Module 2c:

Building the gold standard communication strategy in patient care:

Basic Communication theory, skills and practice

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Background for trainer

The purpose of this module is to provide the basis for building an understanding of how central communication skills providers need to be able to offer Patient Centered Care are linked to a number of different theories and models. This is a core module which is the basis for most of this workshop, together with the other core module on effects of emotions, on communication (3b). Skills taught in these two modules are used throughout the workshop.

Using theories as a basis for the course and for this module provides credibility to the course. Theories also provide a link to the lecture format presentations many participants are used to learning from. It will make them feel safe – and trust that even when we spend much time on practicing skills and on reflecting about their own experiences and understanding, it is all firmly linked to theories and models that underlie the course.
Developing and using awareness is the key to good use of all the skills.

For theory to make sense to and be understood by providers, it should be linked to their experiences and practice, using critical thinking and reflection to explore the implications for their work of each theory and model. When an important principle is understood also on the theoretical level (*i.e. understanding why a certain practice or behavior can lead to certain reactions*), it is easier for the provider to learn and to remember the theory, and thus apply it next time a similar situation occurs. This means the providers must learn how the ***principles operate on the cognitive level (i.e. how we think about it)***, and the ***how it relates to practice on the emotional level*** – i.e. how emotions influence the way they communicate, and how to build and practice emotional competence

*Observe the effect of the **information approach,** above, on patients:*
Provider focuses on himself, and on his messages. Women are not "seen", are bored, may not learn.

*When using the **communication approach**, below, provider focuses on the patient/parent. They feel "seen" as persons, and will learn, and cooperate about the patient.*

As communication and emotions are very closely linked, it is difficult to separate them. We do so by focusing on the communication skills in this module, while acknowledging the influence of emotions – and referring the in-depth discussions about emotions and emotional competence to the next modules (*particularly the second core module, 3b*)**.**

Communicating in a professional relationship: Awareness of intent, and skills

Below is an overview of the thinking and philosophy behind the approach we use in this module, and in the course as a whole:

We teach communication skills in the ***context of the work situation and the relationship***, where the interactions are happening. This is very different to the "mechanistic" approach of teaching communication ***techniques*** "in a void", which is frequently used in communication skills training courses (it is much easier to teach!). In our approach, good communication goes "hand in hand" with awareness of, appreciation for and skills to recognize and manage emotions.

We summarize our approach like this – where the focus is on *conscious intent*:

- **Communication happens in a context** where the relationship between patient and provider is at the core of the interaction, and where the emotional aspect influences the communication.
- **The underlying *positive intention* or *goal*** of the provider is communicated to the patient (non-verbally, automatically), through the provider being aware and present to understand her concerns and needs. This non-verbal, conscious intention is felt by the patient, and "sets the tone" for the interaction.
- **The non-verbal communication (about the intent) happens *in an instant***, and would have an (unspoken, positive) message from the provider, e.g "*I am here for you, we will take good care of you. I can see you are worried. You came to the right place*", or "*I am fully with you, we are here to help you, I am someone who will do my best for you, I am trustworthy. You are in safe hands*". With awareness of the intent and the goal, the provider will focus her full attention on the patient and be present with her. She will approach the patient with confidence, compassion and care.
- **Some common (negative/judgmental, subconscious) messages** from the providers to patients before the course were e.g "*I am very busy, tell me your problem, fast*", or "*I can see your child is very sick, why did you not come before?*", or "*You have been to the healer? That is SO unacceptable! WE are the ones who know about how to cure people!*", or "*There are so many patients here, just get on with it, so I can get to the next one, and finish my work*." These messages were sometimes spoken to the patient, and sometimes unspoken (they thought it but did not say it out loud), but the negative approach is often clearly felt by the patient***. NB – we call it an "approach", which can be sub-conscious, rather than an "intent", which is usually conscious***.
- **What negative/judgmental reactions have in common**: the provider is focusing on her own needs and opinions without "seeing" the patient as a person, and (apparently) without having concerns for her feeling welcome, safe and cared for. There is no emotional competence, and compassion is absent. ***Using (good) communication skills "on top of" this approach will not "make up for" the negative/judgmental approach underlying the use of the skills*.**
- **This communication of intent is the basis for creating a safe situation for the patient**, and for communicating verbally, to establish trust and a professional relationship, with the ultimate goal of identifying the medical problem, and handling it. Without this conscious intent, using communication skills can be perceived by the patient as "just mechanistic" – i.e. "*she is pretending to listen, but I can sense her attention is somewhere else".*
- **Communication skills are added to the core skill of using awareness and being present**, and include active listening, asking good questions (open, and sometimes closed), non-verbal communication, and constructive feedback – and all related to the emotions provider and patient may have in the situation. ***We see communicating well with a patient, to provide Patient Centered Care, as using a set of skills, consciously, applied in a context where emotions are naturally present and are recognized and managed well. This happens on a base of aware intents and goals, where the aim is to establish trust and a professional relationship which is a basis for communicating and cooperating about the medical problem***.
- **With awareness of and clarity about intention,** learning communication skills becomes a simpler task.
- **In the mechanistic approach to teaching communication skills**, each technique is taught separately, in isolation, and not related to the underlying intent (and attitudes that are at the base of the intent), or to the context of the work. The emotional aspects may not be included, or if included – are often seen

as a "disturbing element". Participants may be left on their own with the task to put the skills together in practice.

- **Research has established that the relationship-focused approach** to teaching communication skills functions better than the mechanistic one, and it leads to more applied and sustained learning.

The skill to become aware of the intent behind the interaction is developed during the preparatory phase. Using the observation and reflection tasks makes participants focus on ***the effects*** of the way they are communicating, on the other person. When they discover how patients (and colleagues) may be feeling because of the way they act, "something" happens: They do not like what they discover they are causing – hurt, fear, or disappointment. They become aware of the negative effects and reactions and reflect on it – and often conclude that they had no such intent of causing harm or hurt: it "just" happened, because they acted, or reacted, automatically. Once this awareness is awakened, it cannot be forced to go away again. Many participants describe how they begin to recognize and control their automatic reactions and start stepping back (see emotions module). They start using empathy more consciously, since they are aware of how the other person may be feeling - and they know they can do something about it. Constructive communication flows naturally from this base – and with awareness and a positive intent.

In our course, communication skills are taught in relation to work contexts where they have important functions to build trust, and to establish a professional relationship with the patients to cooperate as partners in care. Communication skills are an essential part of almost any interaction with patients and colleagues. The skills are best learnt when understood and discussed in these contexts, where every context requires a different set of skills to be used. Providers learn to use their own awareness to observe and assess the situation, and to choose the appropriate set of skills for each context and situation. Learning how communication skills work together enables participants to practice constructive communication as a natural set of skills, employed to establish and maintain the relationship with the patient, and to build a basis for providing professional medical care.

We teach communication skills as a set of interwoven, interdependent skills which need to be chosen from a "toolbox" or "basket", based on the provider's assessment of the particular situation and person(s) to be communicated with. The underlying attitudes and intentions of the communicator (*and his/her ability to recognize and manage the emotions in the situation*) set the tone and determine the outcome of the interaction, to a large degree. Awareness is the main skill to develop and practice for creating this "foundation". With awareness and clarity about intention and goals, learning the "secrets" about using effective communication skills becomes a simpler task.

An example from course participants' observations and reflections may illustrate how some of these principles work in practice. The following shows how a provider starts to reflect on the link between communication and emotions, and intent:

Feelings affect how she asks questions:

"I do not ask enough questions to find out more. I also seem to get a very fast burn out in listening to a person who talks a point for so long. Some time when I feel annoyed by those who take long to say what they have to say and at time this boils in me and when I get time to say something I burst out loudly and most of the time people do not listen to me.
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."

This example illustrates a situation most providers would recognize. The main points:

- **She is aware** that she does not ask questions to find out more; this is a challenge
- **Gets impatient** when a person talks a lot, shouts to stop them
- When she is impatient, she **asks closed questions**, and **does not listen**
- **Perceives** that people do not listen to her
- **Asks close ended questions most of the time**, especially when her feelings take control of her
- **She acts automatically** (to emotions she does not know how to handle), without a conscious intent or goal – but – ***awareness of the effects of her actions is starting to develop***.

The issues to be taught in response to this situation, and linked to theory, are:

- **Asking closed questions** is often an automatic behavior when someone is affected by emotions (e.g. upset)
- When a person is **upset**, she often **does not listen well**
- **Asking open questions** is a skill to be learnt. It can be used to find good information, and also to gently stop people who talk a lot – with awareness of your intent when you talk to them (*help them focus – NOT "punish" them for talking too much*)
- **When becoming aware of your own automatic reactions and learning to take a step back –** the "space" opens up to consciously decide what you **intend to achieve**, and make a goal for your communication and interaction with this person. This can lead to effective, clear communication.

This leads us to the conclusion that we – the trainers, need to -

➔ ***Teach about Awareness and Reflection, and asking open questions***

(*and acknowledge that recognition of your own emotion, and being able to set it aside, step back and focus on the common goal – is a skill to be learnt in the next module. The task is to learn to recognize and manage the emotions – your own, as well as responding to the emotions of the other person*.)

Additional examples and reflections from participants' own practice are included in the presentation and should be used consistently as links to explaining the different principles, theories and models. This will help provide the essential relevance of the theories to their work. The examples provided in the feedback presentation (2a) should also be used for linking to theories.

This means that it is as essential for the trainer to be familiar with the examples and reflections of the participants, as it is to know the theory and the presentation. Reading and internalizing the examples several times before the course is an essential preparation for the trainer(s).

There are five sections in this module. An overview:

1. **Introduce the topic and establish relevance;** emphasize focus on interpersonal communication in patient-provider relationship (and communication between colleagues) in this course (*rather than media, or print materials*) (slides 1-3)
2. **Show and discuss the Gold Standard Demonstration:** This demonstration, and the subsequent group work and analysis of why it worked well, provides a common reference point for the group to relate to throughout this module (slides 4-8)
3. **Introduce "the big picture" and the basis for conscious communication:** Becoming a good communicator means to understand the foundation for good communication, and to practice skills with awareness (slides 9-15)
4. **Developing and filling the toolbox with main communication skills:** Understanding key communication skills, their link to theory and practice, and implications of wrong use; practicing the skills (slides 16-55)

5. **Summing up – combining the skills to make a strategy:** Reading the situation, assessing the need, deciding on goal, choosing the strategy (slide 56-57)

Further background about purpose and contents of the sections

1. Introduce the topic and establish relevance

The relevance can here be introduced by referring to and asking which skills they use in their day-to-day interactions with patients and colleagues. Getting a few examples, you can confirm that they use all the communication skills we are teaching about in this module. The aim of this module is to learn about the theories behind all these skills. By doing so, we will be able to practice the skills with more confidence – because we know better what we are doing – ***and why we are doing it***.
We are also emphasizing the focus of this course: that we are dealing mainly with interpersonal communication in the relationship between the provider and the patient, the provider and his/her colleagues, and between the providers and their managers or leaders.

2. Show and discuss the Gold Standard Demonstration

People learn from seeing good practice, and the demonstration you show should be a very good one. It should show a number of the good skills providers use to establish rapport and trust, assess the problem with the patient/parent, define the procedures/tests/medicines to be taken/the "solution", discuss, and check for understanding. *The demo should preferably be conducted by good trainers who can show all the points well.*

This demonstration, and the subsequent group work and analysis of what worked well and ***why*** it worked well, provides a common reference point for the group to relate to throughout this module.
In the group work, it is important that the participants identify the skills that were used, and the effects of the skills, on the "patient" (*what did the use of these skills make her do, and how do you think she felt*). This will make explicit what "everyone knows" – that using these skills will lead to e.g. the patient feeling safe, valued, respected, relaxed etc, and that she will be likely to contribute information freely and cooperate well with the HP: The provider is enabled to provide patient centered care.

The extra question – "*what is the likely effect of this kind of interaction on patient motivation to follow advice*" – will enable participants to link the "good/aware communication behavior" to good patient adherence or compliance. There is a lot of research evidence for this link, which should be made clear to the participants.

NOTE: The trainers are seen as role models by the participants and should be conscious of practicing these "gold standard skills" throughout the course.

3. Introduce "the big picture" and the basis for conscious communication

Becoming a good communicator means to understand the foundations for good communication, and to practice skills with awareness. **"Wise awareness"** includes looking at the effect(s) of the communication on the other person, and looking at the emotions involved, on both sides.

Although understanding how emotions affect communication will be discussed in the next module only, it is essential here to emphasize the importance of emotions in any interaction between two people. We inspire participants to communicate in the context of patient-provider interaction as an integrated meeting of "mind, body and heart". This is a very different approach from teaching communication skills as "cold techniques", divorced from their context. Providers' attitudes to themselves, their work and their patients will strongly influence how they use their communication skills. Respect is a central concept guiding their actions.

Awareness and reflection are the key skills needed to learn about this, to discover the effects of their communication skills practice on the other person, decide the need to change, and to develop alternative strategies.

4. Developing and filling the toolbox with main communication skills

The purpose of this main section of the module is to look at each of the main communication skills providers use in their work, understand the theories behind them and the effects of using and not using them in different contexts, and then – use them in exercises with their colleagues, with feedback. Reflecting on their experiences, they will then put the skills in the Toolbox (or basket) of Good Communication Skills, together with their own personal examples which link them firmly to each participant's reality. The toolbox/basket has a "lining" of conscious attitudes and intents, where respect is the main one.

Some people appear skeptical or resistant to learning theories. The reasons can be many. They can have had experiences where theories have been taught in ways they have not understood well (*commonly through lectures, without these being linked to their own experiences*). Some have a perception that they cannot learn theories. However, when theories are introduced as "Principles", or "Reasons behind..", which can be derived from analyzing their own practice, usually participants will learn well – and remember. This is the advantage with learning theory – you learn not only **How** to do something (*e.g. ask open questions*), but you learn **WHY** it gives the best answers (*from reading about the Meta Model*), and learn principles (*e.g. using descriptive or analytical questions*) which will help you remember – and enable you to use this knowledge consciously the next time you need it.

The aim is for participants to be able to assess a situation, formulate their own strategy based on their ability to observe, ask, listen, understand (principles and theory), and reflect on what is needed to reach the (common) goal in each case. When you know what you are looking for, this process is very quick, and will make each communication encounter more effective.

The different skills:

A. Information and Communication – the difference

The main point here is to make even more conscious what "everybody knows" – that the provider giving information (*one way*) does not mean that the patient has understood (*and we can point to/laugh at ourselves, about how often we do just this!*) Furthermore, that communication (*2-way, per definition*) is the skill we focus on in our work to improve the interaction between patients and providers: You do not know what the other person has heard/understood, until you get feedback from him/her. "Communicate" means to exchange, which can by definition not happen in a "one way traffic".

B. Listening with ears, eyes and heart

We refer to listening with ears, eyes and heart as "The Mother of the communication skills", because of its importance. This key skill in communication needs to be strengthened and practiced throughout the course – and the trainer should be the role model on this: By showing how to listen to participants with respect and interest and with the intention to understand, the trainer consistently practices the skill throughout the week.

Listening with ears, eyes and heart (or active listening) is a skill which is better demonstrated than just "talked about", as it is the integration between WHAT you do and HOW you do it which makes the other person feel heard and acknowledged (or – not so). The attitudinal and emotional aspects of listening with ears, eyes and heart are the central ones, and these come out clearer when you show it. As many of the participants say they are good at this skill, it is time to invite them to demonstrate. Many also say they thought they were good at listening before they started to observe themselves and "discover the truth"…. And that they now know they

need to learn to listen better. Refer back to the feedback session, Module 2b, if this was an issue your participants brought up.

The advantage of such "best practice" demonstrations is that they become common reference points for everyone to refer back to during the course.

C. Asking open questions

Asking open questions is the "companion skill" to listening with ears, eyes and heart, and could be called "The Father of the communication skills". It is a skill all providers need to know how to use, consciously. It is a difficult art/habit, and the best way to get good at it is to practice, with feedback – both in the exercise used here, and in all the subsequent exercises throughout the week. Participants should be assisted consistently to become conscious of when they do ask open questions, and the effects and results (often more and better information). They should also be given feedback on what happens when they resort to asking mainly closed questions, and the effects of these on the other person.

The research behind the Meta Model concludes that good communicators ask more questions than others – and they ask open, descriptive questions.

It is important to emphasize that there is nothing wrong about asking closed questions, and that often in medical practice, you need to ask closed, directive questions to confirm or shut out issues. What we suggest they learn is to become more familiar and comfortable about using open questions (which many people are not), and then be able to choose consciously what type of question to ask in the different situations. This will help them stop the automatic habit/reaction of asking closed questions too often, and thus getting little information.

A suggestion: The trainer should observe her/his own use of listening skills and of asking open questions for a couple of weeks, before teaching this module!
NOTE: See the trainer's story at the end of the module: "Open questions – a powerful tool!"

D. Non-verbal communication (NVC) and body language

The point here is to create awareness of the importance of NVC – that mostly, people react to our NVC rather than (only) to what we say. Many providers say they use negative body language to discourage patients – they have only become aware of the power of this communication when working on their communication skills through the observation and reflection tasks. The clue here is – when people become aware of the effect they are having on the other person, they most often decide to change: *Continuing to practice something that you have discovered and thus know will hurt the other person, is uncomfortable.*

E. Constructive and destructive feedback

People often give feedback without thinking consciously and strategically about what you want to achieve with telling the other person something. We aim to make the participants connect with good and bad experiences of when they have been given constructive and destructive feedback and recognize the effects it has had on their willingness to take action on what they have been told. These insights are then translated into strategies to give feedback consciously, based on your aim with the other person.

Note: We call it ***Constructive*** and ***Destructive*** feedback, deliberately. Destructive is used – because this is what participants report is the effect on them when they get negative, hurting feedback from e.g. their supervisors – often in front of patients, or colleagues. By naming it "Destructive", it is easier to become aware of and focus on the very negative effect this type of feedback can have. We can reflect on our intention, and rather choose to give constructive feedback, using communication skills consciously and strategically.

To clarify – we do not advocate the use of "positive feedback only". We suggest using constructive feedback, where the person is given clear info on what went well and what needs to be improved – kindly, consciously, with the intention to help the person do better. Destructive feedback is often given in a punishing tone, which can leave the other person demoralized, often scared, and without learning from the feedback.
Many supervisors have this bad habit, often without being aware of the potential destructive effect of this method on the other person and on the working atmosphere, and without knowledge about the ineffectiveness of this method to improve practice. Some supervisors, however, use destructive feedback as a power tool, to bully and control others – often to disguise their own feeling of incompetence or insecurity.
See modules on Power and on Bullying, on how to recognize, handle and protect yourself and others against being bullied.

5. Summing up – combining the skills to make a strategy

The communication skills discussed and practiced in this module are the main ones used in providers' practice. To use them well, they can be put into the following brief summary:

- Reading the situation (awareness, observation, listen with ears, eyes and heart),
- Assessing the need (open questions, listening)
- Deciding on goal (putting the info together, drawing conclusion)
- Choosing the strategy (picking the communication skills to use with the patient/client, and how to approach him/her)

Note that recognizing and managing the emotions, both those of the provider and those of the patient, will be an important part of this constructive interaction. See Module 3b.

Background for the theories

This can be found in the reference list. There are lots of references that could be provided; we have concentrated on a few essential ones to make the job of understanding the background, doable. We also assume many trainers do know many of these theories already.

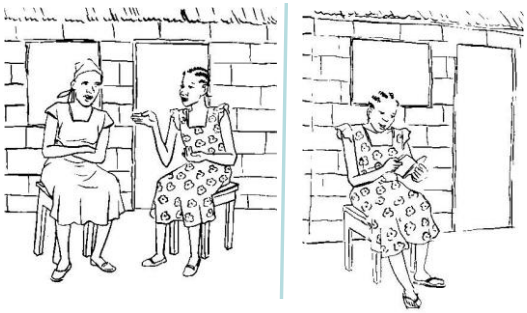
Time needed: 3-4 hours

Preparation: Prepare with two of your experienced trainers to demonstrate "**Good interaction with a patient".** See the section in the manual on how to select the right participants for a demo, and how to instruct them to give them confidence to present well.
View the demo until you are satisfied it brings out the main points clearly.
*It is important that this is a good demonstration **("gold standard")** without many mistakes, which allows the participants to focus on, and remember, what is done "right". The demo should give the basis for the further discussion on the importance of this approach to make the patient feel safe and valued, and thus have a good basis for further interaction.*

Materials needed: Flipchart, marker pens. Handouts (e.g. rules for constructive feedback, exercise of asking questions)

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

Building the gold standard communication strategy in patient care  Basic communication theory, skills and practice Ane Haaland and Mwanamvua Boga All participants	**Introduce** the need to learn theory, in your own words (e.g. *It is important to know why we are communicating the way we do, and why it works – or does not work..*) **Ask:** Which are some of the key communication skills you use in your work with patients every day? Get a few suggestions; explain – the aim for this module is to understand the theories behind the practice. **Main points:** • Theory is linked to our own practice • The picture and idea of a "Gold Standard" is useful as an aim for our work • Everyone will have their own Gold Standard, but we should build on the same principles • We will work to build up a "basket of skills", or a "toolbox", which we gradually fill up
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 authors:* • 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. • **To reference this content please use the following** : Haaland A, with Boga M, 2020. Communicating with awareness and emotional competence: introducing the iCARE-Haaland model for health professionals across cultures. With contributions from training teams, Vicki Marsh and Sassy Molyneux. https://connect.tghn.org/training/icare-haaland-model/ • The authors' names should remain on the presentation, with a by line recognizing the person who (has adapted and) is presenting the presentation	***Please reference the materials you use from this module and the presentation in the way specified on the slide.***
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 ✓ Effect of communication on the other person **3. Strengthen skills on how to choose right strategies, and understand how they work**	**Read out** the objectives, or shorten – reading only the main points Link to what they have done, e.g. the observation tasks: *"In your observations, many of you say you need to look at your own attitudes when interacting with patients, and with each other.* *This is what we will do in this module – as we learn each of the particular communication skills in more detail."* We will look at how awareness about our ***intention*** behind what we say and do, influences the outcome of the interaction. We will also acknowledge the effect of emotions on communication. (Emotional competence is the topic of the next core module, 3b)

Communication theory  ***Principles and methods to inform and communicate through channels:*** **Interpersonal – person to person, and media/print, and social media**	**Explain:** There are two main ways we communicate about health: through ***persons*** (interpersonal), or through ***media/print*** (*add internet, social media, if appropriate to your learners and patients)* **Main points: To communicate effectively among ourselves, and with patients:** *Use interpersonal communication to build relationship, listen, understand, discuss and give advice to a patient* ***(This is the focus of our course)*** *Use media, or print (booklet?) to let the patient read and understand the topic in peace and quiet* *(**will enhance understanding and learning)*** *Also use social media to learn, and to interact – but with critical thinking: Much information is false/wrong.*

Demo: Good interaction between patient and provider	**Demo 1: "Gold Standard" interaction (by trainers)** This demo can be used to refer to throughout the presentation, structuring the learning to a common reference point (see "*Demonstration examples", after the slides, for possible situations*) See also the training manual for suggestions of how to plan and prepare for this demonstration. *NB This is the first demo, it is important that it functions well: Take time to plan, prepare and practice!*
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 	**Exercise no. 1** **Let** participants discuss in groups, for 5 minutes **See** instructions on how to run this exercise (below, after slides) ***Sum up*** the points participants have made, by focusing on how the patient feels in the interaction. Ask Co-trainer to write responses on flipcharts: One for **"Communicated well",** one for "**Could improve"** **Introduce rules for constructive feedback, when asking them for feedback from discussion** (*to be taught later*): * Start: identify and acknowledge positive skills used; * encourage them to be constructive; * do not allow "sour criticism"/challenge them to turn criticism into being constructive – focus on learning
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* 	***Ask*** participants to identify the skills the provider used when communicating well with the patient. **Examples of skills the provider used:** 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*** ***Confirm*** the need to learn to use these skills – and to keep practicing to get better at using them.

Summary: Why does this communication 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 effect on the health provider?

Ask participants to reflect further on the **likely effect** of the interaction, on both parts.

Likely answers on the likely effect, on the patient:
Patient will follow advice
Provider will feel satisfied with doing a good job
Relationship is built between patient and provider – which will be useful for cooperation: They are partners in care, with the same goal.

Probe on the answers to stimulate further thinking and reflection on these important points.
(later – you can refer to this when discussing burnout, where job satisfaction is one of 3 main factors preventing burnout. Good interaction gives energy to 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."*

Read the example, and ask for brief feedback.

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

Sum up what is needed to become a good communicator.

Refer to their questions – e.g. – you were asking (in obs tasks): *How do I get these skills to be part of me?*

Practice, practice, more practice – with feedback.
Through the observation tasks you have seen that people (including yourself) act, based on emotions.
Have you seen what effect this has, on patients?
Have you decided what to do to improve practice?
Ask if there are questions, or additional points.

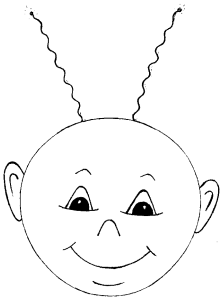
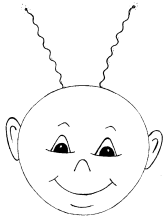
Foundation for good communication:
Conscious attitudes & intent

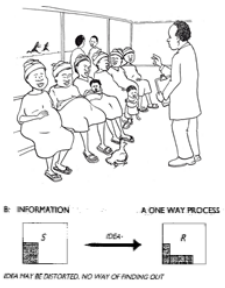
- **Respect:**
  - **Basis for building trust**
- **Genuine openness:**
  - **Listen, not judge**
- **Appreciation:**
  - **See patient as person**
- **Conscious intent:**
  - **Provide good, safe care**
- *We will learn about these in «Emotions-module»*

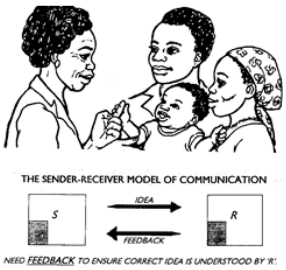
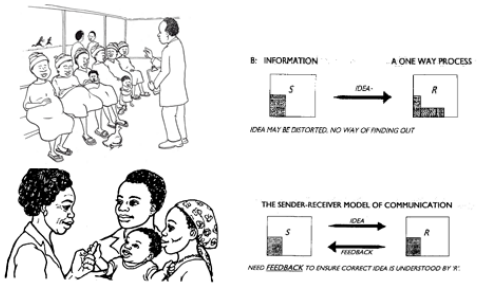
State here – that ***our attitudes and our conscious intent shape the way we communicate:***
The «communication techniques» we are going to talk about, like listening, asking good questions etc – will only lead to a good effect if they are built on ***an attitude of respect for the patient***, and if provider is conscious about ***her intent***, and goal. The provider must be genuine.

The provider needs to communicate consciously, to build trust with the patient.

Then ask – how do we do this? – and lead into introducing and discussing Awareness.

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.***	***Read out the example***
The basis for all conscious communication: Awareness 	***Ask:*** Let us refresh our memory from the introduction module, when we talked about Awareness as the first and most important skill in communication. What is awareness? Why is awareness important? ***Get ideas*** and examples from their observations. Acknowledge their learning, and the importance of it. **Emphasize** that awareness is a key concept involved in all the good communication skills: **(Explain** e.g) If you want to run, or jump, you have to prepare your thighs and muscles. Awareness prepares you to change behavior – by seeing what you do which works well, and what does not work well, and thus enables you to choose to make a positive change.
Why create awareness?  **When we start to really SEE, and pay attention to what we see –** ***we start to change***	**Explain** awareness in your own way. **Main points:** It is from being aware that you can start to improve how you communicate When you see effects of your communication on others, you can see what doesn't work well, and what you need to change. Observation tasks have demonstrated this **Emphasize:** Awareness of what is your intention with the other person(s) enables you to communicate with a clear focus. **Example**: "*For the first time in years, I decided to greet my patients, and welcomed them. It was like a magic touch, it worked wonders.* *I shared my insight with colleagues and asked them to try. Some did, and told me it worked really well*."
Examples *"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".*	**Explain** (to 1st example): When someone has a clear intention, then communication becomes natural, and easier. **NOTE:** If participants have done observations and reflections – pick out 1-3 examples that affirm their learning. When presenting – read e.g. one example, leave them to read the rest (assuming you give them copies of the presentations). **Keep examples short – e.g:** *"It is important for me that I recognize my mistakes and I can try to change them."*

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."*	**Choose** the example(s) you think are most relevant for your participants.
Communication skills basics (1) **Information and communication** **How do you know if you have been heard?**  	**Ask:** What is the difference between information and communication? **Probe:** What is the common way many of us give information to patients? (=often one way, without asking for feedback) **Reflect** briefly on these points. **Giving information** = delivering facts, giving a message, focus on contents only. No feedback Example: When you have a long queue of patients, your focus is on your need to finish the queue. You may just give information, not check if patients understand. **Ask:** Can this lead to wrong treatment and misunderstandings? **Communication:** Means to create a shared experience. Can create mutual understanding between two parts. There is room for interaction. There is feedback. ***Exercise 2: Consider running this exercise***
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?*** 	**Ask: How does the information approach work?** Ask them to buzz to answer the questions. **Main points:** Provider is not connected with patients – he is "the boss", "the expert" (see picture). What he is talking about, does not seem to be experienced as relevant to the patients. (***Ask:*** *What could he do to establish relevance?)* We often do not give time for our clients to say something, no feedback – we just say e.g.: *"I explained to her…/she should ask if she did not understand…"* The effects of this approach can be: Misunderstandings, (leading to patients taking overdose or underdose of medicine, or using it wrongly), insecurity (the patient does not understand, and does not learn). ***And whom do we blame for this???*** (*patient..*) Whom **should** we blame? (*ourselves..*) Provider is focusing on **himself, and his job to inform:** There is no ownership of the contents. Low motivation? **The model:** The provider gives info, but Patients interpret in their own way. ***Provider is not aware (does not care?)***.

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.''*	***Use*** this example if there is time. ***Ask*** if "one way communication" exists? **Conclude**: "To communicate" means "to share" – so there can be no "one way communication". You can use this to introduce the next skill – The communication approach.
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?  	**Introduce** the communication approach **Ask** them to buzz on the questions (on slide) **Main points:** The provider involves the patient(s) in the discussion. Focus is on relationship, and developing trust. The patient understands, learns. Asks questions. **The focus** of the provider is on the patient(s)' needs, and on if and how the patient has understood the instructions, or information. ***Provider is aware, and has a clear intent.*** **The model:** The provider sends a message, and gets feedback – so she will know if/how the message was understood.
Information and communication – different effect on receiver  	***Link the explanation of these models to the discussion, above.*** **Explain:** This (top) is the ***information model***. The Sender (S) gives a message, how do you know if it is understood by the receiver? (**Answer:** WE don't know – receiver interprets, based on his/her own ways of seeing the world.) This (below) is the ***communication model***. Here the sender checks out if the information is understood by receiver, through feedback, and can adjust the info. Provider is aware, and takes action to ensure she communicates to develop trust and safety and a professional relationship with the parents, or patient.
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?	**Demonstration no. 2** **Introduce Listening with ears, eyes and heart (or Active Listening) as a main skill** to practice when communicating **Procedure for demo and discussion: See after slides** **Ask** for a volunteer to demonstrate how you listen with ears, eyes and heart to a person, in front of the group. Let them talk at the tables briefly to agree on who should be the listener. After the demonstration - **Ask** the group to point out what the listener did – get some suggestions. **Main points:** stayed present, was attentive, nodded, asked open questions, empathized, valued, listened with the 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'?*

Exercise no. 3
Listening well to our patients – what can happen?
Discovering reasons patients can act "difficult".

Let participants reflect together about how they have handled patients they experience as "difficult", in a good way, and what they have learnt from this.

Main points: When patients are really listened to, and the HCP asks questions to find out what reasons for their behavior are – they usually find there are good reasons – from the patient's perspective.
For example – if the HCP has given information, and the patient does not understand – the HCP might blame the patient for not (wanting to?) understand – rather than look at her own explanation, which was not good enough.
When patients experience HCP's intention to understand, and that the HCP also takes responsibility for their own role in creating a misunderstanding – they will usually cooperate well.
(See explanation after the slides)

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**

Sum up the discussion by emphasizing these key points

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

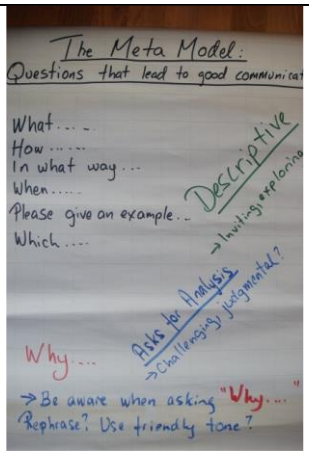
Sum up the discussion by emphasizing these key points

Participant's example

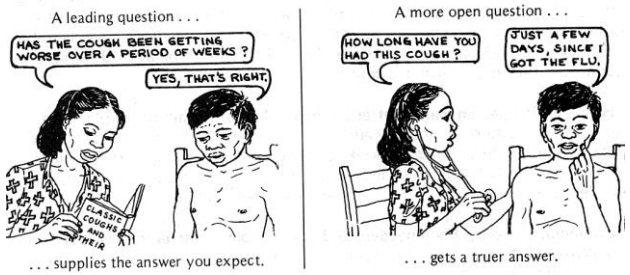
"I realized good listening is letting the other person speak, understanding what they are saying, asking open ended questions to understand what they are thinking and then and only then giving my own opinion. This lengthens the conversation and people will always know whether you are really listening 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"

Read out examples, or let them read on their own
If short of time – skip, and let them read from their handout, later

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**	**Sum up** the discussion by emphasizing these key points. **Re-emphasize** the power of NVC **Ask:** What does it mean to "*Accept and value what the person says, and the emotions behind*"? **Get** example(s) **Ask:** What does it mean to set your own prejudices aside? Get example(s) **Ex:** "This is a code 2". "Which code is this mother?" (*Nurses' own categorization of people from a group known to be "difficult". When asking like this, the nurse has already formed a (negative) opinion*.) **Last point**: Link back to the demonstration. Try to paraphrase what they have said.
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"*	***Read out the example***
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.***	**Sum up** the discussion by emphasizing these key points briefly When getting to *"Good listener = feminine, weak"* – **ask** them what they feel about this (common saying/ myth) now, with the new knowledge they have acquired. **Main point:** Good listening is a strong communication skill – for men as well as for women. ***Old myths are just that*** – old myths – which need to be challenged if the aim is to build good relationship and to communicate well.
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	**Exercise no. 4** **Give handout** – True-false, let them read and then discuss in pairs (or give them the exercise to take home.) After 5+ minutes, discuss the points in plenary, and agree on True or False on at least the first 7 points, and the last 3 points **An alternative way** is to ask participants in pairs to choose a statement they think is important, and say WHY it is important. Trainer can then emphasize the points with a few more comments, if needed. This makes the exercise more participatory. **See procedure, at the end of the module** The points are shown at the end of this module, with the correct answers. All points are included in pptx-presentation on the website.

True or false – last points 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.	These points are important, and should be discussed, even if some of the points above are dropped.
Communication skills basics 3: **Asking open questions** • What is an open question? • Examples? • What is the effect of asking open questions?	**Introduce** the skill of asking open questions in your own way, e.g. as the "sister skill" to listening, and one that we use a lot. **Ask** for a few examples **Ask** what is the effect of asking open questions (or – the response when you ask open questions)? **Main points:** Open questions get people to open up and explain. Makes them feel you are interested in what they have to say. **Disadvantage:** Some people take a lot of time. Often need to probe, to get to the point Important to know how to ask good 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* 	***See description of exercise 5, at the end of module.*** ***This slide is not for use with participants – the exercise works much better when you build up the points on a flipchart, or a blackboard or whiteboard.*** ***The slide can be used afterwards, to sum up.*** **NOTE:** This is an important exercise to make participants understand the effects of asking descriptive (What, how-) and analytical (Why-) questions. The why-question can be very provocative. It can provoke emotions, and can make someone defensive.
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? 	**Summarize** these points, from the discussion above. **Link** to what they said and did.. These questions give room for more explanations, for exploring the issue to understand the other person's point of view, and his/her intention (see below).

Use **WHY** carefully • **Why**-questions often feel challenging • **"Why.."** can trigger an emotional response in others, and in yourself?	**Skip** quickly thru this one if explained on interactive flip-exercise. **Ask:** How can you ask «Why-questions» in different way? (e.g. What are reasons it is that way? Or – ask why do you think it is like that, being conscious of tone and body language/not sound challenging) **The "Why" question is special – it asks for an ANALYSIS** Emphasize: There is of course nothing wrong with asking "Why" – sometimes this is a very necessary question. **The point is** – we need to be aware when we ask WHY, to prevent the other person feeling he/she is attacked.
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**	The Meta Model is a **language tool** designed to - Collect information in a neutral way - Improve the possibilities for understanding the **intention** of the communication partner - Help structure unclear communicaton - Challenge generalizations It was developed by a group of professionals in the Unites States of America, based on observations of how people in a number of different situations (in personal and professional life) communicated effectively. ***(NOTE: See background on results from this research, at end of module***) **Ask:** Why is it called the META-model? **Explain:** META means "above". Using the Meta-model means – you are thinking consciously (i.e. "from above") about the purpose and the intent of your communication, and formulating open questions to reach this goal. **Use plenary exercise no. 6 – challenge 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***	**Summarize** the Meta Model points **Main points – when using MM questions, you:** **Keep** your attention outwards – not on yourself **Listen** and communicate with intention to understand the other person. This you do by asking open questions, probing and listening.
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"*	**Read out the example**

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."*	***Read out the example – or let people read on their own. Skip if short of time.***
Asking closed questions  • **What is a closed question? Examples?** • **What is the effect of closed questions?**	**Ask** for examples of closed questions **Ask** what is the effect – what kind of information do you usually get when asking closed questions? **Main points:** You often get yes/no answers You confirm your own ideas, rather than getting theirs ***In uneven power structures***, people will often rather please the one in power (e.g. the provider) by saying "yes", than give the real information (*i.e. they protect themselves by pretending to agree, rather than risk a confrontation by stating their own/different opinion).* Especially important when the topic/info is sensitive. Important to be aware of this, and ask (closed) questions consciously.
The effect of asking open or closed questions  	**Ask** a participant to read this out **Ask** them to reflect – is this what we do? **Ask:** what are possible consequences of us asking a lot of leading questions? How can we change our practice to ask questions with more awareness? **Discuss**
Exercise: **Practice asking open questions, probing, and listening actively**	***Introduce exercise no 5*** Divide them into pairs

Exercise on asking open 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.

Exercise no. 5. This is an important exercise.

Purpose: To let participants discover that it can be difficult to ask open questions and listen actively, and also experience the effect on the partner when they do ask open questions and listen well.

See exercise section for detailed procedure.

When introducing exercise, refer back to their observation tasks, where many discovered how difficult it is to ask open questions.

Questions/themes could be slightly controversial, and/or personal. Write qs on flip, before the session.

PROCEDURE for exercise:

1. Divide in pairs. Give out the exercise, let them read
2. Explain the exercise
3. Let them start. Stop them after 5 minutes, ask them to give feedback. After another 2-3 minutes, ask them to change roles. After 5 min – stop, to give feedback. After 2 min – stop, and request feedback in plenary.

4. Ask participants to report on ***their use of the communication skills*** (open q and listening), and the effects of them using/not using these methods.

Don't spend time on what was said in response to the questions (*which is what participants will want to talk about: this is easier than analyzing use of methods*).

Discuss how having different opinions can influence the way we ask (*i.e. tendency to ask closed qs, and argue – rather than listen, to understand*).

Conclude by encouraging participants to practice asking open questions, and listening actively – with awareness. These are the two core skills we use all the time in our communication with others.

Many people talk and argue much more than they ask. Suggest that they continue to pay attention to if, when and how they ask questions in their work.

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**

Demonstration 3, with exercise 8

Ask: *What is non-verbal communication?*

Get some ideas from them (e.g. facial expressions, body language, tone of voice)

Ask them to do exercise 8 (as described on slide).

Let two trainers demonstrate (Demo 3) an example (*to avoid misunderstandings on how to do it: This should be on using words **plus** NVC, not on NVC alone).* Emphasize that it does not have to be only "negative" examples.

Ask volunteers to demonstrate in front of the group.

Discuss how your NV communication influences your work with patients, and colleagues.

See procedures and points, at the end of the slides

The power of non-verbal communication: Body language **Verbal communication:** **30%** **Non-verbal communication:** **70%** ***Gestures*** ***Tone of voice*** ***Body language***	**Explain** the importance of NVC in your own words – summing up the points from the discussion above. **Ask** *(before showing the % on this slide):* How many % of our communication is non-verbal? Get some feedback/guesses. Discuss. **Main points:** NVC is very important in our communication: People listen more to NVC, than to the words we say. Through body language we express *how we feel about what we say, or what we hear* **Link this to their situation** – e.g. how do you communicate to a patient: "I am here for you"? How do you recognize fear and vulnerability in a patient?
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.**	**Use** examples from their observations. ***Summarize:*** Feeling and emotions are often expressed through non-verbal communication, so it is important to become aware of how we (and others) communicate non-verbally. Mostly we are concerned about our verbal communication - ***WHAT we say.*** ***We pay less attention to non-verbal communication – HOW we say it. The "How" often has bigger effect on the other person. So we need to shift our focus!***
Communication skills basics (5) **Constructive feedback** 	***NOTE: This module is long – if it becomes too much to include constructive feedback – move this part to another module, e.g. Using Communication Skills, no 5a.*** **Ask**: What is constructive feedback? Get some points – agree on a definition (e.g. feedback that focuses on strengths, and on how to improve) **Let trainers demonstrate a good example:** *Supervisor gives feedback to nurse about a mistake she has made, using constructive feedback. ("I can see you have had a busy night, and that you have done a good job. Now, regarding X (the mistake), what happened?" The nurse explains, then supervisor may add).* **Ask:** Does this happen? **Points:** (They may respond: Maybe sometimes. But more often it is "Fire! Fire!" Fault finding in focus) ***Ask them to discuss briefly in groups:*** • *What is constructive feedback? Examples?* • *What is your aim when giving c.feedback?* • *What is the effect on the other person?* Get feedback, sum up with next slide.

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***

Focus on the aim:
What do you want to achieve by giving feedback?
Formulate your aim, make your intentions clear.

Rules for giving CF:

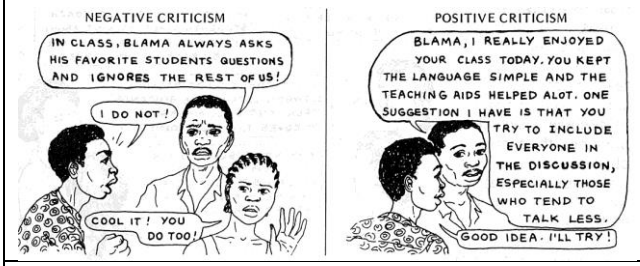
Rule number 1 *– Comment on positive things first (i.e. appreciate him/her as a* ***person****, before focusing on the mistake)*
Rule number 2 *– Be constructive (ask person first whether they see areas they could do better, and if so, how might they improve).*
Rule number 3 *– Be specific (give advice the person can use, do not generalize)*
Rule number 4 *- Do not give direct or blaming criticism*
Relate this to the demo: When the person receives CF, she feels seen, appreciated as a person, and safe. This is a basis for good interaction, which opens up for learning

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***

Ask: What is "destructive feedback"? Show title+picture
Let participants define. Add points on the slide/agree on what it is.
Let trainers demonstrate again, same scenario w/junior nurse, and the senior is blaming and judging:
"You have just been sleeping all night… (continuing to thrash her, in front of patient, for what she did or did not do… young nurse trying to defend herself, but is cut off)
Ask how they think the nurse felt, and the effects on her, and on how she may treat the patients.
Ask what may be the effect on patient's trust in nurse.
Ask for their experiences on receiving constructive and/or destructive feedback, and the effects of this on how they felt, and what they did.
Bring out points/explain: Destructive feedback hurts and demotivates, and makes the other person feel vulnerable. The one who gives destructive feedback focuses on his/her own needs (to show off, or show power), rather than on the needs of the person who should learn.
Effects: Usually negative. We are quick to point out bad points. Patient may lose trust in provider. Patients talk among themselves, nurse loses credibility. It is common to take sick leave after such feedback. *Can we change?*
See example below slides in this module.

Different feedback – different effect



Ask: Does anybody recognize what happens here?
Ask someone to read out what the man says

Summarize: *CF is aimed at improving performance. To achieve this, you need to give feedback with awareness – in a way that is not judgmental, or criticizing, or puts the person off. (**Remember - NVC**)*
When you give negative/blaming feedback, the natural response is for the person to defend (and protect) her/himself. In this situation, the person will not learn.

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"*

Read the example

Exercise 9: Using principles of feedback in supportive supervision

You observe a junior colleague explaining to a mother the need to take a blood sample from her child, in very technical terms. The parent has refused to let her child be bled, and the junior is upset, saying the mother is difficult, and walks off.

In groups – discuss:

- *How would you approach her, to make sure she learns how to do this task?*
- *How would you motivate her to try again?*
- *What should you avoid?*

Demonstrate (demo 4) the "bad way" in front of the group, where senior is blaming and judging, and the junior is trying to defend herself, but is cut off.

Procedure
Ask them to discuss in groups, and to demonstrate how they would do it differently
When picking volunteers – ask for someone who is in a senior position as nurse/manager
Points to bring out in discussion:
Appreciate, let her explain. What can you improve?
Find out: What were the (possible) reasons the mother refused?
Avoid – generalizing, blaming, judging
NOTE: The concept of constructive feedback may be new to participants. They are probably used to direct/ blaming feedback. CF is a challenge to learn.

Supervisors help juniors learn by:

Showing a respectful attitude:

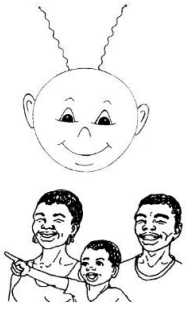
- The supervisor is there to *help the person do his/her task or job more effectively*, and to help him/her identify his/her mistakes and learn from them
- **Listening** to how the person describes his/her problems in the situation you have just observed
- **Asking** the person how the problems could 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

Summarize from the discussion – and add these points

Explain: We will work more with CF in the follow-up course. These days, "supportive supervision" is what we are asked to do, but often – what we give, and receive, is not supportive at all.
It has been more common to find faults, criticize harshly, and thrash one another to demonstrate power.
Appreciating each others' work has not been common.
This needs to change.

Ask participants to buzz:
"How can we work to influence change on supervision practices?"
Discuss briefly, put points on flipcharts, **hang** on wall. **Refer** to this essential practice throughout the workshop.
Add to the points on the wall, whenever possible.

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) 	**Summarize** from the discussion – and add these points **Ask** for final comments: *How can we help each other practice these skills?* What can prevent us from being able to practice them? (*also note – there will be an observation task after the workshop on feedback and supervision*)
Example *"My supervisor was supervising me on 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."*	**Read out the example (or skip)**
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	**Sum up the strategies** discussed in this presentation, by drawing a picture of a provider listening with ***ears*** (*what is being said*), ***eyes*** (*how the person looks*) and ***heart*** (*how it is being said/the emotions*) You can make a cartoon drawing on the flipchart of a face with big eyes and ears (and a very small mouth!), and a heart: Participants are likely to remember this! Sum up the need to listen, ask, observe and then decide on action, and then choose the right strategy
Creating the basis for good patient communication 	**Use** this slide to make a bridge to the next module: **Explain:** We have now dealt with some of the communication techniques we use. As you remember from the beginning of the module, we emphasized that the attitudes underlying what we say, and the emotions you and the other person have, will determine how the person perceives + understands what we say. This is the basis for good communication – which we will deal with in the next module. **Ask** for comments – if there is anything else that is needed? *NOTE: The module ends here – below is a handout you can print and give out.*

• ***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!	**End of module**
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 (*See appendix for original, to use as handouts in your own workshops.)*

Demonstrations and exercises

NOTE: The demonstrations and exercises are mixed here, as an exercise often follows a demonstration, and presenting them in the same order as in the slides, is easier to follow.

Demonstration 1: The "Gold Standard" interaction

This demonstration should be done by two good trainers. It can be used to refer to throughout the presentation, structuring the learning to a common reference point

Note: Please refer to "Preparing a demonstration, chapter X" for advice on how to plan, prepare and practice to make a good demonstration. The trainers should demonstrate good use of the skills and attitudes (slide 8) you are teaching in this module.

Example/situation 1:

Note: You can of course create your own situation, which is typical or common in your setting. The skills and attitudes shown in the example here should be included (as shown in slides 6 and 8).

Purpose:

To strengthen awareness of the importance of a provider having a conscious goal (to establish trust and build a relationship with the mother, to enable the provider to effectively assess the problem, the reasons for the problem, and a solution – with the mother as a partner). Furthermore, to strengthen awareness of what is a good set of communication skills to use with the mother in this situation, to be able to provide patient centered care.

***The situation:* A mother has come to the clinic with her 2 year old daughter who has had diarrhea, vomiting and fever for the last 4 days. The child was seen in a peripheral clinic 2 days ago and prescribed ORS and paracetamol syrup. The mother was advised to give the drugs and observe the child at home. Despite giving the treatment as advised, the child has not been doing well, since last night the child has become dehydrated and lethargic. The mother is concerned that her child did not get good drugs at the peripheral clinic, (she refers to ORS as just water). She is very worried about her child's condition.**

The health provider (HP) treats her with respect and listens actively without judgment; appreciates the mother's efforts, probes and listens to the mother's story. She empathizes with mother as she sees the mother is worried about her child's condition. The HP reassures her, explains to her that the child has lost a lot of water from the diarrhea and vomiting, and she has to stay in hospital with the child for some time to get treatment. The HP explains to the mother the investigations to be done to help treat the child well (*blood samples, urine and stool*). The mother asks questions about the blood samples as she is worried that her child doesn't have enough blood. The HP explains the amount of blood to be taken and that it's not harmful to the child's health. The mother appreciates and agrees for her child to be admitted.

Example/situation 2:

A mother has come this morning with a malnourished child in PCM bay (Protein-Calorie Malnutrition section) and has to explain the problems of the child. This is her first time in hospital and she fears that the doctors/ nurses will be blaming her for the child's condition.

The health provider (HP) treats her with respect and listens actively without judgment; appreciates patient's efforts, probes and listens for reasons why the child has become malnourished. The HP counsels her, explains she has to stay in hospital with the child for some time to get treatment. The mother first refuses, she has to go home to the other children. The HP listens, acknowledges the mother's dilemma, and together they find a

solution for the mother to call home to arrange for someone to take care of the other children, so she can stay. The mother asks questions to find out what she can do to care better for her child, and she appreciates the HP's advice.

Exercise 1: Discussing the demonstration of a good interaction

What does provider do, how, +why? What is the intent of the provider?

Purpose: To strengthen knowledge and awareness of what are good communication skills to use in an interaction with a patient/parent, to enable the provider to build trust, establish a good relationship, and provide patient centered care - based on observation of and reflection on a "good interaction" demonstration. Furthermore, to strengthen awareness of the reasons for using the different skills, by analyzing and reflecting on the effects of using the skills, on patient's behavior and emotions. Finally, to link the reflections on the skills shown and discussed, to their own communication practices with patients/parents, and identify which skills they need to strengthen to be able to provide patient centered care.

Procedure:

1. Ask participants to discuss the questions in the slide, for about 5 minutes
2. Get feedback in plenary, on one question at a time: Let co-trainer write on flipchart
3. Before giving feedback on what the provider could do better – remind participants of the main rules for constructive feedback, which will be discussed in detail later in this module
4. Sum up – by using the next slide ("Why does this interaction work well?")

Main points to bring out:

- Provider demonstrates a conscious, positive attitude to the patient: She is aware and present, shows respect, and relates to the patient as a person. Her intent is to develop a professional relationship that is a good basis for providing patient centered care;
- This makes the patient feel safe, and welcome: She develops trust in the provider, and is ready to communicate openly;
- The provider is open in her communication – listens, with the intention to understand, and she does not judge. She invites questions;
- She shows appreciation for the patient's action (and the underlying intent to seek appropriate care);
- The likely effect is that the patient will follow advice, and will learn;
- The provider will likely feel satisfied with doing a good job, and this may influence her mood positively, and her motivation to continue to provide patient centered care.

Exercise 2: One way information

What happens to the message?

Purpose: To demonstrate how simple messages get distorted when passed through several people.
This exercise demonstrates the first step in the information model, and is usually fun to do.

Procedure

1. Ask participants: How do you know if your message is understood correctly?
2. Ask participants to stand in two long lines (OR – use the groups around each table)
3. Trainer (or co-trainers) whisper a message to one participant at each table, or the one at the beginning of each line, and asks to pass the message on to the next person, who passes it further.
4. The last person to receive the message, speaks it out (or writes it down) when facilitator request it.

Main points:

- Messages will (almost always) be distorted in the process of being passed from one person to another
- You need to check that a message is understood, if it is important that the person remembers correctly (e.g. instructions to a patient on how to take medicine).

Examples of messages*:*
"When you take these medicines, you might feel tired in the beginning, and your body may react. But then it will become better."
"I think I understand how you are feeling – you said your husband wants to leave you, and your boss wants to fire you?"
NOTE: Assess if you want to spend time on this exercise. It is fun to do, and can function as an "energizer". But it does not bring out anything new – people do know that messages will be distorted. Just HOW very distorted they will be is usually very well demonstrated in this exercise.

Demonstration 2, with plenary discussion

Listening with ears, eyes and heart: What are the "signs", and the effects?

Purpose: To strengthen the awareness of skills and attitudes a person uses when he/she is listening with ears, eyes and heart (active listening), by seeing the person do it. Furthermore, to strengthen awareness of what are the cognitive (*i.e. how we think)* and the emotional (*i.e. how we feel*) aspects of listening with ears, eyes and heart.

Procedure:

1. **Prepare a trainer** to be in the role of **the one who is talking**, and prepare a topic
2. ***(Examples:*** *A patient/parent who has problems getting her malnourished child to eat; a colleague who has a problem with her supervisor giving her too much work. Or - with another colleague make up problems that are typical for your group, and where the purpose is to let the person speak, and feel she/he is being listened to, and understood – and asked a few questions for the listener to understand better*)
3. **Ask groups to discuss what is Listening with ears, eues and heart, and then come up to demonstrate**: Tell participants what the topic/ problem you have chosen is, and ask them to discuss briefly at the table to identify a volunteer to demonstrate how to listen with ears, eyes and heart to the person with the problem (i.e. the trainer), in front of the big group;
4. Ask participants to **identify what it is the listener does**, and **how** she/he does it (in demo)
5. Let the trainer and participant sit down to **demonstrate** talking and listening in front of group, for 2-3 minutes (until they have demonstrated what you want to emphasize)
6. **Ask the group what the listener did to show listening with ears, eyes and heart**, let co-trainer note on flipchart
7. **Ask:** "How do you think the other person felt", or "What was the effect of listening with ears, eyes and heart on the person?" Get answers. Ask the trainer what he/she really felt…
8. Sum up the exercise by emphasizing the importance of listening with ears, eyes and heart (or Active Listening) as a key communication skill, see below.

Main points to bring out

- Listening with ears, eyes and heart is to stay present (will be discussed in detail later), or give the full attention to the speaker, and use a number of non-verbal signs (nodding, uh-hum, etc) to show you are listening "with your whole being", including with your emotions.
- Skills used are asking open questions to probe, staying on the topic of the speaker (not pull it in your own direction)

- Empathize, value the person, listen with eyes, ears and heart (also listen for the feelings behind): This allows the other person to express deeper concerns
- Be sensitive, and mindful
- You can ask questions to clarify, or ask if your interpretation is correct

What not to do:

- Interruption stops the person talking, and disturbs the interaction
- Do not pretend that you understand (if you don't)
- Do not tell the other person how she/he feels

Effects of listening with ears, eyes and heart:

- The effect of listening with ears, eyes and heart on the other person is usually that he/she will feel very good, feel like giving more information, feel she/he was seen/valued/ respected as a person, etc. This kind of listening includes the emotions.
- Listening with ears, eyes and heart is a core skill in patient centered care.

Exercise no. 3: Listening well to our patients – what can happen?

Discovering reasons patients can act "difficult".

Purpose: To strengthen awareness of the effects of stepping back (from own judgement) and listening with awareness and intent to understand, to a patient the HCP experiences as "difficult". Furthermore, to strengthen skills to question own automatic reactions and judgment, and to ask questions to explore reasons for the patient's "difficult" behavior and discover what the problem is and what the patient really needs. Finally, to strengthen skills and motivation to empathize with patients the HCP initially judges as "difficult", and meet the patient's real needs.

Procedure:

1. Let participants sit in pairs, and agree on who should share their experience and who should be the listener.
2. The participant with the example shares this, by explaining what happened: Who was the "difficult" patient, how did the HCP react (initially), what did s/he do to listen to the patient and find out what were reasons for her behavior/what her needs really were.
3. The colleague listens with ears, eyes and heart.
4. The participants reflect together about the example, and about their own tendency to judge a patient as "difficult" when s/he displays certain behaviors.
5. Participants conclude their reflection by discussing what they have learnt, and how they can use this learning actively in their work.

Main points: When patients are really listened to, and the HCP asks questions to find out what reasons for their behavior are – they usually find there are good reasons – from the patient's perspective. The HCP will discover what the patient's needs really were.
For example – if the HCP has given information, and the patient does not understand – the HCP might blame the patient for not (wanting to?) understand – rather than look at her own explanation, which was not good enough. The HCP might have an automatic reaction and judge the patient.
Often, HCPs may explain e.g. a procedure or use of a medicine, and use one way information, and not invite the patient to ask questions or check for understanding in a respectful way. When the patient then shows signs of not understanding, the automatic reaction might be to blame the patient for not understanding.
However, when patients experience HCP's intention (and practice) to listen, understand and to meet their needs – they will usually cooperate well.

Exercise no. 4: Active listening (with ears, eyes and heart)

True, or false?

Purpose: To further strengthen awareness of and knowledge about what it means to listen with ears, eyes and heart, what are effects of listening actively "with your whole person", on the other person, and what you should do and what you should not do when practicing this skill. Furthermore, to strengthen awareness of positive and negative aspects that influence active listening.

Procedure:

1. **Give out the one page handout** (without the answers, of course..)
2. Let participants **read and discuss in pairs** for about 5+ minutes.
3. **In plenary**, use the first slide, go through point by point – ask for answers, and (ask your co-trainer to) write on the slide in the computer (T, or F). Where appropriate – ask e.g. "Why is it like this?", or – "what happens if we do this", or any question to invite brief comments from their discussion, and bring home the point.
4. **Go through the first slide like this**, and take a few more points – e.g. the last 3, and any point participants want to bring out (e.g. because they have disagreed in the group, or think it is a very important point, etc.)
5. (***An alternative way*** to get feedback is to ask participants in pairs to choose a statement they think is important, and say WHY it is important. Trainer can then emphasize the points with a few more comments, if needed. You could get one statement from each table (if you have 5-6 tables). You could then pick out the additional points you want to emphasize. This makes the exercise more participatory.

Handout text (with answers included):

Note: Remove answers when making this a handout!

1. Active listening is to give someone your full attention (T)
2. It is ok to interrupt the person to make sure you get your questions answered F
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 F
4. We often judge people as being stubborn or ignorant when they don't want to listen to us. T
5. Active listening is the best way to get good information T
6. It is not important to set your own prejudices aside while listening F
7. When someone listens fully to you, it feels very good, and you feel like opening up and giving more information/talking more T
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 F
9. It is not necessary to probe to get deeper information. Just let the person talk till he/she is finished F
10. Active listening makes you feel respected and valued, personally and professionally T
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) T
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 F
13. AL stimulates openness and creativity: it is easy for the other person to formulate own ideas and opinions T
14. When you listen actively, you try to understand what the other person means to say, from their perspective, without judging them T

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" F
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 F
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 F
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 T
20. When a person talks, it is ok to inject comments that show you know better F
21. Not being able or willing to listen actively is a bad habit which can be changed if we want to change it T
22. By just giving someone information you can make them change. F
23. To change your behavior, you require time and energy to think and reflect. T

Exercise no 5: The theory behind asking open questions

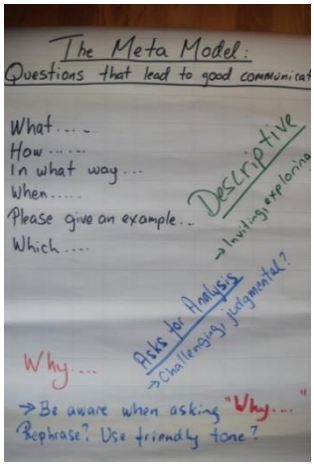
Interactive exercise: Developing the Meta-Model

Purpose: To strengthen knowledge and awareness about developing and using open ended questions, by letting participants discover the difference between descriptive and analytical questions, and the effects of the different questions, on the respondent's willingness to give information and on the potential quality of the information. Furthermore, to strengthen awareness of how Meta-Model (open) questions can be used to challenge generalizations, uncover the reasons behind, and give a basis for a real discussion of issues. This requires that the participants set aside their automatic reactions, and ask open questions to find out – rather than taking the statement personally, and react from their emotions.

Procedure

- Ask participants to give examples of open questions. As you get examples, write only the first word of each question on the flipchart: **What…**(is going on here?) **Where…**(is the venue for the meeting?).. **How….(**do you fix this needle?). **Who…** (owns this car)? (Se illustration)
- Add some good questions like **"In what way….",** and some which are in form closed, but in their *intention* open, like "**Can you please give an example**….", "**Can you say something more about that…"**
- When the question **Why** is mentioned, write it at the bottom of the page, using another color (e.g. **RED**, to signal: **Be Alert**)
- **Ask:** What are we asking for when asking What…. How… In what way…. Etc? Get some suggestions. Conclude: We are asking the person to **DESCRIBE** something – asking for details, for information. Write **DESCRIBE** on the flipchart.
- **Ask:** How does it feel when you ask for a description? Get some suggestions. Make the point that usually, these are "straight" questions to ask, and not threatening. People are usually willing to talk when asking these questions - there is no problem.
- **Ask:** What are we asking for when asking **Why?** Get suggestions. Make the point that usually we ask for an **ANALYSIS** (write on flipchart), a justification, or an explanation.
- **Ask:** How does it sometimes make people feel when we ask why? Get suggestions. Make the point that often, it makes people defensive, they have to explain or justify themselves, and this is sometimes uncomfortable. Often, it implies that the person who asks is of another opinion, and/or is judging the person he/she is asking, for being wrong. The intention of the person asking can be to show that he/she is better, or more powerful. This is seldom a good basis for constructive communication.

- **Ask**: What are the implications of this? Is it wrong to ask WHY? Get suggestions. Conclude that it is of course not wrong to ask why, but – we should be aware when we ask this question: We can rephrase it (e.g. "in what way…."), or ask it in a neutral tone, or do something that does not make the person need to defend him/herself: We can make it clear (*by using e.g. tone of voice, posture, and/or non-verbal communication*) that our intention is to explore, to find out – NOT to punish or judge.
- **Conclude:** Asking descriptive questions is "safe" – we get information. Asking analytical questions – we need to be aware of how we ask.



*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*

Main points are made in the description of the procedure.
When continuing the presentation, you can go quickly over the next slide which repeats this information.

Trainer's story: Open questions – a powerful weapon!

"For me when using open ended questions it's like a weapon that can be used to disarm any person who is angry, who has tension, who has fear - if you use open ended questions you actually can see the effect on the spot. And in my experience I was involved recently in following people who refused to participate in studies, and these people have at times been very violent to the staff who are visiting them. When I got the assignment I was filed with fear because I was like "how I'm I gonna follow these people who have already refused to participate in these studies? Some of them have actually chased away the staff because they say they do not want to be involved in research activities".
The only weapon that we carried with us to follow up these people who had refused were the open ended questions. I could visit the home, and introduce myself and right from the beginning I used open ended questions to try to understand what happened. These guys would just confront you like, "I told your people never to visit this home again why are you here?" So but now the use of open ended questions you would see these people immediately coming down from being very tall, looking very angry, wanting almost to confront you head on but then you try to understand, "Okay I'm here to try to understand more about what experiences you have, what exactly happened". And based on those questions you actually feel them, you see them relaxing down and open up and share a lot of information and eventually majority of them actually could say, "I wish all the people who were coming here were like you, that they were patient enough and were inquisitive enough to find out about what we are experiencing". So the open ended question is a very powerful weapon, that's what I can say."

Exercise 6 in plenary: The trainer provokes:

Challenging generalizations by using open questions

Purpose: To strengthen skills to ask open questions in response to a provocative generalization, to find out what is behind the statement, and thus stopping the automatic reaction to start arguing against the generalization. Furthermore, to reflect on the experience to discover that there is usually a good reason, example or story behind a generalization, and that discovering this reason provides a constructive basis for a dialogue.

Procedure

Trainer can challenge participants to ask her/him open questions to a provocative generalization/ statement, where the automatic reaction from participants may be to argue against, rather than find out. This is a very useful exercise, but needs to be well prepared and tested out by the trainer (by testing it out on co-trainers and/or colleagues). There needs to be a story/reason behind the statement, and the challenge is for the participants to find the reason, by exploring and investigating, rather than to respond automatically – by e.g. defending your colleagues, and yourself from "unfair" statements.

MM questions helps get to the bottom of a generalization – to an issue that can be dealt with. People who generalize are often referring to ONE emotional incident that made them react badly, and then generalize automatically. When helped to see, thru MM-questions, they will usually see that they have no reason to generalize. This helps them to reflect, and to step back from automatic reactions – IF they sense that the intention of the person asking them is "just" curiosity, and a wish to explore and understand (*rather than being judgmental, and out to prove you wrong*).

Example:

1. **"Nurses in this hospital really do not care for patients!"** (The story behind could be a patient who has had a very bad experience herself, but through non-judgmental questions she will also volunteer information that others in her family have been treated really well, and she also has a neighbor who said she received very good treatment. So – she may conclude that she has been unlucky, or that the nurse had a bad day, or…. The story could also be that she has heard from a neighbor that nurses are bad, but – she does not actually know, she has no experience herself. But she has also heard that others have been well treated. She can then realize that there are both kinds of nurses, etc.)
2. **If participants "fall into the trap" of arguing/challenging, just give brief answers back, in the same tone:** e.g. if they ask "How do you know?" Answer: "I just know!" or – "This is not true!" Aswer – "Yes, it is!" or …. The point to demonstrate is: If you challenge – you get into a fruitless argument, without knowing the story behind this kind of ("silly", but commonly used) generalization.
3. **Useful open questions (which you can get from the participants) can be e.g.** "What happened to make you say so?" (Answer: start to tell a little bit, but not the whole story – make them ask more!) or – "Please give me an example of what you have seen" or "How come?" or …. The point is: The participants should ask open questions to explore what is behind the statement, and then make the person see that it is a generalization – and then adjust the statement herself ("Well, maybe they are not all like that… I have seen some of them giving good care…) The automatic response is to judge, and argue – and this does not lead to good communication.

Please make your own example.

NOTE TO TRAINERS: This could also be a useful exercise in the Emotions module, to practice stepping back and asking questions.

Exercise 7: Practicing the skills

Asking questions and listening with ears, eyes and heart

Purpose: To strengthen the awareness of their own abilities and challenges in practicing asking open questions and listening with ears, eyes and heart to a colleague. Furthermore, to strengthen awareness of the effects of using these skills on the other person, and the experience of the effects on themselves. Also, to practice giving constructive feedback, using the feedback rules. Finally, to reflect on the use of these skills, and on the potential effects of practicing such skills with patients and colleagues.

Note: Questions/themes could be slightly controversial, or personal – to draw out engagement (*which often "disturbs" communication, see next module on emotions*). When asking about a theme where the one asking also has experience, or strong ideas – it becomes difficult to keep listening, rather than engage in the conversation. NB – this is an important part of the learning!

Examples of questions (Give them two – write in task you give out, or on flipchart):

- What is your opinion about patients' use of traditional medicine?
- What made you become a health provider?
- What do you think about being a role model?
- What do you really like about being a health provider?
- How do you handle "difficult patients"?

Procedure:

1. Ask participants to divide in pairs. Give out the exercise, let them read (or let them read the slide, and write questions on a flipchart beside)
2. **Explain the exercise by letting trainers briefly show it:** Two trainers in front, one asks open questions (on another topic), the other answers. Let them answer 2-3 questions briefly, then stop.
3. Ask participants to start, with one person (interviewer) asking questions on given topic no. 1, the other (respondent) listening. Stop them after 5 minutes.
4. Ask them to give feedback – repeat the instructions: Respondent tells interviewer if he/she felt well listened to (or not), and what it was interviewer did to make him feel this. Respondent also tells the interviewer if she/he was asking open or closed questions, and how he felt about answering. Two minutes.
5. Ask them to change roles, and ask the other question you have given them.
6. After 5 min – stop them, and give individual feedback in the pair.
7. After 2 min – stop, ask them to reflect on what they learnt from doing this exercise
8. Request feedback in plenary - ask participants to report on ***their use of the communication skills*** (open questions and listening), and the effects of them using/not using these methods. Don't spend time on what was said in response to the questions (*which is what participants will want to talk about, as this is easier than analyzing the use of methods*).

Main points to bring out

- Asking open questions is not an easy skill to practice: Many are very used to asking leading questions, as this is much easier, and – quicker.
- Learning to ask open questions is a matter of awareness, knowing the effects of these questions (you often get good, and deep, information), and – practice, with feedback (when you can get it.)
- When asking open questions, you often get good info, and the partner opens up and explains freely
- Having different opinions can influence the way we ask (*i.e. many have a tendency to ask closed questions, and argue – rather than listen, to understand*).

Conclude by encouraging participants to practice asking open questions, and listening actively – with awareness. These are the two core skills we use all the time in our communication with others.
Also note that there is of course nothing wrong about asking closed questions – we just need to know when to use the two different types of questions – based on what we want to find out.

Demonstration 3, with exercise 8

Non-Verbal Communication, and effects on the other person

Purpose: To strengthen awareness of which non-verbal signals providers often use in their work (often without thinking about it), and the potential effects of this communication, on the other person. Furthermore, to strengthen motivation to use NV signals with more awareness.

Procedure

- **Trainer demonstrates**: A provider sits at a table when a patient comes in. He looks out of the window, and does not greet her. He then starts asking questions about her problem.
- **Ask:** Does this happen?
- Get brief comments – focus on (potential) effects of the provider's action, on how the patient feels, and on the communication between them
- Ask participants to discuss which nonverbal (NV) signals they often use at work, and what the effects can be on the other persons. Emphasize that it does not have to be "just" negative signals they should discuss.
- Ask volunteers to come and show in front of the group (2-3 groups, one after the other) Ask the big group to comment briefly on what is the potential effect of using such non-verbals.

(NB – this is usually a hilarious exercise – participants make fun of themselves and colleagues! It is usually quite obvious what the effects are, so the points need to be made briefly.)

Main points to bring out:

- Negative NV signals are often perceived very strongly by the other person, and can "speak louder" than words. NV signals often "betray" our attitudes.
- If we give out negative NV signals, but use positive words, people will be confused – and will "listen to" and believe the NV signal rather than the word. This is called "double communication", and is a very common barrier to good communication.
- Becoming aware of the NV signals we use, and deciding how to use them to strengthen our verbal message, is essential for becoming a good communicator.

Demonstration 4 with Exercise 9

Using principles of feedback in supportive supervision

Purpose: To strengthen awareness of the effects of two different ways of giving feedback, on the one receiving feedback as well as on the one giving it: 1) a senior/supervisor using blame and judgment to comment on a junior colleague's poor practice, and 2) the supervisor using listening and constructive feedback to promote learning. Furthermore, to strengthen awareness of the importance of becoming aware of the intent of one's communication with colleagues (rather than act automatically). Finally, to strengthen awareness of skills needed to guide the junior nurse to understand why the mother refused, and her own role in influencing this, and to strengthen skills to give constructive feedback

Procedure

- **Explain the situation described on the slide**: A senior nurse overhears (from treating the patient in the next bed) a 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.
- **Trainer demonstrates the senior's** "bad way" of giving feedback in front of the group: The senior nurse is blaming and judging, and the junior is trying to defend herself, but is cut off.
- **Ask them to discuss in groups the questions on the slide**, and to prepare to demonstrate how they would do it differently
- **Ask for volunteers to show how they would give feedback in a different way**. When picking volunteers – ask for someone who is in a senior position as nurse/manager in "real life" to be the one playing the role as the senior.
- Ask for reflections from the group, and discuss. Bring out the main points, below.

Main points to bring out in discussion

- The effect of the first version (destructive) is that the junior becomes defensive, demotivated, and does not learn. She will likely not explain better the next time. The cooperation between the senior and junior nurse will remain difficult, and may cause medical errors;
- The Aware Senior should approach the junior and ask her to talk privately: Appreciate the junior's efforts, and ask her to reflect on possible reasons why the mother refused.
- Engage the junior in a dialogue, help her to assess what she did and how she did it (how she communicated, in what tone: if she listened with respect as a basis in the conversation with the mother. She should guide the junior to understand the (probable) reasons why the mother refused, and the junior's own role in influencing this;
- The senior should ask the junior what she can improve, to make the mother give informed agreement to let the nurse take the blood sample from her child. Let the junior show what she could do/how she could explain in a simple way, and help her to phrase the task without using technical jargon – if necessary.
- Throughout the interaction, the senior should act with awareness of her intent to understand the situation, respect her junior nurse as a ***person*** and colleague (while making it clear that her ***action*** with the mother was inadequate), and help her learn;
- This approach would empower her, make her reflect, and make her motivated to try again
- **What to avoid:** Generalizing/categorizing *("Difficult Patients"),* blaming, judging. The effect of using such techniques is usually that patients become defensive. It is blaming the patient, instead of the provider looking critically at her own communication, and understanding the patient's (natural) reaction to refuse cooperation, when communicated with in this manner.

NOTE: *The concept of constructive feedback is probably new to participants. They are probably used to direct/ blaming feedback. Constructive feedback is a challenge to learn, and needs to be practiced throughout the workshop, and frequently discussed. In addition – use the fact that trainers role-model giving constructive feedback regularly, to highlight this essential practice as often as possible.*

Ideas to strengthen the practice:

a) ***Ask volunteers to write out*** the "Rules for Constructive Feedback" on a flipchart, and hang it on the wall, to be used and referred to throughout the workshop.
b) And/or: ***Print a full page handout*** with the text and drawings from Constructive and Destructive feedback (including the learning Effect on the receiver), give out, and ask participants to put them on the wall in their departments.

c) Encourage participants to role-model and discuss constructive feedback in their departments when they go back to work, to strengthen the awareness about alternative ways of giving feedback. See the example from one of the trainers, below.

The end of destructive criticism:

Using good communication skills to challenge a supervisor respectfully

"I used to work in a department where negative criticism was the order of the day. Workers were judged more often than not.

My supervisor was not aware of the effects of his actions and kept repeating his negative criticism. This led to demotivation, burnouts hence affecting how we served our patients.

One fateful morning while receiving patients report on the bedside together with student nurses and my fellow colleagues, he suddenly shouted at the nurse reporting: "You mean you administered that drug intravenously? If that is what you did then you are killing the patient!" Imagine how you would feel if it were you. There was silence, and the nurse burst into tears. Everybody got annoyed.

After his tempers had cooled, I requested to chat with him in his office. I asked him to imagine how the nurse felt, after being shouted at in front of patients and junior students. He felt sorry, and said he acted because of anger. Then, I gave him constructive feedback. I acknowledged him as a supervisor who is observant with the type of work we do, and is able to note when we make mistakes. I asked him to identify where he needs to improve. He said he will start supportive supervision with us, maintain privacy and confidentiality when giving critical feedback, and also to work towards controlling his anger.

Since then, the supervisor has held meetings with us, and has done support supervision. He is also able to control his anger. The effect is that we are now able to serve our patients with a lot of care, and patience. We are able to interact freely, amongst ourselves, including with the supervisor.

Beatrice Moraa, trainer and nursing officer, Kilifi County Hospital, Kenya

Further background on the Meta-Model (see also reference list)

Meta Model is a **language tool** designed to

- Collect information in a neutral way
- Improve the possibilities for understanding the **intention** of the communication partner
- Help structure unclear communicaton

It was developed by a group of professionals in the Unites States of America, based on observations of how people in a number of different situations (in personal and professional life) communicated effectively.

They found

- ✓ People that communicated effectively ask many more questions than others.
- ✓ They ask many open-ended questions, asking for a description of the other person's ideas, feelings, etc. and often for the reason behind such a ideas / feelings.
- ✓ In brief , people who communicate well seek to understand the other persons intention before they give their opinion.

"META" mens above / on a higher level" – which means we "see" the ourselves and the other person we talk with. We are also concerned about the effect of what we say on the other person.

Additional examples from baselines and observation tasks

Listening/empathy: *"During delivery I listen very carefully to mother's problems and complaints and empathize with them and this helps to achieve good delivery. The mother was able to follow my instructions well and this made the delivery process very fruitful."*

They opened up: *"I am good at listening and getting a patient to feel at ease. There was a time I engaged a patient in a conversation and they revealed a past medical illness to a patient I was taking care of when helped in care. The patient was at ease because she hadn't known that what she hadn't revealed in the initial history taking was vital, and she was happy when the child improved."*

Magic: *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"*

Non-verbal communication: *"When the patient sees that I really care about what he thinks, it becomes easier for him to share his thoughts and to feel comfortable. And in such situations it is easier for me to get his idea."*

Becoming aware and changing non-verbal communication: *"I have hindered communication by wearing a negative face and this led to disagreements with colleagues. This brought a lot of complications for a long time and there was a sour relationship. I have now learnt to break these barriers that hinder good communication like wearing a smiling face, cooperating well, adding humor, making people feel free and safe and give them time to open up. I have learnt to listen more, talk less and when I talk, I talk in a sense that I apply skills that make communication effective like eye contact, nodding, creating a good space in between us, wearing a smile face and allow the other part talk without interrupting"*

Awareness seeping in: "The geography of my face changed": *"I was receiving feedback from my significant other (..)… I was very busy listening and making minimal prompts and nodding "Hmm", "Hmm", "Hmm" when I realized she was (…) repeating the same issues.*

I told (…) her that so far she hadn't said anything important, in an impatient tone of voice …….by this time the geography of my face had changed I had put on a very nasty look."

I formulate responses: *"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"*

Feeling 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"*

Effect of positive communication
"I noted that positive communication results from the willingness to listen to the opinion of another person, and really show interest in the speaker's message"

Finding the reason behind – reaching common ground to solve problem: *"I have developed listening skills and am realizing my tremendous improvement day by day. There is this one story which caught my heart "leave alone touching": There was this woman who came frequently to my clinic with recurrent asthmatic attacks. I used to give her medication without listening to her complains and when examining her. God knows I was branding her " mama wa asthma". She would respond well to medication only to see her the next day.*
After attending these training sessions I decided to give her an ear. She really poured her heart out. She has been undergoing cascades of marital problems which were the core cause of her attacks. We tried to reach a common ground to solve her problems. I met her husband and we talked and resolved the domez. Now it has been a total of 13 days without seeing her (without an attack) what a miracle?"

An example of reflection on the link between communication and emotions, and intent:
Feelings affect how she asks questions:
"I do not ask enough questions to find out more. I also seem to get a very fast burn out in listening to a person who talks a point for so long. Some time when I feel annoyed by those who take long to say what they have to say and at time this boils in me and when I get time to say something I burst out loudly and most of the time people do not listen to me.
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."

References (participants' materials, articles, theories)
The sender-receiver model; Meta model; Article on active listening; Article on constructive feedback