Module 5b:

Strategies for communicating with emotional competence: Refining the "Aware Communication Provider"

By Ane Haaland, with Mwanamvua Boga

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Background for trainer

The purpose of this module is to bring all the learning from the week together, and let participants practice using the new skills and strategies to approach common work situations in a constructive way. Showing each other how they would use the skills, and reflecting on practice is essential. "Lessons learnt" can be structured into tools that they can take with them when they return to work, to practice patient centered care.
The "basket of skills" is the container for the tools, a symbol for what they have learnt this week. We developed the idea of using a basket to keep the tools and strategies in, rather than the traditional "toolbox", which has a distinct technical (and often male) connotation.

The challenge in a "***review and summary***" module is to observe and respond to the "learning climate" at this stage of a long week of intense learning. In most groups, the capacity for "new learning" will be very limited, and a long review of all they have learnt may be experienced as "boring" – and will not result in good learning, or in participants remembering all the points.

During the work of developing and refining the modules for the basic workshop, we have tried out a number of different ways of teaching the summing up of strategies. The present version is the one that has worked the best: A practice/exercise focus, with short, clear summaries of main points, or lessons learnt for each section – which participants will take home with them. Time is spent on practicing strategies that work well, bringing all the skills together to apply to challenging situations from their everyday work. Sharing experiences is still a key method, to ensure that – through interactive reflection - the strategies are firmly linked to each participant's own reality.

The skills and strategies most central to the course, and which participants should now be able to practice, are summarized below. It should be noted that separating them is a challenge, as many are overlapping: The trainer now needs to ***Present them as a "whole"*** – after pulling them apart (in the different modules) to learn the skills one by one.

Starting point for the Aware Communication Provider:

- ***An attitude of professional pride in communicating well with the patient, combined with –***
- ***A realization that the provider is the one responsible for building and maintaining a conscious relationship that can facilitate good patient centered care:***

Seeing the patient as a person needing to be helped (by using good professional medical skills, and constructive communication skills) –

-Rather than as a "difficult patient" (where the provider has basically "given up", and blames the patient – leaving both persons dissatisfied).

The three main strategies are:

1. Build trust relationship with the patient

The framework for building trust and relationship is the humanistic care perspective and Patient Centered Care, where the central issue is to see the patient as a person, respect her/him, and appreciate the patient's action to come to the hospital/bring the child. ***The basis for practicing PCC is awareness, and confidence in using the "basket of skills"***: Greeting and welcoming the patient is the start, and participants have noted that when they get into the habit of greeting, welcoming and introducing themselves with awareness, seeing the patient as a person becomes a natural approach. This will make the patient feel safe, and will help build trust in the provider – i.e. creating the basis for a constructive professional relationship to handle the health problem as a "cooperative project" (between the provider and the patient). Critical thinking, awareness and reflection is used throughout, to assess the effect of what the provider is doing, and adjust the chosen strategy accordingly.

2. Recognize and deal with emotions

Underlying this approach is a basic understanding of how to manage emotions: The provider's own, and the patient's. The patient (or parent of a sick child) will naturally be worried/scared/tired when coming to hospital. The provider must be able to recognize and respond to the patient's emotional state to create a feeling of safety and care, by responding with compassion, empathy, sincerety and interest to the patient's behavior and concerns.

To be able to do this, the provider must be able to recognize his or her own emotional triggers and responses, and ***take a step back from automatic reactions*** to these emotions – to be able to be fully present and deal with the patient's needs.

Practicing awareness and stepping back are central skills to learn to handle emotions well, and personal as well as interactive practice and reflection are key methods to strengthen these skills.

3. Use key communication skills well

Communication skills are practiced in both of the above sections, as a natural part of the task to be done: Awareness, active listening, asking open questions and being present are key skills in most situations involving communicating with another person. "Reading" or being aware of non-verbal signs belongs to the "set of skills" to be found in the "basket" of the good communicator, and so does the skill to give constructive feedback, and showing appreciation for the patient's efforts.

The "whole set" of underlying professional attitudes and skills is needed in different combinations, depending on the context the provider is operating in. The ***"Aware Communication Provider"*** could thus have an image of her/himself as carrying a light load of an invisible basket of skills on her/his head (*men might choose another image?? A toolbox?)* – to be used generously and with awareness throughout the work day (as well as at home).

There are six sections in this module. An overview

1. **Introduce the topic and establish relevance:** The bits and pieces learnt throughout the week should now be reviewed and come together to formulate and use effective strategies for communicating well with patients and colleagues. By sharing, showing and analyzing strategies, and appreciating each other's learning, the skills will now be ready to put in the basket and take home to use, and to share. (slides 1-2)
2. **Reviewing reasons patients don't learn:** The collection of reasons patients don't learn invite participants to identify and further deepen their knowledge about what providers do which prevent patients from learning in an optimal way, and to keep these in mind when practicing their strategies. One reason is picked out to be challenged and discussed: the attitude (often subconscious) that patients have the responsibility to ask questions. The 3 main "categories" of barriers are summarized, and further detailed barriers are found as a resource at the end of the module, for personal review, or review in class – if there is time: The focus now shifts to identifying and practicing the constructive strategies (slides 3-5);
3. **Practicing strategies that work well, with feedback:** Through a number of exercises, participants are invited to show to each other how they now use the new strategies to approach common work challenges. Interactive reflections on each exercise are summarized in groups and plenary, and important learning is structured (slides 6-14)
4. **Filling the basket of skills to take home:** After having practiced good strategies in a series of exercises, this "empowerment exercise" helps participants identify and agree on the skills they now know how to use, and "put them in the basket", symbolically, to take home. By having several groups do this, and reviewing each other's baskets, there is a final sharing and "showing off" of good skills by each group giving examples of how they use their skills (slides 15-16)
5. **Summing up strategies for good communication:** A brief summary of main strategies, using examples shared in the big group (during feedback from exercises and "basket" discussion), brings the learning together. ***A special note on the exercise on taking care of their own emotional needs***: This represents "new thinking" for many, and as it is key to being able to work more constructively with communication in the long run, it is an important exercise to bring into the final part of the module (slides 17-26)
6. **Further slides for review and reflection:** 30 slides review in detail the strategies discussed throughout the week, and the reasons patients (and others) don't learn. These can be used for self-study, or to go through in class, if there is time. The main reason for not including these slides in the main module is – that at this stage of the week, participants are tired after intensive learning for 5 days, and listing up strategies and reasons can be very boring, and – not productive from a learning perspective. It is much more productive to let participants practice their strategies, reflect on them, and then sum up main learning points (slides 27-56).

   NOTE: If trainers have noticed (and/or participants have commented) that there are one or more skills participants struggle with, you can pick out an exercise and summary on this/these skills for a practice repeat.

Time needed: 3 hours+

Preparation: Role play scenario – print out.

Materials needed: Flipcharts, marker pens, handouts

Facilitator/co-facilitator roles: All trainers should be active during this module, by sitting in on discussions in the groups, to observe what are still points and skills that need to be dealt with. When needed, trainers can also ask questions and/or clarify points in the groups – but being careful to leave the power with the group, and not "take over" the group process.

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

Strategies for communicating with emotional competence   ***- and reasons why patients don't learn*** **Ane Haaland and Mwanamvua Boga with Ayub Mpoya, and all trainers**	**Introduce** the module by confirming the growth in knowledge and skills you have observed and heard over the week (and anything else that seems appropriate – as an intro to a review) **Ask** them to buzz and reflect briefly: What is the most important skill you have learnt this week? Why is it important? **Get** a few suggestions, reflect together **Explain:** In this module, we will pull our learning together – and practice the new skills in situations related to our work.
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	***Please reference the materials you use from this module and the presentation in the way specified on the slide.***
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 other's learning** • Clear remaining questions, or postpone them to follow up course • Inform about further learning process	**Read out** the objectives
Reasons patients don't learn: **A. Communication methods**  *Pick a reason – share experiences of how it makes patients not learn; SHOW it*	**Exercise 1: Reasons patients don't learn** **Purpose:** Acknowledge new skills, and support + build confidence that they can now deal better – by recognizing the obstacles and barriers, and choosing right strategy. **Ask** the groups to pick one of the reasons from this slide, and share experiences of when this has happened to patients they have treated; **Reflect** on what made the patient not learn, and why it happened. Discuss how they can now do it better, using the new skills. **Ask** for volunteers to come up and show to class Bring out learning points (**see at end of slides**)

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?	**Explain**: Another reason patients don't learn is that they do not ask questions when they do not understand, e.g. instructions, or diagnosis, or request for a test to be done. Some of the reasons can be… **Read** out from the slide **Ask** them to buzz on the questions. **Get** feedback, and discuss. **Main point to bring out**: Nurses/HPs should take initiative, they are the ones in power, they can actively invite patients to ask questions
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!** 	**Sum up** reasons patients don't learn, using the slide: **Emphasize** that the exercise you just did, only touched one main category of barriers: The communication methods (barrier A) **Emphasize** that barriers B and C are related to emotions, and these are very often the "reasons behind" providers acting unconstructively, and without awareness. **Ask** if they agree, and **encourage** them to review other reasons on their own, at end of module. ***Now – we focus on using strategies that work, and review how they work, and why.***
Role-play: **The parent doesn't want a lumber 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*** 	**Role Play no 1: The parent does not want a lumber puncture on her child** **Ask** them to divide in groups of 3, and decide who plays each role: Provider, parent, observer **Give out** the role play scenarios **Procedure:** See at the end of the slides **Ask** that in the feedback, they follow "normal procedure" for giving constructive feedback, and then discuss the points on slide **Main points:** See at the end of the slides
Summing up learning points • **Points from your discussions:** **Example from other group:** • **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 	**Sum up** the learning points from your discussion, using the headings from the slide **Add** these points from another group, for comparison/addition, if relevant (*Slide should be animated*)

"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"*** 	**Explain**: We are now moving to another topic – listening to long stories from patients. **Read** the quote **Ask:** Do any of you have problems with patients who talk for a long time? **Get** a response (probably a big Yes!)
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 2: Setting boundaries, with respect** **Read** out the first part of the slide **Ask** participants to discuss the questions, in groups of 3. **Ask** them to pick a situation where this happened, and show in their groups how to interrupt a patient with respect. **Ask** for volunteers to demonstrate to class **Identify** main skills used, discuss, and add other strategies used by the groups. **Identify** what to avoid/what can "turn the patient off", and discuss. **See procedure** at the end of the slides
Exercise: Stop abusive behavior, and communicate constructively? • *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*** 	**Demonstration 1 and Exercise 3:** **Stop abusive behavior, communicate well** **Read out** the first question – get a response. **Ask** – how do you handle this? **Ask** them to discuss the next 2 questions in groups. **Get** feedback **Let** trainers demonstrate **Identify** what trainer did, and effect on patient **Ask** them to discuss in groups, and repeat demo **Ask** for insights and learning **See procedures and main points** at the end
«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"*	**Explain:** I would like us to look at something very important – how we practice giving and accepting apology. **Read** the example **NOTE:** Find an example from your own participants! Find one which has humor, and brings across the point – that for many of us, apologizing is very difficult.

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?	**Explain**: Let us turn to another task that many find difficult to practice: Apologizing ***Discuss*** *the questions in plenary, one by one* **Main points:** Many find it difficult to apologize – they do not have the habit; feel uncomfortable to admit mistakes, feel the other will laugh at them, or take advantage When you **do** apologize, the other person is often grateful, accepts, and there is "clean air" and better communication between you **Let us** practice how to apologize to each other
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*	**Exercise 4: Apologizing to a colleague** **Explain:** There are several ways to apologize. Let us try two ways **Ask** them to divide in pairs, and read handout **Ask** them to try out insincere apology, and discuss how it felt for both parts Then **ask** them to repeat the same with giving sincere apology **Ask** them to discuss how it felt to ***receive*** the apology, and if there are challenges to be aware of re abilities and habits to receive an apology **Ask** them to discuss insights and learning **See** procedure at the end
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.»	**Read** the example. **Ask:** How often do we respond to our phone calls when seeing patients - and we never apologize to them? **Let** participants reflect, and get brief comments.
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!** 	**Sum up** the learning on apology with this slide **Receiving an apology gracefully:** Ask, then emphasize that a good way to receive an apology is simply to say a sincere **"thank you".** The important thing to be aware of, is the underlying attitude with which you receive the apology: A) The intention to accept, and forgive, or B) The intention to punish a bit more, and be self-righteous (*thinking e.g.: "It's about time you realized how wrong/stupid/unfair you were")* **If B – then the issue will not be solved**: The intent may be communicated non-verbally, and the person apologizing will feel worse – and probably resentful

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."*

Pose the question in the title and ask: How does it make us feel when when patients come over lunch?
Get a few responses
Examples of responses: "I feel so bad", "I get angry", "When I am hungry, I can't listen to anybody".

Read out the example
Ask: Do we realize the kind of situations our patients can go through before they reach the hospital?
Ask for reflections
Translation: "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.

"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

Exercise 5: The basket of communication skills
Purpose: To strengthen awareness of the large set of skills and strategies participants have now learnt, and get an overview of what is in "the basket". Furthermore, to strengthen pride in their learning, and motivation to carry on the work in daily practice. Finally, to strengthen empowerment, and motivation to use each other as resources, by sharing examples of what works well, and how to continue learning.

Procedure:
Follow instructions on the slide:
Let them discuss in their groups

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?

Exercise 5 – continued: Follow instructions on slide
Let participants stand around the flipcharts on the wall while discussing
Let group members ask each other questions: Group 1 asks group 2, then change

Let each group also give examples of how they would use the different strategies they have agreed on. Encourage critical thinking, and reflection

Ask for final comments to how they will use the skills to take care of patients' rights, discuss
Note: It is possible to end the module here

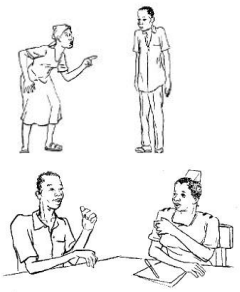
Summing up:
Strategies for communicating with emotional competence:
A. Build relationship with the patient

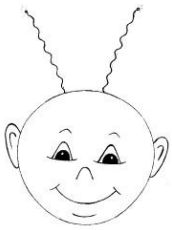
Sum up – main skills learnt, and needed for good patient care

Relate these skills to what was discussed in the baskets, to confirm learning

Pull in examples from other cases discussed in plenary, if relevant

Emphasize: The first aim is to build relationship with the patient

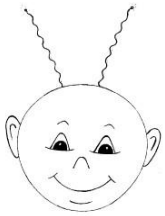
Strategies for communicating with emotional competence: 1 *Safety, respect, appreciation* **Relate to and respect patients, take care of their feelings, build trust** 	**Sum up** briefly skills to build relationship with patients - strategies for taking care of emotions/build relationship – number 1-4 – **Relate** to their baskets, and to examples they have given
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 misunderandings and wrong treatment 	**Sum up** – link to basket exercise, and to examples they have given
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**	**Sum up** – link to basket exercise, and to examples they have given
Strategies for communicating with emotional competence: 4 **Handle anger calmly, with respect, acknowledgement and appreciation** 	**Sum up** – link to basket exercise, and to examples they have given

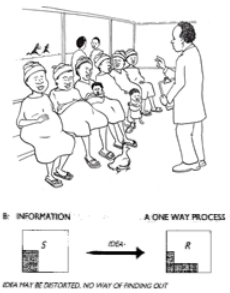
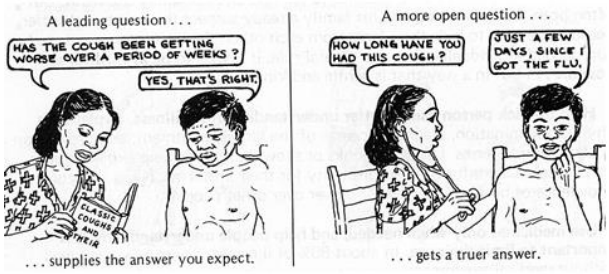
Strategies for communicating with emotional competence: **Summary: Dealing with emotions** **Step 1: Recognize:** ➢ **Recognize emotions** (yours, theirs) when meeting a patient or dealing with colleagues. **Step 2: Acknowledge** ➢ Get antenna out - **think** **Step 3: Step back** ➢ Use **awareness** 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*** 	**Sum up** – strategies for dealing well with emotions
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?*  	**Exercise 6 – Taking care of emotional needs** This is a good one to end up with – the idea taking care of our own emotional needs is new to many people. **Introduce** by asking why we should do this? **Get** some suggestions. **Main points:** We feel better, and have a better balance in our own lives when taking care of our own emotional needs. We are then also more able to take care of others, seeing and caring for their emotions. **Ask** participants to discuss the questions, share experiences, note good strategies on flipchart **Put on wall**, let all read. **Discuss and reflect**
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!*** 	**Sum up** the issue by sharing these strategies – and let participants contribute more ideas (if not already done so, above) **Encourage** them to experiment with this, and to pay attention to/become aware of the effects of their efforts, on themselves, and on their ability to manage patients' emotions. **The recommendation is** to set aside 1 hour per week to do this – to have a reachable goal. **Emphasize** that doing things for others does not "count" – the idea is to do it for one's own pleasure
Strategies for communicating with emotional competence **B. Use key communication skills well** 	**Sum up** – main communication skills learnt, and needed for good patient care: These skills are used as a part of each context (see background section) **Relate** these skills to the what was discussed in the baskets, to confirm learning **Pull in** examples from other cases discussed in plenary, if relevant

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 	**Sum up** the communication strategies. **Link** to the discussion in the slide above, and to the basket exercise **Ask** if there are unanswered questions. **Let** them buzz for a couple of minutes. **Get** feedback, answer questions – or refer them to the follow-up workshop. **Close** the session
Additional slides 	**The following slides can be used freely as a resource** **You can e.g. use them to plan CME (Continuing Medical Education) sessions?** **Demonstrations** are particularly useful for starting discussion about an issue. If using with people who are not trained in communication skills – introduce them to **the rules of constructive feedback,** as a part of the session.
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 	**Suggestions for where slides can be used.** Can also use if extra time in this first workshop, BUT – if you do so, ask yourself (trainer) and reflect first: ***Whose need are you filling by giving them more info/review now? Yours, or theirs?*** Are they really ready to learn more at this stage, or – would it be better to end early (if you have extra time), and suggest they do something nice for themselves with the extra time? This is – after all – THEIR time.. **A good trainer once taught me:** "*Remember – Less is More!*" Meaning – as trainers we often overestimate the ability of participants to learn! Conscious learning is hard work…
Strategies for communicating with emotional competence **Communicating well with colleagues**  • **Discuss:** • *What will you do differently with your colleagues after the course?*	This is an exercise you can use any time, to focus on committing themselves to doing things differently – to themselves, and to colleagues. **Ask** them to discuss, put points on flipcharts, put on the wall, and discuss.

Effect of Strategies for communicating with emotional competence **When providers feel safe, they give good care, and are good colleagues** 	**Ask** trainers beforehand if they have some examples, from their own practice **Give** the example, ask for additional examples. **Pull** out main points, discuss, and conclude
Trainer's example 	
Strategies for communicating with emotional competence: 6 **Constructive feedback** 	Another trainer gave an example here. The trainers' examples can be a good intro to further discussions – to focus the main points on relevant issues, and to motivate the participants to contribute their own examples.
Exercise in groups ➢ How do you feel when your are met with respect and apprecaition? • *"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 what happens when you respect and appreciate patients and colleagues ➢ Show one of the examples in your group ➢ ***Reflect on what makes it difficult to practice respect and appreciation with patients?***	**Read** out the examples **Ask** participants to share examples and experiences, and reflect on difficulties. **Get** suggestions; let them demonstrate examples **Discuss**.

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?*   	**Taking care of vulnerability, or "our softness"** *NB this may have been used in the presentation.* **Explain:** If you know about your vulnerability – or this sensitivity - you can take care of it yourself consciously and with choice. Otherwise, it will be cared for unconsciously or automatically in your relationships. These relationships can be with spouses, parents, children, friends, colleagues, workers, bosses, teachers, political leaders, or pets. It can even be cared for unconsciously - by your computer or your TV. **Run** this as a group discussion, sharing experiences, and collecting good strategies on flipcharts – to be shared
Strategies for communicating with emotional competence: 7 **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!*** 	**Continue** sharing ideas for what to do to take care of your own feelings.
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?**	**Introduce** this slide by e.g. saying – that many people look at vulnerability as "bad", or "weak", which comes from their habit of speaking, possible prejudice, and - lack of knowledge. **There is another way** of looking at Vulnerability, which belongs in Patient Centered Care – which we have been following in this course. It gives good results for both people involved in the exchange. **Read** out the examples **Ask** participants to discuss **Get** examples/opinions and ideas **Reflect** together, and discuss
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	**Sum up** the effects of vulnerability by reading out this slide. **Ask** them to reflect in pairs – if this tallies with their own experiences **Get** some comments **Discuss** **NB: This might be new information and knowledge** to many participants, as well as trainers. When people are not familiar with this subject, they may reject it. **Be careful** to confirm that this info is from research, and encourage them to keep learning about vulnerability – as an important part of patient care.

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 tc the information you give– ➢ ***and take ACTION on it*** 	**Sum up** strategies for dealing with emotions
Reasons why patient dont learn: 1 **Persuasion**  **Effect on patient?**	**Review these reasons briefly – ask for each:** **Why does this not work?**
Reasons why patient dont learn: 2 **Use of technical words** • Habit, unawareness • Power   	**Review these reasons briefly – ask for each:** **Why does this not work?**
Reasons why patient dont learn: 3 **Overload of information**  	**Review these reasons briefly – ask for each:** **Why does this not work?**

Reasons why patient dont learn: 4 **HPs' lack of awareness on what makes people change** 	**Review the reason –** **Ask:** How can this reason lead to patients not learning?
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?***  	**Remind them of this slide** How do the patients see the provider? Does it look like what he is talking about, is experienced as relevant to them? What could he do to establish relevance? **Main points:** We do not give time for our clients to say something, no feedback: "I explained to her/she should ask if she did not understand…" The effects of this approach are: Misunderstandings, overdose, under-dose, insecurity, patient does not learn. Misconceptions, misuse. And whom do we blame for this??? ***Usually patient: But we SHOULD blame ourselves!***
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?	**A review of slide used earlier in this presentation – here – just acknowledge again that this is an important reason patients don't learn**
Reasons why patient dont learn: 7 **HPs do not understand effect of asking open or leading questions**  	**Review** of slide from Communication skills module: The effect of open and closed questions. Common problem many have – so this is a good one to review. **Check** slide comments in module, if needed

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*	**Possible exercise/Group work:** **Purpose:** Acknowledge new skills, and support + build confidence that they can now deal better – by recognizing the obstacles, and choosing right strategy. **Ask** the groups to pick one of the reasons from this slide, discuss how this makes the patient not learn. Then - share experiences of when this has happened to patients they have treated. **Ask** them to show an example in the group. **Ask** for volunteers to come up and show to all **Ask** for suggestions – how would they do it now?
Reasons why patient dont learn: 8 **Judging the patients as ignorant**  	**Notes for discussing the slide:** **Behind the judgmental behavior:** The provider may be feeling insecure, because she does not know how to help these women effectively – she does not know how to encourage poor people to learn; she does not know the reasons for the problems they have. To acknowledge her lack of knowledge is too uncomfortable – the easier (*and most common*) "way out" is to behave like she does: She DOES know how to lecture, and how to judge and blame – so this is what she does (*probably without thinking whether it is a good choice, or whether there is an alternative).* ***She hides her insecurity behind her display of judgmental power.***
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? 	**This can be used as an exercise** – to question a common saying, and reflect on the implications of it. The ATTITUDE behind is – «I am better than you», which is usually a subconscious one. Bringing it out – becoming aware of it – can help providers choose different ways to talk about respecting and cooperating with patients.
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  	**A review** of slide from Emotions module: Instinctively we tend to do the following when we feel unsure: **Ask leading questions (quick fix** – so the person will say yes / no and confirm our own idea, and this will make us feel better). **Re-act**: Show negative emotions **Reduce unpleasant feelings**: Cover up by being arrogant or show superiority – to make it look like I am better than you

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***	**Here you can bring in burnout**
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***	**Possible exercise/Group work:** **Purpose:** Acknowledge new skills, and support + build confidence that they can now deal better – by recognizing the obstacles, and choosing right strategy. **Ask** the groups to pick one of the reasons from this slide, discuss how this makes the patient not learn and what is behind the reaction. Then - share experiences of when this has happened to patients they have treated. Ask them to show an example in the group. **Ask** for volunteers to come up and show to all **Ask** for suggestions – how would they do it now?
Reasons patients don't learn: 11 **Lack of awareness of effects of anger on interaction** 	This reason is now probably well known by providers, and most probably practice stepping back from anger – Trying to Not let it influence the 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*** 	**This is an important reminder –** judging and blaming - as an automatic reaction - is a common habit many providers work hard to change. Stepping back is the "magic" alternative strategy

Reasons patients don't learn: 13 **Lack of awareness of effects of other emotions** HALT!! • Hungry • Angry • Lonely • Tired   • ***Health worker are not aware of these – or of their effect - in herself, or in the patient***	**Use "Halt"** to remind them – check what they are feeling. Hunger is not an emotion – but it triggers emotions Encourage them to remember HALT, and ask them to use it to check in with themselves – e.g. if they find themselves being irritable: *Is it any of the HALT issues that is behind?*
Reasons patients don't learn: 14 **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  	**Discussed earlier.** **Main point:** Patients will not respond to learning in the first two stages of crisis – 1) when in shock, and 2) having strong reactions, being confused. In these stages, most people need mainly emotional support to come to terms with the crisis. They will start responding to information in stages 3 (Processing), and 4 (New orientation).
Reasons patients don't learn: 15 **Communication barriers: Patient, provider, environment**   	**Ask** them to buzz and remind themselves – e.g. **The patient** *feels uncomfortable *does not trust the educator *does not have money to follow advice *feels worried/judged/patronised *does not dare to ask questions *gets too much - or too complicated info *does not have the time **The Provider/educator** *Unfriendly, judgemental or patronising *lacking respect for patient's perceptions, practices and concerns *Does not listen - interrupts - argues *Uses technical language *Lacks the appropriate knowledge and expertise *Does not follow-up **The environment** too noisy; not safe; not private; not comfortable

Exercises and activities

Exercise 1: Reasons patients don't learn

Purpose: To strengthen awareness about new skills learnt to identify reasons patients don't learn, and take steps and use skills to overcome them. Furthermore, to support the learning and build confidence that they can now deal better – by recognizing the obstacles, choosing the right strategy, and give each other constructive and appreciative feedback on practicing the new skills.

Procedure

- **Ask** the groups to pick one of the reasons patients don't learn from the pictures on the slide
- **Ask** them to share experiences of when this has happened to patients they have treated, and to reflect on what made the patient not learn, and why it happened.
- **Ask** them to discuss how they can now do it better, using the new skills.
- **Ask** for volunteers to come up and show an example to class
- **Ask** participants to identify what skills the volunteers used, and what were the effects on the patient's learning.
- **Ask** for another example, and repeat the procedure. Repeat again with a 3rd example.
- **Sum up** the learning points

Main points

To be noted during the discussions

Reasons pictured on the slide are: Persuasion, use of technical words, overload of info, using info/one way approach, using closed questions. This shows the HP's "superficial action"

Common reasons or emotions BEHIND the actions that cause patients not to learn can be:

- ***HPs' Lack of knowledge about how patients learn*** (only been taught with didactic lectures themselves)
- **Insecurity**/don't know how to handle patients/afraid they don't know answer to questions they raise
- **Focus on themselves** (also based on insecurity, or lack of awareness, often) – do not see the other person's needs
- **Attitude:** Do not see patients as persons, do not respect their right to get info
- Hierarchical system – the behavioral functions of this

Role Play 1: The parent doesn't want a lumber puncture on her child

Purpose: To strengthen awareness of the need for providers to communicate clearly with (patients and) parents about the patient's condition, and to give feedback on tests done on the patient. Furthermore, to strengthen providers' awareness about reasons (including emotional reasons) for parents' reluctance to accept tests being done on their children. Finally, to strengthen respect for and skills to explore these reasons, and to communicate clearly about why tests are necessary, treating the parent as a partner in the team to cure his/her child.

Procedure:

1. **Divide** participants in groups of 3, ask them to decide who should be the nurse/clinician, the parent, and the observer.
2. **Hand out** the role play script (nurse/clinician and parent just get their own part, observer gets all parts), and ask them to play it out, and to give feedback in the groups at the end.
3. **In plenary**, ask for insights, reflections and learning after the role-play.

Main points:

- When you handle patients with respect without judging or blaming them they develop trust with HP, they build trust
- 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
- Always include the parent as part of the team, we often make parents to feel as part of the problem hence reduce cooperation from them

NOTE: Vary the strategy for role-play and feedback? Instead of doing the role-play in the "classical" way, you can ask them to share experiences on the situation in the role-play (let all members read the script), and show in the group how they would act out the situation. Then, the group can write down on flipchart what it is they do to **establish a good relationship** – based on their own examples. These points almost become like an "exam" (but don't use the word.. rather – to share good examples of what works, with each other) – "show how you do it now" – and collect all the good ideas on flips on the wall.

Role play script

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

Parent's perspective

You are a 40 year old parent, peasant farmer from the rural village, admitted to the hospital with your 3 year old daughter who has been sick with fever and convulsions. You were informed that she is suffering from meningitis. She has been in deep sleep for the last 2 days and you are worried that she is not doing very well. Since admission a lot of blood has been taken but you have not received any results, and this makes you feel angry. You really don't know what is wrong with your child as none of the doctors/nurses has taken time to talk to you in details. All they have said is that your child is still sick. This morning the doctor came and assessed your child and has told you that they would like to take some fluid from your child's back and some more blood. You said a firm NO. You don't want to have fluid removed from your child's back, as you heard that your neighbour lost his 3 year old child after the clinician removed fluid from his back when he was sick. You are willing to reconsider your decision if the doctor or nurse takes time to listen well, informs you well about your daughter's real situation and needs, and communicates respectfully with you.
You are sitting by your daughter's bed and notice the doctor/nurse coming towards you.

Clinician/Nurse's Perspective

You are the senior doctor/nurse with 10 years working experience in the children's ward that is usually very busy. Most often you find it challenging to find some quality time to talk to parents about their children's problems. This doesn't bother you much as you feel the parents brought their children for medical help and that your are doing all the best to help them. You have been caring for a 3 year old girl who was admitted with meningitis, the patient is showing some slight improvement and you would like to perform a lumber puncture as a way to confirm the diagnosis and aid in the best management of the child. You talked to the parent about doing the Lumber puncture on the child as well as collecting some more blood samples to check on the child progress. The father/mother has said an emphatic **'No'**.

You had a cup of tea and reflected on the situation and now going back to talk with him/her next to the child's bed.

Observer's Task

Does the nurse/clinician

- Try to find out (by observing, listening, asking) what the parent needs
- Give the parent emotional care, or facts, or both
- Explore the parent's fears
- Listen actively to the parent
- Ask open ended questions
- Explain the procedure and why it's important
- Use positive body language
- Judge the parent

After the exercise, let the nurse/clinician comment first on his/her own behaviour in the role, and then give feedback (from observer and patient) to the nurse. Be sure to give positive feedback first, and to be constructive in your suggestions for improvement.
Discuss how nurse/clinician and patient felt, and how these feelings influence their actions.

Exercise no. 2: Stopping the patient, with respect

Purpose: To strengthen awareness of what are possible reasons why someone talks for a long time, and what are natural (automatic) reactions to such a situation. Furthermore, to strengthen awareness of alternative ways to handle the situation by stepping back from your own automatic reaction, and stopping the person with respect, and strengthen skills to do so.

Procedure

- **Ask** participants to discuss the questions
- **Get** feedback on one question at a time (see main points, below)
- **Ask** for volunteers to demonstrate how to stop the person, with respect
- **Identify and discuss** what are effective methods for doing so
- **Conclude** by summing up learning

Main points to bring out

What is going on:

- The patient is nervous, insecure, afraid, anxious, overwhelmed (or other emotions): Tense. Acting automatically (by talking and talking and talking) to relieve her own tension
- The patient wants to keep the provider's attention
- She wants to avoid being blamed

What about you – how do you feel as provider?

- Natural to feel irritated, feel you are wasting time
- Can get bored, lose concentration
- Might feel insecure, as you do not know how to handle the situation

What can happen if you continue to just listen without taking action?

- If you continue – you will lose focus, and possibly blow up/show irritation to the patient
- In the longer term, if you continue to "swallow" feelings, you may get sick, and/or burn out.

Main points from new situation shown: To be identified by class and trainers

Some possibilities:

What did the health provider do to interrupt, with respect

- Listened attentively for a while
- Found a convenient place to interrupt by addressing the patient by name
- When the patient went on and on, the provider touched the patient gently and said "*please, Mama, can I stop you for a moment",* and empathized with her. This gave the patient "space" to think a bit, and the "spell" of the monologue is broken.

The main thing to avoid is – to reject the patient (who is usually in a vulnerable stage and needs to "let it all out", and is easily hurt). Rejection is often felt when the provider e.g.:

- Uses a hand gesture like "Stop"
- Shows impatience, non-verbally (e.g. tapping on the table, clicking with pen, shifting on her chair, looking at the watch…) – any sign that shows the patient that her story is not "welcome".
- Tell the patient to stop (e.g. by saying "I need to ask some questions", or "you need to stop", or "you talk too much, I can't get you");
- Turn off her/his interest or engagement with the story/issue.

Demonstration 1 and Exercise 3:
Stopping abuse from patients or relatives

Purpose: To strengthen awareness of participants' own automatic reactions when met with abusive behavior from patients or relatives. Furthermore, to strengthen awareness and knowledge about emotions often underlying provider's reactions, as well as emotions underlying the emotive behavior of the patient of relative. Finally, to strengthen skills to recognize the emotions, take a step back and stop abusive behavior in a constructive way, by setting a boundary to the abusive part of the behavior, while maintaining the intention to understand the issue.

Demonstration (by two trainers)

A parent (mother) approaches a provider in the ward. Her 1year old son is very ill with severe malaria.

Parent (shouting): YOU! You are really not caring about my son! You should not call yourself professionals!
Provider (calmly, firmly): Mama, I will listen to you, I respect your anger.
Parent (still shouting): Yes, I am very angry! No one here tells me anything, they just demand more tests! You are all a useless bunch!!
Provider: Mama, I respect you, and I expect you to give me respect as well – then I will listen and try to understand what the problem is, and what we can do to solve it
Parent (a bit calmer): My son is so thin, and they force the needle to take his blood. I told them they shouldn't, but the nurse did not even speak to me, she just took the blood! They hurt him badly!!
Provider: I am sorry, mama, I will talk with that nurse. We do try our best to help your son, and we need to see what is going on in the blood – to be able to see how he is doing, and give him the right medicine.
Parent: Oh, is that why. I did not know. If the nurse could talk with me like you do, there would be no problem, I would let her do her work. (Etc…..)

Procedure:

- **Ask** the first two questions on the slide, and discuss in plenary: Does it happen that relatives or patients abuse providers? Get some examples from participants of what has happened, and how they have handled it. The examples will bring out the emotional aspects

- **Ask** them to discuss briefly in groups: Which skills would make a difference to you, to handle situations better? Ask them to explore what are the emotions behind the reactions, on both sides (patient/relative, and the provider)
- **Ask** for suggestions in plenary. Ask your co-facilitator to note on flipchart the skills they would like to learn. Get specific: if they say e.g. "Communication skills" – probe to find out what exactly they need to learn. If they say "Step back" – ask – from what?
- **Two trainers run a demonstration** of how a provider stops abuse from a patient (see above).
- **Ask** them to identify – what did the "provider" do? What skills did she/he use? List on flipchart (briefly)
- **Ask** participants to discuss in groups of 3 how to stop a patient who is abusive. Ask them to repeat the demonstration in the group. After the demo, ask them to discuss what they learnt
- **Ask** for insights from doing the exercise.

Main points:

A. What is behind?

- Behind an abusive behavior is often fear, and desperation: the person is shouting for help, in a very awkward/non-effective way – IF you don't know how to "read the code", or how to look for, respect and respond to the emotions behind the abuse;
- An automatic reaction from the provider is to get angry and tell him/her off, and thus not solving the problem (but often exacerbating it).
- The provider's reaction also comes from fear, which is covered up – unconsciously – by the anger and attack on the patient/relative
- The provider needs to learn that behind such behavior is often fear, and learn to become aware of her/his own reactions, take a step back (from the action of the patient, and from her own reaction to this), and find out what is the reason behind the action.
- Awareness and stepping back are key skills, together with being present.
- Key knowledge: fear is often the "trigger" or reason behind the action and reaction.

B. How to stop the abuse?

- Stopping abuse can be done by provider recognizing her fears and setting them aside, taking a step back – and being fully present in the interaction
- Listen to the patient/relative with respect, and with the intention to understand the reason(s) behind the behavior: Find out what the underlying problem is, and take steps to solve it
- Communicate your intention to understand, and set a boundary: Tell him/her you respect his/her anger and will listen to understand what the problem is. Make it clear that you do not accept personal abuse, you also expect to be respected. Use a neutral tone, look him/her in the eyes.
- If he/she abuses your colleagues, apologize on their behalf (*if it seems like they have behaved inappropriately*), and continue to listen
- If he/she continues to abuse you, put your hand up to stop him, say you made it clear you will not accept abuse, and – leave. If appropriate, say you can talk later, when he/she is ready to respect you as you respect him/her.
- If he/she threatens with physical abuse, and you think there is a real danger – ***pack your communication skills under your arm, and run!***

Possible insights

- Stopping them with respect makes a difference to how they react
- When an angry person feels listened to, the anger goes down

- When looking for the reason behind the anger, you are being constructive – and you and the angry person are suddenly "on the same team"
- Communicating your intention to understand is accepted with gratitude, and helps calm the person
- Being present, and not being afraid, works wonders

Exercise 4: Apologizing to a colleague

Purpose: To strengthen awareness of personal, cultural and other barriers to apologizing to a colleague. Furthermore, to strengthen awareness of the potential effect of apologizing in an insincere way and in a sincere way, on the other person and on oneself, as well as on the communication between them, and on the collegial relationship. Finally, to strengthen skills and motivation to use apology with awareness as a conscious communication strategy.

Handout: Apologizing to a colleague

The situation:
You have made a mistake which made your colleague have to do a lot of extra work. Now you have decided to apologize.

Apology 1: Insincere
Your feeling:
«It was really her fault, but I have to apologize anyhow to make her feel better» (*but I don't really mean it)*

Apology 2: Sincere
Your feeling:
«I am really sorry, I did not intend to do this, I can see how much trouble/extra work I have caused, and I am very sorry. I will make sure I cover for you another time»

Procedure

- **Give** out the handout. Ask them to divide into pairs.
- **Set** the scene by reading the situation: "You have made a mistake which made your colleague have to do a lot of extra work. Now you have decided to apologize."
- **Ask** them to take turns to play out Apology 1 and Apology 2 on the handout, and discuss how it felt.
- **Ask** them to reflect on how it felt to ***receive*** the apology, and if there are challenges to be aware of re abilities and habits to receive an apology
- **Ask** for insights and learning
- **Read** the example. Ask: How often do we respond to our phone calls when seeing patients - and we never apologize to them? Let participants reflect, and get brief comments.
- **Sum up** with the slide on the effects of apology

Main points

- Apologizing is an emotional challenge – it can feel for many that they are "putting themselves down" by acknowledging they were mistaken. In some cultures (and hierarchies) it can be seen as a loss of power, especially if you apologize to one who is "lower" in status than yourself
- When apology is not sincere, you feel disrespected, not valued: It is experienced as "double communication", and creates insecurity and unsafety.
- When sincere, it clears the air, and restores a basis for good communication, and honesty

- Receiving an apology is not always easy – the "automatic behavior" can be to a) reject it, and attack the other person further, wanting to humiliate him/her; or b) diminishing the importance of the incident, saying it was nothing, or not worth thinking about. In both cases, the person apologizing will feel bad, and is less likely to apologize another time. The issue is not solved.
- Receiving an apology gracefully can be learnt, with awareness that it is important to do so, and the main skill of – acceptance, and appreciation.
- **Receiving an apology gracefully: A** good way to receive an apology is simply to say a sincere **"thank you".** The important thing to be aware of, is the underlying attitude with which you receive the apology:
    - **A) The intention to accept, and forgive, or**
    - **B) The intention to punish a bit more, and be self-righteous** (*thinking e.g.: "It's about time you realized how wrong/stupid/unfair you were")*
- **If B – then the issue will not be solved**: The intent may be communicated non-verbally, and the person apologizing will feel worse – and probably resentful
- Apology is an important skill that we all need to learn and practice – both to give it, and to receive it gracefully.

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.»

Ayub Mpoya, Clinical Officer and senior trainer