



European Academy of GP Trainers (EURACT) strategies in training students, trainees, trainers and GPs .



„Snowballing“ Emotions and Empathy in Education



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Learning objectives for the workshop

After this session you will be able to:

- Use an emotional wheel to support your exploration of feelings after patient or student encounters
- Use specific tools to assess emotions during a teaching session
- Join EURACT and develop your teaching practice!



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Icebreaker for presenters

who is who?



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Icebreaker for the audience

who is who?



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Organisation of this session

First : EURACT introduction

Then WORKSHOP!



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The European Academy of Teachers in General Practice/Family Medicine is a network within *WONCA Europe* dedicated to improving the *teaching of family medicine across Europe*. It supports educators through training, resource development, and collaboration



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EURACT BME-Committee

.... aims to improve undergraduate teaching and learning in family medicine by further developing medical education through:

- providing mapping of the BME situation in Europe;
- providing a minimal core curriculum to be used;
- underlining the usefulness of early clinical exposure;
- creating checklists for course organizers;
- issuing statements on the necessity of this teaching in all medical universities;
- strengthening teaching by getting advice from professionals from all European countries;
- helping in developing European curriculum standards in family medicine for undergraduates.



EURACT Specialty Training committee

The ST committee aims to improve patient care by further developing specialty training in general practice.

This is achieved through:

- Collecting and reviewing specialty training programs across Europe, for learning and inspiration.
- Developing tools that countries can use to enhance the quality of teaching in specialty training.
- Conducting research aimed at developing and improving both the education and the future doctors.
- Working to ensure standards for quality and practice in specialty training in family medicine across Europe.



EURACT continuous medical education (CME) /continuous professional development (CPD) committee

- **The CME/CPD committee aims to improve patient care in family medicine by encouraging FD/GP to pursue their training after leaving the university.**

They do this by:

- giving an overview and comparison of CME systems in Europe;
- identifying the learning needs of teachers in CME (e.g., EUSIT project);
- providing and disseminating appropriate materials, tools and methods that teachers could use to meet CME/CPD learning needs (link to Snowball);
- encouraging social contact among teachers of family medicine through different professional communities.



EURACT Leonardo Courses

- CME program for GP teachers of Europe
- Sharing know-how among GP teachers in Europe
- 3 levels (3-days each course) from basics through competent to the advanced level
- Interactive course with use of modern teaching methodology:
 - presentations in different topics of teaching,
 - reflection
 - small group work
 - informal communication
 - social program
 - international certification





EURACT Leonardo Courses

- possibility to use the EURACT brand teaching materials and to conduct the local Leonardo courses in your country





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EURACT Bled course

34rd Janko Kersnik EURACT course

Complexity and inspiration

in Family medicine and General practice

**10th – 13th Sept. 2025 Bled -
Slovenia**

A scenic photograph of Bled, Slovenia, featuring the Bled Castle perched on a rocky island in the middle of Bled Lake, with the surrounding mountains and forest reflected in the water.

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EURACT Bled, Target Audience



- Educators in primary care involved in teaching at university or practice levels.
- Both experienced teachers and those beginning their educational careers.
- Final-year medical students, to provide the learners' perspective and enrich collaborative learning experiences



EURACT Snowball Symposia: Faculty development for a European audience

Monthly online 2 hour interactive workshop by medical education experts

Sharing of experience among teachers across Europe in breakout rooms

A chance to acquire practical tools as teachers (under and post-graduate level)





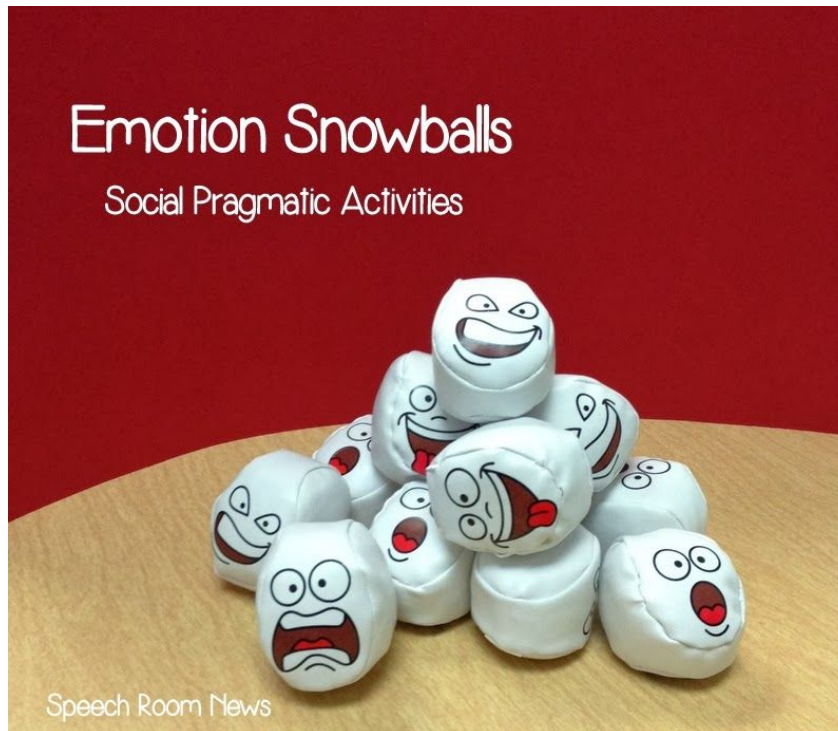
Recent themes 2024-2025

- Onboarding GP Trainees & Students
- Nonviolent Communication
- Teaching End-of-Life Discussions
- Teaching about Emotions in Family Medicine
- Teaching about Difficult Patient Relationships
- Learning from Patients – Using patient feedback for education

Workshops are recorded: access
free for EURACT members

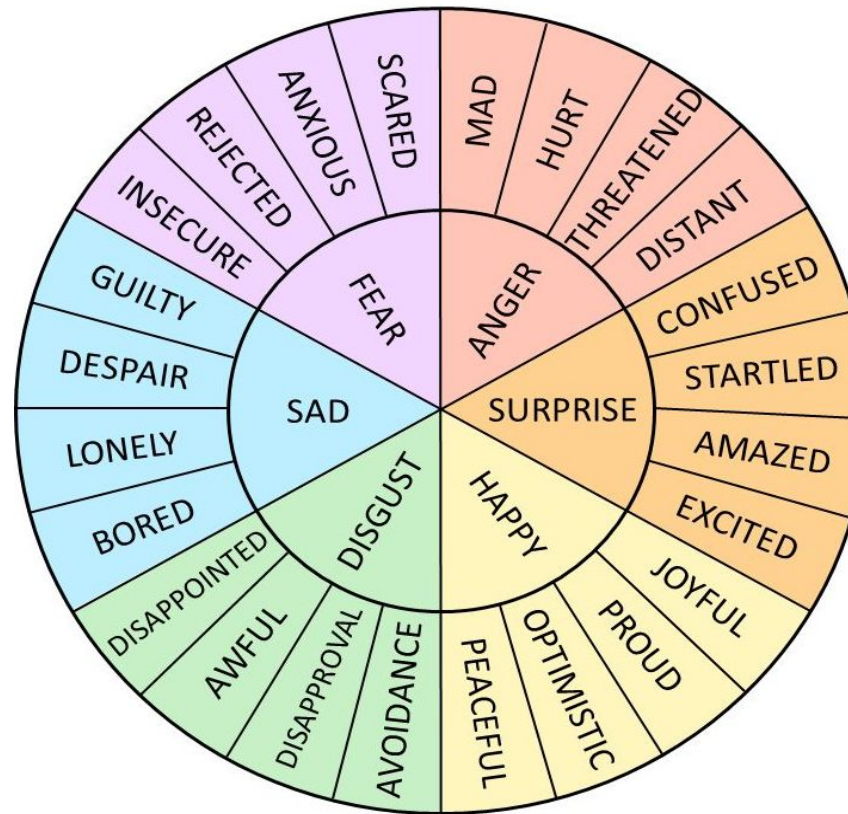


„Snowballing“ Emotions and Empathy in Education





Wheel of emotions





Individual work: recognise your emotion while teaching

Self-reflexion on your own experience:

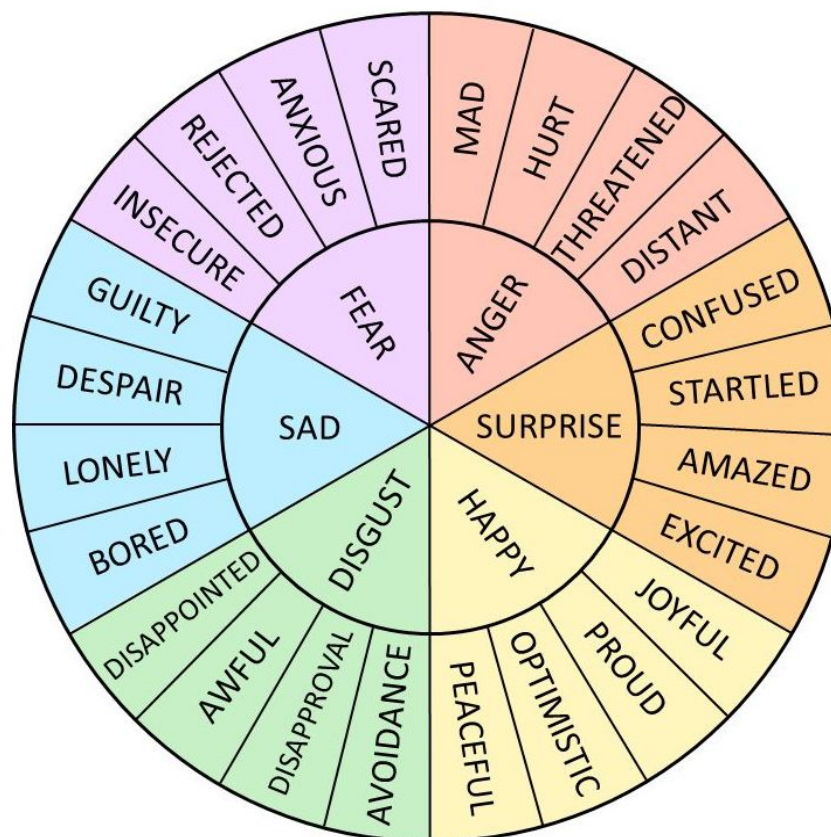
Think of a consultation or teaching” associated with emotions.

Find your emotions on the wheel of emotions (example from Chloé)

3 min



Wheel of emotions

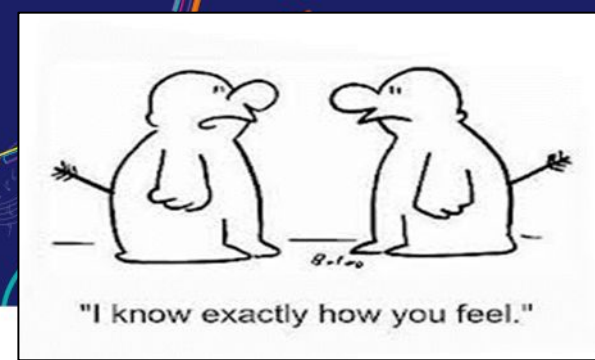




Three domains of empathy

- Affective-emotional
 - „mimicry“ or „emotional infection“ (also babies and animals → congenital)
 - Feeling the emotions of others/compassion
 - Precondition: self-other distinction (from the age of 18 months, if mentally healthy)
- Kognitive
 - Perspective taking, adoption of emotions and thoughts: „standing in the patient's shoes“
 - varies over time, learn- and teachable
- Social
 - Understanding patients in their psychological, social, and cultural context
 - grows with professional experience, if we are mentally healthy

But: everything happens at the same time!



Cognitive and social empathy in medical teaching (references)

- Empathy of an individual - and changes over time - can be measured (e.g. Jefferson-Scale* for medical contexts: 20 items)
- Literature disagrees on whether empathy is decreasing
- Empathy is teachable → role models, social and communicative skills
- Empathy is observable in consultations (facial expression, body language, voice/speech, content)
- Empathy in consultations or OSCE is assessable (CCOG**, CARE)

*<https://www.jefferson.edu/academics/colleges-schools-institutes/skmc/research/research-medical-education/jefferson-scale-of-empathy.html>

**Calgary Cambridge Observation Guide, Silverman & Kurtz 1998



Small group work:

“Assess someone’s emotions, be empathic”

Small groups: 2 x 2

Describe your “emotional situation” while teaching to your neighbour *(NB!
Don’t name the emotion!)*

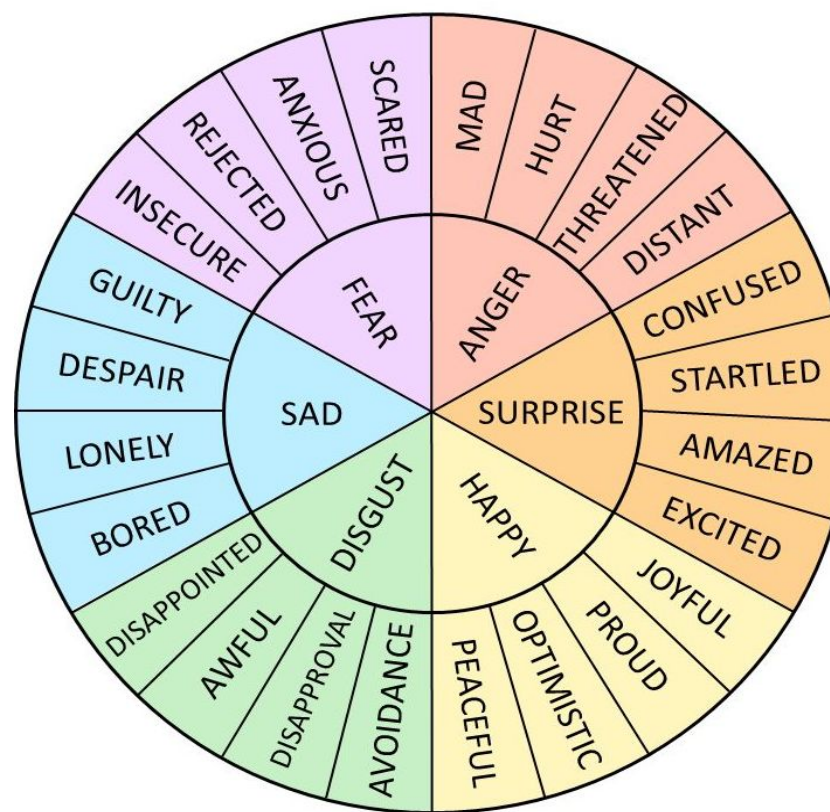
Neighbour: respond with empathy:

“ I see/understand/can feel + You were(name the emotion) + because of...”

Change your roles 2,5 min+2,5 min



Wheel of emotions





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Jefferson Scale - Copyright!

	1	2	3	4	5	6	7
1. My understanding of how my patients and their families feel does not influence medical or surgical treatment.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. My patients feel better when I understand their feelings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
3. It is difficult for me to view things from my patients' perspectives.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I consider understanding my patients' body language as important as verbal communication in caregiver-patient relationships.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
5. I have a good sense of humor that I think contributes to a better clinical outcome.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Because people are different, it is difficult for me to see things from my patients' perspectives.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I try not to pay attention to my patients' emotions in history taking or in asking about their physical health.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Attentiveness to my patients' personal experiences does not influence treatment outcomes.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I try to imagine myself in my patients' shoes when providing care to them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. My patients value my understanding of their feelings which is therapeutic in its own right.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
11. Patient's illnesses can be cured only by medical or surgical treatment; therefore, emotional ties to my patients do not have a significant influence on medical or surgical outcomes.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Asking patients about what is happening in their personal lives is unhelpful in understanding their physical complaints.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	1	2	3	4	5	6	7
13. I try to understand what is going on in my patients' minds by paying attention to their non-verbal cues and body language.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. I believe that emotion has no place in the treatment of medical illness.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Empathy is a therapeutic skill without which success in treatment is limited.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. An important component of the relationship with my patients is my understanding of their emotional status, as well as that of their families.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
17. I try to think like my patients in order to render better care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. I do not allow myself to be influenced by strong personal bonds between my patients and their family members.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. I do not enjoy reading non-medical literature or the arts.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I believe that empathy is an important therapeutic factor in medical or surgical treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Total score:	114						

Scoring and interpretation

The empathy score for an individual is calculated from the responses to the 20 items. First, reverse score items 1, 3, 6, 7, 8, 11, 12, 14, 18, 19. This means a rating of 7 becomes strongly disagree and 1 becomes strongly agree. Apply reverse scoring as follows:

- 7 → 1
- 6 → 2
- 5 → 3
- 4 → 4 (remains unchanged)
- 3 → 5
- 2 → 6
- 1 → 7


Sum all the scores. The empathy score can range from 20 to 140. Higher values indicate a higher



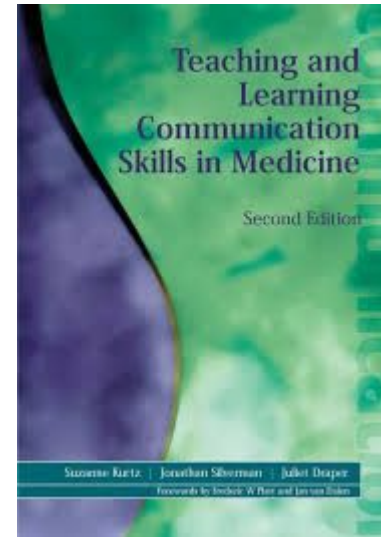
Assessment instruments:

OSCE and MiniCEX

CCOG (Silverman and Kurtz 1998)

- „Short version“ 
- Sub-Scale from 29-Item-version
- 3er-scale:
 - yes = 2 points
 - partly = 1 point
 - no = 0 points

- CARE (new french instrument?)



Demonstrates appropriate non-verbal behaviour
If reads or writes, doesn't interfere with dialogue/rapport
Is not judgemental
Empathises with and supports patient
Appears confident
Determines and acknowledges patient's ideas
Explores patient's concerns and problem
Encourages expression of emotions
Picks up/responds to verbal and non-verbal clues



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OSCE video #1: **empathy assessment** **“Realistic trainee and angry patient”**

Watch the video

Use the empathy assessment scale

Vote

Discuss



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<https://www.youtube.com/watch?v=6IAYVUXM7g0&list=PL0pSBKE6Zutir9x2HFVjm4MhnEQ-gqbjk&index=2>



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Reflections after the video 1
and let's vote!



OSCE video #2: empathy assessment “Empathic trainee and angry patient”

Watch the video

Use the empathy assessment scale

Vote

Discuss



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<https://www.youtube.com/watch?v=vM3su8ZcriY&list=PL0pSBKE6Zutir9x2HFVjm4MhnEQ-gqbjk&index=2>



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Reflections after the video 2
and let's vote



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Conclusion (discussion)

What are your main messages after the discussion of evaluation form



Conclusion (reflection)

Metacognition:

1. What happened now?
2. That is the way we usually teach in Snowball....



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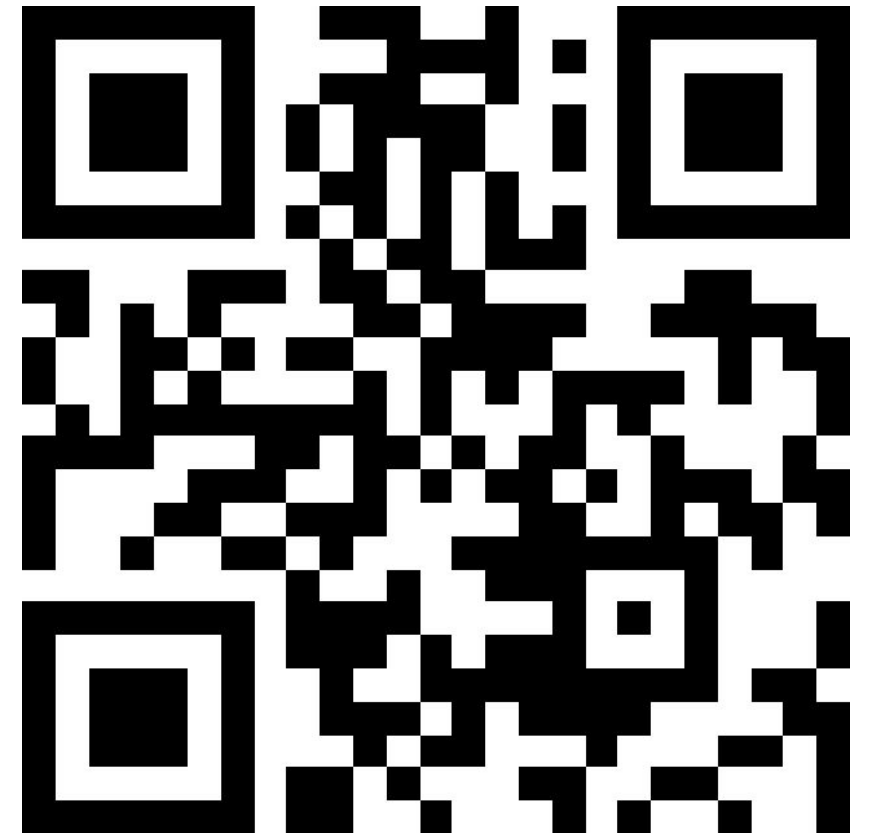


Take home notes

What have I learned during this workshop?

<https://forms.office.com/r/98dqLpEWrn>

<https://tinyurl.com/mwznathb>





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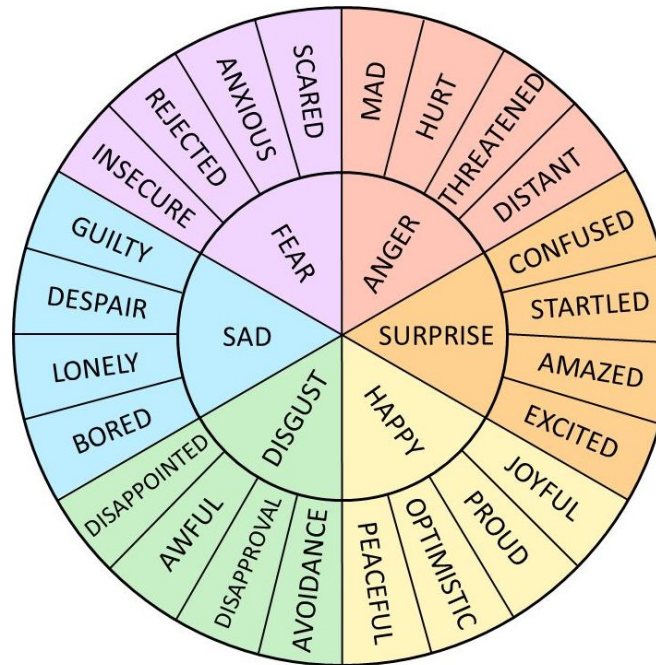
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How do you feel right now?





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Future French EURACT members ?



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