

Module 6 (1a): Gold standard communication and emotional competence strategies with patients and colleagues

Introduction to the follow-up course

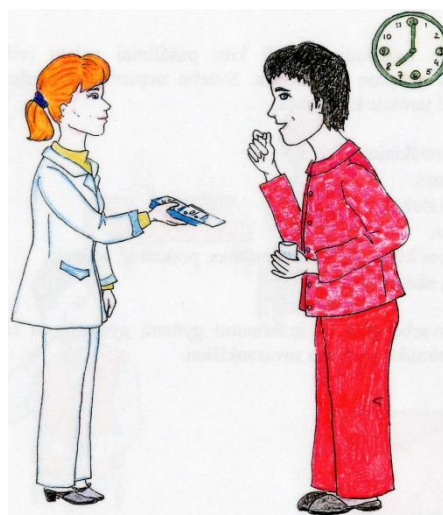
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Background for trainer

The purpose of this module is:

- to review the main skills and strategies learnt in the course process so far;
- let participants assess and reflect on how they are using the skills in their own work
- bring them into the “learning mode” again by providing examples and demonstrations for discussions;
- to acknowledge and appreciate the hard work participants have put in, and
- the good learning that they have demonstrated in the observation and reflection tasks, and in the endline questionnaire.



The basket of skills – which ones need a refill?

Finally, by going through the main skills we have worked on in the course, participants can identify their learning needs for the follow-up course – by reflecting on skills they do not yet feel comfortable to use during the discussions and reflections on the Gold Standard demonstration. By acknowledging the skills they are now comfortable with, as well as identifying their learning needs in the groups, participants will discover whom they can team up with to strengthen the skills they are not yet comfortable to use. The workshop can thus become a real arena of learning from each other, as well as from the trainers, and strengthen working relationships which they can continue to draw on when they are back in their daily functions. The initial discussions will establish the “tone” for the learning in the course: Appreciative, generous, humorous and – using evidence-based methods to achieve good learning.

An analysis of a demonstration: **“Kahindi won’t take the medicine”** (“bad practice”) is a core piece in the module: Participants discuss the bad practice, and reflect interactively in their groups on how some of them, and their colleagues, used to behave with patients – seeing them as “problems” to be managed rather than as (vulnerable) individuals in need of professional care AND being seen and met

as a person through respectful communication with emotional competence. They discuss how they have now developed awareness about the effects of their old behavior, and recognized the emotions behind – on the patients (*e.g. feeling hurt, angry, disrespected and not heard*) – and on themselves (*e.g. feeling guilty, irritated, uneasy, self-righteous*).

They then discuss and demonstrate how they would handle the interaction with the patient now (*“The Gold Standard”*), and show how far they have come in practicing core skills: They now recognize the emotions of the patient and communicate with awareness and respect. They recognize and acknowledge their own emotions, take a step back and set them aside. They can then act with awareness, and respect the patient, seeing him as a person:

- **Stepping back from automatic reactions** to grumpiness/accusations from the patient (not taking it personally) – being aware of their own **intent** to interact well to discover and solve the problem in collaboration with the patient;
- **Creating a conducive climate for the interaction** by greeting the patient and build trust and relationship. Respect him and show empathy;
- **Listening with the intention to understand his vulnerability** and his problems, and encourage him;
- **Asking questions to clarify issues** and explore a common goal (and show real concern);
- **Avoid rushing in to explain your view** (until you have understood his);
- **Appreciate and encourage his good ideas** (motivate and empower him, and build confidence); and
- **Sum up what you have agreed.**

By “picking the practice to pieces”, and reflecting on the importance of each skill, the participants will deepen their understanding of the many small components and major skills that are needed to communicate with emotional competence and practice good patient centered care.

Focusing on being aware of their intention for the interaction is essential: this helps to establish a conscious goal with the patient.

A review of “Critical thinking” as a main working approach in the course is useful (*see introduction module to basic course, background section*).

Other core skills to understand the situation (or the patient) well, skills to choose the right action, and skills to understand and advise are reviewed as important communication tools in the “box” or “basket” participants now possess. Recognizing and overcoming communication barriers are discussed to complete the review of skills participants are now familiar with. Throughout the follow-up course, these will be the core skills to practice – in different challenging contexts and situations.

Building and discussing emotional competence as natural and needed: In many medical settings, paying attention to and discussing emotional aspects of patient care, and how to practice patient centered care, are new subjects. Discussing providers’ own emotional needs and reactions is reportedly even less common, and some participants may have experienced being ridiculed or not taken seriously by providers who have not been to the course, when discussing these issues. It is important during this module, and throughout the course, that such experiences are acknowledged and discussed, and treated as normal and to be expected.

The approach taken by a number of earlier participants is: Recognize and step back from your own (automatic) emotional reactions, and question the people who criticize, with kindness (*using awareness, a neutral tone and a real intent to understand their comments and concerns*), rather than trying to convince them. These participants have experienced that when they themselves continue to practice good communication and care, and engage in discussions to explore reasons behind the

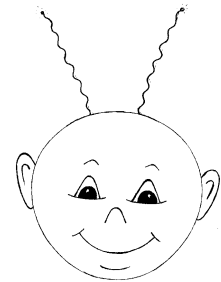
“old” practice (rather than judge such practice), many of the providers who have not been to the course become interested, and positive. Some have reported that colleagues who have not been to the course now come to them for help when they are “stuck” with a “difficult patient”, and observe and learn some of the methods practiced by the participants to handle such patients.

Show good practice – don’t judge your colleagues: Participants say that avoiding arguing or putting colleagues down for their bad practice is in the long run the best method to make everyone interested in the new methods. Arguing and criticizing makes the colleague becoming defensive, and then the opportunity for constructive exchange and learning is lost. Many say they have become role models for their colleagues and feel proud of their new skills. It has also increased their status at work.

Discuss emotional competence and build interest: The trainers should take the opportunities to discuss with colleagues the emotional aspects of patient and provider care whenever possible, to contribute to making these discussions “normal”. Our participants have reported that after initial resistance from colleagues, most of them will become interested – as emotional challenges affect their work very much, every day, and is the source of bad feelings and much conflict and burnout.

NOTE: As this is the first module, participants will take some time to feel safe and at ease with each other, and with the trainer(s). It is important for the trainer to engage with the participants from the start, by interacting, laughing, probing on and appreciating their examples and ideas. This will enable them to come up with, and share, good examples from their practice – and get into the learning mode.

When you lecture, you maintain the distance to the participants. This module does not have many exercises (it is supposed to be a review), so it is easy for a trainer to “slip into” the lecturing mode. To break this, it is useful to “carry your antennae”, and stop for energizers and short buzzes often – to give participants opportunities to “digest”, reflect and re-engage with the contents of the course.



There are eight main sections in this first module. An overview:

- 1) **Setting the climate and establishing relevance** – welcoming participants to the follow-up course, appreciating their hard work on reflection tasks and endline questionnaires and getting brief feedback on how they are doing; setting objectives for this review module, and reminding them about the main overall skills needed to become a good communicator (slides 1-3)
- 2) **Demonstration of skills in the toolbox: Bad practice – good (gold standard) practice**, with analysis of skills used for each practice, and reasons each skill is important. Interactive reflections by participants on what their (preliminary) learning needs are on the basic skills (slides 4-16);
- 3) **Perspectives on using the toolbox, and practicing Patient Centered Care with emotional competence:** The importance of attitudes to care and to patient learning; different perspectives from medical providers and patients on disease - awareness of and focus on cure as a common goal; skills to communicate with emotional competence as key aspects of patient centered care and humanistic medicine (slides 17-22)
- 4) **The toolbox: Skills to understand:** Dialogue and feedback, observe with eyes, ears and heart, use open questions and active listening, constructive feedback, and empathy. Skills are linked to examples from participants (slides 23-27)
- 5) **The toolbox: Skills to choose right action:** Having used the skills to recognize emotions and understand the problems and needs of the patient, the provider will decide on action and choose

her communication strategy to reach her goal – being aware of her intention, and her attitudes. Understanding how adults learn is an important factor in making this decision (slides 28-29)

- 6) **The toolbox: Skills to understand, and advise:** The provider also “checks in” with her/himself to recognize emotions and understand issues that might prevent her from doing a good job (like her own moods, or problems): This awareness enables her to step back and focus on respecting and being present with the patient, to provide patient centered care. When deciding how to advise the patient, it is important to recognize and respond appropriately to the patient’s feelings before giving information. Categorization of patients is a common barrier to understanding and acting on advice, but most participants say they have stopped doing this. Practical skills and techniques for giving advice effectively, and building patients’ responsibility to take action, are discussed (slides 30-36)
- 7) **Understanding and overcoming communication barriers:** Barriers to good communication are reviewed, from provider’s side, patients’ side, and the environment (slides 40-43)
- 8) **Summing up and defining learning needs:** Assessing the situation and the needs to be able to choose the best communication strategy – summing up the main points; reflecting on learning needs for the follow-up course. The review of the course provided in this module gives participants a chance to reflect interactively and directly on each of the skills they have practiced during the last months, and to define where the gaps are in their competence to use the skills. Thus, the final definition of learning needs comes only at the end of the review (slides 44-45).

Time needed: 3 hours

Time management: The module should be run from morning till tea break (2 hours), then another hour after tea. The facilitator should stop by 12.30, to give time for presenting and celebrating the “Big Changes” before lunch.

Handouts: Programme for the course, and presentation

Preparation: The demonstration “Kahindi won’t take the medicine” should be played out by two good trainers (or a trainer and an experienced participant). It is important to pick a “patient” who is able to show emotions (grumpiness, being uncooperative) and a provider who is able to show she is being judgmental, and not listening. The demo should be practiced several times – it is important that it is good, as it sets the scene for the whole module. Players should exaggerate the emotions a bit, to enable participants to laugh (at themselves, and the players), and to feel empathy with the patient. However – be careful that it is not experienced as “a parody” – it needs to be realistic!





Materials needed: Flipchart, marker pens, tape to put up flipcharts on the wall




Facilitator/co-facilitator roles: This presentation is best done by the main trainer responsible for the course. Other trainers function as assistants, rather than “co-facilitators” (*see definition*).


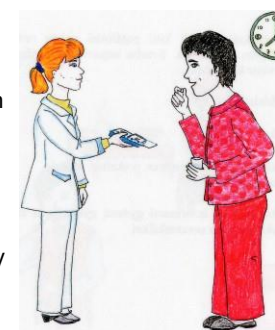


Assistants should distribute handouts, and should write learning needs on flipchart.





NB – *Choose a trainer who writes clearly for this exercise!*




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

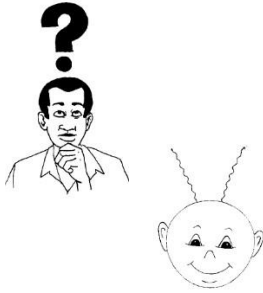


<p style="text-align: center;">Gold standard strategies to communicate with emotional competence with patients and colleagues</p>  <p style="text-align: center;"><i>Recognising what works, stepping back and taking action</i></p> <p style="text-align: center;">Follow-up course Kilifi, Kenya Ane Haaland, Mwanamvua Boga, All trainers All participants</p>	<p>Welcome the participants to the follow-up course, Ask e.g: How have you been since we saw you last? Get a few responses Ask: How have you been using your communication and emotional competence skills – are you seeing any difference in how you relate to patients and colleagues? Get a few responses Introduce the follow-up course in your own words Main points: Appreciate the work participants have been doing (through self-observation and reflection). The course contents are built to meet their expressed needs. We will work to deepen your knowledge and skills on how to recognize and manage emotions as an important part of communicating with awareness with patients and colleagues The approach to learning in our course is built on evidence from research, and – on their needs</p>
<p style="text-align: center;">Objectives</p> <ul style="list-style-type: none"> • Strengthen awareness and skills: • Review our "toolbox" of effective communication strategies to: <ul style="list-style-type: none"> – Understand – Advise – Focus on common goal • Review how to stop automatic emotional reactions <ul style="list-style-type: none"> – Refresh skills to step back • Recognise when you take things personally – step back 	<p>Read out the objectives Emphasize that we will share experiences from working with the communication methods, and learn from each other. You will identify the skills you are now handling well, and those where you still need some more practice. Your <i>basket of skills</i> will be reviewed, and further filled.</p>
<p>How to become a good communicator</p> <ul style="list-style-type: none"> • Effective interpersonal communications skills: <ul style="list-style-type: none"> – basis for good work in strategic communication • To master skills, you need: <ul style="list-style-type: none"> – continued awareness, – focus on success, and – practice • Understand that People Act – <ul style="list-style-type: none"> – because of emotional issues, – NOT on cognitive understanding alone • Understanding effect on receiver is key 	<p>Explain: We remember what it means to be a good communicator, and what skills and understanding we need to become one. We remember that focusing awareness on the person who receives the information – to see her reaction – is crucial</p>
<p>How have you continued to learn after the course?</p> <ul style="list-style-type: none"> • "I'm putting the course skills into use everyday at work and they really work" • "Discussing and sharing situations with colleagues" • "Practicing majorly, being aware of my actions through observing myself, asking for comments on how I communicate" <p style="text-align: center;">The basket of skills</p> 	<p>Explain: We will continue to work to strengthen the awareness of how we communicate, and to see the effect of our communication, on others We have seen from your endlines that most of you now have developed this awareness</p> <p>Read out the points</p>

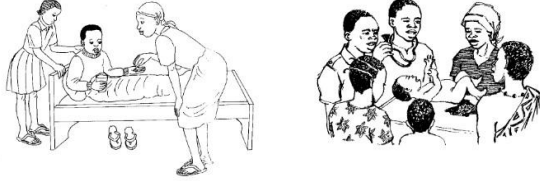



<p style="text-align: center;">The situation</p> <ul style="list-style-type: none"> • Kahindi has been on ARVs for a year, and taking his medicines regularly. He has been a good patient. Now he has developed a rash which really bothers him, and he has trouble working (as a clerk). • He always has to scratch himself, also in private places. He is embarrassed about this. He has trouble sleeping, as is afraid his wife will leave him. • He is grumpy, and quite desperate. He is rude to provider. • He stopped taking his ARVs a week ago, and seems determined to not go back. • He needs to keep his job, as his family depends on him. 	<p><i>This slide is added as a hidden slide – to remind the trainer to check the story of Kahindi, at the end of the slides.</i></p> <p>This slide is not shown to the participants</p>
<p style="text-align: center;">Demonstration: Kahindi won't take medicine</p> 	<p>Demonstration 1: Kahindi won't take the medicine <i>This demonstration is the basis for the discussion in this module.</i></p> <p>See description of roles, procedures and points for discussion at the end of the module</p> <p>Be sure to pick people to demonstrate, who can bring out strong emotions (grumpiness, aggression, being judgmental)</p>
<p style="text-align: center;">Why did Kahindi not take the provider's advice?</p> <p>Discuss in groups:</p> <ul style="list-style-type: none"> • What were the provider's goals with "Kahindi"? • What were the reasons s/he did not reach the goals? • Whose feelings and needs did s/he recognize? • Whose feelings and needs did s/he take care of? How? 	<p>Show the slide, let them discuss Get feedback on one question at a time Probe, e.g. to find out what was the fear behind the anger/irritation, on both sides</p> <p>See description at the end of module</p>
<p style="text-align: center;">How would you communicate to encourage «Kahindi» to take your advice?</p>  <p>Discuss: How would you do it differently?</p> <ul style="list-style-type: none"> • What will be your goal? • Develop a strategy to communicate with emotional competence to reach your goal. • Tell us why you think your strategy will work • <i>Prepare to act your strategy with "Kahindi"</i> 	<p>Show the next set of questions Let them discuss, and Ask for a volunteer to show how to meet Kahindi with respect and understanding, to solve his problem See description at the end of module</p>





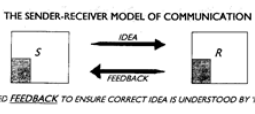



<p>Demonstration by participants: The Gold Standard?</p> <ul style="list-style-type: none"> • What was your goal? • What skills did the provider use to deal with this patient? • What were his/her concerns? • Why does your strategy to communicate with emotional competence work well? 	<p>Demonstration 2: The gold standard – by participants Pick participants to demonstrate After demo by participants, ask these questions in plenary</p> <p>Main points: The goal will have been the same as in the “bad practice” example: To solve the patient’s problems Analyze the strategy used: emphasize e.g attitude of respect, listening with intention to understand, etc</p> <p>See description at the end of module</p>
<p>Demonstration by participants: The Gold Standard?</p> <ul style="list-style-type: none"> • What was your goal? • What skills did the provider use to deal with this patient? • What were his/her concerns? • Why does your strategy to communicate with emotional competence work well? 	<p>Review briefly the 7 skills used Ask participants to reflect, as you are discussing the skills – which of these skills they are doing well with, and which ones they need to strengthen.</p>
<p>Skills used in example</p>  <p>1. Recognize emotions - Take a step back</p> <ul style="list-style-type: none"> • Recognize and stop your automatic reaction • <i>Be aware of your intent:</i> • Keep focus on patient’s needs • Don’t take his grumpy mood personally <p>Why is this important?</p>	<p>Ask: How have you been using “stepping back” in your work places? Get a few responses Main points: Takes time to learn to use stepping back (<i>automatic reactions come like lightning!</i>) Powerful skill, when you know how to practice it</p> <p>Ask: Why is it important to step back? Main points: To get distance to your own (natural) reaction to his grumpiness (which is irritation, impatience – as shown in first demo), and be able to focus on the patient’s medical needs. This is a “mental step” provider needs to take as soon as she/he is faced with a patient who is expressing strong emotions (which are contagious!)</p>
<p>Skills used in example</p> <p>2. Create a conducive atmosphere: Greet the patient, friendly</p> <ul style="list-style-type: none"> ➢ Create rapport – to build trust and establish relationship w/patient ➢ Build confidence of patient, to be open ➢ Respect his emotions, and empathize with the patient <p>Why is this important?</p> 	<p>Greeting the patient with a smile, offering a seat, is an important initial action. By doing this, you see the patient as a person (rather than a “category”). <i>Greeting in a friendly way communicates respect</i> Creating rapport and developing trust is the basis for open constructive communication</p> <p>Ask: Why is this important? When you have established a good relationship with a patient, it will be a partnership for defining the problems, the needs of the patient, and good cooperation to manage the patient’s disease</p>






<p>Effects of practicing respect</p>  <p>On the Patient</p> <ul style="list-style-type: none"> • Develops trust • Feels valued and appreciated • Higher likelihood of adherence with care <p>On the Provider</p> <ul style="list-style-type: none"> • Higher chances of identifying and reaching common goals with patient • Confidence in skills is strengthened • Contributes to job satisfaction • Helps to prevent burnout 	<p>Animate this slide</p> <p>Ask: Why is respect important?</p> <p>Main points: Gives room for the patient to open up, and creates space for accepting advice</p> <p>For provider: Gives you confidence, because the patient will trust you. (+ other points on slide)</p>
<p>Skills used in example</p> <p>3. Listen with empathy – and with the intention to understand the patient</p>  <ul style="list-style-type: none"> ➢ Appreciate that he has taken his drugs well till now ➢ Encourage him, with empathy ➢ Observe and recognize patient's emotions (e.g. vulnerability); deal with them respectfully – with empathy <p>Why is this important?</p>	<p>Listening, empathizing and showing appreciation are key skills in patient centered care</p> <p>Ask: Why is this important?</p> <ul style="list-style-type: none"> • To get a good understanding of what the problem is (including emotional aspects); • To make the patient feel you see him/her as a person; • To appreciate his intention to take care of his health, and relate to you as a resource; • To respond to his emotional needs, with empathy, as appropriate
<p>Skills used in example</p> <p>4. Ask questions to clarify issues -</p>  <ul style="list-style-type: none"> ➢ To understand and empathize with the experiences and intention of the patient ➢ Give opportunity to the patient to ask questions ➢ Identify and aim towards a common goal <p>Why is this important?</p>	<p>Many providers have a tendency to EXPLAIN too much, and assume that everything is understood by the patient (<i>maybe by asking: "Did you understand?" – and get a feeble confirmation</i>)</p> <p>It is important to emphasize the need for the provider to ask open questions, and also to ask if the patient has any question (<i>many providers don't do this, as they may be afraid that they cannot answer</i>)</p> <p>Ask: Why is this important?</p> <p>To bring out aspects provider has not thought about To enable patient to seek clarification, e.g. on issues he/she has not understood, or is afraid of.</p>
<p>Skills used in example</p> <p>5. Avoid rushing to explain your view</p>  <ul style="list-style-type: none"> ➢ Step back - try to understand the patient's perception first ➢ To make sure you have understood, try to recap his general perception ➢ Ask for confirmation, or corrections/adjustment <p>Why is this important?</p>	<p>Explain: Many providers start explaining too early, before they have understood "the full picture" of the patient's problems, concerns and views. They may also give too much information at once.</p> <p>It is useful recap by summing up the situation, the way provider has understood it, to the patient</p> <p>Ask: Why is this important?</p> <p>To enable him to correct misunderstandings, give additional information, and feel that he has been heard. This makes learning more likely (<i>e.g. on why and how to take medicines in a certain way at home</i>)</p>




<p style="text-align: center;">Participant's example</p> <ul style="list-style-type: none"> • “Nowadays I don't rush to tell them , I let them explain their version of how they have understood their state or condition, the prognosis, the disease state at that point and their expectations. • Then I give them the knowledge in the easiest way, find out how they feel and if there is any gaps we need to talk about regarding the patient's best interest” 	<p>Read out the example – Ask if participants recognize this, then go on</p>
<p style="text-align: center;">Skills used in example</p> <p>6. Encourage positive ideas</p> <ul style="list-style-type: none"> ➢ Appreciate and encourage ➢ Rectify negative ideas /wrong info – in a gentle, non-judgmental way <p><i>Why is this important?</i></p> 	<p>Explain: Patients are (of course) responsible for their own health in the long run, and have most probably practiced a number of helpful strategies on themselves (and/or their children), and – some strategies that are not helpful, or even harmful. When discussing with a patient, it is important to encourage the positive strategies first, before commenting on what needs to be changed, and why Crucial: Don't be judgmental! Ask: Why is this important? Hearing the approval of the provider for some of your strategies, makes the patient feel respected. He/she will then be more likely to be open for accepting that other strategies can be harmful – especially when explaining WHY they are harmful.</p>
<p style="text-align: center;">Skills used in example</p>  <p>7. Sum up what you have agreed</p> <ul style="list-style-type: none"> ➢ Ask for confirmation, and any further questions 	<p>Explain: In a consultation, a lot of information may be given to the patient, and he/she may not remember everything, and not know what is the most important. He may have questions.</p> <p>Ask: Why is this important? To help the patient remember the important information, and be able to ask questions for clarification It is also a constructive way to end a consultation</p>
<p style="text-align: center;">Summary: Why does this communication work well?</p> <p>Makes patient feel:</p> <ul style="list-style-type: none"> • Safe (also with his emotions) • Valued as a person • Respected, and not judged • That what s/he has to say, is important • Free to ask about his concerns  <p>Buzz:</p> <ul style="list-style-type: none"> • <i>What is the likely effect on following your advice, and on adherence to treatment?</i> • <i>How do you feel as a provider after interaction?</i> 	<p>Sum up why the communication works well Ask participants to buzz on the questions, briefly</p> <p>Main points: The patient will most likely adhere to treatment, because he has been treated with respect to enable him to communicate well about his problem. He understands how and why to treat his side effects, and he will likely continue with ARVs. Providers usually feel well after such an interaction – satisfied, appreciated, with professional pride. A good interaction like this gives them good energy.</p>


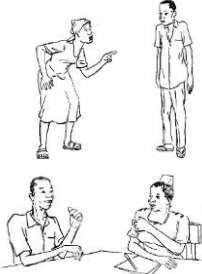


<p>Key ingredients to build strategy to Communicate with emotional competence</p>  <ul style="list-style-type: none"> • Recognize emotions: Feelings involved? (Yours? His/hers?) • Step back – analyze: What is the problem? What are reasons for problems? • Reflect, and Decide on action 	<p>Summarize learning – Link to learning in basic course.</p> <p>Reflect and discuss.</p>
<p style="text-align: center;">Reflection:</p> <p>Which skills do you handle well?</p> <ul style="list-style-type: none"> • In pairs, reflect on the 7 skills the «good provider» used with Kahindi: • Which ones do you now handle well? • Which ones do you still need to practice more?  <ol style="list-style-type: none"> 1. Recognize emotions -Take a step back 2. Create a conducive atmosphere 3. Listen politely: encourage the patient – with empathy 4. Ask questions to clarify issues 5. Avoid rushing to explain your view 6. Encourage positive ideas 7. Sum up what you have agreed 	<p>Ask participants to reflect briefly in pairs on the skills used in “Gold Standard Kahindi”.</p> <p>The purpose is to strengthen their awareness about how they use the skills, and to make them identify personal goals for further focus in the workshop.</p> <p>It is not necessary to feed back in plenary from this exercise – they can include these when they identify learning needs, at the end of the module. <i>(It is useful to discuss this question briefly here, though, as it will be easier to identify clearly which skills they need to strengthen, immediately after these skills have been discussed in detail.)</i></p>
<p style="text-align: center;">Perspective on using our toolbox:</p> <p>Overall attitudes to care and to patients learning</p> <p>How to educate patients well</p> <p>Two main perspectives:</p> <ul style="list-style-type: none"> • Medical experts – KNOW what to do <p>Influenced by</p> <ul style="list-style-type: none"> • Medical Ethics • Drug Regulations • Commercial interests • Medical and cultural hierarchy 	<p>Explain: The next session will take us through some perspectives and reflections on using our toolbox. Your overall attitudes to your work and patients will shape the “tone” of how you talk with patients. It is thus important to be aware of this.</p> <p>Most of you will identify with the medical perspective: You know your profession, you know how to identify and treat different diseases.</p> <p>When you need to explain something medical to a patient, it is necessary to take a quick step into her shoes and reflect on how she thinks and learns, before giving her the information. This will make it more likely you will formulate something she will understand.</p> <p>Discuss how hierarchy influences relation w/patients</p>





<p>Consumers or patients: <i>DECIDE</i> what to do</p>  <p>Influenced by:</p> <ul style="list-style-type: none"> > Perceived severity of the problem > Own experience > Money/resources > Emotional reactions > Friends and family > Culture + traditions 	<p>Ask – is this true? What are the implications of this, on your role as health providers?</p> <p>Main points: Provider’s advice is only one of the aspects that influences what the patient will do (e.g. re taking medicines or adhering to advice when he/she goes back home) A wise provider will acknowledge this, and advice accordingly. When the provider has a respectful and collaborative relationship with the patient, it is more likely the patient will follow advice. <i>The provider can help empowering the patient to make good decisions</i></p>
<p>Different perspectives – same goal: <i>Cure</i></p>  <p><i>How can you help reach the goal effectively?</i></p>	<p>Emphasize: The provider and the patient have the same goal – to cure the patient</p> <p>Ask: How can they as providers help patients reach this goal?</p> <p>Main points: Finding the right treatment is of course a main goal. An important method to identify the problems and get good cooperation, is to use respectful aware communication, build trust and relationship, listen well with the intention to understand, and practice patient centered care.</p>
<p>Understanding and practicing Humanistic medicine, and Patient Centered Care</p>  <ul style="list-style-type: none"> • The core of humanistic medicine: <ul style="list-style-type: none"> – holistic healing, – treating not only the body but – acknowledging the soul (and emotions) as well • Humanistic medicine attempts to <ul style="list-style-type: none"> – complement physical recovery by – Emotionally connecting with patients – through empathy, patience, and compassion 	<p>Ask if PCC is a concept they are familiar with Review the main aspects and goals of humanistic medicine and of PCC</p> <p>Explain that humanistic medicine and patient centered care is getting increasingly demanded by patients and organizations all over the world, and increasingly decided on as a goal by governments and institutions.</p> <p>However, the practice of PCC is often far behind the official goals, as there are few training courses teaching providers the necessary skills. The influence of medical and cultural hierarchy, as unspoken “rules” often guiding patient treatment, lacks focus and understanding.</p> <p>Review the situation in your country, and discuss</p>
<p>How do you use <i>PCC</i> in practice?</p>  <p>Discuss in groups:</p> <ul style="list-style-type: none"> • How have you used PCC in your practice with patients? • Share experiences of when you used PCC: <ul style="list-style-type: none"> – What did you do, that made it PCC? • What was the effect – <ul style="list-style-type: none"> – On the patient? – On you? 	<p>Ask the questions in the slide, let them share experiences.</p> <p>Get feedback on one question at a time</p> <p>Main points: See next slide, and section on PCC in..... NOTE 25/4/16: Got two examples on how they used PCC, and made points from there. This is a good strategy</p>




<p>Providers who practice PCC Communicate better with patients</p> <p>Patient Centered Care providers -</p> <ul style="list-style-type: none"> • Use more empathy • Treat with respect • Use open questioning • Are less authoritarian - encourage patients to voice their feelings and concerns • Are interested in psycho-social aspect of illness • Are caring as well as curing  <p>Effect: Patients feel at ease and are encouraged to talk freely, hence more likely to disclose the real reason for consulting. Can be empowered</p>	<p>Review the points, relate to the discussion above. Ask: What prevents providers from practicing PCC?</p> <p>Main points: Lack of knowledge and skills, especially on management of emotions Lack of a culture in the local medical hierarchy? Lack of support from supervisors Habits of (mis)using power The national culture – where patients “expect” to be treated as being “below” the provider? The concept of patient as a partner, is new, or practice is not encouraged, enforced or appreciated by supervisors and leaders?</p>
<p>Research shows:</p> <p>Patients want patient centred care which:</p> <ul style="list-style-type: none"> ➤ Explores patients' main reason for the visit, concerns, and need for information ➤ Seeks an integrated understanding of the patients' world (whole person, emotional needs, life issues) ➤ Finds common ground on what the problem is and mutually agrees on management ➤ Enhances prevention and health promotion ➤ Enhances the continuing relationship between the patient and the doctor.  <p><small>Little P, et al. Everitt H, Williamson I, Warner G, Moore M, Gould C, et al. Preferences of patients for patient centred approach to consultation in primary care: observational study. BMJ 2001;322:46872.</small></p>	<p>Ask (before showing the slide): Do we think patients want patient centered care? Get a few responses</p> <p>Show the slide – quote from the research</p> <p>Ask for reflections, discuss briefly, and conclude</p>
<p>Tool box: Skills to understand</p> <p>Info and communication – different effect on receiver:</p> <p>Dialogue and Feedback is key</p>    	<p>Introduce the next section:</p> <p>A review of the main communication skills to understand what the other person is saying Ask: Do you remember this slide? What are the key points in the two sets of drawings? Do you have an example of how you were advising patients, using one of the models? What is the importance of checking understanding after giving information?</p> <p>Main points: Information is one way, you do not know if the other person has understood. Communication is 2-way, because you get feedback.</p>
<p>Tool box: Skills to understand</p> <p>Observe with eyes, ears, heart</p>  <ul style="list-style-type: none"> • Is the patient worried? • Scared? • Has pain? • Uncomfortable? • How does this make YOU feel? • Do you RE-act, automatically? 	<p>Ask: What does it mean to observe with the heart? What do you do when you “observe with eyes, ears and heart”? Why is it important?</p> <p>Main points: Observe with heart = using respect and empathy To observe with eyes, ears and heart means to observe both for physical and emotional signs It is important to start understanding the “full picture” of the patient, and to make patient feel seen as a person. Makes the provider feel connected to the patient</p>





<p style="text-align: center;"><i>Tool box: Skills to understand</i></p> <p style="text-align: center;">Use open questions and active listening</p>  <ul style="list-style-type: none"> • Ask open questions to find more info • Ask to find intention of the other person  <ul style="list-style-type: none"> • Listen actively to make the person feel you care • Listen, to make him feel valued • Do not judge, or interrupt 	<p>Ask: How have you been using open questions and listening actively to your patients? Can someone give an example? Probe on what happened/the effect Ask: How do you know someone is listening actively to you? How does it feel?</p> <p>Main points: Review the points on the slide Remind them that these are key skills for our work</p>
<p style="text-align: center;"><i>Tool box: Skills to understand</i></p> <p style="text-align: center;">Feedback must be constructive</p>  <ul style="list-style-type: none"> • Constructive feedback makes person able to learn, and take action to change • Start positive • Be specific, and constructive  <ul style="list-style-type: none"> • Destructive criticism shows you are better than him/her • Makes person feel bad, need to protect • Person is passive, does not take action 	<p>Ask: How have you been giving feedback? Get an example (use buzzing if needed) Ask: Does giving constructive feedback make a difference to colleagues? How? Get an example (use buzzing if needed)</p> <p>Sum up the main points</p>
<p style="text-align: center;"><i>Tool box: Skills to understand</i></p> <p style="text-align: center;">Empathy</p>  <p>Discuss:</p> <ul style="list-style-type: none"> • What makes it difficult to show empathy? • How do you do it well? • Show it <p><i>Acknowledge what you can see rather than telling that you understand</i></p> <p><i>"I can see that your child is very sick, we will do our best towards getting him well"</i></p>	<p>Exercise 1: Empathy</p> <p>Ask: How have you been showing empathy? Can anyone can give an example? Get an example, probe to explore what the patient might have felt Ask: For you to be able to understand how a patient feels – what do you need?</p> <p>Ask participants to discuss the questions on the slide, and prepare an example to show what they did when using empathy with a patient. See description of exercise at end of module</p>
<p>Being empathetic: What you do</p> <ul style="list-style-type: none"> • "Showing concern/ being with the patient. • "I listen actively to the patients' concerns being non-judgemental." • "Ask conscious questions (open questions) to avoid being analytical or triggering an emotional reaction." • "Demonstrating good non-verbal communication skills– nodding in agreement, eye contact, paraphrasing and probing". • "I give the patient enough time to express their concerns and ask all questions or fear, valuing and respecting their opinions then give a constructive feedback on areas to improve/take action." 	<p>After the exercise – Read some of the examples from other participants on how they practice empathy</p>

<p><i>Tool box: Skills to understand</i></p> <h2 style="text-align: center;">Empathy</h2> <ul style="list-style-type: none"> • Share experiences where it was difficult for you to show empathy. • What makes it difficult to show empathy? 	<p>Ask participants to share experiences where it was difficult to show empathy.</p> <p>Sum up the main points. Examples:</p> <ul style="list-style-type: none"> *The state of your own feelings – if you are stressed, or overwhelmed, of having a burnout – showing empathy is almost impossible. *When you are seeing patients do again what you have advised them not to do (e.g. using the bottle, when their child has diarrhea), or you make the assumption that the mother knows what to do – but still does not do it, then the automatic reaction of judgment may pop up and prevent empathy (<i>until you manage to step back!!</i>). *When you have many cases with the same problem, you may get a bit “immune”, and stop relating to the patients as persons. Pride (<i>disguising insecurity?</i>) can also be a barrier to showing empathy.
<p><i>Tool box: skills to choose right action</i></p> <h2 style="text-align: center;">Selecting strategy to communicate with emotional competence</h2>  <ul style="list-style-type: none"> • Having understood the situation – • what is your goal ? • How do you reach it? 	<p>Explain: The steps we have taken above have made us understand the situation – by observing, asking, respecting - and communicating with emotional competence.</p> <p>The next task is to put the tools together to choose the right action – to make a strategy that will help us reach the goal:</p> <p>To cure the patient (and make him/her better able to treat and/or prevent such disease later?)</p> <p>The following tools will help us reach the goal.</p>
<p><i>Tool box: skills to choose right action</i></p> <h2 style="text-align: center;">How do adults learn best?</h2>  <p><i>People learn from each other, through dialogue with people they identify with, and respect. Need to feel safe</i></p>	<p>Ask: Do you remember the main points here? Adults need to be involved in the discussion. They learn best when what is taught, is relevant to their situation.</p> <p>We also need to bear in mind – HOW adults learn: these are tools we carry in toolbox, or skills we carry in our basket.</p>

<p><i>Tool box: Skills to understand and advise</i></p> <p>Focus: On the patient</p> <ul style="list-style-type: none"> • For provider to educate and empower the patient well: <ul style="list-style-type: none"> – Feels safe in her/himself (<i>recognizes and steps back from emotions</i>) – Feels safe in the situation • This enables her to use skills to <ul style="list-style-type: none"> – Understand needs of patient – Focus on the effect of the communication on the patient – Provide Patient Centred Care • Awareness, skills and experience comes with practice, and feedback • Colleagues: help each other learn 	<p>Main points:</p> <p>For the patient to get to feel safe – you should feel safe yourself, as a provider</p> <p>We saw in the demo (Kahindi) – the Clinician did not feel safe herself, so she handled it badly</p> <p>If you are not safe in yourself – you will not be able to focus on the patient and understand the patient’s needs</p> <p>You need to use awareness – to have the antennas out – daily, to practice recognizing your emotions, and when necessary – step back from them to be able to communicate with emotional competence.</p> <p>Don’t be scared to ask colleagues for feedback</p> <p>Get feedback from people you trust</p>
<p><i>Tool box: Skills to understand and advise</i></p> <p>Take care of emotions first</p>  <ul style="list-style-type: none"> • Insecure, afraid, in pain: <ul style="list-style-type: none"> – Will not listen – Will not learn • Attention: on emotions • Will not remember info <p>➔ Calm first</p> <ul style="list-style-type: none"> • Then teach 	<p>Ask: Why is this important?</p> <p>Review the points:</p> <p>You need to calm the person. When the person is full of emotions, what happens?</p> <p>He/she can’t listen. Where is their focus? On his/her emotions</p> <p>If you tell them anything – they will probably not remember. A person remembers best when he/she is calm and present, when receiving information</p>
<p><i>Tool box: Skills to understand and advise</i></p> <p>Avoid categorizing patients</p> <ul style="list-style-type: none"> • “Uncooperative clients” • “Illiterate clients” • “Difficult patients” • “Stubborn patients”  <p>These kind of statements -</p> <ul style="list-style-type: none"> – gets out the judgment in us – prevents us from seeing the PERSON – creates distance <ul style="list-style-type: none"> • Any change in how you categorize patients? 	<p>Review: Categorizing patients is a common practice</p> <p>Ask: Why is it important to stop this (automatic, emotional) judgment?</p> <p>Main points:</p> <p>Makes you distance yourself from the patient, and stops you seeing the patient as a person</p> <p>When greeting – you show respect – this is very important in our culture</p> <p>When you greet – can you then see the patient as a category afterwards? If you greet, use the name, offer a seat – then the patient becomes a person</p> <p>Get some comments – on changes in practice?</p>
<p><i>Tool box: Skills to understand and advise</i></p> <p>Encourage/build responsibility</p>  <p><i>You cannot change others. You can take responsibility for own change</i></p>	<p>Ask: How can we help build someone’s ability to take responsibility for changing e.g. what makes them sick?</p> <p>By showing they are valued, respecting our patients; ask questions to find the reasons behind their action (without judging them), and make them understand WHY their action causes problems.</p> <p>We can help build good collaboration, which is a basis for learning.</p>

<p>Tool box: Skills to understand and advise</p> <h3>Control non-verbal communication</h3> 	<p>Review: The way you use your non-verbal communication will influence how people understand your information.</p> <p>Ask: Does anyone have an example?</p> <p>Get example, discuss.</p> <p>Remind them that 70% of our communication is non-verbal.</p>
<p>Tool box: Skills to understand and advise</p> <h3>How to give advice effectively</h3>  <p>Discuss: How advise parent?</p> <ul style="list-style-type: none"> • Mother with a 2 year old child • Child diagnosed with malaria • Put on oral antimalarial treatment: Coartem, 1x2x3 • How would you advise the mother to give this treatment at home? <p><i>Show how you would advise, to the group</i></p>	<p>Exercise 2: Giving advice</p> <p>Give the task to the participant – read the questions</p> <p>Ask them to discuss, and prepare a demonstration</p> <p>Ask for volunteers to come up and show it</p> <p>Discuss the demo – bring out main points, see next slide</p> <p>Note: It is common for providers not to explain WHY to finish the medicines. Be sure to emphasize this point</p>
<p>Tool box: Skills to understand and advise</p> <h3>How to give advice effectively</h3> <ul style="list-style-type: none"> • Make it clear and simple <ul style="list-style-type: none"> – how the drug works, how often to take it, for how long. • Explain WHY this treatment • Explain importance of finishing the treatment and what can happen if you don't • Be confident, friendly and non-judgemental • Be practical - if possible demonstrate how to measure and administer dose • Ask patient to repeat instructions, to check for understanding 	<p>Review the main points, refer to demo, above</p>
<p>Tool box: understanding barriers</p> <h3>Patient, provider, environment</h3> 	<p>Introduce the last section: Barriers</p> <p>Explain: When educating patients, we need to be aware about potential communication barriers that can hinder good interaction</p> <p>Ask them to buzz and remind themselves of a few barriers from patient's and provider's side.</p> <p>Examples: The patient: Feels uncomfortable; does not trust the educator; does not have money to follow advice; feels worried /judged/patronized; does not dare to ask questions; gets too much - or too complicated info; does not have the time</p> <p>The Provider/educator: Unfriendly, judgmental or patronizing; lacking respect for patient's perceptions, practices and concerns; Does not listen - interrupts – argues; Uses</p>

	<p>technical language; Lacks the appropriate knowledge and expertise; Does not follow-up The environment: too noisy; not safe; not private; not comfortable</p>
<p><i>Tool box: understanding barriers</i> What disturbs communication?</p> <ul style="list-style-type: none"> • Attitude: Indifference, no respect • Judgement • Criticism • Stress/hurry • Patient not feeling free • Swallowing your reactions • Being unaware 	<p>Review slide briefly (if time – this and the new two slides can be hidden if time is too short)</p>
<p><i>Tool box: understanding barriers</i> What disturbs communication?</p> 	<p>Review slide briefly</p>
<p><i>Tool box: understanding barriers</i> Not invited to ask questions</p> <ul style="list-style-type: none"> • Patients do not dare ask questions: <ul style="list-style-type: none"> – nurses are busy – Don't want nurse to believe he is ignorant – Would like nurses to invite them to ask; – Patients have many questions • Nurses: <i>patients should ask if they have questions</i> <p>Buzz: Who should take initiative?</p> 	<p>Review slide briefly</p>

<p>Tool box: Understanding barriers What disturbs communication?</p>  <p><i>Health providers are often not aware of their own emotions, and how they influence communication</i></p>	<p>Ask: How are you managing your emotions these days? Get one or two responses Remind them that not recognizing the influence of their own emotions, on how they communicate, can often lead to major barriers.</p>
<p>Tool box: understanding barriers What disturbs communication?</p>  <ul style="list-style-type: none"> • Taking things personally • Automatic reactions <p>Buzz in groups of 3:</p> <ul style="list-style-type: none"> • What makes you take things personally? • How do you react? • What can you do differently? 	<p>Ask: Acting automatically and taking things personally – is this still a problem sometimes? Get a response; acknowledge their learning on these important points (from observations and endlines) Ask them to buzz on questions Get feedback on one question at a time Main points: When overwhelmed, angry, insecure or stressed, or ruled by other strong emotions – it is common to take things personally. Reaction – usually automatic. Focus: On self Different reaction: Recognize, acknowledge, step back, reflect – and then decide what to do</p>
<p>Summing up: Assessing situation and needs to choose the best communication strategy</p> <ul style="list-style-type: none"> • Read the situation: Listen with ears, eyes and heart (<i>use antennae for feelings</i>) • Assess the need of the patient (observing, asking) • Decide: What is your goal • Choose strategy to reach your goal • Check: Dealt with Communication barriers? 	<p>Sum up the points, referring to examples brought out in the module (Kahindi, or the buzz in the slide above, or any of participants' examples).</p>
<p>Your learning aims for the course Continue discussing in groups of 3:</p> <ul style="list-style-type: none"> • How are you doing? • Reflect on your learning process with a colleague (<i>be generous with yourselves!</i>) Use results from «Kahindi-reflection» • What do you want to learn during these 4 days? • Which skill(s) do you want to improve? • Why? (what difference will it make, to whom?) 	<p>Ask them to buzz in groups of 3 to identify learning aims for the course, and write on flipchart. Ask them to be specific – e.g. if wanting to learn to handle emotions – which ones specifically? Hang flipcharts on the wall, review, and comment if there are points you know you will not be able to cover. Explain why, and suggest how participants could learn about these issues on their own. Compare results with objectives.</p>

Demonstration and exercises

Demonstration 1: Kahindi won't take the medicine

Purpose: To strengthen awareness about the potential effect of a provider not showing respect and not understanding and empathizing with a patient's need, on patient's adherence to his medicines. The patient is angry and desperate, and has real problems with side effects of the medicines he has been put on. The provider focuses on the medicine, not on the patient as a person, and not on understanding his emotions behind the grumpiness. The provider does not listen, and the patient does not feel seen, or heard.

Procedure

1. Select two trainers (*or experienced participants, whom you know can bring out strong emotions*). Instruct them to demonstrate the "bad practice" situation, where the provider responds to the grumpy patient with irritation and power, not with greeting, listening, empathizing, understanding and a problem-solving approach. Use the role descriptions to create the demo.

The patient: Kahindi is itching

Kahindi is a man in his 30s with a family of four children. He has been on ARVs for a year, and taking his medicines regularly. He has been a good patient. Now he has developed a rash which really bothers him, and he has trouble working (as a clerk).

He always has to scratch himself, also in private places. He is embarrassed about this. He has trouble sleeping, as is afraid his wife will leave him. He is grumpy, and quite desperate. He is rude to the provider.

He stopped ARVs a week ago, and seems determined to not go back.

He needs to keep his job, as his family depends on him.

Kahindi arrives in the provider's office and puts the pills on the desk, saying "Here are your pills! I am not taking them any more. They are terrible!"

The provider: Labels Kahindi as a "difficult patient"

The provider has had a long day, with many patients. The next one is Kahindi, whom she has seen before. She knows he has been on ARVs for some time, and that he has been doing fine.

When Kahindi comes in and "slams" his pills on her desk, claiming he will not take them any more, she gets very irritated and treats him like a child who is not doing what he is told, and does not show him respect as an adult nor tries to find the reason behind his frustration. She tells him that he is being difficult (*labels/categorizes him*); that he knows he has to take the medicines to control his disease. When he still refuses, she makes him aware of the consequences: "You know that if you don't take your medicines, you will die!"

The encounter is an argument, rather than a consultation.

2. **Show** the slide "Why did Kahindi not take the provider's advice?" with the first 3 questions, and ask them to discuss.
3. **Get** feedback on one question at a time, from several groups. Ask probing questions to identify the emotions of Kahindi, and his possible reasons for not taking the provider's advice. Also probe to explore the possible reasons for the provider's bad behavior.
4. **Show** the next slide, ask them to discuss and prepare how they would respond to Mr. Kahindi, using their skills to communicate and manage emotions well
5. **Ask** for a volunteer to be the "good provider". Run the demonstration again, letting the trainer still be Mr. Kahindi who behaves in the same way when coming into the provider's

office (but becomes cooperative when asked what are the reasons behind his frustrations, and when he is engaged in a respectful dialogue to find a solution for his rash and itch).

6. **Show** the next slide, and ask participants to discuss the questions.
7. **Get** brief feedback on the questions, one by one

Main points to bring out – “bad provider”

- **Provider’s goal** was to get Kahindi to take his ARVs.
- **Reasons** she did not reach the goals were e.g. – she did not greet him and make him feel welcome – did not create a safe environment for the consultation. She did not listen with the intention to understand Kahindi’s problems, she showed no empathy, and no respect; she labeled him “difficult”, rather than trying to understand his difficulties; she tried to convince him, rather than listen to him; she told him what to do, rather than ask questions to explore the reasons for the problem.
- **The provider** seemed to take Mr. Kahindi’s mood as a personal “insult”, and got locked into an argument – rather than taking a step back from the moody person she was confronted by. She focused on and took care of her own feelings, not Kahindi’s. She might have fear that she would be blamed for the poor outcome of Mr Kahindi’s treatment, and for the bad service – these could be reasons she focused on herself. She could simply also be “just” in a bad mood, and not be aware, or practice awareness and stepping back. She did not manage her own emotions well, and could therefore not respond to Mr. Kahindi’s emotions constructively.

Main points to bring out – “good provider”, or “Gold Standard”

- *See Skills used in example, skills 1-7.*
- When discussing reasons the different skills are important – focus on the emotional ones: To create safety, establish trust, make the patient feel respected, valued and appreciated. By practicing these skills, the provider creates the basis for being able to reach her goal as a professional: To understand and meet Mr. Kahindi’s needs (i.e. treat his itch), and motivate him to continue on ARVs.

Exercise 1. Empathy

Purpose: To create awareness of potential effects on the patient of the provider saying “I understand how you feel”, when the provider has not had experience to enable him/her to really understand, because the provider has not had the actual experience (e.g. being HIV positive, or losing a child). To strengthen skills to choose different statements to show empathy, which can be felt as credible by the patient.

Procedure:

1. **Ask** if anyone can give an example of using empathy. Probe to find out if the participant believes the patient experienced this as empathy
2. **Make** the point that the provider may have the intention of showing empathy, but needs to be very aware of how this is received by the patient: Patients who are vulnerable and need empathy, can also be very sensitive.
3. **Ask:** For you to be able to understand how a patient feels – what do you need?
4. **Ask** participants to discuss the questions on the slide, and prepare an example to show what they did when using empathy with a patient
5. **Discuss** what it was in the example that showed the patient felt empathized with
6. **Make the point:** The difference between telling that you “understand”, vs telling that “you can see she is struggling”.
7. **Sum up** main points on awareness, and action

Main points to bring out

- Patients who are in a vulnerable state emotionally, are very sensitive. It is important for the provider to be able to step back, and question his/her own skills to show empathy in a good way.
- Telling that you understand might not be felt as “real” by the patient, if the provider has not had the actual experience (e.g. being HIV+, or having lost a child, or having to amputate a limb, etc). Telling that you can see she is struggling/having a difficult time might feel more comfortable and “real” to the patient, and communicate the intention of empathy in a better way.
- Many providers have the habit of saying “I understand how you feel”. This habit should be questioned – from the perspective of exploring how the patient perceives it. The provider needs to shift focus from “I am showing understanding and empathy” to asking “How can I best show this patient, in situation X, that I see she is struggling/having a difficult time, and that I want to support her”?
- Other statements that can be used are e.g. “I can see you are troubled. We will find out what is the problem, and then hopefully solve it”; “I can see you are worried (or concerned), we will do what we can to assist you”. This usually feels better than saying e.g. “Don’t worry”, which can be felt as a rejection of the patient’s fear, as if saying “your feelings are false”.
- The difference between sympathy and empathy is felt by the patient. When you discuss with someone – e.g. your patient – **sympathizing** is natural. You tend not to feel for her, you show her that you are sorry, but keep your distance. To **empathize** means that you engage yourself deeper, you connect with her emotions, with the intention to see the situation from her perspective. You put yourself into that patient’s shoes, and imagine – how would I want to be treated?
- **Empathy** is a powerful method which is felt strongly by the patient, and means the patient really feels seen, heard and understood. Empathy can be a good basis for cooperation between provider and patient (or parent). It is a challenging skill to practice. Practicing empathy is usually felt as very satisfactory and fulfilling to the provider. Many providers say that although giving empathy is challenging, it also gives them a lot of energy.
- Many of you said (in observation tasks) that it is difficult to show empathy. Some of the things that make it difficult to practice empathy is the state of your own feelings – if you are stressed, or overwhelmed, or having a burnout – showing empathy is almost impossible. When you are seeing patients do again what you have advised them not to do (e.g. using the bottle, when their child has diarrhea), or you make the assumption that the mother knows what to do – but still does not do it, then the automatic reaction of judgment may pop up and prevent empathy (*until you manage to step back!!*). When you have many cases with the same problem, you may get a bit “immune”, and stop relating to the patients as persons. Pride (*disguising insecurity?*) can also be a barrier to showing empathy.
- **How to learn practicing empathy?** Needs to be learnt over time: In training you may have been told what to do, but not HOW to do it. You learn empathy through your own life experiences – it can make you feel for the patient when you have been going through the same problem yourself (see example, below). BUT – you can also practice without having the experience: When you are aware of the effect of your actions and emotions on the patient, and you have the skill to manage emotions – you can practice empathy. Practice makes you do it better, and – patients will recognize and appreciate honest attempts at and intentions to show empathy – even when you are not “perfect” in how you do it. The ability to listen is a key skill – to find the reasons behind the problem facing your patient. For most people, using listening skills to “get the story” is a useful entry point to feeling and showing empathy.

An example of provider practicing empathy:

A trainer (who is a provider) lost her child to meningitis recently. The child was in a coma for several days before she died. Recently, there was a mother with a child in a similar condition, the child was in a coma, and then died. The mother was very sad. The trainer felt the experience stirred some of her own pain. She comforted the mother, and shed some of her own tears together with her – without losing her perspective as also being a professional: ***She cried with awareness, and kept the focus on the grieving mother.*** Both the mother and the trainer experienced this as helpful. The trainer felt the experience also helped her lighten her own load a bit, while being there fully for the mother. This is empathy in practice.

Another example: “I understand how you feel”

A participant shared the experience of being with a close colleague who had just lost his son in a traffic accident. The participant went to the colleague’s house with the intention to show empathy and to comfort him, and said “*I understand how you feel*”. The colleague got very upset and asked – “*How can you understand? Have you lost a child?*” The participant said he had not, but he had meant to help by wanting to understand. The two colleagues had a good exchange after this, but the participant said he got a bit of an “awakening” regarding using the phrase “I understand how you feel”. He is since then trying out other ways to express his empathy, e.g. by saying “I can see you are struggling with this. How can I help?” His report is that patients respond better to these phrases.

Exercise 2: How to give advice effectively

Purpose: To create awareness about what are main elements of giving good advice. Furthermore, to strengthen awareness of and skills to practice giving advice, and to include the element of why (e.g. to finish the course of medicines) in their advice to patients.

Procedure:

1. Ask Participants to discuss the case, and practice how they would give the advice to a mother
2. Ask for a volunteer pair to come and show how they would do it
3. Ask the group to comment on what the demonstration pair did well, and which skills they could improve. Probe and emphasize on important aspects, like explaining why to give a full course of medicines. Remind them to practice constructive feedback!
4. Sum up, using the next slide

Main points to bring out (see the next slide):

- The provider needs to keep in mind how adults learn
- Let the patient hold the pack of medicines
- Give the first dose in the clinic (research has shown that this really increases adherence)
- Ask the mother to repeat the instructions, to ensure understanding
- Ask the mother if she has any questions