

(or colleague's) fear, and what happens to the interaction when fear "gets under your skin". They start learning to identify the signs of insecurity and fear, and how to manage these emotions better, with awareness.

***In the workshops, recognising and dealing with insecurity and fear are important topics.***

If some of your participants are involved in recruiting patients for research, you can use the task developed to strengthen their awareness of how they practice e.g. ethical aspects of this work.

### **Additional tasks in pack 3**

#### **A. Special task for providers working with research projects**

To recruit patients to take part in studies requires good communication skills and respect for people's right to say no. The assumption is that patients are scared or anxious when they come to the hospital, as they are usually quite sick (or have a sick child/relative with them), and they do not know what will happen. Their main concern is to get treatment. In this task, we ask participants to observe how they relate to these patients (or relatives), how they give information about treatment as well as research, and how well this is being understood in a difficult/stressed situation for the patient or parent. They are asked to reflect on how they manage this careful balance.

#### **Voluntary task: Communicating with friends and family members**

Many participants have reported that the observation tasks have helped them beyond their work situations and have influenced them to make important changes in communication with their family and community. In this task we ask them to look at how the observations and reflections have affected their communication beyond the work context and ask them to share any insights.

## **4 Learning tools for participants**

### **4.1 The Baseline questionnaire**

An example from Kilifi:

***KEMRI-Wellcome Trust and Kilifi District Hospital***

## **Communicating with awareness and Emotional competence: Process training for health providers March 2019 – Nov 2019**

### **Preparation 1: Baseline Questionnaire – skills and challenges**

Please hand in your answers to (course leader) Mwanamvua Boga, or send to: (email address)

You have been invited to participate in a training process on "Health Communication and Management of Emotions for quality care and research" at the KEMRI-Wellcome Trust from March 2019 to Nov 2019, with the basic intensive skills training course 5<sup>th</sup> – 9<sup>th</sup> August, and the follow-up course in November 2019 (dates to be announced).

This qualitative "*Baseline questionnaire – skills and challenges*" is the first part of the course and should be handed in after 1 week. We ask you to reflect on how you communicate, and what challenges you are facing in your work when dealing with patients and colleagues. Your answers will be used by the trainers to formulate the contents of the training course, to make sure it is tailored to your specific needs.

Learning communication skills is a process which takes time, and starts with your reflections on how you communicate with patients, colleagues and supervisors. Research has shown that short courses have limited long term effect on improving providers' communication skills. When courses are combined with investing your own efforts to reflect and observe over time, the learning has a much stronger effect. We therefore invite you to pay attention to what you do well when handling patients, parents and colleagues, and where you have difficulties, and to reflect on these methods and discuss them with colleagues. When you do this over the next four months, your learning will become conscious, and effective.

We call this a training *process* rather than a training *course*. This is because the training starts now, by you filling in the attached questionnaire. By doing so, you will reflect on the communication challenges around you, and on your own skills and *learning needs*. We read your answers carefully, and build the skills training course to meet the needs you have defined. This should be YOUR course, based on *your* problems and questions, and your ideas about what works. The trainers will discuss these, learn from each of you, add other ideas, and link the learning to relevant theories.

Only people who have completed this baseline questionnaire will be invited to continue the training process. This is because we want the course to be effective. We know that when people invest time and contribute their own ideas, insights and questions, the learning is much more effective and long lasting than when they come to a course without preparation.

We have given you lot of space in the questionnaire for you to contribute with stories or examples that describe situations of your communication with others. Stories and examples tell a lot more than just plain *yes* and *no* answers to questions. So we ask you to please answer by using specific personal examples from your work, whenever possible. General statements are less useful. For example, if you just say "I need to get better communication skills", we do not know what kind of skills you mean. If you describe a situation where you needed the skill, and your (or the patient's) reaction in the situation, it is easier for us to see what we can do to help.

### **The training process consists of 4 phases**

#### **Phase 1: Baseline, and a period of self-observation and reflection (3months, April – June 2019)**

- Participants will be asked to observe and reflect on their own communication behaviors and the effects of the behaviors when dealing with patients and colleagues during their routine work, using guided weekly tasks. Participants give short notes on their observations monthly.

#### **Observation tasks (one per week) for 3 months.**

Pack 1: Basic communication skills (4 tasks).

Pack 2: Relating to anger, and conflict (4 tasks).

Pack 3: Practising patient centred care, communicating to allay anxiety and to explain procedures on research and surgical procedures (5 tasks).

After each pack, you write examples from your work which illustrate your learning

#### **Phase 2: Intensive Skills Workshop (5 days - 5<sup>th</sup> – 9<sup>th</sup> August 2019)**

- A 5 days' workshop links participants' own observations to theory. The course is practice based, building on learning needs identified during observation and reflection period.

#### **Phase 3: New skills into practice while working in the ward/department (3 months)**

Further observation and reflection exercises during participants' daily routine work

## Endline questionnaire

### Phase 4: Follow-up workshop (3 ½ days- class work Nov 2019)

- A final 3days workshop will summarize and anchor the learning to daily challenges faced by participants.

If you have any questions, please contact lead trainer (name/mobile no....).

Good luck!

Regards from the training team: Mwanamvua Boga, Siti Ndaa, Lennox Baya, Hiza Dayo,

*NOTE: This training process (including the baseline questionnaire) has been adjusted to the Kilifi setting from a process developed and implemented in 4 African (Tanzania, Namibia and Zambia, Gambia), three Baltic/East European (Lithuania, Latvia and Russia) countries, and Wales/UK. The process was developed by Ane Haaland for a Norwegian NGO, and implemented with the NGO partners in the different countries from 2006 – 2008. Haaland further developed the tools and the process in collaboration with colleagues in Kilifi from 2009, and trained trainers who ran the training independently from 2013. Haaland introduced and ran an adjusted process for trainee doctors in Wales in 2016-17.*

## Baseline qualitative questionnaire Kilifi, Kenya (March 28<sup>th</sup> – April 10<sup>th</sup>)

*NB – Please write clearly!*

### A. Information about you:

Profession:

Designation:

Years of service:

*NOTE: Spaces in the questionnaire have been removed. Please add ample space when giving it to participants!*

### B. Questions about you and patients on clinical care (please use more space if required)

1 a) What are you good at when communicating? Please give an example and describe a situation when you were communicating well with a patient or parent.

b) *What was the effect of your communication on the patient/parent?*

2 a) Which communication skill(s) are you not so good at with patients/parents?

b) Give an example from your experience of what happened with a patient/parent because of this.

c) *Comment on what you think is/are the cause(s) of the main communication problems, and what knowledge and skills you would need to deal better with the challenge(s)*

3 a) Do patients/clients/parents understand your information and follow your advice? Please circle one Yes/no

b) What do you do to make them understand or follow advice? Give an example.

c) Give another example of when a piece of information or advice was not understood, and reflect on *why* it was not understood.

4 a) How do you communicate with a person whom you respect?

b) How do you react when you are treated with respect?

c) How do you react when you are not respected?

d) *Are these reactions automatic or do you control them? Please describe a situation where you reacted, and describe how you reacted.*

5 a) In what situations do you feel safe?

b) *How do you communicate when you feel safe? Please give an example.*

6 a) In which situations do you feel insecure or afraid when taking care of patients?

b) *How do you communicate when you feel insecure or afraid? Please give an example and reflect on how it affects you personally?*

7 How do you behave when you are Overwhelmed? Fearful? Sorrowful? Angry? (pick the ones that trigger you most, and describe your reactions, giving an example)

b) *Describe what you did to control or not control these reactions, and the effect on the situation.*

8 a) How do you handle conflict? Do you confront? Evade? Leave it to others to take the initiative? Please describe, and give an example of what you do.

b) *Reflect on how effective it is in reaching your goal, and what you would like to learn to handle conflict better.*

9 a) In your work situations, what makes patients angry?

b) How do you handle an angry patient/parent? Give an example of how you did/did not manage to calm an angry patient/parent.

10. What makes patients open up and give you the information you need, without fear? Describe what you do to make this happen.

C. Questions about research and consenting for procedures

11. Research is one of the activities that has been going on in the hospital. What would you like to learn in the course to be able to understand research better and be able to communicate with patients well about it?

D. Communicating with colleagues and supervisors

12 a) What are you good at when communicating with a colleague, and with a supervisor?

b) Please give an example of a situation (one with a colleague, one with a supervisor) when you were communicating well.

c) *What was the effect of your communication on the colleague or supervisor?*

13 a) What are your main problems/challenges in communicating with a colleague, and with a supervisor? Please give examples.

b) *Comment on what you think is/are the cause(s) of the problem(s).*

14 a) Which improvement in communication with your colleagues would make a difference to you in your daily work?

b) What could you do to make this happen?

*Thank you very much for your responses!*