MODULE 3 PROFESSIONAL SKILLS

Unit 1: Intrapersonal skill development

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Outline of the sesión

- Activity 1: Confronting labels and stereotypes
- Presentation: Intrapersonal skill development
- Activity 2: Symbolic meanings of gestures
- Presentation: Different meanings of gestures in other cultures:
- Activity 3: Empathising with the patient
- Activity 4: Reflective Listening
- Activity 5: Confronting difficult situations and emotions ("Re-thinking")

Objectives of the Presentation:

- To identify key elements in communicating with migrants or ethnic minority patients.

- To recognise techniques related to intrapersonal outcomes aiming to improving health professional-patient interaction in culturally diverse contexts.

Objectives of the Activities:

- To identify the role of stereotypes in communication with migrants and ethnic minorities

- To identify communication and intrapersonal skills (empathy, active/reflective listening).

- To acquire the ability to manage stress situations in the health professional-migrant/ethnic minority patients interaction

Activity 1: Confronting labels and stereotypes

Stereotypes, stigma and discrimination

- Stereotypes are **generalizations** or assumptions that people make about the characteristics of all members of a group, based on an image (often wrong and always partial) about what people in that group are like and how they behave

- Stereotypes lead to **prejudices, stigma and discrimination**

- Stigma: **adverse reaction to the perception of a negatively evaluated difference**

- Racism and discrimination **strongly affect the health and well-being** of those who suffer its consequences.

Breslin and William (1991); Link, Bruce and Phelan (2001); Susman (1994)

Video Incompetent vs. Competent Cultural Care

https://www.youtube.com/watch?v=Dx4Ia-jatNQ

Communication with a patient can be defined as:

"specific tasks and observable behaviours that include interviewing to obtain a medical history as well as a patient's reason for the visit, discussing a diagnosis and prognosis, giving instructions on therapy and information needed for informed consent before undergoing any procedures, and counselling to motivate participation in treatment or to relieve symptoms"

Duffy et al

- Research evidence indicates that there are **strong positive relationships** between a healthcare team member's **communication skills** and a patient's **capacity to follow through** with medical recommendations, **self-manage** a chronic medical condition, and **adopt preventive health behaviours**.

- Studies conducted during the past three decades show that the clinician's **ability to explain, listen and empathize** can have a profound effect on biological and functional health outcomes as well as patient satisfaction and experience of care.

IHC (2011); Mast (2015)

*"**A more people-centered and integrated approach** to service delivery is expected to increase access to needed health services throughout the life-course; improve health and clinical outcomes; **enhance continuity of care and satisfaction with services**; expand participation of users and communities in their own health care; improve providers' job satisfaction; reduce system inefficiencies and duplication of services; and facilitate **intersectoral collaboration** in order to address other wider determinants of health."*

WHO-WPRO (2007); WHO (2014)

Language seems at best tangential in communication research,
*unless it is assumed that **language constitutes part of the process of message***
***encoding and decoding** that occurs during intercultural interaction.*
*There is a continued interest in how **nonverbal and verbal behaviour differ across***
***cultures**, concerning mainly what transpires in the immediate context of meaning or*
message transaction

Holliday (2011)

Activity 2: Symbolic meanings of gestures

Nonverbal communication

- Nonverbal behaviour has **proved to be related to patient satisfaction**

- Nonverbal communication is **unlikely to immediately affect** patient physical or mental health.

- Nonverbal aspects in the health professional-patient interaction play an important role, as **interpersonal judgment relies mostly on nonverbal and appearance cues** of the interaction.

IHC (2011)

Health professionals can learn to **monitor their own nonverbal behaviour** to have a positive effect on patients:

– Smiling,

– eye-contact

– leaning forward

– expressive tone of voice and face

– more nodding

Language barriers

- Lack of fluency is a possible language barrier, but "*for migrants, **basic fluency in the language of the host country may not be enough to effectively communicate** their health problem or understand what the health professional says*".

- The essential features of healthcare communication rely on core communication skills, such as **open-ended inquiry**, **reflective listening** and **empathy**, as a way to respond to the unique needs, values and preferences of individual patients. Such skills are even **more relevant** in communication with migrant and ethnic minorities.

(Stewart et al., 2000)

Empathy

- Psychological process that encompasses a collection of **affective**, **cognitive**, and **behavioural** mechanisms and outcomes in reaction to the observed experiences of another.

- **Sensitivity** to different perspectives in communication.

- Empathic processes affect how the health professional thinks and feels (**intrapersonal outcomes**), and behaves (**interpersonal outcomes**) with the patient.

- The **intrapersonal outcomes can be**:
  - **Affective** (parallel and reactive emotions)
  - **Non-affective**

Eric B. Larson, MD, MPH; Xin Yao, PhC (2005) Davis (1996)

Activity 3: Role Playing

Listening

- Listening: **active process** in which **senses**, **intellect** and **emotion**s operate.

- **Reflective listening** in the health context: **ability to capture** what the patient is communicating then offering the message back to confirm the message has been understood correctly.

- This technique **facilitates** the **reaching of agreements**, favours **decision-making** and **obtaining answers**, and it can help **managing conflicts**.

Subiela (2014); IHC (2011)

Avoid **distractions**

Note **nonverbal cues** emitted

Not interrupt, show you are listening (*yes, uhm, aha…*)

Interpret **without changing the meaning**

Empathise

Keep **eye contact**, adequate **tone of voice** and **posture**

Show **respect about** the patient's **feelings**

Reflect the **emotional state** of the patient **with words and nonverbal communication**

Summarise to **avoid misunderstandings**

Ask **only necessary questions**

Virshup BB, Oppenberg AA, Coleman MM (1999); Llacuna Morera J (2000); Rodriguez Bayón, A, Pérez Fuentes, F (1999); Mast MS (2007); Stephen G.Henry et al (2012)

Activity 4: Practicing Reflective Listening

Emotions and emotional self-control techniques

- Emotions are **inherent to the human being** and are present in all aspects of our lives

- Because **our emotions affect our actions:** to have an adequate level of emotional management skills in order to:

    – Provide a better service
    – Feel better

Cadman and Brewer (2001)

Emotional intelligence

1.   Knowing one's emotions

2.   Managing emotions

3.   Self-motivation

4.   Recognizing emotions in others

5.   Handling relationships.

Cadman C, Brewer J. (2001); Goleman, D. (1996); McGarty, Craig; Yzerbyt, Vincent Y.; Spears, Russel (2002)

Cognitive dissonance and automatic thoughts

- Relevant as they influence our **thoughts**, **feelings** and **behaviour**.

- **Labelling and stereotypes** are examples of automatic thoughts.

- To **detect** these dissonances and to **re-think**

McGarty et al.(2002)

Activity 5: Confronting difficult situations and emotions ("Re-thinking")

Thank you and questions …

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