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Ku Saurara!

**AN INTERPERSONAL
COMMUNICATION AND
COUNSELING (IPC/C) SKILLS
TRAINING MANUAL FOR
HEALTH FACILITY
SUPPORT STAFF**

(FACILITATORS GUIDE)

NOVEMBER 2008

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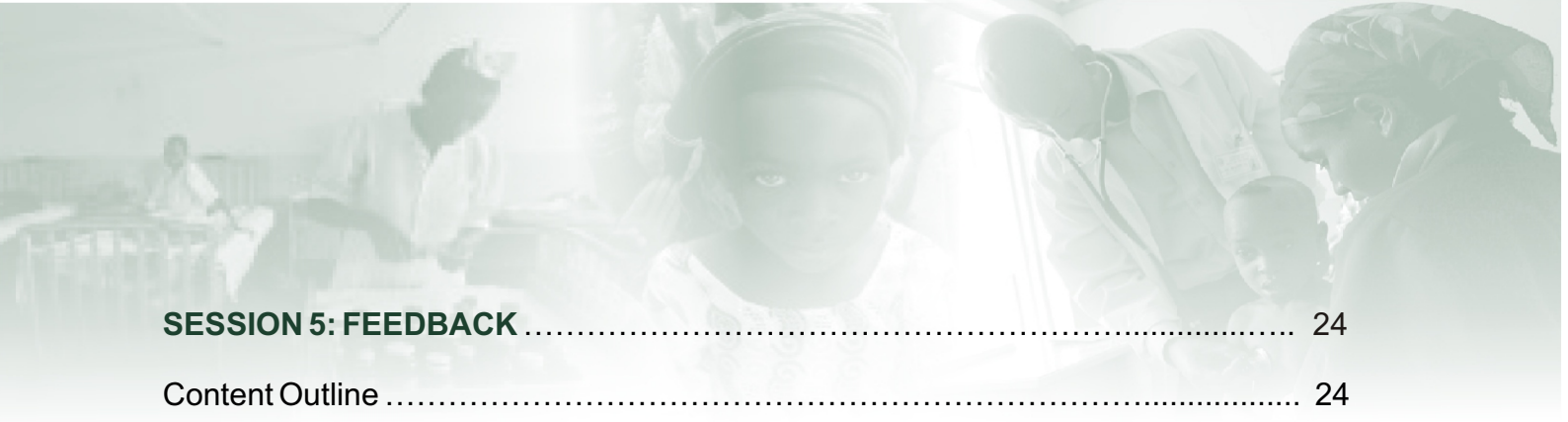
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FOREWORD

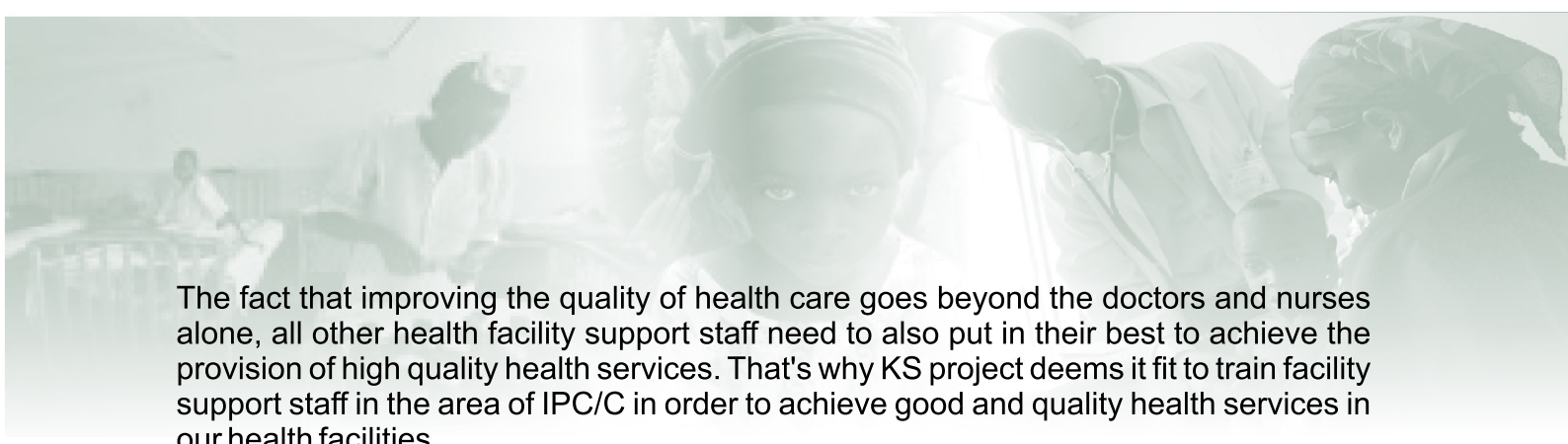
The David and Lucile Packard Foundation supported Phases I, II, III and IV of *Ku Saurara!* Between 2000 and 2009. This project was implemented by the Johns Hopkins Bloomberg School of Public Health Center for Communication Programs (CCP) in collaboration with African Radio Drama Association (ARDA) and a consortium of youth serving organizations (YSOs) in 12 states in Northern Nigeria. Phase I was geared towards increasing awareness about healthy reproductive behaviors among youths and improving the socio-cultural environment for youth-friendly health services. Phase II emphasized increasing demand for and access to adolescent reproductive health (ARH) services. Both phases used an entertainment-education approach; a radio variety shows (*Ku Saurara! Or Listen Up!*) was created as a vehicle to convey and model RH behaviors and to promote access to services for youths. Phases II and III of the project also introduced the use of home video as a vehicle for reaching youths i.e. the *Akwai Mafita* home video (*There is a way out*), an entertainment-education drama that provides RH information, promotes early RH decision-making, and links young people to YSO and quality services. Also, during the same phase of the project using Pathfinder International clinic assessment forms, youth friendly clinics were identified in each of the KS states and clinicians from the identified clinics were trained in Inter-Personal Communication and youth-friendly services. The KS local steering committee in the 12 states conducted 12 step-down trainings in Phase II, for service providers on youth-friendly services, using a training manual that was developed during phase I of the project. While in Phases III and IV, the Interpersonal Communication trainings were conducted with the training manual that was developed during phase III of the project. Knowing the importance of Inter-Personal Communication in linking clients to services rendered by providers, that's why the phase IV of the project also focuses seriously on it.

To improve the quality of health services being provided, there is the need to improve the interpersonal communication and counselling (IPC/C) skills of the service providers including all other facility support staff, since research based evidence points to the fact that inappropriate IPC/C skills contribute to low utilization of the health services. Such studies reveal that clients consider health providers unfriendly, rude and impatient treating clients with disdain and contempt.

Improving interpersonal communication skills will no doubt contribute to increased demand for services and more confidence in the health providers.

Health providers can employ effective IPC/C skills to collect, disseminate information and more importantly to promote and establish the necessary relationship of trust and confidence required for compliance with the provision of services that seek to address health issues such as Safe Motherhood, Birth spacing, Post abortion care (PAC) and Adolescent Reproductive Health (ARH).

By undergoing this training, it is expected that health providers and all other facility support staff will better understand the need to improve client and provider interactions that include improving the Client Centred Approach, Customer Service, and improving interpersonal Communication and Counselling skills.



The fact that improving the quality of health care goes beyond the doctors and nurses alone, all other health facility support staff need to also put in their best to achieve the provision of high quality health services. That's why KS project deems it fit to train facility support staff in the area of IPC/C in order to achieve good and quality health services in our health facilities.



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Acknowledgements

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How to use this manual

The manual is meant for support staff at health facilities that interact with clients and providers. This manual is a reference tool and a reminder of the Training conducted on how to help improve interpersonal communication and counselling skills. The manual is organized by lessons to help guide the trainer to gain confidence and skills to conduct an IPC/C training workshop for health facility support staff. Activities can be adjusted to suit the circumstances and needs of the trainer/participants. Note also that trainers should not read out the content word for word to the participants during a session, but rather should familiarize themselves with the content before hand. The “Trainer Notes” should be used to prepare for the session and answer question from the facility support staff during the training.

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FACILITATION GUIDELINES

As a trainer you should always:

- **Be a learner:** A trainer is not the source of all knowledge, but is a person who will listen, guide and suggest rather than direct.
- **Emphasize preparation:** Be clear about the learning objectives of any session and prepare so that you are confident in using the appropriate processes/tools to reach these objectives.
- **Be empathetic and open minded:** Try to understand other people's point of view and perceptions no matter how different they are from your own.
- **Promote sharing:** Promote exchange of experiences and knowledge amongst the group and thus encourage participation.
- **Control expectations:** Participatory processes can encourage participants' unrealistic expectations of "something good about to come". Control such expectations by emphasizing the purpose of the exercise and what can be legitimately expected.
- **Be inquisitive:** 'Lead from the back' by asking probing questions. At the same time, be self confident because the participants will be looking for guidance and one's guide must inspire trust.

Leading Sessions

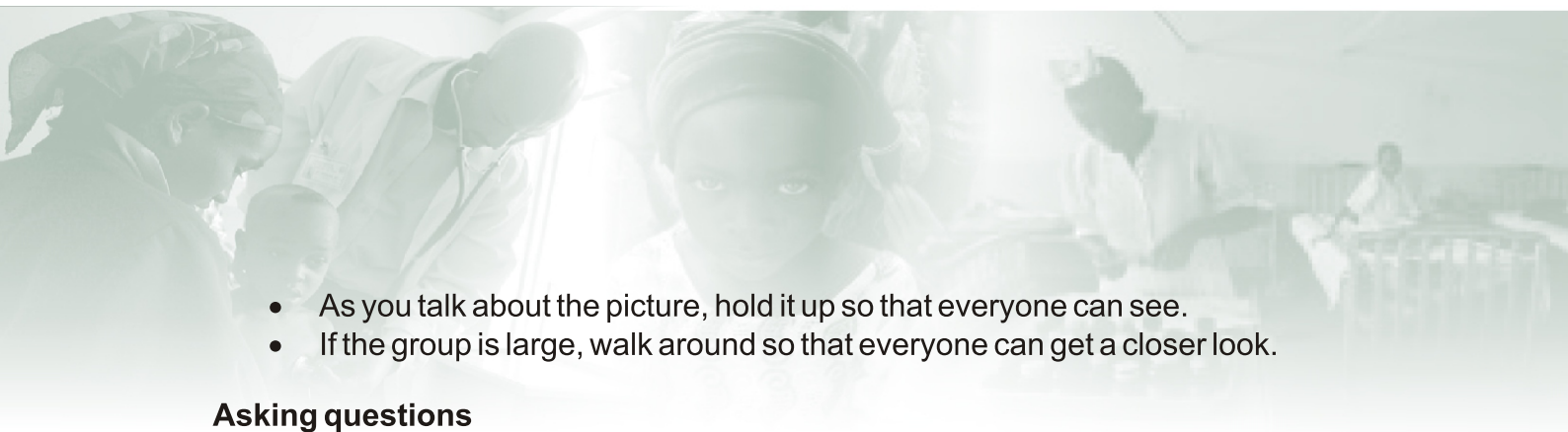
Participation and discussion are essential to adult learning. As a trainer, your focus is on engaging the participants and listening to them with respect and interest. The following suggestions can improve the quality of your facilitation.

Group discussion

- When a person speaks up, thank that person for speaking. People need to feel appreciated.
- Avoid interrupting people while they are talking. If you must interrupt someone who is talking too long, do so, but apologize.
- Try to have as many people as possible to participate in the discussion. Encourage this by saying, "I'd like to hear from someone who has not spoken yet".
- Listen carefully and considerately to what people say. Speaking up in a group takes courage. Being listened to increases the speaker's sense of confidence and safety. When people feel safe, they speak more freely, give honest answers, ask questions and in the end, learn more. When you listen carefully to what people have to say, you too will learn to understand their situation better.
- Ask open-ended questions that require a full, meaningful answer, rather than close-ended questions that can be answered in a single word or phrase. Open-ended questions begin with words like, 'Why?'.... 'How?'..... and 'Tell me more about'.....
- Use group discussions when necessary. More people, especially very quiet people, will have more opportunity to share their thoughts in smaller group discussions.

Showing a picture

- Pictures help people remember and understand more clearly what you are saying.

- 
- As you talk about the picture, hold it up so that everyone can see.
 - If the group is large, walk around so that everyone can get a closer look.

Asking questions

- Pause after asking a question to give participants time to think of their answers. Look around the group as you wait for someone to answer.
- If no one responds, ask the same question using different words and pause again, waiting for them to answer.
- Once someone volunteers a response, do not be too quick to go on to the next question. Rather, ask if someone else has something to add to the first response.
- Listen to the responses for important points and commend the speaker.
- When someone gives an answer that is wrong, continue by asking if someone else has a different answer. When the correct answer is given, repeat it so the correct information is emphasized.
- If you don't know the answer to a question that is asked, it is okay to admit this. You can tell the group you will find an answer for them, and refer to your training guide or a health professional for guidance.

Directing a role-play

- Make clear the roles assigned to a person to play.
- Make sure that the participants playing the role assume the role being played; that is, they play it as if it were real for them.
- Take feedback from the audience to make the process more interactive for those watching.
- Encourage as many to play the role as time allows.

OPENING SESSION

Welcome, Overview and Climate Setting

Introduction:

This session will help facilitators and participants get acquainted, know each other by name, their work site and personal hobbies and activities. It will also help the participants understand the background and rationale of the IPC/C workshop as well as reconcile their own expectations with the objectives of the workshop. Participants will also be familiar with training methods to be used, logistic arrangements and the schedule for the course.

Welcome remarks by organizers or hosts.

- Welcome participants. Ask after their travels, thank them for honouring the invitation
- Tell them about the interesting things they will be gaining
- Wish them a pleasant stay

Climate Setting:

Tell the participants the workshop is to start and that All Participants should be seated. Ask if they had a restful night and if they have had breakfast and are comfortable.

Training processes:

Set Ground Rules

- Request participants to generate the rules to guide workshop proceedings.
- Encourage active participation. List all suggestions and display the rules where all can see during the workshop.

Logistics

- Explain any logistical arrangements that have been made regarding transportation, meals (especially the lunch and the tea breaks), social events etc.

Training goals and objectives

- Present the goal of the workshop and overall workshop objectives. This is the kick-off session and sets the overall tone of the workshop. The overall tone should be relaxed, supportive, fun, practical and inspirational.

Goal

To enhance interpersonal communication and counseling skills of health service providers in order to provide quality care services to clients.

Objectives

By the end of the workshop, participants will have:

- Identified IPC/C techniques needed to enhance quality of care
- Analyzed barriers to IPC/C and factors that promote effective client/provider interactions for increased service demand
- Learned providing information to clients in order for clients to make informed health behavior decisions



OPENING STORY- SETTING THE SCENE

Read aloud the story of Fatima to generate interest and attention of the participants. Use the following questions and information in the story to generate your group discussion.

THE STORY OF FATIMA

A 22 year old woman in Nigeria, she lives in a small district in Northern Nigeria. Like many young girls she didn't go to school, Fatima is dedicated to her family. Her daily routine are; cleans the house, cooks three square meals, attends to the children, attends to the husband's needs, attends wedding and other ceremonies, sells groundnut and zobo drinks. Fatima died during labour in a small district hospital in northern Nigeria.

Why did Fatima die?

- In Fatima's case the physician diagnosed the cause of death as **bleeding during pregnancy due to presentation of the placenta.**
- Fatima entered the hospital in shock due to blood loss.
- She received intravenous fluids but the 1/2 liter of blood available was not enough.
- The operation was **delayed for 3 hours** until the doctor and the service provider that will make her sleep arrived.
- Fatima died during the operation.
- The committee classified the death as avoidable, if she had more blood and better preparation for emergencies
- Her life would have been saved.

Why did Fatima die?

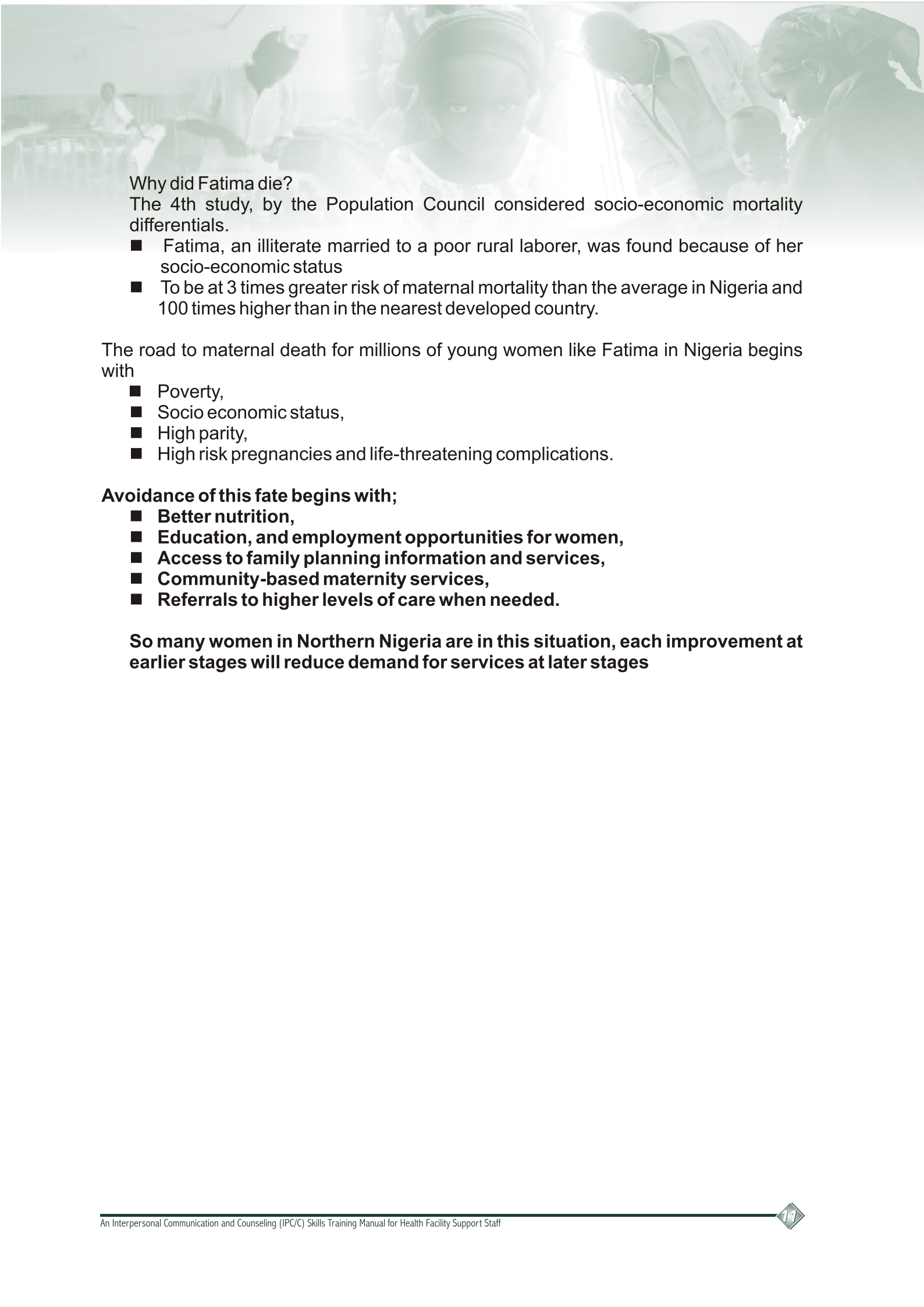
A community-based study sponsored by the World Health Organization examining unsatisfied needs in maternal health care revealed;

- Fatima stayed at home waiting for support to come to the clinic
- It took 4 hours for Fatima to reach the hospital
- .Fatima had chronic iron-deficiency anemia and hook worm parasite and had never received antenatal care.
- The study concluded that the cause of death was unquestionably the unsatisfied need for maternal primary health care services.
- **Emergency transportation or prenatal care for her anemia and a referral to higher level services at the 1st bleeding episodes could have saved her life.**

Why did Fatima die?

Another study of the causes of mortality financed by FHI

- Indicated that Fatima **at 22 had already had 7 children of whom 3 sons and 2 daughters survived.**
- She did not really want more children but had never used family planning.
- **This study concluded that lack of access to family planning information and services was another cause of death.**



Why did Fatima die?

The 4th study, by the Population Council considered socio-economic mortality differentials.

- Fatima, an illiterate married to a poor rural laborer, was found because of her socio-economic status
- To be at 3 times greater risk of maternal mortality than the average in Nigeria and 100 times higher than in the nearest developed country.

The road to maternal death for millions of young women like Fatima in Nigeria begins with

- Poverty,
- Socio economic status,
- High parity,
- High risk pregnancies and life-threatening complications.

Avoidance of this fate begins with;

- **Better nutrition,**
- **Education, and employment opportunities for women,**
- **Access to family planning information and services,**
- **Community-based maternity services,**
- **Referrals to higher levels of care when needed.**

So many women in Northern Nigeria are in this situation, each improvement at earlier stages will reduce demand for services at later stages

SESSION 1: Client Centred Approach

Introduction:

The purpose of this session is to introduce participants to the importance of a “Client centered approach” to facility based health care and explain what “client centered approach” means and how to achieve it...

Content Outline

Activity: “Role Play”

Ask 2 participants to role play, one acting as a client and the other acting as a security in a health facility.

An 18 year-old married woman from a village who has delivered 18 months ago now suddenly realizes that she is pregnant again. She becomes very confused and is visiting a health facility for help. At entrance of the health facility she is confronted by the security man on duty asking the young female client that she is late, she needs proof of illness before she is allowed in because there are currently a lot of clients on the waiting list. In short, the security man suggested that she should go back home and come back very early the following morning.

Group discussions

Ask participants how would they feel if any of them happens to be the client? What will be their response to the security man? What was the security man did that was wrong?

- Trainer introduces topic

1.1 Definition of Client Centred Approach

Client centered approach to service delivery means having the client as the main focus of service delivery with the aim to meet and where possible surpass the expectations of the client. It is an approach that meets the rights of the clients to access, information, choice, confidentiality and safety.

Although we would like to think that every health system, health worker and other service providers, has the client in focus, this is not normally so for various reasons.

For the purpose of this training we will be primarily concerned with looking at meeting the client's needs from consumer satisfaction information and not clinical performance. For instance, do the service providers communicate well and do clients get the health services needed?

As integrated health providers, we seek to provide services that meet the expectations and needs of the clients and community. Experience has shown that clients feel comfortable and are even willing to pay for the service when they feel it is of good quality and when they meet their expectations.

Meeting established targets, such as no out of stock syndrome, adhering to clinical protocols was often considered indicative of offering quality services. Despite these factors, people are still unhappy with the services offered and do not utilize them fully. Therefore, it is very important to place the clients' perspective at the forefront thus ensuring that clients' expectations are met satisfactorily. Studies have shown that an important factor that affects the quality of client provider relationship is the client's perception of the services they receive.



1.2 Importance of the Client Centred Approach

- Increase the number of clients who use integrated services
- Improve the reputation of staff at facility and community levels
- Satisfy the needs and expectations of clients
- Reduce the number of clients who discontinue services
- Satisfy a new need
- Satisfy an old need at a new level.
- Produce results within budget limitations
- Provide consistent and uniform information
- Meet desired and needed results that was not being achieved through former approaches
- For the health service system to respond to societal needs
- Increase and sustain the viability of centres

1.3 Results of not having a Client Centred Approach

- Wastage of resources such as human, equipment, time and supplies
- Decreased job satisfaction and motivation for providers
- Decreased safety for clients and providers
- Decreased satisfaction of clients
- Increased drop out rates and loss of clients resulting in increased defaulter rates
- Fewer new clients
- Poor image of the health facility and providers
- Poor compliance with prescribed treatments

1.4 Barriers to Client Centred Approach

Some of these include;

- Provider's lack of IPC & C skills
- Lack of job aids
- Lack of technical competency on the use of job aids
- Lack of privacy and confidentiality for the client
- Work overload for the provider

Emphasize barriers to interpersonal relations and mechanism to encourage continuity and follow up.

1.5 The Client Centred Approach

Service providers need to make the client the centre of all decisions and actions.

Client centred service providers will;

- Encourage clients to communicate their particular health needs and expectations
- Know client expectations and work to ensure client satisfaction
- Give clients information for them to make decisions about their health
- Organize the health delivery facility to ensure that client needs and expectation are reasonably met and clients are satisfied with their services
- Evaluate with clients to check whether needs are being met with the actions taken.



SESSION 2: CUSTOMER SERVICE

Introduction:

To introduce participants to the idea of providing quality customer service to every patient that comes to their health facility for services.

Content outline

Activity: “Role Play”

A 30 year old married woman with 7 months pregnancy has come to the clinic for the first time for ANC. She was not so happy with the way she was received by the providers in the facility. The providers were yelling at her on why she decided to come to the hospital when her pregnancy is already advanced, accusing her of behaving like a bush woman. She was not offered a comfortable seat and couldn't use the toilet in the facility because the one designated for clients is unkempt.

Group Discussion

Assuming you're the client, how will you feel about the treatment by service providers? What will be your response to their treatment? Will you come back to the facility for services again? Will you recommend the facility to others?

- Trainer introduces topic

2.1 Meaning of customer service

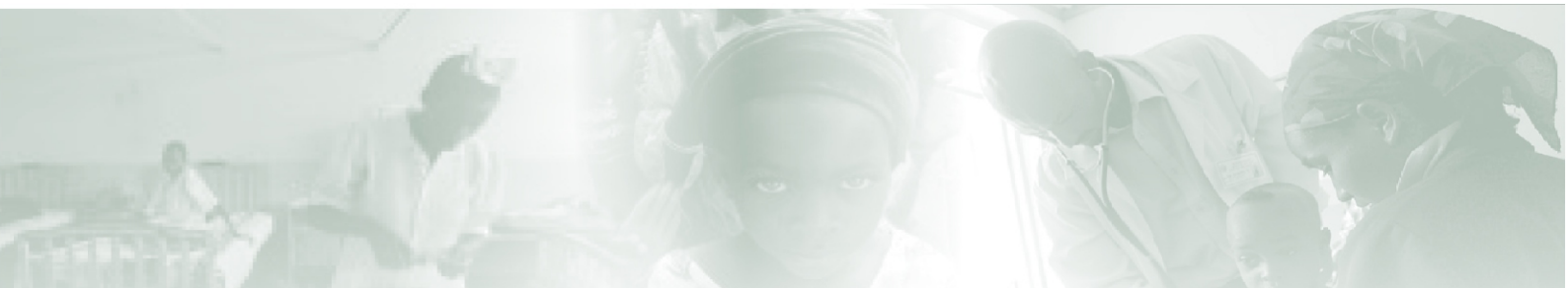
Customer service is a philosophy that goes beyond client focus. Client focus is often only incorporated into counseling and clinical services. Customer service expands client focus into everything that happens within and around the clinic, from the way staff greets clients, to the atmosphere in the waiting room, and the manner in which client's complaints are handled. Customer service involves the patient's entire experience from when they enter the doors of the facility to when they leave. It is used to help each person benefit not just from the immediate services the client came for but for the full range of services the clinic offers. It can even lead to the introduction of new services to meet clients expressed needs.

Health providers can increase demand for their services by learning from the success and principles of customer- oriented businesses. As health facilities move forward toward providing high quality clinical services backed by a strong customer service approach, they will become increasingly valued by their clients and communities.

2.2 Definition of Customer Service

Customer service means providing assistance to clients in a way that increases their satisfaction with your program or facilities. It is based on the continuous concern for client preferences, both in staff interactions with clients and in design of services. It maintains that facility staffs are accountable to clients, that clients have rights that staff needs to respect.

Customer service is people serving you in a way that meets your needs, makes you feel they care about you and your well-being, and makes you want to recommend their services to your family and friends.



Customer service is simply an organization's ability to supply their customers' wants and needs. Excellent customer service (is) the ability of an organization or individual to constantly and consistently exceed the customer's expectations.

- It is an ability, and a skill that is constantly and consistently practiced - they're doing it **all the time** and have proven this ability
- "It exceeds the needs" - more customer **delight** than customer **satisfaction**
- The provider - makes the customer an individual, rather than a group, with his special set of needs and wants

From a customer's point of view however, good customer service is defined as how he/she perceives that an organization has delighted him/her, by striving to meet his/her needs".

Improving customer service involves **making a commitment** to learning what our customers' needs and wants are, and developing action plans and activities that implement customer friendly processes.

Health services need to be provided with distinction. Try to know your customers and recognize their individual needs. Be convinced that you are offering them valuable service. This is key and crucial to good customer service

When you can show concern about what matters to your customer, you are a step closer to acquiring that customer for life.

It is necessary to be **honest** with your clients. The health facility staff should be in a position to let the client know the truth about issues especially as it relates to their health. For instance, if you are aware that treatment will no longer be free, do not promise clients they will still continue to receive free treatment just to get them to visit the health facility. If diagnostic equipment is not functioning well, do not pretend, keep them in the dark or let them wait unnecessarily.

By the time the client suspects that you are not being honest, he will feel disappointed and you run the risk of losing the trust secured. Some times, when clients do not receive a particular service consistently they are disappointed and fail to return. In addition, the word gets round and others too (who would otherwise still benefit from the available services) are also discouraged from utilizing the health facility.

2.3 Reasons for adding customer service to your quality clinical services

- Attracts new clients and generates new demand for services. Health facilities like many businesses rely on word of mouth to bring in new customers or clients and therefore benefit from the positive feedback that satisfied customers and clients give to their friends and family.
- Retains clients who need to return for follow up or other services. This is especially important for those with RH problems, ARH issues, SM, BS and PAC.
- Reduces per-customer or per-client costs. When providers and staff communicate well with clients, treat them well and provide the high quality services they want, there is rarely a need to redo procedures to please clients.
- Builds a good public image and reputation by word of mouth
- Dispels false rumors about methods and services
- Raises staff morale and performance by working together to fulfill clients' needs and getting positive feedback from clients about the services.

2.4 Commitment to customer service

A commitment to customer service can transform the way a clinic operates. It involves every staff member in establishing appropriate procedures and developing positive attitudes that allow them to:

- Create a welcoming atmosphere for their clients
- Maintain a smooth client flow
- Deliver personalized services
- Communicate effectively and courteously with clients
- Address client's complaints to the satisfaction of the client
- Gather information about the client's preferences in order to address their concerns

“If you are not taking care of your customers, your competitor will”

2.5 Initiating the customer service approach

Developing a customer service focus is an important and challenging task that requires the participation and commitment of all staff: this includes receptionists, health staff, accounts clerks and gatekeepers. They all need to understand that they have an important role in making each client's visit efficient and pleasant and that they must participate. It is essential to incorporate customer service attitudes and skills in all their interactions with clients.

2.6 Establishing a welcome atmosphere.

Most clients judge a clinic by the quality of the overall service they receive how they are treated, what they see and hear and what they experience during their visit. It is the responsibility of each and every staff member to help create and maintain an atmosphere where the client feels respected and welcome.

- Arrange the waiting and exam rooms so they are pleasant and inviting
- Use words that make clients feel important, valued and respected
- Greet each client warmly. If a group of clients arrive at the same time, seat them until you can greet each one individually
- Ask the client why he/she came before asking other questions
- Provide comfortable seating for clients
- Assist the client through each step of the visit
- Provide educational materials so clients can learn while they are waiting. Take advantage of every opportunity to provide important information to clients
- Set and maintain standards for cleanliness.
- Close the visit, being sure to answer any lingering questions that the client may have
- Provide clients with the information about the types of services offered and hours and days the clinic is open
- Inform the client of when he/she should return for the next visit.

2.7 Calming a dissatisfied client

Remember, **“The Customer is always Right.”** If a client comes to you about a complaint, be very serious about how you handle it. Is the client upset and angry? First, calm him with words and action that show that you are serious about doing something to correct the problem. Even if it is obvious that the client is wrong, to encourage treatment compliance resolve issues amicably and make sure the client is satisfied as much as possible.

Then, when your customer is satisfied that his complaint has been properly addressed, thank him for bringing the problem to your attention. Remember, it is better to properly address your clients concerns and prevent any damage. Besides, it is easier to address the concerns that repair any ensuing damage that might have far reaching implications on the health of your client or the reputation of the health facility.

Encourage every dissatisfied client to complain. Let them know there is a listening ear ready to tackle whatever problem may arise. Even more damaging to a small business is the “silent complainer.” That's the client who simply walks out of the health facility without saying a word, and never returns. These silent complainers have friends. And their friends have friends.

- Stay calm. Remember that the client is dissatisfied with the situation, not with you
- Let the client express anger. Stay quiet and listen for clues about what caused the anger
- Put yourself in the clients position, acknowledge clients feelings and try to understand the situation from the clients perspective
- Control your own anger.
- When the client is calm, ask questions to get to the root of the problem.
- Be positive about resolving the problem. Use phrases like, “We can offer to ...” or “What we can do is this”
- Identify the best option for solving the problem with the client.

**ALWAYS REMEMBER:
THE CLIENT IS NOT AN INTERRUPTION TO WORK, HE OR
SHE IS THE REASON FOR IT.**

SESSION 3: VALUES CLARIFICATION

Introduction:

To create awareness among participants to the importance and influence values have on an individual's behaviour and the importance of being aware of one's personal values in relation to the values of others and the society.

Content Outline

Activity: "Climate setting"

- Trainer may open the session with discussing any of the following statements:

"Men are not as caring as women when it comes to child care."

"Safe motherhood is only on paper, there is not much activity on ground."

"I am really not sure that it's right to expect the government to treat diseases free of charge or what do you think"?

"For clients with a sexually transmitted disease, the provider should have the right to inform the partner or spouse immediately no matter what the patient says."

"It is better for the health facility to offer or provide only one type of service on a particular day instead of providing integrated services daily."

- Encourages trainees to state their feelings about the statements and give reasons to support their feelings
- Trainer introduces topic

3.1 Definition of value

Values can be defined as a set of principles, standards or qualities regarded as worthwhile or desirable. They are those things, which people believe in and attach importance to or those things that they are against. It is important to note that values influence people's decisions and outlook about issues and contributes to the achievements of their goals.

Values are formed from varied sources; religion, society, culture, education, other beliefs, family, media. With respect to the key areas of intervention in community health, a lot of perceptions abound about health issues and their treatment. This has gross implications on how the client will or will not make use of services.

Large group exercise: Values clarification exercise -- Forced Choice Exercise.

- Explain to trainees that you are about to take a poll of their views with respect to issues in the intervention areas.
- Explain the rules as follows
- There is no right or wrong answer to any question

- They must either agree or disagree with each statement
- Prepare 2 labels for wall with “agree”, “disagree”, paste on opposite sides of the room
- If they agree with the statement, they should stand on the side of the room “agree”, if they “disagree”, they should stand on the side of the room with the “disagree” sign.
- Read statements from the list below:

1. Abortion means deliberate termination of pregnancy
2. Safe Motherhood does not involve men as much as women
3. Most people believe Abortion among married women is caused by supernatural causes such as charms, spirits and witchcraft
4. It is best not to allow TBAs to handle deliveries because they are mostly illiterates.
5. Lack of proper and effective communication between parents and young people can lead to reckless behaviour among youths
6. The community can play a tremendous role in safe motherhood and prevention of obstetric emergencies
7. Adolescents period is not a vulnerable period hence adolescents should be allowed to decide on their own
8. Most service providers do give friendly care to adolescents. Adolescent Clients are treated with respect and not looked down upon
9. Service providers have answers to all clients and community problems all the time.
10. Safe Delivery Plan is the surest way to prepare a woman for any emergency associated with pregnancy and delivery.
11. Birth spacing methods contribute to preventing unplanned and unwanted pregnancies.
12. Attitude is the most important thing when providing service
13. Community involvement is paramount to creating demand for services.
14. Community understands that Abortion is not synonymous with promiscuity
15. Service providers have no business with the social events in the community where she works.
16. It is an abomination for a woman to ask her husband for sex
17. Any service that is free of charge is likely to be inferior
18. The choice to space children is a collective one between a husband and his wife, not for the wife alone.
19. A mother that space her children well will have more time to take care of her family members.
20. Infertility is more common among women who had abortion.

3.2 Values clarification

It is important to remember to separate your personal values from the values of others and those of the larger society. Service providers recognize that their opinion may be different from others and to always think about how they express their opinions of particular issues. It is important to note that views about certain issues may change over time as people are exposed to different individuals, experiences and perspectives.



3.3 Factors affecting values

As stated earlier, values are affected by:

- Background
 - Family
 - Levels of education
 - Culture
 - Environment
 - Religion
 - Experiences
 - Media
 - Peer pressure

3.4 Key points to emphasize

- When trying to communicate there will be many perspectives to the same issue
- There are no 'right' or wrong ways of perception.
- Similar background, level of education does not guarantee that variations in values will not arise
- When providing services, the service provider should not assume to know what client's perspectives and values are about his or her health situation. It is essential to find out what they think, feel and know about health conditions in order to provide appropriate information and or service.

SESSION 4: INTERPERSONAL COMMUNICATION (IPC)

Introduction:

This session will help the participants to learn the foundations of Interpersonal communication and will go through a series of discussions and exercises to understand the complexities of interpersonal communication and how it differs from counselling.

Content Outline

Activity: “Experience sharing”

- Ask 2 or 3 participants to share their experience on how they were treated when they went for service somewhere e.g. Bank, Petrol station, Market, Hospital etc.
- List their responses on Flip chart and underline the positive ones.
- Ask them what their reactions were when the interactions were positive or Negative?
- Acknowledge their responses and say” **Do on to others what you want others do on to you”**
- Trainer introduces topic

4.1 Introduction to IPC

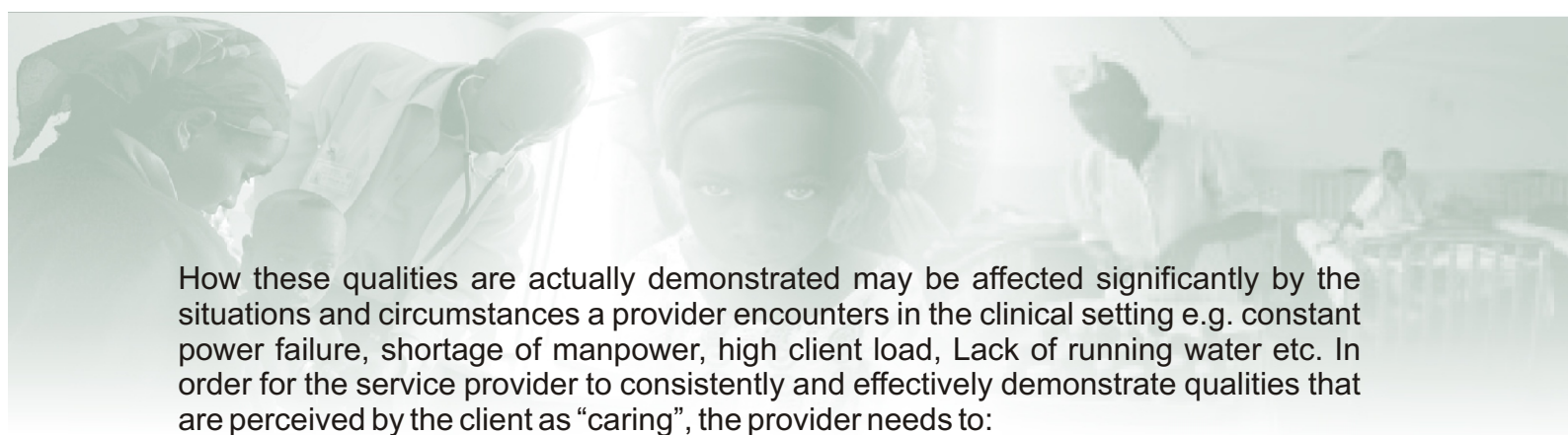
IPC is one of the key communication components influencing behaviour change and can be defined as a person-to-person, two-way, verbal and non verbal interaction that includes the sharing of information and feelings between individuals or in small groups that establishes trusting relationships.

Interpersonal skills involve such care-related areas as communication, provision of a safe and comfortable environment, privacy and confidentiality, respect, and courtesy, all of which are vital to the effective performance of skilled providers.

There are often common characteristics or qualities that good service providers possess, or should possess, that contribute to their effectiveness as health care givers. Qualities might include (but not limited to) the following:

- Empathy
- Respect for others
- Good communication skills
- Tolerance for values and beliefs different from one's own
- Unbiased attitudes towards others, non-judgemental
- Patience
- Gentleness
- Friendliness
- Showing interest in the person(s) or topic
- Willingness
- Sympathetic

Empathy means trying to understand how another person feels. In other words, the provider needs to try and put herself in the place of the client, in order to better understand how the client is feeling and may perceive a situation. Being empathetic is one of the most essential characteristics of a 'caring' provider.



How these qualities are actually demonstrated may be affected significantly by the situations and circumstances a provider encounters in the clinical setting e.g. constant power failure, shortage of manpower, high client load, Lack of running water etc. In order for the service provider to consistently and effectively demonstrate qualities that are perceived by the client as “caring”, the provider needs to:

- Develop effective interpersonal communication skills both verbal and non-verbal
- Identify factors and situations that may influence what and how they communicate
- Seek ways to improve situations that adversely affect good communication and client provider interactions
- Develop ways of handling stress, so that he/she does not “take it out” on clients.

4.2 Reasons for effective communication:

- Creating awareness
- Dispelling rumours
- Clarifying misconceptions
- Correcting misinformation
- Client recruitment or increased utilization of services
- Encourage acceptance and utilization of services

Actions that demonstrate “caring qualities”

- Greetings,
- Inquiry about welfare of client and her family
- Showing empathy
- Positive non- verbal cues e.g. unh, effective eye contact, touching, nodding etc.
- Showing respect to client's value and beliefs.

Verbal communication is more than the words themselves, and also involves the tone and volume of words. Tone can communicate compassion, hostility, anger or indifference.

Nonverbal communication can be as powerful, or even more powerful, than verbal communication. Providers must therefore be especially alert to the nonverbal message they convey. Besides the position and stance of the body, nonverbal messages can be communicated through hand shaking, laughing, gently patting, hand holding, eye contact (in some cultures) and facial expressions (e.g., frowning, furrowing brow, smiling).

Negative verbal or nonverbal communication can be a barrier to healthcare. Not only should providers be careful about the messages they are communicating through verbal and nonverbal means, but they must also pay close attention to the verbal cues and nonverbal behavior of other people.

4.3 Interpersonal Communication techniques applicable to client provider interaction

- Active listening/being attentive
- Summarizing
- Paraphrasing
- Reflecting feelings
- Questioning
 - ✓ Open ended questions
 - ✓ Closed ended questions
 - ✓ Probing questions or statements
- Making positive statements
 - ✓ Praise
 - ✓ Encouragement
 - ✓ Reassurance
- Giving information
- Use of encouragers such as nodding or verbal language

4.4 Application of interpersonal communication process and skills

- When conducting a client education session
- When taking a client's history
- When counselling a client
- When motivating a client
- When interacting with community leaders.

4.5 Factors that positively influence effective communication in providing health services

- Common language
- Acknowledgement of any possible words or actions that may cause embarrassment
- Message is appropriate for the target group
- Complete and correct information given to clients
- Good interpersonal relations between provider and clients
- Venue and time are convenient to the group
- Respect shown to clients
- Positive attitude of the sender about the message, channel, and receiver.



SESSION 5

FEEDBACK

Content Outline:

Introduction: Participants will learn the importance and elements of both providing and receiving feedback in a positive manner.

5.1 Introduction to Feedback

Ask participants if they have ever received feedback from their supervisor on their performance? How did they feel? Why?

Ask their opinions about giving good feedback. Write their answers on flipchart/board.

Sometimes the feedback makes the receiver feel bad because it is negative.

Negative feedback has consequences:

- Makes the receiver feel guilty
- May communicate lack of respect for the other person
- May lead to a negative reaction
- May lead to a resistance in behaviour change
- May make the receiver feel bad
- May lead to lower self esteem of the receiver
- May make receiver resentful

As we can see, giving feedback is not easy. But effective feedback allows us to grow and to learn from experiences. The goal of positive and constructive feedback is to bring about changes in our attitude and behaviour.

5.2 MEANING OF FEEDBACK

Is the communication to a person or to a group of people about the effect of the behaviour of the person, or group on another person.

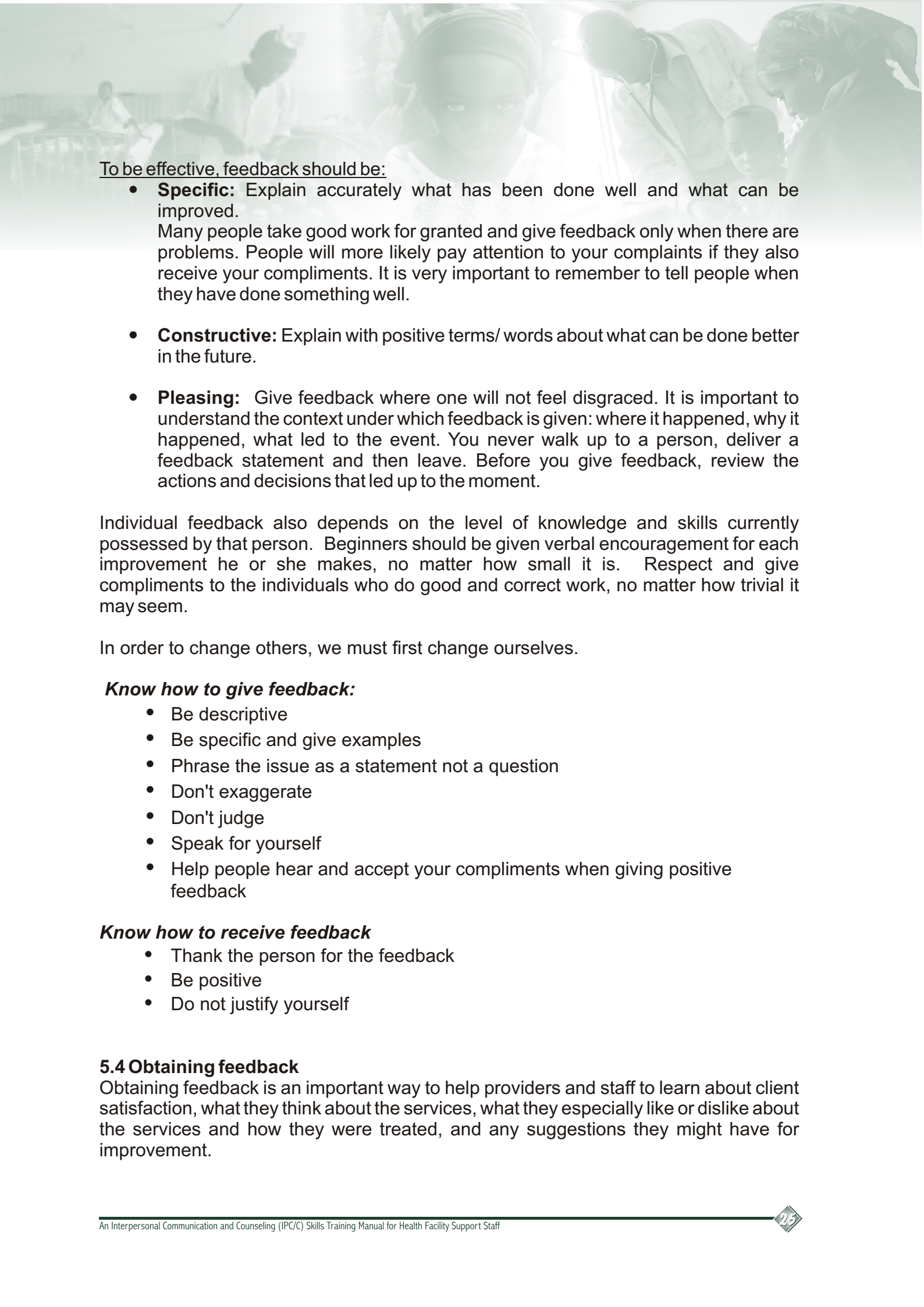
Another definition is:

Feedback is information/a message which is given to someone about the result and quality of work. Good feedback will give encouragement to that person to maintain what has been considered good and at the same time, to use the suggestions to increase knowledge or their skills in the future.

5.3 How to give effective feedback:

Acknowledge the need for feedback

The first thing to do is recognize the value of feedback, both positive and negative. Feedback is vital to anyone committed to improve oneself, for it is the only way of knowing what needs to be improved.



To be effective, feedback should be:

- **Specific:** Explain accurately what has been done well and what can be improved.
Many people take good work for granted and give feedback only when there are problems. People will more likely pay attention to your complaints if they also receive your compliments. It is very important to remember to tell people when they have done something well.
- **Constructive:** Explain with positive terms/ words about what can be done better in the future.
- **Pleasing:** Give feedback where one will not feel disgraced. It is important to understand the context under which feedback is given: where it happened, why it happened, what led to the event. You never walk up to a person, deliver a feedback statement and then leave. Before you give feedback, review the actions and decisions that led up to the moment.

Individual feedback also depends on the level of knowledge and skills currently possessed by that person. Beginners should be given verbal encouragement for each improvement he or she makes, no matter how small it is. Respect and give compliments to the individuals who do good and correct work, no matter how trivial it may seem.

In order to change others, we must first change ourselves.

Know how to give feedback:

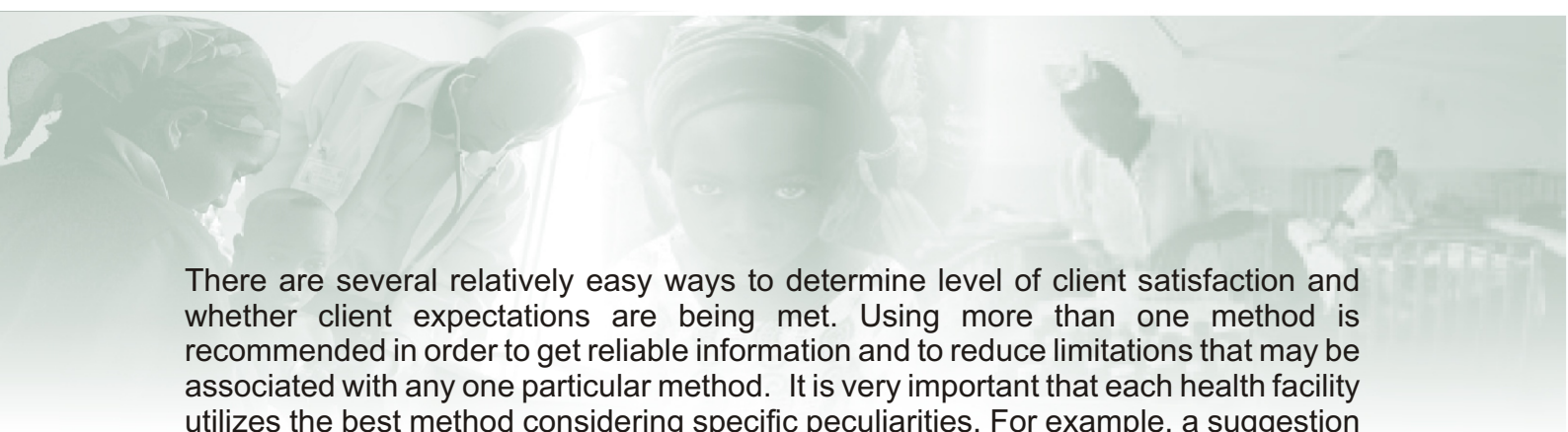
- Be descriptive
- Be specific and give examples
- Phrase the issue as a statement not a question
- Don't exaggerate
- Don't judge
- Speak for yourself
- Help people hear and accept your compliments when giving positive feedback

Know how to receive feedback

- Thank the person for the feedback
- Be positive
- Do not justify yourself

5.4 Obtaining feedback

Obtaining feedback is an important way to help providers and staff to learn about client satisfaction, what they think about the services, what they especially like or dislike about the services and how they were treated, and any suggestions they might have for improvement.



There are several relatively easy ways to determine level of client satisfaction and whether client expectations are being met. Using more than one method is recommended in order to get reliable information and to reduce limitations that may be associated with any one particular method. It is very important that each health facility utilizes the best method considering specific peculiarities. For example, a suggestion box may not be useful for clients who cannot read and write, and exit interviews might be biased if clients are hesitant to give any negative comments. The exit interview usually provides more unbiased responses when administered by someone not directly associated with service provision at the health facility. The following methods can be used to obtain client feedback.

- Suggestion boxes
- Providers or staff asking the client whether their need(s) were met and all questions answered before the client leaves the health facility
- Exit interviews
- Exit questionnaires
- Mystery clients
- Reviewing service data (indirect measurement)
- Talking with community leaders to learn what community members say about services.
- Observing client non-verbal behaviour

CONCLUSION AND WORKSHOP CLOSURE

The concluding session is really to discuss with the participants any doubts concerning the content of the IPC/C workshop, and evaluate both the learning during the workshop and the workshop as a whole. After which certificate of completion of the IPC/C workshop will be given to deserving participants.

The trainer should use the following questions to guide this concluding part, after which the trainer officially closes the workshop.

- Ask a volunteer to briefly share key points of the workshop.
 - Ask participants to list the skills that were discussed in the workshop.
 - Ask how they plan to use the skills in their work.
 - Also ask participants if they have any questions that need answering.
 - Respond to all questions.
 - This is also a time for participants to contribute any final overall feedback on Interpersonal Communication and Counseling skills workshop.
 - What would they like to see added, deleted or improved? You can then incorporate these ideas into future workshops.
 - Thank participants for all their contribution during the workshop.

