QUALITY
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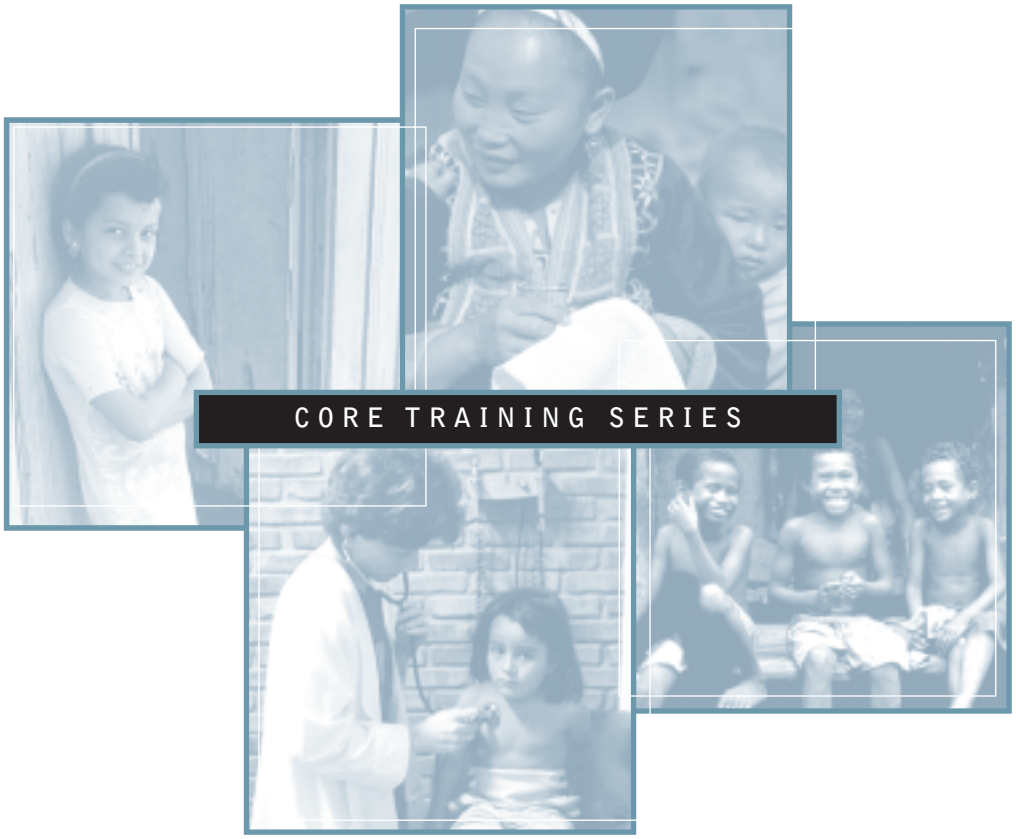

Improving Interpersonal Communication Between Healthcare Providers and Clients

Participant Manual

Center for Human Services • 7200 Wisconsin Avenue, Suite 600 • Bethesda, MD 20814-4811 • USA

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

Participant Manual

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Dear Participant,

Welcome to the *Improving Interpersonal Communication Between Health Care Providers and Patients* workshop. Research has shown effective interpersonal communication between health care provider and patient is an important element for improving patient satisfaction, treatment compliance, and health outcomes. Patients who understand the nature of their illness and its treatment and who believe the provider is concerned about their well-being show greater satisfaction with the care received and are more likely to comply with treatment regimens. In the same manner, providers gain confidence in knowing and seeing positive results from appropriately displaying their technical competence and helping guide patients towards positive health behaviors.

This workshop will build on your current skills and experience in provider-patient communication. You will strengthen your theoretical foundation and practical application of skills necessary to effectively communicate with your patients. We anticipate you will gain confidence as well as contribute to this workshop. Welcome once again!

Workshop Goals

1. To enhance the communication skills of health care providers and improve their interpersonal interactions so their patients' satisfaction, compliance, and health outcomes will improve.

2. To enhance the communication skills of health care 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.

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	Session 4 (continued)	Session 6 (continued)
		Lunch	Lunch	Lunch
Early afternoon		Session 3: Caring and socioemotional communication	Session 5: Counseling and education	Departure
		Break	Break	
Late afternoon		Session 3 (continued)	Session 5 (continued)	
Evening	Informal gathering (optional)			

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

Key Ideas:

1. The interpersonal communication process is the vehicle by which technical care is implemented and on which its success depends (Donabedian 1998).

2. The provider-patient interaction process and content are what relate most significantly to the outcome of patient satisfaction, comprehension, recall of medical instructions, compliance, and appointment keeping (Curtin 1987; DiMatteo 1994; Hall 1988; Ong 1995).

3. Counseling, health education, and interpersonal communication between provider and patient can improve with adequate training and follow-up (Fallowfield 1998; Kopp 1989; Levinson 1995; Roter 1998b).

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

The trainer has some expectations of you, 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.

Notes

Effective interpersonal communication between health care 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 care 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.

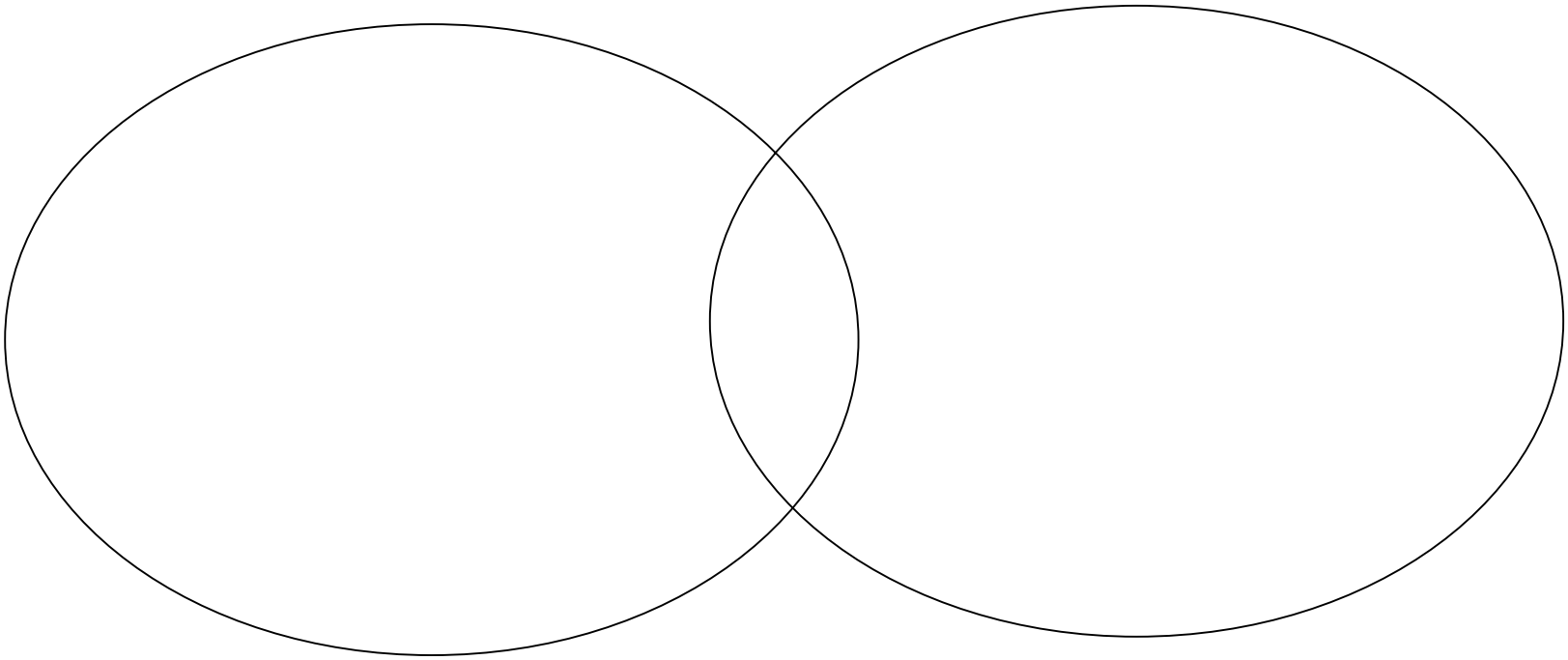
Curtain (1987), DiMatteo (1994), and Ong (1995) further identified that the provider-patient interaction process and content was related most significantly to the outcome of patient satisfaction, comprehension, recall of medical instructions, compliance, and appointment keeping. Specific behaviors included 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 one of 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, 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.

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!

NOTES

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

Key Ideas:

1. Patient-provider communication framework (see Figure 1)
2. 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 problem, treatment options, and regimen selected (EDUCATE)

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 health care 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.

Notes

Frameworks help establish critical pathways, linking processes and illustrating 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 had only a few years of education. Because of these differences, she may be shy and hesitant about communicating with the provider.

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 regimen, appropriate continued use of health 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 health situation eventually experience resolved symptoms, have improved physical and functional status, enjoy a better quality of life, and avoid the financial burden of future health care costs. Communities benefit from improved community health through reduced economic burdens, increased productivity by community members, and reduced morbidity and mortality in the community.

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:

- ***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:

C—Communicate 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—Express 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:

S—Shun interruptions while the patient is speaking.

O—Use **O**pen-ended questions, encouraging patients to provide details about their problem(s).

L—Listen 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—In**V**estigate even further by asking more questions and inviting the patient to continue speaking.

E—Explore 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:

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 may have done about it previously. Politely correct any misconceptions patients may have.

D—Describe 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—Use 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—Choose an acceptable, feasible treatment plan and, if possible, provide the patient with a range of treatment options.

A—Advise 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—Target 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.

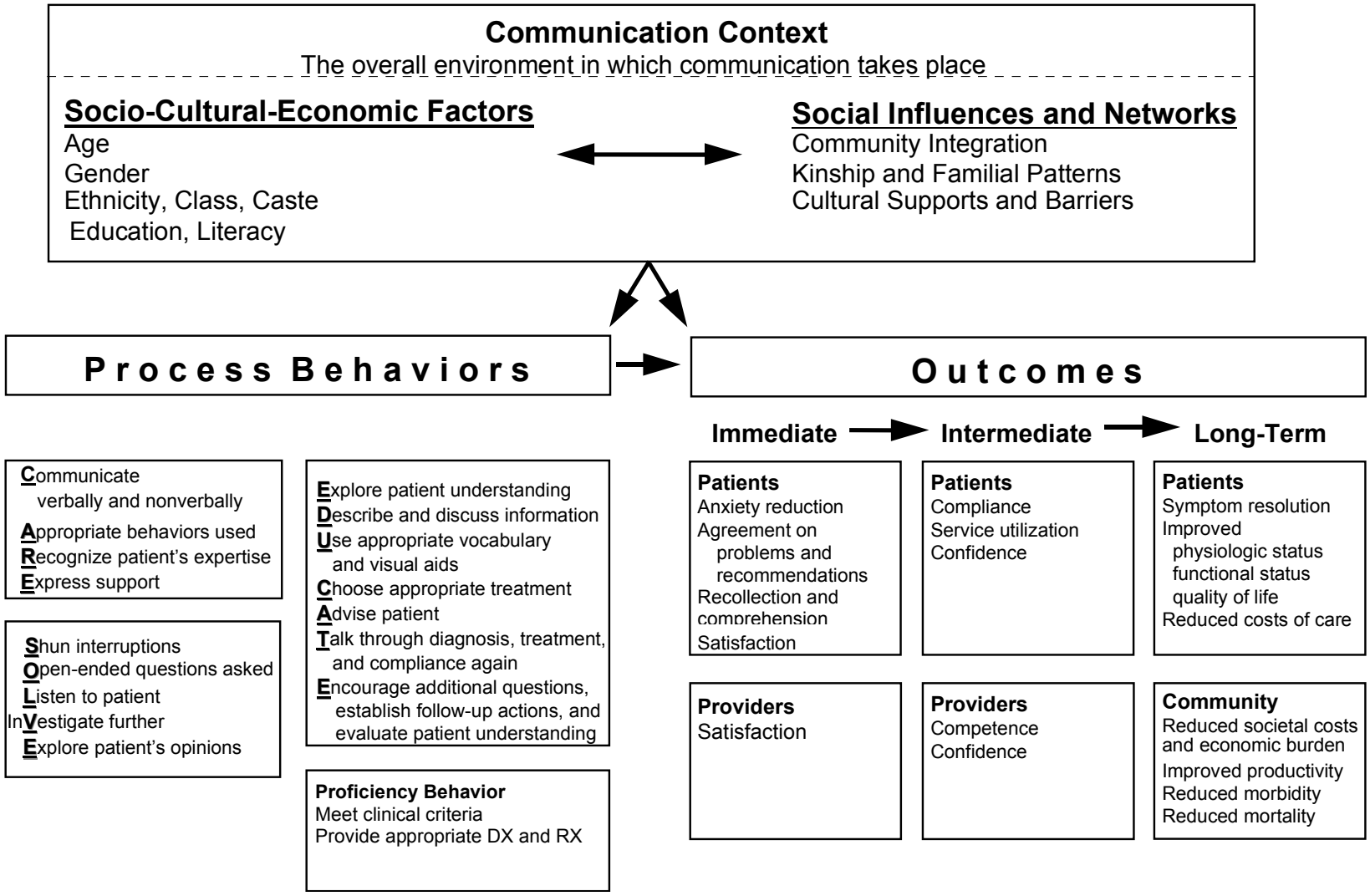
E—Encourage additional questions and **E**stablish follow-up actions. Urge the patient to ask additional questions. Allow time for a response to utilize the opportunity to provide further assistance and/or counseling.

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.

Figure 1

Provider-Patient Communication Framework



Caring and Socioemotional Communication
CARE

C—Communicate 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—Recognize 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—Express 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. Patient's first complaints are not always the most important ones.

V—In**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—<u>E</u>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—<u>D</u>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>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—<u>C</u>hoose an acceptable, feasible treatment plan and, if possible, provide the patient with a range of treatment options.

A—<u>A</u>dvise the patient (after diagnosis and treatment regimen selection) regarding certain behavioral changes that either would prevent the reoccurrence or support improvement of the condition. Carefully consider the patient's ability to implement the recommendations.

T—<u>T</u>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—<u>E</u>ncourage additional questions and **<u>E</u>**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.

NOTES

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

Key Ideas:

1. Effective caring and socioemotional communication

   - **C**ommunicate both verbally and nonverbally
   - **A**ppropriate behaviors used
   - **R**ecognize the patient's expertise
   - **E**xpress support

2. Steps to successful communication across social differences

   - *Awareness* of our attitudes and values towards the patients
   - *Knowledge* of the needs of differing populations

Handout 3A

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.

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. 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.

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 **A**ppropriate 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 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 client's statements, responses, and emotions.

Recognize 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 that 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."

Express 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."

Handout 3B

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 could be improved in the interaction**.**

BEHAVIOR	Aspects of CARE[1]	YES	NO	COMMENTS
Verbal				
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			
Nonverbal				
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			

Handout 3C

[1] Key to aspects of **CARE**: **C**ommunicate both verbally and nonverbally; **A**ppropriate behaviors; **Re**cognize the patient's expertise; **E**xpress 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.

NOTES

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/illness

Key Idea:

1. Effective diagnostic communication and problem solving
   - **S** hun interruptions
   - Use **O** pen-ended questions
   - **L** isten to patient
   - In **V** estigate even further
   - **E** xplore the patient's opinion
   - **E** ncourage and reassure patients

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 concerning only the specific question asked. Closed-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 reveal 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 a powerful, helpful act. 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 he or she is 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?"

Notes

S O L V E

Shun 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 **O**pen-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**V**estigate even 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 health encounter or visit 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. **E**ncourage 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."

Handout 4A

Solve Observation Checklist: Skills Practice

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**.**

BEHAVIOR	Aspects of SOLVE[1]	YES	NO	COMMENTS
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			

[1] Key to aspects of SOLVE: **S**hun interruption; ask **O**pen-ended questions; **L**isten to patient; in**V**estigate further; **E**xplore and **E**ncourage

Handout 4B

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.

NOTES

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

Key Idea:

1. Effective counseling and education
   - **E**xplore patient understanding
   - **D**escribe and discuss information
   - **U**se appropriate vocabulary and visual aids
   - **C**hoose an appropriate treatment
   - **A**dvise 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
     - **E**valuate patient's understanding

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 their understanding of their illness, their feelings about the prescribed treatment, and their willingness to follow instructions.

Handout 5A

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.

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.

A._____

_____

_____

_____

_____

B._____

_____

_____

_____

_____

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 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 corrected 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, which 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 **D**iscuss information with the patient in a way that can be absorbed and remembered easily. The diagnosis should be explained in a clear and 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 patients 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

Use 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 when speaking with patients, 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.

Choose an acceptable, feasible treatment plan and, if possible, provide the patient with a range of treatment options. Develop the treatment regimen the patient is *most* likely to successfully follow. 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.

Advise 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, 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."

Target 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 instruction in his or 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?"

Encourage 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 that 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; warn 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.

Handout 5B

Counseling and Education Observation Checklist: Skills Practice

Instructions to observer: You have the opportunity to help your colleague improve his/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**.**

BEHAVIOR	Aspects of EDUCATE[1]	YES	NO	COMMENTS
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			

[1] 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**dvise 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.

NOTES

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

Key Ideas:

1. Learning to communicate effectively with patients means integrating the cognitive information and the discrete skills learned, increasing one's awareness of communication strengths and weaknesses, and becoming a more skillful observer of the provider-patient communication process.
2. Change will not happen until each provider applies what he or she has learned in the workplace and with patients.

Handout 6A

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.

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. Providers like you who are learning to communicate effectively with patients need opportunities to integrate all the skills by practicing and receiving feedback on your performance. The workshop design allows you to observe others and be observed yourself.

During this session, you not only integrate cognitive information learned during the workshop but also integrate discrete skills taught during previous sessions, increase awareness of your 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.

Handout 6B

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 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)			

Handout 6C

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.

Handout 6D

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. _____

Handout 6E

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. _____

_____

Handout 6F

Cut out and fold the following job aid for use in future provider-patient interactions.

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 **O**pen-ended questions
Listen to patient
In**V**estigate 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)
- 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 **O**pen-ended questions
Listen to patient
In**V**estigate 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

III. Counseling and education

Explore patient understanding
Describe and discuss information
Use appropriate vocabulary and visuals
Choose an appropriate treatment
Advise 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

III. Counseling and education

Explore patient understanding
Describe and discuss information
Use appropriate vocabulary and visuals
Choose an appropriate treatment
Advise 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
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· 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

Handout 6G

Improving Interpersonal Communication Between Health Care 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 during this workshop, 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.

Handout 6H

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 the 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 patients' 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		
Urges patient to ask additional questions		
Elicits patient's intent (probes for compliance)		

NOTES