

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:



www.mmclearningsolutions.com

Project partners



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of NICOSIA
MEDICAL SCHOOL

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



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



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



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THESSALY

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



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



Welcome and Reflection of Day 1

60min

- ▶ What have you learned on the first day of the training?
- ▶ Do you have any questions about what you learned?
- ▶ Any remarks or issues about what you learned the first day?



Work Area 2: *Empathy in relationships and information exchanges in different health care contexts/ environments*

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

Duration: 7 hours

Trainer:



Learning Outcomes: Knowledge

20. Define patient-centred relationships
21. Describe the characteristics of a relationship that fosters and nurtures empathy and trust
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)
23. Describe the skills necessary during information exchanges according to Calgary/Cambridge model and refer to USA consensus statement



Learning Outcomes: Skills (1/4)

24. 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 (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:

- 25. Share his/her thinking with other party
- 26. Explain rationale for questions or parts of physical examination
- 27. Assess patient's starting point



Learning Outcomes: Skills (2/4)

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
29. Screen: ask patient what other information would be helpful
30. Organize explanation by dividing it into discrete sections that follow a logical sequence
31. Use signposting: (e.g. There are three important things that I would like to discuss. First....Now we move on to...., etc.)
32. Use appropriate language without jargon



Learning Outcomes: Skills (3/4)

33. Use visual methods for conveying information
34. Check patient's/other party's understanding
35. Elicit patient's other party's ICE
36. Explore different management options with regards to treatment by ascertaining the level of involvement that patient wishes in making the decision at hand
37. Ascertain level of involvement patient/other party wishes
38. Negotiate mutually acceptable plan



Learning Outcomes: Skills (4/4)

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



Learning
Outcomes:
Competencies

40. Evaluate the feedback from colleagues, and patients on his/her level of empathy in relationships and information exchanges and ways of improving



Participation Contract

- ▶ Mobile Phones
- ▶ Breaks
- ▶ Other



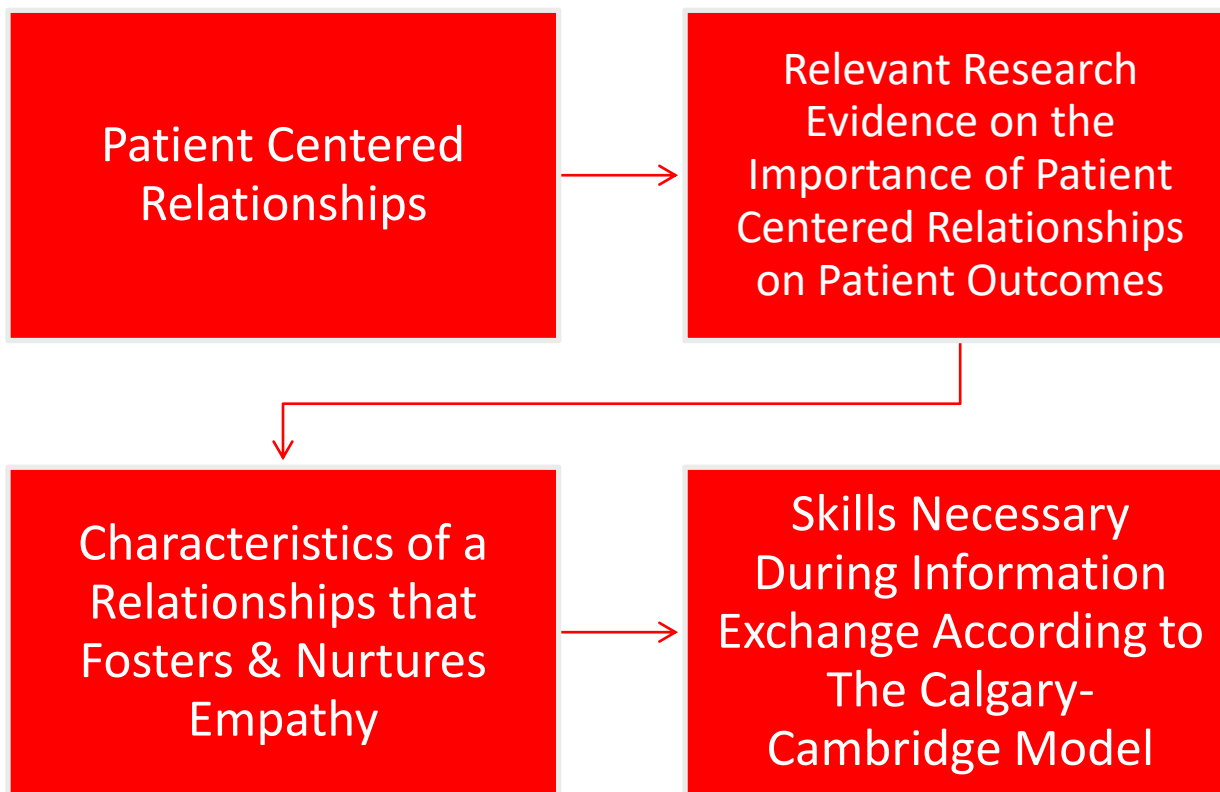
Participation

Respect

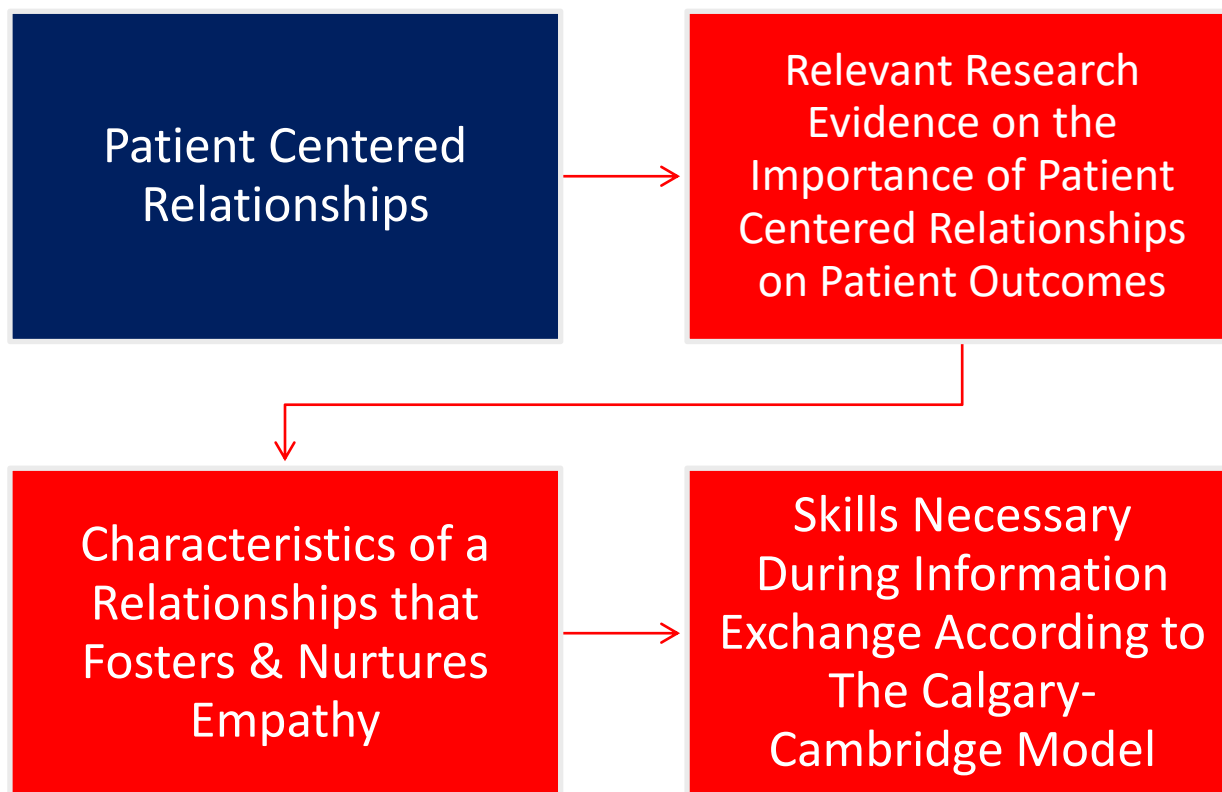
Express your opinion



Route Map



Route Map



Patient-centredness

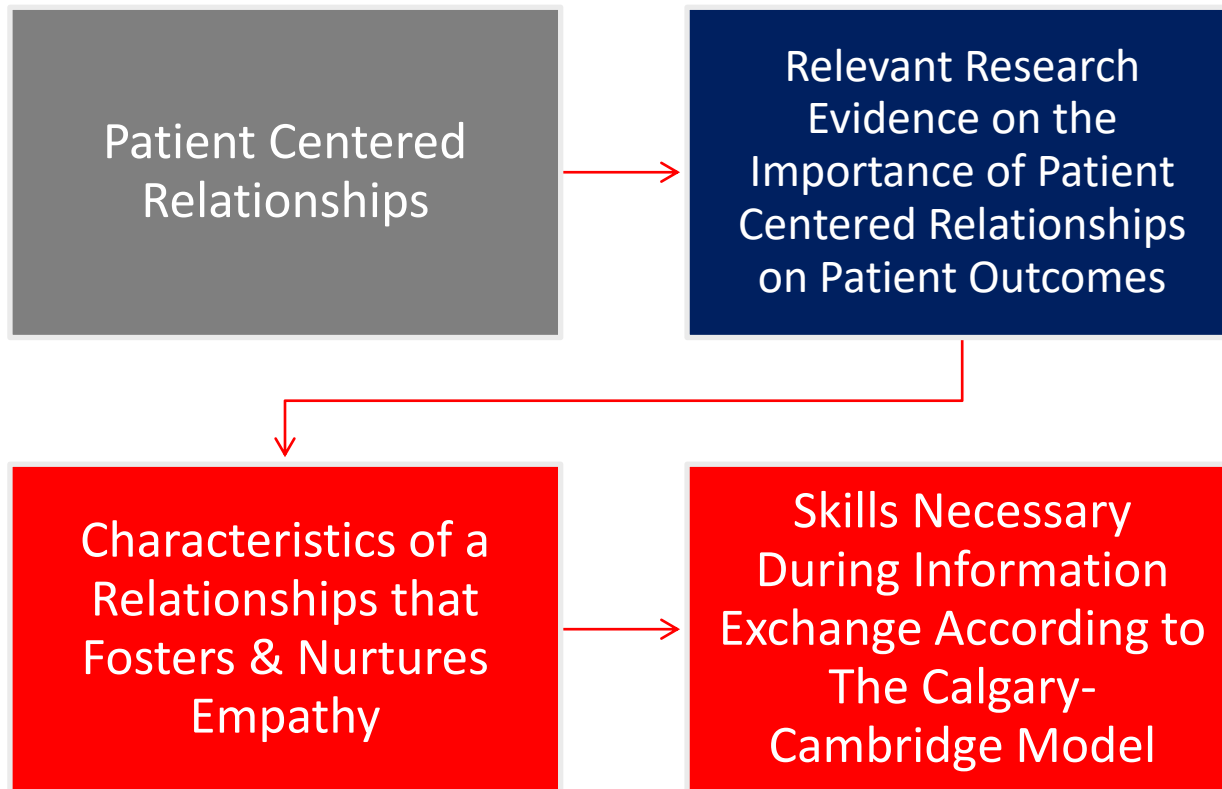
- ▶ Empathy is an important cornerstone to effective patient-centred care
- ▶ The term 'patient-centred' means different things to different authors (Mead & Bower 2000)
- ▶ Various definitions have been reported throughout the scientific literature
- ▶ The most simple definition of patient-centredness comes from the Department of Health (2004); it gives two dimensions to the concept:

Patient-centred is a philosophy of care that encourages:

(a) a focus in the consultation on the patient as a whole person who has individual preferences situated within social contexts, and/or (b) shared control of the consultation, decisions about interventions or management of health problems with the patient.



Route Map



Evidence on patient-centredness

- ▶ Is patient-centredness effective? The answer continues to be problematic whilst the terminology of patient-centredness is heterogenous!
- ▶ Rathert et al. (2012) found evidence that patient satisfaction and self-management were positively influenced by patient-centred care
- ▶ McMillan et al. (2013) conclude that there 'appears to be benefits associated' with patient-centred care in terms of patient satisfaction and the perceived quality of care
- ▶ Dwamena and colleagues (2012) examined the effects of interventions for providers to promote a patient-centred approach in clinical consultations. They concluded that training interventions were largely successful in transferring new skills to providers and that, interestingly, short-term training of less than 10 hours was as effective as longer training.



Enhancing patient-centredness & empathy in the relationship

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



The Influence of the Patient-Clinician Relationship on Healthcare Outcomes

- ▶ General empathy in a meaningful patient-clinician relationship appears to improve patient's well being, not only emotionally but also physically
- ▶ On a micro level, a clinician's interactions with a patient should be viewed as an opportunity to improve patient's health
- ▶ On a macro level, hospitals should emphasize the importance of the patient-clinician relationship in their overall healthcare delivery to achieve the best possible outcomes and improve patient satisfaction

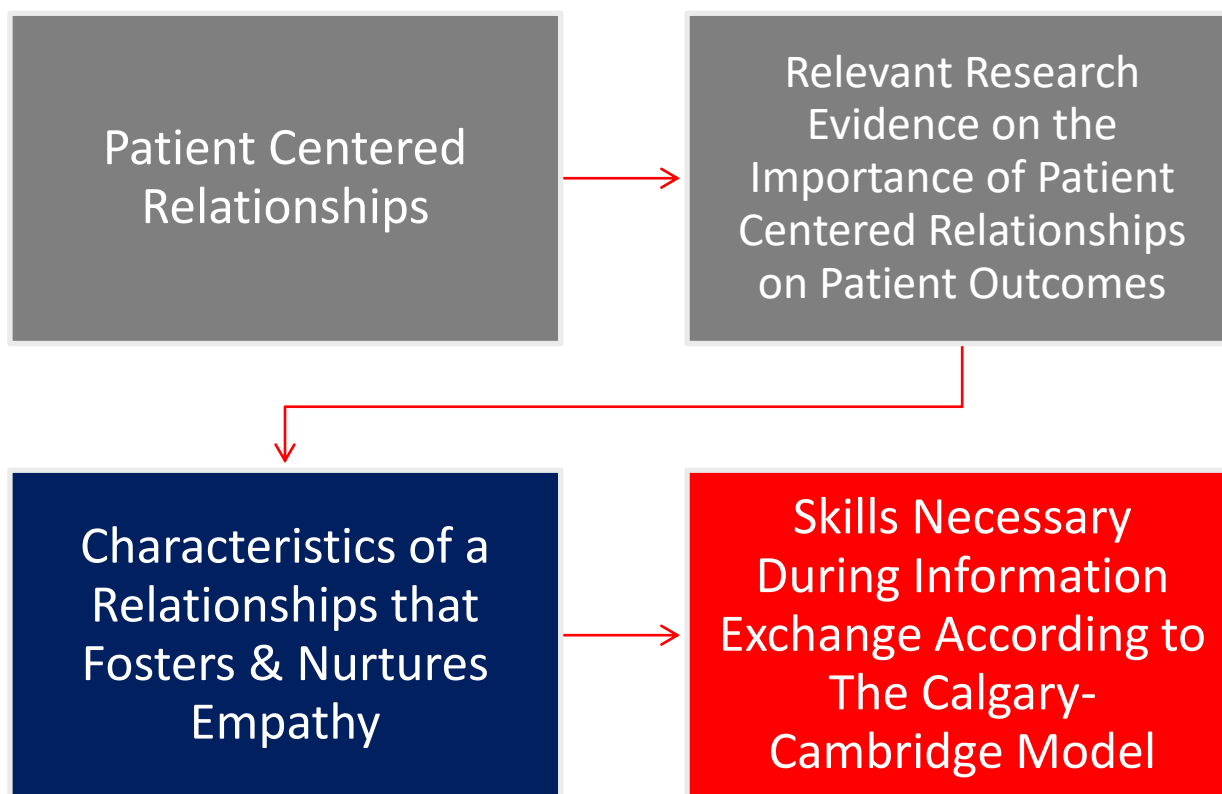


Individual Exercise: Case Study

- ▶ Read Alice's story
- ▶ List some factors you can identify that prevented Alice from receiving patient-centred care
- ▶ Imagine yourself in the role of the different healthcare professionals in this scenario. Identify the behaviours that you should use to potentially change this experience and ensure that the care Alice receives is more patient-centred/empathic



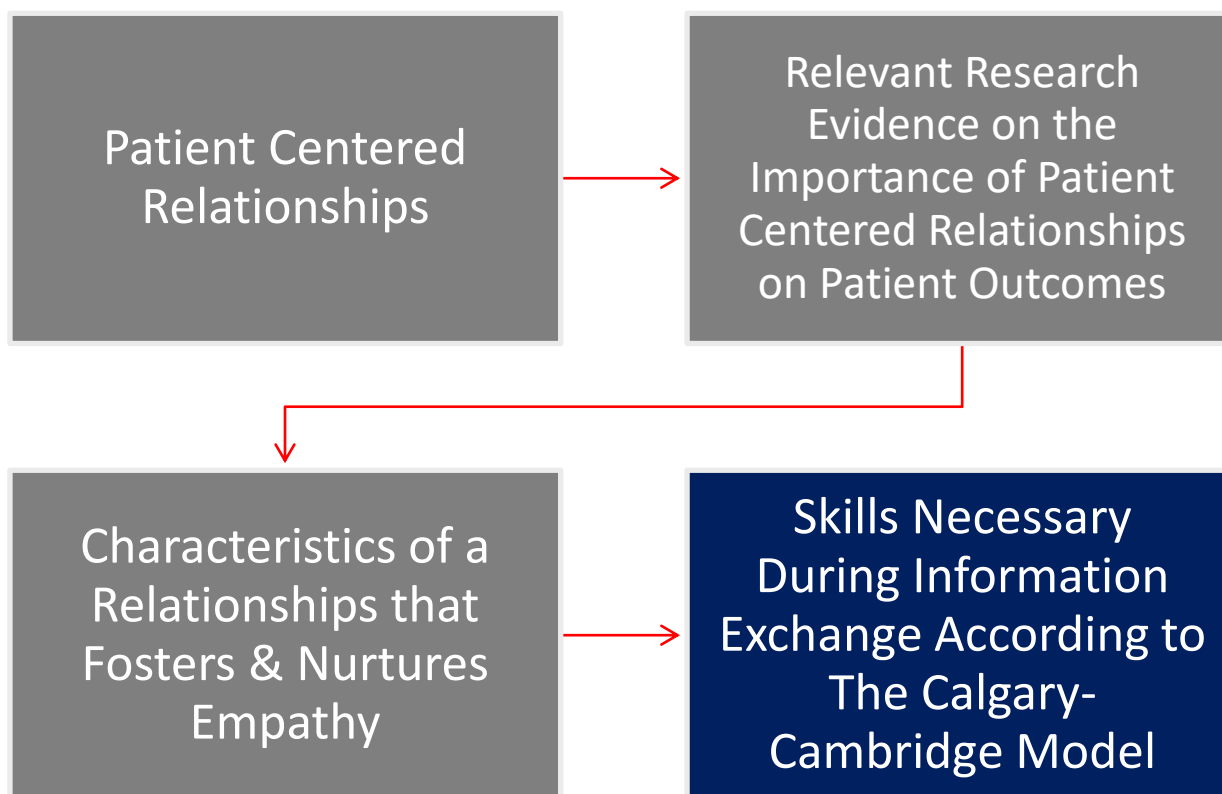
Route Map



How to...?

Patient-centred care elements	Required behaviours
Recognising and responding to the uniqueness of each patient	<ul style="list-style-type: none"> ▶ Demonstrate empathy, honesty and respect for the patient. ▶ Acknowledge the role of families and significant others in the patient's life.
Providing emotional support and physical comfort	<ul style="list-style-type: none"> ▶ Acknowledge and provide support to help the patient manage anxiety related to the healthcare issue and the unfamiliar environment. ▶ Ensure information about healthcare interventions are discussed and understood by the patient. ▶ Involve the patient and family in the planning of care and decision making. ▶ Provide timely and appropriate interventions for management of the healthcare issue. ▶ Ensure there is adequate time for the patient to ask questions and discuss choices.
Fostering a therapeutic relationship between the patient and healthcare professional team	<ul style="list-style-type: none"> ▶ Discuss and ask questions to establish the patient's values, needs and preferences. ▶ Show respect for the patient's religious, cultural and personal beliefs. ▶ Check that the patient has understood information that is shared with them and help them interpret this in relation to their preferences. ▶ Explicitly encourage the patient to ask questions or discuss options for care. ▶ Treat the patient's and family's complaints with respect and honesty.
Sharing information, power and responsibility by engaging patients and their family and carers in the care process	<ul style="list-style-type: none"> ▶ Listen actively to the patient. ▶ Ask questions that encourage the patient and family to share information. ▶ Help the patient to analyse health information and treatment options that will achieve their desired outcomes. ▶ Include the patient in all care planning discussions.
Designing care processes to suit patient needs and ensure continuity of care	<ul style="list-style-type: none"> ▶ Implement strategies that enable information to be shared with other members of the healthcare team to ensure continuity of care. ▶ Seek opportunities that allow patient autonomy over the timing of and participation in healthcare interventions. ▶ Implement care processes that have the capability to respond to individual's preferences.

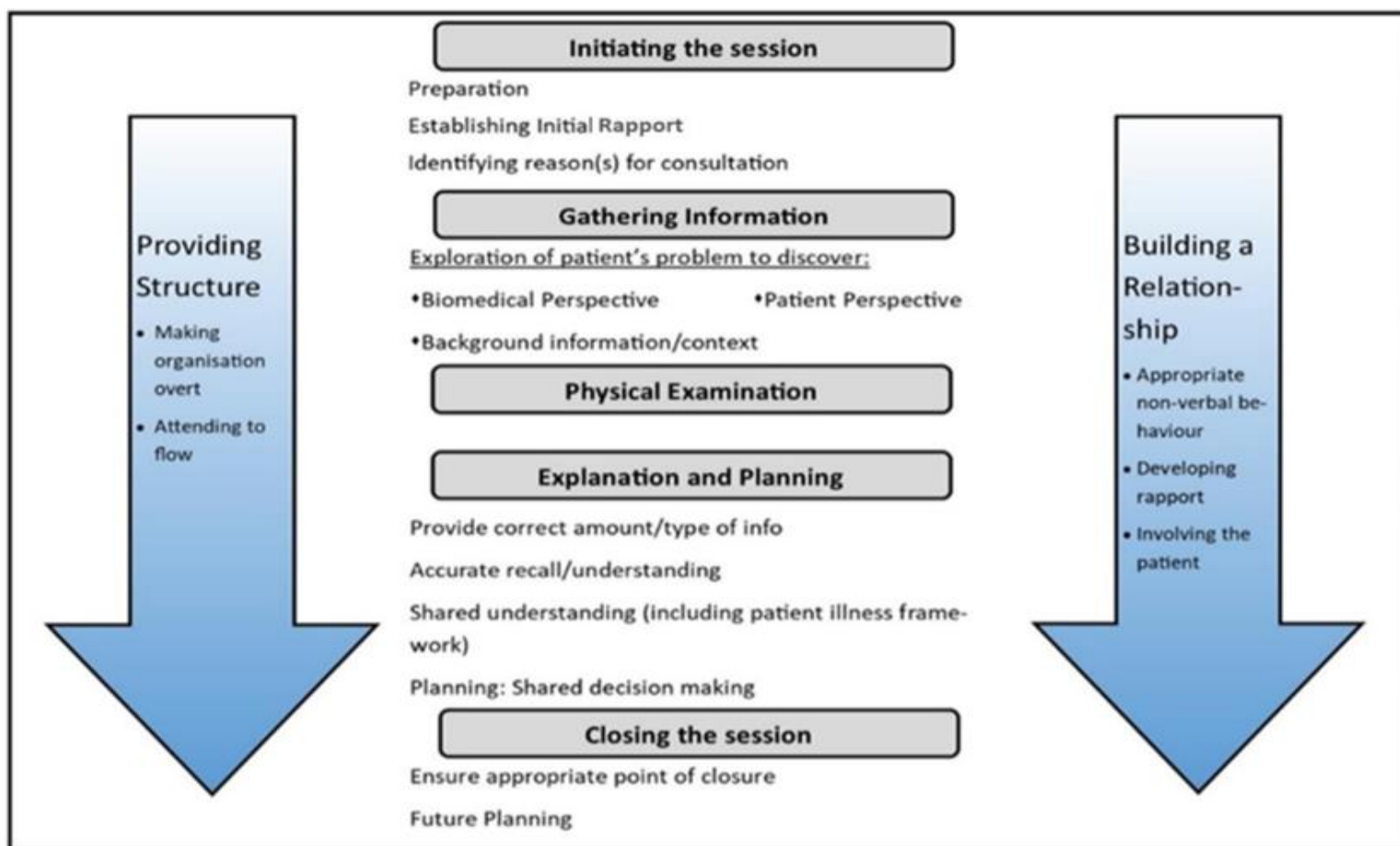
Route Map



Exercise: Information Giving



Calgary-Cambridge Guide to the Medical Interview



Initiating the session

▶ Establishing initial rapport:

- ▶ Greet the patient and obtain the patient's name
- ▶ Introduce yourself and clarify your role
- ▶ Identify the reason(s) for the consultation



▶ Identifying the patient's problems or the issues that the patient wishes to address with an appropriate opening question

- ▶ Listen attentively to the patient's opening statement, without interrupting or directing patient's response
- ▶ Confirm list and screens for further problems (e.g. so that's headaches and tiredness; anything else?)
- ▶ Negotiate agenda taking both patient's and physician's needs into account



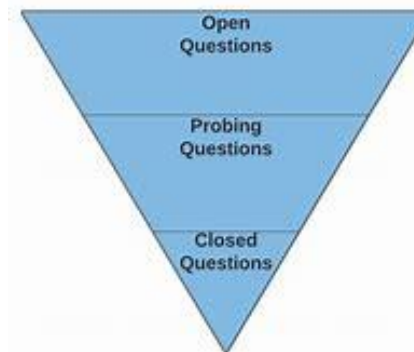
Initiating the session

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Gathering Information (1/2)

- ▶ Encourage the patient to tell the story of the problem(s) from when first started to the present in own words (clarifying the reason for presenting now)
- ▶ Use open and closed questioning techniques, appropriately moving from open to closed
- ▶ Listen attentively, allowing the patient to complete statements without interruption and leaving space for the patient to think before answering or go on after pausing
- ▶ Facilitate patient's responses verbally and non-verbally e.g. use of encouragement, silence, repetition, paraphrasing, interpretation
- ▶ Pick up verbal and non-verbal cues (body language, speech, facial expression, affect); checks out and acknowledges as appropriate



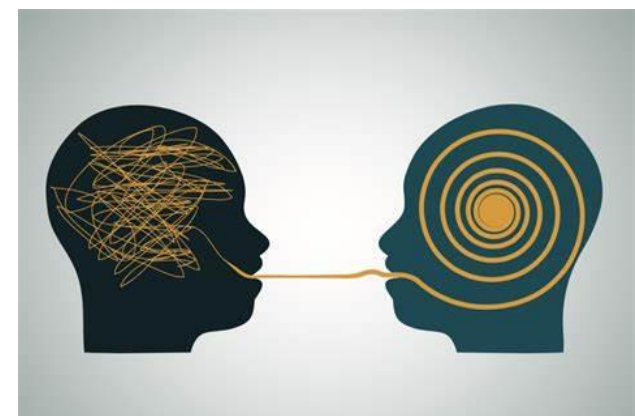
Gathering Information (2/2)

- ▶ Clarify patient's statements that are unclear or need amplification
- ▶ Periodically summarise to verify own understanding of what the patient has said; invites the patient to correct interpretation or provide further information.
- ▶ Use concise, easily understood questions and comments, avoids or adequately explains jargon
- ▶ Establish dates and sequence of events
- ▶ Actively determine and appropriately explore the patients perspective (Ideas, Concerns, Expectations, ...)
- ▶ Encourage the patient to express feelings



Providing Structure

- ▶ **Making organisation overt**
 - ▶ Summarise at the end of a specific line of inquiry to confirm understanding before moving on to the next section
 - ▶ Progress from one section to another using signposting, transitional statements; includes the rationale for the next section
- ▶ **Attending to flow**
 - ▶ Structure interview in a logical sequence
 - ▶ Attend to timing and keeping interview on task



Providing Structure



Building the Relationship (1/2)

▶ **Developing rapport**

- ▶ Accepts legitimacy of patient's views and feelings; is not judgmental
- ▶ Uses empathy to communicate understanding and appreciation of the patient's feelings or predicament; overtly acknowledges the patient's views and feelings
- ▶ Provides support: expresses concern, understanding, willingness to help; acknowledges coping efforts and appropriate self-care; offers partnership
- ▶ Deals sensitively with embarrassing and disturbing topics and physical pain, including when associated with a physical examination



Building the Relationship (2/2)

▶ Involving the patient

- ▶ Shares thinking with the patient to encourage patient's involvement
- ▶ Explains the rationale for questions or parts of a physical examination that could appear to be non-sequiturs
- ▶ During the physical examination, explains the process, asks permission



Video: Calgary-Cambridge Model of the Medical Interview



Explanation and Planning (1/4)

- ▶ **Providing the correct amount and type of information**
 - ▶ Chunks and checks: gives information in assimilable chunks; checks for understanding, uses patient's response as a guide to how to proceed
 - ▶ Assesses patient's starting point: asks for patient's prior knowledge early on when giving information; discovers the extent of patient's wish for information
 - ▶ Asks patients what other information would be helpful e.g. aetiology, prognosis
 - ▶ Gives explanation at appropriate times: avoids giving advice, information or reassurance prematurely



Explanation and Planning (2/4)

- ▶ **Aiding accurate recall and understanding**
 - ▶ Organize explanation:
divides into discrete sections; develops a logical sequence
 - ▶ Use explicit categorization or signposting
Uses repetition and summarizing to reinforce information
 - ▶ Use concise, easily understood statements;
avoids or explains jargon
 - ▶ Use visual methods of conveying information: diagrams, models, written information and instructions
 - ▶ Check patient's understanding of the information given (or plans made),
e.g. by asking the patient to restate in own words; clarify as necessary



Explanation and Planning (3/4)

- ▶ **Achieving a shared understanding: incorporating the patient's perspective**
 - ▶ Relate explanations to patient's illness framework: to previously elicited ideas, concerns and expectations
 - ▶ Provide opportunities and encourages the patient to contribute: to ask questions, seek clarification or express doubts; responds appropriately
 - ▶ Pick up verbal and non-verbal cues, e.g. patient's need to contribute information or ask questions; information overload; distress
 - ▶ Elicit patient's beliefs, reactions and feelings re information given, terms used; acknowledges and addresses where necessary



Explanation and Planning (4/4)

- ▶ **Planning: shared decision making**
 - ▶ Share own thinking as appropriate: ideas, thought processes, dilemmas
 - ▶ Involve patient by making suggestions rather than directives
 - ▶ Encourage the patient to contribute their thoughts: ideas, suggestions and preferences
 - ▶ Negotiate a mutually acceptable plan
 - ▶ Offer choice and encourage patient to make choices and decisions to the level that they wish
 - ▶ Check with the patient:
 - if plans accepted;
 - if concerns have been addressed



Closing The Session

▶ **Forward planning**

- ▶ Contracts with patient re next steps for patient and physician
- ▶ 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**

- ▶ Summarises session briefly and clarifies plan of care
- ▶ The final check that patient agrees and is comfortable with the plan and asks if any corrections, questions or other items to discuss



Closing The Session

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Exercise: Educational Video (Scenario 8)

- ▶ Use the Calgary/Cambridge Guide to analyse Educational Video (Scenario 8):
"Medical consultation with patient with high cardiovascular risk"

(self directed learning assignment)
- ▶ Discussion of analysis and feedback on the video





Role play

Calgary-Cambridge Guide to the Medical Interview

Question & Answer Session





VR Video



- Patient-centred care
- Empathy when exchanging information
- Calgary-Cambridge skills



Key points

THANK YOU

