

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



## INTELLECTUAL OUTPUT 7: TUTOR GUIDE FOR HEALTH CARE PROFESSIONALS (VET) EQF Level 5 - WORK AREAS 1&2

### ACTIVITY IO7A2: DEVELOPMENT OF THE TUTOR GUIDE



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## PROJECT MAIN DETAILS

<b>Programme:</b>	Erasmus+
<b>Key Action:</b>	Cooperation for innovation and the exchange of good practices
<b>Project title:</b>	Curriculum Development using VR technology to enhance empathetic communication skills in future health care professionals
<b>Project Acronym:</b>	EmpathyInHealth
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## PROJECT PARTNERS





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# 1. DETAILED TOPIC LIST

<b>Work Area ID</b>	1	
<b>Work Area</b>	General Overview of Empathy	
<b>Unit</b>	1.1 Understanding empathy and qualities/competencies necessary for empathy	
<b>Learning outcomes correspond to EQF</b>	Level 5	
<b>Learning outcomes</b>		
<b>Knowledge</b>	<b>Skills</b>	<b>Competences</b>
<i>He/she is able to</i>	<i>He/she is able to</i>	<i>He/she is able to</i>
<ol style="list-style-type: none"> <li>List three different types of empathy (emotional, cognitive, prosocial)</li> <li>Describe the different perspectives when talking about empathy</li> <li>Outline relevant research findings in relation to empathy in different care settings</li> </ol>	<ol style="list-style-type: none"> <li>Self-reflect and self-assess your level or lack of empathy in daily life</li> </ol> <p><b>Use techniques as listed below to develop empathy during contact with the persons you are supporting:</b></p> <ol style="list-style-type: none"> <li>Demonstrate genuine interest and respect for the other party</li> <li>Demonstrate active listening</li> <li>Use verbal and non-verbal cues in a way that facilitates/reinforces empathy</li> <li>Use appropriate questioning/clarifying techniques</li> </ol>	<ol style="list-style-type: none"> <li>Evaluate the feedback from colleagues and simulated persons with care needs on your level of empathy and ways of improving</li> <li>Adapt your empathetic behaviour to the person in need of care</li> </ol>



	<ul style="list-style-type: none"> <li>9. Demonstrate sign-posting</li> <li>10. Use summarizing techniques</li> <li>11. Give voice to the person you are caring for/support</li> <li>12. Recognise, Acknowledge and validate (RAV) the person's concerns, feelings</li> <li>13. Provide support while demonstrating empathy by expressing concern, understanding, willingness to help; acknowledging coping efforts and appropriate self-care</li> <li>14. Deal sensitively with delicate issues</li> </ul>	
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<b>Work Area ID</b>	2	
<b>Work Area</b>	Empathy in relationships and information exchanges in different caregiving contexts/environments	
<b>Unit</b>	2.1 Understanding empathy in relationships and information exchanges in different caregiving contexts/environments	
<b>Learning outcomes correspond to EQF</b>	Level 5	
<b>Learning outcomes</b>		
<b>Knowledge</b>	<b>Skills</b>	<b>Competencies</b>
<i>He/she is able to</i>	<i>He/she is able to</i>	<i>He/she is able to</i>
1. Define patient-centred/empathetic relationships	5. Self-reflect and self-assess his/her level or lack of empathy in relationships and information exchanges in daily life.	15. Evaluate the feedback from recipients of care on his/her level of empathy in

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<p>2. Describe the characteristics of a relationship that fosters and nurtures empathy and trust</p> <p>3. 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>4. Describe the skills necessary during initial and continuous communication with the recipient of care</p>	<p><b><i>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)</i></b></p> <p>6. Share his/her thinking with other party</p> <p>7. Assess recipient's of care condition</p> <p>8. Use the responses of the recipient of care as a guide on how to proceed</p> <p>9. Use appropriate language without jargon</p> <p>10. Check other party's understanding</p> <p>11. Elicit other party's ICE</p> <p>12. Discuss the kind of care needed</p> <p>13. Negotiate mutually to decide on a mutually acceptable plan/routine</p> <p>14. 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.)</p>	<p>relationships and information exchanges and ways of improving.</p>
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## 2. TRAINING METHODS

- Classroom Teaching
- Asynchronous Electronic Learning
- Directed Self Learning

## 3. TRAINING TECHNIQUES

- Lecture
- Role Play
- VR Videos
- Educational Videos



## 4. WORK AREAS 1&2 AT A GLANCE

Activity	Time in minutes	Work Area	Unit	LOs
<b>Face to Face Training</b>				
Welcome and Introduction	40	1	1.1	
Ground rules	20	1	1.1	
Plan of the training	15	1	1.1	
Learning Outcomes	15	1	1.1	
General overview of empathy and qualities necessary for empathy	70	1	1.1	1-6
Research on empathy	50	1	1.1	1-3
Empathy skills	60	1	1.1	4-16
Empathy in Relationships - Becoming an Empathic Caregiver	70	2	2.1	17-31
Gathering and Exchange of Information	80	2	2.1	17-31
Practice	120	1&2	1.1& 2.1	1-31
	540 min= 9 hours			





## 5. TRAINING MATERIALS

### 5.1 POWERPOINT PRESENTATION: WORK AREA 1&2

Slide 1

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

1

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Slide 2

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

2

**Project Coordinator:**  **MMC** Mediterranean Management Centre [www.mmclearningsolutions.com](http://www.mmclearningsolutions.com)

**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.uith.gr/>



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





Slide 3

3

## Work Area 1: *General Overview of Empathy*

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

Duration: 3.5 hours  
Trainer:



Slide 4

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## 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.





This exercise facilitates attentive/active listening. Research has shown that doctors interrupt patients 18 seconds after they start explaining their problem. Patients who were allowed to complete their opening statement without interruption mostly took less than 60 seconds and none took longer than 150 seconds even when encouraged to continue. Silverman et al 2005 (2nd Ed). Page 46.

Duration of exercise: 30 minutes. The tutor has to keep the time using a stop watch.



Slide 5

## Ground rules

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



**Participation** **Respect**  
**Express your opinion**



Some ground rules that each group should have:

- Be on time
- Mobiles off
- Do not interrupt others
- Equal participation by all members
- Feel free to ask questions
- Do not put down or make fun of others
- You have the right to disagree but do so respectfully
- Always offer positive feedback first and then feedback on things that can be improved on, in a constructive manner

Slide 6

## Plan of the training

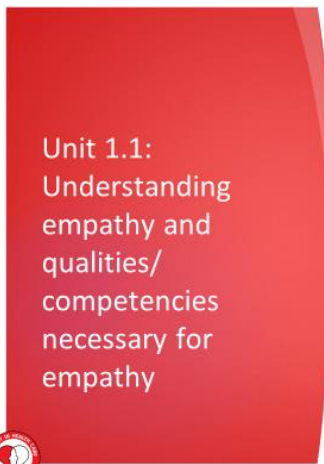
6

- ▶ 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




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Slide 7



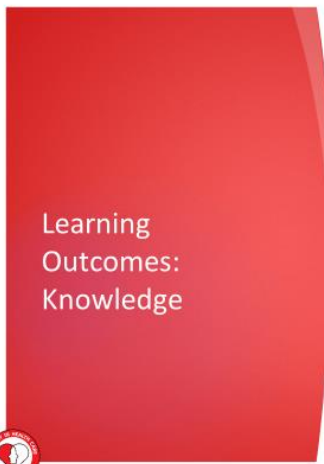
Unit 1.1:  
Understanding  
empathy and  
qualities/  
competencies  
necessary for  
empathy




7



Slide 8



Learning  
Outcomes:  
Knowledge

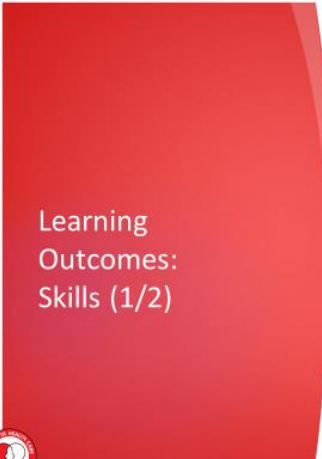


8

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



## Slide 9



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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

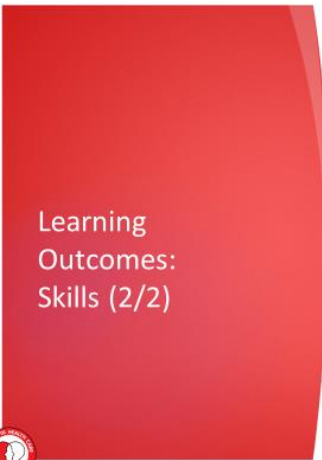
7. Use verbal and non-verbal cues in a way that facilitates/reinforces empathy

8. Use appropriate questioning/clarifying techniques

Learning Outcomes: Skills (1/2)



## Slide 10



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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: Skills (2/2)





Slide 11

Learning Outcomes:  
Competencies

11

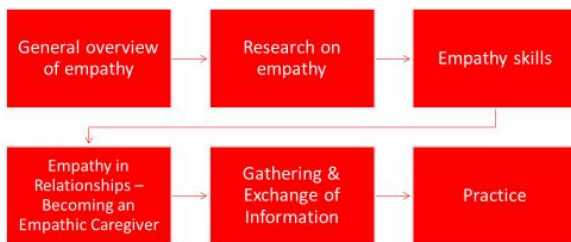
15. Evaluate the feedback from colleagues and simulated persons with care needs on your level of empathy and ways of improving

16. Adapt your empathetic behaviour to the person in need of care

Slide 12

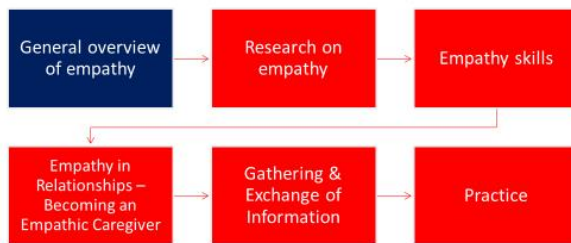
Route Map

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Slide 13



Slide 14



Slide 15

15

## Group discussion: What is empathy?

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



In groups, the trainees will discuss about the meaning of the word and term empathy. The main question will be how they understand the term empathy. Then follow up questions and scenarios will help to initiate a discussion on the topic.

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## 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?







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## Understanding Empathy – Getting in another person’s position

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### ► 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.



Slide 18

## Definition of Empathy

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- “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.



Slide 19

## Video: Empathy vs Sympathy



Brené Brown on Empathy (<https://www.youtube.com/watch?v=1Ewgu369Jw>)

Dr Brené Brown is a research professor and best-selling author of "Daring Greatly: How the Courage to be Vulnerable Transforms the Way We Live, Love, Parent and Lead" (Penguin Portfolio, 2013). She has spent the past decade studying vulnerability, courage, worthiness, and shame.

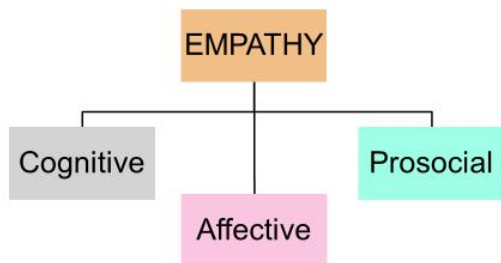
### Key points in the video:

- Empathy is very different from sympathy: Empathy fuels connection, while sympathy drives disconnection
- 4 qualities of empathy
  1. Perspective taking
  2. Ability to take the perspective of another person, or recognizing their perspective as their truth
  3. Staying out of judgement
  4. Recognizing emotion in other people and then communicating that
- Empathy is feeling with people
- Empathic behaviour is a vulnerable choice, since in order to connect with others, one has to connect with something in himself/herself that knows that feeling
- An empathic response rarely starts with "at least..." - Silver lining is not a sign of an empathic response



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## Types of Empathy



Slide 21

## Cognitive Empathy

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- **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



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## 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



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## 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.



Slide 24

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## 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.



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## 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.



Slide 26

## Prosocial Empathy

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- ▶ 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.



Slide 27

## Knowledge Quiz

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



Duration: 10 minutes

Answer: Cognitive empathy, mentalising, perspective taking, theory of mind is about understanding what another person feels without us necessarily sharing the same feeling, which is what affective empathy, experience sharing, shared self other representations, emotional contagion are mainly about.

Prosocial concern, empathic motivation, sympathy, empathic concern, compassion, altruism refer to how motivated we feel to perform an altruistic behaviour based on our cognitive and/or affective empathy.

### Examples

Cognitive empathy: "I can see you are delighted with the results of your final year exam."

Affective empathy: "I feel glad too that your results are so good."

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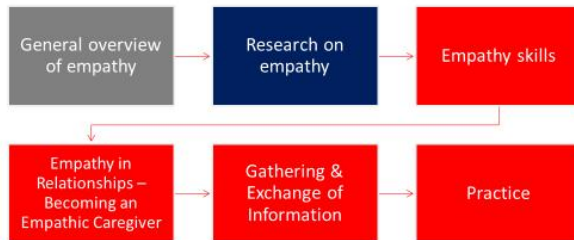


Prosocial concern: "Let's go out and celebrate your success."

Slide 28

## Route Map

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Slide 29

## Research on Empathy



Slide 30

## Research on Empathy

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



Slide 31

## Are your emotions contagious?

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

People mimic each other's facial expressions, posture and elements of speech all the time, mostly without actually realizing it.

### Research on mirror neurons

- 1992: researchers looked at the activity of single neurons in the brain of the macaque monkey
- They came across a system of neurons that fired both when the monkey performed an action (grabbing a peanut) and when the monkey observed a researcher grabbing a peanut, too.

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- Mirror neurons: called like this because the neurons “reflected” a behaviour, even though the monkeys weren’t performing that behaviour themselves.
- Mirror neurons aren’t just a monkey thing; there is evidence for the system in human brains, too
- In one study, human participants were shown a face with either a happy, angry or neutral expression, but only for 30 milliseconds. The expressive faces weren’t on the screen long enough for the participants to notice, so they had no idea that they were being subconsciously exposed to them. Still, the participants who were shown the happy face had increased electrical activity in the muscles needed to smile and mimic that face. And those shown the angry face initiated the muscles needed to mimic the angry expression.
  - ➔ It is thought that we mirror behaviours and facial expressions to help us understand the emotional states of others and learn by imitation.
- In another study, researchers impaired the participants’ ability to mimic faces by having them chew gum or hold a pencil between their teeth
- Their ability to recognize some emotional expressions, like happiness, was impaired, too.
  - ➔ So this mirror neuron system isn’t only connected to our movements, it may also be connected to our feelings

#### Temperature Contagion

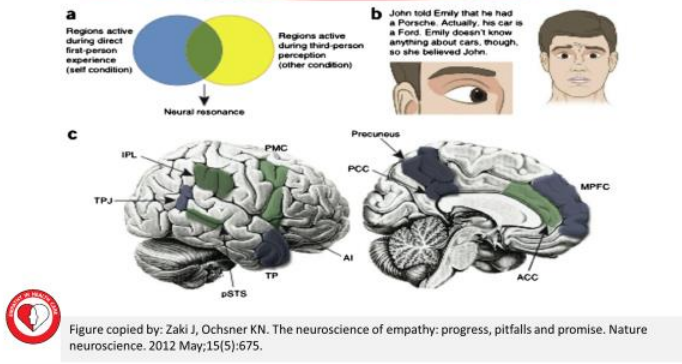
- In a recent study, participants were shown videos of a hand in either visibly cold or visibly warm water.
- While watching the cold water video, the participants’ hands dropped in temperature.
- Researchers dubbed this “temperature contagion”.
- The drop in temperature was more noticeable in participants who reported having higher levels of empathy, but we can’t say if this was caused by mirror neurons or not.

Some neuroscientists are skeptical of the mirror neuron theory and say it has been overgeneralized.

While research into our neurons’ role in imitation is ongoing, we do know that we are primed to mimic what we observe; from cracking a smile to the point where we can “catch a cold” without actually experiencing a change in temperature.

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## Research on Empathy: Neuroscience



The purpose of this slide is to offer the tutor the opportunity to show to the trainees that empathy is not an abstract concept, but that scientific studies have been carried out to associate empathy with neuroscience (specific regions of the brain that are responsible for it). It is not necessary to go into many details about this aspect of empathy. Neuroscience discoveries demonstrate that the human brain is hardwired for empathy. The different levels of empathy related to thoughts, feelings, and actions are supported by different brain networks. There is also a genetic basis for empathy. Growing evidence supports individual variability in empathy; mature individuals and females have higher empathy scores. Cultural differences in empathic responses to physical and social stimuli at both cognitive and affective level were reported.

More details on the slide (if needed):

Neuroscientific approaches to studying experience sharing and mentalizing, and the brain regions that are associated with each.

- a. The experimental logic underlying studies of experience sharing. The blue circle represents brain regions engaged by direct, first-person experience of an affective response, motor intention or other internal state. The yellow circle represents regions engaged by third-person observation of someone else experiencing the same kind of internal state. To the extent that a region demonstrates neural resonance—common engagement by first- and third-person experience (green overlap)—it is described as supporting a perceiver’s vicarious experience of a target’s state (regions demonstrating such properties are highlighted in green in c).
- b. Studies of mentalizing typically ask participants to make judgments about targets’ beliefs, thoughts, intentions and/or feelings, as depicted in highly stylized social cues, including vignettes (top left), posed facial expressions (right), or even more isolated nonverbal cues, such as target eye gaze (bottom left). Regions engaged by such tasks (blue in c) are described as contributing to perceivers’ ability to mentalize.
- c. Brain regions associated with experience sharing and mentalizing. IPL, inferior parietal lobule; TPJ, temporoparietal junction; pSTS, posterior superior temporal sulcus; TP, temporal pole; AI, anterior insula;

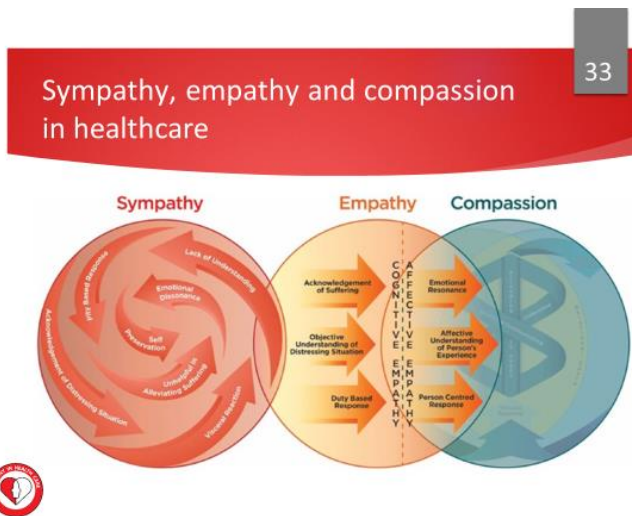
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PMC, premotor cortex; PCC, posterior cingulate cortex; ACC, anterior cingulate cortex; MPFC, medial prefrontal cortex

By contrast, until the last few years, neuroimaging studies of empathy focused much less on behavioral outcomes and more on relationships between stimuli and brain activity. For example, perceivers might be scanned while observing targets in pain or judging targets' intentions; related brain activity was then interpreted as relevant to the empathic subprocess this task putatively engages. In almost all cases, these experiments did not relate brain activity to behavior, either because they required no responses from perceivers (as in many passive experience-sharing tasks) or used very simple social inference tasks that produce near perfect accuracy (and thus not enough variance in performance to relate to brain activity).

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### Sympathy, empathy, and compassion are closely related terms.

A team of researchers collected data via semi-structured interviews and then independently analysed them using the three stages and principles of Straussian grounded theory. Data were collected from 53 advanced cancer inpatients in a large urban hospital.

#### Sympathy

- It has been defined in the healthcare literature as an emotional reaction of pity toward the misfortune of another, especially those who are perceived as suffering unfairly.
- Most participants in the study described sympathy as an unwanted and misguided pity-based response that was easily given and seemed to focus more on alleviating the observer's distress toward patient suffering, rather than the distress of the patient.

#### Empathy

- Empathy has been defined as an ability to understand and accurately acknowledge the feelings of another, leading to an attuned response from the observer.
- Patients had a much more positive response to empathy than to sympathy. They described empathy as a more emotionally engaged process, whereby individuals attempted to attune to the emotions of the

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patient through acknowledgment of suffering. Patients experienced this as a warm, gentle attempt to understand their emotional state.

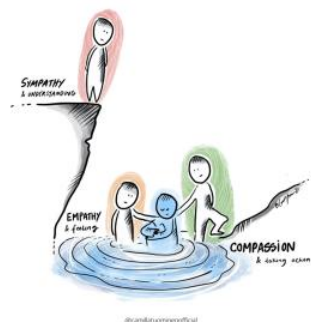
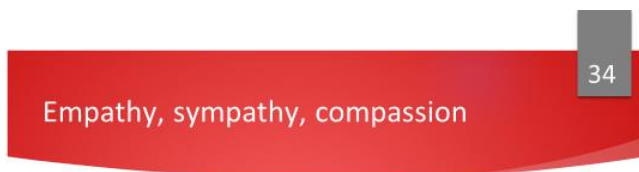
- Whereas patients described sympathy as a self-motivated, emotional reaction to someone else's suffering based on a lack of understanding of the person's needs, empathy was an affective response that acknowledges and attempts to understand an individual's suffering through emotional resonance.

### Compassion

- Etymologically, "compassion" means to "suffer with" and has been defined as "a deep awareness of the suffering of another coupled with the wish to relieve it."
- Compassion was identified as the preferred care medium by patients, enhancing the key aspects of engaging suffering, understanding the person and emotional resonance contained within empathy, while adding defining qualities of being motivated by love, the altruistic role of the responder, action, and small but supererogatory acts of kindness.
- The definition of compassion that emerged from the data was a virtuous response that seeks to address the suffering and needs of a person through relational understanding and action.
- Compassion seems to differ from sympathy and empathy in its proactive approach, the selfless role of the responder, and its virtuous motivators aimed at ameliorating suffering.

The figure above explains that compassion enhances the important parts of empathy influenced by kindness, altruism and love. Usually, patients and service users report that empathy, unlike sympathy is more beneficial. Shane Sinclair, Kate Beamer, Thomas F Hack, Susan McClement, Shelley Raffin Bouchal,<sup>1</sup> Harvey M Chochinov, and Neil A. Hagen, "Sympathy, empathy, and compassion: A grounded theory study of palliative care patients' understandings, experiences, and preferences", *Palliat. Med.* 2017 May; 31(5): 437–447. Published online 2016 Aug 17. doi: 10.1177/0269216316663499

Slide 34





Slide 35

## Research on Empathy: Psychological approaches

35

- ▶ 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



“In other words, the first decade of cognitive neuroscience research on empathy homed in on how perceivers process isolated ‘pieces’ of social information, but left unclear how perceivers put those pieces together when cues combine, as they often do in everyday social interactions 24 .” Zaki et al 2012 p.676

Slide 36

## Research on Empathy: Social Care

36

- ▶ 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



Empathy is important, especially when caring for people, because it helps people to build trust, it reduces anxiety and helps with the creation of dignity.

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37

## 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 and care workers working with older people: Thomas Strandberg, Jakob Eklund and Jill Manthorpe, 'Promoting empathy in social care for older people', Working with Older People 16(3):101-110, DOI:10.1108/13663661211260781

Slide 38

38

## 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





Slide 39

39

## 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



Slide 40

40

## 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





Slide 41

## Research on Empathy: Decline of Empathy

41

- ▶ 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



Slide 42

## Reflective exercise

42

- ▶ 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?



In groups or pairs, the participants should discuss about experiencing empathy in their work.  
Duration: 10 minutes



Slide 43

## Summary

43

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

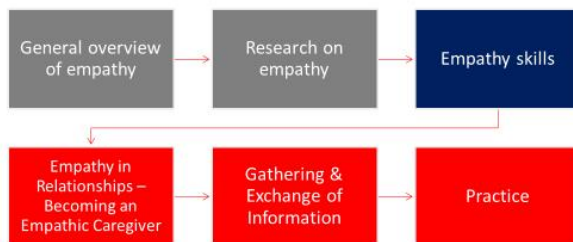


Duration: 5 minutes

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## Route Map

44





Slide 45



Slide 46



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



Consensus statements provide a conceptual model and skills which could enable students and doctors to face very complex interactions with their patients and their colleagues in different health care settings and situations. They also provided guidance for doctors' continuous professional development.

As long as these conceptual models are integrated within the continuum of medical education and clinical practice and are evaluated along the way, the medical consultation will continue to evolve and be refined.

Consensus statements attempted to provide a whole picture of what is important in clinical communication, how to teach and how to assess the subject. They described processes, tasks, professional ideology and skills.

Other health care disciplines (e.g. physiotherapy, occupational therapy, nursing, midwifery) are following suit and have identified the need to incorporate empathy skills and competencies in their undergraduate trainings.

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Slide 47

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

47

### **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

The above (continues in the next slide) is an amended version of the SEGUE framework (Set the stage, Elicit information, Give information, Understand the patient's perspective, and End the encounter), as this had to be adjusted according to the circumstances of carers and the different relationship between carers and care recipients. The original framework is a checklist-style rating scale to facilitate the teaching and assessment of communication skills in medical learners.

The SEGUE framework was created by North American experts in the field of medical communication (Makoul 2001a, Makoul 2001b).

[In 2008, clinical communication skills educators in the UK came together to create their own consensus statement (von Fragstein et al 2008). That framework is not included in this presentation].

Slide 48

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

48

### **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



Slide 49

49

## Skills Necessary for Caregivers

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



Pavlidis, G., Downs, C., Kalinowski, T. B., Świątek-Barylska, I., Lazuras, L., Ypsilanti, A., Tsatali, M., (2020). A survey on the training needs of caregivers in five European countries. *Journal of Nursing Management*. <https://doi.org/10.1111/jonm.12940>

Research shows that the needs of formal caregivers for training are mostly related to further education in stress management and emotional regulation. Formal caregivers present psychology-related skills, time management and advanced support from general systems as their main focus of interest in their training needs.

Slide 50

50

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

- ▶ **Research on patients and medical students** showed that they still held on 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.



Maguire, Peter, Susan Fairbairn, and Charles Fletcher. "Consultation skills of young doctors: I--Benefits of feedback training in interviewing as students persist." *Br Med J (Clin Res Ed)* 292.6535 (1986): 1573-1576.

Oh, Jeong, et al. "Retention and use of patient-centered interviewing skills after intensive training." *Academic Medicine* 76.6 (2001): 647-650.

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Bowman, F. M., et al. "Improving the skills of established general practitioners: the long-term benefits of group teaching." *Medical Education* 26.1 (1992): 63-68.

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## Care Recipients Views

51

- ▶ 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



Slide 52

## Group Discussion

52

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





Slide 53



This slide can be placed at the point where the break takes place.

Slide 54

54

**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: 3.5 hours  
Trainer:





## Slide 55

Learning  
Outcomes:  
Knowledge

55

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

## Slide 56

Learning  
Outcomes:  
Skills (1/2)

56

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



Slide 57

Learning  
Outcomes:  
Skills (2/2)

57

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.)

Slide 58

Learning  
Outcomes:  
Competencies

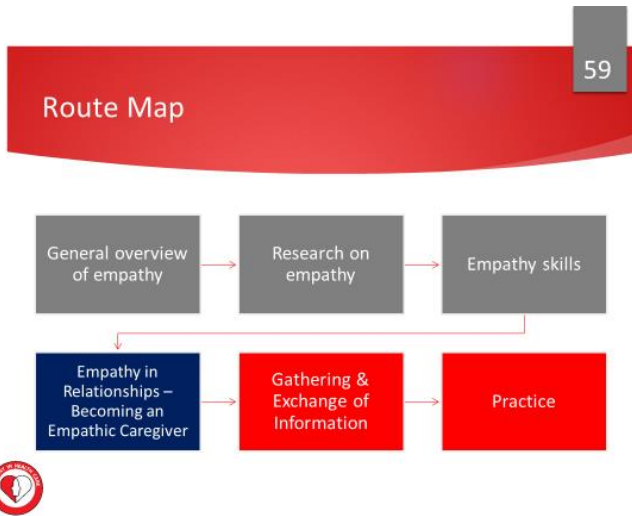
58

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

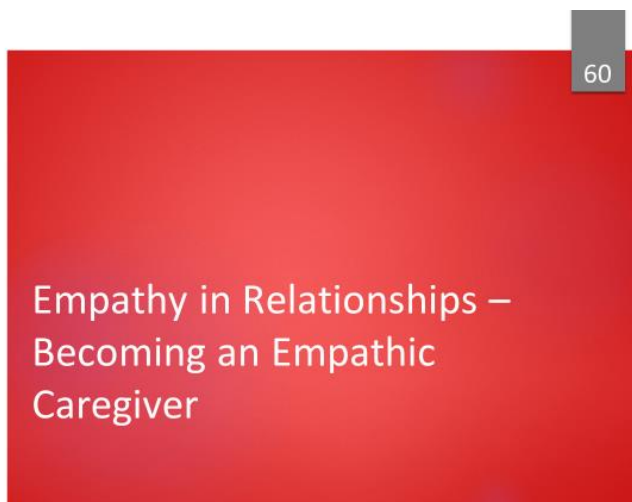




Slide 59



Slide 60





Slide 61

## Video: Person-Centred Care Guideline

61



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

Video by Cancer-care central describing person-centred care. The tutor can ask the trainees what they think about the video.

Duration of discussion: 10 minutes

Slide 62

## Relationship-Centred Care

62

- ▶ 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



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Slide 63

63

## 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



Slide 64

64

## 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





Slide 65

## Applying relationship-centred care & enhancing empathy

65

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



Slide 66

## Communication Skills for Empathic Caregiving

66

- ▶ 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





Slide 67

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

67



<https://www.youtube.com/watch?v=2aQsKneCjuc>

Video on how to improve your communication skills as a caregiver. Communication skills are closely connected with empathy. Practical advice.

Group discussion: Which of these things do we do? What should we avoid doing?

Duration of discussion: 10 minutes

Slide 68

## Communication issues that may arise

68

- ▶ 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.)



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## Solving communication issues

69

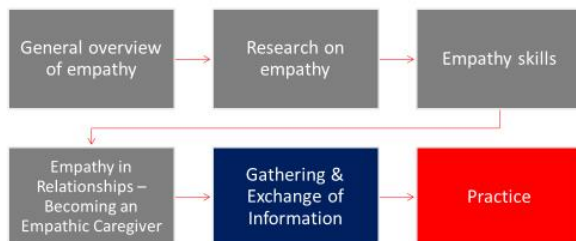
- ▶ Speak at a slower pace
- ▶ Do not talk to care recipients as though they are children
- ▶ Do not use complicated questions, as these hinder quality communication between caregivers and care recipients



Slide 70

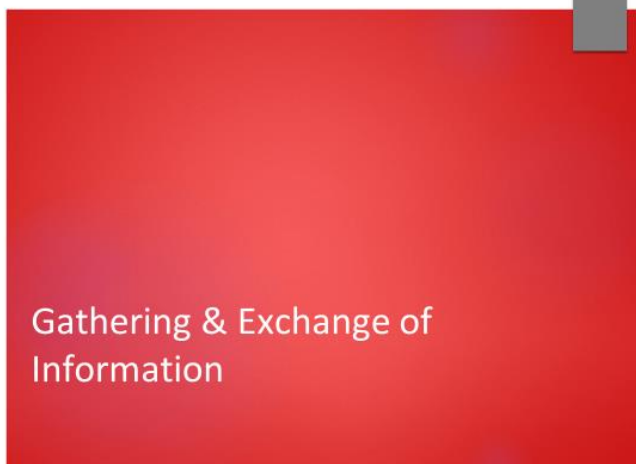
## Route Map

70





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Slide 72



Although this initial exercise is non-medical/caregiving, we will be able to relate the feedback that the participants give after doing this exercise to principles for giving information to patients. The participants should be able to see the relationship.

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Instructions:

1. Tell the students that this is an exercise on giving information and ask them to arrange their chairs in pairs with the chairs back-to-back but in a wide, spread out circle.
2. Make sure they spread out round the room (in a big circle) and that one chair faces the wall. The person sitting in that chair will be the receiver of information and the person facing into the room is the giver. If the group is large, get some to work in 3's, so that one person sits at the side of a pair and observes but does not comment until the end.
3. The receivers need a pad to rest a piece of paper on and a pen or pencil. Ask each receiver to take out a plain piece of paper or give them one.
4. Provide the "givers" of information the picture and explain that they are meant to describe this so that their "receiver" can draw it on their sheet of paper. They can ask any questions they like of each other. The only thing they cannot do is to look at each other's drawings, or look at each other. They will be given 5 minutes to do the task.
5. Give out the pictures to the givers. It is probably a good idea to get all the receivers to close their eyes while you do this, so that they do not see the picture! (The point of arranging the chairs carefully is to avoid this).
6. Start the exercise and stop after 5 minutes (give a one-minute warning first).
7. Ask the pairs to look at each other's drawings. After a minute or so, ask them to spend a couple of minutes discussing what each did that was helpful in conveying/ understanding the information.
8. Ask the group to move their chairs back to form a group, and using the flip chart, ask the receivers first of all what was helpful. Then ask the givers and finally the observers, if any.
9. The task of the tutor(s) here is to relate the students' feedback to clinical practice. Below is a list of what students commonly say that they learned from the exercise (in bold), along with points you might like to make in response.

Duration: 30 minutes

Slide 73

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

73

- ▶ 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**





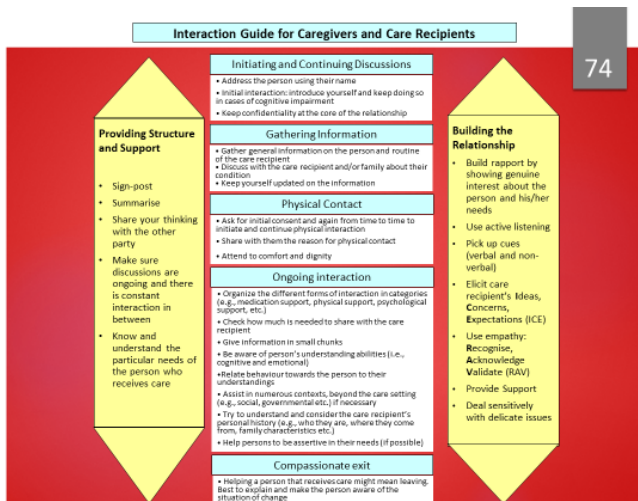


Tomorrow's Doctors (1993, 2003) legitimized the teaching and assessment of clinical communication in the UK, but there was still lack of clarity in the interpretation of what needed to be taught and assessed in both undergraduate and graduate medical education.

The development of the Calgary-Cambridge Guide to the Medical Interview in 1996 gave a framework for overcoming the barriers of implementation in teaching and assessment of clinical communication skills, and has been used extensively in the UK since (Kurtz and Silverman 1996, Silverman et al 2005).

This model divided the medical interview into five basic tasks that have to be achieved in order for the consultation to be patient-centred, efficient and effective for both the doctor and the patient. These tasks included information gathering, physical examination, explanation and planning and closing the consultation. Under each task a number of skills had to be mastered in order for the doctor to achieve the task. In addition, the doctor had to use appropriate skills in order to structure the consultation and build and maintain a therapeutic relationship with the patient. All in all, the Calgary-Cambridge model provided about 70 skills and a visual representation of the consultation to be used for both teaching and assessment purposes (Kurtz et al 1996, Kurtz et al 1998, Silverman et al 2005). **We used an amended version of the Calgary-Cambridge Guide to accommodate the specific needs of caregivers and receivers of care interaction relationship.**

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We simplified and individualized the Calgary-Cambridge Guide to suit the circumstances and needs of caregivers. This new amended guide is called The Interaction Guide for caregivers and care recipients. It is based on research on informal and formal care giving.



Slide 75

## Initial Encounter with the Care Recipient

75

- ▶ 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



Slide 76

## Gathering Information (1/2)

76

- ▶ 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)



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## 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



Slide 78

78

## 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



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## 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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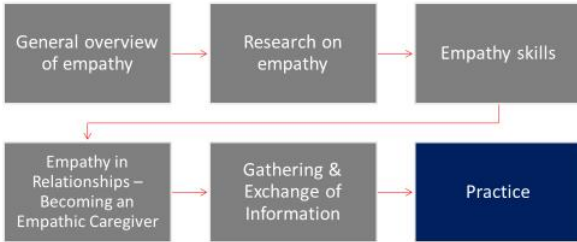


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# Route Map

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# Let's practice

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

83



<https://www.youtube.com/watch?v=sl3Dc1kERto>

Video analysis and group discussion:

- What can you do in your everyday practice that could be useful?
- What is doable and what not?
- How can carers be supported by the management?

Slide 84

VR Video

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VR Video VET: 15. Elderly with dementia at nursing home – communication issues

Duration of video and discussion: 30 minutes

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## 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



Watch Educational Video: Patient with high Cardiovascular risk (UNIC) and ask students to tick the skills they observe on the amended Calgary/Cambridge guide (Handout 2). The handout can be given to students as a hard copy or electronically as a word document. Give students 5 min to read the skills individually. Ask them as a group if they have any questions in relation to any of the skills. Before the tutors embark on explaining the skills to the students, ask if any of the students could answer the question. Students may be able to answer each other's questions. Don't spend more than 10-15min answering questions on the skills.

Total duration: 30 minutes

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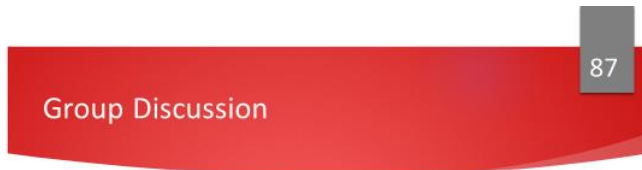
Role play



The tutor can choose among the following VET role plays:

11. Death of a young person
12. Elderly with dementia (home care)
14. Young person with disability

Slide 87



- ▶ Closure and evaluation of the day



Ask each participant to tell you one thing they have learnt and would like to take with them.

Sign-post what the 2nd training day will involve. Point them to any electronic resources they need to access in order to further improve their learning and practice.

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## 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?



Duration: 10 minutes

Slide 89

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



## Key Points

Slide 90



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THANK YOU



## 5.2 EDUCATIONAL VIDEOS

### 5.2.1 EDUCATIONAL VIDEO 1: SCENARIO 18 (EMPATHY)

This video can be shown during the first part of the workshop “General Overview of Empathy”

**Scenario Number:** 16

**Title:** Empathy

**Developed by:** MMC

**Discipline:** N/A

**Work areas:** 1

**Specific features:** Empathetic behaviour in social interactions

**Description of scenario:** A young woman named Anna was involved in a car accident six months ago. She was in a coma for a month and while doctors had said she would not make it, she eventually recovered. She now uses a wheelchair. She faces many difficulties in her daily life: she cannot move easily in the city, she needs help for her daily needs, she feels that people around her feel sorry for her. She goes out for coffee with an old friend of hers and a friend of her friend. When she arrives at the cafe, she has trouble getting through because of a parked car and because of the way the tables are placed. She tries to talk about her current situation, looking for empathy from her friends, but the latter try to change the topic because they feel uncomfortable and do not know how to respond.

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### 5.2.2 EDUCATIONAL VIDEO 2: SCENARIO 8 (MEDICAL CONSULTATION: PATIENT WITH HIGH CARDIOVASCULAR RISK)

Use Handout 2- A Guide for Caregivers (Calgary-Cambridge) to evaluate the video.

**Scenario Number: 8**

**Title:** Medical Consultation: patient with high cardiovascular risk

**Discipline:** Medicine

**Developed by:** UNIC

**Work areas:** Work Areas 1 and 2

**Specific features:** Risk communication in an obese middle age man with several risk factors for cardiovascular disease

**Description of scenario:** A 55-year-old obese man attends the GP clinic following an annual health review. The annual health review showed that he is at increased risk for cardiovascular disease (10 year risk of 32.2%) based on a number of risk factors (overweight, hypertension, raised cholesterol and blood sugar levels, smoking history and family history of cardiovascular disease). The patient is not concerned about his lifestyle but decided to attend this year's annual health review as his brother was recently diagnosed with cardiovascular disease and because of his wife being concerned about his health. The student is asked to discuss with patient the results of his annual health review and his risk of cardiovascular disease and address any relevant lifestyle modifications such as diet, physical activity, smoking.

## 5.3. ROLE PLAYS

### 5.3.1. ROLE PLAY 1: SCENARIO 11 (DEATH OF A YOUNG PERSON)

**Scenario Number: 11**

**Role play Title:** Death of a young person

**Discipline:** VET

**Developed by:** MMC

**Work areas:** Work Area 1 & 2

**Specific features:** Delivering bad news to the family of a deceased person

**Scenario description:** After a severe pile up accident, seven persons are brought to hospital and three of them are immediately directed by doctors to operating rooms for surgery, since their lives are in danger. Due to this incident, the hospital's first aid unit is at a state of emergency. The injured persons' families

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have learnt the bad news and have already arrived to the hospital. One of the injured, a young man of around 30 years old, despite doctors' hard efforts, finally passes away. Due to complications in another operating room, the doctor has to leave and a nurse is now responsible to announce the bad news to his relatives. When she comes out of the room, she finds out that the only one waiting for the man who had died is a young woman who seems to be his wife and she is pregnant. The woman looks very upset. The nurse needs to inform the woman about her husband's death.

### **5.3.2. ROLE PLAY 2: SCENARIO 12 (ELDERLY WITH DEMENTIA)**

**Scenario Number: 12**

**Role play Title:** Elderly with dementia (home care)

**Discipline:** VET

**Developed by:** MMC

**Work areas:** Work Area 1 & 2

**Specific features:** Communication difficulties and refusal to receive care because of mental issues

**Scenario description:** A woman home carer provides care to an 81-year-old man suffering from progressive senile dementia problems. She has been taking care of him for the past three years and he seems to trust her and have a good communication with her. However, at times he loses contact with reality, does not recognise her and, since she seems a stranger to him, he becomes aggressive towards her. She is sometimes afraid of his abrupt reactions. Today, in the morning, she tried to give him his medication and he, once again, did not recognise her and accept the treatment.

### **5.3.3. ROLE PLAY 3: SCENARIO 14 (YOUNG PERSON WITH DISABILITY)**

**Scenario Number: 14**

**Role play Title:** Young person with disability

**Discipline:** VET

**Developed by:** MMC

**Work areas:** Work Area 1 & 2

**Specific features:** Dealing with a difficult recipient of care

**Scenario description:** A carer provides care to a young paraplegic man, who is unwilling to accept help and who has bursts of aggression from time to time because of his loss of independence. This morning, the carer tries to help him get out of bed and in his wheelchair, but the young man refuses to be helped and gives the carer a very hard time. He even assaults him verbally in a very disrespectful manner.



## 5.4 EXERCISES

### 5.4.1. EXERCISE 1: “GOLDEN MINUTE EXERCISE” (SLIDE 4)

- ▶ The tutor needs to keep the time using a stop watch
- ▶ 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 can not 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 two minutes are over each pair has to report to the whole group what they have learnt for each other

This exercise facilitates attentive/active listening. Research has shown that doctors interrupt patients 18 seconds after they start explaining their problem. Patients who were allowed to complete their opening statement without interruption mostly took less than 60 seconds and none took longer than 150 seconds even when encouraged to continue. Silverman et al 2005 (2<sup>nd</sup> Ed). Page 46.

**Duration: 30'**

### 5.4.2. EXERCISE 2: GROUP DISCUSSION (SLIDES 16-18)

In groups, the trainees will discuss on the meaning of the term “empathy”. The main question will be how they understand the term empathy. Then, the trainees will be prompted to discuss scenarios to elaborate their understanding of empathy.

**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?

**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.

**Duration: 20'**

### 5.4.3. EXERCISE 3: KNOWLEDGE QUIZ (SLIDE 27)

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

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Answer: Cognitive empathy, mentalising, perspective taking, theory of mind is about understanding what another person feels without us necessarily sharing the same feeling. The latter is closer to affective empathy, experience sharing, emotional contagion.

Prosocial concern, empathic motivation, sympathy, empathic concern, compassion, altruism refer to how motivated we feel to perform an altruistic behaviour based on our cognitive and/or affective empathy.

#### **Examples**

- ▶ Cognitive empathy: “I can see you are delighted with the results of your final year exam.”
- ▶ Affective empathy: “I feel glad too that your results are so good.”
- ▶ Prosocial concern: “Let’s go out and celebrate your success.”

**Duration:** 10’

#### **5.4.4. EXERCISE 4: REFLECTIVE EXERCISE (SLIDE 42)**

- ▶ 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?

**Duration:** 10’

#### **5.4.5. EXERCISE 5: GROUP DISCUSSION (SLIDE 52)**

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

Duration: 10’

#### **5.4.6. EXERCISE 6: DISCUSSION ON VIDEO (SLIDE 61)**

The trainees will watch the video on person-centered care and will discuss on its content.

**Duration:** 12’

#### **5.4.7. EXERCISE 7: DISCUSSION ON THE VIDEO (SLIDE 67)**

The trainees will watch the video on how to improve their communication skills as caregivers and will discuss on its content.

**Duration:** 12’

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#### 5.4.8. EXERCISE 8: INFORMATION GIVING EXERCISE (SLIDE 72)

Although this initial exercise is non-medical/caregiving, we will be able to relate the feedback that they give after doing this exercise to principles for giving information to patients and they should be able to see the relationship.

##### **Instructions:**

1. Tell the students that this is an exercise on giving information and ask them to arrange their chairs in pairs with the chairs back-to-back but in a wide, spread out circle.
2. Make sure they spread out round the room (in a big circle) and that one chair faces the wall. The person sitting in that chair will be the receiver of information and the person facing into the room is the giver. If the group is large, get some to work in 3's, so that one person sits at the side of a pair and observes but does not comment until the end.
3. The receivers need a pad to rest a piece of paper on and a pen or pencil. Ask each receiver to take out a plain piece of paper or give them one.
4. Provide the "givers" of information the picture and explain that they are meant to describe this so that their "receiver" can draw it on their sheet of paper. They can ask any questions they like of each other. The only thing they cannot do is to look at each other's drawings, or look at each other. They will be given 5 minutes to do the task.
5. Give out the pictures to the givers. It is probably a good idea to get all the receivers to close their eyes while you do this, so that they do not see the picture! (The point of arranging the chairs carefully is to avoid this).
6. Start the exercise and stop after 5 minutes (give a one-minute warning first).
7. Ask the pairs to look at each other's drawings. After a minute or so, ask them to spend a couple of minutes discussing what each did that was helpful in conveying/ understanding the information.
8. Ask the group to move their chairs back to form a group, and using the flip chart, ask the receivers first of all what was helpful. Then ask the givers and finally the observers, if any.
9. The task of the tutor(s) here is to relate the students' feedback to clinical practice. Below is a list of what students commonly say that they learned from the exercise (in bold), along with points you might like to make in response.

**Duration:** 30'

#### 5.4.9. EXERCISE 9: VIDEO DISCUSSION

The trainees will watch the video on how to handle the care recipient's refusal to bathe (UCLA Alzheimer's and dementia care) and will discuss on its content.

**Duration:** 12'

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## 5.5 VR VIDEO

The trainees will use the VR video for VET (Elderly with dementia at a nursing home) and will then discuss it.

**Duration:** 30'

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## 5.6 ADDITIONAL HANDOUTS

### 5.6.1. HANDOUT 1

## **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

### ***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



5.6.2. HANDOUT 2

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

COMMUNICATION STAGES	
<b>1. Initiating and Continuing Discussions</b>	
<ul style="list-style-type: none"> <li>• Address the person using their name</li> <li>• Initial interaction: introduce yourself and keep doing so in cases of cognitive impairment</li> <li>• Keep confidentiality at the core of the relationship</li> </ul>	
<b>2. Gathering Information</b>	
<ul style="list-style-type: none"> <li>• Gather general information on the person and routine of the care recipient</li> <li>• Discuss with the care recipient and/or family about their condition</li> <li>• Keep yourself updated on the information</li> </ul>	
<b>3. Physical Contact</b>	
<ul style="list-style-type: none"> <li>• Ask for initial consent and again from time to time to initiate and continue physical interaction</li> <li>• Share with them the reason for physical contact</li> <li>• Attend to comfort and dignity</li> </ul>	
<b>4. Ongoing interaction</b>	
<ul style="list-style-type: none"> <li>• Organize the different forms of interaction in categories (e.g., medication support, physical support, psychological support, etc.)</li> <li>• Check how much is needed to share with the care recipient</li> <li>• Give information in small chunks</li> <li>• Be aware of person's understanding abilities (i.e., cognitive and emotional)</li> <li>• Relate behaviour towards the person to their understandings</li> <li>• Assist in numerous contexts, beyond the care setting (e.g., social, governmental etc.) if necessary</li> </ul>	



<ul style="list-style-type: none"> <li>• Try to understand and consider the care recipient's personal history (e.g., who they are, where they come from, family characteristics etc.)</li> <li>• Help persons to be assertive in their needs (if possible)</li> </ul>	
<b>5. Compassionate exit</b>	
<ul style="list-style-type: none"> <li>• Helping a person that receives care might mean leaving. Best to explain and make the person aware of the situation of change</li> </ul>	

<b>ADDITIONAL INSTRUCTIONS</b>	
<b>Providing Structure and Support</b>	
<ul style="list-style-type: none"> <li>• Sign-post</li> <li>• Summarise</li> <li>• Share your thinking with the other party</li> <li>• Make sure discussions are ongoing and there is constant interaction in between</li> <li>• Know and understand the particular needs of the person who receives care</li> </ul>	
<b>Building the Relationship</b>	
<ul style="list-style-type: none"> <li>• Build rapport by showing genuine interest about the person and his/her needs</li> <li>• Use active listening</li> <li>• Pick up cues (verbal and non-verbal)</li> <li>• Elicit care recipient's Ideas, Concerns, Expectations (ICE)</li> <li>• Use empathy: Recognise, Acknowledge Validate (RAV)</li> <li>• Provide Support</li> <li>• Deal sensitively with delicate issues</li> </ul>	



### 5.6.3. HANDOUT 3

## **Role play: Providing care to patients with dementia or mental issues (based on SEGUE framework)**

Role play is an exercise that helps the trainee to understand through a scenario and specific roles specific aspects of a behaviour, or of a person according to their role. In groups, discuss the scenario for 20 minutes and then implement the role play based on the SEGUE framework.

**Title:** Providing care to patients with dementia or mental issues

**Scenario:** A female caregiver works at a nursing house. She is providing care to an 81-year-old man who suffers from progressive senile dementia problems. She has been taking care of him for 3 years, and he seems to trust her and to communicate well with her. However, sometimes he seems to lose contact with reality, he does not recognise her and becomes aggressive. The caregiver sometimes is afraid of his abrupt reactions.

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

### **Roles:**

1. Old man with dementia
2. Caregiver who has been working with the patient in the past years
3. Observer

### **Instructions/Questions:**

1. How do you (the caregiver) react?
2. Could you react in a different way?
3. How do you feel?
4. How does the old man feel?
5. How would you handle such situations in the future?