

Communicating with emotional competence:
Educate, and empower to act



Basic workshop

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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 «**Communicating with emotional competence: Educate, and empower to act**», 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

Objectives

Strengthen knowledge about:

- what knowledge, skills and attitudes a provider needs to help people learn, and practice the learning
- How emotions affect learning; emotional competence

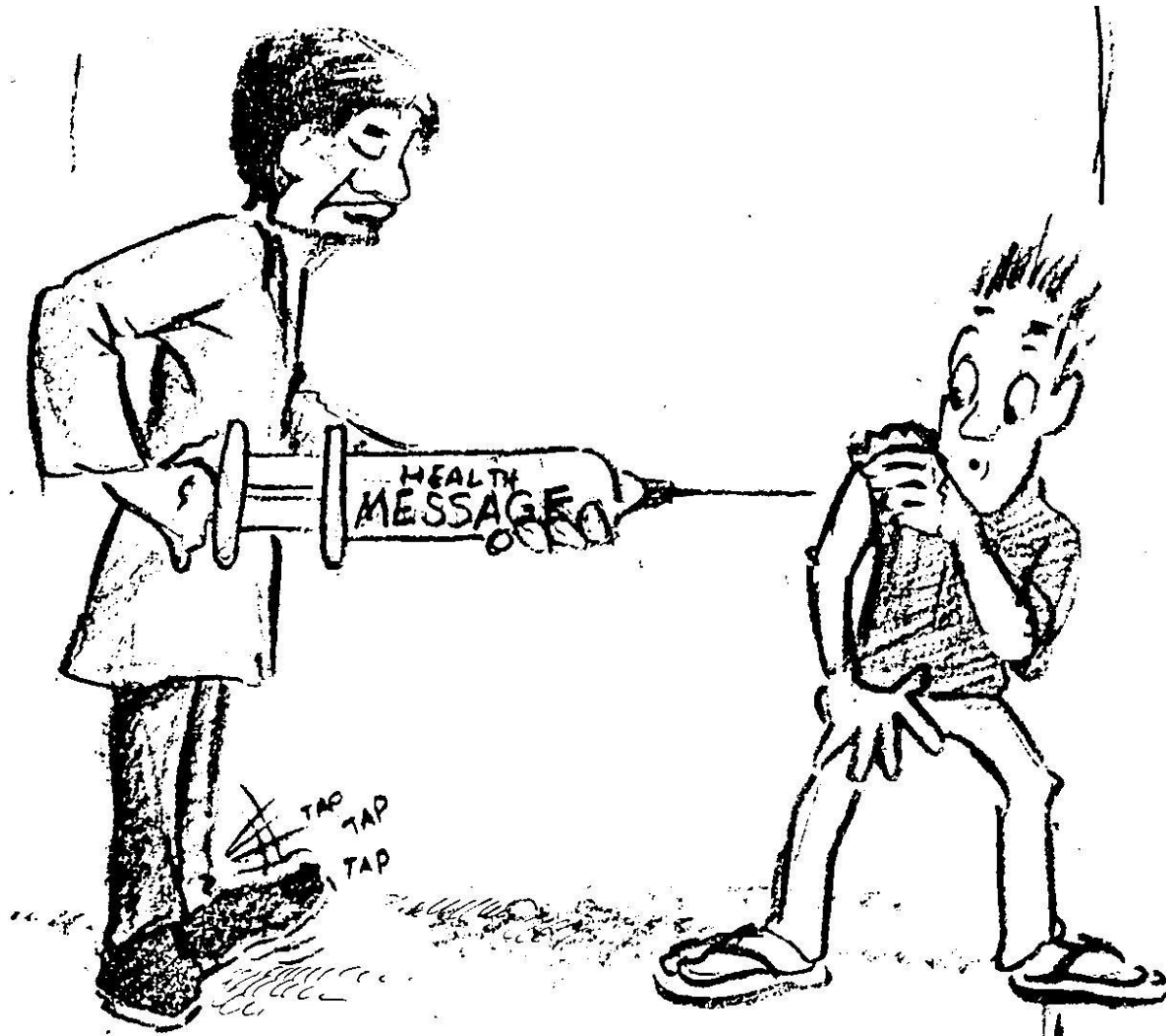
Strengthen awareness of

- The effect of one way information vs 2-way communication on patients' learning
- Which skills and attitudes they have now, and which ones they need to learn

Strengthen skills to

- Communicate with emotional competence to stimulate learning which can lead to action, by e.g. recognizing emotions+ step back

Health providers' dream:
Education as a «quick fix»?



Demonstration:
Educating the patient?



Group work

In groups

- Share examples of where patients did not follow your advice
- Reflect on ***reasons*** they did not follow advice, and
- **Who** was to blame



Demonstration:
Educating the patient?



The communication approach: **Focus on interaction**

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



THE SENDER-RECEIVER MODEL OF COMMUNICATION



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

Examples:

Educating and empowering patients

- *“I explain the information in a language that is simple to understand e.g. I even use my mother tongue if the person can understand it well.”*
- *“Relate the information with something the client is familiar with e.g. if it is taking of drugs instead of Tds. It goes with activities morning, during the day and in the evening”*
- *“Empathize with the parent , involve parent in the management from the start and support them by giving information and counseling”*

Group work:

Educating and empowering patients



In groups:

- Share examples of how you have educated a patient well – where the patient followed your advice, and took action.

Discuss and put on flipchart:

- What did you do, which made the patient learn/follow advice?
- How did you use emotional competence?
- Insights/reflections from discussing this example?
- *(Be prepared to show an example in front of the class)*

How do you give advice?

How well does it work?

- ✓ *“Be friendly and have patience with them and explain the importance e.g. mothers with malnourished children who need to know about the importance of balanced diet”*
- ✓ *“I am friendly and patient with my patients as I give them advice on discharge. During their stay in the ward they will have already built trust in me”*
- ✓ *“By using skills like listening to them, respect, talking in low tone, appreciate them and avoid judging them”*

How to give advice effectively

Start by asking the mother if she has used this drug before – and encourage her to ask questions

Make advice **clear and simple** – explain:

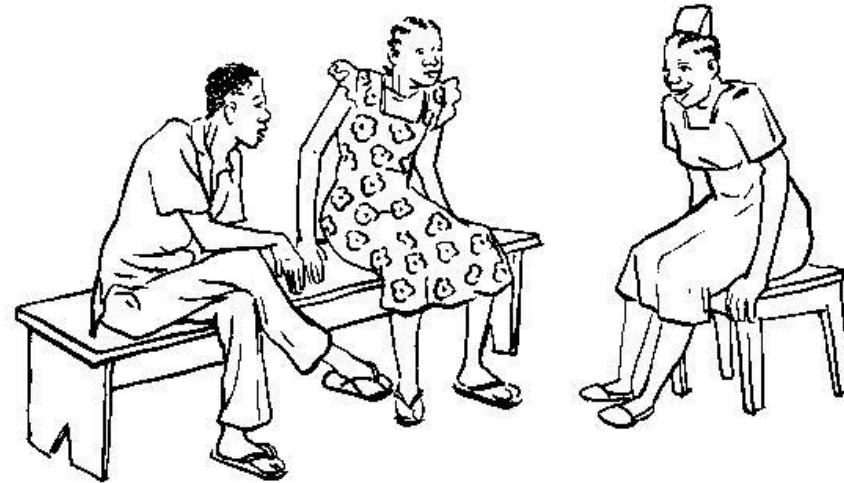
- how the drug works,
- how often to take it,
- for how long.

Explain

- **WHY** this treatment
- Importance of finishing the treatment
- What can happen if you don't

Be

- Confident, friendly, non-judgemental
- **Practical:** Demonstrate how to measure and administer dose



Exercise in groups

Experiences: giving effective advice?

- Share experiences of how you have advised patients to take medicine

Then discuss the following situation:

- You are a provider working in the pediatric department.
- A mother has been admitted with her two year old son who has diarrhoea.
- He needs ORS
- **Practice in your groups how to advise on giving ORS:**
 - What to ask, and what to tell her
 - How to tell her
 - How to work with her to make sure she understands, and will follow advice
 - What to avoid



Reflect:
What have you learnt?

Exercise:

Rate yourself on how you educate, empower and communicate

Use handout:

- **Essential communication skills**



Reflect:

- **How good are you at these skills?**

- *Is this your pattern?*

Rate yourself

- **on a scale from 1 (poor)**
- **to 5 (excellent)**

- *Or rather -*
- *This?*



Educating and empowering patients:

Essential communication skills

- Approachable, makes people welcome and at ease
- Able to recognize emotions, and practice empathy when needed
- Respectful of others
- Curious - willing to learn
- Good communicator = listening actively, with intention to understand
- Inspires dialogue and views – invites questions
- Can identify problems/constructive solutions
- Knowledgeable about the subject you are teaching
- Can say “I don’t know - I’ll find out”
- Know your limitations, acknowledge them
- Can accept and reflect on criticism
- Non-judgmental, verbally and non-verbally
- Using humor appropriately to help learning
- Organized (but still flexible); Being present
- Recognize emotions, step back



Communication barriers: What are they?



For patients?

Provider/educator?

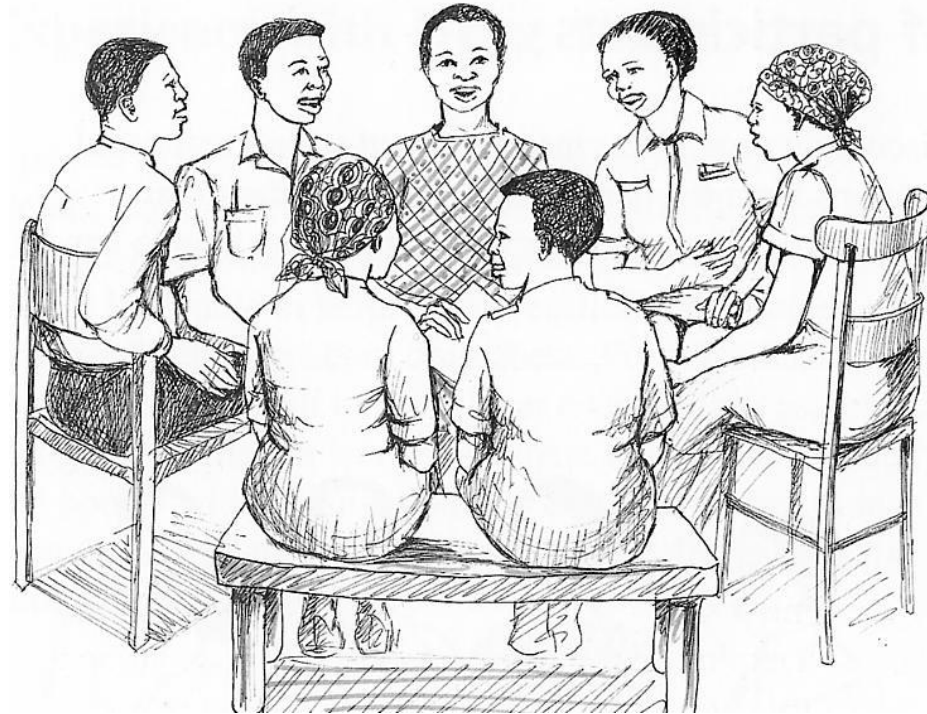


Environment?

Exercise:

Communication barriers?

- **In groups – discuss which barriers can hinder good communication:**
 - From patient's side
 - Provider's side
 - {*Environment/other?*}



Communication barriers (1): Patient



Communication barriers (1): Patient

The patient

- feels uncomfortable
- does not trust the educator
- does not have money to follow advice
- feels worried/judged/patronized
- does not dare to ask questions
- gets too much - or too complicated info
- does not have the time
- Does not understand language
- physical disability: deaf, dumb
- Past experiences
- Own emotions
- Gender difference
- Age gap
- Taboos



Communication Barriers (2): Provider/Educator



Communication Barriers (2)

The educator/provider

- Unfriendly, judgmental or patronizing
- Lacking respect for patient's perceptions, practices and concerns
- Does not listen - interrupts – argues
- Does not invite patient to ask questions
- Uses technical language
- Lacks the appropriate knowledge and expertise
- Does not follow-up
- Does not have the equipment – feels ashamed
- Competing tasks
- Prejudice
- Inadequate information
- Cultural belief



Common barrier: Provider/educator:
**Does not understand influence
of emotions, on learning**



Providers must understand:

- Giving information only, may not result in action –
- *Especially when patient is upset, or very worried*
- When provider **respects and takes care of emotions first**, patient will listen, and learn
- **Wise management of emotions** can help people learn

Communication barriers (3)

The environment

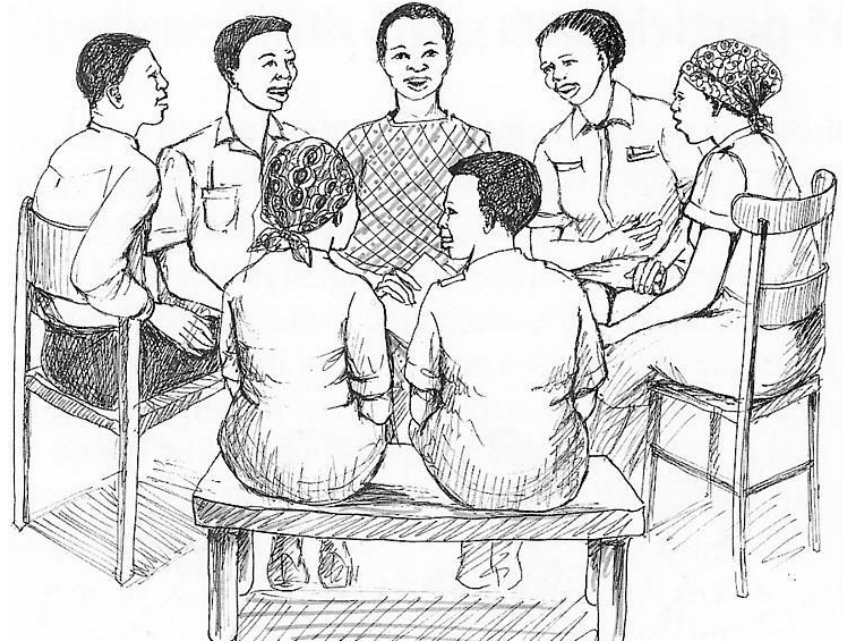
- too noisy
- not safe
- not private
- not comfortable
- no equipment



Exercise:

Which of these barriers can you influence?

- **Discuss in groups:**
- **Which barriers can you influence**
 - As individual HPs?
 - With colleagues
- **How?**



Summary: Communicating with emotional competence

HP focus: On the patient

- **For HP to educate and empower the patient well:**
 - Must feel safe in her/himself
 - Must feel safe in the situation
 - *Able to recognize and step back from her own automatic reactions (eg to emotions)*
- **This enables her to use skills to**
 - Understand needs of patient
 - Focus on the effect of the communication on the patient
 - ***Provide Patient Centred Care***
- **Awareness**, skills and experience comes with practice, and feedback
- **Colleagues: *Help each other learn***

