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Physical Therapist's Role in Empathic Patient Care



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Overview

- Understanding various definitions of empathy
- Review impact of empathy on patient outcomes
- Efficacy of approaches aimed at increasing empathy
- Methods to increase empathic communication with patients

American Physical Therapy Association

- The American Physical Therapy Association (APTA):
 - Stresses the importance of compassion and caring as a core value
 - “Compassion is the desire to identify with or sense something of another’s experience; a precursor of caring.”
 - “Caring is the concern, empathy, and consideration for the needs and values of others.”

Empathy and Communication in Medical Imaging

- “Empathy is a vital communication skill capable of enhancing therapeutic relationships. Empathy is valued by patients and when communicated effectively, is shown to enhance the ability to improve patient compliance and patient outcomes. Therefore, it is an important skill to foster in physical therapy students.”

Bayliss et al., 2015

What is Empathy?

Lay definition (Merriam-Webster®)

- “The action of understanding, being aware of, being sensitive to, and vicariously experiencing the feelings, thoughts, and experience of another of either the past or present without having the feelings, thoughts, and experience fully communicated in an objectively explicit manner; also: the capacity for this”

What is Empathy?

- In the medical literature, various definitions and assessments of empathy have been used
 - Empathy can be difficult to define and thus subsequently assess

What is Empathy?

- Hojat et al. (2002) reviewed various definitions of provider empathy
- Empathy thought to involve both cognitive and affective domains
 - Cognitive
 - Ability to understand another person's inner experiences and feelings
 - Capability to view the outside world from the other person's perspective

What is Empathy?

- Affective
 - Capacity to enter into experiences/feelings of another person
- However, sharing emotions more relevant to sympathy
 - Import to distinguish!

Empathy Versus Sympathy

- Empathy = sharing “understanding” with patients
 - Understanding of “disease”, “treatment”, “prognosis”, “values”, “the world”
- Sympathy = sharing “emotions” with patients
 - Emotions of “sadness”, “loss”, “guilt”, “worry”, “anger”

Empathy Versus Sympathy

- Excessive sympathy thought to interfere with diagnosis, treatment, and other tasks of provider
- “Compassionate detachment/affective distance”
 - balance of high empathic concern and low sympathy to avoid emotional outbursts, maintain neutrality, not impede tasks

Aring, 1958; Wispe, 1986; Blumgart, 1964; Jensen, 1994

Empathy Versus Sympathy

- In sum, it is advantageous to restrain sympathy
 - Sometimes easier to say than to do!
- However, empathy should not be restrained
 - Assumed that understanding is always beneficial to patient care
 - Abundance adds a crucial element to treatment

Hojat et al. (2002); Bolognini, 1997

What is Empathy?

- Based on this, Hojat et al. (2002) defined empathy as:
 - “A cognitive attribute that involves an ability to understand the patient’s inner experiences and perspective and a capability to communicate this understanding” (p. 1564)

What is Empathy?

- Further empirical research suggested three empathy components:
 - Perspective taking
 - Compassionate care
 - Standing in the patient’s shoes

What is Empathy?

- Perspective taking
 - e.g., “An important component of the relationship with my patients is my understanding of the emotional status of the patients and their families”
 - Considered to be the most important component

What is Empathy?

- Compassionate care
 - e.g., disagreeing with “Attentiveness to my patients’ personal experiences is irrelevant to treatment effectiveness”
- Standing in the patient’s shoes
 - e.g., disagree with “It is difficult for me to view things from my patients’ perspective”

What is Empathy?

- Other related definitions have also been provided
- Mercer and Reynolds (2002) note empathy:
 - “Is a complex multi-dimensional concept that has moral cognitive emotive and behavioral components.”

What is Empathy?

Clinical empathy involves an ability to:

- a) Understand the patient's situation, perspective, and feelings (and their attached meanings)
- b) To communicate that understanding and check its accuracy
- c) To act on that understanding with the patient in a helpful (therapeutic) way.”

What is Empathy?

- One approach to integrate definitions and frameworks is to define empathy at three levels (Derksen et al., 2013)
 - Attitude (affective)
 - Competency (cognitive)
 - Behavior

What is Empathy?

- Attitude: based on moral standards in the mind of the provider
 - Respectfulness for the authenticity of the other person
 - Interest in the other person
 - Impartiality
 - Receptivity

What is Empathy?

- Provider's attitude formed by
 - Their own human development
 - Socialization process
 - Medical training
 - Personal experience with patients
 - Reading professional literature
 - Watching movies/reading books

Derksen et al., 2013

What is Empathy?

- Competency divided into three skills:
 - Empathic skills
 - The approach by which the provider can elicit the inner world of the patient and get as much information as possible from patient while recognizing the patient's problem

What is Empathy?

- Communication skills
 - Used to check, clarify, support, understand, reconstruct, and reflect on the perceptions of a patient's thoughts and feelings

What is Empathy?

- Relationship building
 - Ability to build up a trusting and long-standing patient-provider relationship
 - Allows patient to tell their individual stories of illness

What is Empathy?

- Behavior has a cognitive and affective component
 - Cognitive part includes verbal and non-verbal skills
 - Verbal = using accurate reflections to communicate understanding with patient
 - Non-verbal = posturing, eye contact, head movement, etc. to facilitate listening

What is Empathy?

- Affective component includes
 - Recognition of the emotional state or situation of the patient
 - After recognition, the provider reflects on and communicates their understanding to the patient

Empathy and Patient Outcomes

- Empathy is important to several key outcomes (Batt-Rawden et al., 2013):
 - Improved patient satisfaction (Zacharia et al., 2003; Kim et al., 2004)
 - Greater adherence to therapy (Vermeire et al., 2001)
 - Better clinical outcomes (Hojat et al., 2011; Di Blasi et al., 2001; Rakel et al., 2011)
 - Lower malpractice liability (Levinson et al., 1997)
 - Lower healthcare costs (Epstein et al., 2005)

Empathy and Patient Outcomes

- Other benefits include:
 - Helping a physical therapist to record patient history accurately
 - Reduce repeat exposures and patient dose
 - Create a better overall patient experience

Empathy and Physical Therapists

- Work by Starr et al. (2020) examined empathy among physical therapists
 - Key findings:
 - Physical therapists had higher empathy compared to some disciplines (e.g., pharmacy) but lower compared to other disciplines (e.g., psychiatrists)

Empathy and Physical Therapists

- Female physical therapists had higher empathy compared to male physical therapists

Empathy and Physical Therapists

- There was a positive relation between empathy and work engagement, suggesting lower workplace engagement may lead to lower empathy, which in turn might impact patient outcomes

Empathy and Patient Outcomes

- Some have speculated why provider empathy positively impacts patient outcomes
 - One explanation is greater empathy in provider-patient relationship enhances mutual understanding and trust between provider and patient, which in turn promotes sharing without concealment

Empathy and Patient Outcomes

- These changes ultimately lead to better alignment between patients' needs and treatment plans as well as more accurate diagnosis and treatment adherence

Empathy and Patient Outcomes

- Some data suggest that effect of provider empathy is partially accounted for by increasing patients' desire for more information (Neumann et al., 2007)

Empathy and Patient Outcomes

- Neumann et al. (2007) proposed a model for the influence of provider empathy on patient outcomes
- Provider empathic communication → patient increased communication about symptoms and concerns

Empathy and Patient Outcomes

- Cognitive/action-oriented outcomes
 - Provider collects more detailed medical and psychosocial information
 - Provider collects more accurate medication/psychosocial information

Empathy and Patient Outcomes

- Provider ultimately has better understanding to respond to patients' individual needs
 - Leads to more specific medical and/or psychosocial therapy, which ultimately improves patient long-term outcomes

Empathy and Patient Outcomes

- Affective-oriented outcomes
 - Patient feels listened to, understood, and accepted
 - Patient feels valued as an individual
 - Patient feels the isolation of the illness is bridged

Empathy and Patient Outcomes

- Patient's feelings and thoughts validated as normal and expected
 - Leads to improved short-term and intermediate outcomes for the patient

Empathy and Patient Outcomes

- Also evidence that empathy is related to better outcomes for the provider:
 - Lower burnout (Thomas et al., 2007)
 - Higher well-being (Shanafelt et al., 2005)
 - Higher ratings of clinical competence (Hojat et al., 2002)

Empathy in the Field of Medicine

- Despite importance of high empathy, some data indicate that empathy is lower than is desired in medical practice
 - Students report providers miss empathic patient opportunities during patient encounters (Hojat et al., 2005; Nunes et al., 2011)

Empathy in the Field of Medicine

- Providers tend to focus on biomedical inquiry and offering medical explanations to patients (Epstein et al., 2007)
- Providers only engaged in empathic opportunities 10% of the time (Morse et al., 2008)
- Patients tend to rate providers low in empathy (Goore et al., 2001)
- Some data also indicates that empathy decreases throughout medical school (Bellini et al., 2005)

Empathy in the Field of Medicine

- Though findings are mixed – Bayliss et al. (2015) found empathy increased among physical therapists after one year of training, was lower after three years of training, and increased after graduating
- Driscoll et al. (2022) found empathy increased over the course of professional education in two different doctor of physical therapy programs

Correlates of Provider Empathy

- Several reasons offered as to why empathy may be negatively impacted among providers (Kelm et al., 2014)
 - As trainees experience more distress from burnout, higher rates of depression, and decreased quality of life, expressing empathy becomes less likely

Correlates of Provider Empathy

- May be reflected by current deficiencies in training
 - Formal (e.g., lack of formal empathy training)
 - Informal (e.g., inadequate mentors, inappropriate learning environment)
 - “Hidden” medical curricula (e.g., mistreatment of students and high workload)

Correlates of Provider Empathy

- Other factors that may hinder empathy during patient consultations (Derksen et al., 2013)
 - Time pressure
 - Heavy workload
 - Cynical view of the effectiveness of empathy
 - Lack of skill

Empathy Training

- The potential lack of empathy among providers suggests methods to enhance empathy on medical students and providers is needed

Empathy Training

- Kelm et al. (2014) reviewed different interventions for empathy
 - Communication skills training
 - Includes didactic sessions on effective communication and empathy, experiential learning, and skills/behavior-based workshops

Empathy Training

- e.g., Winefield and Chur-Hansen (2000) used lectures, tape, handouts and a training workshop where students practiced communication skills by interviewing a standardized patient and received feedback

Empathy Training

- Role playing:
 - Involved experiential learning in which trainees act as patient/family member
 - e.g., Chunharas et al. (2013) sought to build empathy for patients receiving injections by asking medical students to take turns injecting each other with saline solution

Empathy Training

- The potential lack of empathy among providers suggests methods to enhance empathy on medical students and providers is needed

Empathy Training

- A classic article, “What is Empathy, and Can Empathy be Taught?” by Davis (1990) published in Physical Therapy
 - Article focused on several points consistent with today’s training
 - Empathy is poorly understood and is confused with terms such as sympathy

Empathy Training

- Promoting self-awareness, nonjudgmental positive regard for others, good listening skills, and self-confidence are important in developing empathy

Empathy Training

- Kelm et al. (2014) reviewed different interventions for empathy
 - “Humanities” informed training
 - Involving reflective writing, literature course, and theater

Empathy Training

- e.g., Shapiro et al. (2006) used a reflective writing intervention, in which students wrote essays from the point of view of either hypothetical or standardized patients

Empathy Training

- “Other” categories
 - Motivational interviewing – a patient-centered approach to increasing positive behavior change

Empathy Training

- Riess et al. (2012) created a training protocol that included education in the neurobiology and physiology of empathy, real-time biofeedback during patient-provider encounters, and mindfulness exercises

Empathy Training

- Kelm et al. (2014) reviewed different interventions for empathy
 - Of the 64 studies originally reviewed, 10 studies were identified as “top tier” methodologically
 - 80% of these studies showed significant increases in empathy

Empathy Training

- Included training interventions labeled as “communication skills”, “role playing”, “motivational interviewing”, and “other”

Empathy Training

- Conclusions from the Kelm et al. (2014) study
 - Empathy can be enhanced through a variety of intervention types targeted toward medical students and providers
 - Changes in empathy may persist beyond post-intervention follow-up

Empathy Training

- Multiple limitations of the current literature
 - Lack of rigorous study designs
 - Lack of control groups
 - Failure to use random assignment
 - Small sample sizes
 - Vague reporting of intervention durations and assessment frames

Empathy Training

- Vague descriptions of interventions
- Varying measures of empathy

Empathy Training

- Suggestions for future research on empathy training (Kelm et al., 2014)
 - Further determine correlation between self-report and patient-report measures of provider empathy

Empathy Training

- Establish consensus about which measurement types should be used to evaluate provider empathy to facilitate data aggregation
- More detailed descriptions regarding intervention

Empathy Training

- Conducting more randomized control studies
- Recognize the need to develop and test interventions at multiple time points across training and medical career

Empathy Training

- Lengthening outcome assessment timeframes to investigate the long-term efficacy of empathy interventions
- Despite limitations of the existing literature, evidence exists that empathy can be increased

Correlates of Provider Empathy

- Given empathy linked to better outcomes, it is important to understand what relates to increased patient empathy
 - Females tend to be higher than males (Hojat et al., 2005; Nunes et al., 2011)

Correlates of Provider Empathy

- Several links to personality features
 - Positive: sociability, openness to experience, agreeableness
 - Negative: aggression-hostility (Hojat et al., 2005; Magalhaes et al., 2012)

Correlates of Provider Empathy

- Also evidence that levels of empathy vary across provider discipline
 - Physical therapists > empathy compared to nurses, pharmacy, and < empathy compared to mental health workers, psychiatrists, and pediatricians (Starr et al., 2020)

Increasing Provider Empathy

- Interventions have shown evidence to increase provider empathy

Increasing Provider Empathy

- Specific recommendations for physical therapist include:
 - Before an examination, each step should be communicated to the patient
 - e.g., when assessing patient history, the purpose behind each question should be explained

Increasing Provider Empathy

- Physical therapist should be prepared to answer patient questions effectively
 - Allow patients to ask questions so that they do not feel rushed or questions are unnecessary
 - e.g., maintain medical adherence, completing treatments

Increasing Provider Empathy

- Steps should be taken to reduce patient anxiety before any procedure
 - Includes empathic communication and patient education

Musa et al., 2020; Gregson, 2020

Increasing Provider Empathy

- Approaches from motivational interviewing may be particularly helpful
 - Motivational interviewing (MI) is a tailored, patient-centered approach used to change behaviors

Increasing Provider Empathy

- FOCUS: importance of patient intention of initiating and subsequently maintaining a healthy lifestyle
 - e.g., maintain medical adherence, completing treatments

Increasing Provider Empathy

- A major component of motivational interviewing concerns increasing empathy
 - Approach based on empirical observation between provider empathy and substance use treatment outcomes

Using MI to Increase Commitment to Change

- Evidence suggests dedication to behavioral change can be modified
- MI is an approach to increase a patient's commitment to change through:
 - Expressing empathy – seeing the world through the patient's perspective

Using MI to Increase Commitment to Change

- Identifying discrepancies between patient's values and behaviors
 - e.g., wanting to be a good parent but using substances in a dangerous way around children

Using MI to Increase Commitment to Change

- Promoting self-efficacy – increasing patient's belief that they have the ability to change
 - Noting that the patient is “in charge” of their own change

Empathy from MI Perspective

- Empathy:
 - Interest and effort to understand the other's perspective
- This is not the same as acceptance
 - You can have empathy for behaviors you don't accept
 - This is not the same as sympathy

Empathy from MI Perspective

- It's more than “feeling sorry” – you understand the patient's perspective from their lens

Accurate Empathy

- Empathy is:
 - Interest and effort to understand the other's perspective—getting “into their shoes”
 - This is not the same as acceptance
 - This is not the same as sympathy

Accurate Empathy

- In MI, empathy is achieved:
 - By asking open-ended questions
 - Using reflective listening
- Opposite = imposition of one's own perspective
 - Several “traps” to avoid to increase empathy!

Question/Answer Trap

- Setting the expectation that the provider will ask questions and the patient will answer fosters patient passivity
- This trap can get sprung inadvertently when you ask many questions early in treatment

Question/Answer Trap

- Asking open-ended questions, letting the patient talk, and using reflective listening are ways to avoid this trap

Question/Answer Trap

- Pt: "I don't really skip my meds that often."
- Pr: "How many days a week do you not take your medication?"
- Pt : "1 or 2."
- Pr: "And does this seem to happen more on weekdays or weekends?"
- Pt : "Umm...it doesn't seem to matter"

Question/Answer Trap

- Pr: “Did you know skipping medication can make your condition worse?”
- Pt: “Yes, I have some sense of this”
- Pr: “Don’t you think you should always take your medications?”
- Pt: “I guess so.”

Confrontation/Denial Trap

- This is where a patient can respond defensively when confronted by provider
 - Usually based on “objective” data
- Can cause patient to “be on guard”, may limit honest reporting of symptoms/condition

Confrontation/Denial Trap

- Pt: "I don't really drink that much."
- Pr: "That's not what your medical chart suggests."
- Pt: "Maybe the lab got my sample confused with someone else."

Confrontation/Denial Trap

- Pr: "C'mon. We both know these are your lab results. I think it's time you considered that you may have a drinking problem."
- Pt: "I may have a drink now and again to relax, but I am not an alcoholic. Can we move on?"

Premature Focus Trap

- This can occur when the provider persists in talking about his or her own perception of the problem and the patient has a different perception
 - The provider and patient lose touch
 - The patient may become defensive and engage in a struggle to be understood

Premature Focus Trap

- To avoid getting trapped start with the patient's concern, not your own assessment of the problem
 - Later the patient's concern may lead to your original judgment of the situation

Expert Trap

- When you give the impression that you have all the answers, you draw the patient into a passive role
- In MI, the patient is the expert about his or her situation, values, goals, concerns, and skills. The provider is only an expert on what has been useful or important for other people

Expert Trap

- In MI style you seek collaboration and give the patient an opportunity to explore and resolve ambivalence for themselves
 - As part of that you may share your expertise with the patient, but it can't take the place of eliciting the patient's expertise

Taking Sides Trap

- When you detect some information indicating the presence of a problem and begin to tell the patient about how serious it is and what to do about it, you have taken sides
 - This may elicit oppositional – “no problem here” – thoughts or verbalizations from the patient

Taking Sides Trap

- Can reduce perception of provider empathy if patient doesn't think you understand “their side”

Reflective Listening Strategies: Simple Reflection

This is a basic acknowledgement of what a person has just said. The provider restates without adding new meaning

1. **Repeating.** The simplest reflection simply repeats an element of what the speaker has said

Reflective Listening Strategies: Simple Reflection

2. **Rephrasing.** Here the listener stays close to what the speaker said, but substitutes synonyms or slightly rephrases what was offered

Open-Ended Questions

- An open-ended question is one that has a wide range of possible answers. The question may seek information, invite the patient's perspective, or may encourage self-exploration. The open question allows the option of surprise for the questioner. "Tell me more" statements are usually considered open questions

Closed Questions

- Closed questions invite only a small range of answers
- Closed questions can't and shouldn't be avoided entirely
- Even at expert proficiency in Motivational Interviewing, up to 30% of questions will be closed

Closed Questions

- Most people find that closed questions come more naturally, particularly in a first session. Therefore it's a good idea to err on the side of asking open questions

Making Open Questions

- Each of the following is a closed question, try to rephrase it as an open question:
 - Have you considered quitting smoking?
 - Don't you think it would be a good idea to have your cholesterol rechecked?
 - How long have you not exercised regularly?

Making Open Questions

- It's very important that you start taking your medication every day. Are you ready to do that?

Reflective Listening

- There is a way of thinking that accompanies good reflective listening
- It includes, not only
 - Interest in what the person has to say
 - Respect for the person's inner wisdom

Reflective Listening

- But also, a hypothesis-testing approach to listening
 - The knowledge that what you think a person means may not be what he or she really means

Reflective Listening

- A good reflective listening response tests a hypothesis. It asks, in a way, "Is this what you mean?"

Reflective Listening Strategies: Complex Reflections

Complex reflections add meaning to what the speaker has said and can often be used to emphasize key elements (e.g., change talk) or even guide the appointment

Reflective Listening Strategies: Complex Reflections

1. **Paraphrasing.** This is a more major restatement, in which the listener infers the meaning in what was said and reflects this back in new words. This adds to and extends what was actually said

Reflective Listening Strategies: Complex Reflections

- In artful form, this is like continuing the paragraph that the speaker has been developing – saying the next sentence rather than repeating the last one. This is not the same as finishing someone's sentence

Reflective Listening Strategies: Complex Reflections

2. **Reflection of feeling.** Often regarded as the deepest form of reflection, this is a paraphrase that emphasizes the emotional dimension through feeling statements, metaphor, etc.

Reflection Stems

- Some people find it helpful to have some words to get them started in making a reflective listening statement
 - So you feel...
 - It sounds like you...
 - You're wondering if...
 - You...

Reflective Listening Strategies: Double-Sided Reflection

3. **Reflection of ambivalence or double-sided reflection.** This can be considered a special case of reflection of feeling. A double-sided reflection is appropriate when the patient is expressing some ambivalence about change

Reflective Listening Strategies: Double-Sided Reflection

- The provider reflects that the person seems to “feel two ways about” the issue, “on the one hand...and on the other hand...”

Reflective Listening Strategies: Summary

4. **A summary** is simply a reflection that includes two or more separate ideas.
 - A double-sided reflection can be considered a type of summary

Reflective Listening Strategies: Summary

- Summaries are useful after a sustained period of reflective listening for checking in with a patient about what the provider has heard, and allowing the patient to elaborate on anything the provider may have missed

Other Behaviors to Increase Empathy

- **Asking Permission Before Giving Advice or Information**
 - I have a suggestion about how you might remember to make it to your next appointment. Would it be all right if I shared it with you?

Other Behaviors to Increase Empathy

- **Emphasizing Control**
 - Only you can decide whether or not you are ready to be tested for HIV
- **Support**
 - This is a really difficult situation for you
 - It must be difficult to manage all of these stressors at the same time

Behaviors that Decrease Empathy

- **Advise (without permission)**
 - If I were in your shoes, I'd start taking my meds ASAP

Behaviors that Decrease Empathy

- **Confront**

- You are an addict, and if you're not willing to admit that, you can't recover
- You need to start taking your health seriously or you are never going to recover

Behaviors that Decrease Empathy

- **Direct**

- Complete your treatment regimen before we meet next week

Information Exchange

- The following format may be helpful in maintaining high empathy while also providing information

Information Exchange

- The following format may be helpful in maintaining high empathy while also providing information
 - Elicit – what does the patient already know about their disease, the treatment options, etc.?
 - Provide – provide the patient with the information he or she needs (i.e., what he or she doesn't already know)
 - Elicit – what does the patient think about what you've told him or her?

Questions to Ask Yourself to Determine Empathic Engagement

- How comfortable is this person talking to me?
- How supportive and helpful am I being?
- Do I understand this person's perspective and concerns?
- How comfortable do I feel in this conversation?
- Does this feel like a collaborative partnership?

Questions to Ask Yourself to Determine Empathic Engagement

- What are this person's goals for treatment?
- Do I have different goals than this person?
- Are we working together with a common purpose?
- Do I have a clear sense of where we are going?
- Are we moving together or in different directions?

Summary: Empathic Patient Care and Your Role as Physical Therapist

- Despite multiple definitions of patient empathy, a provider's ability to understand their patient and respond accordingly appears to be a cornerstone of good medical practice
- High patient empathy is related to numerous beneficial outcomes for both patients and providers

Summary: Empathic Patient Care and Your Role as Physical Therapist

- Several approaches have been identified that result in significant increases in provider empathy
- Using open-ended questions (over closed) and reflections (both simple and complex) are concrete strategies one can use to increase empathy

Provider Empathy: Resources for Physical Therapist

- <https://www.apta.org/siteassets/pdfs/policies/core-values-endorsement.pdf>
- A link to the American Physical Therapy Association's Core Values



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