CURRICULUM DEVELOPMENT USING VR TECHNOLOGY TO ENHANCE EMPATHETIC COMMUNICATION SKILLS IN FUTURE HEALTH CARE PROFESSIONALS

INTELLECTUAL OUTPUT 3: CURRICULUM: EMPATHETIC COMMUNICATION IN HEALTH CARE PROFESSIONS

ACTIVITY IO3A1 COMPOSITION OF THE CURRICULUM (VET EQF LEVEL 5)

PROJECT MAIN DETAILS

Programme: Erasmus+

Key Action: Cooperation for innovation and the exchange of good practices

Project title: Curriculum Development using VR technology to enhance empathetic communication skills in future health care professionals

Project Acronym: EmpathyInHealth

Project Agreement Number: 2019-1-CY01-KA203-058432

Start Date: 01/09/2019

End Date: 31/08/2022

PROJECT PARTNERS

TABLE OF CONTENTS

INTRODUCTION: EMPATHY IN HEALTHCARE AND CAREGIVING

EMPATHETIC COMMUNICATION IN HEALTH CARE/CARE GIVING

Empathetic communication between health care professionals/carers/social workers and the recipients of care is essential, as it helps to build a trusting relationship, to reduce anxiety and to create dignity. Care workers are reportedly happier with their work when the relationship with the care recipient involves empathic understanding and care, while the care recipient's satisfaction, receptiveness to care and agreement with treatment when taking medication are improved. Patients themselves highlight that empathetic communication is essential to their experience of respectful care, but they report that they frequently experience dissatisfying or even disrespectful communication with their health care / home care providers (Lukasse, Schroll et al. 2015; Bernardo, Cecilio-Fernandes et al. 2019). In addition, although many carers mention empathetic feelings for the elderly or people in suffering as one of their motives for choosing their profession, and despite the fact that they usually experience empathic feelings and understanding in their everyday practice, they often fail to take empathic action. The reasons for that vary: lack of relevant education, lack of time, lack of flexibility in organisational structures, work stress etc. (Strandberg, Eklund et al. 2012). At any rate, the development of empathetic skills is important and should not only be part of the teaching process of health and social care students, but also the subject of the lifelong and continuous education of professionals (Moudatsou, Stavropoulou et al.).

The aim of this curriculum is to train and equip carers, social workers and other health care professionals with the necessary knowledge, skills and competencies to develop and maintain empathetic interactions with care recipients.

The first part of the curriculum focuses on enabling the trainees to understand the theory and research behind empathy as well as the competencies necessary for building and maintaining empathetic communication through the use of interactive learning activities and constructive feedback.

In the second part of the curriculum, empathy in relationships and information exchanges in different health care/caregiving contexts and environments is elaborated. The curriculum focuses on the skills

necessary to develop a relationship that fosters and nurtures empathy and trust and to enhance relationship-centered information exchanges.

The third part of the curriculum deals with the importance of the intercultural competence in the interactions between carers and care recipients and in working with colleagues from various cultural and social backgrounds. Demonstrating intercultural skills should be considered as a part of a "best practice" in providing empathetic care. In order to develop the intercultural competence, the individual should acquire knowledge, attitudes, skills and behaviors specific to culture, language and communication.

The last part of the curriculum focuses on enabling trainees to understand the complex relationship between empathy and burnout in health care/caregiving. In response to high levels of burnout in the health care/caregiving professions which can affect professionals' empathetic abilities, as well as affecting their mental and emotional health and retention, the curriculum aims to enable trainees to apply methods that prevent or alleviate symptoms of burnout.

A CURRICULUM AT EQF LEVEL 5

THE EUROPEAN QUALIFICATION FRAMEWORK (EQF)

This curriculum is based on the European Qualification Framework (EQF), an 8-level framework based on learning outcomes. EQF is designed for all types of qualifications and serves as a translation tool between different national qualification frameworks. The main purpose of the EQF is to make qualifications more readable and understandable across countries and systems, thus supporting cross-border mobility of learners and workers and lifelong learning across Europe. The use of learning outcomes makes it clear what a person knows, understands and is able to do. The level increases according to the level of proficiency, level 1 is the lowest and 8 the highest level.

Furthermore, the learning outcomes are classified in terms of knowledge, skills, and responsibility and autonomy (see Description of the eight EQF levels).

The learning outcomes referring to knowledge describe what a person knows in terms of theories and facts, while those referring to skills outline cognitive (involving the use of logical, intuitive and creative thinking) and practical abilities (involving the use of methods, materials, tools and instruments). The learning outcomes referring to responsibility and autonomy

Responsibility and autonomy: In the context of the EQF responsibility and autonomy is described as the ability of the learner to apply knowledge and skills autonomously and with responsibility.

The category of autonomy and responsibility involves the ability of the learner to apply knowledge and skills autonomously and with responsibility. It is very close to the term competency which means the proven ability to use knowledge, skills and personal, social and/or methodological abilities, in work or study situations and in professional and personal development. In the context of the European Qualification Framework, competence is described in terms of responsibility and autonomy. In this curriculum the consortium has decided to use the term of competences because it implies the social and personal dimension which is especially in the field of empathy and health care a very important factor of development and learning. (European Parliament Council 2008)

LEVEL 5

This curriculum is designed for Level 5 of the EQF. The learning outcomes for EQF level 5 correspond to the descriptor for the short cycle developed by the Joint Quality Initiative as part of the Bologna process, (within or linked to the first cycle). https://www.ehea.info/page-three-cycle-system

Students who have completed such a program:

- have demonstrated knowledge and understanding in a field of study that builds upon general secondary education and is typically at a level supported by advanced textbooks; such knowledge provides an underpinning for a field of work or vocation, personal development, and further studies to complete the first cycle;
- can apply their knowledge and understanding in occupational contexts;
- have the ability to identify and use data to formulate responses to well-defined concrete and abstract problems;
- can communicate about their understanding, skills and activities, with peers, supervisors and clients;
- have the learning skills to undertake further studies with some autonomy

These learning outcomes refer to the Level 5 learning outcomes of the European qualification framework which are:

- Comprehensive, specialised, factual and theoretical knowledge within a field of work or study and an awareness of the boundaries of that knowledge
- A comprehensive range of cognitive and practical skills required to develop creative solutions to abstract problems
- Exercise management and supervision in contexts of work or study activities where there is unpredictable change; review and develop performance of self and others

THE AIM OF THE TRAINING PROGRAMME

Empathy is the key to effective communication between patients/care recipients and health carers (Halpern, 2001) and has been shown to positively affect health outcomes and patient satisfaction but also improve patient safety (Derksen, Bensing et al. 2013). Although communication with patients/care recipients is central to healthcare/caregiving, communication skills training in undergraduate health care programmes is variable and the assessment of interpersonal competencies is often neither reliable nor consistent (Kurtz et al 2005). Similarly, communication and empathic skills training is hardly ever delivered to caregivers/health carers, although such guidelines are offered to them by care centers.

The training program "Empathy in Healthcare and Caregiving" aims to fill this gap in Health Care Education. The focus of the program is to enable trainees to communicate empathetically with patients/care recipients, their families and colleagues in different situations and to identify challenges and barriers to their empathetic capacities including burnout and stress. The programme is aiming to enable trainees to:

- Understand the theory and significance of empathy in health care
- To be empathetic in relationships in different health care contexts with a focus on enabling empathetic information exchanges
- Show empathy in diverse environments and be able to overcome common barriers and challenges to empathy in health care

TARGET GROUP

The programme addresses professionals in the caregiving sector, such as professional carers and social workers. That is, the participants in the training should be experienced or less experienced professionals who care for or support the elderly, people with health issues and people with special needs. The programme is designed to be delivered by VET centers to professionals working in nursing homes, in the public sector as social workers, in private companies providing home care etc. It is important for the trainees to have at least some experience in providing care, in order for them to be able to discuss their experiences and to put into practice what they have learned straightaway, resulting in increased care recipient's satisfaction, improved quality of care as well as their own work satisfaction. Overall, it is essential that care providers acknowledge the importance of empathy in care provision and the positive effect it has beyond the individual interactions, on the culture in the relevant health care settings.

QUALIFICATION FRAMEWORK AT A GLANCE:

	Work Area 1	Work Area 2	Work Area 3
Knowledge	The trainee knows different types of empathy, can describe different approaches when researching empathy, is able to outline relevant research findings in relation to empathy in different care settings, knows and defines the competencies necessary for empathy.	The trainee can define patient-centered relationships, describe the characteristics of a relationship that fosters and nurtures empathy and trust, can outline relevant research evidence on the importance of empathetic relationships on care recipient's health outcomes in different care contexts/environments, is able to describe the skills necessary during interactions with care recipients.	The trainee can define cultural competence, its effects on care recipient's health outcomes, outline the different theoretical approaches to cultural competence, outline research evidence on the importance of cultural competence in working with care recipients and colleagues from various cultural and social backgrounds, knows challenges to empathy in health care and discusses evidence-based instruments for burnout and stress-related conditions when working in health care and discuss evidence-based methods for preventing and/or treating burn out.
Skills	The trainee is able to self-reflect and self-assess his/her level or lack of empathy in daily life and use evidence-based techniques to develop empathy.	The trainee can use evidence-based techniques to develop empathy during interactions with care recipients and other professionals in the caregiving sector.	The trainee can use evidence-based techniques as listed below to develop empathy during interactions with care recipients and other professionals from various cultural and social backgrounds

Use self-reflection to recognize symptoms that he/she might be burnt out

Use appropriate instruments/resources for |

	Work Area 1	Work Area 2	Work Area 3
			testing his/her symptoms of burn-out

Practice techniques to reduce stress and burn-out

Seek appropriate help |
| **Competencies** | The trainee can evaluate the feedback from colleagues and care recipients on his/her level of empathy and can manage ways of improving or adapting his/her empathetic behaviour to the care recipient's needs. | The trainee can evaluate the feedback from colleagues, care recipients to adapt his/her empathetic behaviour to the care recipient's and other carers' needs. | The trainee can evaluate the feedback from colleagues, care recipients, and the VR environment on his/her level of empathy and can find ways of improving in culturally diverse environments and with culturally diverse people.

Adapt his/her empathetic behaviour into the care recipients' and other carers' needs from culturally diverse environments

Advocate and model self-caring attitudes

Increase self-confidence in self-caring under stressful situations

Model a positive, calm and mindful approach when dealing with stressful situations |

THE CURRICULUM AT A GLANCE

Total workload (30h)	15h Classroom teaching 04h Asynchronous Electronic Learning
Prerequisites for participants/target group	Professionals in the caregiving sector Social workers
Working Areas/Course Structure	1. General Overview of Empathy (4.5h) 2. Empathy in relationships and information exchanges in different care contexts/environments (4.5h) 3. Showing empathy in diverse environments and overcoming barriers/challenges to empathy (10h)
Training methods	Classroom Teaching, Asynchronous Electronic Learning,
Training techniques	Lecture, Role Plays, VR Videos, Educational Videos
Degree	Certificate of attendance
Background reading and references	These will be provided in the tutor guide and at the end of this document

DESCRIPTION OF WORK AREAS

WA 1: GENERAL OVERVIEW OF EMPATHY (4.5H)

LEARNING OUTCOMES

Knowledge	1. List three different types of empathy (emotional, cognitive, prosocial)
	2. Describe the different perspectives when talking about empathy
	3. Outline relevant research findings in relation to empathy in different care settings
Skills	4. Self-reflect and self-assess your level or lack of empathy in daily life
	Use techniques as listed below to develop empathy during contact with the persons you are supporting:
	5. Demonstrate genuine interest and respect for the other party
	6. Demonstrate active listening
	7. Use verbal and non-verbal cues in a way that facilitates/reinforces empathy
	8. Use appropriate questioning/clarifying techniques
	9. Demonstrate sign-posting
	10. Use summarizing techniques
	11. Give voice to the person you are caring for/support
	12. Recognise, Acknowledge and validate (RAV) the person's concerns, feelings
	13. Provide support while demonstrating empathy by expressing concern, understanding, willingness to help; acknowledging coping efforts and appropriate self-care
	14. Deal sensitively with delicate issues
Competencies	15. Evaluate the feedback from colleagues and simulated persons with care needs on your level of empathy and ways of improving

	16. Adapt your empathetic behaviour to the person in need of care

TOPICS' LIST:

GENERAL OVERVIEW OF EMPATHY

- General overview of empathy

- Research on empathy

- Empathy skills

TRAINING METHODS:

☒ Classroom Teaching

☒ Asynchronous Electronic Learning

☐ Directed Self Learning

TRAINING TECHNIQUES:

☒ Lecture

☒ Role Play

☒ VR Videos

☒ Educational Videos

WA 2: EMPATHY IN RELATIONSHIPS AND INFORMATION EXCHANGES IN DIFFERENT CAREGIVING CONTEXTS/ENVIRONMENTS (4.5H)

2.1 UNDERSTANDING EMPATHY IN RELATIONSHIPS AND INFORMATION EXCHANGES IN DIFFERENT CAREGIVING CONTEXTS/ENVIRONMENTS

LEARNING OUTCOMES

Knowledge	17. Define patient-centred/empathetic relationships
	18. Describe the characteristics of a relationship that fosters and nurtures empathy and trust
	19. Outline relevant research evidence on the importance of empathetic/patient-centred relationships on patient outcomes in the different health care contexts/environments (in this part partners could focus on contexts relevant to the scenarios they developed)
	20. Describe the skills necessary during initial and continuous communication with the recipient of care
Skills	21. Self-reflect and self-assess his/her level or lack of empathy in relationships and information exchanges in daily life.
	Use evidence-based techniques as listed below to develop empathy during information exchanges with recipients of care (e.g. when caring for persons with dementia and mental health issues, etc)
	22. Share his/her thinking with other party
	23. Assess recipient's of care condition
	24. Use the responses of the recipient of care as a guide on how to proceed
	25. Use appropriate language without jargon
	26. Check other party's understanding
	27. Elicit other party's ICE
	28. Discuss the kind of care needed

	29. Negotiate mutually to decide on a mutually acceptable plan/routine 30. Provide forward planning: explain to the recipient of care the next steps (e.g. I will help you get out of bed in the morning. I will help you take your medicines. I will collect your prescriptions etc.)
Competencies	31. Evaluate the feedback from recipients of care on his/her level of empathy in relationships and information exchanges and ways of improving.

TOPICS' LIST:

GENERAL OVERVIEW OF EMPATHY

- Empathy in Relationships – Becoming an Empathic Caregiver

- Gathering & Exchange of Information

- Practice

TRAINING METHODS:

☒ Classroom Teaching

☒ Asynchronous Electronic Learning

☐ Directed Self Learning

TRAINING TECHNIQUES:

☒ Lecture

☒ Role Play

☒ VR Videos

☒ Educational Videos

WA 3: SHOWING EMPATHY IN DIVERSE ENVIRONMENTS AND OVERCOMING BARRIERS/CHALLENGES TO EMPATHY (10H)

3.1: SHOWING EMPATHY IN DIVERSE ENVIRONMENTS (5H)

LEARNING OUTCOMES

Knowledge	32. Define cultural competence in multicultural and sociocultural environments and its effects on the care recipient's health outcomes
	33. Outline the different theoretical approaches to cultural competence
	34. Outline research evidence on the importance of cultural competence in healthcare/caregiving and working with persons from various cultural and social backgrounds
Skills	35. Self-reflect and self-assess his/her level or lack of empathy in daily life in diverse environments.
	Use evidence-based techniques as listed below to develop empathy during information exchanges with care recipients and other health care professionals from various cultural and social backgrounds:
	36. Show genuine interest and curiosity for the cultural beliefs of the care recipient/colleague
	37. Demonstrate avoidance of making assumptions
	38. Demonstrate avoidance of stereotyping
	39. Deal sensitively with issues of sexuality, unease of some physical examinations/caregiving, use and abuse of alcohol and other substances, etc.
Competencies	40. Evaluate the feedback from colleagues and care recipients on his/her level of empathy and ways of improving in culturally diverse environments and with culturally diverse people

	41. Adapt his/her empathetic behaviour to the care recipient and other health carers' needs from culturally diverse environments

TOPICS' LIST:

GENERAL OVERVIEW OF EMPATHY

- General overview of cultural and social diversity

- Research on discrimination and health care

- Theoretical background of cultural competence

- Cultural competence skills

- Practice

TRAINING METHODS:

☒ Classroom Teaching

☒ Asynchronous Electronic Learning

☐ Directed Self Learning

TRAINING TECHNIQUES:

☒ Lecture

☒ Role Play

☒ VR Videos

☒ Educational Videos

WA 3: SHOWING EMPATHY IN DIVERSE ENVIRONMENTS AND OVERCOMING BARRIERS/CHALLENGES TO EMPATHY

3.2 CHALLENGES TO EMPATHY IN CAREGIVING AND HOW TO OVERCOME THESE (5H)

LEARNING OUTCOMES

Knowledge	42. Identify and Label challenges to empathy in care
	43. Define burnout and describe the relationship between empathy and burnout
	44. Identify and Label evidence-based instruments for ASSESSING burnout and stress-related conditions in care Professionals
	45. Identify and Label methods for preventing and/or treating burn out
Skills	46. Use self-reflection to recognise symptoms that you might be burnt out
	47. Use appropriate resources for testing your symptoms of burn-out
	48. Practice techniques to reduce stress and burn-out
	49. Know what to do in care of burnout
Competencies	50. Advocate and model self-caring attitudes
	51. Increase self-confidence in self-caring under stressful situations
	52. Model a positive, calm and mindful approach when dealing with stressful situations

TOPICS' LIST:

GENERAL OVERVIEW OF EMPATHY

- Challenges to empathy in care & emotional labour

- Burnout – Definitions and implications

- Empathic distress

- Interventions for dealing with burnout

- Practice

TRAINING METHODS:

☒ Classroom Teaching

☒ Asynchronous Electronic Learning

☐ Directed Self Learning

TRAINING TECHNIQUES:

☒ Lecture

☒ Role Play

☒ VR Videos

☒ Educational Videos

TRAINING METHODOLOGY

The course will be taught in a modular structure using work areas that have been derived from initial research conducted in the project.

Each Working Area focuses on *one important aspect of empathy in health care and caregiving*. Starting with a general introduction to empathy the trainees then deepen their competencies by focusing on empathetic communication and dealing with intercultural situations and threats to empathetic behaviour.

With an emphasis on practical exercises that are facilitated using virtual reality techniques or role plays, the participants experience their competence in empathy directly and receive feedback from their peers – this enables them to improve their empathetic abilities individually or in groups.

Knowledge will be transmitted in classroom teaching via lecture and by instructing trainees to perform interactive exercises in pairs or triads to foster learning and practice the aimed skills. The classroom structure has been chosen because of the social aspect of empathy and the importance of non-verbal and verbal communication which is difficult to realize in a digital environment.

Congruent with the concept of a flipped classroom where theoretical aspects are first taught via Asynchronous Electronic Learning and then discussed and practised in classroom, Asynchronous Electronic Learning in this course will be used to underline the importance of empathy and motivate the students before the course starts.

Directed Self Learning enables the students to deepen their knowledge and conduct their own learning path. A selection of articles and books will be provided but the student is also free to do his own research and connect to the learning community.

Using a workload corresponding to 1 ECTS will allow the integration of the program in different study programs of health professions more easily and makes it therefore available to a broader audience. It can also be integrated as a training course in the context of lifelong learning activities.

CLASSROOM TEACHING

In this course, classroom teaching has been chosen to enable students to practice their empathetic and communicative competencies with peers and the trainer via role plays and virtual reality exercises right after a theoretical input. The classroom teaching focusses on the theory practice transfer right away.

Theoretical content will be presented using Power Point presentations. Following this, using self-reflection exercises, group work and experiential exercises (role play, VR) the trainer will assure that trainees are able to translate theory

and knowledge into skills that are directly transferable to their professions. In other words, the students will have achieved the desired learning outcome which is to act empathetically in their profession.

ASYNCHRONOUS ELECTRONIC LEARNING

Asynchronous Electronic Learning describes the possibility of initiating targeted learning processes in virtual learning spaces by means of digital media, alone or in groups, synchronously or asynchronously. Access takes place online and is linked to the possibility of communicating with teachers and other learners (Arnold, Kilian, Thillosen, & Zimmer, 2018).

In this course an online learning platform will provide learning content, precise exercises to prepare for the classroom teaching and the possibility to communicate with peers and teachers.

TRAINING TECHNIQUES

LECTURE

The lectures are using a PowerPoint presentation to build a knowledge base in the 3 working areas (WAs).

WA 1: Understanding empathy and competencies necessary for empathy

WA 2: Empathy in relationships and information giving

WA 3-1: Showing empathy in diverse environments

WA 3-2: Overcoming challenges to empathy

ROLE PLAY

Role plays are used in all Work Areas (WA) to encourage trainees to practice learned skills in a group and to give and receive feedback on their empathetic behaviour. The role plays focus on the following themes:

WA1:

- Death of a young person: sharing bad news to family members (Medic/ Nursing)

- Elderly with dementia: challenges in communicating with the confused patient (Medic/ Nursing/ Caregiving)

- Young person with disability: coping with difficult patients (Caregiving)

WA2:

- Death of a young person: sharing bad news to family members (Medic/ Nursing)

- Elderly with dementia: challenges in communicating with the confused patient (Medic/ Nursing/ Caregiving)

- Young person with disability: coping with difficult patients (Medic/ Nursing/ Caregiving)

WA 3.1:

- Offering care to an LGBTQ person (Medic/ Nursing/ Physio)

- Elderly in nursing home: dealing with cultural beliefs and barriers (Medic/ Physio/VET)

WA 3.2:

Carer with burnout (Caregiving)

VR VIDEOS

A VR Video is used to allow VET trainees to practice empathetic communication while caring for patients/ederly. Three VR videos developed for HE education students can also be used for reference.

- Elderly with dementia in nursing home: dealing with refusal to accept help and with communication problems (VET)

- Provision of woman-centered care during labour and birth (midwifery/medic)

- Young patient with chronic musculoskeletal pain: shared decision making with patient and family (interprofessional)

- Young person with new diagnosis of cancer: the process of sharing bad news (medic)

EDUCATIONAL VIDEOS

Four educational videos have been developed and can be used in each working area (WA) to encourage trainees to practice learned skills in a group and to give and receive feedback on their empathetic behaviour. The educational videos focus on the following themes:

- Educational video on empathy in general (medic/midwifery/physio/VET)

- Registration for birth and discussing birth plan with recently migrated client (midwifery/medic)

- Empathy Cultural Diversity, working with interpreter: Immigrant patient with lung infection (physio/medic)

- Medical Consultation: patient with high cardiovascular risk (medic)

LITERATURE

Arnold, P., Kilian, L., Thillosen, A., & Zimmer, G. M. (2018). Handbuch E-Learning: Lehren und Lernen mit digitalen Medien (Vol. 4965). UTB.

Bernardo, M. O., Cecilio-Fernandes, D., Lima, A. R. A., Silva, J. F., Ceccato, H. D., Costa, M. J., & de Carvalho-Filho, M. A. (2019). Investigating the relation between self-assessment and patients' assessments of physicians-in-training empathy: a multicentric, observational, cross-sectional study in three teaching hospitals in Brazil. *BMJ Open, 9*(6), e029356. doi:10.1136/bmjopen-2019-029356

Derksen, F., Bensing, J., & Lagro-Janssen, A. (2013). Effectiveness of empathy in general practice: a systematic review. *The British Journal of General Practice, 63*(606), e76-e84. doi:10.3399/bjgp13X660814

Halpern, J. (2001). *From detached concern to empathy-humanizing medical practice*. New York: Oxford University Press.

Kelm, Z., Womer, J., Walter, J. K., & Feudtner, C. (2014). Interventions to cultivate physician empathy: a systematic review. *BMC Medical Education, 14*(1), 219. doi:10.1186/1472-6920-14-219

Kurtz S, Silverman J, Draper J (2005). Teaching and Learning Communication Skills in Medicine. 2 edition. Oxford: Radcliffe Publishing.

Lukasse, M, Schroll, A. M., Karro, H., Schei, B., Steingrimsdottir, T., Van Parys, A. S., . . . the Bidens Study, G. (2015). Prevalence of experienced abuse in healthcare and associated obstetric characteristics in six European countries. *Acta Obstetricia et Gynecologica Scandinavica, 94*(5), 508-517. doi:10.1111/aogs.12593

Moudatsou M, Stavropoulou A, Philalithis A., Koukouli S. "The Role of Empathy in Health and Social Care Professionals". Healthcare (Basel) 8.1: (2020), 26.

Neumann M, Edelhäuser F, Tauschel D, Fischer MR, Wirtz M, Woopen C, et al. (2011) Empathy decline and its reasons: A systematic review of studies with medical students and residents. Acad Med (86) 996-1009.

Pattillo, R. E. (2013). How Are Your "Soft Skills"? *NURSE EDUCATOR, 38*(2), 80-80. doi:10.1097/NNE.0b013e3182829cfc

Silverman J, Kurtz SM, Draper J. (2013) Skills for Communicating with Patients. 3rd ed. London: Radcliffe Publishing.

Strandberg T, Eklund J, Manthorpe J. "Promoting empathy in social care for older people", Working with Older People 16.3 (2012): 101-110.

Veroff, D., Marr, A., & Wennberg, D. E. (2013). Enhanced support for shared decision making reduced costs of care for patients with preference-sensitive conditions. Health Affairs, 32(2), 285-293.

Ward, J., Cody, J., Schaal, M., & Hojat, M. (2012). The empathy enigma: an empirical study of decline in empathy among undergraduate nursing students. *J Prof Nurs, 28*(1), 34-40. doi:10.1016/j.profnurs.2011.10.007