

Bridging Generations in Psychiatric Long-Term Care Education: Evaluating a Youth-Elder Co-Learning Model to Enhance Communication and Empathy

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Bridging Generations in Psychiatric Long-Term Care Education: Evaluating a Youth–Elder Co-Learning Model to Enhance Communication and Empathy

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Abstract

Background: Taiwan is projected to become a "super-aged" society by 2025, with over 20% of its population aged 65 and above, leading to a rising demand for professional care services for older adults with mental health issues. Students in long-term care (LTC) programs need to be well-equipped with psychiatric knowledge, communication skills, and empathy. This study introduces an innovative intergenerational learning model, "Youth-Elder Co-Learning" (YECL), designed to foster mutual understanding and respect between generations.

Objective: The aim of this study was to evaluate the effectiveness of the YECL approach in enhancing students' professional knowledge, communication competence, and empathy towards community psychiatric LTC, while also exploring their learning outcomes and satisfaction.

Methods: An instructional intervention was implemented with students enrolled in an elective course at a private university. Assessment tools included the Knowledge of Community Mental Health LTC Scale, the Communication Competency Scale, and the Scale of Empathy, with self-assessments at pre-, mid-, and post-course time points. Peer evaluations were conducted during midterm and final stages, and a Course Student Feedback Survey was administered at the end of the semester.

Results: Students reported high satisfaction rates, ranging from 92.4% to 95.3%. Statistically significant improvements were observed in peer-assessed professional knowledge, communication competence, and empathy, as well as in self-assessed communication competence. However, self-assessed professional knowledge and empathy did not show statistically significant improvement, indicating a potential gap between internal perception and external performance.

Conclusions: The YECL model demonstrated positive effects in improving peer-evaluated professional knowledge, communication competence, and empathy, and self-assessed communication competence within a community psychiatric LTC course. The discrepancy in self-assessment warrants further qualitative research to understand factors such as modesty or increased awareness of professional expectations. This model suggests the value of interactive, reflective, and immersive teaching strategies for comprehensive competency development in LTC education. Clinical Trial: NON

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Abstract Background

Taiwan is projected to become a "super-aged" society by 2025, with over 20% of its population aged 65 and above, leading to a rising demand for professional care services for older adults with mental health issues. Students in long-term care (LTC) programs need to be well-equipped with psychiatric knowledge, communication skills, and empathy. This study introduces an innovative intergenerational learning model, "Youth-Elder Co-Learning" (YECL), designed to foster mutual understanding and respect between generations. **Purpose** The aim of this study was to evaluate the effectiveness of the YECL approach in enhancing students' professional knowledge, communication competence, and empathy towards community psychiatric LTC, while also exploring their learning outcomes and satisfaction. **Methods** An instructional intervention was implemented with students enrolled in an elective course at a private university. Assessment tools included the Knowledge of Community Mental Health LTC Scale, the Communication Competency Scale, and the Scale of Empathy, with self-assessments at pre-, mid-, and post-course time points. Peer evaluations were conducted during midterm and final stages, and a Course Student Feedback Survey was administered at the end of the semester. **Results** Students reported high satisfaction rates, ranging from 92.4% to 95.3%. Statistically significant improvements were observed in peer-assessed professional knowledge, communication competence, and empathy, as well as in self-assessed communication competence. However, self-assessed professional knowledge and empathy did not show statistically significant improvement, indicating a potential gap between internal perception and external performance. **Conclusion** The YECL model demonstrated positive effects in improving peer-evaluated professional knowledge, communication competence, and empathy, and self-assessed communication competence within a community psychiatric LTC course. The discrepancy in self-assessment warrants further qualitative research to understand factors such as modesty or increased awareness of professional expectations. This model suggests the value of interactive, reflective, and immersive teaching strategies for comprehensive competency development in LTC education.

Keywords: Community Psychiatric Long-Term Care (LTC); Youth-Elder Co-Learning (YECL); Professional Knowledge; Communication Competence; Empathy

1 | INTRODUCTION

The global aging population, with an increasing proportion of individuals aged 65 and older, presents significant implications for healthcare education and societal structures[1]. Taiwan is on track to become a "super-aged society" by 2025, where over 20% of its population will be aged 65 and above, intensifying the need for effective care and mental health services for the elderly[2, 3]. Mental disorders contribute substantially to the global burden of disease, with disability-adjusted life years (DALYs) and years lived with disability (YLDs) showing notable increases[4]. In Taiwan, over 190,000 individuals hold chronic mental illness cards, and this population experiences a shorter median life expectancy compared to the general population[5, 6].

The chronic, recurrent, and functionally debilitating nature of mental illness, along with its associated economic burden, often places significant strain on caregivers[7]. Critical healthcare concerns include reducing relapse rates, facilitating patient community reintegration, and alleviating caregiver burden[8-10]. Despite the high demand for community psychiatric services, there is a widespread lack of public understanding regarding mental health issues, contributing to stigma and discrimination in various aspects of life, including healthcare, housing, and employment[11]. Stigma can worsen patient adaptation, self-esteem, and depression[12, 13]. In healthcare, mental illness is often viewed as the primary issue, overshadowing other physical health concerns, leading to discriminatory attitudes and unequal treatment[14-16]. Caregivers' stigmatizing attitudes can further reduce empathy and support, while a lack of professional knowledge may compromise care quality[17, 18]. Therefore, it is crucial for universities to equip students with accurate mental health care knowledge and empathetic attitudes to counter stigma[19]. Inclusive education principles should be adopted in promoting community psychiatric Long-Term Care (LTC) education to eliminate discrimination and prejudice, ensuring equal access to learning and care opportunities[20].

The educational effectiveness of Youth-Elder Co-Learning (YECL) model encompasses three core mechanisms. First, intergenerational dialogue enables young and older participants to exchange experiences and perspectives on an equal footing, thereby fostering mutual understanding and empathy while challenging generational stereotypes [21]. Second, based on the theory of social constructivism, knowledge is co-constructed through authentic contexts and social interaction; by engaging in concrete tasks and collaborative activities, students are able to internalize abstract concepts into practical competencies [22]. Third, reciprocal learning emphasizes that both young and older individuals serve as learners and knowledge contributors. Through skill exchange and joint participation, they enhance mutual understanding and respect, ultimately dismantling stereotypes and transforming attitudes and values [23].

In summary, the "YECL" teaching method facilitates young people's understanding of the life circumstances and challenges faced by older adults, thereby enhancing their empathy and sense of social responsibility[3, 24]; Furthermore, it has a significantly positive impact on young people's attitudes toward older adults, their comfort in interacting with them, and their interest in pursuing careers related to elder care [23]. Within the YECL model, "microfilms" and "empathy board games" serve as key interactive platforms to promote mutual understanding and empathy in community mental health care [24-28]. Microfilms offer a narrative structure that enhances character and plot connections,

accelerates story progression, and effectively uses classroom time[29]. They are effective tools for public communication and help learners understand the world, with storylines often based on real-life events and incorporating conflicts to leave a lasting impression[30, 31]. Empathy board games combine education and communication in a playful format, applicable to a wide age range[32-35]. They provide experiences that deepen understanding from different perspectives, identify alternative solutions, and encourage critical reflection and interpersonal communication[36-39]. These games enhance understanding, learning, creativity[40, 41], active participation[42], behavioral change[43], critical thinking[44], memory[39], and self-esteem [33]. The game dynamics create a positive atmosphere, changing learners' attitudes toward the content and encouraging empathy for characters, extending to real-life situations[45, 46]. Successfully integrating local knowledge and culture, as seen in Taiwan, board games can foster intergenerational communication and understanding[47]. In LTC environments, they can enhance caregiver-patient interaction and understanding, improving physical and mental health[26, 48].

Therefore, the development of an effective educational platform for community psychiatric LTC, incorporating "YECL with Microfilms and Empathy Board Games," is a critical need. This approach is particularly designed for in-service students who balance work and study, aiming to facilitate lively and interactive learning within limited timeframes, balance knowledge depth, de-stigmatize mental illness, and promote self-efficacy. The YECL model guides students to interact, communicate, and empathize with patients and caregivers, ultimately building correct professional knowledge, competence, and empathy.

2 | METHODS

Research Design and Setting

This study employed an instructional intervention within an elective course titled "Community Psychiatric LTC" at a private university. The course is a required component of the Continuing Education Degree Program in LTC and Health Management at the university and is also available as an elective to students from other departments and universities. The curriculum covered topics such as psychiatric symptom assessment, caregiver burden, stigma, nonviolent communication, depression and suicide prevention, substance abuse, and community-based mental health care. Two "YECL" sessions were integrated using microfilms and board games to facilitate knowledge and experience exchange between generations, aiming to foster mutual respect and care, and enabling deep learning in communication skills and empathetic attitudes (as shown in Table 1).

Table 1. Weekly Course Progress Plan for "Community Mental Health LTC"

Week	Topic	Unit Content	Research Implementation
1	Overview of Community Mental Health Care	Introduction to course content	Teaching and research introduction, pre-test
2	Introduction to Mental Illness and Stigma	Understanding common mental illnesses and stigma	
3	Psychiatric Symptom Assessment	Psychiatric symptom evaluation	
4	Nonviolent Communication	Introduction to nonviolent communication	
5	Therapeutic Interpersonal Communication	Introduction to therapeutic interpersonal communication	
6	Mental Health Microfilm (Patient)	Medical workplace violence issues	Microfilm Discussion A
7	Holiday		
8	Group Practice: "Empathy Board Game"		"Intergenerational Co-learning" Teaching
9	Behavioral Therapy	Theories and applications of behavioral therapy	Mid-course survey; reflection on "Empathy Board Game" practice results
10	Bullying Interventions	Bullying issues and interventions	
11	Substance Abuse	Introduction to substance abuse and treatment	
12	Community Mental Health Multidimensional Care	Community rehabilitation centers (day-care), rehabilitation homes (residential care), nursing homes, home-based care	
13	Depression and Suicide Prevention	Discussion on depression care and suicide prevention	
14	Mental Health Microfilm (Unintentional Mistake)	Caregiver burden issues	Microfilm Discussion B
15	Group Practice: "Empathy Board Game"		"Intergenerational Co-learning" Teaching
16	Caregiver Burden Stress Management	Exploring caregiver burden, stress management techniques, and reflection	Post-course survey; reflection on "Empathy

Week	Topic	Unit Content	Research Implementation		
	and Mindfulness	mindfulness reduction	Board results	Game"	practice
17	Flexible Multidimensional Learning Week	Discussion of mental health issues and reflections			
18	Flexible Multidimensional Learning Week	Self-reflection on community mental health LTC			

Note:

Microfilm A: " *The Patient*"

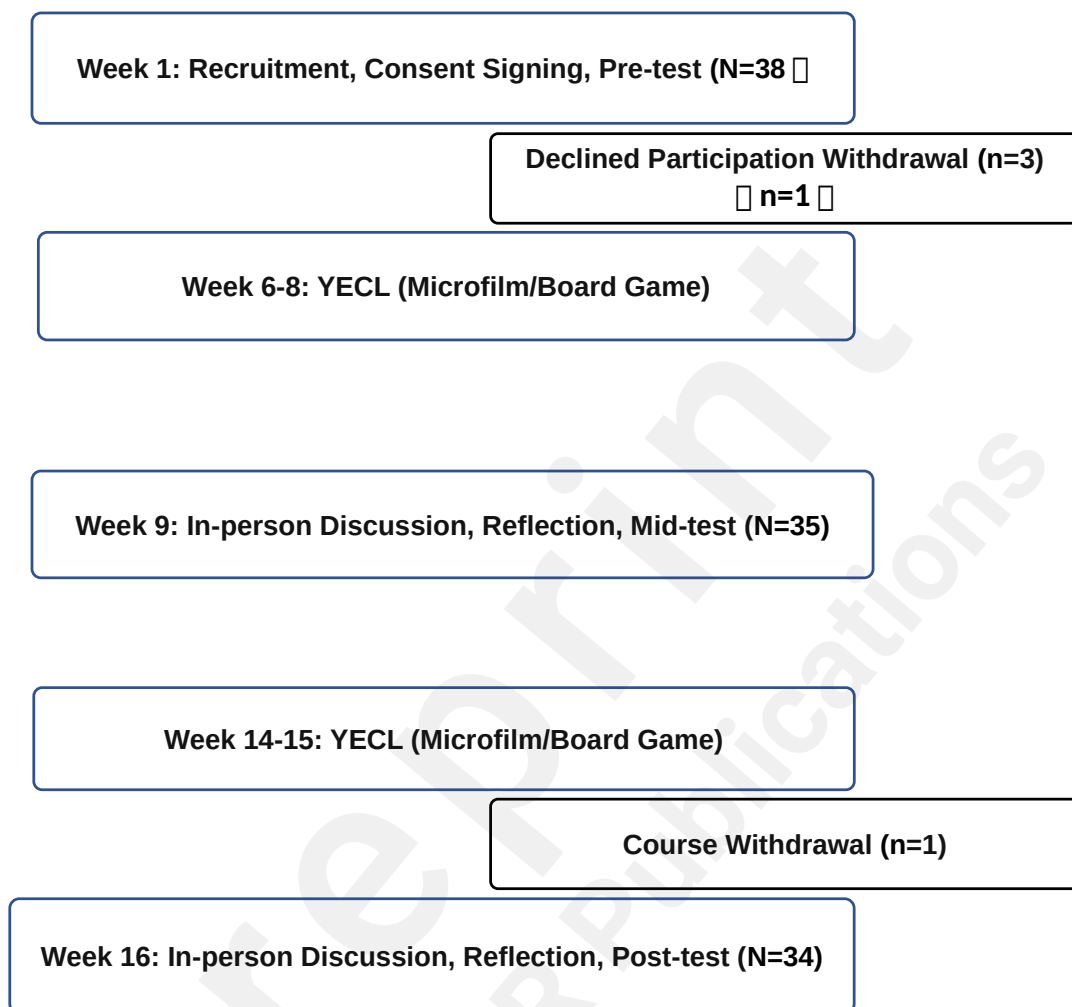
Microfilm B: " *Unintentional Mistake*":

Participants

Participants were students enrolled in the "Community Mental Health LTC" course at the university, recruited through convenience sampling. Inclusion criteria included current enrollment and willingness to participate. The course instructor did not participate in research implementation. During the first week, research team members explained the study's purpose and process, ensuring participation and responses would not affect course grades. Students who voluntarily agreed signed an informed consent form.

Research Process Flow

Data collection and analysis occurred at three points: pre-course (Week 1), mid-course (Week 9), and post-course (Week 16). The research process is illustrated in Figure 1 below.

Figure 1. Research Process Flow

Research Design and Implementation Methods

This study adopted a mixed-methods design, combining quantitative and qualitative approaches to evaluate the teaching effectiveness of the "YECL" model. Self-assessments were conducted at Weeks 1, 9, and 16, while peer evaluations were collected at Weeks 9 and 16, assessing changes in professional knowledge, communication competencies, and empathy. Additionally, students' reflective journals were qualitatively analyzed for deeper insights into their learning experiences and feedback.

Data Collection Tools

Structured questionnaires comprised six sections: (1) personal attributes (gender, age, LTC experience), (2) self-assessed knowledge of community mental health LTC (20-item questionnaire developed by the research team), (3) self-assessed communication competency (0-10 scale, developed and modified by research team), (4) self-assessed empathy (20-item Jefferson Scale of Empathy for healthcare professionals, modified for LTC students), (5) peer evaluation of professional knowledge, communication

competencies, and empathy (0-5 scale, completed by classmates), and (6) end-of-course student feedback survey (developed by research team, measuring perceived benefits, preferences, and overall evaluations of the teaching approach). All tools underwent review, refinement, validity, and reliability tests prior to the study. Details of each section are as follows:

- **Personal Attributes:** Developed by the research team, this section includes demographic information such as gender, age, and years of LTC experience.
- **Self-assessed Knowledge of Community Mental Health LTC:** There is no existing appropriate scale for this, so the research team will develop a 20-item questionnaire to measure students' knowledge. Correct answers will be scored 1 point, and incorrect or missing answers will be scored 0 points. Higher scores will indicate better knowledge.
- **Self-assessed Communication Competency:** This section measures the alignment of course content with communication competencies in community mental health LTC. Students will rate their abilities on a 0 to 10 scale (0 = not competent at all, 10 = fully competent). Higher scores indicate better communication competency. This scale was developed by the research team and modified based on expert feedback to align with the specific context of LTC students.
- **Self-assessed Empathy:** Based on the Jefferson Scale of Empathy for healthcare professionals (JSE-HP) [49], this scale assesses three aspects of empathy: perspective-taking, compassionate care, and standing in the patient's shoes[50]. It consists of 20 items rated on a 7-point Likert scale (1 = strongly disagree, 7 = strongly agree). Higher scores indicate greater empathy. The scale has been modified for use with LTC students, with questions adapted to fit their context.
- **Peer Evaluation of Professional Knowledge, Communication Competencies, and Empathy:** This peer assessment scale will be completed by classmates, rating each student's professional knowledge, communication skills, and empathy on a scale from 0 (not at all competent) to 5 (completely competent).
- **End-of-Course Student Feedback Survey:** Developed by the research team, this survey will measure students' perceived benefits, preferences, and overall evaluations of the "Intergenerational Co-learning Microfilm and Empathy Board Game" teaching approach.

Statistical Analysis

Descriptive statistics were used for personal attributes, knowledge, communication competencies, empathy, and feedback. Inferential statistical analyses, using nonparametric tests, examined changes in self-assessed and peer-evaluated measures across the three time points.

Ethical Approval

The study was approved by the Institutional Review Board. Participants were informed that participation was voluntary and would not affect course grades.

3 | RESULTS

Results

Quantitative Research Results

The study sample consisted predominantly of female participants (78.9%, $n=30$), with males comprising 21.1% ($n=8$). The average age was 34.47 years ($SD = 15.83$), ranging from 19 to 64 years, with the 21-30 age group being the largest (54.6%, $n=21$). Most students (76.3%, $n=29$) reported no prior experience in LTC, indicating a lack of practical experience in the field. (Table 2).

Table 2: Demographic Descriptive Analysis (N=38)

Category		Number (n)	Percentage (%)	Range	Mean (M)	Standard Deviation (SD)
Gender						
	Male	8	21.1			
	Female	30	78.9			
Age (years)				19-64	34.47	15.83
	19-20	2	5.3			
	21-30	21	54.6			
	31-40	2	5.3			
	41-50	2	5.3			
	51-60	8	20.8			
	>60	3	7.8			
LTC (years)	Experience			0-6	0.71	1.73
	0	29	76.3			
	<1	3	7.8			
	>1-<2	2	5.3			
	5	2	5.3			
	6	2	5.3			

The "YECL" teaching model showed significant improvement only in students' self-assessment of communication skills ($Z=-2.88$, $p=.004$ for mid-post, $Z=-1.98$, $p=.048$ for pre-post). However, there was no statistically significant improvement in self-assessments of professional knowledge or empathy. In contrast, peer evaluations demonstrated effective progress in all areas: professional knowledge ($Z=-4.93$, $p<.001$), communication skills ($Z=-4.94$, $p<.001$), and empathy ($Z=-4.55$, $p<.001$). (Table 3).

Table 3: Differences in Knowledge, Competency, and Empathy Pre- and Post- Intervention (N=38)

Item	(n)	M ± SD	Statistical Comparison	Z	p
Self-assessed Knowledge					
Pre-test	38	11.16 ± 3.15	Pre - Mid	-0.07	.948
Mid-test	35	11.29 ± 3.66	Pre - Post	-1.89	.058
Post-test	34	12.09 ± 4.05	Mid - Post	-1.49	.135
Peer-assessed Knowledge					
Mid-test	35	2.22 ± 0.68	Mid - Post	-4.93	<.001
Post-test	35	3.22 ± 0.66			
Self-assessed Communication					
Pre-test	38	6.45 ± 2.24	Pre - Mid	-0.01	.990
Mid-test	35	6.54 ± 2.23	Pre - Post	-1.98	.048
Post-test	34	7.53 ± 1.67	Mid - Post	-2.88	.004
Peer-assessed Communication					
Mid-test	35	2.39 ± 0.65	Mid - Post	-4.94	<.001
Post-test	35	3.31 ± 0.63			
Self-assessed Empathy					
Pre-test	38	84.97 ± 18.88	Pre - Mid	-0.95	.344
Mid-test	35	83.06 ± 17.73	Pre - Post	-0.52	.607
Post-test	34	89.03 ± 15.50	Mid - Post	-1.67	.094
Peer-assessed Empathy					
Mid-test	35	2.45 ± 0.80	Mid - Post	-4.55	<.001
Post-test	35	3.33 ± 0.72			

Note: p-values based on Wilcoxon Signed Rank Test.

Overall student satisfaction with the teaching activities ranged from 92.4% to 95.3%, indicating high acceptance. The micro-movie course and the "YECL" program had the highest satisfaction (95.3%), while the board game course achieved 92.9% satisfaction. Students also reported increased confidence in their ability to work in community mental health LTC after course completion (92.4% satisfaction). (Table 4).

Table 4: End-of-Course Student Feedback (N=34)

Item	M ± SD	Standardized Score (%)	Ranking
● Overall satisfaction with the course arrangement this semester?	4.68 ± 0.59	93.5	3
● Satisfaction with the "Micro-movie" course this semester?	4.76 ± 0.50	95.3	1
● Satisfaction with the "Board Game" course this semester?	4.65 ± 0.65	92.9	4
● Did the "YECL" program improve your satisfaction with community mental health LTC?	4.76 ± 0.50	95.3	1
● After completing the course, do you feel more confident about working in community mental health LTC?	4.62 ± 0.65	92.4	5

Note: Standardized score = (Original score / Maximum score) * 100%

Qualitative Research Results

The "YECL" model, through immersive experiences like micro-movies and situational role-play, facilitated deep qualitative changes in professional knowledge, communication skills, and empathy:

(1) Effectiveness of Micro-movie Teaching Approach:

- **Visualizing Situations and Eliciting Emotional Responses:**

Micro-movies made scenarios concrete and emotionally engaging, allowing students to "feel" rather than just "know" the pressures and vulnerabilities in caregiving systems.

- **Fostering Deep Reflection:**

Students learned about the potential harm of "unintentional mistakes" and gained awareness of caregiver stress and the importance of seeking help.

- **Learning from an "Omniscient" Perspective:**

Watching others' stories helped students empathize with different viewpoints, promoting respect and tolerance in communication.

(2) Effectiveness of Role-play in Board Game Activities:

- **Improved Communication Skills:**

Board games simulated roles and situations, highlighting the importance of communication, listening, and understanding. "Mood cards" helped students soften rigid attitudes, leading to more positive communication.

- **Enhanced Empathy:**

Role-playing and interacting with older adults were key sources of empathy growth, enabling students to "feel" emotions and pressures, transforming understanding from "knowing" to "experiencing".

- **Observation and Reflection:**

Games prompted observation of others' emotions and reflection on self-emotional management.

- **Interactive and Realistic Experience:**

Students found board games more engaging than lectures, with older adult participation enhancing realism and interaction.

(3) Direct Interaction and Experience Sharing in "YECL":

- **Breaking Stereotypes:**

Students found older adults to be kind, enthusiastic, and willing to share, challenging common perceptions.

- **Bridging Generational Gaps:**

Interactions fostered better understanding of older adults' perspectives and values, improving intergenerational communication.

- **Practical Guidance:**

Older adults shared real-life healthcare examples, offering valuable advice for future situations.

- **Building Emotional Connections:**

Students developed strong emotional bonds, akin to family, making the learning experience more meaningful.

Overall, the course imparted knowledge and fostered empathy, flexibility, tolerance, care, and respect in complex social and caregiving situations. Students demonstrated deeper understanding of vulnerable groups, improved communication (listening, expression, conflict resolution), and significantly increased empathy, emotional awareness, and management. These changes were attributed to immersive, interactive teaching methods that created emotional connections, moving students beyond mere knowledge to deeper understanding and empathy, impacting daily interpersonal relationships.

4 | DISCUSSION

Empirical Effectiveness of the "YECL" Teaching Method and Its Implications for Future LTC Course Design

The study's results affirm that the "YECL" model effectively enhanced students' peer-evaluated professional knowledge, communication skills, and empathy, as well as self-assessed communication competence within the Community Mental Health LTC course. The model successfully fostered interaction and understanding between younger students and older adults (including care recipients and caregivers), deepening learning experiences.

(1) Reflection on Practical Challenges Encountered in YECL Teaching:

A notable discrepancy emerged: students' self-assessments of professional knowledge and empathy did not show statistically significant improvement, unlike peer evaluations. This suggests students may hold a more conservative self-perception of their competencies. This phenomenon could be explained by factors such as students' humble dispositions, self-doubt, or an increased awareness of the complexity of professional roles as the course progressed. As students gained deeper insight into the expectations and challenges of LTC settings, they might have become less confident in self-rating highly. This cautious self-assessment could reflect both modesty and a genuine recognition of the depth and difficulty of required knowledge and empathy in LTC. These findings align with Xu et al. (2023), who noted that students often underestimate their mastery of complex skills due to uncertainty about performance standards or growing recognition of real-world professional challenges[51]. As formative assessments expose students to authentic tasks, some become more self-critical, revealing that personal values and increased awareness can suppress self-assessment scores, even amid actual progress. Likewise, Collier-Sewell et al. (2023) found that nursing students' growing awareness of professional complexity was associated with more critical self-evaluation, a phenomenon that may extend to learners in other applied disciplines. Their findings reinforce the idea that as students deepen their understanding of practice realities, they may become more reserved in assessing their own competence, not due to lack of progress, but due to heightened awareness and reflective caution[52].

These findings highlight the importance of addressing not only students' skill and knowledge growth but also shifts in their internal perceptions, cognitive frameworks, and evaluative processes. Teaching assessments should consider how students evolve in their reflective awareness, aligning with previous research that self-assessment can be influenced by personal values, humility, and recognition of real-world complexities[51-53].

(2) Integration of Micro-movies and Situational Role-play in the "Community Mental Health LTC" course:

The teaching team's blended approach, fusing micro-movie-based teaching and situational role-playing within the YECL model, effectively integrated emotional engagement with practical application, promoting deeper learning in professional knowledge, communication competence, and empathic development. Micro-movies provided vivid, emotionally rich representations of caregiving scenarios, making abstract issues tangible and allowing students to understand the psychological burdens and moral dilemmas of caregivers[54, 55]. Role-playing further enhanced this by enabling active dialogue and empathy-building with peers and older adults, a strategy shown to cultivate professional competencies and deepen affective learning outcomes[56]. This combination encouraged students to reflect on how individual backgrounds, resources, context, and physical/psychological states influence choices and behaviors. Students reported approaching others with greater openness, reduced judgment, and increased emotional intelligence and interpersonal understanding. These immersive and experiential learning strategies fostered not only cognitive understanding but also the emotional resonance crucial for meaningful transformation in LTC education[57, 58].

5 | LIMITATIONS

Despite demonstrating meaningful outcomes, this study has several limitations. First, the relatively small sample size and convenience sampling may limit the generalizability of the findings. Second, self-assessment tools, while carefully developed, are subject to personal bias, influenced by cultural or psychological factors like modesty or self-criticism. Third, peer assessments, though valuable, may also be affected by interpersonal dynamics within the class. Furthermore, the study was conducted within a single course and institution. Future research should consider replication across different universities, student populations, and educational settings. Longitudinal studies would also be beneficial to explore the sustained impact of the YECL model on professional competence and empathic communication over time.

6 | CONCLUSION

This research provides empirical support for the effectiveness of the YECL model in enhancing communication skills and empathy among LTC students, particularly when combined with micro-movie immersion and situational role-play. The study contributes to the growing evidence supporting experiential and emotionally engaging teaching methods in long-term care education, especially within community mental health. Key findings include:

- The discrepancy between self-assessments and peer evaluations is an important issue for future exploration.
- The integration of emotional and cognitive learning can facilitate meaningful improvements in students' communication competence and empathy.
- Future LTC course designs should incorporate more interactive, reflective, and immersive teaching strategies that simulate real-life caregiving scenarios to cultivate students' comprehensive abilities to face practical challenges.

By combining emotional resonance with cognitive understanding, the YECL teaching approach fosters not only knowledge acquisition but also personal growth, reflective capacity, and interpersonal sensitivity. These qualities are critical for preparing future professionals to meet the complex and compassionate demands of long-term care.

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