Module 5a:

Using communication and emotional competence skills to educate and empower patients

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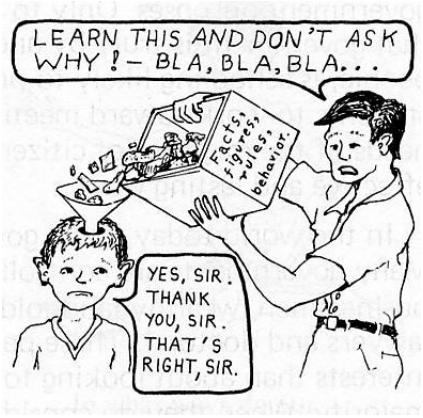
Background for trainer

Education systems in many countries have traditionally followed the authoritarian model where children are expected to sit still, memorize what the teacher tells them, and not ask questions. Children who do not understand are often ridiculed and/or punished by the teacher, who is in the power role, and is expected to "have all the answers". The advantage for the teacher is that he can prepare his lecture notes and feel safe that he cannot be challenged. The lesson is predictable, what is taught is what is in the text book and children learn for exams.
But they do not learn critical thinking, and they do not experience being respected – as learners, or partners.



This is the Transmission model: One way

Providers who have grown up by attending schools where these methods were used in various forms, will more or less automatically transfer this approach to their own way of instructing and educating patients. The provider is in the power role of the expert, and the patients are ignorant. Blaming and judging them comes naturally – reproducing her teachers' cruel and inefficient methods. She sees them as "just patients", does not respect them, does not build relationship and trust, and does not use empathy.

We reproduce the education system we grew up with, unless we are given an opportunity to question it – and learn a better alternative. The participants have, during their observation and reflection period, discovered the effects of the education methods they have automatically used earlier, on the patients. They have had surprises, and many have not liked what they found:

- *"When I shouted at the parent because of not following instructions, the parent feared me so much that she could not share with me anything, not even something to do with the patient and hence I could not give quality of care because I did not know more about the patient."*

The communication/dialogue model is the basis for good patient education

Reflecting on the effects of their actions, many found reasons to change: ***They did want the patients to learn***. The alternative strategy is to use the communication or dialogue model when interacting with patients.
When using this model, the provider sees the patient/ parent as persons, and treats them as partners to achieve a common goal: Helping or curing the patient.

The provider uses empathy to understand the situation, including the emotions the patient or parent may have, and builds trust and a professional relationship.

These actions build the basis for good cooperation about treatment and patient centered care. Educating patient or parent well to help manage the patient and his/her disease well, both while in hospital and when returning home, can lead to empowerment and better health.

It is the intention and the awareness ***underlying the method*** you use to educate and communicate with the patients, which determine the effect of the education, on the patient. "Just" using the good education ***techniques*** (like active listening, clear explanation, or constructive feedback), will most likely not have much effect – if the provider is not "present", shows respect, and shows that she cares about the patient as a person and is motivated to help. A provider will likely be able to communicate with emotional competence and educate well if he/she –

- **Sees the patient as a person**, and builds trust and a professional relationship, as a basis for communicating with emotional competence and educating the patient effectively;
- **Can recognize the patient's emotions** (e.g. worry, frustration, vulnerability), and responds appropriately to this – before giving information;
- **Can recognize her own emotions** (e.g. irritation, worry, tiredness) and set these aside – and not let them influence her work negatively;
- Is **present**, and uses **empathy** (where appropriate);
- **Asks questions and listens well** to identify the patient's needs for education;
- Uses the **communication/dialogue model** to educate – in a **partnership** with the patient;
- **Explains the issue in a simple, direct way**, avoiding jargon;
- **Makes sure the patient understands** (by asking question, and repeating central info)
- **Explains the reason(s) for giving the advice**, and the implications of following and not following this advice;
- **Involves the patient** in the discussion; **invites questions**
- **Is practical – shows, demonstrates**, and lets the patient practice doing an action where possible. Then - gives **constructive feedback – and appreciates the patient's learning**;
- Asks for **confirmation of understanding**
- **Steps back from her own automatic judgmental reactions** (e.g. if a patient does not understand, and she has to explain once or twice more);
- **Is friendly, confident, not judgmental, and patient**.

In this module, the learning from several modules come together, and are transferred into exercises where providers are giving practical advice and education in situations they commonly meet in their work. It will be useful to review for yourself as a trainer – and also to remind the participants (*e.g. as an introduction to the module, and – the day before running this module, ask them to review at home*) about the link to especially:

- **The adult learning module.** Remind them e.g about the exercise they did to identify their best teacher, and why this person managed to teach them well: In addition to the

professional knowledge, it is the teacher's human traits and pedagogical kmethods which made his/her teaching effective. The patients will respond to the providers' teaching in very much the same way.

- **The communication methods module**. Remind them that all the core communication skills – being aware, active listening, asking (open) questions, being present, constructive feedback, appreciation – are needed in a good education session when using the dialogue model.
- **The emotional competence module.** Remind them that observing, recognizing, respecting and responding to the patient's emotion is a starting point for good education: If there are emotional issues to be settled, this needs to be taken care of first – before giving and discussing information. Providers also need to recognize and step back from their own emotional automatic reactions, and take care of their emotions – with awareness.
- **The Attitude-Behavior Change module**. Remind them that change takes time, and that it is the patient who decides whether and when to take action – or not. If the patient trusts the provider, there is a stronger chance the patient will follow advice and take action.

Throughout the module, pulling in reflections and learning from the other modules is essential – it is in this module, and the next (communication strategies), that the learning from the whole workshop is pulled together, and practiced.

The last part of the module focuses on communication barriers – from the patients' side, the providers', and the environment. The purpose of this part is to identify and reflect on barriers that influence patients' learning, and what they can do to influence (some of) these constructively. By realizing which barriers they CAN affect, and which ones they cannot affect, they can more consciously work to reduce the barriers they can have an influence on. This awareness can have an empowering effect.

In summary:
The purpose of this module is to clearly show the different **effects** of using the (commonly practiced) one way Transmission/instruction/information method vs the two way Communication/dialogue method to educate and give advice. Furthermore, it is to strengthen the awareness about methods for giving effective advice and for empowering the patient, through linking to participants' experiences of what they have done which has had positive effects on patients. Finally, participants identify and reflect on communication barriers that influence patients' learning, and what they can do to influence these constructively.

There are six sections in this module. An overview:

1. **Introduce the topic and establish relevance;** using examples from participants to start identifying what are good skills to educate patients. Remind them of links to other modules. In this first section, we also challenge commonly held notions about how patients learn, using humor (slides 1-3)
2. **Show and discuss the Demonstrations representing two types of education, and their effect on patients' learning:** The transmission/instruction/ information model, and the Communication/dialogue model. The demonstrations provide common reference points for the group to relate to throughout this module (slides 4-8);
3. **Relating the models to their own practice, and to empowering patients:** Through group work, participants share experiences on how they educate patients well, and identify methods that encouraged their patients to take action: *Empowerment methods* (slides 9-10)
4. **Identifying specific points on how to give effective advice and assessing own skills level:** Understanding the difference and effects of a medical focus (only) and a more patient-centered focus, on how patients learn, and on what is involved in both settings. Link this to their own level of practicing communication skills (slides 11-14)

5. **Identifying communication barriers, and which of these providers can influence:** Understanding which barriers can influence how patients are able to understand advice and learn from it, and which of these barriers providers can do something to reduce, and how – using communication skills (slides 15-23)
6. **Summing up – how providers can educate and empower patients well:** By focusing on feeling safe, understanding needs of the patient + providing patient centered care (slide 24).

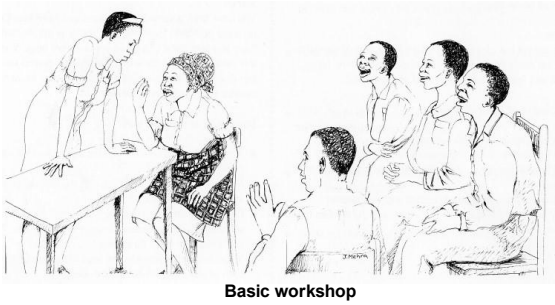
Time needed: 2 hours

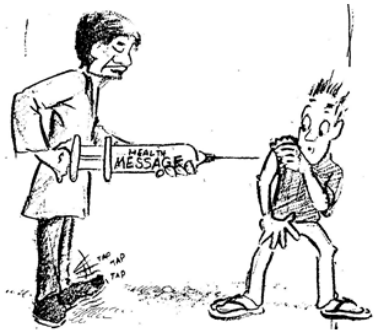
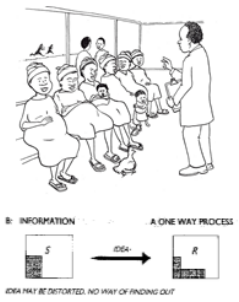
Preparation: Write the communication barriers on 3 different flipcharts (*one for patients, one for providers, and one for the environment, see handout at the end of module*). Leave enough space at the bottom to add on the extra barriers they came up with in the first part of the Communication Barrier exercise, and write these additional points on the flipcharts while the groups are discussing which barriers they can influence.

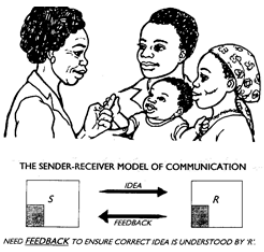
Materials needed: Flipcharts, marker pens, handouts

Facilitator/co-facilitator roles: Trainers can collaborate to take the responsibility for running different exercises. This is a very active module, and at least two trainers are needed.

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

Communicating with emotional competence: **Educate, and empower to act**  **Basic workshop** **Ane Haaland, Siti Ndaa, Stevenson Chea, Mwanambua Boga**	***Remind participants to relate to earlier modules – and ask for brief examples.*** **Introduce the module** by asking participants to share an example where they were advising or educating a patient well. **Probe** to find out what the provider did, and what made it work well. **Acknowledge, appreciate and emphasize** good methods used. *If no example comes forward spontaneously, ask participants to buzz briefly on the question.* **Explain/conclude:** Giving information and educating patients is an important part of our work as providers. This module is about how to educate patients effectively, in a way that makes them want to take action – and enables them to do so.
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/icarehaaland-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 **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	**Read out** the objectives

Health providers' dream: **Education as a «quick fix»?**  	**Ask participants:** What does this health provider believe about how patients learn? (*get some suggestions, before proceeding to the next questions*:) What is his attitude to the patient? His intention? Do you think the patient will learn? Why/why not? **NOTE**: *The purpose of this slide is to make participants realize – by using humor – that their/colleagues' unrealistic expectations of "giving a message" to a patient is equivalent to wanting a "quick fix" – i.e. they want to believe that giving education = giving a medicine/injection. By seeing this – they can laugh at their colleagues, and themselves, and learn to do better*
Demonstration: **Educating the patient?** 	**Demonstration no. 1** **Introduce demo**: Let us see how we can educate patients (*see text for demo, at end of slides*) **Let trainers demonstrate** "bad/1-way education" After demo (*short, clear identification of problems*): **Ask** "provider" while still seated with "patient" in front: "What did you do?" *("Provider": I explained well*) **Ask** "patient": Did you learn? *("Patient": No*) **Ask participants:** Why didn't the patient learn? **Main points:** no respect, no listening, no feedback, no discussion, didn't check understanding etc. "*Explaining well" does not mean patient understood*
The information approach: **Transmission of information** • What is the effect of the one way info approach, on the patient? • Where is the provider's focus? • ***When the patient does not follow advice – whom do we blame?***  	**Exercise no. 1** **Ask:** Do you remember this slide? What are the main points here? ***(See procedure, at end of slides)*** **Ask them to look at the picture, and buzz on questions** Get feedback on one question at a time **Main points to draw out:** When you give information – one way – you do not know if people are learning. We do not respect or empathize with our patients. We don't give time for them to say something, we get no feedback: "*I explained to her…/she should ask if she did not understand…*" The provider's focus is on himself, on his expertise **The effects of this approach are:** Misunderstandings, overdose, under-dose, insecurity, patient does not learn. Misconceptions, misuse. ***Ask:*** *And whom do we blame for bad communication? How do people feel when they are blamed?* **Get** feedback. **Agree**: We often blame patients ***Ask: Do we need to shift from blaming patients, to blaming providers' communication?*** ***Get an agreement on this important task*** **Ask**: Why is the "Transmission model" used so much? **Discuss**: Lack of knowledge, or skills? (Bad) habit? Lack of awareness about effect? Use of power? Insecurity? **Ask** how this can be changed. Discuss

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. 	**Ask** participants to share examples, in groups **Get** examples, in plenary **Reflect** together on who was to blame in each situation, and on insights from the discussion. **Some main reasons:** Provider not giving clear instructions; not checking for understanding; not listening **Examples from our course:** A patient was asked to dilute ORS with boiled water, but she understood that she was to boil the ORS. A relative was a caretaker to a patient, but was also feeling sick herself. The nurse came during drug round, and gave the drug to the relative, for her to give to the patient. But the relative took the drug herself.
Demonstration: **Educating the patient?** 	**Demonstration no. 2** **Introduce new demo**: Let us see how we can educate patients differently (*see text for demo, at end of slides*) **Let trainers demonstrate** "good/2-way education" After demo (*short, clear identification of new method*): **Ask** "patient": Did you learn? *("Patient": Yes!*) **Ask participants:** Why did the patient learn? **Get** feedback **Main points:** Provider showed respect, listened, checked for understanding, gave chance to ask questions, was friendly etc.
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?  	**Exercise no. 2** **Ask:** Do you remember this slide? What are the main points here? Let them discuss in groups **Get** feedback, on one question at a time **Main points to draw out:** When you give information – one way (inform/tell/instruct/explain), you don't get feedback, and you do not know if people are learning. When you use ***2-way communication*** – you establish relationship and trust, use empathy, and see the patient as a person. You know if the patient is learning, if she has understood what you are communicating to her about, because you involve her in a dialogue. You get feedback, and can ensure understanding. **The focus** is on the patient, and her needs. **Summarize:** This is the model we should aim to use. It is an effective model for good communication. It helps motivating the patient to take action. It empowers.

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''

Ask for a volunteer participant to read the examples.
Ask: What does it mean to "empower" the patient?

Main points: Empower means to inspire patients to "take power to act", i.e. providers must educate in such a way that the patient becomes motivated to take action, and knows what to do – and how to do it. It often means the provider must "give away" some of her own power, to build up the patient's power.

Ask: Why is it difficult to give away power?
Get suggestions.
Power = a very sweet drug!

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*)

Exercise no. 3
Ask participants to discuss in groups, 10-15 minutes
Give out flipcharts and marker pens ***(see procedure)***
Ask groups to put their flipcharts on the wall, and review each other's flipcharts on methods
Ask for volunteers to show/demonstrate their example in front of class. Use this as common reference point for discussions throughout the module.
Ask: What did the provider do? – get the points – ask if they are captured on the wall already
Ask – Why did it work?
Ask – **What made the patient act?** (*THIS is the main question – stay on discussing this, ask what else participants have done to empower patients to act. Important that they get a good perspective on this*)
Then – ***ask for insights and reflections*** – what they have now learnt about themselves as educators

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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"*

Explain: We have seen that one of the essential skill is giving advice in an effective way. How do we you do this?
These are some examples of what you had to say
Ask a participant to read the examples

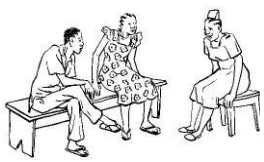
How to give advice effectively

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



Ask: How do we give good advice?
Is this what we normally do?

Ask participants to buzz on which of these points they usually practice, and which ones they "forget".
Ask for feedback.
Main points: Providers ***most often*** explain how often to take the medicine, for how long, and "that it is important to finish": **This is providers' medical focus.** ***Less often*** they explain WHY patient should take this treatment, WHY to finish it/what can happen if you don't and demonstrate how to give/take the medicine. **To give reasons why to follow the advice is patient-centered information, which can lead to action**

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 no. 4

Ask participants to share experiences of giving advice to a patient and then discuss how to give advice on the problem described in the slide.
Ask them to play it out in the groups, and to reflect on learning

In plenary, ask them to share insights on what they learnt

See procedure and main points after slides.

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?*

Exercise no. 5

Give handout: Rating yourself on communication skills
Link this to the previous exercise:
Ask: When discussing how you educate and empower patients in the groups – what did you think about your own skills?
Explain exercise, then give a minute for them to go through list; they can rate themselves later/at home, and then set their goals (if you are short of time).
Ask if the exercise is clear, and if there are questions.
Then proceed to the next slide, while they rate.
The purpose of this exercise is to make participants link the learning to their own personal level of skills, and start to set goals for what they want to learn/improve

***Educating and empowering patients*:**

Essential communication skills

- Able to practice empathy
- Approachable, makes people welcome and at ease
- Respectful of others
- Curious - willing to learn
- Good communicator = good listener: *Active listening*
- Inspires dialogue and views
- Can identify problems/constructive solutions
- Knowledgeable about the subject you are teaching
- Can say "I don't know - I'll find out"
- Can accept and reflect on criticism
- Non-judgmental, verbally and non-verbally
- Know your limitations, acknowledge them
- Using humor appropriately to help learning
- Organized (but still flexible)
- Being present

Let them spend a few minutes rating themselves.
Then ask them to finish at home.

Communication barriers: What are they?

For patients?

Provider/educator?

Environment?

Ask: What are barriers that can hinder effective communication?
(*Get a few examples – just to make sure they understand the exercise/what they will be asked in next slide*)
Main points: Barriers can come from patients, HP and environment/other external sources

Note: This exercise with two discussions in groups, and reading flipcharts: **30 minutes**

Exercise: **Communication barriers?** • **In groups – discuss which barriers can hinder good communication**: – From patient's side – Provider's side – (*Environment/other?*) 	**Exercise no. 6** **Divide** the groups in two sections: **Assign** two different perspectives to the groups: patient side, and providers' side. 2 -3 groups for each question **Procedure: See below** **Give** the groups flipcharts, ask them to write barriers **Ask** groups to hang flipcharts on the wall, and read each other's answers (see below) **Discuss and reflect** on the points while viewing slides Ask for insights: What have they learnt by doing this exercise – either by being in the groups, or by seeing/reading the flipcharts from the other groups?
Communication barriers (1): **Patient**  	**Ask:** Did any of you name this barrier (on slide)? How can you describe it? **Ask** for examples of other barriers from patients' side, barriers that they felt were important when reading each other's flipcharts *NOTE: It is probably not necessary to show the next slides – but rather go directly to the exercise of doing something about the barriers. Decide on this based on the quality of the discussion around the flipcharts: if this was lively and reflective, they have probably learnt what they need from this exercise*.
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 	**Comment, e.g –** These are some barriers we have suggested – we will give them to you in a handout, and then you can discuss these and the ones you have identified, in the next exercise **Additional barriers from other group work:** Does not understand language; physical disability: deaf, dumb; Past experiences; Own emotions; Gender difference; Age gap; Taboos
Communication Barriers (2): Reasons Providers don't teach well 	**Ask:** Did any of you name this barrier (on slide)? How can you describe it? **Ask** for examples of other barriers from providers' side, barriers that they felt were important when reading each other's flipcharts Show next slide briefly, or go directly to exercise, as described above.

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 	**Comment, e.g –** These are some barriers we have suggested – we will give them to you in a handout, and then you can discuss these and the ones you have identified, in the next exercise **Additional barriers from other group work:** Competing tasks; Prejudice; Inadequate information; Cultural beliefs
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	***Use this slide – as there is low likelihood that they have picked out this barrier:*** **Ask:** Did anyone think of emotions as a barrier? **Get** feedback **Ask** questions to make participants link to the demonstrations of "bad" and "good" education in the beginning of the module: **Main points:** **In "bad education",** the provider does not respect or relate to patient's emotions; ***patient does not learn***. **In "good education",** the provider takes care of the patient's emotion/fear/concern by respecting her, listening to her, and involving her in a dialogue to solve her problem. ***The patient learns, and is likely to act.***
Communication barriers (3) **The environment** • too noisy • not safe • not private • not comfortable • no equipment 	**Read out** the "environmental barriers". **Ask**: What can be the effects of these barriers on how patients learn? **Main points:** These barriers can prevent patients from learning
Exercise: **Which of these barriers can you influence?** • **Discuss in groups:** • **Which barriers can you influence** – **as individual HPs?** – **With colleagues** • **How?** 	**Exercise no. 7** ***NOTE: This is an important exercise – to identify what it is they themselves can do – and maybe find colleagues/partners to collaborate with?*** **Give** handout with barriers, to discuss in groups While they are doing this exercise – prepare flipcharts (or – do it on the computer): Add their barriers to the ones we have prepared. **Get feedback on barriers** they can influence: first related to patients, then to providers. **When going thru in plenary** – tick the ones they say they can influence – on the flip, or on the computer **Summarize** conclusions

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***

Summarize the module –
by **linking** the points on the slide, to common reference points/experiences from the session

Emphasize the need to continue to focus on recognizing and managing emotions wisely – both your own, and those of the patients.
Emotions are what make people act – and to empower people to take wise action for themselves, emotions play a very powerful role!

Ask for final questions and reflections – also on how they can continue to help each other learn (let them buzz, if you have time and no questions are coming out spontaneously)

Close the session.

Demonstrations, exercises, handouts and trainers' notes

Demonstrations 1 and 2, with exercises 1 and 2:

Non-effective and effective education/advice

Purpose: To strengthen knowledge about and awareness of the different effects of the "transmission/information model" and the "communication/dialogue model" on patients' learning, and on their ability and motivation to act on the information they receive, and to understand why the two models function this way. Furthermore, to gain insights on how the common practice "to explain to the patient" as a monologue ("one way") very often is not enough to make the patient understand and remember the instructions, and the reasons why it is not enough. Finally, to develop skills to use the "communication/dialogue" model to practice empathy and to involve the patient in the discussion, to make sure the patient understands and remembers the instructions by checking out what the patient has understood and invite questions and discussion to motivate and empower the patient to adhere to the instructions.

Demonstration 1: Using the Transmission/Information/instruction approach to explain

Two trainers demonstrate how "provider" and "patient" act in the "transmission model". Provider tells the patient what to do for her child (*theme: Using malaria medicines*):

Provider: "Your child has malaria. Give him two tablets a day – one in the morning and one in the evening, for 3 days (*hands over the pack*). Be sure to finish the medicines." (*the mother gets up to leave*)

The tone is neutral, the provider treats the patient in an impersonal way, as "a patient". He/she does not greet the mother, does not relate to the mother or the child, does not show any empathy.

NOTE: After this – run Exercise no. 1 (see procedure, below)

Demonstration 2: Using the "Communication/dialogue" approach to relate and educate

Same two trainers as "provider" and "patient", now using the "Communication/ dialogue" model.

Provider: "Mama Kadzo, your Kadzo has malaria. I will give you this malaria medicine for him (shows Coartem pack) – have you used this before?"

Mama Kadzo: "Yes, I gave it to my older daughter, I still have some of the tablets left, she did not need all."

Provider: Fine, so you know the medicine. But this time, I want you to give all the tablets to Kadzo (*hands over the pack and uses the pack to show the mother which tablets to give, when*). Give him two tablets a day – one in the morning and one in the evening, for 3 days, until all the tablets are finished. You need to finish all the tablets to kill all the malaria in Kadzo's body, otherwise she can get sick again soon. Even if the fever goes down on the second day, she is not completely cured, so you need to give the medicine for 3 days.

***Mama Kadzo*:** Oh, I see. So I will give him all the tablets in the pack?

Provider*:* Yes, that is right. Can you repeat for me how you will give the malaria tablets?

***Mama Kadzo (using the pack to show)*:** I give one in the morning and one in the evening for 3 days, until all tablets are finished.

Provider: "That's right, very good. And if you have any problem with Kadzo not improving after 2 days, you should bring him back. Good luck!" *(she adds – do you have any questions for me?)*

The tone is friendly, and the provider is concerned/treats Mama Kadzo as an individual/as a person. The provider does not judge Mama Kadzo for not finishing the medicine earlier for her daughter (*doing this could have taken the focus away from understanding the instructions for her child who has malaria now!)* Instead, she instructs clearly and friendly, and gives reasons for her advice.

NOTE: After this – run exercise no. 2 – see instructions below.

Procedure: Running 2 demonstrations, with plenary discussion after each one
Demonstration 1:
Using the Transmission/Information/instruction approach to explain

1. **Introduce demo 1**: Let us see how we educate patients in different ways. Please observe what the "provider" does, verbally and non-verbally, and reflect on what can be the effect on how the mother understands, and learns, and why it functions this way.
2. **Run demo 1.**
3. After demo, run a *short, clear identification of problems section*:
   Ask "provider" while still seated with "patient" in front:
   "What did you do?" *("Provider": I explained well*)
   Ask "patient": Did you learn? *("Patient": No*)
4. **Ask participants:** Why did the patient not learn?
   Let them buzz very briefly (one minute) to reflect on what they saw, and to relate it to their own practice.
   Draw out main points from the group: Provider did not show respect, did not listen, did not see the patient as a person, got no feedback, had no discussion, didn't check for understanding etc.
   Conclude: "Explaining well" does not mean the patient understood
   Ask: Is this what providers often do?
   Get an acknowledgement – this is what often happens. This links it to their own practice.

Exercise 1:
Linking "I explained well" to Transmission of Information model

5. **Show next slide. Ask participants:** Do you remember this slide? What are the main points?
   Ask them to look at the picture, and buzz in groups on the questions on the slide.
   Main points to draw out: When you give information – one way – you do not know if people are learning. You do not know if what you are saying, is relevant, and if they have questions.
   Explain: We often do not give time for our clients to say something, no time for feedback. Many providers think: "*I explained to her…/she should ask if she did not understand*…"
   Ask for comments/opinions/confirmation.
   Ask: Where is the provider's focus?
   Conclude: It is on him/herself, on his expertise. He does not "see" the women in front of him as individual mothers with important learning needs. He is ***delivering the message*** – but he is ***not educating*** them.
   Ask: When the patient does not learn, whom do we blame?
   Conclude: Blaming the patient is very common. But is this fair/right?
   Ask: How do people react emotionally when they are blamed? They shut down; do not learn
   Whom should we blame? Shift blame from "patients not understanding" to "providers' lack of communication skills"! Then we also help people learn better.
   Ask: Can we change this, when we have this knowledge?
   Get an acknowledgement

6. **Sum up: The effects of the "Transmission of information"- approach are often:**
   Misunderstandings, giving too much or too little medicine (overdose, underdose), insecurity, receiver/patient does not learn. Misconceptions, misuse. Patient will follow her own ideas, based on experience, as she did not understand or remember what the provider said.
   The "Transmission model" is misused by many providers.
   Ask: Why is it used so much?
   Get some opinions, discuss, and proceed to next demonstration.

Demonstration 2:
Using the "Communication/dialogue" approach to relate and educate

7. **Show next slide and introduce demo 2:**
   Let us see how we can educate patients in a different way.
8. **Run demo 2.**
9. After the demo, run a *short, clear identification of new method* section:
   Ask "patient": Did you learn? *("Patient": Yes!*)
10. **Ask participants:** Why did the patient learn this time?
    Main points: Provider showed respect, listened, treated the patient as a person, linked to her former experience with the medicine, checked for understanding, gave chance to ask questions, was friendly etc. The patient was not blamed, and was free to learn.

Exercise 2:
Linking "I learned well" to Communication/dialogue model

11. **Show next slide. Ask participants:** Do you remember this slide? What are the main points?
    Ask them to look at the picture, and buzz in groups on the questions on the slide.
12. **Main points to draw out:**
    When you give information – one way – you do not know if people are learning.
    When you use 2-way communication and dialogue – you know if the patient is learning, if she has understood what you are communicating to her about. You get direct feedback, you have a dialogue, and can ensure understanding.
    The focus is on the patient, and on her needs: Through dialogue, the provider has a good chance to understand her needs, and make sure she understands. No need for blame!
    Ask: What are chances she will follow instructions? Why?
    Get feedback. Main points: She will likely be empowered, as she has been treated with respect, and involved in discussion.
13. **Conclude:** The communication/dialogue model is more likely to make patients learn, remember the instructions, and be able and willing to act on them. This is the model we should use in our work to educate, advise, and instruct patients.

Exercise 3: Educating and empowering patients

Purpose: To strengthen awareness of what participants already do to educate and advise patients, and on which of these methods work well – and why they work well. Furthermore, to strengthen awareness of what participants do to stimulate patients to ***take action*** – i.e. methods to empower patients, and facilitate insights on why and how to achieve this important goal. Finally, to strengthen the practice of sharing experiences, to stimulate participants to learn from each other during the course, and in their daily work: By asking for insights from this exercise, the participants will reflect on what they have learnt, and trainers will help draw ***principles of what the learning means*** – to enable participants to remember the principles and use the learning more easily and actively in the future.

Procedure

The discussion in the groups will take 10-15 minutes.

1. **Ask** participants to discuss in groups the questions on the slide, starting with sharing experiences of what they have done to educate patients well.
2. **Give out** flipcharts and marker pens.
3. **Go** to each table, sit down and listen to the discussion (*NB – do not interfere, or participate! Be "invisible"*). Check the time, and make sure each group has noted some points on what they do to make the patient follow advice.

4. **Ask** groups to put their flipcharts on the wall and review each other's flipcharts on methods they use.
5. **Ask** for volunteers to show/demonstrate their example in front of class. Use this example as a common reference point when commenting further on methods.
6. **Ask:** What did the provider do?
   Get the points – ask if they are captured on the wall already; if not – add them
   Ask – Why did it work?
   Ask/probe: What made the patient act? (*THIS is the main question. Discuss and reflect on this. Ask what else participants have done to empower patients to act. It is important that they get a good perspective on this. Appreciate and emphasize constructive methods they use – and link to emotional competence and/or attitude and behavior change, when appropriate*)
   NOTE: Ask what empowerment means (at a natural point during the discussion) and agree on a definition. Agree why this is so important – and ask how they can use this more actively and consciously/with awareness, in their work.
7. ***Ask for insights and reflections*** – what they have now learnt about themselves as educators.

Main points

- **Empowerment** is to stimulate the other person to take action, by respecting her ability and motivation to do so, giving her the skills and information needed to take action, and discussing with her what to do, and why this is important. It acknowledges the person as an intelligent human being who of course wants the best health/cure for herself (or her child), when she understands e.g. how and why to take the medicine this way, and has a chance to ask questions – to integrate the new knowledge into her own experience.
- **Respect** is a key attitude when aiming to empower, and using awareness and the communication dialogue model/practice are key skills.
- **Giving time** for reflections and insights on what this learning means to their own practice, is essential.

Exercise 4: Giving effective advice (2 slides – the last one is an exercise)

Purpose: To further strengthen awareness of how participants usually give advice now, the effects of this, and of what they can do to improve the effectiveness of their advice. Furthermore, to strengthen understanding of the difference between using a medical focus in their instructions, which most often will focus on what the patient should do, and using emotional competence and a patient-centered focus, which will add explanation and discussion on why the patient should do what she is asked to do, in a dialogue with the patient.

Procedure

1. **Ask**: How do we give good advice? (Ask them to read the points on the slide).
2. **Ask** participants to buzz on which of these points they usually practice, and which ones they "forget", and why it is like this. Ask them to link to the discussions and learning from the previous exercises.
3. **Ask for feedback**. (see main points – for procedure 1-3)
4. **Show next slide.** Ask them to work in small groups
5. **Ask them to briefly share further experiences** on how they give advice, linked to the discussion in the previous slide. Ask them to continue the discussion by addressing how to give advice on the problem described in the slide and play it out in their groups.
6. Ask for volunteers to play how to give advice, in front of the big group.
7. Ask for feedback from the group on what were good points in the demonstration shown, and what they would improve
8. Ask them to share insights on what they learnt from this exercise.

Main points (procedure 1-3):

- Providers ***most often*** explain how often to take the medicine, for how long, and "that it is important to finish": **This is providers' medical focus.**
- ***Less often*** they explain WHY patient should take this treatment, WHY to finish it/what can happen if you don't, and demonstrate how to give/take the medicine. **This is patient-centered information which can lead to action**

Main points (procedure 4-8):

- The provider should relate to the mother as a person, by using her name, and/or the name of her sick child. She should use emotional competence to recognize emotions and respond to these appropriately.
- She needs instructions on how to use ORS for her child, by showing her (if possible) how to mix it, and how to give it: Doing it together is the best way to make sure the mother understands, and that she will remember. (*If not possible to show – then explain, and discuss/get feedback on what she has understood*).
- Explain **WHY** to give the treatment, in a simple way – by explaining the child loses water and his body will dry out if the water is not replaced. The sugar and salt will help make the balance in his stomach good again, as this balance (or local word) is disturbed by the diarrhea.
- **Emphasize respect**, friendliness and dialogue with feedback as main behaviors needed.
- (Check points on previous slide)
- Differentiate clearly between explaining WHY, from the patients' needs perspective (***patient centered approach***): Understanding why it is important to take e.g. the full course of the medicine to cure the disease, by understanding why the child does not get well if she stops after the symptoms disappear. This takes into account the patient's right to know, and her need to understand about the disease. Explaining WHY, from provider's perspective (***medical approach***): "You must finish the course of medicine because it is important" – implies that the patient most comply because the provider says so. In other words – the authoritarian model.
- **Explore why this is so** – why many providers use the "medical" approach, rather than the patient centered approach. Some say time: it takes longer to explain why, others say patients should follow what providers say, as they are the experts. Many say it is simply habit, and lack of knowledge about the effects of the medical approach, on learning. Emphasize that it does not take more than a few seconds longer to explain why, using the patient centered approach, and that doing so will make a difference to how patients use the medicine – both for this time they are sick, and for the next time.
- Furthermore, when they understand e.g. why and how to use ORS, or malaria medicine, in the correct way – to cure the disease – they will also be able to instruct their neighbors. Educating patients well can have a good effect on public health in general, by spreading good knowledge – and empowering patients to treat diseases correctly.

NB: See "Notes for trainers: Giving instructions and receiving feedback on exercises: Descriptive, or analytical?" at the end of this module

Exercise 5:
Rate yourself on how you educate, empower and communicate

Purpose: To strengthen awareness of what are important communication skills needed for good education of patients by reviewing skills taught in the module, and by relating these to themselves through self-assessment and evaluation of their own skills. Furthermore, to enable them to set conscious goals for themselves on where they want to improve their skills (see assessment tool).

Note: You can use time on this exercise and let participants do it in class, OR you can use very little time – just enough to make sure they understand the exercise, and then ask them to fill it out by themselves. If you spend time, you can have a brief discussion when they have filled out their rating, and ask e.g. – which skills are you are doing well at? Which are skills that are difficult to practice? Usually, there will be some people who are good at each of the skills – you can use the opportunity to encourage people to learn from each other and point out the ones who are good at some skills, as resources for others. This strengthens empowerment, and cooperation between the participants. When participants note that they are not practicing well on some skills, simply encourage them to continue working at it: By being aware (=having identified the problem), they are already half way to the "solution". Improving skills you have used a long time, takes time, effort – and will. Cooperating with a colleague, asking him/her to observe you and give feedback, is also a very good method to learn (*NB if the colleague follows the rules of giving constructive feedback! See communication module.)*

Procedure (longer version)

1. **Give the handout** "Rate yourself on how you educate, empower and communicate". Give them a minute to read through the list.
2. **Link** this to previous exercises, e.g. by asking: When discussing how you educate and empower patients in the groups – what did you think about your own skills?
   You can also ask about or emphasize the skills we have seen in practice in demonstrations and examples.
3. **Ask**: How are you going to improve?
4. **Draw out main points**: Helping each other/discussing with colleagues; Continued awareness, continue to observe and reflect on own and colleagues' skills, give and receive constructive feedback
5. **Summary:** Learning communication is a process, takes time, patience, continued awareness and continued practice, with feedback (when possible), and reflection.
6. **Ask if the exercise instructions are clear, or if they have questions.** Encourage them to fill it out in their own time.

NOTE: You can also make it shorter, by dropping (most of) points 3-5.

Handout 1 – for exercise 5

Educating and empowering patients:

Essential communication skills + attitudes

Rate yourself on these skills – decide where you want to improve!

1 = poor, 2 = fair, 3 = good, 4 = very good, 5 = excellent

Skills and attitudes which influence the way you communicate	***Rate now***	***Improve? Yes/No***	***Aim? By when?***
Approachable, make 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			

Inspire dialogue and views – invites question			
Can identify problems/help people come up with their own solutions			
Knowledgeable about the subject you are teaching			
Can say "I don't know - I'll find out"			
Know my limitations, acknowledge them			
Can accept and reflect on criticism			
Non-judgmental, verbally + non-verbally			
Ask good open questions to identify problem			
Able to assess people's emotional needs			
Able to recognize and respond to patients' emotional needs			
Recognizing my own emotions, able to step back rethaer than act automatically			
Using humour appropriately to help learning			
Organized (but still flexible)			
Being present			

Comments on my plan:

Whom will I work with, to make learning more effective and stimulating?

Exercise 6 (slides 15-22):

Identification of multiple communication barriers to patient learning

Purpose of these two exercises: To strengthen awareness about barriers that can affect how patients learn, from the perspectives of the patients, the providers and the environment. Furthermore, to identify the barriers providers can influence (***exercise 7***), and reflect on how they can do this, using communication skills (and management of emotions). Finally, to strengthen motivation to take action by knowing clearly what they can and cannot do, through having done this analysis.

Procedure

1. **Show first slide**
   Ask: What are barriers that hinder effective communication between provider and patient? Get a few examples, to make sure they understand the exercise.
2. **Show next slide with exercise instructions**. Assign different perspectives to the groups: 2-3 groups discuss barriers from the patients' side, and 2-3 groups from the providers' side. Give the groups flipcharts, ask them to write the barriers they identify, with the heading (Patient, or Provider)
3. **Ask groups to hang flipcharts on the wall**, Patients barriers together, and Providers together. Ask them to read each other's answers.
   Ask a participant from «Providers» group to read patients' perspectives, ask for comments or reflections. Ask participant from "Patient" group to read providers' communication barriers. Ask participants to reflect and contribute insights, questions or thoughts/ideas: What have they learnt by doing this exercise – either by being in the groups, or by seeing/reading the flipcharts from the other groups?
4. **NOTE:** It is probably not necessary to show the next slides summarizing the barriers from Patient and Providers perspective (see below)
5. **Show the slide: "Provider does not understand influence of emotions, on learning".**
   Ask: Did anyone think about emotions as a barrier?

Main points: Ask questions to make participants link to the demonstrations of "bad" and "good" education in the beginning of the module:
In "bad education", the provider does not recognize, respect or relate to patient's emotions;
The *patient does not learn*.
In "good education", the provider recognizes and responds appropriately to the patient's emotion/fear/concern by respecting her, listening to her, and involving her in a dialogue to solve her problem.
The patient learns, and acts.
This means the provider ALSO recognizes her own emotions, and takes care of these (e.g. by stepping back from automatic reactions, and by setting her emotions aside until she has time to deal with them.)
Ask for comments, and questions.

6. **Show the slide on Environmental barriers.**
   Ask: What can be the effects of these barriers, on how patients learn?
   Main points: These barriers can prevent patients from learning, so we need to be aware of them, and do our best to reduce them.

Exercise 7: Which barriers can you influence?

Purpose: See above, exercise 6: This exercise is a follow-up to the work on barriers, above.

Procedure:

7. **Show the slide, give handout* (see below) on exercise:** Which of these barriers can you influence, as an individual health provider? In a group of colleagues?
   Let them work in the same groups as earlier, linking to their previous discussion.
   They can add the barriers they identified, to the ones printed on the handout
   NOTE: *While they are working in groups, you or one of the other trainers should hang the additional flipcharts on the wall (which you prepared before the session, see Preparation), listing the points from the slides (which participants have on their handout).*
8. **Ask for feedback on the barriers they can influence**: Ask a trainer or participant to tick off (using red color) the barriers on the flipcharts on the wall.
   Main points: Most of these barriers can be influenced by the providers – the majority of them by using good communication skills, and emotional competence.
9. **Ask participants to reflect and discuss – also on action points they would like to take, either alone or in collaboration with a colleague (*more likely something will happen if there are two people helping each other to act.)***.
10. **Summarize, and conclude**

Main points:

- Review points from slides, decide which ones to emphasize
- Include points that have come up in the discussion

Handout 2 – for exercise 7

Exercise in groups: Communication barriers – which of these can you influence? How?

1. 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

(add your own, from the discussion)

2. The provider/educator

- Does not understand influence of emotions, on learning
- 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
- ***(add your own, from the discussion)***

3. Other barriers

The environment

- too noisy
- not safe
- not private
- not comfortable

Additional 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 three times a day, instead of Tds, link to activities morning, during the day and in the evening''

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 calm them and assure them of good service''

Notes for trainers:
Giving instructions and receiving feedback on exercises: Descriptive, or analytical?

There are two main ways to give instructions to participants in the exercise shown in this slide:

<table>
<tr>
<td>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 2 year old son who has diarrhoea.
• He needs ORS
• Practice in your groups how to advise on giving ORS:
– 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?</td>
<td>Version 1: Descriptive (most used)
Facilitator asks: What did you do? How did you feel? Participants describe WHAT and HOW: “This is what I did”. “This is how I felt”.

Advantage: Easy, familiar
Limitation: Limited learning. Participants will not remember the PRINCIPLE. Just what they did.</td>
</tr>
<tr>
<td>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 2 year old son who has diarrhoea.
• He needs ORS
• Practice in your groups how to advise on giving ORS:
– 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?</td>
<td>Version 2: Analytical (less used)
Facilitator asks: What did you learn? What were your insights? What were the effects? What does this mean?

Advantages: Participants reflect, and see the importance/the reasons why. Will likely remember better, and be able to use the learning in the next situation, as they have learnt overall principles.
Limitations: Facilitator needs to be skilled to lead the discussion on these aspects.</td>
</tr>
</table>

Summary:

Using the descriptive approach - Asking about WHAT and HOW participants give advice – will get you a cognitive description of “what happened”. The learning will be relatively superficial and may not lead to any changes in practice.

Using the analytical approach – the aim is to let participants gain insights which will help them to learn at a deeper level – in a way that they learn the principles about something and can remember this next time they are in a similar situation.
To facilitate participants getting insights, you have to engage their cognitive AND emotional reflections. This you can do by

a) asking them to ***share experiences*** of what they have done and how it has worked, and compare methods and learning**, or**
b) by asking them to ***discuss a case and play it out*** in the group – how they would do it, and why, **or**
c) by ***showing them a demonstration or a role-play*** in front of all the groups, and ask them to discuss.

To get insights, you need to touch the emotional aspects – which you do through showing it, or through letting them share experiences and reflect/draw conclusions from these.