

SESSION 6: INTEGRATION AND APPLICATION OF SKILLS

Topic: Integration and application of skills

Time: 120 minutes

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

- Demonstrate the ability to use appropriately the skills outlined in the acronyms CARE, SOLVE, and EDUCATE in provider-patient communication situations
- Apply the information, skills, and techniques learned in the workshop to their individual situations

SESSION AT A GLANCE			
TOPIC	TIME	METHOD	MATERIALS
I. Session goals and introduction	15 minutes		Visual aid 6.1
II. Integration and application of skills	45 minutes	Triad practice	Handouts 6A, 6B, 6C
Break	30 minutes		
III. Integration and application of skills (continued)	35 minutes	Self-assessment tool, dialogue	Handouts 6D, 6E, 6F
IV. Evaluation	10 minutes	Assessment	Handout 6G
V. Conclusion; certificates awarded	15 minutes	Remarks and conclusion	Handouts 6H, 6I

I. SESSION GOALS AND INTRODUCTION

Introduce the topic to inform the participants of the session structure: you will begin with objectives, provide the theoretical background followed by practice and application, and conclude the session. Show Visual aid 6.1 and review the session goals.

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

- Demonstrate the ability to appropriately use the skills outlined in the acronyms CARE, SOLVE, and EDUCATE in provider-patient communication situations
- Apply the information, skills, and techniques learned in the workshop to their individual situations

Ask participants to describe the key components of effective provider-patient communication (CARE, SOLVE, and EDUCATE). Have the visual aids from previous sessions ready to show (Visual aids 3.5, 4.2, 5.2).

Ask for any questions and clarify if necessary. Do participants feel comfortable with the concepts and the skills? Are they unclear about anything? Would they like to discuss further?

II. INTEGRATION AND APPLICATION OF SKILLS

Introduce the topic by asking a participant to read the master swordsman story (Handout 6A) aloud. Discuss how this applies to what has been happening in the workshop (see Trainer's Notes).

Tell participants this is the time to put all the skills together. They will group themselves into triads for a final practice, integrating all the skills they have learned, by using role-play scenarios (Handout 6C). Make sure they are with new group members. Observers should use the integrated skills observation checklist (Handout 6B) for feedback. Again, each participant should role-play provider, patient, and 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.).

INSTRUCTOR NOTES

The master swordsman story explains the process of learning to be a master practitioner. The story illustrates the ancient wisdom underlying the integration of skills.

A crucial component of this workshop is practice. Participants who are learning to communicate effectively with patients need opportunities to integrate all the skills by practicing and receiving feedback on their performance. The workshop design allows for the participants to observe others and be observed themselves.

During this session, participants not only integrate cognitive information learned during the workshop but also integrate discrete skills taught during previous sessions, increase awareness of their communication strengths and weaknesses, and become more skillful observers of the provider-patient communication process. This session aims to pull together everything shared thus far.

III. INTEGRATION AND APPLICATION OF SKILLS (continued)

Tell participants this part of the session will focus on applying the frameworks, skills, and techniques to their individual situations. To help the participants utilize the information and skills presented, have them fill out Handout 6D.

After five minutes, ask volunteers to share what they have written. Continue around the room until all volunteers have had a chance to share.

Tell participants to think how they can apply what they have learned to their situations. Ask participants to fill out Handout 6E . Have them focus on the first new skill they would like to apply, the steps they will take, and how the application will change their effectiveness in provider-patient interactions.

After five minutes, ask volunteers to share what they have written. Continue around the room until all volunteers have had a chance to share.

Refer the participants to the job aid (Handout 6F) in their participants' manuals. The job aid is a useful reminder of the critical elements of effective interpersonal communication when meeting with patients. The job aid can be cut out, folded, and placed in a pocket for use in future provider-patient interactions.

IV. EVALUATION

Ask participants to fill out the evaluation form for this workshop (Handout 6G). Tell them it will take about 10 minutes to fill out, and the information is valuable and necessary feedback. Assure the anonymity of the form. Stay in the room while the participants complete the evaluations to answer any questions they may have.

V. CONCLUSION

End this session by having participants complete the integrated skills self-assessment handout (Handout 6H). The purpose is for each provider to recognize what he or she does well and what specific behaviors he or she would like to change and improve. This should build confidence and inspire the desire for improvement.

A sample certificate of completion is provided for your use (Handout 6I).

INTEGRATION AND APPLICATION OF SKILLS SESSION GOALS

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

- **Demonstrate the ability to appropriately use the skills outlined in the acronyms CARE, SOLVE, and EDUCATE in provider-patient communication situations**
- **Apply the information, skills, and techniques learned in the workshop to their individual situations**

Becoming a Master Swordsman

Japanese master swordsmen learn their skills through a complex set of highly detailed training exercises. The process of masterful swordsmanship is broken down into specific components, which are studied carefully, one at a time. In this process of mastery, the naturally skilled person often suffers and finds handling the sword awkward. The skilled individual even may find his performance dropping during the practice of single skills. *Being aware of what one is doing can interfere with coordination and smoothness.*

Once the individual skills are practiced and learned to perfection, the swordsmen retire to a mountaintop to meditate. They deliberately forget what they have learned. When they return, they find the distinct skills have been integrated naturally into their styles or way of being. Then the swordsmen seldom have to think about skills at all. They have become master swordsmen.

The same holds true for cooking, farming, dancing, tennis, basket weaving, and many other activities of life. Rehearsal and practice of basic skills builds mastery, which later becomes integrated into our own natural style. The new, unique whole is often larger than the sum of the distinct parts.

It is likely you may have found discomfort in practicing the individual skills of questioning, listening, explaining, etc. This happens to both the beginner and the advanced counselor. Improving and studying our natural skills often results in a temporary and sometimes frustrating drop in performance, just as it does when we learn single skills, as happens to the swordsmen.

Consider driving. When you first sit at the wheel, you have to coordinate many tasks, particularly if you are driving a car with a manual shift lever. The clutch, the gas pedal, the steering wheel, and the gear ratios have to be coordinated smoothly with what you see through the windshield and the rearview mirror. When you give primary attention to the process of shifting, you may lose sight of where you are going.

But practice and experience soon lead you to forget the specific skills, and you are able to coordinate them automatically and give full attention to the world beyond the windshield and mirror. The mastery of single skills leads you to successful driving—your objective!

Acknowledgment: Ivey, Allen E. *Intentional Interviewing and Counseling*, Monterey, California: Brooks/Cole, 1983.

Observation Checklist: Integrated Skills Practice

I. CARE	YES	NO	COMMENTS
Welcomes patient			
Assures confidentiality			
Uses appropriate language (according to age, education, and status or class)			
States concern and empathy for patient			
Responds to patient's expressed feelings			
Expresses support and importance of cooperating and working with patient			
Pays attention to physical environment (ensures privacy; makes surroundings attractive, comfortable)			
Posture (leaning forward) shows concern and positive regard			
Maintains appropriate eye contact; looks at patient			
Facial expressions appropriate to patient's needs			
Gestures and touch used appropriately			
Rate of speech and tone communicates warmth and is easy to understand			
II. SOLVE			
Doesn't interrupt			
Doesn't answer phone or door			
Asks open-ended questions			
Refrains from leading questions or "cross-examining"			
Encourages and praises			
Lets client do most of the talking			
Legitimizes patient's concerns			
Reflects content			
Asks patient about causes of illness			
Reflects feelings			
Probes for more details			
Checks information			
Invites patient to continue speaking			
Asks about feelings			
Helps patient identify decision areas or problems			
Assists patient to examine consequences of each option			
Lets patient make the decision			
III. EDUCATE			
Explores patient's understanding of illness			
Corrects misconceptions of facts			
Provides basic diagnosis			
Organizes information in blocks (uses short words and sentences)			
Uses words clients understand			
Uses pictures and print materials, if available (also points to a body part when mentioned)			
Pauses from time to time			
Provides patient with a range of treatment options			
Checks on acceptability or mutuality of decision making			
Advises the patient on treatment regimen			
Discusses and suggests concrete behavior changes patient can accomplish			
Repeats and summarizes key information			
Asks clients to repeat instructions			
Urges patient to ask additional questions			
Elicits patient's intent (probes for compliance)			

ROLE-PLAY SCENARIOS

1. A middle-aged man with six children is being discharged from the district hospital. He was in a terrible car accident one month ago and has multiple fractures, including his right shoulder, arm, and hip. He has limited use of his arm at this time and is still in a long leg cast.
2. You have just diagnosed a middle-aged woman with TB. She is frightened and worried this will cost her family a lot of money to treat. She has heard the traditional healer has a treatment for such “coughing” diseases and is interested in seeing him. She has four children, a husband, her elderly in-laws, her brother-in-law, and her family, all living together in a small family compound.
3. A middle-aged man complains of severe headaches. He feels tired, weak, sweats a lot, and urinates a lot. He talks of being thirsty often. He takes aspirin for the headache and is eating bananas and drinking orange juice, on the recommendation of his uncle.

Three important things I *learned* during this workshop are:

1. _____
2. _____
3. _____

Three important *skills* I have practiced and now can perform are:

1. _____
2. _____
3. _____

Of the three items I have learned and the skills I now can perform, the most important thing I would like to *apply* upon my return home is:

1. _____

The steps I will take to apply this successfully are:

1. _____

2. _____

3. _____

By taking these steps, effectiveness in provider-patient interactions will change in the following way(s):

1. _____

2. _____

Improving Interpersonal Communication Between Healthcare Providers and Patients

Workshop Evaluation Form

The following questions will help us to evaluate the workshop you attended. Please respond to each question; do not put your name on this evaluation..

1. Please rate the workshop as a whole by circling your answer. (1 is poor and 10 is excellent.)

Poor Excellent
1 2 3 4 5 6 7 8 9 10

2. Explain why you rated it as you did.

3. Please indicate what part of the workshop or what activity you liked most and why.

4. Please indicate what part of the workshop or what activity you liked least and why.

5. Please rate to what extent the workshop provided a useful tool or application for your work:
1 = not at all useful; 2 = a little useful; 3 = somewhat useful; 4 = useful; 5 = very useful.

- | | | | | | |
|---|---|---|---|---|--|
| 1 | 2 | 3 | 4 | 5 | Understanding of the provider-patient framework as illustrating pathways to better health outcomes and the critical elements of effective IPC. |
| 1 | 2 | 3 | 4 | 5 | Helping me to use appropriate communication by using the acronym CARE (caring and socioemotional communication). |
| 1 | 2 | 3 | 4 | 5 | Helping me to use appropriate communication by using the acronym SOLVE (diagnosis and problem identification and solving). |
| 1 | 2 | 3 | 4 | 5 | Helping me to use appropriate communication by using the acronym EDUCATE (counseling and educating patients). |
| 1 | 2 | 3 | 4 | 5 | Helping me to integrate appropriately the skills outlined in the acronyms CARE, SOLVE, and EDUCATE in provider-patient communication situations. |

6. Would you recommend this workshop to your colleagues? (please circle your response)
YES NO

Why or why not?

7. Please comment or give suggestions on how we could increase the quality of this workshop.
(Be as specific as possible.)

8. Any additional comments?

Thank you for your comments.

INTEGRATED SKILLS SELF-ASSESSMENT

I. CARE	I DO THIS WELL	WHAT I WANT TO IMPROVE OR CHANGE
Welcomes patient		
Assures confidentiality		
Uses appropriate language (according to age, education, and status or class)		
States concern and empathy for patient		
Responds to patient’s expressed feelings		
Expresses support and importance of cooperating and working with patient		
Pays attention to physical environment (ensures privacy; makes surroundings attractive, comfortable)		
Posture (leaning forward) shows concern and positive regard		
Maintains appropriate eye contact, looks at patient		
Facial expressions appropriate to patient’s needs		
Gestures and touch used appropriately		
Rate of speech and tone communicates warmth and is easy to understand		
II. SOLVE		
Doesn’t interrupt		
Doesn’t answer phone or door		
Asks open-ended questions		
Refrains from leading questions or “cross-examining”		
Encourages and praises		
Lets client do most of the talking		
Legitimizes patient’s concerns		
Reflects content		
Asks patient about causes of illness		
Reflects feelings		
Probes for more details		
Checks information		
Invites patient to continue speaking		
Asks about feelings		
Helps patient identify decision areas or problems		
Assists patient to examine consequences of each option		
Lets patient make the decision		
III. EDUCATE		
Explores patient’s understanding of illness		
Corrects misconceptions of facts		
Provides basic diagnosis		
Organizes information in blocks (uses short words and sentences)		
Uses words clients understand		
Uses pictures and print materials, if available (also points to a body part when mentioned)		
Pauses from time to time		
Provides patient with a range of treatment options		
Checks on acceptability or mutuality of decision making		
Advises patient on treatment regimen		
Discusses or suggests concrete behavior changes patient can accomplish		
Repeats and summarizes key information		
Asks clients to repeat instructions		
Urge patient to ask additional questions		
Elicits patient’s intent (probes for compliance)		

Sample certificate here

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Materials

Visual aid 6.1
 Handouts 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H Certificate

<u>Time</u>	<u>Topic</u>	<u>Activities</u>	<u>Critical points</u>
15 min.	1. Session goals and introduction	Remarks	Session goals (Visual aid 6.1)
45 min.	2. Integration and application of skills	Triad practice	The importance of integrated practice (Handouts 6A, 6B, 6C)
35 min.	3. Integration and application of skills (cont.)	Application exercise, discussion	The importance of transferring what happened at the workshop to participants' worksites (Handouts 6D, 6E, 6F)
10 min.	4. Evaluation	Assessment	Evaluating the workshop—anonymous responses only (Handout 6G)
15 min.	5. Conclusion	Skills assessment, certificate distribution	Self-assessment tool (Handout 6H)



III. Counseling and education

Explore patient understanding
Describe and discuss information
Use appropriate vocabulary and visuals
Choose an appropriate treatment
Advice the patient
Target final comments to the patient
Encourage additional questions and
Establish follow-up actions
Evaluate patient's understanding

- Explore patient's understanding of illness
- Correct misconceptions of facts
- Provide basic diagnosis
- Organize information in blocks
- Use words your patient understands
- Use pictures and print materials
- Pause from time to time
- Provide patient with treatment options
- Check on acceptability of decision
- Advise patient on treatment regimen
- Discuss and suggest concrete behavior changes
- Repeat and summarize key information
- Ask patient to repeat instructions
- Urge patient to ask questions
- Elicit patient's intent (compliance)

**Effective Interpersonal
Communication**

Essential Job Skills

- I. **Caring and socioemotional communication**
CARE
- II. **Diagnostic and problem solving communication**
SOLVE
- III. **Counseling and education**
EDUCATE



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Explore patient understanding
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EDUCATE



I. Caring and socioemotional communication

Communicate both verbally and nonverbally
Appropriate behaviors
Recognize patient's expertise
Express support

- Welcome patient
- Assure confidentiality
- Use appropriate language (according to age, education and status, and class)
- State concern and empathy for patient
- Respond to patient's expressed feelings
- Express support and importance of cooperating and working with patient
- Pay attention to physical environment (ensure privacy; make surroundings attractive, comfortable)
- Posture (leaning forward) shows concern and positive regard
- Maintain appropriate eye contact; look at patient
- Facial expressions appropriate to patient's needs
- Gestures and touch used appropriately
- Rate of speech and tone communicates warmth and is easy to understand

II. Diagnostic and problem solving communication

Shun interruptions
 Use Open-ended questions
Listen to patient
 InVestigate even further
Explore patient's opinion
Encourage and reassure patients

- Do not interrupt
- Do not answer phone or door
- Ask open-ended questions
- Refrain from leading questions or "cross-examining"
- Encourage and praise
- Let patient do most of the talking
- Legitimize patient's concerns
- Reflect content
- Ask patient about causes of illness
- Reflect feelings
- Probe for more details
- Check information
- Invite patient to continue speaking
- Ask about feelings
- Help patient identify decision areas or problems
- Assist patient to examine consequences of each option
- Let patient make the decision



I. Caring and socioemotional communication

Communicate both verbally and nonverbally
Appropriate behaviors
Recognize patient's expertise
Express support

- Welcome patient
- Assure confidentiality
- Use appropriate language (according to age, education and status, and class)
- State concern and empathy for patient
- Respond to patient's expressed feelings
- Express support and the importance of cooperating and working with patient
- Pay attention to physical environment (ensure privacy; make surroundings attractive, comfortable)
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