

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



## INTELLECTUAL OUTPUT [7]: Tutor Guide for Health Care Professionals (HE)-QF Work Area 3.2

---

### ACTIVITY IO7A2: DEVELOPMENT OF THE TUTOR GUIDE



Co-funded by the  
Erasmus+ Programme  
of the European Union

This project has been funded with support from the European Commission. The European Commission support for the production of this publication does not constitute an endorsement of the contents which reflects the views only of the authors, and the Commission cannot be held responsible for any use which may be made of the information contained therein.



## 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
<b>Project Agreement Number:</b>	2019-1-CY01-KA203-058432
<b>Start Date:</b>	01/09/2019
<b>End Date:</b>	31/08/2022

## PROJECT PARTNERS



This project has been funded with support from the European Commission. The European Commission support for the production of this publication does not constitute an endorsement of the contents which reflects the views only of the authors, and the Commission cannot be held responsible for any use which may be made of the information contained therein.



# TABLE OF CONTENTS

1. DETAILED TOPIC LIST.....	5
2. TRAINING METHODS.....	5
3. TRAINING TECHNIQUES.....	6
4. WORK AREA 3.2 AT A GLANCE .....	7
5. TRAINING MATERIALS.....	8
<b>5.1. DIRECTED SELF-LEARNING</b> .....	8
<b>5.2. POWER POINT PRESENTATION: WORK AREA 3.2</b> .....	8
<b>5.3. EDUCATIONAL VIDEOS</b> .....	34
5.3.1. Educational Video 1: Scenario 13 (Registration for birth and discussing birth plan with recently migrated client).....	34
5.3.2. Educational Video 2: Scenario 8 (Medical Consultation: patient with high cardiovascular risk) .....	34
5.3.3. Educational Video 3: Scenario 6 (Empathy Cultural Diversity, working with interpreter: Immigrant patient with lung infection) .....	35
<b>5.4. ROLE PLAYS</b> .....	36
5.4.1. Role Play 1: Scenario 2 (Assessment and pain management in pregnant client with language barrier) ..	36
5.4.2. Role Play 2: Scenario 3 (Newborn with weight gain challenges: sharing information and communicating risk) .....	36
5.4.3. Role Play 3: Scenario 4 (Elderly patient after hip replacement: communicating with the confused/angry patient) .....	37
5.4.4. Role Play 4: Scenario 9 (Adolescent with diabetes: shared decision making in challenging situations)....	37
<b>5.5. VR SCENARIOS</b> .....	39
5.5.1. VR Scenario 1: Scenario 1 (Management of a woman in labour: the process of providing patient centred care).....	39
5.5.2. VR Scenario 2: Scenario 5 (Young patient with chronic musculoskeletal pain: shared decision making with patient and family) .....	39
5.5.3. VR Scenario 3: Scenario 7 (Young person with new diagnosis of cancer: the process of sharing bad news) .....	40
<b>5.6. EXERCISES</b> .....	41
Exercise 1: Stressors In My Work Environment.....	41
Exercise 2: Brainstorming – Is Empathy Emotion Work For Health Care Professionals? .....	41
Exercise 3: Checking Yourself For Risk Of Burnout .....	41
Exercise 4: Can you regulate your emotions? .....	42
Exercise 5: Cognitive Reappraisal .....	42
Exercise 6: 4-7-8 Breathing (Relaxing Breath) .....	42



Co-funded by the  
Erasmus+ Programme  
of the European Union

This project has been funded with support from the European Commission. The European Commission support for the production of this publication does not constitute an endorsement of the contents which reflects the views only of the authors, and the Commission cannot be held responsible for any use which may be made of the information contained therein.



<i>Exercise 7: Remaining Calm And Mindful During Stressful Situations</i> .....	43
<i>Exercise 8: Self-care Strategies</i> .....	43
<i>Exercise 9: Goals for Self-Care in Daily Life</i> .....	43
<b>5.7. ADDITIONAL HANDOUTS</b> .....	44
<i>Handout 1: Calgary Cambridge Guide At A Glance</i> .....	44
<i>Handout 2: Calgary Cambridge Guide - The Skills</i> .....	45
<i>Handout 3: ALOBA_How To Set-Up And Carry Out The Role-Play Using Agenda-Led Outcome-Based Analysis (ALOPA)</i> .....	51
<i>Handout 4: Training Evaluation Form</i> .....	55
<b>6. TRAINERS GUIDE ON HOW TO USE THE TRAINING MATERIAL (HANDBOOK)</b> .....	60



This project has been funded with support from the European Commission. The European Commission support for the production of this publication does not constitute an endorsement of the contents which reflects the views only of the authors, and the Commission cannot be held responsible for any use which may be made of the information contained therein.



## 1. DETAILED TOPIC LIST

<b>Work Area ID</b>	<b>3</b>	
<b>Work Area</b>	<b>Challenges to empathy</b>	
<b>Unit</b>	<b>3.2 Challenges to empathy in health care and how to overcome these</b>	
<b>Learning outcomes correspond to EQF</b>	<b>Level 7</b>	
<b>Learning outcomes</b>		
<b>Knowledge</b>	<b>Skills</b>	<b>Attitude</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>1. Outline challenges to empathy in health care</li> <li>2. Define burnout and outline recent research evidence on the relationship between empathy and burnout</li> <li>3. Discuss evidence-based instruments for burnout and stress-related conditions when working in health care</li> <li>4. Outline and discuss evidence-based methods for preventing and/or treating burn out</li> </ol>	<ol style="list-style-type: none"> <li>5. Use self-reflection to recognise symptoms that he/she might be burnt out</li> <li>6. Use appropriate instruments/resources for testing his/her symptoms of burn-out (e.g. Maslach Burnout Inventory)</li> <li>7. Practice techniques to reduce stress and burn-out</li> <li>8. Seek appropriate help</li> </ol>	<ol style="list-style-type: none"> <li>9. Advocate and model self-caring attitudes</li> <li>10. Increase self-confidence in self-caring under stressful situations</li> <li>11. Model a positive, calm and mindful approach when dealing with stressful situations</li> </ol>

## 2. TRAINING METHODS

- Classroom Teaching
- Asynchronous electronic learning
- Directed Self Learning



### 3. TRAINING TECHNIQUES

- Student Centred Lecture
- Role Play
- VR Video
- Educational Videos
- Case Study
- Other: .....



## 4. WORK AREA 3.2 AT A GLANCE

Activity	Time in minutes	Work Area	Unit	LOBS
<b>Directed Self-Learning</b>				
Students to be directed to the online resource to prepare themselves before the session.	90	3.2	3.2	
<b>Face to Face Training</b>				
Plan of the day (Tutors to add this table in their ppt or write this on the white board before the session starts)	10	3.2	3.2	
Welcome and reflections on Day 2 (Ask the students to discuss any issues and questions they may have from their first day of training)	60	3.2	3.2	
<p><b>Ppt Part II: challenges to empathy in health care and how to overcome these</b></p> <p>This part will be face-to-face power point presentation with interactive exercises.</p> <p><b>Question and answer session</b> (at the end of the ppt students may have more questions and the tutors need to encourage these)</p>	90	3.2	3.2	1-11
<b>BREAK</b>				
<p><a href="#">VR Scenario 2</a></p> <p>The class can observe what the student with VR headset is doing on a TV monitor so that the class can discuss the student's journey and the different pathways using ALOBA</p>	60	3.2	3.2	1-13
<b>BREAK</b>				
<p><a href="#">VR Scenario 3</a></p> <p>The class can observe what the student with VR headset is doing on a TV monitor so that the class can discuss the student's journey and the different pathways using ALOBA</p>	60	3.2	3.2	1-13
<p><b>Closure and evaluation of the day</b></p> <ul style="list-style-type: none"> <li>Ask the students to tell/write down the main things they are going to take away in terms of learning.</li> <li>Ask the students to complete the Training Evaluation Form (<a href="#">Handout 4</a>).</li> </ul>	60			
	340 min=5.6 hours			



## 5. TRAINING MATERIALS

### 5.1. DIRECTED SELF-LEARNING

Students to be directed to the online resource to prepare themselves before the session.

Students need to read the papers by:

- Hunter, B., & Smith, P. (2007). Emotional labour: Just another buzz word?[Editorial]. *International Journal of Nursing Studies*, 44(6), 859–861. <https://doi.org/10.1016/j.ijnurstu.2006.12.015>
- Fasbinder, A, Shidler, K, Caboral-Stevens, M. (2020). A concept analysis: Emotional regulation of nurses. *Nurs Forum*. 55, 118– 127. <https://doi.org/10.1111/nuf.12405>
- Lomas, T, Medina, JC, Ivtzan, I, Rupprecht, S, Eiroa-Orosa, F. 2018 A Systematic Review of the Impact of Mindfulness on the Well-Being of Healthcare Professionals. *J Clin Psychol*. 2018; 74: 319– 355. <https://doi.org/10.1002/jclp.22515>

### 5.2. POWER POINT PRESENTATION: WORK AREA 3.2

Slide 1



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

1

The European Commission's support for the production of this publication does not constitute an endorsement of the contents, which reflect the views only of the authors, and the Commission cannot be held responsible for any use which may be made of the information contained therein.



Co-funded by the  
Erasmus+ Programme  
of the European Union







Slide 2

2

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

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

**Project partners**

 <small>UNIVERSITY OF CYPRUS</small>	<a href="https://www.unic.ac.cy/el/">https://www.unic.ac.cy/el/</a>
 <small>CYPRUS CERTIFICATION</small>	<a href="http://www.cycert.org.cy/index.php/el/">http://www.cycert.org.cy/index.php/el/</a>
 <small>Vrije Universiteit Brussel</small>	<a href="https://www.vub.be/">https://www.vub.be/</a>
 <small>UNIVERSITÄT BERLIN</small>	<a href="https://www.charite.de/">https://www.charite.de/</a>
 <small>UNIVERSITY OF THESSALY</small>	<a href="https://www.uth.gr/">https://www.uth.gr/</a>
	<a href="http://www.omegatech.gr/">http://www.omegatech.gr/</a>



Slide 3


3

Work Area 3: *Showing empathy in diverse environments and overcoming barriers/ challenges to empathy*

Unit 3.2: Challenges to empathy in healthcare and how to overcome these

Duration: 6 hours

Trainer:






Slide 4

4


Unit 3.2: Challenges to empathy in healthcare and how to overcome these



Slide 5

5

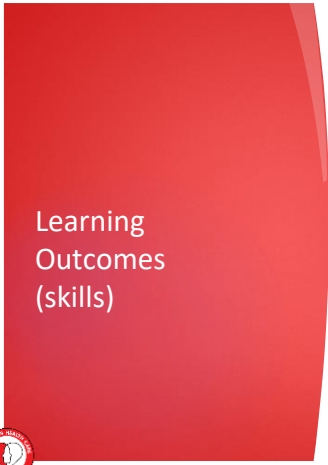
Learning Outcomes (knowledge)



- 54. Outline challenges to empathy in health care:
  - The students know the impact of work place stress on his/her empathy.
  - The students know factors related to work place stress
  - The students know the concept of emotional labour
- 55. Define burnout and describe the relationship between empathy and burnout
- 56. Identify and label evidence-based instruments for assessing burnout and stress-related conditions when working in health care
- 57. Identify and label evidence-based methods for preventing and/or treating burn out



Slide 6



58. Use self-reflection to recognise symptoms that he/she might be burnt out


- The students reflect on his exposure to work place stress based on a socioecological model
- The students discuss the model of emotional labour

59. Use appropriate instruments/resources for testing his/her symptoms of burn-out

60. Practice techniques to reduce stress and burn-out

61. Seek appropriate help

Slide 7



62. Advocate and model self-caring attitudes

63. Increase self-confidence in self-caring under stressful situations

64. Model a positive, calm and mindful approach when dealing with stressful situations, e.g., in using emotional regulation and self-reflection



Slide 8

Participation Contract8

- ▶ Mobile Phones
- ▶ Breaks
- ▶ Other



**COFFEE  
BREAK**



# Participation

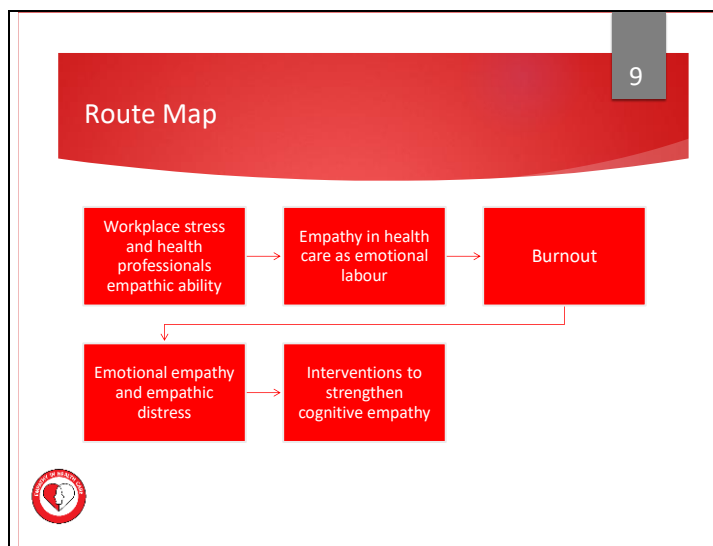
# Respect

Express your opinion



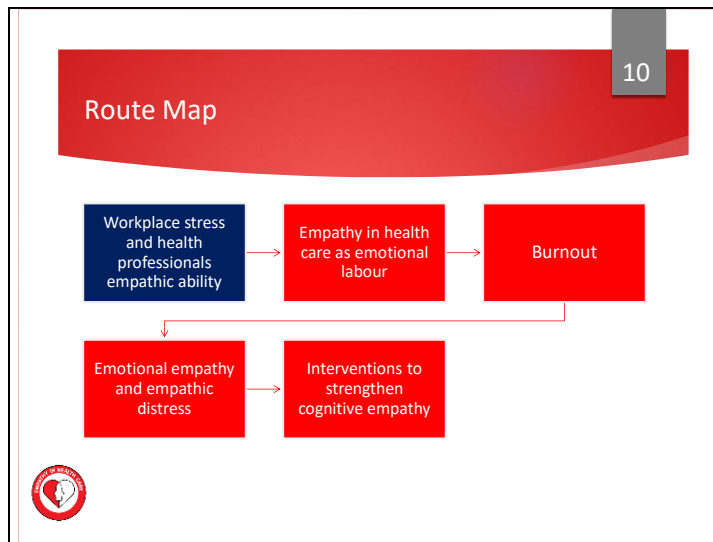
Feel Free to Change

Slide 9





Slide 10



Slide 11

### Challenges To Empathy In Health Care

11

- ▶ Workplace stress = threat to health professionals **empathic ability**
  - ▶ Stress can cause anxiety and trigger individuals to fall back on what they know to be true —namely, their **own perspectives and feelings** (Ahrweiler et al., 2014)
- ▶ High levels of workplace stress among health care professionals (Rice, Glass et al. 2014)



Slide 12



Slide 13

## 13

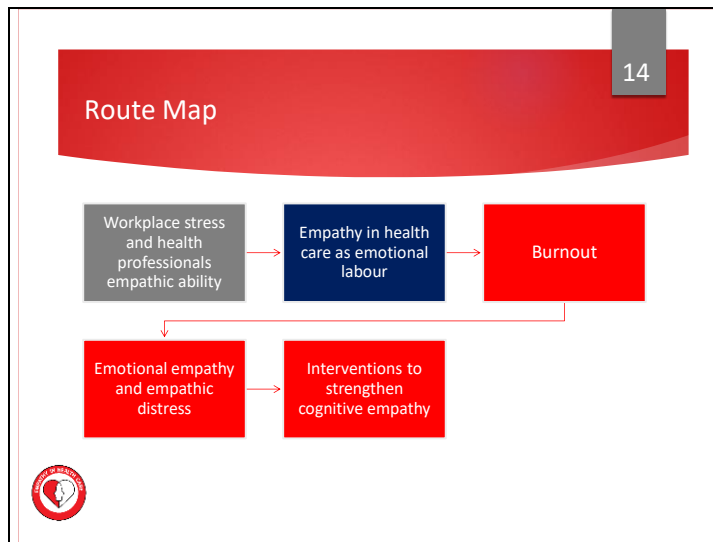
### Individual Exercise: Stressors in my Work Environment

▶ Please reflect:

- ▶ Which of the factors described in the model are relevant to **your** current work situation/to your work environment?



Slide 14



Slide 15

15

### The Concept of Emotional Labour

- ▶ Emotional labour = effort involved in managing feelings when the work role specifies that **particular emotions (e.g. empathy)** should be displayed and others should be hidden
- ▶ Health care has all three elements of jobs requiring emotional labour:
  - ▶ Intensive contact with the public
  - ▶ The need to produce an emotional state in other people
  - ▶ A set of explicit or implicit rules regarding the type of emotional display that is appropriate and inappropriate (Hochschild 1983)




## Slide 16


### Brainstorming – Is Empathy Emotion Work for Health Care Professionals?

16

- ▶ The concept of **emotional work** is based on the assumption that the “appropriate” emotional response (e.g. in health care = **empathy**) will not always arise spontaneously
- ▶ Please ‘think, pair, share’:
  - ▶ Do you find it **always easy** to be empathetic?
  - ▶ Have you ever experienced/or witnessed a situation **where it was difficult** for you/ a colleague **to show empathy**?
  - ▶ How did you/your colleague deal with that situation?



THINK, PAIR, SHARE.



## Slide 17

### Empathy as Emotional Labor In Healthcare

17

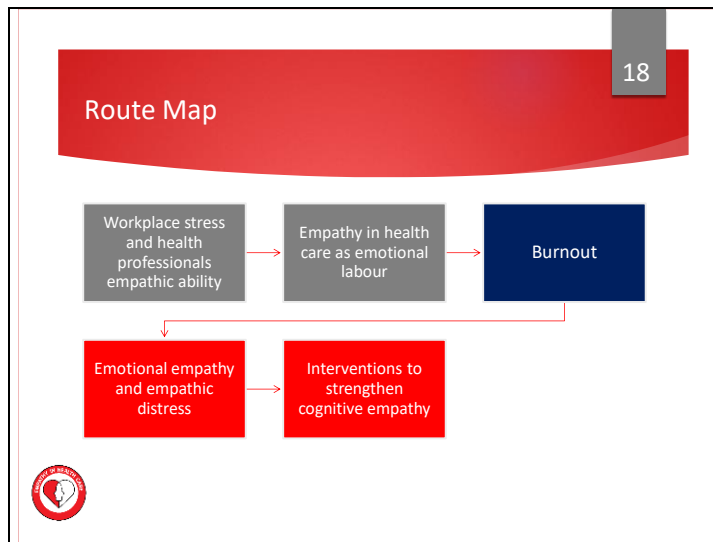
- ▶ Empathy = **fundamental requirement in all healthcare professions**
  - ▶ Showing empathy and avoiding expressions of negative feelings toward clients are **essential job role expectations** in health care
- ▶ Showing empathy whilst dealing with patients’ illness and suffering represents **emotional labour** (Hunter 2001; Riley and Weiss 2016)
- ▶ Emotional labour is a source of **workplace stress in health care and can lead to burnout** (Kerasidou and Horn 2016)







Slide 18



Slide 19

19

### Burnout - Definition

- ▶ Burnout is a **work-related stress syndrome** resulting from chronic exposure to job stress
- ▶ Burnout is characterized by
  1. Emotional exhaustion
  2. Depersonalization and
  3. A low sense of personal accomplishment

(Maslach et al., 2001)
- ▶ Also described as **erosion of engagement** with ones' job that happens **gradually over time**

(Bakker and Costa, 2014)



Slide 20


## Burnout - Implications

20

- ▶ Burnout has personal and interpersonal implications and also affects health care
- ▶ Personal implications:
  - **overwhelming** exhaustion and feelings of incompetence
- ▶ Interpersonal implications:
  - cynicism and depersonalisation – **reduces empathy**
- ▶ Implications for healthcare
  - Contributes to **poor outcomes**, including worse patient safety, and to lower patient satisfaction

(Maslach et al., 2001)

(Poghosyan, Clarke et al. 2010)



Slide 21


## Assessment of Burnout: The Maslach Burnout Inventory (MBI)

21

MBI = the most common, well validated measure of burnout

- ▶ 22 items, scored on 7-point Likert scales (0 = never, 6 = everyday).
- ▶ 3 subscales:
  - ▶ Emotional exhaustion
  - ▶ Depersonalization
  - ▶ Personal accomplishment
- ▶ Example of a positively worded item:  
*"I feel emotionally drained from my work"*

(Maslach et al., 2001)






Slide 22

## Assessment of Burnout: Single Item Measure

22

- ▶ MBI is proprietary and carries licensing fees = challenge to routine or repeated assessment
- ▶ Valid assessment **using single item from MBI** (emotional exhaustion subscale): "I feel burned out from my work."
  1. Never
  2. A few times a year or less
  3. Once a month or less
  4. A few times a month
  5. **Once a week**
  6. **A few times per week** } **high burnout risk**
  7. **Every day**

(West, Dyrbye et al. 2012, 2009)





Slide 23

## Individual Exercise: Checking Yourself for Risk of Burnout

23

- ▶ Please perform
  - 1) The single item assessment and then
  - 2) The Workplace Stress Scale to get information about your burnout risk
- ▶ **Compare the results of both assessments**
- ▶ **Do the results surprise you?**







**The Workplace Stress Scale™ Copyright © The Marlin Company, North Haven, CT, and the American Institute of Stress, Fort Worth, TX**

*Directions: Thinking about your current job, how often does each of the following statements describe how you feel? Never Rarely Sometimes Often Very Often*


Conditions at work are unpleasant or sometimes even unsafe	1	2	3	4	5
I feel that my job is negatively affecting my physical or emotional well-being.	1	2	3	4	5
I have too much work to do an/or too many unreasonable deadlines.	1	2	3	4	5
I find it difficult to express my opinions or feelings about my job conditions to my superiors.	1	2	3	4	5
I feel that job pressures interfere with my family or personal life.	1	2	3	4	5
I have adequate control or input over my work duties.	1	2	3	4	5
I receive appropriate recognition or rewards for good performance.	1	2	3	4	5
I am able to utilize my skills and talents to the fullest extent at work.	1	2	3	4	5

Slide 24

## How to Seek Appropriate Help

24

- ▶ Health care professionals who suffer from burnout frequently delay seeking support (Putnik, de Jong et al. 2011)
- ▶ However, it is important **that you seek help before the burnout symptoms get worse:**
  - ▶ **Reach out** to co-workers, friends or loved ones - support and collaboration might help you cope.
  - ▶ Check if there are **employee assistance** programs or **counselling** services at your work - take advantage of relevant services






Slide 25

## Research on burnout and emotional and cognitive empathy

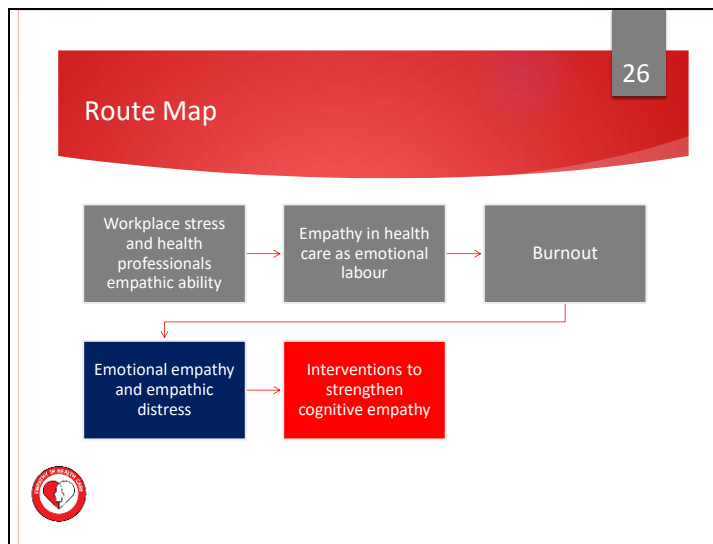
25

(Harscher, Desmarais et al. 2018)

- ▶ **Objective:**  
To understand the relationship between empathy (**Empathic Concern [EC]** and **Personal Distress [PD]**; similar to empathic stress) and burnout in medical students
- ▶ **Method:**  
Five successive classes of medical students (n = 353) were given the Maslach Burnout Inventory and Davis' Interpersonal Reactivity Index over the course of three successive years Data was analyzed for each of the three components of burnout based on gender, age, year in medical school, and two types of empathy: **Empathic concern (EC)** and **Personal Distress (PD)**
- ▶ **Results:**  
Students with high levels of EC had statistically lower scores of burnout over time while students with high levels of PD empathy showed statistically higher scores of burnout over three years.



Slide 26






Slide 27

## Emotional and Cognitive Components of Empathy

27

- ▶ Empathy has both **affective (=emotional)** and **cognitive** components
- ▶ The affective component of empathy relates to sharing the emotions of the other person
  - ▶ This sharing of emotions, or **emotional contagion**, is an automatic response
  - ▶ Sharing emotions for the empathiser leads to feelings of **empathic concern, which is key for an empathic exchange**
  - ▶ However, if emotions are **over aroused**, **personal/empathic distress can develop**

(Decety and Hodges, 2006; Decety and Yoder 2016)




Slide 28

## Empathic Distress

28

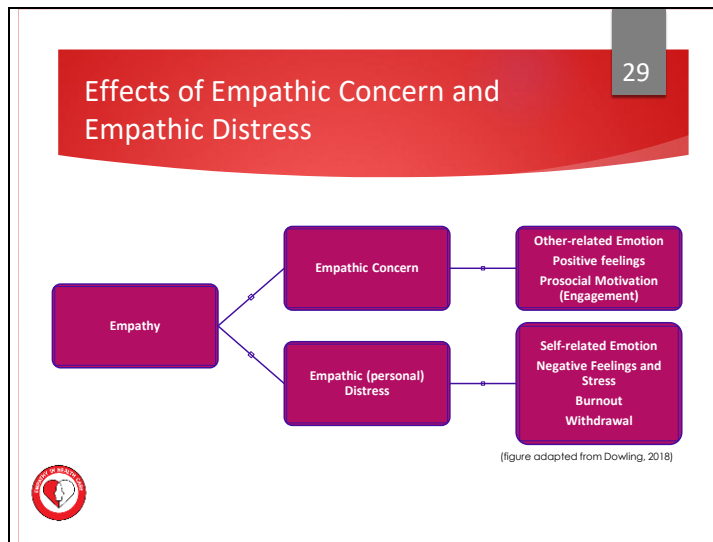
- ▶ Strong aversive and **self-oriented response** to the suffering of others
  - > **Form of empathic overarousal** that results from **poor emotion regulation** and lessened self-other distinction
- ▶ Empathic distress can lead to the **desire to withdraw** from a situation in order to protect one's self from excessive negative feelings

(Decety and Lamm 2009; Dowling 2018; Wacker et al., 2016)

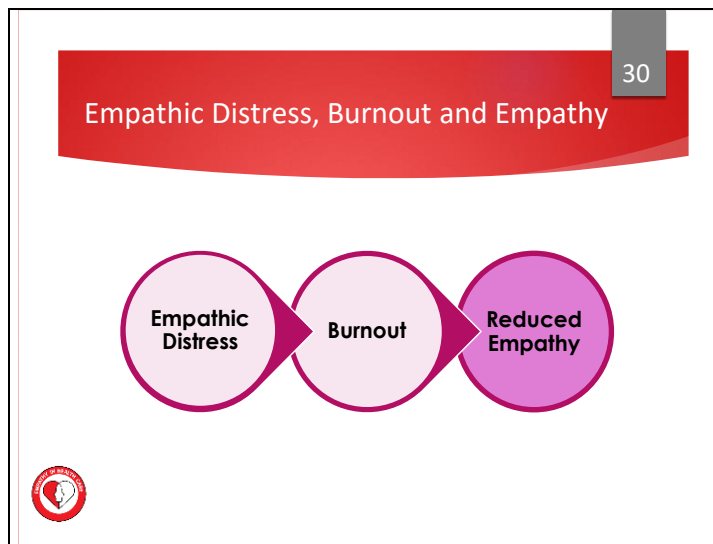




Slide 29



Slide 30





Slide 31

Video31

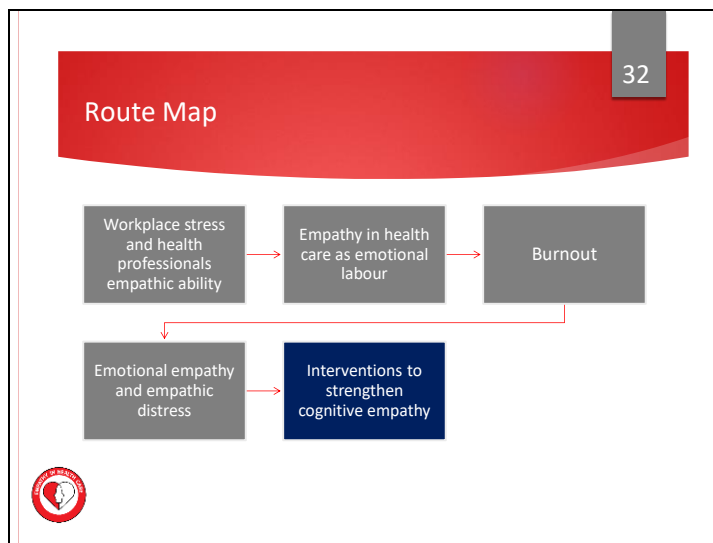
Please watch the BBC Video on Empathy (<https://youtu.be/QzuV51Hv8TA>)

Make notes to answer the following questions:

- ▶ What do the authors mean by ,the dark side of empathy'?
- ▶ Why is this relevant to ,Empathy in Health'?
- ▶ What **tips for health professionals** do the researchers have to offer in the video?



Slide 32








Slide 33

## Reducing Empathic Distress Using Emotional Regulation

33

- ▶ Emotional regulation in health care refers to the **processes by which one manages emotions** during engagement with patients
  - ▶ also described as **self-awareness during empathic engagement** with patients (Tei, Becker et al. 2014)
  - ▶ intrinsically related to empathy (Thompson et al., 2019)
- ▶ Without the ability to regulate one's own emotions, excessive emotional empathy may lead to burnout (Zeidner, Hadar et al. 2013)
- ▶ **Emotional regulation training** has been found to be successful in reducing workplace stress and burnout in health care professional (Weilenmann, Schnyder et al. 2018; Kharatzadeh, Alavi et al. 2020)





Slide 34

## Exercise: How Do You Manage Your Emotions?

34

- ▶ At home?
- ▶ At work?
- ▶ When being with friends?
- ▶ What helps you to regulate your emotions in stressful situations?



Could be an individual reflection exercise, or as a group brainstorming




Slide 35

## Emotion Regulation Through Cognitive Reappraisal

35

- ▶ **Cognitive reappraisal** involves thinking about a negative or challenging situation in a more **positive** way.
  - ▶ Example: Imagine a friend did not return your calls or texts for several days. Rather than thinking that this reflected something about yourself, such as "my friend hates me," you might instead think, "my friend must be really busy."
- ▶ Using cognitive **reappraisal** in everyday life is related to experiencing more positive and less negative emotions

(McRae, Gross, Gieselski et al. 2012)





Slide 36

## Individual Exercise: Cognitive Reappraisal

36

- ▶ Please **remember a situation at work that has caused you stress and negative thinking.**
- ▶ Please work with the 'Thought-Record' worksheet:
  - ▶ First **describe** the situation using your original interpretation
  - ▶ Following this try to think of **at least two different ways to reappraise** the situation and describe them as required in the worksheet



Where were you?  
Emotion or feeling  
Negative automatic thought  
Evidence that supports the thought  
Evidence that does *not* support the thought  
Alternative thought Emotion or feeling



Where were you?

What were you doing?

Who were you with?

Emotions can be described with one word. E.g.: angry, sad, scared

Rate 0-100%

What thoughts were going through your mind?

What memories or images were in my mind?

What facts support the truthfulness of this thought or image?

What experiences indicate that this thought is not completely true all of the time?

If my best friend had this thought what would I tell them?

Are there any small experiences which contradict this thought?

Could I be jumping to conclusions?

Write a new thought which takes into account the evidence for and against the original thought

How do you feel about the situation now?

Rate 0 - 100%

CBT Thought Record


PSYCHOLOGYTOOLS.org

Slide 37

37

## Reducing Empathic Distress Using Mindfulness Interventions

- ▶ Mindfulness interventions have been found to have a **significant impact** on health care professional's level of burnout  
(Comersano, Giacchini et al. 2020, van der Riet, Levett-Jones et al. 2018)
- ▶ Mindfulness meditation reduce stress, depression and anxiety in nurses and nursing students
- ▶ **Dispositional mindfulness** is a protective factor for stress and burnout in nursing students  
(van der Riet, Levett-Jones et al. 2018)



Slide 38

Individual Exercise:  
4-7-8 Breathing (Relaxing Breath)38

- ▶ Rationale:
  - ▶ The focus on the outbreath activates the parasympathetic nervous system (PSNS)– this slows our heart and breathing rates and lowers blood pressure – this reduces stress (Varvogli and Darviri 2011)
- ▶ Technique: Adopt a **comfortable sitting position**
  - ▶ Place the tip of the tongue on the tissue right behind the top front teeth
- ▶ Focus on the following breathing pattern
  - ▶ **Empty** the lungs of air
  - ▶ **Breathe in** quietly through the nose for **4** seconds
  - ▶ **Hold** the breath for a count of **7** seconds
  - ▶ **Exhale** forcefully through the mouth, **pursing the lips and making a “whoosh” sound**, for **8** seconds (repeat as long as necessary to reduce distress)

Slide 39

Individual Exercise:  
Remaining Calm and Mindful During  
Stressful Situations39

- ▶ Please think of an example when **you or someone you observed had a calm and mindful approach** during a stressful professional situation?
  - ▶ Describe **the behavior** that went with the calm and mindful approach
  - ▶ How did the environment react to this?
  - ▶ How did **it make you feel**?




Slide 40

Self-Care to prevent Burnout40

Self Care = Practices that individuals initiate and perform to maintain their life, health and wellbeing  
(World Health Organization 2018)


- ▶ Self-care practices **can buffer workplace stress** in health professional  
(Nahm, Warren et al. 2012)
- ▶ Self care can be physical, psychological or spiritual
  - ▶ E.g. eating, sleeping, and moving well are achievable self care goals  
(Couser, Chesak et al. 2020)




Slide 41

Group Discussion: Self-care Strategies41

- ▶ Please **pair up** with another student and have an exchange about the following points:
- ▶ What are activities/ things **you do to take care of yourself**, e.g. after a stressful working day or week
- ▶ Have you **observed** other, e.g. your educators, friends, family, role – models practice self-caring?





- ▶ What does this look like?


Slide 42

## Exercise: Goals For Self-Care In Daily Life

42

- ▶ In pairs of two, please discuss which self care measures you would like to incorporate in your daily life
- ▶ Create each a SMART goal (see below) for one of these self care measures.

Specific	Measurable	Achievable	Realistic	Timely
S	M	A	R	T
G	O	A	L	S
What do you want to do?	How will you know when you've reached it?	Is it in your power to accomplish it?	Can you realistically achieve it?	When exactly do you want to accomplish it?





Slide 43

## Revision Questions

43

- ▶ **What challenges** our capacity for empathy in health care?
  - ▶ Name **two threats** to empathy in the health care environment
- ▶ How is **burnout** defined and assessed?
- ▶ In what way can empathy lead to burnout i health care professionals?
  - ▶ **Which two components of empathy** are relevant here?
- ▶ Please **name two evidence-based strategies to prevent burnout**
  - ▶ Describe **one exercise** for each strategy






Slide 44

44

- Challenges to empathy in health care
- Definition and assessment of burnout
- Relationship between empathy and burnout
- Strategies to prevent burnout



**Key Points**

Slide 45

45

**References (1)**

Ahrweiler, F., Neumann, M., Goldblatt, H., Hahn, E. G., & Scheffer, C. (2014). Determinants of physician empathy during medical education: hypothetical conclusions from an exploratory qualitative survey of practicing physicians. *BMC Med Educ*, 14, 122.

Bakker, A. B., Le Blanc, P. M., & Schaufeli, W. B. (2005). Burnout contagion among intensive care nurses. *Journal of Advanced Nursing*, 51(3), 276-287.

Brooke, T., Brown, M., Orr, R., & Gough, S. (2020). Stress and burnout: exploring postgraduate physiotherapy students' experiences and coping strategies. *BMC Medical Education*, 20(1), 1-11.

Conversano, C., Ciacchini, R., Orrù, G., Di Giuseppe, M., Gemignani, A., & Poli, A. (2020). Mindfulness, Compassion, and Self-Compassion Among Health Care Professionals: What's New? A Systematic Review. *Front Psychol*, 11, 1683. doi:10.3389/fpsyg.2020.01683

Couser, G., Chesak, S., & Cutshall, S. (2020). Developing a Course to Promote Self-Care for Nurses to Address Burnout. *OJIN: The Online Journal of Issues in Nursing*, 25(3).

Crumpei, I., & Dafinolu, I. (2010). Secondary traumatic stress, the side effect of clinical empathy. *Rev Med Chir Soc Med Nat Iasi*, 114(4), 1092-1100.

Decety, J., & Lamm, C. (2009). Empathy vs. personal distress. In J. Decety & W. Ickes (Eds.), *The social neuroscience of empathy*. Cambridge, UK: MIT Press.

Decety, J., & Yoder, K. J. (2016). Empathy and motivation for justice: Cognitive empathy and concern, but not emotional empathy, predict sensitivity to injustice for others. *Social Neuroscience*, 11(1), 1-14.

Dowling, T. (2018). Compassion does not fatigue! *The Canadian Veterinary Journal = La revue vétérinaire canadienne*, 59(7), 749-750.

Hochschild, A. R. (1983). *The Managed Heart: Commercialisation of Human Feeling*. CA.

Hunter, B. (2001). Emotion work in midwifery: a review of current knowledge. *Journal of Advanced Nursing*, 34(4), 436-444.

Kerasidou, A., & Horn, R. (2016). Making space for empathy: supporting doctors in the emotional labour of clinical care. *BMC Medical Ethics*, 17(1), 8. doi:10.1186/s12910-016-0091-7

Kharatzadeh, H., Alavi, M., Mohammadi, A., Visentin, D., & Cleary, M. (2020). Emotional regulation training for intensive and critical care nurses. *Nursing & Health Sciences*, 22(2), 445-453. doi:https://doi.org/10.1111/nhs.12679





## Slide 46

46

### References (2)

Leinweber, J., Creedly, D. K., Rowe, H., & Gamble, J. (2016). Responses to birth trauma and prevalence of posttraumatic stress among Australian midwives. *Women Birth*, 30(1), 40-45. doi:10.1016/j.wombi.2016.06.006

Maslach, C., Schaufeli, W. B., & Leiter, M. P. (2001). Job burnout. *Annu Rev Psychol*, 52, 397-422. doi:10.1146/annurev.psych.52.1.397

McRae, K., Ciesielski, B., & Gross, J. J. (2012). Unpacking cognitive reappraisal: goals, tactics, and outcomes. *Emotion*, 12(2), 250.

Nahm, E.-S., Warren, J., Zhu, S., An, M., & Brown, J. (2012). Nurses' self-care behaviors related to weight and stress. *Nursing Outlook*, 60(5), e23-e31. doi:<https://doi.org/10.1016/j.outlook.2012.04.005>

Nielsen, H. G., & Tuulius, C. (2009). Preventing Burnout Among General Practitioners: is There a Possible Route? *Education for Primary Care*, 20(5), 353-359. doi:10.1080/14739879.2009.11493817

Pérez-Fuentes, M. d. C., Herrero-Rico, I., Molero Jurado, M. d. M., Orapesa Ruiz, N. F., Ayuso-Murillo, D., & Gázquez Linares, J. J. (2020). A Cross-Sectional Study of Empathy and Emotion Management: Key to a Work Environment for Humanized Care in Nursing. *Front Psychol*, 11(706). doi:10.3389/fpsyg.2020.00706

Poghoyan, L., Clarke, S. P., Finlayson, M., & Alken, L. H. (2010). Nurse burnout and quality of care: cross-national investigation in six countries. *Research in Nursing & Health*, 33(4), 288-298. doi:10.1002/nur.20383


Putnik, K., de Jong, A., & Verdonk, P. (2011). Road to help-seeking among (dedicated) human service professionals with burnout. *Patient Education and Counseling*, 83(1), 49-54. doi:<https://doi.org/10.1016/j.pec.2010.01.004>

Rice, V., Glass, N., Ogilvie, K., & Parsian, N. (2014). Exploring physical health perceptions, fatigue and stress among health care professionals. *Journal of multidisciplinary healthcare*, 7, 155-161. doi:10.2147/JMDH.S59462

Riley, R., & Weiss, M. C. (2016). A qualitative thematic review: emotional labour in healthcare settings. *Journal of Advanced Nursing*, 72(1), 6-17. doi:<https://doi.org/10.1111/jan.12738>

Rogan, S., Verhavert, Y., Zinzen, E. et al. Risk factor and symptoms of burnout in physiotherapists in the canton of Bern. *Arch Physiother* 9, 19 (2019). <https://doi.org/10.1186/s40945-019-0072-5>

Sheen, K., Slade, P., & Spiby, B. (2014). An integrative review of the impact of indirect trauma exposure in health professionals and potential issues of salience for midwives. *Journal of Advanced Nursing*, 70(4), 729-743. doi:10.1111/jan.12274



## Slide 47

47

### References (3)

Tei, S., Becker, C., Kawada, R., Fujino, J., Jankowski, K. F., Sugihara, G., . . . Takahashi, H. (2014). Can we predict burnout severity from empathy-related brain activity? *Translational Psychiatry*, 4(6), e393-e393. doi:10.1038/tp.2014.34

van der Riet, P., Levett-Jones, T., & Aquino-Russell, C. (2018). The effectiveness of mindfulness meditation for nurses and nursing students: An integrated literature review. *Nurse Education Today*, 65, 201-211. doi:<https://doi.org/10.1016/j.nedt.2018.03.018>

Varvogli, L., & Darviri, C. (2011). Stress management techniques: evidence-based procedures that reduce stress and promote health. *Health science journal*, 5, 74-89.

von Harscher, H., Desmarais, N., Dollinger, R., Grossman, S., & Aldana, S. (2018). The impact of empathy on burnout in medical students: new findings. *Psychology, Health & Medicine*, 23(3), 295-303. doi:10.1080/13548506.2017.1374545

Wacker, R., & Dziobek, I. (2018). Preventing empathic distress and social stressors at work through nonviolent communication training: A field study with health professionals. *J Occup Health Psychol*, 23(1), 141-150. doi:10.1037/ocp0000058


Weilenmann, S., Schnyder, U., Parkinson, B., Corda, C., von Känel, R., & Pfaltz, M. C. (2018). Emotion Transfer, Emotion Regulation, and Empathy-Related Processes in Physician-Patient Interactions and Their Association With Physician Well-Being: A Theoretical Model. *Frontiers in psychiatry*, 9, 389.

West, C. P., Dyrbye, L. N., Sloan, J. A., & Shanafelt, T. D. (2009). Single item measures of emotional exhaustion and depersonalization are useful for assessing burnout in medical professionals. *J Gen Intern Med*, 24(12), 1318-1321.

World Health Organisation. (2018). Health education of self-care: possibilities and limitations. Geneva, Switzerland.

Xie, Z., Wang, A., & Chen, B. (2011). Nurse burnout and its association with occupational stress in a cross-sectional study in Shanghai. *J Adv Nurs*, 67(7), 1537-1546. doi:10.1111/j.1365-2648.2010.05576.x

Zeidner, M., Hadar, D., Matthews, G., & Roberts, R. D. (2013). Personal factors related to compassion fatigue in health professionals. *Anxiety, Stress & Coping*, 26(6), 595-609.







Slide 48





## 5.3. EDUCATIONAL VIDEOS

Use [Handout 2 Calgary/Cambridge Guide](#) to evaluate the videos.

### 5.3.1. EDUCATIONAL VIDEO 1: SCENARIO 13 (REGISTRATION FOR BIRTH AND DISCUSSING BIRTH PLAN WITH RECENTLY MIGRATED CLIENT)

**Scenario Number:** 13

**Title:** Registration for birth and discussing birth plan with recently migrated client

**Discipline:** Midwifery/Medic

**Developed by:** Charite

**Work areas:** Work Area 1, 2 and 3.1

**Specific features:** Providing woman-centered care, shared decision making, cultural diversity

**Description of scenario:** Mrs. Kurt has recently migrated from Turkey to Berlin and she is expecting her second child. She would like to know what to expect when she comes to the hospital when she is having her baby. The midwife is discussing with her what her options are regarding the management of the labour pain and the time following the birth of the baby and where the care may differ from the care she has received when giving birth to her first child in Turkey.

---

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

**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.

---

### **5.3.3. EDUCATIONAL VIDEO 3: SCENARIO 6 (EMPATHY CULTURAL DIVERSITY, WORKING WITH INTERPRETER: IMMIGRANT PATIENT WITH LUNG INFECTION)**

**Scenario number:** 6

**Title:** Empathy Cultural Diversity, working with interpreter: Immigrant patient with lung infection

**Discipline:** Physio/ Medic/VET

**Developed by:** UTH

**Work areas:** All work areas

**Specific features:** Cultural diversity, giving- gathering information, working with interpreter

**Description of scenario:** Man (20s) refugee (Muslim), Arabic speaking (interpreter) leaving in a refugee camp had a lung infection and he is in the pulmonary clinic now (fear, breathing difficulty, difficulty of communication, female therapist issues\*). His wife is with him. A female physio is in charge, she has to give information and demonstrate respiratory exercises to him before his discharge.



## 5.4. ROLE PLAYS

Use [Handout 3 on ALOBA](#) and how to set up the role play.

### 5.4.1. ROLE PLAY 1: SCENARIO 2 (ASSESSMENT AND PAIN MANAGEMENT IN PREGNANT CLIENT WITH LANGUAGE BARRIER)

**Scenario Number:** 2

**Role play Title:** Assessment and pain management in pregnant client with language barrier

**Discipline:** Interprofessional

**Developed by:** Charite

**Work areas:** Work Area 1, 2 and 3.1

**Specific features:** Assessing risk/performing triage when communication is difficult, cultural diversity

**Scenario description:** The bell rings, and Meral Navid and her husband Hamid Navid arrive at the birthing suite. The midwife goes to the door to meet the new arrival. When she gets to the door, she sees a woman bent over, breathing through a contraction. The woman is wearing a hijab and is with her husband. Meral Navid is gesturing and does not feel confident speaking German, but she does understand many things. Her husband is trying to help by explaining the situation. The midwife introduces herself, and communicates with the couple to assess what should happen next.

---

### 5.4.2. ROLE PLAY 2: SCENARIO 3 (NEWBORN WITH WEIGHT GAIN CHALLENGES: SHARING INFORMATION AND COMMUNICATING RISK)

**Scenario Number:** 3

**Role play Title:** Newborn with weight gain challenges: sharing information and communicating risk

**Discipline:** Interprofessional

**Developed by:** Charite

**Work areas:** Work Area 1 and 2

**Specific features:** Shared decision making postpartum, communicating risk to client who wishes to leave the hospital against medical advice



**Scenario description:** Mrs Lea Kowalsky, a 36-year-old woman had a C-section with her first child 4 days ago. She is set to leave the hospital with her baby boy Paul and is awaiting the results of the discharge examination. The midwife who is weighing the baby is aware that Mrs Kowalsky very much wishes to leave the hospital that day. The midwife sees that the baby has continued its weight loss, and she needs to communicate this and the associated risk to Mrs Kowalski. She recommends against leaving the hospital today. Mrs Kowalsky is very upset and feels sure that the breastfeeding would go better at home. She insists on being discharged. The midwife is challenged to communicate how another day in hospital will be of benefit to Mrs. Kowalski and her baby.

---

#### **5.4.3. ROLE PLAY 3: SCENARIO 4 (ELDERLY PATIENT AFTER HIP REPLACEMENT: COMMUNICATING WITH THE CONFUSED/ANGRY PATIENT)**

**Scenario Number:** 4

**Role play Title:** Elderly patient after hip replacement: communicating with the confused/angry patient

**Discipline:** Physio/Medic/VET

**Developed by:** UTH

**Work areas:** All work areas

**Specific features:** Manage angry patient, exploring patient concerns, shared decision making

**Scenario description:** Elder man (70s) in orthopaedics clinic, two days after having total hip replacement. He has mental problems (dementia, confusion) and due to his medical concurrent problems, he needs to be mobilized (standing up and walk with aid). He refuses to cooperate with the therapist.

---

#### **5.4.4. ROLE PLAY 4: SCENARIO 9 (ADOLESCENT WITH DIABETES: SHARED DECISION MAKING IN CHALLENGING SITUATIONS)**

**Scenario number:** 9

**Role play Title:** Adolescent with diabetes: shared decision making in challenging situations

**Discipline:** Medicine

**Developed by:** UNIC



**Work areas:** Work Areas 1.2 and 3.1

**Specific features:** Info gathering, info giving, shared decision making, showing empathy to a patient who does not comply with treatment

**Scenario description:** A 17y.o. adolescent boy with Type I Diabetes, is attending the GP practice for review of hypoglycemic episodes and his overall glucose control. The student is asked to explore potential reasons behind the patient's challenges with his blood glucose control and insulin treatment including exploring behavioural issues such as missing insulin treatment because he feels that diabetes is an obstacle to normal living and he wants to be like his peers and use of substances like alcohol, smoking of cigarettes and cannabis. The student is asked to use his empathic skills to explore challenging issues around the boy's health and behavior and discuss with him a mutually agreed treatment plan.

---



## 5.5. VR SCENARIOS

Use [Handout 3 on ALOBA](#) to facilitate the feedback process.

### 5.5.1. VR SCENARIO 1: SCENARIO 1 (MANAGEMENT OF A WOMAN IN LABOUR: THE PROCESS OF PROVIDING PATIENT CENTRED CARE)

**Scenario number:** 1

**Title:** Management of a woman in labour: the process of providing patient centred care

**Discipline:** Midwifery/ Medicine

**Developed by:** Charite

**Work areas:** Work Area 1 and 2

**Specific features:** Providing woman - centered intra- partum care, supporting the woman to find the best way to cope with labour pain

**Description of scenario:** Mia Schmidt, a 28-year-old woman, is pregnant with her first child and has been in the delivery room for two hours. She is lying on the bed, her husband is sitting at her side. The midwife has been coming in and out of the room to check on her but has not stayed for a longer time with her. Mia is in quite a bit of pain when she has a contraction, and is feeling uncertain and unsafe because she can no longer manage the pain. In order to be able to choose the most appropriate pain relief for the stage of labour that the woman is in, the midwife tells her that it would be helpful to perform a vaginal exam to assess her progress in labour. Mia is scared and does not want a vaginal examination, but is also afraid she won't get good care/pain relief if she doesn't let the midwife exam her vaginally. The midwife is challenged to provide woman-centered empathic intrapartum care.

---

### 5.5.2. VR SCENARIO 2: SCENARIO 5 (YOUNG PATIENT WITH CHRONIC MUSCULOSKELETAL PAIN: SHARED DECISION MAKING WITH PATIENT AND FAMILY)

**Scenario number:** 5

**Title:** Young patient with chronic musculoskeletal pain: shared decision making with patient and family

**Discipline:** Interprofessional



**Developed by:** UTH

**Work areas:** Work areas 1, 2 & 3.2

**Specific features:** Exploring patient concerns, communicate with a patient's family, giving- gathering information, shared decision making

**Description of scenario:** Woman (40s) in chronic musculoskeletal pain (low back pain, somatization), with psychosocial problems (stress, anxiety, difficulties with sleep, kinesiophobia) that comes to physiotherapy clinic in order to get helped (doctor referral, otherwise she will have a surgery). The problem started after giving birth to her 3 years old son. Other therapies have not helped, she is disappointed, angry. The physiotherapist will propose a new therapy in order to help including exercise- behaviour change. She is accompanied by a member of her family (her father), she is divorced and she lives at her parents' house with her 3 children.

---

### **5.5.3. VR SCENARIO 3: SCENARIO 7 (YOUNG PERSON WITH NEW DIAGNOSIS OF CANCER: THE PROCESS OF SHARING BAD NEWS)**

**Scenario number:** 7

**Title:** Young person with new diagnosis of cancer: the process of sharing bad news

**Discipline:** Medicine

**Developed by:** UNIC

**Work areas:** Work Areas 1, 2

**Specific features:** Sharing bad news, overcoming social and environmental barriers to empathy

**Description of scenario:** A female patient in her early 40s is admitted to hospital with bowel obstruction. A CT scan on admission indicates a large mass blocking her large intestine and she is taken to theatre. The preliminary diagnosis of the excised mass indicates that this is cancerous. The mass is removed at surgery. The following day, the patient is visited by her mother and young daughter when the doctor comes in to share the bad news of the preliminary diagnosis of bowel cancer and explain the next steps in her management. The student is asked to communicate the bad news to the patient in an empathic way, explain the next steps in the patient's management, deal with her initial shock and realization of her diagnosis combined with her worry of being the only parent of a young child and deal with environmental barriers to empathic communication.





## 5.6. EXERCISES

### EXERCISE 1: STRESSORS IN MY WORK ENVIRONMENT

[Slide 13.](#)

Please reflect:

- ▶ Which of the factors described in the model are relevant to your current work situation/to your work environment?

### EXERCISE 2: BRAINSTORMING – IS EMPATHY EMOTION WORK FOR HEALTH CARE PROFESSIONALS?

[Slide 16.](#)

- ▶ The concept of emotional work is based on the assumption that the “appropriate” emotional response (e.g. in health care = empathy) will not always arise spontaneously
- ▶ Please ‘think, pair, share’:
  - ▶ Do you find it always easy to be empathic?
  - ▶ Have you ever experienced/or witnessed a situation where it was difficult for you/ a colleague to show empathy?
  - ▶ How did you/your colleague deal with that situation?

### EXERCISE 3: CHECKING YOURSELF FOR RISK OF BURNOUT

[Slide 23.](#)

- ▶ Please perform
- ▶ 1) the single item assessment and then 2) the Burnout – Self Test (non-validated symptom assessment from Mindtools.com) to get information about your burnout risk
  - ▶ Compare the results



## EXERCISE 4: CAN YOU REGULATE YOUR EMOTIONS?

[Slides 34.](#)

- ▶ Please fill in the Difficulties in Emotion Regulation Scale (DERS) to get information about your emotion regulation skills
  - ▶ Calculate total score by adding everything up.
    - ▶ Higher scores suggest greater problems with emotion regulation
  - ▶ Reflect: are you surprised by the result?

## EXERCISE 5: COGNITIVE REAPPRAISAL

[Slide 36.](#)

- ▶ Please remember a situation at work that has caused you stress and negative thinking.
- ▶ Please work with the thoughts-feeling-behaviour worksheet
  - ▶ first describe the situation using your original interpretation
  - ▶ following this try to think of at least two different ways to reappraise the situation and describe them as required in the worksheet

## EXERCISE 6: 4-7-8 BREATHING (RELAXING BREATH)

[Slide 38.](#)

- ▶ Rationale: The focus on breathing helps to reduce stress (Varvogli and Darviri 2011)
- ▶ Technique: Adopt a comfortable sitting position
  - ▶ place the tip of the tongue on the tissue right behind the top front teeth
- ▶ Focus on the following breathing pattern
  - ▶ empty the lungs of air
  - ▶ breathe in quietly through the nose for **4** seconds
  - ▶ hold the breath for a count of **7** seconds
  - ▶ exhale forcefully through the mouth, pursing the lips and making a “whoosh” sound, for **8** seconds



## EXERCISE 7: REMAINING CALM AND MINDFUL DURING STRESSFUL SITUATIONS

[Slide 39.](#)

- ▶ Please think of an example when you or someone you observed had a calm and mindful approach during a stressful professional situation?
  - ▶ Describe the behavior that went with the calm and mindful approach
  - ▶ How did the environment react to this?
  - ▶ How did it make you feel?

## EXERCISE 8: SELF-CARE STRATEGIES

[Slide 41.](#)

- Please pair up with another student and have an exchange about the following points:
  - What are activities/ things you do to take care of yourself, e.g. after a stressful working day or week
  - Have you observed other, e.g. your educators, friends, family, role –models practice self-caring?
  - What does this look like?

## EXERCISE 9: GOALS FOR SELF-CARE IN DAILY LIFE

[Slide 42.](#)

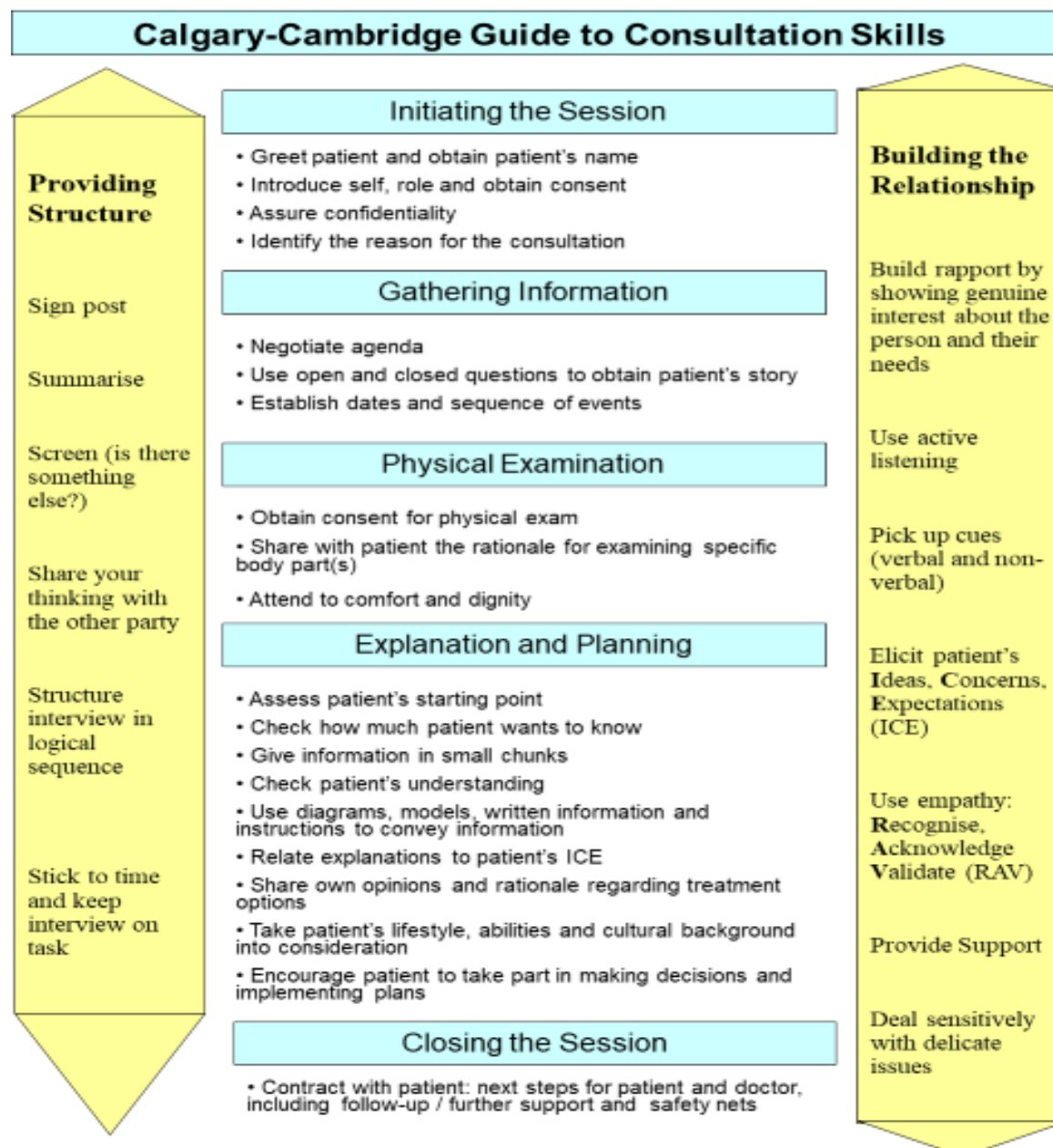
- ▶ In pairs of two, please discuss which self-care measures you would like to incorporate in your daily life
- ▶ Create each a SMART goal (see below) for one of these self-care measures.





## 5.7. ADDITIONAL HANDOUTS

### HANDOUT 1: CALGARY CAMBRIDGE GUIDE AT A GLANCE





## HANDOUT 2: CALGARY CAMBRIDGE GUIDE - THE SKILLS

©All content is copyright by original owners

On any reprints please include references as shown on the last page of the guide

**CALGARY - CAMBRIDGE GUIDE TO THE MEDICAL INTERVIEW – COMMUNICATION PROCESS**

### **INITIATING THE SESSION**

#### **ESTABLISHING INITIAL RAPPORT**

1. **Greets** patient and obtains patient's name
2. **Introduces** self, role and nature of interview; obtains consent if necessary
3. **Demonstrates respect** and interest, attends to patient's physical comfort

#### **IDENTIFYING THE REASON(S) FOR THE CONSULTATION**

4. **Identifies** the patient's problems or the issues that the patient wishes to address with appropriate **opening question** (e.g. "What problems brought you to the hospital?" or "What would you like to discuss today?" or "What questions did you hope to get answered today?")
5. **Listens** attentively to the patient's opening statement, without interrupting or directing patient's response
6. **Confirms list and screens** for further problems (e.g. "so that's headaches and tiredness; anything else.....?")
7. **Negotiates agenda** taking both patient's and physician's needs into account

#### **GATHERING INFORMATION**

##### **Exploration of patient's problems**

8. **Encourages patient to tell the story** of the problem(s) from when first started to the present in own words (clarifying reason for presenting now)



9. **Uses open and closed questioning technique**, appropriately moving from open to closed
10. **Listens** attentively, allowing patient to complete statements without interruption and leaving space for patient to think before answering or go on after pausing
11. **Facilitates** patient's responses verbally and non-verbally e.g. use of encouragement, silence, repetition, paraphrasing, interpretation
12. **Picks up** verbal and non-verbal **cues** (body language, speech, facial expression, affect); **checks out and acknowledges** as appropriate
13. **Clarifies** patient's statements that are unclear or need amplification (e.g. "Could you explain what you mean by light headed")
14. **Periodically summarises** to verify own understanding of what the patient has said; invites patient to correct interpretation or provide further information.
15. **Uses** concise, **easily understood questions and comments**, avoids or adequately explains jargon
16. **Establishes dates and sequence** of events

#### **Additional skills for understanding the patient's perspective**

17. Actively **determines and appropriately explores**:
  - patient's **ideas** (i.e. beliefs re cause)
  - patient's **concerns** (i.e. worries) regarding each problem
  - patient's **expectations** (i.e., goals, what help the patient had expected for each problem)
  - effects: how each problem **affects** the patient's life
18. **Encourages patient to express feelings**

#### **PROVIDING STRUCTURE**

##### **Making organisation overt**

19. **Summarises** at the end of a specific line of inquiry to confirm understanding before moving on to the next section
20. Progresses from one section to another using **signposting, transitional statements**; includes rationale for next section



### **Attending to flow**

21. Structures interview in **logical sequence**
22. Attends to **timing** and keeping interview on task

## **BUILDING RELATIONSHIP**

### **Using appropriate non-verbal behaviour**

23. **Demonstrates appropriate non-verbal behaviour**
  - eye contact, facial expression
  - posture, position & movement
  - vocal cues e.g. rate, volume, tone
24. If reads, writes **notes** or uses computer, does **in a manner that does not interfere with dialogue or rapport**
25. **Demonstrates appropriate confidence**

### **Developing rapport**

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

### **Involving the patient**

30. **Shares thinking** with patient to encourage patient's involvement (e.g. "What I'm thinking now is....")
31. **Explains rationale** for questions or parts of physical examination that could appear to be non-sequiturs
32. During **physical examination**, explains process, asks permission



## EXPLANATION AND PLANNING

### Providing the correct amount and type of information

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

### Aiding accurate recall and understanding

37. **Organises explanation:** divides into discrete sections, develops a logical sequence
38. **Uses explicit categorisation or signposting** (e.g. "There are three important things that I would like to discuss. 1st..." "Now, shall we move on to.")
39. **Uses repetition and summarising** to reinforce information
40. **Uses concise, easily understood language**, avoids or explains jargon
41. **Uses visual methods of conveying information:** diagrams, models, written information and instructions
42. **Checks patient's understanding** of information given (or plans made): e.g. by asking patient to restate in own words; clarifies as necessary

### Achieving a shared understanding: incorporating the patient's perspective

43. **Relates explanations to patient's illness framework:** to previously elicited ideas, concerns and expectations
44. **Provides opportunities and encourages patient to contribute:** to ask questions, seek clarification or express doubts; responds appropriately
45. **Picks up verbal and non-verbal cues** e.g. patient's need to contribute information or ask questions, information overload, distress





46. **Elicits patient's beliefs, reactions and feelings** re information given, terms used; acknowledges and addresses where necessary

#### **Planning: shared decision making**

47. **Shares own thinking as appropriate:** ideas, thought processes, dilemmas

48. **Involves patient** by making suggestions rather than directives

49. **Encourages patient to contribute their thoughts:** ideas, suggestions and preferences

50. **Negotiates** a mutually **acceptable plan**

51. **Offers choices:** encourages patient to make choices and decisions to the level that they wish

52. **Checks with patient** if accepts plans, if concerns have been addressed

#### **CLOSING THE SESSION**

##### **Forward planning**

53. **Contracts** with patient re next steps for patient and physician

54. **Safety nets**, explaining possible unexpected outcomes, what to do if plan is not working, when and how to seek help

##### **Ensuring appropriate point of closure**

55. **Summarises session** briefly and clarifies plan of care

56. **Final check** that patient agrees and is comfortable with plan and asks if any corrections, questions or other items to discuss

#### **OPTIONS IN EXPLANATION AND PLANNING (includes content)**

##### **IF discussing investigations and procedures**

57. Provides clear information on procedures, eg, what patient might experience, how patient will be informed of results

58. Relates procedures to treatment plan: value, purpose



59. Encourages questions about and discussion of potential anxieties or negative outcomes

**IF discussing opinion and significance of problem**

60. Offers opinion of what is going on and names if possible

61. Reveals rationale for opinion

62. Explains causation, seriousness, expected outcome, short and long-term consequences

63. Elicits patient's beliefs, reactions, concerns re opinion

**IF negotiating mutual plan of action**

64. Discusses options e.g., no action, investigation, medication or surgery, non-drug treatments (physiotherapy, walking aides, fluids, counselling, preventive measures)

65. Provides information on action or treatment offered, name steps involved, how it works, benefits and advantages, possible side effects

66. Obtains patient's view of need for action, perceived benefits, barriers, motivation

67. Accepts patient's views, advocates alternative viewpoint as necessary

68. Elicits patient's reactions and concerns about plans and treatments including acceptability

69. Takes patient's lifestyle, beliefs, cultural background and abilities into consideration

70. Encourages patient to be involved in implementing plans, to take responsibility and be self-reliant

71. Asks about patient support systems, discusses other support available

**References:**

**Kurtz SM, Silverman JD, Draper J (1998) Teaching and Learning Communication Skills in Medicine. Radcliffe Medical Press (Oxford)**

**Silverman JD, Kurtz SM, Draper J (1998) Skills for Communicating with Patients. Radcliffe Medical Press (Oxford)**



## **HANDOUT 3: ALOBA\_HOW TO SET-UP AND CARRY OUT THE ROLE-PLAY USING AGENDA-LED OUTCOME-BASED ANALYSIS (ALOPA)**

Communication requires planning and thinking in terms of outcomes. ALOBA, overcomes the disadvantages of the conventional rules of feedback and promotes self-assessment. It helps us organise the feedback process. It also encourages a mix of problem-based experiential learning, centred on learner's agenda. ALOBA is divided into two parts.

### ***Part 1***

Before the role-play starts, we need to set the learner's agenda: ask what problems the learner experienced in their practice so far and what help he/she would like from the rest of the group (i.e. attend and give suggestions for body language).

We then look at the outcomes...: where the learner is aiming at and how she might get there (i.e. negotiate a treatment plan).

When the role-play finishes, we encourage self-assessment: allow the learner space to make suggestions of what they could do differently if they did the same role-play again.

After that we involve the role-player and the rest of the group: we encourage them to find solutions not only for the learner but for themselves in similar situations.

### ***Part 2***

#### ***How to give useful feedback***

Ask the students to provide descriptive feedback: specific comments are made which prevent vague generalisation (e.g. not good consultation).

Balanced feedback: about what worked well and did not work well.

Generate alternatives and reflect them back to the learner for consideration.

It is the facilitators' group's responsibility to be respectful and sensitive to each other.

### **Part 1-Getting started**

1. In these consultation skills sessions, it is essential to balance their exploration of the disease aspects within the interview with their exploration of the patient's perspective. Overall, it is necessary to work



with effective ways of gathering information about both disease (the physical/biochemical etc) and illness (the person's reaction to the disease process) and also practice explanation and planning.

2. Each session should allow you to helically review beginnings, information gathering, structuring the session and building the relationship. It will be interesting to see how much learning from the previous years has been undone by their experiences so far.

3. Describe the specific scenario in enough detail to orientate the group (for example, setting, age, some information already known, but not the whole history of presenting complaints)

4. Specifically explain to the students that they are medical students or, if they feel it will help them to perform better, that they are F1 doctors.

5. Try to get the group to explore what the difficulties might be for them and the patient.

6. It is helpful for the facilitator to have two or three objectives for each role clearly in his or her mind.

7. When a student is beginning to prepare for the role play it is helpful to check the following.

- What are the particular issues for you here (try to get the participant to hone them down)
- What are your personal aims and objectives for the role-play
- What would you like to practice and refine and get feedback on
- How can the group help you best
- How and what would you like feedback on

8. Emphasise to role-players that is OK to stop and start whenever they need to, to take time out, to re-play a section, re-play all, or just stop when they need help.

9. After the role play or during a break in the role play, when the learner rejoins the group as a student, provide consultation skills feedback on the work so far.

### **Part 2- Structuring the practice session**

1. There are many ways of running a session and each facilitator will have their own style. But one way of structuring the session, as a whole, and for each individual student when doing the role play, is to break the interview down into small parts. Although the flow of the interview is broken, using this method, it does have its advantages:

- you can get more participants involved: five minutes or so each student rather than 40 minutes for one
- the feedback on consultation skills works much better because you can remember what happened in each small section and therefore give more focused feedback



- you can rehearse different approaches so that students discover how to do the stages of the interview and find different ways to do so
- you can use the actor's feedback which enables the students to see the importance of working with the actor instead of being on trial.

2. An example of the way in which an interview can be broken down is:

- at the end of the introductions and establishing rapport
- after taking an open history and before asking detailed questions.

At each stage it is possible to do good well- paced consultation skills teaching.

### Points for feedback

1. Remember to:

- look at the micro-skills of communication and the exact words used
- practise and rehearse new techniques after suggestions from the group
- make sure to balance positive and negative feedback
- bring out patient centred skills (both direct questions and picking up cues) as well as discovering facts
- utilise actor feedback

2. Start with the learner:

- how do you feel?
- can we go back to the objectives? have they changed?
- how do you feel in general about the role-play in relation to your objectives?
- tell us what went well, specifically in relation to the objectives that you defined?
- what went less well in relation to your specific objectives?
- or "you obviously have a clear idea of what you would like to try."
- would you like to have another go?
- what do you want feedback on?
- Then get descriptive feedback from the group

3. Using participants' suggestions

- ask the prime learner if he or she would like to try this out or would like the other group member to have a go
- try to get others to role-play a section if they make a suggestion for doing it differently



- ask, "would anyone else like to practise?"
- ask actor, in role, questions that the group has honed down
- bring in the actor for insights and further rehearsal

## Reference

Silverman J, Kurtz S and Draper J. Skills for Communicating with Patients. Radcliffe Medical Press, 2013.  
3rd edition



## HANDOUT 4: TRAINING EVALUATION FORM

# EVALUATION OF PILOT TESTING OF CURRICULUM AND TRAINING MATERIALS

Training Session for Work Area: \_\_\_\_\_

Location: \_\_\_\_\_

Date: \_\_\_\_\_

### 1. What was your overall impression of the training?

Excellent

Good

Fairly Good

Poor

Very Poor

### 2. How well do you think that the course met the following Learning Outcomes?

Learning Outcomes	Very Well	Satisfactorily	Unsatisfactorily
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If unsatisfactory, please state why:



**3. How useful to you personally was each session?**

Session	Extremely Useful	Useful	Fairly Useful	Not Useful	Not relevant but of interest
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**4. How would you evaluate the Empathy in Health Care Curriculum in terms of the following aspects?**

	Excellent	Good	Fairly Good	Poor	Very Poor
Structure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Duration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relevance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thoroughness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Comments:**





**5. How useful did you find the following training materials?**

	<b>Extremely Useful</b>	<b>Useful</b>	<b>Fairly Useful</b>	<b>Not Useful</b>	<b>Not relevant but of interest</b>
<b>PPT Presentations</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Educational Videos</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>VR Videos</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Role Plays</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**6. How would you evaluate the trainer/instructor who delivered the training?**

Excellent       Good       Fairly Good       Poor       Very Poor

**7. Did you feel there were enough opportunities for discussion / questions?**

Yes       No

**Comments:**

**8. Did you feel there were enough opportunities to meet colleagues / network?**

Yes       No

**Comments:**



**9. Overall, how useful did you find this course for your current post?**

- Extremely Useful       Useful       Fairly Useful       Not Useful

**Comments:**

**10. Do you anticipate any changes to your practice following this course?**

- Yes       No

**If yes, please specify:**

**11. If this course was not useful, please explain why.**

**12. Could we improve any aspect of this course?**



**13. Please evaluate the organisation and venue of the training.**

	Excellent	Good	Fairly Good	Poor	Very Poor
Organisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Venue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**14. Please write here any additional comments or suggestions.**



## 6. TRAINERS GUIDE ON HOW TO USE THE TRAINING MATERIAL (HANDBOOK)

Use the table below to have an overview of all the activities and the time in minutes it requires for each activity. You then following

Activity	Time in minutes	Work Area	Unit	LOBS
<b>Directed Self-Learning</b>				
<b>Students to be directed to the online resource to prepare themselves before the session.</b>	90	3.2	3.2	
<b>Face to Face Training</b>				
<b>Plan of the day</b> (Tutors to add this table in their ppt or write this on the white board before the session starts)	10	3.2	3.2	
<b>Welcome and reflections on Day 2</b> (Ask the students to discuss any issues and questions they may have from their first day of training)	60	3.2	3.2	
<b>Ppt Part II: challenges to empathy in health care and how to overcome these</b> This part will be face-to-face power point presentation with interactive exercises. <b>Question and answer session</b> (at the end of the ppt students may have more questions and the tutors need to encourage these)	90	3.2	3.2	1-11
<b>BREAK</b>				
<b><u>VR Scenario 2</u></b> The class can observe what the student with VR headset is doing on a TV monitor so that the class can discuss the student's journey and the different pathways using ALOBA	60	3.2	3.2	1-13
<b>BREAK</b>				
<b><u>VR Scenario 3</u></b> The class can observe what the student with VR headset is doing on a TV monitor so that the class can discuss the student's journey and the different pathways using ALOBA	60	3.2	3.2	1-13
<b>Closure and evaluation of the day</b> <ul style="list-style-type: none"> <li>Ask the students to tell/write down the main things they are going to take away in terms of learning.</li> <li>Ask the students to complete the Training Evaluation Form (<a href="#">Handout 4</a>).</li> </ul>	60			
	<b>340 min=5.6 hours</b>			