Recognising emotions, stepping back, and listening with patience

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

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

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

5 How to analyse observation and reflection tasks and prepare for workshop

5.1 Why and how is this analysis important?

The reading and analysis of baselines and observation tasks is an important and inspiring task for the trainers.

Trainers read participants' feedback with the following purposes in mind:

- **Analyse and understand** participants' own self-assessment of communication habits at baseline, and make presentations to give feedback (modules 2b and 3a);
- **Analyse and understand** what participants have learnt during the observation and reflection period, and find good examples to feed into modules;
- **Appreciate the hard work** the participants have done, and acknowledge their learning;
- **Recognize how the reading affects them as trainers** (*e.g. they may feel empathy with participants, they are touched by some of the stories, they recognize the learning from when they were doing the same tasks themselves, they are looking forward to learning more from the group, etc*). Trainers use these reflections to establish relationship with the participants in the workshop: they share their thoughts with the group, which also communicates to the group that the trainers have read their work;
- **Discover the direct/expressed learning needs** the participants identify and **detect the unexpressed needs** – those that the providers are not aware they are having. Discuss these in the trainer group, and agree on how to approach them;

- **Pick out good examples of challenges, insights and learning**, for use in the different modules;
- **Pick out stories or examples of typical problems**/situations and turn them into role-plays or demonstrations.

Below are guidelines and examples of how to carry out this analysis and how to make a summary of trends in the responses. The materials from this analysis will be included into several of the module presentations – see each presentation for details.

5.2 Guidelines and examples: How to analyse baselines and observation tasks, and make a summary of trends

You can use analysis of baselines for evaluation purpose (*compare baseline results with endline results, to identify changes*), and as material to include in the presentations.

How to organize the baselines feedback: Collate the answers into two documents: One containing all the individual documents, participant by participant, and one where the responses to the 15 questions are collated, question by question.

It is useful to collate and analyse answers for each theme separately. Divide and collect the questions into four themes, which correspond to the key training themes:

1. **Theme A** – Using communication skills (Questions 1, 2, 13, 14, and 15)
2. **Theme B** - Giving and receiving information and advice, and effects of this (Q 3)
3. **Theme C** – Emotions, influence of emotions on actions, and communicating with and without respect (Q 4-11)
4. **Theme D** – Research and obtaining consent for procedures (Q 12)

All trainers read the baseline feedback to get a perspective of the group's initial perspectives and needs. Distribute the themes to the trainers based on which module or module parts each trainer will present in the workshop. Each trainer will read through their allocated theme and make a summary of the trends – the **challenges**, the **questions**, and the **issues some (or many) participants handle well**. They then pick out good examples for their module(s).

This practice is related to analysing results from qualitative research. Thus, if you have a qualitative researcher in or accessible to your team, he/she would be able to guide you in this analysis process (with baselines and observation tasks).

5.2.1 Thinking about how to analyse: Some guidelines

Before reading through the answers, ask yourself: What am I, as an analyser, looking for?

- **Trends** in the answers: What is common – e.g. challenges? Things many participants do well?
- **Insights** participants have had – AHA-experiences, when they have discovered something?
- **Examples** of what they struggle with, and what they have learnt;
- **Examples of situations,** which can be used to develop demonstrations and role-plays.

You, the analyser, must have the contents and an understanding of the modules clearly in mind when reading - particularly:

- **Module 1** – the introduction, where the concepts that are central to the course, are described. The analyser must look for examples of use of these concepts in participants'

answers – e.g. what have they become aware of? What have they reflected on? Any insights? Any examples of using respect, or meeting people with lack of respect, and learning from it? *It is useful to have a list of the concepts you are looking for, beside you, when reading.*

- **Module 2c** - Building the gold standard communication strategy in patient care: Basic Communication theory, skills and practice. This is the first of the core modules, and much of what participants have observed is found in this module: Listening, asking questions, giving feedback, etc. *Again, a list of the main skills and ideas you are looking for is useful as a checklist when reading.*
- **Module 3b** - Communicating with awareness to develop emotional intelligence: Effects of safety, anger and insecurity on how we communicate. This is the second and last of the core modules, where central ideas on emotions are introduced, e.g. on insecurity and anger. Reading through the module and *making a checklist of what you are looking for is useful also here.*
- **Modules 2b and 3a** – feedback on communication, and on emotions – these are the modules where the summaries of the analysis will be placed, with examples.

As you read, you will be able to pick out examples to illustrate the concepts and the ideas in the modules. See below for examples of how to make brief notes of what the answers illustrate.
It is usually necessary to read the answers at least two or three times to get a good feeling for what the feedback is illustrating. This work is very much worth investing in – as it gives you as a trainer a good understanding of what the participants are struggling with, and what they do well. When teaching in the course, you will be able to draw examples and insights from their work, and they will sense that you have read and understood what their concerns are (as well as what they have learnt) – and this is very motivating to them. They will recognise their own examples, and know that this course is ***for them***, and addresses ***their*** work and reality. This work is an important part of what makes the iCARE-Haaland model very special – it is directly related to participants' work reality.

For most trainers, it is a very good experience to read participants' work, especially when reading their insights and the pride they show in their discoveries and learning – and pick some of these out to share with the group. It is interesting to look for scenarios and opportunities for making demonstrations and role-plays, and develop these into local learning tools.

5.2.2 Example: Questions from baseline Theme A – analysed for main trends

Below we are sharing with you examples of two questions (with sub-questions) from the baseline given by a group of participants to one of the courses in Kilifi. Trainers have analysed the questions to get a sense of what the participants are struggling with, and to find the common trends in the answers. During this process, the trainers make brief comments to define the theme/main point in each answer, as a first step. The trainers will then go back and read again, e.g. all the answers related to listening, and then to other themes. The notes in red are the trainers' notes.
At the end of the questions there is a summary of the key themes emerging from the participants' answers to all the questions, with examples.

NB: We have left the quotes as participants wrote them, without editing. Most participants will have English as a second or third language, and we have chosen to let their words speak for themselves.

Theme A – Using communication skills (Q 1, 2 (not showing qs 13, 14, and 15)

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.**

- I'm good at ensuring that my client gets the information and understands it. I also ensure that privacy is maintained- giving information

- Speaking: at a time i had to advice and counsel an HIV positive client who had denied his status. The client could not believe it. But after a long talk and sharing with him he finally accepted his status and commenced on HAAT. – giving advice
- Active listening. Eg. During sample collection in the lab, I explained the procedure to the patient before taking the sample. -listening
- Giving clear instructions i.e. explaining clearly what it is that I want done. While giving task allocations I make sure that everyone understands what is required of them.-explaining information clearly
- When communicating, i am good at respecting other eg. When I want to do a procedure to a patient i normally address him or her as mama or babangu, I want to give you some medication or dress your wound.- showing respect
- Elaborating a problem – day to day. In a counselling session – a HIV patient who was burdened wanted to understand crisis he was going through. The calm empathy of how i handled it made the patient relaxed.-showing empathy
- Am good at giving information to parents on their child's condition when admitted and what is being done to their child. We admitted a mother with twins I was able to talk to her well on what was going on and when her second twin was deteriorating I could explain to her what was happening. – giving information
- There was a male patient aged 60 yrs with hydrocele admitted in male ward the third time for theatre. Every time he was prepared for theatre – starved – but missed theatre the last minutes because he times and takes tea when the servant serves teas at 10 am reason he was fearing death i.e. he may go to theatre and not wake up. Allaying the patient's fears
- Using the right language that the person understands either Kiswahili or English. If client does not know either Kiswahili, I use an interpreter. Using a language that the patient can understand
- I am good at listening to a person before responding. Severally I listen carefully to patient or guardians e.g. in ward 1 PCM bay concerning feeding patterns of their children and I got to know that financial constraints leads to most children being underfed or fed with unhealthy diet.- listening
- I always try my best to empathise with the parent or patient by trying to put myself in their shoes believing that through this I will understand their worries& feelings. –showing empathy
- Am good at greeting the patient and asking open ended questions. Greeting and asking questions
- I am good at communicating because I use low tone and I talk politely – I am polite
- I am good at explaining to patient and guardians about aspects about their management and procedures that I am going to perform to them or their children. For example, I explained using simple language to a mother who was hesitant to have his 1 month old baby to have a lumbar puncture. I explained how I was going to do it without hiding any detail and why it is important to do it. I explained the risks of not doing the procedure and the discomfort of the procedure as well. I also allowed the mother to ask questions in between the conversation and at the end. Explaining procedures clearly to patients
- Giving psychosocial support and adherence counselling to pts. Giving psychosocial support
- Listening. During the first visit of my clients i listen very well so that i can get the right information to arrive at diagnosis - listening
- When communicating on the patient's progress when a relative asks me how the patient is doing I explain to them well accordingly. – explaining well
- Listening and asking questions. I was at a clinic (MCH / FP) when a client came and said she just wanted to be injected Depo she was in a harry the boda was waiting for her, husband

came sending out notice I told her about examination then cooled, after counselling we came to agree on the method of her choice depo / condoms - listening

- Am a good listener. I practise active listening and probing. There came a patient who had had a problem for a long time but since she had no time or rather nobody to listen to her she had come for more than three times with same complains. When I looked back in her book she had be diagnosed of same things all this time but after probing, listening and examination I found out her problem and now she is doing well of hypertensive treatment which had not been diagnosed. listening
- Explaining and listening. Had to explain to a patient why she had to be taken for surgery after she had declined earlier –listening and explaining
- I am good in listening when am not in a hurry. When a client came and she wanted to start a F.P method and was the first client in the morning, I had time with her and discussed on all methods.- listening
- Am clear when communicating and also clarity occasionally in maintaining confidentiality. When counselling a pregnant mother newly diagnosed HIV AIDS was able to counsel her and later brought the husband who is a discordant counselled both of them now living happy. – giving clear information and maintain confidentiality
- I am good in introduction and asking questions where I don't understand, confusing language –asking questions
- Communicating am now an active listener. I am able to ask some open ended question in between to probe for more information like for a mother who brought a child with malnutrition I was able to probe and get that she was a very big family of 12 people sole provider being a widow without any help. - listening
- When communicating am good at listening, there was a patient whom colleagues termed her as very uncooperative and does not answer questions when asked. But when I sat and talking with her and listened what was bothering her, she opened up and gave information - listening
- On admission when a patient lands in the ward. Most patients feel so stressed on admission and I am good at welcoming them and orientating them with the ward environment.- good at welcoming patients at admission

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

- Patient understood the information I was giving and it led to patient opening more and got good information. Patient understood and opened up
- The effect was good. The client gained confidence, opened up and agreed to commence on treatment/therapy. Patient gained confidence, opened up and adhered to treatment
- Active listening. Eg. During sample collection in the lab, i explained the procedure to the patient before taking the sample.
- It was easy to obtain the sample despite the fear of the patient on the procedure. patient cooperated
- Patients cooperate more/better which enhances the purpose to medications. - patient cooperated
- They feel that they are recognised. -patient feel recognized
- He took "light" the situation; the stigma he was attaching to the status was alleged. - patient accepted his situation
- The mother appreciated. She came and told me that I was open to her as to what was happening to her child 2nd twin until she succumbed. – patient appreciated

- During the fourth visit I spent time with him explained to him why he was admitted i.e. for operation, and benefits of the operation and the importance of having positive thinking, that he was not the first patient to undergo the same operation but many have gone through and are still alive so to have faith that all would be well. After that conversation he was taken for theatre starved, did not eat anything and was taken to theatre and the operation was successful. - patient cooperated
- Easy understanding of what am saying then they give me their opinion. understand information
- She got the knowledge on balanced diet but she had doubts on compliance because she said she was a single mother and with other siblings. - understand information
- The patient opened up to me and I was able to know the social life and how it contributed to everything and counselled her accordingly. -opened up
- The other party feels comfortable and explains more about their problems. - opened up
- This makes a very good relationship with patient we are able to establish report. establish rapport with patient
- The mother eventually accepted that her son have the lumbar puncture. cooperated
- Appreciation. The pt says they are feeling better. Appreciate
- The client adheres to therapy and keeps all her child's appointment in therapy. adherence to treatment
- The effect is they take things in a positive manner and appreciate it. appreciate
- She had to take combined methods since the husband wouldn't stay Listening and asking questions. I was at a clinic (MCH/FP) when a client came and said she just wanted to be injected Depo. She was in a hurry the boda (*motorcycle taxi*) was waiting for he, husband came sending out notice. I told her about examination then cooled, after counselling we came to agree on the method of her choice depo/condoms.
- She was grateful and reminds me every time that I helped her discover herself. patient appreciated
- After the patient came to know (after examination) that the headache and palpation was due to the high blood pressure, she is taking medication well and she is able to take advice and take care of herself. – takes advice
- She agreed after I took time to explain why it was necessary and after listening to her fears. - cooperated
- Was able to have an informed choice on F. P method – patient made informed choice
- They understood HIV/AIDS and preventive interventions during pregnancy / labour delivery & breastfeeding. Was able to bring the husband in supporting the wife. understood her condition
- Normally they listen and accept it and fail to follow the instruction except when being monitored. - do they understand?
- I was able to get a lot of information from the parent as I could not do it before since I was using straight answer question thus could know where to refer her for help and also advise accordingly. – patient opened up
- My effect was that, she was able to open up and gave much information which was required. – open up
- Patients adopt with the hospital and ward environment very fast which also facilitates their quick recovery. – patient feels comfortable in the ward environment

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

- Sometimes I fail to maintain eye contact – not able to maintain eye contact
- Sometimes listening becomes too difficult for me because of being overwhelmed by work. –listening when overwhelmed
- At times am overcome by tempers especially when there is heavy work for me. handling my tempers
- Listening. At times I find myself interrupting while they are talking to me. listening
- When I am stressed I am not good at listening to patients complains tentatively. listening when overwhelmed
- Though I do not find it a problem to me; ???
- Am not good at listening. -listening
- Reflecting. reflecting
- Translating medical terms into Swahili for clients to understand. Translating medical terms
- Response to anger. handling anger
- Calm, repetition to drive in a message. patience
- Am not a good listener thus cannot paraphrase in many areas. listening
- (Attending) that is ability to listen attentively to patients' complaints or messages. listening
- I am not so good at using gestures and other non verbal techniques. non verbal techniques
- Probing. probing
- Dealing with emotions. handling emotions
- When dealing with angry/stubborn relative or patient. handling patient emotions
- Non verbal. non verbal
- Stepping back. stepping back
- Observing. non verbal
- Listening actively when am tired or when in a hurry. Listening when overwhelmed
- Listening is a challenge especially when the client has a long story and a there is a queue waiting for me to attend to them. Good example - Listening to long story
- With criminal investigation officers, politician and well oriented men / women. handling affluent patients
- At times am not good at reflecting on the information I get from patient or when I get angered or a problem arises. handling emotions
- Explaining to patients about their problems. explaining to patients
- When doing providing initiated testing and counselling and the patient's result turn out to be HIV +ve, I really find difficult in disclosing their status. Good example - disclosing HIV +v results after testing

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

- I lost touch/ track with the patient.
- Making a quick decision which may lead to misunderstanding the patient.
- I noticed very fast and calmed myself down and served my patient well.
- At one time I was dealing with a mentally unstable patient who had refused to take medications, because of my constant interruption, the situation became worse, he stopped talking to me. Example – listening
- I was stressed with work. Given that I had reported all alone on duty. A caretaker called me to go and check for the IVF which had stopped running, I told her to talk to

her patient to properly position the hand and the fluid will run. This is a patient who was NPO. I didn't go to check (good example on listening on the fluid and by the time I was handing over the next staff who had reported for the next shift the fluid had not run even a quarter of a bottle. The line had only blocked and only needed flashing. good example on emotions

- Though it didn't lead to a serious situation but the frequent "come again" or "drawing close" to listen clearly or remarks "I did not hear you" are constant reminder perhaps I can change or work on it.
- The parents could not ask me questions because they felt I did not give them an ear. good example on listening
- A patient with # femur (mid shaft) with open wound (awareness who had stayed for 2 months in the ward became knows it all – after discharged still remained in the ward for 1 month more. I prepared him to the social worker and administrator. Patient went on saying and spreading rumours that sister chased him out of the ward and in fact sister ordered the server not to serve him with food which was not true. I felt very bad. I didn't want to talk to the patient at all. But I had to forgive and after being given a go ahead by the social worker I had to write a waiver form for him to be released to go home.
- They kept asking the same question on and on and couldn't get my explanation.
- No Response
- There's a day I had concluded that a patient had parent. awareness
- The patients' relatives wanted to explain to me that they want to take her against medical advice. As I was exhausted, I brushed her off and later she complained that I was rude to her.
- I once tried to explain to a mother about the severity of the condition of her child of which the child was very sick and was going to die anytime. My language I believe was clear that the as a medical practitioner we had done our best and there was nothing more we could offer to the child. My tone was grave when I was explaining to her that the child was most likely going to die but for some reason the dad did not believe me and I presumed it was because I did not have a lot of facial and gestures expressions to accompany my words. non-verbal communication
- A patient lies about her status when she is in fact on treatment. Anger then prevails. patient lying – response to this
- A mother came with a child who had severe cerebral palsy and failure to thrive floppy++ and was wondering if her child would gain back all the delayed milestones and started crying in the office. showing emotions
- The relative of a particular patient insisted that I should not give the medication (IV) to the patient who was crying because of pain so the patient had to suffer coz I listened to the relative.
- You arrange a place without telling your friends why you are doing so. Somebody else changed the arrangement this shows there is no communication in between.
- There was a very sick patient (post delivery); a mother had paralysis of lower limbs 2 months post delivery. I talked to the patient, explained the importance of her being referred to the main hospital for treatment and proper care but she refused. I talked to her husband about the same but she would not listen due to the fear I had left her to make her own decision. effect of emotions/fear
- Failed to re-check the blood pressure of a patient after it had already been taken by a colleague. According to her readings the blood pressure was okay and 20min later the patient started to fit.

- No Response.
- Missed to identify a child who was positive who was once waiting for her mother outside the room.
- Patients came from politician and were blasted but because of my mute, I could not confront her and I couldn't assist on the conflict. HP evading conflict
- At one time a mother didn't follow an instruction I had given and instead of reflecting why it happened I became very angry on her instead of probing why it had happened to know where the problem is. reflecting/emotions
- Once met a patient who become very angry with me because I couldn't explain what he was suffering from. The only problem is that some terms are best explained in English than in Swahili
- The patient herself thought I was lying and blamed me for not doing my work well. She saw me as the source of her problems/condition.

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

- Main cause is lack of exposure to practical application of communication skills. Knowledge and skills needed are on practical application of communication skills.
- Problem: too much work, shortage of staffs, high tempers, misunderstanding between each other. Need for communication skills on how to listen and how to apply it. good example - comm skills/work load/not able to handle emotions
- Too much work and with skills on how to overcome mu emotions, will be able to deal with the challenges. Work load/ skills to handle emotions
- (Mutual) learn how to develop trust, be more patient, respect other persons point of view, be able to reconsider my views. lack of trust, respect, patience and understanding
- Main cause of communicating problems is poor listening skills and ignorance. Self control and listening skills.
- Language barriers. Work load, burn outs. – language barrier, work load, burn out Lack of training on the communication skills – to understand exactly what is required on the same – lack of communication skills
- Training, exposure.
- Time. I think I waste a lot of time listening and at times they keep asking the same questions. I need to learn to be a good listener and how to manage my emotions. good example - Learn to listen well and manage my emotions
- Reflecting skills – reflecting skills
- Controlling of emotions e.g. when you are angered by a patient or when you have conflicts with colleges or relatives or patients. – controlling emotions
- Language barrier which even the interpreter missed especially medical terms. Knowing some vernacular terms for local communities so that I place them where necessary in our dialogue. language barrier/ learning patient vernacular
- Time is a big challenge. E.g. In our ward settings you may find you are all alone in a shift and you are expected to attend to patients needs, answer queries from parents or guardians, doctors and even fellow colleagues. Being too busy can lead to one getting irritated and ending up not communicating effectively. Time /work load – skills to handle emotions
- I think the cause of the main communication problems is mostly attitude. We tend to think that we are above our patients simply because we are attending to them. Undertaking the communication course might help to realize the importance of

those who we interact with even when they are our patients. Good example - our attitude we take our patients to be below us – need communication skills

- Seeing so many patients per day. So I don't get time to listen to all of them actively. Skills I need are those of active listening, paraphrasing and giving feedback.- work load; no time to listen – need communication skills
- The main problem of communication was poor listening especially when am in pressure of work. Hence I need to learn how to listen attentively despite pressure of work.- poor listening due to work pressure/ I need to learn how to listen attentively despite pressure of work
- I think the cause of the main communication problems is refusal to listen, a 'know it all attitude' and generally lack of respect and wrong attitude during communication. I believe if I adopt the right attitude for communications and develop skills in listening without making assumptions and predetermined judgements without information I will be able to deal better with the challenges of communication. Lack of communication skills/own attitude – taking responsibility for her problem
- Anger. How to control anger when a patient openly refuses to tell the truth for fear that she will be penalised – own anger/ need how to handle anger
- Time, language barriers i.e. medical terms may not have simple words for one to understand – lack of time/language barrier
- The main communication problem is annoyance whereby I never portrayed empathy. I need good communication skills to deal with such challenges. Handling own anger/need good comm skills
- Communication barrier due to grudge, personalizing. – undealt emotions (own)
- Own fears of the possible outcome. – fear of outcome
- Lack of knowledge
- Lack of communication, assumptions and some knowledge gaps on communications skills. –lack of communication skills
- No Response
- Workload, irresponsibility by other colleague they make me annoyed hence affecting my communication. Irritability due to a lot of responsibility. – workload/irresponsible colleague
- Hatred being the main cause of communication problem and luck of knowledge – hatred/lack of communication skills
- I think the problem is due to a little experience on the skills what I need is to practice more on the skills learnt. Lack of communication skills
- The only problem is translating some medical terms in Kiswahili, needs knowledge and skills in explaining medical terms in Kiswahili. Explaining medical terms
- Pre-test counselling was not done well or was not up to standard according to me. I need better knowledge and skills on communication so that I may interact with my client well, especially when it comes to passing the right information. – lack of communication skills

NOTE: After collating and doing the first analysis, read again, and make a summary of what you found. This summary will be a basis for entering examples and figures into various modules: See below for the summary, and see examples we have used in the modules.

5.2.3 Making a summary of theme A analysis

Theme A – Using communication skills (Q 1, 2 (not showing 13, 14, and 15)

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.**

   Listening - 7
   Giving advice/information - 7

   Others
   Welcoming Patient -2, empathy-2, Allay anxiety -2, showing respect -1, Polite -1

Examples

- *"When communicating I am good at listening, there was a patient whom colleagues termed her as very uncooperative and does not answer questions when asked. But when I sat and talking with her and listened what was bothering her, she opened up and gave information"*

- *"I am a good listener. I practise active listening and probing. There came a patient who had had a problem for a long time but since she had no time or rather nobody to listen to her she had come for more than three times with same complains. When I looked back in her book she had be diagnosed of same things all this time but after probing, listening and examination I found out her problem and now she is doing well of hypertensive treatment which had not been diagnosed."*

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

- Understood info- 4
- Open up- 6
- Patient feel valued, appreciated -5
- Patient Cooperate- 5

Others

- Patients feel comfortable - 1
- Made informed choice -1
- Accepted his status- 1

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

- **Listening – 7**
- **Handling emotions- (tempers/anger delivering bad news) - 8**
- **Nonverbal comm- 3**

Others: Probing -1, Being calm-1, Handling affluent patients – 1, Explaining-1, Translating medical terms-1

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

I was stressed with work. Given that I had reported all alone on duty. A caretaker called me to go and check for the IVF which had stopped running, I told her to talk to her patient to properly position the hand and the fluid will run. This is a patient who was NPO. I didn't go to check on the fluid and by the time I was handing over the next staff who had reported for the next shift the fluid had not run even a quarter of a bottle. The line had only blocked and only needed flashing. good example of emotions

I feel most of my patients do not have time to explain more on what their problems are because I don't give them time to do so. awareness

I once tried to explain to a mother about the severity of the condition of her child of which the child was very sick and was going to die anytime. My language I believe was clear that the as a medical practitioner we had done our best and there was nothing more we could offer to the child. My tone was grave when I was explaining to her that the child was most likely going to die but for some reason the dad did not believe me and I presumed it was because I did not have a lot of facial and gestures expressions to accompany my words. non-verbal

Listening is a challenge especially when the client has a long story and a there is a queue waiting for me to attend to them. Listening to long story

When doing providing initiated testing and counselling and the patient's result turn out to be HIV +ve, I really find difficult in disclosing their status. disclosing HIV +v results after testing

At one time I was dealing with a mentally unstable patient who had refused to take medications, because of my constant interruption, the situation became worse, he stopped talking to me. listening

At one time a mother didn't follow an instruction I had given and instead of reflecting why it happened I became very angry on her instead of probing why it had happened to know where the problem is. Reflecting/emotions

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

Reasons – summary:
Own limitations

- **Lack of communication skills (listening) – 12**
- **Lack of skills to handle emotions – 12**
- **Lack of trust/respect for each other – 1**
- **Our attitude towards patients (patients are below us – 1)**
- **Reflecting skills- 1**

System limitations
Lack of time/ Workload leading to stress- 8
Patient limitation
Language barrier - 4

I think the cause of the main communication problems is refusal to listen, a 'know it all attitude' and generally lack of respect and wrong attitude during communication. I believe if I adopt the right attitude for communications and develop skills in listening without making assumptions and predetermined judgements without information, I will be able to deal better with the challenges of communication. Lack of comm skills/own attitude. Taking responsibility for her problem

I think the cause of the main communication problems is mostly attitude. We tend to think that we are above our patients simply because we are attending to them. Undertaking the communication course might help to realize the importance of those who we interact with even when they are our patients. Good example - Our attitude we take our patients to be below us – need communication skills

Time. I think I waste a lot of time listening and at times they keep asking the same questions. I need to learn to be a good listener and how to manage my emotions. Good example - Learn to listen well and manage my emotions

Problem: too much work, shortage of staff, high tempers, misunderstanding between each other. Need for communication skills on how to listen and how to apply it. Good example - comm skills/work load/not able to handle emotions

Note: We include the summary of the main trends for the last question as well – without showing the collated answers:

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

- **Improve on Communication skills (listening, constructive feedback) – 16**
- **Attitude change – 4**
- **Self-awareness – 2**
- **Handling emotions well – 1**
- **Appreciate/respect each other - 3**

Respecting each other's view & appreciating that each person is unique on its own. – appreciate each other; Good example

In any communication style I do it with awareness, treat everybody with equal respect, listen politely, ask questions where I don't understand and give constructive feedback. communication skills

I think I should be more patient, listen more and avoid being judgemental and giving conclusions before I have given myself time to listen to them. communication skills. Good example taking responsibility

- *Change of attitude, and also ready to welcome changes in their lives for better results* – attitude change

- *If they can only change negative attitude*. Attitude change

b) Please comment on what *you* could do to make such an improvement possible.

- Put into Practice the comm. skills learnt – 10
- Be a role model – 4
- All to learn communication skills- 3
- Respect each other/teamwork, avoid negative criticism – 3
- Change our attitude - 2

Examples

- *Continuous practices and being a role model as far as communication is concerned.*
- *Through making changes in the way we communicate and initiate the changes –*
- *LEARN AND APPLY ALL THE SKILLS IN COMMUNICATION!*
- *Be the change I want to see, no going back to where I have come from.*

NOTE: The same collation and analysis should be done with all the questions from the baseline. The observation and reflection tasks should be read and analysed for main points of learning and change, and then summarized for trends.

How we have sorted questions into other themes:

Theme B - Giving and receiving information and advice and effects of this (Q 3)
Theme C – Communicating with and without respect/ Emotions and influence of emotions on actions (Q 4-11)
Theme D - Questions about research and consenting for procedures (Q 12)

5.2.4 Guidelines for analysing observation and reflection tasks

Reading the examples and most significant change stories from participants is one of the most enjoyable tasks for the trainer: You will most likely be amazed and inspired by what the participants have discovered, and humbled by what they have learnt by using the tasks over time – and what they are willing to share. It is very important to treat their stories and learning with respect and make sure you protect their anonymity: sometimes their stories reveal serious mistakes they have made and learnt from, and other times – great successes that they share, with pride. All these examples need to be treated in a way that hides the participant's identity. Sometimes you need to make small changes in the stories you use as examples, to make sure the participants are not recognised (e.g. change the name or the department or place a person works).

When reading the stories, the same advice as for the baseline is useful: ***Ask yourself – what are you looking for?*** Also here, you look for trends, insights and examples. When you have summarized the findings from the baseline, you can use examples from the observations to illustrate the main points.

Some practical advice

Organize each observation pack feedback into one separate document (pack 1, 2, 3).
Trainers should again read through all (at least two or three times), as it is the observation and reflection task feedback that shows what participants have learnt, and what they struggle with: This is essential for the trainers to understand well, to be able to facilitate well and frequently relate to participants' reflections and questions during the work with the modules. Trainers may find examples to use in their modules, from all the packs.

While the analysis of the baseline usually can be placed in the modules described above (modules 1, 2c and 3b, as well as the direct feedback modules, 2b and 3a), the examples and insights from the observation tasks can be used in all the modules for the basic course. It is thus necessary to read through the modules and make a checklist of what you are looking for, for each module.

Give the main responsibility for analysing each pack of observation tasks to one trainer. As with the baseline, the trainer should analyse for trends, and pick out examples for illustration. In the feedback there are also frequently stories or examples that the training team can use to develop demonstrations or role-plays, or to adjust demonstrations already described in the modules - e.g. to make them even more related to the specific group you are training now.

You will note that the more you use the feedback from the tasks actively in the workshop, the more relevant participants will experience the workshop teaching to be. Whenever possible, choose examples from as many different participants as possible.

For phase 3 and 4, the same type of procedures can be used to analyse the endlines and the observation and reflection tasks from the "Skills into Action" period.

5.3 Preparing for the basic workshop

Careful attention to logistics and detail will help you prepare a workshop environment which makes participants feel safe and cared for and well informed. This will open them up to learning quickly. Issues that help create a good learning environment are:

- ***Identify and communicate dates for workshops*** at the beginning of the training process (during introduction meeting), to enable participants to plan their holidays, and line managers to plan for their release from duty (See invitation letters in appendix);
- ***Book venue, and plan for food, supplies and stationary*** (hungry participants do not learn well, and may turn against you!) Note: Attention to this – and making sure the practical arrangements are functioning well – will also signal to the participants that their institution values and sees this training as important.
- ***The dates for the TOT should also be agreed upon*** at the beginning of the process, when the dates for the workshop are set. This will allow trainers to plan their time well.

Working in the training team to plan the workshop

The trainers should meet at least a month prior to the workshop to discuss the tasks, share roles and responsibilities and decide who will teach the different modules. The trainers' main work is to read through the feedback, analyse trends in responses, understand the concerns of the participants, and pick out relevant quotes and examples for their specific modules. This takes time, and trainers (assisted by the coordinator) need to negotiate adequate time for this work, with their line managers.

The trainer team should meet regularly (preferably weekly) during this time to assess progress, clear questions and agree on how to amend the contents for the training to reflect participants' situations. The coordinator needs to review each module with the trainers to become familiar with how the trainer has done her work, and also keep track of the process.

The coordinator draws up a program for the TOT and shares with the trainers, to make sure all relevant issues and needs are covered.

Training of Trainers (TOT)

When trainers are new and used to lecture-based training, it takes time and effort to learn to facilitate, using experiential learning methods that are the core of the iCARE-Haaland model.

We have conducted a one week's TOT session before the basic workshop. Trainers meet and teach their modules like they would do in the main workshop, with other trainers as "participants". They receive feedback on what worked well, and where to improve their teaching. They also rehearse the demonstrations and role-plays. This practice is important for the trainers to build their skills, to strengthen the sense of team responsibility for the success of the training, and to build their confidence in facilitating the module. Please refer to chapter 5 where key skills for trainers are described (setting relevance, establishing connection, keeping the participants active and involved). **An example of a TOT programme can be found in Part C.**

The trainers also work to identify their needs on strengthening facilitation methods and skills, and the coordinator or lead trainer will facilitate several briefer sessions to deepen these skills, during the week. Good collaboration in the training team is essential for the training to be a success.

5.3.1 A special concern: Inviting officials to open (and/or close) the workshop

In many cultures, there is a practice of inviting officials to open workshops and give importance to the topics to be learnt. There are a number of ways to manage these sessions to make them as positive as possible for both the participants and for the officials, who often have a number of commitments and may be late if they are invited to be present at the very start of the training. It is however important to respect traditions – and officials are often thankful for the opportunity to take a bit of a different role and maybe avoid the pre-prepared speeches they have given several times before.

We have chosen an approach to opening the workshop which works well for the participants, and which the officials coming to open our workshops have said they really enjoy and appreciate.
A main purpose with the "alternative" opening ceremony is to invite authorities to understand to some extent what we are doing in the workshop, become involved and inspired by the training approach, and get "food for thought" which may inspire them to pay more attention to health communication and emotional competence in further training. The approach also saves everybody's time and enables us to use the precious morning hours of the first day to get straight into the learning.

The main "ingredients" of the approach are:

- ***We contact the official and explain the purpose of the training process and the workshop*** (*which they are usually very positive to*) and give them a one page summary of the main aims. We invite them to open the workshop, OR – to come for the closing, which usually involves lunch. If the higher official come for the closing only, we invite a "lower" official to come in and give her "blessing" to conducting the workshop, on the first day.
- ***If they would like to come for the opening***: We explain that we do not want to waste their time, knowing they are busy. We ask how much time they can afford. They often say – half an hour. We then invite them to come some time during the first morning, at their convenience, and say we will stop the training soon after they arrive. We ask their permission to go on teaching for some minutes, to let them have a "flavour" of what is going on, and make sure to ask participants to share an example or a question during this time. The official is usually very interested, as he often does not take part in or is able to observe such training. We then stop the teaching, welcome and appreciate the official, and let him or her "do the opening" – which frequently results in him relating to what he has just experienced, and making the ceremony more meaningful and relevant for all. We invite the official to stay for tea, or lunch, and encourage her to talk with participants and listen to what they have been learning.
- ***This approach has been very well accepted by the authorities or officials,*** many of whom say in-officially that they are relieved to participate in a less formal way of opening a workshop, and that they enjoy talking with the participants during the break.
- ***This more in-official method has also been well accepted by the participants.*** For them, it is important to know that their leaders approve of the workshop and its aims, and this message can be communicated in a number of less time-consuming ways. When making the intention of this approach clear to the participants (and to the official), it increases their motivation: They know we have a busy programme and a lot to learn during the week and appreciate the intention to concentrate on the professional contents of the workshop.
- ***If the official participates in the closing ceremony,*** he has a chance to hear from the participants what they have learnt, and discuss the importance of this learning, for the institution. This opportunity is usually appreciated by both sides.

We highly recommend you to try out this method. It communicates an important message to the official, and underlines that this training is different. This usually causes curiosity and interest, which is needed when you work to break new ground.