



ENSURING ACCESS TO QUALITY  
HEALTH CARE IN CENTRAL ASIA

TRAINING CURRICULUM:

## **Interpersonal Communication Workshop for Health Providers: Trainers' Guide for a 2-3 Day Workshop**

**Authors:**

Lynne Cogswell

**November 2002**

**Almaty, Kazakhstan**



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## I. Acknowledgments

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Thank you for all your enthusiasm and hard work in using and adapting these essential IPC materials.

## II. Training Overview

### A. Introduction

The interaction between a health provider and a patient is a critical element of any effective health care delivery system. Through this personal exchange, the health provider is able to assess and serve the physical and emotional health needs of the patient. While different medical services may require varying medical expertise and resources, the application of good interpersonal communication skills can enhance the quality and effectiveness of all health care service delivery.

The goal of this “Trainer’s Guide on Interpersonal Communication for Health Providers” is to prepare health providers for this important role as communicators. The concepts, techniques, and exercises included are defined, clearly presented, and relevant.

Interpersonal communication is key to health care programs. This face-to-face communication establishes a relationship of trust and confidence between the patient and health provider that is essential in encouraging the patient to adopt a new practice and maintain healthful behavior. Providing interpersonal communication skills that allow patients to change practices based on an informed decision is important to achieve quality of care and successful health care.

### B. How to Use this Trainer’s Guide

This Trainer’s Guide is designed to introduce the principles of interpersonal communication (IPC) to health providers and to provide practical experience in skills. Basic theoretical information on communication is incorporated with practical steps and exercises. Agendas for two-day and three-day workshop have also been detailed for your use.

The Guide is divided into five sessions. Each session comprises:

1. **Session Cover Sheets** – These introductory pages detail session topics, session objectives, total time, handouts, key points to emphasise, and include session training preparation and materials required.
2. **Trainer Notes** – The Notes provide suggested how-to steps on conducting each topic and time allotments for the session topics covered as well as additional questions to be posed in each step and points for summary and emphasis. The Notes clearly indicate what Aids, Exercises, and Handouts are needed for each session topic.
3. **Training Aids** – The Aids give information to be photocopied onto transparency or to be written on flipchart paper for use during a session topic. There is a complete list of Training Aids needed for the session listed in the Session Cover Sheets under Training Materials.
4. **Training Exercises** – The Exercises cover activities that can be conducted under the session topics. The Exercises are stand-alone with purpose, time, preparation, and steps clearly delineated. The Exercises have been presently separately and referred to in the Trainer’s Notes to provide more flexibility in designing/adapting your workshop. There is a complete list of Training Exercises needed for the session listed in the Session Cover Sheets under Training Materials.

5. **Participant Packet/Training Handouts** – The Handouts provide detailed information on the topics covered throughout the workshop. Handouts are included in the “Participant Packet” for your use and to be distributed to the participants. There is a complete list of Training Handouts needed for each session listed in the Session Cover Sheets right after the time allotment.

Since interpersonal communication skills develop mainly through practice, much of the workshop utilises participatory, practical, hands-on exercises. Furthermore, in Session 4, “Using Your IPC Skills,” skills are refined and evaluated through practice and observation with participants receiving both verbal and written feedback on their performances. Assessment is ongoing with constant feedback mechanisms built-in and through the use of a pre- and post-test, numerous self-assessments, and a post-training workshop evaluation. This workshop should build in time for or should be followed by practical work in a clinical setting, giving participants the opportunity to apply their new IPC skills immediately.

### C. Workshop Preparation

The following steps should be carried out to effectively organise and conduct your workshop:

#### BEFORE THE WORKSHOP:

Decide on the number of workshop days – two or three days.

Determine number of workshop participants (16-20).

Arrange and prepare workshop budget:

- transport
- per diem
- room/equipment rental
- refreshments
- photocopying
- supplies
- certificates

Copy your two- or three-day agenda.

Buy/rent/organize supplies (enough for invited participants):

- pens
- pads
- newsprint/flipchart paper
- markers
- transparencies
- equipment (overhead, etc.)

Prepare participant's list and addresses.

Prepare and send invitations. Invitations should contain the following information:

- workshop dates
- purpose of workshop
- agenda (if ready)
- names of trainers
- any appropriate finances issues, e.g. transport refund, etc.

Photocopy one complete set of participant's packet for each participant (see Packet at end of curriculum).

Arrange and print certificates, if necessary.

Arrange and visit, if possible:

- training site
- site(s) for practicums

Meet with trainers:

- agree on responsibilities
- assign sessions

- |  |
|--|
| <ul style="list-style-type: none"><li>- review notes, exercises, agenda, and purpose</li><li>- photocopy necessary sessions</li><li>- reconfirm that trainer tasks assignment are clear.</li></ul> |
|--|

<p><b>FIRST DAY OF TRAINING:</b></p>
--------------------------------------

- |  |
|--|
| <ol style="list-style-type: none"><li>1. Arrive early and ensure training room is ready.</li><li>2. Arrange room.</li><li>3. Arrange participant packets.</li><li>4. Ensure lights and equipment are in working order.</li></ol> |
|--|

**D. Sample Workshop Certificate**

**Certificate of Completion**

(Insert Name Here)

---

*has successfully completed the workshop on:*

**INTERPERSONAL COMMUNICATION SKILLS**

**for "Project Name"**

(insert logo here)

(Insert Date of Workshop Here)

---

---

Signature

---

Signature



### **III. List of Workshop Sessions**

#### **Session 1: WORKSHOP OVERVIEW**

- Trainer Notes
- Training Aids
- Training Exercises

#### **Session 2: OVERVIEW OF INTERPERSONAL COMMUNICATION (IPC)**

- Trainer Notes
- Training Aids
- Training Exercises

#### **Session 3: IPC SKILLS**

- Trainer Notes
- Training Aids
- Training Exercises
- Training Exercise Aids

#### **Session 4: USING YOUR IPC SKILLS**

- Trainer Notes
- Training Aids
- Training Exercises

#### **Session 5: CLOSING**

- Trainer Notes
- Training Aids
- Training Exercises

### **IV. Workshop Sample Agendas**

The following pages contain sample workshop agendas for two-day and three-day Interpersonal Communication workshops. Depending on how many days you decide to do, you will need to copy the agenda for participants.

## A. Two-Day Training Workshop in IPC

“date”

DURING THIS INTERPERSONAL COMMUNICATION WORKSHOP:

1. WE WILL provide detailed information on and skills in interpersonal communication (IPC).
2. YOU WILL demonstrate the ability to use this IPC information and these IPC skills in a one-on-one and a group setting.

<b>DAY 1 of 2-Day:</b>		
<b>DAY &amp; TIMES</b>	<b>SESSION</b>	<b>SESSION OBJECTIVES</b>
<b>8:30-9:00</b>	<b>REGISTRATION &amp; LOGISTICS</b>	
9:00-10:20 (1h 20 minutes)	Session 1: WORKSHOP OVERVIEW Welcome & Introductions (30) Pretest (20) Overview of Agenda & Objectives (10) Project Overview (10) An Informed “Health” Population (10)	Get to know each other Assess your present level of knowledge in IPC Provide detailed workshop and project overview Emphasize the importance of having an informed health population
10:20-10:40	<b><i>BREAK</i></b>	
10:40-11:50 (1h 10 minutes)	Session 2: OVERVIEW OF IPC Introduction to IPC (20) Basic Concepts & Techniques (20) Communication Process (20) IPC Self-Assessment (30)	Define IPC Identify basic IPC concepts and principles Examine the communication process Assess your own IPC skills
11:50-12:30 (40m)	<b>Session 3: IPC SKILLS</b> Values & Perceptions (40)	Identify own perceptions and values and their significance and impact on communication Identify an individual's values and the importance of respect in and on communication
12:30-13:15	LUNCH	

<b>DAY 1 of 2-Day:</b>		
<b>DAY &amp; TIMES</b>	<b>SESSION</b>	<b>SESSION OBJECTIVES</b>
13:15-15:00 (1h 45 minutes)	<b>Session 3: IPC SKILLS (cont.)</b> Verbal & Nonverbal Communication Qualities of a Good Communicator (5) Good Communications (10) Appropriate Language (20) Simple Language (20) Body Language (20) Feedback (30)	Examine communicator responsibility Enumerate the qualities of a good communicator Detail the elements of good communications Identify forms of verbal and nonverbal communication and demonstrate use of these forms Examine the importance of feedback
15:00-15:15	<b>BREAK</b>	
15:15-16:45 (1h 15 minutes)	<b>Session 3: IPC SKILLS (cont.)</b> C. Interviewing & Listening Skills Listening Skills (30) Reflect & Paraphrase (25) Good Questions (20)	Identify own level of listening skills and demonstrate active listening Examine and demonstrate how to reflect, paraphrase, and summarize individual's concerns Identify and demonstrate appropriate use of close-ended, open-ended, and probing questions
16:45-17:00	Review of Today & Preview of Next Day	

<b>DAY 2 of 2-Day:</b>		
<b>DAY &amp; TIMES</b>	<b>SESSION</b>	<b>SESSION OBJECTIVES</b>
8:45-9:00	<b><i>ENERGIZER</i></b>	
9:00-10:20 (1h 20 minutes)	<b>Session 3: IPC SKILLS (cont.)</b> C. Interviewing & Listening Skills Praise & Encouragement (20) Use of Key Messages & Support Materials (60)	Demonstrate appropriate use of praise and encouragement Explain the importance of detailed key messages Demonstrate the use of IPC with key messages Demonstrate how to use skills to reconfirm patient understanding of key messages Demonstrate the use of support materials in IPC
10:20-10:40	<b><i>BREAK</i></b>	
10:40-12:30 (1h 50 minutes)	<b>Session 4: USING YOUR IPC SKILLS</b> A. Case Study Development (70) B. One-on-One/Individual Setting (40)	Practice your IPC skills in a "one-on-one" setting
12:30-13:15	<b>LUNCH</b>	

13:15-15:00 (1h 45 minutes)	<b>Session 4: USING YOUR IPC SKILLS (cont.)</b> B. One-on-One (cont) (30) C. Group Setting (60) D. Feedback and Discussion of Challenges (15)	Practice your IPC skills in a “group” setting Demonstrate the ability to use your IPC skills Give feedback on IPC performance Provide an opportunity to discuss the challenges of using IPC skills and some possible solutions
<b>15:00-15:30 (30 minutes)</b>	<i>QUIZ SHOW</i>	
15:30-16:30 (1h)	<b>Session 5: CLOSING</b> Posttest (20) Workshop Evaluation (20) Certificate Awards (20)	Assess your improved level of IPC knowledge Evaluate the workshop content, trainers, and process Thank participants for training completion
16:30-17:00	RECEPTION	

## B. Three-Day Training Workshop in IPC

“date”

DURING THIS INTERPERSONAL COMMUNICATION WORKSHOP:

1. WE WILL provide detailed information on and skills in interpersonal communication (IPC).
2. YOU WILL demonstrate the ability to use this IPC information and these IPC skills in a one-on-one and a group setting.

<b>DAY 1 of 3-Day:</b>		
<b>DAY &amp; TIMES</b>	<b>SESSION</b>	<b>SESSION OBJECTIVES</b>
8:30-9:00	<b>REGISTRATION &amp; LOGISTICS</b>	
9:00-10:20 (1h 20 minutes)	<b>Session 1: WORKSHOP OVERVIEW</b> Welcome & Introductions (30) Pretest (20) Overview of Agenda & Objectives (10) Project Overview (10) An Informed “Health” Population (10)	Get to know each other Assess your present level of knowledge in IPC Provide detailed workshop and project overview Emphasize the importance of having an informed health population
10:20-10:40	<b>BREAK</b>	
10:40-12:30 (1h 50 minutes)	<b>Session 2: OVERVIEW OF IPC</b> Introduction to IPC (30) Basic Concepts & Techniques (40) Communication Process (30) IPC Self-Assessment (10)	Define IPC Identify basic IPC concepts and principles Examine the communication process Assess your own IPC skills
12:30-13:15	<b>LUNCH</b>	
13:15-15:00 (1h 45 minutes)	<b>Session 3: IPC SKILLS</b> Values & Perceptions (40) Verbal & Nonverbal Communication Qualities of a Good Communicator (30) Good Communications (25)	Identify own perceptions and values and their significance and impact on communication Enumerate the qualities of a good communicator Detail the elements of good communications Examine the importance of communicator responsibility
15:00-15:20	<b>BREAK</b>	

15:20-16:45 (1h 25 minutes)	<b>Session 3: IPC SKILLS (cont.)</b> Verbal & Nonverbal Communication (cont.) Appropriate Language (30) Simple Language (30) Body Language (25)	Identify forms of verbal and nonverbal communication Demonstrate use of these forms
16:45-17:00	<i>Review of Today &amp; Preview of Next Day</i>	

<b>DAY 2 of 3-Day:</b>		
<b>DAY &amp; TIMES</b>	<b>SESSION</b>	<b>SESSION OBJECTIVES</b>
8:45-9:00	<b><i>ENERGIZER</i></b>	
9:00-10:20 (1h 20 minutes)	<b>Session 3: IPC SKILLS (cont.)</b> B. Verbal & Nonverbal Communication (cont.) Feedback (35) Interviewing & Listening Skills Listening Skills (45)	Examine the importance of feedback Identify own level of listening skills and demonstrate active listening
10:20-10:40	<b><i>BREAK</i></b>	
10:40-12:30 (1h 50 minutes)	<b>Session 3: IPC SKILLS (cont.)</b> C. Interviewing & Listening Skills (cont.) Reflect & Paraphrase (45) Good Questions (30) Praise & Encouragement (35)	Examine and demonstrate how to reflect, paraphrase, and summarize individual's concerns Identify and demonstrate appropriate use of close-ended, open-ended, and probing questions Demonstrate appropriate use of praise and encouragement
12:30-13:15	<b><i>LUNCH</i></b>	
13:15-15:00 (1h 45 minutes)	<b>Session 3: IPC SKILLS (cont.)</b> Use of Resources & Support Materials	Explain the importance of detailed "key messages" Demonstrate the use of IPC with key messages Demonstrate how to use skills to reconfirm patient understanding of key messages Demonstrate the use of support materials in IPC
15:00-15:20	<b><i>BREAK</i></b>	
15:20- 16:45 (1h 35 minutes)	<b>Session 4: USING YOUR IPC SKILLS</b> A. Case Study Development	
16:45-17:00	<i>Review of Today &amp; Preview of Next Day</i>	

<b>DAY 3 of 3-Day:</b>		
<b>DAY &amp; TIMES</b>	<b>SESSION</b>	<b>SESSION OBJECTIVES</b>
8:45-9:00	<b><i>ENERGIZER</i></b>	
9:00-10:20 (1h 20 minutes)	<b>Session 4: USING YOUR IPC SKILLS</b> B. One-on-One/Individual Setting	Practice your IPC skills in a “one-on-one” setting
10:20-10:40	<b><i>BREAK</i></b>	
10:40-12:30 (1h 50 minutes)	<b>Session 4: USING YOUR IPC SKILLS (cont.)</b> C. Group Setting	Practice your IPC skills in a “group” setting Demonstrate the ability to use your IPC skills
12:30-13:15	<b><i>LUNCH</i></b>	
13:15-14:00 (45 minutes)	<b>Session 4: USING YOUR IPC SKILLS (cont.)</b> D. Feedback and Discussion of Challenges	Give feedback on IPC performance Provide an opportunity to discuss the challenges of using IPC skills and some possible solutions
<b>24:00-14:30</b>	<b><i>QUIZ SHOW</i></b>	
14:30-15:30 (1h)	<b>Session 5: CLOSING</b> Posttest (20) Workshop Evaluation (20) Thank You's (20)	Assess your improved level of IPC knowledge Evaluate the workshop content, trainers, and process Thank participants for training completion
15:30-16:00	<b><i>RECEPTION</i></b>	

## **V. Session 1: Workshop Overview**

### **A. Session Topics:**

REGISTRATION AND LOGISTICS (30)

- A. Welcome & Introductions (30)
- B. Pretest (20)
- C. Overview of Agenda & Objectives (10)
- D. Project Overview (10)
- E. An Informed Health Population (10)

### **B. Session Objectives:**

1. Get to know each other
2. Assess your present level of knowledge in IPC
3. Provide detailed workshop and project overview
4. Emphasize the importance of having an informed health population

**Session Length: 1 hour 20 minutes**

### **C. Session Handouts:**

- Session 1 Overview and Objectives
- Pretest

### **D. Session Key Points:**

- We are here to learn together and from each other to communicate more effectively.
- Effective communication and good interpersonal communication skills can make the difference between success and failure of any primary health care program.
- This project seeks to (1) improve the efficiency of resource use, (2) improve the quality of care, (3) redefine patient rights and responsibilities, and (4) create a favorable legal and policy framework through the use of a comprehensive regional health reform model that addresses all aspects of the health care system and implements them in an integrated way.
- An informed health population ensures that patients make the most appropriate, informed choices and are satisfied with those choices.



## **E. Session Preparation:**

- Check all equipment to be sure that it is in working order.
- If you do not have an overhead projector, prepare flipchart pages of your training aids.
- Review training exercises to be used and prepare necessary items.
- Review all handouts and thoroughly familiarize yourself with the content.
- Read each session topic and prepare necessary flipcharts.

## **F. Session Training Materials:**

Use these checklists to ensure that you have all of the materials you need to conduct this session.

### **CHECKLIST 1: Training Aids**

- Workshop Objectives
- Project Overview
- Informed Health Population

### **CHECKLIST 2: Training Exercises**

- Introductions
- Pre/Posttest Key

### **CHECKLIST 3: Training Equipment**

- Flipchart and markers
- Overhead projector and screen
- Participant Packets:
  - Handouts
  - Pens
  - Pads

## **G. Trainer's Notes**

### **REGISTRATION (30 minutes)**

1. As participants are entering the workshop room, distribute packets – pen, handouts, etc.
2. Write the following participant registration questions on flipchart and ask participants to complete it immediately and return it to you:

- Why were you chosen for this workshop?
  - What are your expectations of this workshop? What do you hope to receive/learn as a result of this workshop?
  - What previous experience do you have in interpersonal communication?
  - How do you plan to use interpersonal communication skills in your work?
  - What is your biggest concern about using interpersonal communication?
3. Distill “participant expectations” from their responses and post on flipchart.

**BEGIN THIS SESSION:**

- REVIEW SESSION OBJECTIVES
- INTRODUCE the session:

*“It is important to place workshop skills and information into context. An overview of project and workshop issues will provide this context.”*

<b>A. Welcome &amp; Introductions (30)</b>
<ol style="list-style-type: none"> <li>1. Present trainers and then ask participants to introduce themselves, <b>ONLY</b> giving their name, title and organization (more introductions will be done in next step).</li> <li>2. Carry out <b>EXERCISE “Introductions.”</b></li> </ol>
<b>B. Pretest (20)</b>
<ol style="list-style-type: none"> <li>1. Refer to <b>HANDOUT “Pretest.”</b> Explain that results will be tabulated and returned before the end of the workshop and that they will be posttested in the closing session. Use <b>EXERCISE “Pre/Posttest Key”</b> to help with distribution.</li> <li>2. Allow 20 minutes to complete, then collect the tests.</li> </ol>
<b>C. Overview of Agenda &amp; Objectives (10)</b>
<ol style="list-style-type: none"> <li>1. Refer participants to <b>HANDOUT “Agenda and Workshop Objectives.”</b></li> <li>2. Use <b>TRAINING AID “Workshop Objectives”</b> and detail the workshop objectives. Explain that session objectives will be covered with each session as it is conducted.</li> <li>3. Ask if there are any questions. If any changes will be needed to the agenda, times, etc., detail them at this time.</li> <li>4. Refer to the “participant expectations” flipchart you prepared at the beginning of the workshop from their registration sheets. Briefly read through them.</li> </ol>
<b>D. Project Overview (10)</b>
<ol style="list-style-type: none"> <li>1. Use <b>TRAINING AID “Project Overview”</b> and present an overview of the project.</li> </ol>

2. Ask if there are any questions or comments.

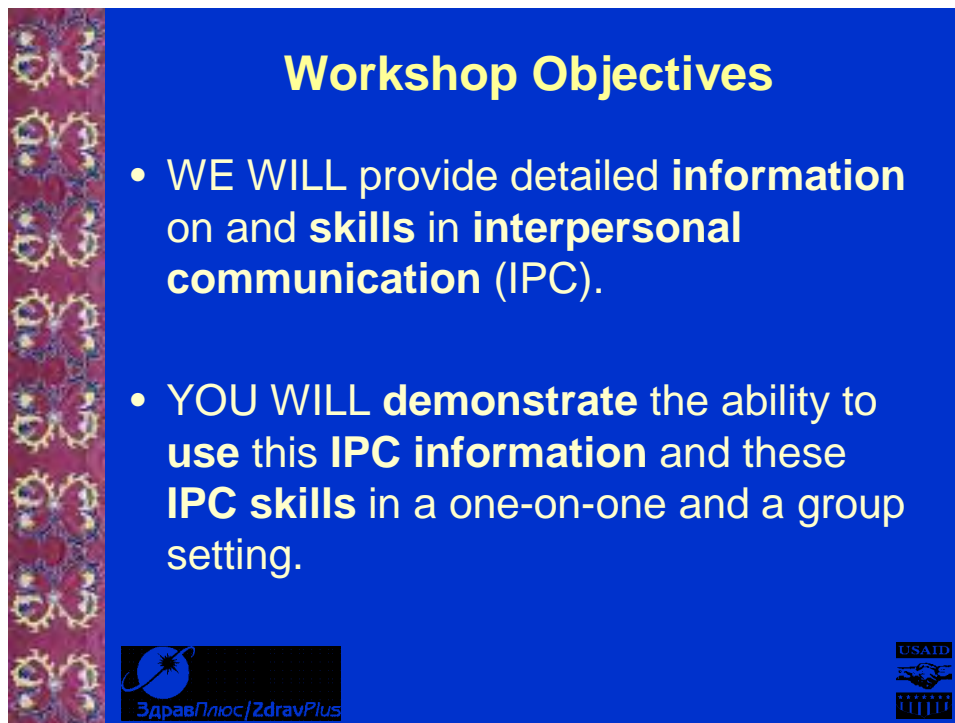
#### E. An Informed Health Population (10)

1. Use **TRAINING AID “Informed Health Population”** to provide an overview of what it means to be and have an informed “health” population.
2. Discuss the importance of encouraging and helping patients make their own informed decisions. Note comments on flipchart and post in the room for use later in the workshop.

END THIS SESSION:

- ASK IF THERE ARE ANY LAST QUESTIONS OR COMMENTS
- REVIEW SESSION OBJECTIVES
- PRESENT KEY POINTS (refer them to their session summary sheet)

## VI. Session 1: Training Aids



The slide features a blue background with a decorative vertical border on the left side containing repeating floral patterns. The title 'Workshop Objectives' is centered at the top in a bold, yellow font. Below the title, two bullet points are listed in white text. At the bottom left, there is a logo for 'ЗдравПлюс/ZdravPlus' with a stylized sun icon. At the bottom right, there are logos for USAID and UNFPA.

### Workshop Objectives

- WE WILL provide detailed **information** on and **skills** in **interpersonal communication (IPC)**.
- YOU WILL **demonstrate** the ability to **use this IPC information** and these **IPC skills** in a one-on-one and a group setting.

ЗдравПлюс/ZdravPlus

USAID UNFPA

## ZdravPlus Project Overview

### Comprehensive regional health reform model

Addresses all aspects of the health care system & encourages integrated implementation to:

- improve the efficiency of resource use
- improve the quality of care
- redefine patient rights and responsibilities
- create a favorable legal and policy framework



## Informed Health Population

Why is it important to have an informed health population?

- Ensures informed decision-making
- Encourages continued healthy behavior
- Promotes personal responsibility for health
- Allows providers to focus on health issues
- Empowers clients to control own health



## VII. Session 1: List of Exercises

### A. Introductions

**Instructions:** Choose ONE from the introduction exercises below. Consider the following when making an appropriate choice:

- how well your participants already know each other
- the time you have available
- the purpose that you feel is the most essential for your particular group of participants

#### 1. Introduction Activity 1 – The Patient Experience

**Purpose:** Allow participants to get to know each other and experience what it feels like to be a patient at the initial “get to know you” appointment

**Time:** 30 minutes maximum

**Preparation:** None

#### Steps:

1. Put participants into teams of two.
2. Instruct them to sit as they would if they were “interviewing” a patient.
3. First one participant will ask the following questions of the other, then the second participant will ask these same questions of the first. Instruct them to take notes on what their “patient” says.
  - How are you today?
  - I am .... and you are?
  - What brings you here today?/Why are you here?
  - How can I help you in this?
  - What do you need to make this “visit” successful?
4. Allow each participant **5 minutes** to ask their questions, then switch. When both participants have completed their questions, bring the group back together.
5. Ask each participant to introduce their partner with the following information pulled from the notes they have taken. Do not share this information with participants before this time!!! To make it easier for participants, you can write the points on flipchart while they are “interviewing” their partner.
  - Name
  - One reason why attending this workshop

- One of their workshop expectations
  - Your role in their meeting this expectation
  - One thing that will make this workshop successful for them
6. When each person has introduced the other, ask the following:
- Did your partner accurately reflect your comments? If not, what was missing?
  - Did you feel comfortable talking to this person? Why? Why not?
  - How could your partner have made this “interview” better/more effective/more accurate? Why is this important?
7. Summarize the introduction activity with:

*“During this workshop we will work together to develop and hone your IPC skills allowing you to better assess your patient’s situation, listen to his/her concern, and address his/her needs effectively. Setting a positive, open environment for your work is the first, most important stage.”*

## **2. Introduction Activity 2 - Let Us Get to Know You**

**Purpose:** Allow participants to get to know each other

**Time:** 30 minutes

**Steps:**

1. Write the following questions on flipchart and post in the front of the room:
  - Why were you chosen to attend this workshop?
  - What do you hope to get out of this workshop? Or list three of your expectations.
  - What experience do you have in “TOPIC” of workshop, e.g. developing communication materials? List types of materials developed and the topic for each.
  - If you could **only** tell people **three** things about yourself, what would you tell them?
2. Give participants 10-15 minutes to write down their responses.
3. Ask each participant to introduce him/herself to the others.

### **B. Pre/Posttest Key**

1. When you distribute the pretest, have a list (see attached sample) of participants so that you can assign participant numbers. In this way, only you will know whom the test belongs to so that you can compare pre/posttest scores.
2. When you distribute the posttest, be sure to use the same number that you assigned with the pretest.

3. Use the attached sample tally sheet to facilitate your scoring and comparison calculation.
4. Use the attached KEY to score the tests.
5. Consider photocopying the KEY for each participant so that they can take the test home with the correct answers. OR Post the KEY in the room after they have taken the posttest so that they can see the correct answers. (NB It has been suggested that you go through the test with participants in Session 5, but if time is short, either of the above two suggestions will serve the same purpose.)

### Sample Tally Sheet

Participant Name	Participant Number	Pretest Score		Posttest Score		Improvement	
		No.	%	No.	%	No.	%
Workshop Average							

### Participant Score Calculation:

No. = total number a participant gets right

% = total correct divided by total possible

### Averages:

No. – total up column and divide it by the (100 X number of participants)

% - total up column and divide by the number of participants

### C. Scoring for Pre/Posttest

TOTAL POINTS Possible = 36

- **Multiple Choice** questions are worth **1 point** each (total 9 points for this section)
- **Fill in the Blanks** are worth **1 point per correct blank** filled (total 17 points for this section)
- **True & False** are worth **1 point** each (total 10 points for this section)

Test Key – 36 points possible

### D. Multiple Choice – 1 Point Each (9 Points Total)

1. AN INFORMED health population is important because it:
  - a) ensures informed decision-making.
  - b) encourages continued healthy behavior.

- c) promotes personal responsibility for health.
  - d) empowers patients to control their own health.
  - e) all of the above.
2. Which of the following BEST defines interpersonal communication?
- a) verbal and nonverbal exchange of information between two or more people
  - b) verbal exchange of information between two or more people
  - c) nonverbal exchange of information between two or more people
  - d) transmission of information or thoughts on a particular topic
  - e) a process of understanding information
3. It is important to understand our own values because:
- a) we are better able to influence a patient's decision-making.
  - b) we are better able to impose our beliefs on our patients.
  - c) we are better able to force our patients to take our advice.
  - d) we are better able to appreciate and respect the values of our patients.
  - e) none of the above.
4. Which of the following are forms of communication?
- a) verbal, nonverbal
  - b) verbal, body language
  - c) verbal, nonverbal, body language
  - d) nonverbal, body language
  - e) verbal, nonverbal, body language, simple language
5. If you are a good listener, you:
- a) get easily distracted by patient speech, language, and errors.
  - b) express only your own ideas.
  - c) think about what you are going to say.
  - d) focus actively on what your patient is saying.
  - e) do something else while the patient is speaking.
6. It is essential to reconfirm that a patient has understood the information you have shared because it:
- a) enables the patient to apply/use the information.
  - b) allows the patient to make an informed decision.
  - c) encourages the patient to ask additional questions.
  - d) ensures that you have understood the patient's needs.
  - e) all of the above.
7. Support materials make your work easier by:
- a) providing more information than you can to your patient.
  - b) providing detailed, consistent information to your patient.
  - c) reducing the time spent with the patient.
  - d) allowing you to avoid sensitive issues.
  - e) increasing your interest in the patient.
8. To effectively reflect a patient's concerns, it is necessary to:
- a) identify his/her feelings, interpret those feelings, and manage the situation.
  - b) identify his/her feelings and interpret those feelings.



- c) identify his/her feelings and confront the situation.
- d) identify his/her feelings and summarize them.
- e) summarize his/her feeling and confront the situation.

9. Praise and encouragement helps you:
- a) put the patient at ease.
  - b) make the patient feel comfortable.
  - c) set a positive environment for your session.
  - d) make the patient feel good that s/he has come to see you.
  - e) all of the above.

FILL IN THE BLANKS – 1 point each (17 points total)

10. The following is an acronym to help you remember appropriate **verbal** behavior when interacting with patients. What does each letter mean?

C CLARIFY

L LISTEN

E ENCOURAGE

A ACKNOWLEDGE

R REFLECT

11. The following is an acronym to help you remember appropriate **nonverbal** behavior when interacting with patients. What does each letter mean?

R RELAX

O OPEN

L LEAN toward patient

E EYE CONTACT

S SIT squarely/SMILE

12. The following is an acronym to help you remember to use **appropriate language** when interacting with patients. What does each letter mean?

K KEEP

I IT

S SIMPLE &

S SENSIBLE

Write an example of each of the following types of questions:

13. Close-Ended Did you take the medicine has the doctor prescribed?
14. Open-Ended How did you take the medicine?
15. Probing Why did you take the medicine in that way?

TRUE OR FALSE – 1 point each (10 points total)

- F** 16. We all perceive things in the same way.
- T** 17. In interpersonal communication, it is not just what you say, but how you say it.
- T** 18. Probing questions help you gather more in-depth information.

- T** 19. Communication is a two-way process.
- T** 20. Active listening is necessary for good communication.
- T** 21. Your body language can reflect something very different from what you are saying.
- F** 22. Probing questions are excellent to use when you need a “yes” or “no” answer.
- T** 23. Interpersonal communication can include motivation, education, and counseling.
- F** 24. It is the patient’s responsibility to understand the information you provide.
- T** 25. You should assess your patient’s situation so that you can deal with it effectively.

## **VIII. Session 2: Overview Of Interpersonal Communication (IPC)**

### **A. Session Topics:**

- A. Introduction to IPC (20-30)
- B. Basic Concepts & Techniques (20-40)
- C. Communication Process (10-30)
- D. IPC Self-Assessment (10)

### **B. Session Objectives:**

1. Define interpersonal communication (IPC)
2. Identify basic IPC concepts and principles
3. Explore the communication process
4. Assess your own IPC skills

**Session Length: 1 hour - 1 hour 50 minutes**

### **C. Session Handouts:**

- Session 2 Overview and Objectives
- Overview of Interpersonal Communication
- Steps of Communication Process
- IPC Self-Assessment

### **D. Session Key Points:**

- Interpersonal communication is the most basic and perhaps the most effective single way of sharing information, opinions, or feelings with another person or persons.
- Interpersonal communication is essential to encouraging behavior change or adopting a new practice.
- Good interpersonal communication skills can make the difference between success and failure in any primary health care program.

### **E. Session Preparation:**

- Check all equipment to be sure that it is in working order.
- If you do not have an overhead projector, prepare flipchart pages of your training aids.

- Review training exercises to be used and prepare necessary items.
- Review all handouts and thoroughly familiarize yourself with the content.
- Read each session topic and prepare necessary flipcharts.

## F. Session Training Materials:

Use these checklists to ensure that you have all of the materials you need to conduct this session:

### CHECKLIST 1: Training Aids

- Communication Process
- Things in Common
- Communication Process Steps

### CHECKLIST 2: Training Exercises

- Demonstration of Basic Techniques

### CHECKLIST 3: Training Equipment

- Flipchart and markers
- Overhead projector and screen

## G. Trainer's Notes

BEGIN THIS SESSION:

- REVIEW SESSION OBJECTIVES
- INTRODUCE the session:

*“Understanding communication is an essential starting point to understanding interpersonal communication.”*

### A. Introduction to IPC (20-30)

1. Ask “what is communication?”
2. “Communication is transmitting information or thoughts on a particular topic through words, actions, or signs.”
3. Present TRAINING AID “Communication Process.”
4. Ask participants to list the different ways that they communicate with patients (one-on-one, group talks, leaflets, posters, videos, etc.)
5. Clarify that this workshop is focused on a specific kind of communication – interpersonal.
6. Brainstorm the definition of IPC and note responses on flipchart (use **HANDOUT “Overview of**

**Interpersonal Communication”).**

7. With participants, distill responses down to 2-3 key points to remember and rewrite on flipchart.
8. Post “IPC definition” flipchart for referral and reminder.
9. “Verbal and nonverbal exchange of information between two or more people.”

**B. Basic Concepts & Techniques (20-40)**

1. Use EXERCISE “Demonstration of Basic Techniques.”
2. Post flipchart of basic techniques for use later in the workshop.

**C. Communication Process (10-30)**

1. Ask participants and note responses on flipchart:
  - What do you seek in someone you meet for the first time?
  - What do you think is the most important starting point in the communication process?
2. Explain that “the basis of all communication is ‘**commonality.**’ The more you have in common, the better the communication. Establishing ‘**commonalities**’ is essential to good basic communication.” And ask them why they think this is true.
3. Use **TRAINING AID “Things in Common”** to demonstrate how communication is facilitated when people have things in common.
4. Ask participants what elements are involved in communication. Use **TRAINING AID “Communication Process”** to provide the responses.
5. Use **TRAINING AID “Communication Process Steps”** to detail what a health provider should accomplish with each communication session that s/he conducts.
6. Refer them to **HANDOUT “Steps of Communication Process.”**

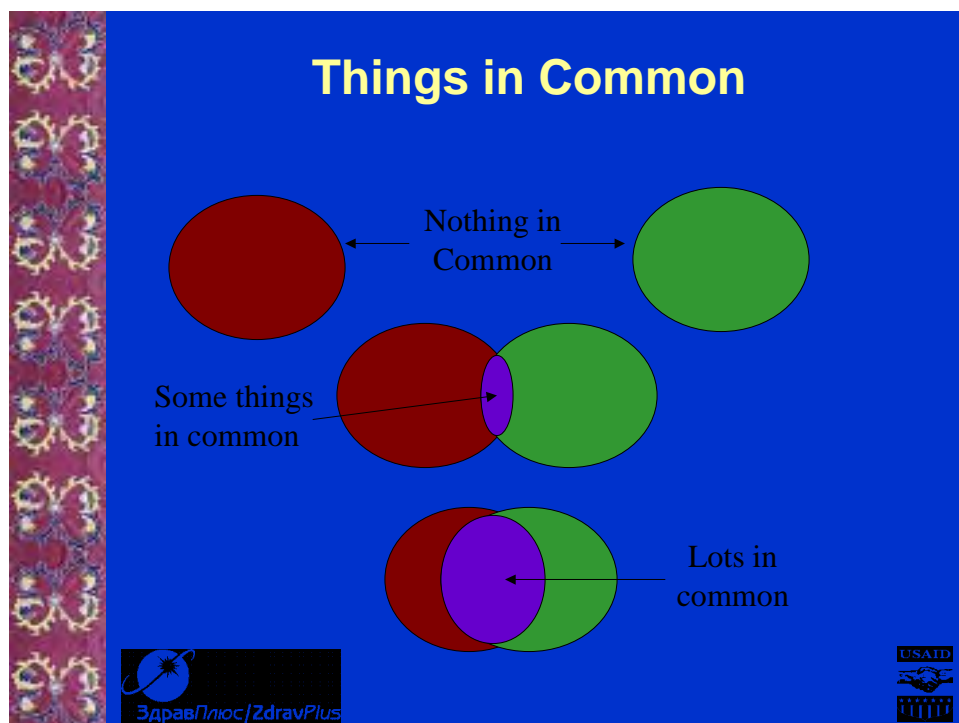
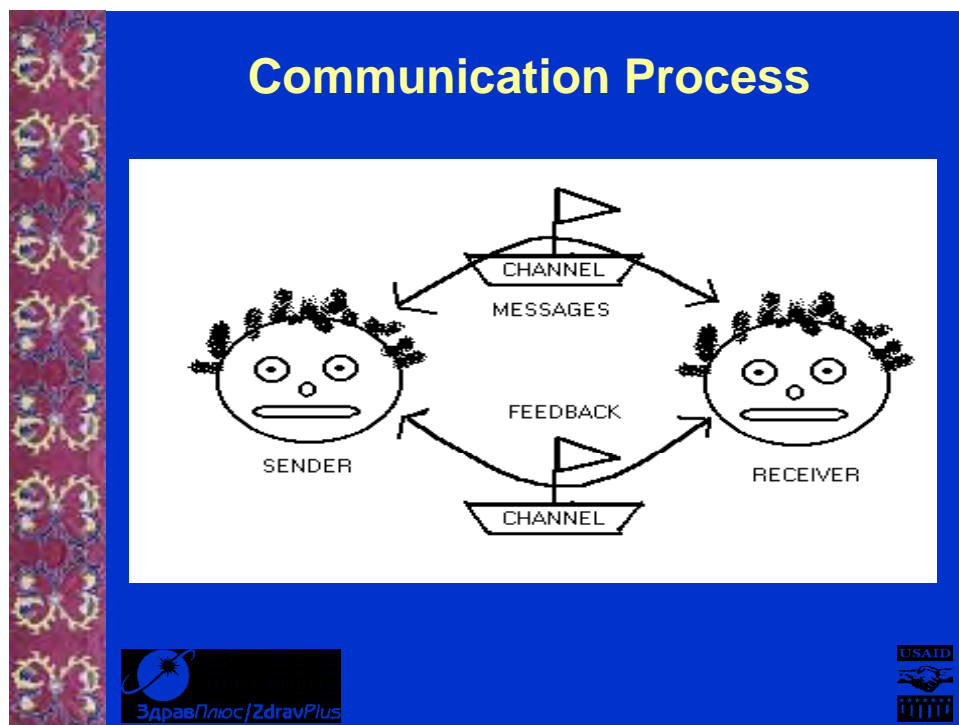
**D. IPC Self-Assessment (10)**

1. Refer to **HANDOUT “IPC Self-Assessment”** and distribute assessment to participants to complete.
2. When they have completed their assessment, refer them to the scoring section and ask them to score themselves.
3. Explain that they should use this self-assessment at the end of the workshop and regularly to ensure that they are effectively communicating with their patients.
4. Summarize with “*We cannot not communicate, so it is essential to learn to communicate well at an interpersonal level. Interpersonal communication develops and sustains relationships, and while it is not a cure-all, it can be learned, improved, and enhanced.*”

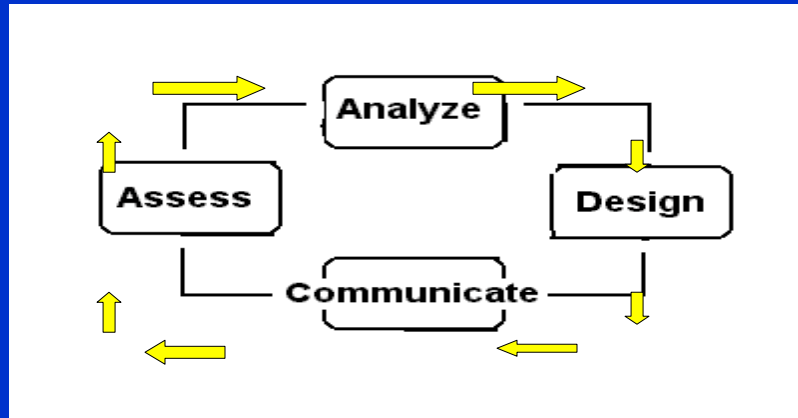
END THIS SESSION:

- ASK IF THERE ARE ANY LAST QUESTIONS OR COMMENTS
- REVIEW SESSION OBJECTIVES
- PRESENT KEY POINTS (refer them to their session summary sheet)

## IX. Session 2: Training Aids



## Communication Process Steps





## X. Session 2: List of Exercises

### A. Demonstration of Basic Techniques

**Purpose:** Demonstrate the basic techniques of interpersonal communication and provide participants with an opportunity to “see” IPC in action.

**Time:** 15 minutes

**Preparation:**

- Review attached dialogue and make appropriate additions or changes
- Prepare any clothing, props, etc. that you want to use to make the demonstration more realistic.
- Prepare a flipchart with the list of skills to post when finished with the exercise.

**Steps:**

1. Conduct a demonstration using the demonstration that you prepared. Ensure that you demonstrate CLEAR and ROLES and the skills listed below.
2. Ask participants, in general, what happened during the demonstration:
  - Greeted patient
  - Introduced subject
  - Explain subject specifics
3. Ask participants what skills they saw used in the demonstration.

Skills to post on flipchart:	
<ul style="list-style-type: none"><li>• Clarify</li><li>• Listen</li><li>• Encourage</li><li>• Acknowledge</li><li>• Reflect/repeat</li><li>• Relax</li></ul>	<ul style="list-style-type: none"><li>• Clarified values</li><li>• Communicated verbally and nonverbally</li><li>• Praised and encouraged</li><li>• Questioned</li><li>• Paraphrased and summarized</li><li>• Provided complete and accurate information</li><li>• Screened as appropriate/needed</li></ul>

<ul style="list-style-type: none"> <li>• Opened up</li> <li>• Leaned toward patient</li> <li>• Eye contact maintained</li> <li>• Sat squarely</li> </ul>	<ul style="list-style-type: none"> <li>• Coped with special needs</li> <li>• Used support materials</li> <li>• Observed</li> <li>• Explained in language patient understood (KISS)</li> </ul>
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4. Explain that these techniques and skill areas will be covered during the workshop.
5. Ask participants to give examples from their primary health care experience in which they have used interpersonal communication skills.

### **B. Demonstration for IPC Techniques**

Health provider: Add in here general questions/comments to GREET the client.

Health provider: Has your child been drinking anything?

Mother: Yes.

Health provider: What has he had to drink?

Mother: Some water, rice water, and tea.

Health provider: In general, has he been drinking more than usual, less than usual, or about the same amount?

Mother: About the same amount.

Health provider: It is very good that you give him water and rice water. With the diarrhea, your child is losing water, and drinking will help replace this so he will not dry up and get weak. You should continue to encourage him to drink, maybe even a bit more than usual. Now, has he been eating?

Mother: No.

Health provider: What seems to be the problem?

Mother: He isn't hungry.

Health provider: Yes, this often seems so. But it is important that the child eat to stay strong. What could you give him?

Mother: Rice.

Health provider: Rice is very good. Maybe you could try mixing the rice with some mashed vegetable, and a little oil. If you make the food very soft, it will be easier for the

child to take. Be persistent in encouraging him to eat; he will need the food to stay strong. Has he taken any medicine, or other treatment?

Mother: No.

Health provider: That is very good. Your child will be well in a few days **if you give him plenty to drink, and help him to eat to stay strong.** Here is how you will know if the child needs more than that:

If he cannot eat or drink, or  
If he has many water stools, or  
If he is vomiting a lot, or has a fever, or  
If there is blood in his stools.  
If you notice any of these things, continue to give him food and drink if you can, and bring the child back to see me.  
Let me give you this card to help you remember what to do:

*(Health provider reviews the rules for home care by using project materials.)*

Health provider: Now, can you please tell me what to do for your child at home?

Mother: I will help him to eat and drink.

Health provider: How much should he drink?

Mother: He should drink more than usual.

Health provider: Right. How can you encourage him to eat?

Mother: I will make soft, mashed food, and try giving him little bits at a time.

Health provider: Good. And what would tell you if you needed to come back to the health center?

Mother: I will watch to see if he has a fever or if there is blood in his stools.

Health provider: Yes, but also watch to see if he can't eat or drink, or if he vomits frequently, or if he has a lot of water diarrhea. Since you live quite far from here, I'll give you two packets of this medicine to take home and give to your child. It must be mixed carefully with 1 liter of water. Please stay for a few minutes to attend the group talk in the next room so you can learn exactly how to mix and give it.

## **XI. Session 3: Interpersonal Communication Skills**

### **A. Session Topics:**

- A. Values & Perceptions (40)
- B. Verbal & Nonverbal Communication
  - 1. Qualities of a Good Communicator (5-15)
  - 2. Good Communications (10-35)
  - 3. Appropriate Language (20-30)
  - 4. Simple Language (20-30)
  - 5. Body Language (20-25)
  - 6. Feedback (30-35)
- C. Interviewing & Listening Skills
  - 1. Listening Skills (30-45)
  - 2. Reflect & Paraphrase (25-45)
  - 3. Good Questions (20-30)
  - 4. Praise & Encouragement (20-35)
- D. Use of Resources & Support Materials (60-75)

### **B. Session Objectives:**

- 1. Identify own perceptions and values and their significance and impact on communication
- 2. Identify an individual's values and the importance of respect in and on communication
- 3. Examine the importance of communicator responsibility
- 4. Enumerate the qualities of a good communicator
- 5. Detail the elements of good communications
- 6. Identify forms of verbal and nonverbal communication and demonstrate use of these forms
- 7. Examine importance of feedback
- 8. Identify own level of listening skills and demonstrate active listening
- 9. Examine and demonstrate how to reflect, paraphrase, and summarize individual's concerns
- 10. Identify and demonstrate appropriate use of close-ended, open-ended, and probing questions

11. Demonstrate appropriate use of praise and encouragement
12. Explain the importance of detailed “key messages”
13. Demonstrate the use of IPC with key messages
14. Demonstrate how to use skills to reconfirm patient understanding of key messages
15. Demonstrate the use of support materials in IPC

**Session Length: 5 hours - 7 hours 5 minutes**

### **C. Session Handouts:**

- Session 3 Overview and Objectives
- Value Clarification Form
- Communication – Pure and Simple
- Good Communication
- Interpersonal Communication Specifics
- Feedback
- Listening Self-Assessment
- Types of Questions
- Individual vs. Group Communication
- Reconfirming Patient Comprehension
- Use of Support Materials

### **D. Session Key Points:**

- Our own values and perceptions on many issues, the words we use, and our experience with and attitude toward certain issues may influence our perspective when talking with patients.
- Face-to-face communication takes many forms. Health providers need to be attuned to their patients' nonverbal as well as verbal cues.
- An effective health provider uses both verbal and nonverbal cues to demonstrate caring and encouragement to his/her patients.
- Accurate reflection and acknowledgment of feelings are necessary and critical to the communication process. Before a patient is ready and willing to deal with the situation, listen to options, and make a behavior change, she/he must first believe that the health provider hears and understands her/his feelings and individual needs and concerns.
- Listening is a skill that requires constant practice. Summarizing the main points is good discipline for listening, as it helps confirm to the patient that she/he is heard and understood. Often one is able to point out issues or emotions of which a patient may not be aware, particularly when a feeling is communicated non-verbally. This may provide additional information, which in turn can aid the behavior change process.

- To benefit the target audience, materials and media must be used properly. Creative uses of media can maximize the benefits to the target audience.

### **E. Session Preparation:**

- Check all equipment to be sure that it is in working order.
- If you do not have an overhead projector, prepare flipchart pages of your training aids.
- Review training exercises to be used and prepare necessary items.
- Review all handouts and thoroughly familiarize yourself with the content.
- Read each session topic and prepare necessary flipcharts.

### **F. Session Training Materials:**

Use these checklists to ensure that you have all of the materials you need to conduct this session.

#### **CHECKLIST 1: Training Aids**

- Encouragement
- Praise

#### **CHECKLIST 2: Training Exercises**

- Values Clarification
- Perceptions
- Good Communications
- Appropriate Verbal Communication
- Simple Language
- Feelings and Not Just What, but How
- Feedback
- Listening Skills
- Reflecting
- Good Questioning
- Praise & Encouragement
- Using Support Materials

#### **CHECKLIST 3: Training Equipment**

- Flipchart and markers

- ❑ Overhead projector and screen

## G. Trainers' Notes

BEGIN THIS SESSION:

- REVIEW SESSION OBJECTIVES
- INTRODUCE the session:

“As we saw in Session 2, there are 6 basic IPC skills: (1) identify and respond to values and perceptions, (2) practice verbal communication, (3) practice nonverbal communication, (4) listen actively, (5) interview effectively, and (6) use resources and support materials well. Let's examine each skill more in detail.”

### A. VALUES & PERCEPTIONS (40)

1. Ask participants:

- What are values? And why are they important?
- How do values effect our lives?

“Values are the personal concepts of what is right, worthwhile, and desirable.

They are personal principles and standards.”

2. Explain that “Values & perceptions are often so ingrained that we are unaware of them until we are in a situation that challenges them. Understanding our own values & perceptions is essential to sensitive & good communication. By understanding our own values, we are better able to appreciate & respect the experiences that shape the values of our patients.”

3. Conduct EXERCISE “Values Clarification.”

4. Ask participants:

- What are perceptions?
- What sorts of things might we perceive differently? Why?

5. Use EXERCISE “Perception.”

### B. VERBAL & NONVERBAL COMMUNICATION

#### (1) *Qualities of a Good Communicator (5-15)*

1. Brainstorm the “qualities” of a good communicator. Note on flipchart.

2. Discuss each quality. (See **HANDOUT “Good Communication”** for list.)

#### (2) *Good Communications (10-35)*

1. Explain that “*People communicate on many levels, using many cues, both verbal and nonverbal. An effective communicator is sensitive to the many behaviors patients exhibit as a way of communicating their feelings.*”

2. Ask what it means to be a “responsible” communicator.
3. Refer participants to **HANDOUT “Communication – Pure and Simple.”**
4. Conduct **EXERCISE “Good Communications.”**
5. Refer participants to **HANDOUT “Good Communication.”**
6. Tell participants *“we are going to practice for the remainder of this workshop these qualities and we are going to try to exhibit them in all communication.”*
7. Ask participants to note/write down as other participants and trainers use these qualities in the workshop so that we can start to provide positive feedback

- Explain that *“to help patients change behavior and maintain healthy behavior, we need to explore the many different nonverbal and verbal behaviors we use when communicating with them.”*
- Ask participants to give examples of different ways in which people communicate with each other.

***(3) Appropriate Language (20-30)***

1. Write the acronym at right on newsprint. Explain that this acronym will help participants remember appropriate verbal behavior when interacting with patients.

**C**larify

**L**isten

**E**ncourage

**A**cknowledge

**R**effect and repeat

2. Remind participants to keep these techniques in mind in their role as health providers.
3. Conduct **EXERCISE “Appropriate Verbal Communication.”**
4. Refer participants to **HANDOUT “Interpersonal Communication Specifics.”**

***(4) Simple Language (20-30)***

1. Explain that in addition to practicing appropriate verbal behavior CLEAR, the terminology used with patients is very important, *“Complex language may not be appropriate when communicating information to patients. It is important to gear technical information to the needs of the individual.”*
2. Note the following acronym on flipchart.

**K**eep

**I**t



**S**imple and

**S**ensible

3. Conduct **EXERCISE “Simple Language.”**
4. Refer participants to **HANDOUT “Interpersonal Communication Specifics.”**

**(5) Body Language (20-25)**

1. Explain that the third and final piece needed is to develop appropriate body language. Explain that *“Sometimes people feel uncomfortable expressing their emotions in words. It is important to recognize nonverbal clues to the patient’s, feelings and to be aware of the feelings and/or emotions we may be non-verbally communicating to our patients.”*
2. Write the acronym at right on newsprint. Explain that this acronym will help participants remember appropriate nonverbal behavior when interacting with patients.

**R**elax

**O**pen and approachable

**L**ean towards patient

**E**ye contact

**S**it squarely and smile

3. Remind participants to keep these techniques in mind in their roles as health providers.
4. Conduct **EXERCISE “Feelings and Not Just What, But How.”**
5. Refer participants to **HANDOUT “Interpersonal Communication Specifics.”**

**(6) Feedback (30-35)**

1. Introduce with “another characteristic of good communication is feedback.” Conduct **EXERCISE “Feedback.”**
2. Ask:
  - What is feedback?
  - What are some characteristics of feedback?
  - Why is feedback important?
3. Refer participants to **HANDOUT “Feedback”** to read later.

**C. INTERVIEWING & LISTENING SKILLS**

**(1) Listening Skills (30-45)**

1. Ask participants to cite the skills health providers need to be good "active" listeners and note on

flipchart. Emphasis the difference between ACTIVE listening and just listening.

2. Tell the participants to take 10 minutes to complete **HANDOUT “Listening Self-Assessment.”**
3. Circulate among participants to help them score their responses.
4. Review score interpretation at end of handout.
5. Explain to participants that the following session will concentrate on helping them improve their listening skills.
6. Conduct **EXERCISE “Listening Skills.”**

**(2) Reflect & Paraphrase (25-45)**

1. Explain that *“Accurate reflection & acknowledgment of feelings are necessary & critical to the communication process. Before a patient is ready & willing to deal with the situation, listen to options, & change a behavior, she/he must first feel that the health provider hears and understands her/his feelings & individual needs & concerns.”*
2. Emphasize that paraphrasing is simply *“repeating what a person has said in your own words. It helps reconfirm that we have understood the other person. Paraphrasing is used while reflecting.”* Remind them that they used paraphrasing skills in the last listening exercise as well.
3. Conduct **EXERCISE “Reflecting.”**
4. Summarize with *“Patients’ family life situations and emotional stresses may create underlying concerns that affect their ability to make decisions about health issues. By helping the patient identify, interpret, and confront these feelings, the health provider can enable her/him to make decisions that are best for her/him.”*

**(3) Good Questions (20-30)**

1. Review the 4 types of questions and note on newsprint.
2. Ask when it is best to use each type of question.
3. Conduct **EXERCISE “Good Questioning.”**
4. Refer them to **HANDOUT “Types of Questions.”**

**(4) Praise & Encouragement (20-35)**

1. Ask participants to brainstorm the meaning of encouragement and note on flipchart.
2. Present **TRAINING AID “Encouragement”** - *“encouragement means the giving of courage and confidence. To give encouragement means to let the patient know that you believe she/he can overcome her/his problems.”*
3. Ask what “encouragement” means when discussing health issues with a patient:
  - Point out hopeful possibilities.
  - Tell her/him that she is already helping herself/himself by coming to the clinic.

4. Ask participants to brainstorm the meaning of praise.
5. Present **TRAINING AID “Praise”** – *“praise means the giving of approval. To give praise means to build on good behavior; to find the good things a patient has done.”*
6. Ask participants what it means in health discussions with patients.
  - Compliment the patient.
  - Show that you admire her/his concern for the child's well being.
  - Look for something to approve of rather than to criticize.
7. Conduct **EXERCISE “Praise and Encouragement.”**
8. Summarize with *“Remember that patients need praise and encouragement, but above all, respect. Praise and encouragement are more effective in helping a patient acknowledge and solve her/his problems than are scolding or condemning. Empower patients by treating them like responsible adults, remembering that even responsible adults need praise and encouragement.”*

#### **D. USE OF RESOURCES & SUPPORT MATERIALS (60-75)**

1. Ask participants why it is important to clearly and accurately present the KEY health messages.
  2. Quickly review the key messages of your health topics with participants by noting them on flipchart. If you have enough time, you can divide the participants into small groups and assign each group one health topic. Ask each small group to detail the KEY MESSAGES of its assigned health topic. After about 10 minutes, each group can present its key messages to the full group.
- REMEMBER, a key message is the specific information that must be told to the patient and that you want the patient to remember, e.g. you must receive your DMPA every 3 months; if your child has diarrhea, continue to give her/him something to eat and drink, etc.
3. Ask them how they might reconfirm that the patient has understood and internalized/applied the key messages.
  4. Develop a list of questions that they might ask the patient to reconfirm that the patient had understood and was applying this information to his/her own situation and decision-making.
  5. Discuss the challenges of ensuring that the patient understands and applies the information and ways to overcome these challenges.
  6. If time permits, have 2 volunteers role-play the use of the list of questions you just developed on the topic of their choice.
  7. Refer participants to **HANDOUT “Reconfirming Patient Comprehension.”**
  8. Explain that *“Materials and media must be used properly to be of benefit to the patient and a health program. Health providers can enhance their patient interactions by effectively using print materials, as well as mass media and traditional media.”*
  9. Ask participants what, if any, materials and media they use in their work.

- booklets/leaflets for motivation
- radio spots/jingles for education
- cassettes in the community
- flipcharts for outreach
- posters for health programs
- songs for counseling,
- theater for education in clinics

10. Ask two people to role-play use of a poster and leaflet/brochure combination. One person should role-play the patient; the other should role-play the health provider.

11. Ask what the positive and negative aspects of the interaction were:

- How effective was the use of the support material?
- Did the health provider:
  - listen to the patient?
  - respect the patient?
  - review each page of the material with the patient?
  - answer the patient's questions?
  - provide accurate information?
  - use appropriate nonverbal and verbal communication techniques?

12. If time permits, conduct **EXERCISE “Using Support Materials.”**

Refer participants to **HANDOUT “Use of Support Materials.”**

END THIS SESSION:

- ASK IF THERE ARE ANY LAST QUESTIONS OR COMMENTS
- REVIEW SESSION OBJECTIVES
- PRESENT KEY POINTS (refer them to their session summary sheet).

## XII. Session 3: Training Aids

### Encouragement

Encouragement means the giving of courage and confidence.

To give encouragement means to let the client know that you believe she/he can overcome her/his problems.



### Praise

Praise means the giving of approval.

To give praise means to build on good behavior, to find the good things a client has done.



### XIII. Session 3: List of Exercises

#### A. Values Clarification

**Purpose:** Help participants clarify and become familiar with their own values. Emphasize importance of understanding how personal belief systems influence behavior, which in turn can influence the target audience. Emphasize importance of respecting and working with differing values/belief systems.

**Time:** 20 minutes

**Preparation:** Refer to “Values Clarification Form” in Participant Packet

**Steps:**

1. Distribute the list to each participant (or refer to flipchart and give instructions orally).
2. Ask them to rate what is important to them, following instructions at the top of the list. Give them five-10 minutes to complete.
3. On flipchart, ask participants to give you each one’s first priority value, using a chart similar to below. If time permits, do the top 5 values. Tally values that are given by more than one participant.

1	2	3	4	5

4. Note the differences and the similarities.
5. Note that even among a group with similar backgrounds the differences are many.
6. Discuss difficulties with completing and with terminology. Ask what these difficulties reflect.
7. Summarize with:
  - We must first be aware of our own value systems to ensure that we do not impose our beliefs on our audience. We must learn to respect others’ values and beliefs.
  - Our own feelings on many issues, the words we use, and our experience with and attitude toward the world may influence our perspective when talking with or about issues with our audience.

- The patients can come from similar backgrounds, but have had very different values/beliefs. People's different experiences lead them to different conclusions.

### Values Clarification

Instructions:

Read the list of 14 issues below. When you have finished, decide which issue is the most important to you and write a "1" next to it. Write a "2" next to the issue in second position, and a "3" next to the issue in the third position. Continue on in this way until you have classified/numbered all of the issues according to their importance to you.

Value Issue	Number
<b>Good Physical Health</b>	
<b>Financial Security</b>	
<b>Intelligence</b>	
<b>Education</b>	
<b>Cleanliness</b>	
<b>Marriage</b>	
<b>Family</b>	
<b>Professional Success</b>	
<b>Happiness</b>	
<b>Religion</b>	
<b>Friendship</b>	
<b>Family Reputation</b>	
<b>Citizenship</b>	
<b>Taking Care of Family</b>	

## B. Perceptions

**Purpose:** Encourage participants to broaden their horizons, and look upon their environments as opportunities, not as limitations. Examine how “perceptions” differ.

**Time:** 10-15 minutes

**Preparation:** Photocopy overheads of Exercise Training Aids Circle in Square, Square in Circle, Two Circles with Lines on the Outsides and/or Old Woman/Young Woman and/or Two Faces/Vases **OR** draw the 3 circles on flipchart

### Steps:

1. Present Figure “Circle in Square (A)”, then “Square in Circle (B)”, then show the two together.
2. Ask how many think that Circle A is larger, and how many think Circle B is larger.
3. Demonstrate, by showing “Two Circles with Lines” on overhead, that both circles are really the same size or superimpose the circles A and B.
4. Present the figure with both faces, ask participants what they see, then show the figure with each face clearly distinguished.
5. Now show the faces/vases figure and ask what people see, then show the separate figures distinguishing the vases and the faces.

### Process Questions:

1. Why does one circle appear larger than the other? Why do some people see one face or both faces? Or some see vases and some see faces?
2. How do our perceptions affect our view of the world?
3. How can we prevent or diminish our tendency to limit our own thinking patterns?
4. Is what we perceive is what we will react to?
5. How can our differing perceptions influence how we deal with a patient? Why?

## C. Good Communications

**Purpose:** Provide participants with a brief overview of good communications “in action.”

**Time:** 15-20 minutes

**Preparation:** Review the attached demonstration and make appropriate changes. Put together any props, clothes, etc. needed to conduct it.

### Steps:

1. Conduct the demonstration. Be sure that the demonstration focuses on the main skills listed below. The demonstration should take 5-10 minutes.



2. Ask participants "what happens/what are the three main steps" during a session with a patient:
  - Greet patient
  - Introduce health topic
  - Explain health topic and needs
3. Ask participants what skills they saw used in the demonstration. Note on flipchart.
4. Use this list to generate a list of general skill areas to be covered during the workshop.

General IPC Skill Area:

- a. Identifying and responding to values and perceptions
  - b. Practicing verbal communication
  - c. Practicing nonverbal communication
  - d. Listening actively
  - e. Interviewing
  - f. Using resource and support materials
5. Consolidate/put these brainstormed ideas "under" each general skills area listed above.
  6. Explain that these techniques and skill areas will be covered and practiced in more detail in various ways throughout the workshop.
  7. Ask participants to give examples from their primary health care experience in which they have used communication skills.

#### D. Demonstration for Good Communications

PLEASE ADAPT ACCORDING TO YOUR SITUATION. JUST REMEMBER THE GOAL IS TO DEMONSTRATE "A GOOD COMMUNICATOR!"

This scene depicts a health provider giving a woman DMPA. Natasha is a repeat user of DMPA and this is the third time she has come to the health facility to obtain it.

Speaker:	Dialogue:	Skill Used:
Health provider:	<p>SAY ALOUD BEFORE TALKING TO NATASHA AS IF THINKING ABOUT ALL OF THIS: while looking at Natasha's prescription and reviewing her personal file:</p> <p><u>Review file:</u> DMPA 3rd injection, let me pull my facts about DMPA so I have them ready if we need them</p> <p><u>Review personal knowledge:</u> Yes, you husband works at the market</p>	Greets

Speaker:	Dialogue:	Skill Used:
	and you has 3 children  <u>Review profile:</u> You have experienced menstrual irregularity  <b><u>Prepare mentally:</u></b> She's a return user so I can just refresh her on the basics. She was quite upset last time and left the clinic before I could talk to her. Also she is 3 weeks late in coming to get this injection.	
Health provider:	Hello, Natasha! How are you today?	Makes feel welcome
Natasha:	[jumpy and very loud, voice is shaking]  I just spent four hours at the clinic, and I haven't had my injection. Just give me what I need and let me go! [angrily]	
Health provider:	[quietly and calmly]  You're obviously unhappy with what went on this afternoon. I am glad that you told me so that we can take care of your needs as quickly as possible.	Interviewing
Natasha:	[still loud and wringing her hands]  You're right I'm not happy. Look I just want to my injectable so I can go home.	
Health provider:	[still quietly and restrained]  Maybe we can go over and have some privacy to discuss your DMPA.	Puts at ease Values
Natasha:	Look I don't want to discuss it. I told my husband I was only going shopping and that I would be back in 2-3 hours. It has already been 5 hours! [again angrily]	
Health provider:	I see, I noticed that you are three weeks late for your refill. I was wondering if anything had changed since your last visit. [pause]	Interviewing
Natasha:	No! Nothing! (short and with irritation)	
Health provider:	Have you been having any problems with it? [moves a bit closer and relaxes]	Nonverbal
Natasha:	None, I'm doing fine.	
Health provider:	I'm concerned you won't get full benefits from your contraceptive if it's not taken as instructed. [pause] [sits forward]	Verbal Nonverbal
Natasha:	Well, nothing has changed, really, at least nothing important.	
Health provider:	[pause]	Listening

<b>Speaker:</b>	<b>Dialogue:</b>	<b>Skill Used:</b>
provider:	Natasha, I understand that you are in a hurry, but we want to be sure that you have all the information you need to feel comfortable using DMPA. Can we take some time to discuss it? [pause] [relaxes]	Interviewing Nonverbal
Natasha:	Oh OK, I guess I have a little more time. [health provider still pauses] It's just that I told my husband I would be back soon and I have been gone so long. [health provider still pauses, but not too long] My husband has been complaining about my using DMPA	
Health provider:	Sounds like this is quite a worry.	Listening Interviewing
Natasha:	Well, actually, it isn't just a worry. I'm quite afraid how my husband will react if he finds out.	
Health provider:	Afraid of how he will react?	Interviewing
Natasha:	Yes, well, my friends tell me I should tell my husband and share the decision with him, but .... (hesitates). He says DMPA will make me infertile... I want another child someday.	
Health provider:	Don't worry. A lot of people think DMPA will cause infertility, but it doesn't. It can only cause a delay from when you stop using it to when you become pregnant of 6-12 months. [pulls out the brochure and opens to the page on "return to fecundity"]	Use of support materials
Natasha:	Well, OK.....	
Health provider:	It sounds as if you're worried about something else as well.	Listening Interviewing
Natasha:	Uh-huh (nods). My husband, uh, sometimes (pauses) gets very angry and, uh, threatens to throw me out....	
Health provider:	You seem really worried about this. (pause; customer nods)	Verbal Nonverbal
Natasha:	I like DMPA and it's discrete to use... (hesitates). My husband doesn't have to know does he?	
Health provider:	So you want to continue using DMPA without your husband's knowledge?	Listening Interviewing
Natasha:	Well, not really, but I don't know how to tell him.	
Health provider:	Well, maybe we can start by going over what we know about DMPA so that you can share this information with him. I would also be happy to talk to you and your husband together anytime. [again refers	Use of support materials

Speaker:	Dialogue:	Skill Used:
	to the brochure]	
***** Here the provider would give specific, accurate, complete information as needed and end the session on a positive note*****		

## E. Appropriate Verbal Communication

**Purpose:** Demonstrate CLEAR and use of appropriate verbal communication techniques.

**Time:** 15-20 minutes

### Steps:

1. Explain that *“appropriate verbal communication techniques are simple and straightforward and this acronym can help you remember the techniques.”*
2. Write CLEAR on flipchart and post.
3. Ask participants, first what they think each “verb” means:

C – Clarify	<ul style="list-style-type: none"> <li>• Reconfirm that you understand why the patient has come to you and detail what their needs are</li> </ul>
L – Listen	<ul style="list-style-type: none"> <li>• Stay actively focused so that you “hear” what the patient is saying</li> </ul>
E – Encourage	<ul style="list-style-type: none"> <li>• Give the patient confidence to talk and share with you</li> </ul>
A – cknowledge	<ul style="list-style-type: none"> <li>• Identify feelings, then make it clear to the patient that you understand</li> </ul>
R – Reflect	<ul style="list-style-type: none"> <li>• Repeat what the patient says to be sure that you understood and show them that you understood</li> </ul>

4. Put participants into teams of 2 (1 health provider, 1 patient). Using the following five examples, ask participants to role-play how they would each letter one at a time - C, L, E, A, R. Have them switch roles and example with each new letter. Explain that they should only role-play ONE letter at a time, not the whole acronym.

### Examples:

- A patient is having difficulty using ORS.
- A patient does not understand the ARI warning signs.
- A patient wants information on breastfeeding and complementary foods.
- A patient needs to understand the immunization schedule.

- A patient wants more information on the pill.
5. Give them 1-1½ minutes only per letter. Stop them when the time is up and move them to the next letter.
  6. Explain that they should “assume/pretend” that the other “parts” of the session, i.e. the other letters of CLEAR have been conducted so that they do not waste time on those. They should just practice ONE “letter”.
  7. Circulate while they are role-playing and while NOT interrupting, provide feedback when a team has completed a “letter.”
  8. Explain that we will focus more on these techniques as the workshop goes along and provide a solid understanding of what “should” be done.
  9. When each letter has been completed, process with the following questions:
    - What difficulties did you have?
    - What might you do to make the use of CLEAR easier?
  10. Suggest to participants that they post CLEAR somewhere near where they meet with patients to remind them of these verbal communication techniques.

## F. Simple Language

**Purpose:** Demonstrate KISS and use of simple language. Practice simplifying phrases often used in communicating with patients.

**Time:** 30 minutes

**Preparation:** Prepare flipchart pages with the phrases and/or terms to simplify

### Steps:

1. Write the following example of difficult language on flipchart:

*“If you are breastfeeding, but not getting nutrient foods yourself, your milk will still contain many nutrients and vitamins necessary for the child’s well development.”*

2. Ask how the patient might react to this statement.

- Confused
- Intimidated

3. Ask participants to write out how they might simplify that statement. Have participants share their answers.

*“If you are breastfeeding, but not eating good foods yourself, your baby will still get what he needs to grow strong and healthy.”*

4. Ask participants why it is important to use language that is clear, specific, simple, and appropriate.

- Maximize understanding
  - Avoid misunderstanding that could contribute to rumors
  - Correct misinformation the patient may have previously believed
5. Write the terms and/or phrases to simplify on flipchart. Ask participants read each technical term aloud, ask participants how they might explain the term, SIMPLY, to a patient.
  6. Get other examples from participants and ask them to write down what they would say to a patient or use more from the attached sheet of terms and phrases to simplify.
  7. Ask the group to share what they have written down.
  8. Ask why it is important to explain clearly in language patients understand.
  9. Give participants the following acronym to keep in mind regarding language when communicating with patients:

**K** eep  
**I** t  
**S** imple and  
**S** ensible

10. Process with

- Is it difficult to simplify the language you are used to using? Why?

### **Simple Language**

Terms to Simplify

#### **Side Effect**

The body's reaction to the use of a medicine/prescription/contraceptive method. Some side effects are good, some are bad

#### **Complication**

A dangerous reaction to the use of medicine that a patient stop using the medicine

#### **Chronic**

Long lasting

#### **Referral**

A suggestion to the patient to go some other provider who would be better able to offer the requested or appropriate service

#### **Jaundice**

An illness that shows itself by making the skin or the white of the eyes turns yellow. It usually means there is a problem with the liver.

### **Deficiency**

Lack (lack of something)

### **Complementary**

Completes, makes complete, fills

Phrases to Simplify:

1. If you breastfeed your baby, increase the frequency of breastfeeding.
2. You have to separate him in order to prevent the spread of illness to his siblings.
3. Do not give tea to your child. It prevents iron absorption.
4. An infant needs complementary foods.
5. A healthy woman and her infant are more likely to avoid complications during pregnancy and delivery.
6. To sustain their rapid growth, infants and your children should be given special iron supplements.

## **G. “Feelings” and Not Just What, But How**

**Purpose:** Demonstrate ROLES and use of appropriate body language and nonverbal communication. Emphasize importance of ensuring that how we say something matches what we say and demonstrate nonverbal communication.

**Time:** 15 minutes

**Preparation:** Emotions written on separate pieces of paper and phrases written on flipchart

### **Steps:**

1. Give slips of paper with different emotions to each participant and ask them to act out the emotion before the group. They may use expressions and body language, but not words or vocal expressions. Other participants try to guess the emotion or feeling.
2. Ask what happened, “was it difficult to determine the emotion, i.e. read the body language? Why? And each person may express emotions a bit differently.”
3. Explain that a person’s TONE OF VOICE also communicates different emotions.
4. Give participants with the different emotions again and ask each participant to say one of the following phrases using the emotion/feeling on their slip of paper.
5. Use the following phrases:
  - Finish the reports by Friday.

- You did a really good job on this.
  - Pass the orange please.
6. Let others guess which emotion is being displayed and discuss how the feeling is shown.
  7. Ask participants “Which tone of voice would you prefer be used with you when you go somewhere for help?”

POSSIBLE EMOTIONS/FEELINGS:

Angry	Grumpy
Bored	Argumentative
Happy	Unhappy
Frustrated	Dislike
Disgusted	Like
Disinterested	Disapproving
Impatient	

## H. Feedback

**Purpose:** Analyze the importance of an extended two-way communication and the limitation of a one-sided communication. Understand the importance of feedback.

**Time:** 20-30 minutes

**Preparation:** Paper and pencil and Geometric design (see Exercise Training Aid)-one copy for each participant OR draw it on flipchart

**Steps:**

**Part 1:**

1. One participant to stand with his back to the group in the front of the room. He will have a copy of the geometric design, but he will not let the other participants see it.
2. Ask participants to take out two sheets of paper. At the top of one write “Design 1” at the top of the other “Design 2”, tell them to put “Design 2” paper aside.
3. Instruct participants that they cannot talk among themselves or ask questions of the person explaining the design.
4. Ask the participant in the front to describe his design to the group. Instruct him not to repeat, not to face the participants, and not to show them the design.
5. Time Part 1 and note.

**Part 2:**

6. Repeat Part 1, except this time participants use the sheet marked “Design 2” and the participant in the front describing the design will face the group, participants can ask questions, the describer can repeat



instructions. He should still not show the design to the group and participants should not talk to each other.

7. Time Part 2 and note.
8. Ask participants to compare their two drawings. Ask one participant to place his two drawings on the board in front. Discuss the differences. Compare to actual drawing.
9. Process with questions:
  - Which drawing took the longest? Why? Which drawing was most accurate? Why?
  - What communication was used in Part 1? (vertical and one-sided) What communication was used in Part 2? (two-sided)
  - What improved the communication in Part 2? Feedback, non-verbal communication
  - How was the description of the design carried out? Was the explanation well given? Was the objective well established? Was all necessary information given?
10. Summarize with:
  - Though two-way communication takes more time, the results are more precise.
  - Extended communication allows for a richness of information and sharing that is not possible with vertical, one-sided communication.
  - Gestures, facial expressions, and other forms of non-verbal communication can make our spoken word/our oral communication doubly effective.

## I. Listening Skills

**Purpose:** Practice active listening.

**Time:** 20-30 minutes

**Preparation:** None

### Steps:

1. Explain that when asking questions, it is important to listen to the answers:

*"Often we hear, but we aren't really listening to the patients. Studies done on patient/provider interaction show that providers often interrupt the patient many times during the exchange, cutting off an exchange of information critical to assisting with health decision-making. As we discussed during the verbal and nonverbal communication session, this does not show respect for the patient and does not allow the patient to feel at ease. The following exercise will sharpen listening skills."*

2. Divide the participants into groups of three. Explain that they can make up their own topic to discuss.
3. Explain the rules for this exercise as follows: One person begins the conversation, and the next must summarize what the other said in a nonjudgmental fashion before continuing and then giving his/her

own viewpoint. The third person will serve as observer and make sure the rules are followed. Feel free to ask for clarification or repetition.

4. Show the group how to do the exercise with another trainer or a volunteer from the group, using the following example:

Person A: I think hot pepper is bad because it is harmful to the digestive tract.

Person B: You said that you think hot pepper is harmful to the digestive tract. I find that it helps cleanse the system.

Person A: You think hot pepper helps cleanse the system, but I think it just causes diarrhea.

5. Give each group five minutes for discussion, then ask them to take turns so that each member gets a chance in each role.
6. Process the exercise by asking the group
  - What did you think of the exercise?
  - What happened?
  - Was it difficult to follow the rules?

## J. Reflecting

**Purpose:** Help participants paraphrase and summarize patients' concerns.

**Time:** 30-40 minutes

**Preparation:** Prepare “model” and situation flipcharts. Write a new demonstration dialogue if the attached one is inappropriate.

### Steps:

1. Ask “what is reflecting?”

*“Accurate reflection & acknowledgment of feelings are necessary & critical to the communication process. Before a patient is ready & willing to deal with the situation, listen to options, & change a behavior, she/he must first feel that the health provider hears and understands her/his feelings & individual needs & concerns.”*

2. Ask “why is it important?”

*“Patients' family life situations and emotional stresses may create underlying concerns that affect their ability to make decisions about health issues. By helping the patient identify, interpret, and confront these feelings, the health provider can enable her/him to make decisions that are best for her/him.”*

3. Discuss how you identify “feelings” – through tone, words used, and body language
4. Explain that a way to initiate a dialogue to assist the patient in dealing with the situation and making a decision is by accurately reflecting the patient's feeling. This can be achieved by using the following three steps:

- identify the feeling;
  - interpret the feeling; and
  - manage the situation by listing options for future action.
5. Two trainers can demonstrate this process of reflecting by role-playing the model below using attached demonstration.

One model that can be helpful in identifying, interpreting, and confronting is:

**\*Accurately reflect, summarize, then identify feeling, interpret and manage\***

The health provider should try to reflect what the patient is feeling. After identifying the patient's feeling, the health provider can then begin to ask questions that will provide more information to allow action to be taken. This model should be adapted to each individual's particular style; the way in which a health provider reflects and paraphrases the patient's concern is less important than the actual **reflection** -- identification, interpretation of feeling, and management of the situation.

6. Write the following "model" on flipchart so that participants can see what you are doing and can use it during the role-plays:

*"You feel... [health provider identifies and reflects feeling] because you ... [health provider interprets feeling] and you want to ... [health provider helps manage the situation and helps patient with options for future action]."*

7. Select participants in groups of two to role-play the following situations. Write these situations on flipchart to use during this portion of the exercise.

Patient:

- Just give me drugs to stop my child's coughing. I don't want to answer your questions. Can't you see how my child looks?
- I gave my child the ORS you gave me but he still has diarrhoea.
- My mother-in-law is always nagging me. Nothing I do is right.
- My husband beats me whenever I bring the child to the clinic because of ???. I don't like it but he is right to do it.

POSSIBLE HEALTH PROVIDER RESPONSES:

- It sounds that you are feeling frustrated and concerned with the condition of your child. [Continue with interpretation, confrontation,...]
- I can see that you are unhappy with the treatment I gave your child. [Continue with interpretation, confrontation,...]
- It sounds like you are feeling frustrated and angry with your mother-in-law. [Continue with interpretation, confrontation,...]

- I'm hearing that you feel guilty for bringing the child to the clinic because of ??? [Continue with interpretation, confrontation,...]
8. Ask participants to identify some other "door openers." How else can the health provider encourage the patient to talk and establish rapport with the patient? Summarize, Clarify feelings, "Uh huh", "Tell me more", "That sounds interesting", Touch, smile, nod, lean toward patient, Silence
  9. Ask the group to take 5 minutes to write down 2-3 (real or imaginary) problems they might be having.
  10. Have them divide into pairs and take 5-minute turns talking about one of the problems they have written down. The listening partner should attempt to reflect (summarize), interpret, and confront the feelings expressed.
  11. After completing the exercise, process it by discussing the following questions:
    - Why is it important to summarize your patient's feelings?
    - Were you able to summarize your partner's feelings?
    - How did it feel?
    - How was it to ask the questions?
    - Was it difficult to answer the questions?
    - Remind them of CLEAR, which letter is for "reflect"?

## **K. Demonstration Dialogue**

Patient: (Angrily waving a receipt for a prescription for antibiotics/contraceptives at the health provider):

*"What is the meaning of this?"*

Health provider: *"I see, that you are really upset. What can I do to help?"*

Patient: *"This prescription is too expensive! It's .... more than the last time!"*

Health provider: *"You're angry and surprised about the high cost of this prescription."*

Patient: *"That's right. It's a waste of my money."*

Health provider: *"Are you saying you think the prescription is not worth the price you're paying for it?"*

Patient: *"Yes, especially since taking it causes such problems at home with my husband."*

Health provider: *"So, you feel especially frustrated about the cost because you are buying something that causes problems at home."*

Patient: *"Yes, it really worries me and I'm not sure what to do!"*

Health provider: *"Let's discuss together the benefits of your prescription, then you can discuss the same with your husband."*

Patient: *"Yes, yes! I never know what to say when he asks or gets angry!"*

## **L. Good Questioning**

**Purpose:** Examine the types of questions possible and determine which are appropriate/necessary to use under what conditions or to gather what kind of information.

**Time:** 20-30 minutes

**Preparation:** Prepare a new demonstration, if use Option 1

### **Steps:**

#### ***Option 1:***

1. Using the demonstration, role-play a brief session in which the health provider asks a series of questions to demonstrate "types of questions."
2. Ask participants to identify the types of questions the health provider used in the problem role-playing sessions – Closed, Open, Probing
3. Ask for several examples of each type: Close ended - Medical history, Example: "How many children do you have?", Open ended - To learn about patients' feelings, beliefs, knowledge. Example: "What have you heard about ????", Probing - Follow-up in response to statement by patient. Example: "Why do you think ??? will not work?, Ask them to explain in what circumstances, if any, each type of question would be appropriate in health discussions (Leading - NOT APPROPRIATE).
4. Point out that tone of voice is important in asking probing questions in a non-threatening, nonjudgmental way.
5. Emphasize that leading questions are never appropriate because they act as "door closers" and discourage the patient from saying what she really feels.

#### ***Option 2:***

1. Ask participants to discuss the differences between open- and close-ended questions. Note on newsprint.
2. Divide participants into groups of three. One person is the referee, one the interviewer, and one the interviewee. The interviewer and interviewee have a conversation in which the interviewer asks ONLY close-ended questions. The referee should stop them if an open-ended question is used.
3. After two minutes, stop the group, and ask the following questions:
  - Was it more difficult to use close-ended questions than open-ended questions? Why?
  - What happens when you use only close-ended questions?
  - What can you conclude from this exercise?

4. Summarize *“close-ended questions are good when you want to limit a discussion, such as when you are taking a history or you want to bring a discussion to closure. Open-ended questions stimulate conversation and encourage the customer to interact and be involved. Probing questions are excellent when you need that extra understanding to help your patient.”*

## M. Praise and Encouragement

**Purpose:** Examine how to praise and encourage a patient no matter what s/he says.

**Time:** 15-30 minutes

**Preparation:** Write phrases on flipchart.

### Steps:

1. Explain that *“setting the stage for your session is an essential starting point. You must make your patient feel comfortable and put him/her at ease. You must make him/her feel good about having come to see you, regardless of the circumstances. Praise and encouragement can set your stage properly.”*

2. Give the following examples of what a patient might say initially to a health provider.

- I forgot to give my child ORS.
- My daughter has had diarrhea for 3 days.
- My son has diarrhea, but it cost me \_\_\_\_ to come here by public transportation.

3. Ask participants to give a praising or encouraging initial response.

- It is good that you came to the clinic to discuss it with me.
- You are a very concerned mother to take the trouble to come here and discuss it.
- I appreciate your concern about cost, but it is good you came to see us.

4. Using the examples provided written on flipchart, ask:

- What has this mother done that is helpful?
- How would you praise and encourage her to continue?

- My child vomits everything he tries to drink, so I have stopped giving him anything.
- Yes, my child is drinking. I give him two spoonfuls of ORS, three times each day.
- I offer my child food, but she doesn't want to eat.
- I have given my child two of the pills that the pharmacist sold to me.
- My child is 5 months old, but I can't always breastfeed.
- I try to get my children to wash their hands, but they don't listen.

- For the last few days, there has been blood when my child goes.
- I can't remember to take my pill every day.
- My child has received 2 shots, but not all of them.

5. Discuss what happened.

- Was it difficult to find something nice to say?
- How do you think it made the patient feel?
- How do you think the discussion will proceed now? Why?

## N. Using Support Materials

**Purpose:** Practice using different types of support materials effectively in individual and group settings.

**Time:** 20-40 minutes

**Preparation:** Collect as many different types of materials as are available. Try to get two copies of everything.

### Steps:

1. Ask the participants if they think they would experience any problems when using materials with patients, and if so, what types of problems.
  - Not enough time in the clinic to review each page with each patient
  - Materials locked in closet for safe-keeping
  - No materials available
2. Ask the group to brainstorm possible solutions to these problems.
  - Develop a system so that materials are available for use and locked in the closet for safekeeping when not in use.
  - Discuss strategies for materials development, where appropriate.
  - Discuss where and when to collect materials.
3. Ask for a volunteer to demonstrate proper use of a flipchart. Use list in HANDOUT "Use of Support Materials" to detail what should happen when using support materials. Also be sure that they "reconfirm" understanding and comprehension. When finished, ask for feedback on their performance.

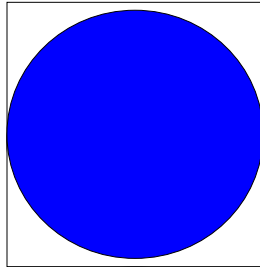
4. Discuss other media that can be used for educational and informational purposes: Theater, Radio/Television, Posters, Puppets, Songs
5. Ask how these could be used to make them more effective tools:
  - Form radio listening groups.
  - Elicit discussion after/during the presentation.
  - Have community participants complete or act out a drama or songs to reflect their problems and possible solutions.
6. Show the health poster. Ask how you might elicit discussion on a poster:

Ask open-ended questions such as:

  - What do you see here?
  - Why are they doing this?
  - What would be a better approach?
  - How do you feel about this?
7. Explain that the same techniques can be used to prompt discussion of other media.
8. Divide the group into teams of four and give each group a poster, flipchart/cassette leaflet to discuss.
9. Ask them to come up with three questions they might ask to initiate a discussion on the material and discuss the questions as a group.



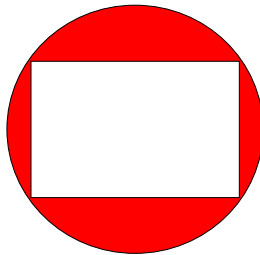
## XIV. Session 3: Exercise Aids



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Training Aids

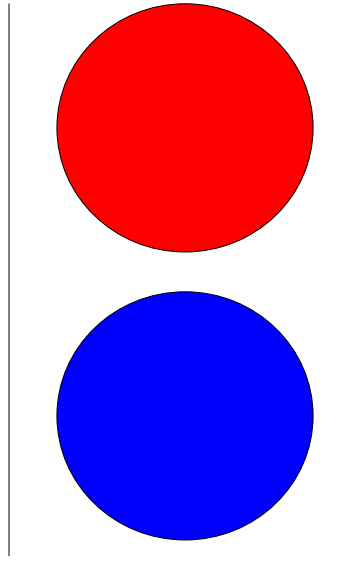
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Training Aids

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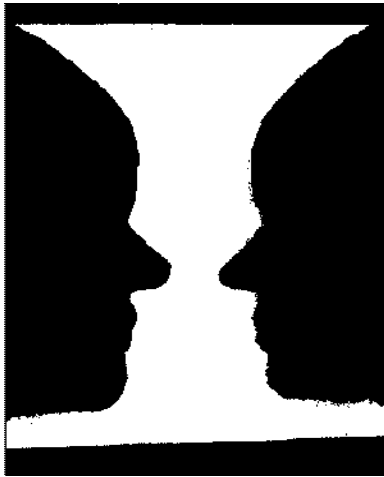
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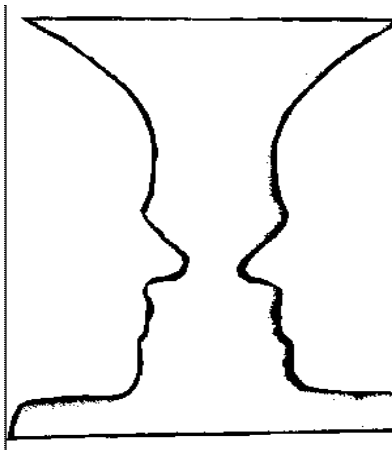
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Training Aids

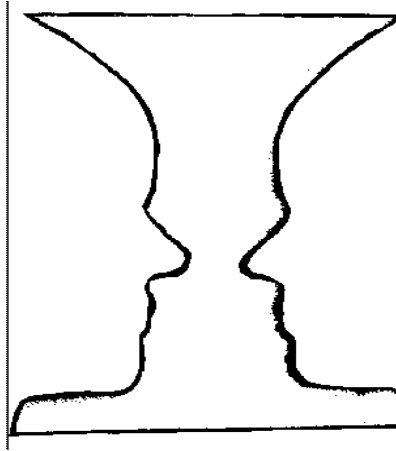
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Training Aids

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IPC Workshop Session 3 EXERCISE  
Training Aids

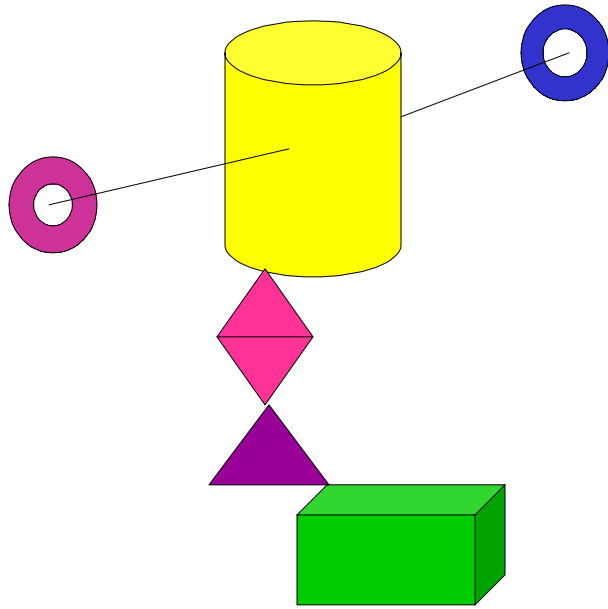
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IPC Workshop Session 3 EXERCISE  
Training Aids

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IPC Workshop Session 3 EXERCISE  
Training Aids

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## **XV. Session 4: Using Your IPC Skills**

### **A. Session Topics:**

- A. Case Study Development (70-85)
- B. One-on-One/With Individual - Practice Skills among Participants (60-80)
- C. In Groups - Practice Skills among Participants (60-110)
- D. Feedback and Discussion of Challenges (15-45)

### **B. Session Objectives:**

1. Practice your IPC skills in a “one-on-one” setting among participants
2. Practice your IPC skills in a “group” setting among participants
3. Demonstrate the ability to use your IPC skills among participants
4. Give feedback on IPC performance
5. Provide an opportunity to discuss the challenges of using IPC skills and some possible solutions

**Session Length: 3 hours 35 minutes - 5 hours 20 minutes**

### **C. Session Handouts:**

- Session 4 Overview and Objectives
- Case Studies
- Observation Checklist

### **D. Session Key Points:**

- A health provider must:
  - regard and respond to each caretaker as a unique person, with attitudes, values, and experiences reflected in her/his personal situation.
  - recognize the individual informational needs of the caretaker and respond accordingly.
  - recognize varying levels of complexity in individual caretakers' situations.
- Feelings and issues need to be separated, reflected, and acknowledged before the entire situation can be dealt with and a decision made or solution reached.

### **E. Session Preparation:**

- Check all equipment to be sure that it is in working order.

- If you do not have an overhead projector, prepare flipchart pages of your training aids.
- Review training exercises to be used and prepare necessary items.
- Review all handouts and thoroughly familiarize yourself with the content.
- Read each session topic and prepare necessary flipcharts.

## F. Session Training Materials:

Use these checklists to ensure that you have all of the materials you need to conduct this session.

### CHECKLIST 1: Training Aids

None

### CHECKLIST 2: Training Exercises

- Case Study Development
- One-on-One Practice
- Group Practice

### CHECKLIST 3: Training Equipment

- Flipchart and markers
- Overhead projector and screen

## G. Trainer's Notes

BEGIN THIS SESSION:

- REVIEW SESSION OBJECTIVES
- INTRODUCE the session:

*“Practice, observation, and feedback are essential to acquiring good IPC skills. Since each individual is unique, each discussion is also unique and requires responses tailored to the needs of the individual. The health provider must internalize the basic IPC skills to be able to respond to any situation.”*

### A. Case Study Development (70-85)

1. Develop situations/case studies to use in the individual and group practice sessions.
2. Review **EXERCISE “Case Study Development.”** Add any case studies that you feel appropriate, adapt/change those included, and ask participants as you start the exercise to add “situations” that they have encountered before and would like to deal with as a group.

*\*\*REMIND participants that the emphasis should be on IPC skills not the technical/medical aspects of the case studies.\*\**



3. When case studies have been processed, move onto practice sessions.

**B. One-on-One/With Individuals - Practice Skills among Participants (60-80)**

1. Using the Case Study responses developed above, use **EXERCISE “One-on-One Practice.”**

2. Ask participants what concerns, questions, and/or comments they have about working one-on-one or with individuals.

**C. In Groups - Practice Skills among Participants (60-110)**

1. Using the Case Study responses developed above, use **EXERCISE “Group Practice.”**

2. Ask participants what concerns, questions, and/or comments they have about working with groups.

**D. Feedback and Discussion of Challenges (15-45)**

1. Use **“turbo consensus-building”** (see steps 2 –6 below) to develop a list of 10 overall challenges to using IPC skills.

2. Ask each participant to list in writing 5 challenges that they see to using IPC skills.

3. Then put 2 participants together and ask them to agree on 5 challenges from their lists of 10. Have each participant write down the list as they will need it for the next step.

4. Now put 4 participants together and ask them to agree on 5 challenges from their lists of 10. Again have each participant write down the list as they will need it for the next step.

5. Put the participants into 2 large groups and ask them to agree on 5 challenges from their lists.

6. Ask each group to cite its 5 challenges and post them on a flipchart. You should have no more than 10 total challenges from the 2 groups. (You might have less if repeats occur.)

7. Delete any repeats and/or reword and consolidate as appropriate. Then discuss and note on flipchart possible ways to address and overcome these challenges.

8. Remind participants to take note of the ways to address and overcome their cited challenges.

9. If time permits, you can also ask and discuss the following:

- How can you use what you have learned?
- How can you help other staff?
- In what areas do you feel you still need some work?

END THIS SESSION:

- ASK IF THERE ARE ANY LAST QUESTIONS OR COMMENTS
- REVIEW SESSION OBJECTIVES
- PRESENT KEY POINTS (refer them to their session summary sheet)

## **XVI. Session 4: List of Exercises**

### **A. Case Study Development**

**Purpose:** Develop case studies for use in practice IPC sessions and ensure that communicators are providing correct and accurate information and responses.

**Time:** 70-85 minutes

**Preparation:** Complete responses to case study questions based on your situation(s).

**NB:** Add any case studies or questions to the case studies that you feel appropriate, adapt/change those included, and/or ask participants as you start the exercise to add “situations” that they have encountered before and would like to deal with as a group. These case studies are just to get you started, but you do not have to use them, if others are more appropriate. However, you **MUST** have **TEN** case studies total.

#### **Steps:**

1. Divide participants into groups of 4-5 and refer to **HANDOUT “Case Studies”** to each participant.
2. Instruct each group to read the case studies, respond to the questions asked. Allow 15 minutes to answer questions and write responses on flipchart for presentation. Depending on the time available assign 2-3 case studies per group.
3. Reconvene entire group and ask each group to present their responses. Agree together as a group on “correct” responses to questions asked.
4. If time is short or your group is large, ask each team to respond to only 1 or 2 case studies, but be sure to cover **ALL** 10 case studies, then have each team present responses and provide feedback.
5. In all cases, ask participants to note “correct” responses on their copy of the case studies.

### **B. One-on-One Practice – Role-Plays**

**Purpose:** Provide the opportunity for participants to practice one-on-one IPC skills among their colleagues and to receive oral and written feedback.

**Time:** 60-80 minutes

**NB:** The amount of time that you spend on each role-play, either 10 minutes or 15 minutes total, should depend on how much time you have for this session. You must save at least 15-30 minutes for final processing with the entire group.

#### **Preparation:**

- **Before starting this exercise**, carry out the exercise on “Case Study Development” or develop 4 role-plays for individual sessions on the topic of your workshop. **YOU NEED 4 ROLE-PLAYS TOTAL.**

#### **Steps:**

*\*\*\*REMEMBER, role-plays are extremely useful. They allow participants to:*

- (1) **practice** skills they have just learned,*
- (2) **apply** knowledge and skills to situations they are likely to encounter, and*
- (3) **receive immediate feedback** so that they can improve their performance before they actually work with their patients.*

1. Demonstrate the first role-play using Case Study #1. Refer participants of **HANDOUT “Observation Checklist”** and ask them to complete a score card on ALL role-plays, including your demonstration. The demonstration should “role-model” the role-plays that they will be doing – 7-10 minutes for the demonstration and 3-5 minutes for feedback. One trainer is the “patient” and one trainer is the “provider”. All the participants, in this case only, are the “observers” and will complete the observation checklist.

2. After the demonstration, ask participants:

- What characteristics were displayed?
- What information was discussed?
- How did the health provider handle the session?

3. Explain that it is now their turn! Divide participants into teams of 3.

**\*\*The role-plays will be done in individual groups NOT in front of the rest of the participants. Several groups will be happening at the same time. Trainers should circulate and observe, as much as possible.\*\***

4. Clearly explain how the "role plays" should work. If necessary, one or both of the trainers can participate in a group in order to total three people. Each member of the group should choose to be either A - Patient, B - Provider, or C - Observer. Ask them to refer again to the Case Studies.

5. Explain that group member "A" will play this patient role. "B" will be the provider, and "C" will observe and provide written feedback using the Observation Checklist. Use Case Study #2. The role-plays will go on for 7-10 minutes, then you will ask the group to talk about the experience for 3-5 minutes.

6. After the first role-play is over, the participants will change roles. "A" will become the observer, "B" will become the patient, and "C" will become the provider. Use Case Study #3. They will again role-play for 7-10 minutes and discuss it for 3-5 minutes.

7. After the second role-play is over, the participants will again change roles. This time "B" will be the observer, "C" will be the patient, and "A" will be the provider. Use Case Study #4. Role play for 7-10 minutes, discuss for 3-5 minutes.

**\*\*\*IN THIS WAY EACH GROUP WILL PRACTICE ALL THREE ROLE-PLAYS WITH A DIFFERENT HEALTH PROVIDER EACH TIME.\*\*\***

8. Process the practice. Ask the participants to retake their seats and review the important things they observed or experienced by asking themselves the following questions:

- What could they do to improve their interactions with patients?

- How will everything we have learned today help you be a better health provider?
- What other insights have you had today?

9. IF MORE TIME, also ask the following process questions:

- How did it feel to be the provider using these skills?
- Did the provider identify the patient's feelings?
- Did the provider discover the patient's problem?
- How did it feel to be the patient?
- Were you as the patient satisfied?
- What are some observer comments on provider technique?

### C. GROUP PRACTICE – Role-Plays

**Purpose:** Provide the opportunity for participants to practice group IPC skills among their colleagues and to receive oral and written feedback.

**Time:** 70-110 minutes

**NB:** The amount of time that you spend on each role-play, either 10 minutes or 15 minutes total, should depend on how much time you have for this session. You must save at least 15-30 minutes for final processing with the entire group.

**Preparation:**

**Before starting this exercise,** carry out the exercise on “Case Study Development” or develop 6 role-plays for group sessions on the topic of your workshop. **YOU NEED 6 ROLE-PLAYS TOTAL.**

**Steps:**

*\*\*\*REMEMBER, role-plays are extremely useful. They allow participants to:*

- (1) **practice** skills they have just learned,*
- (2) **apply** knowledge and skills to situations they are likely to encounter, and*
- (3) **receive** immediate **feedback** so that they can improve their performance before they actually work with their patients.*

1. Demonstrate the first group role-play using Case Study #5 for groups. Refer participants to **HANDOUT “Observation Checklist”** and ask them to complete a score card for at least one of the role-plays. The demonstration should “role-model” the role-plays that they will be doing – 7-10 minutes for the demonstration and 3-5 minutes for feedback. Two trainers are the “providers.” Half of the participants are “patients”, the other half are the “observers”.

2. After the demonstration, ask participants:

- What characteristics were displayed?
  - What information was discussed?
  - How did the health provider handle the session?
  - How does this session differ from an individual/one-on-one session?
3. Divide the participants into groups of 5. Ask one participant to be the first “provider” and one to be the “observer.” The remaining participants will be “patients.” Start with Case Study #6 for groups. Allow 7-10 minutes for the role-play and then 3-5 minutes for feedback.
  4. Switch roles. Ask someone else to be “provider” and another member of the group to be “observer.” Again the remaining participants will be “patients.” Use Case Study #7 for groups. Allow 7-10 minutes for the role-play and then 3-5 minutes for feedback.
  5. Switch roles a third time. Ask someone new to be “provider” and another member of the group to be “observer.” Again the remaining participants will be “patients.” Use Case Study #8 for groups. Allow 7-10 minutes for the role-play and then 3-5 minutes for feedback.
  6. Switch roles a fourth time. Ask someone new to be “provider” and another member of the group to be “observer.” Again the remaining participants will be “patients.” Use Case Study #9 for groups. Allow 7-10 minutes for the role-play and then 3-5 minutes for feedback.
  7. Switch roles a fifth time. Ask someone new to be “provider” and another member of the group to be “observer.” Again the remaining participants will be “patients.” Use Case Study #10 for groups. Allow 7-10 minutes for the role-play and then 3-5 minutes for feedback.

**\*\*\*IN THIS WAY EACH GROUP WILL PRACTICE ALL FIVE ROLE-PLAYS WITH A DIFFERENT HEALTH PROVIDER EACH TIME\*\*\***

8. Process the practice. Ask the participants to retake their seats and review the important things they observed or experienced by asking themselves the following questions:
  - How is it different to communicate in groups?
  - What could they do to improve their interactions with groups of patients?
  - How will everything we have learned today help you be a better health provider?
  - What other insights have you had today?
9. IF MORE TIME, also ask the following process questions:
  - How did it feel to be the provider using these skills in a group?
  - How did it feel to be a patient?
  - Were you as the patient satisfied?
  - What are some observer comments on provider technique?

## **XVII. Session 5: Closing**

### **A. Session Topics:**

#### **Quiz Show (30)**

- A. Posttest (20)
- B. Workshop Evaluation (20)
- C. Thank You's (20)

### **B. Session Objectives:**

1. Assess your improved level of IPC knowledge
2. Evaluate the workshop content, trainers, and process
3. Thank participants for training completion

**Session Length: 1 hour 30 minutes**

### **C. Session Handouts:**

- Session 5 Overview and Objectives
- Posttest

### **D. Session Key Points:**

- Communication is key to successful health provision.
- The better you communicate the healthier your patients.

### **E. Session Preparation:**

- Check all equipment to be sure that it is in working order.
- If you do not have an overhead projector, prepare flipchart pages of your training aids.
- Review training exercises to be used and prepare necessary items.
- Review all handouts and thoroughly familiarize yourself with the content.
- Read each session topic and prepare necessary flipcharts.

### **F. Session Training Materials:**

Use these checklists to ensure that you have all of the materials you need to conduct this session.

### CHECKLIST 1: Training Aids

- Workshop Objectives from Session 1

### CHECKLIST 2: Training Exercises

- Quiz Show
- Pre/Posttest Key (from Session 1)
- How'd We Do?

### CHECKLIST 3: Training Equipment

- Flipchart and markers
- Overhead projector and screen

## G. Trainer's Notes

### BEGIN THIS SESSION:

- REVIEW SESSION OBJECTIVES
- INTRODUCE the session:

*"It is important to plan how you will apply and use the information and skills you have gained during this workshop when you get back to your facility. Let's discuss it together."*

### QUIZ SHOW (30)

1. Use EXERCISE "Quiz Show."
2. Present prizes for all if available.

### A. Posttest (20)

1. Ask participants (if you used these questions in Session 4, no need to repeat here):
  - How do you plan to use the skills learned in your work?
  - What difficulties do you think you might have applying these skills?
  - How can you overcome these possible difficulties?
2. Refer **HANDOUT "Posttest"** to participants and have them complete it. Explain that the purpose of the posttest is to assess improvements in the IPC knowledge.
3. Collect posttests. If possible, while carrying out Step 3 below, have another trainer "grade" and record the posttests so that they can be returned to participants **BEFORE** they leave the workshop.
4. If time, go through Posttest and give correct answers. If not, see **Session 1 EXERCISE "Pre/Posttest Key"** for suggestions on how to share responses with participants.

### **B. Workshop Evaluation (20)**

1. Conduct an “oral” evaluation using **EXERCISE “How’d We Do?”**
2. Review workshop objectives with **TRAINING AID “Workshop Objectives.”** Ask participants with each objective whether they feel you met that objective.
3. Review participant expectations using the flipchart that you posted during Session 1. Again ask participants with each expectation whether they feel you met that expectation.
4. Write the following evaluation questions on flipchart. Explain that the purpose of this written evaluation is to allow trainers to improve this workshop in the future.
  - What did you like more in this seminar?
  - What did you like least in this seminar?
  - What are your suggestions to improve this seminar?
5. Collect evaluations.

### **C. Thank You’s (20)**

1. Thank participants for their active participation and intensive focus on IPC.
2. Refer “Session 5 Key Points.”
3. Ask participants if they have any final questions, comments, and/or concerns.
4. If you are presenting seminar certificates, hand out certificates for successful completion of workshop. (See sample certificate in Training Overview of your Trainer’s Guide.)
5. If time and resources permit, have a short reception or luncheon.



## **XVIII. Session 5: List of Exercises**

### **A. Quiz Show**

**Purpose:** Provide an opportunity to assess knowledge levels of participants in a lively manner and reinforce needed information.

**Time:** 30 minutes

**Preparation:** Put list of attached questions on separate pieces of paper so that participants can draw one question from a box at a time.

#### **Steps:**

1. Put individual questions into a box.
2. Divide the participants into two groups. Decide which team will go first by flipping a coin.
3. Ask one participant from the starting team to draw a question from the box. If they answer it correctly they get one point. If they answer it incorrectly, the other team can try to answer it for ½ point. If neither team gets it correct, read them the answer.
4. Continue on in this way **until all questions have been asked.**
5. The team with the most points wins.
6. Give a prize to **ALL** for excellent participation.

### **B. Quiz Questions and Answers:**

1. Define IPC – verbal and nonverbal exchange of information between two or more people
2. Give one close-ended question – How many children do you have?
3. Give one open-ended question – What did you do yesterday?
4. Give one probing question – What else? Why?
5. What is the verbal communication acronym and what does each letter mean? CLEAR – Clarify, Listen, Encourage, Acknowledge, Reflect/Repeat
6. What is the nonverbal acronym and what does each letter mean? ROLES – Relax, open, lean, eye contact, sit/smile
7. What are the two forms of communication? Verbal and nonverbal communication
8. What are the 3 steps of reflecting? Identify feelings, interpret feelings, manage the situation
9. How do support materials make your work with a patient easier? By providing detailed, consistent information to the patient

10. What is the simple language acronym and what does each letter mean? KISS – Keep it simple and sensible
11. What does it mean to be a good listener? Focus actively on what your patient is saying
12. What are we better able to do if we understand our own values? Appreciate and respect the values of our patients
13. Give one reason why an informed health population is important:
  - Ensures informed decision making
  - Encourage continued healthy behavior
  - Promotes personal responsibility for health
  - Empowers patients to control their own health
14. Give one reason why it is essential to reconfirm patient understanding?
  - Can he/she use it/apply it
  - Ensure you have understood patient needs
  - Can make informed decision
  - Encourage patient to ask questions
15. Name 3 types of support materials to use in a one-on-one patient session? Brochure, leaflet, poster, real things, models
16. What is one reason why feedback is important in IPC?
  - Ensures patient understanding
  - Allows the patient to ask questions
  - Helps a provider better help a patient
17. What is one benefit of praise and encouragement for your patient?
  - Puts at ease
  - Makes comfortable
  - Encourages him/her to come back
  - Makes them feel good
18. Communication is a two-way process. T
19. We all perceive things in the same way. F
20. It is the patient's responsibility to understand the information you provide. F

### C. How Did We Do?

**Purpose:** Provide a fun way to discover what participants appreciated about the workshop.

**Time:** 10 minutes

**Preparation:** Take several pieces of used flipchart and form them into a small ball (about the size of a large softball). Tape it together firmly with masking tape.

**Steps:**

1. Have participants form a circle.
2. Instruct them to take a minute and think about one thing that they appreciated about the workshop.
3. Throw the “ball” to one participant and ask them to say what they appreciated. Ask them to throw it to someone else to say what they appreciated.
4. Continue on until all participants have had a chance to say at least one thing. Keep the ball moving quickly so that it energizes participants.
5. Summarize with the following statement:

*“Throughout this workshop, we have been learning interpersonal communication skills so that we can more effectively communicate with each other and our patients.”*



**ЗдравПлюс / ZdravPlus**

ENSURING ACCESS TO QUALITY  
HEALTH CARE IN CENTRAL ASIA

# **Interpersonal Communication Workshop Participant Package**

**"Month" 2003**

**Developed by Lynne Cogswell for ZdravPlus and Abt and JSI Project  
for USAID**

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## **I. Session 1: Overview and Objectives**

### **A. Session Topics:**

#### REGISTRATION AND LOGISTICS

- A. Welcome & Introductions
- B. Pretest
- C. Overview of Agenda & Objectives
- D. Project Overview
- E. An Informed “Health” Population

### **B. Session Objectives:**

1. Get to know each other
2. Assess your present level of knowledge in IPC
3. Provide detailed workshop and project overview
4. Emphasize the importance of having an informed health population

**Session Length: 1 hour 20 minutes**

### **C. Session Handouts:**

- Pretest

### **D. Session Key Points:**

- We are here to learn together and from each other to communicate more effectively.
- Effective communication and good interpersonal communication skills can make the difference between success and failure of any primary health care program.
- This project seeks to (1) improve the efficiency of resource use, (2) improve the quality of care, (3) redefine patient rights and responsibilities, and (4) create a favorable legal and policy framework through the use of a comprehensive regional health reform model that addresses all aspects of the health care system and implements them in an integrated way.
- An informed health population ensures that patients make the most appropriate, informed choices and are satisfied with those choices.

## **II. Pretest**

Participant ID: \_\_\_\_\_

## A. Multiple Choice (9 points)

**Instructions:** Circle only ONE correct answer. Pick the ONE answer that you feel BEST responds to the question.

1. An informed health population is important because it:
  - a. ensures informed decision-making.
  - b. encourages continued healthy behavior.
  - c. promotes personal responsibility for health.
  - d. empowers patients to control their own health.
  - e. all of the above.
2. Which of the following BEST defines interpersonal communication?
  - a. verbal and nonverbal exchange of information between two or more people
  - b. verbal exchange of information between two or more people
  - c. nonverbal exchange of information between two or more people
  - d. transmission of information or thoughts on a particular topic
  - e. a process of understanding information
3. It is important to understand our own values because:
  - a. we are better able to influence a patient's decision-making.
  - b. we are better able to impose our beliefs on our patients.
  - c. we are better able to force our patients to take our advice.
  - d. we are better able to appreciate and respect the values of our patients.
  - e. none of the above.
4. Which of the following are forms of communication?
  - a. verbal, nonverbal
  - b. verbal, body language
  - c. verbal, nonverbal, body language
  - d. nonverbal, body language
  - e. verbal, nonverbal, body language, simple language
5. If you are a good listener, you:

- a. get easily distracted by patient speech, language, and errors.
  - b. express only your own ideas.
  - c. think about what you are going to say.
  - d. focus actively on what your patient is saying.
  - e. do something else while the patient is speaking.
6. It is essential to reconfirm that a patient has understood the information you have shared because it:
- a. enables the patient to apply/use the information.
  - b. allows the patient to make an informed decision.
  - c. encourages the patient to ask additional questions.
  - d. ensures that you have understood the patient's needs.
  - e. all of the above.
7. Support materials make your work easier by:
- a. providing more information than you can to your patient.
  - b. providing detailed, consistent information to your patient.
  - c. reducing the time spent with the patient.
  - d. allowing you to avoid sensitive issues.
  - e. increasing your interest in the patient.
8. To effectively reflect a patient's concerns, it is necessary to:
- a. identify his/her feelings, interpret those feelings, and manage the situation.
  - b. identify his/her feelings and interpret those feelings.
  - c. identify his/her feelings and confront the situation.
  - d. identify his/her feelings and summarize them.
  - e. summarize his/her feeling and confront the situation.
9. Praise and encouragement helps you:
- a. put the patient at ease.
  - b. make the patient feel comfortable.
  - c. set a positive environment for your session.
  - d. make the patient feel good that s/he has come to see you.
  - e. all of the above.



**B. Fill in the Blanks (14 points) (in Russian 13 points)**

**Instructions:** Write the correct response in the space provided.

10. The following is an acronym to help you remember appropriate **verbal** behavior when interacting with patients. What does each letter mean?

C \_\_\_\_\_

L \_\_\_\_\_

E \_\_\_\_\_

A \_\_\_\_\_

R \_\_\_\_\_

11. The following is an acronym to help you remember appropriate **nonverbal** behavior when interacting with patients. What does each letter mean?

R \_\_\_\_\_

O \_\_\_\_\_

L \_\_\_\_\_

E \_\_\_\_\_

S \_\_\_\_\_

12. The following is an acronym to help you remember to use appropriate language when interacting with patients. What does each letter mean?

K \_\_\_\_\_

I \_\_\_\_\_

S \_\_\_\_\_

S \_\_\_\_\_

Write an example of each of the following types of questions:

13. Close-Ended \_\_\_\_\_

14. Open-Ended \_\_\_\_\_

15. Probing \_\_\_\_\_

**C. True or False (10 points)**

**Instructions:** Write "T" (true) or "F" (false) in the space provided.

- 16. We all perceive things in the same way.
- 17. In interpersonal communication, it is not just what you say, but how you say it.
- 18. Probing questions help you gather more in-depth information.
- 19. Communication is a two-way process.
- 20. Active listening is necessary for good communication.
- 21. Your body language can reflect something very different from what you are saying.
- 22. Probing questions are excellent to use when you need a “yes” or “no” answer.
- 23. Interpersonal communication can include motivation, education, and counseling.
- 24. It is the patient’s responsibility to understand the information you provide.
- 25. You should assess your patient’s situation so that you can deal with it effectively.

### **III. Session 2: Overview and Objectives**

#### **A. Session Topics:**

- A. Introduction to IPC
- B. Basic Concepts & Techniques
- C. Communication Process
- D. IPC Self-Assessment

#### **B. Session Objectives:**

1. Define interpersonal communication (IPC)
2. Identify basic IPC concepts and principles
3. Explore the communication process
4. Assess your own IPC skills

**Session Length: 1 hour - 1 hour 50 minutes**

#### **C. Session Handouts:**

- Overview of Interpersonal Communication
- Steps of Communication Process
- IPC Self-Assessment

#### **D. Session Key Points:**

- Interpersonal communication is the most basic and perhaps the most effective single way of sharing information, opinions, or feelings with another person or persons.
- Interpersonal communication is essential to encouraging behavior change or adopting a new practice.
- Good interpersonal communication skills can make the difference between success and failure in any primary health care program.

### **IV. Overview of Interpersonal Communication**

Interpersonal, or face-to-face, communication is the most basic and perhaps the most effective single way of sharing information, opinions, or feelings with another person or persons. Interpersonal communication is direct and immediate. It enhances, and is enhanced by, the use of carefully developed materials. Interpersonal communication is essential to encouraging behavior change or adopting a new practice.

Interpersonal communication is used in all areas of health care provision. All health staff, whether in the clinic or in the community, rely on person-to-person communication. For this reason, good interpersonal communication skills can make the difference between success and failure in any primary health care program.

Interpersonal communication is the face-to-face, verbal and nonverbal exchange of information or feelings between individuals or with groups. It can include motivation, education, and counseling.

**Motivation:** To encourage a patient to seek additional health information at a health facility.

**Individual or Group Education:** To provide specific health information.

**Individual Counseling:** To assist a patient in making informed decision regarding his/her health behavior.

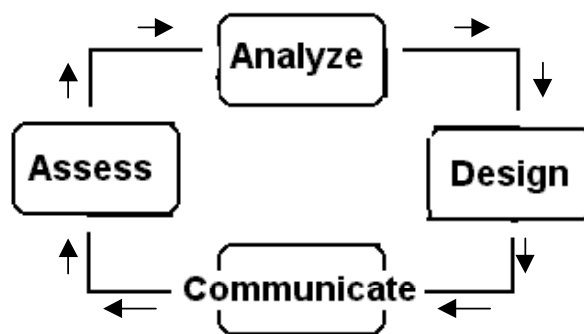
Education presents additional, unbiased information to someone already motivated to seek it. Information creates awareness, and the way it is presented (the process of education) may motivate the patient to adopt a change in practice. Counseling is a person-to-person interaction in which the health provider provides accurate and complete information to enable the patient to identify and manage health problems and concerns.

Here are some interpersonal communication sayings similar to Murphy's law:<sup>1</sup>

- If communication can fail, it will.
- If a message can be understood in different ways, it will be understood in just that way which does the most harm.
- There is always somebody who knows better than you what you meant by your message.
- The more communication there is, the more difficult it is for communication to succeed.

These tongue-in-cheek sayings are not real principles; they simply, humorously, remind us of the difficulty of accurate communication.

## V. Steps of the Communication Process



**Steps:**

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<sup>1</sup> Osmo Wiio, *Wiio's Laws and Espoo*, Finland: Welin-Goos, 1978

- Assess – health provider collects information about patient’s or group’s culture, past health history and experience, attitudes, and knowledge.
- Analyze – health provider interprets the information gathered about the patient or group to identify needs.
- Design – health provider decides the purpose of the communication and the messages needed and decides when and where to deliver the messages – develops the plan.
- Communicate – the plan is put into action.
- Assess – health provider assesses the effectiveness of his/her communication and uses results to improve communication with others – Was the patient interested? Was the message understood? Will the patient act on the information?

This process is cyclic and continuous. Assessment and analysis steps are essential to the communication process, but are often forgotten. Because of the cyclical nature of the process, assessment should be ongoing and occurs throughout communication.

## VI. IPC Skills Self-Assessment

When I meet with my patient, I:	Never	Rarely	At times	Usually	Always
Greet patient					
Listen carefully and made patient comfortable					
Encourage patient to talk openly					
Ask questions that the patient could respond to					
Remain neutral and did not judge the patient’s situation					
Show interest in the patient					
Use humor appropriately to relax the patient					
Use praise when the patient made a good points					
Paraphrase most important concerns raised					
Speak appropriately, using terms that the patient used					
Speak simply and keep explanations simple					
Provide information to the patient in an unbiased, nonjudgmental way					
Didn’t use personal opinion to influence the patient					
Understand the patient’s values and standards					
Smile. Was friendly and polite					
Make the patient feel welcome					
Show respect for the patient					

When I meet with my patient, I:	Never	Rarely	At times	Usually	Always
Use unhurried communication					
Respect patient beliefs					
Use familiar words					
Speak to the patient by names					
Give credit given for appropriate actions					
Show concern for the patient's challenges					
Have good eye contact					
Present a favorable body language					
<b>TOTAL SCORE:</b> _____					

***Scoring Key for IPC Skills Self-Assessment:***

**KEY**

For every "Always" checked, give yourself a score of 4.

For every "Usually" checked, give yourself a score of 3.

For every "At Times" checked, give yourself a score of 2.

For every "Rarely" checked, give yourself a score of 1.

For every "Never" checked, give yourself a score of 0.

**SCORE INTERPRETATION**

- If you scored 50 and below, you need to work hard on practicing and improving your IPC skills.
- If you scored 50 to 85, you have average IPC skills. Pinpoint the areas on which you need to work. Make a list and post it to remind you. You use the skills certain circumstances but have to analyze when you are not using them and focus on those times.
- If you scored 85 to 100, you use good IPC skills and should yield good results with your patients. Keep up the good work!

## **VII. Session 3: Overview and Objectives**

### **A. Session Topics:**

- A. Values & Perceptions
- B. Verbal & Nonverbal Communication
  - (1) Qualities of a Good Communicator
  - (2) Good Communications
  - (3) Appropriate Language
  - (4) Simple Language
  - (5) Body Language
  - (6) Feedback
- C. Interviewing & Listening Skills
  - (1) Listening Skills
  - (2) Reflect & Paraphrase
  - (3) Good Questions
  - (4) Praise & Encouragement
- D. Use of Resources & Support Materials

### **B. Session Objectives:**

1. Identify own perceptions and values and their significance and impact on communication
2. Identify an individual's values and the importance of respect in and on communication
3. Examine the importance of communicator responsibility
4. Enumerate the qualities of a good communicator
5. Detail the elements of good communications
6. Identify forms of verbal and nonverbal communication and demonstrate use of these forms
7. Examine importance of feedback
8. Identify own level of listening skills and demonstrate active listening
9. Examine and demonstrate how to reflect, paraphrase, and summarize individual's concerns
10. Identify and demonstrate appropriate use of close-ended, open-ended, and probing questions
11. Demonstrate appropriate use of praise and encouragement
12. Explain the importance of detailed "key messages"

13. Demonstrate the use of IPC with key messages
14. Demonstrate how to use skills to reconfirm patient understanding of key messages
15. Demonstrate the use of support materials in IPC

**Session Length: 5 hours - 7 hours 5 minutes**

**C. Session Handouts:**

- Values Clarification Form
- Communication – Pure and Simple
- Good Communication
- Interpersonal Communication Specifics
- Feedback
- Listening Self-Assessment
- Types of Questions
- Individual vs. Group Communication
- Reconfirming Patient Comprehension and Application
- Use of Support Materials

**D. Session Key Points:**

- Our own values and perceptions on many issues, the words we use, and our experience with and attitude toward certain issues may influence our perspective when talking with patients.
- Face-to-face communication takes many forms. Health providers need to be attuned to their patients' nonverbal as well as verbal cues.
- An effective health provider uses both verbal and nonverbal cues to demonstrate caring and encouragement to his/her patients.
- Accurate reflection and acknowledgment of feelings are necessary and critical to the communication process. Before a patient is ready and willing to deal with the situation, listen to options, and make a behavior change, she/he must first believe that the health provider hears and understands her/his feelings and individual needs and concerns.
- Listening is a skill that requires constant practice. Summarizing the main points is good discipline for listening, as it helps confirm to the patient that she/he is heard and understood. Often one is able to point out issues or emotions of which a patient may not be aware, particularly when a feeling is communicated nonverbally. This may provide additional information, which in turn can aid the behavior change process.
- To benefit the target audience, materials and media must be used properly. Creative uses of media can maximize the benefits to the target audience.



## VIII. Values Clarification

### Instructions:

Read the list of 14 issues below. When you have finished, decide which issue is the most important to you and write a “1” next to it. Write a “2” next to the issue in second position, and a “3” next to the issue in the third position. Continue on in this way until you have classified/numbered all of the issues according to their importance to you.

Value Issue	Number
<b>Good Physical Health</b>	
<b>Financial Security</b>	
<b>Intelligence</b>	
<b>Education</b>	
<b>Cleanliness</b>	
<b>Marriage</b>	
<b>Family</b>	
<b>Professional Success</b>	
<b>Happiness</b>	
<b>Religion</b>	
<b>Friendship</b>	
<b>Family Reputation</b>	
<b>Citizenship</b>	
<b>Taking Care of Family</b>	

## IX. Communication – Pure and Simple

We are 100% responsible for our own communication!!

This means that each of us must:

- Consider message, audience, channel, and sender
- Remember not just what we say, but how we say it
- Ensure two-way communication
- Encourage positive feedback, suggestions for improvements, positive feedback
- Understand the values of patients

- Value and respect the patients with whom we work

## X. Good Communication

Communication is the act of transmitting information, thought opinion or feelings through speech, signs, or actions from a source to a receiver. It is a two-way process. The burden of creating receptiveness in the receiver, or audience, is the challenge facing the sender. Remember the following four elements are essential to “macs”imize your effectiveness:

**M**essage

**A**udience

**C**hannel

**S**ender

### A. Characteristics of Good Communication

the **message** must be:

- Clear and concise
- Accurate
- Relevant to the needs of the audience (meaningful)
- Timely
- Applicable to the situation
- Encourage the audience to take action – **effect**

the **channel** must be:

- Appropriate
- Accessible
- Affordable
- Appealing

the **sender** must:

- Know the subject well
- Be interested in the subject
- Have decided on an objective
- Know the audience and establish rapport with them
- Speak at the level of the audience
- Choose an appropriate channel

the **audience** must:

- Be aware, interested, and willing to accept the message
- Have a reason to listen
- Listen attentively

- Be willing to adopt the action - **effect**
- Provide **feedback**

## **B. Characteristics of a Good Communicator**

- Listen actively
- Take responsibility
- Respect others
- Value all contributions
- Use CLEAR verbal skills
- Use ROLES non-verbal skills
- KISS

## **C. Qualities of a Good Communicator**

- **LISTENS CAREFULLY**; makes the person comfortable and **ENCOURAGES** him or her to **TALK** openly.
- **ASKS QUESTIONS** that the person can respond to; **ASK MORES**, when appropriate, about what s/he tells you.
- **REMAINS NEUTRAL**; does not judge the person or the person's situation.
- **RESPECTS** the person's **PRIVACY**; promises not to talk to other people about his or her concerns.
- **SHOWS INTEREST** by:
  - looking right at him/her when talking
  - nodding to show you understand
  - having a relaxed manner
  - smiling when appropriate.
- **USES HUMOR** appropriately to relax the person.
- **USES PRAISE** when a patient makes a good point.
- **REPEATS**, in own words, the most important **CONCERNS** that arise.
- **SPEAKS APPROPRIATELY**. Uses the terms that your audience uses.
- **SPEAKS SIMPLY**. Keeps explanations simple.

## XI. Interpersonal Communication Specifics

<p><b>Improve your verbal and nonverbal techniques:</b></p> <ul style="list-style-type: none"> <li>▪ ROLES</li> <li>▪ Body Language</li> <li>▪ Nonjudgmental Attitude</li> <li>▪ CLEAR</li> <li>▪ KISS</li> </ul> <p><b>Use interpersonal communication skills often and effectively:</b></p> <ul style="list-style-type: none"> <li>▪ Reflection</li> <li>▪ Active Listening</li> <li>▪ Paraphrasing and Summarizing</li> <li>▪ Questioning Techniques</li> <li>▪ Probing</li> <li>▪ Positive Feedback</li> </ul>
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Verbal And Nonverbal Techniques	
Non-verbal	Verbal
<p><b>Develop a Nonjudgmental Attitude</b></p> <ul style="list-style-type: none"> <li>• Think about a problem in a way that is free of faultfinding.</li> <li>• Adopt a nonjudgmental attitude. Create the strong relationship necessary for people to discuss problems without fear of being criticized.</li> </ul> <p style="padding-left: 40px;"><b>R</b>elax</p> <p style="padding-left: 40px;"><b>O</b>pen and approachable</p> <p style="padding-left: 40px;"><b>L</b>ean towards patient</p> <p style="padding-left: 40px;"><b>E</b>ye contact</p> <p style="padding-left: 40px;"><b>S</b>it squarely and smile</p>	<p>Ensure Effective Communication</p> <p style="padding-left: 40px;"><b>C</b>larify</p> <p style="padding-left: 40px;"><b>L</b>isten</p> <p style="padding-left: 40px;"><b>E</b>ncourage</p> <p style="padding-left: 40px;"><b>A</b>cknowledge</p> <p style="padding-left: 40px;"><b>R</b>eflect and repeat</p>
<p><b>Present Favorable Body Language</b></p> <ul style="list-style-type: none"> <li>• Varied eye contact (consistent by not a stare)</li> </ul>	<p>Use Simple and Appropriate Language</p> <p style="padding-left: 40px;"><b>K</b>eep</p>

<ul style="list-style-type: none"> <li>• Relaxed posture (arms not folded or rigid)</li> <li>• Appropriate comfortable gestures (nodding, smiling, etc.)</li> <li>• Standing or sitting with shoulders square to the person to give a fully open, frontal appearance</li> <li>• Attentive posture (looking interested)</li> <li>• Slight leaning toward the person (but not if you are higher, as this can be intimidating)</li> </ul>	<p><b>It</b></p> <p><b>Simple and</b></p> <p><b>Sensible</b></p>
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## **XII. Feedback**

Feedback is the process through which you can assess whether your patients understand, tell them how they are doing and what they might improve. They can also use feedback to let you know how you are doing.

### **A. Characteristics of Good Feedback**

- Describe, don't judge
- Be specific
- Make the feedback individual
- Solicit, don't impose
- Give suggestions to improve the situation
- Be realistic and reasonable
- Have a goal or purpose to your feedback [don't just criticize to be criticizing]
- Start with the POSITIVE feedback, then suggest specific improvements or changes that can be made, and then return to the positive and reinforce.

**\*\*\*START ON A POSITIVE NOTE AND END ON A POSITIVE NOTE!\*\*\***

## **XIII. LISTENING SKILLS SELF-ASSESSMENT**

Complete the following listening quiz and calculate your score. As a listener, how often do you find yourself engaging in these ten bad listening habits? Check the appropriate columns, then tabulate your score using the key at the end.

Listening Habit	Frequency					Score
	Almost Always	Usually	Sometimes	Seldom	Almost Never	
1. Interrupting the speaker						

2. Getting easily distracted by speaker delivery errors and mannerisms (voice too loud, too soft poor grammar, etc.)						
3. Paying attention only when you find the topic interesting						
4. Judging everything the speaker says as right or wrong						
5. Doing something else while listening (paperwork, answer phone, talk to someone else, etc.)						
6. Pretending to listen to someone when you are actually thinking of something else						
7. Expressing only your own ideas and not interested in what the other person has to say						
8. Daydreaming when speaker talks too slowly						
9. Listening mainly for information you can use against the speaker						
10. Thinking about what you are going to do or say rather than focusing on what the speaker is saying						
<b>A. TOTAL SCORE</b>						

**KEY**

For every "Almost Always" checked, give yourself a score of 2.

For every "Usually" checked, give yourself a score of 4.

For every "Sometimes" checked, give yourself a score of 6.

For every "Seldom" checked, give yourself a score of 8.

For every "Almost Never" checked, give yourself a score of 10.

**SCORE INTERPRETATION**

◆ If you scored 50 and below, you need to work hard on limiting negative listening behaviors and practicing skills to improve your listening.

◆ If you scored 50 to 85, you have average listening behavior and can improve your listening effectiveness with practice. You listen well under certain circumstances but have to analyze when you really listen and when you are not listening.

◆ If you scored 85 to 100, your listening behaviors are positive and excellent and should yield good results. You listen very well!

#### **XIV. Types of Questions**

<b>Close-ended</b>	<b>Open-ended</b>	<b>Probing</b>
<b>When to Use:</b>  Begin with close-ended question (for example, a question used in taking a medical history)	Continue with an open-ended question	Then use a probing question in response to a reply, as a request for further information
<b>Requires:</b>  Brief and exact reply; often elicits yes or no responses	Longer reply, demands thought, allows for explanation of feelings and concerns	Explanation of an earlier statement
<b>Examples:</b>  How many children do you have?  How old is your daughter?	What do you think about breastfeeding your baby?  What do you feed your children?	Why can't she have anything when she is sick?

## **XV. Individual vs. Group Communication**

### **A. What Are the Similarities between Individual and Group Communication?**

Both individual and group communication should:

- Be participatory and interactive
- Provide and ask for essential feedback continually
- Utilize the six basic interpersonal communication skills – identification of values and perceptions, verbal communication, nonverbal communication, active listening, interviewing, and use of support materials
- Motivate, educate, and inform

### **B. What Are the Differences?**

Individual communication is one-to-one counseling with a provider to deal with a specific, personal issue/problem of the patient and to determine solutions. Group communication involves a group talk among a number of patients, encouraged and lead by a provider “facilitator.” Group communication is also different because:

- All patients can be involved in the discussion.
- Patients share common ideas and concerns and come up with solutions together.
- The provider receives immediate feedback on the group’s interests and concerns.
- Patients reveal their social attitudes to each other.
- Patients can be influenced by others in the group to change their attitudes and behavior.
- Better understanding results from group interaction and group response to questions.

### **C. When Is It Most Appropriate to Use Group Communication?**

It is most appropriate to use group communication when you want to:

- share general information and education on a health topic.
- motivate patients to request more information or seek a specific health solution during his/her individual session.
- gather a general understanding about “community” attitudes toward specific health issues.

### **D. How Can You Make the Best Use of Group Communication?**

To make best use of your group session, you should:

1. Develop a list of specific questions to ask to stimulate discussion.



2. Use visual aids.
3. Limit the group to a manageable size (5-20).
4. Prepare the setting beforehand to limit disruptions and maximize use of time.
5. Encourage ALL patients to participate.
6. Encourage interaction, questions, and responses from/AMONG patients.
7. Assess needs as you proceed and adapt the information you provide accordingly.

## **XVI. Reconfirming Patient Understanding**

*\*\*ALWAYS USE THIS OPPORTUNITY TO CORRECT ANY MISUNDERSTANDING OR MISINFORMATION THAT A PATIENT STILL HAS.\*\**

### **A. Why Is It Important To Reconfirm Patient Understanding?**

It is important to reconfirm that your patient has understood the information because it:

- enables the patient to apply/use the information.
- allows the patient to make an informed decision.
- encourages the patient to ask additional questions.
- ensures that you have understood the patient's needs.
- allows the health provider to readjust, restate, adapt, modify information and its presentation as needed.

### **B. When Should you Reconfirm Patient Understanding?**

Reconfirmation should be done on an ongoing basis. You do not want your patient to feel as if s/he is being tested, so occasionally ask a question to see if s/he understands you. Remember, you are 100% responsible for your communication, so if the patient does not understand you need to take a different approach to communicating the necessary information. If specific skills are involved, e.g. mixing ORS, using a contraceptive, you should get feedback immediately, by asking them to "perform" the necessary steps required.

### **C. What Questions Can Be Asked to Reconfirm Patient Understanding?**

- Let's take a look at what we discussed today, what are the main ideas that you are taking home with you?
- What are 3 key things that you got out of our session today?
- What information are you going to share with your husband when you get home?
- If you see a friend today and she asks you what you talked about with me, what would you tell her?
- How will you use \_\_\_\_\_ (ORS, FP method, etc.)? Please show me....use of support materials

## XVII. Using Support Materials

### ***DO I:***

1. Determine the needs and characteristics of my patients (age, education, etc.)?
2. Review materials I have available, keeping in mind patient needs?
3. Practice a possible presentation?
4. Prepare the place where I will use my support materials?
5. Select materials according to the characteristics of my patient?
6. Clearly state the objective of my discussion?
7. Let my patient hold the materials as I explain them, making sure that s/he can see and follow along with the illustrations and text?
8. Assess what my patient has learned by asking him/her to summarize, and demonstrate if appropriate, what she has just learned?
9. Let my patient take the material home, when finished, if possible?

### Scoring - Number of "YES" answers:

- 9                    You are effectively using support materials.
- 7 to 8            You are doing well, but you need to work on the areas where you are not using materials effectively.
- 6 & below        You need to become aware of how you use support materials and work to improve your skills.

- How Will Support Materials Make Your Work Easier?

Support materials will:

- hold the patient's attention.
- help explain sensitive issues, such as improper drug or traditional medicine use.
- help the patient remember important information.
- provide consistent information to all patients.
- show the health provider's interest in the patient.
- provide detailed information.

## **A. Print Media**

### **1. Using Flip Charts**

When using the flip chart with a group, be sure to stand where the whole group can see the flip chart. **ALWAYS FACE THE AUDIENCE.** Hold the flip chart so that the group can see it. Point to the picture, not the text. Move around the room with the flip chart if the whole group cannot see it at one time.

Try to involve the group. Ask them questions about the drawing. If the flip chart has text, use it as a guide, but familiarise yourself with the contents so that you are not dependent on the text.

### **2. Using Posters**

Display posters in places of high visibility, such as clinics, schools, churches, banks, kiosks, and gas stations. Ask permission first so that your poster is not ripped down and wasted. Think about what the poster is meant to do and who will see it. You can also use posters to stimulate discussion with a group, for example, in a clinic.

### **3. Using Booklets and Leaflets**

Booklets and leaflets are designed to reinforce or support verbal messages of health providers. The materials are not a substitute for good interpersonal communication skills, but, if used properly, they strengthen the messages you give to patients. The following are suggestions on how to use booklets or leaflets:

- Go through each page of the booklet or section of the leaflet with the patient. This will give you a chance to both show and tell about a health problem or practice and answer any questions the patient has.
- Point to the picture, not the text that appears on the page. This will help the patient remember what the illustrations represent.
- Observe the patient to see if he/she looks puzzled or worried. If so, encourage him/her to ask questions or talk about any concerns. Discussion helps establish a good relationship and builds trust between you and the patient. A person who has confidence in his or her health provider will often transfer that confidence and change behaviour.
- Give the patient the booklet or leaflet to keep and suggest that he/she share it with others.

## **B. Non-Print Media**

Use songs, cassettes, jingles, plays, television or radio programs, videos, and traditional dance to make people aware of health issues. Entertainment and dramatisation can also stimulate people to think about issues and can provide needed information.

As with print materials that are used in a group, non-print media are more effective when they can be seen and heard clearly by everyone in the group.

To get the most out of non-print media:

- Use non-print materials with groups. They are usually intended for an audience of more than one.
- Be familiar with the material.

- Ask group members questions about what they have seen or heard.
- Ask the group if they have questions, suggestions, or opinions.
- Use the cassette, song, etc. to start people talking. For example, if you just finished using the cassette/flip chart, you could ask members of the group how they intend to initiate new

## **XVIII. Session 4 Overview and Objectives**

### **A. Session Topics:**

- A. Case Study Development
- B. One-on-One/With Individuals – Practice Skills among Participants
- C. In Group s– Practice Skills among Participants
- D. Feedback and Discussion of Challenges

### **B. Session Objectives:**

1. Practice your IPC skills in a “one-on-one” setting among participants
2. Practice your IPC skills in a “group” setting among participants
3. Demonstrate the ability to use your IPC skills among participants
4. Give feedback on IPC performance
5. Provide an opportunity to discuss the challenges of using IPC skills and some possible solutions

**Session Length: 3 hours 35 minutes - 5 hours 20 minutes**

### **C. Session Handouts:**

- Case Studies
- Observation Checklist
- 4 Score Cards

### **D. Session Key Points:**

- A health provider must:
  - regard and respond to each caretaker as a unique person, with attitudes, values, and experiences reflected in her/his personal situation.
  - recognize the individual informational needs of the caretaker and respond accordingly.
  - recognize varying levels of complexity in individual caretakers' situations.
- Feelings and issues need to be separated, reflected, and acknowledged before the entire situation can be dealt with and a decision made or solution reached.

## **XIX. Case Studies**

**\*\*FOCUS ON THE 'ESSENTIAL' INFORMATION TO PROVIDE.\*\***

### **A. Case Study 1 (Diarrhea – Individual Session)**

A health worker meets with a grandmother who has brought her one-year old grandson in to be treated for diarrhea. He has had several bouts of diarrhea in the past few months and the health worker notes that he is underweight. During the discussion the grandmother interrupts a lot and disagrees with what the health worker is saying.

#### **Questions:**

1. What concerns/issues must you address? How?
2. What specific information must you provide?
3. What materials should you use to facilitate this session?

### **B. Case Study 2 (Anemia – Individual Session)**

A mother comes in with her 3-year old son. He is clearly anemic. She does not want to discuss anything and does not want to wait. She just wants some medicine that will make him better now.

#### **Questions:**

1. What concerns/issues must you address? How?
2. What specific information must you provide?
3. What materials should you use to facilitate this session?

### **C. Case Study 3 (ARI – Individual Session)**

Your patient is crying. Her daughter aged 4 is very sick and has been sick for 2 weeks. She has gotten progressively worse, but the mother was unable to bring her in before today. Now she is embarrassed to talk to you because she feels she has been a bad mother. She just thought it was a little cold.

#### **Questions:**

1. What concerns/issues must you address? How?
2. What specific information must you provide?
3. What materials should you use to facilitate this session?

### **D. Case Study 4 (Diarrhea – Individual Session)**

Galina has brought her seven-month old daughter to the clinic. Since yesterday baby Galina has had three liquid stools. Galina says she is in a hurry and wants some medicine to give her baby to stop the diarrhoea. You give her three packets of ORS and explain how to mix a sachet with 1/2 litre of water. A few days later Galina returns and her baby is now much worse. Galina says she stopped giving the ORS because it doesn't work.

**Questions:**

1. What concerns/issues must you address? How?
2. What specific information must you provide?
3. What materials should you use to facilitate this session?

**E. Case Study 5 (Nutrition – Group Session)**

You have a group of mothers and you conduct a group education session on the importance of nutrition. They tell you after you have presented that they cannot afford the nutritious foods that you recommended.

**Questions:**

1. What concerns/issues must you address? How?
2. What specific information must you provide?
3. What materials should you use to facilitate this session?

**F. Case Study 6 (Breastfeeding – Group Session)**

You have a group of breastfeeding mothers with their infants ranging in age from 1 month to 10 months. You need to inform them on breastfeeding and complementary foods.

**Questions:**

1. Do they all need the same information? Why? Why not? How will you educate this diverse group?
2. What concerns/issues must you address? How?
3. What specific information must you provide?
4. What materials should you use to facilitate this session?

**G. Case Study 7 (ARI – Group Session)**

You have been asked to attend a “Women’s Home Group” meeting to discuss health. Since you were not given a specific topic, you decide to talk about ARI, the warning signs and what to do.

**Questions:**

1. What concerns/issues must you address? How?
2. What specific information must you provide?
3. What materials should you use to facilitate this session?

**H. Case Study 8 (Cleanliness – Group Session)**

You attend a meeting of school teachers. You need to share information with them on cleanliness that they can share with children in school and with parents as needed. They don’t understand why they should have to deal with this subject.

**Questions:**

1. What concerns/issues must you address? How?
2. What specific information must you provide?
3. What materials should you use to facilitate this session?

**I. Case Study 9 (Immunization – Group Session)**

You have a group of mothers with children aged 1 month to 2 years. They need information on the immunization schedule. Most of the mothers present have not immunized their children properly or fully.

**Questions:**

1. Do they all need the same information? Why? Why not? How will you educate this diverse group?
2. What concerns/issues must you address? How?
3. What specific information must you provide?
4. What materials should you use to facilitate this session?

**J. Case Study 10 (Family Planning – Group Session)**

Several mothers are in the health facility to get a contraceptive method for the first time. You decide to conduct a group session before their individual sessions with the basics of the methods and the importance of method choice. As you get started, they complain about “discussing” this in public and ask to wait for their individual sessions.

**Questions:**

1. What concerns/issues must you address? How?
2. What specific information must you provide?
3. What materials should you use to facilitate this session?

**XX. Observation Checklist**

Use the Observation Checklist Parts A, B, C, and D as a guideline and complete ONE score card (last page of the checklist) on each person you observe.

AREA TO ASSESS	YES	Improvement
<b>A. Interpersonal Communication Skills:</b>		
1. Greeted patient/group		
2. Listened carefully and made patient/group comfortable		
3. Encouraged patient/group to talk openly		
4. Asked questions that the patient/group could respond to		
5. Remained neutral and did not judge the patient/group's situation		

<b>AREA TO ASSESS</b>	<b>YES</b>	<b>Improvement</b>
6. Showed interest in the patient/group		
7. Used humor appropriately to relax the patient/group		
8. Provided information to the patient in an unbiased, nonjudgmental way		
9. Didn't use personal opinion to influence the patient		
10. Understood the patient's values and standards		
11. Used praise when the patient/group made a good points		
12. Paraphrased most important concerns raised		
13. Spoke appropriately, using terms that his patient/group used		
14. Spoke simply and kept explanations simple		
15. Smiled. Was friendly and polite		
16. Made the patient/group feel welcome		
17. Showed respect for the patient/group		
18. Used unhurried communication		
19. Respected patient/group beliefs		
20. Used familiar words		
21. Spoke to the patient/group by names		
22. Gave credit given for appropriate actions		
23. Showed concern for the patient/group's challenges		
24. Had good eye contact		
25. Presented a favorable body language		
<b>A. Interpersonal Communication Skills Sub-Total (25 possible)</b>		
<b>B. Knowledge:</b>		
1. Presented accurate information		
2. Provided complete information		
3. Explored the patient/group's existing knowledge		
4. Provided enough detail		
5. Continually asked the patient/group for any questions		
6. Provided all information necessary for the patient to make an informed decision on the health matter		
7. Presented information/explanation based on previous experience of patient/group		



AREA TO ASSESS	YES	Improvement
patient/group		
8. Asked the patient/group to apply information		
9. Kept the communication brief and simple		
10. Verified whether the patient/group understood key information		
<b>B. Knowledge Sub-Total (10 possible)</b>		
<b>Areas of Concern:</b> (make a note of any areas of concern)		
<b>Areas of Inaccuracy:</b> (make a note of any information that you feel was inaccurately presented)		
<b>C. Use of Support Materials:</b>		
1. Determined the needs and characteristics of patient (age, education, etc.)		
2. Reviewed materials available, keeping in mind patient needs		
3. Practiced a possible presentation		
4. Prepared the place where used support materials		
5. Selected materials according to the characteristics of patient		
6. Placed the material where the patient(s) could clearly see it		
7. Clearly stated the objective of discussion		
8. Let patient hold the materials as explained them, making sure that s/he could see and follow along with the illustrations and text		
9. Assessed what my patient learned by asking him/her to summarize, and demonstrate if appropriate, what s/he had just learned		
10. Let patient take the material home, when finished, if possible		
<b>C. Use of Support Materials Sub-Total (10 possible)</b>		

<b>D. Attitude: (circle one score on the continuum – 1 is low, 5 is high)</b>						
1. Attitude towards communicating						
Disinterested, makes	_____					Enthusiastic,
little effort	1	2	3	4	5	eager
2. Attitude towards topic/subject matter						
Disinterested, makes	_____					Enthusiastic,
little effort	1	2	3	4	5	eager



### A. Score Card

Person Observed: \_\_\_\_\_ Date: \_\_\_\_\_

Observer: \_\_\_\_\_

SECTION	SCORE: [Sub-total per section]	MAXIMUM SCORE POSSIBLE	PERCENT [score divided by the maximum score possible]
A. IPC Skills		25	
B. Knowledge		10	
C. Use of Support Materials		10	
D. Attitudes		35	
<b>TOTAL</b>		<b>80</b>	

### B. Feedback and Plan of Action

List areas that are performing well:

PROBLEM DESCRIPTION	STEPS REQUIRED TO RESOLVE PROBLEM	HELP NEEDED

### C. Score Card

Person Observed: \_\_\_\_\_ Date: \_\_\_\_\_

Observer: \_\_\_\_\_

SECTION	SCORE: [Sub-total per section]	MAXIMUM SCORE POSSIBLE	PERCENT [score divided by the maximum score possible]
A. IPC Skills		25	
B. Knowledge		10	
C. Attitude		35	
D. Use of Support Materials		10	
<b>TOTAL</b>		<b>80</b>	

### D. Feedback and Plan of Action

List areas that are performing well:

PROBLEM DESCRIPTION	STEPS REQUIRED TO RESOLVE PROBLEM	HELP NEEDED

### E. Score Card

Person Observed: \_\_\_\_\_ Date: \_\_\_\_\_

Observer: \_\_\_\_\_

<b>SECTION</b>	<b>SCORE:</b> [Sub-total per section]	<b>MAXIMUM SCORE POSSIBLE</b>	<b>PERCENT</b> [score divided by the maximum score possible]
A. IPC Skills		25	
B. Knowledge		10	
C. Attitude		35	
D. Use of Support Materials		10	
<b>TOTAL</b>		<b>80</b>	

### F. Feedback and Plan of Action

List areas that are performing well:

<b>PROBLEM DESCRIPTION</b>	<b>STEPS REQUIRED TO RESOLVE PROBLEM</b>	<b>HELP NEEDED</b>

### G. Score Card

Person Observed: \_\_\_\_\_ Date: \_\_\_\_\_

Observer: \_\_\_\_\_

<b>SECTION</b>	<b>SCORE:</b> [Sub-total per section]	<b>MAXIMUM SCORE POSSIBLE</b>	<b>PERCENT</b> [score divided by the maximum score possible]
A. IPC Skills		25	
B. Knowledge		10	
C. Attitude		35	

D. Use of Support Materials		10	
<b>TOTAL</b>		<b>80</b>	

### H. Feedback and Plan of Action

List areas that are performing well:

PROBLEM DESCRIPTION	STEPS REQUIRED TO RESOLVE PROBLEM	HELP NEEDED

## XXI. Session 5 Overview and Objectives

### A. Session Topics:

- A. Quiz Show
- B. Posttest
- C. Workshop Evaluation
- D. Thank You's

### B. Session Objectives:

1. Assess your improved level of IPC knowledge
2. Evaluate the workshop content, trainers, and process
3. Thank participants for training completion

**Session Length: 1 hour 30 minutes**

### C. Session Handouts:

Posttest

#### **D. Session Key Points:**

- Communication is key to successful health provision.
- The better you communicate the healthier your patients.

### **XXII. POSTTEST**

Participant ID: \_\_\_\_\_

#### **A. Multiple Choice (9 points)**

**Instructions:** Circle only ONE correct answer. Pick the ONE answer that you feel BEST responds to the question.

1. An informed health population is important because it:
  - a) ensures informed decision-making.
  - b) encourages continued healthy behavior.
  - c) promotes personal responsibility for health.
  - d) empowers patients to control their own health.
  - e) all of the above.
2. Which of the following BEST defines interpersonal communication?
  - a) verbal and nonverbal exchange of information between two or more people
  - b) verbal exchange of information between two or more people
  - c) nonverbal exchange of information between two or more people
  - d) transmission of information or thoughts on a particular topic
  - e) a process of understanding information
3. It is important to understand our own values because:
  - a) we are better able to influence a patient's decision-making.
  - b) we are better able to impose our beliefs on our patients.
  - c) we are better able to force our patients to take our advice.
  - d) we are better able to appreciate and respect the values of our patients.
  - e) none of the above.
4. Which of the following are forms of communication?
  - a) verbal, nonverbal

- b) verbal, body language
  - c) verbal, nonverbal, body language
  - d) nonverbal, body language
  - e) verbal, nonverbal, body language, simple language
5. If you are a good listener, you:
- a) get easily distracted by patient speech, language, and errors.
  - b) express only your own ideas.
  - c) think about what you are going to say.
  - d) focus actively on what your patient is saying.
  - e) do something else while the patient is speaking.
6. It is essential to reconfirm that a patient has understood the information you have shared because it:
- a) enables the patient to apply/use the information.
  - b) allows the patient to make an informed decision.
  - c) encourages the patient to ask additional questions.
  - d) ensures that you have understood the patient's needs.
  - e) all of the above.
7. Support materials make your work easier by:
- a) providing more information than you can to your patient.
  - b) providing detailed, consistent information to your patient.
  - c) reducing the time spent with the patient.
  - d) allowing you to avoid sensitive issues.
  - e) increasing your interest in the patient.
8. To effectively reflect a patient's concerns, it is necessary to:
- a) identify his/her feelings, interpret those feelings, and manage the situation.
  - b) identify his/her feelings and interpret those feelings.
  - c) identify his/her feelings and confront the situation.
  - d) identify his/her feelings and summarize them.
  - e) summarize his/her feeling and confront the situation.
9. Praise and encouragement helps you:



- a) put the patient at ease.
- b) make the patient feel comfortable.
- c) set a positive environment for your session.
- d) make the patient feel good that s/he has come to see you.
- e) all of the above.

**B. Fill in the Blanks (14 points) (in Russian 13 points)**

**Instructions:** Write the correct response in the space provided.

10. The following is an acronym to help you remember appropriate **verbal** behavior when interacting with patients. What does each letter mean?

- C \_\_\_\_\_
- L \_\_\_\_\_
- E \_\_\_\_\_
- A \_\_\_\_\_
- R \_\_\_\_\_

11. The following is an acronym to help you remember appropriate **nonverbal** behavior when interacting with patients. What does each letter mean?

- R \_\_\_\_\_
- O \_\_\_\_\_
- L \_\_\_\_\_
- E \_\_\_\_\_
- S \_\_\_\_\_

12. The following is an acronym to help you remember to use appropriate language when interacting with patients. What does each letter mean?

- K \_\_\_\_\_
- I \_\_\_\_\_
- S \_\_\_\_\_
- S \_\_\_\_\_

Write an example of each of the following types of questions:

13. Close-Ended \_\_\_\_\_

14. Open-Ended \_\_\_\_\_

15. Probing \_\_\_\_\_

**C. True or False (10 points)**

**Instructions:** Write “T” (true) or “F” (false) in the space provided.

- 16. We all perceive things in the same way.
- 17. In interpersonal communication, it is not just what you say, but how you say it.
- 18. Probing questions help you gather more in-depth information.
- 19. Communication is a two-way process.
- 20. Active listening is necessary for good communication.
- 21. Your body language can reflect something very different from what you are saying.
- 22. Probing questions are excellent to use when you need a “yes” or “no” answer.
- 23. Interpersonal communication can include motivation, education, and counseling.
- 24. It is the patient’s responsibility to understand the information you provide.
- 25. You should assess your patient’s situation so that you can deal with it effectively.