|  |
| --- |
| **Symposium or Masterclass Title (max. 10 words):**  *The title should be as brief as possible and clearly indicate the nature of the session. If you wish to include a subtitle, it must be included in this field and included in the 10-word limit.* |
| Empathy: A critical catalyst for improving diabetes care |

|  |
| --- |
| **Presenters:**  *Please provide details of all proposed presenters including their name, email address, ADS or ADEA member number (if applicable) and their residential state. Please indicate the key contact person for this session with an asterisk.* |
| Names withheld as per submission instructions |

|  |
| --- |
| **Session Chair(s):**  *Please provide details of the nominated session chair(s), including their name and email address.* |
| Dr Shannon Lin – [Shanshan.Lin@uts.edu.au](mailto:Shanshan.Lin@uts.edu.au)  Dr Giuliana Murfet – [giuliana.murfet@ths.tas.gov.au](mailto:giuliana.murfet@ths.tas.gov.au) |

|  |
| --- |
| **Session description (max. 200 words):**  *Please provide an overview of the session, including key content each presenter intends to cover.* |
| Names withheld as per submission instructions  xxx will introduce the session, provide an overview of the evidence on the relationship between empathic care and the health and wellbeing of people with or at risk of diabetes, and discuss the related Diabetes Australia Research Program (DARP) project, including preliminary results.  xxx will discuss diabetes-related stigma, its relationship with empathic care, and how it has a negative impact on people with or at risk of diabetes. To illustrate this discussion, Elizabeth will draw on findings from the international consensus on diabetes stigma and discrimination as well as her qualitative research among women with gestational diabetes in Australia. She will also showcase one of the outcomes from the DARP project, a digital story on Gestational Diabetes, and facilitate a related discussion.  xxx will discuss how a lack of empathy can impact young peoples’ wellbeing and engagement with diabetes services and staff. Ashley will showcase one of the outcomes from the DARP project, an animation on the integral connection between physical and psychological health in a young woman managing mental illness and obesity as well as type 2 diabetes and will then facilitate an interactive discussion on this topic. |

|  |
| --- |
| **Evidence base (max. 100 words):**  *Where appropriate, please include a brief description and citations of the evidence that supports your session or will be presented and discussed during the session.* |
| People with diabetes continually report a preference (and often unmet need) for supportive and empathic healthcare, without judgment and stigma [1-4]. Research has shown that high levels of empathy among health providers is associated with improved clinical outcomes [5]. Empathic healthcare interactions result in improved diabetes self-management, including optimal medication-taking, greater satisfaction and enablement, along with decreased anxiety and distress [6, 7].  Empathy is a teachable skill, and one that has the potential to enhance the capability of healthcare professionals to provide effective care that results in improved health and wellbeing for people with diabetes [8].   1. Litterbach E, Holmes‐Truscott E, et al. “I feel like I'm being talked to like an equal”: Diabetes language matters to adults with diabetes, a mixed‐methods study. Diabetic Medicine. 2024 Dec;41(12):e15424. 2. Litterbach E, Holmes‐Truscott E, et al. 'I wish my health professionals understood that it's not just all about your HbA1c!'. Qualitative responses from the second Diabetes MILES–Australia (MILES‐2) study. Diabetic Medicine. 2020 Jun;37(6):971-81. 3. Speight J, Holmes-Truscott E, et al. Bringing an end to diabetes stigma and discrimination: an international consensus statement on evidence and recommendations. The Lancet Diabetes & Endocrinology. 2024 Jan 1;12(1):61-82. 4. Roesler A…Holmes‐Truscott E. The experiences of individuals who have had gestational diabetes: A qualitative exploration. Diabetic Medicine. 2024 Jun 9:e15374. 5. Howick, J. et al. (2018). Effects of empathic and positive communication in healthcare consultations: a systematic review and meta-analysis. *Journal of the Royal Society of Medicine*. 111(7). 240–252. 6. Trzeciak S. & Mazzarelli, A. (2019). *Compassionomics. The revolutionary scientific evidence that caring makes a difference*. Florida: Studer Group. 7. Hojat, M. et al. (2011). Physician empathy and outcomes for diabetic patients. *Academic Medicine*, 83(3), 359-364.  Levett-Jones, T., Cant, R. & Lapkin, S. (2019). A systematic review of the effectiveness of empathy education for undergraduate nursing students. *Nurse Education Today.* 75, 80-94 |

|  |
| --- |
| **Key learning objectives (max. 100 words):**  *Please identify the key knowledge and/or skills that delegates will achieve by the conclusion of the session. Key learning objects can be presented in dot point form.* |
| Participation in this session will enable delegates to:   * Gain a deeper understanding of the impact of empathic care on the health and wellbeing of people with or at risk of diabetes * Develop improved skills in empathic communication * Demonstrate empathic care strategies in real-world healthcare settings, fostering stronger patient-provider relationships and improving diabetes management outcomes * Gain a deeper understanding of diabetes stigma in healthcare, and the role of empathy in addressing stigma. |