

Module 2b:

Feedback on observing and reflecting on your own communication skills

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Background for trainer

The purpose of this module is to give participants feedback from the analysis of their baselines and observation and reflection tasks – related mainly to communication skills, and to be presented just before the module on communication theory. By showing participants the **trends** in their answers, they will start to get the sense that they are not alone in what they struggle with, and that colleagues face many of the same challenges as they do – and some others. This helps to reduce the “*I am incompetent when I cannot tackle this situation*”-feeling, and start establishing the common goal: “*We all need to improve our communication skills, and we can learn from each other, and together.*” **This goal is to be reached through continuing the work to strengthen our awareness, and to reflect together on learning, and implications for our work – using the important skill of critical thinking.**

By using examples from participants’ answers, you link directly to their everyday work, and strengthen their sense of pride (at what they have done well), and the sense of the common goal – to face the challenges they all recognize, and acknowledge as relevant to them.

Preparing and presenting this module is also an important part of you as a trainer connecting with the participants:

They will appreciate that you have read and analyzed all their achievements and challenges, and will feel that you are “a team” working towards a common goal – based on a common understanding of the many challenges they face, and appreciation of what they have already learnt during their observation and reflection period.



It is useful here also to refer briefly to the challenges felt by providers in other countries – which you touched briefly in the introduction – to emphasize that the participants are very “normal” – they have the same type of challenges that other providers have. The challenges come with the profession – and many of the solutions to the challenges come with use of constructive communication skills and learning to manage emotions.

When showing the learning needs they have identified, you can link this to the topics in the programme – and thus reinforce the usefulness of the skill of *taking responsibility for their learning*: When they spend time observing, reflecting on and identifying their needs, and reporting on them in their task assignments, the course organizers will make sure these needs are met in the training course. *Taking responsibility becomes a win-win situation.*

You should also link this to the exercise they did when introducing themselves and identifying their needs/expectation, and refer to the flipchart on the wall: Are the needs the same?

There are two other feedback modules – one on emotional aspects (3a, to be presented just before the module on management of emotions), and one on research (to be presented just before the research module, if research is part of your agenda, and programme). The purpose of splitting

them up is to create direct relevance to the main subject being discussed – and let participants link to a limited amount of the many issues they have observed and reflected on, at a time.

Notes when developing this module

1. **How many examples?** There may be many examples you want to share with your participants, and they may appreciate this feedback. However, it is easy to get “lost” in choosing and reading out too many examples – you have to balance between making your points, briefly, and – pleasing them/giving them something (more) they would enjoy. One good solution is – to choose few examples for the main presentation (in the interest of time), and choose more examples to add at the end – and give participants a copy of the presentation to read more examples for themselves.
2. **Choose your style:** You need to choose the style you want to use – see examples and discussion after the slides. In the presentation here, we have included slides from the first four groups run in Kilifi, to give you a sense of the variety of ways to present – but still within a logical flow which takes participants through the main parts from their baselines and observation tasks.

Notes when facilitating this module:

1. **Note the trends:** The purpose here is simply to give examples from their observations and reflections back to them in a logical and organized sequence, to acknowledge the good work, and **note the trends**, for example:
 - The majority of you noted...
 - A few noted..
 - About half of you said... (e.g. when reporting from the baseline)

2. **Emphasize importance** – link to the course learning: **BUT – DON'T TEACH!**

Add comments like e.g.: “This is a very important skill – when you listen to people well, they often open up”; or “These observations point to important issues which we will deal with in the course”.

Don't teach: It is very tempting to use the examples to start teaching. DON'T, in this module.

Also do not add your own experiences or bring in other issues:
This is about their experiences and observations, only.

3. **Ask questions** for confirmation, e.g.

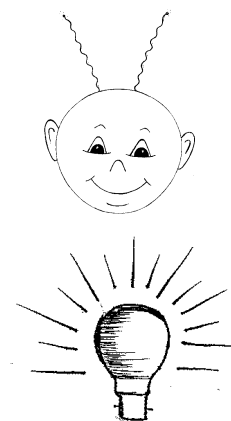
- Is this the case?
- Is this common?

When asking these questions – use **the impersonal style**: This allows them to reflect on and relate to the examples, acknowledging them as relevant to their situation – without being “put on the spot”, personally.

DO NOT ask questions like:

- Do you remember this example?
- Do you realize this problem?

These questions will “force” people to remember (*which is cognitive*) rather than to reflect and relate (*which is cognitive and emotional*). When asking such questions, **answering** becomes a challenge (which is not the point at this stage), rather than **reflecting**.



The Overall/Meta-Message you want to give them is:



- We have read your observations, and analyzed them
- Here is a summary of what you have said, as a group
- You have done a lot of important work, and learnt a lot about yourselves
- This is a very good basis for your learning in the workshop
- Now, we will get on with this learning.


Time needed: 15-20 minutes


Materials needed: None

Facilitator/co-facilitator roles: Co-facilitator can read some of the examples, if no one volunteers from the participants to read. This helps to create variation.


Presentation slides: Comments, questions, main points to bring out

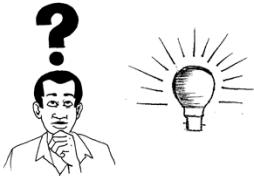
<p>Communicating with awareness and emotional competence with patients and colleagues</p>  <p>Feedback on communication skills from baseline and observation tasks</p> <p>Basic workshop Kilifi</p> <p>Mwanamvua Boga, Jane Monenye, Lennox Baya Ane Haaland</p>	<p>Introduce the module in your own words. Thank them very much for their thoughtful work, contributions and reflections.</p> <p>Main points: The work they have done is very important, for them (<i>they have learnt</i>), and for us (<i>we have used it to understand well what your issues are, and to develop the course</i>).</p> <p>All the examples we have used are anonymous, and we have picked them to illustrate main trends/points in the answers.</p>
<p>Contents</p> <ol style="list-style-type: none"> 1. Strengths when Communicating with parents, patients, colleagues and supervisors 2. Effects of communication 3. Information and communication you give to patients and colleagues, and how you help them understand 4. Communication skills challenges, and perceived causes of the problems 5. Insights/MSC 6. Learning needs 	<p>Summarize the main topics you will report on. Add – that there will be another feedback session on issues related to emotions, and one on research issues (if relevant).</p>
<p>Using good communication skills</p> 	<p><i>Introduce each new section with a picture, to help participants sort the concepts well.</i></p> <p>Introduce the topic in your own words</p>
<p>Which skills are you good at, with patients?</p> <p>All participants acknowledge some strengths. Main trends:</p> <p>Listening(9) <i>“Am a good listener e.g. I can listen patiently to someone talk for a long time without interrupting or cutting them short so as to get the full information.”</i></p> <p>Giving instructions/explaining reasons (6) <i>“I am good at explaining the reasons for taking drugs correctly as prescribed and also nature of disease. Example I had a patient who didn’t want to take HAART, yet she was eligible I explained to her the importance at length and finally she agreed”</i></p>	<p>Read out the slide: This is what you said you are good at.</p> <p>Add: It is important to acknowledge what you are good at. This can help build empowerment, and open you to new learning.</p> <p>Note: The numbers in brackets indicate how many said this, from analysis of the baseline</p>

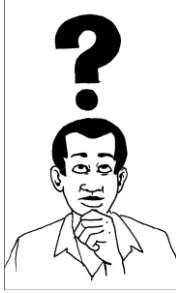

<p>Other skills you are good at</p> <ul style="list-style-type: none"> • Greeting/creating rapport/make patients comfortable (4) • Deal with fear and anxiety (2) • Communicating in patient’s own language/be at the same level/take time (4) • Giving feedback-2 • Empathy -1; Openness-1 <p><i>“I am good at creating rapport. Ex: I start by greetings, if possible handshaking, then introduce myself by even giving my name, then proceed”</i></p>	<p>Read out the slide</p>
<p>Good skills with colleagues/supervisors</p> <p>Common skills</p> <ul style="list-style-type: none"> • Listening to colleagues (13), to supervisor (1) • Communicating with respect (4) • Giving good feedback • Handing over clear report to colleagues • Other skills: questioning (2), respect and ask supervisor for opinion (2), seeking to understand others views (2), Pass information (2) 	<p>Read out the slide</p>
<p>Skills you are not so good at</p> <ul style="list-style-type: none"> • Listening (12) • Handling emotions (6) • Listening and asking question (3) • Interpreting non-verbal communication (2) • Other (1): Giving constructive feedback, Respect, Patience, Convincing patients, Judgmental <p><i>“I am not good at listening to long stories especially during admission. I get irritated so fast so I will only take what is important”</i></p>	<p>Read out the slide.</p> <p>Add: It is important to also acknowledge which skills you need to improve: This builds motivation to learn</p> <p>Explain/point out: Many of you said that you were good at listening, but even more said – this is a skill you need to learn. We will work on this most essential skill in the communication module, next – and keep the attention on listening throughout the workshop.</p>
<p>Effects of good Communication on Colleagues and Patients</p> 	<p><i>Introduce each new section with a picture, to help participants sort the concepts well.</i></p> <p>Let us look at what you have observed regarding what are effects of how you communicate</p>

<p>Effects of good communication on Patients</p> <p>Patients understand instruction and cooperate in care (9)</p> <ul style="list-style-type: none"> ➤ <i>“That elaborative and simplified explanation made the mother of the child with a head control problem understand the problem the use of a cervical collar and co-operate in the treatment plan, hence the child gains head control”</i> <p>Open up and motivation to communicate freely/confidence (5)</p> <ul style="list-style-type: none"> ➤ <i>“My giving the mother an ear, she gained confidence that at least someone listen to her”</i> <p>Reduce patients anxiety and fear (2)</p> <ul style="list-style-type: none"> ➤ <i>“The mother who appeared anxious initially now looked calm and opened up to me and we communicated freely concerning her child”</i> 	<p>Read out the slide</p>
<p>Effects of good communication on Colleagues and supervisors</p> <p>Good relationships (mutual understanding) (11)</p> <ul style="list-style-type: none"> ➤ <i>“There was harmony at work, we understood one another well”</i> <p>Appreciation/Respect for one another (5)</p> <ul style="list-style-type: none"> ➤ <i>“In both situations they showed appreciation and I did not sense bad reaction”</i> <p>Confidence and trust in one another (3)</p> <ul style="list-style-type: none"> ➤ <i>“He gained a lot of confidence with me, I carried out the inspection on the specified areas and compiled a report which I presented to my supervisor, he took it forward to the plan hence helped the specific health centre to improve in this in the standard provision of health care”</i> 	<p>Read out the slide</p>
<p>Information and Communication to patients</p> 	<p><i>Introduce each new section with a picture, to help participants sort the concepts well.</i></p> <p>Explain: This section is about how you give information to and communicate with patients, and how you think patients have received this information.</p>

<p>What info do you give patients - At admission: Emotional care: Information that deals with patients' fear and anxiety (11) <i>"I create a rapport with the parents and thank them for bringing the child to hospital. I ensure they are aware that the child is very sick and assure them that the medical team will give their best. Then after settling the child in bed I do an orientation of the ward, where bathrooms are etc"</i> <i>"Acknowledge and calm the patient: that what the parent has done is the best, so as I alleviate any guilt feelings, reassuring that we are going to do our best at our capacity and perhaps refer when appropriate; Educate the client on the condition."</i></p>	<p>Explain/introduce: Many of you observe that patients or parents have fear and anxiety, relate this to observations when you are admitting the patient, and use communication skills to take care of these emotions.</p> <p>Read out the slide or ask for volunteer to read.</p>
<p>At admission.... Medical information (7) <i>"I will inform the parent of the nature of illness of her child and the possible diagnosis. I will inform her about the treatment the child has been prescribed, I will inform her about lab investigations for her child"</i> Others: describe measures that could reassure patients: Orientation to ward environment (2); and feedback on progress</p>	<p>Introduce: Some focus on giving medical information.....</p> <p>Read out the slide</p>
<p>How do you make patients understand information? Give information in clear way/simple language (6)</p> <ul style="list-style-type: none"> ➤ <i>"I try and explain things in a simple way, usually repeat what I have said, ask them if they have understood and sometimes ask them to repeat what I have said...give them a chance to ask question. While doing this, examine their facial expressions"</i> • Explaining importance of the information (2) • <i>"I try to let them know why they need to act in certain manner/when they gain from following the advice</i> • Ask them to repeat (3) 	<p>Introduce: Some of you say you pay attention to giving information simply, and clearly, to make patients understand.</p> <p>Read out the slide</p>
<p>How do you make patients understand information? Creating conducive environment, talking to them nicely/friendly (4)</p> <ul style="list-style-type: none"> ➤ <i>"Before I give them advice, I create an environment which is conducive and tend to create an interpersonal relationship between the parent and myself e.g. I can start by creating a joke which makes the parent laugh then there I start my speech"</i> <p>Explain, then ask for return feedback question (3)</p> <ul style="list-style-type: none"> ➤ <i>"I explained to them and ask them questions and make sure they understand, and also give them time to ask me questions to verifying any query they have"</i> 	<p>Introduce: These are some other methods you use</p> <p>Read out the slide</p>

<p>Why do patients follow advice</p> <p>Explained the benefits/importance and outcome (17)</p> <ul style="list-style-type: none"> ➤ <i>“When the parents become comfortable with the situation and are ready to work with you and are willing to work together”</i> <ul style="list-style-type: none"> • Others: when you listen to them, HP confident, show emotional support 	<p>Read out the slide</p> <p>Emphasize the importance of what the majority has observed here:</p> <p>Most of you have seen that explaining WHY patients should do something is very important to the patient cooperating well, and following advice. We will learn more about this in the course.</p>
<p>Major communication challenges</p> 	<p>Introduce the challenges providers have noted</p>
<p>A. Providers’ own limitations</p> <p>The majority (22) felt the problems they are encountering are related to their own lack of skills:</p> <ul style="list-style-type: none"> • Lack of communication Skills (10) <i>“The cause of the main communication problems is lack of communication skills and we need to be sensitised, taught on good communication skills “</i> • Lack of skills to handle own and patients’ emotions (12) <i>“I become judgmental because of the traditional charms on the child’s waist whereby I told the mother to cut it before I could attend to her”</i> <i>“I think mainly communication becomes a problem when we don’t know how to deal with our self in the 1st place.”</i> <p>Other challenges</p> <ul style="list-style-type: none"> • Hierarchy/superiority complex (9) • Not patient (1); Judgmental (1) 	<p>Note: When reading out these slides, emphasize what the participants have identified as a main cause of problems with patients (not) following advice: Their own lack of skills. <i>Only very few (in all the groups in Kilifi) “blamed the system” for the problems.</i></p> <p>Implications: The problems can be solved, and the main problem-solvers are they themselves – with improved communication skills.</p>
<p>Why they did not follow advice?</p> <ul style="list-style-type: none"> • Patient’s limitations (10) <i>“Because she used cold water to tepid sponge the baby as she thought I said she should tepid sponge her baby with boiled cold water. Did not understand ‘luke warm water”</i> • Noting H/workers own limitations (7) <i>“There was a mother whom I advised to tepid sponge her baby with Luke warm water; but she didn’t understand the “Luke warm water” she boiled the water and let it cool then she tepid sponged her baby with this cold water”</i> Others: healthy systems/policies/workload(2) 	<p>Perceived causes of problems:</p> <p>Note to trainers: <i>This slide and the one below are from the first group of providers being trained in Kilifi. It shows that the first group had a higher tendency to “blame the patient” for the problems, while later groups have said it is the health providers’ own limitations that are the main causes of the problem. You may see similar trends in your own groups.</i></p>

<p>Why they did not follow advice</p> <ul style="list-style-type: none"> • Not explained the importance/implications of following or not following the advice (14) <ul style="list-style-type: none"> ➢ <i>"I had not explained to them the importance of keeping their babies warm, until I did so when every mother was scared of the disadvantages and decided to wrap her baby well and took the advice positively"</i> • Patients followed their traditional methods/ beliefs rather than HP advice (7) <ul style="list-style-type: none"> ➢ <i>When a child was malaria positive I told the mother that every morning the bloods will be taken till the day it will be negative but instead she complained that bloods were taken for devilish issue</i> 	<p>Read out the slide (NOTE: This is from later groups)</p>
<p>Challenges: Supervisors</p> <p><i>"There are times they don't want to listen, especially the supervisor, they have the tendency that a junior cannot tell them anything".</i></p>	<p>Read out the slide</p>
<p>Learning needs</p> <ul style="list-style-type: none"> • How to manage emotions – mine, others' • How to handle angered relatives/patients • Control anger – "I am still very far but I am trying my best" • How to control stress • Handling terminally ill patient • How to manage short tempers <p><i>"I need to be patient, not act out of impulse, be tolerant, calm and have confidence in trying situations".</i></p>	<p>Read out the slide: This is what you said you want to learn more about:</p>
<p>Insights on how to communicate</p> 	<p>Explain: Many of you have learnt a lot on your own when observing and reflecting on your communication skills. Here are some of the insights you have shared with us:</p>
<p>Asking questions</p> <p><i>"I have a challenge in asking questions to find out more what the other one is saying, Most of my questions are close ended requiring yes/no answer. When I let my feelings take control over me I end up becoming impatient ask close ended questions, hence not listen to what the person is saying"</i></p> <p><i>"I listened attentively and framed my questions well, to avoid judging her. I did not want to interrogate her; this could have scared her to open up. So I avoided questions like "why", and used "How", "what", in order to make her talk out her issues"</i></p> <p><i>"I feel most of my patients do not have time to explain more on what their problems are because I don't give them time to do so."</i></p> <p><i>"I later realized that I had been harsh to others, quick to blame other people for any mistakes that happens, not realizing that I could have also contributed to the outcome of the incidence"</i></p>	<p>(Possible examples) NOTE: Choose at least 3-5 examples, to confirm their learning. Inform them that you have added more examples at the end of the module, which you will give them, to read for themselves.</p>

<p>Have we captured the main issues? Do you have questions?</p> 	<p>Ask them to reflect for a moment, talk with the person next to them, and come up with questions or comments/other issues</p> <p>NOTE: Do not go into a discussion here – take brief comments, acknowledge, and move on to the communication module (after a short break!)</p>
<p>Additional examples: Insights on how to communicate</p> <p><i>“It was amazing that I could give her a lot of time just listening to her without interrupting..... . It was amazing to me how just listening could work magic”</i></p> <p><i>“I learnt to consciously watch my form of non-verbal communication that may have a negative influence on effective communication</i></p> <p><i>“I learnt that it is good to listen to people explain their views first until when they finish then chip in.”</i></p> <p><i>“I realized that I used to pay attention to other people more than my children because after work I am tired and worn out, so I could not have time to discuss with them, I used to ask them close ended question like, ‘have you done your homework?’, ‘have you eaten?’ ‘How is school’ and they use to answer either ‘Yes’ or ‘No’, but nowadays I give them open ended question like, ‘tell me about school”</i></p> <p>Even a fool has something to say: <i>“I came to learn that if procedures and activities pertaining patients are not clearly explained to the parents misunderstanding may arise. Clinicians and nurses should ensure that thorough detailed information is delivered to clients so as to prevent misconceptions of the activities. No matter the workload, LISTEN! Even a fool has something to say, so you better listen!”</i></p>	<p>Other insights: These could be included in the examples at the end of this presentation (to be handed out to the participants, to read on their own).</p>
<p>Verbal and non-verbal promotes good communication</p> <p>➤ <i>“I have realized the way I talk/react to situations both verbal and non-verbal has a lot of impact on whoever am communicating with. At times it promotes good communication and somebody feels free expressing him/herself to me”</i></p> 	

Choosing how to analyze and report on the feedback

NOTE: See section on “How to analyze baseline and observation tasks” in chapter 4 (Planning and implementing the training), and then use the results to choose how you will develop this presentation, and the other feedback-presentations.

There are several ways to use the analysis to describe the feedback from participants.

Using examples gives depth and life to the topics: Just reporting about how many reported effects in different ways, becomes boring.

So – whatever method you choose – be sure to illustrate with some real examples!

One way is to describe in sentences/make categories of what e.g. the effects are (from analysis of baselines), and give an example under each major category or trend, e.g.:

Effects of good communication on Patients

Patients understand instruction and cooperate in care (9)

- *“That elaborative and simplified explanation made the mother of the child with a head control problem understand the problem the use of a cervical collar and co-operate in the treatment plan, hence the child gains head control”*

Open up and motivation to communicate freely/confidence (5)

- *“My giving the mother an ear, she gained confidence that at least someone listen to her”*

Reduce patients anxiety and fear (2)

- *“The mother who appeared anxious initially now looked calm and opened up to me and we communicated freely concerning her child”*

Another example of making categories and more elaborate summary sentences, followed by an example:

Effects of good communication on Colleagues

Good relationships (mutual understanding) (11)

- *“There was harmony at work, we understood one another well”*

Appreciation/Respect for one another (5)

- *“In both situations they showed appreciation and I did not sense bad reaction”*

Confidence and trust in one another (3)

- *“He gained a lot of confidence with me, I carried out the inspection on the specified areas and compiled a report which I presented to my supervisor, he took it forward to the plan hence helped the specific health centre to improve in this in the standard provision of health care”*

Another option is to write briefer statements of effects, and add an example at the end:

Effects of good communication on Patients

- Patients feel free to give more information (7)
- Appreciate (5)
- Patients cooperate (3)
- Calm down (3)
- Grateful (3)
- Builds trust (2)
- Understand (2)
- Follow advice (1)

- *“The client felt she was at least given an ear and was able to pour out her heart to someone who treated her without boundaries. She then accepted to continue taking medication positively and seeking support where necessary.”*
- *“The effect is that the parents are able to open up and tell me most of the things or problems they have or whatever history I want to get from the patients.”*

There is no “right” or “wrong” way to present results of the baseline and observation tasks – you should choose what you are most comfortable preparing, and – what you think will give appropriate feedback to your participants. The aim is to show them you have read, appreciated and used their work to prepare the course.

A good way to find out if you are “on track” is to test the presentation with your trainers, and get feedback from them.

Some more examples:

Effects of good communication: Provider

Cooperation (3)

- *“The patient consented and I inserted an NGT”*
- *“The parent was satisfied because initially he had refused an I/V line fixing, claiming that the child is not improving, but later accepted”.*

Improved work performance (3)

- *“It was great, it improved the work adequately. I was able to get new ideas on areas to improve through good communication”*

Additional examples of insights and learning:

How to use communication skills:

Listening

- *“It was amazing that I could give her a lot of time just listening to her without interrupting..... It was amazing to me how just listening could work magic”*

Interjecting is a common challenge

- *“I usually do not listen well to others. I always formulate responses before I even listen and that’s why I sometimes do not respond well, even though I would have had the right response just in case I gave my full attention to the one talking and try to understand his/her point of view. Most of the time, I am not patient enough to listen and that’s why I usually interrupt others during a conversation. I feel uncomfortable/ bored listening to something which I feel I already know”*
- *“Some of the bits that I have learned that hinder good communication is interjecting when one is talking, making faces when one is talking, and sometimes even laughing in some situation annoys people”*

We need to listen and to appreciate people’s opinion

- *“Patience and listening skills is often necessary as we engage in dialogue with other people. We need to appreciate people’s opinion and be ready to share our own without necessarily forcefully making other people accept our point of view. I will always listen more and probe for people’s point of view”*

- *“This experience real touched me and felt for sure if all patients/parents could be given enough time to be listened to them there could be good relations between staff –patient and there would be very minimal misconceptions about the organization”*

Non-verbal communication

- *“I learnt to consciously watch my form of non-verbal communication that may have a negative influence on effective communication*

Asking questions

- *“I realized that I used to pay attention to other people more than my children because after work I am tired and worn out, so I could not have time to discuss with them, I used to ask them close ended question like, ‘have you done your homework?’, ‘have you eaten?’ “How is school” and they use to answer either ‘Yes’ or ‘No’, but nowadays I give them open ended question like, ‘tell me about school”.*
- *“I have a challenge in asking questions to find out more what the other one is saying, Most of my questions are close ended requiring yes/no answer. When I let my feelings take control over me I end up becoming impatient and ask close ended questions, hence not listen to what the person is saying”.*

I would just hear myself talk! And realized the need to change

- *“After a series of self-reflections as per the observation tasks I started feeling I needed to change. In meetings for instance, I would just hear myself talk and explain things while the rest keep quiet and rarely contribute. I felt like I am sort of judgmental and conclusive. I thought to myself that this is not right. I have also learnt that in allowing people to share or give their opinion, they own it”.*