

compassionate ●●● competency

Companion Guide to

Compassionate Competency:

Healing the Heart of Healthcare

F. Emelia Sam

Copyright 2023 Emelia Sam

All rights reserved.



TABLE OF CONTENTS

WHY COMPASSION MATTERS.....	4
OVERVIEW: COMPASSIONATE COMPETENCY.....	7
HOW TO USE THE COMPANION GUIDE.....	9
SKILLS	
COMMUNICATION.....	12
OBSERVATION.....	15
MASTERY.....	18
PRACTICES	
PAUSING.....	21
ATTENTION.....	24
SELF-CARE.....	27
IDEALS	
STANDARDS.....	30
INTEGRATION.....	33
OBJECTIVITY.....	36
NEEDS.....	39
BOOK INFO.....	42
REFERENCES.....	43



WHY COMPASSION MATTERS

Compassion has long been associated with the realm of healthcare. It is heralded as the key characteristic driving individuals to pursue careers within the caring professions.^{1,2} Consequently, it is a value repeatedly taken for granted as being an inherent quality in those contributing to the domain.

However, we must recognize that individuals are drawn to this field for several reasons of which compassion may or may not be a part.³ With this realization, it is imperative that the education of health professionals must include components dedicated to the humanistic aspect of providing care.^{4,5} A sole focus on clinical knowledge renders training incomplete.

While compassion is consistently mentioned in codes of ethics across disciplines, there has been no consensus on how to achieve it or even define it. The word itself is used quite differently in varying contexts. Some use it interchangeably with empathy and sympathy to the dismay of others making clear-cut distinctions. Furthermore, how is it to be gauged? In a world where calculations and measurements are highly regarded, discomfort exists where more abstract concepts can only be reasonably inferred.

The general sentiment is that compassion requires two things; the first being the recognition of another's suffering and the second being subsequent action to lessen that suffering. However, is actual suffering an essential component? Can one not be moved to act in anticipation of suffering that has yet to exist? Is that not a significant part of healthcare, as well?

In addition, the conversation around compassion is often limited. The discourse usually begins and ends with compassionate care. Of course, this is of the utmost importance as we know it is related to health outcomes and a patient's level of satisfaction. Of equal importance is the effect compassion has on *all* of the participants in the healthcare environment.

An institution that revolves around a compassionate *culture* is more likely to have increased employee engagement and decreased workplace stress resulting in less burnout and turnover.^{6,7}



WHY COMPASSION MATTERS (continued)

Taking all of this into consideration, a revised definition may be put forth.

Compassion is to recognize one's own humanity, that of the other, and be moved to act from that space.

This perspective allows for compassion to encompass the web of relationships encountered in healthcare. It is extended not only towards patients, but also amongst colleagues, as well as inwardly (self-compassion). The benefits reinforce the integrity of the ecosystem.

Extending compassion towards patients (P), colleagues (C) and self (S) enhances :

- quality of care
- workplace dynamics
- personal well-being of healthcare workers



Circular graphic depicting the effects of compassion. Compassion extended towards patients, colleagues and self results in quality of care, teamwork and well-being, respectively.

Healthcare has made significant strides in the past decade. Along with compassionate care, growing focus has been placed upon the well-being of clinicians. For example, the triple aim framework put forth by the Institute for Healthcare Improvement (IHI) expanded to the quadruple aim in several circles.^{8,9} For many, it became clear that the original objectives (improving health of population, decreasing costs and improving patient experience)



WHY COMPASSION MATTERS (continued)

could not be achieved without addressing the well-being of the professionals expected to deliver optimal care. (Currently, the quintuple aim is proposed to include health equity.)

Further evidence of this shift came with the National Academy of Medicine's Action Collaborative on Clinician Well-Being and Resilience (2017). All such efforts were accelerated by the onset of an unmerciful pandemic (COVID-19). The resultant toll taken on health professionals heightened attention given to the topic with the 2022 Surgeon General's Advisory dedicated to Health Worker Burnout.¹⁰

As increasing emphasis is placed on the humans receiving *and* providing care, it is natural that compassion becomes a focal point. Addressed in a comprehensive and practical way, the esoteric concept transforms into something accessible.

The intent of this manual is to assist in that endeavor.





OVERVIEW: COMPASSIONATE COMPETENCY

Society is ever-evolving and with that comes change in the ways we learn and work within all industries. Healthcare is no exception.

Based on the findings of John Mayer and Peter Salovey's research, Daniel Goleman's book on **emotional intelligence (EQ)** alerted us to a major shift in mindset. In the 1990's we began to understand that IQ was not the sole predictor of personal and professional success.¹¹

A decade later, Daniel Pink discussed in his book *A Whole New Mind*, how we had moved into the "Conceptual Age" which requires "right-brained" sensibilities.¹² Of the six he outlines, empathy stands out as one directly related to healthcare.

Traditionally, clinical competence has been the sole focus of training and practice. Now, we are called upon to include more emphasis on seemingly abstract concepts. The question becomes, *"How do we cultivate this sense of empathy and compassion as we navigate the changing landscape?"*

In the last decade, the practice of **mindfulness** has gained popularity in pop culture and corporate culture.

For over four decades, Jon Kabat-Zinn has been teaching principles of mindfulness in the West through his mindfulness-based stress reduction (MBSR) courses. The programs have been beneficial for patients, and for the practitioners as well.¹³ Generally, interest has steadily grown in personal well-being as it is now considered an essential part of the healthcare dynamic.



Given this trajectory that the industry is on, traditional measures of competency are not enough to prepare for the world that is emerging. Healthcare is expanding from the traditional problem-solving perspective of patient treatment to more comprehensive patient care while considering the well-being of all parties involved.

Compassionate Competency addresses the paradigm evolving before our eyes.



OVERVIEW: COMPASSIONATE COMPETENCY (continued)

Using the word compassion as a mnemonic, the framework highlights 10 areas of focus for today's healthcare students, practitioners and educators. These elements outline the skills, practices and ideals that 21st century healthcare requires of us all.

THE 10 ELEMENTS OF COMPASSION

SKILLS	1	COMMUNICATION
	2	OBSERVATION
	3	MASTERY
PRACTICES	4	PAUSING
	5	ATTENTION
	6	SELF-CARE
IDEALS	7	STANDARDS
	8	INTEGRATION
	9	OBJECTIVITY
	10	NEEDS



HOW TO USE THE COMPANION GUIDE

This manual is meant to be used in conjunction with the book, *Compassionate Competency: Healing the Heart of Healthcare*. Each of the ten elements is briefly introduced within its associated chapter. The content is intended to set the foundation for contemplation and discussion around the concept of compassion. The framework allows for an infusion of creativity from those choosing to use it.

The material can be adapted for:

- individual
- health professions pathway programs/academic enrichment programs
- health sciences curriculum
- introduction to compassionate care and wellness initiatives
- interest groups/clubs
- communities of practice

Individual

Whether a student, educator and/or practicing professional, the information is relevant to any individual in the realm of healthcare. Used as a method of self-reflection, one can discover their own beliefs, attitudes, strengths, and areas for improvement.¹⁴

Health Professions Pathway Programs/Academic Enrichment Programs

These types of programs are aimed at students interested in pursuing careers in healthcare. Most often, they are focused on presenting information on different specialties and how to navigate admission and interview processes.

Compassionate Competency (CC) helps them to understand the web of relationships that exist in the realm of healthcare. Rather than thinking in terms of an individual pursuit, they begin to understand how they will contribute to the larger picture and how it, in turn, may affect them.

Health Sciences Curriculum (undergraduate and professional)

Introduction to the humanistic aspect of providing care is beneficial to learners early-on in their journeys. Compassionate Competency helps prepare them for increasing responsibility while navigating the inherent stresses of healthcare. It sets the foundation for professionalism while simultaneously fostering personal well-being.



HOW TO USE THE COMPANION GUIDE (continued)

Several studies have shown students with declining empathy scores upon entry into clinical environments. Interventions such as CC may prove helpful to avoid such outcomes. The material may be suitable for courses pertaining to: interprofessional education (IPE), behavioral sciences, humanities, etc.

Introduction to Compassionate Care and Wellness Initiatives

Many institutions and organizations desiring to shift their internal culture, introduce new programs. It is not unusual for some amount of resistance and cynicism to emerge with such changes. Compassionate Competency can serve as an inspirational, and more importantly, practical introduction to such initiatives.

Interest Groups/Clubs

Student-run groups and associations are a vital part of campus life. Having a different perspective from educators, their contributions from collective learning and collaboration provide value. Such groups may be an ideal opportunity to explore peer learning and its proposed benefits.¹⁵ The framework of CC can provide a foundation for groups focused on patient care and/or professional and personal well-being.

Communities of Practice (CoP)

These self-defined groups come together on the basis of a shared interest. Their objectives may include deepening their understanding of a concept, expanding the knowledge base, bettering their skills, enhancing their professional experience, etc.¹⁶ Compassionate Competency may work best for healthcare CoP exploring compassion, emotional intelligence, mindfulness, resilience, etc.





HOW TO USE THE COMPANION GUIDE (continued)

Compassionate Competency can be adopted in a variety of ways suited to the interested party. For example:

- one-time presentations
- full course featuring weekly exploration of each element
- year-round experience with each month dedicated to one element

Formal offerings are listed below. However, the following sections allow for a do-it-yourself approach. Numerous options are provided for exploring each of the 10 elements. You are invited to create your own activities and prompts most appropriate for your purposes.

Offerings

- Virtual presentation for learners at all levels (60-90 minutes)
- Virtual presentation for educators (60-90 minutes)
- Virtual workshop (three to four 75-minute sessions)
- Virtual course (eight to ten 45-minute sessions)

Contact: info@emeliasam.com for more details

[linkedin.com/in/emeliasam](https://www.linkedin.com/in/emeliasam)

COMMUNICATION

OBSERVATION

MASTERY

PAUSING

ATTENTION

SELF-CARE

STANDARDS

INTEGRATION

OBJECTIVITY

NEEDS

*Communication is depositing a part of
yourself in another person.*

~unknown

COMMUNICATION

“We compromise effective communication in the name of efficiency. Consequently we’re not necessarily helping the process of healing; we are managing.”

Compassionate Competency: Healing the Heart of Healthcare

RELEVANT TOPICS

- patient-clinician dynamic
- patient-centered communication
- body language
- active listening
- empathetic communication
- understanding health literacy
- communication techniques
- Roter Interaction Analysis System (RIAS)

COMMUNICATION

ACTIVITIES

- host a communications expert for a presentation
- panel discussion on effective communication, listening skills, body language
- curate relevant videos (e.g. TED talk), articles, or research papers
- small group discussion using suggested prompts, curated media or created scenarios
- self-reflection/journaling using prompts or curated media

PROMPTS

In your opinion, who are some strong communicators?

Name strong characteristics of effective communicators.

What would you consider negative characteristics of ineffective communicators?

What are some of *your* strongest characteristics as a communicator?

Which characteristics would you like to improve? How might you achieve that?

What are some barriers to communication? Which are specific to the communicator?

Which are specific for the listener?

How may some of these barriers be overcome?

Are there any specific considerations in communication with respect to a clinician-patient dynamic?

What do you believe frustrates patients most when dealing with practitioners?

Think of an experience you had with a patient exhibiting strong communication or miscommunication? What did you learn?

COMMUNICATION

OBSERVATION

MASTERY

PAUSING

ATTENTION

SELF-CARE

STANDARDS

INTEGRATION

OBJECTIVITY

NEEDS

*All of us are watchers – of television, of
time clocks, of traffic on the freeway –
but few are observers. Everyone is
looking, not many are seeing.*

~Peter M. Leschak

OBSERVATION

“It is absolutely true that modern technology can often detect what the human eye cannot. However, that should not mean we disregard our basic abilities and associated intuitive skills. Indeed, we may be missing out on invaluable wisdom.”

Compassionate Competency: Healing the Heart of Healthcare

RELEVANT TOPICS

- understanding visual literacy
- medicine (health) as depicted in the arts
- enhancing observation skills through art instruction

OBSERVATION

ACTIVITIES

- invite an art consultant/curator/researcher to talk about the connection of arts to healthcare
- explore works of art related to medicine or a particular specialty
- explore works of art created by patients or artists with medical conditions
- curate relevant videos (e.g. TED talk), articles, or research papers
- small group discussion using suggested prompts, curated media or created scenarios
- self-reflection/journaling using prompts or curated media

PROMPTS

In looking at a particular work, what do you notice about the use of color/shadows/perspective? (This does not have to be health-related art. It is just about taking notice of details.)

How is your specialty (or a related profession) depicted in the arts? What does this say about the public perception with respect to said specialty? Has that changed over time or do outdated perceptions persist?

In works created by current or former patients, what do you think that individual is trying to convey about their condition?

Think of a time where you noticed or missed a visual detail that was key to a patient's diagnosis. What did you learn from this experience?

Examples: *The Anatomy Lesson of Dr. Nicolaes Tulp*, 1632 by Rembrandt van Rijn
The Dentist, 1629 by Jan Miense Moelenaer
The Broken Column, 1944 by Frida Kahlo
Christina's World, 1948 by Andrew Wyeth

COMMUNICATION

OBSERVATION

MASTERY

PAUSING

ATTENTION

SELF-CARE

STANDARDS

INTEGRATION

OBJECTIVITY

NEEDS

Knowing yourself is the beginning of all wisdom.

~Aristotle

MASTERY

“Having mastery over oneself means everything if one is to exhibit professionalism. It is what allows a sense of accountability. It is what keeps an individual from being subject to random external influences.”

Compassionate Competency: Healing the Heart of Healthcare

RELEVANT TOPICS

- emotional intelligence
- neurophysiology (limbic system)
- self-awareness
- self-management
- eustress vs. distress
- managing the stress response
- addressing burnout
- positive psychology
- personal development
- peak performance

MASTERY

ACTIVITIES

- host an expert in emotional intelligence
- take a valid emotional intelligence test
- curate relevant videos (e.g. TED talk), articles, or research papers
- small group discussion using suggested prompts, curated media or created scenarios
- self-reflection/journaling using prompts or curated media

PROMPTS

What does it mean to be self-aware?

What are some indications that you may be feeling anxious/fearful/apprehensive, etc.?

What are some indications that a patient may be feeling anxious/fearful/apprehensive, etc.?

How might you allay your patients fears?

How do you deal with your own feelings of anxiety, irritation, anger, etc.?

How does biology impact emotion?

What is the relationship between self-awareness and professionalism?

What is your definition of professionalism?

Think of a time you had a challenging situation with a patient. How did self-awareness and the practice of self-management play into it? What would you do differently if presented with a similar situation in the future?



PRACTICES

COMMUNICATION

OBSERVATION

MASTERY

PAUSING

ATTENTION

SELF-CARE

STANDARDS

INTEGRATION

OBJECTIVITY

NEEDS

*May we learn to honor the hammock,
the siesta, the nap and the pause in all
its forms.*

~Alice Walker

PAUSING

“To effectively and comprehensively help our patients, we must attend to our own mental states. Optimal care comes from optimized caregivers. Simply pausing grants us the opportunity to offer our best by first being at our best.”

Compassionate Competency: Healing the Heart of Healthcare

RELEVANT TOPICS

- stress response
- stress relaxation techniques
- meditation
- MBSR (mindfulness-based stress reduction)

PAUSING

ACTIVITIES

- invite a speaker with expertise in stress recognition, mitigation and prevention
- have a panel addressing stress reduction techniques – meditation, MBSR, apps
- host a guided meditation session; learn how to do a body scan and/or breathing exercises
- curate relevant videos (e.g. TED talk), articles, or research papers
- small group discussion using suggested prompts, curated media or created scenarios
- self-reflection/journaling using prompts or curated media

PROMPTS

Describe the importance of pausing.

Is pausing something you practice? If not, what stands in your way?

Name different ways to insert the practice of pausing during your workday.

Of those different ways, which ones feel the most practical to you? Which ones are you most hesitant to try and why?

Consider the most stressful parts of your typical day. At which points could pausing be beneficial to your well-being?



PRACTICES

COMMUNICATION

OBSERVATION

MASTERY

PAUSING

ATTENTION

SELF-CARE

STANDARDS

INTEGRATION

OBJECTIVITY

NEEDS

To pay attention, this is our endless and proper work.

~Mary Oliver

ATTENTION

“One benefit of cultivating attention is not only in being able to extend it to patients, but to be able to turn it inward. When we're routinely distracted, not only are we removed from those we serve, but also, we become detached from one's own sense of self.”

Compassionate Competency: Healing the Heart of Healthcare

RELEVANT TOPICS

- the downside of multitasking
- building rapport
- social media and cognitive function
- mindfulness

ATTENTION

ACTIVITIES

- invite a mindfulness expert to speak
- host a panel on attention and focus with various disciplines: neuroscience, mindfulness, high performance, etc
- interview one of the aforementioned experts including a Q&A session
- curate relevant videos (e.g. TED talk), articles, or research papers
- small group discussion using suggested prompts, curated media or created scenarios
- self-reflection/journaling using prompts or curated media

PROMPTS

Do you consider yourself a good multitasker? With greater consideration, can you see how that may not be the case?

In what ways may you be multitasking while interacting with a patient?

Recall a time when you felt you were not getting the attention you needed. How did that experience make you feel? How often do you think patients feel this way?

How can you ensure you are giving patients adequate attention?

How does building rapport with a patient impact their outcomes? How can absence of rapport impact a patient?



PRACTICES

COMMUNICATION

OBSERVATION

MASTERY

PAUSING

ATTENTION

SELF-CARE

STANDARDS

INTEGRATION

OBJECTIVITY

NEEDS

*The care, therefore, of every man's soul
belongs unto himself.*

~John Locke

SELF-CARE

“Self-care takes many forms. It’s just a matter of finding what resonates with you. Keeping yourself replenished not only enhances your well-being, It will enhance the quality of care you deliver.”

Compassionate Competency: Healing the Heart of Healthcare

RELEVANT TOPICS

- nutrition and hydration
- physical activity
- sleep hygiene
- mental health
- therapy and counseling resources

SELF-CARE

ACTIVITIES

- invite a mental health specialist for a presentation, Q&A, etc.
- join a planned health awareness event combined with physical activity e.g. Race For the Cure
- host a panel discussing the different dimensions of self-care with a variety of experts – physical, spiritual, mental
- plan for a group physical activity e.g. yoga
- curate relevant videos (e.g. TED talk), articles, or research papers
- small group discussion using suggested prompts, curated media or created scenarios
- self-reflection/journaling using prompts or curated media

PROMPTS

Is self-care something that you think of as an ongoing practice or is it something you think of engaging when needed?

Do you believe self-care is a priority?

What has informed your perception of what self-care entails?

What are examples of self-care that you know?

Which practices do you use to find calm?

Which ones would you be open to trying?

What have been or are the barriers to creating a self-care practice for yourself?

People who seek your help as a professional are engaging in their own self-care. Has there ever been a time you advised a patient while neglecting to do the same for yourself? How does that dissonance make you feel?

COMMUNICATION

OBSERVATION

MASTERY

PAUSING

ATTENTION

SELF-CARE

STANDARDS

INTEGRATION

OBJECTIVITY

NEEDS

People mistake their limitations for high standards.

~Jean Toomer

STANDARDS

“Standards are important because they speak to the question of what you can and should do.”

Compassionate Competency: Healing the Heart of Healthcare

RELEVANT TOPICS

- required level of competence/accreditation standards
- school/workplace expectations
- ethical obligations
- state/provincial licensure
- professional organizations

STANDARDS

ACTIVITIES

- invite representative(s) from chosen organization(s) to talk about the benefits of membership (consider both professional and student entities)
- curate relevant videos, articles, or research papers
- small group discussion using suggested prompts, curated media or created scenarios
- self-reflection/journaling using prompts or curated media

PROMPTS

What are some of the ways in which professional associations are beneficial?

Which associations are you familiar with regarding your intended profession?
Local? Regional? National?

Pick one relevant association. Who is the current president and what is their agenda?

What are some of the agendas/priorities in years past?

Are there any current issues of which you are aware?

What would you like to see addressed within your intended profession that may be overlooked? Can you anticipate issues that will need to be dealt with in the near or distant future? (Think about technology, training, continuing education, etc.)

COMMUNICATION

OBSERVATION

MASTERY

PAUSING

ATTENTION

SELF-CARE

STANDARDS

INTEGRATION

OBJECTIVITY

NEEDS

Good teams become great ones when the members trust each other enough to surrender the me for the we.

~Phil Jackson

INTEGRATION

“To improve the quality of care provided to patients, it is imperative we learn to work in a collaborative manner. We must be educated and ready to expand our very limited definitions of “colleague.””

Compassionate Competency: Healing the Heart of Healthcare

RELEVANT TOPICS

- stereotypes amongst professions
- psychological safety
- interprofessional education (IPE)
- intraprofessional education
- teamwork dynamics
- conflict resolution

INTEGRATION

ACTIVITIES

- organize an interprofessional event:
 - service e.g. health fair
 - educational activity
 - social activity
- curate relevant videos (e.g. TED talk), articles, or research papers
- small group discussion using suggested prompts, curated media or created scenarios
- self-reflection/journaling using prompts or curated media

PROMPTS

What does interprofessional education (IPE) and collaboration (IPEC) mean to you? Describe in your own words.

What does intraprofessional education mean to you?

What can happen in healthcare environments where professionals know very little about those they work with outside of their profession? How are patients affected? How are the practitioners affected?

Outside of your specialty, with which other professions will you regularly collaborate? Do you have a clear understanding of their capabilities?

What are some of the stereotypes about your chosen profession?

What are some of the stereotypes about other health professions?

Recall a time when you have encountered difficulty with a colleague. How did it make you feel? How did you come to resolve the situation, if at all? What would you do differently should something similar happen in the future?

COMMUNICATION

OBSERVATION

MASTERY

PAUSING

ATTENTION

SELF-CARE

STANDARDS

INTEGRATION

OBJECTIVITY

NEEDS

Prejudice is a burden that confuses the past, threatens the future and renders the present inaccessible.

~Maya Angelou

OBJECTIVITY

“To ask that any of us constantly live in the space of objectivity is asking the impossible. However, to ask that we become more aware of our biases is crucial to the professional task at hand.”

Compassionate Competency: Healing the Heart of Healthcare

RELEVANT TOPICS

- cultural competency
- implicit bias
- DEI (diversity, equity, inclusion)
- anti-racism training
- gender & sexuality
- accessibility and inclusion
- stereotypes amongst colleagues
- social determinants of health (SDH)
- ageism in healthcare
- mental health stigma

OBJECTIVITY

ACTIVITIES

- invite experts to speak on implicit bias and/or cultural competency
- host a panel discussing the social determinants of health (SDH)
- curate relevant videos (e.g. TED talk), articles, or research papers
- small group discussion using suggested prompts, curated media or created scenarios
- self-reflection/journaling using prompts or curated media

PROMPTS

What does the concept of “being objective” mean to you? Does it mean to be without bias? Does it mean to act without feeling? What is appropriate in the context of healthcare?

Have you experienced bias as a student? As a patient? As a clinician? What happened, how did it make you feel, and how did you choose to address it?

Have you been able to identify some of your own biases towards patients? If so, what are you doing to change your mindset?

Are there particular cultural groups you interact with on a regular basis? What actions can you take on an individual level to be more inclusive in the care you provide? What about on the organizational level?

COMMUNICATION

OBSERVATION

MASTERY

PAUSING

ATTENTION

SELF-CARE

STANDARDS

INTEGRATION

OBJECTIVITY

NEEDS

We all need each other.

~Leo Buscaglia

NEEDS

“If we are to create healthcare environments that encourage well-being for all involved, we must broaden our expectations. Shifting our focus from merely problem-solving to one that is needs-oriented is crucial.”

Compassionate Competency: Healing the Heart of Healthcare

RELEVANT TOPICS

- Maslow’s hierarchy
- physical and psychological needs
- Institute for Healthcare Improvement (IHI)
Triple Aim/Quadruple Aim framework
regarding patient and practitioner
experience
- ergonomics
- healthcare architecture

NEEDS

ACTIVITIES

- invite a patient to tell their story (what they experienced, what helped, what harmed, what was missing)
- have students conduct short one-on-one interviews with patients asking their opinion on what could be helpful; students present their findings in a small discussion group
- invite an ergonomics expert relevant to the area of expertise
- curate relevant videos (e.g. TED talk), articles, or research papers
- small group discussion using suggested prompts, curated media or created scenarios
- self-reflection/journaling using prompts or curated media

PROMPTS

What do you consider to be some basic needs of patients?

Imagine the average patient experience in your intended specialty. At each step, what could improve the encounter? Consider the following:

- website
- registration process
- waiting area
- clinic setup
- privacy
- inpatient/outpatient needs
- discharge process/ discharge instructions
- follow up

Choose what is relevant for your patients. How can the experience be enhanced?

What is important to you as a (future) clinician? What needs do you need met in your work environment? Physical? Emotional?



BOOK INFO



Available through Ingram Books, Amazon, Barnes and Noble and other booksellers:

ISBN 9780669214263

ISBN 9780578448985

ISBN-10 1974525244

ISBN-13 978-1974525249



REFERENCES

1. Sinclair A, Hack TF, et al. Healthcare providers perspectives on compassion training: a grounded theory study BMC Med Educ 20, 249(202).
2. Sinclair S, Torres M, Raffin-Bouchal S, Hack TF, et al. Compassion training in healthcare: what are patients' perspectives on training healthcare providers? BMC Med Educ 16, 169 (2016).
3. Sam, FE (2018, Oct4). The Myth of Compassion in Healthcare. KevinMD. <https://www.kevinmd.com/2018/10/the-myth-of-compassion-in-health-care.html>
4. Sinclair S, Kondejewski J, et al. What is the State of Compassion Education? A Systematic Review of Compassion Training in Health Care. Acad Med. 2021 Jul 1;96(7):1057-1070.
5. Institute of Medicine, IOM report: Improving Medical Education—Enhancing the Behavioral and Social Science Content of Medical School Curri. Acad Emerg Med. 2006 Feb;13(2):230-1
6. Kanov J et al. Compassion in Organizational Life. The American Behavioral Scientist; Vol 47, Iss 6;2004 Feb:808-827.
7. de Zulueta P. How do we sustain compassionate healthcare? Compassionate leadership in the time of the COVID-19 pandemic. Clinics in Integrated Care. 2021 Oct;8:100071
8. Institute for Healthcare Improvement. (2022). The IHI triple aim. www.ihl.org. <https://www.ihl.org/Engage/Initiatives/TripleAim/Pages/default.aspx>
9. Quad Bodenheimer T, Sinsky C. From triple to quadruple aim: care of the patient requires care of the provider. Ann Fam Med. 2014 Nov-Dec;12(6):573-6.
10. Murthy, V “Confronting Health Worker Burnout and Well-Being. N Engl J Med 2022; 387:577-579.



REFERENCES

10. Murthy, V “Confronting Health Worker Burnout and Well-Being. *N Engl J Med* 2022; 387:577-579
11. El Goleman, D. (1995). *Emotional intelligence : why it can make more than IQ*. Bloomsbury.
12. Pink, Daniel H. *A Whole New Mind: Why Right-brainers Will Rule the Future*. 1st Riverhead books pbk. ed. New York, Riverhead Books, 2006.
13. Scheepers RA, Emke H, Epstein RM, Lombarts KMJMH. The impact of mindfulness-based interventions on doctors' well-being and performance: A systematic review. *Med Educ*. 2020 Feb;54(2):138-149.
14. Bailey, J. R., & Rehman, S. (2022, March 4). Don't Underestimate the Power of Self-Reflection. *Harvard Business Review*. <https://hbr.org/2022/03/dont-underestimate-the-power-of-self-reflection>
15. Robyn Stone, Simon Cooper, Robyn Cant, "The Value of Peer Learning in Undergraduate Nursing Education: A Systematic Review", *International Scholarly Research Notices*, vol. 2013, Article ID 930901, 10 pages, 201
16. Delgado J, de Groot J, McCaffrey G, Dimitropoulos G, Sitter KC, Austin W. Communities of practice: acknowledging vulnerability to improve resilience in healthcare teams. *J Med Ethics*. 2020 Jan 24;47(7):488–93.