

**LEARNING UNCUT EPISODE 35:
BUILDING EMPATHY IN AGED CARE – REBECCA BURNS**

- Michelle Ockers: Welcome to another episode of Learning Uncut, I'm Michelle Ockers.
- Karen Moloney: And I'm Karen Moloney.
- Michelle Ockers: And today we're talking to Rebecca Burns from ACH Group. ACH work in the aged care sector which, of course, is a growing sector due to our aging population. And it's also received a fair share of media attention this year, 2019, with the Royal Commission on Aged Care Quality and Safety, underway in Australia. Now, this is a good news story. Rebecca has a fantastic story to share with us, about an initiative that ACH has undertaken around empathy. Welcome, Rebecca.
- Rebecca Burns: Thank you Karen and Michelle.
- Michelle Ockers: Rebecca, can you start by introducing us to ACH? Who you are, and what you do.
- Rebecca Burns: Sure. I'm very proud to work for a very large aged care provider, ACH Group. Been around for a while, since 1952. We support over 20,000 customers. Both in their homes, through health, respite, social, in our many residential sites. There're 1,800 employees, 400 volunteers and 500 students. They're not-for-profit, as well.
- My role in the organization is learning and development manager.
- Michelle Ockers: Excellent. Thank you. And today we're talking about building empathy in people working directly with those 20,000 aged clients. While the following question might seem a little bit obvious, I think it's important for us to set some foundations for this story. So my question is, how do you define empathy? And why is it important in your work with people in your organization do?
- Rebecca Burns: Yeah, good question. It's almost easier to describe what it's not. So, it's not pity and it's not sympathy. Empathy is just simply the ability to see something from another person's perspective. It's interesting when you ask why it's important for our workforce, because something that happened very early on was sort of a bit of a, how dare you teach us empathy, from our workforce. Because you have to be empathetic to be in this industry, right? Aged care without empathy doesn't fly.
- Michelle Ockers: Yup.
- Rebecca Burns: So, our workforce is already empathetic. But then, it's not something you can teach. They're right, you can't teach it. You do have to ... It's something, you experience it. So we describe it as, Michelle, if you had a broken toe, or even you Karen, I might console you. I might care for you. I might even cry for you. But I actually don't know how that broken toe feels until I have one. That's empathy.

LEARNING UNCUT EPISODE 35: BUILDING EMPATHY IN AGED CARE – REBECCA BURNS

- Michelle Ockers: Yeah. There's a good distinction there. So, given you've already got a workforce who are attracted with a large degree of empathy, to work in the aged care sector, why did you decide to work on increasing empathy and providing an experience to build empathy? What was the challenge or opportunity you were looking to address?
- Rebecca Burns: It's just linked to our strategy, Michelle. We've got a ... In this organization, and this industry, we are striving too for that 10 out of 10 customer experience for our customers. But being strength based and person-centered and all of those things. And the ability for our workforce to deeply empathize with our customers, it's an important part of this.
- Michelle Ockers: Yup. And the approach you took was centered around the use of Empathy Suits. You first became aware of those suits through Sydney University, and there's a strong research base underlying the design of the suits. Can you give us some background about the development of these suits?
- Rebecca Burns: Sure. Paul Bennett of Sydney University, Broken Hill campus, has been working with Empathy Suits for over 10 years. Empathy Suits aren't new. They're overseas, there's a lot of them around. So we'd been looking into it for a while. Typically, the overseas version are quite expensive.
- So when we came across Paul, and the fact that he had research underpinning the suits that he'd been testing, in trial, or using with his health students in the township of Broken Hill, and it has lead to things like shopkeepers installing ramps and rails and automatic doors and those kind of things. It positively impacted community for older people. We got very excited, and connected with him.
- Rebecca Burns: We decided we would purchase three suits, or three kits. Paul offered to come down. He's an amazing guy, he offered to come down with the suits and spend the day sharing with us his learnings of rolling out the suit experiences, a couple of times every year. And show us how they work. So that opportunity, I just got the key people in our business to come along that day. Key people being, that represent like dementia, health, disability, obviously age conditions, to come along and be with Paul and experience the suit.
- Rebecca Burns: And at the end of that day, I just put a call to the action of the group to say, "You know, this is going to be labour intensive. Are you up for it? Have you got my back on this?" And their response was un-emphatically, "Well, now we've experienced it. How can we not?"
- Michelle Ockers: Yeah. Interesting -
- Rebecca Burns: So that was pretty cool.

**LEARNING UNCUT EPISODE 35:
BUILDING EMPATHY IN AGED CARE – REBECCA BURNS**

- Michelle Ockers: Nothing like having an experience to really shift perspective and get buy in, is there?
- Rebecca Burns: Yup.
- Michelle Ockers: You did look, I understand, at virtual reality at one point as an alternative to the Empathy suits. Why did you decide to use the suits rather than go for a VR solution?
- Rebecca Burns: Yeah, sure. That's kind of like comparing PowerPoint with Word, in my mind. They're both really good tools but it depends on the impact or the outcome that you're aiming for.
- Rebecca Burns: So for us, impairing people's hearing, sight, dexterity, and mobility to deepen empathy and to give insights and an empathetic experience, VR wasn't the right tool for us to do that. Having said that, we are using VR to build some dementia experiences at the moment. And we think that'll be a game changer. But it's about the right tool for the right outcome.
- Michelle Ockers: So in terms of it being the right tool for the experience you were trying to create, what did the Empathy Suits provide that VR couldn't?
- Rebecca Burns: Sure. Through the suits, we impact people's hearing and their vision, which, fair enough you could do that through VR. But then their mobility, so how fast they can walk, how easy they can bend. And then their dexterity of the ability to touch and feel and pick things up and be -
- Michelle Ockers: A lot of the physical sensations and the physical side of the experience -
- Rebecca Burns: Absolutely.
- Michelle Ockers: Not quite the real experience but a lot closer to the real experience.
- Rebecca Burns: We did look at a VR tool through, obviously, their process as well. And for us, and for our workforce, it felt a bit more gamified. And there's a risk with, it becomes more about the gadget, or the toy, than the actual learning and the experience. And we've defiantly got the culture in that space so ... It was deliberate.
- Michelle Ockers: Yeah. Let's talk about the experience Karen.
- Karen Moloney: Yup. So, this is experience is probably unlike anything that any of your employees have participated in before. So, how did you prepare them for that?
- Rebecca Burns: Sure. We send them out a, for want of a better word, a simple memo. Once they're book into a session there's a memo attached to it. It basically has a picture of a person in a suit. So they get a visual image of what it's going to be

**LEARNING UNCUT EPISODE 35:
BUILDING EMPATHY IN AGED CARE – REBECCA BURNS**

like. And it describes what they'll be doing. So it just says, you'll be undertaking simple tasks while in the suit. And very quickly the ground swell starts, and people start coming back from their training as well, and they're talking about it.

Rebecca Burns: So the memo went into an explanation about what they'll be doing, the tasks that they'll be doing while undertaking this suit, and then it was a one-on-one facilitated experience. So, very supported. And we certainly sent out that reassurance through the memo. Having said that, it makes people uncomfortable. Before they come, people have typically ... Nervous, often, before attending training in any environment.

Rebecca Burns: And this was no different to that. So it's about reassuring. And at the end of the day, they actually didn't even have to wear the suit. We had other ways to impair them and let them get them insights to an older person. So we didn't start a fight. You don't fight that kind of thing.

Karen Moloney: Sure. So I think, what I'm going to do, I'm just going to step through the experience and the day. So, just suppose, where do you run it?

Rebecca Burns: We've been rolling it out across our 800 employees using a hub-based approach. So we actually use our residential sites to run it. So we scope it our beforehand about where we're going to do each activity, throughout the site. So it's not in a training room. That in itself is unusual. It's in the environment. There are customers around us, there are staff around us while we're doing the experience. It's in the live environment of where they would work.

Karen Moloney: Okay. That causes a little bit of excitement?

Rebecca Burns: I have this mental image of when we're scoping out one of the ... Where the best place might be to do it on a site. Because we walk all through a site. And one site had us in front of all these glass wall of windows, in the dining area. Customers and relatives turned around and were looking at us and were talking about it. And I was like, "Yup. They're coming here. This is awesome." Because that's adding value to our customer's lives, right? That's perfect.

Karen Moloney: Absolutely. Absolutely a great thing for them to see.

Rebecca Burns: Yup.

Karen Moloney: So when people arrive on the day, do you just get straight into the suit? Or do you do something with them first?

Rebecca Burns: No, we do an intro. Tell them what to expect. Tell them that there's no pass or fail. That the only pass or fail is on the facilitators, they rate us. And our job is to facilitate an amazing experience. We ask them to declare anything to us, like injuries, that we need to be aware of. So we can modify the experience. But do it personally, one-on-one, quietly, off to the side.

**LEARNING UNCUT EPISODE 35:
BUILDING EMPATHY IN AGED CARE – REBECCA BURNS**

- Rebecca Burns: We do a bit of other learning, that occurs before the suit. We do some manual handling, one-on-one practices. But then after that, it's into the suit. So we show them. We've got a range of sizes. We give them a dress size offering, and just ask them to tell us what size they'd like. And then the facilitator gets the suit, and assists them to put it on. Talking them through all the way, about reassuring what to expect and giving them an overview of where we'll be going and what to do.
- Rebecca Burns: So, they put on a bright orange pair of overalls.
- Karen Moloney: I see.
- Rebecca Burns: I think CFS. (*i.e. Country Fire Service*)
- Karen Moloney: Okay.
- Rebecca Burns: It's been modified. We've modified it as per Paul Bennett's criteria and guidance. With certain straps and Velcro and hooks and things like that. And after we secure the suit on them, we put on some, what I call modified goggles. Think Bunnings, I'm going to chainsaw a tree type goggles. Like, just the normal goggles. (*Note – Bunnings is a hardware store.*)
- Karen Moloney: The sexy ones.
- Rebecca Burns: They're modified in accordance ... Yeah, the really sexy ones. The ones that ... And we've modified them in accordance with cataracts. So your vision is impaired to simulate cataracts. Which is a really common condition now. Then we put hearing deafeners over their ears. So think, Bunnings, I'm going to chainsaw a tree type head pieces. To impair their hearing as they've aged.
- We then impair their textile dexterity with cotton gloves. So as people age, there are certain conditions along with their aging, can impact your ability to touch and feel. So it's simulating that. We then impact their gait or mobility with a Velcro strap. It's placed around their thighs, if you like, to induce a shuffle, and also restrict the space of movement.
- Karen Moloney: Okay.
- Rebecca Burns: So if you visualize, it's not uncommon for older people to have a hunched step and a shuffle, as they've aged. We ask the participants to hunch over for a short period and we just hold them there for a moment. And ask them to look around at their world and feel how it feels to be communicated with. And the impact that alone, has. But we don't leave them in a hunched position. Then, we're off to explore the site.
- Karen Moloney: Okay. So the first activity is a walking activity? So can you tell us what's involved in that?

**LEARNING UNCUT EPISODE 35:
BUILDING EMPATHY IN AGED CARE – REBECCA BURNS**

Rebecca Burns: Sure. At the current site we're doing it, we set off down a hall one-on-one with the facilitator. The reason that the facilitator is there, is to guide them and prompt. So the first thing we do, is we take them to an area and put out some common medication bottles. And ask them to take their medication. One tablet out of two bottles.

So that they feel the impact of that. So they're having trouble. They're really having to trust their carer at that stage. Which in this case, is the facilitator because they cannot wrangle it from the bottles.

Karen Moloney: I see.

Rebecca Burns: They're having trouble opening the bottles. They're having trouble getting the tablets out. Those kinds of things. So it's facilitating those feelings. Then we go down on a lift and we let the person navigate that. Like, pressing the button, entering inside. They're generally not aware if anyone's already in the lift. It was quite impactful. And they get a bit of a fright when we ask someone else in the lift to speak. It's like, "Oh, wow."

Then we head off. We go outside. We're talking to people to navigate towards the door handle, and push open the door. And then they get hit with the outside weather. So the feeling of that, changing environments. And we typically, we don't leave them alone, but we typically indicate that we are going to leave them alone, and go back and get a cardigan from the room for them. Just to give them that sense of being in that sort of state and what it might feel like to be left alone if you were to do so. But we are just behind them.

Karen Moloney: Right.

Rebecca Burns: So we certainly induce that kind of ... We let the door slam and they think we have left. But -

Karen Moloney: Right.

Rebecca Burns: - we're right there so ... Then we come back and we ask them how that felt. Then, we're mobilizing, generally, outside now. And the difference in ground surfaces, we've noticed, are huge.

Rebecca Burns: And we probably want them to learn it. So things like, going from carpet to concrete, to crossing shadows and bright lights, has a significant impact we've learned about, when your vision's impaired.

Rebecca Burns: Then we go back inside. They're navigating to try and find door handles, and navigate back inside an aged care facility. We go past groups of customers and we're trying to be social, and we're trying to pick up body language, and where the participants are. And they're quite oblivious people. We sort of point out,

**LEARNING UNCUT EPISODE 35:
BUILDING EMPATHY IN AGED CARE – REBECCA BURNS**

"You know, you were a bit rude then. You were being smiled and waved to and you didn't interact." Because that's part of it, right? The social isolation's -

Karen Moloney: Right.

Rebecca Burns: - been huge. That's been a learning when your vision and your sight's impacted, it impacts on you socially.

Karen Moloney: Yup.

Rebecca Burns: You know, you can potentially be regarded as rude or not friendly.

Karen Moloney: Yup. And it's not something I think, people would think initially, as about that.

Rebecca Burns: No.

Karen Moloney: The social isolation when, you can be in a room full of people, but still not really have any sense of what's going on there.

Rebecca Burns: Yeah. So then we do simple activities. We give them a hose, ask them to water the garden. You know, enjoyment, pleasurable enjoyable things that we take for granted, often, at our age and mobility in life. Sitting, getting up and down from a low, soft chair. Reading what's going on in the newspaper or the notice book, what's coming up. Enjoying the views or the artwork that's around. Picking up your dropped keys from the floor. And greeting people as they pass you by. They're all things that we deliberately put in. And they're just simple things, right?

Karen Moloney: Simple when you're fully able.

Rebecca Burns: Yeah.

Karen Moloney: I suppose, so a second part of this is, you then put the participants into a self-propelled wheelchair. The second part of that experience. Now, they're still in the suit when you put them in their chair, is that right?

Rebecca Burns: They are. We take off the gait restriction for that. There's just no need for it, right?

Karen Moloney: Yup.

Rebecca Burns: So with the wheelchair experience, we go into a different part of the building. There's an actual propelling experience. It's mobilizing at a lower level. And people passing by you. We deliberately take them, push them at speed, at one point. And they get the sensation of being pushed in a wheelchair at speed, which is very unpleasant. And scary. And then we navigate towards a very simple, ordinary kitchenette. A very common, basic kitchenette. So it's got a

**LEARNING UNCUT EPISODE 35:
BUILDING EMPATHY IN AGED CARE – REBECCA BURNS**

little fridge, little bathroom with a sink and a bench. We ask them to get the common things out that you would to make a sandwich, out of the top three drawers. So we ask them to get out a bread board, a knife, a plate, Vegemite, and some bread. And then go to the fridge, get some butter out. And come over to this little table and make a sandwich. Most of them, the common reaction at that point is to say, "You've got to be kidding me."

Karen Moloney: Right.

Michelle Ockers: No, I was just going to say, it's like this sense of vulnerability, Karen. It's just really coming through. And listening to Rebecca describe these experience ...

Karen Moloney: It's extreme.

Michelle Ockers: Yeah. Yeah. I think, I can understand why people might be a little nervous about going through the experience.

Karen Moloney: Mm-hmm (affirmative)

Michelle Ockers: And how powerful that must be.

Karen Moloney: Well, what sort of reaction have you had from participants, Rebecca?

Rebecca Burns: Now I know how Fred feels. Now I know how Grandma feels. Now I know how Betty, my customer, feels. The common words they use ... Well, that's generally throughout their experience but then in their written debrief, the words of everyone says, "Frustrated. Vulnerable. Anxious. Isolated. Scared." It's those really deep emotions and feelings that pop.

These are everyday, as people are overwhelmed by the insights from the experience. And it sounds terrific, right? But 99% rate it as a 10 out 10 learning experience. So it's had significant cut-through.

Karen Moloney: So what happens after the experience? So they've done the walking exercise, they've done their wheelchair exercise, you mentioned a debrief there. What form does that take?

Rebecca Burns: It's personal. So everyone sits down at the end and sits down personally, and completes a written reflection post, or sheet, if you like, or booklet. And it just tracks the feelings that they had throughout the experience. It's very feeling-based. So, what emotions came for you when you tried to get the mail? As an example. How did that make you feel? But then the call line at the end is, what changes will you now make to your practices on the job?

Karen Moloney: Right.

LEARNING UNCUT EPISODE 35: BUILDING EMPATHY IN AGED CARE – REBECCA BURNS

- Rebecca Burns: There's some pre and post surveys that take place as well. Like, pre suit, post surveys, and plans to follow up surveys, at six month. And we go just as far as making sure that the cut-through we're conducting on the job, compliments the assurance to confirm our workforce is competent overall. And part of that includes interactions with customers, which is what this experience is designed to deepen.
- Karen Moloney: Sure. Given it's quite an emotive experience, did you need to provide any post-event support to participants?
- Rebecca Burns: Yeah, two things there. Just before the support, the other thing we do which is really ... Which I love. Is we take a photo of each participant while they're in the suit. And we give that to them at the end. And on the back it says, "Thank you. We're really proud of our frontline workforce. And remember, you can take the suit off today but our customers can't." And that really is designed to embed the learning later on that night. With the dinner with the family, or whatever that looks like, to reexplain again what the experience was like and was that impactful. Just to give them an opportunity to enforce that learning again later.
- But as far as post experience, post-support, we offer ... We've got a very strong wellbeing focus at ACH Group and one of our standard things that we, again, reiterate through this experience is that we've got external counselling that's confidential and available to both them and their family members, if that should be required. I've not had any indicators that anyone's been needing that level of support but it certainly does unpack things for people, without question.
- Karen Moloney: Sure. I think even in the preparation for this episode, I found myself getting quite emotive just even thinking about -
- Rebecca Burns: Yeah.
- Karen Moloney: - putting myself in their shoes, as some of those people. So I can't imagine what it would be like to actually go through that process. Thinking about the facilitation aspect of the experience, what role do the facilitators play? I mean, you've mentioned them a couple of times.
- Rebecca Burns: A very important one. They were deliberately picked, as far as being frontline employees themselves. So, having cared for, walked in the shoes of the people that we're rolling out the training to. That they themselves can deeply empathize. So their role is to deliver a deep learning experience for our frontline workforce.
- They prompt the participants along the way about how tasks are making them feel. So, just to support that. And ultimately, also, to keep our participants safe. So when you're vision and hearing impaired, we want to make sure that you're feeling really, really safe, right?

LEARNING UNCUT EPISODE 35: BUILDING EMPATHY IN AGED CARE – REBECCA BURNS

- Karen Moloney: Sure.
- Rebecca Burns: And they do that, day in, day out. And the reason they do it, they tell me, is because it's such a powerful experience to be able to offer our workforce. So they've been amazing.
- Karen Moloney: Yeah. Totally. So did they, by any chance, undergo any professional development to be able to design and facilitate the sessions? Around using the suits?
- Rebecca Burns: Sure. So we co-design the, where ... We've tested it and trialled it to get the experience of the suits themselves. They always do a run-through in each site, about where they think we'll do the activities. So we always put ourselves in it to make sure that we've got it right.
- As far as any specific professional development to deliver an amazing experience, we've just got a really strong feedback loop in our team. So there was an external course that you can go to, to do a little bit of empathy training and I'm not sure the value of that potentially. But being able to give each other feedback and tweak, has been amazing. They're very self-correcting and self-empowered, team.
- Karen Moloney: Awesome. What were the biggest challenges with designing and rolling out a program like this?
- Rebecca Burns: So there were a few things that popped early. This type of training is a significant change to this organization. So we've moved from repetitive, client, compliance-driven, training that's locked away in a room. That happens to people once a year. To training that is within the open spaces of a customer's home. So that in itself, there was a huge amount of ... And rightfully so, thought given about whether that was appropriate. As far as, was it okay to come and do this in a customer's home or be at a residential site, right?
- Karen Moloney: Yeah.
- Rebecca Burns: So the initial consideration or thought was around unpacking that. And because we've ... I mean, we ... Because it has been small groups, none are more than four people on site at a time, and the value that it's added to the customers and the morale at the site, that quickly diminished. It's a value added to the site, rather than a burden.
- Rebecca Burns: Testing and trialling of the experiences was really important. It's very easy to make things too tricky. Right? And trip them up, like going upstairs or getting in a car, or those kinds of things. Could be things that you could try to do, but it makes it even more ... It overlays even more logistics. Logistics are probably key to this type of training because of the time slots. And the amount of people that we've looked to put through. But the buy-in up front was the main thing. That,

**LEARNING UNCUT EPISODE 35:
BUILDING EMPATHY IN AGED CARE – REBECCA BURNS**

the way that, it wasn't just the whacky &D person that sits in our office, in front of the computer. It was out there, with the business, co-designing with the business, and asking the business if you see something that you're up for, and to do something that's worthwhile, and doing that out front. There wasn't resistance, as far as that's ... And then it really gets down to coordination and logistics. The how, why, how much, how long?

Karen Moloney: Yup. Collaboration and co-designing with as many of those stakeholders upfront, it's something that we hear a lot, in these episodes where we've had successful projects. That, getting that buy-in early, is when you start the conversation and involve people in the process. And you get a better outcome all around, I think, every time.

Karen Moloney: Did anything happen during or after people participating in the experience, that you weren't expecting?

Rebecca Burns: I didn't think it'd have the cut-through and the impact to the level it did. I knew it would be good, but it's a deeper experience and a deeper cut-through than I ever could've imagined. The insights it gave us into the isolation felt by our customers ... Didn't expect that, didn't see that coming. And then, the simple little things like, by doing it within the open space of residential sites. We're about two weeks in to training at one of the sites, and all of a sudden the lights got a lot brighter down this hallway that we walked down. And that's because the staff doing it, had realized that, "Hey, the lighting's not so great here, right?"

Karen Moloney: Right.

Rebecca Burns: And so that kind of ... Which is exactly what you wanted to happen, right?

Karen Moloney: Definitely.

Rebecca Burns: Self-empowered people. So those kinds of things. There's also the ... They're the goose pimples for us.

Karen Moloney: Yeah. That's amazing.

Rebecca Burns: Oh, one more thing. Sorry. People coming up to us in the training like, doctors visiting the site, pharmacists visiting the site, and participants calling out and saying things, "I need. I want to do this training." Or, "Politicians should do this training." Those kinds of things, you didn't expect, right?

Karen Moloney: Yeah.

Rebecca Burns: Or, "Everyone needs to do this training." So, I didn't expect that either. That's our every day now. Who gets that with training? No one.

Michelle Ockers: Your CEO has done the experience, right?

LEARNING UNCUT EPISODE 35: BUILDING EMPATHY IN AGED CARE – REBECCA BURNS

Rebecca Burns: Yes. Just very recently, our CEO and our People and Culture General Manager, have done the experience. And the call to action as a result of that was, "All our leaders need to undertake this training. To gather that deeper empathy of our customers."

Rebecca Burns: Because that's pretty exciting. Right?

Karen Moloney: Very exciting. So, clearly, it's obviously a very practical experience and one which has had a big impact on those who participate. How do you then assess the effectiveness of the experience and align that to competency around empathy?

Rebecca Burns: So a couple of different ways as far as assessment. I've talked briefly about the written reflections and commitments to, personally, what changes they'll make on the job as a result of that experience.

Rebecca Burns: As far as formal assessment, we've got a competency assessment. We've got a list of competencies that we expect our workforce to do or to do as part of looking after our customers. One of which, or one section of that, is all around our interactions with customers. And we're assessing that on-the-job, to ensure that our workforce are competent in that area, amongst many others.

So we're checking that that practical investment in our workforce and development of our workforce is actually being translated on the job. Because there's no point in doing it otherwise, right? If it isn't translated into on-the-job practice, then it's a waste of money. In light of being fun, in light of being nice, but unless we get the cut-through, that's where the rubber hits the road.

And then for the organization, the way we're assessing it is around engaging with a couple of universities. We've got Flinders University, and Sydney University to conduct research into the effectiveness of the Empathy Suit as a learning tool.

And probably just one interesting point around that, when the researchers did a scan for relevant tools to assess empathy in person-centered care, there wasn't anything that great for aged care. And overlay that with, we've got 38% CALD (*culturally and linguistically diverse*) workforce. So part of getting prepared, or logistics of getting ready for the roll out was to interview a representative group of a workforce similar to our CALD group, or CALD representation. And the researchers actually interviewed them to check for, certain words in English language mean very little to people of different backgrounds. For example, dementia has no meaning in certain cultures, right?

Rebecca Burns: So that was an important piece upfront. So all the prep. It's always in the planning isn't it?

LEARNING UNCUT EPISODE 35: BUILDING EMPATHY IN AGED CARE – REBECCA BURNS

- Michelle Ockers: Yeah. And I'd be curious to come back after that research is further advanced and get an update to share with the listeners, Rebecca. I think that would be really interesting to see what else is going to come out of the work that you're doing.
- You talked a couple of times about changes to practices. And you said that as part of the reflective process at the end of the experience, one of the things you asked people to reflect on and to nominate is, what they'll do differently or how they'll change their practices. Typically, what are some of the things that people nominate that they think they'd like to change?
- Rebecca Burns: I just probably want to call out that our people are doing an awesome job and these are just tweaks already. But typically they would call upon themselves to be even more mindful to ensure that they're talking through everything they're doing with our customers, whilst they're doing it, because of the impairments. That became more obviously important for them.
- Making sure that you're slowing right down, through any interactions. And then really basic things like not pointing out that it's a beautiful view outside. Or pointing out if it's actually going to irritate someone. It's like, you're actually pointing out what I can't enjoy.
- Michelle Ockers: Right.
- Rebecca Burns: So just those kinds of things were common. Like, slow down, talk through, obviously eye contact, and then not pointing out the deficiencies, if you like.
- Michelle Ockers: Yeah. Thank you. And Rebecca, we like to be practical on the podcast and help people to try new things. And there's a lot more emphasis these days on interpersonal skills, and human-centered skills emerging into the learning domain. So if anyone is listening who would pay to do more with building empathy in their staff, what would be some of your key tips to getting started?
- Rebecca Burns: Anything that impacts that fight or flight kind of emotions, I think is worth a look at. But I would recommend things like suits and aids to potentially further deepen insights into other people's viewpoint or the experiences of others. But don't do DIY, like do it yourself. Because otherwise you're too risky at being ... If it's not evidence based and connected with something that's got some research, it's just too risky and it's too risky that you'll get it wrong. Right?
- Rebecca Burns: You are playing with people's emotions and feelings and those kinds of things. And just keep it simple. Simple but powerful.
- Michelle Ockers: Yup. It did strike me as you were talking through some aspects of the story, that the risk assessment ... You know, when you were talking about those challenges, the risk assessment must've been very thorough as well, in figuring out how far you could take it so it was effective but not introducing undue risk at any point.

**LEARNING UNCUT EPISODE 35:
BUILDING EMPATHY IN AGED CARE – REBECCA BURNS**

So we have a final question we like to ask all of our guests. Could you share with us one resource that you find valuable for your own professional development?

Rebecca Burns: Sure. I tend to, as a practice or a habit, use a LinkedIn daily rundown feed. Just to see what's trending and what's popping. As far as what's going on. And to stay abreast.

Michelle Ockers: Yeah. Thank you. And speaking of LinkedIn, if anyone is curious for more, we'll put some resources in the shownotes. If anyone is interested in following up and learning more about the work you've done around empathy using the suits, Rebecca, we'll include a link to your LinkedIn profile. So they can get in touch with you directly.

Thank you so much, Rebecca, for sharing your work and insights with us around what is a really important topic in Australia and a really interesting and unusual approach for most learning professionals. Greatly appreciate it.

Rebecca Burns: Thanks Michelle and Karen.

Michelle Ockers: And for our listeners, if you're finding Learning Uncut valuable, please take a moment to write the podcast. And leave a review comment on your favourite podcast platform. This really helps to ensure that other people who potentially get valuable insights from the work of our guests, by way of the podcast. Thank you so much.