

Primary Health Care Initiatives (PHCI) Project  
Contract No. 278-C-00-99-00059-00  
Abt. Associates Inc.

## **EFFECTIVE COMMUNICATION**

### **LEARNING OBJECTIVES**

- Identify the importance and characteristics of effective communication in PHC setting,
- Recognize, and be able to overcome barriers to effective communication,
- Enhance and reinforce the interpersonal communication skills of health providers, and improve their interactions with clients.

### **TEACHING STRATEGIES**

- Brainstorm learning from the “Quality Overview” session to highlight the importance of interpersonal Communication
- Warm up exercise to illustrate potential barriers to effective communication.
- Interactive plenary on characteristics of effective communication
- Exercise to illustrate differences in personal beliefs and attitudes
- Role-play and other exercises to demonstrate and practice interpersonal communication skills (IPC)
- Observation checklist to evaluate IPC
- Communicating with difficult patients

### **MATERIALS AND EQUIPMENT NEEDED**

- Overhead Projector
- Flip Charts (6) and pens
- Room set up for six small groups

### **LEARNING POINTS**

- What is effective IPC?
  - Importance of IPC in Quality organization
  - Barriers to Effective Communication
  - Characteristics of Effective Communication
- Elements of IPC
  - Recognizing personal beliefs and values
  - Non verbal communication
  - Importance of Listening
- Using Effective Communication to Improve Quality & Health Outcomes
  - Communication Skills and Techniques (positive body language, active listening)
  - Building Rapport (Caring/empathy)

- Encouraging Compliance (Counseling)
  
- Applying Communication Skills at Your Health Center
  - Using a checklist to evaluate IPC at the health center

**CRITICAL ELEMENTS OF EVALUATION OF COMPETENCE**

- Understanding characteristics of effective communication
- Demonstrate an understanding of effective communication skills
- Demonstrate an ability to identify communication problems at individual PHC centers

- **Effective Communication: A Path toward Better Health Outcomes -Overview**

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1. *Importance of IPC in Quality Organizations.* The context and role of IPC will be defined through a brainstorming session on main ideas retained from the Quality overview session. An Overhead Transparency (OT) will be then presented to remind participants of one of the main focus of Quality (Clients needs and expectations).
2. *Barriers to Effective Communication.* The participants, through a game, which allows them to observe how, and when a message can be distorted when passing through 4 speakers/listeners, will identify potential barriers to effective IPC. Feedback will be noted on Flip Chart to reach consensus on main barriers to communication.
3. *Communication problems in the health center.* Working in small groups, the participants will discuss the problems they encounter in their place of work. Short presentations by the groups, in plenary, will help identify common communication problems in PHC centers. This will frame the session and clarify expectations of the participants.
4. *Characteristics of Effective Communication.* An interactive presentation using will clarify the expected outcome and the characteristics of effective communication in the Health Center setting. The elements of communication, which the session will focus on, will be clarified, namely beliefs and attitudes, non-verbal communication, listening and empathy.
5. *Beliefs and attitudes.* Through a group exercise, the importance of personal beliefs and attitudes toward certain health issues will be highlighted. A number of health related statements will be “flashed” and the participants are asked to position themselves according to their attitude to each statement. A plenary discussion will follow around the importance of recognizing differences in beliefs between health providers themselves, and between them and the clients, and how these differences can be barriers to effective communication.
6. *Non-verbal communication.* Volunteers will be asked to “mime”, using certain chosen emotions, and the rest of the group will have to guess what the feeling or emotion is. Following discussion will evolve around the positive and negative non-verbal clues, and how they influence communication.
7. *Listening.* A role-play by all participants will demonstrate the frustrations caused by bad listening. The participants are divided into three groups. Each is given instructions of which the other groups are unaware. They, then, sit in a triad (each belongs to a different group) to role-play a client, a non-listening health provider and an observer. Using Overhead a short presentation will follow on the importance and dimensions of listening in communication.
8. *Empathy.* To explain the concept of empathy, a visual exercise is used. The participants are divided into two groups; each is given a different picture. An overhead, which shows both pictures, artistically combined, will then be shown to all. Each group will see it according to the picture that was given earlier. It will

take a few minutes before each group convinces the other of their own perception. This exercise will demonstrate in a powerful way, the effort that a listener has to make to understand the client's needs from the latter's point of view or frame of reference.

9. *Listening skills.* Two trainers will first demonstrate this listening skill. The participants will have the chance to practice "listening" through the same role-play in the previous session. In the triad, roles will be rotated so that each person will have the chance to play the role of the client, the health provider and the observer. Observers will be given an observation sheet (checklist) including all elements of effective communication to evaluate the performance of the health provider. A discussion will follow concerning the usefulness and relevance of the observation sheet; amendments will be made to finalize it for later use in the field.

### **Overview Agenda – Effective Communication**

<b>Subject</b>	<b>Time</b>	<b>Method</b>
Introductions Objectives of session	9:00-9h15	
Barriers to effective communication	9h15-9h45	Warm up game
Beliefs and Attitudes	9h45-10h15	Exercise
Coffee Break		
Non verbal Communication	10:30-11h00	Mime
Listening	11h00-11h45	Role Play and short presentation
Empathy	11h14-12h15	Exercise
Listening skills	12h15-12h45	Role Play, Evaluation Form
Outcomes of Effective Communication	12h45 – 13:00	Short presentation and Summary

## COMMUNICATION: A PATH TOWARD BETTER HEALTH OUTCOMES

### 9:00 – 9:15 – Introduction and Objectives

Introductions: Trainer introduces himself/herself and asks that the participants each introduce themselves.

Objectives of Session:

1. To identify characteristics and principles of effective communication.
2. To recognize and be able to overcome barriers to effective communication.
3. To enhance and reinforce the interpersonal communication skills of health providers, and improve their interactions with clients.

### 9:15 – 9:45 BARRIERS TO EFFECTIVE COMMUNICATION

**Begin discussion with ways that we know client's needs?**

- By what a client says (complaints), does (behaviors), or does not do.

**Directions for Communication Game: Picture:**

Ask for 5 volunteers: Ask 4 to go out of the room and 1 to remain in the room:

Shows the picture to Volunteer #1 (*put off the overhead after one minute*)

Ask Volunteer #2 to come back into the room. *Explain the rules of the game (no questions and no repetitions)*. Volunteer #1 describes the contents of the picture to Volunteer #2.

Volunteer #3 enters. Volunteer #2 describes content of picture (*tells what he/she heard, as he/she is not supposed to know that it was a picture unless Number #1 tells him/her*) to Volunteer #3.

Volunteer #4 enters. Volunteer #3 (*tells what he/she heard*) to Volunteer #4.

Volunteer #5 enters. Volunteer #4 (*tells what he/she heard*) to Volunteer #5.

***The Group should note and be asked to track how the message changes as the story is being told from person to person.***

Ask how the Volunteers felt? (e.g. confused, frustrated, distracted, bored)

Discuss the reasons for distortion of the message: (Conclusion) – Ask participants and write on flip chart (Jafar) (Show transparency that summarizes points below)

- 1) Message depends on first person's interpretation of the picture and what he/she says.
- 2) Picture from which message is drawn is not coherent or organized.
- 3) There are a lot of distractions in the context of the message. (*too many details. unfamiliar picture*)
- 4) Person repeating the story can not ask questions to clarify misunderstanding or to verify what he/she heard.
- 5) Speaker can not repeat himself.
- 6) Content of the message is not interesting to any one.

Summarize: communication involves: message, channel, the sender and the receiver.

### **9:45 -10:15 – Values, Beliefs and Attitudes**

**Directions:** Write 3 statements on 3 pieces of paper:

Agree

Disagree

Not Sure

Flash/Read Statement #1: The Main Task of the Health Worker is to Cure people who are ill. Preventive Services are less important.

Instructions: Ask participants who agree with statement to stand in front of card, those who disagree go to that card, and those who are not sure to go to that card.

Then ask one person from each of the three groups (those who agree, those who disagree, and those who are unsure) to present the reasons for their belief, and defend their position.

Flash/Read Statement #2: Childbirth is naturally painful. Women who complain and ask for medication are “spoiled”

Repeat instructions as above.

Flash/Read Statement #3: Contraceptive methods should not be available to unmarried adults and adolescents.

Repeat instructions as above.

**Ask group: (after all statements have been discussed)**

- 1) What was the most controversial point? (*How did you feel when your beliefs were different from the others?*)

- 2) What lessons did you learn? “We all have different values – we work with people who have different beliefs and different values from us.
- 3) How do our beliefs and attitudes affect the relationship between ourselves (as providers) and our clients?

After all 3 cards are discussed, summarize as noted below:

**Summarizing comments:**

1. We all have different beliefs and values, and these can and do affect our communication with our clients.
2. Don't let your beliefs stand as a barrier to effective communication.

*(Show transparency #4 about Beliefs & Attitudes. Then wrap up as follows: Health provider has a professional obligation not to allow his/her personal beliefs become a barrier. Understanding one's own beliefs makes us better able to understand and respect those of others. Health provider should show respect to client's beliefs, especially when they are different from his/hers. Should provide information and instructions in a non-judgmental way)*

**10:15 – 10:30 Coffee Break**

**10:30 – 11:00 Non-Verbal Communication**

Tell about a research where students in a classroom were instructed to show non- attentive behaviors (slouching, doodling). It was observed that the teacher stuck to his notes, did not move away from the lectern, and made little eye contact with the students.

Students where then instructed to show attentive behavior– sit up straight, maintain eye contact with the teacher, ask questions. The observed teacher started to walk among the students, use gestures to explain what he was saying, tell anecdotes, and show enthusiasm.

Summary: Importance of body language of the speaker and the provider's own body language –*(Being aware of our own body language and reading the non verbal clues of a speaker are important skills in interpersonal communication)*

**Put feelings on paper (both in English and Arabic): arrogance, disapproval, embarrassment, anger, compassion, conceit, disrespect, pain, confusion, respect.**

Select one feeling – express it non-verbally (*volunteers, and not facilitators, should draw the paper, and mimic the feeling written*)

How you can one “read” non-verbal language and how it is perceived by the client.

## 11:00 – 11:45 Listening

*(Give numbers 1,2, and 3 to all participants. Call all #1s out of the room and give them instructions. Do the same for #2s and #3s)*

1. **Client:** You have a very serious problem – come to provider’s office and talk about you health problem and how you feel, etc.
2. **Health provider:** show all the signs of non-listening to the patient (look at your papers, head down, get up and walk around, get a glass of water, smoke a cigarette, ask too many questions, make unrelated remarks...)
3. **Observer:** *(Tell only #3s the instructions that you gave #1s and #2s)* What do you observe during the role play? (e.g. client frustration)

Ask Client (#1) how he/she felt during the interview?

Ask the observer what they observed? (Do you ever demonstrate these behaviours while “listening” to a client, your spouse?)

Ask health provider was this role natural to him/her in any way?

*Show Overhead Transparency (transparencies #5&6)*

Understand the importance of listening; how active listening affects the interaction with the other person.

**Summary: Listening affects behaviour of others; must learn how to listen; no one teaches us how to listen.**

## 11:45 – 12:30 Empathy “Put yourself in the other person’s shoes”.

Show ½ group one picture (Looks like an old lady)

Show ½ group the other picture. (Looks like a young woman)

Then show, using overhead, the combined picture.

Those who had the young woman’s picture will only see a young woman in the combined picture. The same for those who had the old woman’s picture. It will take some arguments

and sharing of pictures between the two groups, before they all see two women in the projected picture.

Summarize as follows: to be able to see things from the other's point of view, or to empathize, one needs to be willing and make the effort "to put himself/herself in the other's shoes."

### **12:30 – 1:15 Listening Skills**

*(Show transparencies #7 &8)*

1. Attending skills: characteristics: eye contact, no distractions, body language, lean forward.
2. Following skills (Door opener): "hmm" encourage speaker to go, short questions.
3. Reflective skills:

*(Show transparencies #7 & 8)* Restatement of what the speaker has said, or of how he feels. Reflection encourages the speaker to disclose enough information about himself, which would enable the health provider to make the right diagnosis.

Return to Groups 1, 2, 3 (as before)

Practice Example (see example below) using observation sheet.

Replay scenario of client visiting health provider with the difficult problem – in groups as listener, speaker, and observer. (**Practice the communication the right way**).

Review observation sheets with the group before starting the role-plays. Ask them to rotate roles using the observation checklist.

Discuss observations/what they learned.

### **1:15 – 2:00 End of Session: Outcomes of effective communication in PHC**

**What are outcomes of effective communication?** *(Use Transparency #9)*

1. Client discloses enough information
2. Client and provider establish a positive rapport
3. Provider selects a medically appropriate treatment acceptable to the client.
4. Client understands his condition and the prescribed treatment.
5. Client and provider are both committed to fulfilling their responsibilities during the treatment.

Summary statement about Outcomes: Communicating effectively using listening skills, and overcoming barriers (e.g. difference in beliefs, negative non- verbal clues) is crucial to quality health services. We all have tens of examples about a failed health act

Communication Protocol: Observation sheet

Date..... PHC..... Name of HTT.....

Job title of person being observed .....

Skill	YES	NO	NA	Comments
<b>A. Welcoming the client:</b>				
Face the client				
Maintain eye contact (as appropriate)				
Greet the client				
Smile to him/her				
Ask how you could help				
Offers him/her a seat				
<b>B. Respect the client</b>				
Assure confidentiality <sup>1</sup>				
Show warmth <sup>2</sup>				
Acknowledge client's feelings				
<b>C. Listening</b>				
Ask clear direct questions				
Ask open-ended questions				
Does not interrupt the client				
Show that you understand what the client says (Reflection) <sup>3</sup>				
Show you understand his/her feelings (Reflection) <sup>4</sup>				

<sup>1</sup> Speak in low voice to ensure privacy and do not refer to other clients' cases.

<sup>2</sup> Express friendly facial expression.

<sup>3</sup> Re-state in your own words what the client has just said.

<sup>4</sup> Reflect the underlying feelings of the client.

Skill	YES	NO	NA	Comments
D. Giving Instructions				
<b>Use simple and appropriate vocabulary</b>				
Give specific recommendations				
Discuss with client potential problems in applying treatment				
Agree on follow-up				