

THE UNITED REPUBLIC OF TANZANIA

**MINISTRY OF HEALTH, COMMUNITY DEVELOPMENT, GENDER, ELDERLY AND
CHILDREN**

DIRECTORATE OF HUMAN RESOURCE DEVELOPMENT

FACILITATOR'S GUIDE FOR BASIC TECHNICIAN CERTIFICATE

NMT 04105: COMMUNICATION SKILLS

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Acronyms

AGYW	Adolescents Girl and Young Women
AGYW	Adolescents Girl and Young Women
AIDS	Acquired Immune Deficiency Syndrome
AIHA	American International Health Alliance
ARV	Antiretroviral
CDC	Center for Disease Control
EVD	Ebola Virus Disease
HQAU	Health Quality Assurance Unit
HRH	Human Resources for Health
KCMC	Kilimanjaro Christian Medical College
MBM-RTz	More and Better Midwives for Rural Tanzania
MOHCDGEC	Ministry of Health, Community Development, Gender
MUHAS	Muhimbili University of Health and Allied Sciences
NACTE	National Council for Technical Education
NTA	National Technical Award
PHCDP	Primary Health Care Development Program
VMMC	Voluntary Medical Male Circumcision
WHO	World Health Organization

Preamble

The Ministry of Health Community Development Gender Elderly and Children among other roles ensures that Tanzanians receive quality health care and service. This can be achieved through production of competent nurses and midwives amongst other health cadres. The training of competent nurses and midwives can be achieved through various teaching and learning materials; one of them being facilitator's guides and student's manuals.

The directorate of human resources development in collaboration with partners conducted several writers' workshops to develop facilitator's guides and student's manuals. The availability of standardized teaching and learning materials that is to say facilitator's guides and student's manual enables proper acquisition of competence with minimal variation across health training institutions. The achievement of clinical competence is acquired in step wise starting from classroom teaching using facilitator's guides and student's manuals. This knowledge is then transferred to skills laboratory teachings. In skills laboratory students learn clinical skills using models and maniquins and then shift to clinical sites where more clinical skills on real patients are acquired. Clinical skills acquisition is an important aspect and a bridge between gaining knowledge and clinical skills.

The increased demand for human resources for health to improve reproductive, maternal, newborn child and adolescent health requires a thoughtful investment of human resources for health (HRH) on the production side. The current approach of health service provision in support of task sharing, the nurses and midwives are becoming the key ingredient for improving specific and general morbidity and mortality indexes this includes maternal and newborn mortality rates and reducing the HIV and AIDs burden through prevention, care & treatment. So it is necessary for them to be equipped with strong knowledge, skills and attitudes upon their graduation. This will then improve the access to health services to the community in which most of them are with limited purchasing power, residence in underserved areas, and inadequate health literacy.

Considering the importance of facilitator's guides and student's manuals, it's the hope of the Ministry that tutors in nursing and midwifery health training institutions will use these guides as in fostering acquisition of competence to learners of National Technical Award of education system of education.

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1.0. Background

In 2015 the Ministry of Health, Community Development, Gender, Elderly and Children through the Directorate of Human Resource Development, Nursing training section started the process of reviewing the nursing and midwifery curricula NTA level 4-6. The process completed in the year 2017, its implementation started in the same year. The rationale for review was to comply with the National Council for Technical award (NACTE) Qualification framework which offers a climbing ladder for higher skills opportunities. Amongst other rationale was to meet the demand of the current health care service delivery. The demand is also aligned with human resource for health strategic plan and human resource for health production plan which aims at increasing number of qualified human resource for health.

The process of producing qualified human resources for health especially nurses and midwives require the plentiful investment of resources in teaching at the classroom and practical setting and the achievement of clinical competence is acquired in stepwise starting from classroom teaching to skills laboratory teaching. In addition, WHO advocates for skilled and motivated health workers in producing good health services and increases the performance of health systems (WHO World Health Report, 2006). Moreover, Primary Health Care Development Program (PHCDP) (2007-15) needs the nation to strengthen and expand health services at all levels. This can only be achieved when the Nation has an adequate, appropriately trained and competent workforce who can be deployed in the health facilities to facilitate the provision of quality health care services.

In line with the revised curricula, the MOHCDGEC in collaboration with developing partners and team of technical staff developed quality standardized training materials to support the implementation of curricula. These training materials address the foreseen discrepancies in the implementation of the curricula by training institutions.

This facilitator's guide has been developed through a series of writers' workshops (WW) approach. The goals of Writer's Workshops were to develop high-quality, standardized teaching materials and to build the capacity of tutors to develop these materials. The new training package for NTA Level 4-6 includes a Facilitator Guide and Student Manual. This module consists of seven sessions aimed at equipping learners with Communication Skills knowledge and skills.

2.0. Rationale

The vision and mission of the National Health Policy in Tanzania focuses on establishing a health system that is responsive to the needs of the people and leads to improved health status for all. Skilled and motivated health workers are crucially important for promoting good health by increasing the performance of health systems (WHO, 2006). Training of skilled and motivated health workers requires good investment in teaching and learning environment. Standardization and harmonization of teaching and learning materials are key in producing qualified health care workers. In this regard, the Ministry developed standardized training manuals (Facilitator's Guides and Student's Manuals) to support institutions and Tutors to produce required competent health workforce. These training manuals address the foreseen discrepancies in the implementation of the new curricula.

Therefore, this Guide for Ordinary Diploma program in Nursing and Midwifery (NTA Levels 4) aims at providing a room for student Nurses and Midwives to achieve skills that will enable them to perform competently. It will establish a conducive and sustainable training environment that will allow students

and graduates to perform efficiently at their relevant levels. Moreover, this will enable them to aspire for the attainment of higher knowledge, skills and attitude in promoting excellence in nursing practice.

3.0. Goals and Objectives of the Facilitators Guides

3.1. Overall Goal for Facilitators Guides

The overall goal of these training manuals is to provide high quality; standardized competence based training materials for Diploma in nursing (NTA level 4 to 6) program.

3.2. Objectives for Facilitators Guides

- To provide high quality, standardized and competence-based training materials.
- To provide a guide for tutors to deliver high quality training materials.
- To enable students to learn more effectively.

4.0. Introduction

4.1. Module Overview

This module content has been prepared as a guide for tutors of NTA Level 4 for training students. The session contents are based on the sub-enabling outcomes of the curriculum of NTA Level 4 Basic Technician Certificate in Nursing and Midwifery.

The module sub-enabling outcome as follows:

- 2.1.1 Explain concepts of communication in relation to nursing and midwifery care
- 2.1.2 Demonstrate effective communication skills in nursing and midwifery practice
- 2.1.3 Demonstrate skills of sign language and tactile signing when communicating with clients/patients with disability of visual, speech and hearing
- 2.1.4 Demonstrate skills of giving and receiving feedback in nursing and midwifery practice
- 2.1.5 Apply therapeutic communication skills in providing care to patients/ clients in health care settings
- 2.1.6 Utilize Information Education and Communication (IEC) materials when communicating health information to patients/clients

4.2. Who is the Module For?

This module is intended for use primarily by tutors of NTA Level 4, Basic Technician Certificate in nursing and midwifery schools.

The module' sessions give guidance on the time and activities of the session and provide information on how to teach the session to students. The sessions include different activities that focus on increasing students' knowledge, skills and attitudes.

4.3. How is the Module Organized?

The module is divided into seven sessions; each session is divided into sections. The following are the sections of each session:

- **Session Title:** The name of the session.
- **Learning Tasks** – Statements which indicate what the student is expected to learn at the end of the session.
- **Session Content** – All the session contents are divided into steps. Each step has a heading and an estimated time to teach that step. Also, this section includes instructions for the tutor and activities with their instructions to be done during teaching of the contents.

- **Key Points** – Each session has a step which concludes the session contents near the end of a session. This step summarizes the main points and ideas from the session.
- **Evaluation** – The last section of the session consists of short questions based on the learning objectives to check the understanding of students.
- **Handouts:** Some sessions have additional information which can be used in the classroom while teaching or later for students' further learning. Handouts are used to provide extra information related to the session topic that cannot fit into the session time. Handouts can be used by the Students to study material on their own and to reference after the session. Sometimes, a handout will have questions or an exercise for the Students. The answers to the questions are in the Facilitator Guide Handout, and not in the Student Manual Handout.

4.4. How should the Guide be used?

Facilitators are expected to use the Guide in facilitating students learning both in classroom and clinical settings and during self-study. The contents of the guide are the basis for learning communication Skills. Students are therefore advised to learn each session and the relevant handouts and worksheets during class hours, clinical hours and self-study times. Tutors are there to provide guidance and to respond to all difficulties encountered by students.



Session 1: Basic Concepts of Communication

Total Session Time: 120 Minutes

Prerequisites: None

Learning Tasks
At the end of this session a learner is expected to be able to

- Define communication
- Explain the components of communication process
- Differentiate between verbal and non-verbal communication
- Outline modes of communication
- Explain factors influencing communication process

Resources Needed

- Flipcharts, marker pens, masking tape
- Black / whiteboard and chalk/white board markers
- Projector
- Computer

Session Overview

Step	Time Minutes	Activity/ Method	Content
1	5	Presentation	Presentation of Session Title and Learning Tasks
2	10	Buzzing, presentation	Definition of communication
3	35	Presentation	Components of communication process
4	20	Buzzing, Presentation	Different between verbal and non-verbal communication
5	10	Presentation	Modes of communication
6	30	Presentation	Factors influencing communication process
7	5	Presentation	Key Points
8	5	Presentation	Session Evaluation



Session Contents

STEP 1: Presentation of Session Title and Learning Tasks (5 minutes)

READ or ASK students to read the session learning tasks

ASK students if they have any question before proceeding

STEP 2: Definition of Communication (10 minutes)

Activity: Buzzing (3 minutes)

ASK Students buzz on the definition of communication

ALLOW few Students to respond

WRITE their responses on the flip chart/ board

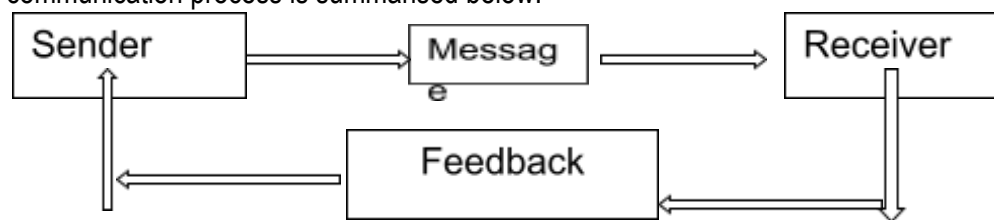
CLARIFY and **SUMMARISE** by using the content below

- Communication Is defined as the act of transmitting and receiving information, or refers to a two-way process in which information, knowledge, ideas and meanings are transmitted by any means from one individual or group to another individual or Group

STEP 3: Components of Communication (35 minutes)

- Communication must consist of five elements or sometimes called components of communication to make it complete and effective.
- Sender (encoder, source or communicator)
 - This is a person who sends the message or initiator of communication
 - A sender makes use of symbols (words or graphic or visual aids) to convey the message and produce the required response.
 - Sender may be an individual or a group or an organization.
 - The views, background, approach, skills, competencies, and knowledge of the sender have a great impact on the message.
 - The verbal and non-verbal symbols chosen are essential in ascertaining interpretation of the message by the recipient in the same terms as intended by the sender.
 - Encode, change message from mental form into symbols.
- Message
 - Information facts, ideas, feelings, news, data, evidence, statistics, figures (diagrams, graphs, charts, photographs, illustrations) etc. that needs to be communicated
 - Message is a key idea that the sender wants to communicate.
 - It is a sign that elicits the response of recipient
 - Communication process begins with deciding about the message to be conveyed
 - It must be ensured that the main objective of the message is clear
- Medium or channel
 - Medium/channel is a means used to exchange / transmit the message.
 - The sender must choose an appropriate medium for transmitting the message else the message might not be conveyed to the desired recipients.
 - The choice of appropriate medium of communication is essential for making the message effective and correctly interpreted by the recipient.
 - This choice of communication medium varies depending upon the features of communication. For instance - Written medium is chosen when a message has to be conveyed to a small group of people.

- Some of the Communication channels are as follow; Speaking, Writing, Body language, Sign language, Telephone, Media (television, newspapers and radios)
- Receiver (decoder)
 - Receiver /Decoder is a person for whom the message is intended / aimed
 - Person who processes message - Target of communication
 - The degree to which the decoder understands the message is dependent upon various factors such as knowledge of recipient, their responsiveness to the message, and the reliance of encoder on decoder.
 - Decode, translate symbols into ordinary interpretation
- Feedback
 - Feedback is the main component of communication process as it permits the sender to analyse the efficacy of the message.
 - It helps the sender in confirming the correct interpretation of message by the decoder.
 - Feedback may be verbal (through words) or non-verbal (in form of smiles, sighs, etc.)
 - It may take written form also in form of memos, reports, etc.
 - If there is no feedback, there is no communication
 - Silence as feedback
 - Communication is not effective
 - Negative interpretation or attitude
 - Detect nonverbal messages even when the receiver is silent
 - Surrounding environment or broader culture
 - Situation within which communication takes place
- The communication process is summarised below:



Source: KMTC. (2009).

STEP 4: Different between verbal and non-verbal communication (20 minutes)

ACTIVITY: BUZZING (3 MINUTES)

ASK Students to buzz on the difference of verbal communication and non-verbal communication

ALLOW few Students to respond and others to add unmentioned points

WRITE their responses on the flip chart/ board

CLARIFY and **SUMMARISE** by using the content below

- Verbal Communication
 - Sharing information through the written or spoken word.
 - Nurses use verbal communication extensively, they converse with clients, write care plans, document information and assessments, charts and give oral or written change –of-shift reports.
 - People reveal their education, intellectual skills, interests and ethnic, regional or national backgrounds through verbal communication

- Within verbal communication there are many features to think about but in particular we should consider the way we open communication to get the first impression of a person
- Advantages of Verbal Communication
 - The opportunity for immediate feedback to make sure the message was understood
 - The opportunity to utilize nonverbal cues (tone, body language, inflection)
 - Oral communication allows for immediate feedback such as the opportunity to ask questions when the meaning is not entirely clear.
 - The sender is able to check and see whether if the instruction is clear or has created confusion.
 - Spoken instructions are flexible and easily adaptable to many diverse situations
- Disadvantages of Verbal Communication
 - Poor presentation of the message or the instruction can result in misunderstanding and wrong responses.
 - Spoken communication is influenced by both verbal and non-verbal communication such as tone or body language which may skew the meaning of your message in the mind of the receiver
- Non-verbal communication
 - Is communication between people through non-verbal or visual cues. This includes gestures, facial expressions, body movement, timing, touch, and anything else that communicates without speaking.
 - Is sharing information without using words or language
 - It is also called body language.
- Importance of non-verbal communication
 - Message expressed through body postures, gestures, facial expressions, and other forms of non-verbal behaviour provides cues or suggestions to a person's true feelings or beliefs
 - "Action" speaks louder than "Words".
 - For example a nurse may give a health talk to a patient about cleanliness and dangers of smoking, when at the same time her uniform is dirty and smelling of cigarettes.
 - It will be very hard for the patient to understand what the nurse is talking about
 - Our deeds (actions) should always match with our words in order to gain the confidence of our patients.
- The following are some of the common non-verbal ways of communication
 - Eye contact
 - Eye contact means looking directly into the eyes of the other person.
 - Lack of direct eye contact has various meanings among cultures.
 - Facial expressions
 - Facial expressions convey messages of many emotions: joy, sadness, anger and fear.
 - Body movements and Posture
 - A twitching or bouncing foot may indicate anger, impatience, boredom, nervousness, or side effects of certain medications.
 - Avoid making assumptions about these body language messages; however, ask clients what they are feeling if you are concerned with these or other visual cues.
- Personal Appearance and Grooming
 - Personal hygiene and general appearance relate information about clients.
 - These nonverbal messages may convey client's true feelings about themselves, or they may be misleading, especially in illness.
- Therapeutic Use of Touch
 - Touch can say "I care".

- o A firm touch can discourage a child from doing something dangerous; a light touch may be all that a person needs to build confidence to walk down the hall.
- o Be sensitive to the feeling of all clients.
- Advantages of Non-Verbal Communication
 - o It can communicate with someone who is hard of hearing or deaf.
 - o It can communicate at place where you are supposed to maintain silence.
 - o It can communicate something which you don't want others to hear or listen to.
 - o It can communicate if you are far away from a person. The person can see but not hear you.
 - o Non-verbal communication makes conversation short and brief.
 - o It can save on time and use it as a tool to communicate with people who don't understand your language.
- Disadvantages of Non-Verbal Communication
 - o It cannot have long conversation.
 - o Cannot discuss the particulars of your message
 - o Difficult to understand and requires a lot of repetitions.
 - o Cannot be used as a public tool for communication.
 - o Less influential and cannot be used everywhere.
 - o Not everybody prefers to communicate through non-verbal communication.
 - o Cannot create an impression upon people/listeners

STEP 5: Modes of Communication (10 minutes)

- Communication modes include the use of graphic signs or artificial speech.
- Communication generally draws on multiple modes, such as vocalization, speech, gesture and symbols, and is referred to as multimodal.
- There are three modes of communication
 - o Interpersonal communication
 - Learners interact and negotiate meaning in spoken, signed, or written conversations to share information, reactions, feelings, and opinions.
 - Active negotiation of meaning among individuals.
 - Participants observe and monitor one another to see how their meanings and intentions are being communicated.
 - Modifications and clarifications are made accordingly.
 - Speaking and listening (conversation); reading and writing (text messages or via social media)
 - o Interpretive Communication
 - Learners understand, interpret, and analyze what is heard, read, or viewed on a variety of topics.
 - Interpretation of what the author, speaker, or producer wants the receiver of the message to understand.
 - One-way communication with no alternative to the active negotiation of meaning with the writer, speaker, or producer.
 - Interpretation differs from comprehension and translation in that interpretation implies the ability to read (or listen or view) "between the lines," including understanding from within the cultural mindset or perspective.
 - Reading (websites, stories, articles), listening (speeches, messages, songs), or viewing (video clips) of authentic materials.
 - o Presentational Communication

- Creation of messages.
- One-way communication intended to facilitate interpretation by members of the other culture where no direct opportunity for the active negotiation of meaning between members of the two cultures exists.
- To ensure intended audience is successful in its interpretation, the "presenter" needs knowledge of the audience's language and culture.
- Writing (messages, articles, reports), speaking (telling a story, giving a speech, describing a poster), or visually representing (video or PowerPoint).

STEP 6: Factors Influencing Communication (30 minutes)

Activity: Brainstorming (3 minutes)

ASK Students to brainstorm on factors influencing communication

ALLOW few Students to respond

WRITE their responses on the flip chart/ board

CLARIFY and **SUMMARISE** by using the content below

- Emotions
 - Emotions are a person's subjective feelings.
 - The way person or communicates will be influenced by emotions.
 - A client who is angry will perceive nurses' instructions differently than one who is not angry.
 - Emotion influences the ability to receive information successfully, emotion can also cause a person not to understand or hear a message.
- Knowledge
 - Communication can be difficult when a persons' communicating have different levels of knowledge
 - A message will not be clear if the words or phrases are not part of the listener's vocabulary
 - A common language is essential when communicating across different knowledge levels.
- Roles and relationship
 - People communicate in a style appropriate to their roles and relationships.
 - Student talks differently with friends than they do with instructors, physician and other professionals
 - Words, facial expressions, tone of voice and gestures depend on the person receiving the communication.
- Attention
 - A listening or attention barrier can occur because of lack of concentration
- Age
 - Age can be an advantage or disadvantage to effective communication.
 - Very young or very old clients may be unable to communicate fully because of physical or intellectual development
- Gender
 - Gender roles may influence nurse-client interactions.
 - For example, a nurse who believes men should be tough may find it difficult to see a male client cry
- Culture and subculture
 - Cultural norms and traditions influence the behaviours' of all people including you.

- o Understanding and accepting differences are the keys to developing therapeutic communication
- Social factors
 - o Social acceptance of a particular illness plays a role in a person's reaction to the illness.
 - o For example, sexually transmitted diseases may be more difficult for the client to cope with than influenza
- Religion
 - o Some of religious beliefs may directly conflict with the procedures and goals of a health care facility (e.g. Jehovah's witnesses who do not believe in receiving blood transfusions)
- History of illness
 - o People who have never been sick may feel threatened or incapacitated by a sense of loss of control.
 - o They may react by becoming depressed, hostile or resistant to those who want to help.
- Body Image
 - o How clients feel about themselves and illness affects communication.
 - o For example, the woman who has mastectomy may worry about her sexual appeal.
- The health care team
 - o Health care team members may influence an individual's attitude toward illness.
 - o So as a nurse remember to put aside your personal need and anxiety.

STEP 7: Key Points (5 minutes)

- Communication process has five components which include sender, message, channel, receiver and feedback.
- Effective communication is when there is shared meaning and understanding between sender and receiver using the correct channel.
- Communication can be either verbal or non-verbal.

STEP 8: Evaluation (5 minutes)

- What is communication?
- What are the components of communication in nursing and midwifery?
- What are factors influencing communication process?

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Session 2: Effective Communication in Health Care Settings

Total Session Time: 120 minutes

Prerequisites None

Learning tasks
At the end of this session a learner is expected to be able to:

- Define effective communication
- Explain the importance of effective communication in health care settings
- Identify the factors influencing effective communication
- Explain skills for effective communication
- Explain barriers for effective communication
- Explain advantage of effective communication at work place
- Demonstrate effective communication skills in providing nursing and midwifery care

Resources Needed

- Flipcharts, marker pens, masking tape
- Black / whiteboard and chalk/white board markers
- Projector
- Computer

Session Overview

Step	Time	Activity/ Method	Content
1	5 minutes	Presentation	Presentation of Session Title and Learning Tasks
2	5 minutes	Buzzing, Presentation	Definition of effective communication
3	20 minutes	Small group discussion, presentation	Importance of effective communication in health care settings
4	10 minutes	Presentation	Factors influencing effective communication
5	10minutes	Brain storming, Presentation	Skills for effective Communication
6	10minutes	Presentation	Barriers for effective communication
7	20 minutes	Presentation	Advantages of effective communication at the work place
8	30minutes	Demonstration, Presentation	Demonstration of effective communication skills in providing nursing and midwifery care
9	5 minutes	Presentation	Key Points
10	5 minutes	Presentation	Session Evaluation



Session Contents

Step 1: Presentation of Session Title and Learning Tasks (5 minutes)

READ or **ASK** students to **READ** the session and learning task

ASK students if they have any question before proceeding

STEP 2: Definition of Effective Communication (5 minutes)

ACTIVITY: BUZZING (2 MINUTES)

ASK Students to buzz on effective communication

ALLOW few Students to respond

WRITE their responses on the flip chart/ board

ALLOW other students to add unmentioned points

CLARIFY and **SUMMARISE** by using the content below

- Effective communication is a communication between two or more persons where in the intended message is successfully delivered, received and understood
- For a nurse, the ability to communicate is a very important skill and a vital part of the job.
- Nurses speak to people of varying educational, cultural and social backgrounds and must do so in an effective, caring and professional manner – especially when communicating with patients and their family

STEP 3: Importance of Effective Communication (20 minutes)

Activity: small group discussion (10 minutes)

DEVIDE students in 3 to 8

Ask Students to discuss on Importance of effective communication

ALLOW Students to discuss for 10minutes

THEN one group to present and others to add

CLARIFY and **SUMMARISE** by using the content below

- It greatly contributes to the ability to provide patients with individualized care.
- Nurses who take the time to understand the unique challenges and concerns of their patients will be better prepared to advocate on their behalf and properly address issues as they arise.
- This greater focus on communication frequently leads to better patient outcomes as well.
- Information is power (within and outside of any organization)
- Effective use of communication will play an important role in the nursing care career and personal life.
- It is the foundation on which interpersonal relationship are built, thus leads to success of goals.

- Effective communication enhances the working relationship between the patient and the health care worker.
- Educate- Communication facilitate knowledge, skills, attitudes
- The art of communication does not come naturally, you must learn it
- Patients who feel like they are receiving all of the nurse's attention during communication are more likely to disclose the true extent of their feelings and symptoms much quicker.
- Patients may also feel more satisfaction with their care if the nurse provides them with undivided attention.
- Effective communication requires the ability of sender and receiver to:
 - Listen
 - Pay attention
 - Receive what the other is trying to communicate
 - Respond verbally or non-verbally (i.e. use feedback)

STEP 4: Factors Influencing Effective Communication (10 minutes).

- Knowledge
- Experience
- Feelings
- Attention
- Motivation
- Mood
- Physical Condition
- Channel/Media
- Appropriate Language
- Feedback
- Active Listening
- Clarity Of Message
- Relationship Between Sender And Receiver
- Speed And Sequence Of Speech
- Simplicity

STEP 5. Skills for effective communication (15 minutes)

Activity: Brainstorming (5 minutes)

Ask Students to brainstorm on skills for effective communication

ALLOW few Students to respond

WRITE their responses on the flip chart/ board

CLARIFY and **SUMMARISE** by using the content below

- Asking
 - Asking question during communication process is a skill which is vital to find out if the message has been understood.
 - It also assists in correcting misconceived ideas.
 - Through questioning clients are involved in communication process.
- Listening

- o A good educator should be a good listener.
- o Listen help the educator to understand the client.
- o When the health worker listens and gives correct answers these motivates client to express their needs freely.
- Observing
 - o During communication process especially in a health education sessions clients should be observed for the following reactions, smiling, yawning, sleeping, and whispering to neighbours
 - o These reactions should be noted and identified because they tell how the clients receive information being delivered.
- Being empathetic
 - o Having empathy for another person is the ability to understand and share the feelings of another
- Clarifying and summarizing
 - o To ensure you are hearing correctly you can reflects back to clarify what you have heard and summarize what you have heard from the other person
 - o This shows you are listening to the other person and also checks you have the message correct that they are trying to get across.
- Providing feedback
 - o It doesn't matter whether you are giving or receiving feedback, the feedback process vulnerable place to be.
- Be clear and succinct
 - o When you are speaking, be clear, articulate and concise.
 - o Less is more when it comes to speaking and speak plain English
- Confidence
 - o In all interactions, confidence (but not over-confidence) is crucial.
 - o Demonstrating confidence will give customers faith in your abilities to deliver what they need, and that you will follow through with what you have promised.
 - o Conveying confidence can be something as simple as maintaining eye contact during a conversation, or using a firm but friendly tone when speaking with people over the phone.
- Respect
 - o If you respect the ideas and opinions of others, they will be more likely to communicate with you.
 - o Active listening or simply using the name of the person you are speaking to can both be effective.
- Tone of voice
 - o The tone of your voice can set the whole mood of the conversation.
 - o If you start discussion in an aggressive or unhelpfully manner, the recipient will be more inclined to respond in a similar way.
 - o The tone of your voice will include the level of emotion that you use, the volume you use and level of communication choose.

STEP 6: Barriers for effective communication (15minutes)

- The use of jargon. Over-complicated, unfamiliar and/or technical terms.
- Emotional barriers and taboos.
 - o Some people may find it difficult to express their emotions and some topics may be completely 'off-limits' or taboo.

- o Taboo or difficult topics may include, but are not limited to, politics, religion, disabilities (mental and physical), sexuality and sex, racism and any opinion that may be seen as unpopular.
- Lack of attention, interest, distractions, or irrelevance to the receiver
- Differences in perception and viewpoint.
- Physical disabilities such as hearing problems or speech difficulties.
- Physical barriers to non-verbal communication.
 - o Not being able to see the non-verbal cues, gestures, posture and general body language can make communication less effective.
 - o Phone calls, text messages and other communication methods that rely on technology are often less effective than face-to-face communication.
- Language differences and the difficulty in understanding unfamiliar accents.
- Expectations and preconceptions that may lead to false assumptions or stereotyping.
 - o People often hear what they expect to hear rather than what is actually said and jump to incorrect conclusions.
- Cultural differences. The norms of social interaction vary greatly in different cultures, as do the way in which emotions are expressed. For example, the concept of personal space varies between cultures and between different social settings.
 - o Consequences of Negative Non-verbal Communication

STEP 7: Advantages of effective communication at the work place (20 minutes)

- Patients are less likely to remember technological interventions than the communication and human interaction from health professionals and judge the quality of their care by these markers.
- They have more confidence in health professionals who communicate effectively, which in turn makes it more likely that treatment regimens are followed or advice taken.
- Effective communication is important in personal and professional settings
- Being able to communicate effectively saves time by preventing the need for multiple conversations
- An effective communicator is more likely to get attention from his listener, because the listener knows the communicated information will be concise and beneficial to them
- Enhance the patient experience;
- Reduce complaints;
- Increase nurses' self-confidence, professional standing, career prospects and job satisfaction and reduce stress.
- Client Relations
 - o Effective communication enhances client relations, which are crucial to health institution's success.
 - o Health providers are ambassadors of the health institution.
 - o If an employee effectively communicates with a client and answers her questions clearly, it can raise the client's confidence in the in the health institution
- Job Satisfaction
 - o Effective communication between an employee and his supervisor can boost an employee's job satisfaction by making the employee feel he can make a difference.
 - o For a manager and employee to communicate effectively, the manager must be able to convey objectives, and also be able to listen.
 - o Listening to the employee and implementing the employee's ideas will make the employee feel he is a valued contributor.
 - o An employee who feels valued will be a more productive team member

- Clarity
 - Communicating in a proper way will prevent confusion
 - If you think about a message before delivering it and anticipate any way it can be misconstrued, you will be able to refine your message.
 - The more clear and concise you are, the more effective your message will be
- Chances for Promotion
 - If you demonstrate proper communication, you will appear more organized and knowledgeable and increase your chances to be promoted. Others will notice.
- Conflict is reduced
 - Most conflict is the result of misunderstood communication.
 - When you become an effective communicator, you can resolve conflict and create harmony by bridging the communication gaps that create conflict.
 - You can even use your skills to mediate conflict between other people.
- Get more of what you want out of life.
 - When you learn to communicate effectively in ways that people instinctively understand, they will be delighted to help you and provide you with the resources that you need to achieve your goals and dreams.
 - Have stronger relationships.

STEP 8: Demonstration of Effective Communication Skills In Providing Nursing And Midwifery Care (30 Minutes)

ACTIVITY: ROLE PLAY ACTIVITY (20 MINUTES)

ASK students to volunteer to participate in the play.

The first students will play as a client and another learner as a counselor who will have a role in utilizing steps in creating rapport with clients.

Other three students volunteer as other waiting clients

EXPLAIN that this activity is aimed at training students on of Effective Communication Skills in Providing Nursing and Midwifery Care

TELL the rest of the students to observe carefully

LEAD a discussion after the role-play

ASK the volunteer client to report back on her experience – How she feel? What went well? What could be improved?

ASK the volunteer counselor to report back on her experience – How she feel? What went well? What could be improved?

CLARIFY and **SUMMARIZE** by using the content below

DE-ROLE the students

- Effective communication skill is a core skill for all nurses and midwives
- Poor communication can inhibit the delivery of effective care, frustrate teamwork, and result in low job satisfaction and retention rates withhold your judgments –be genuine and show empathy
- To demonstrate effective communication with people in your care you have to do the following:
 - Tailor your communication to your listener's needs (such as non-English speaking, cognitive impairment, or culture)
 - Think about what you need to say before saying it. Respect privacy and confidentiality, and
 - Allow people time to ask questions and air their concerns

- o Communicating effectively within a multidisciplinary team is not always easy. The key to therapeutic collaborative care is effective communication that leads to trust, understanding of shared responsibility and multidisciplinary decision-making processes (Berman, et al. 2014).
- Be assertive while communicating in a multidisciplinary team and:
 - o Represent the nursing or midwifery views be aware of predictions to weaken your skills or knowledge and set boundaries
 - o Consider the common goal – person-centred therapeutic care
 - o Remember you may not know everything about someone else's discipline – ask questions and be interested
 - o Show respect for each other's discipline, and
 - o Understand your colleague's role and scope of practice.

STEP 9: Key Points (5 minutes)

- Factors influencing communication includes emotions, knowledge, roles and relationship, attention, age, gender, culture, religion, history of illness, body image and healthcare team
- Effective communication results when there is a transfer of complete understanding between the Sender and the Receiver.
- Advantages of effective Communication at the Workplace are client relations and job satisfaction
- Skills of effective communication includes, telling or lecturing, asking, listening and observing
- Effective communication can be affected by a number of barriers of communication
- Demonstration of Effective communication skill is a core skill for all nurses and midwives

STEP 10. Evaluation (5 minutes)

- What are the skills of effective communication?
- What are the advantages of effective communication in hospital settings?
- What are the barriers of effective communication?

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- MHSW. (2000). Quality Assurance Training Guidelines for Health workers. Dar es Salaam Tanzania: Ministry of Health and Social Welfare
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Session 3: Communicating to People with Hearing, Speech and Visual Disabilities

Total Session Time: 120 minutes

Learning tasks

At the end of this session a learner is expected to be able to:

- Definition of sign language and tactile signing
- Principles of sign language and tactile signing
- Significance of sign language and tactile signing
- Difference between sign language and tactile signing
- Challenges of communicating to people with speech, hearing, and visual disabilities
- Interacting to clients/patients with visual, speech and hearing disabilities
- Interpreting speech in various contexts using sign language and tactile signing

Resources Needed:

- Flip charts, marker pens, and masking tape
- Black/white board and chalk/whiteboard markers
- LCD Projector and computer
- Note Book and Pen
- Handout 3.1: New Signs For People With Hearing And Speech Disabilities

Session Overview

Step	Time (min)	Activity/ Method	Content
1	5	Presentation	Presentation of Session Title and Learning Tasks
2	5	Presentation	Definition of sign language and tactile signing
3	10	Presentation	Principles of sign language and tactile signing (etiquette, sign variation and standard signs).
4	20	Lecture discussion	Significance of sign language and tactile signing in nursing
5	05	Lecture Discussion	Difference between sign language and tactile signing
6	15	Buzzing, Lecture Discuss	Challenges of communicating to people with speech, hearing, and visual disabilities
7	30	Demonstration, Presentation	Interacting to clients/patients with visual, speech and hearing disabilities
8	20	Lecture Discussion	Interpreting speech in various contexts using sign language and tactile signing.
9	5	Presentation	Key Points
10	5	Presentation	Session Evaluation

Session Contents



STEP 1: Presentation of Session Title and Learning Tasks (5 minutes)

READ or **ASK** students to read the learning objectives

ASK participants if they have any questions before continuing

STEP 2: Definition of sign language and tactile signing in communication (5 minutes)

Activity: Brainstorming (5 minutes)

Ask Students to brainstorm on definition of sign language and tactile signing

ALLOW few Students to respond

WRITE their responses on the flip chart/ board

CLARIFY and **SUMMARISE** by using the content below

- Sign language is a language, which uses manual communication, involves simultaneously combining hand shapes, movement and orientation of the hands, arms or body, and facial expressions to convey a speaker's ideas or information.
- Tactile language is a common means of communication used by people with both a sight and hearing disabilities

STEP 3: Principles of Sign Language (10 Minutes)

- Accepting an assignment
 - o The interpreter is aware of her interpreter skills and level and only accepts an assignment in accordance her capabilities.
 - o An interpreter should, before she accepts an assignment, check whether she, within this assignment, can hold to the professional code and whether she can handle the assignment. Hereby she shall ask herself the following questions regarding the assignment:
 - Am I knowledgeable enough for this assignment?
 - Do I have enough skills?
 - Am I able to complete this assignment properly with my social and ethical views?
 - o If one of these three questions is answered negatively the interpreter should not accept the assignment or give it back when the assignment has already been accepted.
- Relations with participants
 - o The sign language interpreter:
 - Informs the client about the professional code and the terms of delivery. If she considers that there is insufficient knowledge, the interpreter will provide the necessary information in advance or on the spot.
 - Respects the independence and the responsibility of each participant and shows that in her attitude and behaviour towards the participants. When the interpreter works for underage persons, the direct responsibility for the participants is that of the parent(s) or carer (s).
 - Shows in her attitude no difference between deaf and hearing participants.
 - Functions as defined in the code of professional profile.
- The assignment
 - o The sign language interpreter:
 - Translates the message completely and truthfully, both in terms of content and in terms of intention of the participants. The interpreter takes into account social and cultural differences.

- Responsible for the communication and not responsible for the consequences arising from the assignment. If the interpreter considers her linguistic or interpreter techniques insufficient, she must immediately tell the participants and discuss with them possible solutions.
- Code of silence
 - Already from the first contact the interpreter considers the information about the interpreter assignment as confidential.
 - The interpreter is therefore bound by the code of silence and keeps strict secrecy about what she hears or sees during an interpreter assignment.
 - Interpreter uses the knowledge and information, which she receives through interpreting, not to her own benefit and does not cooperate with others if they use or misuse that knowledge to benefit themselves.
 - When during professional practice the interpreter receives information showing that the mental or physical well-being of third parties may be endangered or that even their life is in danger, they may report this to the appropriate institutions

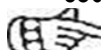
STEP 4: Significance of Sign and Tactile Language in Nursing (20 minutes)

- Improved Communication Skills
 - Learning sign language can be a benefit for anyone in the health care field. It will be of more use to a nurse who commonly works with deaf patients, but it is a great resource to know in any workplace.
 - By understanding sign language, you are opening up the lines of communication with children and adults who have hearing damage and making both your job and the patients' lives easier.
- Carrier Development
 - Though there is not any evidence that being multilingual results in more pay, the ability to understand more than one language is a highly sought skill.
 - In the field of nursing, you may come in contact with patients that are non-native English speakers, so learning a language like Spanish is also helpful. It will improve your flexibility on the job and demonstrate a capacity for advanced learning
- Community Support
 - Open communication in the health care field is a priority and the rights of deaf patients are protected by hospitals and health care providers that ensure understanding between staff and patients. It is in this realm, that understanding sign language as a nurse can also be very helpful
- Important for Deaf people
 - Sign languages are an extremely important communication tool for many deaf and hard-of-hearing people. Sign languages are the native languages of the Deaf community and provide full access to communication.
 - Although sign languages are used primarily by people who are deaf, they are also used by others, such as people who can hear but can't speak.
- More expressive
 - Sign languages aren't just about the hands, they're also about the movement of a person's arms, body and facial expressions.
 - Facial expressions in sign languages can express both emotion and grammatical information. For instance, eyebrows can be raised and lowered to change the structure of a sentence from a statement to a question.

- o So if you're ever speaking in a sign language make sure your facial expressions are correct or you could be saying something completely different to what you mean.
- o Plus, with all the extra movement that goes into it, anyone who speaks a sign language is probably burning a few calories every time they talk.
- Helpful for people with Autism Spectrum Disorder
 - o Some children with Autism Spectrum Disorder (ASD) struggle developing verbal communication. Learning a sign language can be a helpful communication tool for some children with ASD.
 - o Many children with ASD have demonstrated higher quality communication when using a sign language instead of or in addition to a spoken language.
- Listening with eyes
 - o Client who know a sign language are often much better listeners. When using a sign language, a person must engage in constant eye contact with the person who is speaking.
 - o Unlike spoken language, with sign languages a person cannot look away from the person speaking and continue to listen.
 - o Client who know a sign language are often much better listeners.
 - o When using a sign language, a person must engage in constant eye contact with the person who is speaking.
 - o Unlike spoken language, with sign languages a person cannot look away from the person speaking and continue to listen.
- Having a private conversation in a public place
 - o This will only work if the conversation can't be seen by someone who knows a sign language.
 - o Sign languages can be a great way to gossip without anyone else knowing, and passing on confidential information. We know more than a few people who learned a bit of sign language with their friends so they could talk in the general ward without their fellow knowing.

STEP 5: Differences Between Sign Language and Tactile Signing (5minutes)

- Sign language involves simultaneously combining hand shapes, movement and orientation of the hands, arms or body, and facial expressions to convey a speaker's ideas or information.
- Tactile signing is a common means of communication used by people with both a sight and hearing impairment (Deaf blindness), which is based on a sign language or other system of manual communication.
- "Tactile signing" refers to the mode or medium i.e. signing using some form of signed language or code using touch.

 Students to new signs language 3.1

STEP 6: Challenges of communicating to people with speech, hearing, and visual disabilities (15 minutes)

Activity: Buzzing (2 minutes)

ASK Students buzz on the challenges of communicating to people with speech, hearing and visual disabilities

ALLOW few Students to respond

WRITE their responses on the flip chart/ board

CLARIFY and **SUMMARISE** by using the content below

- Physical environment that is not accessible,
- Lack of relevant assistive technology (assistive, adaptive, and rehabilitative devices),

conclude your conversation; when you read “SK”, type “SKSK” if you are completely finished talking.

- Using an interpreter - Always address your comments, questions and concerns directly to the person to whom you are talking, never to the interpreter. Always face the individual, and not the interpreter. Remember that the interpreter may lag a few words behind – especially if there are names or technical terms to be fingers pelled – so pause occasionally to allow him or her time to translate completely and accurately.
- Ask the person how he or she prefers to communicate. If you are writing back and forth, don’t talk, because the person cannot read your lips and note at the same time. If you do not understand something that is being said, ask the person to write it down. The goal is communication; do not pretend that you understand if you do not.
- Before you start to speak, make sure you have the attention of the person you are addressing. A wave, a light tap on the shoulder, or other visual/tactile signals are appropriate to get someone’s attention.
- When talking, face the person. A quiet, well-lit room is most conducive to effective communication. If you are in front of the light source—such as a window—with your back to it, the glare may obscure your face and make it difficult for the person who is hard of hearing to speech read. Avoid chewing gum, smoking or obscuring your mouth with your hand while speaking
- Do not give up, if you cannot make yourself understood then try writing it down or drawing what you mean. If he person is a sign language user, they will probably still expect to have to try to lip-read your reply
- Very few hearing people sign, and deaf people are used to trying to communicate with hearing people
- Use gestures to help explain what you are saying. Use gestures, point, and mime to help explain what you are saying. E.g. Show a cup and ask what they want to drink

Interacting to people with visual disability

- Blind doesn’t mean blind - having a vision disability does NOT mean a person lives in total darkness.
- Introduce yourself- Tell the person your name and your role if it’s appropriate, such as security guard, case worker, or receptionist. Be sure to introduce the person to others in a group, so that they are not excluded.
- Hello & Good-bye: Don’t assume that people with vision disabilities remember your voice. It is considered rude to go to a person with a visual disability and ask, “Do you remember my voice?” Identify yourself when you approach a person with a vision disability & tell them when you are leaving the conversation or area.
- Communication - Face the person and use a normal tone of voice (for some reason, people with vision disabilities are often shouted at). It is okay to use vision references such as “see” or “look”.
- Orientation - It is considered polite to indicate your position verbally or if needed, with a light tap on the shoulder / hand. However, keep physical contact reserved. If you are offering directions, be as specific as possible, and point out obstacles in the path of travel. Use clock cues (“The door is at 2 o’clock”)
- Assistance - For mobility assistance, the best practice is to offer your elbow and allow the person with the vision disability to direct you when assisting him/her with their mobility. Don’t grab, don’t propel, or attempt to lead them. Offer to hold or carry packages in a welcoming manner.
- Service Animals - A guide dog should never be petted or talked to without the permission of its owner. The dog is working and needs to concentrate.
- Avoid Clichés like: “the blind leading the blind”; “What are you, blind?”; “I’m not “blind you know

STEP 8: Interpreting Speech in Various Contexts Using Sign Language and Tactile Signing (20 minutes)

- Sign language interpreter must be polite and highly professional with the ability to either interpret or transliterate. Aside from interpreting and transliterating, there are other specializations you can take advantage of:
 - Speech Interpreting is an oral interpreter hears or watches a person speak and translates at a normal rate of speed, generally a few words behind, in a smooth repetition of statements.
 - Tactile Signing is among the most prevalent means of communication used by people with both a sight and hearing impairment.
 - Several methods of communication are referred to as Tactile signing, including:
 - Hand-over-hand
 - Tracking
 - Tactile
 - Coactive signing
 - On-body signing
 - Lorm
 - Tracing
 - Braille signing
 - The interpreter should be able to:
 - Express thoughts and ideas clearly
 - Have a strong language mastery in both signed and written form
 - Possess foreign language knowledge to accommodate to different backgrounds
 - Must not be limited to translating only, but must be proficient in conceptual message delivery

STEP 9: Key Points (5 minutes)

- Sign language is a language which uses manual communication involve simultaneously combining hand shapes, movement and orientation of the hands, arms or body, and facial expressions to convey a speaker's ideas or information.
- Tactile language is a common means of communication used by people with both a sight and hearing
- Principles of sign language include accepting an assignment, relations with participants, and code of silence
- Sign language interpreter must be polite and highly professional with the ability to either interpret or transliterate.

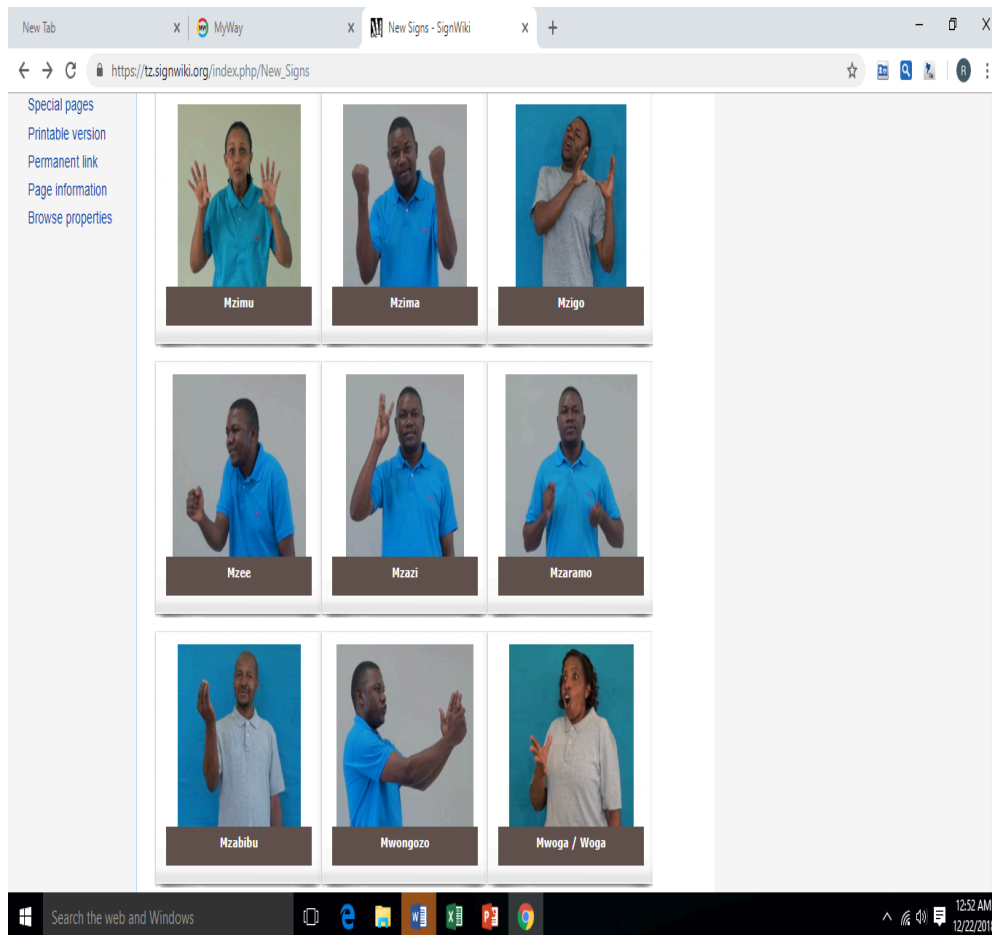
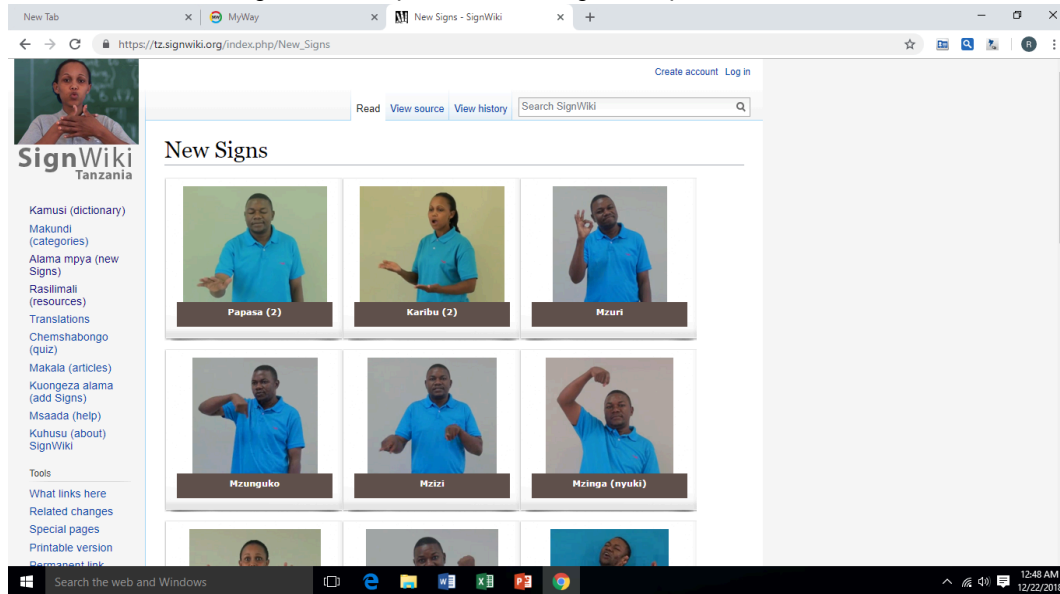
Step 10: Evaluation (5 marks)

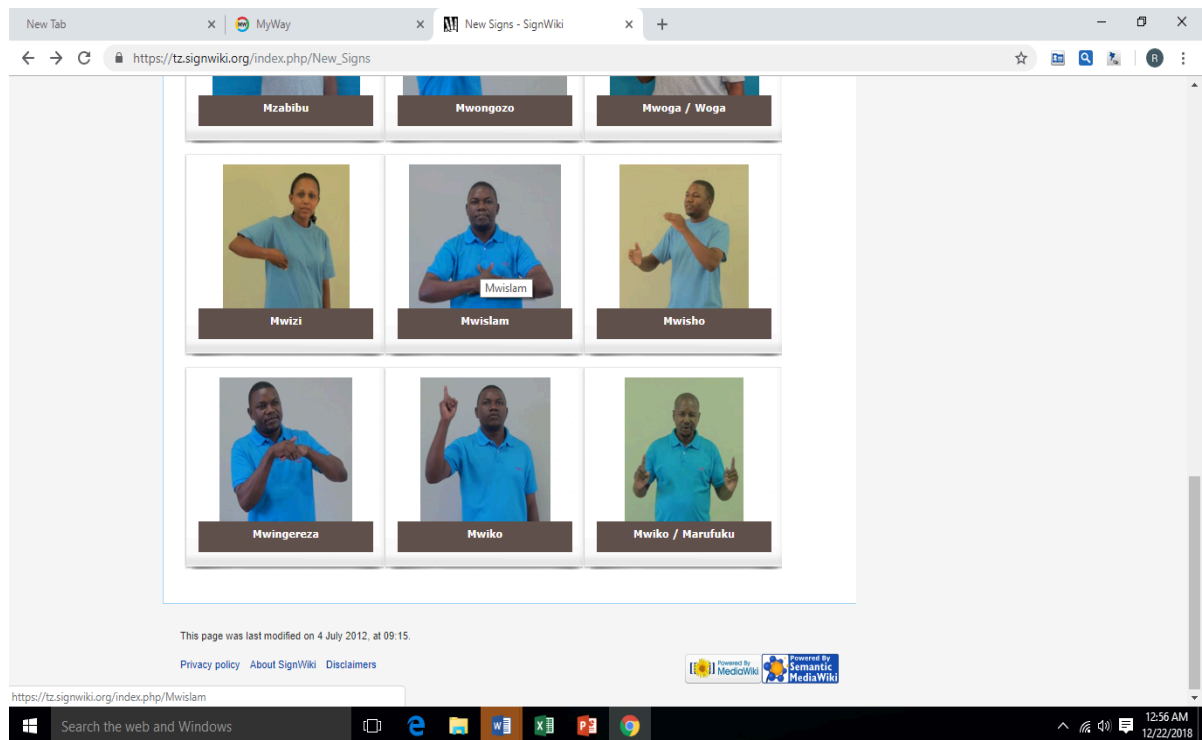
- What is sign language and tactile signing?
- What are the principles of sign language and tactile signing?
- What are the challenges of communicating to people with speech, hearing, and visual disabilities?

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Handout 3.1: New Signs For People With Hearing And Speech Disabilities







Session 4: Giving and Receiving Feedback

Total Session Time: 120 minutes

Prerequisite: None

Learning Tasks

At the end of this session a learner is expected to be able to:

- Define feedback in communication
- Outline the importance of feedback in communication
- Explain appropriate methods of providing feedback
- Explain factors influencing effective feedback in communication
- Explain principles of giving and receiving feedback
- List advantages of giving and receiving feedback
- Explain barriers for feedback in communication
- Utilize principles of giving and receiving feedback

Resources Needed:

- Flip charts, marker pens, and masking tape
- Black/white board and chalk/whiteboard markers
- LCD Projector and computer
- Note Book and Pen

Session Overview

Step	Time (min)	Activity/ Method	Content
1	5	Presentation	Presentation of Session Title and Learning Tasks
2	5	Brainstorm, Presentation	Definition of feedback in communication
3	10	Brainstorming, Presentation	Importance of feedback in communication
4	10	Presentation	Methods of providing feedback
5	15	Small group discussion, Presentation	Factors influencing effective feedback in communication
6	25	Buzzing, presentation	Principles of giving and receiving feedback
7	10	Brainstorming, Presentation	Advantages of giving and receiving feedback
8	10	Presentation/Buzzing	Barriers for feedback in communication
9	20	Small group discussion, Presentation	Principles of giving and receiving feedback
7	5	Presentation	Key Points
8	5	Presentation	Session Evaluation



Session Contents

STEP 1: Presentation of Session Title and Learning Objectives (5 minutes)

READ or **ASK** participants to read the learning objectives

ASK participants if they have any questions before continuing

STEP 2: Definition of feedback in communication (5 minutes)

- Feedback means communicating with other person by providing information on how you interpret his/her message

STEP 3: Importance of Feedback in Communication (10 minutes)

Activity: brainstorming (5 minutes)

ASK Students to brainstorm on the importance of feedback in communication

ALLOW few students to respond

WRITE that responses to the flip chart /board

CLARIFY and **SUMMARISE** by using the content below

- Feedback in communication plays an important part in communication because it tells both the source and the receiver how their message being interpreted. Feedback plays part in the following:
- Support and confirms positive (desired) behaviour
- Encourage the other person to keep behaving that way
- Correct negative (undesirable) behaviour
- Invite change of behaviour of other person
- Clarifies interpersonal relations
- Increases understanding between people and assist in improving their cooperation

STEP 4: Methods of Providing Feedback (10 minutes)

- Verbal or non- verbal
 - o "I like this of you" can have the same meaning as a raised thumb or a nod of approval
- Conscious or unconscious
 - o A remark like "this is boring" is consciously made, yawning is mostly done without being aware
- Spontaneous or on request
 - o Some people give their opinion on their own initiative while others have to be asked what they think about it.
- Formal or informal
 - o Applause in a theatre is a form of formal feedback because it is part of the show. A pat on the back is informal

ACTIVITY: Small Group Exercise (10 minutes)

DIVIDE Students into small manageable groups

ASK Students to discuss on factors influencing effective feedback in communication

ALLOW few groups to present and the rest to add points not mentioned

CLARIFY and **SUMMARIZE** by using the contents below



STEP 5: Factors influencing Effective Feedback in Communication (15 minutes)

- Ability of the communicator.
 - o The person's abilities to speak, hear, see and comprehend stimuli influence the communication process.
 - o The receiver of a message also needs to be able to interpret the message
 - o Even if a client is free of physical impairment, the nurse needs to determine how many stimuli the client is capable of receiving in a given frame
- Perceptions
 - o Each person has unique personality traits, values, and life experiences, each will perceive and interpret messages differently.
 - o It is important in many situations to validate or correct the perceptions of the receiver
- Personal space
 - o Personal distance is the distance people prefer in interactions with others
 - o Communication at a close personal distance can convey involvement by facilitating the sharing of thoughts and feelings
- Territoriality
 - o This is a concept of the space and things that an individual considers as belonging to the self
 - o Clients often feel a need to defend their territory when it is invaded by others; for example, when a visitor or nurse removes a chair to use at another bed, the visitor has inadvertently violated the territoriality of the client whose chair was moved.
- Roles and Relationships
 - o The roles and relationship between sender and receiver affect the communication process
 - o Roles such as nursing student and instructor, client and physician, or parent and child affect content and responses in the communication process
- Time
 - o The time factor in communication includes the events that precede and follow the interaction
 - o The hospitalized client who is anticipating surgery or who has just received news that a spouse has lost a job will not be very receptive to information
- Environment
 - o Environmental distraction can impair and distort communication
- Emotions and self –esteem
 - o Most people have experienced overwhelming joy or sorrow that is difficult to express in words
 - o Emotions affect a person's ability to interpret messages
 - o Large parts of a message may be misinterpreted when the receiver is experiencing strong emotions

Activity: Buzzing (5 minutes)

Ask Students to be in pairs and respond on principles of giving and receiving feedback in communication

ALLOW few Students to respond

WRITE their responses on the flip chart/ board

CLARIFY and **SUMMARISE** by using the content below

STEP 6: Principles of Giving and Receiving Feedback (25 minutes)

- Describe concrete behaviour
 - o Feedback should always relate to concrete behaviour
 - o Describe the behaviour as specifically and objectively as possible so that the other person knows what you are talking about e. g. ‘
 - o ‘You never call when you say you will call’ is more concrete than “You never keep appointments”
- Tell how you feel about it
 - o Apart from describing facts it is also important to tell what you think and feel about the facts, and the effects they have on you e.g. o “I have the feeling that all contacts come from one side, and I don’t like that” or “I don’t feel like making a phone call to him”
- Good useful feedback
 - o Do not give feedback about behaviour the other person will be unable to change
- Do not be exclusively negative
 - o If possible mention both negative and positive elements in your feedback
 - o In this way you prevent the other person from thinking that he/ she only does things wrong and it makes it also easier for the other person to accept the feedback
- Make suggestion for improvement
 - o This applies especially to negative feedback
 - o Tell how you think improvements could be achieved
- Be as concise as possible
 - o Put your feedback as briefly and concisely as possible
 - o The longer the story the bigger the chance the other person will miss the essence
- Do not wait too long
 - o Feedback is most effective when it relates to the recent behavior or is connected with concrete occurrence
 - o If giving feedback is postponed too long, one or both parties might be unable to recall the situation or the situation might no longer be important to the recipient.
- Be inviting Giving feedback is not the same as venting your aggression
 - o Inviting means that you do not become too emotional; that you make it clear that this is your opinion and that is very well possible that the other person has a different view.
- Ask for a reaction
 - o Ask for the reaction especially if the other person did not respond to your feedback
 - o Ask him or her whether he/she understood what you meant.
- Pay attention to the other persons non –verbal behaviour
 - o The other person’s non-verbal communication might give you an indication of how your remarks are taken.
- Dose your feedback
 - o Give you feedback in suitable amounts, especially if you know that the other person will get annoyed
- Take the other person’s resilience into account
 - o You should be able to balance between “giving honest option” and “not hurting”
 - o You have to adapt your words to the person.

Principles for Receiving Feedback

- Listen
 - o Try to listen as open-mindedly as possible

- o Don't interrupt
- o Don't start arguing or defending yourself immediately
- o Make it clear to the other person that you take the remarks seriously and that you are prepared to accept feedback
- Check whether you understand the other person correctly
 - o Summarize the essence of what you have been told to make sure that you have understood correctly
- Ask for details
 - o Ask for descriptions of behaviour or examples of situations in which the behaviour occurred
- Ask what your behaviour means to other person
 - o Ask the other person what your behaviour means to him/her and what he/she thinks about it
- Ask from others
 - o Ask others whether they see your behaviour the same way
- Show honestly and how it affects you
 - o Show what the feedback means to you
 - o It may frighten you, annoy you or you might like hearing it
 - o It is important that the other person hears these remarks
- Accepting is not the same as agreeing
 - o You can accept the others option and next reflect your own point of view
- Determine for yourself if you want to change your behaviour
 - o It is not a must that you change after feedback
 - o It will depend on you. So be clear whether you consider changing or not.

STEP 7: Advantages of Giving and Receiving Feedback (10 minutes)

- Help receiver know about her/his performance, e.g. on skill acquisition during training or instructions
- Enable the giver to express feelings, observations and recommendations
- Inform receiver about his/her behaviour and how it may affect others
- Can correct negative (undesirable) behaviour
- The other person is invited to change behaviour
- Clarifies interpersonal relations; i.e. it increases understanding between people and is thus assisting in improving their cooperation

Activity: Buzzing (3 minutes)

ASK students to buzz in pairs on 'the barriers of feedback in communication.

ALLOW some few pairs to share their responses

WRITE their responses in the flip chart paper/board

CLARIFY and summarize using the content below

STEP 8: Barriers of Feedback in Communication (10 minutes)

- Emotions, feelings or sensations that arise during the conversation
- The other party's difficult emotions, feelings or sensations
- Your relationship with the other party
- Resistance in yourself and the other party
- Lack of Interest
 - If a message reaches a reader who is not interested in the message, the reader may read the message hurriedly or listen to the message carelessly
 - Miscommunication may result in both cases
- Other barriers area:
 - Lack of Knowledge
 - If a receiver is unable to understand a message filled with technical information, communication will break down
 - Unless a computer user knows something about the Windows environment, for example, the user may have difficulty organizing files if given technical instructions
 - Lack of Communication Skills
 - Those who have weak reading and listening skills make ineffective receivers
 - On the other hand, those who have a good professional vocabulary and who concentrate on listening, have less trouble hearing and interpreting good communication
 - Many people tune out who is talking and mentally rehearse what they are going to say in return
 - Emotional Distractions
 - If emotions interfere with the creation and transmission of a message, they can also disrupt reception
 - If you receive a report from your supervisor regarding proposed changes in work procedures and you not particularly like your supervisor, you may have trouble even reading the report objectively
 - You may read, not objectively, but to find fault
 - You may misinterpret words and read negative impressions between the lines
 - Consequently, you are likely to misunderstand part or all of the report
 - Physical Distractions
 - If a receiver of a communication works in an area with bright lights, glare on computer screens, loud noises, excessively hot or cold work spaces, or physical ailments, that receiver will probably experience communication breakdowns on a regular basis.

ACTIVITY: SMALL GROUP DISCUSSION (10 MINUTES)

DIVIDE students into a group of 3 to 8

ASK them to give positive feedback to each other. To start one person gives feedback about a good thing in the behaviour of the other. Insist them to use the principles of feedback while giving the feedback

SUMMARIZE the responses leading them to correct answers and continue with the following content

STEP 9: Principles of Giving and Receiving Feedback (20 minutes)

Principles of Giving Feedback

- Feedback should always relate to concrete behaviour.
- Describe the behaviour as specifically and objectively as possible so that the other person knows what you are talking about e.g. "You never call when you say you will Call" is more concrete than "you never keep appointments"
- Tell how you feel about it.
 - Apart from describing facts it is also important to tell what you think and feel about the facts, and the effects they have on you e.g.
 - I have the feeling that all contacts come from one side, and I don't like that" or "I don't feel like making a phone call to him"
- Good useful feedback
 - Do not give feedback about behaviour the other person will be unable to change
- Do not be exclusively negative
 - If possible mention both negative and positive elements in your feedback.
 - In this way you prevent the other person from thinking that he/ she only does things wrong and it makes it also easier for the other person to accept the feedback
- Make suggestion for improvement
 - This applies especially to negative feedback.
 - Tell how you think improvements could be achieved
- Be as concise as possibly
 - Put your feedback as briefly and concisely as possible.
 - The longer the story the bigger the chance the other person will miss the essence.
- Do not wait too long
 - Feedback is most effective when it relates to the recent behaviour or is connected with concrete occurrence.
 - If giving feedback is postponed too long, one or both parties might be unable to recall the situation or the situation might no longer be important to the recipient
- Be inviting
 - Giving feedback is not the same as venting your aggression.
 - Inviting means that you do not become too emotional; that you make it clear that this is your opinion and that is very well possible that the other person has a different view.
- Ask for a reaction
 - Ask for the reaction especially if the other person did not respond to your feedback.
 - Ask him or her whether he/she understood what you meant.
- Pay attention to the other persons non –verbal behaviour
 - The other person's non-verbal communication might give you an indication of how your remarks are taken
- Dose your feedback
 - Give you feedback in suitable amounts, especially if you know that the other person will get annoyed.
- Take the other person's resilience into account
 - You should be able to balance between "giving honest option" and "not hurting"
 - You have to adapt your words to the person

Step 10: Key Points (5 minutes)

- Feedback means communicating with other person by providing information on how you interpret his/her message
- There are four ways of providing feedback such as verbal or non-verbal, conscious or non-conscious, spontaneous or on request and formal or informal
- Effective giving and receiving feedback is governed by some principles
- One of the advantages of giving and receiving feedback is to correct negative (undesirable) behaviour.

Step 11: Evaluation (5 marks)

- What is the definition of feedback?
- What are the three importance of feedback in communication?
- What are the four methods of giving feedback?
- What are the 3 barriers of Feedback in Communication?

References

- KMTC. (2009). Nursing Procedure Manual. (4th ed). Nairobi: Colorscales media Ltd.
- Marquis, B. L. & Huston, C.J. (2009). Leadership Roles and Management Functions in Nursing Theory and Application. (6th ed). New york: Lippincott Williams & Wilkins
- MHSW. (2000). Quality Assurance Training Guidelines for Health workers. Dar es Salaam, Tanzania: Ministry of Social welfare and Tanzania
- Rosdahl, C.B. (1999). Textbook of Basic Nursing. (7th ed). New York: Lippincott Williams & Wilkins
- Fujishim, R. (2008). Creating Communication _Exploring & Expanding Your Fundamental Communication Skills. 2nd Edition. Rowman & Littlefield Publishers.



Session 5: Therapeutic Communication Skills in Providing Care to Patients/Clients in Health Care settings

Total Session Time: 120 minutes

Learning Tasks

At the end of this session a learner is expected to be able to:

- Define therapeutic communication
- Explain therapeutic communication techniques
- Explain the importance of good relationship with clients/ patients and co- workers
- Outline factors for creating and maintaining good relationship with patient/client, and co workers
- Explain phases of therapeutic relationship
- Outline the advantages of therapeutic communication
- Demonstrate therapeutic communication skills

Resources Needed:

- Flip charts, marker pens, and masking tape
- Black/white board and chalk/whiteboard markers
- LCD Projector and computer
- Note Book and Pen

Session Overview

Step	Time (min)	Activity/ Method	Content
1	5	Presentation	Presentation of Session Title and Learning Tasks
2	10	Brainstorming, Presentation	Definition of therapeutic communication
3	15	Presentation	Therapeutic communication techniques
4	10	Presentation	Importance of good relationship with clients/ patients and co- workers
5	10	Presentation	Factors for creating and maintaining good relationship with patient/client, and co workers
6	25	Presentation	Phases of therapeutic relationship
7	10	Presentation	Advantages of therapeutic communication
8	25	Role play, Presentation	Demonstration of therapeutic communication skills
9	5	Presentation	Key Points
10	5	Presentation	Session Evaluation

Session Contents

STEP 1: Presentation of Session Title and Learning tasks (5 minutes)

READ or **ASK** participants to read the learning objectives

ASK participants if they have any questions before continuing

STEP 2: Definition of Therapeutic Communication (10 minutes)

Activity: Brain storming (5 minutes)

Ask Students to brainstorm on therapeutic communication

ALLOW few Students to respond

WRITE their responses on the flip chart/ board

ALLOW others to add unmentioned points

CLARIFY and **SUMMARISE** by using the content below

- Therapeutic communication refers to face-to-face process of interacting that focuses on advancing the physical and emotional well-being of a patient.
- Nurses use therapeutic communication techniques to provide support and information to patients.
- The goals of therapeutic communication are to help a patient feel cared for and understood and establish a relationship in which the patient feels free to express any concerns

Step 3: Therapeutic communication techniques (15 minutes)

- Attentive and active listening
 - o Active listening is an essential part of communication.
 - o Attentive listening is far more than hearing and attentive listening is far more than simply remaining silent while listening to words.
 - o Active attentive listening is not a passive activity; it entails the nurse's hearing, processing and purposefully comprehending the client's words, as well as processing these words in the context of the client's situation
- Silence
 - o Silence is a therapeutic communication technique that is also very helpful when the nurse wants to give the client ample time to fully and openly discuss their feelings, opinions and beliefs, however, prolonged silence may be interpreted by the client as a lack of interest on the part of the nurse so silence
 - o Similar to listening, silence is a purposeful active process rather than a passive process.
 - o Senders and receivers of the message take advantage of brief pauses of silence to think about and reflect on the full meaning of received message
- Focusing
 - o Focusing with the client is a therapeutic communication technique used by nurses, and other members of the health care team, that facilitates the client's abilities to focus on and pay attention to the matters at hand, which should reflect the client's priorities.
 - o At times, some clients may use the nurse's presence to talk about things not even related to their health care and their health care problems
 - o Focusing on the subject at hand decreases the risk of having these kinds of distractions impair the therapeutic communication process.

- Using open ended questions
 - Open-ended question, as previously discussed, elicits more and fuller information than a closed ended question that requires more than a simple yes or no answer.
 - This therapeutic communication technique is particularly useful when the nurse wants fuller and deeper information from the client and when the nurse is facilitating the client's full and free ventilation and expressions of their own feelings and beliefs
- Clarification
 - Messages are often clarified and validated with clients in order for the nurse to insure that the nurse has received and interpreted the complete and correct message without any errors, without any bias and without any false assumption
 - A possible question that the nurse may ask the client to clarify a message could be "Am I correct that you told me that you plan on having home health care after your discharge?"
- Exploring
 - Is the use of techniques that encourage the client to provide more details and information about a particular topic or health care problem.
 - Exploring, in contrast to invasive and non-therapeutic probing.
- Paraphrasing
 - Paraphrasing, another technique that is used to clarify a client's message
 - Is used by the nurse to rephrase a client's comment or question in a manner that is similar to what the nurse thinks that they have heard and understood.
 - For example, a nurse may paraphrase a client statement such as "I am too tired to even think" with, "Did you mean that you are too tired now to continue with this education?"
- Reflecting
 - This therapeutic communication technique reflects and mirrors what the nurse believes the client's feelings to be underneath the words.
 - It mirrors, or reflects, the patient's feelings, not words, back to the client so that the client's feelings can be further explored and expressed by the patient.
 - For example, when a client appears to be angry and upset, the nurse may state, "You seem a little angry today. Would you like to talk about it?"
- Providing leads
 - Providing a lead to the client enables the client to continue discussing things with the nurse and it also facilitates the client's beginning a new discussion that is focused on a particular thing
- Summarizing
 - Summarizing is a highly useful therapeutic communication technique that sums up the primary and main points that were discussed as well as the conclusion of the discussion that was mutually decided up.
 - For example, a nurse who is educating the client and family members about diabetes management and the interactions of diabetic medications, exercise, diet and other factors may summarize this discussion with a summarizing statement such as:
 - During our discussion today, we have discussed the roles of diabetic medications, exercise, diet and other factors as they interact with each other and how these interactions impact on the successful management of diabetes."

Step 4: Importance of Good Relationship with Clients/ Patients and Co-Workers (10 minutes)

- Good relationship at work place encourage clients to express their thought and feelings more effectively.
- Moreover it builds and maintains rapport within health workers.
- In health care, human connections are essential to the healing process and effective health care delivery.

The following are importance of Good Relationships with Patient /Client:

- Enhance client well-being
- Promote recovery
- Support the self-care functioning of the client
- Gives patient satisfaction with the services which they receive (poor communication is a major cause of patient dissatisfaction)
- Motivates patients to comply with medical regimes and procedures

Importance of Good Relationships with Co-workers:

- Provides a unique opportunity to approach client care from a holistic perspective by drawing on expertise of various disciplines such as psychiatry, medicine, dentistry, social work, nutrition, physical and respiratory therapy
- Caring commitment to developing constructive working relationship with other professionals gives directions, form and substance to all nursing actions thereby providing a recognizable pattern of professional nursing practice
- Good communication among the health care team is vital for the effective care of patients
- Co- workers can experience almost instant kinship, because the essence of the group is the idea that "you are not alone."
- Co-workers can talk about their feeling and listen to the concerns of others, knowing they all share this experience.
- The group atmosphere is generally one of acceptance, support, encouragement, and caring.
- Many members acts as role model for new members and can inspire them to attempt tasks they might consider impossible.
- The group provides the opportunity for people to help as well as to be helped (critical component in restoring self-esteem)

Step 5: Factors For Creating and Maintaining Good Relationship With Patient/Client and Co-Workers (10 minutes)

- Personal and professional characteristics of the nurse and the client
- Age, sex, appearance, diagnosis, education, values, ethnic and cultural background
- Personality
- Expectations
- Setting
- Good communication skill
- Sincere interest in the client's welfare

Step 6: Phases of Therapeutic Relationship (25 minutes)

- Pre-interaction
 - o This is similar to the planning stage before an interview.
 - o In most situations, the nurse has information about the client before the first face-to-face meeting

- o Such information may include the client's name, address, age, medical history, and social history.
- Introductory Phase (Orientation)
 - o This is important because it sets the manner for the rest of the relationship
 - o The client and the nurse closely observe each other and form judgments about the others behaviour
 - o The three stage of this introductory phase is sub divided into the stages:
 - o Opening the relationship- the nurse may initially engage in some social interaction to put the client at ease
 - o Clarifying the problem-
 - o The client initially may not see the problem clearly; the nurses major task is to help to clarify the problem
 - o Structuring and formulating the contract- Nurse and client develop a degree of trust and verbally agree about location, frequency and length of meeting, overall purpose of the relationship, how confidential material will be handled, tasks to be accomplished, duration and indications for termination of the relationship
- Working (Maintaining) Phase
 - o Accomplishment of the tasks outlined in the introductory phase, enhance trust and rapport to the nurse and client and finally develop caring process.
 - o The working phase has two major stages
 - o Exploring and understanding thoughts and feeling- The client explores thoughts and feelings associated with problems, develop the skill of listening, and gains insight into personal behaviour
 - o Facilitating and taking action-The clients need to learn to take risk such as to accept that either failure or success may be the outcome
 - o The nurse needs to reinforce successes and help the client recognize failures realistically
- Termination phase
 - o Nurse and client accept feeling of loss. 📺 The client accepts the end of the relationship without feelings of anxiety or dependency

Step 7: Advantages of Therapeutic Communication (15 minutes)

- Therapeutic communication works as a treatment for persons in need
- Effective communication with patients can help to develop therapeutic interpersonal relationship, decrease anxiety, enhance patient compliance and result in an optimistic experience for all involved
- The therapeutic nurse-patient relationship gives confidence to patient that plays an active role in his/her care.
- It has been observed the ideal therapeutic communication between patient and nurse acts, as a catalyst in gratification of patient's physical, emotional and spiritual needs.
- Therapeutic communication helps the nurse establish rapport with the patient,
- Understand where the patient is coming from
- Exchange valuable information, and come up with individualized health-care intervention strategies that benefit the patient.

Step 8: Demonstration of Therapeutic Communication Skills (25 minutes)

ACTIVITY: Role Play (10 Minutes)

ASK students to volunteer to participate in the play.

The first students will play as a client and another student as a counselor who will have a role in utilizing steps in creating rapport with clients.

Other three students volunteer as other waiting clients

EXPLAIN that this activity is aimed at training students on therapeutic communication skills

TELL the rest of the learners to observe carefully

LEAD a discussion after the role-play

ASK the volunteer client to report back on her experience – How she feel? What went well? What could be improved?

ASK the volunteer counselor to report back on her experience – How she feel? What went well? What could be improved?

CLARIFY and **SUMMARIZE** by using the content below

DE-ROLE the students

- Active Listening
 - Being attentive to what the client is saying, verbally and non-verbally. Sit facing the client, open posture, lean toward the client, eye contact, and relax.
- Sharing Observations
 - Making observations by commenting on how the other person looks, sounds, or acts. Example: "you look tired" or "I haven't seen you eating anything today".
- Sharing Empathy
 - The ability to understand and accept another person's reality, to accurately perceive feelings, and to communicate understanding. Example "It must be very frustrating to know what you want and not be able to do it".
- Sharing Hope
 - Communicating a "sense of possibility" to others. Encouragement when appropriate and positive feedback. Example "I believe you will find a way to face your situation, because I have seen your courage in the past".
- Sharing Humour
 - Contributes to feelings of togetherness, closeness and friendliness. Promotes positive communication in the following ways; prevention, perception, perspective.
- Sharing Feelings
 - Nurses can help clients express emotions by making observations, acknowledging feelings, and encouraging communication, giving permission to express "negative" feelings and modelling healthy anger.
- Using Touch
 - Most potent form of communication. Comfort touch such as holding a hand, is especially important for vulnerable clients who are experiencing severe illness.

- Silence
 - o Time for the nurse and client to observe one another, sort out feelings, think of how to say things, and consider what has been verbally communicated. The nurse should allow the client to break the silence.

Step 9: Key Points (5 minutes)

- Therapeutic communication refers to face-to-face process of interacting that focuses on advancing the physical and emotional well-being of a patient.
- Nurses use therapeutic communication techniques to provide support and information to patients.
- The goals of therapeutic communication are to help a patient feel cared for and understood and establish a relationship in which the patient feels free to express any concerns

Step 10: Evaluation (5 marks)

- What is definition of therapeutic communication?
- What are therapeutic communication techniques?
- What are the importance of good relationship with clients/ patients and co- workers?
- Explain phases of therapeutic relationship

References

- KMTC. (2009). Nursing Procedure Manual. (4th ed). Nairobi: Colorscales media Ltd.
- Marquis, B. L. & Huston, C.J. (2009). Leadership Roles and Management Functions in Nursing Theory and Application. (6th ed). New york: Lippincott Williams & Wilkins
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- Fujishim, R. (2008). Creating Communication _Exploring & Expanding Your Fundamental Communication Skills. 2nd Edition. Rowman & Littlefield Publishers.



Session 6: Utilization of Information Education and Communication Materials when Communicating Health Information to Patients/Clients

Total Session Time: 120 minutes

Prerequisite: None

Learning Tasks
At the end of this session a learner is expected to be able to

- Define Information education and communication
- Explain the importance of IEC
- Describe types of IEC materials
- Identify different sources of IEC
- Use IEC materials in influencing health behavior

Resources Needed:

- Flip charts, marker pens, and masking tape
- Black/white board and chalk/whiteboard markers
- LCD Projector and computer
- Note Book and Pen

Session Overview

Step	Time (min)	Activity/ Method	Content
1	05	Presentation	Presentation of Session Title and Learning Tasks
2	10	Buzzing, Presentation	Definition of Information, Education and Communication (IEC)
3	10	Presentation	Importance of IEC
4	20	Lecture discussion	Types of IEC Materials
5	20	Lecture discussion	Different sources of IEC
6	40	Lecture discussion	IEC materials in influencing health behaviour
7	5	Presentation	Key points
8	5	Presentation	Session Evaluation



Session Contents

STEP 1: Presentation of Session Title and Learning Objectives (5 minutes)

READ or **ASK** participants to read the learning objectives

ASK participants if they have any questions before continuing

STEP 2: Definition of Information Education and Communication (5 minutes)

- Information Education and Communication is an approach which attempts to change or reinforce a set of behaviour in a target audience regarding a specific problem in a predefined period of time.
- Information, education and communication (IEC) means sharing information and ideas in a way that is culturally sensitive and acceptable to the community, using appropriate channels, message and method

Step 3: Importance of Information Education and Communication (10 minutes)

- Information, education and communication (IEC) combines strategies, approaches and methods that enable individuals, families, groups, organizations and communities to play active roles in achieving, protecting and sustaining their own health.
- Embodied in IEC is the process of learning that empowers people to make decisions, modify behaviours and change social conditions

ACTIVITY: SMALL GROUP DISCUSSION (10 MINUTES)

DEVIDE students in 3 to 8

ASK Students to discuss on types of IEC

THEN one group to present and others to add unmentioned points

CLARIFY and **SUMMARISE** by using the content below

STEP 4: Types of Information Education Communication Materials (20 minutes)

- Graphics and Audio-visuals
 - o Attracts the attention of the client
 - o May be distributed / used in a variety of settings
 - o Provides basic information on health service and benefits
 - o Demonstrates steps of behavior (i.e., preparation and use of medication, methods for preventing mosquito breeding, basic hygiene for food handling safety,
 - o Can provide complex information and is reusable
 - o Supports interpersonal health education sessions
 - o May be produced locally
 - o Provides instant feedback when used by health workers
 - o Include brochures, posters, display boards, Videotapes, slides, flip charts.
- Mass Media
 - o Includes radio, television, movies, newspapers, and magazine
 - o Reaches many people
 - o Creates a demand for health services by the target audience
 - o Reinforces important messages delivered through interpersonal communication by health workers

- o Provides status to the health service program
- o Uses influential opinion leaders to influence target population

STEP 5: Different sources of Information Education Communication Materials (15 minutes)

- The following are the possible sources of IEC
 - o The government under the ministry of health
 - Governmental agencies
 - Inter-governmental agencies
 - Library where you can access books
 - o Pharmaceutical industries, and medical equipment companies often provide disease or condition related to their products or their drugs
 - o Professional organization can be source of balanced educational materials
 - o Nurses desk can be source of materials
 - o Information from the internet like any other source complement rather than replacing other information provided by the clinician, when evaluating information from the internet look for credibility web credentials of authors and contributors, relevant information, relevant copyright information ownership disclosure and the date of the posting.

STEP 6: IEC materials in influencing health behaviour (30 minutes)

- An IEC component helps a great deal in moving from an unbalanced information environment to a balance one.
- It is important to have an IEC professional in the Project Management Unit (or its equivalent)
- A communication initiative needs to follow up its first information campaign with a second wave of clarification
- When there is information, one-on-one interpersonal communication (IPC) and a supportive environment, desirable and sustainable behaviour change among your target group(s) is more likely. Goal:
- To raise health awareness of issues, which influence people agendas, help them clarify their values and to acquire knowledge, skills by means of changing attitudes, beliefs, values, behaviour or norms within individual or groups of individuals
- IEC combines strategies, approaches and methods that enable individuals, families, groups, organizations and communities to play active roles in achieving, protecting and sustaining their own health
- IEC is the process of learning that empowers people to make decisions, modify behaviors and change social conditions
- The influence of underlying social, cultural, economic and environmental conditions on health are also taken into consideration in the IEC processes.
- Identifying and promoting specific behaviors that are desirable are usually the objectives of IEC efforts

Step 9: Key Points (5 minutes)

- Information, education and communication (IEC) means sharing information and ideas in a way that is culturally sensitive and acceptable to the community, using appropriate channels, message and method
- An IEC component helps a great deal in moving from an unbalanced information environment to a balance one.
- Two types of IEC are Graphic/ audio-visual and Mass media

Step 11: Evaluation (5 marks)

- What is the importance of IEC?
- What are the types of IEC materials?
- What are different sources of IEC?

References

- Marquis, B. L. & Huston, C.J. (2009). *Leadership Roles and Management Functions in Nursing Theory and Application*. (6th Ed.). New York: Lippincott Williams & Wilkins
- MoHSW. (2000). *Quality Assurance Training Guidelines for Health workers*. Dar es Salaam, Tanzania: Ministry of Social welfare and Tanzania
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- Fujishim, R. (2008). *Creating Communication _Exploring & Expanding Your Fundamental Communication Skills*. 2nd Edition. Rowman & Littlefield Publishers.



Session 7: Prepare Lesson Plan and Conduct Health Education

Total Session Time: 120 minutes

Prerequisite: None

Learning Tasks
At the end of this session a learner is expected to be able to

- Prepare lesson plan for health education sessions according to patient/clients' needs
- Conduct health education sessions according to patient/clients' needs

Resources Needed:

- Flip charts, marker pens, and masking tape
- Black/white board and chalk/whiteboard markers
- LCD Projector and computer
- Note Book and Pen

Session Overview

Step	Time (min)	Activity/ Method	Content
1	05	Presentation	Presentation of Session Title and Learning Tasks
2	45	Demonstration, Presentation	Prepare Lesson plan
3	60	Demonstration, Presentation	Conduct health education
4	05	Presentation	Key Points
5	05	Presentation	Session Evaluation

Session Contents

STEP 1: Presentation of Session Title and Learning Objectives (5 minutes)

READ or ASK participants to read the learning objectives

ASK participants if they have any questions before continuing



STEP: 2 Lesson plan for health education sessions according to clients needs (45minutes)

Activity: presentation/demonstration (40minutes)

DIVIDE students in small manageable groups

ASK students prepare a lesson plan

ALLOW students to discuss and demonstrate for 25 minutes

ALLOW few students to present and the rest to add points not mentioned

CLARIFY and **SUMMARIZE** by using the content below

THE LESSON PLAN TEMPLATE

NAME OF FACILITATOR/PRESENTER:.....

LEARNERS CHARACTERISTIC:.....

TOPIC:.....

TIME ALLOTMENT:.....

TEACHING METHOD:.....

VENUE:.....

Date & Time	Objectives	Contents	Teacher /facilitator activities	Learner/audience activities	Evaluation

STEP 3: Conduct health education sessions according to patient/clients needs (60minutes)

ACTIVITY: SMALL GROUP DISCUSSION/DEMONSTRATION (45 HOURS)

DIVIDE students in small manageable group

ASK students to read the statement and discuss on the following question

You are working at Ngaramtoni village, and during home visiting you identified that majority of the families are drinking unsafe water. You visited family of Mrs Loishiye and identified that all family members had diarrhea because of drinking unsafe water. You decided to educate them about safe water.

ALLOW students to discuss on steps of conducting health education (15 minutes)

ALLOW few groups to demonstrate (30minutes)

CLARIFY and **SUMMARIZE** by using the content below

You are working at olmotonyi village, and during home visiting you identified that majority of the families are drinking unsafe water. You visited family of Mrs Loishiye and identified that all family members had diarrhea because of drinking unsafe water. You decided to educate them about safe water.

Steps in conducting Health education sessions

Question

- What preparations do you think you need before educating Mrs kazimoto's family?

- Setting climate for presentation
 - Welcomes the audience
 - Greet the audience
 - Introduces self to the audience
 - Asks questions to assess knowledge on the topic
- Presenting the session
 - Introduces the topic of the session
 - Describes purpose of the session
 - Presents objectives of the session
 - Presents contents
 - Maintains eye contact
 - Explains points using simple and clear language
 - Uses appropriate body gestures and postures
 - Allows the participants to ask questions
 - Paraphrases information
 - Observes non-verbal expression of the audience
 - Listens attentively
 - Asks open-ended questions
 - Responds to audience's questions
 - Clarifies points using understandable language
- Summarizing the session
 - Checks for understanding
 - Clarifies any issue raised
 - Stresses key points
 - Thanks the audiences
 - Closes the session

STEP 4: Key Points (5 minutes)

The following are the steps in conducting health education sessions

- Setting climate for presentation
- Presenting the session
- Summarizing the session

Step 5: Evaluation (5 marks)

- What are steps of conducting health education session?
- What are the components of lesson plan?

References

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