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Experiential learning of empathy in a care-ethics lab

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Abstract

To generate empathy in the care of vulnerable older persons requires care providers to reflect critically on their care practices. Ethics education and training must provide them with tools to accomplish such critical reflection. It must also create a pedagogical context in which good care can be taught and cultivated. The care-ethics lab 'sTimul' originated in 2008 in Flanders with the stimulation of ethical reflection in care providers and care providers in training as its main goal. Also in 2008, sTimul commenced the organization of empathy sessions as an attempt to achieve this goal by simulation. The empathy session is a practical and fairly straightforward way of working to provoke care providers and care providers in training to engage in ethical reflection. Characteristic of the empathy session in the care-ethics lab is the emphasis on experience as a basis for ethical reflection.

Keywords

education, empathy, ethical reflection, ethics, experiential learning, nurse

Introduction

In six European countries, empirical research showed that older people perceive that 'good care' is at stake in a number of daily care interactions.[1–4] In day-to-day instances – such as receiving courteous treatment, having one's privacy respected, avoiding being reduced to a 'problem', and being allowed to choose for oneself – older people report experiencing that care providers knowingly or unknowingly contribute to their vulnerability. The extent to which care providers are sensitive to older adults' sense of vulnerability is crucial to achieving 'good care'.[5] Good care includes everything that care providers undertake in order to respond to the vulnerability of others.[6,7] Showing empathy to the other and tuning in to the integral well-being of this person are essential hallmarks of good care. This means, among other things, being attentive to the person and providing more than the minimal needs for an older adult's situation. In this sense, good care includes a number of activities and attitudes that begin with care providers' attempts to understand older adults' situation, perspective, and vulnerability, and then to deal with these appropriately.[8,9]

From the above consideration, the extent to which care providers understand the vulnerable situation of care receivers and act on it determines whether good care is achieved. With reference to virtue ethics, we

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have argued previously that an attitude of empathy for the other must be acquired and cultivated.[10] Moreover, care providers can acquire this attitude through practice, adjusting their care accordingly. If this attitude is not taught, or if it is rarely or superficially taught, through education and training of care providers, there is a risk that care is reduced to nothing more than the execution of technical acts and interventions. The care provider focuses mainly on these technical actions and the care-technical question 'Has everything been done correctly?' rather than on the care-ethical question 'Has everything been done to benefit the care receiver?'[10,11]

In 2008, the care-ethics lab sTimul was established in Flanders, Belgium, to promote ethical reflection, to stimulate a caring attitude and to generate empathy in care providers and care providers in training. The initiative for setting up a care-ethics lab was undertaken by a few nursing schools and nursing homes. The sTimul care-ethics lab represents a collaborative project between the education and care sectors. The sTimul lab offers several educational tools, among which are an empathy session, workshops, and learning trajectories. In this article, we describe the empathy session and also place within an ethical perspective the objectives that have been attributed to this session.

Empathy session in the sTimul care-ethics lab

The empathy session is the core business of the care-ethics lab sTimul. An empathy session comprises two simulation days with one overnight stay (two days total), a discussion with an ethics expert, and either a return day or time set aside for ethical reflection. Before describing the course of an empathy session, we first briefly consider the starting points and the infrastructure of the care-ethics lab.

The sTimul care-ethics lab: starting points and infrastructure

The sTimul care-ethics lab is located in Moorsele, Flanders, Belgium. The lab refers to an infrastructure for empirical research, a place that allows the acquisition of knowledge through 'empiricism' or experience. Because the sTimul lab focuses on knowledge concerning the ethics of providing and receiving care, rather than on knowledge concerning technical care interventions, we decided to call it a 'care-ethics lab'. 'Care ethics' refers to an ethical perspective that offers a comprehensive moral analysis and evaluation of the behaviour of care providers.[12] Care ethics approaches this behaviour in the context of specific care relationships and also in a specific social and institutional context. Relational and contextual sensitivity is especially characteristic of care ethics.[13] As such, care ethics remains close to concrete care practices and attentively observes the way(s) in which care responsibility is shaped: the contextual factors, the specificity of a concrete situation, the way in which people work together, and the way in which they experience the work environment.[14] The assumptions of care ethics form the foundation of learning activities in the sTimul care-ethics lab.

The infrastructure of the sTimul care-ethics lab models a contemporary nursing home for older adults. The first floor contains a small-scale simulation of a ward as one would find in a real nursing home in Flanders, Belgium. There are four single rooms and two double rooms. Each of the rooms has a lockable bathroom with sit-down shower and a washbasin and toilet that are accessible for a wheelchair and hoist. Every room is equipped with a calling system, one or two high–low beds, a wardrobe, a chair with a removable tray, a standard chair, and a small table. The department also has a sanitary area, equipped with a high–low bath, a utility area, storage space (for linen, incontinence materials, physical restraints, etc.), and a nurses' desk, where patient calls are received. The ground floor has a living room where the eight residents can eat their meals and where entertainment activities can take place, and a distribution kitchen where breakfast and supper are prepared. Also located on the ground floor are wheelchairs, walking frames, an active and a passive hoist, and a person lift.

An empathy session in the sTimul care-ethics lab: preparation, progress, and follow-up

An empathy session in sTimul consists of an internship, followed by discussion and, finally, a return day or time for ethical reflection (Figure 1). The internship component is a simulation exercise lasting two days and includes one overnight stay. Because the participants are students or experienced care providers, the empathy session is two-dimensional. First, the experienced care providers have the opportunity to play the part of an older resident according to a specific resident profile in a simulation exercise. These care providers are all working in residential care settings for older people. They are registered nurses or allied with health and social work professionals. They are assistant nurses, managers, or professional nurses and will have different lengths of service. Second, a group of nursing students are given full autonomy in planning and carrying out the care process for the simulation residents. These groups are always students from the same school and the same degree course. They are final year nursing or nursing assistant students. The only 'care' experience most of the students have is during their hours of internship. Some students – especially nurses who are seeking to upgrade their qualifications – are older and have previous experience in health care. For both groups, students and care providers, participation in the empathy session is not obligatory, but is voluntary. Two educational assistants from the care-ethics lab are responsible for preparing and supporting the empathy session.

Preparation

Care providers. Preparation of the care providers to take on the profile of an older care receiver begins with a general staff meeting. One of sTimul lab's educational assistants first explains the objectives of the care-ethics lab. Next, the purpose of the simulation exercise is explained by using quotes from video clips of testimonials from care providers who have already participated in an empathy session. By taking on the profile of an older care receiver in a care situation, care providers can better understand older adults' perspective and vulnerability. Accordingly, the care providers can then become more aware of their own care practices and how to improve them. The goals of the empathy session are clearly stated: to generate empathy by 'immersion in' the vulnerability of frail older adults; and to enhance ethical reflection on day-to-day care situations by experiencing these as care receivers. Finally, the assistant explains the agenda of the two-day empathy session, which is followed by a question and answer session.

After this explanation, the care providers who volunteer to take part in an empathy session are selected. It is preferred that a maximum of two care providers from the same nursing home participate per session. The educational assistant selects the eight 'simulation residents', who are care providers that come from at least four different nursing homes. Head nurses and managers are also encouraged to participate.

At least two weeks before the two-day empathy session, each care provider receives a profile (Figure 2). This shows different levels of care dependence or disability. It is intended to help the care providers to imagine themselves participating in the vulnerability role of care-dependent older persons. The care providers can further adjust this profile to their own limits and preferences, as well as adjust the learning process that they prioritize for themselves. They decide which care actions are to be applied: hygienic care, general daily support, use of incontinence pads, possible application of physical restraint, meal provision and support, entertainment, administration of medication, and so on. To encourage the care providers in imagining themselves as vulnerable older persons, it is important that the profile is recognizable and suits them well. By having the opportunity to adjust their profile, the simulant care receivers themselves determine to what extent they wish to engage in the simulation exercise. They regulate themselves on 'how far to go'; they are actually bathed or treated as incontinent only if they want to experience this. This 'respect for autonomy' guarantees that the simulation exercise will not break into anyone's intimate privacy.

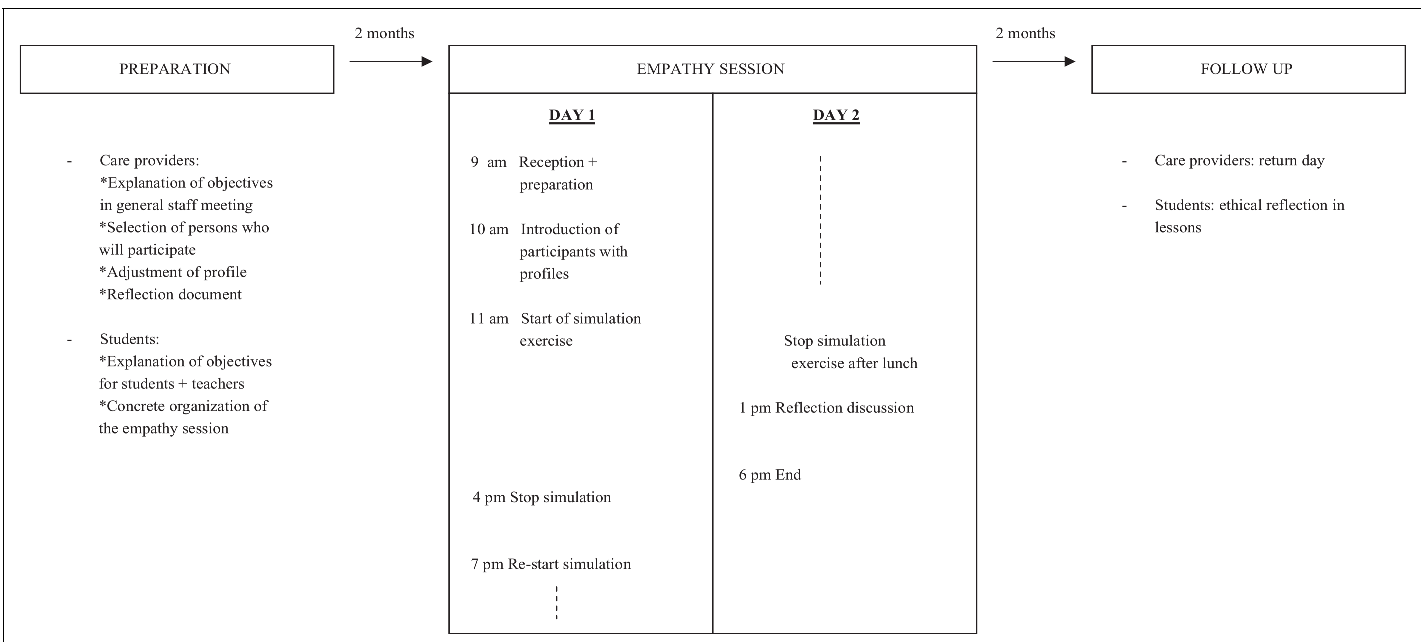

Figure 1. Sequences of the empathy session

Please make your choices concerning your daily life dysfunction:

- Hygiene and clothing
  - Bed bath
  - Bath
  - Shower
- Excretion
  - Chamber pot/urinal
  - Incontinence pads
  - Stoma
- Transfer/lifting
  - Wheelchair
  - Rollator
  - Active/passive hoist lift
  - Physical restraints
- Food
  - Mixed, blended
  - Help with the meal
  - Thickened food

Please make your choices concerning your physical dysfunction:

- Vision
  - Blind
  - Sight dysfunction
- Hearing
  - Hard of hearing
  - Deaf
- Movement
  - Hemiplegia
  - Severe tremor
  - Risk of falling
  - Arthrosis
- Language/speaking
  - Aphasia

Please choose your psychological disabilities:

- Psychological disabilities
  - No limitation
  - Sorrow
  - Fear
  - Panic
  - Anger
  - Suspicion
  - Confusion
- Other
  - ....

Figure 2. Profile (to be adjusted by the simulation care receiver)

Besides taking on and discussing the profile, the care providers also receive a reflection document. This is a personal document consisting of a number of questions that are intended to assist the care providers in remembering and reflecting on notable experiences they have during the empathy session. This document probes the care providers' perceptions at various moments before, during, and after the session. For instance, a question posed before the empathy session inquires about the sentiment and the expectations that prompted them to participate. On the evening of the first day in the care-ethics lab, a question is asked concerning the moment that has left them with the greatest impression on that day and why they experienced that moment as such. These questions are answered in writing and are kept as a reflection document by the participants. These documents guide the care providers as they reflect about and during the empathy session.

Students. The sTimul lab's other educational assistant prepares the students, who will act as care providers during the empathy session. Preparation in their school begins in consultation with the supporting teachers more than two months before the empathy session begins.

As with the experienced care providers, preparation of the students to play the role of care providers begins with the first preparatory meeting. During this meeting, the educational assistant explains the purpose of the empathy session. For the students, however, the emphasis is on creating learning opportunities with a view to 'practising' an attitude of involvement and adjusting behaviour to this attitude within a 'safe', pedagogical context.[10] Much attention is focused on the care-ethics perspective, from which the students draw to guide their thinking and actions.

After the first informative meeting, they are asked to seriously prepare mentally for the empathy session in 'their' nursing home. They will be required, for instance, to divide responsibilities as well as choose and plan care and entertainment activities. The student group is asked to produce a work-scheme that clearly shows the organization and vision with which they wish to provide care. The task of the educational assistant and the supporting teachers is to help the students as much as possible during their preparation by asking questions.

Two weeks before the empathy session, the students receive the care profiles of 'their' residents. Subsequently, all students must compile a care file for each of their residents. The work-scheme and the eight care files are brought to the empathy session.

Course

The students, with their supporting teachers, and the care providers arrive at sTimul at 9.00 am. The two educational assistants who directed the preparatory meetings receive the two groups separately. The objective of and the expectations for the empathy session are presented again, and time is provided for practical arrangements and questions. Afterwards, the students are shown around the care-ethics lab so that they have sufficient knowledge of the whole space and know where to find the required care materials. Then they are given time to prepare for the simulation exercise.

Meanwhile, the simulation care receivers remain in the living area of the care-ethics lab, where they prepare for their profiles. The materials required for this preparation are distributed at this time. For instance, if the care receiver's profile includes severe age-related rheumatism, diminished mobility, and a hunched back, the care receiver will receive an age simulator. Other examples include receiving a blindfold or limited-sight glasses for an older adult with a visual impairment profile, or receiving a wheelchair or walking frame for an older adult with limited mobility.

After the reception, which lasts about an hour, the simulation care receivers and the simulation care providers are introduced to each other. The simulation care receivers introduce themselves according to their profile, and then the simulation care providers introduce themselves within their role in the simulation exercise. After the introductions, the educational assistant guides the care receivers to their respective rooms. What follows is a short discussion about each simulation care receiver, which gives the simulation care

providers an idea of the various care requirements and of what the care receivers wish to experience. In a brief team meeting, the care requirements and the organization of that day are discussed again, after which the final go-ahead is given to proceed with the simulation exercise. The day can then be organized according to the work-scheme that was drafted by the students during the preparation stage.

It is important that neither the educational assistants nor the supporting teachers intervene or disrupt the simulation exercise. Even if they observe that something is not running smoothly or is even failing completely, the students, not the assistants or teachers, must take the required measures. Only in the evening of the first day do the educational assistants stop the simulation exercise completely for one hour. During this hour, the students have a team meeting in order to evaluate and possibly remedy problems that have emerged during the simulation exercise. The simulation care receivers can take a break from their profiles during this hour. At the end of the hour, the assistants restart the simulation exercise. Often, an 'evening shift' of care providers then takes over the care for the evening. Also the night shift is run as in a nursing home; that is, according to the work-scheme that the students have prepared.

The simulation exercise stops after lunchtime on the second day. Both the simulation care receivers and the simulation care providers relax for an hour and finally step out of their roles, before participating in the reflection discussion.

Reflection discussion

The afternoon of the empathy session's second day is dedicated to reflection on the experiences and perceptions acquired during the simulation exercise. The simulation care receivers and the simulation care providers meet separately, each with an educational assistant. The participants share their experiences and reflect on these experiences in a group discussion. The educational assistant moderates and facilitates the discussion, which is organized around the fundamental question: 'How did this simulation exercise affect me?' After an hour and a half, the two groups meet together. Again, experiences are shared, but this time with the intention of taking a critical look at: (1) how care practices were effectively shaped; (2) the contextual factors that influenced care interactions; (3) the specific nature of a situation; (4) how people work together; and (5) how the entire empathy session was perceived. Both educational assistants use the Socratic method to delve deeper into the concrete experiences and perceptions, which they use to guide the participants in reflecting on the meaning of care dependency and vulnerability as starting points for care. Much attention is paid to the nature of the relationships within which this care was shaped.

To conclude the reflection discussion, all participants are asked to indicate what they personally experienced in the simulation exercise as being particularly relevant to providing good care. In this way, it is possible to put simulation experiences in a broader care-ethics perspective and to formulate working points for one's own care practice. The empathy session concludes at around 4.30 pm.

Follow up

The ethical reflection on the simulation experiences is not limited to the reflection discussion presented above. For the students, further reflection is planned in specially scheduled classes held after the two-day empathy session in sTimul. Depending on the school and the choices made by the teachers, experiences are discussed in several classes as a starting point for further reflection. For the simulation care receivers, a return afternoon is scheduled about two months after the empathy session, in which they again exchange experiences in a group discussion with other simulation care receivers from other empathy sessions.

In contrast to the time of ethical reflection during the empathy session, the emphasis in the follow up shifts to the question: 'What happened to me concretely after this experience?' The participants' experiences with care practices in the nursing home after the empathy session are discussed in great detail. Also discussed are

actual stimulating and limiting factors in current care practice. These are compared and contrasted with what the participants experienced in the empathy session as relevant factors needed for providing good care. Through the group discussion, the participants examine what individual care providers can do to further enhance reflection in their care practice. Some of the nursing homes that have chosen as many care providers as possible to participate in an empathy session start work groups within the nursing homes. These groups stimulate and channel permanent critical reflection on the experiences of co-workers by taking concrete quality-improving measures, for instance, work groups on 'mealtime care' and on 'hygienic care'.

Discussion: empathy session in ethical perspective

The empathy session in the care-ethics lab is an example of experiential learning in ethics. Previously, we have argued that ethics education should provide a pedagogical context in which a caring attitude can be acquired and cultivated.[7,10] We referred to the method of 'critical companionship'[15] and to the possibility of applying this method to the practical experience of nurses in training. With the simulation exercise in the care-ethics lab, a step is added to a concrete educational tool aimed at establishing ethical reflection in both experienced care providers and nurses in training. Below, we reflect on this educational tool in terms of an ethical perspective.

Simulation exercise from the simulation care receivers' perspective

Care providers work with vulnerable older adults every day. Because vulnerability is embedded so deeply in daily interactions, remaining aware of older care receivers' vulnerability is not something immediately obvious.[3] In daily care interactions, with the danger of routine, superficial treatment can creep insidiously into a care provider's way of working. For example, the daily routine of washing older adults leads to inappropriate ethical responses to their vulnerability. One care provider stated: 'You know exactly what you have to do, you refresh and wash the elderly person, and it is only a matter of routine. You do it and actually forget that there is in fact a person there' (p.368).[2] Care activities can become very routine through repeated performance, thus care providers rarely ask questions about how their treatment affects older adults. Increased work pressure and an emphasis on 'getting it done' lead to a failure of making time to take a critical step back and reflect, which are two essential conditions for ethically responsible treatment.[16]

Care providers can avoid attitudes associated with daily routines by participating in the sTimul care-ethics lab empathy session and by aiming to confront courteously the vulnerability of care-dependent older adults. As such, the empathy session can be understood as an 'interruption experience' (Figure 3). After the empathy session, almost all the participants reported that 'time passed so slowly'. When the 'doer' unexpectedly lives two days and one night as an older care receiver, this simulation care receiver is confronted with a radically different perception of time. The change of perspective, from care provider to care receiver, also characterized this interruption as a 'negative contrast experience'. By receiving the kind of care that older care-dependent persons normally receive, the simulation care receivers experience constant tension between good and bad, pleasure and pain, trust and mistrust, possibilities and limitations, independence and dependence, and so on. It is often all about experiences that contrast strongly with their presupposed expectations of how the care must feel or that conflict with their views on what is good care for older adults. Frequently, these experiences generate irritation or annoyance and are thus characterized as negative contrast experiences (Figure 3).[17]

During the empathy session, simulation care receivers report experiencing strong feelings of discomfort during certain care interventions. Through these contrast experiences, people 'live through' the necessity of the ethically responsible treatment. In addition, the contrast experiences are an externalization of what can be called 'ethical intuitions', the intuitive feelings of what is 'good'. These intuitions are formed from the values

INTERRUPTION EXPERIENCE This is a shocking experience that makes people suddenly aware of their (routine) way of handling things and the consequences of this behaviour. The extreme feelings that this experience provokes urge people to give this behavior some thought. NEGATIVE CONTRAST EXPERIENCE This is an experience of irritation or annoyance that makes people suddenly say 'This should not and must not go on.' It implies an awareness of values that are veiled. These values are revealed in a negative manner. CONTROVERSY EXPERIENCE This is the experience of a clash of one's own intuitions, convictions and beliefs with those of others. It concerns a dispute between sides holding opposing views. The dispute provokes articulation of one's own intuitions and possibly leads to questioning them. ETHICAL REFLECTION Ethical reflection involves the cognitive process of reasoning concerning (the justification of) ethical values and norms, which leads to ethical decision making, as the basis for ethical behaviour.

Figure 3. Definitions

and norms that care providers received in their upbringing, education, and through life experiences, all of which come to the forefront during the empathy session. Contrast experiences bring the simulation care receivers in touch with their original 'ethical intuitions'. This is an important step in the process of ethical reflection.[18]

Care providers often find it difficult to express and to interpret thoughts and feelings appropriately.[18] The afternoon of reflection on the second day of the empathy session consists of a hermeneutic-narrative undertaking, aimed at giving participants an opportunity to consider consciously their contrast experiences. To this end, the discussion leader addresses each participant and encourages him or her to express and interpret his or her negative feelings (discomfort, confusion, uncertainty, powerlessness, anger, etc.). This interpretation exercise leads participants to their ethical intuitions. Dwelling and reflecting on a concrete situation that affects people teaches them something about the situation itself and also something about the values they hold as important. This self-understanding is another step in the ethical reflection discussion. The participants also gain greater insight into the content of their own moral awareness by listening to the contrast experiences of others.

During the afternoon of reflection, listening, discussing, and interpreting the conflicting experiences and visions, 'controversy experiences' often emerge (Figure 3). Through interpreting what has affected them, the participants gradually arrive at an intrinsic interpretation of what 'good care' means to them. For some, it relates to an interpretation of 'good care' that differs from the one they had in the past. For these participants, the empathy session produces an inner controversy that emerges during the reflection discussion. This allows people to refocus their care practices from their experience after the empathy sessions. There is sometimes a clash between one participant's understanding of 'good care' and that of another. This discord raises controversies among the participants during the reflection discussion, and the diverse experiences, visions, opinions, and interpretations of these can be considered as an important form of ethical reflection.

Knowledge that flows from contrast and controversy experiences helps people in their search for good care. Nevertheless, it is expected from an ethics perspective that 'good care' is also expressed in more

abstract concepts.[18] This ethical reflection implies that it can be expressed from one's own vision of care in terms of values and norms, even from an underlying portrayal of humankind. Furthermore, this ethical reflection also relates to a critical analysis of the context in which the care is established and how this context can become a habit in establishing good care.[11]

The experiences gained over the last year in the sTimul care-ethics lab do not answer the question of whether and to what extent the empathy session influences the participants' conceptual ethical reflection in the (medium) long term. This is a nascent field for empirical research. Whether and how the empathy session provokes participants to engage in ethical reflection is not sufficiently clear at this point. Thus, we must chart knowledge generated from contrast and controversy experiences through qualitative empirical research. As a result, a question arises about what a follow-up path would look like, one that continues and elaborates on the onsets of ethical reflection through the experiences in the empathy session. Methods other than experience-orientated learning could be productive. Furthermore, research must also prioritize the roles that both contrast and controversy experiences play in the ethical reflection process. Not only is it interesting to determine how contrast and controversy experiences contribute to ethically approachable care providers, but also to identify how, during the empathy session, a means can be developed to later place this skill (e.g. approachability) in a central position in daily practice.

Finally, it is possible through research to determine what ethical reflection adds to contrast and controversy experiences. In other words, what added value does ethical reflection offer ethical treatment? If it can be shown that care providers adjust their daily practice according to their experiences in the care-ethics lab, without these experiences leading to an ethical reflection in the strict sense, what then is the added value of the reflection in terms of abstract ethical concepts? Is ethical reasoning a *conditio sine qua non* for ethical treatment?

Simulation exercise from the student nurses' perspective

The empathy session is also an interruption experience for the students who participate in it as simulation care providers. During their traineeship, the students act as full members of the nursing staff in a nursing home, collaborating with the staff in their daily functions. They are involved in existing routines and are evaluated by experienced care providers. This ensures that students learn quickly how to treat according to the criteria and norms in the nursing home where they are doing their traineeship, rather than according to their own acquired insights and the ethical guidance considered in their education. This socialization process is known as 'the hidden curriculum' phenomenon.[19] Although time is set aside during the traineeship period for the students to think critically about their traineeship, little attention is given to explicit ethical reflection about their practical experiences.

During the empathy session, the students take responsibility for the entire care process, without the guidance of experienced care providers or supervisors, freeing them from the pressures of supervisor oversight. Thus, the students must rely on themselves. They are forced to base their thoughts and treatments on the criteria and insights they consider important. In this sense, the sTimul care-ethics lab provides a learning context that differs completely from that of the traineeship location. An ethical learning climate dominates in sTimul, where, despite the immersion in care, time is allowed for critical reflection, for an evaluation of the caregiving behaviour from the care-ethics perspective, and for ethics deliberations within the care team.

Throughout the empathy session, the simulation care providers view negative contrast experiences differently from the way the simulation care receivers view them. First, the simulation care providers encounter contrast experiences in their contact with the simulation care receivers. Thus, although they may provide care for the simulation care receiver with the best of intentions, the care receivers may experience this care as negative.

Simulation care providers regularly conflict with their colleagues during the second-day empathy session. Conflicts, too, are valuable learning experiences. A simulation care provider might see, for example, a colleague care provider doing something that he or she completely disagrees with or something that runs counter to the agreed vision of care. These experiences ensure that the simulation care providers consider the content of their own moral consciousness.

The expression and interpretation of the various contrast experiences during the reflection discussion prompt the simulation care providers to make their own vision of good care more explicit. We must be able to make clear to ourselves and to others what touches us morally and why.[20] During the reflection discussion, this can lead to controversy in the group when others react to it based on their own experiences and visions. Sometimes one participant will find the vision of the other naive or idealistic. Another will find it uncomfortable that habits are being questioned. Yet, another is happy that a colleague openly dares to ask questions about certain issues. In every case, the contrast experiences lead to controversy, and controversy can elicit a break from conformist thinking and treatment, a readjustment of one's own visions, and often also an adjustment of behaviour.

As of yet, we cannot answer the question of whether interruption, contrast, and controversy experiences will lead to profound and enduring ethical reflection among students who participate in the empathy sessions as simulation care providers. Research must not only map what the ethical learning experience of the students precisely entails, but also what leads to questioning their own actions from an ethical perspective. On this basis, additional research can then be carried out for an appropriate learning trajectory that follows up on the empathy session and that stimulates an ethical reflection in the (medium) long term.

Conclusion

How care providers can be supported in offering good care in daily care practices is a challenge for care ethicists today. With the empathy session in the sTimul care-ethics lab, an attempt has been made to offer a concrete solution to this challenge. The empathy session is an educational tool that is practical and fairly straightforward, one that aims to provoke care providers and care providers in training to engage in ethical reflection. What is characteristic of this educational tool is the emphasis on experience as a basis for reflection. For skilled care providers and students to experience personally the vulnerability of older care-dependent people in a simulation environment is a complete experience that literally and figuratively is a welcome change from the routine of daily care practice. Moreover, this setting results in intense contrast and controversy experiences that lead to insight into their own ethical intuitions and from this to the expression of ethical perceptions, both conditions that promote further ethical reflection. Research into the impact of this educational tool on personal ethical reflection in the (medium) long term is necessary for refining it further and for exploring to a greater extent the connection between experience-orientated learning and ethical reflection.

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Conflict of interest statement

The authors declare that there is no conflict of interest.

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