Hybrid Healthcare

Digital Empathy in Hybrid Care: From Webside Manner to Trust

https://hybridhealthcareproject.eu/

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01

What this module is about

Purpose

This OER helps healthcare professionals recognise and apply digital empathy strategies in hybrid care so that patient trust, emotional safety, and engagement are maintained across telehealth and in-person encounters.

By the end, you will be able to…

01 Identify moments where empathy may be lost in video and phone consultations

02 Apply at least three digital empathy techniques adapted to the communication channel

03 Select the most appropriate modality — video, phone, or face-to-face — based on emotional complexity

04 Reflect on your own “webside manner”, identifying strengths and areas for improvement

Why we are doing this

Better hybrid care starts with one small empathy signal

Clinicians are busy, emotional cues are reduced online, and digital care can feel distant. One clear, intentional empathy statement (“I may not see everything on screen — tell me how this feels for you.”) creates psychological presence even when physical presence is limited. When the step is small and human, it is more likely to be used in real consultations.

What this helps with

- Fewer misunderstandings in video and phone consultations
- Stronger patient trust and emotional safety
- Greater confidence in managing difficult moments online

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What this means for you

You will leave able to:

- Recognise when empathy may be lost in hybrid care
- Use one clear digital empathy signal adapted to your setting
- Teach one micro-skill (naming emotion, pacing, check-back)
- Decide on one small improvement to test next week

Why start small

- Works in busy, high-pressure hybrid settings
- Reduces cognitive load during digital consultations
- Builds confidence before introducing more complex communication models

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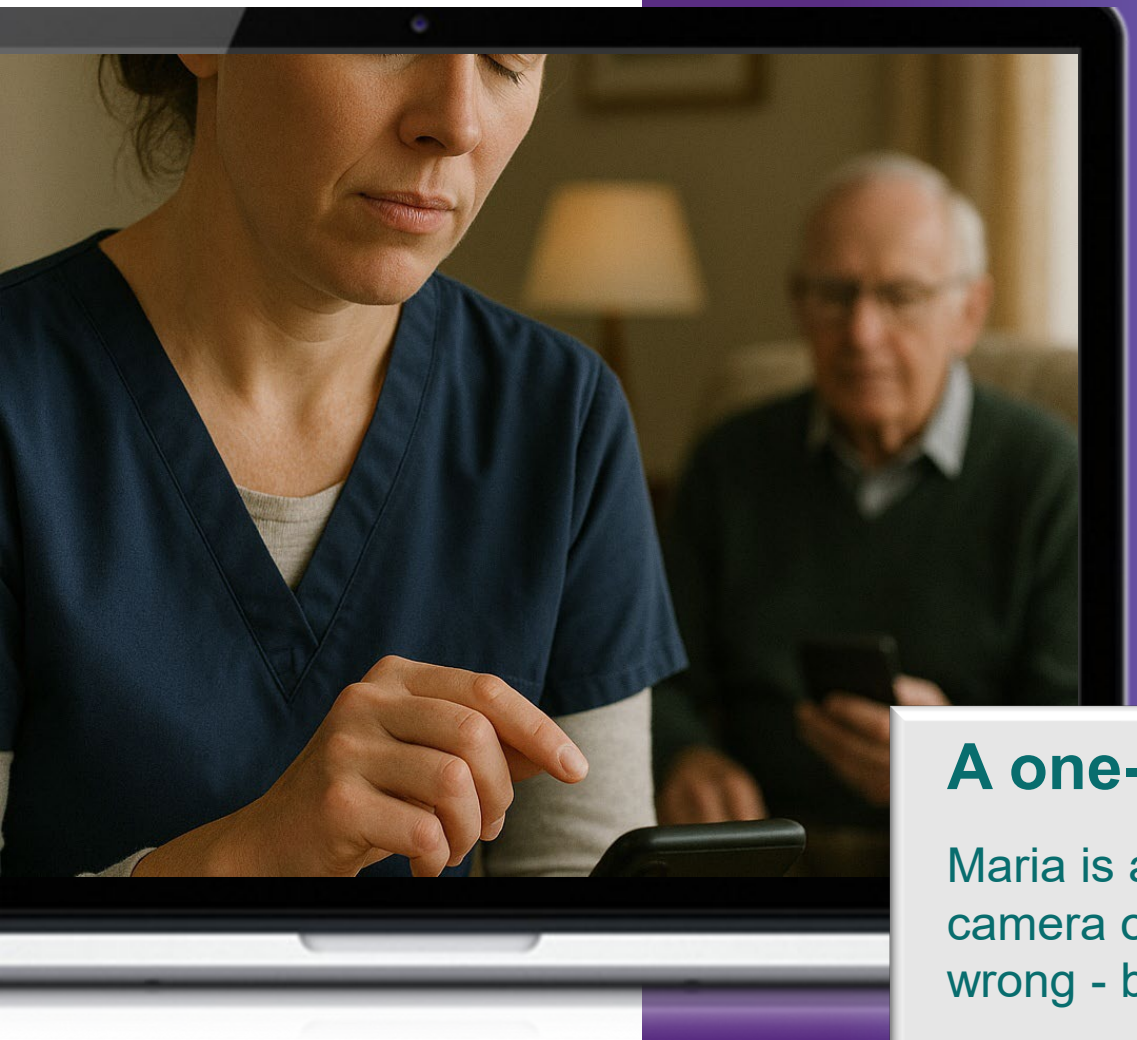
Who this is for and what they need

Audience & Needs



For:

- Clinical educators
- CPD participants in community care
- Nursing assistants / carers in training

Needs

- Quick emotional risk recognition
- Practical digital empathy tools
- Ready scripts for real situations

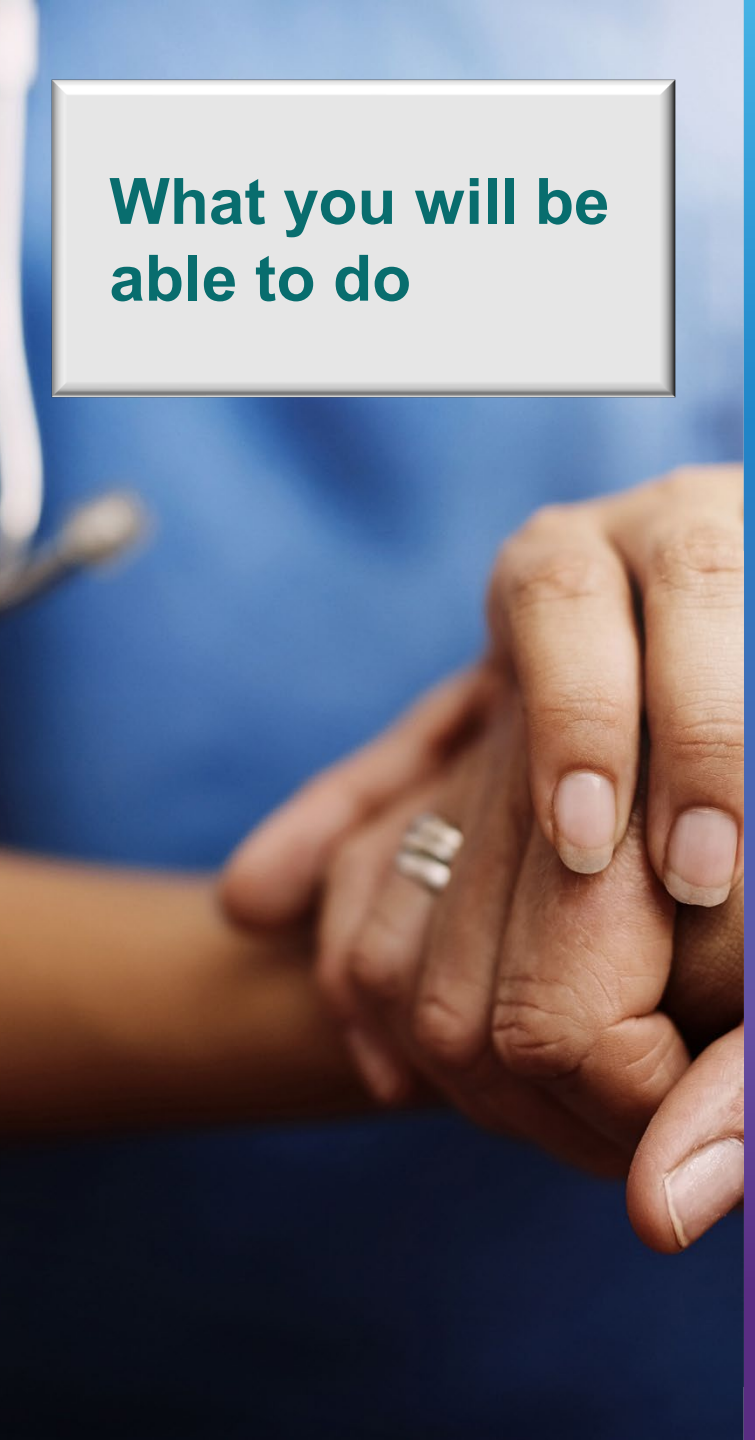
A one-minute story

Maria is a home carer. Mr. Kowalski joins a video call but keeps his camera off. He answers briefly: “It’s fine.” Maria senses something is wrong - but cannot see his face.

Should she switch to phone? Continue? Ask differently?

03

What you will be able to do



What you will be able to do

01 **Identify** moments where empathy may be lost in video or phone care

02 **Choose** the most appropriate care channel based on emotional complexity

03 **Demonstrate** three digital empathy techniques during a hybrid scenario

04 **Reflect** on your own “webside manner”, identifying strengths and areas for improvement.

Why this approach works (the evidence)

What we see in practice

- Patients disengage when emotional cues are missed online
- Verbalising empathy increases trust in video and phone care
- Small, repeatable behaviours are adopted faster than complex protocols

What the literature and case studies show

Research in digital health and healthcare communication consistently indicates that empathy in hybrid care depends less on physical presence and more on intentional signalling and responsiveness. When emotional cues are reduced, clinicians who verbalise understanding, check assumptions and pace conversations more deliberately are perceived as more trustworthy and attentive. Studies also show that small, repeatable communication behaviours are more likely to be adopted in busy clinical settings than complex protocols. Finally, scenario-based micro-practice strengthens clinicians' ability to recognise emotional risk and select the most appropriate channel of care in real-life situations.

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Small empathy signals outperform complex communication models in hybrid care

- **In digital consultations, patients report lower perceived empathy when emotional cues are not explicitly verbalised.**
  When facial expression, posture or subtle affect are less visible, patients rely more heavily on what is said. If emotions are not acknowledged verbally, they may interpret neutrality as distance or lack of concern.
- **Clear verbal acknowledgement increases perceived trust and emotional safety in video and phone care.**
  Simple statements such as “I can hear this is difficult” or “Let me check if I understood you correctly” help compensate for reduced non-verbal cues and signal attentive presence.
- **Short, repeatable behaviours (naming emotion, checking understanding, pacing) are more consistently used than complex communication frameworks.**
  In busy hybrid care settings, clinicians are more likely to adopt micro-skills that can be applied immediately rather than multi-step models requiring extensive cognitive load.
- **Intentional empathy signals reduce misinterpretation and strengthen psychological safety when non-verbal cues are limited.**
  When tone, pauses and clarification are used deliberately, the risk of misunderstanding decreases and patients are more willing to disclose concerns in digital encounters.

Sources

- Budd et al., *Empathy in patient–clinician telecommunication*, PEC Innovation, 2022
- Wiljer et al., *Defining compassion in the digital health age*, BMJ Open, 2019
- Abou Hashish, *Digital empathy concept analysis*, Digital Health, 2025
- Ärlebrant et al., *Patients' experiences of video consultations*, Digital Health, 2026

Micro-practice builds digital empathy confidence

- Short, focused exercises improve self-efficacy in communication skills
  Learners who practise one small behaviour at a time (e.g., naming emotion, pacing silence) are more likely to apply it in real consultations.
- Early success increases adoption
  When clinicians experience a quick “this works” moment, they are more willing to integrate digital empathy into routine hybrid care.

Scenario-based reflection improves hybrid decision-making

- Case-based learning strengthens clinical reasoning
  Working through short hybrid scenarios helps clinicians recognise emotional risk and select the appropriate communication channel.
- Structured reflection supports judgement development
  Brief guided reflection after a scenario improves awareness of tone, pacing and ethical considerations in digital encounters.
- Debriefing enhances transfer to real practice
  Discussing what worked and what felt difficult increases the likelihood that empathy skills are used beyond the training setting.

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Sources

- Budd et al., *Empathy in patient–clinician telecommunication*, PEC Innovation, 2022
- Wiljer et al., *Defining compassion in the digital health age*, BMJ Open, 2019
- Abou Hashish, *Digital empathy concept analysis*, Digital Health, 2025
- Ärlebrant et al., *Patients’ experiences of video consultations*, Digital Health, 2026

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How this session runs

How the session runs: Story → Try → Tell → Think

Story → Try → Tell → Think

A short hybrid care scenario → practise one empathy signal → say it out loud → reflect on what changed

STORY

A one-minute story

Anna runs a video check-in with an older patient. The camera is off. The patient answers briefly: “It’s fine.” There is a long pause. Anna senses something is not being said. What should she do next?

Your turn

In one line, name a similar moment from your setting.

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How the session runs: Story → Try → Tell → Think

Practise one digital empathy signal

TRY

Pick one that fits your setting:

- Name the emotion you sense
- Check understanding explicitly
- Slow the pacing with a deliberate pause

Steps

Choose one → say it out loud → adjust tone → repeat once.

Keep it small

One sentence. One pause. One signal.

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How the session runs: Story → Try → Tell → Think

Say it like you would in your real consultation

TELL

Plain words you can use:

- “I may not be seeing everything - how has this felt for you?”
- “I want to check I understood you correctly.”
- “Let’s slow down for a moment.”

Respect and safety

- Ask before sensitive questions
- Be explicit about privacy in digital space
- Clarify next steps clearly

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How the session runs: Story → Try → Tell → Think

THINK

Write down

- •One moment where empathy increased
- One moment that felt difficult
- One adjustment you would try next time

Share (optional):

Compare how tone or wording changed the interaction.

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How the session runs: Story → Try → Tell → Think

THINK

What if…

If the patient keeps the camera off?

→ Verbalise presence more explicitly.

If the signal drops?

→ Re-anchor emotionally before returning to content.

If responses are very short?

→ Use open prompts and longer pauses.

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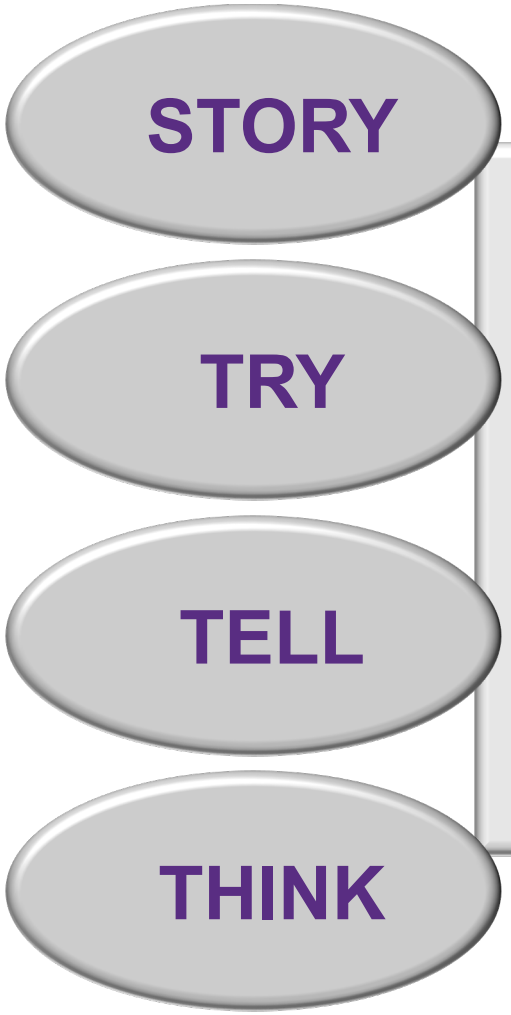
Why this structure works



- **Story** makes emotional risk visible
- **Try** builds one practical micro-skill
- **Tell** increases transfer to real practice
- **Think** strengthens judgement and self-awareness

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What this means for your teaching

STORY

TRY

TELL

THINK

- You now have one concrete digital empathy tool
- You have language ready to use tomorrow
- You have one small change to test in hybrid care

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Activities and resources

Your digital empathy practice

01

NOTICE
Identify the moment where empathy may be lost.

02

CHOOSE
Select one empathy signal: name emotion, check understanding, or slow the pace.

03

PRACTISE
Say it aloud as you would in a real video or phone consultation.

04

REFLECT
What changed in the interaction?

Resources: scenario cards · guided reflection · printable worksheet

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Checks and what success looks like

Checks and what success looks like

Check your learning

01

SCENARIO QUIZ
Recognise moments where empathy may be lost in hybrid care.

02

DECISION TASK
Choose the appropriate modality based on emotional complexity (video, phone or face-to-face).

03

MICRO-SIMULATION
Demonstrate at least three digital empathy techniques.

04

GUIDED REFLECTION
Identify one strength and one area for improvement in your webside manner.

Success = ≥70% correct scenario decisions + completed reflection

07

Accessibility and inclusion

Accessibility and inclusion

Make digital empathy accessible

01

USE PLAIN LANGUAGE
Keep questions and explanations short, clear and easy to follow.

02

MAKE CONTENT ACCESSIBLE
Provide captions and transcripts and ensure materials can also be used as a printable PDF.

03

OFFER ALTERNATIVES
Do not make video mandatory. Where appropriate, offer phone or other low-bandwidth options.

04

CHECK, DON’T ASSUME
Ask about communication and accessibility needs rather than interpreting digital difficulty as disengagement.

Digital difficulty ≠ lack of engagement

Pause before you interpret

Scenario	A patient keeps their camera off, gives short answers and pauses before responding. The connection is unstable.
Ask yourself:	Is this emotional withdrawal — or could technology, accessibility, privacy or confidence be affecting the interaction?
Try:	“I notice it may be a little difficult to talk this way. Would another way of continuing this conversation feel easier?”

Empathy starts with curiosity, not assumptions.

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Further evidence and sources

Sources and further reading

- **Ärlebrant et al.**
  Patients' experiences of video consultations
  Digital Health, 2026
- **Budd et al.**
  Empathy in patient–clinician telecommunication
  PEC Innovation, 2022
- **Wiljer et al.**
  Defining compassion in the digital health age
  BMJ Open, 2019
- **Abou Hashish**
  Digital empathy concept analysis
  Digital Health, 2025
- **Jaroń et al.**
  Rola empatii w komunikacji terapeutycznej – przegląd literatury
  Medycyna Ogólna i Nauki o Zdrowiu, 2026

09

How to use this next week

Take digital empathy into your week
Pick ONE thing to do in the next 7 days.

- **NOTICE**

  Identify one moment where empathy could easily be lost in a hybrid consultation.

- **TRY**

  Use three digital empathy micro-skills in your next video or phone consultation.

- **REFLECT**

  After one encounter, note what strengthened — and what weakened — your webside manner.

- **SHARE**

  Discuss one digital empathy strategy with a colleague or learner.

One small empathy signal can change how present, heard and safe a patient feels.

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