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Chapter

The Development of an Empathy Curriculum (Empathy in Health) for Healthcare Students Using VR Technology

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Abstract

Empathy in Health is an Erasmus + funded project, which aims to design a curriculum for empathetic skill development in healthcare practitioners and home carers based on up-to-date evidence and cutting-edge technology tools. A literature review was carried out that focused on empathy in health care using VR technology. The results of the literature review helped develop a focus group guide for the purposes of the qualitative part of the need assessment exercise. The data from the focus groups were transcribed and analysed using the methodology of content analysis. The themes that emerged from the analysis of the focus groups' data lent themselves to three major working areas. These informed the development of the qualification framework, which in turn informed the development of the detailed curriculum. The Empathy in Health curriculum involves 21-hour classroom teaching, 3-hour Asynchronous Electronic Learning and 6-hour Directed Self Learning for graduate students or final year undergraduate students or Health Care Professionals. The curriculum covers understanding empathy and competencies necessary for empathy, understanding empathy in relationships and information exchanges in different health care contexts/environments, showing empathy in diverse environments and overcoming barriers/challenges to empathy.

Keywords: empathy, virtual reality, medical students, midwifery students, physiotherapy students, patient-centeredness, burnout, cultural diversity, communication skills, educational videos, role-plays, focus groups

1. Introduction

The empathetic abilities of healthcare professionals are central to achieving the best patient outcomes in all fields of medicine, in physiotherapy, and midwifery. Next to being closely linked to treatment success and outcomes, the quality of provider interaction strongly affects how patients experience their treatment and their overall hospital stay. Patients highlight that empathetic communication is essential to their experience of respectful care, but they frequently experience dissatisfying or even disrespectful communication with their healthcare/home-care providers [1, 2]. Empathetic communication between health care provider and patient is key to facilitating shared decision making and negotiation around medical options and alternatives [3], which is an important factor for reducing healthcare costs as shared decision making can reduce unnecessary procedures or re-admission to hospital [4].

Whilst the relationship between healthcare providers and patients ideally is characterized by a partnership that facilitates patients' informed decision making and also by reciprocity in the interactions. It is important to emphasize that ultimately it is the healthcare providers who are responsible and accountable for the quality of their communication with their patients.

Research suggests that student empathy can decline during their educational years [5, 6]. Scarcity of practice placements is a challenge in many healthcare educational settings and may leave students with limited experience with communicating with patients in a particular setting, contributing to difficulty in empathizing with their patients. Targeted activities have been found to enhance and sustain healthcare students' empathy [7]. It is thus of high importance to offer training and practice to healthcare students that assists them in identifying opportunities to express and communicate empathy when providing care.

2. The aim of the empathy in health project

Empathy in health is an Erasmus + funded project which aims to design a curriculum for empathetic skills development in healthcare practitioners and home-carers based on up-to-date evidence and cutting-edge technology tools. To carry out the project, a consortium was established that included the following partners: Mediterranean Management Learning (MMC), University of Nicosia Medical School, Charite University Medicine Berlin (previously Protestant University of Applied Science Berlin), University of Thessaly Physiotherapy Department, Department of Health Sciences Research Group Organization, Policy and Social Inequalities in Healthcare (OPIH), Vrije Universiteit Brussel, Omega Technology, and Cyprus Certification Company.

The objective of this research project has been to develop a certified three-day curriculum that will use a skills-based approach, educational videos, role-plays, and virtual reality scenarios to teach and empower healthcare students and home-carers to develop their empathetic skills during their encounters with patients and their carers and also their colleagues while avoiding burnout.

The aim of this curriculum is, therefore, to inform and train undergraduate and graduate healthcare students who will be future healthcare professionals with the necessary knowledge, skills, and competencies in developing and maintaining empathetic interactions. The project's task was to develop two different qualification

frameworks: one for higher education students (EQF7) and one for home-carers (EQF5). In this chapter, we will focus only on the training for higher education (EQF7).

3. Methodology

3.1 Literature review

Each partner carried out a literature review that focused on empathy in healthcare using VR technology in their respective fields of education.

The search engines that were used include Embase, Medline (PubMed), PsychInfo, CINAHL, Scopus, and Web of Science.

The results of the literature review were used to develop the theoretical framework of the project. The selected studies were divided into five subcategories:

- Conceptualization of empathy,

- Measurement of empathy,

- Training and education,

- Virtual reality,

- Interprofessional empathy.

3.2 Focus group guide

A focus group guide was developed for the purposes of the qualitative part of the needs.

Assessment exercise: It provided specific information to the focus group facilitators on how to run.

The focus groups: It also included information on the logistics (duration, number of participants, documentation) of the focus groups, and more importantly on the flow of questions and the probes to be used in order to get the necessary qualitative information (**Table 1**).

3.3 Focus groups

The objective of the focus groups' was to investigate and describe the needs for achieving an effective empathetic consultation and interaction between the healthcare professionals and the patients. In addition, it aimed to inform the development of the necessary learning outcomes for the qualification framework and the different VR scenarios.

The methodological aspects of conducting focus groups were discussed by all partners and agreed upon by the core academic group of the participating academic institutions.

Each partner carried out focus groups with healthcare professionals and patients related to their area of expertise and practice.

Questions for the focus groups with healthcare professionals	Questions for the focus groups with patients
Q1. What comes to your mind when you hear the word empathy?	Q1. What comes to your mind when you hear the word empathy?
Q2. Why do you think empathy is important in your profession or future profession? Why do you need empathy in the healthcare sector?	Q2. Why do you think empathy is important in the healthcare sector?
Q3. Can you provide examples of empathetic behaviors that you have witnessed in your everyday practice?	Q3. Can you provide examples of empathetic behaviors that you have experienced in the context of your healthcare
Q4. Can you provide examples of non- empathetic behaviors that you have witnessed in your everyday practice?	Q4. Can you provide examples of non-empathetic behaviors that you have experienced in the context of your healthcare?
Q5. What makes it difficult for you to be empathetic? What are the barriers?	Q5. What could prevent a health care professional from being empathetic?
Q6. What makes it easier for you to be empathetic?	Q6. What could make it easier for a healthcare professional to be empathetic?
Q7. What should an empathetic interaction look like in healthcare (taking into consideration the examples you have discussed above)?	Q7. What should an empathetic interaction look like in health care (taking into consideration the examples you have discussed above)?
Q8. Do you feel that the training that you had at the university has prepared you for empathetic interactions? What were the gaps in education? What else would you like to learn?	Q8. What do you think we should teach healthcare professionals in terms of empathy?
Q9. Let us go back and look at what came up at the beginning and add	Q9. Let us go back and look at what came up at the beginning and add
Q10. Anything you would like to add?	Q10. Anything you would like to add?

Table 1.
Focus groups' questions.

3.4 Qualitative analysis of focus groups

The data from the focus groups were transcribed and analyzed by at least two researchers per academic institution. The consortium applied the methodology of content analysis by Erlingsson & Brysiewicz [8]. More specifically, two researchers from each academic institution performed the following steps independently:

- Summarized the data initially to identify meaning units, condensed meaning units, and codes.

- Merged and refined categories.

- Identified themes.

Following the above steps, researchers had two options for checking categories and themes for appropriateness and consistency of coding and the naming of categories:

1. The same two researchers checked each-other's categories and themes.

2. A third researcher checked the categories and themes of the two researchers.

Disagreements in coding were discussed until all coders agreed and a final list of themes was produced.

3.5 Results

The table below outlines the number of focus groups each partner carried out and the mode of delivery of focus groups. The original intention was to carry out the focus groups face-to-face, but due to the Covid-19 pandemic, some partners had to resort to online mode. Overall, four focus groups with healthcare professionals and four focus groups with patients took place in order to develop the training for higher education (EQF7) (**Table 2**).

3.6 Themes that emerged from focus groups

The themes that emerged from the analysis of the focus groups' data lent themselves to three major working areas and are summarized below. These informed

Partner	Number of focus groups	Number of participants in each focus group	Mode of focus group delivery
University of Nicosia Medical School	1. One focus group with healthcare professionals with a background in medicine and medical students. 2. One focus group with patients and patient representatives.	1. Participants: 6 medical doctors/ 5 medical students –total 11 2. Participants: 9 patients and 2 NGO representatives –total 11	1. Online using Microsoft Teams Recorded
University of Thessaly Physiotherapy Department	1. One focus group with healthcare professionals with a background in physiotherapy. 2. One focus group with patients.	1. Participants: 3 clinical physiotherapists, 2 academics, 2 undergraduate students- total 7 2. Participants: 6 patients, 2 NGOs-total 8	Face-to-face Notes, voice recording
Protestant University of Applied Science Berlin (later Charite University Medicine)	1. One focus group with midwives/ midwifery students. 2. One focus group with women who have given birth within the last 10 months.	1. Participants:7 midwives from different clinics/1 student midwife, total 8. 2. 10 women	Face-to-face Recorded
Vrije Universiteit Brussel	1. One focus group with healthcare professionals. 2. One focus group with patients, oncology patients or ex-patients (max. 3 years after completing treatment) and individuals who were associated with patient association or NGO.	1. Participants: 6 healthcare 2. Participants: 4 patients, 3 ex-patients, 2 participants active in-patient associations - total 9.	Online using Zoom Recorded

Table 2.
Number of focus groups, participants, and mode of focus group delivery.

Themes	Categories
Work Area 1: General overview of empathy	1.1: Understanding empathy and competencies necessary for empathy.
Work Area 2: Empathy in relationships and information exchanges in different healthcare contexts/environments.	2.1: Understanding empathy in relationships and information exchanges in different healthcare contexts/environments.
Work Area 3: Showing empathy in diverse environments and overcoming barriers/challenges to empathy.	3.1: Showing empathy in diverse environments. 3.2: Challenges to empathy in healthcare and how to overcome these.

Table 3.
Themes that emerged from focus groups.

the development of the *qualification framework*, which is presented in detail in Appendix 1, which in turn informed the development of the detailed curriculum (**Table 3**).

4. Development of the empathy in health curriculum

4.1 A curriculum at EQF Level 7

This curriculum is based on the European Qualification Framework (EQF). The EQF is an 8-level framework based on learning outcomes. It is designed for all types of qualifications and serves as a translation tool between different national qualification frameworks. The main purpose of the EQF is to make qualifications more readable and understandable across countries and systems. This is important to support cross-border mobility of learners and workers and lifelong learning across Europe (see Description of the eight EQF levels).

More specifically, the curriculum is designed for Level 7 of the EQF. This means that the learning outcomes focus on students in the second cycle of higher education. This cycle typically finishes with a qualification labeled "Master" and is obtained after the successful completion of a study program with 60–120 ECTS credits. https://www.ehea.info/page-three-cycle-system.

Table 4 provides information regarding the curriculum at a glance.

4.2 The aim of the training program

Empathy is the key to effective communication between patients and health carers [9] and has been shown to positively affect health outcomes and patient satisfaction but also improve patient safety [10]. Communicating with patients is the most frequently used procedure by healthcare providers, however, communication skills training in undergraduate healthcare programs is variable and assessment of interpersonal competencies often neither reliable nor consistent [11].

The training program "Empathy in Health" aims to fill this gap in healthcare education. The focus of the program is to enable students to communicate empathetically with patients, families, and colleagues in different situations and to identify challenges and barriers to their empathetic capacities, including burnout and stress. The program is aiming to enable students to:

Total workload (30 h)	• 21 h classroom teaching • 03 h asynchronous electronic learning • 06 h directed self learning
Prerequisites for participants/target group	• Graduate students or • Final year undergraduate students or • Healthcare professionals
Working Areas/course structure	• Understanding empathy and competencies necessary for empathy (10 h) • Understanding empathy in relationships and information exchanges in different healthcare contexts/environments (10 h) • Showing empathy in diverse environments and overcoming barriers/challenges to empathy (10 h)
Training methods	• Classroom-teaching • asynchronous electronic learning • Directed self-learning
Training techniques	• Lecture • Role-play • VR videos • Educational videos
Degree	Certificate and/or 1 ECTS granted
Background reading and references	These are provided in the tutor guides

Table 4.
The curriculum at a glance.

- Understand the theory and significance of empathy in healthcare.

- Be empathetic in relationships in different healthcare contexts with a focus on enabling empathetic information exchanges.

- Show empathy in diverse environments and be able to overcome common barriers and challenges to empathy in healthcare.

4.3 Target groups

The program addresses students of midwifery, physiotherapy, and medicine. Ideally, undergraduate students in their last year and already practicing professionals enrolled in master's studies should be encouraged to participate in the training program.

It is suggested that the students participating in this training program should already have *some* exposure to/experience in patient-care in their healthcare profession. Having profession-specific knowledge and technical skills are considered to be an important prerequisite to be able to work on empathetic competence and understand concepts to improve healthcare structures to be supportive of empathetic-care provision.

However, it is also considered important to strengthen empathy in the target group *before* they finish their studies, so they enter the workforce with this important set of knowledge, skills, and competencies related to empathetic care. This should increase their ability to relate with empathy to their patients, colleagues, and themselves, increasing patient satisfaction, the quality of their care as well as their own work satisfaction. The influx of young professionals who have received special training for maintaining and expanding their empathetic skills will increase awareness of the

importance of empathy in healthcare provision and is expected to have a positive effect beyond the individual interactions on the culture in the relevant healthcare settings.

4.4 Working areas

The first part of the curriculum focuses on enabling students to understand the theory and research behind empathy, as well as the competencies necessary for building and maintaining empathetic communication through the use of interactive learning activities and constructive feedback.

In the second part of the curriculum, empathy in relationships and information exchanges in different healthcare contexts/environments are being elaborated. The curriculum focuses on the skills necessary to develop a relationship that fosters and nurtures empathy and trust and to enhance patient-centred information exchanges.

A subsequent part of the current curriculum deals with the importance of cultural competence in patients and working with colleagues from various cultural and social backgrounds. Cultural competence is a critical core component of health professionals and should be considered as a part of "best practice" in providing empathetic patient-care. Achieving cultural competence is a process that is cultivated within the individual through the acquisition of knowledge, attitudes, skills and behaviors specific to culture, language, and communication.

The last part of the curriculum focuses on enabling students to understand the complex relationship between empathy and burnout in healthcare. In response to high levels of burnout in the healthcare professions which can affect professionals' empathetic abilities, as well as affect their mental and emotional health and retention, the curriculum aims to enable students to apply methods that prevent or alleviate symptoms of burnout.

4.5 Training methodology

The course is taught in a modular structure using work areas that have been derived from initial research conducted in the project.

Each working area focuses on *one important aspect of empathy in health care*. Starting with a general introduction to empathy the students then deepen their competencies by focussing on empathetic communication and dealing with intercultural situations and threats to empathetic behavior.

With an emphasis on practical exercises that are facilitated using virtual reality techniques or role-plays, the participants experience their competence in empathy directly and receive feedback from their peers – this enables them to work on improving their empathetic abilities individually or in groups.

Knowledge is transmitted in classroom teaching via lecture and by instructing students to perform interactive exercises in pairs or triads to foster learning and practice the aimed skills. The classroom structure has been chosen because of the social aspect of empathy and the importance of nonverbal and verbal communication which is difficult to realize in a digital environment.

Congruent with the concept of a flipped classroom where theoretical aspects are first taught via asynchronous electronic learning and then discussed and practiced in the classroom. Asynchronous electronic learning in this course is used to underline the importance of empathy and motivate the students before the course starts. It is also used to assess the competencies acquired during the course by assessing exchange between peers, self-reflection, and a knowledge quiz.

Directed self learning enables the students to deepen their knowledge and conduct their own learning path. A selection of articles and books is provided, but the student is also free to do her/his own research and connect to the learning community.

Using a workload corresponding to 1 ECTS allows the integration of the program in different study programs of health professions more easily and makes it available to a broader audience. It can also be integrated as a training course in the context of lifelong learning activities.

4.6 Classroom teaching

In this course, classroom teaching has been chosen to enable students to practice their empathetic and communicative competencies with peers and the teacher via role-plays and virtual reality exercises right after a theoretical input. The classroom teaching focuses on the theory-practice transfer right away.

Theoretical content is presented using PowerPoint presentations. Following this using self-reflection exercises, group work, and experiential exercises (role-play and VR) the tutor assures that students are able to translate theory and knowledge into skills that are directly transferable to their professions. In other words, the students achieve the desired learning outcome, which is to act empathetically in their profession.

4.7 Asynchronous electronic learning

Asynchronous electronic learning describes the possibility of initiating targeted learning processes in virtual learning spaces by means of digital media, alone or in groups, synchronously or asynchronously. Access takes place online and is linked to the possibility of communicating with teachers and other learners [12].

In this course, an online learning platform provides learning content, precise exercises to prepare for classroom teaching, and the possibility to communicate with peers and teachers.

4.8 Directed self-learning

In directed self-learning students direct their own learning process to achieve the competencies of their learning project. However, it does not mean they need to realize it alone, directed self-learning can also include consultation of peers and the creation of learning networks, for example, a community of practice. This course encourages directed self-learning by providing learning content and the possibility of exchange. Altogether, 6 hours of directed self-learning are suggested.

As part of their directed self-learning students will need to engage with the literature that is provided on the online platform.

5. Training techniques

5.1 Lecture

The lecturers use a PowerPoint presentation to build a knowledge base in the three working areas (WAs).

5.2 Role-play

A role-play is used in each working area (WA) to encourage students to practice learned skills in a group, and to give and receive feedback on their empathetic behavior. The role-plays are focussing on the following:

1. Assessment and pain management in pregnant clients with a language barrier. Meeting the woman and her husband at the entry door of the birthing suite.

2. Assessing risk/performing triage when communication is difficult, cultural diversity. Newborn with weight gain challenges: sharing information and communicating risk.

3. Shared decision-making/communicating risk with a woman in the postpartum ward. Communicating risk to a client who wishes to leave the hospital against medical advice.

4. Elderly patient after hip replacement: Communicating with the angry patient after hip replacement.

5. Information gathering and giving and shared decision making with an adolescent with type I diabetes not complying with treatment.

5.3 VR videos

Three VR videos are used to enable students to practice empathy-related skills in the following areas:

1. Provision of woman-centered care during labor and birth supporting the woman to find the best way to cope with labor pain.

2. Young patient with chronic musculoskeletal pain and somatization: exploring patient's concerns and shared decision making with patient and family.

3. Young person with new diagnosis of cancer: The process of sharing bad news with a young person with a new diagnosis of cancer and overcoming social and environmental barriers to empathy.

5.4 Educational videos

In addition, educational videos are used in each working area (WA) to encourage students to practice learned skills in a group and to give and receive feedback on their empathetic behavior. The educational videos are focussing on the following:

1. Registration for birth and discussing the birth plan with the recently migrated client. Providing woman-centered care, shared decision-making, and cultural diversity.

2. Empathy and cultural diversity: Immigrant patient with a lung infection, working with an interpreter.

3. Medical consultation: An obese middle-aged patient with high cardiovascular risk (several risk factors). Communicating risk and practicing motivational interviewing techniques.

5.5 Tutor guides

For each work area, there are detailed tutor guides that will be freely available to the scientific community through our dedicated project website:
https://empathy.projectsgallery.eu/?fbclid=IwAR0ml6iunM8GB34HyyA9-FLyUOOuy_DnKG4b0gU7kKmZAepKjn9C0ctR8yH4.

All tutor guides will be available in addition to the English language in Greek, German, and Dutch.

5.6 Curriculum certification

The curriculum is in the process of ISO certification by the Cyprus Certification Company.
https://www.cycert.org.cy/.

5.7 Curriculum evaluation

During the piloting of the curriculum materials, national trainers, students, national tutors, and the certification agency gave their feedback on what worked well and which areas needed improvement. The curriculum went through different phases of revision in order to reach its finalization.

In order to assess any differences in our student's practice, the Jefferson Scale of Physician Empathy (Student Versions) [13].

A. Appendix 1: Qualification framework

Work Area Id	*1*	
Work Area	*General Overview of Empathy*	
Unit	1.1 Understanding empathy and competencies necessary for empathy	
Learning outcomes correspond to EQF	Level 7	
Learning outcomes		
Knowledge	Skills	Competencies
He/she is able to	*He/she is able to*	*He/she is able to*
1. List three different types of empathy (Affective, Cognitive, Prosocial) 2. Describe the different psychological approaches when researching empathy 3. Outline relevant research findings in relation to empathy in different health care settings (e.g. medicine, midwifery,	6. Self-reflect and self-assess his/her level or lack of empathy in daily life *Use evidence-based techniques as listed below to develop empathy during initiating a session with patients and gathering information:* 7. Demonstrate genuine interest and respect for the other party 8. Demonstrate active listening	18. Evaluate the feedback from colleagues and simulated patients on his/her level of empathy and ways of improving 19. Adapt his/her empathetic behaviour to the patient's and other health carer's needs

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physiotherapy)
4. List the qualities/ competencies necessary for empathy according to published consensus statements [14]
5. Define the qualities/ competencies necessary for empathy according to published consensus statements [14, 15]

9. Use verbal and non-verbal cues in a way that facilitates/reinforces empathy
10. Use appropriate questioning techniques
11. Use clarifying techniques
12. Demonstrate sign-posting
13. Use summarizing techniques
14. Elicit patient's Ideas, Concerns, Expectations (ICE)
15. Recognise, Acknowledge and validate patient's concerns, feelings (RAV)
16. Provide support demonstrating empathy while doing so by expressing concern, understanding, willingness to help; acknowledging coping efforts and appropriate self-care;
17. Deal sensitively with delicate issues

Work Area ID	2
Work Area	*Empathy in relationships and information exchanges in different health care contexts/environments*
Unit	2.1 Understanding empathy in relationships and information exchanges in different health care contexts/environments
Learning outcomes correspond to EQF	Level 7
Learning outcomes	

Knowledge	Skills	Competencies
He/she is able to	*He/she is able to*	*He/she is able to*
20. Define patient-centred relationships 21. Describe the characteristics of a relationship that fosters and nurtures empathy and trust 22. Outline relevant research evidence on the importance of empathetic/patient-centred relationships on patient outcomes in the different health care contexts/ environments (in this part partners could focus on contexts relevant to the scenarios they developed)	24. Self-reflect and self-assess his/her level or lack of empathy in relationships and information exchanges in daily life. *Use evidence-based techniques as listed below to develop empathy during information exchanges (e.g. in obstetric and gynaecology, when sharing bad news, when caring for patients with dementia and mental health issues, etc) with patients and other health care professionals:* 25. Share his/her thinking with other party 26. Explain rationale for questions or parts of physical examination 27. Assess patient's starting point 28. Chunk and check: give information in small bites and checks for understanding by using the patient's responses as a guide to how to proceed 29. Screen: ask patient what other information would be helpful 30. Organize explanation by dividing it into discrete sections that follow a logical sequence 31. Use signposting: (e.g. There are three important things that I would like to discuss. First … . Now we move on to … ., etc.) 32. Use appropriate language without jargon	40. Evaluate the feedback from colleagues, and patients on his/her level of empathy in relationships and information exchanges and ways of improving

23. Describe the skills necessary during information exchanges according to Calgary/ Cambridge model and refer to USA consensus statement	33. Use visual methods for conveying information 34. Check patient's/other party's understanding 35. Elicit patient's other party's ICE 36. Explore different management options with regards to treatment by ascertaining the level of involvement that patient wishes in making the decision at hand 37. Ascertain level of involvement patient/other party wishes 38. Negotiate mutually acceptable plan 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

Work Area ID	3
Work Area	*Showing empathy in diverse environments and overcoming barriers/ Challenges to empathy*
Unit	3.1 Showing empathy in diverse environments
Learning outcomes correspond to EQF	Level 7
Learning outcomes	

Knowledge	Skills	Competencies
He/she is able to	*He/she is able to*	*He/she is able to*
41. Define cultural competence in multicultural and sociocultural environments and its effects on patient outcomes 42. Outline the different theoretical approaches to cultural competence 43. Outline research evidence on the importance of cultural competence on patient and working with colleagues from various cultural and social background 44. Define Interprofessional Learning (IPL) in undergraduate health care settings 45. Outline research evidence on the effectiveness of (IPL) in undergraduate health care settings	46. Self-reflect and self-assess his/her level or lack of empathy in daily life in diverse environments. 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: 47. Use interpreters to eliminate linguistic barriers with adverse effects on language 48. Show genuine interest and curiosity for the cultural beliefs of the patient/ colleague 49. Demonstrate avoidance of making assumptions 50. Demonstrate avoidance of stereotyping	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 53. Adapt his/her empathetic behaviour into the patient's and other health carers' needs from culturally diverse environments

	51. Deal sensitively with issues of sexuality, unease of some physical examinations, use and abuse of alcohol and other substances, etc.

Work Area ID	3
Work Area	*Showing empathy in diverse environments and overcoming barriers/ Challenges to empathy*
Unit	3.2 Challenges to empathy in healthcare and how to overcome these
Learning outcomes correspond to EQF	Level 7
Learning outcomes	

Knowledge	Skills	Competencies
He/she is able to	*He/she is able to*	*He/she is able to*
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

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