# From content to connection: Empathy in Healthcare Education

Esnath Magola-Makina and Jasmine Kuliev
Division of Pharmacy and Optometry

# Background:

## MPharm programme; new integrated EBL learning approach led to fewer lectures, and removal of workshop.

### Clinical framing

Lecture: Structured teaching for core endometriosis knowledge and management.

### Lived experience

Jasmine's offers her photographs for teaching.

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### The problem

## Reduced engagement with content, no patient voice, poorer understanding and communication around women's health

1. Understanding
2. Empathy
3. Confidence

# Lecture design: content-led and experience-centred

## Jasmine (Year 4 MPharm student), shared her lived experience alongside clinical content to Year 3 MPharm students.

1 **Started with content**

Clinical teaching defined the session structure and key concepts.

2 **Added lived experience**

Sharing fears, concerns, frustrations and the impact of taking a year out.

3 **Co-delivered learning**

The session paired biomedical framing with patient-centred insight.

### Design

Best fit for material
Reorder lecture content
Photos; Warning to students
Feedback plan

Jasmine's narrative was woven within the lecture. She shared her fight to get a diagnosis, the impact on her studies, confidence, considerations for advanced family planning and wellbeing — not just symptoms.

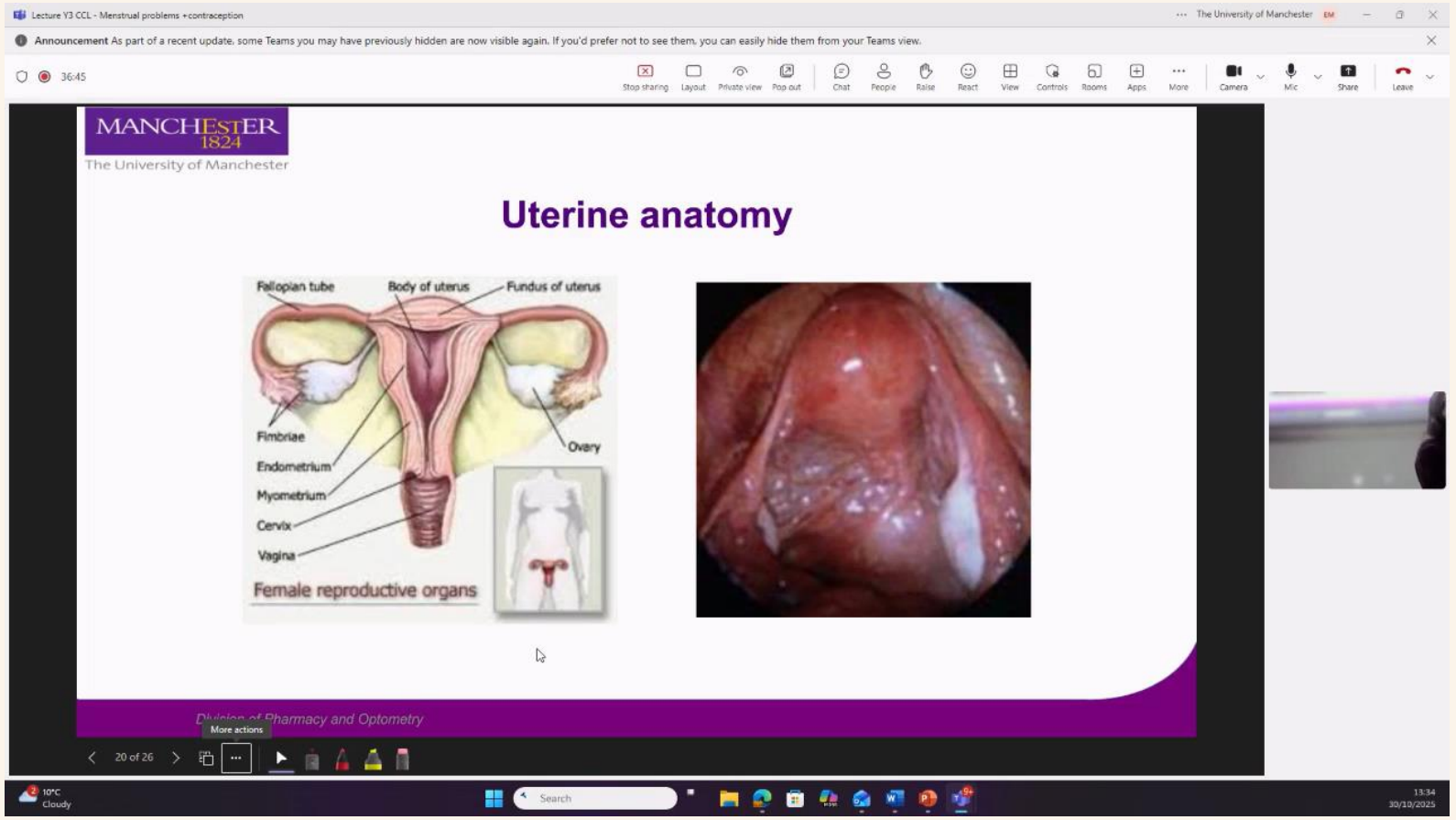



*Image: video clip of the live lecture.*

Students heard how invisible illness can affect attendance, progression and trust in care.

# Methods

## What did a lived experience narrative add to the learner's experience?

### Participants

81 (42% of the cohort) students completed anonymous post-session feedback and reflected 10 days later.

1. **Co-designed teaching**
   Clinical teaching + Jasmine's narrative
2. **MS Forms Survey**
   Quantitative ratings and free text
3. **Analysis**
   Counts, multi-select patterns and comment themes
4. **Outcomes**
   Understanding, empathy and readiness for practice

# RESULTS:
# Student voices: learning beyond facts

### AWARENESS

"She was amazing and brought more awareness to women's health… every medical condition we learn about should consider the impact on women."

### REPRESENTATION

"Jasmine's story was good to hear… it was nice to see representation and her confidence."

### REALITY + STIGMA

"Hearing about Jasmine's experience made the topic more real… we should have more lectures on women's health to break down stigma and misconceptions."

### PATIENT-CENTRED CARE

"We think it was one of the best lectures we've had. Esnath was informative and clinical …. Pairing the clinical explanation with Jasmine's personal story allowed us to see the other side — less clinical and more patient centred. Jasmine was confident and concise, especially considering how hard it must be for."

**Themes shared:** Understanding · Empathy · Support · Confidence · Curriculum value

Selected excerpts from anonymous post-session feedback

# The headline: patient voice changed how students understood endometriosis

**88%**

said Jasmine’s story definitely improved understanding

**93%**

would definitely or probably recommend the talk

**73**

selected “story + slides” as most helpful

**89%**

of students rated the session Excellent or Good

**37%**

of students responding said current women’s health content is inadequate

# A personal story made the condition easier to understand

*Image: supportive conversation about lived experience and learning.*

**71 (88%)**

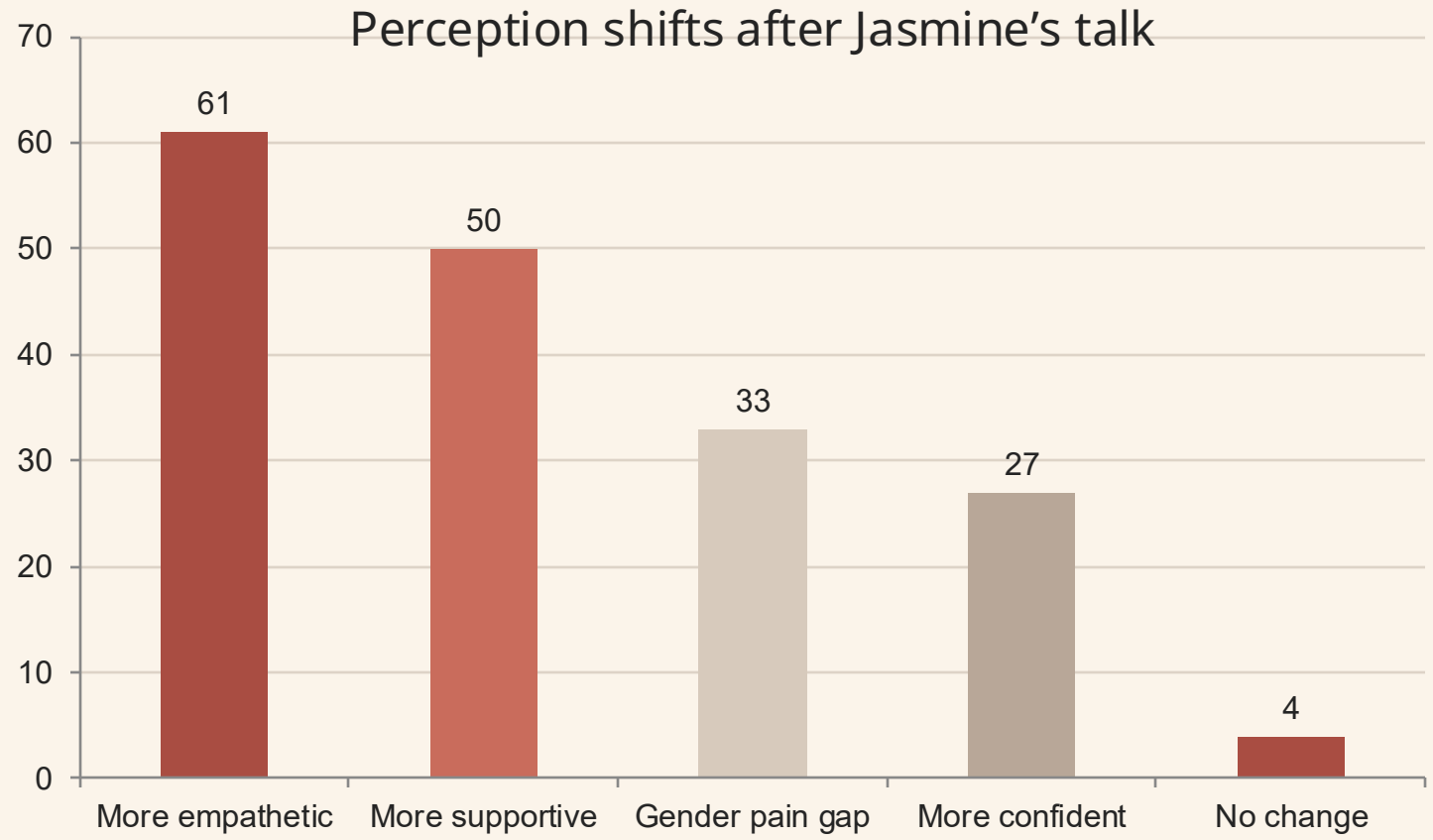
students said the story definitely enhanced understanding of endometriosis and her experience

**75 (92%)**

Of students would recommend keeping Jasmine's talk as part of the lecture

*"Hearing about Jasmine's experience made the topic more real."*

# The session shifted perception toward empathy and action




Empathy and support were the two most common selections.

Chart values show response counts. Students selected up to two options, so total exceeds 81.

# Discussion

Patient experience is central to developing empathy, it's not an add-on. It facilitates mutual understanding and construction, helping the empathic process to be therapeutic[1]

The strongest change was relational, not just informational, helping students move to recognising the person and context around their condition

The patient narrative changed what students felt able to notice, discuss and support, building therapeutic alliance, legitimacy and validation.[2]


1. Yaseen, Z.S., Foster, A.E. (2019). What Is Empathy?. In: Foster, A.E., Yaseen, Z.S. (eds) Teaching Empathy in Healthcare. Springer, Cham. https://doi.org/10.1007/978-3-030-29876-0_1
2. Muran, J., Safran, J., & Eubanks-Carter, C. (2010). Developing therapist abilities to negotiate alliance ruptures. In J. C. Muran & J. P. Barber (Eds.), The therapeutic alliance. An evidence- based guide to practice (pp. 320–340). New York: The Guilford Press.

# Discussion & conclusion

## Co-designed teaching made learning more relational, memorable and practice-focused.

1

### Deepened understanding

Personal narrative made the topic feel real, connecting clinical content with diagnosis, delays, wellbeing and study impact.

2

### Actionable empathy

Students described a shift toward support, confidence and patient-centred care — not satisfaction alone.

3

### Curriculum space

Future sessions should protect time for lived experience and relational learning.

**Conclusion: patient experience is a teaching resource that can strengthen empathy, readiness for practice and curriculum relevance.**