

Chronische Wunden und Gesundheitskommunikation

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Gesundheit Österreich
GmbH 

Gliederung

1. Chronische Wunden und Kommunikationsherausforderungen
2. Patientenzentrierte Kommunikation
3. Kommunikationstechniken
4. Nutzen von patientenzentrierter Kommunikation
5. ÖPGK-tEACH Kommunikationstrainings

Chronische Wunden

- Eine Wunde ist chronisch, wenn sie nicht innerhalb von 8 Wochen abgeheilt ist oder wenn die zugrunde liegende Diagnose eine kontinuierliche Behandlung erfordert [1]
- Chronische Wunden sind verbunden mit
 - starken Schmerzen,
 - unangenehmem Geruch,
 - Verlust der Mobilität,
 - erhöhtem Infektionsrisiko und
 - einem großen Verlust an gesundheitsbezogener Lebensqualität [2,3]
- Negative Auswirkungen auf die Teilhabe am Erwerbsleben und gesellschaftlichen Leben
 - professionelle Pflege und Einkommensverluste führen zu einer zusätzlichen finanziellen Belastung [2]

Was könnten potenzielle Herausforderungen in der Kommunikation sein?

Interaktive Strategien von Patientinnen/Patienten

- Vermeiden
- Vorfühlen und Testen durch Meinungsfragen, indirekte Fragen und Andeutungen (verbal und non-verbal)
- Konfrontation (mit der Tür ins Haus fallen)
- Ansprechen des Themas unter hohem Druck (z.B. am Ende des Gesprächs im Rahmen eines „Hand-auf-der-Klinke-Gesprächs“)

Auf Arztseite: Gefahren

- Übersehen von Informationen
- Zurückhalten von Informationen
- Scheitern des Beziehungsaufbaus

Aufgrund ihrer Ausbildung und Position liegt die Verantwortung für die Bewältigung solcher Situationen im Rahmen des ärztlichen Settings in erster Linie auf Seiten der Ärztinnen/Ärzte!

Wie kann man diesen Herausforderungen in der Kommunikation begegnen?

Patientenzentrierte Gesprächsführung

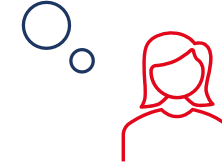
Zentrale Elemente:

- biopsychosoziale Perspektive
- partnerschaftliches Rollenverständnis
- professionelle Allianz
- Perspektive der Betroffenen & fachliche Perspektive
- Berücksichtigen von Diversität und kulturelle Kompetenzen

Frau Huber,
da werden wir Ihnen Statine
aufschreiben, gell!



Die werd ich sicher nicht nehmen, das
weiß ich jetzt schon! Ich kenn das
schon, da wird man so müde davon
und bekommt Muskelschmerzen. Aber
das sag ich ihr jetzt besser nicht ...



Fach- perspektive

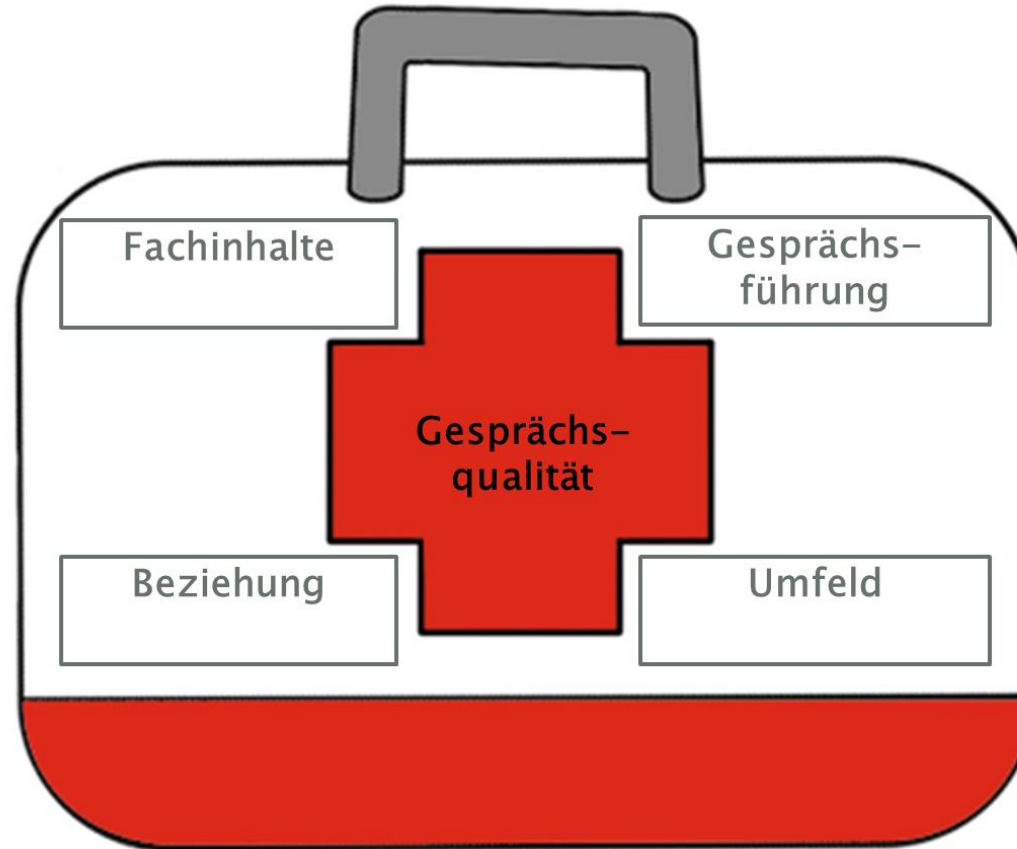
z. B. medizinische
oder pflegerische
Perspektive

Patienten- perspektive

Ideen, Sorgen,
Erwartungen, ...

Berücksichtigen und
Verbinden der beiden
Perspektiven
Gemeinsames Verständnis
herstellen

Patientenzentrierte Gesprächsführung – Was gehört dazu?



Strukturierung des Gesprächs

- Orientieren über Gesprächsverlauf
- Aufmerksamkeit auf den Ablauf des Gesprächs

Beginn des Gesprächs

- Vorbereitung
- Herstellen einer Beziehung zur Patientin oder zum Patienten
- Identifizieren der Gründe für das Gespräch

Sammeln von Informationen

- bio-medizinische Perspektive
- Patientenperspektive
- Hintergrundinformationen – Kontext

Körperliche Untersuchung/Pflegehandlung

Teilen von Informationen, Erklären und Planen

- Übermittlung der korrekten Menge und Art von Informationen
- Erleichtern von Erinnern und Verständnis
- Herstellung eines gemeinsamen Verständnisses: Einbeziehung der Patientenperspektive
- Planung: Gemeinsame Entscheidungsfindung

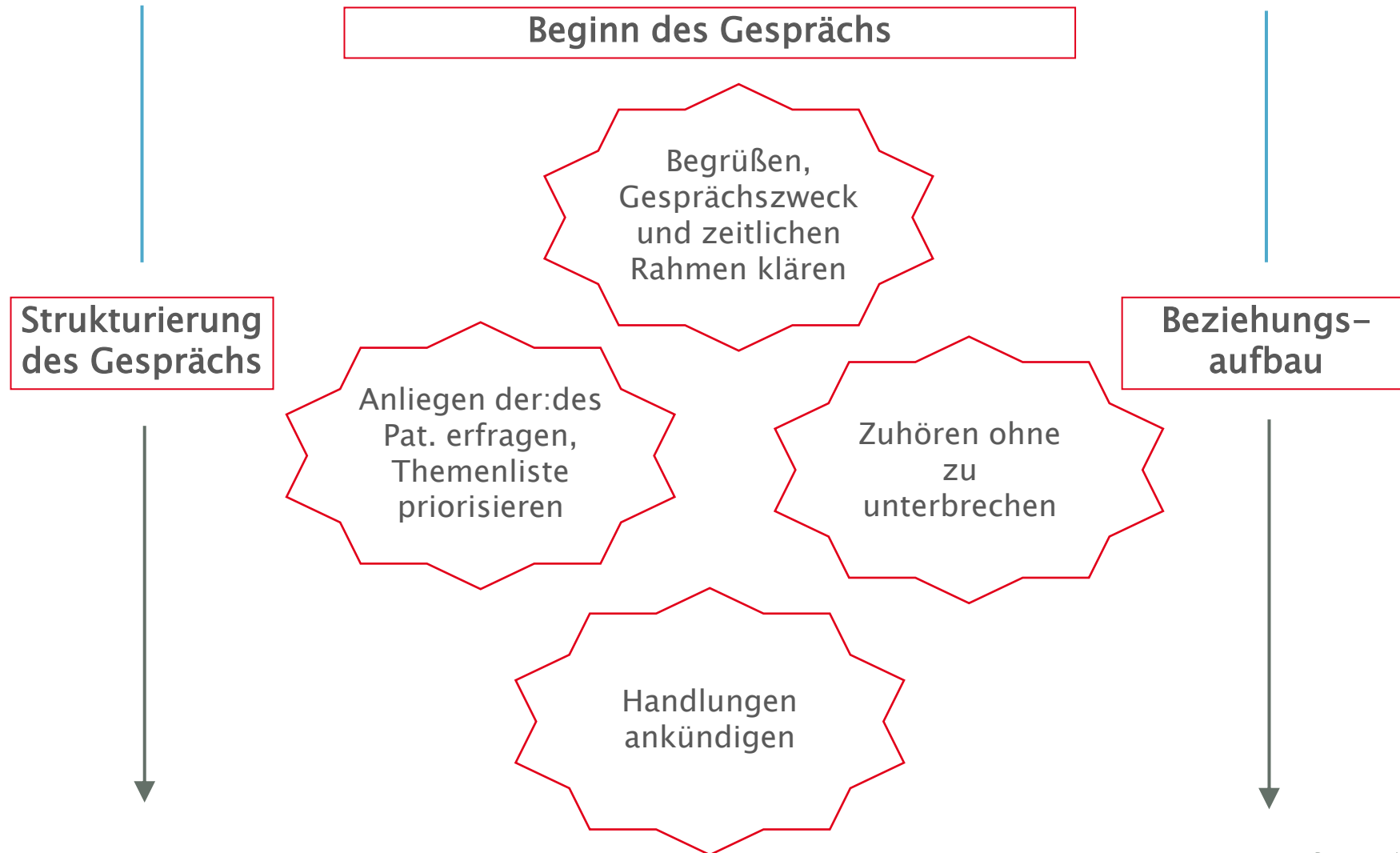
Beendigung des Gesprächs

- Planung der weiteren Vorgehensweise
- Sicherstellen eines angemessenen Gesprächsendes

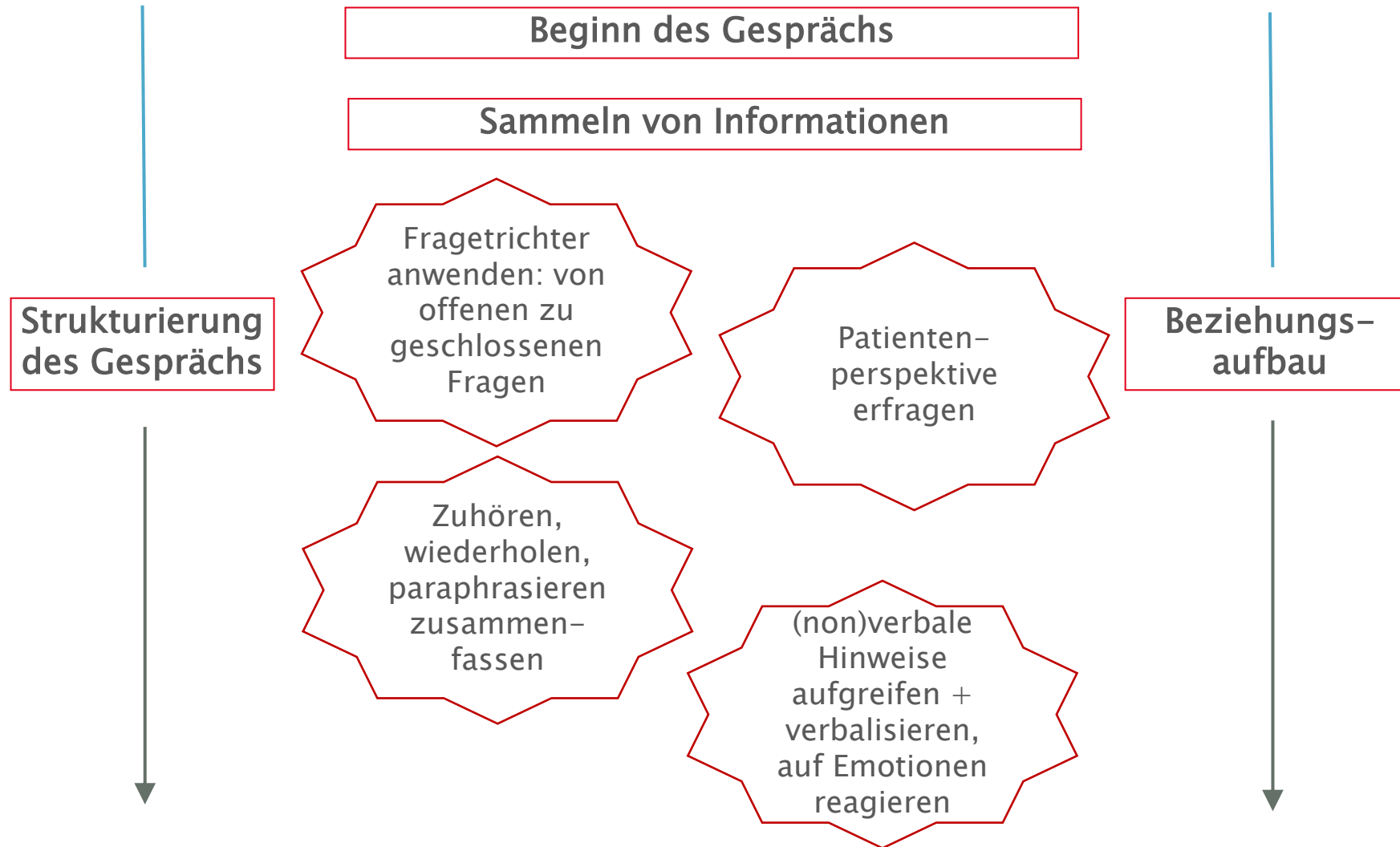
Beziehungsaufbau

- Verwendung von angemessenem nonverbalen Verhalten
- Entwicklung einer Beziehung zur Patientin oder zum Patienten
- Beteiligung der Patientin oder des Patienten

Gut ins Gespräch starten (1)



Gut ins Gespräch starten (2)



Möglichkeiten des ärztlichen Umgangs mit Tabu-Themen

- Offenes, persönliches Ansprechen:
 - ankündigen (nicht mit der Tür ins Haus fallen),
 - explizit, direkt,
 - Patient:innen nicht unter Druck setzen mit einer sofort erwarteten Antwort
- Akzeptanz signalisieren
 - Wertschätzend-empathisches Spiegeln
 - Tabu registrieren, Akzeptanz signalisieren, Gesprächsangebot machen
 - Vermitteln, dass man das Thema aus professionellen Gründen wichtig nimmt
- Allgemeine Information ohne direkten Bezug auf Pat.

Wahrnehmen und Umgang mit Emotionen

Emotionen werden gezeigt.

Häufig nur nonverbal.

Zeigen, dass man sie bemerkt hat!

NURSE-Modell

- Emotionen benennen (Naming)
- Verständnis zeigen (Understanding)
- Respekt äußern (Respecting)
- Unterstützung anbieten (Supporting)
- Hintergründe explorieren (Exploring)

Patientenzentrierte Gesprächsführung
ist nicht nur Technik,
sondern vor allem auch eine **Haltungsfrage**
und ein **Kulturwandel**
und muss daher als **wesentlicher Bestandteil in QM**
integriert und verankert sein!

Warum?

Patientenzentrierte Gesprächsführung – Was bringt das?

Auswirkungen in 7 Richtungen:

1. Verbesserter **Gesundheitszustand** (psychologisch und physiologisch)
2. Verbessertes **Gesundheitsverhalten**
3. Höhere **Zufriedenheit**
4. Höhere **Patientensicherheit**
5. Weniger **Klagen** wegen Behandlungsfehlern
6. Verbesserte **Gesundheit** und **Arbeitszufriedenheit** der GDA
7. **Gesundheitsökonomische Auswirkungen**

Patientenzentrierte Gesprächsführung...


...ist lehr/-lernbar...

wird in der Ausbildung zunehmend gelehrt und geprüft...

...aber geht im beruflichen Alltag wieder verloren

Interventions for providers to promote a patient-centred approach in clinical consultations (Review)

Dwamena F, Holmes-Rovner M, Gauden CM, Jorgenson S, Sadigh G, Sikorskii A, Lewin S, Smith RC, Coffey J, Olomu A



THE COCHRANE COLLABORATION®

This is a reprint of a Cochrane review, prepared and maintained by The Cochrane Collaboration and published in *The Cochrane Library* 2012, Issue 12

<http://www.thecochranelibrary.com>

[1-2]

Communication Competencies OPEN ACCESS This is the original (English) version. The translated (German) version starts at p. 34 4/104

Desire and reality - teaching and assessing communicative competencies in undergraduate medical education in German-speaking Europe - a survey

Abstract

Objectives: Increasingly, communicative competencies are becoming a permanent feature of training and assessment in German-speaking medical schools (n=43; Germany, Austria, Switzerland - "D-A-CH"). In support of further curricular development of communicative competencies, the survey by the "Communicative and Social Competencies" (KusK) committee of the German Society for Medical Education (GMA) systematically appraises the scope of and form in which teaching and assessment take place.

Methods: The iterative online questionnaire, developed in cooperation with KusK, comprises 70 questions regarding instruction (n=41), assessment (n=48), local conditions (n=5), with three fields for further remarks. Per location, two to three individuals who were familiar with the respective institute's curriculum were invited to take part in the survey.

Results: Thirty-nine medical schools (40 degree programmes) took part in the survey. Communicative competencies are taught in all of the programmes. Ten degree programmes have a longitudinal curriculum for communicative competencies; 29 programmes offer this in part. Sixteen of the 40 programmes use the Basler Consensus Statement for orientation. In over 90% of the degree programmes, communicative competencies are taught in the second and third year of studies. Almost all of the programmes work with simulated patients (n=38) and feedback (n=37). Exams are exclusively summative (n=11), exclusively formative (n=3), or both summative and formative (n=16) and usually take place in the fifth or sixth year of studies (n=22 and n=20). Apart from written examinations (n=15) and presentations (n=9), practical examinations are primarily administered (OSCE, n=31; WPA, n=8), usually with self-developed cases (OSCE, n=19). With regards to the examiner: training and the manner of results-reporting to the students, there is a high variance.

Conclusions: Instruction in communicative competencies has been implemented at all 39 of the participating medical schools. For the most part, communicative competencies instruction in the D-A-CH region takes place in small groups and is tested using the OSCE. The challenges for further curricular development lie in the expansion of feedback, the critical evaluation of appropriate assessment strategies, and in the quality assurance of exams.

Keywords: medical studies, communicative competencies, instruction, assessment, longitudinal curriculum

GMA 2020/19. Für Medizinische Ausbildung 2016, Vol. 32(6), 10

[134-135]

Communication Competencies OPEN ACCESS This is the German version. The English version starts at p. 3. 4/104

Themenheft zur Vermittlung sozialer und kommunikativer Kompetenzen – Status quo

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Dis-integration of communication in healthcare education: Workplace learning challenges and opportunities

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ABSTRACT

The purpose of this paper, based on a 2016 Heidelberg International Conference on Communication in Healthcare (ICCH) plenary presentation, is to examine a key problem in communication skills training for health professional learners. Studies have pointed to a decline in medical students' communication skills and attitudes as they proceed through their education, particularly during their clinical workplace training experiences. This paper explores some of the key factors in this disintegration, drawing on selected literature and highlighting some curriculum efforts and research conducted at the University of Iowa Carver College of Medicine as a case study of these issues. Five key factors contributing to the disintegration of communication skills and attitudes are presented including: 1) lack of formal communication skills training during clinical clerkships; 2) informal workplace teaching failing to explicitly address learner clinical communication skills; 3) emphasizing content over process in relation to clinician-patient interactions; 4) the relationship between ideal communication models and the realities of clinical practice; and 5) clinical teachers' lack of knowledge and skills to effectively teach about communication in the clinical workplace. Within this discussion, potential practical responses by individual clinical teachers and broader curricular and faculty development efforts to address each of these factors are presented.

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Wie können MA für herausfordernde Gespräche unterstützt werden?

Best Practice: Evidenzbasierte Kommunikationstrainings

- am klinischen Alltag orientiert, teilnehmerzentriert
- konkrete Skills üben, die bei der Lösung alltäglicher Herausforderungen helfen
- Üben mit Schauspielpatient:innen – Feedback – nochmalige Übungsmöglichkeit
- Refresher zum Transfer in den Alltag

Kommunikationstrainings nach ÖPGK-tEACH: Impact und Effektivität



- **8.400 Gesundheitsprofis** in der Aus-, Fort- und Weiterbildung trainiert (2019-2023)
- **90 Gesundheitseinrichtungen** erreicht (2019-2023)
- **60 Trainer:innen bundesweit** (2024)
- Evaluationen ergaben **sehr hohe Zufriedenheit** und signifikante Steigerung der **Selbstwirksamkeit** der Gesundheitsprofis



Beispiel-Curriculum Primärversorgung **Gute Gespräche bringen allen was**

Grundmodul 1:

Informationen verständlich vermitteln

Grundmodul 2:

Mit starken Emotionen zielführend umgehen

Wahlmodul 1:

Schlechte Nachrichten überbringen

Wahlmodul 2:

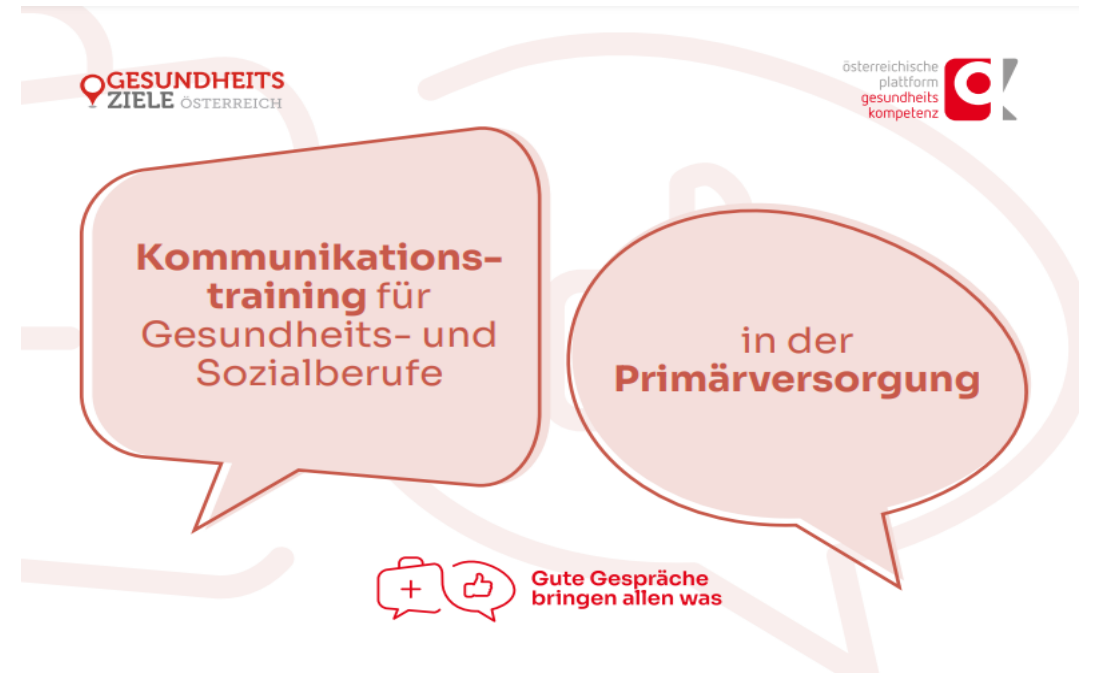
Motivieren und mit Widerstand umgehen

Wahlmodul 3:

Informieren und Motivieren im Gruppensetting

Weitere optionale Aufbaumodule:

- Sprachliche und kulturelle Barrieren überwinden
- Psychosomatik



Fotocredit: ÖPGK

Interesse – aktuelle Fördermöglichkeiten 2024!

- **Impuls-Workshop zum herausfordernden Patientengespräch:**
 - Der empfohlene Einstieg
 - Dauer: 4 Std.
- **Kommunikationstraining für Gesundheitsberufe nach ÖPGK-tEACH-Standard**
 - Das nachhaltige Training
 - Dauer: 12 / 16 / 20 Std.

in internationaler
Kooperation
entwickelte
Qualitätsstandards



Fotocredit: ÖPGK

Verständnisfragen?

Auftraggeber, Financiers, Kooperationspartner, Umsetzung

 **Bundesministerium**
Soziales, Gesundheit, Pflege
und Konsumentenschutz



Agenda
Gesundheitsförderung



Dachverband der
österreichischen
Sozialversicherungen

Gesundheit Österreich
GmbH ● ● ●



Kompetenzzentrum
**Gesundheitsförderung
und Gesundheitssystem**

Agenda
Gesundheitsförderung



Institut für Gesundheitsförderung
und Prävention GmbH

österreichische
plattform
**gesundheits
kompetenz** 

 **GESUNDHEITS
ZIELE ÖSTERREICH**
Weiter denken. Weiter kommen.

EACH | International Association for
Communication in Healthcare

Team GÖG: Marlene Sator, Christoph Schmotzer, Benjamin Kölldorfer, John Schlömer, Doris Gabmeier-Rössler

Team IfGP: Jürgen Soffried, Natalie Wippel

Literatur – Slide 3

- [1] J. Dissemond and K. Kröger, *Chronic Wounds. Diagnostics-Therapy-Care*, 1st ed. Munich: Elsevier GmbH, 2020.
- [2] S. Kapp and N. Santamaria, "The financial and quality-of-life cost to patients living with a chronic wound in the community", *Int Wound J*, vol. 14, no. 6, pp. 1108-1119, Dec. 2017, doi: 10.1111/iwj.12767.
- [3] H. Diener *et al*, "Care situation of vascular wounds in Germany: measures to improve the care structure: the Federal Consensus Conference, the German Wound Council, certification of wound centres", *Vascular Surgery*, vol. 22, no. 8. Springer Verlag, pp. 548-557, 1 December 2017. doi: 10.1007/s00772-017-0326-z.
- [4] Platsidaki E, Kouris A, Christodoulou C. Psychosocial Aspects in Patients With Chronic Leg Ulcers. *Wounds*. 2017 Oct;29(10):306-310. doi: 10.25270/wnds/2017.10.306310. PMID: 29091039.

Literatur Slide 4 - Ende

- (1) Trzeciak, S. and A. Mazzarelli, *Compassionomics: The revolutionary scientific evidence that caring makes a difference*. 2019, Pensacola: Studer Group.
- (2) Dwamena, F., et al., *Interventions for providers to promote a patient-centred approach in clinical consultations*. Cochrane Database Syst Rev, 2012. **12**(1469-493X (Electronic)): p. CD003267.
- (3) Cushing, A. *Patient-centered Communication*. 24.01.2023]; Available from: <https://staging.each.international/wp-content/uploads/2021/06/Patient-centred-communication-1.pdf>.
- (4) Mead, N. and P. Bower, *Patient-centredness: a conceptual framework and review of the empirical literature*. Social science & medicine, 2000. **51**(7): p. 1087-1110.
- (5) Stewart, M.A., et al., *Patient-Centered Medicine. Transforming the Clinical Method*. Vol. 1st Ed. 1995, Thousand Oaks, London, New Delhi: Sage Publications.
- (6) Papageorgiou, A., *Models of the doctor-patient consultation*, in *Clinical Communication in Medicine*, J. Brown, et al., Editors. 2016, Wiley Blackwell. p. 21-29.
- (7) Saha, S., M.C. Beach, and L.A. Cooper, *Patient centeredness, cultural competence and healthcare quality*. J Natl Med Assoc, 2008. **100**(11): p. 1275-85.
- (8) Rathert, C., et al., *Patient-centered communication in the era of electronic health records: What does the evidence say?* Patient Educ Couns, 2017. **100**(1): p. 50-64.
- (9) Neumann, M., et al., *Empathy decline and its reasons: a systematic review of studies with medical students and residents*. Academic medicine, 2011. **86**(8): p. 996-1009.
- (10) Cowell, R.N., *The Hidden Curriculum: A Theoretical Framework and a Pilot Study*. 1972, Cambridge: Harvard Graduate School of Education.
- (11) The Schwartz Center for Compassionate Healthcare. National Survey Data Presented at the Compassion in Action Conference Show Mixed Reactions on State of Compassion in U.S. Healthcare. 2017 24.01.2023]; Available from: <https://www.theschwartzcenter.org/media/2019/05/Natl-Poll-and-Conf-Press-Release-Final.pdf>.
- (12) Cartaxo, A., I. Eberl, and H. Mayer, *MISSCARE-AUSTRIA STUDIE (II): Pflegepersonalressourcen auf Allgemeinstationen in österreichischen Krankenhäusern und ihr Einfluss auf Missed Nursing Care*. 2022.
- (13) HLS-EU Consortium, *Comparative Report of Health Literacy in Eight EU Member States*. The European Health Literacy Survey HLS-EU. 2012, The international Consortium of the HLS-EU Project.
- (14) Griebler, R., et al., *Gesundheitskompetenz in Österreich: Ergebnisse der Österreichischen Gesundheitskompetenz-Erhebung HLS19-AT*. 2021, Gesundheit Österreich: Wien.
- (15) Stahl, K. and M. Nadj-Kittler, *Picker Report 2016: Vertrauen braucht gute Verständigung - Erfolgreiche Kommunikation mit Kindern, Eltern und erwachsenen Patienten*. 2016, Picker Institut Deutschland gGmbH. p. 44.

- (16) Egbert, L.D., et al., Reduction of postoperative pain by encouragement and instruction of patients: a study of doctor-patient rapport. *New England Journal of Medicine*, 1964. 270(16): p. 825-827.
- (17) Pereira, L., M. Figueiredo-Braga, and I.P. Carvalho, Preoperative anxiety in ambulatory surgery: The impact of an empathic patient-centered approach on psychological and clinical outcomes. *Patient education and counseling*, 2016. 99(5): p. 733-738.
- (18) Temel, J.S., et al., Early palliative care for patients with metastatic non–small-cell lung cancer. *New England Journal of Medicine*, 2010. 363(8): p. 733-742.
- (19) Sarinopoulos, I., et al., Patient-centered interviewing is associated with decreased responses to painful stimuli: an initial fMRI study. *Patient education and counseling*, 2013. 90(2): p. 220-225.
- (20) Fuentes, J., et al., Enhanced therapeutic alliance modulates pain intensity and muscle pain sensitivity in patients with chronic low back pain: an experimental controlled study. *Physical therapy*, 2014. 94(4): p. 477-489.
- (21) Dibbelt, S., et al., Patient–doctor interaction in rehabilitation: The relationship between perceived interaction quality and long-term treatment results. *Patient education and counseling*, 2009. 76(3): p. 328-335.
- (22) Attar, H.S. and S. Chandramani, Impact of physician empathy on migraine disability and migraineur compliance. *Annals of Indian Academy of Neurology*, 2012. 15(1): p. 94.
- (23) Kaptchuk, T.J., et al., Components of placebo effect: randomised controlled trial in patients with irritable bowel syndrome. *Bmj*, 2008. 336(7651): p. 999-1003.
- (24) Ambady, N., et al., Physical therapists' nonverbal communication predicts geriatric patients' health outcomes. *Psychology and aging*, 2002. 17(3): p. 452.
- (25) Hojat, M., et al., Physicians' empathy and clinical outcomes for diabetic patients. *Academic Medicine*, 2011. 86(3): p. 359-364.
- (26) Del Canale, S., et al., The relationship between physician empathy and disease complications: an empirical study of primary care physicians and their diabetic patients in Parma, Italy. *Academic medicine*, 2012. 87(9): p. 1243-1249.
- (27) Rakel, D.P., et al., Practitioner empathy and the duration of the common cold. *Family medicine*, 2009. 41(7): p. 501.
- (28) Kelley, J.M., et al., The influence of the patient-clinician relationship on healthcare outcomes: a systematic review and meta-analysis of randomized controlled trials. *PLoS one*, 2014. 9(4): p. e94207.
- (29) Graser, J. and U. Stangier, Compassion and loving-kindness meditation: an overview and prospects for the application in clinical samples. *Harvard Review of Psychiatry*, 2018. 26(4): p. 201-215.
- (30) Laithwaite, H., et al., Recovery after psychosis (RAP): A compassion focused programme for individuals residing in high security settings. *Behavioural and Cognitive Psychotherapy*, 2009. 37(5): p. 511-526.
- (31) Braehler, C., et al., Exploring change processes in compassion focused therapy in psychosis: Results of a feasibility randomized controlled trial. *British Journal of Clinical Psychology*, 2013. 52(2): p. 199-214.
- (32) Kelly, A.C., et al., Group-based compassion-focused therapy as an adjunct to outpatient treatment for eating disorders: A pilot randomized controlled trial. *Clinical psychology & psychotherapy*, 2017. 24(2): p. 475-487.

- (33) Au, T.M., et al., Compassion-based therapy for trauma-related shame and posttraumatic stress: Initial evaluation using a multiple baseline design. *Behavior Therapy*, 2017. 48(2): p. 207-221.
- (34) Beaumont, E., et al., Using compassion focused therapy as an adjunct to trauma-focused CBT for fire service personnel suffering with trauma-related symptoms. *The Cognitive Behaviour Therapist*, 2016. 9: p. e34.
- (35) Johnson, S.B., et al., Compassion-based meditation in African Americans: Self-criticism mediates changes in depression. *Suicide and Life-Threatening Behavior*, 2018. 48(2): p. 160-168.
- (36) Noorbala, F., et al., Effectiveness of compassionate mind training on depression, anxiety, and self-criticism in a group of Iranian depressed patients. *Iranian journal of psychiatry*, 2013. 8(3): p. 117.
- (37) Graser, J., et al., Effects of a 12-week mindfulness, compassion, and loving kindness program on chronic depression: A pilot within-subjects wait-list controlled trial. *Journal of Cognitive Psychotherapy*, 2016. 30(1): p. 35-49.
- (38) Gilbert, P. and S. Procter, Compassionate mind training for people with high shame and self-criticism: Overview and pilot study of a group therapy approach. *Clinical Psychology & Psychotherapy: An International Journal of Theory & Practice*, 2006. 13(6): p. 353-379.
- (39) Judge, L., et al., An exploration of group-based compassion focused therapy for a heterogeneous range of clients presenting to a community mental health team. *International Journal of Cognitive Therapy*, 2012. 5(4): p. 420-429.
- (40) Kirby, J.N., C.L. Tellegen, and S.R. Steindl, A meta-analysis of compassion-based interventions: Current state of knowledge and future directions. *Behavior Therapy*, 2017. 48(6): p. 778-792.
- (41) Hollinger-Samson, N. and J.L. Pearson, The relationship between staff empathy and depressive symptoms in nursing home residents. *Aging & Mental Health*, 2000. 4(1): p. 56-65.
- (42) Fogarty, L.A., et al., Can 40 seconds of compassion reduce patient anxiety? *Journal of clinical oncology*, 1999. 17(1): p. 379.
- (43) van Osch, M., et al., Reducing patients' anxiety and uncertainty, and improving recall in bad news consultations. *Health Psychology*, 2014. 33(11): p. 1390.
- (44) Sep, M.S., et al., The power of clinicians' affective communication: how reassurance about non-abandonment can reduce patients' physiological arousal and increase information recall in bad news consultations. An experimental study using analogue patients. *Patient education and counseling*, 2014. 95(1): p. 45-52.
- (45) Verheul, W., A. Sanders, and J. Bensing, The effects of physicians' affect-oriented communication style and raising expectations on analogue patients' anxiety, affect and expectancies. *Patient education and counseling*, 2010. 80(3): p. 300-306.
- (46) Roter, D.L., et al., Improving physicians' interviewing skills and reducing patients' emotional distress: a randomized clinical trial. *Archives of internal medicine*, 1995. 155(17): p. 1877-1884.
- (47) Mercer, S.W., et al., General practitioner empathy, patient enablement, and patient-reported outcomes in primary care in an area of high socio-economic deprivation in Scotland—a pilot prospective study using structural equation modeling. *Patient education and counseling*, 2008. 73(2): p. 240-245.

- (48) Zachariae, R., et al., Association of perceived physician communication style with patient satisfaction, distress, cancer-related self-efficacy, and perceived control over the disease. *British journal of cancer*, 2003. 88(5): p. 658-665.
- (49) Lelorain, S., et al., A systematic review of the associations between empathy measures and patient outcomes in cancer care. *Psycho-Oncology*, 2012. 21(12): p. 1255-1264.
- (50) Roberts, C.S., et al., Influence of physician communication on newly diagnosed breast patients' psychologic adjustment and decision-making. *Cancer*, 1994. 74(1): p. 336-341.
- (51) Mager, W.M. and M.A. Andrykowski, Communication in the cancer 'bad news' consultation: patient perceptions and psychological adjustment. *Psycho-Oncology: Journal of the Psychological, Social and Behavioral Dimensions of Cancer*, 2002. 11(1): p. 35-46.
- (52) Shanafelt, T.D., et al., The physician–patient relationship and quality of life: Lessons from chronic lymphocytic leukemia. *Leukemia research*, 2009. 33(2): p. 263-270.
- (53) Ong, L.M., et al., Doctor–patient communication and cancer patients' quality of life and satisfaction. *Patient education and counseling*, 2000. 41(2): p. 145-156.
- (54) Neumann, M., et al., Determinants and patient-reported long-term outcomes of physician empathy in oncology: a structural equation modelling approach. *Patient education and counseling*, 2007. 69(1-3): p. 63-75.
- (55) Viswanathan, M., et al., Interventions to improve adherence to self-administered medications for chronic diseases in the United States: a systematic review. *Annals of internal medicine*, 2012. 157(11): p. 785-795.
- (56) Zolnierak, K.B.H. and M.R. DiMatteo, Physician communication and patient adherence to treatment: a meta-analysis. *Medical care*, 2009. 47(8): p. 834.
- (57) Beach, M.C., J. Keruly, and R.D. Moore, Is the quality of the patient-provider relationship associated with better adherence and health outcomes for patients with HIV? *Journal of general internal medicine*, 2006. 21(6): p. 661-665.
- (58) Kim, S.S., S. Kaplowitz, and M.V. Johnston, The effects of physician empathy on patient satisfaction and compliance. *Evaluation & the health of professions*, 2004. 27(3): p. 237-251.
- (59) Francis, V., B.M. Korsch, and M.J. Morris, Gaps in doctor-patient communication: Patients' response to medical advice. *New England Journal of Medicine*, 1969. 280(10): p. 535-540.
- (60) Kerse, N., et al., Physician-patient relationship and medication compliance: a primary care investigation. *The Annals of Family Medicine*, 2004. 2(5): p. 455-461.
- (61) Mahmoudian, A., et al., Medication adherence in patients with hypertension: Does satisfaction with doctor-patient relationship work? *Journal of research in medical sciences: the official journal of Isfahan University of Medical Sciences*, 2017. 22: p. 48.
- (62) Ratanawongsa, N., et al., Communication and medication refill adherence: the Diabetes Study of Northern California. *JAMA internal medicine*, 2013. 173(3): p. 210-218.
- (63) Kahn, K.L., et al., Patient centered experiences in breast cancer: predicting long-term adherence to tamoxifen use. *Medical care*, 2007. 45(5): p. 431-439.
- (64) O'Malley, A.S., C.B. Forrest, and J. Mandelblatt, Adherence of low-income women to cancer screening recommendations. *Journal of general internal medicine*, 2002. 17(2): p. 144-154.

- (65) Flickinger, T.E., et al., Clinician empathy is associated with differences in patient–clinician communication behaviors and higher medication self-efficacy in HIV care. *Patient education and counseling*, 2016. 99(2): p. 220-226.
- (66) Slepian, M.L. and J.N. Kirby, To Whom Do We Confide Our Secrets? *Pers Soc Psychol Bull*, 2018. 44(7): p. 1008-1023.
- (67) Kaplan, J.E., et al., Aspects of patient and clinician language predict adherence to antidepressant medication. *The Journal of the American Board of Family Medicine*, 2013. 26(4): p. 409-420.
- (68) Heszen-Klemens, I. and E. Lapińska, Doctor-patient interaction, patients' health behavior and effects of treatment. *Social science & medicine*, 1984. 19(1): p. 9-18.
- (69) Fuertes, J.N., L.S. Boylan, and J.A. Fontanella, Behavioral indices in medical care outcome: the working alliance, adherence, and related factors. *Journal of general internal medicine*, 2009. 24(1): p. 80-85.
- (70) Shanafelt, T.D., et al., Burnout and self-reported patient care in an internal medicine residency program. *Annals of internal medicine*, 2002. 136(5): p. 358-367.
- (71) Shanafelt, T.D., et al., Burnout and medical errors among American surgeons. *Annals of surgery*, 2010. 251(6): p. 995-1000.
- (72) Dasan, S., et al., Prevalence, causes and consequences of compassion satisfaction and compassion fatigue in emergency care: a mixed-methods study of UK NHS Consultants. *Emergency Medicine Journal*, 2015. 32(8): p. 588-594.
- (73) West, C.P., et al., Association of perceived medical errors with resident distress and empathy: a prospective longitudinal study. *Jama*, 2006. 296(9): p. 1071-1078.
- (74) McClelland, L.E. and T.J. Vogus, Compassion practices and HCAHPS: does rewarding and supporting workplace compassion influence patient perceptions? *Health services research*, 2014. 49(5): p. 1670-1683.
- (75) Wen, L. and S. Tucker, What do people want from their health care. A qualitative study. *Journal of Participat Medicine*, 2015. 7(10): p. e10.
- (76) Healthgrades, Patient sentiment report: an analysis of 7 million physician reviews 2018. 2018: www.healthgrades.com/content/patient-sentiment-report.
- (77) Menendez, M.E., et al., Physician empathy as a driver of hand surgery patient satisfaction. *The Journal of hand surgery*, 2015. 40(9): p. 1860-1865 e2.
- (78) Hojat, M., et al., A brief instrument to measure patients' overall satisfaction with primary care physicians. *Family Medicine-Kansas City*, 2011. 43(6): p. 417.
- (79) businesswire. Survey Reveals 85% Percent of Patients Choose Compassion Over Pricing When Choosing a Doctor. 2022 [17.01.2023].
- (80) Ogle, J., J.A. Bushnell, and P. Caputi, Empathy is related to clinical competence in medical care. *Medical education*, 2013. 47(8): p. 824-831.
- (81) Kraft-Todd, G.T., et al., Empathic nonverbal behavior increases ratings of both warmth and competence in a medical context. *PloS one*, 2017. 12(5): p. e0177758.
- (82) Comstock, L.M., et al., Physician behaviors that correlate with patient satisfaction. *J Med Educ*, 1982. 57(2): p. 105-12.
- (83) Trzeciak, S., et al., Association between Medicare star ratings for patient experience and Medicare spending per beneficiary for US hospitals. *Journal of patient experience*, 2017. 4(1): p. 17-21.
- (84) Slawson, P., Psychiatric malpractice: some aspects of cause. *The Psychiatric Hospital*, 1984. 15(3): p. 141-144.
- (85) Lieberman, J.K., *The Litigious Society*. 1985, New York: Basic Books.
- (86) Friedman, L.M., *Total justice*. 1985, New York: Russell Sage.
- (87) Eisenberg, H., New light on the costliest malpractice mistakes. *Journal of Medical Economics*, 1973. 16: p. 146-150.

- (88) Hicks, R., Ounces of prevention. I. New York state journal of medicine, 1973. 73(18): p. 2268-2269.
- (89) Vincent, C., A. Phillips, and M. Young, Why do people sue doctors? A study of patients and relatives taking legal action. The Lancet, 1994. 343(8913): p. 1609-1613.
- (90) Beckmann, H., et al., The doctor-patient relationship and malpractice — lessons from plaintiff deposition. Archives of Internal Medicine, 1994. 154(12): p. 1365-70.
- (91) Hickson, G.B., et al., Obstetricians' prior malpractice experience and patients' satisfaction with care. Jama, 1994. 272(20): p. 1583-1587.
- (92) Andel, C., et al., The economics of health care quality and medical errors. Journal of health care finance, 2012. 39(1): p. 50.
- (93) Bertakis, K.D. and R. Azari, Patient-centered care is associated with decreased health care utilization. The Journal of the American Board of Family Medicine, 2011. 24(3): p. 229-239.
- (94) Epstein, R.M., et al., Patient-centered communication and diagnostic testing. The Annals of Family Medicine, 2005. 3(5): p. 415-421.
- (95) Little, P., et al., Observational study of effect of patient centredness and positive approach on outcomes of general practice consultations. Bmj, 2001. 323(7318): p. 908-911.
- (96) Stewart, M., et al., The impact of patient-centered care on outcomes. Journal of Family Practice, 2000. 49(9): p. 796-804.
- (97) Brody, J.E., The cost of not taking your medicine. 2017: The New York Times, April 17, 2017.
- (98) Hajek, P., A. Siegl, and N. Dziendziel. Arbeitszufriedenheit von angestellten ÄrztInnen in Wien. 2023 24.01.2023]; Available from: https://www.aekwien.at/documents/263869/272591/Pr%C3%A4sentation_Arbeitszufriedenheit+Angestellte+%C3%84rztInnen_PK+10.Jan23.pdf/4cd15908-cd7e-6c26-45c7-f727c9d8995a?t=1673344537330.
- (99) Gleichgerrcht, E. and J. Decety, Empathy in clinical practice: how individual dispositions, gender, and experience moderate empathic concern, burnout, and emotional distress in physicians. PloS one, 2013. 8(4): p. e61526.
- (100) American Medical Association. Creating the Organizational Foundation for Joy in Medicine. 2023 17.01.2023]; Available from: <https://edhub.ama-assn.org/steps-forward/module/2702510>.
- (101) Shanafelt, T., J. Goh, and C. Sinsky, The business case for investing in physician well-being. JAMA internal medicine, 2017. 177(12): p. 1826-1832.
- (102) Shanafelt, T.D., et al. Longitudinal study evaluating the association between physician burnout and changes in professional work effort. in Mayo Clinic Proceedings. 2016. Elsevier.
- (103) Stürzlinger, H., R. Pentz, and I. Soede, Kosteneffektivität von Kommunikationstrainings für Gesundheitspersonal. Rapid Review zu ökonomischen Evaluationen. 2022, Gesundheit Österreich: Wien.
- (104) Riess, H., et al., Empathy training for resident physicians: a randomized controlled trial of a neuroscience-informed curriculum. Journal of general internal medicine, 2012. 27(10): p. 1280-1286.
- (105) Weiss, R., et al., Associations of physician empathy with patient anxiety and ratings of communication in hospital admission encounters. Journal of hospital medicine, 2017. 12(10): p. 805-810.

- (106) Bylund, C.L. and G. Makoul, Examining empathy in medical encounters: an observational study using the empathic communication coding system. *Health communication*, 2005. 18(2): p. 123-140.
- (107) Dempsey, C., *The Antidote to Suffering: How Compassionate Connected Care Can Improve Safety, Quality, and Experience*. 2017, New York: McCraw-Hill Education.
- (108) Wilkinson, H., et al., Examining the relationship between burnout and empathy in healthcare professionals: A systematic review. *Burnout research*, 2017. 6: p. 18-29.
- (109) Kim, K., To feel or not to feel: empathy and physician burnout. *Academic Psychiatry*, 2018. 42(1): p. 157-158.
- (110) Thirioux, B., F. Birault, and N. Jaafari, Empathy is a protective factor of burnout in physicians: new neuro-phenomenological hypotheses regarding empathy and sympathy in care relationship. *Frontiers in psychology*, 2016. 7: p. 763.
- (111) Klimecki, O.M., et al., Differential pattern of functional brain plasticity after compassion and empathy training. *Social cognitive and affective neuroscience*, 2014. 9(6): p. 873-879.
- (112) Cosley, B.J., et al., Is compassion for others stress buffering? Consequences of compassion and social support for physiological reactivity to stress. *Journal of Experimental Social Psychology*, 2010. 46(5): p. 816-823.
- (113) Pace, T.W., et al., Effect of compassion meditation on neuroendocrine, innate immune and behavioral responses to psychosocial stress. *Psychoneuroendocrinology*, 2009. 34(1): p. 87-98.
- (114) Engen, H.G. and T. Singer, Compassion-based emotion regulation up-regulates experienced positive affect and associated neural networks. *Social cognitive and affective neuroscience*, 2015. 10(9): p. 1291-1301.
- (115) Jazaieri, H., et al., Altering the trajectory of affect and affect regulation: The impact of compassion training. *Mindfulness*, 2018. 9(1): p. 283-293.
- (116) Jazaieri, H., et al., A randomized controlled trial of compassion cultivation training: Effects on mindfulness, affect, and emotion regulation. *Motivation and emotion*, 2014. 38(1): p. 23-35.
- (117) Weng, H.Y., et al., Visual attention to suffering after compassion training is associated with decreased amygdala responses. *Frontiers in psychology*, 2018. 9: p. 771.
- (118) Mongrain, M., J.M. Chin, and L.B. Shapira, Practicing compassion increases happiness and self-esteem. *Journal of Happiness Studies*, 2011. 12(6): p. 963-981.
- (119) James Kirby. Homepage. 2022 17.01.2023]; Available from: <http://jameskirby.com.au/>.
- (120) Tei, S., et al., Can we predict burnout severity from empathy-related brain activity? *Translational psychiatry*, 2014. 4(6): p. e393-e393.
- (121) Shanafelt, T.D., et al., Relationship between increased personal well-being and enhanced empathy among. *Journal of general internal medicine*, 2005. 20(7): p. 559-564.
- (122) Brazeau, C.M., et al., Relationships between medical student burnout, empathy, and professionalism climate. *Academic Medicine*, 2010. 85(10): p. S33-S36.
- (123) Hojat, M., et al., Underlying construct of empathy, optimism, and burnout in medical students. *International journal of medical education*, 2015. 6: p. 16.
- (124) Rosen, I.M., et al., Evolution of sleep quantity, sleep deprivation, mood disturbances, empathy, and burnout among interns. *Academic medicine*, 2006. 81(1): p. 82-85.
- (125) Mascaro, J.S., et al., Meditation buffers medical student compassion from the deleterious effects of depression. *The Journal of Positive Psychology*, 2018. 13(2): p. 133-142.

- (126) Zenasni, F., et al., Development of a French-language version of the Jefferson Scale of Physician Empathy and association with practice characteristics and burnout in a sample of general practitioners. *International Journal of Person Centered Medicine*, 2012. 2(4): p. 759-766.
- (127) Chen, K.-Y., et al., Burnout, job satisfaction, and medical malpractice among physicians. *International journal of medical sciences*, 2013. 10(11): p. 1471-1478.
- (128) Lamothe, M., et al., To be or not to be empathic: the combined role of empathic concern and perspective taking in understanding burnout in general practice. *BMC family practice*, 2014. 15(1): p. 15.
- (129) Krasner, M.S., et al., Association of an educational program in mindful communication with burnout, empathy, and attitudes among primary care physicians. *Jama*, 2009. 302(12): p. 1284-1293.
- (130) Weng, H.C., et al., Associations between emotional intelligence and doctor burnout, job satisfaction and patient satisfaction. *Medical education*, 2011. 45(8): p. 835-842.
- (131) Derksen, F., et al., Empathy: what does it mean for GPs? A qualitative study. *Family practice*, 2015. 32(1): p. 94-100.
- (132) Bourgault, P., et al., Relationship between empathy and well-being among emergency nurses. *Journal of Emergency Nursing*, 2015. 41(4): p. 323-328.
- (133) BMGF, Verbesserung der Gesprächsqualität in der Krankenversorgung. Strategie zur Etablierung einer patientenzentrierten Kommunikationskultur. Bundesministerium für Gesundheit und Frauen, Wien, Bundesministerium für Gesundheit und Frauen, Editor. 2016: Wien.
- (134) Härtl, A., et al., Desire and reality - teaching and assessing communicative competencies in undergraduate medical education in German-speaking Europe - a survey. *GMS Zeitschrift für medizinische Ausbildung*, 2015. 32(5): p. Doc56.
- (135) Hempel, L., et al., Special issue on teaching social and communicative competences - status quo. *GMS J Med Educ*, 2021. 38(3): p. Doc72; doi: 10.3205/zma001468.
- (136) Rosenbaum, M.E., Dis-integration of communication in healthcare education: Workplace learning challenges and opportunities. *Patient Education and Counseling*, 2017. 100(11): p. 2054-2061.
- (137) Davis, D.A., et al., Accuracy of physician self-assessment compared with observed measures of competence: a systematic review. *JAMA*, 2006. 296(9): p. 1094-102.
- (138) Marinopoulos, S.S. and M.H. Baumann, Methods and Definition of Terms: Effectiveness of Continuing Medical Education: American College of Chest Physicians Evidence-Based Educational Guidelines. *CHEST*, 2009. 135(3): p. 17-28.
- (139) Davis, D., et al., The science of continuing medical education: terms, tools, and gaps: effectiveness of continuing medical education: American College of Chest Physicians Evidence-Based Educational Guidelines. *Chest*, 2009. 135(3 Suppl): p. 8-16.
- (140) Kurtz, S., J. Silverman, and J. Draper, Teaching and learning communication skills in medicine. 2006, Oxford: Radcliffe. XIV, 369 S.
- (141) Rosenbaum, M.E. and J.D. Silverman, Training for Effective Communication in Healthcare Settings. *The Oxford Handbook of Health Communication, Behavior Change, and Treatment Adherence*, 2013: p. 109.
- (142) Silverman, J., S.M. Kurtz, and J. Draper, Skills for communicating with patients. 2013, London: Radcliffe. xviii, 305 p. ; 25 cm.
- (143) Ammentorp, J., et al., Upscaling communication skills training – lessons learned from international initiatives. *Patient Education and Counseling*, 2021. 104: p. 352-359.
- (144) Sator, M., P. Holler, and M. Rosenbaum, National train-the-trainer certificate programme for improving healthcare communication in Austria. *Patient Educ Couns*, 2021. 104(12): p. 2857-2866.
- (145) BMSGPK (2023): Sektorenübergreifende Patientenbefragung. Ergebnisbericht 2022. Bundesministerium für Soziales, Gesundheit, Pflege und Konsumentenschutz, Wien
- (146) Sator M, Nowak P, Menz F. Verbesserung der Gesprächsqualität in der Krankenversorgung. Kurzbericht auf Basis der Grundlagenarbeiten für das Bundesministerium für Gesundheit und den Hauptverband der österreichischen Sozialversicherungsträger. Wien: Gesundheit Österreich GmbH, 2015.
- (147) WHO, Adherence to long-term therapies: evidence for action. 2003, World Health Organization: Geneva.
- (148) Sürth/Soffried 2023a
- (149) Sürth/Soffried 2023b

- (150) Pegg Jr, P. O., Auerbach, S. M., Seel, R. T., Buenaver, L. F., Kiesler, D. J., & Plybon, L. E. (2005). The Impact of Patient-Centered Information on Patients' Treatment Satisfaction and Outcomes in Traumatic Brain Injury Rehabilitation. *Rehabilitation Psychology, 50*(4), 366.
- (151) Yun, D., & Choi, J. (2019). Person-centered rehabilitation care and outcomes: a systematic literature review. *International journal of nursing studies, 93*, 74-83.
- (152) Guidetti, S., Gustavsson, M., Tham, K., Andersson, M., Fors, U., & Ytterberg, C. (2020). F@ ce: a team-based, person-centred intervention for rehabilitation after stroke supported by information and communication technology—a feasibility study. *BMC neurology, 20*(1), 1-12.
- (153) Dibbelt, S., Schaidhammer, M., Fleischer, C., & Greitemann, B. (2009). Patient–doctor interaction in rehabilitation: The relationship between perceived interaction quality and long-term treatment results. *Patient education and counseling, 76*(3), 328-335.
- (154) Farin, E., Gramm, L., & Schmidt, E. (2013). The patient–physician relationship in patients with chronic low back pain as a predictor of outcomes after rehabilitation. *Journal of behavioral medicine, 36*, 246-258.
- (155) Hall, A. M., Ferreira, P. H., Maher, C. G., Latimer, J., & Ferreira, M. L. (2010). The influence of the therapist-patient relationship on treatment outcome in physical rehabilitation: a systematic review. *Physical therapy, 90*(8), 1099-1110.
- (156) Henry, S. G., Fuhrel-Forbis, A., Rogers, M. A., & Eggly, S. (2012). Association between nonverbal communication during clinical interactions and outcomes: a systematic review and meta-analysis. *Patient education and counseling, 86*(3), 297-315.
- (157) Oliveira, V. C., Refshauge, K. M., Ferreira, M. L., Pinto, R. Z., Beckenkamp, P. R., Negrao Filho, R. F., & Ferreira, P. H. (2012). Communication that values patient autonomy is associated with satisfaction with care: a systematic review. *Journal of Physiotherapy, 58*(4), 215-229.
- (158) Dibbelt, S., Schaidhammer, M., Fleischer, C., & Greitemann, B. (2009). Patient–doctor interaction in rehabilitation: The relationship between perceived interaction quality and long-term treatment results. *Patient education and counseling, 76*(3), 328-335.
- (159) Lonsdale, C., Hall, A. M., Murray, A., Williams, G. C., McDonough, S. M., Ntoumanis, N., ... & Hurley, D. A. (2017). Communication skills training for practitioners to increase patient adherence to home-based rehabilitation for chronic low back pain: results of a cluster randomized controlled trial. *Archives of physical medicine and rehabilitation, 98*(9), 1732-1743.
- (160) Sliwa, J. A., Makoul, G., & Betts, H. (2002). Rehabilitation-specific communication skills training: improving the physician-patient relationship. *American journal of physical medicine & rehabilitation, 81*(2), 126-132.
- (161) Franz, S., Muser, J., Thielhorn, U., Wallesch, C. W., & Behrens, J. (2020). Inter-professional communication and interaction in the neurological rehabilitation team: a literature review. *Disability and rehabilitation, 42*(11), 1607-1615.
- (162) Pinto, R. Z., Ferreira, M. L., Oliveira, V. C., Franco, M. R., Adams, R., Maher, C. G., & Ferreira, P. H. (2012). Patient-centred communication is associated with positive therapeutic alliance: a systematic review. *Journal of physiotherapy, 58*(2), 77-87.
- (163) Heard, R., O'Halloran, R., & McKinley, K. (2017). Communication partner training for health care professionals in an inpatient rehabilitation setting: A parallel randomised trial. *International Journal of Speech-Language Pathology, 19*(3), 277-286.
- (164) Rhezaii, S., Hosseini, A. M., & Fallahi, M. (2006). Evaluating impact of communication skills training on level of job stress among nursing personnel working at rehabilitation centers in cities: Ray-Tehran-Shemiranat. *Tehran University Medical Journal TUMS Publications, 64*(1), 21-26.
- (165) Franz, S., Muser, J., Thielhorn, U., Wallesch, C. W., & Behrens, J. (2020). Inter-professional communication and interaction in the neurological rehabilitation team: a literature review. *Disability and rehabilitation, 42*(11), 1607-1615.