Module 7 (2f)

Personal + impersonal language and communication, and its effects:

Professional distance, or professional closeness?

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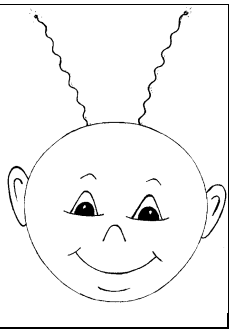
Background for trainer

The way a provider uses language has an important effect on the patient: An **impersonal language style** can communicate neutrality, distance, and often implied power. NB: when a provider uses impersonal language, he also de-personalizes the patient – which can be a sign of burnout (in addition to emotional exhaustion and lack of job satisfaction – see module 7 or 2g). When used with emotional competence, a **personal language style** can communicate closeness, the intent to listen, to create trust, to build a professional relationship and more equal power relationship, and often – communicate empathy.



There is no "right" and "wrong" about the use of language styles – the provider needs to be aware of both styles, and be able to choose consciously the most appropriate style to communicate well in each situation. Assessment of the emotional "landscape" is a key to finding the way that meets the patients' needs, and achieves a good professional balance.

We are trained as providers to use the impersonal style most of the time in our work - to create professional distance. This style has its advantages, and when used with awareness and emotional competence, it can be the right choice in some situations. But we must **also** be able to use the personal style with awareness and emotional competence - to create professional closeness.

This module shows how to identify and use the two styles, and points to benefits when the personal is used appropriately and potential harm when the impersonal is used inappropriately.

The aim will be for the provider to recognize his/her own emotions in different challenging situations, to be able to step back (from old habits and automatic reactions) and choose the appropriate action and language style and strategy for communication –

- ✓ ***giving him/herself enough protection to be able to be professional, but***
- ✓ ***not so much that it shuts the parent/patient out.***

This requires awareness with attention to and respect for emotions, and practice, with feedback – in other words – practicing emotional competence.

We will not be exploring the advantages of the impersonal style much here, because it is commonly the predominant style in medical communication. Medicine often teaches us to value and use this style – without being conscious of an aware choice to communicate differently, or of the effects and limitations of automatically using impersonal style. **The focus in this module is to explore critically when, why and how to use the personal style, discuss why this is sometimes the right choice, and look at the effects of using a personal communication style, on the other person.**

An impersonal statement would be for example (speaking to a patient):

- *"There is a need to check your blood for diseases, and to take a blood sample. You will be informed about the results."*

Communicating this message in a personal style could be e.g.:

- *"We need to check if you have malaria. I would like to take a blood sample from you. I or my colleague will come back and give you the results this afternoon."*

Automatic use of language and communication style is often connected with emotions or mood, and with habits and personality:

A provider who feels safe, and who likes to relate to patients, will often be *emotionally competent* and use the personal style, automatically. The provider then "signals" that she/he is open to interaction and to any response or question that the patient may ask.

The personal style often goes along with showing respect for the patient, establishing a relationship and building trust, and appreciating the patient's perspectives and ideas. It will often be experienced by the patient as receiving patient centred care, and empathy.

Personal style – professional closeness

A provider who feels less safe, or is in a low mood, or feels insecure for any reason, will often automatically use the impersonal style – or even arrogance - to limit interaction and prevent questions from patients. The purpose is – to protect his/her own feelings (of insecurity or vulnerability). This purpose is often unknown to the provider – the action is automatic, directed from the subconscious, and a habit. Sometimes it is conscious, and may then be used to establish or maintain power. When using the impersonal style, showing empathy is usually difficult, or impossible. Emotional competence is lacking.

Impersonal style – professional distance

Non-verbal communication is an important part of the language and communication style, and often comes automatically: The impersonal style is often connected with an impassive or "blank" face; the personal style – with a more "open" face, and with the provider looking directly at the patient.

Impersonal style = automatic: Most of the providers in our courses have been quite unaware of the difference between personal and impersonal language styles, and many have had a habit of using the impersonal style without thinking or reflecting critically about it, or being aware of how it is perceived by the patient.
The impersonal style is also frequently used in medical situations, with the intention of ensuring objectivity, and creating distance, and sometimes – to maintain the medical hierarchy. There may be a tendency to use impersonal language as a "default mode" amongst providers, without awareness of the effect the use of language can have on the other person, and on the relationship: This style creates, and maintains, professional distance.

Impersonal style can be needed: Sometimes the impersonal style is useful to provide neutrality, or objectivity, in emotionally sensitive or loaded situations, to take the attention away from the

emotions. The provider maintains authority, which is sometimes needed, to set professional boundaries and maintain professional distance to the patient and the situation. It is important to be able to choose this style, consciously, when the safety (*or emotional stability, or ability to handle emotions*) of the patient and/or the provider is best served by a certain distance.

However, the impersonal style is frequently used (automatically) to avoid taking personal responsibility, and thus avoid potential blame. An impersonal style is often seen as passive: There is no clarity about who has the responsibility for taking action. Thus, it is often used (also subconsciously) to avoid responsibility if something is not done, or goes wrong, and to avoid potential blame for such (in)action.

Medical aspect in focus, not the patient as a person: Often, use of impersonal language is experienced exactly like it sounds by the patient: ***Impersonally***. The patient does not feel seen and met as a person, but more as an object, or category: *"How is the gallbladder case today?"* The provider focuses on the medical aspects only (*which is sometimes necessary, but often not*) – and does not see or relate to the patient behind the disease. The effect on the patient can be that he/she may become passive and not participate well in care, nor feel free to ask questions of the provider. There is no "connection" to the provider. This can lead to a lack of patient centred care.

When the provider uses the impersonal style only, consistently, it may feel provoking to the patient. The professional distance may not feel like patient centred care. It may also prevent the provider from receiving positive energy from the patient – and thus there may be less job satisfaction.

Using emotional competence can build professional closeness: An impersonal style is often used to ***avoid*** relating to emotions – provider's own, or the patient's, or both. When providers have learnt to recognize and manage emotions, they also find it easier to use personal language to relate with patients: It becomes a more natural style as they relate more directly to patients. When using a personal style with awareness and emotional competence, the provider can be more present and connect with the patient as a person, and can recognize and relate to the patient's emotions. The provider can more easily establish the kind of relationship that may lead to good cooperation and care, and possibly to motivate and empower the patient re follow-up care. The patient (or relative/parent) will be more likely to ask questions and engage in her own (or relative's) care when the provider sees her as a person, and includes her emotions in the interaction.

The personal style is active, and it is clear who has responsibility for taking action:

- *"I will make sure you get the results of this test before lunch today."*

An impersonal style in this situation could be:

- *"The results will be brought here when they are ready."*

However, providers are not always aware when they are using a personal style: Some simply have a personal style as a part of their personality, and have not developed necessary perspectives reflecting on when it may be useful to use the impersonal language style. They may also not have had the opportunity to learn emotional competence skills. When this is the case, the provider may have a tendency to also take comments and actions personally, and be offended/feel rejected. The provider may have a need "to be personal" for her own reasons, and does not know how to step back and focus on the patient's needs. This can create difficult situations and does not necessarily lead to patient centred care. Using the personal style without emotional competence doen not necessarily function well.

Awareness and balance needed: The provider needs to be comfortable about having the status as the health professional – without having the need to use it to "put the patient in her/his place" –

which is often done through using impersonal, authoritarian language. An "overdose" of the personal style is also not appropriate, by trying to be "a friend" – this can lead to losing the perspective of having the appropriate professional role and status – in a comfortable, natural way: The patient expects the provider to be the professional, and will usually relate well to someone who consciously uses language styles that fit the intention and the purpose of the interaction. The aim is – awareness, choice, and balance.

Both/and: Choosing style – with awareness and emotional competence

The aim is for the provider to become aware of and knowledgeable about the form and effects of the personal and impersonal language styles. She/he must be able both to recognize emotions, step back and be present, analyze possible reasons behind the emotions, and then choose the style appropriate for the situation and person she/he is relating to. The chosen style must also be right to respond appropriately to the emotions that are present.

A patient who is very vulnerable often needs respect, empathy and care – from a provider who is able to use a personal language style to establish professional closeness. This challenge may be best met by a provider who is emotionally competent, and is able to recognize her/his own emotions (especially the vulnerability) as well as those of the patient; step back, and respond with kindness and empathy. A provider who chooses (or automatically uses) impersonal language and communication style and thus creates professional distance, may not be the right one to meet the needs of this patient.

The stronger the emotion, the more important it is to be aware and able to use both the personal and impersonal language and communication styles, consciously. The provider needs to e.g. be able to use a personal style, and maintain professional connection with the patient or relative, while also being aware of and keeping her/his own emotions under control. For example, relating to a mother who has lost her child is difficult. Many providers use an impersonal style to create professional distance to protect themselves from the strong emotions of facing a patient dying, or from comforting a parent who has lost a child. This example is used in the module, with an impersonal style demonstrating how neither the parent nor the provider gets their real needs met through using this style. Later, we let participants practice using emotional competence and a personal communication style in the same situation. Participants then discuss how using these skills and the personal style may help the acceptance process (*and possibly the healing of the grief*) of both.

Learning to recognize emotions, analyze the situation and choose the appropriate communication style is possible, and a useful tool for providing patient centred care, with awareness. Strengthening the emotional competence to learn these skills is the aim of the module.

There are 4 sections in this module. An overview:

1. **Introducing the topic,** defining the difference between personal and impersonal language and communication styles and strategies, and the importance of the difference for providers' work. Explains the difference between personal language style, and taking things personally. Setting objectives (slides 1-5)
2. **Using impersonal language**: Demonstrating use of impersonal language and communication with a mother having lost her child; discussing/defining the characteristics of this type of language and communication, and defining and reflecting on the (emotional) effects on the mother and on the provider. Discussing and defining the link between using impersonal language and communication, and responsibility to take action; summing up effects of impersonal language and communication, which creates professional distance (slides 6-12)
3. **Using personal language and emotional competence to create professional closeness:** Discussing and defining the link between using personal language and communication, and

responsibility to take action; summing up effects, and linking this to personal style of speaking. Letting participants practice (role play) using personal language and emotional competence with a mother having lost her child; discussing/defining the characteristics of this type of language and communication, and reflecting on the (emotional) effects on the mother and on the provider. Linking to emotional competence skills (slides 13-21)

4. **Choices, aims and summary:** Summing up the need to make conscious choices about the use of language, communication style and emotional competence with patients (and others) in different situations, to create professional closeness or appropriate professional distance, depending on the need. Summing up effects of the different styles, on provider and on the other(s) (slides 22-24)

Further background about purpose and contents of the sections

1. Introduce the topic and establish relevance

Relevance can be established by asking participants to identify two different styles of language and communication, and relating them to their work as health providers: How do they use these styles? Are they aware of when they use which style, and for what reason? They can be invited to start seeing the importance of using the styles consciously to create professional distance or to connect with the patient. They can reflect on the different effects the styles this will have on establishing trust and a relationship with the patient, and on patient centred care. If the topic is quite new to the participants, getting out a few examples will start making the styles more clear to them. If participants are confused by the difference between personal language and communication style, and taking things personally, this confusion should be cleared by discussing the differences. Examples are essential here.

2. Using impersonal language (and clarifying difference to personal)

The demonstration of the use of impersonal language and communication with a mother having lost her child, and seeing the (emotional) effect on the mother, is often a strong experience for the participants – and brings clarity to how this style can be felt as uncaring and cold by the mother, who is grieving. Reflections on this demonstration can bring out that this is the style many colleagues have been using more or less automatically/from habit, and – that providers have been focusing on protecting their own emotions, and not realized the pain they have (unintentionally) caused the parent by using such language. By exploring the many expressions providers use to talk impersonally about death, to avoid the painful feelings for themselves, participants will gain awareness about present habits among health providers, and the effects of these on the parent, and on themselves.

The emotional link is explored here, and a main point is that providers often use the impersonal style automatically or unconsciously to protect their own pain, fear and other emotions – as they have not learnt a more constructive way of managing this situation – by using emotional competence. With the skills learnt in this training course, they can now start to consciously manage emotions when handling such situations: Recognizing their own emotions, as well as those of the parent, step back from automatic reactions, analyze what are reasons behind the emotions, and then – choose the best communication strategy. They can decide to use personal or impersonal language and communication – with awareness. The links to the previous module should be made.

When discussing the examples in the handout, the link between using impersonal language and communication and (not) taking responsibility to act should be defined and discussed: ***Often, impersonal language is used to avoid taking responsibility.*** When looking at the question of showing empathy, it becomes clear that an impersonal style makes showing empathy more difficult, if not impossible: The patient will most likely not feel the provider is there for her if she keeps distance through using impersonal language and "just" treating the disease, and not seeing and treating the patient as a person – WITH the disease.

It is important to point out here that using impersonal language and communication is necessary sometimes, to provide "space" and professional distance for the provider, and to consciously not relate to the patient (or the colleague, or supervisor). The trainer should encourage awareness of the effects of using this language style and develop and practice skills to choose and use it appropriately.

3. Using personal style (and clarifying difference to impersonal)

The definition of a personal language and communication style is easier once there is clarity about what comprises the impersonal style. Participants can come up with some examples in their groups, and then be given the second handout with examples, to discuss the effect on the other person, and identify with whom the responsibility lies to take action when using this style. The effects of using this style are summed up by clarifying both positive and (potentially) negative consequences of being personal, and then reflecting on how they themselves usually talk to patients and colleagues.

In the role-play, the providers are invited to use personal language and communication style to communicate with empathy with a mother having lost her child, using emotional competence. They may explore how the personal style can help the provider recognize, respect, relate to and respond to the emotional needs of the mother in a constructive way, making her feel as safe as possible. The role-play and discussion in groups give space for further reflections on the effects of using the personal style on the mother, and on the provider him/herself. The reason for using this style consciously is often to take care of the emotions of the parent, and through doing this, the provider finds it easier to recognize and take care of her own emotions as well. This prevents the provider from having to bottle up the (painful) emotions, and makes it more possible to cope with similar situations later.

4. Choices, aims and summary: Awareness is the key

There are several situations where the choice of which language style to use, must be made – not only in the extreme situation of death. In the summary slides focus should be also on these other situations, with examples.

The aim will be for the provider to recognize and be aware of his/her own emotions in these different situations, to be able to step back, analyze reasons for the emotions and then choose the appropriate language style and strategy for communication. Doing this will give him/her enough control over her emotions (=protection) to be able to be professional, but not so much that it shuts the parent/patient out. This requires awareness, and practice, with feedback – in other words – the building of emotional competence, over time.

The trainer should take the issue of personal and impersonal language and communication style with him/her throughout the rest of the training course, and bring it in as a reference point whenever possible and relevant. This will help strengthen participants' awareness and recognition of when and how they automatically use the different styles, and reflect on the use of them. This can be done through asking them to define which style they use in e.g. answering a question during the session (if impersonal – ask them to turn it around and use personal style). It can also be used by the trainer commenting on e.g. a demo by participants, and highlighting which style he/she used and when, and point to the effects of the style, on the other person(s).

Time needed: 1 ½ hour
Handouts: Presentation; personal and impersonal statements (2 different pages, or double-sided)
Materials needed: Flipchart, marker pens
Facilitator/co-facilitator roles: This presentation is best done by an experienced trainer, by her/himself. Other trainers function as assistants, rather than "co-facilitators" (*see definition*).

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

Professional distance, or professional closeness?  **Personal and impersonal language strategies, and their effects:** **Introducing emotional competence** **Follow-up course** **Kilifi** Ane Haaland, Hiza Dayo, Ayub Mpoya, Mwanamvua Boga	**Ask:** Can anyone tell me what we mean by personal communication style? And Impersonal communication style? **Get** a few examples **For example:** **Impersonal** – *"This medicine should be taken as directed"* **Personal –** "*John, please take this medicine the way I have shown you*" **Note:** It is often the case that providers are confused about the language styles, and e.g. confuse "personal language style" with "taking things personally", in the beginning. The trainer should clarify the difference by using examples.
Personal style? Impersonal? **Is the difference important? Why?** • Define: ***Personal? Impersonal?*** • *«The blood needs to be checked. There is a need to investigate.»* • *«I will take a blood test from you, and bring you the results in the afternoon. We need to check if you have (...malaria)»* • Why is it important to be aware?  	**Explain**: Let us look at the difference, and if and how the use of these different styles is important in our work with patients. We all have more experience with the impersonal, though not necessarly with awareness. We'll put more focus here on the benefits of the personal style than on those of the impersonal, though they exist! **Ask**: Which picture fits with which statement? Why? **Purpose:** To start linking the emotional aspects to personal and impersonal. **Main points:** Personal – takes care of emotions, related to patient/parent as a person, and – also of provider's emotions (usually). Meets needs, makes patient feel safe **Impersonal** – Can protect the provider and the patient from being emotionally overwhelmed, but does not take care of emotions on either side. ***The need: Learning to use emotional competence to choose which style to use, why***
The difference between **Personal language style, and taking things personally** • **Personal language/ communication style =** • **Conscious use** of language and communication to create professional closeness  • **Taking things personally =** • Being offended, or feeling hurt by something someone said or did • Often an automatic reaction, believing the other person intends to hurt or offend • Very often «wrong» – the other person most often did not intend to hurt • Often results in conflict 	**NOTE: In some settings, providers confuse "personal language/communication style" with "taking things personally".** **Use this slide to clear the confusion** **Points for discussion:** Personal communication style – Helps to establish trust and build relationship with a patient; Helps to provide patient centred care. Builds professional closeness **Taking things personally**: «The other person wants to get at me» Often caused by insecurity and lack of knowledge and skills

Objectives

- **Strengthen knowledge and awareness about**
  - What are personal and impersonal language and communication strategies, how you use them
  - the ***effect*** of using such strategies, on self and others: Creating professional closeness or professional distance
  - Why you use them automatically, or choose them consciously: **the emotional reasons**
- **Strengthen emotional competence skills**
  - to select and use personal and impersonal language and communication strategies, with awareness of the effect on the other person

Acknowledge – this morning – we dealt with Death and Dying, and shared experiences. This is an emotional – and important topic.
Now, we are looking at a communication method we can use consciously to deal with such situations.
We are not going to share further experiences, we will now focus on ***the language as a tool.***

Read out the objectives

Demo:

Telling a mother her child has died

Demonstration 1: The child has died
Trainers should prepare and present this demo.
Purpose: To strengthen awareness of the potential (emotional) effects on the mother (as well as on the provider), of the provider using impersonal language style to give her news that her child has died. Furthermore, to strengthen participants' skills to feel empathy with such a mother by being able to step into her shoes (while observing), and reflect on her feelings about how her emotional needs are met. Finally, to strengthen ability to reflect on which style they themselves use in similar situations, and why. Assess needs and potentials for change.
See notes at the end of the slides for how to run this demo and discussion.

Discuss in groups:

What kind of language did HP use?

- What characterizes this language?
- What is the **effect on the mother?**
- **Effect** on the **HP**?
- **Why** does HP use this language?

Ask participants to discuss questions on the slide
Get feedback on one question at a time

See notes at the end of the slides for how to run this.

Using impersonal language

We use impersonal language:

- **«The patient packed»; «RIP»**
- **«The patient collapsed»**
- **Characterized by**
  - **Distancing from the other**
  - **Neutrality, not engaging**
  - **Being diffuse**
  - **No emotion**
  - **No invitation to engage**

Effect:

- ***Protecting the provider – from dealing with emotions***
- ***Not dealing with the patient's or parent's needs***
- ***Parent feels rejected***

Discuss, using these points to supplement what the groups have come up with in the discussion on the previous slide.

See notes below the slide for how to run this.

Handout **Impersonal language, and taking responsibility?** 	**Give** the handout (se at end of slides) **Ask** them to work in pairs to discuss the statements, the effect on the other person when each statement is used, and where the responsibility lies when using impersonal statements. **Ask** groups to pick and example, and answer the questions; pick another group to do the same, and sum up. **Ask** if many people use this style, without thinking? **Ask** why it is important for them as providers to have knowledge about these styles, and skills to use them with awareness.
***Discuss in pairs:* How do we use impersonal statements in our medical work** • *«Blood samples will be taken from the patient»* • *«It is not necessary for the patient to worry»* • *"There was nothing that could be done"* • *Interrupting is the most detested listening habit. When you interrupt one spends their time not listening to what is being said* • *It is effective to listen attentively, not being judgmental and not with mouth full of words. By applying the communication skills, one is able to handle conflicts effectively* **Discuss:** • **What is the effect on the other person?** • **Where (with whom) is responsibility for taking action?**	
Can you show empathy, using impersonal style? 	**Ask them to buzz**: Can you give an example of statements that communicate empathy? **Get** examples, discuss **Main points:** To show empathy, you must use personal style Empathy means you will have (or establish) a connection to the other person and establish professional closeness. You cannot have this connection if you use impersonal, neutral language. **Please also refer to** the empathy discussion in the introduction module (Gold Standard strategies)
Effects of using impersonal style **On you - You** • **Create distance** to the other person • Remain **neutral**, not engaging • Maintain authority, remain in control, keep the **power** • Do not take **responsibility for action** • Your feelings are **protected** from attack. No one can "get at you"/**hurt** you **On the person you speak to:** • Freedom to concentrate on issue, not person? • Feeling small, not seen as a person? • Not being **engaged**? Not connect with you? • Disappointed/hurt (if needing e.g. Emotional support) • Can feel «cold»: *You relate to medical issue, not to person*	**Sum up** effects of using impersonal language, first on you/the provider, then on the other person – using the points from the discussion. **Emphasize** that using impersonal style is not BAD in itself – it is only when used without awareness and emotional competence that it can cause problems. Sometimes it is needed to assert your own authority and create or maintain professional distance. Ask for examples of such situations, confirm, and discuss briefly, if time.

Personal style – characteristics? • *Examples– Using personal style?* 	**Ask** for examples from their own work, using personal style **Get** a few examples, write on flipchart (*you will refer back to this a few slides later*) **Purpose:** To make them think what characterizes this style, before being given examples on the handout
Handout **Personal language, and taking responsibility?** 	**Introduce the handout**: *«Now – let us look at another way of speaking – using personal language"* **Ask** them to work in pairs to discuss the statements, the effect on the other person when each statement is used, and where the responsibility for taking action usually lies when using personal statements. **Ask** groups to pick and example, and answer the questions; pick another group to do the same, and sum up. **Ask** if many people use this style, without thinking? **Ask** why it is important for them as providers to have knowledge about these styles, and skills to use them with emotional competence. **Get** responses - discuss
Discuss in pairs: How do we use personal statements in our medical work • *«You need to follow the instructions closely to make your son John get better»* • *«I need to take some blood from your son to see if he has improved. I will come back and give you the results this afternoon»* • *"There was nothing that I could do"* • *"I can see that you are upset. Would you like us to talk?"* • *«There has been significant change in the way I treat people with respect. People feel valued, and in turn I feel valued, too»* **Discuss:** • **What is the effect on the other person?** • **Where (with whom) is responsibility for taking action?**	
Effects of Using personal style **On you – you:** • Feel **connected** to the other person, **see** him/her as a person • **Engage** in the interaction • Your opinions are easier **understood**	**Sum up** the effects of using personal language style, first on you/the provider, then on the other person – using and linking to the points and examples from the discussion above. **Negative effects**: Ask them to give an example of situations where a colleague was TOO

• **Commit yourself**, (may) have to take **action** • Take **risks** • May feel **vulnerable** and find difficult to withdraw • **Invite** dialogue – spark engagement **On the person(s) you speak with** • People feel **safe** – they know what you mean (*or at least what you plan to do*), even though they might not agree • May feel emotionally supported/seen as a person • May feel **connected** to you • People may **judge** you, but also **respect you** • Can create **conflicts**	personal and what that "cost" the her AND patient (what was the effect)? **Ask:** How can you use emotional competence (EC) to choose and use the styles appropriately? Let them think, discuss briefly. **Main points:** When using EC, you recognize the emotions of yourself and the other person, look at possible reasons, and then choose the action and communication style – with awareness, based on the analysis. (2 slides)
In pairs: Reflect on when you use personal style – effects on others? • ***Examples – and effects*** 	**Ask** them to refer back to the examples above (on the flipchart, or from the subsequent discussion), and **reflect** on the effects of using personal style, on the other person. **Ask** them to also discuss an example of where a colleague was too personal, and what the effect was – on her/him, and on the patient? **Ask** for insights on how they themselves use these two different styles, and reflect. **Relate** to awareness, emotional competence, and to stopping automatic reactions
Role-play practice: **Telling a mother her child has died** 	**Roleplay using personal language:** **Your child has died, I am so sorry** **Intro:** Now, I would like you to practice in groups how you can use personal language style to tell a mother her child has died. **Ask** participants to divide in groups of 3 Explain the situation they should role-play (repeat of the demo situation); see below slides **Purpose:** To strengthen ***awareness*** of the potential (emotional) effects on the mother (as well as on the provider), of the provider using personal language style and emotional competence to give her news that her child has died. Furthermore, to strengthen participants' ***skills*** to use personal language style and emotional competence to tell a parent that her child has died, and to feel empathy with such a parent by being able to step into her shoes (before and during the interaction to give her the news). Finally, for the group to reflect on the parent's feelings about how her emotional needs are met, and that she is seen as a person who needs compassion and care; continue to reflect on how they themselves speak in similar situations, and assess needs and potentials for change – to practice emotional competence. ***Procedure and points: See at end of the slides***

Discuss in plenary: ***What kind of language did HP use?*** • What are statements you used, which you consider «personal language»? • What characterizes this language? • What is the effect on the mother? • Effect on the HP? • Why does HP use this language? 	**Ask** the questions on the slide, one at a time. **Get** examples of what they said, to clarify what a personal language style looks like Write examples on flipchart (get one of the participants to write) **Link** this to professional closeness, and to using emotional competence **See** notes below the slides for how to run this.
Using personal language  • Characterized by – Seeing the patient as a person – Being present – Acknowledging emotions – Being clear – taking responsibility – Invite/encourage to engage We use personal language: • «Pole, mama – your baby Kadzo has died. I am so sorry» • *Effect:* • *Parent feels accepted/respected* • *The parent's need for empathy are met* • *The provider can become vulnerable*	**Discuss,** using these points to supplement what you have come up with in the discussion on the previous slide. **The provider can become vulnerable –** refers to emotions in the provider being stirred. If the provider has unresolved issues herself regarding (recent) death of a close one, it may be difficult to practice having professional closeness. Emotional competence skills are needed here – to enable the provider to recognize her own emotions, the reasons, and how to take care of herself – while also taking care of the parent. **The provider can also be "over-personal",** and treat the patient as a friend – without having appropriate boundaries. This is not ok. Can feel invasive. Again – EC skills needed. **See** notes below the slide for how to run this.
CHOICE: **Personal, or impersonal?** • *Depends on the situation – and your goal:* • Person is upset/scared/sad: – Usually: Meet the feelings with empathy, be personal. – If emotions are high – some distance may be right, to calm down: Impersonal. Consider change to personal, later • Person is in good mood: – Respond to feelings, acknowledge. Then give info – *If impersonal/advising – person will feel rejected* • Person is neutral/impersonal: – Will likely respond well to impersonal, can understand info • *BUT NOTE: Your own aware assessment of each situation is the main guide – there is no fixed answer!*	**Explain:** We can learn to choose consciously – using ***emotional competence:*** Do we need personal (*Professional closeness*) or impersonal (*professional distance*) communication style in this situation? Based on awareness about the other person's situation and mood/emotional state and needs, and on our intention/effect we want to create in the other person. **Read** out the slide, ask for comments **Emphasize** – there is no fixed rule or answer!

The aim:
Comfortable distance, with awareness

- **Providers need appropriate professional distance:**
  - Sometimes close, sometimes distant
- **Skills to choose appropriately:**
  - using emotional competence, and
  - by using personal communication skills
- ***Enables you to use empathy constructively***
- **Impersonal style without awareness**
  - Creates *«cold distance»*
  - Is experienced as uncaring by patient

- **Impersonal style With awareness:**
  - Allows fine-tuning: best distance/closeness

Link this to the demo and the role-play
Ask participants to reflect on this – and discuss how they see this.

The main challenge is – to show empathy, when you are also feeling vulnerable/sorrowful yourself. The answer: Using EC
Ask them to reflect on how they can use this info consciously to handle challenges they meet
Ask them what specific changes they will make in their practice, to deal with this issue.
Ask how they will continue to strengthen awareness and EC *(e.g. through observing each other, giving feedback; sharing examples, discussing in pairs/small groups*)

Summary:

Effects, and conscious choices

- **Using *impersonal* communication style:**
  - We maintain authority, protect ourselves and we feel safe, but
  - the other person may feelrejected, not seen
  - Patient's needs often not met, BUT -
  - *Often useful to create appropriate distance*

Distance – appropriate?

- **Using *personal* communication style:**
  - Makes the other person feel seen + cared for;
  - However, we may become vulnerable

- **Choose which style to use**
  - with ***awareness and EC*** – depending on
  - mood and needs of the other person

Appropriate professional closeness?

Sum up – and ask for comments and questions

Ask: How can you strengthen awareness about your own habits?
How can you strengthen your EC skills?
Discuss.
Some possibilities: Use observation and reflection. Discuss with colleagues who have been to the course.

Conclude the module (maybe with insights?)
Emphasize that both language- and communication styles are needed in medical work.
We have focused on the use of the personal style, as this is often under-used in medical settings.
The aim is to assess and choose, with emotional competence, what is appropriate in each situation.

Cut from Death and Dying module

- The following two slides were the ones we cut. The point in this module was – shying away from telling the mother
- The notes from the discussion are useful – some can be picked up here, in this module, or used in D&D
- The point in THIS module is – the words we use (often subconsciously). I have therefore kept the original example from this module. But please check the slides. Check comments under the last slide – many good points

Demo: The child is dying

Discussion

- *Does this happen?*
- What is likely to be **behind** the nurse's and clinician's reactions?
- Please share strategies you have found helpful when dealing with parents or carer who have just lost a dear one

Please come and show

Notes from the Death and Dying module (7e) – to guide the discussion:

So we have seen the demo – does this happen? YES!

Read the questions

What is behind? Fear of being blamed for not saving the child

Fear of not knowing how to take care of the mother's emotion

And to take care of their own

Did not know how to convey the message in a good way

The assumption is that the mother knows (which is most often not the case)

Strategies?

Take the mother to a room with no distraction.

Saying (e.g): "So sorry, mama – we tried the best we could, but we lost the child. We are really sorry, how can we help you?"

Many have accepted – the child was going to die

If you take care of their emotions – it helps

Showing empathy, being there, recognize emotions, being human, showing respect, recognize their emotions

Strengthen skills

Question – is it necessary to isolate the mother – or talk at the bedside?

Creating a conducive environment – look at circumstances at that point. Would you like to see the child. Take them aside and talk with them

The word sorry has a lot of power. She can even burst into tears. If you open with the word sorry…

Explaining to them what has been happening?

If resuscitating… need to explain, we were trying to help

Mothers were not in the picture – studies show that if mothers are incorporated in that last hour, they cope better. Explain to the mothers

Demo

Spoke to mother on the side

The doctor and nurse had a discussion, decided what to do

Both went to speak with the mother – explained what happened, gave empathy

Demonstration, role-play and handouts

Demonstration 1 – inappropriate use of impersonal style:

The patient died

Purpose: To strengthen awareness of the potential (emotional) effects on the mother (as well as on the provider), of the provider using impersonal language style to give her news that her child has died. Furthermore, to strengthen participants' awareness and skills to feel empathy with such a mother by being able to step into her shoes (while observing), and reflect on her feelings about what her emotional needs are, and how they are being met by the provider. Finally, to strengthen ability to think critically about and reflect on which style they themselves use in similar situations, and why, and to assess needs and potentials for change.

A possible dialogue (to be practiced with 2 trainers before showing it)

Provider: Mama, the patient died
Mother: But you said he would be ok!
Provider: The patient developed complications
Provider: The child stopped breathing. They tried to help it breathe, but it has not been successful, so the child is dead.
Mother: (*crying*) But you said he would be ok, and not to worry!
Provider: But you saw how sick the child was, and you saw how they have tried. There was a complication, you were informed about this
(Note: This can be further developed, but should be kept brief)

Procedure:

1. **Introduce** the demo, and ask participants to pay attention to the language the provider uses.
2. **Run** the demo, and ask the question: Does this happen?
3. **NB if needed – run the demo twice: Often participants focus (automatically!) on the emotions/the situation the first time, and miss the point about the language style.**
4. **Flash** the discussion slide: What kind of language did the provider use? Ask groups to discuss
5. **Get** feedback from groups on one question at a time (from several groups), then proceed to the next question, until all have been covered.

Main points to bring out from the discussion (see slide 7):

- **The language** is characterized by the provider creating a distance to the mother, and not connecting with her or relating to her and her grief – or engaging with her emotions
- **The language** is diffuse, focusing on the medical symptoms, and what was done
- **The effect on the mother**: She feels not seen as a person, her emotions and grief not respected or acknowledged, her needs not seen or met. She can feel rejected. She receives no empathy. This can strengthen her feeling of grief and loss.
- **The effect on the provider**: She does not have to face her own emotions, she "buries" them, and feels reasonably safe (?). She is protected – in the short run. If she does this, repeatedly, she may be in the danger zone of getting burnt out: Having to bury strong emotions over time can have a very negative effect. She probably feels sad about the death of the child, but does not (allow herself to) show it. She does not give empathy.
- **Why is provider using this language**? Habit; what colleagues do, what she has learnt in medical school/college. She is protecting her own emotions, without knowing consciously that this is what she is actually doing. She does not have knowledge about the effects of her using this kind of language, on the parent, and she does not have the skills to practice an alternative style. She also does not know about the cost to herself, of using this style, over time. She has not learnt emotional competence.

Role-play 1: Appropriate use of the personal communication style: *Mama, I am so sorry….*

Purpose: To strengthen ***awareness*** of the potential (emotional) effects on the mother (as well as on the provider), of the provider using personal communication style and emotional competence to give the mother news that her child has died. Furthermore, to strengthen participants' ***skills*** to use personal communication style and EC to tell a parent that her child has died, and to feel empathy with such a parent by being able to step into her shoes (before and during the interaction to give her the news). Finally, for the group to reflect on the parent's feelings about how her emotional needs are met, and that she is seen as a person who needs compassion and care. Continue to reflect on how they themselves speak in similar situations, and assess needs and potentials for strengthening EC skills, and for change in practice.

Procedure

- **Ask** participants to divide into groups of 3 – one provider, one mother, one observer.
- **Review** the situation you showed in the first demo: A mother with a very sick child (name) leaves the ward for a while. While she is gone, her son develops complications. He stops breathing, and dies. The staff tried resuscitating him, but could not save him. You, the HP, have to give her the sad news when she returns to the ward.
- **Ask** the observer to note what kind of language the provider uses (what she actually says), and her communication style and use of emotional competence.
- **Ask** them to follow usual role-play procedure, and let the "provider" assess her own performance first, after they have played the roles, followed by the "mother", and the the observer. Ask them to focus on the language used, and the communication style and use of emotional competence, and describe specifically what they did.
- **Ask** for feedback in plenary – ask how it was to play this situation
- **Ask** for volunteers to show how they handled the situation, in front of the big group
- **Ask** for feedback to the volunteers, and for insights from doing this exercise.
- For discussion on specific points: see the next slide (20), where the discussion continues – related to the specific points
- When asking for specific examples of how they used personal language and EC in their role-play, write the examples on a flipchart, and hang on the wall after the discussion:
- *It is important to remind themselves of what personal language and communication style, combined with using emotional competence, looks like, and help them become more aware of using this as a conscious communication strategy.*

Main points to bring out from the discussion (slides 20-21):

- See characteristics and effects on slide 20
- **The mother:** She can sound like she is «blaming» the provider for her child's death – and the provider **could** take it that way, and take it personally/go into defense of herself and/or her staff (*if she was acting automatically, rather than using emotional competence, and being able to recognize her own emotions and step back from them*). The mother is full of grief, and reacts naturally – and the provider also recognizes this.
- The **Provider:** She can step back (from that potentially automatic reaction) and stay present with the mother – she is potentially recognizing and managing her emotions (using EC), and showing empathy. She can maintain trust and relationship with the mother, take responsibility, and show respect. This feels soothing to the mother, and satisfying to the provider.
- **The language and communication style and using EC** is potentially personal, aimed at creating professional closeness. She can take responsibility and acknowledge what has

happened – without blaming anybody. She can be gentle and sensitive, focus on the mother, see and empathize with her loss and grief and needs, and provide patient centred care.

- She should not bring up her own losses with the patient – but maintain ***professional closeness, with the attention on the mother.***

Note: The second scenario can also be used as a demonstration.

However, we recommend letting participants role-play the second scenario in groups – this will enable them better to get a feel for how this style works.
If there is a lot of reluctance, an option may be for the trainers to run a demo first, and then let the participants repeat the demo, using their own style, in groups of three.

Demo 2 – Using personal communication style, with EC:

"Your child has died. I am so sorry"

A possible dialogue (to be practiced with 2 trainers before showing it)

Provider: Mama, pole sana, I am so sorry to say we lost Barack. I am very sorry
Mother: *(crying*) But you said he would be ok, and not to worry!
Provider: I was really hopeful that Barack would make it, but – he developed some complications, and he stopped breathing. We could not make him breathe again on his own, unfortunately
Mother cries, **Provider** comforts, using touch, non-verbal communication – whatever is natural and acceptable. There is (a natural) silence
Mother: What should I do now?
Provider: Pole mama. Is there someone we can contact for you? Let me find a place where you can be comfortable.
Provider sits with mother to comfort her
(Demo can be developed further, but should also be brief.)
Procedure: As above for demo 1
Also run twice if needed, to enable participants to focus on the language style.

Handouts

Below are two versions of handouts we have used – one related primarily to medical situations, the other to general communication situations.
Please construct your own, according to your needs.
The key issue to ask participants to discuss is – where lies the ***responsibility*** for taking action, with each of the styles, and – identifying the potential effect of using these different styles, on the other person.

Handout – version 1

Page 1 – to give out first

Personal and impersonal statements

What is the effect on the other person?

Being impersonal

- *«Blood samples will be taken from the patient»*
- *«It is not necessary for the patient to worry»*
- *"There was nothing that could be done"*
- *Interrupting is the most detested listening habit. When you interrupt one spends their time not listening to what is being said*
- *It is effective to listen attentively, not being judgmental and not with mouth full of words. By applying the communication skills, one is able to handle conflicts effectively*

- *«This medicine should be taken as directed»*
- *«The instructions need to be followed closely for the patient to improve»*
- *«The tests are for the sake of the patient»*
- *«It is important that the patient does as he is told»*
- *«It is not necessary for the patient to worry»*

Pick out one or two statements and discuss:

Where (with whom) is the responsibility for taking action?

What can be potential harm when using impersonal style inappropriately?

Page 2 – to give out second

Being personal

- *«You need to follow the instructions closely to make your son John get better»*
- *«I need to take some blood from your son to see if he has improved. I will come back and give you the results this afternoon»*
- *"There was nothing that I could do"*
- *"I can see why you are upset. Would you like us to talk?"*
- *«There has been significant change in the way I treat people with respect. People feel valued, and in turn I feel valued, too»*

- *I also find it natural to give a listening ear, listen actively to someone and try to follow their story, I feel good when the other person open up*
- *When I'm stressed my old self tend to come back. By the end I observed that I was harsh or raised my voice so I have to practice more on stepping back*

- *I appreciated her for opening up her mind and decided to counsel her. I never blamed her again. Instead I used to encourage her.*
- *I need skills on how to deal with my overreaction and shifting of blames*
- *When I am treated with respect, I feel good, important and respected. As a result, I react positively to the message that is being communicated to me.*

- *Patient: Have you seen the X-ray? Dr: I checked for your X-ray, I did not find it, but I am going to check it now, and I will come to talk to you about the results.*
- *Dr: I need to take some blood from your son to see if he has improved, please. I will come back and give you the results this afternoon.*

(NB some of these statements are from the observation and reflection tasks of the participants, and demonstrate how some use the style, automatically)

Pick out one or two statements and discuss:
Where (with whom) is the responsibility for taking action?
What can be potential harm when using personal style inappropriately?

Finally:

Pick one of the impersonal statements, and make it personal
Pick one of the personal statements, and make it impersonal

Handout – version 2

Impersonal and personal statements:
Function of each (on person using it), effect on reader/listener

Page 1 – to give out first

In pairs, turn 5 of the following impersonal statements into personal ones:

- *"The cause of the main communication problems is lack of communication skills and we need to be sensitised, taught on good communication skills "*

- *"Conflict is confronted, you cannot afford to evade reality or leave others to make decisions on what is affecting you."*

- *"When one dismisses your views without challenging them or when the verbal and non-verbal declare you are not worth being involved in any activities or planning of your area of profession."*

- *"During discussion, when one listens carefully and asks open ended questions the other person explains in details his/her problem which triggers good understanding of the topic/problem. Answering or rather responding with your opinions discourages good discussion habits hence disclose of certain information."*

- *"Patients/guardians will be free to ask you questions when you wear a smiling face, when they observe you listening at others with concern and when you respect them for what they*

are. People feel good and positive when they realize that they are treated so important and without discrimination."

- *"A habit/attitude is built for a long time so it can't go or stop in one day though requires one strong desire/interest and determination to change"*

- *"The looks are just harsh. Your tone, not sparing time to listen to them - they will never approach you but only wait to received or hear what you have to say or do without any feelings."*

- *"Lack of understanding arises due to the mood and prevailing situation at the point the information is being given."*

- *"Not to be irrational by persons of outgoing personality and just try to understand and accommodate them. Another aspect is to understand how each person behaves when you can cope and communicate effectively."*

Discuss: What can you say about these statements re:

- What/where is the cause of the problem (in relation to participant)?
- Who "owns" the problem?
- Who takes responsibility for solving it?

Page 2 – to give out second

Personal statements

In pairs, pick 2 statements and discuss the questions at the bottom of page

- *"I am a good listener e.g. I can listen patiently to someone talk for a long time without interrupting or cutting them short so as to get the full information."*

- *"Oh my! At least I am aware of how I listen to people talking or explaining to me things. Before he finished I already interrupts regardless of either I know what he was going to say or not"*

- ***"**There are times they don't want to listen especially the supervisor, they have the tendency that a junior cannot tell them anything".*

- *"I need to be patient, not act out of impulse, be tolerant, calm and have confidence in a trying situation."*

- *"I will keep practising patience, I will think carefully before saying or acting. I will count 10, 9, 8 …… in order to calm myself down and avoid erupting with hunger"*

- *"The effect is that the parents are able to open up and tell me most of the things or problems they have or whatever history I want to get from the patients."*

- *"It was great, it improved the work adequately. I was able to get new ideas on areas to improve through good communication"*

- *"I found out that I spend lots of times not listening to what is being said but in forming a reply. I realized that am only interested in my own ideas and pay little attention to the words of others."*

- *"I realized that when you interrupt it is as painful as stepping into someone's toes."*

- *"I become judgmental because of the traditional charms on the child's waist whereby I told the mother to cut it before I could attend to her"*

- *"I need to improve in understanding different personalities and select the right words to use in the right place at the right time"*

- *Giving health (detailed) message, when I was giving health education to a mother whose child was having malnutrition so I informed her all the different types of foods varieties and classes of foodstuff. When the P came for review after 2 weeks the child added more weight and was looking healthy. The mother thanked me for the info because she was ignorant.*

- *When I am treated with respect, I feel good, important and respected. As a result, I react positively with the message that is being communicated to me.*

What can you say about these statements re:

- What/where is the cause of the problem (in relation to participant)?
- Who "owns" the problem?
- Who takes responsibility for solving it?
- Relationship to empowerment?