

## SESSION 3: CARING AND SOCIOEMOTIONAL COMMUNICATION

**Topic:** Caring and socioemotional communication

**Time:** 120 minutes, divided into two one-hour segments

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

- Describe the importance of emphasizing the relationship with patients through caring and socioemotional communication by using the acronym CARE
- Demonstrate the ability to show caring and respect for patients

<b>SESSION AT A GLANCE</b>			
<b>TOPIC</b>	<b>TIME</b>	<b>METHOD</b>	<b>MATERIALS</b>
<b>I. Session goals and introduction</b>	<b>5 minutes</b>	<b>Introductory remarks</b>	<b>Visual aid 3.1</b>
<b>II. Framing the issues: values, attitudes, and perceptions</b>	<b>30 minutes</b>	<b>Exercise</b>	<b>Visual aids 3.2, 3.3, 3.4 Handout 3A</b>
<b>III. Principles for effective caring and socioemotional communication</b>	<b>25 minutes</b>	<b>Lecture, visual explanations, discussion</b>	<b>Visual aid 3.5</b>
<b>Break</b>	<b>30 minutes</b>		
<b>IV. Application of principles</b>	<b>55 minutes</b>	<b>Triad practice rounds</b>	<b>Handouts 3B, 3C</b>
<b>V. Conclusion</b>	<b>5 minutes</b>	<b>Review of practice session, end-of-day announcements</b>	

## I. SESSION GOALS AND INTRODUCTION

Introduce the topic to inform participants of the session structure: you will begin with the goals, provide the theoretical background followed by practice and application, and conclude the session. Show Visual aid 3.1 and review the session goals.

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

- Describe the importance of emphasizing the relationship with patients through caring and socioemotional communication using the acronym CARE
- Demonstrate ways to show caring and respect for patients

## II. FRAMING THE ISSUES: VALUES, ATTITUDES, AND PERCEPTIONS

Ask the participants to share a bit about the types of patients they have contact with each day. Are all the participants the same (e.g., age, gender, social position, etc.)? Are all the patients like the providers? Do all the patients speak the same language? Typically, providers see a variety of patients whose demographic characteristics may be unlike theirs. Is it difficult to interact with patients with differing backgrounds?

It is useful to understand interpersonal communication across differences in order to respond to these different patients. The definition of interpersonal communication (person to person, two-way, verbal and nonverbal sharing of information between two or more people) does not change when speaking to someone different from oneself (show Visual aid 3.2). The key to communicating with someone else involves awareness of our attitudes and values towards the patient and knowledge of the needs of differing populations.

The following exercise clarifies the importance of being aware of one's own attitudes and values toward the patient.

## **VALUES CLARIFICATION**

Tape signs labeled “Agree” and “Disagree” on opposite sides of the room (Visual aids 3.3 and 3.4). Have participants turn to Handout 3A in their manuals. Read a statement from the worksheet and ask participants to move quickly to the sign that best reflects their opinion. (Decision making should be very quick, almost instantaneous.) Ask a few participants from each sign area to explain the reasons behind their choices. Repeat the process as often as time permits.

Ask the participants the following questions:

- Did any of your responses surprise you?
- Were you surprised by the responses of your peers?
- How did you feel when others disagreed with you?

Ask how exploring these subjects could be helpful to them. Explain the goal of the activity to the participants—to become more aware of their attitudes, values, and perceptions, and to understand how these can help or hinder the communication process. If we allow our own attitudes and values to impose themselves on the communication interaction, it is unlikely we will attain our primary goal of helping the patient.

## **INSTRUCTOR NOTES**

This session will focus on the first defined critical element of provider-patient communication: caring and socioemotional communication. This type of communication conveys expressions of caring at the outset of an encounter, establishing rapport and trust with the patient, and is an integral part of all provider-patient communication. Introduce the session by explaining that establishing a trusting and open relationship with the patient is an integral part of the provider-patient interaction. In this session, we will explore the necessary skills and increase our ability to notice what is happening around us.

### III. PRINCIPLES FOR EFFECTIVE CARING AND SOCIOEMOTIONAL COMMUNICATION

Present in depth the concepts, principles, and examples of caring and socioemotional communication, using the acronym CARE. Use the Trainer's Notes and Visual aid 3.5.

Emphasize caring behaviors show respect for patients and validate their concerns. Healthcare providers should display caring throughout the medical encounter to establish trusting, open relationships with patients.

Present each characteristic of CARE. After each letter, ask participants to identify specific techniques allowing them to communicate that component in their interactions with patients. List their responses either on a flip chart or overhead transparency.

#### INSTRUCTOR NOTES

## C A R E

Communicate immediately, both verbally and nonverbally, to set the tone of the encounter; show openness, genuine concern, and positive regard for the patient. Greet the clinic patient by standing up, leaning forward, smiling, and saying, "Good morning, Mrs. N. Welcome. My name is Dr. P." Offer Mrs. N. a chair, face her, and say, "I am here to provide assistance, so please tell me what problems bring you here today. I will listen carefully and sometimes ask a few questions so all the information is clear to both of us. Together we will look at what is best for solving this problem."

Use communication behaviors Appropriate to the patient's age, gender, social position in the family and community, language use and comprehension, and degree of discomfort or distress. Be sure your posture, eye contact and physical contact, gestures, tone of voice, manner, and attitude are respectful and conducive to productive dialogue. For example, if making notes on a chart, stop; put down the pen, close the chart, and focus full attention on the patient. Look at the patient (not at the floor or out the window) and use simple, clear language in a moderate, comforting tone of voice. Reaching out and touching the patient during the dialogue can instill a feeling of caring (in carefully selected encounters) but may be used only if culturally appropriate. In order to maximize the productivity and effectiveness of the two-way dialogue, adjust what is said, how it is said, use of gestures, and facial expressions to respond positively to the patient's statements, responses, and emotions.

**R**ecognize the patient's experience, efforts, and emotions in an honest, straightforward manner. Statements of concern and empathy show caring about the patient and his or her problem. Empathetic statements show understanding and sharing of the patient's feelings. For example, when dealing with a hypertensive patient who is not taking his or her medication regularly, say, "I'm concerned you're not taking care of yourself." Acknowledging patients' feelings will allow those patients to verbalize them. Tell a patient who is nervous about surgery, "I understand you are worried about this operation." When counseling a cancer patient, say, "It's easy to understand why you feel afraid and angry. Most people in your situation feel the same way at first." Provide the patient with an invitation to elaborate further on the topic by echoing his or her feelings. For example, when a patient says, "I've been feeling very depressed lately," respond with, "It sounds like something really is getting you down."

**E**xpress support and partnership by letting patients know you will work with them to help them get better. Say, "I'm going to use all my skills and expertise to help you get better, and I'm counting on you to do your part to take care of yourself and to follow the treatment plan."

## IV. APPLICATION OF PRINCIPLES

Participants now will apply the concepts and principles as discussed to provider-patient scenarios. Present the caring and socioemotional observation checklist (Handout 3B). Discuss the checklist with participants, relating each behavior to an element of CARE.

### **CARE:**

#### **Caring and socioemotional communication skills triad practice**

Divide the participants into groups of three. Instruct them to take turns acting as provider, patient, and observer. Provider and patient will role-play one of the scenarios in Handout 3C. The observer will use the caring and socioemotional checklist (Handout 3B) to record what he or she observes. The role-play should last three to four minutes, after which the observer should give feedback (one to two minutes) to the provider. Focus on what was done well and what could be done better next time, using the checklist notes as a guide.

The three group members should switch roles and repeat the exercise, using another of the scenarios provided. Switch roles and repeat a third time. By the end of the exercise, each group member will have played a provider, a patient, and an observer.

Visit and guide each small group during the practice.

When the practice is over, bring everyone back to the large group and invite volunteers to share their experiences (what they observed, what they felt, etc.). Ask the participants how the practice relates to applying the learned techniques to their work.

## V. CONCLUSION

Refer back to the steps to successful communication across social differences. Ask participants how these steps fit into the components of CARE. Briefly review the topics covered (communication across social differences; caring and socioemotional communication components of CARE) and how the information relates to the participants' experiences and situations. Ask if any questions need clarification before the session finishes. Inform the participants of the following day's sessions: diagnostic communication and problem solving and counseling and education.



## **CARING AND SOCIOEMOTIONAL SESSION GOALS**

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

- **Describe the importance of emphasizing the relationship with patients through caring and socioemotional communication using the acronym CARE**
- **Demonstrate ways to show caring and respect for patients**

## **Steps to Successful Communication Across Social Differences**

1. *Awareness* of our attitudes and values towards the patients
2. *Knowledge* of the needs of differing populations

**AGREE**

**DISAGREE**

## VALUES CLARIFICATION EXERCISE

1. Patients should be in control of the discussion with a provider.
2. Patients always should use traditional healing methods *before* trying modern medicine.
3. The patient is an expert on his or her health problem.
4. Patients have total responsibility for compliance with treatment regimens.
5. Providers ultimately should make the treatment regimen choice for the patient.

## Effective Caring and Socioemotional Communication: CARE

Communicate both *verbally* and  
*nonverbally*

Use Appropriate behaviors

Recognize the patient's expertise

Express support

### Caring Observation Checklist: Skills Practice

*Instructions to Observer:* You have the opportunity to help your colleague improve his or her caring and socioemotional communication skills. Please watch the “provider” carefully. Take special note of those behaviors to be practiced. For now, focus on the process, NOT the solution, the advice, or the answer. Check (✓) the behaviors that occurred or did not occur. Use the “comments” section to write specific feedback to the provider on what was done well or on what they could be improved in the interaction.

BEHAVIOR	Aspects of CARE <sup>1</sup>	YES	NO	COMMENTS
<b>Verbal</b>				
Welcomes patient	C			
Assures confidentiality	C, A			
Uses appropriate language (according to age, education, and status and class)	A			
States concern and empathy for patient	R			
Responds to patient’s expressed feelings	R			
Expresses support and importance of cooperating and working with patient	E			
<b>Nonverbal</b>				
Pays attention to physical environment (ensures privacy; makes surroundings attractive, comfortable)	C			
Posture (leaning forward) shows concern and positive regard	C			
Maintains appropriate eye contact; looks at patient	C, A			
Facial expressions appropriate to patient’s needs	A, R			
Gestures and touch used appropriately	A, R			
Rate of speech and tone communicates warmth and is easy to understand	C, E			

<sup>1</sup> Key to aspects of CARE: Communicate both verbally and nonverbally; Appropriate behaviors; Recognize the patient’s expertise; Express support.

# **Caring Observation Checklist: Skills Practice Role-Play Scenarios**

1. A young mother has a six-month-old infant boy. This is her first child and her first visit to the clinic. The child has not been weighed before. The mother says the child is never hungry, is weak, and cries all the time. The child looks severely underweight. You have not met either the mother or boy before at your clinic.
2. An older man comes into your office with severe stomach cramps. He has been coming to you for years for treatment of diabetes, and you know him well. He is a widower, lives alone, and has no family nearby. His only daughter lives in the capital. This seems like a new condition.
3. A teenage boy comes into your clinic and is not willing to let the receptionist know his reason for coming (he has a rash in the groin area). He enters your office, and you know very little about his background or why he has come to the office today.



<b>SESSION 3: CARING AND SOCIOEMOTIONAL COMMUNICATION</b>			<u>Materials</u>
<u>Goals</u> By the end of this session, participants will be able to: <ul style="list-style-type: none"> <li>• Describe the importance of emphasizing the relationship with patients through caring and socioemotional communication using the acronym CARE</li> <li>• Demonstrate the ability to show caring and respect for patients</li> </ul>			Visual aids 3.1, 3.2, 3.3, 3.4, 3.5 Handouts 3A, 3B, 3C
<u>Time</u>	<u>Topic</u>	<u>Activities</u>	<u>Critical points</u>
5 min.	1. Session objectives and introduction	Remarks	Workshop goals (Visual aid 3.1)
30 min.	2. Framing the issues: values, attitudes, and perceptions	Exercise: values clarification	The influence of values, attitudes, and perceptions (Visual aids 3.3, 3.4; Handout 3A)
25 min.	3. Principles for effective caring and socioemotional communication	Lecture, visual explanations, discussion	Concepts, principles, and examples of caring and socioemotional communication using the acronym CARE (Visual aid 3.5; Handouts 3B, 3C)
55 min.	4. Application of principles	Triad practice rounds	
5 min.	5. Conclusion	Review of practice session	

## SESSION 4: DIAGNOSTIC COMMUNICATION AND PROBLEM SOLVING

**Topic:** Diagnostic communication and problem solving

**Time:** 120 minutes, divided into two one-hour segments

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

- Describe the importance of appropriate communication techniques in gathering critical information for diagnosis and problem identification and solving
- Demonstrate the ability to use these techniques to encourage patients to talk about all aspects of their problem(s)

<b>SESSION AT A GLANCE</b>			
<b>TOPIC</b>	<b>TIME</b>	<b>METHOD</b>	<b>MATERIALS</b>
<b>I. Session goals and introduction</b>	<b>5 minutes</b>	<b>Introductory remarks</b>	<b>Visual aid 4.1</b>
<b>II. Principles for effective diagnostic communication and problem solving</b>	<b>55 minutes</b>	<b>Lecture, visual explanations, discussion</b>	<b>Visual aid 4.2</b>
<b>Break</b>	<b>30 minutes</b>		
<b>III. Application of principles</b>	<b>55 minutes</b>	<b>Discussion, triad practice rounds, processing</b>	<b>Handouts 4A, 4B</b>
<b>IV. Conclusion</b>	<b>5 minutes</b>	<b>Remarks and announcements</b>	

## I. SESSION GOALS AND INTRODUCTION

Introduce the topic to inform participants of the session structure: you will begin with the goals, provide the theoretical background followed by practice and application, and conclude the session. Show Visual aid 4.1 and review the session goals.

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

- Describe the importance of appropriate communication techniques in gathering critical information for diagnosis and problem identification and solving
- Demonstrate the ability to use these techniques to encourage patients to talk about all aspects of their problem(s)

## II. PRINCIPLES OF EFFECTIVE DIAGNOSTIC COMMUNICATION AND PROBLEM SOLVING

Present in depth the concepts, principles, and examples of effective diagnostic communication and problem solving using the acronym SOLVE. Use the Trainer's Notes and Visual aid 4.2.

Emphasize diagnostic and problem-solving skills help providers gather critical information for accurate diagnosis and problem identification. Use of information-gathering skills enables them to improve their accuracy and effectiveness in performing this function. The skills involve a variety of techniques designed to encourage the patient to talk about all aspects of his or her problem(s).

### Instructor Notes

The goals of questioning and listening are to:

- Encourage the patient to talk
- Communicate your interest to the patient
- Increase your awareness of the other person's feelings
- Bring out specific information
- Give a degree of control to the patient

Through questions, we can learn:

- The general situation—"What did you want to talk about?"
- The facts—"What happened?"
- Feelings—"How did you feel?"
- Reasons—"What do you think contributed to your acting that way?"
- Specifics—"Could you give me an example?"

*Open-ended questions:* "How" and "what" questions allow the patient to describe and reveal information. The patient can take the lead by choosing how and where the answer will go. It helps the provider to obtain more information. Examples: "What happened?" "How do you feel?"

*Closed-ended questions:* Closed-ended questions do not invite elaboration; instead, they call for a specific response. They result in "yes," "no," or one- to-two word answers. They are useful in gathering factual information but not in creating a comfortable environment in which true communication and decision making can occur. By using a series of closed-ended questions, the provider controls the interaction. The patient will reveal information only concerning the specific question asked. Close-ended questions are useful in collecting medical history but

should be a starting point and should be followed by open-ended and probing questions. Examples: “Do you have diarrhea?” “What other problems have you been having?”

*Probing and encouraging questions:* Probing and encouraging questions take a specific point, feeling, or issue and focus on it in depth. Probing is good when talking about sensitive topics, which may be difficult for patients to discuss on their own. Encouraging helps patients push past resistance when discussing difficult issues. Examples: “Could you describe your pains—where are they?” “Are they sharp like a knife or more like cramps?” “Do they happen only while you are having intercourse?” But remember, some people will not be willing to discuss a difficult or private matter under any circumstances.

*Paraphrasing:* Paraphrasing or reflecting content feeds back the essence of what has just been said by the patient by shortening and clarifying his or her comments. Paraphrasing is not parroting; it is using your own words, plus the important main words of the patient, to check accuracy of understanding. Example: “You said fever and vomiting started two days ago. Is that correct?”

*Reflection of feelings:* Emotions form the basis of much of life’s experience. Noting key feelings and helping the patient clarify them can be powerful, helpful acts. Accurate reflection and acknowledgment of feelings are critical. A patient first must believe the provider hears and understands his or her feelings and individual needs and concerns before being ready to deal with a situation, listen to treatment options, and make an appropriate decision. Example: “You sound very worried about your baby’s cough. What do you feel is happening to her?”

Present each characteristic of SOLVE. After each letter, ask participants to identify specific techniques to help them communicate that component in their interactions with patients. List their responses on either a flip chart or overhead transparency. Refer to the monograph for more details.

**INSTRUCTOR NOTES****S O L V E**

**Sh**un interruptions while the patient is speaking. Wait until he or she has finished a thought before asking a new question. Avoid being interrupted by the telephone, people entering the room, or other distractions during your encounter with the patient.

Use **Open**-ended questions, encouraging patients to provide details about their problem(s). One open-ended question will elicit more information than several yes or no questions. Instead of asking a patient, “Do you have a fever? Do you get headaches? Are you nauseated?” say, “Tell me about any pain and discomfort you’ve been feeling.” Allow the patient to describe the condition or symptoms; ask one or two yes or no questions to supplement the information. The patient may say, “I’m having nausea, vomiting, chills, and I have cramping in my stomach. It’s been going on for two days now. I feel terrible, and the cramping is getting worse.” Then you could ask any number of yes or no (closed-ended) questions such as, “Is the cramping here in your stomach area?” or “Is your cramping here in the right groin area? Do you feel nauseated now? Have you vomited today?”

**Listen** to the patient’s full story and ask all relevant questions before determining a diagnosis and treatment. The patient’s first complaints are not always the most important ones. Vital information shared by the patient may be gathered only when clarifying questions are asked by the provider. Hasty conclusions leading to diagnostic errors should be avoided at all costs. For example, when a patient reports headache pain, resist the urge to assume immediately the ailment is minor and to prescribe pain relief. Instead, you might say, “Tell me more about how you’re feeling.” A simple cure for headaches is often all that is needed, but at other times, the client might respond, “I’m so worried and upset; there are times when I don’t feel like getting out of bed, and I feel so bad. I want to die.” Such a case warrants further inquiry into the psychological and/or physical causes of the condition.

**In****Vestigate** further by asking more questions and inviting the patient to continue speaking. Use phrases such as, “Tell me more” or “Please go on” to help patients delve deeper into the nature of their problem(s) and their reactions. Further inquiries and listening often reveal information that may be missed unless probed for at the time of the healthcare encounter and may be necessary for a correct diagnosis and treatment.

**Explore** the patient’s opinion on the causes of the problem and what he or she thinks might help. This technique will provide needed information to make a diagnosis and help to evaluate the patient’s understanding of the illness. **Encourage** and reassure the patient about the outcome of his or her condition. It is important to be honest and realistic about the medical prognosis and to avoid premature or unjustified reassurance. For example, a midwife might say to a patient in uncomplicated labor, “I know you’re feeling a lot of pain and anxiety right now, but your labor will soon be coming to an end, and you’ll have a new baby.”

### **III. APPLICATION OF PRINCIPLES**

Participants now will apply the concepts and principles as discussed to provider-patient scenarios. Present the SOLVE observation checklist (Handout 4A). Go through it with participants, relating each behavior to an element of SOLVE.

#### **SOLVE:**

#### **Diagnostic communication and problem-solving skills triad practice**

Divide the participants into groups of three and instruct them to take turns acting as provider, patient, and observer. Provider and patient will role-play one of the scenarios in Handout 4B. The observer will use the SOLVE observation checklist (Handout 4A) to record what he or she observes. The role-play should last three to four minutes, after which the observer should give feedback (one to two minutes) to the provider. Focus on what he or she did well and what he or she could do better next time.

The three group members should switch roles and repeat the exercise. Switch roles and repeat a third time. By the end, each group member will have played a provider, a patient, and an observer.

Visit and guide each small group during the practice.

When the practice is over, bring everyone back to the large group and invite volunteers to share their experiences (what they observed and felt, etc.). Ask the participants about how the practice relates to application of effective communication techniques in their work and at home.

## **IV. CONCLUSION**

What are three new ideas and/or skills gained from this session? Have them write their responses in their participant's manual to clarify their thoughts. Allow five minutes for this self-assessment review.



## **DIAGNOSTIC COMMUNICATION AND PROBLEM-SOLVING SESSION GOALS**

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

- **Describe the importance of appropriate communication techniques in gathering critical information for diagnosis and problem identification and solving**
- **Demonstrate the ability to use these techniques to encourage patients to talk about all aspects of their problem(s)**

# Effective Diagnostic Communication and Problem Solving: SOLVE

Shun interruptions

Use Open-ended questions

Listen to patient

In Vestigate even further

Explore the patient's opinion

Encourage and reassure patients

**SOLVE Observation Checklist: Skills Practice**

Handout 4A

*Instructions to observer:* You have the opportunity to help your colleague improve his or her diagnostic communication and problem-solving skills. Please watch the “provider” carefully. Take special note of those behaviors to be practiced. For now, focus on the process, NOT the solution, the advice, or the answer. Check (✓) the behaviors that occurred or did not occur. Use the “comments” section to write specific feedback to the provider on what was done well or on what could be improved in the interaction.

<b>BEHAVIOR</b>	Aspects of SOLVE <sup>1</sup>	<b>YES</b>	<b>NO</b>	<b>COMMENTS</b>
Doesn't interrupt	S			
Doesn't answer phone or door	S			
Asks open-ended questions	O			
Refrains from leading questions or “cross-examining”	O			
Encourages and praises	O			
Lets client do most of the talking	L			
Legitimizes patient's concerns	L			
Reflects content	L/V			
Reflects feelings	L/V			
Asks patient about causes of illness	V			
Probes for more details	V			
Checks information	V			
Invites patient to continue speaking	V			
Asks about feelings	E			
Helps patient identify decision areas or problems	E			
Assists patient to examine consequences of each option	E			
Lets patient make the decision	E			

<sup>1</sup> Key to aspects of SOLVE: **S**hun interruption; Ask **O**pen-ended questions; **L**isten to patient; **i**n**V**estigate further; **E**xplore and **E**ncourage

## Diagnostic Communication and Problem Solving: Role-Play Scenarios

1. A 30-year-old woman brings in her two-year-old child. The child looks thin and does not seem to be able to focus on what is happening around her. The woman says she eats and drinks well but doesn't seem to be gaining weight. She has had diarrhea on and off for quite some time.
2. A father brings his son to the hospital. He is concerned because the son seems to be bumping into things a lot lately, especially at night. He also rubs his eyes a lot and has these odd, gray-white lumps on his eyes.
3. It is the start of rainy season. An older man comes to you, complaining of aching in his joints. In the past, he has had some stiffness when the seasons changed, but it always has gone away before. He must work his fields, but he can't with this constant pain.

<b>SESSION 4: DIAGNOSTIC COMMUNICATION AND PROBLEM SOLVING</b>			<u>Materials</u>
<u>Goals</u> By the end of this session, participants will be able to:			Visual aids 4.1, 4.2 Handouts 4A, 4B
<ul style="list-style-type: none"> <li>• Describe the importance of appropriate communication techniques in gathering critical information for diagnosis and problem identification and solving</li> <li>• Demonstrate the ability to use these techniques to encourage patients to talk about all aspects of their problem</li> </ul>			
<u>Time</u>	<u>Topic</u>	<u>Activities</u>	<u>Critical points</u>  Workshop goals (Visual aid 4.1)  Concepts, principles, and examples of diagnostic communication and problem solving using the acronym SOLVE (Visual aid 4.2; Handouts 4A, 4B)
5 min.	1. Session goals and introduction	Remarks	
55 min.	2. Principles for effective diagnostic communication and problem solving	Lecture, visual explanations, discussion	
55 min.	3. Application of principles	Triad practice rounds	
5 min.	4. Conclusion	Review of response exercise	

# SESSION 5: COUNSELING AND EDUCATION

**Topic:** Counseling and education

**Time:** 120 minutes, divided into two one-hour segments

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

- Explain the importance of using appropriate communication techniques in counseling and educating patients, using the acronym EDUCATE
- Demonstrate the ability to use these techniques

<b>SESSION AT A GLANCE</b>			
<b>TOPIC</b>	<b>TIME</b>	<b>METHOD</b>	<b>MATERIALS</b>
<b>I. Session goals and introduction</b>	<b>5 minutes</b>	<b>Introductory remarks</b>	<b>Visual aid 5.1</b>
<b>II. Framing the issues: language for the patient</b>	<b>30 minutes</b>	<b>Exercise</b>	<b>Handout 5A</b>
<b>III. Principles for effective counseling and education</b>	<b>25 minutes</b>	<b>Lecture, visual explanations, discussion</b>	<b>Visual aid 5.2</b>
<b>Break</b>	<b>30 minutes</b>		
<b>IV. Application of principles</b>	<b>55 minutes</b>	<b>Discussion, triad practice rounds</b>	<b>Handouts 5B, 5C</b>
<b>V. Conclusion</b>	<b>5 minutes</b>	<b>Remarks and announcements</b>	

## **I. SESSION GOALS AND INTRODUCTION**

Introduce the topic to inform participants of the session structure: you will begin with the goals, provide the theoretical background followed by practice and application, and conclude the session. Show Visual aid 5.1 and review the session goals.

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

- Explain the importance of using appropriate communication techniques in counseling and educating patients using the acronym EDUCATE
- Demonstrate the ability to use these techniques

## **II. FRAMING THE ISSUES: LANGUAGE FOR THE PATIENT**

Begin this session with an exercise in translation.

### **TRANSLATE THE MEDICAL INFORMATION**

Distribute the worksheet (Handout 5A). Ask participants to work individually for five minutes. At the end of that time, ask volunteers to read their “translations.” After several participants have presented their “translations,” discuss the importance of using simple, direct language when talking with patients.

### **INSTRUCTOR NOTES**

This session will focus on the third element of provider-patient communication—counseling and education. These skills enhance providers’ abilities to explain to patients their conditions, the circumstances of their illnesses, diagnoses, treatment options, and follow-up. Providers should remember patients’ compliance with treatment regimens depends on their understanding of their illness, their feelings about the prescribed treatment, and their willingness to follow the instructions.

This exercise will cause participants to think about patients’ needs according to their individual situations. The use of nontechnical, simple language is only one aspect of the acronym EDUCATE and is useful for shifting thinking from the provider’s perspective to patient-directed communications.



### III. PRINCIPLES FOR EFFECTIVE COUNSELING AND EDUCATION

Present in depth the concepts, principles, and examples of counseling and education using the acronym EDUCATE. Use the Trainer’s Notes and Visual aid 5.2.

Present each characteristic of EDUCATE. After each letter, ask participants to identify specific techniques to help them communicate that component in their interactions with patients. List their responses on either a flip chart or overhead transparency.

#### INSTRUCTOR NOTES

## E D U C A T E

Explore patients’ understanding and opinions of the illness by asking how they contracted it, whether they have had the problem before, and what they did about it previously. For example, if a young child has been hospitalized with diarrhea, ask the mother, “How do you think your child got diarrhea? How do you think children usually get diarrhea? How have you taken care of it in the past?” This type of information gathering provides clues as to how much or how little the patient truly knows about the illness. You should recognize the extent of the information and education the patient may require and the degree of misunderstanding or misinformation that needs to be corrected.

Sometimes patients hold inaccurate notions about the etiology or effects of an illness or disease, which can affect their behavior toward treatment and can have an adverse impact on their recovery. After determining a patient’s level of understanding of his or her problem, any client misconceptions should be correctly politely. Clients should not be made to feel uneasy or inadequate for having inaccurate ideas or information; instead, educate them by providing appropriate information. For example, say, “While many people believe diarrhea is caused by changes in the weather, that’s incorrect. It is caused by germs in the water, and those germs can be killed by boiling. So, you need to boil all the water your child drinks and store it in a way that stops germs from coming in. That means after boiling the water, store it in covered containers that have been washed with boiling water also.”

Describe and Discuss information with the patient in a way that can be absorbed and remembered easily. The diagnosis should be explained in a clear, comprehensible fashion, never in a condescending or patronizing manner. Subdivide the information into separate categories or blocks. Presenting separate blocks of information sequentially will enable the patient to understand and absorb the knowledge before you move on to the next block. This kind of presentation helps patients to internalize the information, which enhances their compliance with the prescribed treatment. For example, you may convey brief information sequentially in the following information blocks:

- Name of the disease and its etiology (if known)
- Recommended treatment for the patient
- Ways to prevent recurrence of the disease or to manage chronic disease
- Other relevant information, including risk(s) of not following the regimen

**U**se appropriate vocabulary, visual aids, and/or printed materials when conveying information to patients on the diagnosis and recommended treatment. Avoid using jargon or technical language, making every effort to use meaningful terms instead. For example, instead of saying, “You have acute bronchitis. That’s why you are having dyspnea,” say, “You have an infection in your lungs. That’s why you are having breathing difficulties.” Visual aids help patients to understand and remember the information provided. It helps to use pamphlets with simple text and clear pictures dealing with important health problems, their prevention, their treatment and, in the case of chronic illnesses (e.g., diabetes, hypertension), their management requirements. These materials can be used by the patient at home as a useful reminder or reinforcement of their prescribed regimen.

**C**hoose an acceptable, feasible treatment plan and, if possible, provide the patient with a range of treatment options. Develop the treatment regimen which the patient is *most* likely to follow successfully. For example, discuss available options for a patient presenting with gallbladder inflammation symptoms—diet, medications, a combination of both, and/or surgery. Or, in the case of a hypertensive coronary disease patient, discuss the essential combination of nonsmoking, exercise, good dietary habits, medication regimen, and stress reduction.

**A**dvice the patient (after diagnosis and treatment regimen selection) regarding certain behavioral changes that either would prevent a recurrence or support improvement of the condition. Carefully consider the patient’s ability to implement the recommendations. Rather than simply emphasizing the end results of the behavioral change, identify and suggest specific steps to be taken. Instead of telling the heart attack patient to begin a regimen of dietary limitations, exercise, and weight loss, the provider might say, “Ideally, you could exercise, walk every day to lose weight and reduce your daily use of sugar, sweets, oil—even cooking oil. Now, let’s discuss what you can realistically accomplish every day.”

Once a treatment plan has been mapped out, advise the patient to comply with the prescribed treatment by pointing out the importance and benefits of such behavior. In prescribing antibiotic treatment upon hospital discharge for a patient recovering from a respiratory infection (bacterial pneumonia), say, “It is important to take your medicine three times a day until all the pills are gone. You may feel better after a few days, but if you don’t take all the pills as prescribed, the illness will come back, and it may be harder to cure the next time.”

**T**arget your final comments to the patient, summarizing and repeating only key points. Use simple terms to validate the patient’s understanding and to restate the diagnosis and treatment. Say, for example, “Your lung infection is improved enough for you to go home from the hospital. Take these antibiotic pills three times a day with your meals until they are all gone.” Check with the patient regarding his or her understanding of the information and instructions. Ask the client to repeat or describe the treatment or regimen instructions in his her own words.

Clarify any misunderstandings the patient might have and find out if anything would impede the patient’s compliance with the prescribed treatment. For example, say, “Just to be sure you understand how to take your antibiotic, would you tell me how often and when you’ll take it?”

**E**ncourage additional questions and **E**stablish follow-up actions with the patient. Urge the patient to ask additional questions. Allow time for a response to utilize the opportunity to provide further assistance and/or counseling. If prompted to share additional health concerns, a patient with a respiratory infection, for example, may mention all the members of the family have repeated sore throats and coughs.

Reiterate the date of the next appointment, next treatment, or next appropriate follow-up action to the patient. Say, “I would like to see you here in the outpatient clinic in two weeks to make sure you’ve completely recovered.” State clearly what the patient should do if symptoms persist or worsen; tell about danger signs that indicate he or she should seek prompt medical assistance. Say, “If your coughing gets worse or you have difficulty breathing, you should go to the village dispensary right away. Take your medicines with you. Tell them you were here at the district hospital.” **E**valuate whether the patient clearly understands directions for follow-up and emergency care by asking the patient to repeat the information.

## IV. APPLICATION OF PRINCIPLES

Participants now will apply the concepts and principles as discussed to provider-patient situations. Present the counseling and education observation checklist (Handout 5B). Go through it with participants, relating each behavior to an element of EDUCATE.

### **EDUCATE:**

#### **Counseling and education skills triad practice**

Divide the participants into groups of three and instruct them to take turns acting as provider, patient, and observer. Provider and patient will role-play one of the scenarios in Handout 5C. The observer will use the counseling and education checklist (Handout 5B) to record what he or she observes. The role-play should last three to four minutes, after which the observer should give feedback (one to two minutes) to the provider. Focus on what he or she did well and what he or she could do better next time.

The three group members should switch roles and repeat the exercise. Switch roles and repeat a third time. By the end, each group member will have played a provider, a patient, and an observer.

Visit and guide each small group during the practice.

When the practice is over, bring everyone back to the large group and process by inviting volunteers to share their experiences (what they observed and felt, etc.). Ask the participants how they might incorporate these techniques into their practices or whether they already use these techniques in their work.

## **V. CONCLUSION**

End this session by asking participants to look at their responses to Handout 5A, which they completed at the beginning of the session. Would they now change their responses, based on what they gained from this session? What are three new ideas and/or skills they gained from this session?

## **COUNSELING AND EDUCATION SESSION GOALS**

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

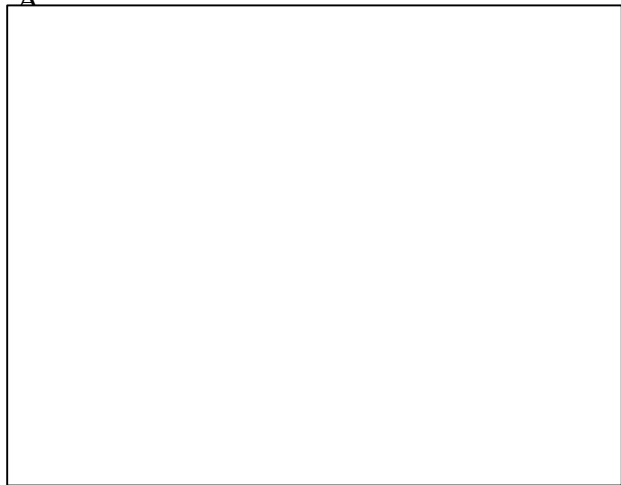
- **Explain the importance of using appropriate communication techniques in counseling and educating patients using the acronym EDUCATE**
- **Demonstrate the ability to use these techniques**

## Translate the Medical Information

Read the following examples of medical terminology and give examples of how a provider should communicate the information to the patient.

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

A.



- B. The medical notes related to pregnancy are more important for adolescents; that is, women under 20. Of concern are premature babies with low birth weight, maternal and neonatal mortality, anemia, and vascular-renal syndrome of pregnancy.

B.



## Effective Counseling and Education: EDUCATE

Explore patient understanding

Describe and discuss information

Use appropriate vocabulary and visual aids

Choose an appropriate treatment

Advice the patient

Target your final comments to the patient,  
summarizing and repeating only key points

Encourage additional questions and

Establish follow-up actions

Evaluate patient's understanding



**Counseling and Education Observation Checklist: Skills Practice**

*Instructions to observer:* You have the opportunity to help your colleague improve his or her counseling and education skills. Please watch the “provider” carefully. Take special note of those behaviors to be practiced. For now, focus on the process, NOT the solution, the advice, or the answer. Check (✓) the behaviors that occurred or did not occur. Use the “comments” section to write specific feedback to the provider on what was done well or on what could be improved in the interaction.

<b>BEHAVIOR</b>	Aspects of EDUCATE <sup>1</sup>	<b>YES</b>	<b>NO</b>	<b>COMMENTS</b>
Explores patient’s understanding of illness	E			
Corrects misconceptions of facts	E			
Provides basic diagnosis	D			
Organizes information in blocks (uses short words and sentences)	D			
Uses words clients understand	U			
Uses pictures and print materials, if available (also points to a body part when mentioned)	U			
Pauses from time to time	U			
Provides patient with a range of treatment options	C			
Checks on acceptability and mutuality of decision making	C			
Advises patient on treatment regimen	A			
Discusses and suggests concrete behavior changes patient can accomplish	A			
Repeats and summarizes key information	T			
Asks clients to repeat instructions	T			
Urges patient to ask additional questions	E			
Reinforces follow-up actions (appointment, regimen, etc.)	E			
Ensures patient’s understanding	E			

<sup>1</sup> Key to aspects of EDUCATE: **E**xplore patient understanding; **D**escribe and **D**iscuss information; **U**se appropriate vocabulary and visual aids; **C**hoose appropriate treatment; **A**dvice the patient; **T**arget your final comments to the patient summarizing and repeating only key points; **E**ncourage additional questions; **E**stablish follow-up actions; and **E**valuate patient’s understanding.

## **Counseling and Education Skills Practice Role-Play Scenarios**

1. A middle-aged, married man has come for a follow-up appointment to find out the results of his AIDS test. He has been diagnosed HIV positive; he believes he contracted the disease six months ago while he was having unprotected extramarital sex. His wife is pregnant.
2. You have just admitted a young mother who has malaria to the hospital. You discover she has mosquitoes breeding in standing water surrounding her house. Her newborn baby and two children, ages two and three, live in the house, along with her husband and mother-in-law.
3. An overweight, 45-year-old man, who also smokes, has been hospitalized with chest pains. All of his preliminary tests indicate a heart attack. He also has hypertension and borderline diabetes.

## SESSION 5: COUNSELING AND EDUCATION

### Materials

- Goals By the end of this session, participants will be able to:
- Explain the importance of using appropriate communication techniques
  - Demonstrate the ability to use these techniques

Visual aids 5.1, 5.2  
Handouts 5A, 5B, 5C

<u>Time</u>	<u>Topic</u>	<u>Activities</u>	<u>Critical points</u>
5 min.	1. Session goals and introduction	Remarks	Workshop goals (Visual aid 5.1)
30 min.	2. Framing the issues: language for the patient	Exercise: translation	Use of appropriate language in working with patients (Handout 5A)
25 min.	3. Principles for effective counseling and education	Lecture, visual explanations, discussion	Concepts, principles, and examples of counseling and education using the acronym EDUCATE (Visual aid 5.2, Handouts 5B, 5C)
55 min.	4. Application of principles	Triad practice rounds	
5 min.	5. Conclusion	Review of translation exercise	