council in the UK and Tomorrow's Doctors)
  - ▶ Bottom-up measures such as the teaching and assessment of knowledge, skills and competencies at all levels of health care education



# Empathy Skills (SEGUE Framework) (Makoul 2001a)

- ▶ **Build a relationship**
  - ▶ Elicit the patient's story of illness
  - ▶ Be aware that ideas, feelings, and values of patient and doctor influence the relationship
  - ▶ Respect patient's active participation
- ▶ **Open the Discussion**
  - ▶ Allow the patient to complete his or her opening statement
  - ▶ Elicit the patient's full set of concerns
  - ▶ Establish/maintain a personal connection
- ▶ **Gather Information**
  - ▶ Use open-ended and closed-ended questions appropriately
  - ▶ Structure, clarify, and summarize information
  - ▶ Actively listen
- ▶ **Understand the Patient's Perspective**
  - ▶ Explore contextual factors (e.g., family, culture, gender, age, socioeconomic status, spirituality)
  - ▶ Explore beliefs, concerns, and expectations about health and illness
  - ▶ Acknowledge and respond to the patient's ideas, feelings, and values
- ▶ **Share Information**
  - ▶ Use language the patient can understand
  - ▶ Check for understanding
  - ▶ Encourage questions
- ▶ **Reach Agreement on Problems and Plans**
  - ▶ Encourage the patient to participate in decisions to the extent he or she desires
  - ▶ Check the patient's willingness and ability to follow the plan
  - ▶ Identify and enlist resources and supports
- ▶ **Provide Closure**
  - ▶ Ask whether the patient has other issues or concerns
  - ▶ Summarize and affirm agreement with the plan of action
  - ▶ Discuss follow-up (e.g., next visit, plan for unexpected outcomes)



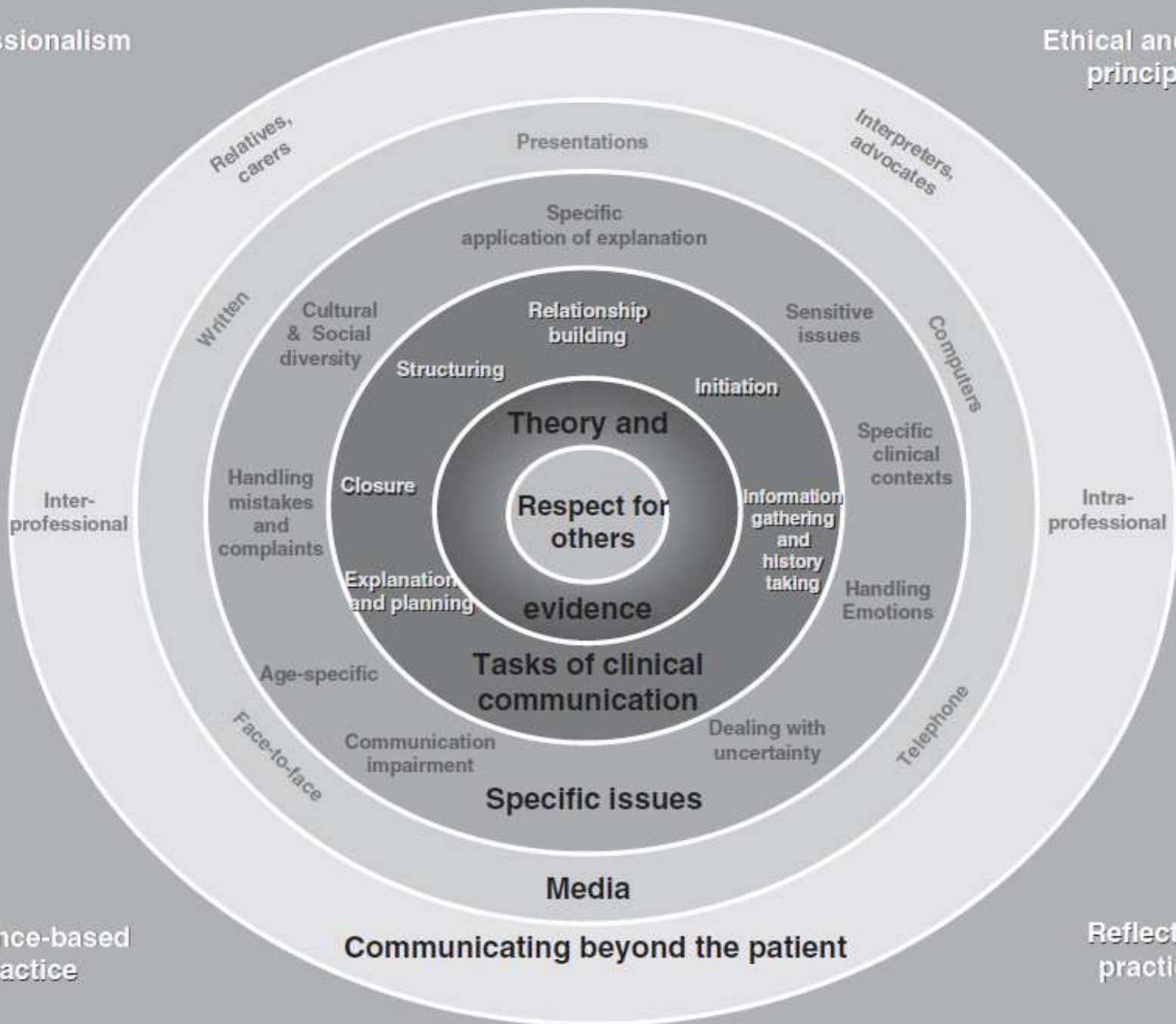
# UK consensus statement on the content of communication curricula in undergraduate medical education

von Fragstein, M et al on behalf of the UK Council of Clinical Communication in Undergraduate Medical Education (2008). UK consensus statement on the content of communication curricula in undergraduate medical education. *Medical Education* 42, 1100-1107.



Professionalism

Ethical and legal principles



Evidence-based practice

Reflective practice



# The Calgary/Cambridge Model

Silverman, J. & Kurtz, S, & Draper, J. (2005). *Skills for communicating with patients*. 2<sup>nd</sup> edn, Radcliffe Publishing, Oxford. Revised (3<sup>rd</sup> edition) 2013.

## Providing Structure

Sign post

Summarise

Screen (is there something else?)

Share your thinking with the other party

Structure interview in logical sequence

Stick to time and keep interview on task

## Initiating the Session

- Greet patient and obtain patient's name
- Introduce self, role and obtain consent
- Assure confidentiality
- Identify the reason for the consultation

## Gathering Information

- Negotiate agenda
- Use open and closed questions to obtain patient's story
- Establish dates and sequence of events

## Physical Examination

- Obtain consent for physical exam
- Share with patient the rationale for examining specific body part(s)
- Attend to comfort and dignity

## Explanation and Planning

- Assess patient's starting point
- Check how much patient wants to know
- Give information in small chunks
- Check patient's understanding
- Use diagrams, models, written information and instructions to convey information
- Relate explanations to patient's ICE
- Share own opinions and rationale regarding treatment options
- Take patient's lifestyle, abilities and cultural background into consideration
- Encourage patient to take part in making decisions and implementing plans

## Closing the Session

- Contract with patient: next steps for patient and doctor, including follow-up / further support and safety nets

## Building the Relationship

Build rapport by showing genuine interest about the person and their needs

Use active listening

Pick up cues (verbal and non-verbal)

Elicit patient's Ideas, Concerns, Expectations (ICE)

Use empathy: Recognise, Acknowledge Validate (RAV)

Provide Support

Deal sensitively with delicate issues

# Reflective Exercise for Medical Students

- What does the consultation between patient and health carer look like for allied health care professionals?

# Reflective Exercise for Physiotherapy & Midwifery Students

- Which elements of these frameworks are or are not applicable to allied health care professionals?
- What does the consultation between patient and health carer look like for allied health care professionals?
- What applies to informal carers?

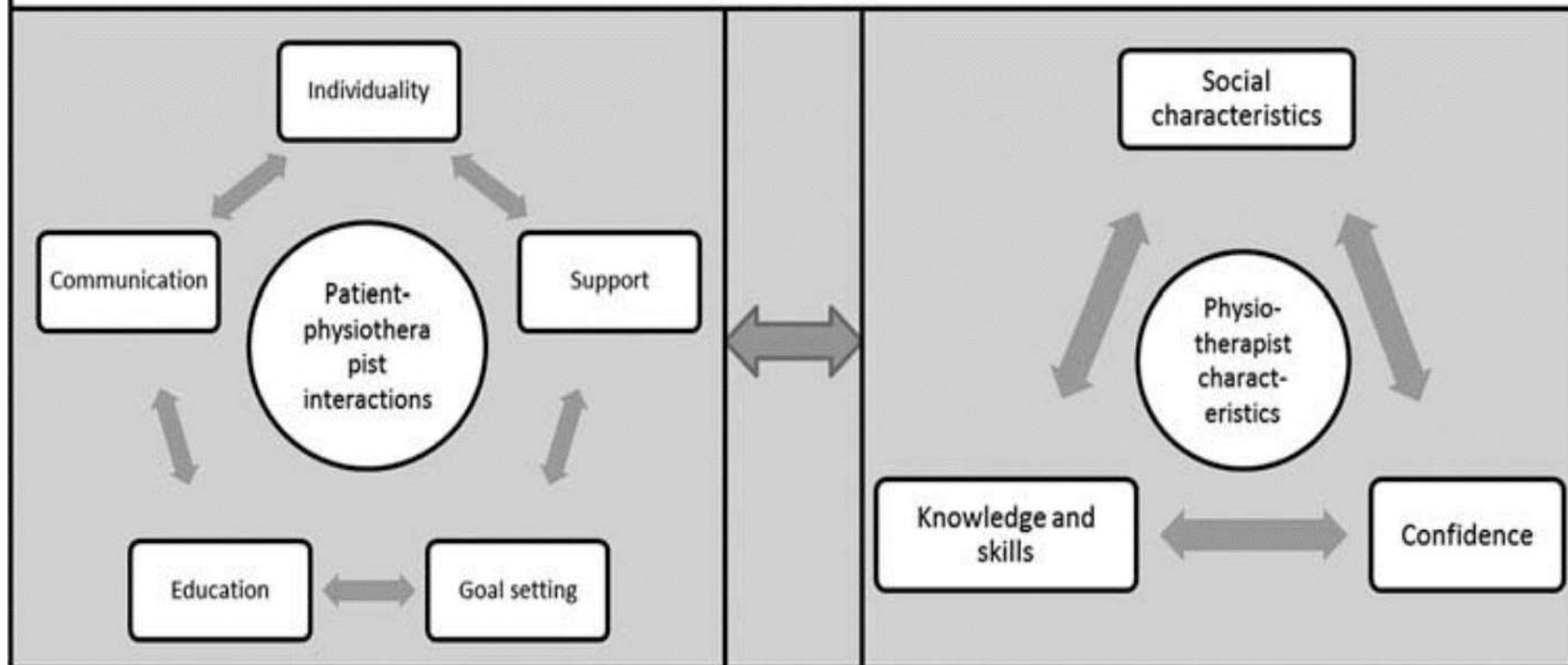


# Relationship-Centred Care

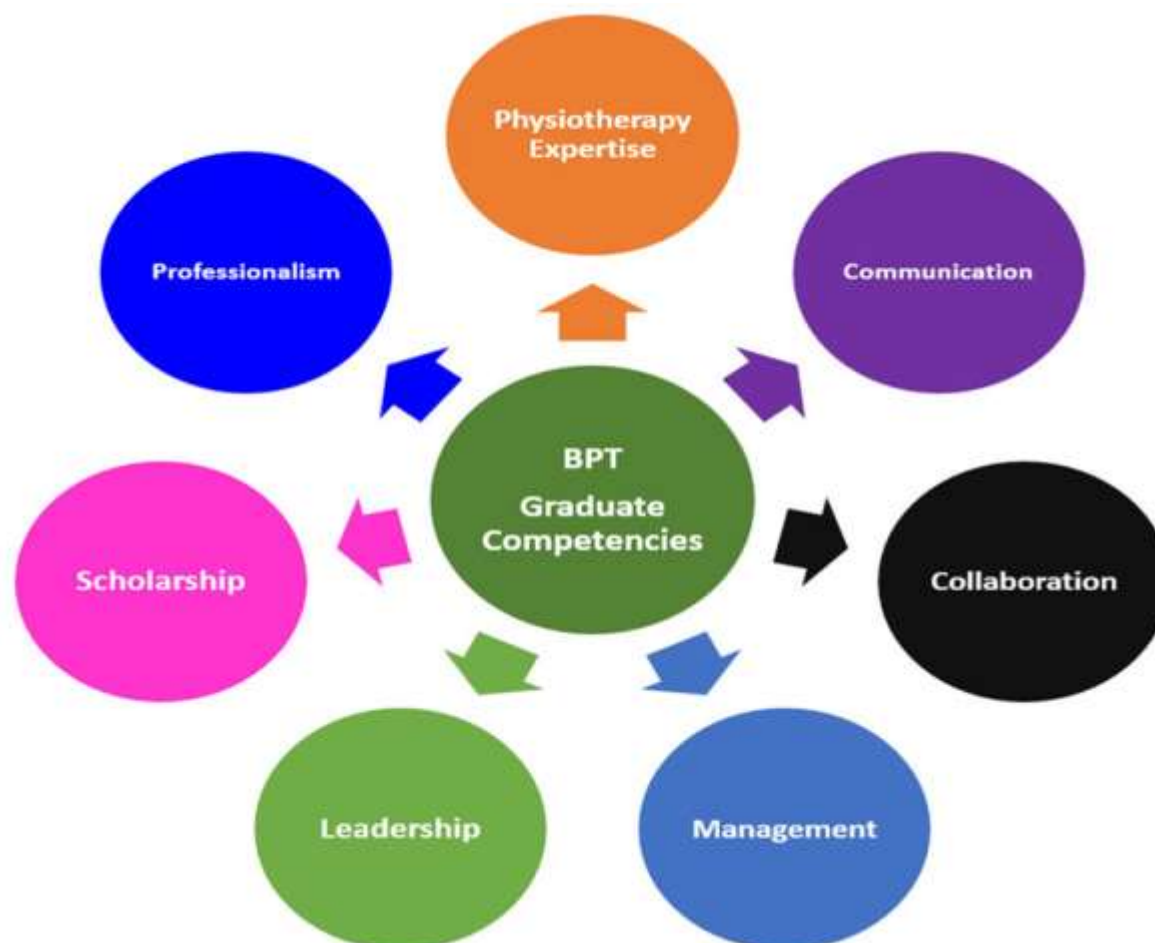
*Physiotherapy*

Wijma et al (2017): Patient-centeredness in physiotherapy: What does it entail? A systematic review of qualitative studies

### Proposed conceptual framework of Patient-centeredness in Physiotherapy



Wijma et al (2017): Patient-centeredness in physiotherapy: What does it entail? A systematic review of qualitative studies



# Relationship-Centred Care

*Midwifery*



# Discussion of studies in Midwifery

- ▶ Continuous maternity care where women can develop trusting relationships with their midwives has been found to improve birth outcomes **(Sandall et al., 2016, Dahlberg et al., 2013)**

## Women who received models of midwife-led continuity of care



7x more likely to be attended at birth by a known midwife



16% less likely to lose their baby



19% less likely to lose their baby before 24 weeks



15% less likely to have regional analgesia



24% less likely to experience pre-term birth



16% less likely to have an episiotomy

Dahlberg, U., & Aune, I. (2013). The woman's birth experience—The effect of interpersonal relationships and continuity of care. *Midwifery*, 29(4), 407–415. <https://doi.org/http://dx.doi.org/10.1016/j.midw.2012.09.006>

Sandall, J., Coxon, K., Mackintosh, N. J., Rayment-Jones, H., Locock, L., & Page, L. (2016). Relationships: the pathway to safe, high-quality maternity care. In Sheila Kitzinger symposium at Green Templeton College, Oxford: Summary report. Green Templeton College, Oxford.

Sandall, J., Soltani, H., Gates, S., Shennan, A., & Devane, D. (2016). Midwife-led continuity models versus other models of care for childbearing women. The Cochrane Library



## QF Skills at a glance

- ▶ Self-reflect and self-assess his/her level or lack of empathy in daily life
- ▶ Use evidence-based techniques as listed below to develop empathy during initiating a session with patients and gathering information:
- ▶ Demonstrate genuine interest and respect for the other party
- ▶ Demonstrate active listening
- ▶ Use verbal and non-verbal cues in a way that facilitates/reinforces empathy
- ▶ Use appropriate questioning techniques
- ▶ Use clarifying techniques
- ▶ Demonstrate sign-posting
- ▶ Use summarizing techniques
- ▶ Elicit patient's Ideas, Concerns, Expectations (ICE)
- ▶ Recognise, Acknowledge and validate patient's concerns, feelings (RAV)
- ▶ Provide Support demonstrating empathy while doing so by expressing concern, understanding, willingness to help; acknowledging coping efforts and appropriate self-care;
- ▶ Deal sensitively with delicate issues



## QF Competencies at a glance

- ▶ Evaluate the feedback from colleagues and simulated patients on his/her level of empathy and ways of improving.
- ▶ Adapt his/her empathetic behaviour to the patient's and other health carer's needs.



# Is consultation skills teaching effective?

Many studies over the last 25 years have shown that teaching consultation skills can improve:

- ▶ The interview process
- ▶ Patient satisfaction
- ▶ Patient 's trust in the clinician
- ▶ Self-efficacy for both doctor and patient
- ▶ Doctor satisfaction with their job
- ▶ Patient recall & understanding
- ▶ Adherence
- ▶ Symptom resolution
- ▶ Psychological outcomes (e.g. decreased need for analgesia after MI)
- ▶ Reduced costs in terms of length of stay in ICU & hospital
- ▶ Reduced malpractice litigations



## Can the change resulting from communication skills training be retained? (1/2)

- ▶ **Maguire et al (1986a)** followed-up their original students 5yrs after their training and found that they retained skills such as use of open questions, clarification, picking up cues and exploration of psych. Issues
- ▶ **Bowman et al (1992)** and **Oh et al (2001)** showed that intensive courses for established primary & secondary care doctors helped them maintain the skills for over a 2-year follow-up period.



## Can the change resulting from communication skills training be retained? (2/2)

- ▶ **Dwamena et al (2012):**
  - ▶ Interventions to promote patient-centred care within clinical consultations are effective across studies in transferring patient-centred skills to providers
  - ▶ short-term training (less than 10 hours) is as successful as longer training
- ▶ **Papageorgiou A & Fromage M (2014):**
  - ▶ FY doctors & their clinical supervisors placed a great importance of communication skills in the undergraduate and graduate training of doctors



## Good news but?

- ▶ Patient views are still rarely solicited during clinical encounters (**Marvel et al, 1999**)
- ▶ Patients are often interrupted prematurely, leaving major complaints or concerns unnoticed (**Langewitz et al, 2002**)
- ▶ There is still a relative lack of patient-centered exchange in most clinical encounters (**Makoul et al 2010**)



# Is teaching and learning empathy skills effective in Physiotherapy Education?

- ▶ Empathy in PT students:
  - is greatly increased in the first year and decreases until the last year
  - do not correlate specialty interest, or birth region.
  - is influenced by sex; female students show higher levels than men, but more research is needed.
  - is influenced by age; older students show higher levels of empathy(*Ward et al, 2018; Dahl-Michelsen, 2015; Petrucci et al, 2016*)
- ▶ Physiotherapists agree that empathy is an innate characteristic (Allen & Roberts, 2017).
- ▶ Senior physiotherapists place greater emphasis on the importance of empathic communication than student physiotherapists, whilst student and junior physiotherapists consider limited clinical experience to be a barrier in delivering empathic communication, anticipating this to improve over time (Allen & Roberts, 2017).





# Is teaching and learning empathy skills effective in Midwifery Education?

- ▶ Aktas and Pasinlioğlu (2020) gave empathy training (32 h) to a group of 15 midwives and found that empathy skills of the midwives were higher right after the training and 8 weeks after the training than before the training.
- ▶ Tafazoli et al., (2018) gave empathy training (8h) to a group of 73 midwifery students – no significant difference in empathetic skills compared to control group
- ▶ Alhassan (2020) investigated the effect of a two day communication skills training in midwifery and nursing students (n=173) in a randomised controlled trial – no significant difference in empathetic skills compared to control group
- ▶ Only few studies -evidence base not strong – more research is needed!

Tafazoli, M., Ezzati, R., Mazloom, S. R., & Asgharipour, N. (2018). The effect of empathy skills training on the Empathetic behaviours of Midwifery students. *Journal of Midwifery and Reproductive Health*, 6(2), 1236–1243. <https://doi.org/10.22038/jmrh.2018.10214>

Alhassan, M. (2019). Effect of a 2-day communication skills training on nursing and midwifery students' empathy: a randomised controlled trial. *BMJ Open*, 9(3), e023666. <https://doi.org/10.1136/bmjopen-2018-023666>

Aktas, S., & Pasinlioğlu, T. (2021). The effect of empathy training given to midwives on the empathic communication skills of midwives and the birth satisfaction of mothers giving birth with the help of these midwives: A quasi-experimental study. *Journal of Evaluation in Clinical Practice*, 27(4), 858–867. <https://doi.org/https://doi.org/10.1111/jep.13523>



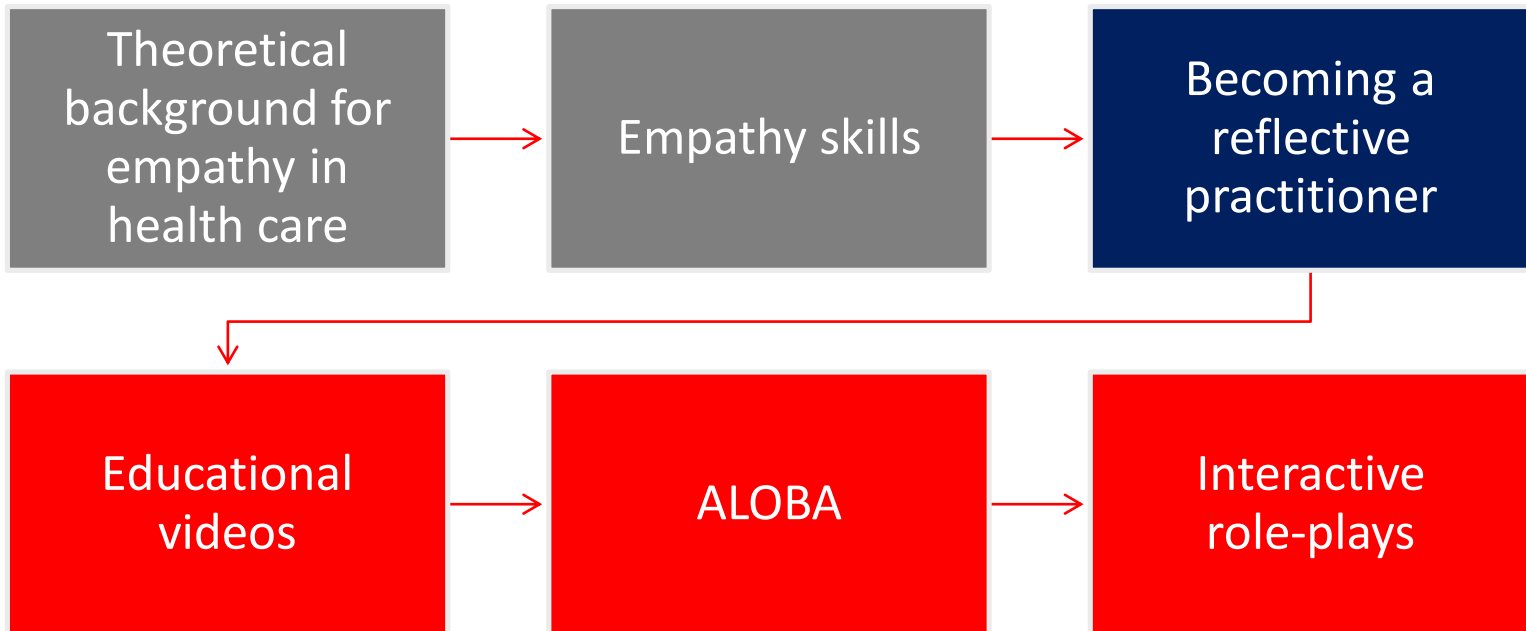
T TAKE

A

BREAK

Let's practice

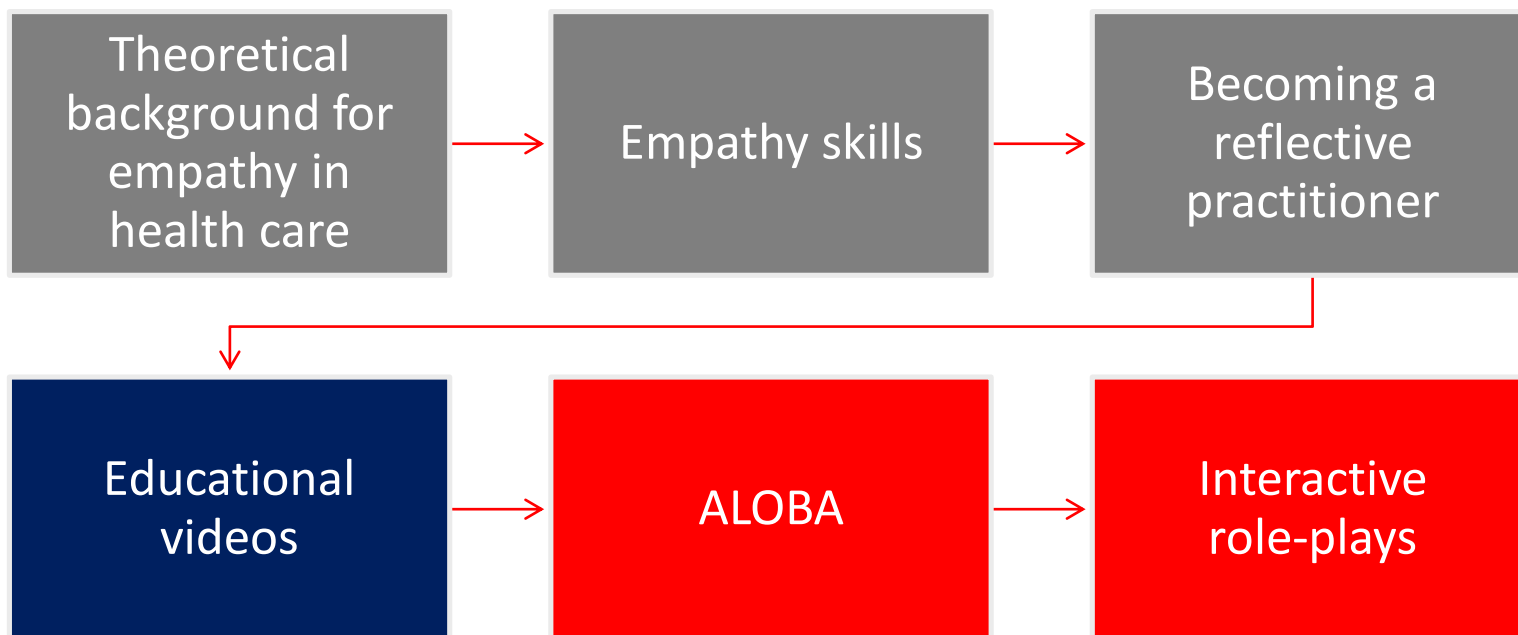
# Route Map



# Becoming a reflective practitioner

- “Experiential learning is a process by which learning occurs by having an experience. However, experience alone is not sufficient for learning to occur. The experience must be interpreted and integrated into existing knowledge structures to become new or expanded knowledge. Reflection is crucial for this active process of learning.” (Sandars, 2009)
- To aid our learners to become reflective practitioners we have incorporated two aspects of experiential learning:
  - Vicarious learning through educational videos
  - Role-plays

# Route Map



# Educational Videos

<https://www.hse.ie/eng/about/our-health-service/healthcare-communication/module-2/>



# Analysis of video consultation using the Calgary/Cambridge Guide

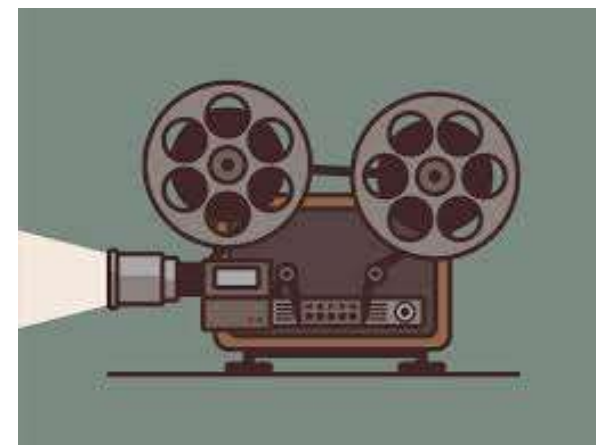
60min



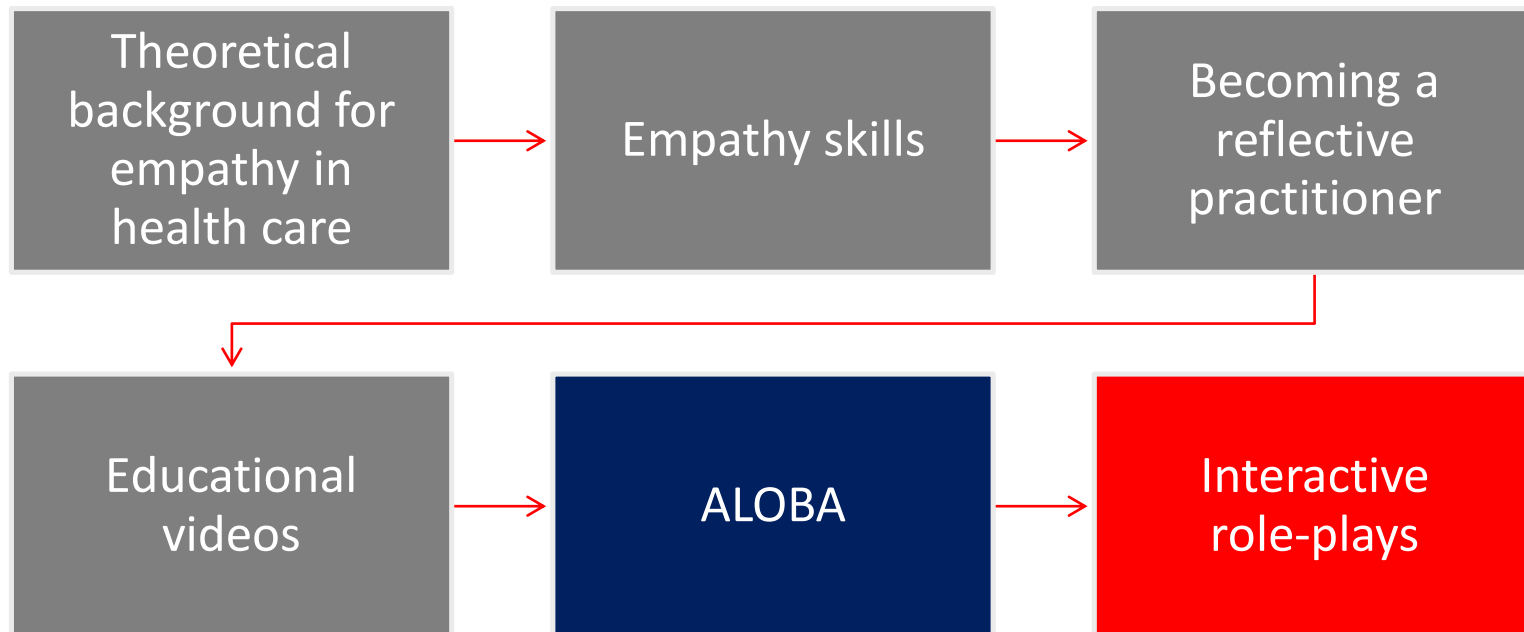
# Video

## 60min

- ▶ Use the Calgary/Cambridge Guide to evaluate the Educational Video of a medical consultation with a patient with high cardiovascular risk
- ▶ Watch Educational Video of a medical consultation with a patient with high cardiovascular risk and ask students to tick the skills they observe on the Calgary/Cambridge Guide
- ▶ Seek students' feedback on video and discuss
- ▶ (Each partner to choose the most appropriate Educational Video for the LOBs)



# Route Map



# Agenda-Led Outcome-Based Analysis (ALOBA)

15min

## ALOPA principles (1/2)

### 1. *How to organise the feedback process*

- ▶ Set the learner's agenda
- ▶ Look at the outcomes learner and patient are trying to achieve
- ▶ Encourage self assessment and self problem solving first
- ▶ Involve the whole group in problem solving



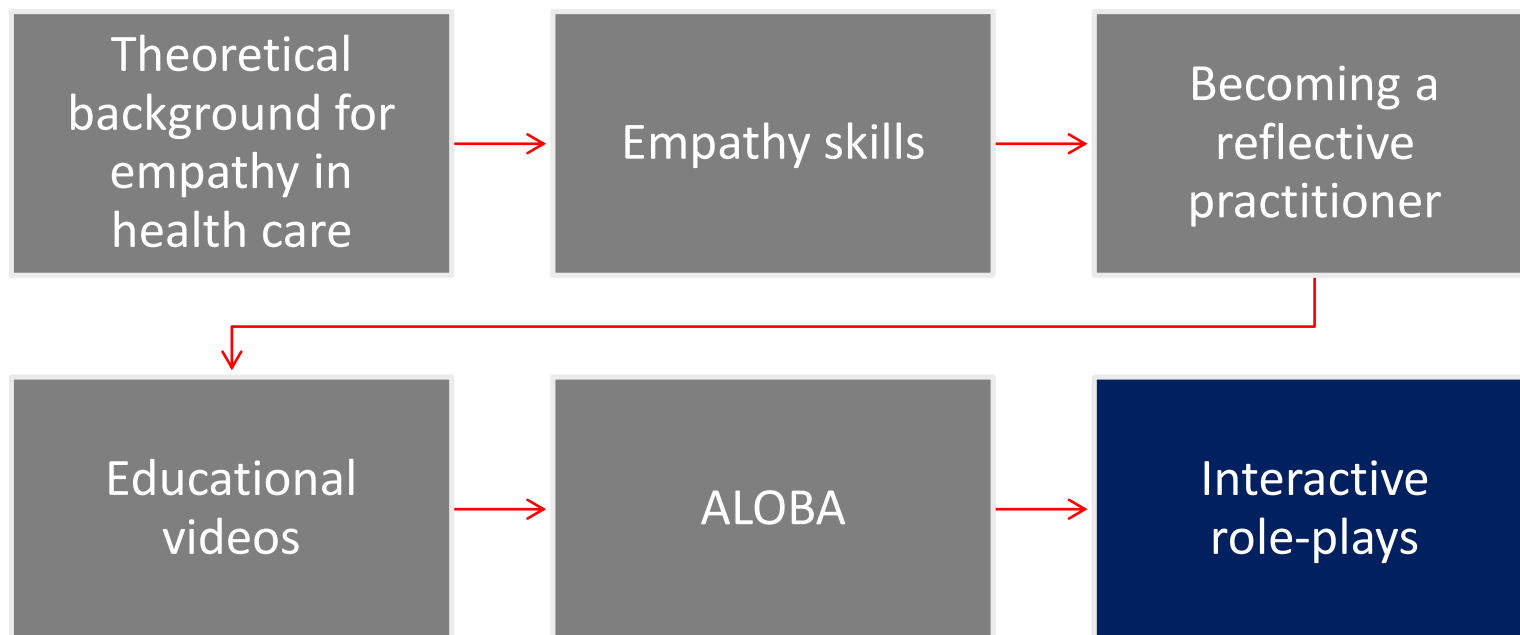
# ALOPA principles (2/2)

## 2. *How to give useful feedback*

- ▶ Use descriptive feedback to encourage a non-judgmental approach
- ▶ Provide balanced feedback
- ▶ Make offers and suggestions; generate alternatives
- ▶ Be well intentioned, valuing and supportive



# Route Map





## Role play 1

60min

Enter the title of the 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 gathering information from your patients?
3. Based on today's learning, what are the skills you need to further work on?



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

Definitions of empathy

Research in empathy

Skills and competencies in building empathetic relationships during information exchanges



## **Key Points**

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THANK YOU

