

Module 8 or 3b:

Strategies for effective information and communication: Communicating with awareness and emotional competence

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Background for the trainer



This is the final module in the workshop, and in the course process. The main purpose is to give the participants an opportunity to practice what they have learnt during these 9 months, and to give feedback on their practice. The aim is to strengthen their confidence and pride in using the new skills – now all well packed in their basket - to improve their relationship with patients, colleagues and supervisors. The main approach is ***Communicating with emotional competence and respect, seeing emotions as a natural constructive part of the interaction.***

Reflection on their practice and learning from each other is by now an ***“of course”!*** The same goes for ***practicing critical thinking.***

The challenge for the trainer in this module is the same as for the strategy module in the basic workshop: to carefully observe and facilitate the learning climate in the group, and to use the module to the best of her/his ability – to manage good learning. The participants will be tired, and their attention span will be short. The learning will be most effective when you let them practice the skills in exercises, with giving constructive feedback to each other, and then bring in short summaries of the main points from the course, linked to their experiences with the exercise. ***Appreciating their learning and use of skills is essential throughout the module, using humor whenever possible and appropriate! Be the role model you hope they will be when they return to their jobs!***

The practice part of the module should start with participants’ own examples of “Best Practices”, which they were encouraged to observe for in Observation tasks Pack 6: ***To identify an example where they felt they practiced their skills in a good way, and where the effect on the other person (patient, colleague or supervisor) was good.*** Showing this scenario in front of the big group and being acknowledged and appreciated for “doing well” by trainers and participants, is an empowering experience for the participant who showed her/his best practice – and to a large extent for everyone else. It also enables you to really get a sense of what they have learnt, and how they practice the skills to communicate with emotional competence in their work.

Demos and role-plays are **GOLD!**

Participants will remember demonstrations and role-plays – often for years – when these have touched their own emotions and reminded them of situations they have been in – and reacted to.

PPT-lists of “things to remember” will be quickly forgotten. Role-plays not!



NB1: The examples/demos by participants must be rehearsed properly: A demo where the point is not clear, or which is focusing on toooooo much talk and no “action”, will not function well to bring across learning. A good demonstration is shaped through trying it out with the participants in good time (latest: the day before the module) before needing it “on scene”. It usually takes several rounds of practice before the demo is clear enough. Trainers should discuss how to prepare a good demonstration, and should supervise participants to prepare their demos.

NB2: The trainer should remind participants on day 1 or 2 of the workshop that they should practice their demonstrations, with one of the trainers. The participants will likely be shy to come forward with their examples – the trainers should pick up signals from those who think they have something, and should talk with them and encourage them privately during breaks. Trainers can also help them find players for the demos, if participants are unsure or reluctant. Remind them – it is safe to show their examples, as the learning environment is still supportive and appreciative (use humor....) See section on exercises, after the slides, for detailed procedure for the preparation.

If no (or only one) best practice example(s) are shown, the first part on the module can be used to encourage participants to share experiences on the specified topics, and to show examples in front of the group. If you have many good best practice examples, some of these sharing exercises may be dropped.

The focus in the module is on practicing the good strategies to recognize and overcome barriers (starting with the best practice examples from the participants), rather than dwelling on the barriers to learning – at this stage of the course. The reason is – it is empowering and motivating to experience repeatedly that they can now choose and use strategies to communicate with emotional competence naturally, and this is the feeling they should leave the course with. Please refer participants to the summary of barriers in the strategy module from the basic course.

Participants should now be able to present and practice the skills and strategies most central to the course. These are summarized below, for easy reference.

Starting point for the Aware Communication Provider:

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



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

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

The conscious intent of the provider on the left is to explore, find reasons for challenges (from the patient’s perspective), and deal with them. The provider takes responsibility for communicating well. The intent of the provider on the right – which may or may not be conscious – is to blame the patient for whatever she has done (or not done), and free herself from any responsibility.

The starting point for the provider who wants to communicate with emotional competence is the same as in module 5b. The following main points which constitute the good patient-provider relationship, are also summarized below. Please refer to Module 5b for a more extensive discussion:

1. Build relationship with the patient:

Using principles of patient centred care, greeting the patient and seeing him/her as a person, is the first step. This is the basis for building trust, and for being able to give good clinical care in a cooperative partnership with the patient (or relative/caretaker of the patient).

2. Recognize and respond to emotions:

The provider must see the patient's emotions, and be especially aware of vulnerability, and respond to these with awareness and informed empathy. She must also check her/his own emotions – and step back from automatic reactions to emotional challenges, if needed. Being present is a key skill to get a sense of the emotional “landscape”.

NB: These first two steps may take only a few seconds for the aware provider – but are essential, and they are the first points in practicing emotional competence!

3. Use key communication skills well

Communicating with emotional competence is a natural part of the whole interaction between the patient and the provider, and various skills are used throughout: Awareness, active listening, asking open questions and being present are the most common.

The skills are practiced on a “base” of underlying professional clinical care, an attitude of respect and a will to care. Exactly how, and which skills are needed, depend on the context and on the challenges facing the Aware Communication Provider, in each case. As each situation and each patient is unique, there is no simple solution to communicating with emotional competence: The provider must have her/his basket of skills as an invisible resource she/he carries in her head and heart, and in her being – knowing that using these, she/he will be providing the best care she/he can.

The exercises: Many of these are repeated, and can be practiced again – as time permits, and as participants feel the need for.

There are seven sections in this module. An overview

- 1. Introduce the topic and establish relevance:** The key strategies for the Aware Communication Provider are introduced and related to examples and practices throughout the workshop. This module is a brief review – through practice and summary points – of what has been learnt through the 9 months. (slides 1-3)
- 2. Best Practice Examples:** Some of the very best learning in the course comes from participants showing how they use the skills, with professional pride: They should be able to reflect on the effects of their use of (good) skills, on the other person(s), and analyze the reasons why the skills worked so well, and draw lessons learnt. (slide 4)
- 3. Reviewing reasons patients don't learn:** The collection of reasons why patients don't learn should be now all familiar to participants, and this part should invite them to share which strategies they are now using to overcome these reasons. Two reasons are picked out to remind them of as “common pitfalls” which providers may have a tendency to fall back into (*Further detailed barriers are found as a resource at the end of module 5b*) (slides 5-7);
- 4. Review and share experiences on strategies that work well, showing and reflecting on examples:** The focus now shifts to summarizing and practicing the constructive strategies used by the “Aware Communication Provider”. The three strategies are often very much

interlinked, and use of all of these can often be commented on as a strategy they now naturally use. Appreciating their learning is essential throughout the module (slides 8-12).

5. **Exercises to practice using Strategies of the Aware Provider, with feedback:** Through a number of exercises, participants are invited to continue to share experiences and show each other how they now use the strategies to approach common work challenges (slides 13-24)
6. **Dealing with supervisors' anger:** This section represents a topic which is often felt as a challenge by a large number of participants. A brief review about some reasons why supervisors behave the way they do, and reflections on these, may take some of the fear away from the participants. Learning to recognize and step back from the automatic fear-reaction, is a useful first step. (slides 25-31)
7. **Additional slides:** An exercise, and repetition of strategies for taking care of their own emotions: These skills and strategies are often the hardest ones to learn – and to practice. It is very useful to spend time to repeat these.

Further background about purpose and contents of the sections

1. **Introduce the topic and establish relevance:** Key strategies for the Aware Communication Provider are reviewed and related to examples and practices throughout the workshop. Through practice and summary points, participants review what they have learnt throughout the course process. A key purpose to emphasize in the introduction is that there is no “set answer” to how anyone will approach and solve a communication challenge (which any encounter can be seen as), but that participants are now equipped with their baskets of skills and insights, and can choose freely from these – to “tailor-make” each approach, naturally (although often – still clumsily?), gaining confidence as they experience the strategies working. The main objective of this module is to let them practice doing so, and to give each other constructive and appreciative feedback. (*This approach is different from the “mechanistic approach” often taught in communication skills training courses, where pre-defined skills are fit to pre-defined situations – and often missing the point of teaching providers to use awareness and critical thinking to make their own assessment of what to do – based on availability of a broad set of skills they have learnt*) (slides 1-3)
2. **Best Practice Examples:** Participants showing how they can now use their skills to communicate with emotional competence to approach common challenges in their practice leads to professional pride, and empowerment. Participants are now able to reflect on the effects of their use of (good) skills, on the other person(s), and analyze the reasons why the skills worked so well – what was it they did? How? And then, draw lessons learnt. When this is done in plenary, these examples become part of the collective memory of the group, examples they take with them and refer to when they are back in their workplace. Thus – showing and facilitating these Best Practice examples will leave them with better learning than almost anything else you can do as a trainer, at this stage of the course. By sharing, showing and analyzing strategies they have used, and appreciating each other's learning, the skills are now ready for “final storage” in the basket, which they will take home to use, and to share further with colleagues. (slide 4)
3. **Reviewing reasons patients don't learn:** The collection of reasons patients don't learn should be now all familiar to participants, and this part should invite them to share which strategies they are now using to overcome these reasons. Participants will get ideas for good strategies, from each other. Showing these in front of the large group has the same effect as showing the “Best Practices”: The examples become part of the collective memory of the group and can be used by all. Participants remember examples that touch them emotionally – which most of these examples will. The brief review will also further deepen their knowledge about what providers do which prevent patients from learning in an optimal way, and to keep these in mind when practicing their strategies.

Two reasons are picked out to remind them of as “common pitfalls” which providers may have a tendency to fall back into:

- a) Forgetting how people learn, and thus not optimizing their opportunities to empower patients (and colleagues) (*many will resort to explaining and lecturing rather than exploring reasons for e.g. non-adherence, in a dialogue*),
- b) judging people as ignorant. Examples of good strategies to deal with these reasons should be pulled out and discussed.

(Further detailed barriers are found as a resource at the end of module 5b, for personal review. Trainer should review these before teaching the module, and also remind participants to review the barriers, see preparation point) (slides 5-7);

4. **Review and share experiences on strategies that work well, showing and reflecting on examples:** The focus now shifts to summarizing and practicing constructive strategies used by the “Aware Communication Provider”. As the three strategies are often very much interlinked, you may find that when participants share experiences of how they have built relationship and trust with a patient, they may very well have included recognition and respect for emotions, and use of key communication skills. These can then be commented on as a “whole” – as a strategy they now naturally use. Appreciating their learning is essential at this point – as it is throughout the module. The summing up slides brings the learning together (slides 8-12).
5. **Exercises to practice using Strategies of the Aware Communication Provider, with feedback:** Participants continue to share experiences and demonstrate to each other, and to the whole group, how they now use the strategies to approach common work challenges. Reflections on each exercise are summarized in groups and plenary, important learning is structured – and main points/insights/skills are put in the “Resource Basket”. Trainers should make sure that each group is given an opportunity to show an example “to take home” to the large group. Some of the exercises are the same as in module 5b, and can be repeated, depending on need and “learning climate” – or skipped, shortened, or briefly reflected on. (slides 13-24)
6. **Dealing with supervisors’ anger:** Relating to supervisors and especially to their anger and criticism is felt as a major challenge by a large number of participants. A brief review about some reasons why supervisors behave the way they do, and reflections on these, may take some of the fear away from the participants. Often, providers react automatically with fear to those who are “above” them, as this reaction “belongs” to the hierarchical setting, and those in power often expect juniors to fear them. This is also habit – and many supervisors do not necessarily enjoy the fear they instill in the juniors. When the “Aware Communication Provider” recognizes her own fear, steps back from her (old) automatic reaction and meets the supervisor with respect, she will most often receive a much better response from the supervisor, and establish a basis for a better professional relationship in the future. Reflecting on these issues is often a good way to wind up the course, with participants feeling empowered to approach their supervisors in a more constructive way, using emotional competence skills. Often, there will be supervisors among the participants who will give perspectives on this and can help strengthen the motivation to create a different relationship with providers’ own supervisors in the future. Learning to recognize and step back from the automatic fear-reaction, is a useful first step. (slides 25-31)
Please also refer to the power module, and the module on bullying.
7. **Additional slides:** An exercise, and repetition of strategies for taking care of their own emotions: These skills and strategies are often the hardest ones to learn – and to practice. It is very useful to spend time to repeat these.

NOTE: *If there is no time to go through the “Angry supervisor” section during the course, this section can be run independently as a 1-2 hour session (with or without the role-play), either as a CME, or as a small follow-up session for the participants – e.g. after 1-2 months. The same is the case for the additional slides about strategies for taking care of their own emotions – these can also be run as a separate CME session.*

Further slides for review and reflection: *Please see module 5b, where the 30 last slides review in detail the strategies discussed throughout the course process, and the reasons patients (and others) don’t learn. These can be used for further self-study for the participants.*

Time needed: 3 hours, +

Preparation: Review Best Practice Demonstrations, decide on the sequence in which to present them: If you have some “heavy” subjects like death and dying, it is better to show these after starting with a “lighter” subject example. After discussing a topic with many/deep emotions, give participants a break before continuing the session.

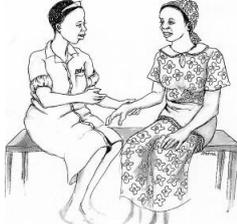
When reviewing best practice examples, trainers should also reflect on which points to bring out for further discussion, and on how to run this session.

Print slides from module 5b, on barriers, and hang on notice board? Assuming participants may not have brought with them the modules from the basic workshop, it may be useful to print out the “Barrier-slides” (1 or 2 slides per page), and hang them on a notice board, for participants to review and discuss.

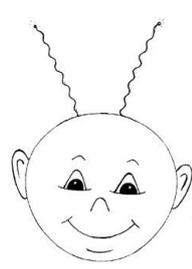
Materials needed: Flipcharts, marker pens, handouts

Facilitator/co-facilitator roles: An experienced facilitator should be in charge of this last module, to bring the learning together skillfully. Smaller parts can be run by assistant facilitators, who should also sit in groups to observe, appreciate and emphasize good practices (without taking over...).

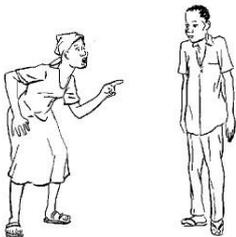
Presentation slides: Comments, questions, main points to bring out

<p style="text-align: center;">Bringing 9 months' learning together</p> <p style="text-align: center;">Strategies for the Aware and Empathetic Communication Provider</p>  <p style="text-align: center;">Build relationship, and Communicate with Respect and Emotional Competence</p>  <p style="text-align: center;">Follow-up course Ane Haaland, Mwanamvua Boga, with all trainers</p>	<p>Introduce the module, e.g: We have now come to the last module of this workshop, and of our 9 months course. We have worked to become "Aware and Empathetic Communication Providers" (AACP). Ask: How would you describe or define an AACP? Ask for feedback, list on flip, with drawing (mascot)? Main points: An AACP is able to assess the situation and person (including her emotions) in front of him/her, by listening with eyes, ears and heart, and choosing the right strategy and skills (basket) to define and reach a common goal Explain: This is what we continue to practice, now</p>
<p style="text-align: center;">Objectives</p> <ul style="list-style-type: none"> Review what we have learnt, check what is not clear, and fill in «holes» Enjoy and reflect on our new strategies by: <ul style="list-style-type: none"> showing them, sharing them, looking at effect, exploring the reasons for the effects and by appreciating each others' learning Clear remaining questions Inform about further process to build skills, as individuals, with colleagues and with the group 	<p>Read out the objectives Emphasize that this is THEIR module, their time to show in practice what they have learnt, and continue to learn from each other</p> <p>Also emphasize that any question for clarification is welcome in group work and in plenary, throughout the module.</p>
<p style="text-align: center;">Best practice examples</p> <ul style="list-style-type: none"> Show your best practice examples to plenary Buzz to identify, then discuss in plenary – <ul style="list-style-type: none"> Main skills used Effects on the other Reasons it worked well Lessons learnt Continue same process with next example  	<p>Exercise no. 1: Demonstrating and discussing Best practice examples</p> <p>Introduce by emphasizing that showing each other how they have approached work challenges is a very good way to learn. Let the first group (a participant, and colleagues she/he has chosen as characters) demonstrate in front of the big group. Appreciate their effort; don't comment Let participants buzz on questions on slide Discuss in plenary Sum up learning points – trainers can add, to make learning clear (<i>but keep it brief!</i>) Repeat the points, with more demos. See purpose and procedure, at the end of slides</p>
<p style="text-align: center;">Reasons patients don't learn: A. Communication methods</p>  <p style="text-align: center;">Persuasion</p>  <p style="text-align: center;">Technical language</p>  <p style="text-align: center;">Information overload</p>  <p style="text-align: center;">How people change</p>  <p style="text-align: center;">One way information</p>  <p style="text-align: center;">Asking questions</p> <p><i>Discuss: how are you overcoming these reasons now? Changes you have made?</i></p>	<p>Introduce this section by asking: <i>Has anyone experienced during the last 9 months, that old habits die hard? That "the old self" pops up again, and make you fall back?</i> Get quick feedback (probably laughter... and YES!) Ask them to discuss what they do to overcome these reasons now, and identify changes they have made. Get feedback, on one reason/barrier at a time (<i>if one group comments on asking leading qs, ask others to comment on this, before moving to next barrier</i>) Ask what changes they have made; appreciate Ask how they can continue to change, and to support each other to do so. Sum up</p>

<p>Reasons why patient dont learn: HPs' lack of awareness on what makes people change</p> 	<p>Explain: we have picked out two examples of barriers we know are difficult to overcome. Ask if anyone has had problems with facilitating others to learn, and maybe change (while respecting that change is their own decision)? Get brief feedback Ask if anyone has an example of what she/he has done, to facilitate learning and change, e.g. in a patient, with success. Analyze briefly what worked, and why Sum up a few other reflections on the ABC learning – on what makes people change Also sum up what many providers do, which can hinder change</p>
<p>Reasons why patient dont learn: Judging the patients as ignorant</p> 	<p>Ask: Is judging patients negatively still a challenge? Get brief feedback Ask - why? Main points: Automatic emotional reaction, habit, hierarchy, colleagues do it Ask: Which emotions can lie behind the judgmental behavior? Main points: The provider is feeling insecure, because she does not know how to help these women effectively – she does not know how to encourage poor people to learn; she does not know the reasons for the problems they have, and does not ask. Remind them – there are other reasons than these, but – we now assume they know them. Suggest they review Module 5b, and Stay Aware! Keep questioning ourselves – this is “Best medicine”!</p>
<p>Strategies for communicating with emotional competence: A. Build relationship with the patient</p>  <p><i>Share experiences of how you do this, and how it makes patients learn; SHOW it</i></p>	<p>Explain: We will now briefly review the constructive strategies for communicating with emotional competence, and then practice these in the exercises</p> <p>The first one is – to build relationship and trust with the patient Ask them to share experiences of how they do this now, and how it helps make patients learn. Ask for volunteers to show an example. Ask group to define what exactly made the patient learn in this example, and why she/he learnt. Discuss Ask for another example (or proceed, if the point has been made very clear)</p>
<p>Strategies for communicating with emotional competence: B. Recognize, respect and manage emotions</p>  <p><i>Share experiences of how you do this, and how it makes patients learn; SHOW it</i></p>	<p>Explain: The second strategy is – to recognize, respect and manage emotions, and not judge Follow same procedure as in slide above</p> <p>NB: <i>If in the first discussion, they have already commented on recognizing and respecting emotions (and not judging) – and using communication skills – Then emphasize that these skills and approaches are interwoven, and are practiced together – naturally. If this is what they have already done – Appreciate the learning, emphasize awareness: – they are now an Aware and empathetic Communication Providers!</i></p>

<p>Strategies for communicating with emotional competence : C. Use key communication skills well</p>  <p><i>Share experiences of how you do this, and how it makes patients learn; SHOW it</i></p>	<p>The third strategy is – Use Communication skills well. Follow same procedure as in the 2 slides above.</p> <p>Using communication skills well is integral to establishing and maintaining a good relationship. So is respect, and awareness, and staying present.</p> <p>Emphasize that it is difficult to separate these issues – we do it to be able to learn each of them well, but – Practicing them together, that is the goal!</p>
<p>Strategies for communicating with emotional competence : Summary: Recognizing, respecting and responding to emotions</p> <p>Step 1: Recognize - ➤ ..emotions when meeting a patient or colleagues (yours, her/theirs).</p> <p>Step 2: Acknowledge , and step back ➤ Get antenna out, step back from automatic reactions. Be fully present – build trust</p> <p>Step 3: Listen with ears, eyes and heart – analyze and understand reasons ➤ Look for reasons behind the emotions (yours, and his/hers). Reflect</p> <p>Step 4: Act – with emotional competence ➤ Patient upset, scared – deal with emotions first ➤ This will enable patient to trust you, and then listen to the information you give – and ACT ➤ Communicate with kindness and empathy ➤ Take care of your own emotions after, if needed</p> 	<p>Show and review briefly, or drop (if already covered)</p>
<p>Summing up strategies – Communicating with emotional competence</p> <ul style="list-style-type: none"> • Read the situation: Listen with ears, eyes and heart – recognize emotions, step back • Assess the need of the patient – find reasons for problem(s): observing, asking, using empathy • Decide: What is your goal, together • Choose strategy to reach your goal, Act with awareness, to collaborate with and empower patient 	<p>Sum up the strategies for communicating well, with awareness and emotional competence</p>
<p>Exercises</p> 	<p>These exercises can be practiced as and when needed.</p> <p>If the Best Practice Examples has taken a lot of time – (some of) these exercises can be dropped, and used as a later resource, e.g. in CME sessions, or in short follow-up sessions with participants (lunch-meetings, or 2hour of half day sessions). Only the role model exercise is new.</p> <p>The others are carried over from Module 5b, strategies, in basic workshop</p>

<p style="text-align: center;">Being a role model</p> <ul style="list-style-type: none"> • What is a role model? • Who of you see yourself as a role model? • How important are role models?  <p>Exercise – in pairs, discuss:</p> <ul style="list-style-type: none"> • Who is your role model? Characteristics? • Which communication skills does the person use? • What influence has the person had on your life? • Set yourselves some realistic goals on how you will be a role model, and for whom • Which skills and strategies do you need to strengthen today, to be the model you want to be? 	<p>Exercise 2: Being a role model</p> <p>Ask the first question, buzz if necessary Get feedback, discuss briefly. Ask the next question, get a show of hands? Then ask the last question, and discuss. Ask them to discuss the next set of questions, in pairs (if possible - colleagues who work closely together) Ask them to spend time on the last two questions, and to help each other identify which strategies to strengthen, to become a good/better model Ask them to write points on flipcharts – focus on skills and strategies they need to strengthen. Ask probing qs to get participants to be specific about the skills (e.g if she says «I need to be better at handling emotions», ask – What kind of emotions are still a challenge? In which situation(s)? Ask: How will you strengthen the skills? Use the emotional competence skills, with examples, to re-emphasize skills they need to strengthen Main point: Use each other to continue to observe, give feedback, discuss and learn! Sum up</p>
<p>Strategies for communicating with emotional competence</p> <p>Be a role model: Talk openly about emotions, and how to handle them</p> <ul style="list-style-type: none"> • Fear of showing emotions = common • Talking openly about emotions = useful for provider and patient • Covering up emotions can cause misunderstandings and wrong treatment 	<p>Additional points on being a role model: Add these after the discussion, if relevant.</p>
<p style="text-align: center;">“Listening to long stories”</p> <ul style="list-style-type: none"> • <i>“I am not good at listening to long stories especially during admission. I get irritated so fast so I will only take what is important”</i> 	<p>Explain: You may remember we talked about having to listen to patients’ loooong stories, and that it is difficult to stop them, with respect?</p> <p>Read the quote Ask: How are you doing with this challenge now? Do you still have problems? Get a response (probably a mixed – Yes and No?) Decide together if doing the next exercise is needed.</p>

<p>Problem and exercise: Setting boundaries, with respect</p> <ul style="list-style-type: none"> • Patients go on and on and on • You know what is coming – and want to complete the sentence for the patient • You do not dare to stop the patient – you are afraid to hurt their feelings.  <p>BUZZ in groups of 3 –</p> <ul style="list-style-type: none"> • What do you think is going on here ? • What about YOU? How do you feel? • What happens if you continue to do this? • Discuss – and create a situation where you interrupt a patient with respect. Show it to class. 	<p>Exercise 3: Stopping the patient, with respect <i>This was done in the basic course. It is a useful exercise, and can be repeated</i></p> <p>NB: Alternative – if participants are “tired” of the exercises: Ask them to share experiences of how they now stop patients and set boundaries with respect, and what are the effects of this – on the other person, and on themselves.</p> <p>See purpose, procedure and main points – at the end</p> <p>Read out the first part of the slide</p> <p>Ask participants to discuss, in groups of 3.</p> <p>Ask them to pick a situation where this happened, and show in their groups how to interrupt a patient with respect.</p> <p>Ask for volunteers to demonstrate to class</p> <p>Identify main skills used, discuss, and add other strategies used by the groups.</p> <p>Identify what to avoid/what can “turn the patient off”, and discuss.</p> <p>Example: In a course, we asked participants to share experiences of how they used the skill of stopping a patient with respect, and how it worked/effects.</p>
<p>Exercise: Stop abusive behavior, communicate with emotional competence</p> <ul style="list-style-type: none"> • Patients or relatives abusing providers - <i>does it happen?</i> • How do you handle it? • What are emotions behind action (abuse) and reaction (of provider)? • Which skills would make a difference to you – to handle situations better? • Trainers demonstrate • Exercise: Discuss in groups – how stop a patient who is abusive to you, with respect • Show it to the group 	<p>Demonstration 1 and Exercise 3: Stop abusive behavior, communicate with emotional competence</p> <p><i>This was done in the basic course. It is a useful exercise, and can be repeated</i></p> <p>NB: Alternative – if participants are “tired” of the exercises: Ask them to share experiences of how they now stop abusive behavior, with respect, and what are the effects of this – on the other person, and on themselves.</p> <p>Read out the first question – get a response.</p> <p>Ask – how do you handle this?</p> <p>Ask them to discuss the next 2 questions in groups.</p> <p>Get feedback</p> <p>Let trainers demonstrate</p> <p>Identify what trainer did, and effect on patient</p> <p>Ask them to discuss in groups, and repeat demo</p> <p>Ask for reflections, insights and learning</p> <p>See purpose, procedure and main points – at the end</p>
<p>Apologizing to a colleague</p>  <ul style="list-style-type: none"> • How often do we apologize when we are wrong? • What makes it difficult to apologize? • What happens when we DO apologize? • How can we learn to apologize more often, constructively? 	<p><i>The apology discussion and exercise was also done in the basic course. It is a useful exercise, and can be repeated</i></p> <p>NB: Alternative – if participants are “tired” of the exercises: Ask them to share experiences of how they now use apologies in their work, and what are effects of this – on the other person, and on themselves. Ask them also to share experiences of how they now receive an apology – and lessons learnt?</p> <p>Ask: In the basic workshop, we discussed how we often don’t apologize to each other. How are you doing with this now? Examples?</p> <p>Get feedback.</p>

	<p>Decide together if you want to discuss the questions briefly again, and do the exercise again.</p> <p><i>Discuss the questions in plenary, one by one</i></p> <p>Main points:</p> <p>To apologize, you need to recognize and accept your own vulnerability (seen as “weakness” by many). Many find it difficult to apologize – they do not have the habit; feel uncomfortable to admit mistakes, feel the other will laugh at them, or take advantage. These are common reactions – because others are ALSO not comfortable to recognize and relate to their vulnerability.</p> <p>When you do apologize, the other person is often grateful, accepts, and there is “clean air” and better communication between you.</p> <p>A main reason for this is – when you acknowledge and accept your own vulnerability, and “show” it to the other (this is what you do when you apologize) – the other person feels it as a gift, it makes a connection between you, and it feels good.</p> <p><i>It is the magic of sharing vulnerability.</i></p> <p>Let us practice how to apologize to each other</p> <p>Share experiences, and draw insights</p>
<p>Exercise: Apologizing to a colleague - receiving the apology gracefully?</p>  <ul style="list-style-type: none"> You have made a mistake which made your colleague do a lot of extra work <p>In pairs:</p> <ul style="list-style-type: none"> Take turns to Apologize (handout) Discuss how it felt to give it, and to receive it 	<p>Exercise 4: Apologizing to a colleague</p> <p>Explain: There are several ways to apologize. Let us try two ways</p> <p>Ask them to divide in pairs, and read handout</p> <p>Ask them to try out insincere apology, and discuss how it felt for both parts (=NOT sharing vulnerability, being afraid of it – or not aware)</p> <p>Then ask them to repeat the same with giving sincere apology (=recognizing and accepting your own vulnerability, and sharing it, genuinely, for the other to (hopefully) accept)</p> <p>Ask them to discuss how it felt to receive the apology, and if there are challenges to be aware of re abilities and habits to receive an apology</p> <p>Ask them to reflect and discuss insights and learning</p> <p>See purpose, procedure and main points – at the end</p>
<p>Example from a trainer:</p> <p>Apology works wonders - it facilitates mutual respect</p> <ul style="list-style-type: none"> «I expected a very important phone call that had really kept me anxious the whole day. I went about my work as usual but late in the night the call came at a time I was attending to a patient. At this point I was examining the patient and I quickly told the patient "excuse me for a minute". I answered the phone and walked away to talk and I came back after about 5 minutes and found the patient waiting for me. Before I continued examining the child, I told the mother "I am very sorry that I had to dash out and answer the phone, it was an urgent call that I have been waiting for regarding my father who had been attacked and robbed in his house while sleeping at night and I really was eager to know how he was doing". I went ahead and said "I am very sorry for that and for not having had time to explain it to you before walking away". The patient was ok and actually told me "I hope he is ok" to which I replied "he is" and she said that she is going to pray for my father. I continued examining the child after which we had a discussion regarding the child's ailment and how we will approach care.» 	<p>Read the example.</p> <p>Ask: How often do we respond to our phone calls when seeing patients - and we never apologize to them?</p> <p>Let participants reflect, and get brief comments. Relate this to vulnerability.</p>

<p>The effects of apology: Sharing vulnerability</p> <p>Apology: <i>clears the air clears guilt, and makes both people feel good</i></p> <p>NB: Learning to receive an apology gracefully = skill to be learnt!</p> 	<p>Sum up the learning on apology with this slide. Emphasize the point that it is difficult to acknowledge you own vulnerability, and to show it/share it with another person. When you do – in most cases, the other person receives it, gratefully It can strengthen the connection and the relationship between you</p>
<p>Effect of strategies for good communication When providers feel safe, they give good care, and are good colleagues</p> 	<p>This can be a final slide – if you are not doing the next session on dealing with supervisors’ anger</p> <p>Ask: Is it true that providers who feel secure, are more likely to give good patient centred care? How is this related to being aware? Get feedback Sum up Main points: When providers feel well in themselves, they are more likely to treat others well, with awareness and emotional competence. They are able to recognize emotions, be present, and focus on the other person/the patient. Insecurity makes them focus on themselves, and they are less aware. <i>The Aware and Empathetic Communication Provider feels safe and secure in herself/himself, and competent and confident to communicate with respect, practicing emotional competence.</i></p>
<p>How to create best conditions for learning</p> <ul style="list-style-type: none"> • Relate to and respect the patient as a person • Respect patient’s feelings, take care of them • Listen with ears, eyes, heart, not interrupt, ask open questions • Get into his «shoes», and idea. Let him identify solutions • Give time to open up, establish trust, keep focus on patient • Find time that suit patients, space that make them feel safe, and comfort that makes them want to ask questions • Use peer work, and patients’ own resources • Pay attention to verbal and nonverbal communication • Facilitate and respect confidentiality • Do not judge because of moral, behavior, own prejudice etc • Be supportive and positive, make patient feel he is important • Use appropriate visuals • Use constrictive feedback with colleagues and patients 	<p>Give this as a handout, with drawing (see appendix)</p>

<p>Dealing with supervisor's anger</p> 	<p>Introduce the topic: Many providers fear their supervisors, and especially when the supervisor is angry Ask if this is the case for them Get feedback (probably – a Yes from most)</p> <p>Ask if any of the participants are or have been supervisors themselves (show of hands) – and if they recognize this problem. NB – be careful to ask this as a general question, and not to “point a finger” to or blame anyone.</p> <p>Ask: Does this cause problems? (get response) Does it have to be this way? Can we use emotional competence and respect to improve the situation? Discuss briefly, or “just” agree this is possible</p>
<p>Supervisors' action causes anger – why do they act this way?</p> <ul style="list-style-type: none"> • <i>“I always feel resentful and feel like my freedom is denied and I am forced to do things. Most often I do not do what is agreed with a passion, I do not own the process and mostly feel like I am doing it for him not for the cause.”</i> • <i>“Being criticized in front of my colleagues makes me irritated and outraged. I feel like I have been undressed in the open for everyone to laugh at me. I feel so vulnerable and so much alone. The need to protect myself just automatically sets in.”</i> 	<p>Explain: Let us look at some effects of supervisors' anger Read the quotes Ask if they recognize these situations Get feedback (probably a YES)</p>
<p>Supervisors' action which demotivates staff</p> <ul style="list-style-type: none"> • Giving negative comments • Criticize in front of patients or colleagues • De-value (“You/your work is not important”) • Disregarding suggestions • Using position to undermine • Disrespecting, being rude • Shouts for no (apparent) reason   <p>Discuss:</p> <ul style="list-style-type: none"> • <i>What can be the reasons behind supervisors' action?</i> • <i>Why does he/she use power? What can be the emotions?</i> • <i>How can you respond constructively - with respect?</i> 	<p>Read out the points, Ask for brief comments (recognition/relevance) Ask them to discuss the questions: Why is it like this? Main points: Supervisors may feel insecure in their position, and believe they have to show power to be respected. Some of this is also – lack of awareness about the effects of their actions, on staff performance, staff morale, productivity, job satisfaction, and – patient care: They have been treated this way themselves, and they do not know another way – they lack skills in how to do supportive supervision – with emotional competence. Medical hierarchy is a strong one, and combined with a cultural hierarchy (with age, education and money giving you power), you get a problem --- when there is no awareness. NOTE: The last question could be discussed later</p>

<p>Supervisors' action motivate – why do they act this way?</p> <ul style="list-style-type: none"> • <i>"Like when I was able to help the other with a writing paper then my supervisor acknowledged that I am always sorting out people during situations. It made me feel good and my spirits were up-lifted."</i> • <i>"When I am guided through a process I do not know in a respectful way; that is my views are respected how ever wrong I may be and in case I am wrong then be corrected discretely not telling the whole world that I am wrong."</i> • <i>"I feel appreciated and comfortable to continue working and improving. This reaction keeps me feeling strong and ready to continue with work and also feel geared to do better."</i> 	<p>Explain: Let us look at some situations where supervisors act in a supportive way, using emotional competence.</p> <p>Ask if they recognize this</p> <p>Ask what they think can make supervisors behave this way</p> <p>Get feedback, discuss briefly</p>
<p>Supervisors who act with emotional competence, motivate staff, by -</p> <ul style="list-style-type: none"> • Respecting views and opinions • Valuing work, talent and effort • Appreciating + giving positive feedback • Guiding instructively, helping to learn • Listen + ask for reasons, not judging • Corrects in privacy • Effect on staff: <i>Work better, have more energy, feel safe, give quality care. Prevent conflict and burnout?</i> • <i>"When my supervisor greets me with a bright and non-frowning face, I feel so safe to talk and share information even so ask more questions."</i> 	<p>Animate the last two points – on Effect</p> <p>Read out the points</p> <p>Ask for reflections and comments (recognition/relevance)</p> <p>Get feedback</p> <p>Then, ask – what can be the effect on staff when supervisors act like this?</p> <p>Potential effect on staff being able and motivated to provide patient centred care?</p> <p>Show the last points.</p> <p>Discuss briefly.</p>
<p>Alternative actions – with awareness</p> <p>Discuss in groups:</p> <p>1. Reasons for supervisor's actions</p> <ul style="list-style-type: none"> • <i>What can be the reasons behind supervisors' action?</i> • <i>Why does he/she use power in a constructive way? What can be his/her emotions?</i>  <p>2. What can you do, to improve supervision «culture»?</p> <ul style="list-style-type: none"> • <i>How can you respond more constructively to supervisors - with awareness and respect?</i> • <i>How can you influence change in supportive supervision in your institution?</i> 	<p>Ask participants to discuss what can be behind supervisor's action to use power in a constructive way, using emotional competence</p> <p>Get feedback on the first set of questions, and discuss</p> <p>Ask them to discuss the questions related to what they can do to improve the supervision "culture"</p> <p>Get feedback</p> <p>Main points:</p> <ul style="list-style-type: none"> *You cannot change your supervisor, but YOU can change the way you respond to her/him *Your supervisor might have had reason to be angry with you (but this does not excuse e.g. criticizing you in front of others). Apologize, but don't accept to be treated without respect *Recognizing your fear, taking a step back, listen with awareness and respect, i.e. practicing emotional competence – is a good strategy *Talking to supervisor privately after an "outburst" is often constructive: Not blaming, but talking about your own reactions, and that you want to learn/etc *Recognizing and stepping back from your own emotions = very important *Remembering your supervisor may also feel insecure, or have a bad day = helpful

<p>Recognize emotions and Step back – show respect to your supervisor</p>  <ul style="list-style-type: none"> • You cannot change your supervisor BUT – you can use emotional competence : • Respect is contagious • Maintaining your dignity, with awareness, will be noticed • A supervisor who has been respected, will likely listen to you – next time • When YOU make a change, people around you also change 	<p>Sum up the learning with this slide.</p> <p>NB – if you do not have time for this section, you could run this (with some adaptation) as a separate CME session. Many providers need these skills. You can also do a follow up session for participants.</p> <p>You could use a role-play here as well, see appendix.</p> <p><i>See strategies module 5b for basic course for more slides and issues to review, if needed</i></p>
<p>Additional slides: An exercise, and repetition of strategies for taking care of their own emotions</p>	
<p>Strategies for good communication Communicating well with colleagues</p>  <ul style="list-style-type: none"> • Discuss: • <i>What will you do differently with your colleagues after the course?</i> 	<p>This is an exercise you can use any time, to focus on committing themselves to doing things differently – to themselves, and to colleagues –</p> <p>And discuss why they would do so – what kind of effect they would hope for.</p> <p>Ask them to discuss, put points on flipcharts, put on the wall, and discuss</p>
<p>Strategies for good communication: B. Take care of own emotional needs</p>  <p>Discuss:</p> <ul style="list-style-type: none"> • <i>What are your needs?</i> • <i>How do you take care?</i> • <i>How can you do it better?</i>   	<p>This is a good strategy to end up with: Taking care of vulnerability, or "our softness"</p> <p>If you know about your vulnerability – or this sensitivity - you can take care of it yourself consciously and with choice. Otherwise, it will be cared for unconsciously or automatically in your relationships.</p> <p>These relationships can be with colleagues, supervisors, spouses, parents, children, friends, teachers, political leaders, or pets. It can even be cared for unconsciously - by your computer or your TV.</p> <p>Run as a group discussion, sharing experiences, and collecting good strategies on flipcharts – to be shared</p>

<p>Strategies for good communication: 5 Taking care of own feelings: Sharing tips for what to do</p> <p>At work</p> <ul style="list-style-type: none"> • Share with people you trust: burden of stress reduces • Take a (tea?)break – breathe! • Do something physical – walk? • Share a joke, Smile • Cry  <p>At home</p> <ul style="list-style-type: none"> • Listen to music, sing; read a book • Look at photos with family – link to good moments • Do something physical – swim, dance, walk, run • Prepare a good meal, enjoy good smells <p>Important: It should be to please YOU – not to please Someone else!</p> 	<p>These are points that can be added to the discussion, above</p>
<p>Strategies for good communication: 8 Take care of «our softness»</p> <ul style="list-style-type: none"> • <i>“When we talk about vulnerability, we are not talking about weakness. What we are talking about is the basic sensitivity of all human beings.</i> • <i>We humans are a finely tuned species. Most of us know very little about the fineness of this inner tuning. But all of us are amazingly sensitive to the world around us - particularly to other people and their moods and to the ambience of our physical surroundings.</i> • <i>We respond with attraction or with discomfort and repulsion. We respond with warm, safe feelings or with anxiety, fear, and loneliness”</i> <p>Discuss:</p> <ul style="list-style-type: none"> • How does this relate to taking care of patients? • How does it relate to taking care of yourself? 	<p>These points can also be added: Read out the examples Discuss the questions, if relevant</p>
<p>Strategies for good communication: 6 Showing “the child in us” – important for building trust</p> <p>Experiences from showing vulnerability/softness:</p> <ul style="list-style-type: none"> • People get more respect for us • We get positive feedback • We inspire others to dare show their V • We give others a gift; most accept with respect, and gratitude • It brings people closer to each other • It helps to develop trust • It encourages people to help, and to receive help 	<p>Sum up: The people who dare to show and share some of their vulnerability with others, usually have very good experiences. But – you have to choose carefully to whom you show it. Encourage participants to try!</p>

Exercises and Demonstrations

Exercise 1: Demonstrating and discussing Best practice examples

Purpose: To strengthen the awareness that there is no “set answer” to any communication challenge, and that the best solution comes from an awareness of this, combined with a well filled resource basket of skills and insights on how to communicate with emotional competence, recognizing, respecting and responding to the emotions they encounter. Furthermore, to strengthen their confidence in their abilities to practice the skills in a variety of contexts and situations, recognize and identify the skills used, their effects on the other person(s), and analyze the reasons the skills worked well. Furthermore, to reflect on the examples and draw lessons learnt, related to the communication strategies learnt throughout the course period. Finally, to practice appreciation and constructive feedback skills throughout the session.

Procedure

1. Preparation for the session

- **Ask at the beginning of the workshop**, and on the second day, who has a “Best Practice” example they would like to show. Be prepared for them being shy – in many cultures, it is not well accepted to “show off” and demonstrate that you do something well. Encourage them to overcome this shyness, as there are very good reasons to do so:
- **Emphasize – as you introduce** – that showing, analyzing and reflecting on “Best Practice” examples is an essential part of the learning in this workshop: By sharing what works, you help others learn, and you help to build up a collection of good examples which all participants take back with them and refer to in their work. *Ask: what do they remember best from the basic workshop? (Most probably – participants will bring out demonstrations and role-plays. Use this to emphasize why you are asking them to bring out their best practices to share – and help everybody remember).* This is helpful for everybody, as most participants will remember the examples (the demos, and role-plays) better than the presentations.
- **Ask some of the most active participants** if they have examples, and work with these first. The best approach is to identify an example from one of the active members on the first day, and let that participant and her/his other actor(s) – which you help to pick – show the example (briefly) on the first day, without going into details in the discussion. Doing this will most probably make it easier for others to come forward to work on their examples.
- **Inform participants that you will help them select other players** (if needed), and help them practice the demo outside the classroom, to prepare for showing it to the group.
- **How to select the right participants to play the actors, and how to prepare a demo: See appendix.** A demo should be no more than 5 minutes and should have clear “messages”. There should be an emotional “appeal”, or point: This is what participants will remember, and what makes a demo “stick” so well in the memory. It should NOT have too many details.

2. The session in class

- **Introduce the exercise** by emphasizing that showing each other how they have approached work challenges is a very good way to learn.
- **Let** the first group (*a participant, and colleagues she/he, in collaboration with you, has chosen as characters*) **demonstrate** a Best Practice in front of the big group.
- **Appreciate** their effort; don’t comment
- **Let** participants **buzz** on questions on slide
- **Discuss** the questions in plenary, one by one. For the last question on “Lessons learnt”, let your co-trainer, or one of the participants who participated in the demo (NOT the one who originated the demo), write points on the flip.
- **Sum up** learning points from discussion. Trainers can add, to make learning clear (*keep brief!*)

- **Celebrate the participant – as an Aware and Empathetic Communication Provider, with applause!**
- Have an energizer, or a small break, to “clear the air” of the issue discussed, and to make space for the next.
- **Invite the next participant/group to show their demo. Repeat** the points above.
- **Continue with more demos**, with all who have prepared. If you have more demos than you have time for, find creative solutions: Show demos only, with one or two brief comments on main points why this “worked well”, and then go on. OR – break the group in two and have one trainer stay with each group. OR – ask participants for ideas for how to show these: CME sessions during lunch hour (or other time), bi-weekly/monthly?
- **The main aim for the trainer is – to leave all participants feeling valued and appreciated for what they have done, and what they have contributed. Stress that this session is what builds empowerment, in practice!**

Main points to bring out:

- **Emphasize the points from each discussion:** Appreciate, highlight reasons the skills worked well (usually related to practicing emotional competence: awareness, showing respect, stepping back from automatic reactions, seeing the patient as a person, listening, being present, managing emotions, etc), and highlight lessons learnt.
- **Sum up by emphasizing the different context and settings participants have chosen**, and how this shows that there is no “set answer” to how anyone will approach and solve a communication challenge (which any encounter can be seen as). But –you have observed that they are now equipped with their baskets of skills and insights, and that they choose freely from these – to “tailor-made” each approach to the challenge in front of them - naturally. The rest of the learning you will trust – with confidence – to all of them.

Exercise 2. Being a role model

See instructions on the slide.

Exercise 3: Interrupting the patient, with respect

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

Procedure

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

Main points to bring out

What is going on:

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

What about you – how do you feel as the provider?

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

What can happen if you continue to do this?

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

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

Some possibilities:

What did the health provider do to interrupt, with awareness and respect

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

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

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

Demonstration 1 and Exercise 4:

Setting boundaries: Stopping abuse from patients or relatives, with respect – communicating the intention to listen, and understand

Purpose: To strengthen awareness of participants’ own automatic reactions when met with abusive behavior from patients or relatives. Furthermore, to strengthen awareness and knowledge about emotions often underlying provider’s reactions, as well as emotions underlying the emotive behavior of the patient or relative. Finally, to strengthen skills to recognize the emotions, take a step back and meet abusive behavior with emotional competence skills.

Demonstration (by two trainers)

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

Parent (shouting): YOU! You are really not caring about my son! You should not call yourself professionals!

Provider (calmly, firmly): Mama, I will listen to you, I respect your anger. Please tell me what happened

Parent (still shouting): Yes, I am very angry! No one here tells me anything, they just demand more tests! You are all a useless bunch!!

Provider: Mama, I respect you, and I expect you to give me respect as well – then I will listen and try to understand what the problem is, and what we can do to solve it

Parent (a bit calmer): My son is so thin, and they force the needle to take his blood. I told them they shouldn't, but the nurse did not even speak to me, she just took the blood! They hurt him badly!!

Provider: I am sorry, mama, I will talk with that nurse. We do try our best to help your son, and we need to see what is going on in the blood – to be able to see how he is doing, and to give him the right medicine.

Parent: Oh, is that why. I did not know. If the nurse could talk with me like you do, there would be no problem, I would let her do her work.

Etc.....

Procedure:

- **Ask** the first two questions on the slide, and discuss in plenary: Does it happen that relatives or patients abuse providers? Get some examples from participants of what has happened, and how they have handled it. The examples will bring out the emotional aspects
- **Ask** them to discuss briefly in groups: Which skills would make a difference to you, to handle situations better? Ask them to explore what are the emotions behind the reactions, on both sides (patient/relative, and the provider)
- **Ask** for suggestions in plenary. Ask your co-facilitator to note on flipchart the skills they would like to learn. Get specific: if they say e.g. "Communication skills" – probe to find out what exactly they need to learn. If they say "Step back" – ask – from what?
- **Two trainers run a demonstration** of how a provider stops abuse from a patient, (with respect, communicating the intention to listen, and understand) (see above).
- **Ask them to identify** – what did the "provider" do? What skills did she/he use? List on flipchart (briefly)
- **Ask** participants to discuss in groups of 3 how to stop a patient who is abusive or angry. Ask them to repeat the demonstration in the group. After the demo, ask them to discuss what they learnt
- **Ask** for reflections and insights from doing the exercise.
- **Sum up by pointing to emotional competence skills as central in these situations.**

Main points:

A. What is behind?

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

B. How to stop the abuse? Practice emotional competence

- **Stopping abuse** can be done by provider recognizing her fears and setting them aside, taking a step back – and being fully present in the interaction. Analyze what can be behind the emotions and reactions of the other (and your own), before taking informed and constructive action – based on understanding the emotions in the situation.

- **Do not take the abuse personally** (“You are a useless bunch”) – it is not directed at you, who just happens to be the nurse in front of the patient/parent
- **Listen to the patient/relative** with ears, eyes and heart, and respect, and with the intention to understand the reason(s) behind the behavior: Find out what the underlying problem is, and take steps to solve it.
- **Communicate your intention to understand**, and set a boundary when necessary: Tell him/her you respect his/her anger and will listen to understand what the problem is. Make it clear that you do not accept personal abuse, you also expect to be respected. Use a neutral tone, look him/her in the eyes.
- **If he/she abuses your colleagues** (with apparent reason), apologize on their behalf, and continue to listen (do not “defend” your colleagues, she/they could have made a mistake)
- If he/she continues to abuse you, put your hand up to stop him, say you made it clear you will not accept abuse, and – leave, unless the patient recognizes what he is doing, and apologizes. If appropriate, say you can talk later, when he/she is ready to respect you as you respect him/her.
- DON’T tell him/her to “calm down” – this is usually felt as very provoking, and as a “top-down” reaction from provider, to which the angry person will react badly
- **If he/she threatens with physical abuse**, and you think there is a real danger – pack your communication skills under your arm, and run!

Possible insights

- Stopping an angry person with respect makes a difference to how she/he reacts
- When an angry person feels listened to, the anger goes down
- When looking for the reason behind the anger, you are being constructive – and you and the angry person are suddenly “on the same team”
- Communicating your intention to understand is accepted with gratitude, and helps calm the person
- Being present, and not being afraid, works wonders
- This is about practicing emotional competence

Exercise 5: Apologizing to a colleague

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

Handout: Apologizing to a colleague

Apology 1: Insincere

Your feeling:

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

Apology 2: Sincere

Your feeling:

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

Procedure

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

Main points

- Apologizing is an emotional challenge – it means you have to recognize and accept your own vulnerability. Many feel that they are “putting themselves down” by acknowledging they made a mistake. In some cultures (and hierarchies) it can be seen as a loss of power, especially if you apologize to one who is “lower” in status and hierarchy than yourself
- When apology is not sincere, you feel disrespected, not valued
- It is experienced as “double communication”, and it can create insecurity, unsafety and anger
- When sincere, it clears the air, and restores a basis for good communication, and honesty
- Receiving an apology is not always easy – the “automatic behavior” can be to reject it, and attack the other person further, wanting to humiliate him/her; or diminishing the importance of the incident, saying it was nothing. In any case, the person apologizing will feel bad, and is less likely to apologize another time: Her vulnerability was rejected.
- Receiving an apology gracefully can be learnt, with awareness that it is important to do so, and the main skill of – acceptance (relating to your own vulnerability), and appreciation.
- **Use empathy:** You know yourself how difficult it is to apologize: When a person has overcome this (natural) reluctance, the person deserves respect, and acknowledgement that you have received the apology – and received it well – appreciating the sincerity.
- **Apology** is an important skill that we all need to learn and practice

Example from a trainer:

Apology works wonders - it facilitates mutual respect

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

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