

A toolkit for educators and facilitators

From the final report *Can DVD simulations be used to promote empathic behaviours and interprofessional collaboration among undergraduate healthcare students?*

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Prepared by:

Associate Professor Brett Williams
Tanya Edlington

Project Team:

Associate Professor Brett Williams
Associate Professor Ted Brown
Professor Lisa McKenna
Dr Malcolm Boyle
Dr Claire Palermo
Associate Professor Elizabeth Molloy
Professor Debra Nestel
Associate Professor Louise McCall
Professor Karen Stagnitti
Susan Gilbert-Hunt
Associate Professor Richard Brightwell



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Requests and inquiries concerning these rights should be addressed to:

Office for Learning and Teaching
Department of Education
GPO Box 9880,
Location code N255EL10
Sydney NSW 2001

[<learningandteaching@education.gov.au>](mailto:learningandteaching@education.gov.au)

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BACKGROUND

This workshop was developed as part of the Empathy project (*Can DVD simulations be used to promote empathy and interprofessional collaboration among undergraduate healthcare students?*) and was funded by the Office for Learning and Teaching in 2011. Empathy is a key behavioural characteristic for all health professionals, and this importance is reflected in universities listing empathy as one of its generic graduate attributes. Evidence suggests that improved empathy behaviours among healthcare professionals directly impact on healthcare outcomes (Hardee, 2003; Lewin, Skea, Entwistle, Zwarenstein, & Dick, 2001; Moore, Wilkinson, & Mercado, 2004). This improvement in healthcare outcomes is also highlighted in a recent landmark study, where Hojat and colleagues found that physicians with high empathy levels produced better clinical outcomes than physicians with lower empathy scores (Hojat et al., 2011). However, it is also a difficult characteristic to define, teach and assess. The ‘nebulous’ properties of empathic behaviour often mean that educators fail to incorporate the explicit teaching and assessment of empathy within the curriculum.

This project had two aims: i) to develop a toolkit that included a range of interprofessional empathy-oriented DVD simulations and workshop resources, and ii) to evaluate the toolkit through exploring empathic behaviours and interprofessional levels pre- and post-involvement in a DVD simulation workshop.

The workshop was originally designed to be the “intervention”. It is now intended that the workshop toolkit can be disseminated and facilitated as a stand-alone workshop in any healthcare program in Australia.

The original workshops were designed to run for 90 minutes, including 10 minutes for completion of the “before” surveys (Jefferson Scale of Empathy – Health Profession – Student version (JSE-HP-S), and the Readiness for Interprofessional Learning Scale (RIPLS)). These surveys are not part of the ongoing workshops, however if specific measures are

required please see [Appendix 1](#) for each scale. While this toolkit shows the 90 minute framework, timeframes can be adjusted to suit course and learner requirements.

Participation was through recruitment of volunteers and numbers varied greatly. Our experience suggests that a minimum of eight and maximum of 16 participants provides the optimal conditions for a productive and interactive conversation.

A professional facilitator with wide experience in all aspects of communication facilitated the workshops. References to relevant communication theory and emotional intelligence enriched the workshops. Useful references are included in the reading list in [Appendix 2](#). The project's academic lead was also present at each workshop and provided input relating to empathy and clinical practice where relevant. While this combination of skills and knowledge is ideal for facilitating the workshops, it is recognised that this will not always be feasible. Successful workshops should focus on facilitation skills rather than purely clinical skills. A complete list of resources needed for a workshop and time allocation for each activity is included in [Appendix 3](#).

This toolkit is intended to provide all the tools needed to facilitate a similar workshop using either uni-professional or multi-professional health care groups. Suggested additional activities are also included in [Appendix 4](#) for those who want to continue the conversation beyond one workshop; for example, in undergraduate communication units or courses or professional development sessions.

We hope you find this toolkit useful for promoting empathic behaviours and attitudes and interprofessional collaboration among healthcare students and future healthcare professionals.

Value and Need for the Project

There is evidence that effective empathic behaviour by health professionals improves healthcare outcomes and is therefore a fundamental attribute (Di Blasi, Harkness, Ernst, Georgiou, & Kleijnen, 2001; Hardee, 2003; Lewin et al., 2001). In healthcare an important aspect of empathy is being able to communicate this understanding of the patient to the patient (Chen, Lew, Hershman, & Orlander, 2007). It is also important that the healthcare professional has this understanding of the patient/client without intense emotional involvement, sometimes referred to as maintaining a professional distance. Establishing empathy early in the clinician-patient/client relationship leads to greater rapport, trust, and meaningful sharing of information. Empathic behaviours contribute to therapeutic relationships and positive health outcomes (Lewin et al., 2001).

The outcomes of this project have direct application to both universities and the Australian healthcare industry. To our knowledge we believe no such toolkits that are interprofessionally-based, and include implementation objectives and guidelines, have been developed and evaluated in the Australian higher education context. The majority of literature published in refereed journals relating to empathy in undergraduate healthcare students in Australia has been undertaken by the project team (Boyle et al., 2010; Brown et al., 2010; McKenna et al., 2011; Williams & Boyle, 2011), and provided important background literature and theoretical positioning to undertake this extended project. No other empathy research to date has included the interprofessional and multi-disciplinary focus that this current project team has completed.

Previous research undertaken by this team has found that empathy levels have not declined through the course of the students' degree. However, findings in the international literature (Chen et al., 2007) have shown a decline in empathy over the duration of a student's course. The following findings provide a background to the work the project group has undertaken over the past three years, and provides a framework for this extended project. A longitudinal study on empathy in undergraduate students undertaking health-related courses at Monash University commenced in 2008 with the final data collection occurring in 2011. In 2008 there were just over 450 responses and in 2011 there were just under 1,000 responses. In most instances this is the first study of its kind

nationally and internationally to investigate the levels of empathy in undergraduate students undertaking health-related courses. The results have shown that paramedic students (Boyle et al., 2010; Williams & Boyle, 2011) have the lowest levels of empathy amongst the students surveyed while occupational therapy (Boyle et al., 2010; Brown et al., 2010) students have the highest. The paramedic empathy rating is most likely due to the exposure to patients in acute situations in their living environment and influence from older practicing paramedics (Williams & Boyle, 2011). There was no significant decline in empathy from first- to final-year students (Boyle et al., 2010), however midwifery students demonstrated an increase in empathy from first- to third-year (McKenna et al., 2011), an aspect that is undergoing further investigation. There was no statistically significant difference between students or the age of the student in the various health-related courses (Boyle et al., 2010), however, females were significantly more empathic than males, which is consistent with other international studies (Boyle et al., 2010; Brown et al., 2010; McKenna et al., 2011; Williams & Boyle, 2011).

To our knowledge no interprofessional empathy behaviour education toolkit for undergraduate healthcare students has been developed previously in an attempt to influence empathy levels. Therefore the project has significant value for higher education institutions not only by the development of a body of knowledge, but through the scholarly enhancement of a teaching and learning resource that has the potential to have a direct impact on undergraduate and graduate outcomes. The project aimed to develop and evaluate an interprofessional empathy behaviour education toolkit to produce a graduate who is more 'work-ready'. That is, to develop health professionals with dispositions and skill sets to communicate and 'work with' patients/clients and their family members. The literature indicates that practitioners themselves experience declining empathy levels in authentic clinical practice (Chen et al., 2007). This highlights the need to educate health professional students about empathy as an attribute and personal trait, with an associated set of skills, early in the academic curriculum, prior to them being exposed to clinical situations while completing clinical placements. Learning in clinical placements is often opportunistic. That is, we cannot be certain that all students will learn empathic behaviours on placements. Further, as the numbers of health professional students increase relative to traditional forms of clinical placements, new ways of providing patient/client-centred

training for students must be found. This toolkit will better prepare students for and promote reflection on their clinical placements. In this way the toolkit is sustainable across different professions and institutions involved in the provision of clinical placement education. The interprofessional behaviour empathy education toolkit and simulations also provide important resources that are transferable particularly given the changes being proposed by national organisations such as Health Workforce Australia and the Health and Hospital Reform Commission.

In addition, the project has significant value for the Australian healthcare system. The Productivity Commission and Health Workforce Australia have produced reports that have detailed Australian health workforce shortfalls (Productivity Commission, 2005). Both bodies have made recommendations for dealing with these issues that involve interprofessional practice, and improved education and training for students and staff. We propose that integrating interprofessional principles into the empathy education toolkit will not only provide students with an opportunity to learn with, from and about each other (CAIPE, 2006), but will also provide a richer perspective when examining empathy in certain authentic clinical situations and workshop learning activities. Indeed, a growing number of writers claim that teaching empathy in an interprofessional education setting is an effective educational approach in developing empathic behaviours (Crandall & M., 2009; O'Connell et al., 2007; Sands, Stanley, & Charon, 2008; Scott, 2009).

This project provides an opportunity to assess empathy in nursing, medicine and allied health students and builds upon previous work undertaken by the project team in this area (Boyle et al., 2010; McKenna et al., 2011). There are numerous studies which assess empathy in medical students and medical interns (Hojat et al., 2005; Newton et al., 2000), but there are limited studies that have involved nursing and allied health students. In this project empathy and interprofessional collaboration among paramedic, nursing, midwifery, occupational therapy, physiotherapy, nutrition and dietetics, radiography, medical, pharmacy, podiatry, and social work students were evaluated. This project will contribute to the limited body of knowledge in the allied health fields by evaluating the extent of empathy amongst these students and by determining common factors and identifying differences among the healthcare disciplines. The project also assessed differences in empathy and

interprofessional collaboration between gender, age, year of study, professions, and institutions. In gaining a deeper understanding of empathy and interprofessional collaboration, subsequent guidelines for how to promote and instil this attribute in health professional education will be developed.

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HOW TO USE THIS TOOLKIT

This toolkit has been developed from the experience of facilitating the original workshops as part of the study. This toolkit can be used to facilitate stand-alone workshops, discussions during lecture/tutorials or professional development sessions.

A complete list of resources needed for a workshop is included in Appendix 3.

A systematic or organic approach is appropriate to the discussions, depending on the facilitator's debriefing skills. Therefore this toolkit is not prescriptive, but provides some key questions as a starting point for either approach. Drawing on relevant personal experience and stories, of participants and facilitators, can also help bring the subject to life.

Given the potential for a multi-disciplinary audience, language is defined at the beginning of the workshop, highlighting the terminology used by different professions to describe the people in their care; for example, "patient", "client", "customer", "woman", "consumer" etc.

It is recommended that the "Background" section be read prior to facilitating a workshop as it provides useful context, which is likely to be relevant during various discussions.

Other topics which may assist preparation to facilitate a workshop and be usefully referenced during discussions are: Channels of Face to Face Communication; Emotional Intelligence; Attachment Theory; Interprofessional Collaboration; Healthcare Teams; Rapport; Medical Malpractice; Patient Safety; Active Listening.

Appendix 1

Jefferson Scale of Empathy – Health Profession – Student version (JSE-HP-S)

Please indicate your level of agreement/disagreement with each statement about patient care below, by circling one option related to using the following scale (Adapted from Hojat et al 2001):

1	2	3	4	5	6				7		
Strongly Disagree									Strongly Agree		
A	Healthcare providers' understanding of their patients' feelings and the feelings of their patients' families does not influence treatment outcomes				1	2	3	4	5	6	7
B	Patients feel better when their healthcare providers understand their feelings				1	2	3	4	5	6	7
C	It is difficult for a healthcare provider to view things from patients' perspectives				1	2	3	4	5	6	7
D	Understanding body language is as important as verbal communication in healthcare provider-patient relationships				1	2	3	4	5	6	7
E	A healthcare provider's sense of humour contributes to a better clinical outcome				1	2	3	4	5	6	7
F	Because people are different, it is difficult to see things from patients' perspectives				1	2	3	4	5	6	7
G	Attention to patients' emotions is not important in patient interview				1	2	3	4	5	6	7
H	Attentiveness of patients' personal experiences does not influence treatment outcomes				1	2	3	4	5	6	7
I	Health care providers should try to stand in their patients' shoes when providing care to them				1	2	3	4	5	6	7
J	Patients value a healthcare provider's understanding of their feelings which is therapeutic in its own right				1	2	3	4	5	6	7
K	Patients' illnesses can be cured only by targeted treatment; therefore, healthcare providers' emotional ties with their patients do not have a significant influence in treatment outcomes				1	2	3	4	5	6	7
L	Asking patients about what is happening in their personal lives is not helpful in understanding their physical complaints				1	2	3	4	5	6	7
M	Healthcare providers should try to understand what is going on in their patients' minds by paying attention to their non-verbal cues and body language				1	2	3	4	5	6	7
N	I believe that emotion has no place in the treatment of medical illness				1	2	3	4	5	6	7
O	Empathy is a therapeutic skill without which a healthcare providers' success is limited				1	2	3	4	5	6	7
P	Healthcare providers' understanding of the emotional status of their patients, as well as that of their families is one important component of the healthcare provider – patient relationship				1	2	3	4	5	6	7
Q	Healthcare providers should try to think like their patients in order to render better care				1	2	3	4	5	6	7
R	Healthcare providers should not allow themselves to be influenced by strong personal bonds between patients and their family members				1	2	3	4	5	6	7
S	I do not enjoy reading non-medical literature or the arts				1	2	3	4	5	6	7
T	I believe that empathy is an important factor in patients' treatment				1	2	3	4	5	6	7

Readiness for Interprofessional Learning Scale (RIPLS)

Please indicate your level of agreement/disagreement with each statement by circling one option related to the following scale (McFadyen et al 2006):

1	2	3	4	5
Strongly disagree	Disagree	Undecided	Agree	Strongly agree

1.	Learning with other students will make me a more effective member of a health care team	1	2	3	4	5
2.	Patients would ultimately benefit if health care students worked together to solve patient problems	1	2	3	4	5
3.	Shared learning with other health care students will increase my ability to understand clinical problems	1	2	3	4	5
4.	Learning between health care students before qualification would improve working relationships after qualification	1	2	3	4	5
5.	Communication skills should be learned with other health care students	1	2	3	4	5
6.	Shared learning will help me think positively about other health care professionals	1	2	3	4	5
7.	For small-group learning to work, students need to respect and trust each other	1	2	3	4	5
8.	Team-working skills are vital for all health care students to learn	1	2	3	4	5
9.	Shared learning will help me to understand my own professional limitations	1	2	3	4	5
10.	I don't want to waste time learning with other health care students (R)	1	2	3	4	5
11.	It is not necessary for undergraduate health care students to learn together (R)	1	2	3	4	5
12.	Clinical problem solving can only be learnt effectively with students from my own discipline (R)	1	2	3	4	5
13.	Shared learning with other health care professionals will help me to communicate better with patients and other professionals	1	2	3	4	5
14.	I would welcome the opportunity to work on small group projects with other health care students	1	2	3	4	5
15.	Shared learning will help me clarify the nature of patients' or clients' problems	1	2	3	4	5
16.	Shared learning before qualification will help me become a better team worker	1	2	3	4	5
17.	The function of nurses and allied health care workers is mainly to provide support for doctors	1	2	3	4	5
18.	I am not sure what my professional role will be	1	2	3	4	5
19.	I have to acquire much more knowledge and skill than other students	1	2	3	4	5

Appendix 2

Reading List

Empathy

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Channels of Face to Face Communication

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Appendix 3

90-MINUTE WORKSHOP RESOURCES

Resources

- Pen or pencil for each student
- Sheet of writing paper for each student
- 2 x small post-it notes for each student
- Surveys (for research purposes only)
- Empathy matching cards
- PC/DVD player
- Multiple white board markers
- Butcher's paper

Time allocation

1. Pre-test survey: (10 mins).
2. *Icebreaker*: Students are asked to continue this sentence on their post-it note: "Empathy is ... ". Post-it notes are collected and read aloud either individually or in themes e.g. patient's shoes or emotional distance etc. (10 mins).
3. *Empathy matching cards* (see at conclusion of Appendix 3): Each card (term and definition) is randomly placed on a table. Participants must match each term with its definition. The intention is for participants to consider the nuances of the different terms and consider what this might mean for the different healthcare professions and holistic healthcare and teamwork. It also ensures the group has the same understanding when they use the term 'empathy'. (10 mins).
4. *DVD Simulation* (attached to the toolkit): Participants refer to the four questions as they watch one of the DVDs: (i) What do you think the needs of the patient/client are? (ii) Do you think the patients'/clients' needs were met in the clinical interaction? (iii) What empathetic behaviours did you see or observe during the scenario? (iv) And what was the impact of this behaviour on the patient/client interaction? Participants are asked to make short notes as they watch (20 mins).
5. *Simulation reflection and debrief*: Participants are asked by the facilitator to reflect on the DVD simulation and consider how they responded to the four questions (25 mins).
6. *"If I was the patient activity"*: On a flip chart or whiteboard, participants are asked to consider "If you were the patient in the simulation how would you feel". They

should use single words only for each clinical interaction with the different professions such as “happy”, “relieved”, “annoyed”, “angry”, “supported” (10 mins).

7. *Vox Pop*: Participants watch one Vox Pop and reflect (5 mins)
8. *Learning Gem and Wrap up*: Using second post-it note get participants to write down the one thing they learnt from the session or the one thing they will try and incorporate into their clinical practice (placements etc.). Wrap up session.

Empathy Matching Cards (Source Macquarie Dictionary):

Terms:

Empathy

Sympathy

Compassion

Caring

Emotion

Rapport

Pity

Affinity

Definitions:

Entering into the feeling or spirit of a person or thing; appreciative perception or understanding.

The fact or the power of entering into the feelings of another, especially in sorrow or trouble.

A feeling of sorrow for the sufferings or misfortunes of another.

Exchanges of confidences, particularly in relation to some distressing experience, which are intended to promote emotional healing.

Any of the feelings of joy, sorrow, fear, hate, love, etc.

Connection, especially harmonious or sympathetic relation.

A natural liking for, or attraction to, a person or thing.

Sympathetic or kindly sorrow excited by the suffering or misfortune of another, often leading one to give relief or aid or to show mercy.

ANSWERS (Source Macquarie Dictionary)

Empathy

Entering into the feeling or spirit of a person or thing; appreciative perception or understanding.

Sympathy

The fact or the power of entering into the feelings of another, especially in sorrow or trouble; fellow feeling, compassion, or commiseration.

Compassion

A feeling of sorrow or pity for the sufferings or misfortunes of another.

Caring

Exchanges of confidences, particularly in relation to some distressing experience, which are intended to promote emotional healing.

Emotion

Any of the feelings of joy, sorrow, fear, hate, love, etc.

Rapport

Connection, especially harmonious or sympathetic relation.

Affinity

A natural liking for, or attraction to, a person or thing.

Pity

Sympathetic or kindly sorrow excited by the suffering or misfortune of another, often leading one to give relief or aid or to show mercy.

Appendix 4
ADDITIONAL ACTIVITIES

As highlighted above, if you wish to use the toolkit and its resources in sessions longer than 90 minutes in specific units or courses, then the following activities can be used at your discretion.

This is a suggested, not exhaustive list. Other variations may be devised.

Activity: Vox Pop DVD Reflections

In this activity, participants can watch the vox pop interview from their own profession, or any of the interviews from other professions.

Each clinician in the vox pop interview is responding to the question: “Do you think empathetic behaviours are important in your specific profession?”

Reflection could occur as a whole group discussion, small group discussions, written reflection, or written argument responding to the clinician’s interview.

Activity: Time lapse reflection

Students watch one of the patient scenarios (including all the clinicians) in their own time, using the four questions (see below) as a prompt, making notes of their responses. A few days to a week later, the students watch the same scenario again, using the same four questions as a prompt, noting any changes in their perceptions.

1. What do you think the needs of the patient/client are?
2. Do you think the patient's/client's needs were met in the clinical interaction?
3. What empathetic behaviours did you see or observe during the scenario?
4. And what was the impact of this behaviour on the patient/client interaction.

Reflection could occur as a whole group discussion, small group discussions, written reflection, or a 2000 word essay describing why empathy is important in healthcare education and clinical practice.

Activity: Talking Walls

Talking Walls (part 1)

- Take one sheet of butcher's paper for each profession in the group.
- Label each sheet with the name of each profession.
- Fix sheets to a wall.
- Take a RED marker pen.
- Write your perceptions of the training, roles and duties of these professions on the respective sheets, with the exception of your own.
- Add only new items to the list to avoid duplication.

Talking Walls (Part 2)

- Examine your own profession's list and with a BLUE marker pen
 - delete misconceptions
 - correct inaccuracies
 - add missing items
- Discuss your profession's chart with the group and clarify points raised.

Activity: The challenges of demonstrating empathy within healthcare teams.

Each profession has its own time pressures. Elicit the time pressures present for each profession using whiteboard or flip chart to capture responses. Discuss the following questions in light of these time pressures:

- What are the challenges to you being empathetic in your work situation/s?
- How can they be overcome?
- What impact does empathetic behaviour have on the time taken with patients?
- This activity can be done with uni-professional or multi-professional student groups.

Activity: Debate

Students are allocated into teams of three. One team will take the affirmative argument and the other will take the negative argument. Suggested topics include:

- It is better to be a clinician with a good bedside manner and poor clinical skills than a clinician with a poor bedside manner and good clinical skills.
- Professionals working in today's healthcare system don't have time to be empathetic.
- Empathy has no place in healthcare.
- Women are more empathetic than men.
- Emotional detachment precludes empathy.
- Empathy takes up too much time.
- Shared experience is necessary for empathy to be displayed.

NOTE: Any of these topics may also be used for short reflective essays.

Activity: Triad practise

Students are put into groups of three. Identify person A, person B and person C. Person A is the patient. Person B is the clinician and Person C is the observer. In this activity, students will rotate through all three roles, spending 10 minutes (or longer, if time permits) in each role.

The patient (person A) is asked to come up with a character, including clinical manifestations.

The Clinician (person B) will be themselves treating the patient as they present.

The observer (person C) is to observe the interaction with a view to providing feedback about empathetic behaviour shown/not shown by the clinician and the impact of this.

Each group will have three 10 minute periods: seven minutes to play the scenario with three minutes for feedback and discussion.

This structure can also be used with simulated patients or mannequins.

Activity: Delivering feedback to improve empathy

Watch any of the scenarios and ask the group which clinician/s they think would benefit from receiving feedback about their empathetic behaviours (or lack of).

Option 1: Students are given five minutes to reflect on the areas where the clinician's empathy could be improved and then deliver specific feedback, imagining they are speaking to the clinician in person. (The facilitator can step in to be the clinician.)

Option 2: Watch today - feedback tomorrow: students watch the scenario and reflect overnight on areas where the clinician's empathy could be improved and plan a feedback conversation which they will deliver tomorrow (or a later time). This activity can work with industry partners, colleagues and or/junior students.

Activity: Picture of empathy

Students are given a large piece of blank paper (e.g. A3 or larger) on which to create a picture of empathy. There are no limits to how this picture can be made or the imagery, which can be included. This could be an individual or a group activity. This activity can be completed in class or students can take them away and come back with the completed picture a week later.

Posters are hung around the room. Students are paired for a gallery walk where they look at each poster and see what they notice, what they like, what resonates, what they don't like, what they don't understand etc.

After the gallery walk, students share their observations in a facilitated group discussion.

(NB This can also work with formal academic posters.)

Activity: Why non-technical skills are important today

Why hasn't empathy always been an important part of healthcare education? Consider this within the non-technical skill context and describe the role empathy plays in your current curriculum. Where is it? How is it taught? How much is there? Is it adequate? If you were asked the same question a decade ago what do you imagine your answer would be?

This activity could be allocated to small groups to report and present or an individual task e.g. 500-1000 word essay.

Activity: Clinical placement

Reflect on your experiences during clinical placements and identify a time where having empathy was important in the context of the interaction.

Activity: Create TV ad

Students are put into groups of four to six. Their task is to devise a “television” commercial of up to 1 minute’s duration. The purpose of the ad is to promote the value of empathy in healthcare to their audience. Students are responsible for writing and acting out the ad for presentation to the rest of the group.

NOTE: This exercise does not require cameras or multimedia recording. If available this can be used, but the purpose of the exercise is to focus on the idea of why empathy is important rather than technical production skills.

Activity: Literature review

In this activity, participants are required to write a 3000 word literature review, examining the following aspects of empathy:

- Patient outcomes – good or bad
- Satisfaction levels
- Student attitudes
- Malpractice

Activity: What happens to empathy over time?

Current research indicates that empathy levels amongst healthcare students decline as their studies progress. Why would this be so? What does this mean for students completing study and entering the healthcare workforce?

This could be completed as a large group discussion, small group discussion, 1000 word essay, 500 word reflective report.

Activity: Clinical barriers to empathy

Human beings generally have the ability to empathise with other human beings. However, in clinical settings, it can be challenging to exercise this normal human ability. Why does this happen?

This question can be considered as part of a large group discussion, small group discussions, reflective writing etc.

Workshop Schedules

Workshop Number	Date	Time	Location	University
1	13 th August 2012	10-11.30am	Peninsula Campus	Monash University
2	13 th August 2012	1-2.30pm	Peninsula Campus	Monash University
3	13 th August 2012	3-4.30pm	Peninsula Campus	Monash University
4	14 th August 2012	9-10.30am	Peninsula Campus	Monash University
5	14 th August 2012	12-1.30pm	Clayton Campus	Monash University
6	14 th August 2012	3-4.30pm	Peninsula Campus	Monash University
7	15 th August 2012	9-10.30am	Peninsula Campus	Monash University
8	15 th August 2012	11-12.30pm	Peninsula Campus	Monash University
9	15 th August 2012	4-5.30pm	Clayton Campus	Monash University
10	20 th August 2012	9.30-11am	Peninsula Campus	Monash University
11	20 th August 2012	11.30-1pm	Peninsula Campus	Monash University
12	20 th August 2012	1.30-3pm	Peninsula Campus	Monash University
13	20 th August 2012	4-5.30pm	Clayton Campus	Monash University
14	21 st August 2012	9.30-11am	Peninsula Campus	Monash University
15	21 st August 2012	11.30-1pm	Peninsula Campus	Monash University
16	21 st August 2012	3-4.30pm	Peninsula Campus	Monash University
17	22 nd August 2012	9.30-11am	Peninsula Campus	Monash University
18	22 nd August 2012	11.30-1pm	Peninsula Campus	Monash University
19	22 nd August 2012	1.30-3pm	Clayton Campus	Monash University
20	22 nd August 2012	4-5.30pm	Clayton	Monash

			Campus	University
21	27 th August 2012	1.30-3pm	Geelong Campus	Deakin University
22	3 rd September 2012	9.30-11am	Joondalup Campus	Edith Cowan University
23	3 rd September 2012	11-12.30pm	Joondalup Campus	Edith Cowan University
24	3 rd September 2012	2-3.30pm	Joondalup Campus	Edith Cowan University
25	4 th September 2012	9-10.30am	Joondalup Campus	Edith Cowan University
26	4 th September 2012	11-12.30pm	Joondalup Campus	Edith Cowan University
27	4 th September 2012	2-3.30pm	Joondalup Campus	Edith Cowan University
28	6 th September 2012	11-12.30pm	City Campus	University of SA
29	6 th September 2012	3.30-5pm	City Campus	University of SA
30	7 th September 2012	10-11.30am	City Campus	University of SA
31	7 th September 2012	1.30-3pm	City Campus	University of SA

“What did you learn from today’s workshop?” Responses from participants.

University	Profession	Comment
University of SA	Occupational Therapy	It is important to do your job and it's just important to listen.
University of SA	Occupational Therapy	Less focus on my own worries and concerns and focus more on the person
University of SA	Occupational Therapy	LISTEN MORE!!
University of SA	Occupational Therapy	I will listen more closely to the client to understand the better.
Monash University	Nursing	addressing the patient more confidently, with appropriate use of tone and language
Monash University	Paramedic	Ask them a question that relates back to them and the situation they're in ATM. To show you have really thought about them as "your only case"
Monash University	Paramedic/Nursing	The fact that non-verbal communication has such a high impact in overall communication/empathy e.g. vocal - 38%, verbal - 7%, non-verbal - 55%
Monash University	Paramedic	Take the time to listen and learn about the patient and their situation/view on their health current issue...if time appropriate
Monash University	Paramedic	address patient as the focus while including family members; ask if they have any questions
Monash University	Paramedic	The thing I'll change: listen to the patient, don't get bogged down in my clinical needs and give them my complete attention.
Monash University	Paramedic	Approach with regards to body language, touch and individual perceptions of these.
Monash University	Paramedic	Stop saying “cool” and “like”
Monash University	Paramedic	To understand that non everyone is the same. We all have different life history, experiences and culture which must be respected on an individualised approach. Respect. We all have skeletons in the closet.
Monash University	Paramedic	Spend longer actively demonstrating empathy as part of overall management.
Monash University	Nursing	More eye contact. Watch out non-verbal communication including stand distance posture, use of words, encourage patients, tone of voice.
Monash	Paramedic	Do you have any questions, is it OR if we go to hospital? What

University		questions do you have?
Monash University	Physiotherapy	I'm going to start thinking about how my words and actions will make the patient feel and realise that this will not be the same for every patient.
Monash University	Physiotherapy	The importance of body language; it has a huge impact on a patient's feelings and situation
	Paramedic/Nursing	I will really think about how the patient is seeing the situation.
Monash University	Nursing	Listen- advocate for patient and other professions
Monash University	Paramedic	The importance of communication and collaboration between health professions. Shared understanding of what empathy is.
Monash University	Nursing	Communicating skills (empathetically). Reflecting on my interactions and improving areas I think would need more work
Monash University	Physiotherapy	Everyone's perspectives of empathy vary so you need to consider each situation in its entirety
Monash University	Paramedic/Nursing	I will try to be more conscious about my practice of empathy and try to always attempt to see things from the patient's perspective
Monash University	Paramedic/Nursing	Focus on being genuine. Showing true interest. Knowledge - being able to explain what is occurring
Monash University	Physiotherapy	I'm going to really focus more on family/friends and include them in my interactions with the patient. They have definitive needs as well as the patient.
Monash University	Paramedic/nurse	Ensure to communicate needs of the patient, other than the physical illness, such as the fact they cannot talk. Also to take note of the needs/issues around the patient other than their immediate illness.
Monash University	Paramedic	Always be conscious of patients' emotions and concerns and let the patients see this awareness through your verbal and non-verbal communication
Monash University	Paramedic/Nursing	Find ways to communicate to the patient that I do understand them and know why they feel a certain way.
Monash University	Paramedic/Nursing	Communicate back to the patient and their family that I understand how they are feeling and why they are feeling that way.
Monash University	Medicine	Communication - with both patients and team about needs and feeling of patient and family
Monash University	Nursing	I am going to make an effort to not let the patient feel that I am in too much of a rush and busy to care for them under time restraints.
Monash University	Paramedic	Focus on really what the patient is asking and working to address it.
Monash University	Paramedic	Understanding and addressing personal concerns
Monash University	Paramedic/Nursing	1. Communicate to patients' concerns - address issue and reassure where possible; 2. Keep patient informed

Monash University	Paramedic/Nursing	Take the time and effort to reassure the patient of what's happening and the procedures that the patient are going to undergo and find out if they are worried or have any questions
Monash University	Nursing	Observed and understand WHAT the patient is feeling their emotion as well as clinical signs and symptoms
Monash University	Not listed	Understanding the feeling of patient is first step of empathy. There is no connection to the next step - communication. After understanding, it is easier for healthcare professional to provide suitable suggestion and conversation. This is also good to develop a truthful relationship with the patient.
Monash University	Nursing	Listen patient and family - reassurance +++ and reflect on this workshop video if get busy, have minute to think about it and provide empathy.
Monash University	Paramedic	Involve patient in communication and ask the patient if he/she has any questions or concerns
Monash University	Radiation Therapy	Focus on patients' concerns and fears and addressing them in an empathetic manner to build rapport.
Monash University	Radiation Therapy	I want to focus on being able to interact with patient. Being able to open/start a conversation; balancing between time challenge and empathy
Monash University	Nutrition & dietetics	Appreciate that you must change your approach to different patients.
Monash University	Nutrition & dietetics	I will focus on the fact that there is more to the person than their clinical diagnosis and their priorities will be different yours.
Monash University	Radiation Therapy	Engage with the patient better by responding to their concerns/statements in a more personalised way rather than generic answers.
Monash University	Nursing	I will try hard to follow through on things I say I will do, instead of forgetting/distracted by my busy schedule.
Monash University	Radiography	Balancing time stresses with patient interaction. Continuing to build conversation about patient's concerns beyond initial questions.
Monash University	Nutrition & dietetics	Even if you're unable to address an issue that the patient raised, just reflective conversation can allow patient to know that your listening to them can still provide comfort.
Monash University	Dietetics	Trying to understand the reason behind someone's feelings/perspective. Being able to communicate it back to them. Not just keeping it to yourself.
Monash University	Dietetics	Focussing more attention on patient's body language and feelings it conveys.
Monash University	Dietetics	When I deal with patients again, I will take some time to begin to understand who they are, how they feel before I begin my work, to better scope the deeper feelings of the patient.
Monash University	Dietetics	Address any concerns patient has identified straight away, rather than push to one side. It will have greater benefits for taking those few extra minutes.

Monash University	Dietetics	I learnt the importance of listening to a patient and looking at their point of view and providing reassurance to any concerns. I will focus on providing empathy to every patient in the future.
Monash University	Dietetics	Focus on communicating the understanding of how the patient is feeling through words/verbal or non-verbal cues and noting their non-verbal cues.
Monash University	Radiography	Be more empathetic, but not the point where the job doesn't get done - engage with the patient more.
Monash University	Radiography	Embrace the conversation more. Powerful tool to harness.
Monash University	Radiography	It is probably a good to ask elderly/aboriginal patients how they would like to be addressed. After asking about patient's concern, even if you know what you're going to do, let the patient know that you understood them and are going to take action.
Monash University	Nutrition & dietetics	Alleviating concerns at the very start - to better engage patient.
Monash University	Radiation Therapy	What I like...addressing patient needs first and integrate it to what you need to do. What I don't like...
Monash University	Dietetics	Always addressing the patients' concerns or needs first - to allow for a better outcome.
Monash University	Dietetics	I will allow myself time during consult to further explore information offered by a patient, or enquire for background information.
Monash University	Not listed	Take into account patient's individual concerns and attend to them. Interpret body language/facial expressions etc.
Monash University	Dietetics	To observe the patient more carefully; listening to them and noticing any facial expressions or body language so that you can consult with them appropriately
Monash University	Dietetics	People's perspectives are very different, things that work for one may not work with another (e.g. body contact and humour), hence it is important to look for cues in the patient. And working in unity is very important.
Monash University	Dietetics	Sometimes we need to be thinking more in a patient's view than your own view. Understanding patient background and needs are important. Pay more attention to patient's emotion.
Monash University	Dietetics	Follow through is particularly important. Communication between health professional improved Shelly's treatment. Asking the patient about their daily life and how that is influencing their approach to their condition.
Monash University	Dietetics	I need to focus on asking questions regarding lifestyle and what else other than health (Shelly's cats) are worrying the patient.
Monash University	Dietetics	The power that understanding and asking questions can have on a patient and health professional relationship.
Monash University	Dietetics	Observe body language: look for signs of worry or if they are apprehensive, then reassure them. Body language tells you a lot

		about how they are feeling.
Monash University	Dietetics	Stop and remember that everyone is an individual. Ensure that you make no initial judgements and listen with an open mind.
Monash University	Radiation Therapy	Think of and be aware of patient's feelings, emotions and family situation. Consider how humour can help put them at ease.
Monash University	Radiation Therapy	Think about how humour and different act of empathy can be perceived differently and how to gauge what the patient's boundaries are.
Monash University	Radiation Therapy	People view situations differently. It's important to observe individual to gauge how they feel.
Monash University	Radiation Therapy	Understand that everyone is different with different views, beliefs, cultures etc. and I need to incorporate that into my profession
Monash University	Radiation Therapy	I'm much more aware of how to express empathy towards the patient.
Monash University	Radiation Therapy	When talking to patients it's important to take interest in them to help them open up to you. I feel in the last few weeks when I spoke to patients I was more task oriented like the radiographer [in the scenario].
Monash University	Dietetics	To understand more of the patient's culture, community and belief. Occasionally ask him/her questions about himself/herself that may not concern about medical procedure etc. to let them feel more friendly toward the healthcare professional
Monash University	Dietetics	Start observing how health professional communication especially when I am doing my placement and learn how to communicate with clients. At this point I need to focus on the things I say that could affect a client positively.
Monash University	Dietetics	Calling an indigenous Australian "Auntie". Being on same eye level with patient. Asking a patient about their life.
Monash University	Nutrition & Dietetics	Looking at cues (not only verbal but also body language) that shows if the patient is comfortable with the way you proceed as a healthcare professional.
Monash University	Dietetics	Communicating with other health professionals to understand more about the patients needs and concerns before seeing them. Ensuring you explain everything that is done to the patient to put them at ease.
Monash University	Dietetics	Looking at the background of the patients. Consider what would make the patients more comfortable.
Monash University	Radiography	Be mindful of having to invade people's personal space as they can react poorly to it.
Monash University	Radiography	Being more understanding towards patient's background and situation they are in. Show more warmth towards patient.
Monash University	Radiography	I will be more aware of my patient's feelings, culture, and body language. Empathy is no just understanding them, but communicating with them well.

Monash University	Paramedic/Nursing	Empathy should go hand in hand with medical treatment.
Monash University	Not listed	That the patient's main concern is treated as a valid concern, even if it may not be medically.
Monash University	Nursing	Acknowledging the patient's condition more, and providing a more centred care approach. Priorities for the patient. Don't assume you know best.
Monash University	Paramedic	What does the patient really care about? What are their true priorities for recovery?
Monash University	Paramedic/Nursing	Take the time to determine what the patient's priorities are and work towards achieving their goals.
Monash University	Paramedic	Never assume, always ask and check that you understand what the patient is saying and acknowledge this. Be aware.
Monash University	Nursing	Use of time and words no matter the situation to provide (as much as possible) to the person in need. Don't assume what I have to offer is what the person wants.
Monash University	Physiotherapy	Watching patient body language in response to me and also watching my own body language and the tone of my voice - making it more natural.
Monash University	Midwifery	Never assume that what you think is best for the person is correct without confirming with them.
Monash University	Paramedic/Nursing	Take more time to find out what the patient wants from their care and not assume we already know how they feel and what they want.
Monash University	Nutrition & Dietetics	Ensure all patient concerns are explored and offer some solution or assistance where possible or chase up with another profession.
Monash University	Nutrition & Dietetics	When seeing a patient, make sure I leave all other patients/stressors outside of the room i.e. focus on the current patient and their problems and start a new slate - not comparing them to others - in order to practice empathy.
Monash University	Not listed	Communicate with patients and make them know that I can understand their feelings. Give them more confidence and chance to express their concerns. "Patient-centre" care.
Monash University	Dietetics	No matter how big or small you may see the problem, look at it from the patient's perspective and how it is affecting them to enable greater care and practice.
Monash University	Dietetics	Spend more time gaining/understanding the experience from the patients' perspective. How is it for them?? How does it make them feel?
Monash University	Nursing	Chat more to patient, directly or indirectly regarding to condition, gain more trust, medical details/information . Try to remember that it's also the small seemingly insignificant things that matter most.
Monash University	Not listed	I am going to bring a clean slate to each patient which will enable me to understand their whole problem.

Monash University	Not listed	I will try to understand my patient more and give confidence to my patient in order to reduce the stress of my patient.
Monash University	Not listed	Empathetic behaviours are important for healthcare providers as your clients will feel free and less stressful to expose themselves to you when they believe you can understand them.
Monash University	Nursing	Introduce myself and explain to patient what my job is...make patient feel comfortable with me. Understand patient's feelings...know how he/she feels. Tell patient how I can help him/her.
Monash University	Medicine	Interpretation of illness is extremely person. It is integral to respect and not judge how people interpret being sick and its consequences for them individually.
Monash University	Medicine	Being careful not to assume what the best outcome for a patient is and consequently involving the patient in clinical goals and management plans.
Monash University	Medicine	Be open to and aware of need for empathy in all scenarios as you can't always spot the indication to stop and do things properly/thoroughly at the first. A simple medical issue may have profound implications.
Monash University	Occupational Therapy	Empathy is essential, it is needed for professional to understand a patient's situation, it is needed for patients to feel understood and reassured and it is essential in minimising the gap between patients and professional. Clean slate to each patient.
Monash University	Medicine	Reassurance - having background knowledge of what is happening to the patient to be able to explain to patient and family can reduce their anxiety or be in a better position to know what's coming and make better decisions.
Monash University	Medicine	I will explain, in greater depth, why we are doing what we are doing.
Monash University	Nursing	Be more mindful of the patient when communicating with other staff.
Monash University	Not listed	I will be more understanding and respectful towards patients. Good communication brings better outcome.
Monash University	Nursing	Three channels - visual, vocal, verbal. Use appropriate words, tone; same eye level; ask patient needs, feeling - not assume
Monash University	Medicine	Ask the patient whether they have any questions or concerns, whether things have been explained properly to them.
Monash University	Medicine	I am going to learn to define risks and not use nebulous terms to confuse patients into accepting consent to procedures.
Monash University	Nursing	I will start to pay more attention to my visual self (how I presented to the patient) and not only on the way I talk.
Monash University	Paramedic/Nursing	Empathy is a two-way street - remember to show and communicate feelings of empathy, not just feel them. Verbally - "I understand"; with body language etc.
Monash University	Paramedic/Nursing	Think about questions that the patient/family might ask and be prepared to answer them before you even enter the room

Monash University	Occupational Therapy	To start including all members of the patient's family. To understand not only what I happening but the FEELINGS of the patient - appropriate communication.
Monash University	Nursing	I will, in the future, think about (more) how I will approach the patient, where I will sit, my facial expression, body expression and tone of voice before entering the room and following through with it.
Monash University	Medicine	Appropriate communication.
Monash University	Nursing	Try to perceive things from the patient's point of view and how they might be feeling. More communication and finding out more about them.
Monash University	Not listed	Be more confident. Think more about the reasons of the patient's needs. Appropriate use of body language and listening skills.
Monash University	Medicine	Ask the patient about how they are feeling and how they have been affected. Ask about concerns/worries. Reassure them!
Monash University	Medicine	Clarify the patient's needs and concerns, then communicate my understanding of their feelings and the reasons behind them, to ensure I've understood it correctly.
Monash University	Paramedic/Nursing	Read up on patient info beforehand. Be aware of how I look - the visual aspects.
Monash University	Midwifery	Communicate my empathy (verbally) using phrases other than "I understand".
Monash University	Not listed	Improve/work on my body language (visual cues) when dealing with patient, then my level of tone, then my verbal communication.
Monash University	Medicine	I will remind myself to "take my own shoes off" more so I don't become so entrenched in the medical culture. To ensure I do not let the "gap" between me and my patient, as individuals, not widen further.
Monash University	Paramedic	Definitely be more aware of body language/space when dealing with patient's, as the comfort level between patient/practitioner can be severely compromised.
Monash University	Paramedic	Highlighted the importance of information and explanations. It's hard for the patient to feel reassured if they don't know what's going on. Think from a lay person's perspective rather than a professional's.
Monash University	Nursing	Not going to make assumptions. Step back and out of my shoes and into the hospital bed.
Monash University	Paramedic	Express my feelings more so during the information-taking period of the interaction, rather than simply asking them about what's happened.
Monash University	Paramedic	More connection on their level - body lang. LISTEN to the questions being asked, don't make assumptions.

Monash University	Occupational Therapy	Showing empathy not just through verbal language, but through body language and how you speak. Knowing your patient and their situation - listen to what they say.
Monash University	Midwifery	Be aware of using medical jargon with other healthcare professionals and ensure if it is used it is explained along the way the woman and her family.
Monash University	Nursing	Informing my own role and processes what I am going to do before. Reflective listen to the patient and give information what they need.
Monash University	Nursing	I think the empathy workshop is a very interesting and meaningful interaction, it enables us to understand things from different views and video is pretty help to let us know the importance of communicating and thinking from the patient position! Hope more people could join in.
Monash University	Medicine	Reassure people about their concerns. Reassuring touch.
Monash University	Paramedic/Nursing	Will try to include everyone in my care. Not just talk to the patient but their family as well. I will try to recognise that what might be mundane, easy for me is really scary for the patient. Take the time to think/ask how are you feeling and what can I do to help you.
Monash University	Paramedic/Nursing	Physical contact. Listen to the patients; ask questions to deepen understanding (of their concerns). Involve patients in decision, clear explanations.
Monash University	Nursing	What I'm going to take away from this session: What Tanya) said as a summary point - "For us as health professionals an experience at the hospital might seem mundane as we are used to it. However, as a patient it might seem very daunting and frightening. Empathy can bridge this gap."
Monash University	Nursing	I'm going to focus on bridging the gap, focusing on imagining how they feel if I have not experienced what is going on. Remember the person first, not about our own agenda.
Monash University	Paramedic	Being friendly may not also mean being empathetic.
Monash University	Nursing	Empathy is not just one definition. It means more and you learn it over time, it's not taught in one session.
Monash University	Paramedic	Being nice isn't necessarily being empathetic.
Monash University	Not listed	Focus in: acknowledging how patient feels and making an effort. STOP DOING: pretending to be empathetic through being NICE
Monash University	Not listed	Empathy seems to be a strong point of mine; however, recently I've been concentrating on other things and underestimating the power of empathy. Now that I know it is clinically significant, I need to practice it and realise its significance.

Monash University	Paramedic/Nursing	Being empathetic is a must for effective patient treatment and care. Patients want to feel understood and reassured. Hence, showing an empathetic nature is a great tool to have as a great health professional. No matter who they are, make an effort to show empathy.
Monash University	Not listed	Although I am placed under time pressure I am going to stop and take the time to be more empathetic towards patients and to understand the reasons behind their actions/beliefs/feelings/problems etc.
Monash University	Paramedic/nurse	Work harder to truly understand how the patient would be feeling as that would allow me to display a larger degree of empathy.
Monash University	Nursing/paramedics	Rather than starting with an assessment, start with history. "Take time to talk".
Monash University	Occupational Therapy	Communicating empathy. Empathising with people hasn't been particularly hard, but I realise now communicating it is as important. Also that an act of empathy might be interpreted differently by people.
Monash University	Nursing/paramedics	Listen. Understand holistically.
Monash University	Nursing/paramedics	When I meet a new patient, I need to be aware of any preconceived ideas, take a step back, wipe the slate clean and approach with a conscious effort to understand what they are feeling.
Monash University	Not listed	I will always ask what the patient thinks about a particular treatment and if they understand what's going on fully.
Monash University	Medicine	Focus on being empathetic even towards really annoying patients.
Monash University	paramedic	I will try to apply the idea of communicating back to the patient what I have understood.
Monash University	Nursing	Active listening leads to understanding - compassion - fulfilling the patient's communication of empathetic needs.
Deakin University	Nursing	Think about the total experience the person has been through or is going through. For example, even in interactions with other health professionals. Don't take it personally if they are upset. Listen to what they are really saying/asking.
Deakin University	Nursing	I will try not to rush and try to take time to listen to people. I will try to communicate openly and effectively to help the patient understand the process.
Deakin University	Social Work	As a hospital social worker I feel I would better understand how the other professionals were feeling and their interactions with patients.
Monash University	Radiography	Consulting with more knowledgeable people for unsure answers. The "I don't know". Taking time before a patient to readjust.

Monash University	Radiography	Know what the risk of an examination is. Putting myself into the patient's shoes - try to gain the patient's understanding.
Monash University	Not listed	Ways of communicating with patient who can't verbally communicate (squeeze hand/nod). Don't make the patient feel like I am ticking off boxes.
Monash University	Dietetics	Sitting down with a patient rather than standing as it may be less intimidating for them are more reassuring that you are interested in what they had to say.
Monash University	Dietetics	To create empathy, I will ensure that I listen to my patient's concern and try not to rush the conversation.
Monash University	Dietetics	Think about open and closed questions and knowing when to use which. Sitting at eye level.
Monash University	Dietetics	Don't have a 'checklist' mindset as a healthcare professional in the future.
Monash University	Paramedic/Nursing	I will make the effort to get out of my head and forget about my own needs/goals for the patient, even for just a moment - to listen to and understand what the client is going through.
Monash University	Radiography	Listen and pay more attention to the patient's concerns rather than rushing to finish my job.
Monash University	Radiography	Communicate with the patient at eye level and ensure that I am engaging with any concerns the patient may have. Also ensuring the patient feels comfortable. Don't just have a check list.
Monash University	Nursing	Getting down to eye-level with patient and using therapeutic touch to establish empathic rapport.
Monash University	Radiography	Take time in assessing patient and ensuring that you know the patient's capabilities. Understand what the patient wants to know. Be prepared to what is going to be asked. Be adaptable.
Monash University	Radiography	Focus more on the patient than the information/examination.
Monash University	Not listed	Do not be in a rush and give the patient some sort of empowerment.
Monash University	Dietetics	Address all family members in the room. Pay more attention to patient, yet don't ignore whoever else might be there. Ask them about their opinions and what foods they want to eat, and then work around that. Eye level.
Monash University	Dietetics	I'll focus on letting the patient ask more questions that they are concerned about rather than being buried in my checklist.
Monash University	Radiography	I will listen to my patients needs more and to stop making them seem like another number and adapt examination.
Monash University	Medicine	Spend a minute reviewing my interaction with patients on a regular basis.
Monash University	Physiotherapy	What does my patient need from me in their opinion? All my goals and actions need to come back to this and be explained.
	Health Science (Paramedic)	Taking into account the patients needs at all times. Ask questions.
Monash	Midwifery	Reflection

University		
Monash University	Radiography	Stop seeing a patient as a patient only but treating him/her as another normal human being who needs a little bit more.
Monash University	Radiography	Keeping patient at the centre of the conversation. In particular, problem solving with patient who is shy or can't talk.
Monash University	Physiotherapy	What does my patient feel in my care?
University of SA	Podiatry	Communication is the key on demonstrating empathy/not showing respect - patient as the priority!
University of SA	Not listed	Empathy plays a very important role in treating patients as well as in patients' feeling and medical outcomes. Empathy is not only a brain exercise. We should make patients feel that we are being empathetic.
University of SA	Not listed	Ensure patients questions have been answered appropriately, if you do not know the answer, acknowledge that you cannot answer that, but can try find out for themselves.
University of SA	Podiatry	Focus on asking some more questions about their daily life instead of just questions about the "foot problem".
University of SA	Occupational Therapy	I am going to listen and try to address your present concerns.
University of SA	Occupational Therapy	I need to stop caring about my appearance/trying to do every right all the time so I can truly show/focus on showing empathy for my client. E.g. don't get embarrassed to touch client's hand (especially if a male). Although touching a client's hand may feel awkward it is necessary to show empathy!
University of SA	Not listed	I guess I will put more concern on the vision approach to improve and show the empathic level. So, put more focus on client's emotional change in physical and psychologically.
University of SA	Occupational Therapy	I will focus on not talking over people and try to listen more and communicate better.
University of SA	Occupational Therapy	Continue to focusing on listening carefully. Look at body language, paraphrase and/or repeat to make sure I understood, don't judge others.
University of SA	Occupational Therapy	Continue to make sure the client and I have an understanding. Ensure I would want to be treated (patient) in the same way I am giving the treatment (therapist.)
University of SA	Occupational Therapy	No assumed knowledge -- listen, ask, confirm.
University of SA	Not listed	Use initial physical contact, non-clinically to build rapport.
University of SA	Occupational Therapy	Stop/identify when I am doing to ease my own discomfort and focus upon that person.
University of SA	Occupational Therapy	I will focus on client and their concerns. Always try to make a connection with them.
ECU	Nursing	Take time with a patient - not rushing (where possible!)
ECU	Nursing	Assume less. "Pull my head out". Remember body/tone go

		hand in hand.
ECU	Nursing	I would take the time to talk to the patient find out their concerns and try to address. Then if I couldn't I would tell them I would find someone who could. I would listen.
ECU	Not listed	Always remind myself to stand by patient's side. Consider their feeling and needs.
ECU	Medical science	Try to understand what emotions they are feeling through body language, and what feelings drive their questions/requests.
ECU	Nursing	Listen. Be observant to non-verbal cues. Follow up. Show enthusiasm. Build a therapeutic relationship. Person centred.
ECU	Nursing	Need to consider other circumstances. Most importantly to use touch and take more time to become involved and develop a trustworthy relationship so you can understand and listen more effectively.
ECU	Nursing/Midwifery	Listening verbally and non-verbally to EVERY patient.
ECU	Nursing	Really LISTEN to the patient's questions is what I want to focus on.
ECU	Paramedic	People are judged by their actions not by their intention.
ECU	Paramedic	Remember to try to put myself in the patient's situation...and LISTEN!
ECU	Nursing	We really need to show our empathy to our clients from inside. Be good listener, reassure, be prepared to answer the client's questions in empathetic way.
ECU	Neuroscience	Try to keep I mind the concerns of the patient and understand that this is not an everyday occurrence for them, so they will not feel the same as me.
ECU	Biomedical science	Listen to what the patient is actually asking, and not what you know the answer to! Introduce myself before going straight into questions. This may be your 1000th patient, but it is not their 1000th hospital visit.
ECU	Not listed	Avoid the clinic! I'm a lab researcher!
ECU	Nursing	Focus on listening to the patient, then putting myself in their shoes, then caring appropriately.
ECU	Nursing	At the end of this conversation I felt confident and reassured of the possible mistakes that we make as nurse. I was equipped with new ideas and challenges I might face.
ECU	Nursing	Focus on treating every one with a fresh and positive attitude.
ECU	Paramedic	Focus on the whole patient's experience. No just looking at the presenting issues. Making sure the patient is wholly aware of the patient professional rapport.
ECU	Nurse	The patient's feelings and how our actions affect them. Good use of body language when talking to the patient.
ECU	Nurse	Focus on...how far to go with empathy regarding patients.
ECU	Nurse	Looking at the patient body language and how they are feeling towards you (as a professional).

ECU	Nurse	Creating a relationship between myself and the patient, where information how purpose and intension - impact - create a therapeutic relationship.
ECU	Nurse	I think it would be important to acknowledge everyone in the room before asking specifics about the patient's health.
ECU	Nurse	I would like to focus more on a person's family, carer and really understand non-verbal communication e.g. facial expressions.
ECU	Nurse	How the patient is feeling, what they want and need, not necessarily what I may think is best, and doing this from the start.
ECU	Nurse	It is important to have a full understanding of empathy, rather than just going through the motions you really need to feel and portray empathy. This is something I hope to achieve.
ECU	Occupational Therapy	Be able to listen, acknowledge, understand and respect what patients have to say to allow patients to be valued.
ECU	Paramedic	To be aware the patient is always there and remember how they may be feeling in the whole process
ECU	Paramedic	Communication. Be aware of how you respond to questions. Not to use words that is overbearing.
ECU	Paramedic	Maintain my ability to be empathetic with ALL patients even when tired etc.
ECU	Paramedic	Focus on empathy levels of my fellow colleagues and other healthcare professionals.
ECU	Nurse	Speak less, talk slower.
ECU	Nurse	Stop, think, smile, say hello. Communicate with patient.
ECU	Nurse	Focus on patient's whole care and situation in order to give them well-rounded care.
ECU	Paramedic	To pay attention too not only the 'clinical' aspects of a patient - "tunnel vision".
ECU	Nurse	I will ensure that all of the patient's needs are met, to ensure that they have the most positive experience possible.
ECU	Not listed	Ensure patient follow up when possible, for example after ringing family let patient know I have rung. Also address awkward moments in more depth.
ECU	Paramedic	Watch their reactions and taking them for who they are and what they need from you.
ECU	Nursing	Remember to take in the bigger picture expanding beyond the hospital walls and into the patient's world.
ECU	Not listed	Asking permission from family to generate rapport including all members.
University of SA	Occupational Therapy	Really listen to what the client is saying.
University of SA	Occupational Therapy	Listening more. Find out the reasons behind the feelings, find out the real problems the client is having difficulties in.
University of SA	Occupational Therapy	Be prepared before meeting the client. Read about the patient and explore what they are experiencing at the moment.

University of SA	Occupational Therapy	Listen to the client needs and stop being task focussed during consultations. Take a moment to understand.
University of SA	Occupational Therapy	Listen and don't assume you know what their answers/worries/perspectives are.
University of SA	Occupational Therapy	Listen more and remember that everyone's different regardless of diagnosis.
University of SA	Occupational Therapy	Prepare! Make use of all info available from handover - notes so can go into client interactions with understanding of their situation and conscious of appropriate approaches to take.
University of SA	Occupational Therapy	Be ready to listen rather than blurting things out. Checking to make sure client/patient understands me. Give them chance to talk. Check they are ready to hear what I'm saying.
University of SA	not listed	I will stop my work for 2-3 minutes, cool down from what I have been doing whole day, read the client's case notes, try to imagine being her, then finally approach her.
University of SA	Occupational Therapy	Realise if they (the client) continues repeating a question I need to think more about my answer. Listening.
University of SA	Occupational Therapy	Listen and then address. Non-verbals - REALLY IMPORTANT.
University of SA	Occupational Therapy	Look after yourself so you can be mentally and physically able to have good empathy.
University of SA	Occupational Therapy	Be mindful. Base on my personality I need to be more task focus as sometimes I am too emotional. (Hold back).
University of SA	Not listed	I'd like to improve my listening skills and improve my understanding of different situations to have a great empathy.

Dissemination and communication of project activities

Project website:

<http://med.monash.edu.au/cehpp/altc-empathy/>

Educator/facilitator empathy toolkit:

Hard-copy available from project leader.

C/- Assoc. Professor Brett Williams
Department of Community Emergency Health and Paramedic Practice
Faculty of Medicine, Nursing and Health Sciences
Building H, Peninsula Campus
Monash University, Victoria, 3199

Online version can be located at <med.monash.edu.au/cehpp/altc-empathy/>

Journal articles:

Williams B, Brown T, McKenna L, et al., A psychometric appraisal of the JSE-HPS: A Rasch analysis. Evaluations and the Health Professions (under review).

Williams B, Brown T, McKenna L, et al., Readiness for Interprofessional Learning Scale: An interventional study with healthcare students. Journal of Allied Health (submitted).

Williams B, Brown T, McKenna L, et al., Readiness for Interprofessional Learning Scale: An interventional study with healthcare students. Journal of Allied Health (submitted).

Williams B, Brown T, McKenna L, et al., Can DVD simulations improve empathy in undergraduate healthcare students? Emergency Medical Journal. (submitted).

Williams B, Brown T, McKenna L, et al., Examination of students' self-reported empathy levels: A cross-sectional study. Nursing and Health Sciences. (submitted).

Williams B, Brown T, McKenna L, et al., Are healthcare students 'ready' for IPL? Nurse Education Today. (under review).

Williams B, Brown T, McKenna L. DVD empathy simulations: An interventional study. Medical Education (submitted).

Conference presentations:

McKenna L, Williams B, Brown T, et al., Developing empathy using DVD simulations and interprofessional learning with health professional students. 1st Annual International Conference on Health & Medical Sciences, 6-9 May Athens, Greece, 2013.

Williams B, Brown T, McKenna L, et al., Can DVD simulations improve empathy levels? The Asia-Pacific Meeting on Simulation in Healthcare (APMSH), October 24-27, Shanghai, 2013.

Williams B, Brown T, McKenna L, et al., Can DVD simulations be used to promote empathic behaviours and interprofessional collaboration among undergraduate healthcare students? ANZAHPE, 24-27 July Melbourne, 2013.

Williams B, Brown T, McKenna L, et al., DVD simulations to promote empathy and interprofessional learning: An interventional study. SimHealth 2013, September 16-20, Brisbane, 2013.

Invited speaker presentations:

Williams, B. Empathy: Can it be taught? Sunway Medical School, Monash University, Malaysia. 11 October, Malaysia, 2012.

Williams, B. Empathy and interprofessional workshops: an interventional project. Paramedics Australasia International Conference. 16-18 October, Hobart, 2012.

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