

Training Manual for IPC

EGYPT



Training Manual

**Interpersonal Communication (IPC)
Skills for Primary Health
Care Providers**

Egypt

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Quality Assurance Project

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and

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Acknowledgement

The present manual has been realized by the Quality Assurance Project (QAP), a project funded by the United States Agency for International Development (USAID) and conducted by the Center for Human Services (CHS), in collaboration with the Academy for Educational Development (AED) and The Johns Hopkins University (JHU). This Interpersonal Communication (IPC) manual was originally adapted from “Communication Strategies in the Medical Interview,” a Pfizer project, USA. It was created to respond to the needs of a validation study on Interpersonal Communication skills carried out in Honduras by QAP in 1993-1994. This manual served for the training intervention of the study. We recognize the contribution of the Honduran health providers who attended the course and improved its quality.

In July 1994, this course was given to medical staff from the May 15 Hospital in Cairo, Egypt. We thank the Egyptian medical doctors who improved this course.

Abbreviation List

| | |
|--------------|--|
| AED | The Academy for Educational Development |
| CHS | Center for Human Services |
| IEC | Information Education Communication |
| IPC | Interpersonal Communication |
| JHU | Johns Hopkins University |
| OAP | Quality Assurance Project |
| USAID | United States Agency for International Development |

INTERPERSONAL COMMUNICATION (IPC) SKILLS FOR PRIMARY CARE PROVIDERS

Introduction

This training manual for improved interpersonal communication skills has been developed by the Quality Assurance Project of the Center for Human Services (CHS) in collaboration with The Johns Hopkins University (JHU) and The Academy for Educational Development (AED) to be adapted and applied to the needs of the Egyptian health system. The principal training objective is to enhance the communication skills of health providers and improve their interpersonal interactions with patients, so that health outcomes will improve. The training will also concentrate on improving communication skills in the work place, so that work relations will be improved. The training is designed so that Egyptian training experts can easily replicate the course throughout the country as appropriate.

The training activity will employ a variety of training methods to ensure that participants develop new skills, enhance their sense of self-efficacy and apply state-of-the-art interpersonal communication methods, building on their existing skills and strengths. The methods to be used will include:

- ◆ Brief presentations about specific communication skills that will include concrete examples of “do’s” and “don’t’s”.
- ◆ Participatory plenary sessions that employ brainstorming and question and answer sessions so that participants can “discover” the new skills for themselves.
- ◆ Dynamic role plays which will demonstrate the various communication strategies and allow participants to practice these methods.
- ◆ Videotapes will be used as instructional tools as appropriate. Mental rehearsal techniques will also be used to allow participants to explore what aspects of the new interpersonal communication skills will be most easy or difficult for them, and how they as individuals will overcome these difficulties.
- ◆ A practicum will also form a part of the course. Each participant will audio-tape some actual patient encounters. Audio-tapes will be analyzed and critiqued by the group so that each provider can get specific feedback and suggestions about how to improve. In Egypt, a videotape of actual Egyptian encounters will be used to reinforce and demonstrate IPC skills.

Objectives of the Training

- ◆ To enhance the communication skills of health providers and improve their interpersonal interactions with patients, so that patient's satisfaction, compliance, and health outcomes will improve.
- ◆ To enhance the communication skills of health providers and improve their interpersonal interactions with colleagues, so that their work relations will be smoother and their work more efficient.
- ◆ To focus on the interpersonal communication skills that are recognized by the Egyptian health providers as the most used and acceptable within the Egyptian context.
- ◆ To enable Egyptian training expert(s) to replicate the course throughout the country as appropriate.

Content of the Course

I. DAY 1: Interpersonal Communication (IPC) Skills (4 and one-half hours of instruction)

1. Introduction: (2 hours)
 - A. Orientation to IPC intervention
 - B. Basic concepts of IPC
2. Skills needed for effective communication (2 hours, 30 min.)
 - A. Socio-emotional communication skills

II. DAY 2: Interpersonal Communication (IPC) Skills (4 and one-half hours of instruction)

1. Skills needed for effective communication, (cont.) (3 hours)
 - A. Problem solving skills
 - B. Counseling and IEC
2. Group review and analysis of participant audiotapes (participant teams identify strengths, weaknesses and recommendations) (time depends on option).
3. Skills practice (transcripts, role-play, mini-case studies)
4. How to keep alive these skills - Job aid use (15 min.)

III. DAY 3: Interpersonal Communication (IPC) Skills between Health Providers (4 hours of instruction)

1. Issues causing difficulties in working environment and the role of IPC skills in working environment (3 hours)
2. Participants' evaluation of course (30 min.)
3. Recommendations about future IPC training in country (30 min.)
4. Closing session - certificate (30 min.)

Training Content

DAY 1

This first day (4 and one-half hours) of the course is divided into two parts:

- (1) A two hour plenary session for (a) an introduction: presentation of trainers and participants, (b) a revision of the basic concepts of Interpersonal Communication (IPC).
- (2) A 2 and one-half hour session to review the skills needed for effective communication. Participants will be divided into small groups of 4-5. The groups will be guided by trainer(s). Flip charts or transparencies, slides, and video films will be used. Skills will be learned through role plays and simulation carried out by participants and/or trainers. Findings/comments will be presented in plenary. There is no need to lecture. Prove to the participants that they have the skills, which just need to be reinforced or changed/improved.

Note: This training manual is made for the participants, but includes comments (trainer's notes) that can help anyone who feels able to facilitate the course. Encourage participants to use their manual, adding their personal notes/comments.

A. Introduction (30 minutes)

Trainer's Notes

Subject — Activities

(a) Co-trainers introduce themselves.

(b) Icebreaker exercise:

Participants work in pairs: They listen to each other for two minutes, then present their partner to the group.

(c) Principal trainer presents training objectives.

Co-trainers can finish their presentation by stating three things that they particularly like and two things that they don't like.

Transparency 1

Objectives of the IPC training

- ◆ To enhance the communication skills of health providers and improve their interpersonal interactions with patients;
- ◆ To enhance the communication skills of health providers and improve their interpersonal interactions with colleagues;
- ◆ To focus on the interpersonal communication (IPC) skills that are acceptable within the Egyptian context;
- ◆ To enable Egyptian training expert(s) to replicate the course throughout the country as appropriate.

NOTE: The trainer can briefly go over the agenda and the participants' manual with them, in order to familiarize the participants with its format.

B. Basic Concepts of Interpersonal Communication *(one hour and half)*

Values Clarification

Trainer introduces the session with an exercise on values.

Different characteristics of Interpersonal Communication (IPC)

Brainstorming with participants on the characteristics of IPC (verbal and nonverbal).

Non-Verbal Communication

Body talk: Group members take turns trying to express various emotions with their bodies/faces. Other participants try to guess the feelings expressed.

Simulation: ask the participants to form pairs and ask them to identify themselves as A and B. Ask that all A's talk for 3 minutes; B's cannot interrupt or say anything, but only pay attention to what is said by A's. After 3 minutes, ask them to switch; now B's will talk and A's will be listening.

In plenary, discuss participants' feelings with them.

Ask participants if they sometimes communicate negative messages, especially non-verbal ones. Which ones?

Trainer's Notes

Give to the participants the "list of values" (*annex 1*) and ask them to fill it out individually. Tell participants that all answers are good. (*5 minutes*).

Coding will be made later on by a co-facilitator/co-trainer. Conclusion on values clarification will be given once the results are known. (*see annex 1 bis for additional information for coding. Use it for transparency #2 to present results*).

When concluding, ask participants the meaning of the results: why are they different? Why is it important to talk about values?

Transparency 2

| |
|--|
| Use Annex #1 bis, filled out with group's results. |
|--|

e.g., fright, anger, boredom, happiness, etc.

First ask for non-verbal communication (behaviors), body language, visual contact, feelings (embarrassment); ask for specificity regarding body expressions: comfort, comprehension, help.

Possible answers: distraction, by phone calls, someone coming in, facial expression, no chair for client.

Listening Skills

Discuss with participants the importance of listening.

Conclude with participants talking about the different aspects of intercultural communications and the importance of interpreting non-verbal communication accurately.

Language Efficiency

Exercise: translation—the use of simple language. Read and show an example of a text which is difficult to understand. Ask the participants to propose a simple text.

Distribute the sheet (annex 2): “Language efficiency: “Translate” the medical information” and ask them to work individually (5 min). Ask volunteers to read their “translation”.

Trainer’s Notes

Refer participants to annex #2 “self-evaluation of listening skills”.

Possible answers:

- ◆ It helps clients release their feelings, fear or anxiety; expressing these feelings makes the client feel better;
- ◆ It helps clients to become less afraid to share information that might be embarrassing;
- ◆ It encourages clients to communicate, to share information;
- ◆ It treats the client like an adult, rather than a child, and therefore facilitates problem solving by the client;
- ◆ It encourages them to find solutions to their own problems;
- ◆ It promotes a warm and close relationship with the hospital staff.

Too often we complicate language, using words that people do not understand. This exercise will help us to “translate” difficult terminology by simple words that our clients will understand.

Show transparency #3: example of language too difficult, and its “translation.” Sheet in annex # 3 for the exercise: “Translation - Language efficiency”.

Transparency 3

Language efficiency

COMPLICATED LANGUAGE

“Voluntary surgical contraception is a surgical procedure for permanent contraception. In women, the operation involves blocking or cutting both fallopian tubes to prevent the passage of both ova and sperm.”

SIMPLE LANGUAGE

“People can choose to have an operation that will prevent them from having any more babies. In women, the tubes (ropes) are tied so that eggs and sperm can’t meet.”

Trainer's Notes

Discuss why it is important to use simple and direct words.

Possible answers: to avoid misunderstanding, to avoid creating myths,

At the end of the exercise, refer participants to “Give Clients clear information in a way they understand” (annex #4).

Definition of Interpersonal Communication (IPC)

Lead participants in discussion on the definition of IPC.

Write participants definition on the blackboard, using their words. Inputs are given until all the elements of interpersonal communication are present, using participants' words. If wanted, a general definition can be shown (transparency # 4).

Transparency 4

Definition of Interpersonal Communication (IPC)

IPC is the face-to-face, verbal and non-verbal exchange of information or feelings between two or more people.

Slides presentation: Introduction to IPC (use of posters, radio and TV spots; encounter between two persons; different levels of communication; IPC: verbal and non verbal, attitudes, expressions, external look -12 slides from PCS/JHU).

If the slides are not available, discuss with the group the different levels of communication, and the importance of each one. Show how complementary they are.

The facilitator explains each slide. The last slide shows the different levels of communication. Refer participants to annex #5 “Levels of Communication”. Show that the interpersonal communication level is at the central point. Talk about the impact and role of the different modes of communication.

2. Skills Needed for Effective Communication *(2 and one-half hours)*

Trainer explains that the skills that are presented next are not new. They are sometimes by-passed due to other obligations, or are not perceived as important. This training has two objectives: (1) offer techniques to reinforce the Interpersonal Communication skills, and (2) see how to integrate them within the actual structured encounters carried out by the Egyptian doctors (transparency #5: objectives).

By mastering the techniques presented, the clinician develops not only more skills, but a framework for their application. The skills are presented in three parts: (1) Overall Socio-emotional Communication Skills: Guidelines for talking to patients, (2) Problem Solving Skills, (3) Counseling, Education and Information giving skills (transparency #6). However, trainer emphasizes that in real life, an encounter does not always occur at the same sequence. What is important is that the interpersonal communication skills take place during the encounter. At the beginning of the session, participants receive a “job aid”. Each one can complete it with their preferred examples. In annex # 6, the job aid is presented. To use, cut out and fold. (We provide you with two of them.)

A. Overall Socio-Emotional Communication: Building Rapport and Responding to Clients’ Emotions: Guidelines for Talking with Patients

(1 hour and 30 minutes)

Mini-presentation: With the help of transparencies (*tr.* #7, 8), the main trainer briefly gives (1) the definition of socio-emotional communication and (2) explains 9 behaviors that reinforce the interpersonal contact between the client and the provider.

I. Definition of socio-emotional communication: the provider establishes and maintains a positive rapport with the client throughout the encounter. Positive regard means a set of techniques helping the provider to show receptivity and respect to the patient (*transparency #7*).

Transparency 5

Objectives of the training

- (1) offer techniques to reinforce the Interpersonal Communication skills;
- (2) see how to integrate them within the actual structured encounters carried by the Egyptian doctors;
- (3) see how to reinforce them to allow better work relations.

Transparency 6

Interpersonal Communication Skills

- (1) Overall Socio-emotional Communication Skills: Guidelines for talking to patients,
- (2) Problem Solving Skills,
- (3) Counseling, Education and Information giving skills.

Transparency 7

Definition of socio-emotional communication

The provider establishes and maintains a positive rapport with the client throughout the encounter.

2. The following nine behaviors will help the provider to achieve this goal, reinforcing the interpersonal contact between him/her and the patient.

Transparency 8

Behaviors that Reinforce the Interpersonal Contact Between the Client and the Provider

- ◆ Framing statement
- ◆ Appropriate non-verbal communication
- ◆ Ask for feelings
- ◆ Compliment patient efforts
- ◆ Legitimation
- ◆ Empathy
- ◆ Reflection (repetition)
- ◆ Support
- ◆ Statement of reassurance

Skills — Techniques

Framing Statement

The purpose of framing the encounter is to establish a comfortable atmosphere for the patient to disclose emotional material, fear, worries and concerns.

Ask two participants to role play the beginning of an encounter: “Welcome patient and frame the encounter”

Ask participant to give examples of a personalized framing statement. Share statements with group.

Appropriate Non-verbal Communication

Discuss/list non-verbal behaviors. Analyze appropriateness. Ask each provider to select **3** non-verbal behaviors that would improve his/her communication: (demonstrate active listening; avoid distractions; maintain eye contact; facilitate conversation by sitting and facing each other, avoid being separated by a table...)

Trainer’s Notes

Be sure that role-players welcome patient. Frame the encounter, such as: “*I am Dr. _____, How are you today? What can I do to help you?...*”

Use verbal and non-verbal communication behaviors. Talk about what was done during the first part of the training. Ask participants to save their chosen non-verbal behaviors to write them on their “job aid” at the end of the session.

Skills — Techniques

With the help of a transparency (*tr. #8*), and with participants' comments, the trainer presents the remaining 7 skills to the participants. The main objective of this part of the encounter is that the provider will do his/her best to understand and share common feelings with the client by applying the following:

Ask for feelings

It is important to respond to a client's feelings, so that he/she sees that the provider is attentive and interested.

Compliment patient efforts

These statements make the client feel respected, valued or approved of.

Legitimation

Reassure the client that his/her feelings and reactions are normal and to be expected.

Empathy

One experiences empathy when one can feel another's feelings or understand problems from another perspective than his/her own. Provider should let client know that he/she accepts the client's emotions.

Reflection (repetition)

Reflection refers to an intervention by the doctor that simply puts into words the client's emotions that the provider observes.

Support

Explicit statements of support can solidify the client's relationship with the provider. It emphasizes the provider's personal commitment to help the client. This support is often better expressed through the tone of the voice than the specific words used.

Statement of Reassurance

Many clients seek reassurance from their providers. However, it is important not to reassure too soon, until diagnosis is confirmed.

Trainer's Notes

"How did you feel about this?"

"What worries you most about it?"

"How does your spouse feel about that?"

"I am pleased to see that you came back for your appointment as planned."

"You did the best for your child, ..."

"Most people react to your situation in just the same way."

"You should know that your reactions are entirely normal under the circumstances".

"I am sorry that this has happened to you..."

"I feel bad for you"

"You seem to be having a lot of pain (worry, stress, etc.)..."

"I can tell that this is upsetting for you"

"Let me know what I can do for you"

"Please do come back if you need further help"

"Your condition is not so serious; if you follow my instructions you have an excellent chance of getting better."

Exercise: Practice of IPC Skills (1 hour)

Participants (1) listen to the audiotape of the local encounter(s); (2) with transcript of encounters taped in the country (see annex #7), participants work in groups and look at ways of improving the encounters including the (new) skills just reviewed (just the socio-emotional ones at this time). Group presentation in plenary, discussion and conclusion (1h).

DAY 2

It's good to start the day reviewing the skills that the participants practiced the day before. Let the participants discuss among them, and exchange ideas and feelings. Ask for example which ones they believe are the most useful.

B. Problem Solving Skills: Gathering Data to Understand the Clients' Situation and Problems (1 hour, 30 min.)

The trainer presents to the participants the problem solving skills (*transparency #9*). He/she introduces the topic by saying that an accurate diagnosis depends largely on the provider's ability to obtain the necessary information from a patient. Most providers are quite skilled in processes related to gathering data to understand patients' problems. However, some problems may exist in the communication style, for example by interrupting the patient and by jumping too quickly to conclusions. By using data-gathering skills in a more systematic manner, the providers can become more efficient and effective interviewers.

Transparency 9

Problem Solving Skills

- ◆ Effective listening, or attentive/active listening
- ◆ Encourage dialogue
- ◆ Avoid interruption
- ◆ Avoid premature diagnosis
- ◆ Resist immediate follow-up probing
- ◆ Probe for more information
- ◆ Ask patient what seems to cause the problems.

Skills—Techniques

Effective listening, or attentive/active listening, is a technique of unspoken communication that helps to put patients at ease. The provider shows interest by being patient, does not interrupt.

Encourage dialogue.

Dialogue is encouraged by asking questions that require the patient to generate an answer more complete than simply “yes” or “no”. They offer the patient an opportunity to disclose problems more

Trainer's Notes

Active listening can be complemented by some “verbal” intervention which encourages the patient to continue talking. Use both verbal and non-verbal communication skills: “*uh-huh, I see, tell me more,*” etc., head nod, eye contact...

“Open-ended questions” about patient's complaint: “*Describe when you noticed your first symptoms of discomfort.*” “*Describe when your child started to eat less.*”

Skills—Techniques

freely. These are the “open-ended” questions vs. the “close-ended questions”. Once the patient has provided a history of the problem, the provider can gradually narrow the focus to investigate a specific diagnosis and finish the dialogue by a few close-ended questions.

Avoid Interruption. The provider lets the patient explain his/her problems.

Avoid premature diagnosis. (=Resist immediate follow-up) The provider avoids jumping to conclusions when the patient elicits a problem.

Probe for more information. The provider questions the patient (open-ended) to be sure that (s)he had the chance to explain all the concerns. By probing, the provider examines, explores all possibilities.

Ask patient: what seems to cause the problems, what are the difficulties, any other worries?

Trainer’s Notes

A study conducted in 1984 in the US by Beckman & Frankel on the effect of physician’s behavior on the collection of data found that most patients were interrupted within 18 seconds of their initial presentation of complaints, as the physician directed questions toward a specific concern. The implication of this finding is that physicians probably spend time on problems that may not be the most significant to the patient. The same researchers found that no patient used more than 150 seconds to complete an entire opening statement.

Listen well before recommending a solution or treatment. DO NOT: “*For the headache you mentioned, just take an aspirin each time it hurts.*”

“*Do you have any other concerns that you would like to tell me about?*”

“*Tell me more about your child’s loss of appetite?*”

“*Tell me how you feel when you wake up in the morning?*”

The provider will use “open-ended” questions to investigate the causes of the problem and make a diagnosis: “*Why do you think....Are there any problems at home?*” The questions might become close-ended to help to focus.

Exercise: Practice of IPC Skills (1 hour)

Participants form pairs “A and B” to role play a scenario. (*Refer to annex #8*). The script instructs the patients (“participants A”) to only tell the doctor what he asks for. The providers (“Participants B”) are to find out all they can using new skills in 5 minutes. Then the members of the pair switch roles with a new script (*annex #9*). Discuss experience and relate it to actual practice.

Attention: When giving the instructions (Guide for Simulation) DO NOT give the entire Annex 8, then 9 to all participants; first cut the annex: half for participants A, the other half for participants B, as they are not supposed to know the patients’ problems.

C. Counseling and Information/Education Giving (1 hour, 30 min.)

Participants brainstorm on “What is counseling?” and come up with their definition. Show transparency #10.

The techniques for better counseling and information giving are introduced by showing a video to the participants, or by a role play of a counseling session (*see annex # 10*). Participants work in group, or in plenary, discussing which skills they noticed. Participants should then look for appropriateness in their own settings. Ask them how they would adapt, or how they would counsel clients. Each participant will work on a “mental rehearsal”: describe a client and diagnosis (*see annex # 11*). Each participant imagines giving the counseling. The participants record the ways they approached the counseling session. Share in plenary (30 min.). Show the list of skills that will help the health provider to conduct good counseling (*transparency # 11*). Each skill is discussed, and concrete examples are given for each one.

Transparency 10

Definition of Counseling

A person-to-person interaction in which the provider gives adequate information which will enable a client to make an informed decision about his/her health. Counseling helps the client to understand his/her feelings and deal with his/her specific, personal concerns. Effective counseling empowers a client to make his/her own decisions.

Transparency 11

Counseling and Information/ Education Giving

- ◆ Explore client’s understanding of illness
- ◆ Correct misconception of facts
- ◆ Use appropriate vocabulary
- ◆ Present/explain what clients needs to know/do to get better (in blocks)
- ◆ Check client’s understanding of illness, correct misconceptions
- ◆ Discuss/give concrete behavioral changes that client can accomplish
- ◆ Repeat, summarize key information
- ◆ Convince or motivate client
- ◆ Check on acceptability/mutuality of decision making
- ◆ Closing.

Skills — Techniques

Explore client’s understanding of illness.

Before the patient hears the provider’s diagnosis, the provider will find it useful to listen to the client’s own thoughts on the cause of the illness. Clients may reveal information and emotions that can help providers determine the clinical diagnosis, or give the patients better understanding of their discomfort.

Correct misconception of facts and provide information and education about important related issues.

Use appropriate vocabulary and assess the patient’s level of understanding before choosing the way to explain the diagnosis.

Present/explain what clients needs to know/do to get better (in blocks).

Use short sentences that will be remembered easily. Pause frequently and repeat the key details.

Check client’s understanding of illness, correct misconceptions.

When the provider is satisfied with the scope and depth of information presented, (s)he should check the patient’s understanding. Only the client can confirm what is understood. This is best done with open-ended questions.

Discuss/give concrete behavioral changes that client can accomplish.

The provider does not ask the client to do something that (s)he finds impossible to accomplish.

Trainer’s Notes

*“Tell me what you know about your condition?”
“What causes it?” “How can it be cured?”*

“From what we know about diarrhea, it is likely that it was caused by drinking contaminated water, or by eating contaminated food...”

“When you get home, give one small spoon of the medication to your child, and again another one tonight before bedtime. Tomorrow morning, be sure that he does not eat anything before going to the laboratory for the blood test. Come back to see me for your appointment this coming Monday at 9:00am. I’ll have the laboratory results.”

“I would like to make sure that I have made everything clear. Would you tell me how and when you are going to give the medicine to your child?” “What are the most important things that you will do when you get back home...” (participants can practice with annexes #8 and 9).

“According to what we discussed, you will go for a walk for 20 minutes each day.” (DO NOT say: “Please try to exercise every day”). Or, “Present to your child the dinner you prepared for the family.” (NOT: “Your child should eat more everyday.”) But, “You said your child likes bananas, so you are going to give him one every day.”

Skills — Techniques

Trainer's Notes

Repeat, summarize key information.

The provider makes sure that the main points are clear to the client.

“I'd like to remind you about 3 things that we talked about”: (1)..., (2)..., (3)...

Convince or motivate client.

The provider convinces the client that if (s)he does what they both decided, the situation will get better soon.

“You will progress rapidly if you follow these instructions”.

Checking on acceptability/mutuality of decision making.

The provider makes sure that the client understood the decisions taken and agreed.

“We will work together to make sure you (your child) get well.”

Closing.

Provider asks client if there is anything else (s)he would like to know. Provider praises and thanks the client for coming. The provider makes clear with the client when to come back.

“Is there anything else you would like to know? I'll see you next ...; thank you for coming”.

3. Orientation to the Practicum *(time depends on option)*

A. If Tape Recording Has Been Done Prior to the Session

(1) In groups, participants practice the [new] skills and techniques just revised by listening to the tape recording of health providers and clients' encounters. (2) Volunteers who are going to tape during their afternoon practice must have a tape recorder, know how to record, and have a tape to do the recording. If possible, volunteers tape two encounters; then listen to the tapes. (3) They should come back for “Day 3” with comments of their own performance.

B. If Tape Recording Has Not Been Possible

Participants form groups and practice the [new] skills and techniques. Use the transcripts of encounter (*an-nex#7*), this time focusing on the skills for gathering of the data, and counseling/information giving skills. Each group presents in plenary its findings. Finish the day by asking who, amongst the participants, is willing to tape one or two encounters. Volunteers who are going to tape must have a tape recorder, know how to record and have a tape to do the recording. Volunteers should come back for “Day 3” with comments of their own performance.

If participants have taped their encounters, start “Day 3” by listening to the tapes. The performer talks first about his/her experience. In plenary, review the skills. Trainer emphasizes the positive.

DAY 3

Interpersonal Communication Skills Between Health Providers *(4 hours)*

Contents

- ◆ Issues causing difficulties in working environment
- ◆ The role of IPC skills in working environment
- ◆ Participant's evaluation of course (10 minutes)
- ◆ Recommendations about future IPC training in Egypt in plenary (15 minutes)
- ◆ Closing Session (certificates, 10 minutes).

Introduction

The objectives of this day are to realize that IPC skills are playing an important role in our daily working environment and are closely linked with the different issues involved in our work.

The central principle of this day is that the participants do not need to be given a lot of new information to learn; rather they need an opportunity to exchange ideas, feelings, and experiences. This day will be designed principally by the participants who will, after brainstorming and group exercises, decide which issue, or problem, the participants want to focus their efforts on.

Subject — Activities

This day is introduced by asking the participants if they believe that the IPC skills revised during the past two days can be applied to their daily working relations with colleagues.

Issues causing difficulties in work environment.

Ask participants to work in groups on the different issues/dimensions that they perceive as being the cause of some difficulties in their work environment. Identify the problem(s). Each group presents its work. The overall work is outlined on the board.

Trainer's Notes

The answer is yes. Let participants brainstorm their ideas.

Possible answers

- ◆ poor leadership,
- ◆ poor (or lack of) supervision,
- ◆ lack of group dynamics,
- ◆ poor (or no) structure,
- ◆ lack of supplies,
- ◆ poor (or no) training,
- ◆ no feedback.

Subject — Activities

The role of IPC skills in work environment.

Basic principles and possible variables for each dimension are revised through mini case studies (prepared in Egypt and based on existing situation). For each one, participants are asked to present (1) the basic principles or characteristics of each dimension/area that they present; (2) IPC skills or variables that will improve the situation.

Once the problems have been discussed, have each group focus on one issue. The groups work on the problems identified and look for solutions: How can we “fix” these problems using the interpersonal communication skills just revised?

Evaluation

Each participant receives an evaluation form (annex 13, 10 minutes).

Recommendations

In plenary, the facilitator asks the participants to “brainstorm” on future similar training in Egypt: Do they think it’s necessary? To whom should it be given? Should the groups be mixed (medical doctors, nurses, midwives)?

Closing Session

- ◆ Each participant receives a certificate.
- ◆ Closing remarks by the facilitators.

Trainer’s Notes

Attention: If the answers are based on lack of supply, poor structure, lack of personnel, point out to the participants that IPC can do little about it. Ask them to concentrate in areas where IPC can play a positive role. Ask participants to work on groups with annex 11: Mini case studies: group dynamics, leadership, supervision.

Articles and supplementary readings are encouraged. They should cover the following topics:

- ◆ Issues in group process and decision making
- ◆ Synergistic team work
- ◆ Leadership
- ◆ How to be an effective supervisor.

List of Transparencies

| | |
|--------------------------|--|
| <i>Transparency # 1</i> | Objectives of the Interpersonal Communication (IPC) Training |
| <i>Transparency # 2</i> | List of values— Group's results |
| <i>Transparency # 3</i> | Language efficiency— the use of simple language |
| <i>Transparency # 4</i> | Definition of Interpersonal Communication (IPC) |
| <i>Transparency # 5</i> | Objectives of the training |
| <i>Transparency # 6</i> | Interpersonal Communication Skills |
| <i>Transparency # 7</i> | Definition of socio-emotional communication |
| <i>Transparency # 8</i> | Behaviors that reinforce the interpersonal contact between the client and the provider |
| <i>Transparency # 9</i> | Problem Solving Skills |
| <i>Transparency # 10</i> | Definition of Counseling |
| <i>Transparency # 11</i> | Counseling and Information/Education giving |

List of Annexes

| | |
|----------------------|--|
| <i>Annex # 1</i> | List of Values (Participant) |
| <i>Annex # 1 bis</i> | List of Values (Co-facilitator) |
| <i>Annex # 2</i> | Self-Evaluation of Listening Skills |
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| <i>Annex # 8</i> | Problem Solving Skills: gathering data to understand the clients situation and problems (Simulation) |
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ANNEX # 1 — Participant List

List of Values

INSTRUCTIONS:

Clarify the following words by order of importance: 1 - 14.

Give rate 1 to the most important to you and rate 14 to the least important.

_____ Good physical health

_____ Financial security

_____ Intelligence

_____ Education

_____ Cleanliness

_____ Marriage

_____ Children

_____ Success in performance

_____ Happiness

_____ Religion

_____ Friends

_____ Family reputation

_____ Citizenship

_____ Taking care of one's family

ANNEX # 1 bis — List for the Co-facilitator

List of Values

GROUP'S RESULTS: (List for the co-facilitator: coding. Write the results on a transparency (tr#2) made off this list of values. Show it in plenary when the results have been compiled. Explain results to the group)

| | TOTAL | MEAN RATE | CLARIFICATION OF THE GROUP |
|-----------------------------|-------|-----------|----------------------------|
| Good physical health | _____ | _____ | _____ |
| Financial security | _____ | _____ | _____ |
| Intelligence | _____ | _____ | _____ |
| Education | _____ | _____ | _____ |
| Cleanliness | _____ | _____ | _____ |
| Marriage | _____ | _____ | _____ |
| Children | _____ | _____ | _____ |
| Success in performance | _____ | _____ | _____ |
| Happiness | _____ | _____ | _____ |
| Religion | _____ | _____ | _____ |
| Friends | _____ | _____ | _____ |
| Family reputation | _____ | _____ | _____ |
| Citizenship | _____ | _____ | _____ |
| Taking care of one's family | _____ | _____ | _____ |

ANNEX # 2

Self Evaluation of Listening Skills

Please evaluate yourself:

Mark your levels of involvement (does it happen?) for each of the following statements:

| Listening Habits | Levels of involvement | | | |
|--|-----------------------|-----------|--------|-------|
| | Always | Sometimes | Rarely | Never |
| Busy with something, i.e. writing while someone is talking | _____ | _____ | _____ | _____ |
| Pretends to be attentive to speaker, while thinking about something else | _____ | _____ | _____ | _____ |
| Cares only of about what to say next; does not listen | _____ | _____ | _____ | _____ |
| Not concentrating (day-dreaming) when someone else talks | _____ | _____ | _____ | _____ |
| Interrupts the other speaker | _____ | _____ | _____ | _____ |
| Looks for mistakes (details) by other speakers (does not concentrate) | _____ | _____ | _____ | _____ |

Language Efficiency

“Translate” the Medical Information

Read the following examples of medical terminology and give examples of the way health workers should communicate the information to the client:

A. The clinical spectrum of cholera is broad, ranging from inapparent infection to severe cholera gravis, which may be fatal in a short time period. After an incubation period of 6 to 48 hours, there is an abrupt onset of watery diarrhea. Vomiting often follows in the early stages of the illness. Signs of severity include cyanosis, tachycardia, hypotension, and tachypnea. The symptoms and signs of cholera are entirely due to the loss of large volumes of isotonic fluid and resultant depletion of intravascular and extracellular fluid, metabolic acidosis, and hypokalemia.

(A)

B. The medical notes related to pregnancy are more important with adolescents, that is women under 20. Of concern are premature babies with inadequate weight at birth, maternal and infant mortality, anaemia and vascular-renal syndrome of pregnancy.

(B)

C. Other medical explanations you've heard or read:

(C)

D. How could you rephrase your medical example in words that the average client would understand?

(D)

ANNEX # 4

Give Clients Clear Information in a Way They Understand

The information you give clients must be correct and clear.

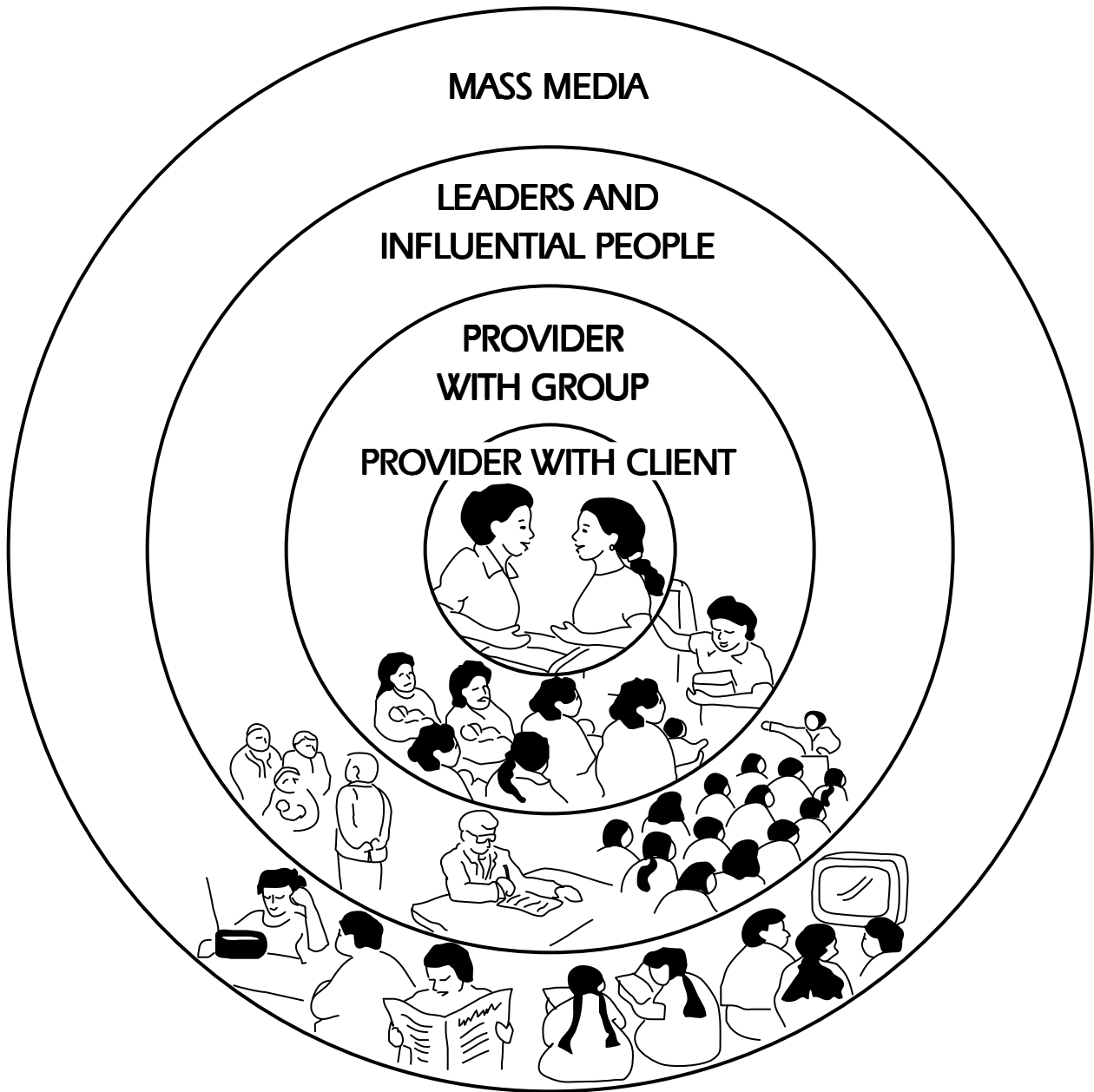
To make sure your information is clear:

- ◆ use short words and short sentences;
- ◆ use words that your clients understand;
- ◆ use pictures and print materials, if available;
- ◆ stop from time to time and ask clients if they understand;
- ◆ ask if they have questions;
- ◆ when you mention a part of the body, point to it;
- ◆ repeat instructions;
- ◆ ask clients to repeat instructions.

from: JHU/Popline, 1987, Population Reports, Series J., No. 36

ANNEX # 5

Levels of Communication



Source: JHU/Popline, Population Reports, Series J, No.36, Dec. 1987 "Why Counseling counts!"

The following job aid can be cut out, folded and used as a pocket guide (provided twice)

ANNEX # 6

Job Aid



Part A - Outside

Counseling— Education Giving

- ◆ Find out how client perceives illness
- ◆ Correct misconception of facts
- ◆ Use appropriate vocabulary
- ◆ Explain in an organized way what needs to be known/done next (in blocks)
- ◆ Check client's understanding about illness
- ◆ Recommend concrete behaviors to client
- ◆ Motivate client to follow treatment
- ◆ Make sure client accepts the treatment

Closing

- ◆ Make sure client knows when to come back
- ◆ Ask patient if there is anything else he/she would like to know

Skills Needed for Effective Interpersonal Communication

Self-Assessment Check List

Overall Socio-Emotional Communication

- ◆ Welcome patient
- ◆ Use verbal and non-verbal communication behaviors

CHS/QAP, JHU, AED, 1993



Part A - Outside

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CHS/QAP, JHU, AED, 1993

Job Aid



Part B - Inside

Guidelines To Talk With Patient — Dialogue

- ◆ Ask for feelings
- ◆ Compliment patient efforts
- ◆ Reinforce feelings that are normal and understandable
- ◆ Reflect the patient's emotions
 - repeat what patient said
 - invite him/her to speak more
- ◆ Show empathy
- ◆ Show support/partnership
- ◆ Help patient not to worry

Problem Solving Skills — Gathering Data

- ◆ Listen effectively
- ◆ Encourage dialogue: ask open-ended questions
- ◆ Avoid interruption
- ◆ Avoid premature diagnosis
- ◆ Resist immediate follow-up
- ◆ Probe (explore) for more information
- ◆ Ask about causes, difficulties and worries related to the problem



Part B - Inside

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- ◆ Compliment patient efforts
- ◆ Reinforce feelings that are normal and understandable
- ◆ Reflect the patient's emotions
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ANNEX # 7

Transcripts of an Encounter

(To be done in country: Tape anonymously an encounter or two, and transcribe it as it is.)

ANNEX # 8

Problem Solving Skills: gathering data to understand the clients' situation and problems

Guide for a simulation

Instructions: To participant "A" (the client)

Please read the following. Answer ONLY what the health provider asks you (5 minutes of simulation)

You are sick, with a strong headache; you feel tired, and weak; you sweat, urinate a lot, and your urine is discolored. You eat well and you are always thirsty, but you notice that you are losing weight. Your mother and her brother have diabetes. You take aspirin for your headache, but it does not help! You don't know what to eat; your friend told you that you should drink orange juice and eat bananas.



Instructions: To participant "B" (the health provider)

You are the medical doctor (or the health provider). The person in front of you is here for a medical visit. Using the skills in interpersonal communication that we reviewed today, try to make a diagnosis in 5 minutes of what the woman (or man) has, and see what the next steps (laboratory tests, diet, drugs, changes of behavior) should be.

ANNEX # 9

Problem Solving Skills: gathering data to understand the clients' situation and problems

Guide for a simulation

Instructions: To participant "A" (the client)

Please read the following. Answer ONLY what the health provider asks you (5 minutes of simulation)

Two weeks ago you started giving supplementary food to your four month old baby because you believe that you don't have enough milk. Unfortunately, for a week your baby has not slept well because he got a cold (runny nose). He does not seem to like the food you are giving him, and since yesterday he has had diarrhea. You are very nervous and you don't know what to do. You know that your milk is diminishing. You do not work, and your mother is at home with you.



Instructions: To participant "B" (the health provider)

You are the medical doctor (or the health provider). The mother in front of you is here for a medical visit. Using the skills in interpersonal communication that we reviewed today, try to make a diagnosis in 5 minutes of what the woman has, and see what the next steps (laboratory tests, diet, drugs, changes of behavior) should be.

Role Play: A Good Counseling

(To be given ahead of time to two participants, so that they can get ready for it)

HEALTH SKETCH

A good example of counseling: place = center

Characters: nurse of the center
Mary (client)

Mary [enters in the center—the nurse smiles]

Nurse: Hello—please come in and have a seat.

Mary: I have four children. I want to be able to feed them and by the grace of God, send them to secondary school. The eldest is only six. My husband complains that they are too noisy. I am tired.

Nurse: Your husband and you are tired because your children are young. You would like to be able to take care of them, you don't want another baby. Are you thinking about using a contraceptive method?

Mary: Yes, I would like to take pills, but I'm afraid people say that it weakens you and that you can get pregnant even when using it.

Nurse: So, you are afraid that the pill is not an efficient method and that it will make you feel tired.

Mary: Yes.

Nurse: What else have you heard about pills?

Mary: They also say that it can give you cancer, but I'm not sure.

Nurse: Many people have the same fears. These fears are however not justified by any medical reason. The pill is one of the most efficient methods we have. If you take your pill everyday, you cannot get pregnant. Sometimes people forget to take it, or they take it only when necessary, not everyday. Of course they can get pregnant. Also, sometimes, women on pills can be tired for other reasons (they have too many children), but they don't think of the real reason of their fatigue and they put the blame on the pills. Moreover, the pill doesn't give cancer—it can even protect you against some cancers. But we also have other methods apart from pills that I can explain. Why do you want to try pills?

Mary: Well, I've heard about IUD, but I was told that it had to be put inside your body and that it could move from your stomach to your heart, so I'm afraid.

Nurse: I'm glad that you heard about the IUD, so you know that the pill is not the only choice—you are right when you say that it is put inside the body [shows one to her] but I can assure

you that where it is put, it's completely closed. The IUD cannot move, it is impossible. (Nurse shows her a diagram of the female reproductive system indicating the uterus and the position of the IUD.)

Mary: [nods]

Nurse: Have you heard about any other methods?

Mary: No, only those.

Nurse: We have several other methods that I'll explain to you. But since all the methods are not suitable for all women, I will ask you some questions to help you choose the one most suitable for you. [Nurse shows the client different methods: the condom, the foaming tablets, implants, injectables, etc. Nurse also explains the voluntary surgical sterilization procedures: tubal ligation and vasectomy].

Mary: I would like to have the voluntary surgical contraception. Many women simply call it TL.

Nurse: Yes. TL is the shortened form of Tubal Ligation which means tying the fallopian tubes to prevent the egg traveling from the ovary through the fallopian tubes to meet the male sperm in the uterus. If no egg meets the sperm, conception does not take place.

Mary: [nods agreement]

Nurse: Why would you like the TL? I thought you indicated earlier you wanted the pill...

Mary: Because we do not want any more children. Frankly speaking, my husband and I cannot afford a larger family. We have to prevent any risk of pregnancy in future.

Nurse: I am glad you say 'my husband and I'. This is a joint decision. You might wish to consult your husband and get his views and support before confirming your decision.

Mary: I know you're right and I am confident of my husband's support in the matter.

Nurse: Now that you have chosen this method, let me explain to you how it works. [Nurse explains with the use of a diagram how the procedure is conducted, how it prevents conception].

Mary: Thank you—the more you explain, the more I am determined it's the best one for me.

Nurse: Please remember to talk to your husband. I shall give you condoms to use with your husband before both of you reach a decision. May I meet with both of you a week from now...Thursday next week at 2:00 pm, shall we say?

Mary: That'll be fine. Thank you and good-bye.

Nurse: Good-bye, Mary.

Note: This counselling session follows the GATHER pattern of JHU/PCS, Population Report, Series A, No. 8, May 1990.

Counseling and Information/Education Giving— “Mental Rehearsal”

Guide for simulation:

Read the following script, and imagine that you have to give counseling and information to the patient. Please write how you would use the revised counseling skills.

A young woman arrives, quite nervous, at the hospital with a 4 year old little boy. She said that, since yesterday, he has had a fever of 39.5C, his throat hurts, and he vomited twice and does not want to eat anymore. When you examine the child, you notice that he has a red throat with white spots, the respiratory sounds are normal, although the child has some light respiratory difficulty (30 breathing frequency). The young mother is agitated; she said that her husband is also sick, and she does not know what to do when he cries at night.

Read the following script, and imagine that you have to give counseling and information to the patient. Please write how you would use the revised counseling skills.

After three days, and a long conversation with her BINT CHAAL, Um Ashraf, a 25 year old Baladi woman decided to bring her 10 month old baby to a physician at his private clinic in her Baladi Cairo neighborhood. The baby has a fever, and a cough, and does not breathe properly. For three days he has had a cold. At home, Um Ashraf gave her baby tea and some medicine that she does not remember the name of. The baby gets worse, the woman says, because he breathes very rapidly. After examining the child, you find that he does not have any severe symptoms (cyanosis, groaning), and his respiratory frequency is 38/minute, but he is agitated and has a fever of 38.7C.

ANNEX # 12

Mini-Case Studies

The following mini-case studies have been written in Egypt, based on actual problems. They are presented just for information.

Please read each mini-case-study. Identify for each one, ONE major type of problem, such as poor leadership, lack of IPC training, lack of supervision, poor or no group dynamics (team work), lack of feedback...). Then each group works with ONE case study, and looks for interpersonal communication solutions that can (partially) resolve the problems:

Mini-Case Study # 1:

Dr. Ahmed is the director of the Shobra Hospital in Cairo. He wants all problems to be reported only by his executive director, Dr. Mohamed, and decisions are to be only made by him, whatever the problems are. One day, Dr. Mohamed reports to Dr. Ahmed that the night staff of the Intensive Care Unit (ICU) leaves early in the morning before even taking the time to report to the morning staff, leaving much confusion during the day. Dr. Ahmed decides to deduct 15 days of salary for each member of both staff, day and night.

Mini-Case Study # 2:

The main hospital in Alexandria is in restoration, therefore the pediatrics department is temporarily closed. The pediatrics unit is divided within the four floors. Since that happened, the members of the team do not see each other. Some of them just learned that their chief of unit, Dr. Salam is on vacation. Nurse Ms. Mona, who was assigned floor 3 with two other nurses, is quite discouraged. She feels that she is the only one working in the afternoon. She never sees any pediatrician. She is ready to resign. She tells this to one of the nurses that she meets every day at lunch time in the cafeteria.

Mini-Case Study # 3:

The delivery of drug supply is done by the new pharmacist, Mohammed Raouf at Maady Hospital in Cairo. Mohamed was told by his chief, Mrs. Al Azhar to be sure that each patient knows exactly how to take his/her medication and know when to come back to the center. After one month with Mohammed working there, Mrs. Al Azhar realizes that many patients did not come back to the hospital as they were supposed to. She calls Mohamed, who is very surprised. He shows her that, according to his records, all the patients said that they knew when to come back and said that they knew when to take their medication.

Mini-Case Study # 4:

Going to work today, Dr. Sami Shalaan is nervous and afraid. His supervisor, Dr. H. Makhoulouf is visiting his department of the hospital. Last time Dr. Makhoulouf visited the health center, it was terrible. According to Dr. Makhoulouf, Dr. Shalaan was going to be fired! Dr. Makhoulouf criticized Dr. Shalaan's work, and called attention to the poor care of the few materials available. Sami Shalaan wanted to say that two staff members had left the center, and that he felt the need to receive some updated training after fifteen years of working at that center. But Shalaan could not say one word, so Dr. Makhoulouf left! This time, Sami prepared a list of things he wants to tell his supervisor.

Group A: Mini case study # 1 (Poor leadership)

Group B: Mini case study # 2 (Poor group dynamics)

Group C: Mini case study # 3 (Poor interpersonal communication skills)

Group D: Mini case study # 4 (Poor supervision)

Evaluation of the Interpersonal Communication Workshop

Cairo, Egypt

July 1994

The following questions will help evaluate the workshop that you attended. Please respond to each question. This evaluation is anonymous.

1. Please indicate what you liked most during this workshop, and why.

2. Please indicate what you liked least during this workshop, and why.

3. Please grade each session according to the degree you liked it: 5 =liked at lot; 1 =did not like it at all.

- ___ basic concepts of Interpersonal communication (IPC)
- ___ use of (non) verbal communication
- ___ guidelines to talk with client
- ___ increasing dialogue
- ___ counseling/information giving

4. Please grade each method used according to the degree you liked it: 5 =liked a lot; 1 =did not like it at all.

- ___ role-play/simulation exercises
- ___ taping practice
- ___ exercise with transcripts of encounter
- ___ video use
- ___ slides presentation
- ___ group discussion in plenary
- ___ small group work

5. Would you recommend this workshop to your colleagues? Why or why not?

Yes ____

No: ____

6. Please grade each skill according to the degree you believe will be of greater use in the future:

very useful = 5; not at all useful = 1.

- ____ welcoming patient
- ____ compliment client's effort
- ____ use of non verbal communication
- ____ reflect/repeat what client said
- ____ listening skills
- ____ show empathy
- ____ encourage dialogue (open-ended questions)
- ____ avoid interruption
- ____ avoid premature diagnosis
- ____ resist immediate follow-up
- ____ explore for more information
- ____ find out how client perceives illness
- ____ correct misconception of facts
- ____ use appropriate vocabulary
- ____ explain information in organized way
- ____ check client's understanding about illness
- ____ make sure client knows when to come back
- ____ recommend concrete behaviors to client
- ____ motivate client to follow treatment

7. Do you believe that the same training course should be given to more people, such as: nurses, midwives, social workers, others (specify)?

8. Please comment or give suggestions on how we could increase the quality of this workshop. (be specific)

9. Any other comments? (use other side if necessary)
