

Strategies for communicating with emotional competence



- and reasons why patients don't learn

**Ane Haaland and
Mwanamvua Boga with
Ayub Mpoya, and all trainers**

Referencing and acknowledging the iCARE-Haaland model

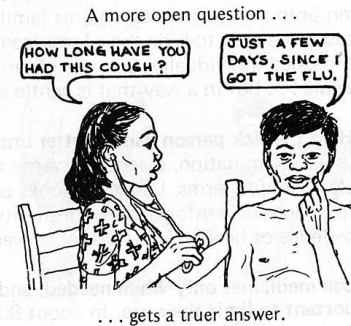
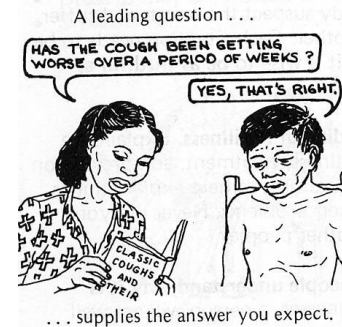
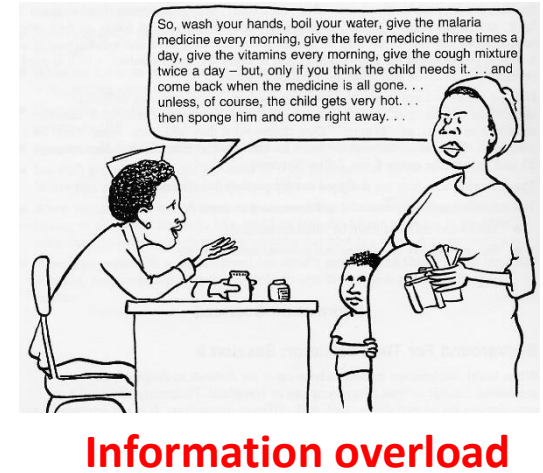
- *Please feel free to use and adapt the material in this presentation, and the model it is built on, by referring to the model, and the authors:*
- This presentation is adapted from «***Strategies for communicating with emotional competence***», which is part of the learning materials in the iCARE-Haaland 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

- Review what we have learnt, check what is not clear, and fill in «holes»
- **Enjoy our new strategies by showing them, sharing them, looking at effect, reflecting on them - and appreciating each others' learning**
- Clear remaining questions, or postpone them to follow up course
- Inform about further learning process

Reasons patients don't learn:

A. Communication methods



Pick a reason – share experiences of how it makes patients not learn; SHOW it

Reasons patients don't learn:

**Attitude: «Patients have responsibility to ask»:
Not inviting questions**

- **Patients do not dare ask questions:**
 - nurses are busy
 - Don't want nurse to believe he is ignorant
 - Would like nurses to invite them to ask;
 - Patients have many questions
- Nurses say patients should ask if they have questions

Buzz:

- Who should take initiative?
- How can it be done? What can YOU do?

The many reasons patients don't learn:

Review on your own!

- Main «Categories» of barriers:
 - A. Communication methods
 - B. Provider not aware of effect of insecurity on self and patients
 - C. Provider not aware of effect of anger on self and patients



At the end: slides for review



➔ **Now: Concentrate on Strategies that Work!**

Role-play:

The parent doesn't want a lumbar puncture on her child

- Play scenario, groups of 3
- Deal naturally, also focus attention on how you:
 - Build relationship with the patient
 - Recognize and deal with emotions
 - Use key communication skills well
- *Discuss these points in feedback in groups*



Summing up learning points

- **Points from your discussions:**

Example from other groups:

- **Build relationship, deal w/emotions:**
 - When you handle patients with respect without judging or blaming them, they develop trust with HP
 - Always include the parent as part of the team: we often make parents feel as part of the problem, hence reduce cooperation from them
- **Using communication skills:**
 - Important to use simple language to explain technical language
 - Check patients understanding by asking open questions to ensure shared meaning.
 - Always explain WHY it is important



“Listening to long stories”

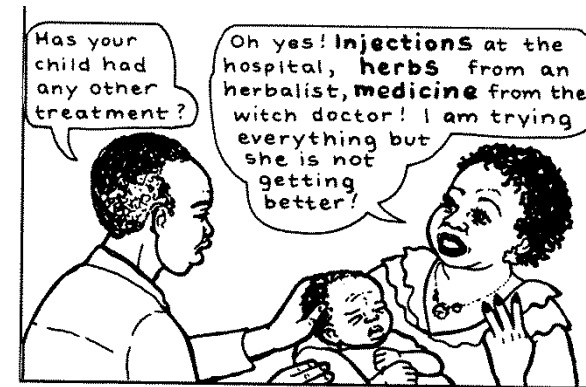
- ***“I am not good at listening to long stories especially during admission. I get irritated so fast so I will only take what is important”***



Problem and exercise:

Setting boundaries, with respect

- Patients go *on and on and on*
- You know what is coming – and want to complete the sentence for the patient
- You do not dare to stop the patient – you are afraid to hurt their feelings.



BUZZ in groups of 3 –

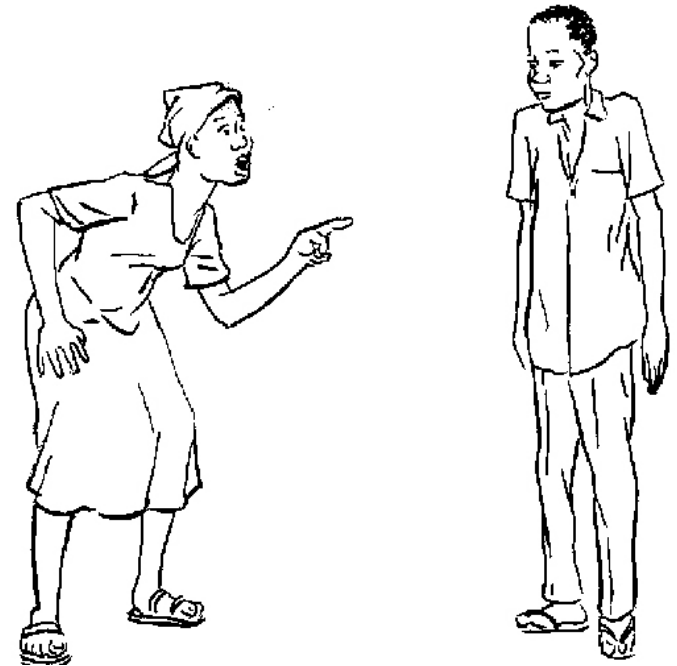
- What do you think is going on here ?
- What about YOU? How do you feel?
- What happens if you continue to do this?
- *Discuss – and create a situation where you interrupt a patient with respect. Show it to class.*



Exercise:

Stop abusive behavior, and communicate with emotional competence?

- *Patients or relatives abusing providers*
- **does it happen?**
- *How do you handle it?*
- *What are emotions behind action (abuse) and reaction (of provider)?*
- *Which skills would make a difference to you – to handle situations better?*
- **Trainers demonstrate**
- **Exercise:** *Discuss in groups – how stop a patient who is abusive to you, with respect*
- **Show it to the group**



«I didn't apologize»

- *“My house help is older than me; we even call her “hawe” (“Grandmother”). She is a quick learner but also ignorant. On this day we had planned to eat greens and fish for lunch so I sent her to go and buy fish. I told her.....”please today don't buy tuna fish, buy other type, ooh!”*
- *My expectations were very high. I knew that day I will eat fish like tafi (very fleshy fish); instead she came in with simsim (tiny little fish)!*
- *I really got angry and I over reacted, but immediately my antenna cautioned me and I remembered to ask why she had bought simsim, and her answer was genuine. I felt bad I have responded that way but I didn't apologise”*

Apologizing to a colleague



- How often do we apologize when we are wrong?
- What makes it difficult to apologize?
- What happens when we DO apologize?
- How can we learn to apologize more often, constructively?

Exercise: Apologizing to a colleague - receiving the apology gracefully?



- You have made a mistake which made your colleague do a lot of extra work

In pairs:

- *Take turns to Apologize (handout)*
- *Discuss how it felt to give it, and to receive it*

Example from a trainer:

Apology works wonders - it facilitates mutual respect

- *«I expected a very important phone call that had really kept me anxious the whole day. I went about my work as usual but late in the night the call came at a time I was attending to a patient. At this point I was examining the patient and I quickly told the patient "excuse me for a minute". I answered the phone and walked away to talk and I came back after about 5 minutes and found the patient waiting for me.*
- *Before I continued examining the child, I told the mother "I am very sorry that I had to dash out and answer the phone, it was an urgent call that I have been waiting for regarding my father who had been attacked and robbed in his house while sleeping at night and I really was eager to know how he was doing". I went ahead and said "I am very sorry for that and for not having had time to explain it to you before walking away".*
- *The patient was ok and actually told me "I hope he is ok" to which I replied "he is" and she said that she is going to pray for my father.*
- *I continued examining the child after which we had a discussion regarding the child's ailment and how we will approach care.»*

The effects of apology

Apology:

clears the air

*clears guilt, and makes
both people feel good*

NB:

**Learning to receive an
apology gracefully**

= skill to be learnt!



Patients coming over lunch hour!

- *“I was very busy with my work and it was about lunch time. A parent came in with a study child and I just felt pissed off – why, at this time? So I just started telling mum the importance of coming early and the reasons why she has to be there early, without even giving her time or asking her why she was late... So she just opened her mouth innocently telling me”daktari pole kwa kuchelewa, lakini unanitupia maneno mengi kwa pamoja si ungeniuliza kilicho nichelewesha ni nini” “(Doctor, I am sorry I am late, but you are just throwing words at me in one go. You could ask me what made me come late.)”*
- *Waaw! I felt bad. I had to apologize there and then. I gave her a seat and asked her why she was late and her answer made me feel I am a bad person, I just judge a person without knowledge. She said she had to use 3 motorcycles to reach hospital. The first one got tyre bust, and she had to walk for at least one hour. Luckily she got the second one and after a small distance it went out of fuel. She had to walk again for at least 45 minutes to get another motorcycle.”*



“Your basket of skills to take home”

- Divide in two groups
- Each groups draws a basket on flip chart
- List (*and/or draw*) skills and strategies you have learnt, and will use in practice
- Put them in basket
- Put baskets on the wall



Discussing our skills baskets

- Review each others' baskets
- Points to clarify – on how use the skills?
- Each group explain how they will use strategies, and why



How will you use the skills to take care of her rights?

Summing up:

Strategies for communicating with emotional competence:

A. Build relationship with the patient



Strategies for communicating with emotional competence: 1
Safety, respect, appreciation

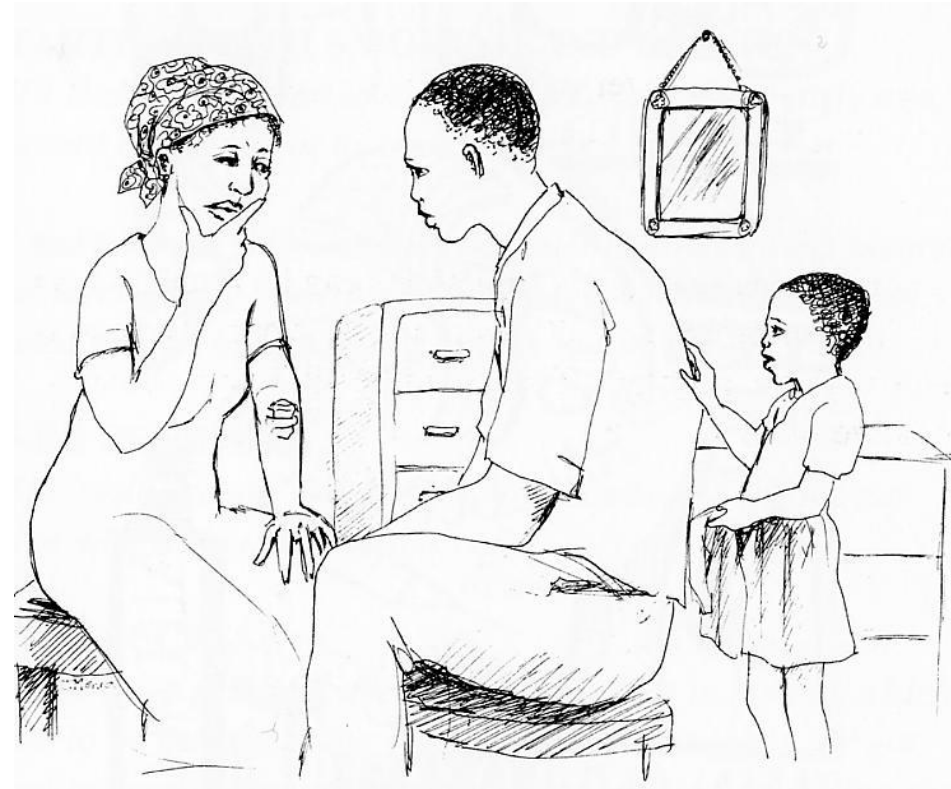
**Relate to and respect patients, take care of
their feelings, build trust**



Strategies for communicating with emotional competence: 2

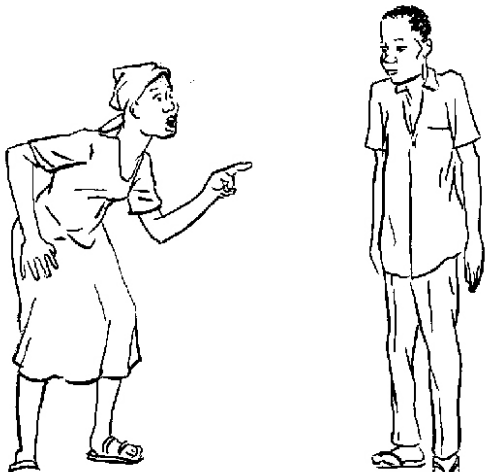
Be a role model: Talk openly about feelings, and how to handle them

- Fear of showing emotions = common
- Breaking the habit = useful for provider and patient
- Covering up feelings can cause misunderstandings and wrong treatment



Strategies for communicating with emotional competence: 3

Recognize insecurity – take care of feelings before you teach



- **Insecure, afraid, in pain:**
 - will not listen
 - Will not learn
- **Attention: on feelings**
- **Will not remember info**
- **Calm first**
- **Then teach**

Strategies for communicating with emotional competence: 4

**Handle anger calmly, with respect,
acknowledgement and appreciation**



Strategies for communicating with emotional competence:

Summary: Dealing with emotions

Step 1: Recognize:

- **Recognize emotions** (yours, theirs) when meeting a patient or dealing with colleagues.

Step 2: Acknowledge

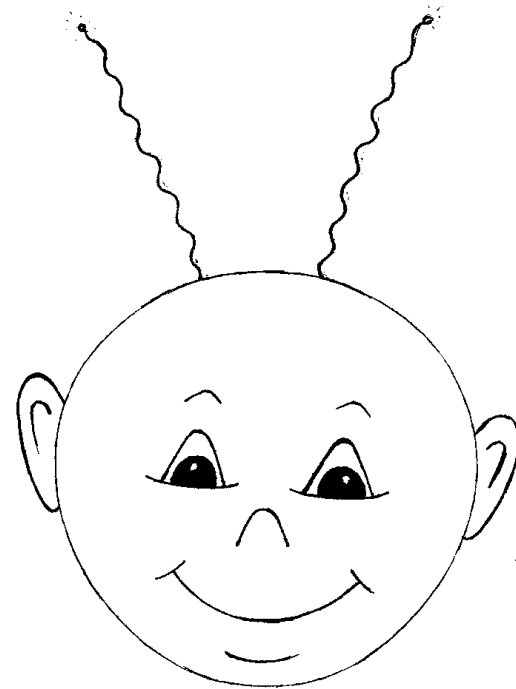
- Get antenna out - **think**

Step 3: Step back

- Use **awareness** to set aside automatic reactions and be fully present

Step 4: Listen with ears, eyes and heart before acting:

- Show respect and appreciation
- If patient is upset, or scared – deal with emotions first
- This will enable patient to trust you, and then listen to the information you give –
- ***and take ACTION on it***



Strategies for communicating with emotional competence: 5

Take care of own emotional needs

Discuss:

- *What are your needs?*
- *How do you take care?*
- *How can you do it better?*



Strategies for communicating with emotional competence: 5

Taking care of own feelings: Sharing tips for what to do

At work

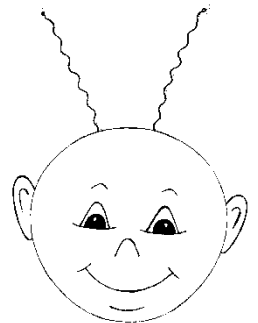
- Share with people you trust: burden of stress reduces
- Take a (tea?)break – breathe!
- Do something physical – walk?
- Share a joke, Smile
- Cry



At home

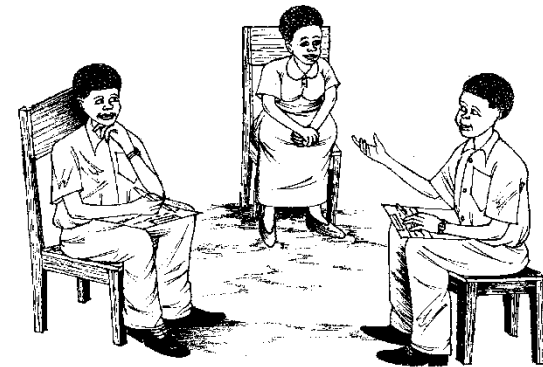
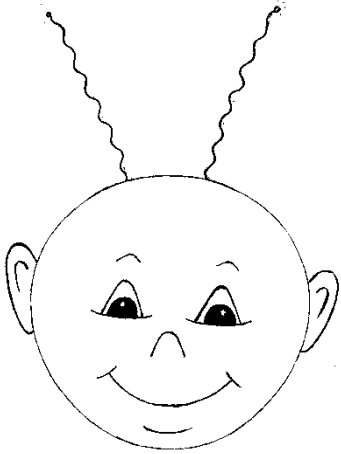
- Listen to music, sing; read a book
- Look at photos with family – link to good moments
- Do something physical – swim, dance, walk, run
- Prepare a good meal, enjoy good smells

Important: It should be to please YOU – not to please Someone else!



Strategies for communicating with emotional competence

B. Use key communication skills well



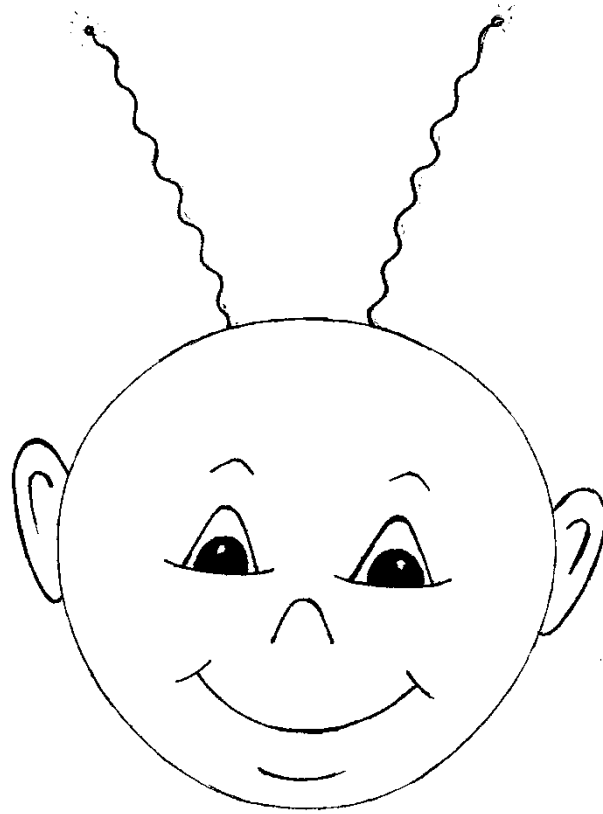
Summing up –

Constructive use of 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



Additional slides



Slides for review and reflection: Further communication strategies, and Reasons patients don't learn

- Use these slides e.g:
 - To discuss with colleagues back at work (trained, and untrained)
 - Initiate group discussion/CME
 - Discussion with supervisor
 - Personal reflection



Strategies for communicating with emotional competence

Communicating well with colleagues



- **Discuss:**
- *What will you do differently with your colleagues after the course?*

Effect of Strategies for communicating with emotional competence
**When providers feel safe, they give good care, and
are good colleagues**



Trainer's example



Strategies for communicating with emotional competence: 6

Constructive feedback



Exercise in groups

- How do you feel when you are met with respect and appreciation?
 - *“I feel valued and appreciated as a person”*
- What is the effect on how you communicate?
 - *“I communicate freely with all my heart and mind when feeling happy to express my views”*

Buzz

- Share examples of how you showed respect to patients.
- what happens when you respect and appreciate patients and colleagues
- *Reflect on what makes it difficult to practice respect and appreciation with patients?*

Strategies for communicating with emotional competence

B. Take care of own emotional needs

Discuss:

- *What are your needs?*
- *How do you take care?*
- *How can you do it better?*



Strategies for communicating with emotional competence: 7

Taking care of own feelings: Sharing tips for what to do

At work

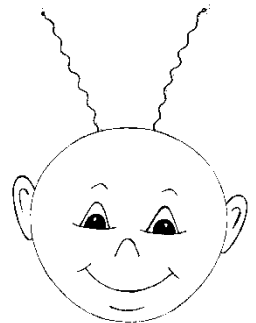
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At home

- Listen to music, sing; read a book
- Look at photos with family – link to good moments
- Do something physical – swim, dance, walk, run
- Prepare a good meal, enjoy good smells

Important: It should be to please YOU – not to please Someone else!



Strategies for communicating with emotional competence: 8

Take care of «our softness»

- *“When we talk about vulnerability, we are not talking about weakness. What we are talking about is the basic sensitivity of all human beings.*
- *We humans are a finely tuned species. Most of us know very little about the fineness of this inner tuning. But all of us are amazingly sensitive to the world around us - particularly to other people and their moods and to the ambience of our physical surroundings.*
- *We respond with attraction or with discomfort and repulsion. We respond with warm, safe feelings or with anxiety, fear, and loneliness”*
- **Discuss:**
- **How does this relate to taking care of patients?**
- **How does it relate to taking care of yourself?**

Strategies for communicating with emotional competence: 9

Showing "the child in us" – important for building trust

Experiences from showing vulnerability/softness:

- People get more respect for us
- We get positive feedback
- We inspire others to dare show their V
- We give others a gift; most accept with respect, and gratitude
- It brings people closer to each other
- It helps to develop trust
- It encourages people to help, and to receive help

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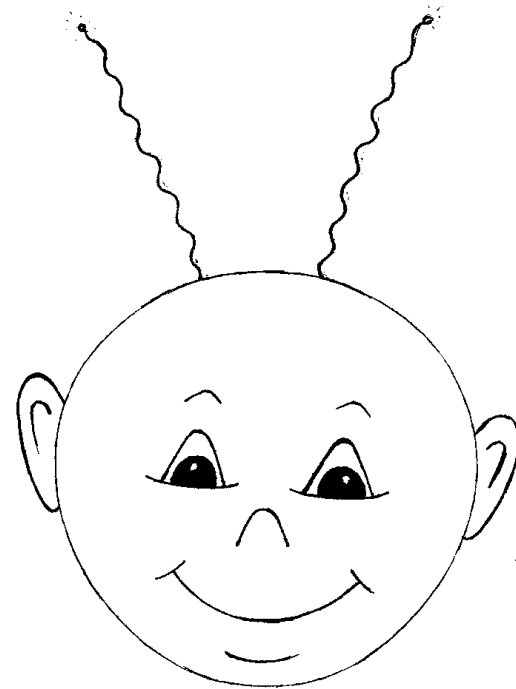
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Reasons why patient dont learn: 1

Persuasion

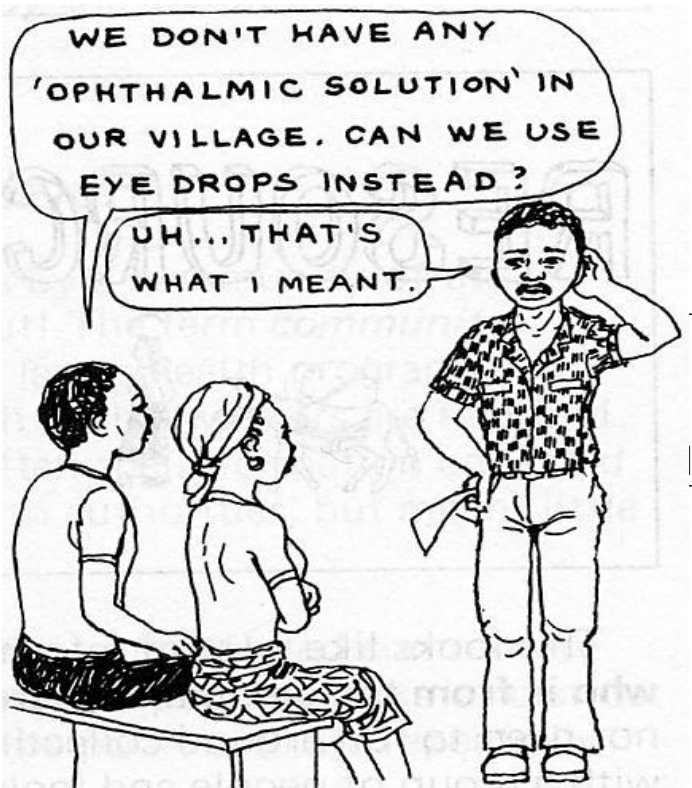


**Effect on
patient?**

Reasons why patient dont learn: 2

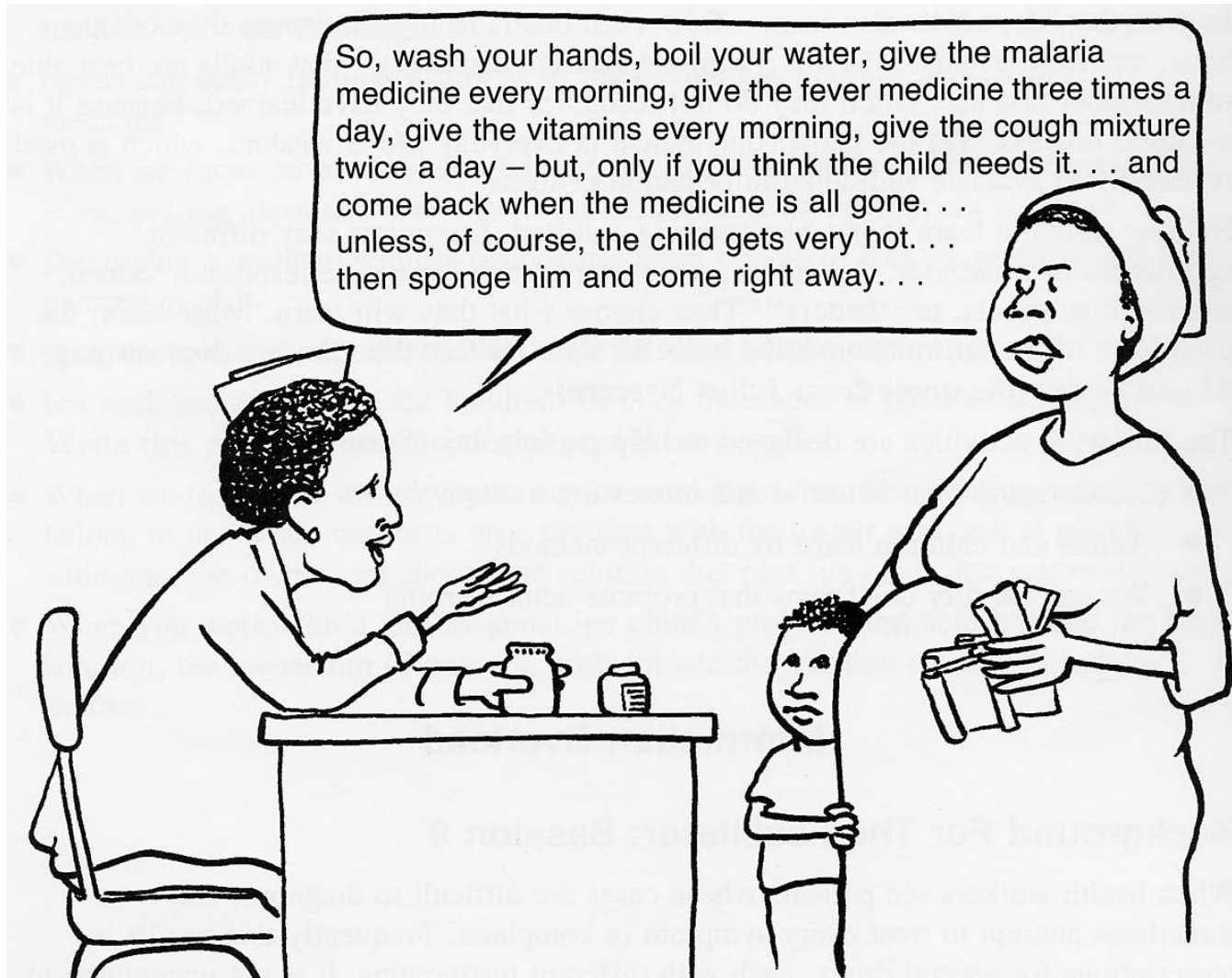
Use of technical words

- Habit, unawareness
- Power



Reasons why patient dont learn: 3

Overload of information



Reasons why patient dont learn: 4

HPs' lack of awareness on what makes people change



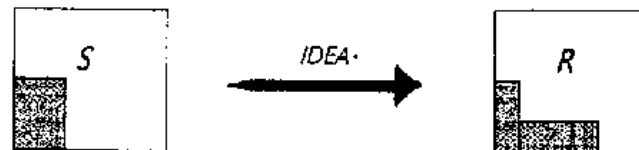
Reasons why patient dont learn: 5

HP use information approach; believe patients learn if you tell them what to do

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



B: INFORMATION A: ONE WAY PROCESS



IDEA MAY BE DISTORTED. NO WAY OF FINDING OUT

Reasons patients don't learn: 6

Attitude: «Patients have responsibility to ask»: Not inviting questions

- **Patients do not dare ask questions:**
 - nurses are busy
 - Don't want nurse to believe he is ignorant
 - Would like nurses to invite them to ask;
 - Patients have many questions
- Nurses say patients should ask if they have questions

Buzz:

- Who should take initiative?
- How can it be done? What can YOU do?

Reasons why patient dont learn: 7

HPs do not understand effect of asking open or leading questions

A leading question . . .



. . . supplies the answer you expect.

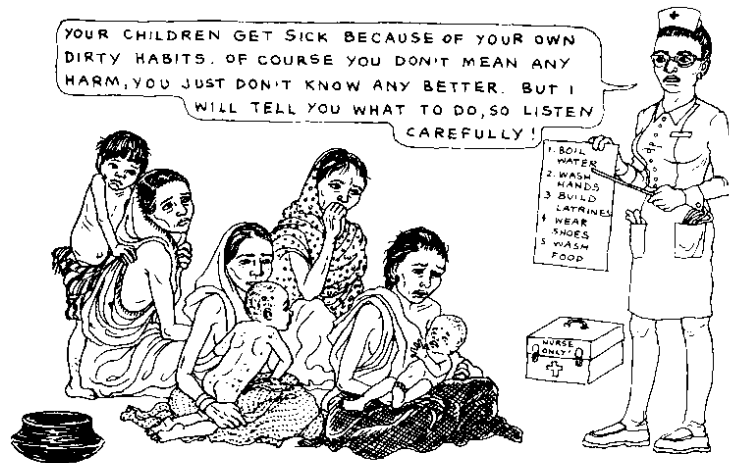
A more open question . . .



. . . gets a truer answer.

Reasons patients don't learn:

B. Provider not aware of effect of insecurity on self and patients



Pick a reason – share experiences of how it makes patients not learn; SHOW it

Reasons why patient dont learn: 8

Judging the patients as ignorant

YOUR CHILDREN GET SICK BECAUSE OF YOUR OWN DIRTY HABITS. OF COURSE YOU DON'T MEAN ANY HARM, YOU JUST DON'T KNOW ANY BETTER. BUT I WILL TELL YOU WHAT TO DO, SO LISTEN CAREFULLY!

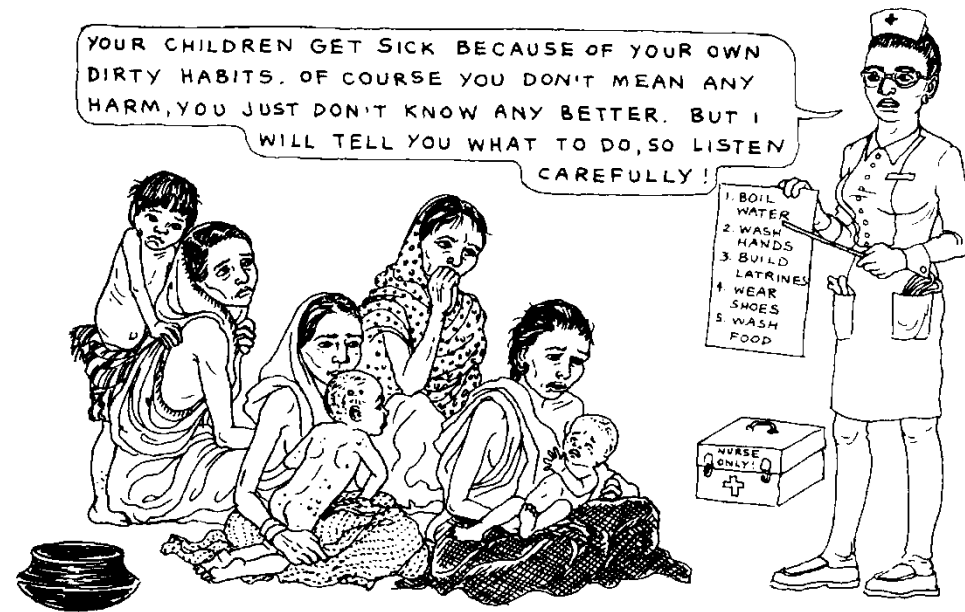


Exercise: Questioning automatic thinking about hierarchy and status

- You often say:
- «I will bring myself *down* to the level of the patient»

Discuss in groups:

- Where does this put you?
- What is the **attitude** behind this statement?
- Alternative way of saying you want to talk with the patient – at his/her level?



Reasons why patient dont learn: 9

Covering up insecurity (without awareness)

- Grab **"quick fix"** – leading questions
- **Re-act:** show negative emotions
- Reduce unpleasant feeling – **cover up:** arrogance, superiority
- Stick to old ideas:
"I am right"
- **Explain,** comment
- **Argue** (often aggressively)
- **Withdraw,** become impersonal



Reasons why patient dont learn: 10

Covering own emotions by Categorizing patients

- «Uncooperative clients»
- «Illiterate clients»
- «Difficult patients»
- «Stubborn patients»
- "Code 2"
- «The snakebite in bed 3»



- ***Categorizing gets out the judgement in us***
- ***Prevents us from seeing the PERSON***
- ***Creates distance***

Reasons patients don't learn:

C. Provider not aware of effect of anger on self and patients



Pick a reason – share experiences of how it makes patients not learn; SHOW it

Reasons patients don't learn: 11

Lack of awareness of effects of anger on interaction



Reasons patients do not learn: 12

Providers judge and blame

- **Judging and blaming** patients make them **close up**, and not listen to you
- Your **moral values** may not be right for the patient
- **Respect+appreciation** is more effective to **encourage learning and adherence**



Reasons patients don't learn: 13

Lack of awareness of effects of other emotions

HALT!!

- **H**ungry
- **A**ngry
- **L**onely
- **T**ired



- *Health workers are not aware of these – or of their effect - in herself, or in the patient*

Not understanding how crisis affects learning

- **Shock** – emotional, bodily, intellectual
- **Reaction** – strong, emotional, turbulence, confusion
- **Processing** – dealing with the crisis, coming to terms
- **New orientation** – life goes on



Reasons patients don't learn: 15

Communication barriers: Patient, provider, environment

