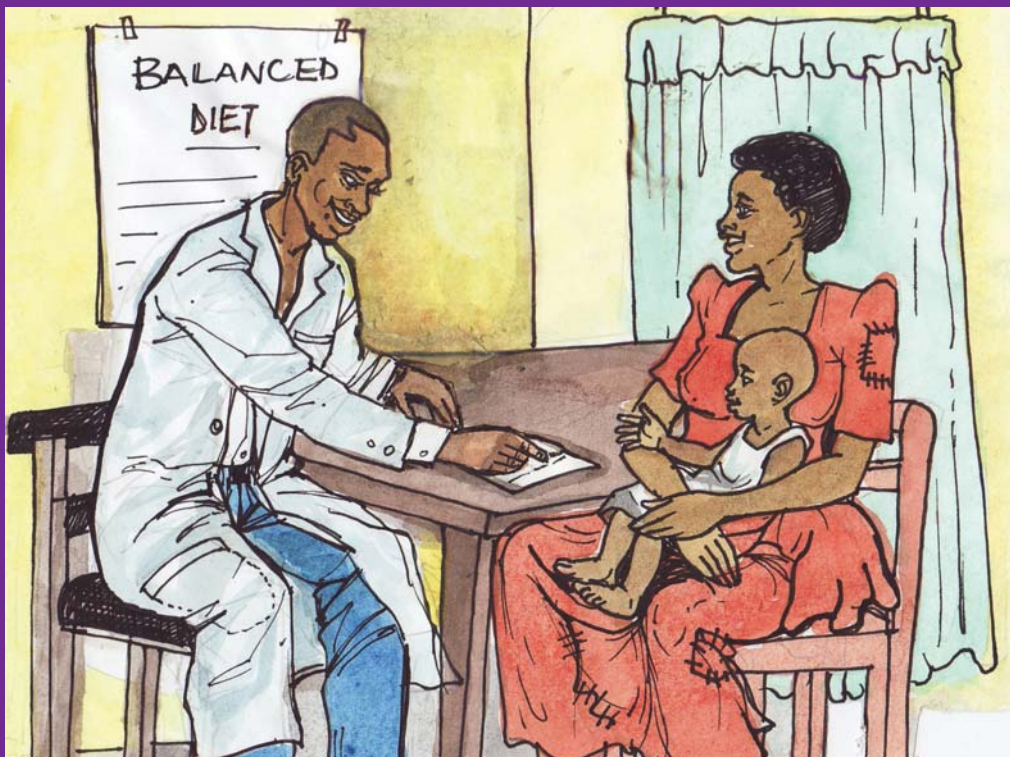


Improving Interactions With Patients

Part One



- Building rapport
- Active listening

The ACT PRIME Study

Infectious Disease Research Collaboration, Uganda.
ACT Consortium, London School of Hygiene & Tropical Medicine, UK.



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INTRODUCTION TO THE MANUAL

Before we start...

Welcome to the Learners Manual for the module entitled – Improving Interactions with Patients Part 1.

We are very glad to have you as one of the first set of health workers to participate in this important training.

Everything you will need during the course and as a reference is included in this manual. In addition, there are notes and explanations included in the manual for you to refer back to at a later point.

The trainer will guide you on when to use the manual. Please focus on the trainer when she is talking and focus on the manual exercises when the trainer has guided you to a specific page, which needs your attention. The additional resources in the manuals are for your future reference.

Thank you for participating fully in this training and for respecting your fellow colleagues. Each one of you is unique and each one of you learns at a different pace. The trainer will take great care to cater to all your needs in order to make the training a success. Thank you in advance for doing your part to make it a valuable learning experience.

How to use this manual...

Throughout this manual, you will come across certain re-occurring symbols and boxes. These highlight certain key aspects for learning or contain information, which will help you during or after the training. The following is an explanation of these symbols.

Icons & symbols

Purpose:

Learning Outcomes:

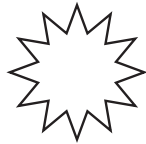


PURPOSE & LEARNING OUTCOMES

This coloured box can be found at the start of each main topic section. In this box you will find the PURPOSE of the Topic and the key LEARNING OUTCOMES for that Topic.

KEY QUESTION

This symbol can be found when a KEY QUESTION is being asked.



DEFINITION or KEY LEARNING POINT

This symbol represents a DEFINITION or a KEY LEARNING POINT to be remembered.



GROUP WORK

This symbol represents GROUP WORK. The training is interactive and a significant amount of your time will be spent in GROUP WORK. This symbol indicates that the activity will be done in a group. This means that you need to be a team player and allow all members of your group to participate equally.



WORK IN PAIRS

This symbol represents WORK IN PAIRS. This will be an opportunity for you to work one to one with a colleague. Pair work could mean buzzing or role playing, interviewing or problem solving. Be sure that each person in the pair gets a chance.



SUMMARY

This symbol will be shown where you can find a SUMMARY box – you can review these summary points at home or before the next training and in the future.



SELF-OBSERVATION ACTIVITY

This mascot symbol will be shown where there is a SELF-OBSERVATION ACTIVITY and some guidelines for you to follow.

Your Notes:

NOTES

This represents a space for your NOTES. Feel free to write your comments and questions and anything that you do not understand in these spaces and discuss it with your trainer before, during or after a training.

What are you going to learn...

From October 2009 until February 2010, the Infectious Disease Research Collaboration conducted research activities in Tororo District. We surveyed households, health workers and community medicine distributors, and talked to groups of community members and health workers to learn more about how health care is provided to sick children in this area, especially at health centres.

During this research, community members described poor relationships with health workers including feeling ignored and disrespected, or health workers operating with discrimination or harassment towards patients. This treatment affects the entire health centre visit for patients and creates a general dissatisfaction and anxiety towards interacting with health workers.

In addition, health workers themselves told us that they do not always have good interactions with patients because they are too busy and have too many patients to treat in the day. However, health workers also described that good quality care means to show courtesy to patients on arrival at the health centre. Receiving the patients, greeting them, providing them with a seat were important. Health workers described a need for mutual respect and cooperation between patients and health workers to ensure that patients felt well cared for, and willing to return to the health centre on subsequent illness episodes.

The **key learning outcomes** for PCS 01 are as follows:

Topic	Learning Outcomes By the end of this module, you should be able to...
Building Rapport	<ul style="list-style-type: none"> • Recognise the impact of non-verbal and verbal behaviour on the patient and consultation outcome. • Strengthen non-verbal and verbal skills in building rapport. • Recognise that you think of different people in different ways, and this affects how you behave towards them. • Understand that respect is a core value for how you can put patients at ease. • Strengthen skills to show respect to patients.
Active listening	<ul style="list-style-type: none"> • Strengthen skills in self-reflection. • Strengthen non-verbal and verbal skills in active listening. • Recognise the consequences of listening well, and less well, on the patient and consultation outcome. • Identify ways to listen actively in spite of busy work environments.

TRAINING AGENDA

This module will last 3 hours from start to finish.

Today's training will start at ____:____ Today's training will end by ____:____

Topics	Total time
Introduction to the module - Greetings & Review - Training rationale and Learning outcomes	15 minutes
TOPIC 1: Building Rapport - Introduction to the topic - Thinking about the topic - Principles - Practice - Summary	55 minutes
Break	30 minutes
TOPIC 2: Active Listening - Thinking about the topic - Principles - Practice - Discussion - Planning	60 minutes
Health Worker Self-Observation Activity #2 - Introduction - Instructions for SOA #2	15 minutes
Conclusion	5 minutes
TOTAL 180 minutes or 3 hours	

INTRODUCTION TO THE MODULE

Purpose: To welcome and orient you to the training and help you to understand what you can expect of the training and what will be expected of you as participants.

Learning Outcomes: By the end of this session, you will:

- 1) Know the names of co-participants.
- 2) Know the name of the training leader.
- 3) Review and accept a set of ground rules for the training.
- 4) Review the previous module's key learning points
- 5) Know the learning outcomes and purpose of the module.

1. Greetings

Name of Trainer:

Names of co-participants: *complete if you wish*

Ground Rules: *that will support the learning of all participants*

Please write the ground rules agreed on by the group below:

Review Circles

Guide: This is an opportunity to review the learning outcomes from the previous module. Some participants will read out a summary point in one of the circles. You can use whatever kind of voice you wish – for example a loud voice, a singing voice. Be sure to speak clearly.

Remember to appreciate that the patient is a whole person and that the role of health workers goes beyond giving medicine and health centres are organizations with their own culture.

The body contributes to making a good health worker. Each body part has an important role to play in providing Patient Centred Services.

Patient Centred Services are the services offered at a health centre that are focused on the patients well being at the centre.

In self-observation it is important to: Become aware, practice and share with colleagues.

Health workers need to prioritise all the ways a patient responds to care: thinking, feeling, behavioural and bodily reactions to care.

Self-observation includes observing one aspect of your communication, reflecting on what you observe, writing about your observations.

To observe yourselves means you look at your own communication with patients and colleagues, and at the effect of what you say.

2. Training rationale & learning outcomes

The communication skills' training to improve interactions with patients is divided into two sections and will be carried out over two modules:

- PCS 01
 - Building rapport
 - Active listening
- PCS 02
 - Asking good questions
 - Giving good information

For this module you will be concentrating on the first of these set of skills. You will be asked to share your experiences and reflections from your self-observation activities.

Topic	Learning Outcomes By the end of this module, you will be able to...
Building Rapport	<ul style="list-style-type: none"> • Recognise the impact of non-verbal and verbal behaviour on the patient and consultation outcome. • Strengthen non-verbal and verbal skills in building rapport. • Recognise that you think of different people in different ways, and this affects how you behave towards them. • Understand that respect is a core value for how you can put patients at ease. • Strengthen skills to show respect to patients.
Active listening	<ul style="list-style-type: none"> • Strengthen skills in self-reflection. • Strengthen non-verbal and verbal skills in active listening. • Recognise the consequences of listening well, and less well, on the patient and consultation outcome. • Identify ways to listen actively in spite of busy work environments.

Your Notes

TOPIC 1: BUILDING RAPPORT

Purpose: To build your capacity to build rapport with patients.

Learning Outcomes: By the end of this session, you will:

- 1) Understand the relevance and value of rapport.
- 2) Recognise the impact of non-verbal and verbal behaviour on the patient and consultation outcome.
- 3) Strengthen non-verbal and verbal skills in building rapport.
- 4) Recognise that we think of different people in different ways, and this affects how we behave towards them.
- 5) Understand that respect is a core value for how we can put patients at ease.
- 6) Strengthen skills to show respect to patients.

1. Introduction to the topic

- As health workers you have to communicate with patients every day, but you may not be communicating as well as you can, in order to make your interactions with your patients useful and productive.
- In this first module on communication, you are going to learn about how you receive patients and how you listen to them. You will learn how these two skills can improve your interactions with patients and improve how you feel about the work you do.



Activity A: Role Play with Trainer

Thinking about a recent time when you went to the health centre.

Guide: Watching a role play will help you think about building rapport.

Scenarios

Health Worker Scenario: A rude health worker who ignores the patient (caretaker and child).

Mother: A young mother with her first child. The child is very sick and the mother is very concerned. She has come to the health centre because she believes they will give her the best medicine. She wants to ask the health worker what is wrong with the child because this is the third time the child has been sick in the last month with these same symptoms.

Child: A very small child about 2 years old. She or he cannot talk and feels very dizzy. She or he is afraid and so is staying close to his or her mother.

Topic 1: Building Rapport



What is building rapport?

- It means building a good relationship with your patient, and will help you think about how you listen to your patients.



What happens when there is no rapport?



How did the patient feel after the consultation with the health worker?



What did the health worker do to make the patient feel this way?



What are the consequences on the mother?

- On her learning about what is wrong with her child?

- On her ability to understand and remember advice she will be given?

- On her willingness to come back to the clinic?

Topic 1: Building Rapport



What is the result you would want for this mother and child, after the consultation?



Guide: In pairs discuss how would you like the health worker to behave in order to get these results for the mother and child? Then practice in role plays together.

Your Notes

2. Thinking about the Topic



Think about someone who is dressed well, clean, and speaks English. How would you receive this person?



Guide: In pairs take two minutes to discuss the question above and prepare to feedback to the group by writing some of your thoughts below.

Your Notes

Topic 1: Building Rapport



Now, think of someone who has come from the field, is dirty, and looks very poor. How would you receive this person?



Guide: In pairs take two minutes to discuss the question above and prepare to feedback to the group by writing some of your thoughts below.

Your Notes

Guide: If you wish, write some of the responses below that the trainer will write on the flip chart.

Receiving a rich person	Receiving a poor person

3. Principles



Why do you think we behave differently towards these different patients?



Guide: In pairs take two minutes to discuss the question above and prepare to feedback to the group by writing some of your thoughts below.

Your Notes



Learning Point

Sometimes health workers behave differently towards different people because they make judgements about people.

These judgements affect how health workers can behave towards others, including patients, more junior colleagues, and more senior colleagues.

As health workers we have training and skills to do our jobs. This can sometimes make a health worker feel 'better' or superior to some of the patients.

A health worker may feel 'higher' than them, and show this to the patients in the way that they behave.

For all patients to get good results, a health worker must treat all patients equally. You must treat all patients - equally.

The Number One way to show equality is through respect.



How can you show respect when receiving patients from different backgrounds?

Guide: If you wish, write your ideas below.

How can you show respect to all patients?

Giving constructive feedback



How can you help each other to learn how to improve your skills?

- You can help each other by providing 'constructive feedback'.
- Constructive feedback means helping someone to find a way to do what they are doing better.
- The suggestion you give to your colleague should not just be negative, like 'you didn't give any eye contact', but giving an idea for improvement, like 'you might come across better if you made more eye contact.'

Topic 1: Building Rapport

4. Practice

Activity B: Role Play



Guide: You can practice building rapport with the person sitting next to you. You will be assigned your role by the trainer.

Roles

- All 'number 1s' are sick patients that have come to see the health worker very late in their illness and they are scared of being in trouble with the health worker.
- All 'number 2s' are health workers and are practicing their rapport building skills.

Guide: Take one minute to build rapport with your partner. When the trainer calls STOP, give your partner 3 pieces of constructive feedback.

REMEMBER when giving constructive feedback to give your colleague an idea for improvement by changing 'negatives' into 'ways to improve'.

Switch roles and repeat the activity.

5. Discussion



What are the benefits to us as health workers if we are able to establish good rapport and have a good quality interaction?

Your Notes



Research has shown how long it takes to build rapport! How long do you think it takes?

Write the number of seconds or minutes you think it will take to build rapport



Summary Box – Building Rapport

For reference for learners

- Reflecting on the experience of a patient through role play gets you thinking about building rapport, which means building a good relationship with a patient, and helps you to recognise the skills that help you to listen to your patients.
- Health workers sometimes behave differently towards different people because they make judgements about people.
- Health workers need to work towards having an equal approach to patients. The Number One way to show equality is through respect.

Other ways include:

- | | |
|---|--|
| <ul style="list-style-type: none"> • Be approachable • Make eye contact • Smile • Greet the patient • Stand up when the patient enters the consultation room • Use appropriate language • Invite the patient to start the consultation | <ul style="list-style-type: none"> • Ask the patient to be seated • Ensure the patient is comfortable before beginning to talk or asking any more questions • Ask for patient's name and names of any children accompanying |
|---|--|

What are the benefits to you as health workers if you are able to establish good rapport and have a good quality interaction?

- Makes me feel better
- I give a better diagnosis
- My day is more enjoyable
- I get a good reputation
- It makes others around me happy

It takes only 40 seconds to build rapport.

TOPIC 2: ACTIVE LISTENING

Purpose: To introduce the key communication skill of active listening.

Learning Outcomes: By the end of this session, you will:

- 1) Strengthen your skills in self-reflection.
- 2) Strengthen your non-verbal and verbal skills in active listening.
- 3) Recognise the consequences of listening well, and less well, on the patient and consultation outcome.
- 4) Identify ways to listen actively in spite of busy work environments.

1. Introduction to the topic

Reviewing the Self-Observation Activity on 'How do you listen?'

The three steps you were asked to complete were:

Step 1 – How do you listen?



What did you find yourself doing? How did it make you feel?

Your Notes

Step 2 – What were the consequences of the way you listened?



How did listening influence what others told you? How did it influence the quality of your communication?

Your Notes

Topic 2: Active Listening

Step 3 – What did you learn about how your moods affect how you listen?

Your Notes



Guide: Share one thing you have learned about how you listen with the person sitting next to you.

**Learning Point**

It is important that you share your observations with each other: we want you to continue to do this in your daily work.

**2. Principles****What is active listening?**

- *Active listening is an essential basic skill in good communication.*
- *Active listening means to give someone your full attention and try to understand what the person means to say – from their perspective, without judging them.*
- *This means you have to set your own opinions aside for a while.*
- *We show we are listening actively by what we say and what we do.*
- *We call this verbal communication (what we say) and non-verbal communication (what we do).*

Verbal Communication

Guide: You and your colleagues can now think back on the self-observation activity and demonstrate through role play how you showed a patient you were actively listening.

Topic 2: Active Listening

Reviwing the role play



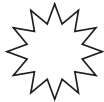
What was SAID that showed the volunteer was actively listening?

Your Notes



What was DONE (WITHOUT WORDS) that showed the volunteer was actively listening to the patient?

Your Notes



Learning Point

There are things you **can say** to check whether you have understood the patient:

- "Do I understand you rightly to say...?"
- "What you are saying, does this mean...?"
- "I hear you saying that ... have I heard you right?"
- You can interrupt, if you do it nicely /gently, with the purpose of understanding better

There are things you **can do** to show the patient you are listening:

- Open body, facing the patient, arms uncrossed
- Eye contact – most of the time (try not to always be looking at your watch, paper or other objects on your desk; when writing notes, try to pause from writing to look up at the patient)
- Smile
- Attitude - sometimes non-verbal communication involves this
- Accept and value what the person says
- Focus on the patient – give your full attention
- Set your own prejudices aside
- Use a welcoming and warm tone of voice (you can still be straightforward and clear, but in a friendly or neutral way, not harsh or aggressive)
- Using the corner of the desk for a consultation (rather than having the patient sit on the opposite side of the desk from you)



Non Verbal Communication

What is non-verbal communication?

- Non-verbal communication is HOW we communicate with others using our gestures, tone of voice, body language and positioning, facial expressions, eye contact.
- Nonverbal communication accounts for about 70% of the communication in an interaction. This has been documented through research. This means that what we DO has more effect on the person than what we SAY. Many people are unaware of this.



Verbal Communication
30%

Non Verbal Communication
70%

Gestures
Tone of voice
Body language

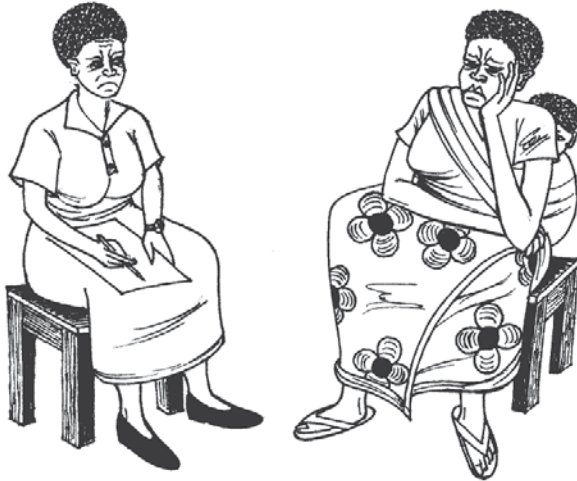


Learning Point

- Verbal communication represents 30% of all communication and non-verbal communication (gestures, body language) represents 70% of the ways people communicate.
- When you use your positive non-verbal skills with awareness, the effect on the patient is usually very good.
- The patient feels you see him/her as a person, the patient feels like you are taking him/her seriously, and so the patient will feel free to tell you his/ her problem, and to listen to your advice, and follow it.

Topic 2: Active Listening

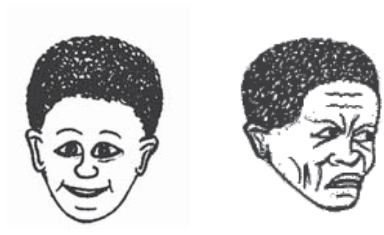
Picture 2



Guide: Write down below what you see that shows good or poor communication in Picture 2.

Your Notes

Picture 3



Guide: Write down below what you see that shows good or poor communication in Picture 3.

Your Notes

3. Practice

ACTIVITY C: Role Play

Guide: In groups of three, one person is the health worker, one person is the patient, and one person is the observer. You will have the opportunity to play two roles this time. Switch after 5 minutes when you hear the trainer call STOP.

The observer will watch the interaction between the patient and the health worker and give feedback on how the skills were put into use.

GIVE FEEDBACK to your colleagues after you have all role played - REMEMBER to provide constructive feedback.

Scenarios

- **Patient:** you are an elderly patient who is a traditional leader in the village. You have a back problem, headaches and joint pains and you are having strange dreams.
- **Health worker:** you are very busy in the health centre and have already seen 15 patients today. However, you are trying to do a good job and put into practice your active listening skills, by using non-verbal communication and checking that you have understood the patient.
- **Observer:** you are a 'fly on the wall'. Position yourself near to the health worker and make notes in your notebook on what she or he is doing well, and what he or she might to do improve. Particularly focus on active listening skills and the consequences of the health workers' behaviour on the patient.

Role Play Feedback



As health worker: What was it like to try to put these skills into practice?

Your Notes



As patient: How did the patients feel in the role play, what was good and what could be improved?

Your Notes

Topic 2: Active Listening



As observer: *What feedback did you note?*

Your Notes

4. Discussion



Learning Point

Active listening skills include both verbal and non-verbal communication.

Skills learned, and to improve

Guide: Following the role play, please share with the group one thing you each felt you did well, and one thing you would like to improve in your listening skills. Please write these skills you would like to strengthen in the space below for your own reference over the next weeks.



What do you feel you did well and what do you feel you could improve in your listening skills?

Your Notes

Consequences of active listening



Learning Point

When you actively listen to patients, the information they provide is different.



How does active listening affect those you are listening to, and how does it affect you?

Guide: If you wish, please write the outcome of discussion in the table below.

How active listening affects others	How active listening affects me

5. Planning

Guide: Think about how you can take these skills back with you to work.



How will you be able to use your active listening skills in your every day work?

Your Notes

Topic 2: Active Listening



Learning Point

Establishing rapport helps put you and others in a good mood, and provide a good basis for constructive communication.



What can you do at the health centre to help you put your skills in to practice?



Guide: Discuss in pairs, for 5 minutes, how you can put your new communication skills into practice. If you wish, write your ideas in the table below, so that you can feedback to the bigger group.

How will I continue to use my communication skills	How to help others use their skills



Summary Box – Active Listening

For reference for learners

- Active listening - is essential basic skill in good communication.
- Active Listening requires full attention and an understanding of what the person means to say – from their perspective, without judging them.
- Health workers show they are listening actively by what they say and do.
- There are two important ways to communicate: Verbal communication (what we say) and non-verbal communication (what we do).
- **Verbal Communication - How to do it:**
 - Use open questions
 - Probe to understand more
 - Check that you have understood
- **Non-verbal communication - How to do it:**
 - Open body, facing the patient, arms uncrossed.
 - Eye contact
 - Smile
 - Attitude
 - Accept and value what the person says
 - Focus on the patient – give your full attention
 - Set your own prejudices aside
 - Use a welcoming and warm tone of voice
- Consequences of active listening:

How it affects others	How it affects me
<ul style="list-style-type: none"> • They give more information about their illness • They are more open • They are nicer • They are less scared • They feel more respected and valued 	<ul style="list-style-type: none"> • I give a better diagnosis from the better information • I feel good because of the positive interaction • My day is more enjoyable • I get a good reputation • I feel more professional

SELF-OBSERVATION ACTIVITY #2: HOW DO YOU ASK GOOD QUESTIONS?

Purpose: Introduce and review the self-observation activity.

Learning Outcomes: By the end of this session, you will:

- 1) Strengthen your skills in self-reflection.
- 2) Understand the self-observation activity steps planned for the next week.

1. Introduction

- During the previous self-observation you looked at how you listen in different situations. You saw what happened to the communication when you listened in different ways, and how your listening was also affected by your moods.

For example, when listening to others:



- Do you try to really listen to find out what their ideas are, or are you more concerned about getting the other person to listen to your opinion and ideas?
- Or do you do a bit of both?
- Do you decide when to do what, or does it happen automatically?
- The next self-observation exercise will focus on “the companion skill” to listening – asking questions.
- These two skills – listening and asking – are what you use most in your work. If you practice these skills well, with awareness, it will make a difference to the quality of your work.

Self-Observation Activity #2: How do you ask good questions?



Carrying out the self-observation activity

There are 3 Steps for this self-observation activity which you can complete over this week as follows:

Self-Observation Step 1

- How do you ask questions to patients? 2 days

Self-Observation Step 2

- How do you interact and discuss with colleagues? 2 days

Self-Observation Step 3

- Staying aware and making changes Continued

Remember these tips for carrying out your observations:

- Carry this page of instructions in a notebook.
- When you plan your workday, plot in one or two times or situations when you know you will be interacting with patients or others, and plan to observe yourself.
- Before the consultation/meeting, read the instructions again to remind yourself what you are looking for.
- Try to be aware during the meeting or conversation how you behave regarding the habit you are observing.
- After the meeting/event, reflect on what you have observed in your own behaviour, and make a few notes in your notebook.



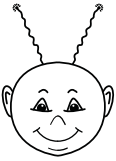
Keep your friend with you to help with your self-observations.

Self-Observation Step 1: How do you ask questions to patients

Asking questions to patients is an important part of your interaction with them. How you ask (and how you listen) will very often determine the answers you get. When you become aware of your asking habits and the response your questions usually get from patients, you can take steps to ask in more effective ways. Here are some ways to help you to see how you are asking questions of your colleagues.

Start the week by observing what kinds of questions you ask during patient consultations. Do you:

- Ask closed questions (to be answered by yes or no) to quickly “get to the point” of the patient’s problem?
- Ask open-ended questions to find out more about what the patient is thinking about his/her problem?
- Give comments on what the patient says, showing whether you think of the patient’s information as important, not important, right or wrong?
- Any other pattern?
- Are my questions automatic, or do I think carefully about what to ask?



Self-Observation Activity #2: How do you ask good questions?

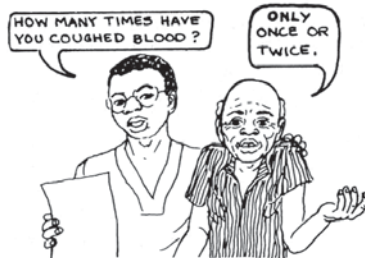
Continue to observe how you ask questions to patients as often as possible.

After a few patient consultations, take some moments to ask yourself:

- **What are the results of asking questions in different ways?**
 - Which questions did I ask that helped the patient to open up and give me information freely?
 - Which questions did I ask that helped me to get a true picture of the patient's situation, and helped me to make a good diagnosis?
 - What kinds of questions did I ask that seemed to force the patient to just agree with me?

Make notes in your notebook about what kinds of questions you ask, and about the **effect** of asking questions in different ways.

A leading question...



A more open question...



A more open question...



A leading question...





Self-Observation Step 2: How do you interact, ask questions of and discuss with colleagues?

In a discussion with colleagues, how do you listen, and how do you ask questions? Are your discussions useful and respectful exchanges of information, or – do you mainly make sure your own opinions and ideas are clear to the other person? The way you ask questions is an important key to answer this question.

Observe what happens during a discussion with a colleague. Pay attention to how you respond to what she/he says, and to how you ask questions.

Do you:

- Respond (automatically) to his/her statements with your own opinion?
- Ask questions to find out more about what the person is thinking?
- Ask questions that are open-ended and get more information from others?
- Ask closed questions to invite (or force?) your colleague to confirm your ideas or opinions (by responding with only “yes” or “no” answers)?

Ask yourself: *Are my questions automatic, or do I think carefully about what to ask?*

Make notes in your notebook about when and how you use the different ways of asking questions, and how you feel at the conclusion of such interactions.

Continue to observe how you ask questions to colleagues as often as possible.

When you are familiar with looking at how you ask questions, add another topic to your observations: **What is the effect of asking questions in different ways?**

- How does it affect:
 - 1) My own feelings?
 - 2) Other persons' feelings?
 - 3) The understanding of each others' ideas?
 - 4) The respect between us?

Make notes in your notebook about the effect of asking questions in different ways, and your reflections on this. Add an example from a discussion, if possible.





Step 3: Staying aware and making changes

Over the next few days, look at your notes from Steps 1 and 2 to understand more about how you ask questions. Continue to observe, and now add the reflections on how you can continue to learn, and make changes on what you have learnt already.

Reflect on the discussions with colleagues or consultation with patients and ask yourself:

- Did I ask questions automatically, or did I decide with awareness which question to ask? Why?
- Did I look at how the colleague or patient felt before deciding what question to ask?
- Are there times I am more likely to ask closed questions that only invite a “yes” or “no” answer?
- What is the effect of my mood on how I ask questions?

As you continue to observe your interactions with patients and colleagues, keep these questions in mind. Write down answers to these questions in your notebook.

Do you see a pattern in how you ask questions?

- Is there a way you are asking questions that seems to function well?
- Are there ways that do not give you information?

Finally, make “a picture in your head” of how you want others to see you.

With patients: Behave with awareness in a way to achieve this, and observe how you feel when you behave this way.

Also observe how the patients behave, and how they feel. Reflect on the outcome for the principles of “patient centred services”.

With colleagues: Make a “picture” of how you want them to see you. Behave accordingly, and reflect on the outcome.

Make notes in your notebook to share with your colleagues at the next PCS training module.



CONCLUSION

Purpose: To close the PCS 01 training and receive any questions or address any questions in the parking lot.



Any comments or questions you may have about what was covered today?

Your Notes

Answers to parking lot questions

Thank you for participating today!

Sharing your experience and insight has been very helpful and informative.

Please use the Learner's Manual regularly to review what you have learned.

Discuss any challenges with your colleagues; they will be most helpful for finding solutions to problems and challenges at your health centre.

Goodbye.



The ACT PRIME Study

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