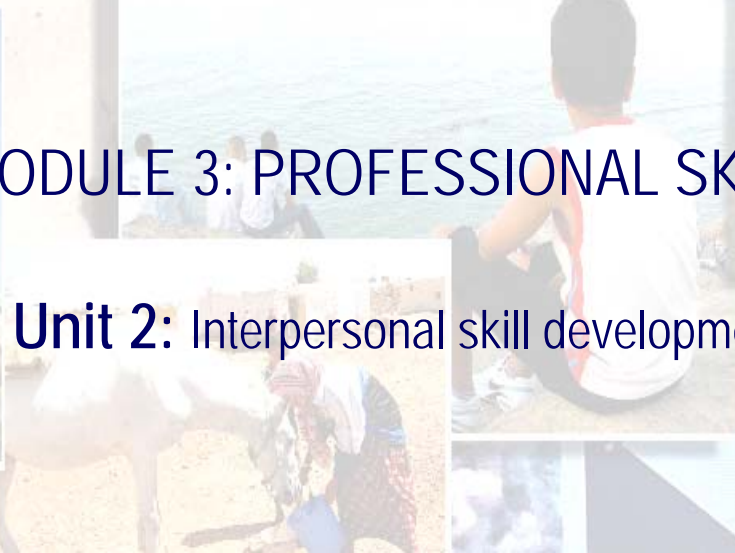




Training packages for health professionals to improve access and quality of health services for migrants and ethnic minorities, including the Roma

MODULE 3: PROFESSIONAL SKILLS

Unit 2: Interpersonal skill development



Elaborated by:
Olga Leralta and Bibiana Navarro, Andalusian School of Public Health, 2015

Outline of contents

- Key elements in communication
- Barriers to communication
- Facilitators to communication
- Negotiation process
- Conflict management
- Breaking bad news

DRAFT

Objectives of the Presentation:

- To identify barriers and facilitators to communication according to the literature
- To identify aspects of conflict management and negotiation processes.
- To analyse the relevance of breaking bad news techniques.

Objectives of the Activities:

- To practice the negotiation and collaboration skills of the participants
- To contribute with examples of good practices in the interpersonal communication.
- To think over the application of the negotiation process to the trainees' context.
- To think over the behaviors involved in conflict management.

Activity: “Oh”

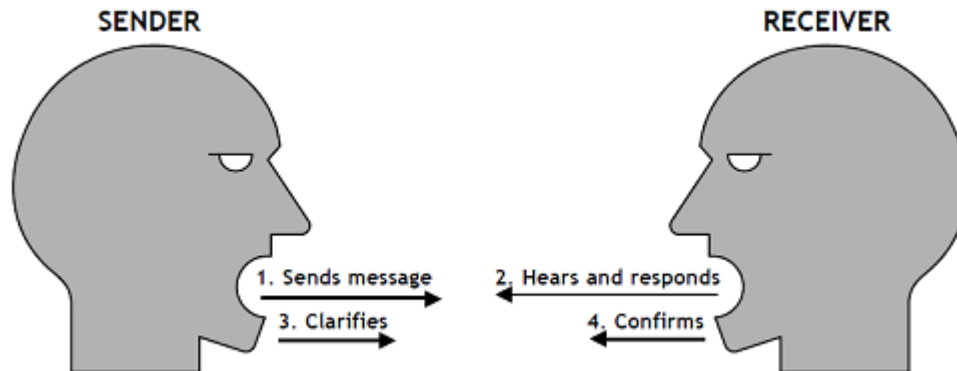
Description: The same word is to be pronounced using different voice inflections each time, changing its meaning. This activity will emphasize how important voice inflections are to the meaning of words.



Activity: Key elements in communication



Description: This activity aims both to discuss the key elements of communication and train the participants in negotiation and collaboration skills.



Activity: Rephrasing Exercise

Description: Participants will consider how important voice inflections are concerning the perceived meaning of a verbal message, and the essential role of the feedback to avoid ambiguity and wrong interpretations.



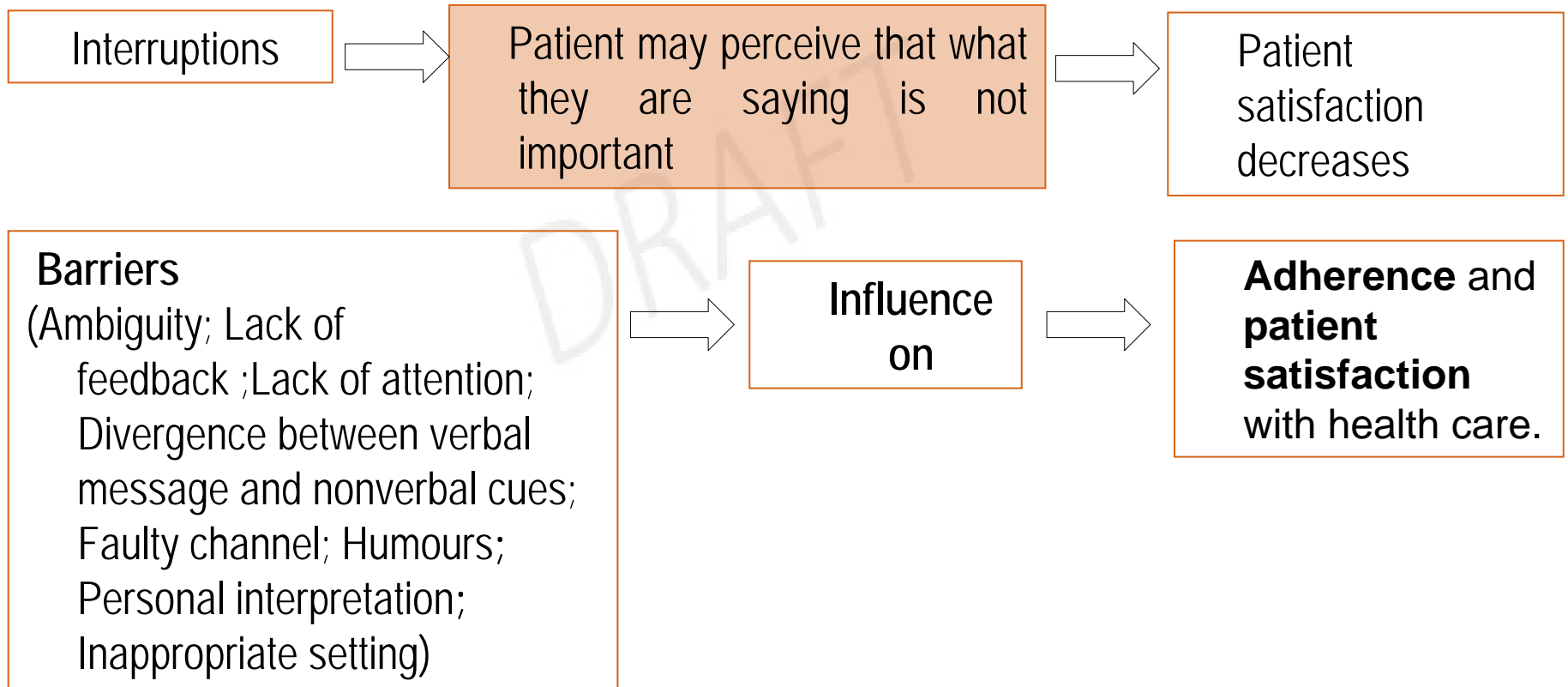
Activity: Barriers to communication

Description: Brain storming about the barriers to effective communication that participants face in their daily practise.



Introduction

- According to the literature, noise, interruptions, lack of intimacy, etc. affect the communication process.



FACILITATORS TO COMMUNICATION

- To bridge the *cultural distance* between healthcare services and migrant and ethnic minority patients the focus should be on **health professionals' knowledge, attitudes, and skills**.
- **Inclusive communication** means **sharing information in a way that everybody can understand**. Patients may need support with **understanding, expressing themselves or interacting** with others.

Principles of inclusive communication

- ✓ Communication accessibility and physical accessibility are equally important
- ✓ Every neighbourhood will include people with different communication support needs
- ✓ Communication is a two-way process of understanding others and expressing yourself
- ✓ Be flexible in the way your healthcare service is provided
- ✓ Effective user involvement will include the participation of people with different communication support needs
- ✓ Keep trying

Activity: Good practices in inclusive communication



Description: This activity focuses on the applicability of the six principles of inclusive communication to the interaction of health professionals with migrant and ethnic minority patients and communities.

Main facilitators to communication

- **Self-Awareness**
- **Empathic processes:**
 - ✓ *What do you call this problem?*
 - ✓ *What do you believe is the cause of this problem?*
 - ✓ *What course do you expect this problem to take? How serious is it?*
 - ✓ *What do you think this problem does inside your body?*
 - ✓ *How does this problem affect your body and your mind?*
 - ✓ *What do you most fear about this problem?*
 - ✓ *What do you most fear about the treatment?*
- **Knowledge**
- **Language barriers** *To correctly address language barriers, there are specialists with specific roles whose name has variations between countries (Translators, Interpreters, Community interpreters, Cultural mediators)*

A **dialogue approach** may be used in **situations of potential conflict** to define a problem jointly, seek mutually satisfactory solutions, reach a mutual understanding, negotiate the formulation or application of a shared norm

- ✓ *Being able to listen with respect and openness,*
- ✓ *Considering the situation from the other person's point of view,*
- ✓ *Allowing the other person to explain how he or she sees things,*
- ✓ *Recognising similarities and differences,*
- ✓ *Looking for common ground,*
- ✓ *Being open to balanced and reasonable compromises in order to find satisfactory solutions and reach agreement.*

Promoting a cooperative approach and a culture of dialogue:

- ✓ *Encourage mutual respect, reciprocity and equality between parties*
- ✓ *Encourage an attitude of openness and reflective listening*
- ✓ *Acknowledge cultural filters in dialogue*
- ✓ *Take account of room for manoeuvre and institutional resources*
- ✓ *Avoid criticising or judging (value judgments) beliefs or convictions*
- ✓ *Be careful to separate the problem from the person*

Intercultural Dialogue

Process that comprises an open and respectful exchange of views between individuals and groups with different ethnic, cultural, religious and linguistic backgrounds and heritage, on the basis of mutual understanding and respect. It requires the freedom and ability to express oneself, as well as the willingness and capacity to listen to the views of others. Intercultural dialogue contributes to political, social, cultural and economic integration and the cohesion of culturally diverse societies.

Council of Europe 2008

Team working

- ✓ Communication plays an important **role in the process of collaboration**. Role misunderstanding can lead to a divergence in care.
- ✓ **Intrapersonal skills** contribute to promoting team-working. **Respect for other team members and awareness of roles**, supported by **good communication**, are essential attributes in pursuit of effective collaborative practice.
- ✓ Health and culture deserve attention also in relation to **non-medical staff** (social workers, receptionists, telephone and internet respondents, care administrators, *service gatekeepers*) affected by their own diverse cultures.

Conflict Management and Negotiation process

- **Conflicts** are inevitable in human interaction and may be concealed or open tensions with different levels of social complexity. **Interpersonal conflicts** may relate to expectations, interests, needs or values.
- Conflicts often have their roots in **differing perception/expectation** about:
 - ✓ *Access to a service in a person's mother tongue*
 - ✓ *Dietary restrictions for moral or religious reasons*
 - ✓ *Request for a woman/man caregiver*
 - ✓ *Wearing a religious symbol or exemption from dress code*
 - ✓ *Taking into account cultural practices and values*
 - ✓ *Respect for privacy*
- Badly managed or unresolved conflict may have repercussions for **individuals, work climate and quality of service**.

The **negotiation process** depends on the professional's capacity for dialogue and the patient's willingness to negotiate. Main steps are summarised below:

- ✓ *Ask the patient how they perceive the problem/situation*
- ✓ *Ask the patient to define it and record the expectations of the parts in conflict.*
- ✓ *Reaching the same understanding of the problem agreeing on the facts*
- ✓ *Stress the agreement points first and the discrepancies later.*
- ✓ *Work together to find solutions*
- ✓ *Describe the advantages of the solution once an agreement is reached.*
- ✓ *Implement the solution and verify that it is effective and satisfactory.*

Activity: Negotiation process

Description: Guided discussion about the experience of participants in negotiation and collaboration processes to solve conflicts in their daily practise.



Activity: Conflict management

This activity has two parts:

Part 1: Individual work: Ask the participants to reconsider the difficult situation described in the template of Module 3, Unit 1 Activity 5 “Confronting difficult situations and emotions”. Ask them to fill-in the new columns of the table on the template.

Part 2: Group discussion on the behaviour changes that may solve the problem/conflict described.



Breaking bad news

- ✓ It is a frequent practice for health professionals.
- ✓ Training on this issue is lacking.
- ✓ Not being good at breaking bad news can generate unnecessary suffering to the patient or their relatives. Moreover, it can damage the relationship between a health professional and a patient.
- ✓ Knowing how to break bad news can decrease the emotional impact at the moment. It can contribute to the patient's acceptance of the situation, and thereby consolidate the health professional-patient relationship.
- ✓ It decreases the anxiety level of health professionals.

According to the **S.P.I.K.E.S Strategy (Buckham)** the following steps have to be taken for breaking bad news:

- ❖ **Setting.** Preparing environment
- ❖ **Perception.** What does he/she know?
- ❖ **Invitation.** What does he/she want to know?
- ❖ **Knowledge.** Sharing information
- ❖ **Empathy.** Responding to the patient's feelings.
- ❖ **Strategy and summary.** Care plan.

Activity: Role playing on breaking bad news

Description: Implement the 6 steps of Buckman's strategy in small groups. Possible situations to describe are: the diagnosis of a chronic illness, e.g. diabetes; a progressively incapacitating illness, such as degenerative illness; or a de-structuring psychopathic illness, e.g. Alzheimers.





Thank you and questions ...

*Pictures: Andalusian Childhood Observatory (OIA, Observatorio de la Infancia de Andalucía) 2014;
Josefa Marín Vega 2014; Redlsir 2014; Morguefile 2014.*

References

- Council of Europe. Constructing an inclusive institutional culture. Council of Europe Publishing, 2011 (Part F Conflict resolution, negotiation and dialogue for mutual understanding, pp. 102-116). Available at: http://cdn.basw.co.uk/upload/basw_100713-4.pdf
- Scottish Government. Principles of Inclusive Communication: An information and self-assessment tool for public authorities, 201^o. Available at: <http://www.scotland.gov.uk/Publications/2011/09/14082209/0>
- The Lancet Commission on Culture and Health. Lancet 2014;384:1607–39. Available at: <http://www.thelancet.com/commissions/neglect-of-culture-in-health>
- T-SHaRE Project team. Transcultural Skills for Health and Health Care. Standards and Guidelines for Practice and Training, 2012. Available at: http://tshare.eu/drupal/sites/default/files/confidential/WP11_co/MIOLO_TSHARE_216paginas.pdf
- Buckman RA (2005) Breaking bad news: the S-P-I-K-E-S strategy. Community Oncology 2005;2(2) Available at: <http://www.acssurgerynews.com/co/journal/articles/0202138.pdf>
- IHC (2011). Impact of Communication in Healthcare. Available at <http://bit.ly/1o6nHGiUH>
- Davis, K., Schoenbaum, S. C., Collins, K. S., Tenney, K., Hughes, D. L., & Audet, A. M. (2002). Room for improvement: Patients report on the quality of their health care. New York: Commonwealth Fund
- Howarth Michelle M (2006) Education needed to support integrated care: a literature review. Journal of advanced nursing , 2006, 56 (2): 144-56
- 50 Communications Activities, Icebreakers, and Exercises, by Peter R. Garber. Amherst, MA, HRD Press, 2008

© European Union, 2015

For any reproduction of textual and multimedia information which are not under the © of the European Union, permission must be sought directly from the copyright holders.

© Cover Illustrations: Observatorio de la Infancia de Andalucía, Escuela Andaluza de Salud Pública. Junta de Andalucía.

Migrants & Ethnic Minorities
Training Packages



Escuela Andaluza de Salud Pública
CONSEJERÍA DE IGUALDAD, SALUD Y POLÍTICAS SOCIALES



ICH+OIM



SERVIZIO SANITARIO REGIONALE
EMILIA-ROMAGNA
Azienda Unità Sanitaria Locale di Reggio Emilia



JAGIELLONIAN UNIVERSITY
MEDICAL COLLEGE



Funded by the European Union in the framework of the EU Health Programme (2008-2013) in the frame of a service contract with the Consumer, Health, Agriculture and Food Executive Agency (Chafea) acting under the mandate from the European Commission. The content of this report represents the views of the Andalusian School of Public Health (EASP) and is its sole responsibility; it can in no way be taken to reflect the views of the European Commission and/or Chafea or any other body in the European Union. The European Commission and/or Chafea do not guarantee the accuracy of the data included in this report, nor do they accept responsibility for any use made by third parties thereof.