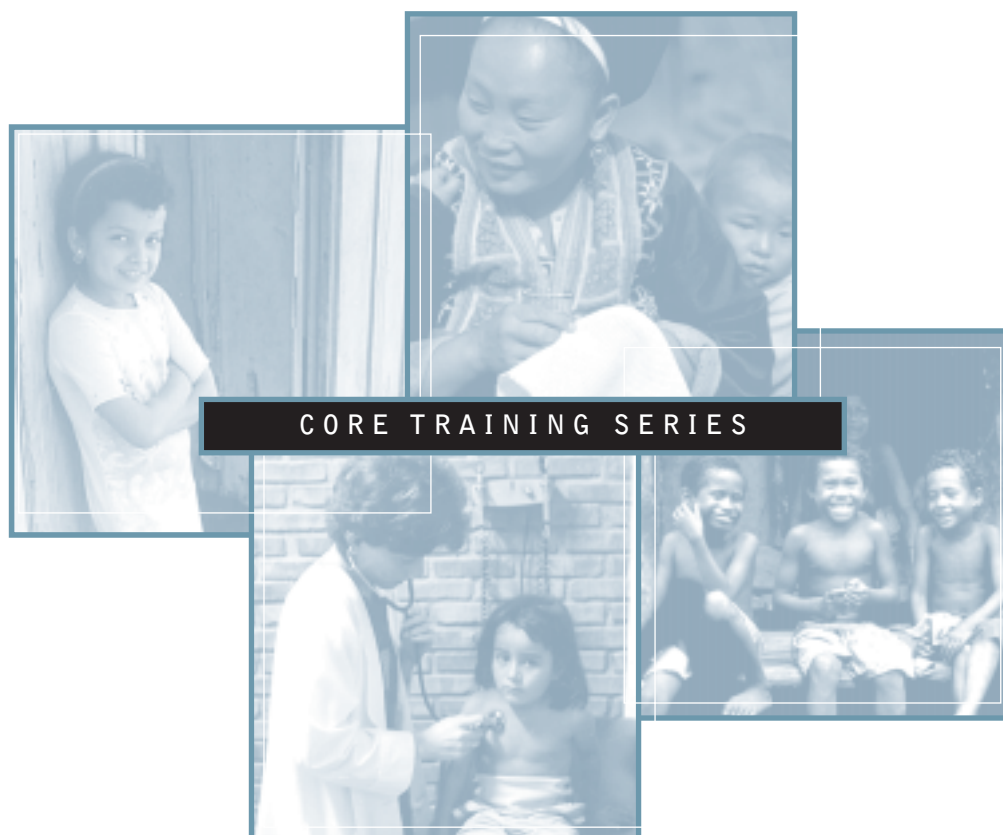


QUALITY

ASSURANCE

PROJECT



Improving Interpersonal Communication Between Healthcare Providers and Clients

Instructor Manual



The Quality Assurance (QA) Project is funded by the U.S. Agency for International Development (USAID), under Contract Number HRN-C-00-96-90013. The QA Project serves countries eligible for USAID assistance, USAID Missions and Bureaus, and other agencies and nongovernmental organizations that cooperate with USAID. The QA Project team consists of prime contractor Center for Human Services; Joint Commission Resources, Inc.; and Johns Hopkins University (including the School of Hygiene and Public Health [JHSPH], the Center for Communication Programs [CCP], and the Johns Hopkins Program for International Education in Reproductive Health [JHPIEGO]). The QA Project provides comprehensive, leading-edge technical expertise in the design, management, and implementation of quality assurance programs in developing countries. Center for Human Services, the nonprofit affiliate of University Research Co., LLC, provides technical assistance and research for the design, management, improvement, and monitoring of health systems and service delivery in over 30 countries.

Improving Interpersonal Communication Between Health Care Providers and Patients

Instructor Manual

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NOTE TO THE INSTRUCTOR

Welcome to the *Improving Interpersonal Communication Between Healthcare Providers and Patients* curriculum. We hope you find this facilitation tool useful and effective in training providers to improve their skills in provider-patient communication. In an effort to make this the best possible training experience, we would like to share some tips on using this curriculum.

1. **Participant-Centered Learning**

This curriculum has been designed with a participant-centered orientation. Experience shows when participants feel their needs and concerns are being addressed, they are more interested and engaged in learning. The participant will always be asking “What’s in it for me?” or “How does this help me?” Trainers must, therefore, present the workshop to appeal to the participants’ point of view and concept of what is beneficial. As you prepare each session, keep in mind new skills and knowledge will not be gained unless our participants *perceive they are being helped*. Also, make sure you are available, alert to their needs, and happy to help them as the workshop unfolds.

2. **Training Techniques**

This manual was developed using a combination of theory and application. Most sessions will begin with an introductory exercise followed by the key concepts and principles for that topic. Participants will apply what they have learned in a practical exercise, ending with time for feedback and analysis of the experience. This mixture of concepts and application has proven effective in helping participants internalize the new skills.

3. **Training Manual Format**

A monograph accompanies this manual. The monograph provides the theoretical foundation, value, and application of effective provider-patient communication. We *strongly* recommend you read this prior to conducting each workshop for background and refreshment of the key concepts and principles. It is also a good reference when you are preparing specific presentations.

Each session consists of several similar parts.

Session at a Glance—gives the overall timing, methods, and materials needed for that session.

Specific session details—describes in depth what should be discussed and how to lead participants through the topic.

Trainer's Notes—provides the detailed information needed to present the concepts and principles of the topic.

Visual Aids and Handouts—visual aids and handouts are provided at the end of each session. You should have the visual aids in transparency form prior to presenting the topic. The handouts are in the participant's manual.

Trainer's Guide—provides a one-page summary of the session. This is particularly useful once you feel comfortable with the details of the workshop and need only a brief reminder of key ideas.

4. **Practical Exercises: Triads**

During the workshop, participants will spend significant time working in groups of three (triads). Using healthcare scenarios, they will role-play providers and patients and observe the interaction. The key to this experience is to create an atmosphere where making mistakes is okay and, in fact, desirable. It is best for participants to learn during a role-play. Learning from this experience can reduce ineffective communication during real provider-patient interactions. It is also important that each new triad exercise groups different participants. This way, each participant will experience a variety of interactions and feedback from different colleagues. By the end of the workshop, each participant should have had the opportunity to be in a different triad for each of the four exercise sessions (minimum 12 participants).

Video option: Videotaping participants practicing communication skills can provide them with a powerful experience. We rarely get an opportunity to observe ourselves and can gain great insight from seeing firsthand what we are doing. If possible, try videotaping each participant at least once, for just a few minutes, during the triad exercises. In the evenings, allow participants to view their “performances.” Ideally, video viewing by each triad will allow for direct feedback to each participant.

5. **Participant's Manual**

Each participant will receive a manual containing all the handouts and exercises for each session, as well as a job aid for use on return to their worksites. These materials should be prepared and ready for distribution on the first workshop day.

6. **Making the Curriculum Your Own**

As with all training curricula, we have provided as much information as possible. However, it is up to you, the trainer, to add your own experiences and stories that may enhance the learning for participants. Good curricula are dynamic and should always be reviewed prior to each use so they can be applied to the specific needs of each set of participants. Also, each session has suggested times. As you use the curriculum, you may adjust the timing according to specific needs, e.g., break times, starting times.

SESSION 1: INTRODUCTION AND OVERVIEW OF THE WORKSHOP

Topic: Introduction and overview of the workshop

Time: 60 minutes

Goals: By the end of this session, participants will have:

- Developed rapport with other participants and trainers
- Discussed the workshop goals, rationale, training schedule and logistical arrangements

SESSION AT A GLANCE			
TOPIC	TIME	METHOD	MATERIALS
I. Welcome	5 minutes	Introductory remarks	
II. Introductions	25 minutes	Exercises (two samples are provided)	Visual aid 1.1 or 1.2
III. Workshop overview and goals	25 minutes	Group input, presentation	Visual aids 1.3, 1.4
IV. Logistical information	5 minutes	Remarks and announcements	

I. WELCOME

Introduce yourself and provide a general welcome and opening remarks to the participants. Emphasize the most important people in the room are the participants. (Without them, there would be no workshop.) Therefore, special care has been taken to shape the workshop to address their needs and to make the workshop as interactive and participatory as possible.

II. INTRODUCTIONS

You may want to use many different introduction exercises. The objective is to begin learning each other's names, positions, worksites, hobbies, interests, and personal goals for the workshop. Two successful, well-tested suggestions are included: the circles and the interview.

CIRCLES EXERCISE

Have everyone (participants, facilitators, guests, etc.) form pairs. Show Visual aid 1.1 with the two interlocking circles. Tell participants that filling in the circles will help them get to know each other better. Ask them to draw a similar diagram and write their name on top of the left circle and their partner's name on top of the right circle.

Each pair should discuss and write down their commonalities in the space where the two circles intersect and their differences on the other parts of the circles (on the left and right sides, respectively).

After five minutes, each pair will stand and introduce themselves to everyone else, giving their names, positions, interesting hobbies, and the commonalities and differences they have as a pair. Continue around the room until all pairs have presented.

INTERVIEW EXERCISE

Have everyone (participants, facilitators, guests, etc.) form pairs. Show Visual aid 1.2. Ask each pair to interview one another and find the answers to the questions. Of course, they should not be limited to only these questions. They should try to learn as much as possible about each other.

After five minutes, ask each pair to stand and introduce one another, including items of interest about their partners as part of the introduction. Continue around the room until everyone has been introduced.

III. WORKSHOP OVERVIEW AND GOALS

Give a brief presentation on the key research done in interpersonal communication and quality of care (see Trainer's Notes below). Emphasize this research provides the theoretical foundation for this workshop.

Use Visual aid 1.3 to introduce the overall goals of the workshop.

1. To enhance the communication skills of healthcare providers and improve their interpersonal interactions with patients so their patients' satisfaction, compliance and health outcomes will improve.
2. To enhance the communication skills of healthcare providers and improve their interpersonal interactions with patients so their own satisfaction, confidence, and competence will improve.
3. To focus on the interpersonal communication skills recognized by local health providers most as useful within the local context.

Explain that the workshop is based on the principles of experiential learning or learning by doing. They will experience a mixture of short presentations, practice, feedback, and more practice.

Take a few minutes to solicit participant expectations for the workshop. Write their comments and ideas on a flip chart. During this discussion, refer them to the particular session that may address their needs.

Briefly discuss the expectations you, the trainer, have of the participants during the workshop. These expectations are as follows:

- Participants are responsible for their own learning.
- Respect others: Everyone has his or her own experiences to share, things to contribute, and different needs to address.
- Each participant is responsible for reading the provided monograph. The monograph is used as the foundation for the workshop and is essential in understanding the material.
- The sessions will start on time, and breaks will be given throughout the day.

Show participants Visual aid 1.4 and review it with them.

End this section by emphasizing the training team has done everything possible to create a good learning environment, but team members cannot actually *learn for* the participants. Each participant is responsible for learning and using the information and skills taught in his or her own workplace.

INSTRUCTOR NOTES

Effective interpersonal communication between healthcare provider and patient is one of the most important elements for improving patient satisfaction, treatment compliance, and health outcomes. However, this concept is relatively new in the field of medicine. Not long ago, providers were trained in only the technical competencies of medicine. Now, research indicates the interpersonal communication processes are important to positive health outcomes for the patient (e.g., satisfaction and compliance with prescribed treatments) and for the provider (e.g., satisfaction, confidence, and competence).

In 1988, Donabedian posed the question: What is quality of care and how do we assess it? He stated the interpersonal process is the “vehicle by which technical care is implemented and on which its success depends.” However, there is a critical need to identify and quantify the specific attributes of the interpersonal process, as much as the need to identify and quantify the specific technical and medical procedures. Donabedian found stronger linkages must be made between the process and outcomes of health behavior. He also emphasized the role and responsibility of the provider for determining outcomes, as well as that of the patient, who must comply or not to designated regimens; and the community, which may or may not support individuals’ behavior changes. Hall (1988), in her meta-analysis of provider behavior, confirmed the most frequently occurring outcome variables (satisfaction, recall, and compliance) were influenced heavily by the communication processes of information giving, questions, competence, partnership building and socioemotional behavior.

Curtain (1987), DiMatteo (1994), and Ong (1995) further identified that the provider-patient interaction process and content was related most significantly to the outcome of patient satisfaction, comprehension, recall of medical instructions, compliance, and appointment keeping. Specific behaviors included verbal vs. nonverbal communication, medical vs. everyday language, and privacy. They concluded as patients take a more active role in their own medical care, the provider-patient relationship must evolve into mutual participation and collaborative, informed choice and decision making. This requires awareness, education, training, and behavior change for both the provider and the patient. Both must accept the more active role of the patient and incorporate that role into the provider-patient interaction. The outcome is more adequate histories given by the patient, less delay in reporting symptoms, greater overall patient satisfaction with provided care, a greater sense of personal control over health, and positive expectations of efficacy on the part of both the provider and patient.

Fallowfield (1998), Levinson (1995), and Roter (1998) concluded counseling, health education, and interpersonal communication between provider and patient can improve with adequate training and follow-up. Providers who underwent specific interpersonal communication training used more facilitation in their interactions and more open-ended questions. There was a trend toward more emotional talk and psychosocial information and less biomedical information. Trained providers expressed more self-rated confidence in key communication aspects and an attitudinal shift toward more patient-centered interviewing. Patients of these trained providers had positive attitudes, participated in care more actively, expressed opinions, and asked questions. They also talked more, gave more information to their providers, and used more positive statements. They perceived their providers as sounding more interested and friendly. Providers, in turn, perceived these patients as more assertive, responsive, and friendly.

Based on the findings of these researchers, this course was developed to train providers in key communication skills in order to improve their interpersonal interactions with patients.

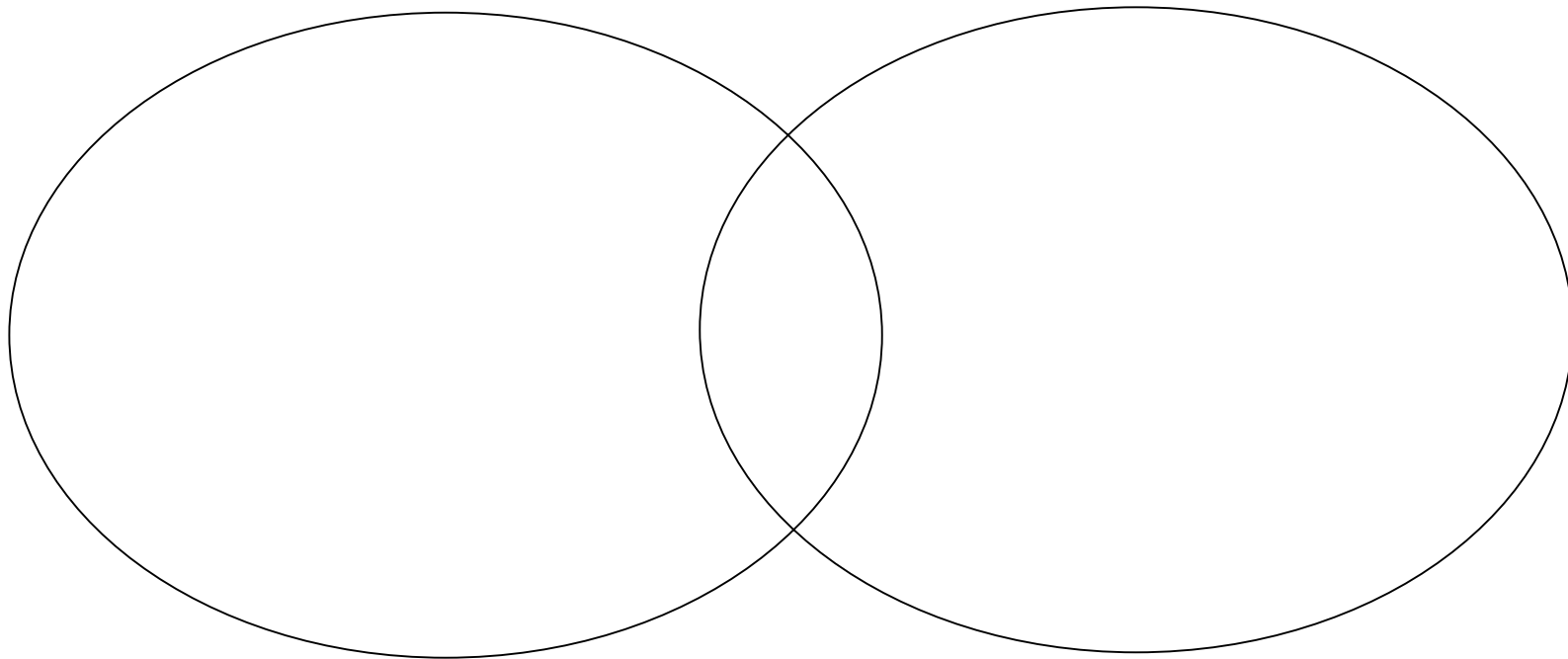
IV. LOGISTICAL INFORMATION

End this session by explaining any logistical arrangements regarding accommodation, transportation, meals (especially for breaks), reimbursement, per diem, social events, etc.

GETTING TO KNOW EACH OTHER

Name: _____

Name: _____



Getting to Know Each Other

To learn more about each other, interview your partner and find out the answers to the following questions.

1. Name, title, organization, and location of work

2. Something unique about the person

(Example: My partner speaks five languages.)

3. Something humorous that has happened to this person or is about this person

(Example: My partner snores but only in soprano.)

Feel free to find out more interesting information and share that, too!

WORKSHOP GOALS

- 1. To enhance the communication skills of healthcare providers and improve their interpersonal interactions so their patients' satisfaction, compliance, and health outcomes will improve.**
- 2. To enhance the communication skills of health providers and improve their interpersonal interactions with patients so their own satisfaction, confidence, and competence will improve.**
- 3. To focus on the interpersonal communication skills recognized by local health providers as most useful within the local context.**

WORKSHOP AGENDA

		Day 1	Day 2	Day 3
			Review previous day	Review previous day
Early morning		Session 1: Introduction	Session 4: Diagnostic communication and problem solving	Session 6: Integration and application of skills
		Break	Break	Break
Midmorning		Session 2: Frameworks for effective provider-patient communication	(continued)	(continued)
		Lunch	Lunch	Lunch
Early afternoon		Session 3: Caring and socioemotional communication	Session 5: Counseling and education	Departure
		Break	Break	
Late afternoon		(continued)	(continued)	
Evening	Informal gathering (optional)			

SESSION 1: INTRODUCTION			<u>Materials</u> Visual aid 1.1 or 1.2 Visual aids 1.3, 1.4
<u>Goals</u> By the end of this session, participants will have: <ul style="list-style-type: none"> • Developed rapport with other participants and instructors • Become familiar with the workshop goals, rationale, training schedule, and logistical arrangements 			
<u>Time</u>	<u>Topic</u>	<u>Activities</u>	<u>Critical points</u> Workshop goals (see Visual aid 1.3) <u>Seminal pieces</u> 1. Donabedian 2. Fallowfield, Levinson, Roter 3. Curtain, DiMatteo, Ong 4. Hall (1988) (give three or four major points from each)
5 min.	1. Welcome		
25 min.	2. Introductions	Circles exercise or interview exercise	
25 min.	3. Workshop overview and goals		
5 min.	4. Logistical information		

SESSION 2: EFFECTIVE PROVIDER-PATIENT COMMUNICATION FRAMEWORK

Topic: Effective provider-patient communication framework

Time: 60 minutes

Goals: By the end of this session, participants will be able to:

- Describe the framework for effective provider-patient communication
- Identify the three critical elements of effective provider-patient communication

SESSION AT A GLANCE			
TOPIC	TIME	METHOD	MATERIALS
I. Session goals and introduction	5 minutes	Demonstration, presentation	Visual aid 2.1
II. The provider-patient communication framework	15 minutes	Presentation, discussion	Visual aid 2.2
III. Critical provider-patient communication characteristics	35 minutes	Presentation, discussion	Visual aid 2.3 Handouts 2A, 2B, 2C
IV. Conclusion	5 minutes		

I. SESSION GOALS AND INTRODUCTION

Begin the session by asking participants what they think interpersonal communication (IPC) is. Write their responses on a flip chart. Be sure everyone is working with the same idea and definition for the workshop.

Ask why IPC is important within the context of health and provider-patient communication. Again, write participants' responses on a flip chart. State the key points listed in the Trainer's Notes. If participants do not cover these points, introduce them during the discussion (refer to the monograph for more details).

At the end of the discussion, present the session goals (Visual aid 2.1).

By the end of this session, participants will be able to:

- Describe the framework for effective provider-patient communication
- Identify the three critical elements of effective provider-patient communication

INSTRUCTOR NOTES

Interpersonal communication (IPC) is the person-to-person, two-way, verbal and nonverbal sharing of information between two or more people.

IPC is important in healthcare encounters because it focuses on behavior that supports treatment regimen compliance and/or lifestyle changes leading to better health outcomes.

IPC is effective in the following circumstances:

1. The patient and provider establish positive rapport.
2. The patient discloses sufficient information for the provider to make an accurate diagnosis.
3. A medically appropriate treatment or action acceptable to the patient is selected.
4. The patient understands his or her condition and prescribed treatment regimen.
5. The patient and provider both are committed to fulfilling their responsibilities during treatment and follow-up care.

II. THE PROVIDER-PATIENT COMMUNICATION FRAMEWORK

Present the provider-patient communication framework, using the Trainer's Notes and Visual aid 2.2 to develop the presentation. Encourage discussion of the concepts whenever possible.

INSTRUCTOR NOTES

Frameworks help establish critical pathways, which link processes and illustrate how outcomes are reached. The provider-patient framework shows a system linking communication processes with short-term, intermediate, and long-term outcomes, such as patient satisfaction and recall, patient compliance with treatment regimens, and improved health results (refer to the monograph for details).

The communication context, or the overall environment in which the provider-patient communication takes place, is shaped by socio-cultural-economic factors (e.g., age, gender, ethnicity, education, etc.) and social influences and networks (e.g., community, kinship and family, culture, etc.) of *both* the provider and the patient. Sometimes these contexts are the same for the provider and patient, but sometimes they are different. It is the responsibility of the provider to assess what the overall environment is and how best to approach the patient. For example, a young woman may be from the same community and ethnic group as the provider, but she is the wife of a farmer and has only a few years of education. Because of these differences, she may be shy and hesitant about communicating with the provider.

After presenting the *communication context* portion of the framework (socio-cultural-economic factors and social influences and networks), ask individual participants to think of a patient they have treated during the past month. Ask them to write down the socio-cultural-economic factors and social influences and networks pertaining to this patient. Ask whether these factors and networks are different from their own. Ask them to assess how they approached the interaction with this patient. If there is time, ask a volunteer to share what he or she has written.

Continue with the presentation of the framework.

INSTRUCTOR NOTES

Through use of good communication skills and process behaviors, a provider can make a patient more comfortable and can encourage good dialogue. Process behaviors, illustrated by the acronyms CARE, SOLVE, and EDUCATE: Encourage input and dialogue from both the provider and patient; create an atmosphere of support and care; bridge social, cultural, and economic gaps; account for social influences; communicate clearly and appropriately, verbally and nonverbally; and allow time for the patient to reach his or her decision. Proficiency behaviors occur as the provider meets the correct clinical criteria and provides appropriate diagnosis and treatment options.

Note: Poor counseling facilities, lack of appropriate services to support the selected treatment, heavy patient load and long distances to service delivery points are other aspects that can influence process behaviors.

Positive and appropriate health outcomes are influenced greatly by effective provider-patient communication. *Immediate outcomes* are those that directly result from an interaction between a provider and patient. If successful, the patient will respond with reduced anxiety and more openness, greater agreement on problems and recommendations, better recall and understanding of the problem and treatment regimen, and an enhanced satisfaction with the overall experience. Providers also may feel a greater sense of satisfaction from the positive experience.

Intermediate outcomes are short-term changes resulting from immediate outcomes. If successful, patients will have better compliance with the agreed-upon regimen, appropriate continued use of healthcare services, and confidence in helping themselves and their families to improve their health status. Providers gain confidence through the positive experience and competence through continuity of care with patients.

Long-term outcomes have far-reaching effects. Patients who are successful in managing their healthcare situation eventually experience resolved symptoms, have improved physical and functional status, enjoy a better quality of life, and avoid the financial burden of future healthcare costs. Communities benefit from improved community health through reduced economic burdens, increased productivity by community members, and reduced morbidity and mortality in the community.

III. CRITICAL ELEMENTS OF PROVIDER-PATIENT COMMUNICATION

Using the Trainer's Notes, Visual aid 2.3, and Handouts 2A, 2B, and 2C, give a presentation on the three critical elements of effective provider-patient communication. Refer to the monograph if necessary. Encourage discussion of the concepts when possible. Also, let participants know this is an overview; during the workshop, they will discuss and practice each element.

INSTRUCTOR NOTES

The process of effective provider-patient communication rests on a two-way dialogue and partnership between two experts: the patient and the provider. Effective process and information (or content) are based in the three elements of effective provider-patient communication (Visual aid 2.3):

- ***Caring and socioemotional communication***: establishing and maintaining rapport and trust (CARE)
- ***Diagnostic communication and problem solving***: exchanging information to determine diagnosis and treatment (SOLVE)
- ***Counseling and education***: ensuring patients understand their health problems, treatment options, and regimens (EDUCATE)

Caring and socioemotional communication characteristics can be remembered by using the acronym CARE (Handout 2A):

C—**C**ommunicate immediately, both verbally and nonverbally, to set the tone of the encounter; show openness, genuine concern, and positive regard for the patient.

A—Use **A**ppropriate communication behaviors for the patient's age, gender, social position in the family and community, language use and comprehension, and degree of discomfort or distress.

R—**R**ecognize the patient's experience, efforts, and emotions in an honest, straightforward manner, using statements of concern and empathy, indicating you care about the patient and his or her problem.

E—**E**xpress support and partnership by letting patients know you will work with them to help them get better.

Diagnostic communication and problem solving characteristics can be remembered by using the acronym SOLVE (Handout 2B):

- S—**S**hun interruptions while the patient is speaking.
- O—Use **O**pen-ended questions, encouraging patients to provide details about their problem(s).
- L —**L**isten to the patient’s full story and ask all relevant questions before determining a diagnosis and treatment. Patients’ first complaints are not always the most important ones.
- V—**I**n**V**estigate even further by asking more questions and inviting the patient to continue speaking.
- E—**E**xplore the patient’s opinion on the causes of the problem and what he or she thinks might help. Encourage and reassure the patient about the outcome of his or her condition.

Counseling and education can be remembered by using the acronym EDUCATE (Handout 2C):

- E**—**E**xplore patients’ understanding and opinions of the illness by asking how they contracted it, whether they have had the problem before, and what they may have done about it previously. Politely correct any misconceptions patients may have.
- D**—**D**escribe and discuss information in a way patients can absorb and remember easily. Providers should explain the diagnosis in a clear, comprehensible fashion, never in a condescending or patronizing manner.
- U**—**U**se appropriate vocabulary, visual aids, and/or print materials when conveying information to patients on the diagnosis and recommended treatment plan. Providers should avoid using jargon or technical language when speaking with patients.
- C**—**C**hoose an acceptable, feasible treatment plan and, if possible, provide the patient with a range of treatment options.
- A**—**A**dvice the patient (after diagnosis and treatment regimen selection) regarding certain behavioral changes that either would prevent the recurrence or support improvement of the condition. Carefully consider patients’ ability to implement the recommendations.
- T**—**T**arget your final comments to the patient, summarizing and repeating only key points. Use simple terms to restate the diagnosis, treatment, and its recommended steps to validate understanding.
- E**—**E**ncourage additional questions and **E**stablish follow-up actions. Urge the patient to ask additional questions. Allow time for a response to utilize the opportunity to provide further assistance and/or counseling.

Important Tip

Patients carry out their own decisions best. Good providers, as counselors, do not make patients’ decisions for them; they help patients make their own decisions. However, providers make medical decisions for patients while sharing facts and feelings about these matters.

IV. CONCLUSION

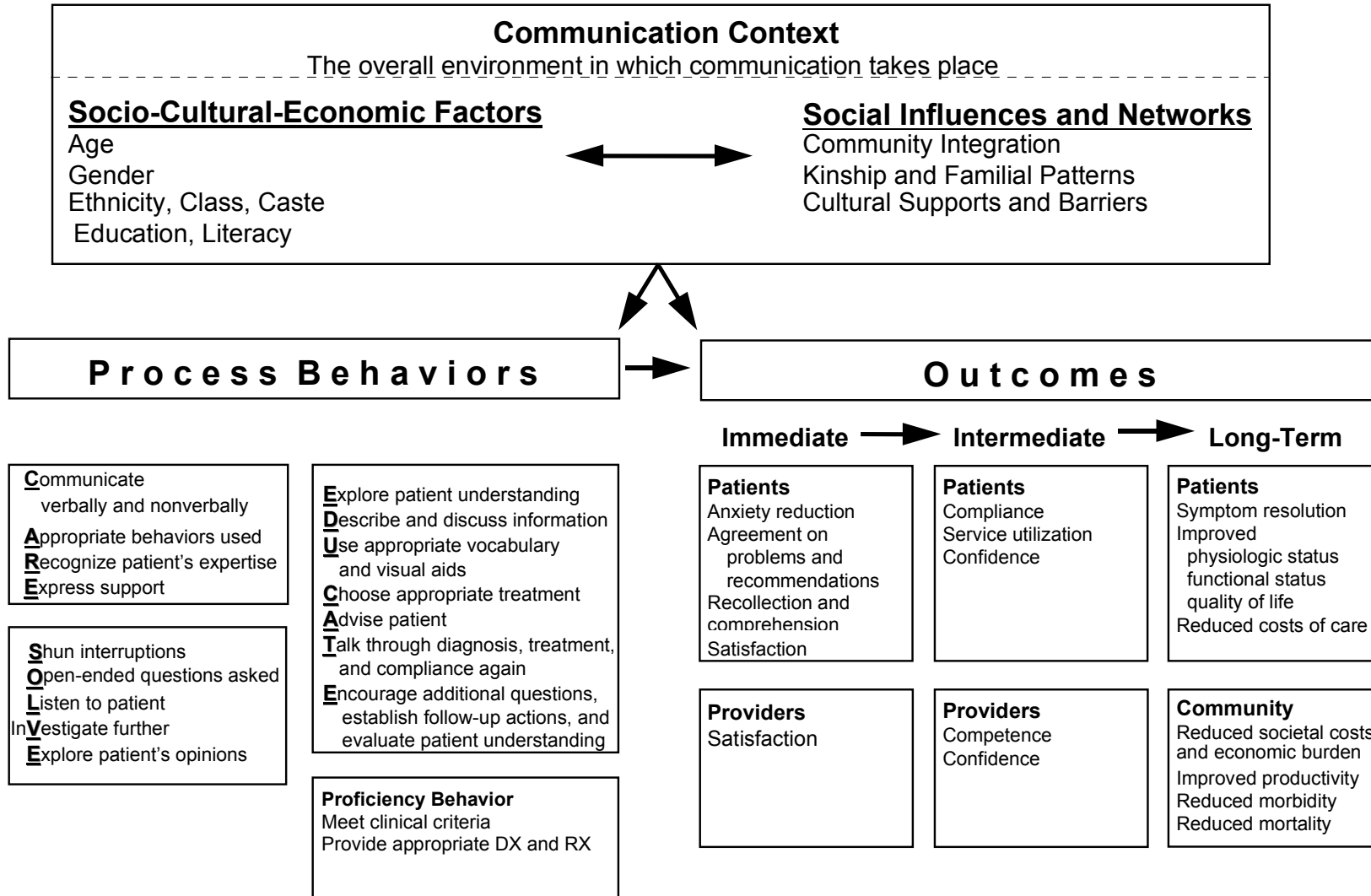
Ask participants to read what they wrote about their patient (during the presentation of the framework). Ask them to write three things they did well in working with this patient and three things they would do differently next time as a result of what they learned from this session. Ask for volunteers to contribute insights or experiences. Explain the workshop will focus in depth on the skills outlined in CARE, SOLVE, and EDUCATE.

EFFECTIVE PROVIDER-PATIENT COMMUNICATION FRAMEWORK SESSION GOALS

By the end of this session, participants will be able to:

- **Describe the framework for effective provider-patient communication**
- **Identify the three critical elements of effective provider-patient communication**

Provider-Patient Communication Framework



CRITICAL ELEMENTS OF EFFECTIVE PROVIDER-PATIENT COMMUNICATION

Caring and socioemotional communication:

establishing and maintaining rapport and trust
(CARE)

Diagnostic communication and problem solving:

exchanging information to determine diagnosis and
treatment (SOLVE)

Counseling and education: ensuring patients understand
their health problems, treatment options, and selected
regimens (EDUCATE)

Caring and Socioemotional Communication: CARE

- C**—**C**ommunicate immediately, both verbally and nonverbally, to set the tone of the encounter; show openness, genuine concern, and positive regard for the patient.
- A**—Use **A**ppropriate communication behaviors for the patient's age, gender, social position in the family and community, language use and comprehension, and degree of discomfort or distress.
- R**—**R**ecognize the patient's experience, efforts, and emotions in an honest, straightforward manner, using statements of concern and empathy, indicating you care about the patient and his or her problem.
- E**—**E**xpress support and partnership by letting patients know you will work with them to help them get better.

Diagnostic Communication and Problem Solving: SOLVE

- S**—**S**hun interruptions while the patient is speaking.
- O**—Use **O**pen-ended questions, encouraging a patient to provide details about his or her problem(s).
- L**—**L**isten to the patient's full story and ask all relevant questions before determining a diagnosis and treatment. Patients' first complaints are not always the most important ones.
- V**—**I**n**V**estigate even further by asking more questions and inviting the patient to continue speaking.
- E**—**E**xplore the patient's opinion on the causes of the problem and what he or she thinks might help. **E**ncourage and reassure the patient about the outcome of his or her condition.

Counseling and Education: EDUCATE

- E**—**E**xplore patients' understanding and opinions of the illness by asking how they contracted it, whether they have had the problem before, and what they may have done about it previously. Politely correct any misconceptions patients may have.
- D**—**D**escribe and discuss information in a way patients can absorb and remember easily. Explain the diagnosis in a clear, comprehensible fashion, never in a condescending or patronizing manner.
- U**—**U**se appropriate vocabulary, visual aids, and/or print materials when conveying information to patients on the diagnosis and recommended treatment plan. Avoid using jargon or technical language when speaking with patients.
- C**—**C**hoose an acceptable, feasible treatment plan and, if possible, provide the patient with a range of treatment options.
- A**—**A**dvice the patient (after diagnosis and treatment regimen selection) regarding certain behavioral changes that either would prevent the recurrence or support improvement of the condition. Carefully consider the patient's ability to implement the recommendations.
- T**—**T**arget your final comments to the patient, summarizing and repeating only key points. Use simple terms to restate the diagnosis, treatment, and its recommended steps to validate understanding.
- E**—**E**ncourage additional questions and **E**stablish follow-up actions. Urge the patient to ask additional questions. Allow time for a response to utilize the opportunity to provide further assistance and/or counseling.

SESSION 2: PROVIDER-PATIENT COMMUNICATION FRAMEWORK			<u>Materials</u>
<u>Goals</u> By the end of this session, participants will be able to: <ul style="list-style-type: none"> • Describe the framework for effective provider-patient communication • Identify the critical elements of effective provider-patient communication 			Visual aids 2.1, 2.2, 2.3 Handouts 2A, 2B, 2C
<u>Time</u>	<u>Topic</u>	<u>Activities</u>	<u>Critical points</u> Workshop goals
5 min.	1. Session goals and introduction	Brainstorming	(see Visual aid 2.1)
15 min.	2. The provider-patient communication framework	Presentation, discussion, self-assessment	Provider-patient communication framework (Visual aid 2.2)
35 min.	3. Critical provider-patient communication characteristics	Presentation, discussion	Critical provider-patient communication characteristics: CARE, SOLVE, EDUCATE (Visual aid 2.3; Handouts 2A, 2B, 2C)
5 min.	4. Conclusion	Self-assessment, review	