

Building the gold standard communication strategy in patient care



Basic communication theory,
skills and practice

Ane Haaland and Mwanamvua Boga
All participants

Referencing and acknowledging the iCARE-Haaland model

- *Please feel free to use and adapt the material in this presentation, and the model it is built on, by referring to the model, and the author:*
- This presentation is adapted from «***Building the gold standard communication strategy in patient care***», which is part of the learning materials in the iCARE-Haaland model. The author is Ane Haaland, with Mwanamvua Boga. See <https://connect.tghn.org/>
- The authors' names should remain on the presentation, with new authors added.

Objectives

1. To strengthen knowledge about and skills in using the following communication techniques:
 - a) Developing awareness
 - b) Information and communication
 - c) Constructive feedback and appreciation
 - d) Non-verbal communication
 - e) Active listening
 - f) Asking open questions (The Meta-Model)
2. To strengthen awareness of
 - ✓ The influence of attitudes and emotions on communication
 - ✓ The effect of communication on the other person,
3. Strengthen skills on how to choose right strategies, and understand how they work

Communication theory



Principles and methods to inform and communicate through channels:

Interpersonal – person to person, and media/print, and social media

Demo: Good interaction between patient and provider



Demonstrating good interaction provider and patient

Discuss in groups; reflect:

- What did the provider do to communicate well with the patient?
- What was the intention of the provider?
- How do you think the patient felt?
- What could provider do better?
- Be **constructive** in your feedback



Reflection – what did the provider do?

Skills used in the demonstration

1. **Recognize emotions and take a step back** from automatic reactions
2. Create a **conducive atmosphere**
3. **Listen** attentively and politely
4. Show **empathy**
5. Show **respect**
6. **Apologize**
7. **Ask questions** to clarify issues
8. **Avoid rushing** to explain her view
9. Check for **understanding**



Summary: Why does this interaction work well?

The actions of the nurse/Dr make patient:

- Feel **safe**
- Feel **valued** as a person
- Feel **respected**
- Feel that what she has to say, is **important**
- Feel free to **ask** about her concerns

Buzz:

- *What is the likely effect of this kind of interaction on patient motivation to follow advice?*
- *What is the effect on the health provider*

Example: Listening well

- *“A baby was referred to KNH and the mother did not want to go, despite the baby being very sick with heart conditions. So, I had to listen to her well the reasons why she didn’t want to go. I asked her questions to know more and to understand.*
- *So, after listening to her I came to conclude the mother had no money so she was worried what will happen there and yet even she had no relative to go with her or to consult. The husband had left her, and her parents died so that’s why she could not accept. After talking to her to give my opinion and giving hope to the mother, she was willing to go. I felt good that my listening skills were effective.”*

How to become a good communicator

- Interpersonal communication skills are the basis for good work in strategic communication, and for building a professional relationship. Start:
Awareness
- You need **practice** to master skills
- Understanding ***effect of communication on the receiver*** is of key importance
- People **act** because of **emotional issues**, NOT on cognitive understanding alone

Foundation for good communication: **Conscious attitudes & intent**

- **Respect:**
 - Basis for building trust
- **Genuine openness:**
 - Listen, not judge
- **Appreciation:**
 - See patient as person
- **Conscious intent:**
 - Provide good, safe care
- *We will learn about these in «Emotions-module»*

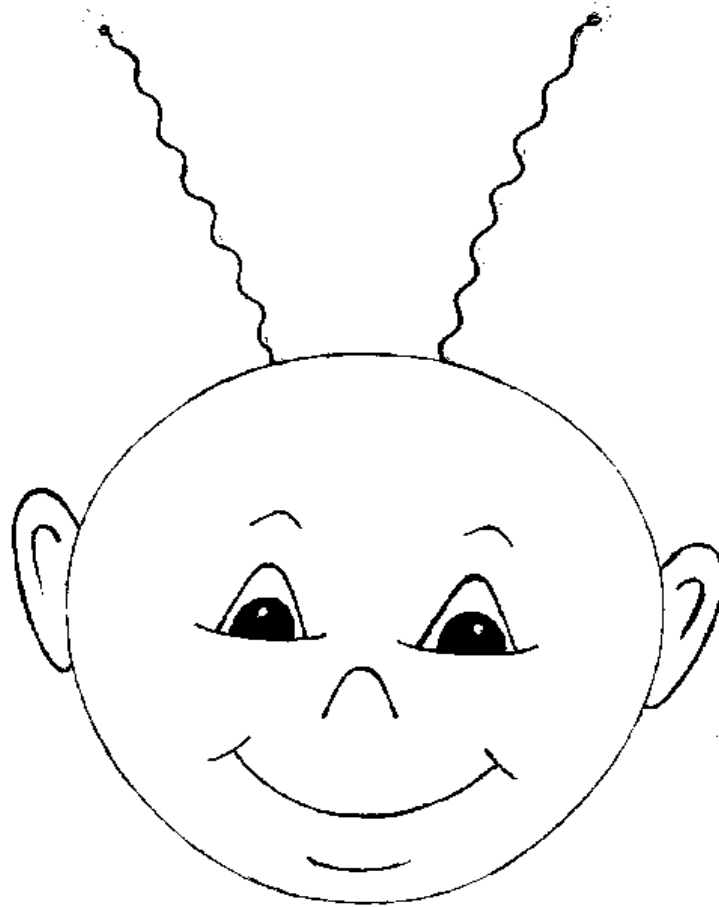


Participant's example

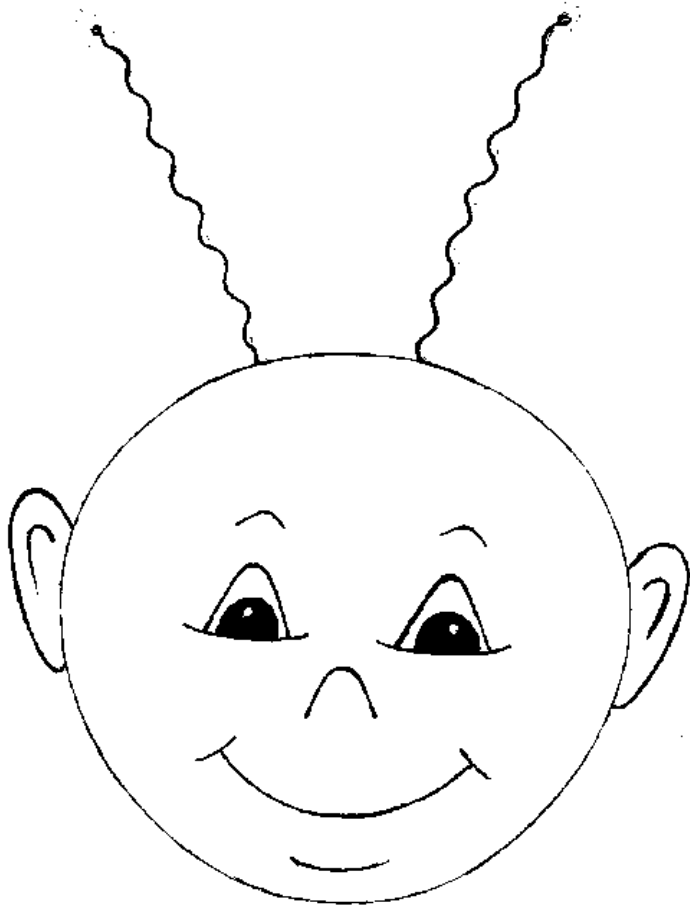
“I took a moment to truly look at the person...”

*“I wanted to explain to her how we don't have the staffing and that I have other people to see, but instead, remembered what I've learned over the past week about communication and listening. I hadn't truly been listening when I was putting in her IV because I was focused on that task. I decided to stop myself from rushing out the door **and took a moment to truly look at the person, not patient, before me.**”*

The basis for all conscious communication:
Awareness



Why create awareness?



When we start to
really SEE,

and pay attention to
what we see –

we start to change

Examples from participants

- *“I intend to have Big ears and a small mouth”*
- *“My journey to self-discovery has been interesting. It’s amazing how much people can tell when given a listening ear. I discovered that giving others an opportunity to express themselves leads them to confide more than what they had anticipated, rather than interrupting and judging them as I used to. For me....my new Motto is "patience pays”.*

Examples from participants

“ Am actually not a good listener. I realized that I tend to interrupt so much during conversation with my client, dominate so much and also assume what my client wants to say next, hence I either get the client wrongly or leave the client not fully attended to because they did not express themselves fully.”

“I really need to improve on my listening, allow client enough time to express self, avoiding being judgmental and avoid interruptions during when client is expressing him/herself.”

Communication skills basics (1)

Information and communication

How do you know if you have been heard?

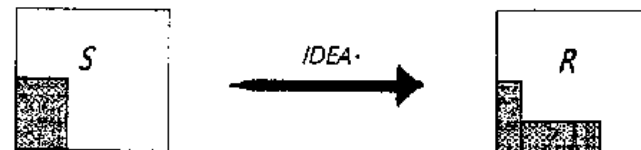


The information approach: **Transmission** of information

- What is the effect of the one way approach, on the patient?
- Where is the provider's focus?
- ***When the patient does not follow advice – whom do we blame?***



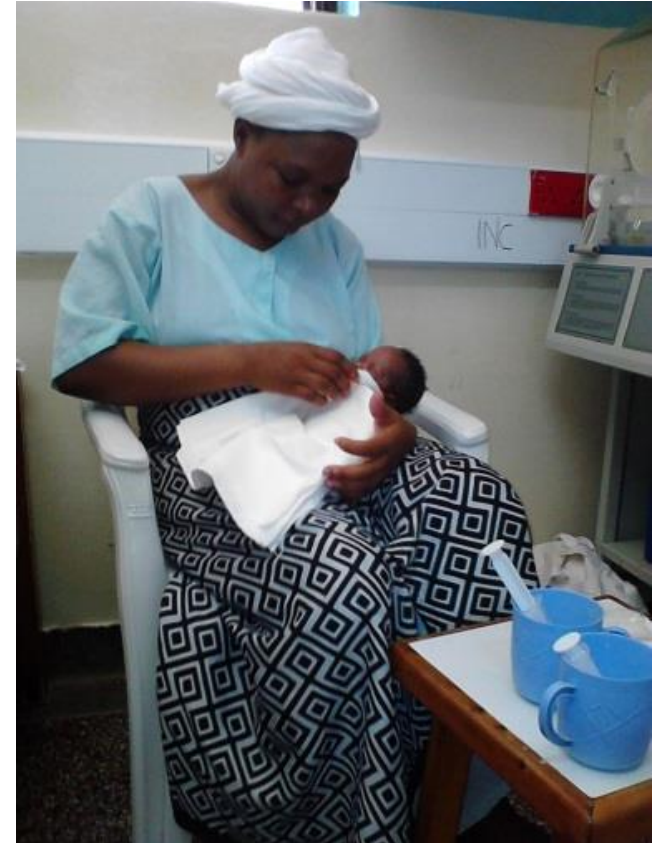
B: INFORMATION A: ONE WAY PROCESS



IDEA MAY BE DISTORTED. NO WAY OF FINDING OUT

Participant's example

- *“A mother is transferred to the KMC with babies weighing 1.4 and 1.5kgs breastfeeding. I counsel her on the weights and importance of expressing milk, she expresses the milk and leaves it in the cup and continues to breastfeed.”*
- *“It was a one-way communication, I should have talked to her, listen to what she had to say and make her understand.”*



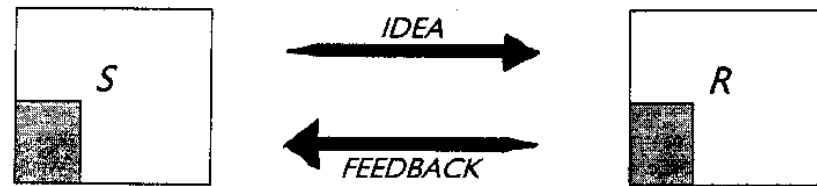
The communication approach:

Focus: Interaction and relationship

- What is the effect of the two ways approach, on the patient?
- Where is the focus of the provider?



THE SENDER-RECEIVER MODEL OF COMMUNICATION



NEED FEEDBACK TO ENSURE CORRECT IDEA IS UNDERSTOOD BY 'R'.

Transmission of information or communicating in an interaction – different effect on receiver



B: INFORMATION

A ONE WAY PROCESS



IDEA MAY BE DISTORTED, NO WAY OF FINDING OUT



THE SENDER-RECEIVER MODEL OF COMMUNICATION



NEED FEEDBACK TO ENSURE CORRECT IDEA IS UNDERSTOOD BY 'R'.

Communication skills basics 2:

Listening with ears, eyes and heart



- What is it *to listen with ears, eyes and heart?* (active listening)?
- How does it feel, when someone is *really* listening to you?
- Can someone demonstrate how to listen with ears, eyes and heart?

Reflective exercise

How well do we listen to our patients?

In pairs:

Share with the person next to you how you handled a **patient** you felt was a real challenge, differently, by using the listening skill



Reflect on what you think the patient needed, and about how well you think you listened

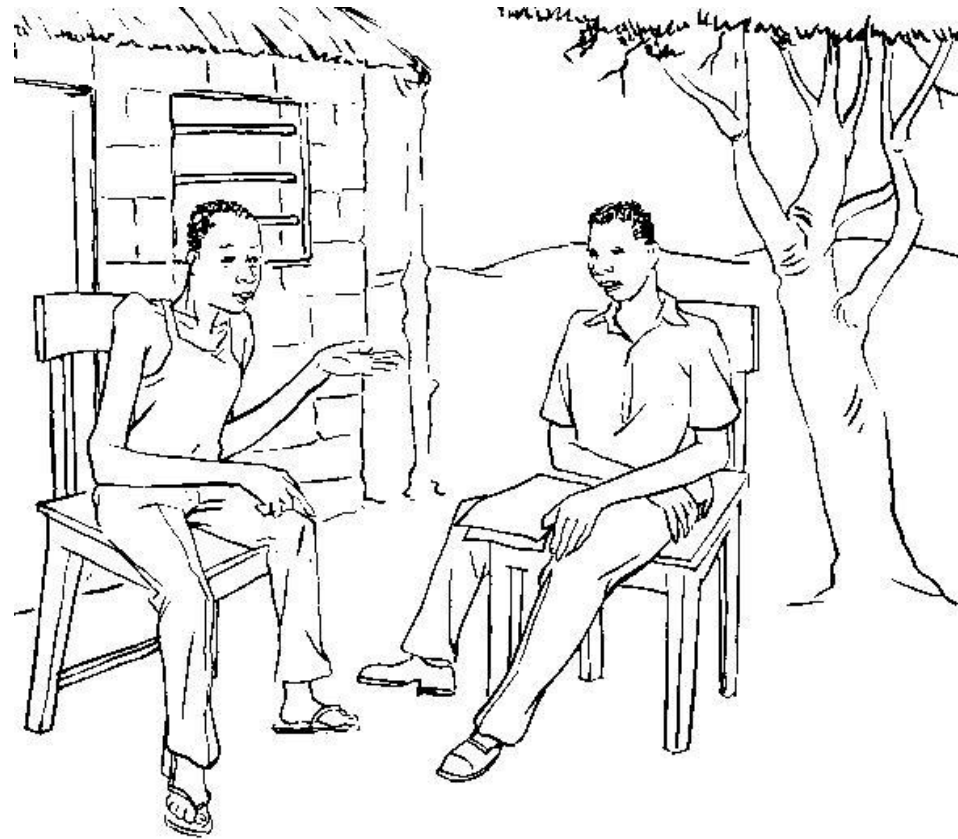
Your partner: Listen well, try to understand you

After giving the example – reflect together:

- *What do you think can be reasons why some patients appear 'difficult, or challenging'?*

Listening with ears, eyes and heart is:

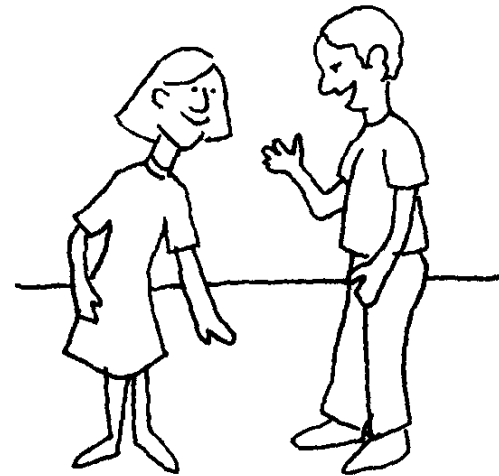
- To give someone your ***full attention***
- Try to understand what the person
 - ***means*** to say –
 - from ***their*** perspective,
 - ***without judging*** them



Active listening

Why Listen with ears, eyes & heart?

- Best way to get good information
- Makes you feel good (full attention)
- Stimulates openness and creativity: Easy to formulate own ideas and opinions
- Feel respected and valued, personally and professionally
- Can find *intention* of the other person



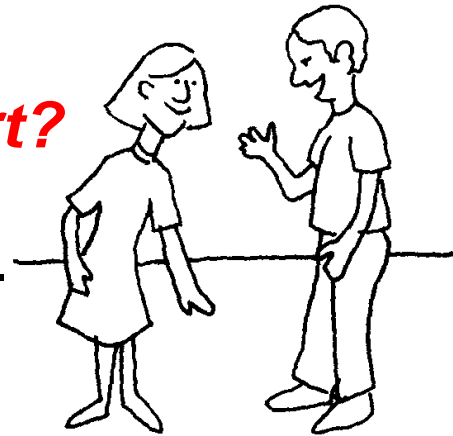
Participants' examples

- *“I realized good listening is letting the other person speak, understanding what they are saying, asking open ended questions to understand what they are thinking and then and only then giving my own opinion. This lengthens the conversation and people will always know whether you are really listening or thinking of what you want to say next and they will feel that you are not paying attention to them but to yourself”*
- *“People like to be listened to. I just need to listen and ask questions for clarification and give my views after understanding them and they will be more than willing to continue talking and the conversation will continue on and on”*

Active listening

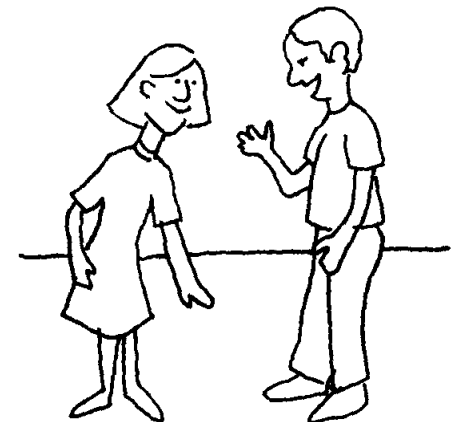
How do you Listen with ears, eyes and heart?

- Show ***interest***, both verbally and non-verbally
- Accept and ***value*** what the person says, and the emotions behind
- Set your own ***prejudices*** aside
- Use ***open questions***. And probe
- ***Focus on partner*** - give full attention
- Communicate positive feelings ***non-verbally***
- ***Check out*** that you have understood



Participant's example

- *“I used to think that listening is a passive activity, but I was wrong because it is **active and it means participating and caring** by me for the listener. I learnt that I am responsible of attempting to grasp **emotions often veiled behind the spoken word**. In active listening, I have learnt that I simply **lay aside my personal feelings** in order to understand/assist the client in her conversation”*



Active listening

What disturbs listening with ears, eyes and heart:

- **Judge/evaluate** what the person says, does or feels
- Think about **own response/think** about other things
- **Inject comments** that “show” you know better



Why is Listening with ears, eyes and heart difficult?

- Bad habits (judging without thinking)
- Standing up for ourselves/ideas: Culture values strength
- Good listener is seen as feminine, weak?
- ***Awareness, practice and feedback is needed to improve this skill over time.***



True, or false?

1. Active listening is to give someone your full attention
2. It is ok to interrupt the person to make sure you get your questions answered
3. If you are judging what the other person says, and show this non-verbally (on your face, with gestures etc), it does not influence the other person
4. We often judge people as being stubborn or ignorant when they don't want to listen to us.
5. Active listening is the best way to get good information
6. It is not important to set your own prejudices aside while listening
7. When someone listens fully to you, it feels very good, and you feel like opening up and giving more information/talking more

- 8. You can use closed questions to make the person see it more from your side, and lead the conversation more in your direction. This does not influence if the person feels you are listening to him/her
- 9. It is not necessary to probe to get deeper information. Just let the person talk till he/she is finished
- 10. Active listening makes you feel respected and valued, personally and professionally
- 11. AL makes you listen more deeply, so you can understand the intention of the other person (rather than just discuss on a superficial level)
- 12. You get the full understanding of what another person wants to say after the first few sentences, it is not necessary to waste time and listen for a long time
- 13. AL stimulates openness and creativity: it is easy for the other person to formulate own ideas and opinions

- 14. When you listen actively, you try to understand what the other person means to say, from their perspective, without judging them
- 15. It is not possible to listen and set your own ideas aside for a little while, when trying to understand the other person: This will make you forget your own ideas, and the whole conversation will be on the terms of the other person
- 16. It does not matter if your thoughts wander to other things while you pretend to listen, the other person will not feel that you are not fully “there”
- 17. If you are judging and evaluating what the person says, verbally and/or non-verbally, it will not influence how the other person feels, or what he/she says
- 18. If you don't understand what he/she is saying, it is better to just let the person talk rather than to ask a question, even if this means you will be lost

- 19. When you know how to listen actively, it does not mean you need to do it all the time. You can choose to do it, because you know it makes the other feel valued
- 20. When a person talks, it is ok to inject comments that show you know better
- 21. Not being able or willing to listen actively is a bad habit which can be changed if we want to change it
- 22. By just giving someone information you can make them change.
- 23. To change your behavior, you require time and energy to think and reflect.

Communication skills basics 3:

Asking open questions



- What is an open question? Examples?
- What is the effect of asking open questions?

Interactive exercise: Build the Meta Model on flipchart

Build the model on a flipchart, with questions (**What...**, **where....** **How....**, and the word **DESCRIPTIVE**, in another color, to characterize these.

Why – at the bottom, with **ANALYTICAL** in other color

The Meta Model:
Questions that lead to good communication

What.....

How.....

In what way...

When.....

Please give an example...

Which.....

Descriptive
→ Inviting, exploring

Asks for Analysis
→ Challenging, judgmental?

Why.....

→ Be aware when asking "Why....."
Rephrase? Use friendly tone?

The Meta Model – A communication tool

Ask **descriptive** questions to get good information:

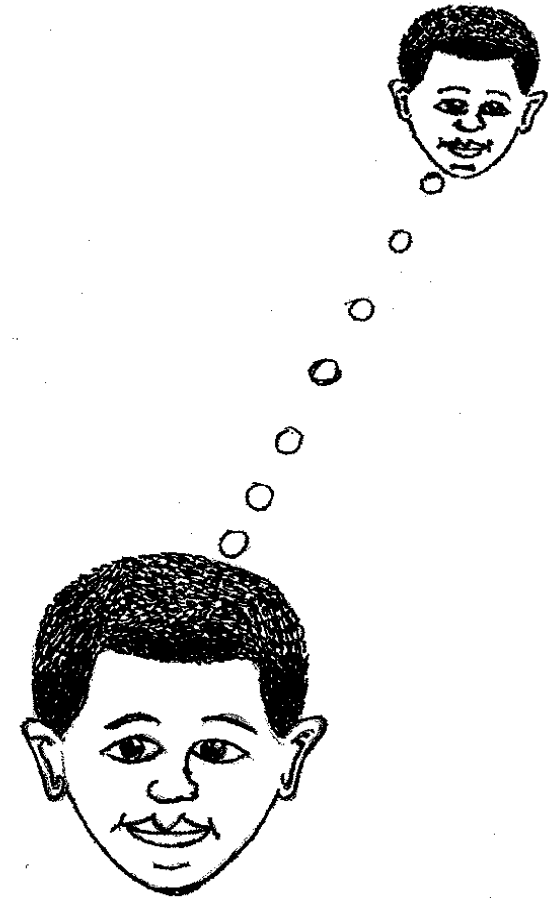
- What... Where..
- How...In what way..
- Who..
- Please give an example..

Ask **analytical** questions to find reasons:

- Why...

Buzz

- What is the effect of asking open questions?



Use **WHY** carefully

- **Why**-questions often feel challenging
- **"Why.."** can trigger an emotional response in others, and in yourself?



"Why did you not come before?"

The Meta Model – important research

Observed communication situations – over 2 years:

- *Who communicated well? What did they do?*

Results:

- Successful communicators ***ask more questions***
- They ask ***open questions***
- **Effect: *Postpone conclusions***, increasing possibility of understanding **intentions**, and **reasons behind action**
- MM is a communication tool. A tool – to **stop**, ask questions and **develop choices** to **step back** and find out, ***rather than judge***
- **Alternative** to automatic patterns of reactions
- Gives suggestions—how to **challenge expressions+generalizations**

Using Meta Model questions: Main points

- Keep your **focus** on the other person
- Listen
- You communicate (on the Meta-level):
I want to understand



Participant's example

- *“Most people say that I do ask the ‘**police**’ type of questions. Like “why” did you do such thing? Who told you to do it?”*
- *In fact, I’ve come to realize that asking ‘**what**’ or ‘**how**’ type of questions is much better than asking someone ‘**why**’ type of questions. By using this “**why**” type of question, one would feel no good cause it seems like you are **accusing him/her**.*
- *She will feel forced to give you the information you want”*

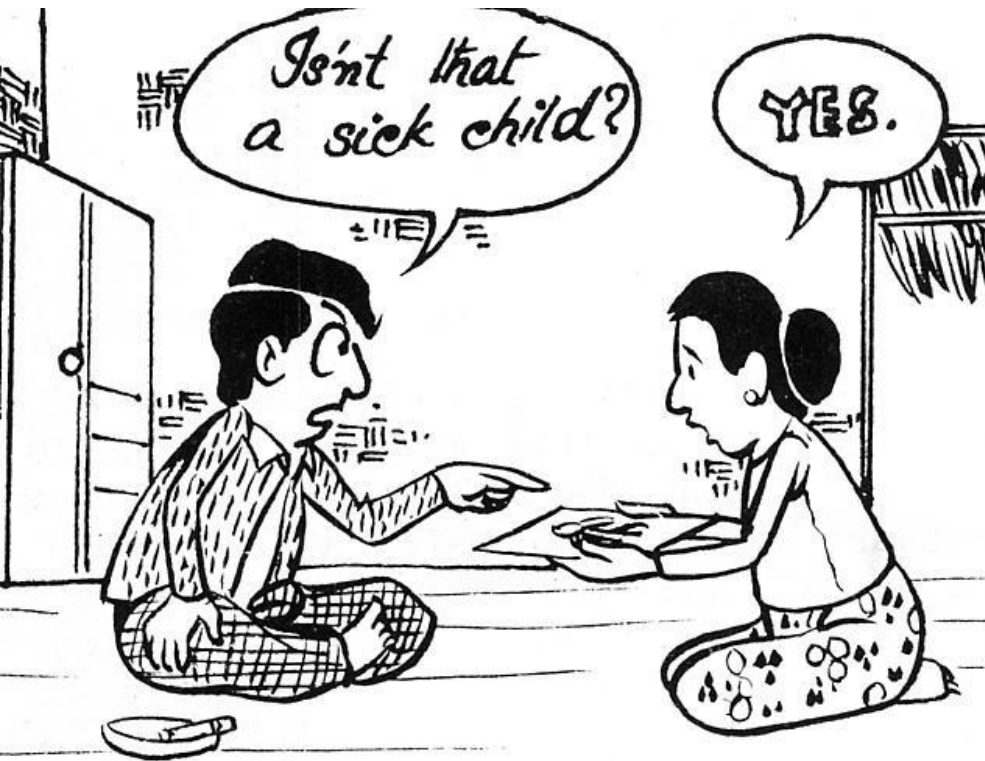


Participant's example:

Effects of asking open and closed questions

- *“When I use open ended questions the outcome on patients' care is awesome, and the mother understands questions very well and they seem happy empowered and grateful on my side my work is made easier.”*
- *“When I use close ended questions, I feel that I have saved time because the patient asks less but most time the outcome especially patient care has been poor also. I end up repeating the same instructions over and over again which is boring and tiresome.”*

Asking closed questions



- What is a closed question?
Examples?
- What is the effect of closed questions?

The effect of asking open or leading questions

A leading question . . .



. . . supplies the answer you expect.

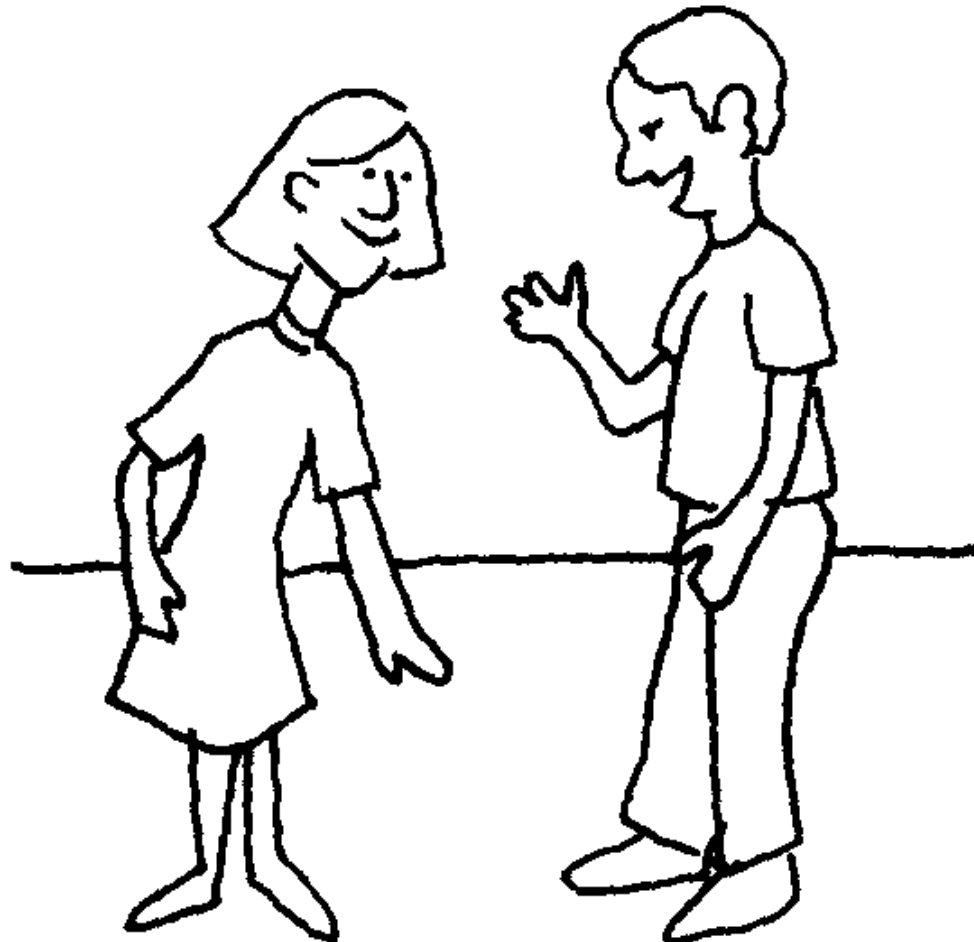
A more open question . . .



. . . gets a truer answer.

Exercise:

**Practice asking open questions,
probing, and listening actively**



Exercise on asking questions

In pairs, take turns to obtain information on two given topics.

- Your task is to make your co-participant feel ***comfortable and willing to talk***. Use your personal communication style, add antennae, and ask good questions.
- **Part 1:** One participant is interviewer, and ***asks colleague questions*** on the topic.
- Use as many ***open questions*** as possible,
- ***Listen carefully*** to his/her answers, then decide on your next question.
- Try to understand ***how your colleague sees these issues***, and
- Make her feel you are ***trying to understand***.
- ***The aim of the exercise is to ask, listen and understand - NOT to give your own views.***
- After 5 minutes, the one who was ***responding*** gives feedback on the personal communication style of the colleague, using feedback rules:
 - **QUESTIONS:** Did the interviewer ask open questions?
 - **LISTENING:** How did she listen to understand your ideas?
 - How did you feel about her interest and concern?
- **Part 2:** Change roles and repeat the exercise, using the second topic.

Communication skills basics: 4

Non verbal communication

Exercise in groups of 3

- Discuss what non-verbal behaviors you use when interacting with patients
- Demonstrate to the group



The power of non-verbal communication: Body language

Verbal communication:

30%

Non-verbal communication:

70%

Gestures

Tone of voice

Body language



Communication skills basics: 4

Body language: Examples

- *“I let the patients do the talking without interrupting them and with the help of body language (nodding and eye contact) indicate that I listen to them, that I am interested and understand what is being said.”*
- *“I was in my area of work when an elderly woman came in and I started taking history. As we were talking the patient suddenly told me “my grandchild talks to me in a nice way”.*
- *I realized I had changed my voice tone (it was harsh to the patient) so I become polite until she appreciated at the end of the service”*
- **Tone of voice, expression on the face, look and attitude are very important.**



Communication skills basics (5)

Constructive feedback



Effects of constructive feedback

- **Constructive feedback is:**
- Commenting on **positive things first**
- Be **constructive**
- Be **specific**
- **AIM:**
- **Helping** the person to **learn; improve performance**
- **Effect:** Motivation to learn, and improve. **Takes action**



(Illustration photo from training workshop – with permission from participants)

Effects of «destructive» feedback

- «Destructive feedback» is to give **direct** or **blaming criticism**
- **AIM** (when criticizing): ***Show that you are better***
- **Effect:** Person is hurt.
- **Passivity, *no action***



*(Illustration photo from training workshop
– with permission from participants)*

Different feedback – different effect

NEGATIVE CRITICISM

IN CLASS, BLAMA ALWAYS ASKS HIS FAVORITE STUDENTS QUESTIONS AND IGNORES THE REST OF US!

I DO NOT!

COOL IT! YOU DO TOO!



POSITIVE CRITICISM

BLAMA, I REALLY ENJOYED YOUR CLASS TODAY. YOU KEPT THE LANGUAGE SIMPLE AND THE TEACHING AIDS HELPED ALOT. ONE SUGGESTION I HAVE IS THAT YOU

TRY TO INCLUDE EVERYONE IN THE DISCUSSION, ESPECIALLY THOSE WHO TEND TO TALK LESS.

GOOD IDEA. I'LL TRY!



Participants examples

- *“During my appraisal when I was able to tell my challenges and abilities in my work and listen well to the feedback and advice from my supervisor”*

Effects:

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

Exercise: Using principles of feedback in supportive supervision

- You overheard (from treating the patient in the next bed) your junior colleague using technical medical jargon to explain the need for blood sampling procedure to a parent. The parent refused her child to have the blood samples taken. Now your colleague is accusing the mother of being difficult.

In groups – discuss:

- *How would you approach her/him after the encounter, to make sure she learns how to explain in a clear way?*
- *How would you motivate her to try again?*
- *What should you avoid?*

Supervisor help juniors learn by:



Showing a respectful attitude:

- The supervisor is there to *help the person do his/her task or job more effectively*, and to help him/her identify his/her mistakes and learn from them
- **Listening** to how the person describes his/her problems in the situation you have just observed
- **Asking** the person how the problems could be solved
- When giving feedback, comment on the **positive** things first, and then **point out how he/she could improve**
- Comment on the **specific situation only**, and not generalize

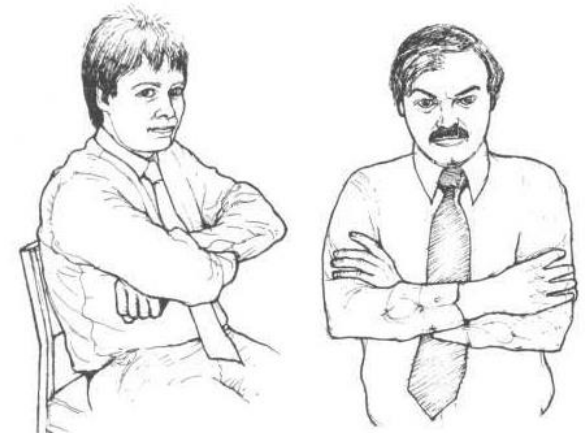
Example:

Constructive supervision

- *“My supervisor was supervising me on my performance contract for last year.*
- *He talked so well to me that for once I forgot he was supervising me and I was free to ask and comment on the subject without fear.”*

A supervisor should **avoid**:

- To **criticize in a negative way** to show that the supervisor is the one who knows better
- **Criticizing the person**, rather than the **task** just performed
- Criticize **in front of others** (unless it is part of a group work in a training)



Summing up – communication strategies

- **Read the situation:** Listen with ears, eyes and heart (*use antennae for feelings*)
- **Assess the need** of the patient (observing, asking)
- **Decide:** What is your **goal**
- Choose **strategy** to reach your goal



Creating the basis for good patient communication

- **Respect** the patient
- **Appreciate** him/her
- **Build trust:** Create a good climate for learning
- **Use open questions,** and **listen with ears, eyes and heart**
- **Be aware** of verbal and non-verbal signs
- **Be non-judgmental**

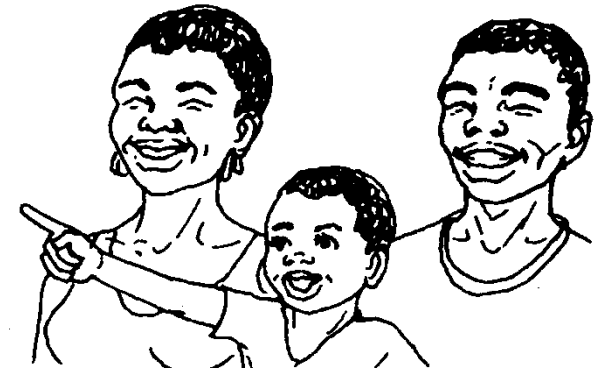
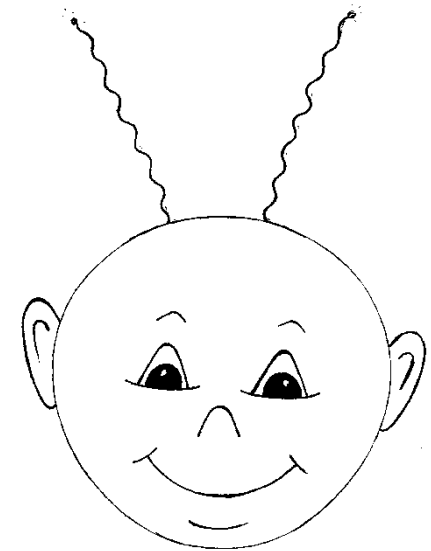


Thank you!



The key to becoming a sincere effective communicator...1

- Learn communication theory and strategy
- Learn about feelings – your own, and others': respect them
- Be sincere – if you don't mean what you say – it shows
- **Use antennae, take a step back, plan strategy**
- Enjoy the *fun of becoming more **conscious***, + understanding yourself, your colleagues and your patients better



The key to becoming a sincere effective communicator...2

- Engage in a continuous process of learning, find partner(s) to learn with
- Be curious! Practice! Take risks! Invite feedback!
- Take yourself less seriously, laugh at yourself sometimes
- Appreciate your progress, and document it