1 Introduction to Phase 1: Discovery

The iCARE-Haaland model is *an empowerment approach for training health professionals to strengthen their self-awareness and capacity to take responsibility for respectful interaction as a basis for trust and care*

The focus of this phase is ***individual learning for participants***. The learning needs to be facilitated by trainers/managers with good understanding and knowledge of the training process and of the tools we use. A major focus should be to establish and maintain a safe and predictable situation for the participants throughout the learning process. This includes giving clear information about what will happen, when, and what is required of them.

Careful and consistent planning is essential for the success of the iCARE-Haaland model training. **Please see chapter 8** in the background/methods manual (Part A) for a description of the planning process, and of what is needed to make the whole training function well.

In this part of the resources (Part B), we include a number of specific planning tools for trainers/managers as well as the baseline questionnaire and a series of ***13 self-observation and reflection tasks*** for participants. A set of ***eight additional new tasks*** for trainee doctors in Wales is included as a separate chapter. **Please read chapter 6 in the background/methods manual (Part A) on how to use these tools, and why to use them in the way and the sequence we have presented them.**

An important chapter is on ***how to analyse the examples contributed from the participants***, and ***how to include them in your training course***. This analysis, and the inclusion of examples in the course, are major reasons why participants feel the course is related to their own situation and work challenges. A detailed example of analysis of questions is included in the chapter.

2 Preparation tools for trainers and managers

2.1 Before the training starts: Preparation

Decision to run the training: Health providers, trainers, managers or invited guests can initiate the process of implementing the training in an institution, based e.g. on a formal or informal needs assessment that shows there are challenges in communication between providers and patients. There can also be an initiative from the staff who has noted that providers are burning out and are struggling with conflicts at work. The decision can also be inspired by staff having participated in a conference where the work from this manual was presented, or having direct access to the manual, or having participated in a training course where they have been exposed to these methods. Local or central health authorities can also take initiative to conduct such training, as the awareness about the need for and usefulness of skills training on communication and emotional competence is increasing, worldwide.
See Chapter 8.

2.1.1 Getting the training accepted at institutional level

This is a key step for the success of the training process. The managers need to be convinced that the training is needed, and to agree to release their staff from duty to participate. They also need to understand the concept and purpose of voluntary participation, see below.

Invite managers to a meeting to introduce the idea of the training, and to discuss the relevance of such training for their institution, their staff and their patients. **See chapter 8**.

In Kilifi, we established **the relevance** of the training for managers/decision-makers in an initial meeting, where we brainstormed on communication challenges faced by the providers to be able to give patient-centred care, and by themselves in leading and supporting the providers in their work to give such care. We asked them some questions, for example:

- *What do they know and feel about how staff relate with patients?*
- *What are some of the communication problems among staff at the hospital?*
- *What problems do they as managers and supervisors experience with their staff?*
- *What do they think are possible causes of the problems?*

2.2 Information meetings, letters and adverts

It is important to inform everybody well in advance of the training, for managers and participants to be able to plan well and build the training into the rotas of the clinic or hospital. For managers to support their staff to take the training, they ned to be convinced that the training is useful.
See chapter 8.

In Kilifi, we conducted information meetings for managers and participants in the early years to discuss the need for the training, and the aims of the programme. See various chapters in the manual which gives useful information on how to do this, and which type of information is essential to give.

We used an advert (see chapter 2.2.2, below) to create awareness about the training and published this in electronic fora and on information boards. We used all available for a to spread awareness about the training.

In the first years we also used an application form for participants to ask why they wanted to participate in the training – to learn more about their motivation. This was very useful. In the later years the training has become so well known in Kilifi Hospital that the form is no longer needed. Basically – most health professionals have participated in or want to take the training course (*but the medical officers are still lagging behind, with only a few having participated).*

2.2.1 Advertising the training and selecting participants

Advertise the training at least four weeks before the process starts, to give participants adequate time to put in their application. Prepare a formal advert and distribute to notice boards in all departments, common places where staff gathers (canteen, coffee shop), on the institutional website etc. Make sure all managers get a copy and ask them to promote the training to their staff, including mentioning it in meetings, where appropriate. Trainers, previous participants and other colleagues familiar with the training can be asked to be “ambassadors” to help recruit participants from their respective departments, also through online platforms e.g WhatsApp groups: Typically, this kind of training is most efficiently spread by “word of mouth” from people who have had personal experiences with it, directly or indirectly.

Monitor applications as they come in. If response rate is low (*this may happen when staff is unfamiliar with the process, and e.g. believe it is too long*), follow up with line managers. Go personally (as a trainer) to meet staff members in the departments and address questions they may have about the training. Clarify misconceptions and offer them the training brochure to read (see example of a brochure, chapter 2.3 below). The brochure can also be put on the institution’s website, with an invitation to the training.

Interested participants should send in their contact details to the training coordinator via phone or email.

Selecting participants: ***Participation in the training is voluntary – providers have to have an interest in improving their communication, to be able to learn well***. Sometimes managers may select participants to join the training if they see them being "poor communicators", using the training as an intended rehabilitation process. ***Discuss openly and discourage this practice*** as it makes participants feel judged as bad communicators, feel resentful, and will also influence other participants negatively. Participants need to be committed to the learning and this can only happen if they make a voluntary decision to join the training.

All the trainers should participate in the selection exercise to allow transparency and fair selection of participants. It is important to ensure good representation of participants across all the departments, as this helps in building a critical mass of "good communicators" who can be examples to others. Trainers should select at least two participants from each department, where possible. This helps the participants to support each other with the tasks, and to observe, discuss and give each other feedback.

Organizing contact with participants
The coordinator prepares a master list with personal and contact information for all the participants. This is useful for sending text messages to invite/remind participants about meetings. The coordinator can for example create a contact group in her phone for easy communication with participants throughout the process. The coordinator should send a congratulation note to all the participants who have been selected for the training, and invite them to attend the introduction session.

2.2.2 Example of an advert

wellcome trust

MINISTRY OF HEALTH

Communication skills course for health professionals

The Empathetic, Effective and Emotionally Intelligent health professional

Course 7 Kilifi: March 2019

Do you sometimes communicate like this? ***Or is this your common approach?***

The Health Providers' Communications Skills Course is a process training that has been running at KWTRP in collaboration with KCH since 2009 as part of our CPD programs. We have so far trained over 350 health providers, frontline research staff, Subcounty health managers in Kilifi and 42 providers in the Gambia.

The training aims to:

- Strengthen health providers' awareness of ***what facilitates and hinders good communication with patients and colleagues***
- Strengthen health providers skills to ***build trust and communicate well In a professional relationship, and how to manage own and patients' emotions.***

The course runs from **March 2019 to November 2019** and is divided into four phases.

Phase 1: A period of self-observation and reflection (on the Job learning - 3months)

- **P**articipants will be asked to observe and reflect on their own communication behaviors and their effects when dealing with patients and colleagues during their routine work. They use guided reflective assignments aiming at building self-awareness. Participants give short written feedback on their observations monthly to the trainers.

Phase 2: Intensive Skills Workshop (5days - Face to face sessions – July 2019)

- Participants attend a 5 days' workshop that links their observations and reflections to theory. The course is practice based using experiential learning methods, building on learning needs identified during the observation and reflection period.

Phase 3: New skills into practice (on the job learning - 3months)

- Participants are given further observation and reflection exercises during their daily routine work to guide them in using the new skills learnt during the intensive workshop.

Phase 4: Follow-up workshop (3days - Face to Face sessions Nov 2019)

- Participants attend a final 3days workshop that summarizes and anchor the learning to daily challenges faced in clinical practice. Focus: Handling challenging emotions.

Contact Time: 8 days of face to face sessions. The rest of the time is on the job learning.

2.3 Brochure on the training

We include here the brochure on the training. This can be adjusted, and used as an information tool. The version here is 2 A4 pages – the overview of the modules is the second page.

*__Notes on timing for the workshops – ref the overview__: In the original course concept we run two workshops: 5 days (basic) and 3-4 days (follow-up). **In Cardiff** when training trainee doctors we ran half-day workshops: six in 2016 and eight in 2017, one of which was almost a full day. The timing was made to fit with the doctors' availability for continuing medical education. The processes ran over 8 months with 2-3 self-observation tasks in between each workshop. Learning was less "deep" than in the original course, but still experienced as very important.

Communicating with awareness and emotional competence: Process training to strengthen skills for medical providers

The iCARE-Haaland model; developed with doctors and nurses, implemented in 9 countries with >350 participants. 2016-17 Training trainee doctors and medical students in Cardiff, Wales

Ministries of health in a number of countries are increasingly aware of the need to meet patients' demands for improved quality of care and committed to changing their system to make this happen. They are also aware of the need for action to reduce staff stress, burnout, conflict and high attrition rates which are depleting institutions of key personnel.
While training to strengthen patient centered care (PCC) is implemented in many countries in the North, other countries (Eastern Europe, Africa) still lack such programs. Slogans remain as good intentions on hospital walls, e.g at the Kilifi District Hospital on the Kenyan coast (picture).
In many countries, training health providers to manage their own emotions and become emotionally competent and resilient to be able to cope well with daily stress and challenges at work is strongly under-focused.

The iCARE training enables participants to take responsibility to strengthen skills and perspectives to communicate with awareness, with respect for their own emotions as well as those of their patients and colleagues.

Overview of the training phases

Phases	Activity	Duration	Aim
1	**Self-observation *"in action"* and reflection to discover**, using guided weekly tasks, on a set of specific aspects of communication and emotions. Monthly meetings to discuss learning; distribute new tasks	1 -4 months* ***On the job/ during regular work hours***	Strengthen participants' self-awareness about their own communication behaviors and the effects when dealing with patients and colleagues, and start a change process.
2	**Basic Workshop: Interactive reflection** – Experience based learning methods, including results from observation and reflection	½ - 5 days* (½ day x 4) ***Central place/ full time***	Skills training, with feedback. Linking participants' own observations to a number of theories
3	**Skills into practice: Informed reflection *in and on action***. Continue self-observation + reflection during daily routine work, using specific tasks to deepen + confirm learning	3 -4 months ***On the job/ during regular work hours***	Practice new skills in their own working environment; discuss with colleagues; become a role model. Strengthen confidence to practice new skills
4	**Follow-up workshop: Interactive and informed reflection**. Further training based on results from observations, to summarize and anchor learning to daily challenges faced by participants	½ -4 Days* ***Central place/ full time***	Deepen understanding of issues, especially on handling "difficult" emotions. Confirm and appreciate learning; strengthen confidence; empowerment

The training process lasts 6-9 months: It takes time to change behavior, and commitment over time is essential for sustainable change. **Focus: Strengthen trust and relationship with patients and colleagues by treating them with respect.** Key skills: Awareness, and emotional competence.
Information: (contact numbers and addresses)

Overview of modules in the training manual describing the iCARE Model:

The empathetic and effective health professional:

Communicating with awareness and emotional competence

Note: The first chapters give an intro to the model, background for developing it, literature and theories, methods used in observation and reflection phases, and the two workshops.

1. Overview of modules for workshop 1 - Basic course (12 modules)

Basic course

Module 1: Introduction of workshop programme and participants

a) Introduction to course concepts and contents, and introducing participants

Module 2: Communication and conscious learning

a) How do adults learn? Using learning theory with patients and colleagues
b) Feedback from observing how you communicate
c) Gold standard communication theory, skills and strategies in practice

Module 3: Understanding and managing emotions

a) Feedback from observing how you manage emotions
b) Communicating with awareness and emotional competence: Effects of safety, anger and insecurity on how we communicate
c) What makes people change attitudes and behavior? And why doesn't the patient do what I tell him?
d) Recognizing, managing and preventing stress with communication and emotional competence
e) Managing conflict with awareness and emotional competence to maintain dignity and respect

Module 4: The function of research in clinical care

a) Communicating about research with awareness and emotional competence

Module 5: Building and using communication strategies with emotional competence

a) Using communication skills and emotional competence to educate patients
b) Strategies to communicate with awareness and emotional competence

Follow-up course

Module 6: Introduction, celebrating growth and facing challenges

a) Introduction and review: Gold Standard communication Strategies with patients and colleagues
b) The Big Changes: Confirmation of growth, and Challenges participants still have

Module 7: Understanding and managing strong emotions consciously:

a) The many phases of anger: Recognize, acknowledge and handle with respect.
b) Managing conflict with emotional competence: From confronting – to stepping back, and dialogue
c) Using power with awareness and emotional competence
d) Recognizing bullies in the medical profession: Using emotional competence to confront and prevent bullying
e) We can't always Cure, but we can always Care: Managing death and dying with emotional competence
f) Professional closeness or professional distance? Conscious use of personal and impersonal language
g) Using emotional competence to recognize, manage and prevent burnout

Module 8: Building and practicing communication strategies with emotional competence

a) Working with emotional competence in a research environment: Understanding and communicating about the difference between research and treatment (*optional*)
b) Strategies for effective information and communication: Communicating with awareness and emotional competence

3 Starting and meeting tools for trainers

3.1 Phase 1: Meeting participants, organizing baselines and tasks

Trainers meet participants for an initial meeting, and then monthly throughout the discovery phase for 1-2 hours to share and discuss experiences and challenges, hand in the tasks, and receive new ones. It is important for participants to attend these regular meetings as it helps them understand how to work on the self-observation and reflection tasks – which most of them will probably be unfamiliar with before this training. The major and essential skill to understand and practice is – ***why and how to observe themselves "In Action"*** – to observe how they communicate WHILE they communicate.
We include below, chapter 3.1.2 and 3.1.4 short powerpoint presentations for these meetings.

See also chapter 6, on learning methods and reflective learning.

Logistics for each meeting

Invite participants to the meeting 3-5 days in advance by text message or email, with a copy to the Head of Department (HOD). Include in the mail the new set of observation tasks, to allow them to read through these before the meeting and discover any points that are not clear. Remind them to bring their written feedback.

For the meeting, print out the new tasks to be discussed, and other supporting documents. On the morning of the meeting day, send a reminder and let the participants know the time and venue of the meeting. (*The reminders help improve attendance).*
Give each participant a code number, and use this to identify their work (baseline, observation tasks, and endline). This will ensure anonymity of their feedback. The coordinator keeps a master code list to help track the assignments and monitor progress.

General issues in all meetings

Set up the room with small groups: The physical set up gives an important message that this is a session where participants share ideas and learn from each other: It is NOT a lecture theatre where the trainer will tell participants what to think, and what the answers are. Thus, organize the room so people can sit in groups of 4-6, and can also discuss in pairs.
The coordinator or one of the trainers should lead the session and practice the same kind of approach we use in the workshop: Welcome participants, create a safe environment, appreciate their work, be non-judgmental and encouraging, and use humour.
Encourage participants to share experiences from their observations and learn from each other, but do not force anybody as they may not be very comfortable with each other, and (in the first meetings) not yet safe to share what they discovered about themselves. Appreciating their contributions helps to make them feel safe to share.
Address any concerns, challenges or questions they may have – and encourage participation by asking if anyone has an answer to questions raised, before the trainer answers. This stimulates empowerment and confidence.
Introduce the new set of observation tasks and collect their feedback from the previous set.

3.1.1 The introduction meeting, and the baseline

This meeting is very important, and all participants must attend. It will usually last about two hours. The purpose is for trainers and participants to meet and get to know each other, to introduce the participants to the training process and the baseline, and to spell out participants' roles and responsibilities.

Note: Participants who do not attend this session usually find it difficult to carry out the self-observation and reflection tasks, and this may be a reason for them to drop out. If there are several people who do not attend, a second meeting for these individuals will be needed. For individuals who do not attend, the trainer should try to make individual meetings to introduce them to the course work or put them in touch with fellow participants in their departments. As the methods we use are new to many, and participants will be insecure about what to do, the personal contact with the trainer is essential to motivate them to work.

Introduce the baseline questionnaire (See below): The baseline asks participants to make a self-assessment of what they are good at and what challenges they have when dealing with patients and introduces them to reflective practice. Explain that the purpose is to make them think and reflect about their own work, and – that this is not an exam: ***There are no "right" or "wrong" answers.***
Also assure them that their answers will be treated confidentially and explain about code numbers. Give participants 7-10 days to work on the 15 questions in the baseline and encourage them to write a small section every day to avoid feeling overwhelmed. Encourage participants to answer as many questions as possible but to feel free to omit any questions where they have nothing to report about. Open the meeting for questions and discussion about the baseline and the process.

Explain the purposes of the baseline:

- **For participants:** To start becoming aware of what they do and how they think and behave when they communicate with patients and colleagues and reflect about it. While, and after, filling in the baseline, they are likely to start paying more conscious attention to how they communicate with others, and what effects their communication have on others;
- **For trainers:** The baseline is a tool that helps them understand how the participants think, what they struggle with and what their learning needs are. This will help trainers adjust the workshop contents to the needs of the participants. The baseline is also a tool to measure changes in attitudes and practice, by comparing with the endline after training.

Inform participants about the date for the next meeting, where they will hand in the baseline and receive the first set of observation tasks. They can also use a soft copy and send it in electronically.

3.1.2 Presentation for the introduction meeting

Below is an example of an introduction used in Kilifi to introduce the training to participants, during the first meeting with them.
It is important to give ample time for them to ask questions – you can e.g. let them sit in small groups after the presentation and discuss questions they have, and then let them ask.
Answers to the questions are found in the manual.

Communicating about clinical care and research with patients and colleagues

Communication and emotions in theory and practice

Kilifi, Kenya
Mwanamvua Boga
Hiza Dayo

Overview of presentation

- Overview of Problems in communication training for health providers
- Overview of the training Model, methods and tools
- Description of the course
- Tasks ahead

Literature reviews: Problems in communication training for providers*

Contents, methods and approach:

- *Focus on:*
  - *Mechanistic communication*
  - *Theory*
  - *Short term interventions, few are implemented over time*
- *Lack of focus on*
  - Importance of building relationship and trust
  - Why and how to relate to patients as persons
  - **Awareness and management of emotions; building self-awareness**
  - ***Contents not based on providers' daily challenges***
  - Learner-centered methods, and practice of new skills in work context

Recommendations:

- ***Consideration to students needs before training***
- ***Training to adapt to the reality of nursing practice***

- **Chant S,et al.Communication skills problems in nursing education and practice: Journal of clinical Nursing 2002;11:12-12*
- *Irma P.K. Kruijver et al.Evaluation of communication training programmes in nursing care review of literature: Patient education and councelling 39 (2000) 129 -145*

Studies on emotional labour*

- **Profound need:** Bridge the gap between medical and emotional aspects of care
- **Importance of emotions not acknowledged**
- **Skills not adequately taught** within health care education programmes
- Emotional labour and emotion management should be formally recognised as **a key skill**

*Mann (2005), Bagdasarov (2013), McQueen (2004), Smith and Gray 2000)

COMMUNICATION SKILLS IN KENYA NURSING CURRICULUM

Sub objective	Content	Time allocated	Instructional methodology	resources	Means of evaluation
The student should be able to communicate effectively with clients and others	-Introduction to communication -Techniques of therapeutic techniques -Verbal and non- verbal communication -Ethical consideration in data collection -Basic guidelines for interviewing -The art of questioning -Active listening	2hrs	Lecture Group discussion self directed study video show	Text books Video computers	exam

Literature:

Communication challenges in health care

Common, all over the world

Poor communication skills can cause:

- Poor quality of patient care
- Patient non-compliance
- Patient dissatisfaction
- Increased medical errors
- Lawsuits, and
- Decreased ability to express empathy
- ***Predictor of burnout***

Good communication skills can:

- Help define patients real problems
- Strengthen patient centered care
- Lessen patients' distress and their vulnerability to anxiety and depression
- Refill providers' energy thru patient feedback
- Strengthen s job satisfaction

Literature shows clear evidence:
What characterizes effective communication skills training for providers?

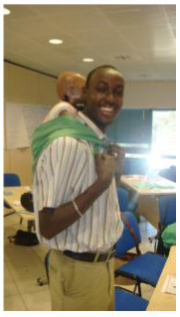
- **Longitudinal** – training over time
- **Experience-based** learning
- **Supportive** group process
- Using **critical reflection**
- **Building emotional intelligence**

Aim:
- **Develop professional identity and**
- **Core human values**

Our training is based on this evidence

A different approach: Action research on training:
The model of Health communication and management of emotions – 2006-19

- **Developed + tested with 300+ users, by Ane Haaland with Mwanamvua Boga**
- **9 countries:** (Baltic states, Africa, UK):
  - >80% medical drs and nurses
- Collaboration UiO + KEMRI 2009-19:
  Trained over 150 providers; 10 trainers
  - ***42 providers - Gambia***
  - ***M. Boga is lead trainer***
- **Process training** – 9 months



Process training – 9 months: Overview

- **Phase 1: Self-observation and reflection (4 months)**
  - ***Awareness building:*** Weekly tasks – to **discover.** Narratives.

- **Phase 2: Workshop (5 days)**
  - Links observations to theory and practice, using experience-based learning and **reflective practice**

- **Phase 3: Skills into practice (3 months)**
  - Observation and **informed reflection** in daily routine work, to strengthen self-awareness

- **Phase 4: Follow-up workshop (3 1/2 days)**
  - Summarizes and anchors learning to daily challenges

Observation and reflection:
Results ➡ training course

- Users identify learning needs + examples of insights
- Motivation to learn = self-defined
- Agenda set mutually:
  - Contents by users
  - Methods to facilitate further insights, by trainers

Building sustainable competence:
Which methods do we use?

1. Observation and reflection
- Self-observation when communicating e.g Listening
- Observing effect on others
- Discover, over time: Pattern
- Insights: Decision to change?

Reflective practice
- Research shows such practice stimulates learni motivation and challenges attitudes

2. Experience based learning

3. Appreciation = central: Strongly encouraging and motivating

Aims of the training

- To strengthen providers' **awareness** of ***what facilitates and hinders good communication with patients and colleagues***
- To strengthen providers **skills** to communicate **professionally with respect and to manage own and patients emotions.**
- To strengthen providers **skills** to communicate about research.

Aims of the training

- To strengthen providers' **awareness** of ***what facilitates and hinders good communication with patients and colleagues***
- To strengthen providers **skills** to communicate **professionally with respect and to manage own and patients emotions.**
- To strengthen providers **skills** to communicate about research.

Frequently asked questions?

- What do we qualify as after the course?
- What is the learning model? (distant or fulltime)
- Will we get reading material/notes?
- Is there a certificate?
- Are there exams?

Questions from participants • How do I get to observe myself? • Why not somebody else observe me ?	*See the manual chapter on observation tasks to find answers to these questions.* *See also the next appendix.*

3.1.3 Meeting to introduce the self-observation and reflection tasks

Introducing Pack 1 – listening and discussion habits

Collect the baselines, and explain how you will use them (see above).

Introduce the purpose of using self-observation and reflection tasks to learn about how they communicate, and the method of Observation and Reflection IN Action which we are using. Explain **why** we are using this method ("Reflect WHEN"), and how it is different from Reflection ON Action ("Reflect AFTER"), see chapter 6. Both methods are used in our training.

Let participants talk together in small groups to come up with questions. Then, introduce the first set of tasks, using the PowerPoint presentation (See below) as a guide to run the session. Participants complete each task in one week. By the 4th week they reflect on their changes and choose one change which has been the most significant to them during the month. They write their story or example of change and explain why they think this change is significant to them.

It is important to give time and allow participants to ask questions for clarification after explaining each week's task. Emphasize that working on these tasks needs to be learnt, and that learning comes with time, practice and feedback. Also emphasize that there is no "right" and "wrong" when doing these observations – it is all about learning how they communicate and how others react to this. And then to reflect on how their discoveries "fit" with their ideas about themselves as kind, caring health providers: Is there anything they need to change?

Give participants a copy of the introduction for how to work with the observation and reflection tasks (see appendix). Share an example of how you learnt to carry out the tasks, if possible.

A common question participants ask during this session is:

- *"How is it possible for me to observe myself, I would rather have someone else observe me?"*

Ask them to reflect and discuss the following question (in small groups):

- *"If someone were to give you feedback about how you communicate with patients, what do you think this feedback would be like? What are the likely things that the other person would comment on first?" Bring out experiences participants have had on this.*

A common answer to this question is - if other people were to give them feedback, they are likely to say the bad things about them. Ask and reflect further in plenary on how they would feel if they were given bad feedback? Most participants say they "will feel bad".

Explain that when using the self-reflection tasks, they have an opportunity to look at themselves and appreciate what they do well and discover what they need to improve – without anybody pointing a finger at them. Working with these tasks enables them to feel safe in their discovery and learning process. Most people experience that this learning is useful, inspiring and motivating: They see what they need to improve and can often improve simple skills by taking conscious action (e.g. listening, without interrupting). When they see the positive impact of such communication, it usually inspires them to further learning.

Another common question they ask is:

- *"Am I not likely to report just the good things about myself, and not report the bad ones?"*

Refer to the discussion above, and ask what would be the reason for reporting just the good things? Explore the question, and the consequences of ignoring the problems, in the long run. Explain, and discuss, that what we have seen in other places is that gradually, as participants get to trust the method and feel safe in their discoveries, they look at their problems, and become very open and direct in their descriptions of them. Participants gain confidence to report, and then tackle these problems as they learn to trust that they are not judged or criticized when they report "bad things": They are rather asked to explore and reflect on reasons this happens, as similar problems happen to everybody. Emphasize that since they are in charge of their discoveries, THEY decide if and when to share their discoveries. When they experience that it is actually useful and helpful to share and discuss their discoveries (*and not be judged for having made mistakes*), they will get into the habit of doing so – and continue learning.

Encourage participants by saying that other colleagues have used these methods and learnt very effectively, and that using the tasks becomes easier with practice. Encourage them to find time to discuss with each other in their work place, and also advise them to use the trainers and previous participants in their departments as a resource. Building an environment of critical thinking and learning helps everyone to work consistently to improve their communication skills.

3.1.4 Presentation for meeting to introduce the self-observation and reflection tasks

After the general introduction to the training (see above), the trainer(s) introduce the observation and reflection tasks. It is important to give ample time for participants to ask questions about the tasks, and to discuss how to carry them out. Most participants will not be familiar with observing themselves.

See the manual chapter 6 on observation and reflection tasks for more information on how to answer questions (especially the part on on guiding and managing the reflective process), and also see below for handout with introduction to how and why to use the tasks.

It is advisable to give hard copies of the tasks, as well as a copy of the guide on how and why to carry out the tasks.

What is self-observation and reflection, and reflective learning?

- A method to ***systematically*** observe how you communicate with others, and
- How your communication affects others, and
- Reflect on what you see and feel.

- ***The aim: To discover the patterns of how you communicate and relate with others, and -***
- ***Develop self-awareness.***

Observing IN Action
Reflecting ON Action

- **Self-observation and reflection IN action,** i.e. **"thinking when"** you communicate
- *This is the very heart of the model*
- **Key aspect**: emotional reactions are included
- **Reflect ON Action ("thinking after")**:
  - What did you discover?
  - How well does your communication work?
  - Is there anything you need to change?

Pack 1 – 4 tasks:
Communication dialogue

Tasks

- **Week 1**: How well do you listen to others?
- **Week 2**: How do you discuss and ask questions?
- **Week 3**:Do you inspire or hinder good communication?
- **Week 4:** What have you learnt? The most significant story

Effects of your different methods on the other person (Patient/colleague)

- Observe ***when*** you use the different methods, and what are the ***results*** or outcome.
- Observe especially what feelings your different listening methods seem to bring out in the other and in yourself

Take notes

Observation week 1

When discussing with another person, how well do you listen? Do you

- *Listen "with open ears, eyes and heart" until the person has finished?*
- *Listen "with your mouth full of words", impatient to explain your own view/idea?*
- *Give your answer or your next question as the person is talking because you believe you know what he/she will say (i.e. you interrupt and "take over");*
- *Listen with the intention to really understand the other person's point of view; ask questions to find out more, appreciate his/her point of view (without necessarily agreeing), and only then offer your own ideas?*
- *Do some of each, depending on the situation and your mood?*

Observation Week 2
Discussion habits

When you discuss with another person, do you usually:

- Respond to his/her statements with your own opinions?
- Ask questions to find out more what the other person is thinking, what her opinions are, and what her experiences are - related to the topic?
- If asking questions, are they closed (inviting yes/no-answers), or open (inviting more information from the other person)
- Do you ask questions to win an argument or to get information?
- Any other pattern? (Describe)

Take notes

Effect of your different methods on the other person (Patient/colleague)

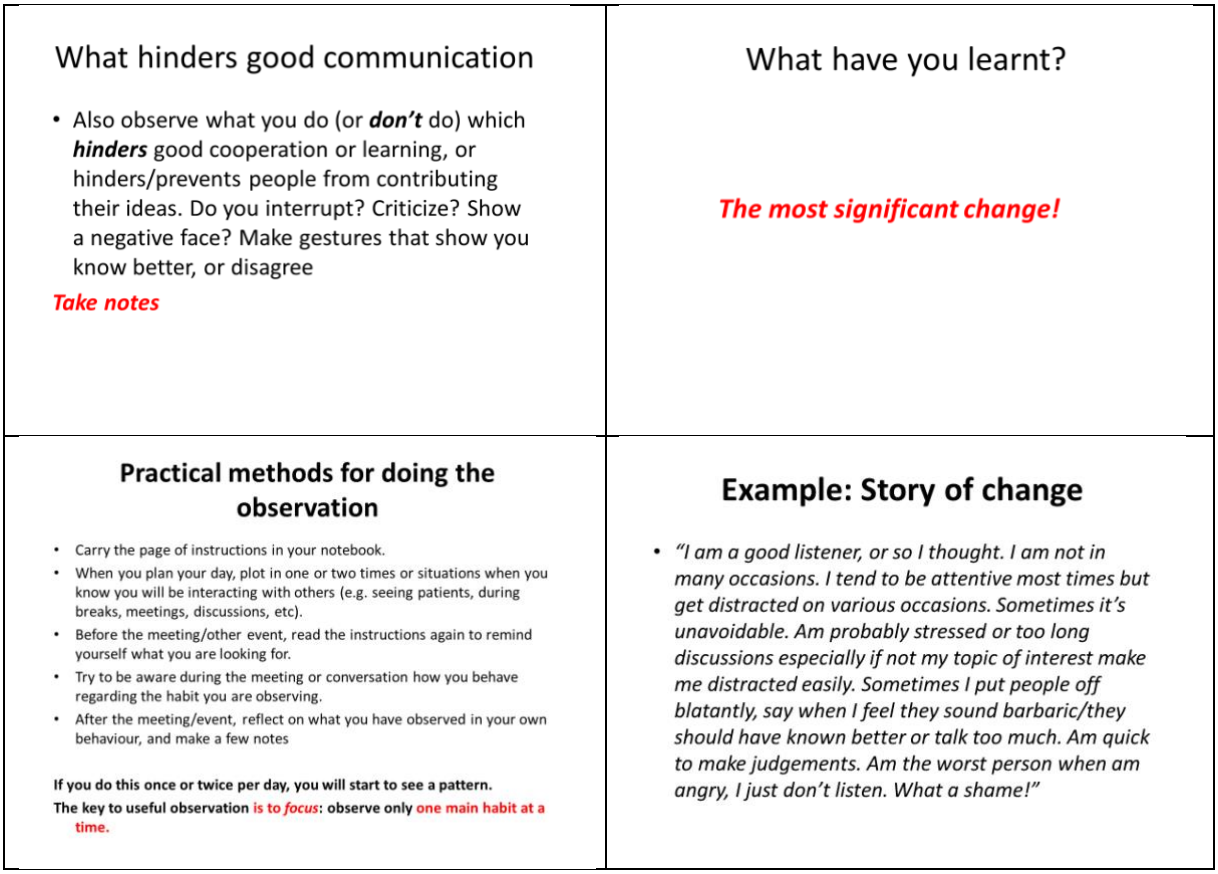
- Observe in what type of situations you use the different methods, and what are the ***effects or results*** or outcome (do you feel good/bad/indifferent?
  Does the other person feel good/bad/indifferent?)

Take notes

Observation Week 3: Do you inspire or hinder good communication?

When you participate in a task or discussion – what is it you do which causes/contributes to/inspires the following:

- Make people open up and give their ideas and offer their cooperation/participation, etc.
- Make people feel good and positive – raise their spirits
- Create good cooperation, and learning
- Add humour (at your expense, or neutral)
- Make patients/guardians/colleagues feel safe to tell about their issue
- Make patients/guardians/colleagues feel free to ask question
- Motivate people to take action
- Facilitate clarity
- Other? (describe)



3.1.5 Tracking feedback from observation tasks

Prepare a list of the participants and keep track of their progress to deliver baseline and observation task feedback, to enable you to get an overview of who has handed in their work, and who is lagging behind (see appendix for examples of such a list). Encourage participants to type their feedback and send via email for those with access to computers. For others, let them submit handwritten feedback, and sent for typing. Remind participants who delay submitting their feedback past the deadline, by text message or mail. Sometimes participants may be going through personal or work challenges that can cause them to delay handing in assignments and finding time to encourage them may help. ***The coordinator should not threaten or criticize participants who delay submitting tasks,*** but rather find out from them what the reasons are and how to facilitate that they can do their work. Often, participants may have done the observations and reflections, but have a challenge in writing down what they have learnt. Asking them if they would like to share what they have observed and discovered is often felt as very motivating and can help the participant get over a "writing block" (which is often caused by the participant being unsure about whether what she has observed, is of any importance, and whether she has done "the right thing").

Always encourage them and emphasize that the observations are key to their learning, and are the most important part of the whole training process.

3.1.6 Meeting to collect pack 1 and introduce pack 2 – Dealing with irritation and anger

This is the first meeting after participants have started discovering how they communicate, and what challenges they have. Encourage them to share what they have observed and start with sharing what

they do well – this usually brings laughter and makes them feel safer to share the more problematic discoveries. Acknowledge and appreciate their learning and emphasize the need for a non-judgmental attitude to help develop an open learning environment.

Ask them how they experienced carrying out the tasks - but only after getting some good examples and sharing these – to focus on the positive achievements from the beginning rather than starting by focusing on the problems. Ask what challenges they had. When you get an example, ask if others have had similar challenges, and how they have dealt with them and solved them. By doing this, you start to build a learning environment where participants see and use each other as resources and learn from each other: This is an important purpose of these meetings. ***It is particularly important to emphasize good examples of observation "In Action", and contrast these to "On Action" examples: it is common for participants to struggle to observe In Action at the beginning. It is much more comfortable to "think about" (On Action) how you communicate and "fool yourself" that you e.g. listen really well to people – than to realize, when observing In Action, that you may e.g. have a habit of interrupting people very often, or of listening "with your mouth full of words"... These discoveries are ONLY made when you observe In Action!***

It is also common that participants want trainers to help them solve the problems they have discovered – NOW. Rather than answer the question yourself – ask if anyone in the group has a suggestion and encourage them to learn from each other: this is an important purpose of these meetings – to strengthen the practice of participants sharing and learning from each other's successes and failures. Encourage them to continue to observe and learn by themselves, and to share with and learn from each other during the whole period of observation and reflection. They can make many changes in their practice based on this learning. Remind them that based on this learning, we will further strengthen the skills and learn some theory in the basic workshop, in 2-3 months. Until then, there is no formal teaching.

The trainer can introduce the next set of tasks (*Dealing with anger and irritation*) by reading out (or asking a participant to read) the text for one task at a time or use a flip-chart and make key points about the task that she can use as a guide during the discussion. This second pack of observations contains a set of very crucial tasks that invite learning on aspects that cause problems to many: Irritation, anger and conflict. Participants observe what triggers their emotions and cause (automatic) reactions and reflect on how this can lead to conflict. Understanding and dealing with conflict is a very important area when interacting with patients and colleagues.

In these observation tasks, participants will become familiar with what and whom can trigger an (automatic) reaction in their work. They observe what they do and how they feel in these situations, and then focus on what **effect** their actions have on others. This is where many get a "shock" when they discover the impact their own emotions have on the interaction with others, and on the quality of the communication: the other person often withdraws, stops giving information, or sometimes – responds with anger. Participants then reflect on what they would like to do differently: This is where they become aware of the need to "step back" from their own automatic reactions, and listen to the other person, with the intention to understand her perspective.
In week 4, they write a story of significant change, as for pack 1.

Ask for questions and reflections, discuss, and close the meeting.
Collect the feedback from Pack 1.

NB – it is usually not necessary to prepare a formal presentation for these meetings – the important task for the trainer is to make an environment for participants to feel safe in the group and feel free to share discoveries, questions and concerns. The key purpose is to encourage and motivate them to continue to discover, and learn.

3.1.7 Meeting to collect pack 2 and introduce pack 3 – Patient-centred care, anxiety and research

In this meeting, participants will usually have a lot to share: They have now discovered how much they are affected by patients' and colleagues' emotions, and how their own emotions influence the interactions and the communication with others. Many will have been profoundly surprised and will have learnt deeply. Many have already made important changes in their practice, based on their own observations. It is important to give time for sharing stories and reflections in this meeting.

Participants are by now familiar with the methods of how to observe their own communication habits. Many will have become aware of various patterns of reactions related to how they use basic communication skills (listening, asking questions, hindering and facilitating good communication), and of how they deal with anger and irritation. They will use this learning in the next month's themes.

Again, participants will often ask for skills to tackle the challenges they have discovered. Ask them to share how they have dealt with the challenges – this encourages them to learn from each other, which is an important aspect of the course process: To be teachers and role-models for each other.

Introduce the next set of tasks: How do they practice "Patient-centred care" (PCC), and how do they relate to anxiety? Ask participants what they think is PCC, and how it is practiced in their institution, and discuss briefly the understanding and importance of this concept.
Also emphasize that during this final month before the basic workshop, participants should identify ***what they now see as their learning needs***, based on the last three months of focussed observation and reflection work.

The first task invites participants to identify what they actually mean by "Patient-centred care", how they practice ***giving*** this in their everyday work, and how it affects the patient, and themselves, when they give PCC. They are then asked to reflect on how it feels when ***receiving*** such care – either when being a patient themselves, or when accompanying a relative or friend to a health clinic. The task includes asking for a description of interaction that they participated in (as a patient or relative) where PCC was **not** given.

A "companion piece" to practicing PCC is awareness of how one deals with anxiety. Patients are afraid or anxious for a large number of reasons, all of which are "good" or "reasonable" - from **their (the patient's)** perspective. Patients are in a new place (the clinic/hospital), full of technical instruments and sick people. They don't know what is wrong with themselves, or their child. They don't know how long they have to stay, and if someone will take care at home. They don't know what it will cost. They may have met an unfriendly nurse who told them things they did not understand. They may have travelled for hours, and waited long, and are exhausted, hungry, etc. ***Their anxiety and fear is well founded.***

The provider's task is to become aware of how they empathise with the patient and take care of this fear, and make the patient feel safe and in good, kind, competent and caring hands. They also look at how they relate to **their own** insecurity or fear – if and how they may get "infected" with a patient's

(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 5th – 9th 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 it 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.