

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



INTELLECTUAL OUTPUT [1]: QUALIFICATION FRAMEWORK (HE)

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ACTIVITY IO1A6: DEVELOPMENT OF THE QUALIFICATION FRAMEWORK



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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
<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





<b>Work Area Id</b>	<b>1</b>	
<b>Work Area</b>	<b>General Overview of Empathy</b>	
<b>Unit</b>	<b>1.1 Understanding empathy and competencies necessary for empathy</b>	
<b>Learning outcomes correspond to EQF</b>	Level 7	
<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>
<ol style="list-style-type: none"> <li>List three different types of empathy (Affective, Cognitive, Prosocial)</li> <li>Describe the different psychological approaches when researching empathy</li> <li>Outline relevant research findings in relation to empathy in different health care settings (e.g. medicine, midwifery, physiotherapy)</li> <li>List the qualities/competencies necessary for empathy according to published consensus statements (The Kalamazoo Consensus Statement <i>Acad. Med.</i> 2001;76:390–393, UK consensus statement Medical Education 2008: 42: 1100–1107 and Calgary/Cambridge model Silverman et al 2013)</li> <li>Define the qualities/competencies necessary for empathy according to published consensus statements (The Kalamazoo Consensus Statement <i>Acad. Med.</i> 2001;76:390–393 and UK consensus statement Medical</li> </ol>	<ol style="list-style-type: none"> <li>Self-reflect and self-assess his/her level or lack of empathy in daily life</li> </ol> <p><b>Use evidence-based techniques as listed below to develop empathy during initiating a session with patients and gathering information:</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 techniques</li> <li>Use clarifying techniques</li> <li>Demonstrate sign-posting</li> <li>Use summarizing techniques</li> <li>Elicit patient's Ideas, Concerns, Expectations (ICE)</li> <li>Recognise, Acknowledge and validate patient's concerns, feelings (RAV)</li> <li>Provide support demonstrating empathy</li> </ol>	<ol style="list-style-type: none"> <li>Evaluate the feedback from colleagues and simulated patients on his/her level of empathy and ways of improving</li> <li>Adapt his/her empathetic behaviour to the patient's and other health carer's needs</li> </ol>



Learning outcomes		
Knowledge	Skills	Competencies
<i>He/she is able to</i>	<i>He/she is able to</i>	<i>He/she is able to</i>
Education 2008: 42: 1100–1107)	while doing so by expressing concern, understanding, willingness to help; acknowledging coping efforts and appropriate self-care; 17. Deal sensitively with delicate issues	



<b>Work Area ID</b>	2	
<b>Work Area</b>	<b><i>Empathy in relationships and information exchanges in different health care contexts/environments</i></b>	
<b>Unit</b>	<b>2.1 Understanding empathy in relationships and information exchanges in different health care contexts/environments</b>	
<b>Learning outcomes correspond to EQF</b>	Level 7	
<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>
<p>20. Define patient-centred relationships</p> <p>21. Describe the characteristics of a relationship that fosters and nurtures empathy and trust</p> <p>22. Outline relevant research evidence on the importance of empathetic/patient-centred relationships on patient outcomes in the different health care contexts/environments (in this part partners could focus on contexts relevant to the scenarios they developed)</p> <p>23. Describe the skills necessary during information exchanges according to Calgary/Cambridge model and refer to USA consensus statement</p>	<p>24. Self-reflect and self-assess his/her level or lack of empathy in relationships and information exchanges in daily life.</p> <p><b><i>Use evidence-based techniques as listed below to develop empathy during information exchanges (e.g. in obstetric and gynaecology, when sharing bad news, when caring for patients with dementia and mental health issues, etc) with patients and other health care professionals:</i></b></p> <p>25. Share his/her thinking with other party</p> <p>26. Explain rationale for questions or parts of physical examination</p> <p>27. Assess patient's starting point</p> <p>28. Chunk and check: give information in small bites and checks for understanding by using the patient's responses as a guide to how to proceed</p> <p>29. Screen: ask patient what other information would be helpful</p> <p>30. Organize explanation by dividing it into discrete sections that follow a logical sequence</p> <p>31. Use signposting: (e.g. There are three important things that I would like to discuss. First... Now we move on to..., etc.)</p>	<p>40. Evaluate the feedback from colleagues, and patients on his/her level of empathy in relationships and information exchanges and ways of improving</p>



Learning outcomes		
Knowledge	Skills	Competencies
<i>He/she is able to</i>	<i>He/she is able to</i>	<i>He/she is able to</i>
	<p>32. Use appropriate language without jargon</p> <p>33. Use visual methods for conveying information</p> <p>34. Check patient's/other party's understanding</p> <p>35. Elicit patient's other party's ICE</p> <p>36. Explore different management options with regards to treatment by ascertaining the level of involvement that patient wishes in making the decision at hand</p> <p>37. Ascertain level of involvement patient/other party wishes</p> <p>38. Negotiate mutually acceptable plan</p> <p>39. Provide forward planning: contract with patient regarding next steps for patient and health carer (e.g. "I will enter in the system the request for your blood tests. You will need to make an appointment with the lab to have the tests done. I will call you when your results come in to discuss what needs to be done.) and Safety netting: Explain what the patient should do if things do not go according to plan</p>	



<b>Work Area ID</b>	<b>3</b>	
<b>Work Area</b>	<b><i>Showing empathy in diverse environments and overcoming barriers/Challenges to empathy</i></b>	
<b>Unit</b>	<b>3.1 Showing empathy in diverse environments</b>	
<b>Learning outcomes correspond to EQF</b>	Level 7	
<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>
<p>41. Define cultural competence in multicultural and sociocultural environments and its effects on patient outcomes</p> <p>42. Outline the different theoretical approaches to cultural competence</p> <p>43. Outline research evidence on the importance of cultural competence on patient and working with colleagues from various cultural and social background</p> <p>44. Define Interprofessional Learning (IPL) in undergraduate health care settings</p> <p>45. Outline research evidence on the effectiveness of (IPL) in undergraduate health care settings</p>	<p>46. Self-reflect and self-assess his/her level or lack of empathy in daily life in diverse environments.</p> <p><b>Use evidence-based techniques as listed below to develop empathy during information exchanges with patients and other health care professionals from various cultural and social background:</b></p> <p>47. Use interpreters to eliminate linguistic barriers with adverse effects on language</p> <p>48. Show genuine interest and curiosity for the cultural beliefs of the patient/colleague</p> <p>49. Demonstrate avoidance of making assumptions</p> <p>50. Demonstrate avoidance of stereotyping</p> <p>51. Deal sensitively with issues of sexuality, unease of some physical examinations, use and abuse of alcohol and other substances, etc.</p>	<p>52. Evaluate the feedback from colleagues, and patients on his/her level of empathy and ways of improving in culturally diverse environments and with culturally diverse people</p> <p>53. Adapt his/her empathetic behaviour into the patient's and other health carers' needs from culturally diverse environments</p>



<b>Work Area ID</b>	<b>3</b>	
<b>Work Area</b>	<b><i>Showing empathy in diverse environments and overcoming barriers/Challenges to empathy</i></b>	
<b>Unit</b>	<b>3.2 Challenges to empathy in healthcare and how to overcome these</b>	
<b>Learning outcomes correspond to EQF</b>	Level 7	
<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>
54. Outline challenges to empathy in health care 55. Define burnout and outline recent research evidence on 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	58. Use self-reflection to recognise symptoms that he/she might be burnt out 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	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