7 The role of trainers: Essential guides and role-models in the learning process

In this chapter, we describe and discuss attitudes and skills trainers need to have and to practice to be able to stimulate critical thinking and facilitate good learning, which are essential skills in the iCARE-Haaland training model. When using experiential methods the trainer must create an environment that is safe and inspires the mind, the body and the heart to learn. This she does by e.g. establishing and maintaining relevance, keeping connected to the participants and by being present and genuine, and by managing the emotions of the group with empathy and appreciation. And – linking it all to theory.
These points are further elaborated in this chapter, and should be discussed in more depth in a forthcoming TOT manual.

7.1 Trainers must go through their own learning process first

A good trainer is worth her weight in gold. To be able to guide this training well, the trainer must have gone through the process of learning from experience herself and believe deeply in this method as being the best way to guide participants to learn. When trainers are experiencing, recognising and acknowledging their own process of change as communicators, they are much more able to use these insights and skills to teach others. Thus, it is crucial for the trainers to go through the process of observing and reflecting on their own communication and emotion attitudes, skills and behaviour first, and only then train others. The process will give them insight, confidence and – the much needed humility for how complicated (but also inspiring and fulfilling) the process of learning is, and how much awareness, patience and skills are needed to guide it well. The trainer needs a good dose of emotional competence to be efficient in his work.

Please also refer to the article on how to optimize training in continuing medical education, by M. Ellis[116]. A number of principles of adult learning theory are discussed and exemplified here, and are also discussed in Module 2a (How do Adults Learn?) in the basic course.

Trainers in Kilifi reflected together on what are the essential elements in the training that make participants (and also they themselves) learn so well. Their answers:

- ✓ *«You are your own teacher, your own student. You rate yourself, you motivate yourself. The moment you realize you have made a breakthrough, it is like – WOW!»*
- ✓ *"Participants change because they have decided to – not because they have been told to"*
- ✓ *"This approach is empowering: Participants own the results, and the methods to continue learning – with and without the trainers and mentors."*

[116] Ellis, M (2008): Optimizing training Optimizing training: what clinicians have to offer and how to deliver it. PAEDIATRIC RESPIRATORY REVIEWS (2008) 9, 105–113

Good trainers know that facilitating such insights and change in their participants is their main task. They have felt on their own bodies and mind the power of learning and inner motivation and experienced what the consequences can be for their own practice.
In the picture we see a group of trainers trained in Kilifi – from left Stevenson Chea, Lennox Bhaya, Hiza Dayo, Siti Wande, Francis Kombe (sitting at the computer) and Ayub Mpoya.

7.2 The crucial role of trainers: Consciously non-judgmental

In this training, the knowledge, skills, attitudes, values and personality of the trainer will to a large degree determine to what extent the training process will be successful. The trainer's commitment to the process and to helping participants learn is an essential factor in making this happen. The trainer needs to role-model attitudes, values and skills she is teaching in the course, with compassion and care for the participants. She needs to demonstrate openness, respect, fairness, appreciation and a non-judgmental attitude, and motivate and encourage participants to explore reasons behind their actions. In brief – she needs to role-model the practice of emotional intelligence on a humanistic foundation. These attitudes and skills will help to strengthen participants feeling of emotional safety and help calm their fears. They will open them up for real sharing and learning on difficult topics like handling conflicts, stress, vulnerability, death – and in general, dealing with the challenge of being a kind, caring, compassionate and emotionally intelligent professional.

Trainers' mindset: Conscious non-judgmental attitude to explore reasons behind behaviour

Trainers' most important job is to provide a safe learning environment by meeting participants with awareness, respect and appreciation for their work and their challenges. Their main tools are an open and non-judgmental attitude, and EI skills. This job starts from the very first orientation meeting with the new group, where participants receive their baselines, and the orientation about the self-observation tasks.

The non-judgmental attitude and approach of the trainers is experienced as a relief by participants – most are not used to this, but they like it very much once they sense it is genuine, and real. It opens them up to deep learning. Their initial scepticism and careful defence against sharing and discussing their own mistakes is replaced by relief when they experience that other colleagues have also made mistakes and have similar stories. This makes them open up to real sharing - to explore the reasons behind their (negative) actions and to understand why they behaved this way. They start to see their – and others' – mistakes as learning opportunities. They can then put the incidences behind them and learn alternative strategies that work better both for themselves and for the patients and colleagues. They have started the process of discovery during their observation period, and are now in the workshop, ready to share with and learn from colleagues, and from the trainers.

The thinking behind this very conscious non-judgmental attitude of the trainers is –

- There are ***actions providers take*** in their work (many of them wrong, or harmful to patients or colleagues), and there are ***reasons behind taking these actions***;
- ***These reasons are very often hidden*** (even to the provider, who may have acted automatically), or not reflected upon;
- ***By finding out what these reasons are***, through interactive reflection, and understand them without judging them, participants are then free to choose other action, based on reasons they can be proud of – professionally.

Training session, Siauliai, Lithuania

The providers know that the action they took was wrong – no one needs to tell them that. They have strong guilt feelings – which they hide. When bringing the feelings out in the open and discovering that others have also acted badly towards others, they can acknowledge what they did, learn from it, and put in behind. This conscious process will enable them to recognise an urge to do something similar next time they are faced with such a challenge, and then to choose a different action.

An important distinction*: Non-judgment does not mean you "accept" as "good" what a provider did. It means that you consciously use non-judgment as a (part of a) method to guide the reflective learning from the incidents.*

7.2.1 Guiding the learning about providers who punish patients

Several participants in the courses have contributed examples where they had punished patients for their "misbehaviour": one provider admitted to having held back antibiotic treatment to a sick child in the ward because the child's mother showed up late for the treatment round, and the provider got very irritated. She had had a rough day, been criticized by the supervisor, and "took it out on the patient". She knew it was wrong, but the emotions made her act – she covered them up with anger:
«My own emotions lead me to wrong decisions that hurt patients»:

- *"I was allocated to give antibiotics to patients, it happened that one of the patients was not on bed when I was giving the treatment. After I had completed balancing my antibiotics books the patient came and asked for the injection. I was very, very annoyed because I was busy doing other things. I was annoyed and decided not to give the injection to the patient, so my anger made the patient miss the injection and that was wrong."*

Another provider admitted to injecting normal saline water (sterile water) instead of antibiotics into a patient for several days, after she had a conflict with the patient – feeling she had no other "outlet" for her anger against this "difficult patient" who had made what she experienced as unreasonable demands on her.

Participants from all the countries shared similar actions they had not been proud of. By being able to share these, they could explore and reflect on the reasons and emotions behind the actions they took. *Trainers were careful to communicate that the purpose was not to accept these actions, but to explore and explain the reasons providers acted in this way. The purpose was to learn, rather than simply judge the actions and make people feel guilty: every provider had felt plenty of guilt after the incidents*. This process enabled the providers to gradually feel they were ready and able to choose other ways of managing their emotions, and more constructive and respectful ways to relate to "difficult patients". A common conclusion is "*We now have no more "difficult patients!"* And many add: *"They were not really difficult in the first place, it was just – we did not know how to handle them, especially when they come in with strong emotions, or we have strong emotions ourselves!"*

The changes were often acknowledged and appreciated by the managers:

"My supervisor noticed the way I was working and the change in me. She developed a habit of referring all difficult patients to me". *HCW Kilifi*

Previously, fear and shame because of their wrong actions kept these incidences "buried" in shame and guilt, and the bad behaviour continued. Once it was "out in the open", and providers saw and heard they were not the only ones who sometimes used methods to punish patients who "misbehaved", they could focus on learning why such things happened, and to recognize the fear that is often behind the anger. They gradually learnt about the power of emotions, and how these

can contribute to making us do bad things to others. When learning the alternative – to recognize the emotions, step back from automatic reactions, and take constructive action – most of them would choose this approach to dealing with challenging situations. When they experienced the good outcome of this approach on **patients,** *who maintained good communication and cooperation*, and on **themselves** - *they felt satisfied with their work, and had no regret or shame*, providers said it was easy to choose the new methods:

- *"The change I have seen is that when handled well they calm down, but if not well handled, they remain with their tempers. It brings conflict between the health worker and the parent. As result the patient ends up missing proper management (care)". HCW, Kilifi*

The old self pops up – but is met with (delayed) awareness

Sometimes, providers say, the "old self pops up", and they revert to making old mistakes, like punishing patients who will not "cooperate". However, they are immediately aware when this happens, and can reflect afterwards, and make a decision to try to step back in a similar situation, next time: They are using EI skills to analyse what happened.

Some examples:

"It's a pity that I still cut short a colleague when doing things the wrong way. The only thing that I have now improved on is that I never continue saying negative statements once I have cut him or her short. I use the stepping back skill to recollect my words before I make any corrections". HCW, Kilifi

"Sometimes I find yourself back to 'normal', when i sit and reflect i regret on the way i responded to the issue but with time I think I will be able to adjust and always try to be aware of the scenario before I continue". HCW, Kilifi

The trainer approaches this issue as a natural part of the process – "we take time to change". The re-occurrence of the "old self" then becomes something else to not fear or be ashamed of, but to see as natural, and expected. This makes it easier for the providers to accept the process of change, and to continue to work on it – in a natural way, and to change gradually.

When participants learn to recognize their own fear and understand the reasons behind it, as well as the various automatic ways they have used to cover it up, e.g. by showing anger, and/or being judgmental, they are free to act in a different way. The responsibility for change is their own, and – so are the rewards for the patients and themselves when they handle emotions well, with awareness and respect.

7.3 Trainers as colleagues and role models

Trainers who work in the same institution as course participants have an important role as colleagues and role-models, showing in practice how to use the skills that are taught in the communication course. As action speaks louder than words, the trainer's behaviour will inspire the course participants to learn the methods and can also make them establish mentoring relationship with the trainers, and/or with former participants to the course. The trainers can encourage reflection on practice as a natural part of the daily clinical work.

It is essential that the majority of the training team members have background from clinical practice and are familiar with the working situation of the participants. Participants must be able to trust that the trainer has the necessary knowledge and skills in the topics to be taught. This will give the trainer credibility. However, it is also possible for a professional communication trainer with good

knowledge about the field, to facilitate the process well, in collaboration with trainers with clinical background.

7.3.1 Foundational skills and attitudes needed to be a role-model

The trainer as a professional and as a person is important, because her methods, approach, behaviour, attitudes, values and humour will be in front of students for a week. The trainer needs to be a role-model who participants can trust and look up to and want to be like.

"My friend was happy to learn the active listening skill and probed where I got the skill. She was interested to join my communications skills training so that she can communicate better with clients and help them. Nowadays she tells me that I have really changed, and she wants to be like me".
HCW Kilifi

The trainer needs to behave as a good professional who deserves being looked up to, and display attitudes and skills defined as essential in the training – including using emotional competence consciously and consistently.

The key attitudes or attributes the trainer needs to demonstrate as a role-model are:

- ✓ **Being respectful**. Respect is "contagious". When participants are consistently met with respect throughout the training, and become increasingly aware of how it feels to be respected and to show respect to others - they feel safe, and become open to learning – and to challenging themselves beyond their "comfort zones". Being in a respectful environment for an extended period of time can have an important impact on their behaviour.
- ✓ **Being authentic and genuine**: The trainer must be aware of his behaviour and be authentic, genuine and real. If she is not, it shows, nonverbally – and the other person feels it. To use a Kenyan proverb: "*The trainer must not preach water, but drink wine."*
- ✓ **Being open, friendly and accessible**: The trainer should make it clear that the whole training process (from the initial meeting to the final workshop) is a "learning laboratory", where everybody, including the trainer, learns from each other. Encourage participants to be open to learning and to each other and be appropriately open herself.
- ✓ **Being supportive, and kind – with good boundaries:** The attitude of the trainer is positive, and supportive – within boundaries. Participants must feel that it is safe and acceptable to bring their concerns to the trainer, whether during plenary, or informally, during breaks. Many are used to being dismissed automatically if they bring up their requests (e.g. with supervisors) and may use the same behaviour with their patients or juniors. When met consistently with a kind and supportive attitude and encouraged to reflect consciously on the effect of this attitude on her own learning and wellbeing – it can influence the providers' behaviour, over time.
- ✓ **Being understanding – encourage empowerment.** The trainer should "practice what she preaches", look for the reason(s) behind issues being brought by the participants, and try to help – primarily, by empowering participants to come up with their own solutions. The trainer should also use his role to facilitate solutions to problems, when necessary.
- ✓ **Curious, interested and concerned.** A good trainer has an attitude of a learner, one who is interested in the subject she is teaching, cares about it, and is always open for new learning to broaden her horizons. A good trainer does not believe he has "all the answers", he is able to acknowledge if there is something he does not know (without feeling he is "losing face"), and ask if anyone else in the group knows the answer. If not, the trainer will then go and find out. The trainer cares for her participants as providers care for patients – wanting the best for them, wanting them to learn, and guiding them in the process.

- ✓ **Compassionate and empathetic:** Role-modelling compassion, kindness and empathy – and being conscious about setting boundaries.
- ✓ **Being fair:** Small conflicts or disagreements will often arise during the training period. The trainer must strive to again practice what she preaches – to step back, listen to both sides, and try to facilitate agreement or solution to problems. It is essential that the trainer is not seen to "take sides", e.g. with participants she is working closely with, or participants which are more "like her". She must practice emotional intelligence.
- ✓ **Humorous:** Using humour is a good skill in training – and can lighten the mood of the participants after e.g. a "heavy" session, or when tensions are high. It requires clear awareness to be able to use humour well – never using it to make fun of specific participants, but taking the opportunity to "make fun of" e.g. "us, as health professionals". When the trainer includes himself in the group he is making fun of, it takes the edge off the joke, and people will usually not be offended. The trainer can also take the opportunity, whenever possible, to laugh at herself.
- ✓ **Confidential:** Participants share some very personal experiences and challenges during the course process, both through their written observation and reflection tasks and verbally during the workshops. They open up their hearts – and it is very important to take well care of these gifts and protect them well: The trainer must make it clear to the group that the stories told belong to the group and should not be shared outside without permission, thus showing respect to their colleagues.

Skilled trainers help participants reflect on insights, and use these to discuss and inspire:

- *"Before the course I used to be irritated when handling a difficult patient/relative. The course has shown me that for every stubborn client, there is a reason behind and instead of getting irritated, I nowadays probe to get to know the reason behind. The concept of the tip of the ice-berg has made me aware of clients / patients' needs and has helped me advance with care to avoid them exploding on me."* *HCW, Kilifi*

The trainer uses the following main communication skills:

- ✓ **Presence:** Probably the most important skill – to be fully there, with them, in the training – taking them seriously, thinking with them. A trainer who is fully present is a powerful – and yet approachable - professional, with access to her whole range of knowledge;
- ✓ **Appreciation:** Appreciating participants and colleagues for questions, actions, performances or concerns makes people feel good, and often stimulates awareness – and pride. Participants are often not used to being appreciated, and it is a skill that needs to be learnt to be practiced well. Be generous with appreciation – and make sure it is ***genuine***: False appreciation is easily detected and will feel awkward for everybody;
- ✓ **Listening:** Active listening, with awareness, is a main skill to practice for a trainer. Participants who feel listened to, and have their concerns taken seriously, will be much more likely to be open to new learning – and to challenging themselves on difficult issues;
- ✓ **Critical thinking, and open questions**: Posing good questions to make participants think and reflect is a key skill;
- ✓ **Using emphatic understanding to look for reasons behind, rather than judge:** The trainer practices this skill throughout the workshop, always seeking to explain WHY things are as they are: In understanding the reason lies the key to finding a good solution. The use of emphatic understanding emphasises the practice of exploring, without judging.

The trainer also uses the emotional intelligence skills when communicating:

- ✓ **She recognises participants' emotions, acknowledges them and works with them:** The emotions are a natural part of communicating in a relationship;

- ✓ **He recognises his own emotions, acknowledges them, and decides what to do:** He steps back from the emotions, or uses them consciously – depending on the situation;
- ✓ **She works naturally with emotions:** She helps the group think about and discuss emotions as occurring naturally in most situations, and influencing the communication;
- ✓ **He analyses and explores the possible causes of emotions** that come up, or that are discussed from experiences participants share. She explores and discusses potential consequences of taking action on the emotions (e.g. by giving space to automatic reactions), and uses this analysis to decide on which action to take;
- ✓ **She takes action on her analysis**, or discusses which action to take, and why;
- ✓ **He reflects consciously**, throughout the session.
- ✓ **She practices confidentiality** and protects the participants and their stories from being exposed inappropriately.

7.4 Using the skills in the workshop: Some main points

Central skills for trainers start with the abilities to **create a safe environment**, **establish and maintain relevance** for the participants throughout the session, and to **keep connecting with them** and **keep them involved and active**. This requires for the trainer to be able to manage her emotions (and step back from automatic reactions), and to be present with the participants and the issues they bring to the group. It also requires good **skills to handle criticism, with awareness**. In other words – to practice using emotional intelligence. Below is a further elaboration of why and how to use these key skills.

In the modules, the use of these skills is applied to each specific topic.

In part B there are examples of trainer's own analysis and advice on how to handle specific challenges, like choosing the right volunteers for an exercise, running exercises, and writing on flipcharts.

7.4.1 Creating a safe environment

A safe learning environment is the essential starting point for a trainer to be able to establish trust to work well and facilitate learning and insights with participants. A safe environment is a place where you **create a foundation for constructive communication**, and where **emotions can be explored and included in a natural and positive way.** When participants feel safe, emotions are also less likely to take over in a negative way. Key elements in creating and maintaining such an environment, where participants feel safe to recognise, acknowledge and discuss their insecurities, are:

- **Seeing the participants as individuals**, learning their names, and building relationships;
- **Respecting participants as fellow professionals**, and empathising with their struggles;
- **Exploring reasons for their actions** – assuming they HAD a reason, and that the work is to make it conscious, and assess its effectiveness to reach the desired goal;
- **Looking for, and respecting, the intentions behind their actions**: Mostly, people try to do their best (*and sometimes – "shit happens", and it does not turn out the way they wanted*): Trusting that they have a good intention for what they do will help create a safe learning environment. Mistrust can create emotional instability;
- **Criticize/debate actions, but not persons**: People know when they have done something wrong, or unethical or immoral. Focus: The analysis of reasons why it could happen, and then – the (different) way forward;
- **Use appreciation, consciously** – and honestly;
- **Maintain a positive attitude**, but without hiding or ignoring problems
- **Acknowledge and celebrate** progress – and acknowledge challenges remaining;

- **Use humour**, where appropriate. Let people laugh at themselves – and laugh ***with*** them, as colleagues. (*NB do not laugh AT them – this can create hurt, and strong resentment!)*

When participants are exposed to such a constructive and safe environment for a whole week (or for the duration of the workshop), and they become aware of why and how these elements help to create such safety, they will be more likely to use these same elements to create safe situations for their patients – and with their colleagues.

7.4.2 Creating and maintaining relevance

Motivation to learn is high when participants feel the contents of the training are **relevant** to their work and their needs, and the training method enables them to **engage actively** in the learning. They will know that much of this material comes from their own work situations rather than from textbooks (although of course has contents related to the curriculum). ***Creating and maintaining relevance for participants throughout the training process is thus the single most important task of the trainers to get the participants engaged and make them experience that this training is useful for them, consistently, throughout the training period.***
The literature emphasises the need to make the situations relevant for the participants to learn optimally.

> *"….it was very useful because from other people"s reflections I would actually learn. Because these experiences are almost the same, but the way we handle them is different. Everybody have, people have developed their own ways of handling situations. So if somebody share an experience and reflects, I would also you know, relate with it."* ***HCW Kilifi, in LVCT evaluation***

Creating relevance must also be done with managers, and with other decision makers/ bodies in the institution where the training is proposed to be conducted. It is important that all main actors view the training plan as an important intervention and support its implementation. See the Planning chapter (8) for more information on this.

Participants experience relevance of the training contents and methods throughout the training process:

Before the training:

- **Participating in the training process is voluntary**. Providers wanting to take part in the training must feel a need to improve their communication skills, and that the training is relevant to their job situation. ***This is a key starting point*** to establish the training as relevant for each of them.

During the training process:

- **Introduction meeting (where baselines are handed out):** The facilitator asks participants what made them want to join the training, to assess ***their*** perception of relevance (*ask them to buzz in pairs, then get ideas out in plenary*). Their points are discussed – and facilitator continues to emphasize that this is THEIR training, and that they will participate in shaping it – to assure that the training stays relevant to them and will result in real improvements in how they communicate at work. Baselines are handed out. See the Planning chapter (5) for description of how to conduct this meeting.
- **The baseline exercise** is the first to enable participants to reflect on their skills and actions. The exercise strengthens their sense that the training is relevant to their job. Participants are given 1-2 weeks to complete the baseline, which is compulsory for taking part in the training.

- **Observation and reflection tasks** are carried out by participants while on the job. The tasks enable participants to discover the effects of their communication, on others, and experience that they have a need to learn to communicate better in their job. When they come to the meeting, after having observed themselves communicating on the job for a month, they have really seen their need to learn. Their sense of the training being relevant continues to be strengthened throughout phase 1, with the continuation of the observation and reflection tasks.

In the workshops:

- **The facilitator establishes relevance for each topic** – during the presentation of the first slide of each module, to enable participants to make initial connection between the topic and their work. For example, in Module 3b, on Emotions, facilitator asks: "*Have you been in a situation where emotions have affected your work? Please discuss among yourselves, and then share your examples with us*." The examples participants contribute links the topic firmly to their work situation and can be used as reference points throughout the module. Participants will continue to see the direct and practical relevance to their work.

The facilitator continues to link each topic to participants' work situation, and thus maintains relevance throughout the modules. There are many ways of doing this, and these are explained in detail in the modules. A brief overview:

- **Showing a demonstration of a problem**, and asking if this happens in their ward/place, then discuss;
- **Showing a picture/drawing**, asking if this situation is happening in their place, then discuss;
- **Asking a question about something that you know** (from having read baselines and observations) **is a problem** for them and ask how they handle it – for example – does it happen that colleagues are angry, leading to a conflict? When the trainer raises an issue as a question, she is not accusing them, but inviting them to acknowledge a problem that they have. They can then be free to explore and learn about it, rather than having to be defensive.
- **Giving them a topic and asking how this affects their work,** for example: How well do we listen to our colleagues? Please discuss/buzz. Then you get a few points and establish that this is a problem that is felt by many.

Keeping attention on relevance keeps participants alert and interested to learn – as it is clear that the aim continues to be – improvement of THEIR work situation, and a better professional life – for THEM as health providers.

> *"…for me the workshop was, I think it was useful because in that workshop what you do is you relate your practical experiences with the theory now. So you link up the two and you really get a very firm foundation. Yeah the skills that you have observed yourself, now you relate them with theory and they stick somehow…"* ***HCW Kilifi, in LVCT evaluation***

For trainers, the interactions created with participants by keeping focus on relevance are important.
A senior trainer in Kilifi expressed it like this:

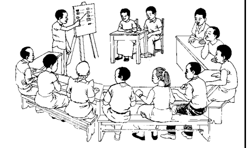
✓ *"When I see they "get the point", and are with me, really curious about what I am going to say – I feel good, I feel connected with them. We are going to talk about something which is important to all of us, something that affects our work/how we can serve our patients/how patients learn/how we can prevent getting stressed/etc: anything you feel is appropriate. This makes me feel confident and safe, I know they are with me, and they know that I know…"*

Hiza Dayo, senior trainer, Kilifi

An example from a trainer who now establishes relevance:

"What I do differently is that first and foremost I pose questions to these students. I'm aware these are medical engineering students, so I ask them questions – "Do you see any link between this anatomy and physiology and your base?" Yes, so I try to get that conjecture from there. As they establish that, I now shed more light on the relevance and we move on very well. Unlike before when I used just to go "I've got my notes and I'm introduced to the class and I just say I'm going to take you through anatomy and physiology and we move on".

Stevenson Chea, trainer, Kilifi



In an interaction, the learning happens when participants relate the topics to themselves and their own practical life/work situation. When the trainer's focus is on creating and maintaining relevance, her focus is on the learners, and what they need to learn and what they can relate to.

When the trainer comes to the class with a script and is focused on "This is what I will tell them, it is important and they should listen", her focus is on her own agenda and does not (usually) include or make space for what is important to the participants, or for creating relevance so that they will learn better. Interaction and learning may or may not happen.

Facts: Adults forget fast – unless you apply it

Learning theory gives us good reasons to make sure the learning is relevant to participants and is applied to their work situations: You forget 80% of what you have learnt within 24 hours of having learnt it[117], according to Tony Buzan who conducts research of how students learn – and forget. The normal attention span of adult learners is 10-15 minutes, which means that lecturing for more than 15 minutes is usually a waste of time[118].

We use these facts in the course – by making sure we use only short lectures and ask participants to discuss what they have understood from the short lecture, and apply this to their own situation. Making sure the learning is relevant to their needs and to their work situation is key to enabling them to learn well – and to remember what they have learnt. We also provide summaries of the learning after every module. Furthermore, every day starts with a review of the important learning points from the day before – thus ensuring that the learning is remembered and can be applied.

7.4.3 Connecting with participants, and creating linkage

When using experiential learning as the basic method in a training course, maintaining relation and connection with participants are key aspects: The topics and discussions are directly linked to the participants' experience. It is this linkage which makes the learning so powerful, easy to remember, and – sustainable. Practicing these skills requires the ability to be continuously aware and to use emotional intelligence – for the trainer to recognize when the participants are (emotionally) linked with the topic, the trainer and each other, and when they are not. And then – to know what action to take, and why.

The success of the training is thus closely related to the trainer's ability to establish and maintain ***a connection*** with participants – through ***establishing and maintaining relevance*** of the subjects taught (see above), and through ***connecting with and relating to the participants as persons,***

[117] Buzan T. Use Your Memory. : BBC Books, 1995 pp. 77–82.
[118] Mellis, C (2008) Optimizing training: what clinicians have to offer and how to deliver it. Craig M. Mellis. PAEDIATRIC RESPIRATORY REVIEWS 9, 105–113

throughout the sessions. In brief – the trainer is demonstrating part of the behaviour the providers need to learn to be able to provide patient-centred care.

How does the facilitator make these connections? Here are some points:

- ***Start the work during the observation and reflection phase***. In the initial meeting and in monthly meetings - encourage participants to share examples of what they have discovered, and how they feel about it, and – to give examples of useful methods they have employed to establish good relationship with patients and/or colleagues. Appreciate examples and insights, encourage the participants to learn from each other, and to share examples of good learning.
- ***Learn participants' names as early as possible***. Use the names during preliminary meetings, and in the workshop: Being addressed by name makes the communication personal. Make them aware of what you are doing, and why – ask them how it feels, and encourage them to use the method with patients - assuming they say it feels good to be seen as a person!
- ***Create professional and collegial relationships***. If you share a work place with the participants, make a point of greeting them warmly in the corridors and asking how they are getting on – even when you are both busy! It's amazing how much important info you can exchange in only 10-20 seconds, when both are aware and focusing on the brief meeting. It is also quite amazing to note how much positive energy you can create – and receive – when communicating consciously and briefly!
- ***Appreciate active and/or challenging participants as a resource in the workshops***. Don't ridicule or overlook active participants – make connections with them, appreciate and value their points, and (sometimes) say you also want to hear from those who speak less. This can enable everybody to feel seen and heard and enable respectful and positive connections with the whole group. It requires that the trainer is aware and focussed, and consciously uses emotional competence: Very active participants are often quite insecure behind their active voices. They need to be seen, heard and valued for their contributions. When the trainer uses emotional intelligence skills to a) recognize (to herself) that she is irritated about the participant who want to speak "all the time", steps back from this irritation, and analyses the (possible) reasons behind the active participant's contributions (=he is insecure/needs to be noticed), she can take conscious action to appreciate and value him and make him feel seen and heard, and thus feel more secure.
- ***Such action from the trainer creates safety in the group and with the participant – by avoiding power play***. Such action also enables the trainer to feel safe – as challenging participants can often "rattle" the trainer and make him feel unsafe: the challenge can sometimes be experienced (especially by trainers with limited experience) as an attempt from the participant to take over power (*and sometimes it really IS just that – the active participant wants to "show off" and take power, he may see himself as knowing more or be better qualified than the trainer. And – sometimes he is – which then needs to be acknowledged, and a conscious negotiation needs to take place to recognize and settle roles and set boundaries*). If the trainer falls into the "trap" and engages in a power play – the connection to the participants is lost. A sense of insecurity can quickly grow in a group – it is contagious when coming from the trainer. In such a situation, it is often very difficult to re-establish connection with the group and make everybody feel safe again. So – work on preventing this from happening, and – strengthen skills to handle active participants, with EI!
- ***Read participants feedback and refer to it***. Even when you have not used their feedback in the modules, you can refer to it in the sessions: *"Some of you said….."; "Some of you described problems related to…….".* When doing this, participants will feel seen, valued, understood and appreciated. Be generous and sincere with your acknowledgments: The participants have trusted you with their vulnerability and shared their insights and learning as well as their mistakes with you in their feedback. This is a gift, and an important action for

everybody to be able to learn from each other's mistakes – you can bring up the examples (anonymously), for the whole group to learn from.

- ***Encourage exploration of reasons for making mistakes, rather than judging***. By creating an atmosphere of respect and trust, participants will be open to sharing mistakes, and learning from them: When the group can look at, acknowledge and understand situations where providers have made mistakes (often consciously), including the reasons behind such actions, these (often shameful) mistakes can be explored, understood and laid to rest, and participants are relieved. And – they will most likely choose a different action next time they are in such a situation: *Our participants have commented that these sessions where they "confessed" the mistakes they made were very powerful, and always reminded them of what to do, later.*
- ***Maintaining connection with the participants*** means that you as a trainer are open to explore a situation, rather than judge it. **NB – this does NOT mean** the trainer should look at mistakes as "acceptable" – but that the focus is to learn from them, and to go on with an understanding that enables participants to choose a different action, next time.
- ***Use humour and laughter – but never at the expense of a participant!*** During role-plays and demonstrations, be sure to "de-role" the participants from the roles you show – and talk about the situation, and the role-figure – NOT about the participant who played the role (by naming him/her). It is often a great relief to laugh at some of the ridiculous actions participants take, and then discuss how to change/take different action. When you as a trainer have good connection with the participants, you have "license" to use humour, consciously – as no one will feel that you are "laughing at them". You are laughing together, ***at the situation*** – and give each other permission to do so. Laughter makes you able to get distance and new perspective – and to put difficulties behind you.

Thus, creating relevance and maintaining connection to the participants are key emotional competence methods the trainer needs to use, consciously and with respect, throughout the training process. Feeling secure in oneself as a trainer and a professional is the best foundation for being able to use these skills. Another important skill is – to be present, see below.

7.4.4 Keeping participants involved

Participants' experiences and the discussion of these are a central part of experiential learning – these experiences contain the challenges (and often the "solutions") participants will learn from. When participants are involved, you have their full attention, and they learn well. There are however many ways to "lose" them, and each time you do, it is difficult to get them back into the learning. If you lose them too often, they may lose trust in and patience with you, and simply "turn off". When participants get irritated, they start judging you, and the learning environment suffers and becomes "unsafe". There may be sarcastic comments, and an atmosphere of cautiousness and insecurity will take over. This is not a good basis for learning.

Common ways of losing participants' attention:

You can notice that you "lost" connection if participants start nodding off, talking with each other, fiddling with their cell-phones, etc – you see and sense they are no longer "with you". There can be many reasons this happens: As a trainer, it is easy to "get involved in yourself", i.e. – to tell too many of your own (good) examples, or to go too much into details on something you really enjoy talking about, but which is not so relevant to the participants. You can also lose them by being too technical, or explaining too much in detail, or lecturing too long, or telling too many of your own stories and examples rather than encouraging them to share ***their*** stories – by a number of other ways.

Useful methods to re-connect (after you get your antennas up, and recognize what has happened):
First, use emotional intelligence methods to ***recognize*** your emotions: the situation when you lose

the connection with participants usually makes a trainer feel insecure. You need to **step back** from your insecurity and decide to ***take action*** – and which action to take. *DON'T get defensive and blame it on them being lazy or inattentive – then you have certainly lost them!* Some methods:

- **Acknowledge that you are "off track",** without explaining or making excuses – but simply stating what everybody feels, e.g. by asking – "Do we need a break?" or "Did I lose you? Please talk together and tell me where you got lost, and why". Or - "Where are we? Let us get back to the main points here", or "I have three more slides – can we go through these before we have a break?" - or something in this direction. By doing this, you acknowledge that you see them and take their reactions seriously: You are a team and you have a common goal, to learn. Participants also have responsibility for keeping the course on track - although the main responsibility is of course the trainer's! If you have a good basic connection with them, they will usually respond positively to such a request.
- **You can also link to something they have said**, or done – e.g. one of the demos, or one of their examples; make the point, and ask a question – and see if this brings them back on track.
- **Meet their needs –** and tell them this is what you aim to do.

7.4.5 Managing emotions: The trainer becoming emotionally competent

Learning to manage emotions is a skill featuring in several chapter in this manual. It is a very central skill for the trainers, as their abilities to establish and maintain a safe environment for the participants will to a large degree determine how successful the training will be, or – how deep participants will allow the learning to go. Thus, the trainer must be very aware of her emotions, and be able to use emotional intelligence to recognise and manage them with insight and wisdom. She must be a role model to the providers by identifying and talking about emotions as a part of all the topics discussed in the workshop, in a natural way that communicates the meta-message: "*Emotions are common and natural. They are crucial to good patient-centred care, to good collaboration with colleagues as well as to providers taking good care of themselves and not burning out*."

According to many of our participants – being able to handle emotions effectively makes a big difference in their job: They feel more confident, they have more energy, and although the job pressure is the same – many say they handle challenges more effectively, and – leave the job without being exhausted. The trainers' skills to facilitate this learning is crucial.

The basic understanding of how emotions affect communication is developed through observation and reflection, and it is therefore essential that trainers have themselves gone through the period of discovery of their own communication habits before they teach others.

An example, which the trainer can use in her class to illustrate the need to recognise and manage emotions – and to apologize:

- *"The time I talked to the mother very irritated I didn't even want to listen to why the parent was refusing her son to be inserted with an IV line, thus she thought like we are forcing her to accept things and the son is hers. When I discovered I was running by becoming so mad, I calmed down asked for pardon, talked to the mother in a better way and explaining all the importance. The mother opened up and told me that we were harassing her a lot and she promised to cooperate when we attend to her with calmness."* *HCW, Kilifi*

To be able to practice the strategy to create a safe learning environment based on communicating with respect and appreciation, the trainer must learn emotional competence: She must learn to recognise her own emotions, and be able to acknowledge, analyse and manage them in such a way that she can focus on participants' emotional safety, needs and

learning process. She must be able to practiceemotional intelligence skills and be present with the participants, without being side-tracked by e.g. her own thoughts and/or fears. This gives a basis for good facilitation.

Recognising and Stepping back from automatic reactions

Automatic emotional reactions to how people behave are common and can create major problems in the patient-provider interaction and in trainer-participant relationships. A main challenge and task for the trainer is to learn to recognise, acknowledge, analyse and step back from her own automatic (emotional) reactions – i.e. to practice emotional intelligence. She needs to learn to handle her own and course participants' emotions constructively to be able to establish and maintain a safe learning environment in the classroom. We call this skill ***to "step back" from the automatic reactions to emotions***. The basis for the skill is best developed through awareness training over time, to gain the necessary self-insight and confidence to be able to handle such challenges wisely. The trainer needs to be able to recognize and acknowledge her own emotions (e.g. frustrations, disappointment, anger, fear), and step back from them, and also to recognize and handle such emotions in the participants.

When using the skills of awareness and stepping back, the trainer creates the "mental" space to choose the right action to guide the class.

The challenge: Providers say they often react with anger if e.g. patients don't follow advice, or don't give the necessary information, or have their own ideas about their illness and treatment: this is experienced as a challenge to providers' authority, and can cause an automatic emotional reaction:

- *"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. Hence I could not give quality of care because I did not know more about the patient."*
  HCW, Kilifi

Many also react automatically to criticism from patients, colleagues or supervisors, and react with anger or "attack", covering up the painful feelings. When faced with dying patients and their relatives, insecurity and helplessness can be covered up by coldness, covering up an inability to relate to emotions of the patient or relatives.

Based on learning from the preparatory exercises (observation and reflection tasks), and on the work we do in the course, participants learn to recognize, acknowledge and respond to the emotions "on the surface" by stepping back from the automatic reactions and communicate in an open and respectful way – they learn to practice EI. Understanding the emotions behind the reactions (in themselves) enables them to find ways to respect and take care of these and be able to react constructively.

Participants say that the skill of stepping back is the one which has enabled them to make the biggest change in their practice with patients. Many also say that this skill has helped reduce the number of conflicts with patients and colleagues and has reduced burnout.

- *"When angry I usually feel very disturbed, irritated like I can swallow someone. One time a colleague annoyed me, and I felt very bad. Nowadays when angry I step back, accommodate, then reflect and with a lot of respect I approach the person for dialogue hence solve the problem."*
- *"I step back. If it's at work I take a little time away from the situation causing the anger (a short break). Then if it needs assistance by second person I discuss with my colleagues and later plan on possible best ways to handle the situation."* *Both quotes: HCW, KIlifi*

Managers in several sections of the hospital have confirmed that trained providers use these skills, during feedback meetings with the project, and in an independent evaluation report in 2011.

Background: Why is understanding emotions central to trainers' skills?

Emotions are a natural part of life – and of being sick. It is very normal to be worried (*or scared or desperate or angry*) and feel vulnerable when your child or you yourself are ill.
Patients have a need for these emotions to be recognized, respected and met with kindness, skills and concern. When patients are met with empathy and given emotional care - *in addition to receiving medical care for the disease*, it has a positive impact on the outcome for the patient.
It also has a positive effect on the provider.

Understanding emotions is also a central skill relating to how you relate to colleagues and supervisors – and the trainers need to have good skills in managing their own emotions and in guiding others to recognize and manage **their** own emotions. These aspects are described more fully in the module on emotions (Module 2c), and are a core part of the iCARE-Haaland model.

These are important aspects of patient-centred care (PCC), where a healing relationship between the provider and the patient and his/her family is the basis for good communication and shared decision-making.

There are of course a number of other reasons for the problems faced by staff and patients in health institutions. These problems are severe in countries where providers work under pressure of limited resources and a high disease burden. However, the problems are also severe in countries where resources ARE available: In the UK, the Mid-Staffordshire report showed how staff acted in cruel ways to patients and were allowed to continue their behaviour over a long time, despite colleagues knowing what was happening. Lack of recognition of management of emotions as a key challenge for health personnel is a global problem which is gaining increasing attention.

Communication skills alone cannot solve these problems. However, learning these skills, and learning emotional intelligence to be able to recognise and manage emotions, do seem to make a large difference in how providers relate to their challenging situation, how they treat patients, and how they build up their own confidence. The trainers' skills in these areas are essential to them being able to plan and implement a good training course and help providers learn to handle emotions.

Does caring about patients' emotions take time?

<table>
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<td>Initially – yes – as with any new skill you try to include in your routine work. As you learn to manage emotions with more confidence, it actually saves a lot of time: When you know how to handle patients' emotions, establishing trust and good collaboration effectively from the start saves time for longer term management. Patients also understand and learn quicker when they can have an open dialogue with the provider and are free to ask questions. This also frees up providers' own time, by preventing her from a number of worries: She has a functional and positive professional relationship with the patient, they are partners in care.
"Before, I believed I did not have time to explain issues to patients but have realized we don't need that much time to talk to patients. I realized if I communicate well with patients my work is so much easier"
HCW Kilifi</td>
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Communicating with colleagues and supervisors also improves

Participants have also noted that communicating with awareness with colleagues also saves time: There are fewer misunderstandings, and the collaboration in the team is often improved. Open, clear communication helps build trust and good relationships among colleagues.

In the hierarchical system, communicating with supervisors is often a challenge which is highly influenced by fear. However, awareness and skills to recognise and manage emotions can change this:

- *"Before, I used to treat these people with unknown fear and cowardice for no reason at all. But now I am very free with people I respect especially my supervisors. Thanks to this training. I am now very free and I am in a better position to discuss."* *HCW Kilifi*

Some participants have also given feedback to supervisors on how they experience the way they and their colleagues are being addressed, and thus giving supervisors who misuse power – often based on this being "just the way things are", or old habits, a chance to change:

- *My supervisor acts and addresses people, regardless of how you feel. After sharing my knowledge and skills with him from the training, he's really changed."* *HCW Gambia*

7.4.6 Being present and genuine

Being present is yet another central training skill that makes an important difference to the quality and effectiveness of facilitation in our training course. We have chosen to describe this skill in some detail here, as it is difficult to find material describing this skill, and as it is so essential to this training. As with most skills, the ability to be present comes with experience and practice, but – there are many good reasons to try to increase the speed of the learning process. This section gives some suggestions for how to do this.

Being present requires that the trainer is able to recognise and manage emotions. With these skills as the basis, the rest comes easier.

It is in many ways difficult to describe exactly "what happens" when you are present, and how it works. The key aspect is that being present seems to **reduce or remove fear and judgment** – in the trainer (e.g. for not being able to do a good job/explain well enough) and in the participants (e.g. for not appearing "clever" enough) – and frees everybody up to focus on learning together, and to trust

the process. Being present makes the creativity flow, and it helps making a connection to the other person(s), and to build good relationships.

When the trainer is being present, she focuses the full attention on the participants and on the learning process and does not let the mind wander. This skill enables her to understand well what participants are saying and ask questions to focus an issue for the group. The participants will feel that the trainer respects and values them and what they are saying and are concerned about – which again sets the stage for learning deeply: The trainer and the participants all learn by exploring issues together, without judgment or fear.

Learning to be present, and use the skill in the training, requires conscious effort and practice.

When working with patients, being present is also a very useful skill – it has the same effect on patients as a trainer's presence has on course participants: **Creating a feeling of safety and calm which enables an open communication, without (personal) judgment**. Thus, what the trainer demonstrates, participants should also be encouraged to start practicing.

Being present is also an important skill to practice, to prevent stress and burnout. The skill is useful when faced with challenging situations related to emotions (e.g. when meeting a person who is anxious), and in recognizing and stepping back from automatic reactions. The skill depends on having good boundaries – to focus on self-control. You do not control others, and you do not let others control you.

How being present works for the trainer:

- *"To be present is to focus your full attention on what you are doing – with your mind, your emotions and your body, and to shut out everything else which is going on in your life. As a trainer, this is a most essential skill, and a main tool to connect with the participants and facilitate their learning."* *Trainer, Kilifi*

It is very comfortable to be faced by someone who is present – the participants feel seen as persons, and – very importantly – they are not judged. A trainer who is present is exploring the subject with participants, with the intention to learn, together.

For the trainer, "something" happens when you are fully present: You are fully aware and have full access to all your knowledge and information. It seems almost effortless – by not "trying hard" to remember, the knowledge will "come to you" when being fully present and focusing on the issue or challenges of the moment. The fear or concern about what to say next is reduced or disappears, and makes you feel at ease with what you are teaching. Focusing on "being there" somehow frees the mind and opens it up to remembering what you need. The skill is not easy to learn, but becomes better with practice.

NB: This DOES assume that you know your subject well – that you have all the information and the background needed. Sometimes, being in front of a group fills a trainer with fear or insecurity, and she may forget what she knows. By learning to be present, many experience that their knowledge then just "comes" or "flows" through them naturally, and they are not afraid of failing, or not being "good enough".

Being present happens in an instant. So does <u>not</u> being present, e.g when an upsetting thoughts triggers emotions based on past hurts or future fears. With practice, you can learn to control it.

What happens when the trainer is being present

The trainer who is present can connect with and guide the participants effectively. The implications and practical effects of being present are many:

- **The agenda is to learn – you have no other agenda**: This frees you, and make you credible
- **You are in complete balance**, emotionally, and are open to receive any feedback or issue participants bring up: you easily connect emotionally with others, and manage the connection in a natural way;

The lead trainer in Kilifi, Mwanamvua Boga, practicing being present. Kilifi, Kenya

- **When present**, you have the ability to connect with and guide participants with respect, and you do not make them feel intimidated;
- **You listen well,** with the intention to understand;
- **You perform** better under pressure;
- **You are able to solve conflicts well**, as you are not "triggered" emotionally;
- You are more **patient and tolerant** of difficulties;
- **Makes the learning sequence natural** – you can follow their contributions, and derive learning: For example, when a participant tells a story, being present enables you to follow the story without being afraid of missing the point. It becomes easy to pick out or follow up on the main issues;
- Enables you to **pick out non-verbal communication cues**;
- Helps you to **stay focused**;
- Makes **the learning more creative, and enjoyable**;
- Makes it **easier to use appreciation as a natural, conscious motivation** and learning tool;
- Makes you **more effective** – the work gets done faster;
- **You do not judge** – neither yourself nor the participants. This enables the participants to be honest, and to share without fear of being judged. This does not mean you are not able to see what is "right" and "wrong". It means you do not reject what participants say, but rather acknowledge a point, and explore it – thus making the learning process "flow", and the learning feel safe.

Effects of being present, on participants

Presence is to some extent "contagious" – when the trainer is being present, the participants are more likely to be focused on the task being discussed, and to be connected with the trainer. The connection becomes very natural and very direct when you are present. It helps to make participants able to concentrate and inspires them to think, and to think critically.

Participants will experience the facilitator as **authentic and credible**, and will feel safe, without fear – helped also by the safe environment the trainer has created. Being present helps the trainer to be just there, not interrupting, but listening actively with body, mind and soul, as the participants pour out their heart and share very personal and often painful emotional experiences. The participants will feel that the trainer is caring and respectful, and acknowledges and understands what they went through, without judging them. When the trainer does not judge them for their actions or contributions, participants are also more likely to start listening and exploring an issue or challenge – with the intention to find out and to understand, rather than to judge someone for what they did, or did not do (which many people do quite automatically).

A note on judging

It is of course essential to be able to judge when working with medical issues, and judging is necessary to make the right decision e.g. on what to treat for, and how to treat. The judging we suggest has a negative effect on interpersonal relations and on communication is the (often automatic) **judgment of actions people take**, and (again automatic, or implicit) **of the person taking these actions.** This judgment is often made without asking about or exploring the reasons behind what the person does. ***When looking for and finding out the reason, empathy and understanding most often replaces the automatic judgment***: ***There is a reason the person did what he did, and that reason makes sense – from his perspective. With this understanding as a foundation, a fruitful discussion can take place.***

An example:

- *"Before the course I used to be irritated when handling a difficult patient/relative. The course has shown me that for every stubborn client, there is a reason behind and instead of getting irritated, I nowadays probe to get to know the reason behind. The concept of the tip of the ice-burg has made me aware of clients/patients' needs and has helped me advance with care to avoid them exploding on me."* *HCW, Kilifi*

If the trainer judges what participants say and do, the atmosphere and energy in the training will feel "poisonous", and good learning cannot take place. Everybody will instinctively and automatically protect themselves from the judgment and will not be able or willing to share personal issues.

How do you notice when you are not being present?

When a person is not feeling comfortable, is insecure, or is having emotional concerns - it is often difficult to be present, or aware. In such a situation, the natural tendency is to focus on oneself, and therefore lose connection to others: You are not practicing emotional intelligence.

As a trainer, you can often notice this situation by you doing some of the following:

- **Struggle to explain something**, knowing you are not being clear or making sense or asking concise questions, or
- **Struggle to engage the participants**, feeling you are "losing" them – and no one is speaking up or saying they don't understand, or
- **Pushing participants too hard**, or
- **Wanting to impress**, or
- **Rush to finish all your points** - focusing on your own goals, rather than on participants' understanding and learning, or
- **Feeling irritated, getting angry**, or starting to judge what they are saying/not saying, or
- A combination of several of these points.

When you lose connection with the participants, they will pull back, emotionally, and will often not engage with the contents or with the learning. It is thus essential for the trainer to learn to recognise when she/he is losing the ability to be present (i.e. some emotions have "taken over"), and take steps to set the emotions aside, and get back on track. If the connection with the participants is in general good, then it is usually not to hard to get it back. It requires genuine openness, acknowledging what was happening, and focusing the group on the common goal – to continue learning, together.

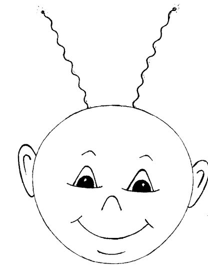
The role of the co-trainer or assistant trainer is also to help the trainer stay present as much as possible. The most common "trap" to lose the ability is when something happens that makes the

trainer insecure – a situation, or a question, or anything else that the trainer does not feel able to handle well. The assistant trainer can then come in and help, respectfully – and **always** at the invitation of the trainer. If the co-trainer "jumps in" when the trainer has difficulties – with the best intention to help - it can easily be perceived as a power play where the trainer is not "coping" and needs to be "rescued". When invited in by the trainer, the assistant trainer can then e.g. emphasize a point that has been made, or give a question for reflection to the participants, or suggest an energizer. Such a supporting intervention gives the trainer a "breathing space" to regain her/his confidence. When a collaboration between trainers functions in this way, it provides safety for the trainers as well as for the participants, and makes everybody able to focus fully on the learning.

Learning to be present

Trainers are encouraged to look for resources (colleagues, books, articles) to strengthen their skills to be present. During the last few years, "mindfulness" has been recommended as a very useful practice (also for health professionals) to train the mind to be focused, see e.g. an article where mindfulness training was shown to reduce burnout among health personnel[119]. Mindfulness is a kind of meditation which can be practiced for shorter or longer periods.

A few practical hints on how to learn to be present:



- Being present begins with **noticing what is going on**, and focusing on the Here and Now;
- **Take a deep breath** – breathe, and pay attention: being present starts with the breath.
- **Be super attentive** - learn to focus completely on doing that one thing, with the mind and the body. Avoid letting your mind wander.
- **Observe closely** what you are doing, and stay with it, in the moment.
- **Come back to the breath**, and focus on this, when new thoughts are entering your mind (which they will).
- **Accept that you may not know the answer** to questions coming up.
- **Keep practicing**, and soon being present will become natural.
- **As you practice,** your self-confidence and self-trust grow. You feel safer, which lets you be present with others;

7.4.7 Encouraging participants to take responsibility for the communication

It is common to blame others for misunderstandings or for communication that does not function well – not only among health providers. This habit often leaves both persons involved, dissatisfied, and does not solve the problem or issue leading to the misunderstanding. It is frequently also dis-empowering, and drains people's energy.

During the period of self-observation and reflection, participants start to get a different perspective on this habit: They see that by paying attention to how they communicate, and to the effects of their communication on the other person, they have a choice to act differently. With a different choice in how they communicate, e.g. by listening attentively rather than interrupt the other person, they get a different effect, or response. With this knowledge and experience, they often take the step towards taking charge of the communication, and taking responsibility for the outcome: they know they can guide an interaction in a good way.

[119] Krasner, M.S, Epstein, R, Beckman H & al (2009): Association of an educational program in mindful Communication With Burnout, Empathy, and Attitudes Among Primary Care Physicians. *JAMA*. 2009;302(12):1284-1293 (doi:10.1001/jama.2009.1384)

The trainer, who has been through the same process of discovering the effect of his communication, on others – knows that guiding the participants towards strengthening these skills is the most important outcome he can aim for. When the providers see and acknowledge these skills, they are empowered.

7.4.8 Handling criticism as a trainer

Participants in training courses make mistakes that often need to be corrected. The question is – how, to obtain a good result for them, and for you? Again, the use of emotional competence is needed – to recognize when you are about to/feel the need to criticize someone automatically, and take a step back before deciding how to deal with the situation.

It is equally important to step back from the (automatic) need to defend yourself from criticism given to you by a participant or a co-trainer. When you role-model such behaviour, it will be noticed by participants, most of whom need to learn skills to handle criticism with awareness and wisdom. The trainer can use experiences of criticism in the course as examples of how to handle criticism, constructively. Further background on this is found in the modules on how to handle conflict. Note also – in the observation and reflection tasks from the course in Wales, there are tasks on becoming aware of how you give, and receive, criticism. These can be used in a course for providers.

To criticize someone negatively is often an automatic reaction from the trainer's (or provider's, or supervisor's) side. We call it "destructive criticism", because it can have a very bad effect on the interaction, or the relationship, and on patients' and colleagues' health. When happening in class, it can poison the learning atmosphere and negatively influence the connection between trainer and participants: The other participants will often "side with" the participant being criticized, and you can get an "us, and them"-conflict which polarizes the group. When this happens, it is crucial to take time to handle the situation with humility, awareness and emotional competence, and look for the reasons behind the conflict: By exploring this, and resisting the urge to judge, the trainer may provide an important example of how to handle such situations. The trainer can add a "de-brief" afterwards, when the conflict or situation has been solved: Analysing what she did, skills she used, and why (recognise the emotions, take a step back, think, look for reasons the conflict happened, from both sides), and then look at choices she had for taking action. Such examples, where participants have been directly involved and then experience how the situation can be dealt with in a wise way, make a lasting impression they will carry with them after the course. Participants will experience that their emotions have been recognised, taken seriously and respected – and this gives them a feeling of satisfaction and pride which they will likely remember when they handle such conflicts themselves in the future. The trainer is here a very important role-model.

Example 1: Handling participants who did not want to be in the course

Why volunteering matters: The course is based on participants volunteering to participate, as we expect that a person who has seen the need to improve her communication skills will be motivated to learn. Those who do not think they have a problem with their communication will often find it a waste of time if they are forced by their leaders to attend the course and may disrupt the course for participants who are there to learn, and for the trainers who will facilitate the sessions. The example below illustrates what can happen and tells the story of how the trainer handled the "difficult participants" – using respect, setting boundaries, confronting with awareness rather than judgment, exploring reasons for their emotions, and – giving them real options to stay, or leave.

When participants are "volunteered": Sabotage is often the result

"There are of course some providers who are seemingly lazy, unmotivated and have their own personal problems that cannot be addressed or solved by this training. However, we assume that they are few, and that they will not volunteer for the training. We DID have some such participants

who were "volunteered" to the course by their managers, who wanted them "to change their negative behaviour". This happened in two courses. In both situations these individuals, who were in a small group, did their best to sabotage the learning process by using sarcasm, verbal and non-verbal judgment of colleagues (and sometimes of trainers), and resistance to the learning. They clearly showed their hostility and frustration at being in the course. After two days of respecting them, giving them opportunity to learn but setting boundaries for their influence on the learning environment for the others, I decided to confront them.

I asked why they were in the course. They said they had been forced to go, "by the boss". I asked how they found the course. They said they did not need communication skills, they were doing well with their patients. I asked why their manager had then sent them. They said "She just does not understand". I acknowledged that this is often the case with managers, and that communicating with supervisors is an important topic in the course over the next days. I gave them the option to leave the course, or to stay – and that if they stayed, I would expect them to stop the negative behaviour, to participate in exercises and discussions, and to be constructive. I discussed with them the reasons for my decision – that their negative attitudes are "contagious", and that other participants are affected by these, and are thus less open to share and to learn. I said I would not tolerate this.

In the first course where this happened, two of the group of four providers came back on the third day, and participated carefully throughout the rest of the course, without sarcasm. They thanked me afterwards for showing them respect and not judging them, like they had been used to by authority figures. They acknowledged that part of the problem was their own aggressive style of communicating and said they had now got some other options they would try out. They were very genuine, and humble.

In the second course this happened, two very vocal participants were constantly challenging what we were doing and were clearly not happy being in the class. Again, I took them seriously, but confronted them in an exploratory and non-judgmental way, asking for the purpose of their behaviour (one of them appeared very angry, most of the time). They were surprised, they reflected, and responded that they had no clear purpose – they were just frustrated.

I again gave them the option to leave, but they both decided to stay. One of them told me later that the conversation they had with me, had been an eye-opener. Her anger had been acknowledged and listened to – without being judged. She had shouted so loudly, for so long, without being heard, and now she was finally being listened to. I promised her we would continue to listen if she stayed. She did – and her anger became a constructive example, someone participants could learn to listen to, and practice "hearing what was behind the anger" – rather than act automatically, on their own fear. Anger can be an important teacher – when you respect it and take it seriously, and find out what are reasons behind the anger.

The "troublesome participant" had become a very important teaching companion. She became very cooperative and constructive, once she trusted my intention – to help everyone learn, also from her." *Ane Haaland, trainer*

Example 2: Handling a participant who criticized the trainer

Trainers are often managers and supervisors, and sometimes have their juniors as participants in their training sessions. We experienced a situation where a participant brought up an example of how he had experienced a situation at work, where his supervisor, who was one of the trainers, and was present in the session as an observer, had taken action which he felt was unjust, and had negative effects on himself and other staff.

The supervisor/trainer naturally felt attacked, and the training team became unsettled. The lead trainer had to step in and calm the situation by talking to the individuals, and finding a solution to the conflict. The team was not prepared for this situation, but has reflected on it and learnt from it. We are proposing the following guidelines if something similar should happen in your course:

- **The training team should be aware** that this situation can happen, and develop strategies to handle it, with awareness;
- **A key guideline** is for the trainer to remain professional, and not take the issue personally - even though sometimes it may even be meant to hurt the trainer/manager personally.
- If the trainer in front of the group hears an example that implies a criticism of her, directly or indirectly, it is natural to feel insecure. There are three main choices the trainer can make:
    - ✓ **If she feels she is aware**, and able to handle the insecurity in front of the class: Step back, listen, and focus on getting out the learning points for the group – if there are general points to be learnt. In this case, the trainer should "pretend" that the manager causing the problem is someone else than her, and discuss it as a case, emphasizing the advantages of learning from real situations. As there are emotions on both sides involved in the conflict, it is important to make everyone aware of this. You can then use the example to demonstrate how to handle such a situation with awareness and respect for both "sides". See also chapter 9.1, where we describe how a conflict between two leaders "broke lose" during a training session in Lithuania, and how the trainer used this real example to facilitate insights and develop skills.
    - ✓ **If she feels threatened, but still aware enough to deal with the issue up front**, she could acknowledge the situation and inform that she is a part in this, thank the participant for bringing it up, and suggest that this should be dealt with in the team. She should reassure the participant that she will make sure the issue is discussed soon, after the training course is finished – and then make it a priority to do so. This will make the participants feel that good supervisors can be challenged, and have the skills to step back and deal with the issue professionally.
    - ✓ **If she feels threatened and not able to deal with the issue up front –** thank the participant, and suggest they discuss how to deal with this issue in their groups – both from the managers' perspective, and from the participants. The trainer should use the time to consult with her trainer colleagues how to handle the subsequent discussion, and get one of them to facilitate.

A key objective would be to not make the participant feel guilty for bringing up the issue, and to role-model open and responsible professional strategies of dealing with it – with respect for both parties. See also the modules on conflict.

7.4.9 The difference between TELLING ABOUT it, and SHOWING it

The most powerful and memorable moments in a training course usually happen "on the stage" - when participants or trainers demonstrate situations everybody recognises. These are also the moments and exercises that result in deep learning that often leads to behaviour change:

- **The doctor** speaking to a mother who has just lost her child, and talks about the medical reasons he could not save the child. Participants immediately empathize with the mother, and "feel" her pain, and see the doctor's inability to respond to her emotional need;
- **The nurse manager** blaming and criticizing the young nurse for a small mistake, in front of her peers: Participants empathize with the young nurse, remembering their own pain and shame from having been in similar situations. Many have probably misused their power in similar situations, and make a promise to never do it again;

- **The nurse** blames the mother of a malnourished baby who is not putting on weight, for neglecting her baby, not wanting her to get well. Participants' hearts go to the mother – most of them are mothers or fathers themselves and know that (usually) no mother will want to harm her baby. They empathize with her pain and wonder what is going on. At the same time, they understand the nurse's frustration, but experience the effect of her frustration on the mother, who is in a vulnerable position.

The demonstrations enable participants to get a perspective on everyday situations by seeing "themselves" from the outside and connect emotionally with the patient or with the nurse being criticized. The emotional link here is the clue – and this stirs an inner motivation to "protect the weaker part".

These demonstrations are usually followed by a reflective discussion, exploring possible reasons for the behaviour – on both sides. Participants are then divided in groups of three or more, and get a role play script where reasons for the behaviours on both sides are spelt out. With this knowledge, they are then asked to play the scenario again, using the knowledge and (emotional) insights they are given, and then choosing a more constructive interaction. Their experiences are then further discussed and reflected on in plenary, focusing on learning and insights from the exercise.
See also scrips for demonstrations, role-plays and exercises at the end of each module.

Such methods – especially demonstrations and role-plays - have a strong impact on the participants. When meeting "old" participants several years after the course, the demonstrations and role-plays are what they remember very clearly. And – they remember the learning points and tell stories about how they have used the insights to change their own practice.

The picture is from a role-play in a course in Kilifi in 2010.

"Telling about" a situation is much easier and takes much less preparation. Such stories are much more easily forgotten, as they require only cognitive involvement from the participants: "Thinking about it" rather than "experiencing and feeling it" – as is the case in demonstrations and role-plays. Participants may still take with them useful learning from such stories and examples, but – it is their own emotional engagement from watching and engaging with "the underdog" in a demonstration and subsequent role-play that makes the learning stay "glued" in the brain.

Thus, our clear recommendation is – whenever possible – show, don't tell.
Participants can also be invited to spontaneously show how the situation/challenge they describe, "looks like", by demonstrating it – together with a trainer og another participant. To be able and willing to do this, they require that the learning environment feels truly safe and supportive.

7.4.10 Appreciating – but not evaluating - participants' contributions

We are recommending trainers and providers to use the practice of appreciating each other in the course. Appreciation is not frequently practiced in medicine but has the potential to turn a medical situation into a humane one: See e.g. "The Power of Praise" in the Lancet editorial[120].

Criticising people is often an automatic habit we carry with us: many have grown up with this, fuelled by parents, family members and teachers who believe that being criticized will inspire the person to perform well. In some cases it might do so, but – using appreciation, consciously, has a much better potential for motivating a person to learn.

Carl Rogers, in his ground-breaking research on person-centred care, concluded that there are three aspects or skills of a health professional that make the biggest impact in the provider-patient relationship: the provider's ability to be genuine, and to use appreciation and empathic understanding in his work. The same aspects are essential in the relationship between a teacher/trainer and her students, and between a parent/caretaker and his child.

It is important to emphasize that using appreciation, consciously, does NOT imply that one should not talk about or learn from problems or challenges: This is of course essential when learning good skills to communicate and manage emotions. Using appreciation means just that – to use (almost) every opportunity to point out and appreciate when someone has contributed important points or insights.

There is a big difference between ***appreciating*** and ***evaluating*** participants' contributions in the training, and it is essential that the trainer is aware of this distinction:

- **Appreciating is to value as important what the participant contributes**: The trainer "shines a light" on what a participant has said or done. The participant may have brought in a new perspective, or spoken for the first time, or shown courage to share a very personal story which others can learn from, etc. The trainer can then **thank** the participant for bringing up the point or can **highlight it as important** – thus appreciating the participant for the contribution or insight. She can add, or ask – why is it important? She can then encourage others to discuss and reflect, and share their own examples, and appreciate the importance of these aspects.
- **Evaluating what the participant says or does brings in the competitive element** in the training, and this can be very disturbing: If the trainer comments on a contribution as being "very good", he evaluates the point, and sets himself as "the judge" with "the power" to judge between "right" and "wrong", or good and bad. This dynamic creates expectations of being continuously evaluated, so if the trainer does NOT comment on another contribution being "very good", the participant may start wondering if what she said was "bad", or "not good enough".

This may seem like a minor difference, but – it makes a major effect in the training course. When the trainer appreciates a participant for contributing, she invites the others to also contribute – from THEIR experience and perspective, and to bring in other important points. It is not a competition, it is an exploration, with the aim to understand and to learn from each other. When you evaluate, it sets up a system where some participants are "better" than the others – which again introduces jealousy and other non-constructive feelings.

[120] The power of praise. Editorial, www.thelancet.com **Vol 376 September 11, 2010**

7.4.11 Trainers‘ reflections on why the training is important

During a meeting in Kilifi to discuss inputs to the training manual, trainers emphasized a number of aspects that had been important to them in the training (as participants), and which they now felt they had solid basis for emphasizing with their own training participants.

A few of the main points:

Feeling safe

The importance of feeling safe was emphasized as a main aspect of the training:

- ✓ *“Feeling safe – by not being judged or blamed – gave us freedom to speak out, even about bad things we had done.“*
- ✓ *“The reflections gave perspective, and space and motivation to learn.”*

Experienced trainers in Kilifi

Sharing experiences

It is important to give time for participants to share experiences during the workshops. These discussions made them realize that they are not alone in what they are going through, and that the discussions motivated them to find solutions – together.

Observation tasks: Building skills to facilitate informed empathy

Trainers described the gradual process of seeing and feeling the effects of their own behaviour, on patients. They increasingly saw the patient as a person, as a partner in care, and managed to establish professional relationships with the patients. They shifted the focus from themselves (“just getting the job done”) to the patient (“being there for the patient”). This relationship enabled them to practice empathy, and experiencing the effects of this, further motivated them to communicate with respect and compassion. The experience of having learnt this themselves enabled them to empathise with participants and really understand their situation – and support their process.

Example: Learning from colleagues’ feedback and own action:

A trainer contributed the following reflections about using the observation and reflection tasks, during a meeting when the trainer group in Kilifi discussed which aspects of the training were important for participants’ learning, and why:

When you discover the need to change, you become committed

“In my own experience I have found this method of self-observation and reflection extremely powerful in the sense that a lot of the times when you observe yourself you reflect on your own actions, it sort of comes as a discovery to you. Often when you are told you have to change this and this - because it’s coming from someone else you hear it like a sort of a criticism. But when you take time to observe yourself and actually discover that there is this part of my communication that I need to change, you sort of make up a personal commitment to actually work towards that. It works hand in hand with that personal reflection of what you are doing, how you are doing it and what impact it has on yourself as a person and what impact it has on the other person/people you interact with. So for me as a person I have found this particular aspect extremely powerful in the sense that it sends a very strong message to yourself. Okay, it’s like sort of… I will say for lack of words - it’s like subscribing to a particular religion where you make a personal commitment to

follow the rules and the commands in that particular religion, without anyone telling you this is what you must do."

Lead trainer: Can you tell us if there was anything in particular that you did, which made you come to this realization?

"Well, quite a number of issues, but a lot of the reflection and observation I get comes from at first getting feedback from colleagues and friends that there is something that you do that has some kind of reaction from the people you interact with. For example, I'm a community facilitator and a lot of the times I interact with community members in trainings. When colleagues observe me and they give me instant feedback, a lot of the times it is not very easy to understand what these guys are talking about. Later, I set aside some time to just reflect on what my colleagues have told me, and I make a personal commitment that next time I'm doing this I'll have a conscious effort to see what exactly I'm doing. So when I do that I discover that actually I've done what they said, and this is the reaction I get from the audience. I then say to myself – "okay can I do something different". So next time I do it, I'll do something different and I'll also observe what reaction I'll get from the audience and that sends a very strong message to me."

Lead trainer: Okay, so you are observed by your colleagues, they made you aware of something, then you take it up on you to look at how you conduct this action, for yourself?

"Yes, and then I get this strong "Ahaaa!"-experience. A more recent example is the feedback I got after facilitating in one of the sessions in our training where I was using such powerful words that were sending somehow I would say a different message from what I meant to the audience. I was using words that those who were giving me feedback said were very authoritarian. So when that came to my attention, the next session I made a conscious effort to actually ensure that I didn't use those words and all through the facilitation I was reflecting on what I was doing. I'm trying to see if there is anything that I'm doing which is having any sort of impact on the reaction of the audience. I'm sure enough after that session I didn't receive any feedback related to what have been said previously. *Francis Kombe, field worker trainer, Kilifi*

Trainers' conclusion

- ✓ *Before, we thought the problem was with our patients, and that there was nothing we could do. Now, we find there is a lot we can do.*
- ✓ *This inspires us to continue using the methods and continue learning.*

When trainers are experiencing, recognising and acknowledging their own process of change as communicators, they are much more able to use these insights and skills to teach others. Thus, it is crucial for the trainers to go through the process of observing and reflecting on their own communication and emotion attitudes, skills and behaviour first, and only then train others.

Characteristics of a trainer who communicates and manages emotions, using the iCARE-Haaland model methods

Mwanamvua Boga, lead trainer, in action

- An aware communicator – approachable, professional
- Creates a safe, friendly learning environment
- Appreciates participants and make them feel welcome
- Learns participants names, uses them: sees every one
- Manages participants' learning well, and is organized
- Handles talkative participants with awareness, respect and appreciation
- Encourages quiet students to be involved and to talk
- Clearly enjoys teaching; is enthusiastic about subject
- Inspires participants to think, reflect and share openly
- Recognises participants emotions, including vulnerability
- Respects others' knowledge, skills and emotions
- Does not judge participants, verbally or non-verbally
- Curious, always willing to learn new things
- Good listener; asking questions that make people think
- Is a good role model
- Very knowledgable about her subject matter and can exemplify and simplify concepts: can stimulate participants to learn and get insights
- Can "read" the group and recognize when issues are not clear, and take actions to clarify
- Knows his limitations
- Ready to admit when he does not know the answer: Finds the answer and gives it to the participants ASAP
- Accepts and reflects on criticism, verbally or non-verbally
- Uses humour with awareness and wisdom
- *See also article: Optimizing adult learning*[121]

7.5 Reflections from trainers on needs for and impact of training

See also reflections from trainers throughout the manual – e.g. from lead trainer Mwanamvua boga at the end of chapter 1, and Cardiff trainer Thomas Kitchen.

"I am a better professional now"

"This training has empowered me to work as a much better professional than previously. When I reflect back on how I used to work before the training I wonder and think "what was wrong with me? What was I doing? Why wasn't I able to see what was happening?" I have developed that sense of awareness in all that I do and see clearly in every situation that I encounter. I always see my role in that encounter and how best I can proceed that will be good for everybody.

In every encounter at work (with my patients, my colleague's) I most often approach them with a lot of awareness. I have acquired communication skills and the ability of to manage emotions in myself and in others. With these skills, I am now able to step out of my comfort zone steadily, and boldly deal with many challenging situations without having to always confront in a negative way, or to ignore or run away from them! Memories of how I dealt with these situations earlier

[121] Mellis, C.M (2008): Optimizing training: What clinicians have to offer and how to deliver it. Paediatric Respiratory Reviews 9, 105–113

sometimes could come back to haunt me and become bigger stressful situations. I have stopped reacting automatically and instead dealing with issues consciously and constructively.

At my workplace, often I have seen applying the skills has greatly improved my relationships with patients, colleagues and even supervisors. Most patients are comfortable and trust me when I am attending to them. Sometimes they would tell me problems which don't directly concern me. One day I asked a parent to a child with malnutrition who was complaining that they are not getting enough milk for their children hence the reason why they were not gaining weight. I asked her what makes her ask me all the time and not the nurse and the nutritionist who are directly involved, she said… "Daktari, truly you seem to be the boss here and we should be fearing you more than the nutritionist and nurse but they don't listen to us and never understand us. All they do is answer us rudely. You listen to us and you always make sure that whatever can be of help to our children and can be done is done as soon as possible. So we have to tell you all our problems here"…I felt appreciated and motivated! I sorted out their milk issues."

Hiza Dayo, Clinical Officer and communication trainer, Kilifi

"To stand in the patient's shoes" - I never forget these words"

Rita Sopiene is a paediatrician and an important contributor to developing the iCARE model. She was in the first group of health professionals who received the training, and helped identify the themes and contents relevant for her and her colleagues to help improve communication with patients and colleagues in the TB hospital in Siauliai, Lithuania. Describing real situations and challenges they faced, and experimenting with how to deal better with these, the course started to take shape. Rita became the first trainer, in charge of a training group of 5 trainers at the hospital.

Rita's reflections on the training:

"This training gave me the possibility to look at myself - my communication with patients, colleagues and nurses. Do people around me understand me, my intensions, and my aims? For the first time I have understood what feedback is, and how it is important in my work. I also understood better how to use active listening and open questions. It was like somebody took away the "curtain " from my habits to talk to patients and people around me: This was something quite different from the way we used to work.

"To stand in the patient's shoes" - I never forget these words - they let me feel exactly what patients might feel talking with me. Now it is more easy to understand them, listen to them and find out the reasons they do not want take their medicine, or stay in hospital and so on...

Respect - not judge – is essential. I show respect to patients, nurses, hospital cleaners and all people around me. So I am trying to communicate without arrogancy.

I do not have much experience as a trainer – I taught twice in international courses on TB and communication in Tartu (Estonia), and a few times in Lithuania. I think it is easier to work in a team with two to five other trainers. In training, role play is an essential method to show examples of real situations going on around us in the hospital. Using role play helps us to reflect on our communication habits, especially when a problem is introduced by somebody demonstrating it in front of all the participants.

And of course, talking about feelings is very important: nobody ever asked me and other people around me about our feelings while communicating. Thinking and talking about my own feelings helps me understand the other person's feelings as well."

"The training is important, because people realize their own mistakes"
Esther Kamenye was a Namibian TB nurse when she joined the training in 2006. She realized that the training is very important and conducted research to assess how nurses are communicating with patients with TB, in Namibia. She found that patient had inadequate knowledge about TB facts, despite their daily communication with nurses – who also had inadequate communication skills. Esther first became a communication skills trainer, using the Haaland methods (2007), and then decided to develop guidelines on effective communication for nurses – for her PhD, which she received in 2014. She now teaches communication skills at the University of Namibia, where she is a Lecturer for Community Health Nursing Science.

Esther's reflections on the training:
"This training is far different from all other trainings I attended so far in my life because:
- *It is conducted after a participant identifies his or her areas of improvement by undergoing the observation tasks and baseline questionnaires prior to training*
- *This training is focusing on reflection and practicing of skills.*

A real Story:
I conducted communication training in March 2015 at the local University here in Namibia, tasked by the management of the University to do so. The participants were lecturers - these are highly qualified people in the country. The day when I informed them that I am going to conduct training on communication, their responses were:

"What - a training? We are all communicating already and we know how"
"That training is not our priority"
"That training is not necessary or needed - we need training on how to set up the exam papers"

I just smiled and reported back to the management, but the management informed them that "let us all undergo that training and since you say that you are ok with communication - let us refer to it as a refresher training on communication."

The day of training I started with a role play: having a lecture, a student and an observer. The participants were in groups of three. It was so good – very good everyone was involved. The role play was about a student who is not behaving in class, but at the beginning he was a good student. They started by saying "why are you coming late? why are you…..?" Information was given - but no communication.

After the role-play we then gave feedback. No one got it right, when it comes to the basic communication skills, especially constructive feedback. Then we sat and discussed, using slides and illustrations. At tea break, I realized that one of the lecturers remained behind in the hall, then she told me that the training was an eye opener, therefore she was calling her daughter at home to apologize, because she is always commenting by highlighting only the negative points.

End of evaluation form: they all recommend follow up training. One asked me to write a proposal and send it to MOH so that I can be given chance to train all nurses in the country.

The training is very important to everyone, academics or non-academics. Is important because a participant is able to change her communication behaviours by realizing her own mistake."

Do we need communication skills?

As healthcare workers we . . . apart from giving treatments, drugs and all that, we do a lot of communication. We communicate to our clients but the communication bit of it mostly has not brought the fruits that we desire. Looking at the problems we are facing now, things like prevention of malaria, family planning, behaviour change in terms of combating HIV - these are things a lot of talking has been done on them, but the question is - have we achieved the goals? Are people using family planning the way we would like them to? Are people using mosquito nets the way we would like them to? The answers to these questions - your guess may be as good as mine - that we are not satisfied with the way our clients are responding to our communication. We tell them to do this, they don't do it. So is it not time that we changed the strategy - the communication strategy, and embrace a model that works, a model that respects our clients, a model that appreciates them as persons with problems and try to see if that will help them to follow what we are trying to tell them? That model is the one we are using in this communication process.

So I believe the moment this way of doing things as the way we do it in communication if it is rolled out throughout the republic there'll be a lot of change in terms of the quality of care that we offer. And again if you look at the millennium development goals and even the Kenyan vision 2030, the achievement of these goals are basically hinged on communication. If you want to reduce child mortality it's not only about treating mothers but you also need to communicate to them so that they know how to prevent diarrhoea, how to recognize signs of disease in their children. So how do you do that? You communicate, but you need to communicate effectively so that they can understand what you are saying, so that they can follow, and that requires conscious communication which we are doing now. So I believe the answer to greater achievements in health lies in changing our communication strategy and adopting a model that will be effective and that model is the one we are using now; that's all.

Stevenson Chea, Communication trainer, now lecturer at Pwani University, Kilifi

I have learnt the necessity to process emotions, not box them away…

I enrolled in this workshop after starting a new role as a junior anaesthetic registrar with the intention to learn strategies to equip me to become 'immune' to the feelings I was experiencing. I often had a feeling of 'imposter syndrome' and was finding it hard to switch off my inner critic. I was hoping that this process would resolve my fears of stepping up into a new job.
Working with Ane on her workshop was unlike any other course or workshop I have been on previously. This was simply, not just a workshop to tick a box on the CV. It was a process of getting to know myself. A unique six-month programme focussing on me. Posing questions I have never asked before. What are my values? what makes me angry, upset, feel vulnerable? How do I deal with emotions? In doing so I was now also able to recognise these emotions when I saw them in my colleagues and patients.

Before this training I had always thought that communication was one of my strongest assets, that I was 'naturally a good communicator.' This training demonstrated that not only can you learn but also improve on becoming a better communicator. Now looking back on the last 4 years and what I have learnt, it is safe to say I wasn't as good as I thought I was. Through my reflections I gained insight, that when I am tired, hungry or in a time pressure situation these skills are deemed as not essential and are the first things to go. Four years later I am aware when the warning signs emerge and allow myself to refuel guilt free -to benefit myself, my colleagues and patients.
I never went on this training to become a better communicator. However, by using the concepts of appreciation, authenticity and empathy I am not only a better doctor for my patients I am a better colleague, friend and person.

I am now looking for my post as a consultant. I reflect back to see that I have both grown professionally and personally. I have learnt that emotions are important. The necessity to process them and not to box them away. I have learnt there will be days when there are negative emotions and feelings, at those time I rely on the importance of positivity to fill up my bucket, which sometimes seems a hopeless task especially in a system where it is easy to see the short comings. But it is vital to see what good is out there and what I can do to contribute to it; even if it is showing a lost patient where to go in the hospital, or making a cup of tea for a colleague who has been working the last 12 hours without a break or should of gone home 3 hours ago. It is imperative we look after each other.

After the programme I was left feeling inspired and empowered to continue to practice the skills that I learnt. I was passionate to pass on this knowledge to my colleagues and this is where I became involved in teaching with the postgraduate doctors in the Welsh deanery from various specialties and training grades.

Words can't express my gratitude to Ane for allowing me to take part in this incredible journey. Like so many people Ane has enriched my personal and professional life with this amazing opportunity. *Dr Isra Hassan, Anaesthetist and trainer, Cardiff*

The training has been an eye opener

"Before this training, I used to think I am a good communicator. So I took the course just to justify myself that I was a good communicator. To my surprise, I had a lot of gaps, I was not aware of my bad communications habits!

Each module has taught me a big lesson. Every time I teach a module, I discover more knowledge which inspires me to continue practicing the skills .

As a research manager in the busiest ward within the county hospital, this course has been very helpful for me. I meet different clients with a variety of needs, some have emotional needs because of the state of their children who are very sick, others are worried about their children who are involved in research, and overworked staff who think research is not a priority in care.

Once an angry parent was directed to me by a fellow staff so that I could assist him with his concerns as his new-born baby was about to be discharged against medical advice. It was my first time to see this parent, although as I listened to him, I discovered the parent had seen me several times in the ward.

The parent was requesting for discharge home because his new-born baby was not receiving adequate treatment in the ward after three days of admission and the mother of the child didn't have a comfortable place to sleep. He told me the nurses are always busy and don't have time to address his concerns but keep telling him to look for a clinician who will explain the condition of the baby.

I went to one of the nurses in NBU (New Born Unit) and requested her to talk to the parent but she said that's not her work, the father has to come back the next day to see the clinician. So I requested if I could try to talk to the father on their behalf, which she accepted. I requested to see the baby's file so that I could understand the condition and why admission is important. After a lengthy discussion with the father, giving him updates on the baby's condition, ensuring him that the treatment given is the best as it is the one recommended by the World Health Organization and that the treatment will take between 3 – 5 days, the father calmed down. He said if this had been explained to him all along, he would not have caused such a scene. We both agreed that at this

time our focus should be on the sick baby, and on the mother getting someone to assist her while she stayed in hospital with the baby so that she can have time to rest. The father was happy and agreed to let the baby finish the treatment as prescribed by the clinician. He said he has been seeing me and thought that I am the supervisor for the clinicians because I have answered him all his concerns.

Before the training, I used to treat patients as patients, never asked for their opinion about the treatment and it never bothered me when the patients stayed for long in the queue.

Now after the humanistic medicine module, I imagine it's me on that waiting bench, no one paying attention to my baby's concerns, every one being busy with their routine, and I am waiting for the clinician to come and review my baby for more than an hour! I can't tolerate this and understand that if it's not good for me, it's worse for the parents who come to the hospital. I try as much as possible to ensure patients are given attention as soon as possible and also if it's not an emergency I communicate to the parents, informing them what is going on. This has made the parent – Health Worker relationship better.

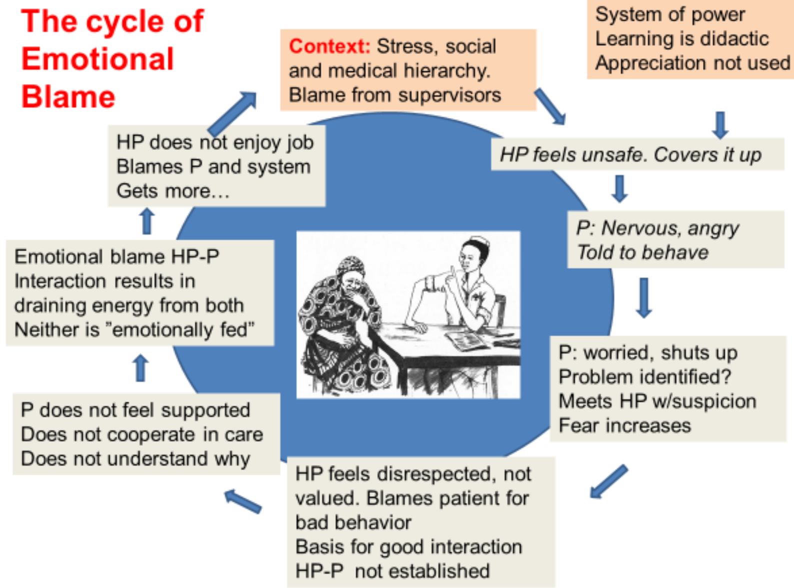
The conflict module has taught me one lesson: the avoidance way for handling conflict is not healthy, especially when avoiding the conflict for a long time. Keeping quiet for the sake of peace is dangerous. It's like drinking poison, day by day, expecting it to kill the other person. It's draining yourself and may be the other person is not aware of the pain you are undergoing.

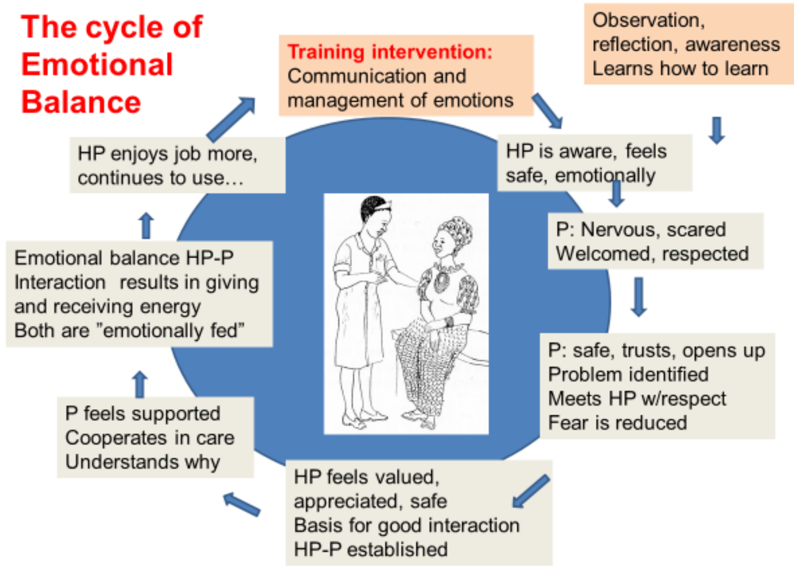
Long live Ane and Mwana, for the long hours of mentorship, it was not easy but now I tell myself, yes it was worth all of it "

Siti Wande, nurse and research manager and communication trainer, Kilifi

7.6 The result: From Automatic Blame to Conscious Balance

The culture of "blaming the patient" or blaming others for problems, rather than taking responsibility for what one might have contributed to the problem, is well known to most people working in medical hierarchies, and has been described in previous chapters. When people are blamed, both the "blamer" and the "blamed" are usually affected negatively, emotionally: it is a "lose-lose"-situation, as described and discussed in the conflict module. If we look at what happens in the training process, it may resemble this:





Example from a Kilifi nurse

"I met a couple who had been referred from the maternity ward for admission due to their child (a neonate of 1/7 days) who had developed neonatal jaundice. After the examination and investigation, it was suggested that the child needed admission and that the child would benefit from phototherapy. This is when the problem started. Both parents refused admission and said that their fellow neighbours' child was like that and was only given treated as an outpatient and was well after 2-3 days, so they didn't see the reason as to why their child had to be admitted. After a long argument and misunderstanding even the clinician had offered a discharge against medical ground. So the parents were about to sign it.

But I called the parents into a separate room whereby I did a thorough counselling and decided to communicate to them and explain each and everything that was to be done and all the implications. I listened to them and found out all the worries and the reasons as to why they were refusing admission. So I learnt that misunderstanding and ignorance of the whole issue so the parents understood and they were willing to be admitted and receive any care that will be of benefit to their child.

I came to learn that if procedures and activities pertaining to the patient if they were not clearly explained to or communicated well to the parents, misunderstanding may arise.

Clinicians and staff should ensure that thorough detailed information is delivered to clients so as to prevent misconceptions of the activities. No matter the workload. LISTEN!

NB/ even a fool has something to say, so you better listen.

In the above example, the provider is realising what is going on, and is stopping the clinician from blaming the parents for their ignorance, and letting them sign their child out, against medical advice. She decides to provide a safe space to talk, and treats them with respect and understanding – explaining the procedures, and listening to their worries. She understands their concerns, and is able to explain in a way that makes sense to the parent. The child is admitted, and the emotional balance is restored.

Another example illustrates the satisfaction health professionals can experience when they act with awareness and meet patients needs:

Recognising emotions, stepping back, and listening with patience

"A client came to me from the queue carrying a baby. I'd been called to work on Saturday because of visitors and I was not happy with the idea of working. She requested me to allow her to see the clinician first because she was feeling unwell. I almost asked her why she thought she was special and what the others were here for (as was my old habit). But because I now communicate better, I became aware of that past bad behaviour and the effect on the other person and how it would make her feel. I thought "let me listen to why she felt it was good to talk to me". I put the annoyed emotion aside, listened to her as she gave a sad story and on examination the baby was wasted with bad diarrhoea, her child so dehydrated from diarrhoea also they just couldn't wait! I took her straight to the clinician who fixed a line and started her on fluids before admission. She really thanked me for saving her daughter's life. Then I thought to myself and said to myself: "(name), good. If I hadn't listened to her and just put her off the old way she would have really suffered". In fact I apologized in my heart for the others I handled in the old style. I was overwhelmed with joy, joy that I could listen to a client amidst my annoyed mood.

Strangely this joy energized me and I found myself just getting in a warm mood and joined my colleagues to welcome the visitors." *Participant, Kilfi*

What we are aiming for in the training is to develop or strengthen awareness, insights and skills to turn the cycle of emotional blame to a positive and constructive one – the cycle of Emotional Balance. The provider is practicing emotional intelligence, as shown in the example.

This corresponds to the "Win-Win"-strategy described in the conflict modules (3e, and 2b), where you give, and receive understanding – and practice a collaborative approach.