



# **INTERPERSONAL COMMUNICATION AND COUNSELLING TRAINING MODULE**

## **FACILITATOR'S MANUAL**

**FEDERAL MINISTRY OF HEALTH, NIGERIA  
APRIL, 2021**



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## Foreword

To be effective and trusted, health providers must be able to empathically and effectively communicate with their clients. Factors identified as affecting the quality of care delivered by health providers include their communication skills, values, beliefs, attitudes, knowledge, perceptions of their role, social and workplace norms, structural context, and level of supervision.

The development of the Interpersonal Communication and Counseling (IPCC) training manual is a major step towards promoting effective positive change in health providers' attitude, bias and interpersonal communication and counseling at health facilities and community levels in line with national guidelines and policies.

This training manual is designed for health care providers who are in contact with clients at health facility. It is an interactive training manual that teaches counseling, communication, and motivation skills using hands-on practice such as problem solving, post-training coaching and mentorship, peer review, regular health provider meetings, support groups, health provider of the year competitions and visual reminders. These approaches aim to build skills that will promote health provider empathy for clients, improve client-provider interaction, client experience, quality of care and ultimately improve health outcomes.

This IPCC training manual would serve as an effective tool to guide health providers to deliver improved client centered health services at all levels, thereby ensuring the health and general wellbeing of individuals in Nigeria.

We count on the partnership, buy-in and continuous support of all Stakeholders in the public and private sectors, including the development and implementing partners, non-government and civil society organizations, professional associations, regulatory bodies, academia, research institutions, and media for successful implementation of this IPCC Training Manual.



**Dr. Osagie Emmanuel Ehanire, FWACS, MD**

Honourable Minister of Health

Federal Ministry of Health, Abuja, Nigeria

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# Acknowledgment

On behalf of the Federal Ministry of Health, I wish to extend my gratitude to the representatives of Organizations who worked tirelessly in ensuring the reality of this Interpersonal Communication and Counselling (IPCC) Training Manual.

I recognize the support given during the pretest of the IPCC Training Manual in Akwa Ibom and Sokoto States by the Honourable Commissioners for Health, Akwa Ibom and Sokoto States; the Chief Medical Directors of University of Uyo Teaching Hospital and Uthman Danfodio University Teaching Hospital; Director, Public Health, Akwa Ibom and Executive Secretary, Sokoto State Primary Health Care Board and Health workers from public and private Health Facilities, who participated in the pretest. Your valuable contributions were highly commendable.

I extend my gratitude to representatives from Ministries, Departments and Agencies (MDAs) and Parastatals, State Ministries of Health, Agencies and Federal Capital Territory Secretariat for Health and Human Services, Regulatory Bodies, Professional Associations and Academia who contributed to the development of this IPCC Training Manual.

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My appreciation goes to Breakthrough Action-Nigeria (BA-N) for technical and financial support to complete the development of the IPCC Training Manual.

I also acknowledge the contributions of Officers from relevant programmes in Department of Family Health and the Director, Department of Hospital Services, Dr. Adebimpe Adebisi, for releasing her Officers who provided technical support to actualise this mandate.

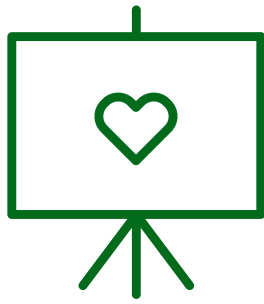
Finally, I commend the Officers of the Health Promotion Division of the Family Health Department, under the leadership of Mrs. L. K. Bako-Aiyegbusi, Director/Head, Health Promotion Division, for your dedication towards ensuring successful completion of this task.



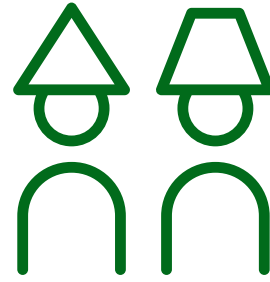
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## List of Icons



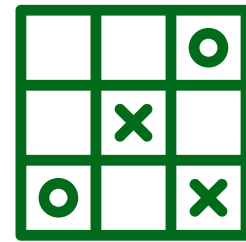
**Presentation**



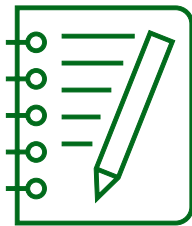
**Role Play**



**Brainstorm**



**Activity**



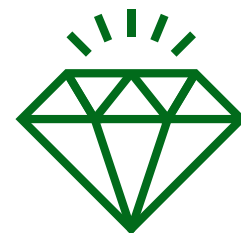
**Facilitator Role**



**Self-Reflectio**



**Discussion**



**Values**

# Introduction

This training manual is designed for training facility-based health care providers in interpersonal Communication and Counselling (IPCC) skills. It is an interactive training module that will give providers skills and hands-on practice in IPCC. This training material uses experiential learning to teach counselling, communication, and motivation skills to health care providers.

The focus of this training manual is on promoting provider empathy for clients, improving client-provider interaction as well as client experience, and ultimately improving health outcomes.

## Who will use this training manual?

The IPCC training manual is designed for use by trainers to build IPCC skills of health care providers who are in contact with clients at the health facility level.

## Why focus on IPCC?

Good communication skills are the heart of effective health care. Providers can have the best technical skills, but if their communication skills are poor, their work will not be effective. Often, the clients will leave feeling they did not receive quality care and may not return. To be effective and trusted, providers must be able to empathically and effectively communicate with their clients.

Focusing on provider IPCC is critical to:

- Increase the quality of providers' counselling skills.
- Assist clients in making informed decisions for themselves and their families.
- Attract new clients and generate increased demand for services. Health facilities benefit from the positive feedback that satisfied clients give to their friends and families.
- Retain clients who need to return for follow-up or other services.
- Reduce per-client costs. When providers and staff communicate well with clients, treat them well and provide the high-quality services they want, there is rarely a need to redo procedures to please clients.
- Build trust between clients and providers, which can help improve the quality of services.

**“Quality of care is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.”**

*(Institute of Medicine 2001)*

**“Quality of care also means doing the right thing right and right away.”**

# Goal of IPCC Training

The immediate goal of this training is to enhance the IPCC skills of facility-based providers in Nigeria. The ultimate goal is to increase the percentage of health care providers who provide quality client-centred care.

## Objectives of IPCC Training

By the end of the training, participants will be able to:

- Understand the IPCC skills needed during encounters with clients.
- Recognize barriers and facilitators to high quality IPCC.
- Identify IPCC techniques they can use to enhance quality of care during interactions with clients.
- Understand clients' broad perceptions of providers and services.
- Practice quality interpersonal communication, counselling, and empathic listening to enable clients to make informed health and behaviour decisions.
- Provide empathic care to clients.
- Understand the importance of considering gender-related factors when providing quality care.

## Note to the Facilitator

This manual is designed for effective training of health service providers to improve their skills in effective IPCC. In an effort to make this an effective learning experience, facilitators should note the following:

**Participant-centred learning:** This training manual is designed using adult learning principles and techniques, which are focused on actively involving the participants in the learning process by utilizing a variety of interactive training approaches such as role playing, brainstorming, group discussion, observation, and demonstrations.

Participants will get a chance to practice some of the skills they are learning instead of just reading or hearing the facilitator talk about them. The role of the facilitator is to help the learner transform information gathered into useful knowledge.

**Goal of the training manual:** This training manual contains guidelines, instructions, and notes to enable facilitators to effectively conduct training of health service providers. The main goal of the manual is to help facilitators present information effectively, respond to participant questions, and lead discussions and other activities that reinforce learning.

**Making it your own:** This training manual contains as much information as possible. But it is up to the facilitators to make it their own. Facilitators are encouraged to add their own experiences, stories, and content that may enhance and improve the learning experience for the participants. Facilitators should review each session before use to adapt it to the specific needs of the audience.

**Preparation:** Required session-specific materials are listed per session. However, facilitators may need additional materials that are required for training in general. Facilitators should ensure they have all materials needed before starting any training. If facilitators have access to a projector, screen, and laptop, there is a slide deck (power point) that can be used to reinforce key concepts. Facilitators can use the printed materials found in the appendix of this manual, alongside the participants' manual, to accomplish the same purpose. Facilitators can also use a printed set of the slide deck.



# Session One

## Introduction to the Client-Centred Approach



3 hours  
35 minutes

### Overall Goal

Gain an appreciation for the importance of a client-centred approach and how it contributes to improving clients' perception of providers as well as appreciation of the services they provide.

### Objectives

By the end of this session, participants will be able to:

1. Define client-centred approach
2. Identify at least six reasons for adopting a client-centred approach
3. Discuss the effect of not having a client-centred approach
4. Describe the elements of client-centred approach
5. Identify at least six rights of clients
6. Discuss ways of implementing clients' rights at the facility and community levels

### MATERIALS NEEDED



Copies of the Nigerian Patient's Bill of Rights

Flipchart, paper, and markers

Slides or other ways to display key content

Printed role-play slips

Participants' manuals and pens

Client-centred approach cards

### Session Overview

TOPIC	DURATION	METHOD	MATERIALS
What is a client-centred approach?	35 minutes	Brainstorming Discussion	1. Facilitator's guide 2. Participants' manuals 3. Pens 4. Flipchart 5. Markers
Basic elements of a client-centred approach	60 minutes	Brainstorming Presentation Discussion Role play	1. Facilitator's guide 2. Participants' manuals 3. Pens 4. Flipchart 5. Markers 6. Role-play slip
Client versus provider-focused	40 minutes	Discussion Presentation Activities	1. Facilitator's guide 2. Participants' manuals 3. Pens 4. Client centred approach cards
Rights of clients	70 minutes	Group discussion Activities	1. Facilitator's guide 2. Participants' manuals 3. Nigeria Patient's Bill of Rights
Wrap-up	10 minutes	Group discussion	1. Participants' manuals 2. Pens

## What is a Client-Centred Approach?

This session will introduce participants to the importance of a client-centred approach. It will also help them recognize and understand the difference between a client-centred and a provider-centred approach.

Tell participants that you want them to do a mental exercise to get them thinking about what client-centred means. Ensure each participant has their manual and a pen.

- Ask participants, “How would you like to be treated when you go to banks, petrol stations, supermarkets, or other places?” Let them write down their thoughts in their participant manual.
- Ask participants, “What happens when the providers do not meet your expectations?”
  - ▶ Let them write down their thoughts, then ask them to share with the group.
- Acknowledge all responses.
- Ask two or three participants to share their experience on how they were treated when they went for service somewhere, e.g., bank or hospital.
- Ask why they think they received this treatment.
- List their responses on a flip chart and highlight and discuss some of the positive ones.
- Ask them what their reactions were when the interactions were positive or negative.
- Ask them how they would prefer to be treated when they go somewhere to access service.
- Acknowledge their responses and say, “Respect is reciprocal—treat people the way you want people to treat you.”



### Brainstorming

- Ask participants to explain what is meant by client-centred approach.
- Record responses on the flip chart.
- Use the facilitator’s notes below to define client-centred care and compare with participants’ responses.
- Discuss points that were missed or underline key points in the facilitator’s definition



### Facilitator’s Notes

Client-centred approach is a way of thinking and doing things that sees the clients who are using health and social services as equal partners in planning, developing, and monitoring care to make sure it meets their needs.

This means putting the clients and their families at the centre of decisions and seeing them as experts, working alongside professionals to get the best outcome. Clients are the experts on their own bodies, needs, and interests. Clients may also have a deep knowledge of factors that are affecting their well-being. Providers can only deliver quality health care when they work closely with clients and are able to obtain as much quality information as possible from them.

A client-centred approach is not just about giving clients whatever they want or providing information. It is about listening to the client and considering the client’s condition, desires, values, and sociocultural circumstances; seeing the client as an individual; and working together to develop their health care needs.

## Basic Elements Of Client-Centred Approach



### Brainstorming

- Ask participants what they think makes clients satisfied with the services they receive.
  - ▶ Ask them to write down as many answers as they can in their manual.
- Ask participants to share some of their responses.
  - ▶ Record responses on flip chart.
  - ▶ Supplement the participants' responses with information found in the facilitator's notes below. Be sure to share some quotes from real clients found in the notes.



### Facilitator's Notes

- Health facilities are taking steps to improve the quality of services such as renovating or upgrading health facilities, adhering to clinical protocols, ensuring regular drug and commodities supply, and taking infection control measures. Despite these efforts, clients are often still unsatisfied with the care they receive.
- Providers are taken to be unfriendly, harsh, rude, and impatient. Clients feel they receive poor quality services and so they spread the word around and do not return.
- Below are some examples of what real clients say makes them satisfied with the care they receive. Share selected examples with participants to help them see what really matters to clients.

The few doctors I have encountered are quite patient with their patients. They want to hear you express yourself first and only ask questions when they feel you're not expressive enough. After that, they write a long epistle on your case note while asking some other questions.

Health workers should be taught how to respect their clients at any time.

Nurses showing that they care about their patients. They should deal with patients in the most respectful and dedicated attitude.

The professionalism of the health care practitioners there. If they know their jobs well enough and do not take anything on a personal level. Some patients can be very demanding...

I like it when doctors choose the course of treatment that's best for the patients, not necessarily for them.

Quick attention so I can leave the facility. I have a strong phobia for health care facilities.

I feel satisfied when the nurses show kindness and gentility and courtesy in talking to and attending to me.

The sanitary conditions of the place and tools/equipment used to attend to me are very important. I am very particular about those.

When doctors listen to what the patients have to say even if it's not a new complaint. I don't like when they act like they know what's best for the patient which is true 90% of the time but as someone who has been a patient plenty times, it's not nice.

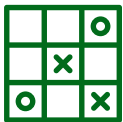


## Presentation

- Present the Elements of a Client-Centred Approach

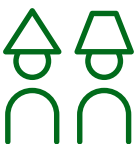
### Elements of Client-Centred Approach

1. Information given to clients
2. Technical competence of the provider
3. Interpersonal relations
4. Mechanism to encourage continuity and follow up
5. Access to services
6. Efficient
7. Effectiveness
8. Positive health facility environment



## Activity: Client-Centred Approach

- Divide participants into groups of 3-4 and give each group 8 cards with the elements of the client-centred approach written on them.
- Then ask the participants to arrange the cards so that the card representing the most influential/impactful element lies in the centre.
- Ask them to provide the rationale for their decisions.
- Ask the other participants whether they agree or disagree and why.
- Ask participants to consider how these elements may be affected by age, gender, economic status, religion, etc.
- Point out that the clients will not be satisfied with services if client and provider interactions are not good.
- Discuss how and why clients and providers often view quality differently.
- Providers often view quality in terms of technical and organizational aspects (provider-focused) while the clients view quality in terms of interpersonal relations/client-provider interactions (client-focused).



## Role Play

Ask two participants to act out the following role play. One should act as a client and the other should act as a provider in a health facility.

*An 18-year-old married woman from a village who has delivered nine months ago now suddenly realizes that she is pregnant again. She becomes very confused and goes to a health facility for help. At the health facility, a health care provider tells her she is late and that the clinic is already full. He tells her she doesn't seem to have any emergency condition, so she should go back home and come back early another day.*



## Group Discussion

- Ask participants for their thoughts on the role play:
  - ▶ How would you feel if you were the client?
  - ▶ What would be your response (or reaction) to the health care provider?
  - ▶ What did the health care provider do wrong?
  - ▶ How would this scenario differ if the client were more mature? Or, if the provider were a woman? Or, if the young client were a young father?
  - ▶ How might this situation differ if the woman's husband were present?
  - ▶ What role can factors such as age or gender play in providing client-centred care?
- Ask providers what they think are the benefits of a client-centred approach.
- Record and acknowledge responses.
- Supplement the participants' responses with benefits listed in the facilitator's notes below; briefly discuss each point.
- Ask participants what the effect of non-client-centred approach might be.
- Read out the results of poor client-centred approach (also listed in the facilitator's notes) and reconcile both lists.
- Clarify missed points.



## Facilitator's Notes

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

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

As health providers, we seek to provide services that meet the expectations and needs of the clients and community. An important factor that affects the quality of the client-provider relationship is the client's perception of services received. Experience has shown that clients feel comfortable and are even willing to pay for the service when they feel it is good quality and meets their expectations.

Adhering to clinical protocols and having no out-of-stock syndrome are often considered by providers of health services as indicative of offering quality services. Despite these factors, clients are still unhappy with the services offered and do not utilize them fully. Therefore, it is very important to place the clients' perspective at the forefront, thus ensuring that clients' expectations are met satisfactorily.

## **Benefits of the Client-Centred Approach**

1. Increases the number of clients who use health services, thus decreasing morbidity and mortality
2. Improves the reputation of staff at facility and community levels, thereby building trust
3. Satisfies the needs and expectations of clients
4. Reduces the number of clients who discontinue services
5. Produces results within budget limitations
6. Provides consistent and uniform information
7. Meets desired and needed results, like improved client compliance, that were not being achieved through former approaches
8. Ensures responsiveness to societal needs
9. Increases and sustains the viability of health facilities
10. Ultimately, satisfied clients give testimonies that motivate the provider

## **Results of not Having a Client-Centred Approach**

1. Wastage of resources such as human, equipment, time, and supplies
2. Decreased job satisfaction for providers
3. Decreased motivation for providers
4. Decreased safety for clients and providers
5. Decreased satisfaction of clients
6. Increased drop-out rates and loss of clients resulting in increased defaulter rates
7. Fewer new clients
8. Poor image of the health facility and providers
9. Poor client compliance with prescribed treatments
10. Legal culpability and litigation
11. Lack of enabling environment for healthcare workers (inadequate equipment, tools and infrastructure)

## **Factors That Facilitate a Client-Centred Approach**

1. Good IPCC skills
2. Availability of social and behaviour change (SBC) materials, including job aids
3. Technical competence of the provider to manage the client
4. Technical competence in the use of SBC materials
5. Provision of privacy and confidentiality for the client
6. Availability of sufficient time for client-provider interaction
7. Making the client a part of decision-making in their care or treatment
8. Consideration of social factors such as gender, age, religion, among others

## **Barriers to a Client-Centred Approach**

1. Rude, unfriendly, or inconsiderate attitude or behaviour from the provider and other facility staff
2. Lack of SBC materials to aid in the communication process
3. Lack of technical competency on the use of job aids
4. Lack of listening skills
5. Lack of privacy and confidentiality for the client

6. Inadequate staff
7. Work overload for the provider
8. Recurrent but false claims of stock-out of health commodities
9. Lack of appropriate tools (e.g. Personal Protective Equipment)
10. Provider bias toward certain services

## Client- Versus Provider-Focused

While providers are more concerned with ensuring technical accuracy, the clients are more concerned with issues such as being treated with respect. Though this training is more concerned with the clients' perspective, it is important to note that both sides are needed to achieve quality services.

For the provider, adhering to clinical protocols and standards for service delivery, organization, policies, and management are paramount. This could lead to efficient and effective work environments and positive treatment outcomes for clients and providers. For the client, quality service could include client expectations, how the client felt he/she was treated, and feelings of satisfaction with the treatment. This could lead to positive client behaviours (e.g., treatment compliance, reduced dropout rate), client satisfaction, and positive images of health services and providers.

Discuss the **provider-centred** vs. **client-centred** attitudes. Review each point and provide clarifications where required.

PROVIDER-CENTRED ATTITUDES	CLIENT-CENTRED ATTITUDES
It is considered a privilege for clients to come to the clinic and have trained providers take care of them.	Providers appreciate the opportunity to provide services to their clients.
Providers know what is best for a client.	Providers spend time ensuring a good understanding of the client's issues and circumstances and helping the client choose the most appropriate options to meet their needs.  Decision-making is a collaborative process between the provider and the client.
Providers are concerned primarily with efficiency and technical competence.	Providers understand that though technical competence and efficiency are important, service must be delivered in a clinic that is hospitable, polite, respectful, and friendly to clients.
Attending to each individual client's need is too time-consuming because it increases the time it takes to provide services.	Taking time to listen and meet clients' needs saves time, reduces unnecessary return visits, and encourages the client to continue to come to the clinic for services next time.

## Rights of the Clients



### Presentation

- Present the Nigeria Patient's Bill of Rights and discuss each point.
- Emphasize that clients have rights in a health care situation. The Nigerian Patient's Bill of Rights is based on the premise that for clients to make informed choices, they must feel empowered. The Bill of Rights supports the fact that interpersonal communication is two-way.
- In traditional medical situations, clients felt they were told what to do and did not have the right to question what they were told. Clients who exercise the rights listed below are more likely to change their behaviour and sustain that change.

## THE NIGERIAN PATIENT'S BILL OF RIGHTS

### Access to Information

To have access to all relevant information in a language that the patient understands, including complete and accurate information about diagnosis, treatment, prognosis, other procedures, and possible outcomes.

To fully participate in implementing the treatment plan and making decisions.

### Patient-Related Information

To have access to records, including explicit information about range and scope of services available.

To have access to record of the identity, skills, and credentials of treating professionals and care providers published by the federal/state ministry of health or other relevant authorities.

### Fee-Related Information

To receive full disclosure of cost or estimation of recommended treatment plan services.

To be provided with transparent and itemized billing.

### Confidentiality

To be assured privacy and confidentiality of all information and medical records unless disclosure is vital and in the interest of public health in accordance with prevailing law.

### Quality of Care

To have access to clean, safe, and secure health care environment.

To have access to equitable quality care and caregivers, irrespective of disability.

### Patient's Dignity

To be treated with respect and dignity, without prejudice to gender, religion, race, ethnicity, allegation of crimes, geographical location, disability, or socio-economic circumstances.

That prior wishes of the patient or in the absence of same, of the next of kin (where legally applicable) are respected to the fullest extent practicable during last wishes (at the time of death) including cultural or religious preferences, to the extent consistent with extant laws including coroner laws.

### Access to Emergency Care

To receive urgent, immediate, and sufficient intervention and care in the event of an emergency, prioritizing such needed attention over other factors including cost and payment, as well as law enforcement requirements.

### Visitation

To receive visitors including for religious purposes according to the rules and regulations of the facility.

### Patient's Refusal of Care

To, at all times, retain the control of their person and must be informed of their power to decline care upon full disclosure of the consequences of such decisions.

Clients have the right to consent or decline participation in medical research, experimental procedures, or clinical trials in the course of treatment.

### Interruption of Service by Provider

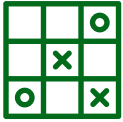
To be informed about impending interruption or disengagement of services of primary or attending professionals responsible for patient's care.

To be assured of methodical and practical transition of treatment for clients' safety and continuity of care.

### Complaints

To express dissatisfaction regarding service and/or provider, including personnel changes and abuse.





### Activity: The Forgotten Team Member

The aim of this exercise is to put the participants in the shoes of the clients and empathize with the health care experience of clients, family members, or caregivers.

- Ask participants to think about one **BAD** experience they have had (or heard about) at a health care facility, as a client, or a relative or friend of a client.
- Ask a few participants to share their story.
- After the stories, discuss the following as a group:
  - Q What can we learn from this experience?
  - Q What do the lessons learned mean for you as a health care provider?
  - Q As a provider, how might you act if you find yourself in a similar situation?
  - Q As a client, how might you act if you find yourself in this situation?
  - Q What can you do to prevent other people from having similar experiences?
- Now ask participants to visualize a client who is able to successfully exercise the rights described earlier. Display the Patient's Bill of Rights as a reminder. Ask participants to think about the answers to these questions:
  - Q How is the client behaving? What questions is the client asking? What information is the client providing?
  - Q What are you (the provider) telling the client? What kinds of questions are you asking?
  - Q What does your body language look like?
  - Q How do you feel toward the client?
  - Q How does the client feel?
- After the visualization, discuss the following as a group:
  - Q What did you learn from this visualization? What made it possible for the client to exercise their rights?
  - Q How might you apply lessons learned to your future practice?
  - Q What can be done to make sure more clients have similarly good experiences?

### Wrap-up

- Emphasize that a client-centred approach ensures better care for clients and also has long-term benefits for providers.
- Ask participants to call out the rights that clients have.
- Ask participants to write down in their participants' manuals why they think a client-centred approach is important and what efforts they will make to take a more client-centred approach in their practice.
- Tell participants that developing strong IPCC skills facilitates a client-centred approach. In the next session, you will work on developing interpersonal communication skills.
- Ask participants to pledge to commit to the client-centred approach



# Session Two

## Understanding Interpersonal Communication



5 hours  
15 Minutes

### Overall Goal

To enhance interpersonal communication (IPC) skills as an integral part of providing quality services to clients

### Objectives

By the end of this session, participants will be able to:

1. Define the concept of IPC
2. Describe the key elements of effective IPC
3. Analyse barriers to high-quality IPC and factors that promote effective client-provider interactions for improved health outcomes

### MATERIALS NEEDED



Copies of Sender Diagram

Flipchart, paper, and markers

Slides or other ways to display key content

Printed role-play slips

Participants' manuals and pens

Copies of Effective IPC Checklist

IPC Techniques handout

### Session Overview

TOPIC	DURATION	METHOD	MATERIALS
What is interpersonal communication (IPC)?	5 minutes	Brainstorming Discussion	1. Flipchart 2. Marker
Why is IPC important?	85 minutes	Activities Discussion Role play Self-reflection	1. Sender diagram 2. Paper 3. Facilitator's guide 4. Flipchart 5. Markers 6. Participants' manuals 7. Pens 8. Role-play slips
Key elements of effective IPC	105 minutes	Presentation Brainstorming Discussion Self-reflection Activities	1. Facilitator's guide 2. Flipchart 3. Markers 4. Participants' manuals 5. Pens 6. Checklist
Verbal and nonverbal communication techniques	75 minutes	Presentation Activities Discussion	1. Printed scenarios 2. Facilitator's guide
Barriers to high quality IPC	40 minutes	Presentation Activity	1. Facilitator's guide 2. Flipchart 3. Markers
Wrap-up	5 minutes	Discussion	1. Participants' manuals 2. Pens

## What Is IPC?



### Brainstorming

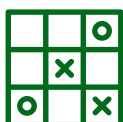
- Ask participants what they understand by IPC.
- Record answers on a flip chart.
- Discuss the meaning of IPC as shown in the facilitator's notes below to fill in any gaps.



### Facilitator's Notes

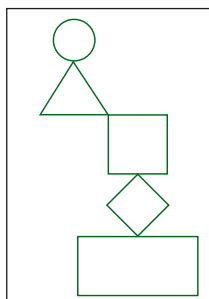
Interpersonal communication is face-to-face verbal or non-verbal exchange of information and feelings between two or more people. Each time a service provider has contact with a client, communication is taking place.

## Why is IPC Important?



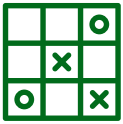
### Activity: One and Two-Way Communication

- Divide participants into pairs, sitting back to back. One person will be the sender, and the other the receiver.
- Each sender gets a copy of the sender diagram similar to the one in the image below (the diagram may be adjusted to suit the audience).
- The sender describes it to the receiver who must draw it as accurately as possible.
- The receiver may not ask questions or look at the diagram.
- The sender may not answer any questions or give any reactions.
- After a fixed time (approx. five minutes) allow receivers to see diagrams and have pairs discuss how the messages could have been improved to enhance the drawings.
- As a larger group, discuss how the senders and receivers felt as they tried to accomplish something without two-way communication. Compare strategies for improving messages and communication.
- If time permits do the exercise again, this time allowing two-way communication.



### Group Discussion

- Ask participants how they could apply what they just learned about communication to their practice as providers.
- How could they communicate more clearly?
- How might they encourage two-way communication between themselves and clients?



### Activity: Interpersonal Communication

Divide participants into groups of three. Ask each individual to read the situations described and list the possible feelings that may have been behind the nonverbal expression. Group members should then compare their answers with others in the group.

1. The radio is playing in the background while two fl tmates are studying. One of them gives a big sigh, gathers her books, and goes to her room. What might she be feeling?
2. The tutorial group is having a lively discussion when one member, without expression, suddenly changes the subject. What might he be feeling?
3. Some friends are chatting. As the chat continues, one friend starts tapping her feet, drumming her finge s, and shifting in her seat. What might she be feeling?
4. She spots a classmate and she drops the condoms on the shelf. She decides to leave the store and make the purchase later. What may have caused this decision?



### Group Discussion

- Ask participants why they need to communicate e ectively when interacting with clients.
- Record answers on a fli chart.
- Discuss benefi s of e ective IPC as listed in the facilitator’s notes below to address gaps in their answers.
- End the discussion by explaining that good communication skills are as important as good clinical skills in providing high-quality health care.
- Clients are more likely to seek timely care, cooperate with necessary procedures, follow through on treatment recommendations, and return for follow-up visits when they have trust and confiden e in their providers.
- Developing a relationship of trust and confiden e requires the ability to communicate well. E ective communication skills are therefore powerful and essential tools for all health care providers.



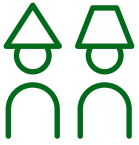
### Facilitator’s Notes

BENEFITS FOR CLIENTS	BENEFITS FOR PROVIDERS	HEALTH SYSTEM BENEFITS
<b>SHORT TERM</b> <ul style="list-style-type: none"> <li>• An accurate diagnosis is reached because the client discloses enough information about his/her illness.</li> <li>• A medically appropriate treatment that is also accepted by the client is selected.</li> <li>• More effici t and e ective diagnosis and treatment reduces the cost of services</li> </ul>	Improved quality of services leads to increased utilization of health care services, better adherence, and therefore better health outcomes	Increased efficien
<b>MEDIUM TERM</b> <ul style="list-style-type: none"> <li>• The client adheres to his/her treatment because he/she understands and is committed to it.</li> </ul>	More effici t and e ective diagnosis and treatment and saves time for providers	Greater cost-ectiveness
<b>LONG TERM</b> <ul style="list-style-type: none"> <li>• The client utilizes follow-up services.</li> <li>• The client is better able to maintain their health and the health of their family.</li> </ul>	E ective communication reduces workload and saves time because it reduces instances of inaccurate diagnosis, inappropriate treatment, and poor adherence	Healthier population



### Self-Reflectio

Ask participants to write for two minutes in their manuals about what kind of provider they feel they are and why (give reasons for his/her response).



### Role Play

- Ask for four volunteers to do a quick role play. Two will be the client and two will be the provider.
- Designate one provider to be “caring” and another to be “uncaring.” Read the scenario out loud and then let the fi st provider-client pair act out the service interaction with an uncaring provider.
- Then ask the second provider-client pair to act out the service interaction with a caring provider.

*Maria is 17 years old. She is in her final year of secondary school. She is pregnant but does not want to drop out of school. She went to an herbalist who gave her some herbs to abort the pregnancy, but the herbs made her sick and she has now come to you for help.*

Facilitate a discussion with the following questions:

- How would you feel if you were the client that met the uncaring or judgemental provider?
- How would you feel if you were the client that met the caring provider?
- What kind of provider do you feel you are?

End the session by pointing out to the participants:

**If you have communicated e ectively with your client, you should be able to answer “yes” to the following:**

- ✓ Your client was comfortable enough to disclose enough information about the illness or condition to lead to an accurate diagnosis.
- ✓ You consulted with the client to select a medically appropriate treatment that is also acceptable to the client.
- ✓ Your client understands his or her condition and the prescribed treatment regimen or solution.
- ✓ You and your client have a positive rapport.
- ✓ You and your client both feel committed to fulfilling our responsibilities during treatment and follow-up care.

## Key Elements of Effective IPC



### Presentation

In this section you will be presenting information about the key elements of effective IPC.

- Begin the presentation by asking participants to brainstorm in small groups what they think are the elements of effective IPC.
- Ask for volunteers to share their responses.
- Write the participants' responses on a flip chart.
- Supplement those responses with additional elements listed below to ensure all elements are covered.
- Describe each of the elements in detail and allow participants to ask questions.



### Facilitator's Notes

#### Elements of effective IPC

There are three main types of communication interactions that occur within a provider-client relationship. They are:

- **Caring.** The goal is to establish and maintain a positive rapport with the client.
- **Problem solving.** The goal is for the client and provider to share all necessary information for accurate diagnoses and appropriate treatment.
- **Counselling.** The goal is for clients to understand their condition and adhere to their treatment or therapeutic regimen.

While they occur throughout an interaction, these types of communication often happen sequentially, with caring communication to establish a positive tone, then problem solving to diagnose, and finally counselling to provide relevant health education. To communicate effectively through these different interactions, it can help to keep in mind some key elements of effective IPC. These include:

#### Creating a Caring Atmosphere

When clients believe that their provider cares about them and is committed to their welfare, they are more likely to communicate effectively and engage in their own health. Using both verbal and nonverbal communication helps the provider convey interest and concern to clients. Appearing busy or distracted makes clients feel insecure, anxious, or fearful of their relationship with the provider.

On the other hand, being attentive, making eye contact, listening, questioning thoughtfully, and demonstrating comprehension and empathy make clients feel important and worthy.

#### Building Partnerships with Clients

Health care occurs through a partnership between provider and client. Even though the provider is the medical expert, both provider and client are responsible for the outcome of their interaction. Mutual respect, trust, and joint decision-making increase the likelihood of a positive outcome. Treatment regimens are more effective when providers and clients make decisions together and clients have an active role in their care and treatment through asking questions and making commitments and relevant changes in their health behaviours.

#### Bridging of Social Class Distance

Social gaps between clients and providers can arise from differences that exist between them such as differences in education, economic status, gender, age, and many other factors. These differences can hinder IPC substantially. Establishing an open dialogue, a feeling of partnership, and an atmosphere of honesty and caring all help to bridge social distances.

#### Fostering Two-Way Dialogue

Good interpersonal interaction between client and provider is, by definition, a two-way street where both speak and are listened to without interruption; both ask questions, express opinions and exchange information; and both are able to fully understand what the other is trying to say.

## Providing Opportunities for Clients to Speak about Their Illness or Needs

Providing ample opportunity for a client to describe their illness or health needs leads to strong IPC. Maintaining confidentiality ensures patients are more willing to speak about their needs with providers. Storytelling has its own healing value in that it provides clients with a release and opportunity for insight and perspective. It may also afford the health provider the insights needed to understand, interpret, and explore the significance of the symptoms and clues the client provides.



## Self-Reflection

Provide participants an opportunity to reflect on their own IPC skills and performance. Ask participants questions from the list below. Let them reflect on each question and write their answers in their participants' manuals. (You may tailor which questions you ask based on the group composition.)

Ask participants how they would rate themselves on the following skills:

IPC Skill	I AM VERY POOR	I AM POOR	I AM SOME-TIMES GOOD	I AM USUALLY GOOD	I AM ALWAYS GOOD
INTRODUCING YOURSELF					
Listening—taking in what people say					
Listening—showing interest in the client					
Communicating feelings verbally					
Communicating feelings nonverbally					
Dealing with clients' anger/hostility					
Responding to praise					
Responding to expressions of anxiety					
Responding to negative feedback					
Coping with apathy/ disinterest					
Coping with silences in conversations					
Appreciating other people's feelings					
Giving information					
Advising on emotional issues or duties					
Seeking clarification					
Asking open-ended questions					
Waiting for replies					
Changing the direction of the conversation					
Expressing support					
Self-disclosure as appropriate					
Making a conversation more serious					
Making a conversation less serious					
Summarizing what a client has said					
Holding a client's interest and attention					
Finishing conversations in a positive way					
Working with others in a team					
Resolving conflicts					





## Group Discussion

Using what you know about the group (e.g., professional cadres, state of residence or practice, type of facility), discuss at least three questions from each of the headings below with the participants:

### Hospitality

- Does your culture value hospitality? Most likely yes!
- Yet when you enter a clinic, are you greeted with a warm smile and welcoming words?
- When you leave the clinic, does the cashier thank you?
- What is your first and last impression of the experience?
- Would you send your family members to that clinic?

***Hospitality, so valued by people, is part of high-quality IPC and is often missing in our IPC situations.***

### Consistency

- Are the entire facility staff trained in courteous, helpful behaviour—from receptionist to the records to the cashier?
- Does everyone maintain the same high standard?
- Is the same high standard maintained whether it is Monday, Tuesday, Friday, or weekend?
- Are all clinics of equally high quality or are some better than others?

***In effective IPC, we should strive to provide consistent, high-quality service both within a single unit and among all units.***

### Satisfied Clients

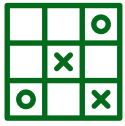
- Are we producing satisfied clients?
- How can we tell?
- Do clients readily return for follow-up visits?
- Do we have high drop-out rates?

***Producing satisfied clients is the goal of high-quality IPC. We want satisfied clients to tell everyone the good news!***

End the session by talking through the following:

### Checklist for the Elements of Effective IPC

CARING	PROBLEM SOLVING	COUNSELLING
<p>Have you...</p> <ul style="list-style-type: none"> <li>● Greeted the client in an open and appropriate way?</li> <li>● Used nonverbal communication to show that you are listening?</li> <li>● Invited the client to tell you how he/she feel both physically and emotionally?</li> <li>● Shown the client that he/she is respected and valued?</li> <li>● Demonstrated concern and empathy?</li> <li>● Echoed the client's emotions?</li> <li>● Expressed support and partnership?</li> <li>● Given realistic encouragement and reassurance?</li> <li>● Acknowledged any service problems, apologized, and offered a solution?</li> </ul>	<p>Have you...</p> <ul style="list-style-type: none"> <li>● Listened actively?</li> <li>● Encouraged dialogue using open-ended questions?</li> <li>● Avoided interrupting the client?</li> <li>● Avoided distractions?</li> <li>● Asked the client what he/she thinks has caused the ailment?</li> <li>● Probed the client for more information using phrases like "please go on"?</li> <li>● Waited until you have all the relevant information to make a diagnosis?</li> </ul>	<p>Have you...</p> <ul style="list-style-type: none"> <li>● Explored the client's understanding of his/her illness?</li> <li>● Corrected misunderstandings or misinformation?</li> <li>● Used vocabulary and explanations that the client can understand?</li> <li>● Used visual aids if available?</li> <li>● Recommended concrete behavioural changes?</li> <li>● Collaborated with the client to select an appropriate and feasible treatment?</li> <li>● Motivated the client to comply with the treatment?</li> <li>● Summarized the diagnosis, treatment, and recommended steps in simple terms?</li> <li>● Asked the client to repeat or describe the treatment terms?</li> <li>● Urged the client to ask additional questions?</li> <li>● Confirmed follow-up actions with client?</li> </ul>



## Verbal and Nonverbal Communication Techniques

### Activity: Power of Body Language

Facilitator's instructions and set-up:

- Explain to the group that you are going to give them a series of instructions that you would like them to copy as fast as they can.
- State the following actions as **you** do them:
  - ▶ Put your hand to your nose
  - ▶ Clap your hands
  - ▶ Stand up
  - ▶ Touch your shoulder
  - ▶ Sit down
  - ▶ Stamp your foot
  - ▶ Cross your arms
  - ▶ Put your hand to your mouth—**but while saying this put your hand to your nose**
  - ▶ Observe the number of group members who copy what you did rather than what you said.

Facilitate a discussion on how body language can not only reinforce verbal communication but can also be stronger than verbal communication. It is important that we are aware of our body language to ensure we are projecting the right message.



### Facilitator's Notes

Body language speaks louder than any words you can ever utter. Whether you're telling people that you love them, you're angry with them, or are not interested in them, your body movements reveal your thoughts, moods, and attitudes. Both consciously and subconsciously, your body tells observers what's really going on with you.



### Presentation

- Use the facilitator's notes below to introduce verbal and nonverbal communication, and to present quality communication techniques.
- Ask participants for instances where they might use the techniques outlined.



## Facilitator's Notes

### Verbal Communication

Verbal communication consists of spoken and written words that people use to convey ideas. In a health care encounter, the choice of words clients and providers use greatly influences how well they understand each other. The medical jargon physicians use to describe symptoms and treatments often confuses clients. At the same time, clients often communicate in their dialects, accents, and slang, often making comprehension difficult for providers from other areas. Clients also describe health problems in peculiar ways, often reflecting their unique perspective on the illness's origin or severity.

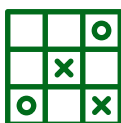
### Nonverbal Communication

Words express only part of a message being conveyed, while tone, attitude, and gestures convey the rest. Avoiding distractions (e.g., answering the telephone, looking at your cell phone or at a computer screen, scribbling notes on other cases), and instead appearing fully attentive, communicates positive messages to clients. Often, simple gestures by the provider, such as a warm greeting, can help put the client at ease and enhance IPC.

### Effective IPC Techniques

The following techniques help providers improve client-provider interactions.

- **Effective questioning** helps obtain useful information from the client. Questioning is a way to determine what service the client wants or how he/she is feeling, what the client already may know, or what problem he/she may have. It is also a way to determine whether the client has understood you.
- **Open-ended questions** encourage the client to freely offer information, concerns, and feelings. For Example, "How do you feel today?"
- **Closed-ended questions** help obtain specific information, especially if there is a limited time, such as in an emergency or in taking a medical history. They can be answered in just a few words. For Example, "Do you have any allergies?"
- **Probing questions** encourage the respondent to give further information, and to clarify an earlier point. They require tact in wording and tone so as to not be judgmental. Example: "Could you tell me more about that?" This can also be important when discussing possible solutions. For example, rather than just telling the client to do such-and-such, you can explore with them what would be feasible to ensure adherence.
- **Active listening** helps you get the information you need to assist the client with problems and help them to make decisions. Active listening means providing verbal and nonverbal feedback to show that you are listening and paying attention to what is being said. This requires observing nonverbal communication of the client and not allowing yourself to get distracted or fidget. It may include using actions such as maintaining eye contact, nodding, smiling, mirroring the client's facial expressions, or saying, "Yes," or "Mmm-hmmm."
- **Reflection echoing** occurs when a provider observes a client's emotions and reflects them back to him/her. This helps the provider check whether the emotions he/she has observed are correct. Reflective listening also helps to show that the provider has empathy and respect for the client's feelings. For Example, "It looks like you are feeling distressed," or, "You appear to feel happy with the choice you have made."
- **Summarizing and paraphrasing** means repeating back to the client what you heard him/her say in a short form. It helps to ensure that you have understood correctly and provide an opportunity for clarification. For example, "I hear you saying that you are worried about your daughter's health because she is eating poorly."
- **Praise and encouragement** build a client's sense of confidence and reinforce positive behaviours. This occurs when providers use words and gestures that motivate and ensure client approval. For Example, "You are doing a great thing by getting tested."
- **Giving information** clearly and simply with visual aids helps equip clients with accurate, relevant health information that is based on what the client already knows.



### Activity: Rehearse for Reality

- Divide participants into pairs and explain that they will be acting out scenarios. Ask each pair to choose who will play the provider and who will play the client first.
  - ▶ After the first role play, partners will switch so that each person has a chance to play both roles.
- Tell the participants who are playing the provider role that they should be acting not as a generic provider, but as themselves. However, they will be playing an enhanced version of themselves. It might help them to imagine themselves as a superhero provider. In this enhanced version of themselves, they have excellent IPC skills and implement the techniques you just discussed.
- Tell the participants who are playing the client role that they should periodically call a time-out during the role play to give the provider an opportunity to reflect on their ability to apply the IPC skills and techniques. The participant playing the client role can also use this time to provide feedback on how well the provider is applying the IPC skills and techniques.
- Tell the participants to try and make the interactions during the role play as realistic as possible. The provider should act as he/she normally would, but with enhanced abilities; and the client should act as typical clients act.
- Pass out the scenarios below so that each pair has two scenarios: one for the first round, and one for the second round. Participants can also use their own scenarios if they have more realistic examples they would like to role play.
- Give participants 10 minutes to role play each scenario (total of 20 minutes). Display or provide a handout of the IPC techniques for the participants to reference during the role play.

#### SCENARIO 1

**Client:** You are a 35-year-old female client who has just been informed that she has active tuberculosis (TB). Currently, you are a daily wage-earner and work at the market selling goods. You are reluctant to go to the hospital as you think that your husband will not be able to take care of your children. You also don't agree to direct observation of treatment as you do not want to miss work.

**Doctor:** You have just received the diagnosis for this client, who has active TB disease. She seems very scared and cries. She needs to go to the hospital for up to two months. The client refuses to go to the hospital and wants to get treatment at home and continue working. A nurse comes to the room saying that you have a phone call in the neighbouring room.

#### SCENARIO 2

**Client:** You are a 40-year-old male client who has come in suspecting you have malaria. The doctor says she wants to test to see if you have malaria, but you don't want to waste your time with a test. You are frustrated that the doctor won't just provide you with treatment.

**Provider:** You have just received training on rapid diagnostic testing, and you know you should test clients before prescribing medications. The client is resistant and does not want to receive a test to diagnose malaria.

### SCENARIO 3

**Client:** You are a 20-year-old female client who has just gotten married. You have heard about family planning methods and are interested in trying one so that you can complete university studies. You don't know very much about the methods and feel shy talking to a doctor about family planning. You also do not know whether your husband will be supportive of family planning.

**Provider:** This client is interested in learning more about family planning methods. She seems very young and nervous.

### SCENARIO 4

**Client:** You are a 14-year-old girl. You are pregnant and in labour. You have never attended antenatal care. Your mother's friend convinced your mother to take you to the health facility for delivery. You are shouting because you are in so much pain. The nurse insists on conducting a vaginal examination.

**Provider:** You have been on duty all day. You have taken many deliveries today and had no time to eat anything. It is already the end of your shift and the provider for the next shift is nowhere to be seen.



### Group Discussion

Lead the participants in a discussion to reflect on the IPC that took place in the role plays. Ask the following questions:

- ▶ What IPC skills did the providers demonstrate effectively? Which skills did the providers struggle with?
- ▶ What types of questions did the providers ask? How could the providers change the questions they asked to better elicit information or help the client to feel at ease?
- ▶ What active listening skills did the providers demonstrate?
- ▶ What was the providers' body language like during the interaction?
- ▶ How can you apply these skills when you go back to your facility?

## Barriers to High-Quality IPC



### Presentation

Using the information from the notes below, present the typical barriers to high-quality IPC.



### Facilitator's Notes

Sometimes there are barriers or distortions to the message or information being exchanged in IPC situations.

#### 1. Physical Barriers

These barriers refer to environmental factors that prevent or reduce opportunities for the communication process to occur. They include:

- Distracting noise
- Poor lighting
- Dirty and untidy room
- Extreme temperatures
- Uncomfortable seating arrangement
- Distractions in the room such as equipment and visual aids
- Objects and chemicals that are dangerous to the client

If the room where you serve clients at your health unit has any of these barriers you should do something to improve it.

#### 2. Personal Barriers

Personal barriers may arise due to differences in social or cultural background, or language differences.

##### ***Differences in social and cultural background and psychological barriers***

When a client is from a different nationality, gender, race, or ethnic group, it may be difficult for you to know their beliefs, taboos, and cultural practices. The client may not be able to take action because perhaps the information you give him/her does not tally with his/her beliefs and taboos.

***Language barriers*** can make communication difficult. Use very simple language and avoid medical jargon. You should endeavour to know a clients' cultural, social, and educational background before you start a communication process.

#### 3. Inappropriate Behaviour by the Provider

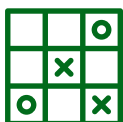
Negative nonverbal communication includes:

- Gesturing
- Frowning
- Showing signs of boredom or humour
- Showing signs of disgust
- Shaking the head
- Distracted behaviour such as checking the time, taking other calls, looking away, or doodling
- Preconceived notions and impressions about the clients

#### 4. Barriers Caused by the Client

These include:

- Client's lack of interest or trust in the process
- Client's impression of the provider
- Client's emotions
- Client's beliefs and perception, myths, and misconceptions



### Activity: Avoiding Communication Barriers

Avoiding communication barriers is a necessity in high-quality health care delivery. Not only is it critical to identify if these barriers exist, but also how to remove them or reduce their effects.

This activity enables participants to explore new solutions in overcoming communication and listening barriers.

- Split the group into small teams.
- Ask each team to come up with a practical solution to removing listening obstacles such as:
  - ▶ Distracting noise
  - ▶ Uncomfortable seating arrangement
  - ▶ A client with a different religious background
  - ▶ Younger client with an overbearing parent
  - ▶ A couple, but only the husband is speaking
  - ▶ A client with limited resources/experiencing poverty
  - ▶ A client from an ethnic minority
  - ▶ Language barrier
  - ▶ Dealing with a frustrated client

Each team has 10 minutes to come up with at least one solution for each scenario.

- At the end of the activity, one representative from each team writes down their ideas on the board and explains how their team came up with the solutions.
- Get the group to discuss the solutions offered by other groups and add solutions if necessary.
- Ask the participants what they thought of this exercise.
  - ▶ Is it easy to overcome such barriers or does it need training, patience, and persistence?
  - ▶ What are some good qualities that would help you as a person to deal with communication barriers?

### Wrap-up

- Conclude the session by asking participants to share what they remember about the elements of effective IPC. Answers could include the following: creating a caring atmosphere, building partnerships with clients, bridging social distance, fostering two-way dialogue, or providing opportunities for clients to speak about themselves.
- Ask participants to look back at their self-assessment on IPC skills. Ask them to choose one or two things they want to work on and write them down in their participant manuals.
- Emphasize the importance of nonverbal communication when communicating with clients and that providers need to be aware of what their body language is saying to clients.
- Finally, ask participants to call out some of the techniques for effective IPC that they are excited to start using. Ask participants to identify one that they want to put into practice immediately and record it in their participants' manuals. Some techniques may include effective questioning, open-ended questions, probing questions, active listening, reflection/echoing, summarizing and paraphrasing, praise and encouragement, and giving information clearly.
- Tell participants that in the next session you will be learning about one important component of IPC: counselling.



# Session Three

## Counselling



4 hours  
20 minutes

### Overall Goal

To help participants learn the foundations of effective counselling

### Objectives

By the end of this session, participants will be able to:

1. Describe the difference between IPC and counselling
2. Explain the importance of counselling
3. Explain the qualities of a good counsellor
4. Describe factors that promote effective counselling

### MATERIALS NEEDED



**GATHER leaflets/materials**

**Flipchart, paper, and markers**

**Slides or other ways to display key content**

**Blind folds**

**Participants' manuals and pens**

**Supportive and unsupportive-counselling videos**

### Session Overview

TOPIC	DURATION	METHOD	MATERIALS
What is counselling? How does counselling differ from IPC?	10 minutes	Brainstorm Discussion	1. Facilitator's guide 2. Participants' manuals 3. Pens 4. Flipchart 5. Markers
Importance of counselling	10 minutes	Discussion	1. Facilitator's guide 2. Participants' manuals 3. Pens 4. Flipchart 5. Markers
Qualities of a good counsellor	70 minutes	Activities Brainstorm Discussion Self-reflection	1. Facilitator's guide 2. Participants' manuals 3. Pens 4. Flipchart 5. Markers 6. Blindfolds
The counselling process	90 minutes	Discussion Activities Presentation	1. Facilitator's guide 2. Participants' manuals 3. Pens 4. Flipchart 5. Markers 6. Supportive and unsupportive counselling videos
Using visual aids and other Social and Behaviour Change (SBC) materials	40 minutes	Presentation	1. Facilitator's guide 2. Participants' manuals 3. Pens

<b>Factors that promote effective counselling</b>	30 minutes	Discussion Presentation	1. Facilitator's guide 2. Participants' manuals 3. Pens 4. Flipchart 5. Markers
<b>Wrap-up</b>	10 minutes		1. Participants' manuals 2. Pens

## What is counselling? How does counselling differ from IPC?

Counselling is the area where we most think of using IPC skills. However, every one-on-one and small group interaction involves interpersonal communication. IPC is a two-way communication, whether you are discussing birth spacing or malaria prevention or your decision with your client or family.



### Brainstorming

- Ask participants to explain the meaning of counselling in their own words.
- Acknowledge correct responses.
- Use facilitator's notes below to address gaps.



### Facilitator's Notes

The World Health Organization defines counselling as “a well-focused process, limited in time and specific which uses the interaction to help people deal with their problems and respond in a proper way to specific difficulties in order to develop new coping strategies.”

In the health care setting, counselling is a valid intervention made of a quality interaction between the counsellor and the patient, characterized by the capacity of the counsellor to empathize with the interior world of the patient.

Counselling is a face-to-face communication where a provider enables a client to make an **informed decision** and act on it. It is different from advising, in which case the provider takes more responsibility for the decision. In counselling, the client makes a **voluntary, informed choice** or decision, after **complete information** is given.

Counselling and IPC are related. IPC is used when counselling takes place but not all IPC is counselling. Skills and attitudes needed for IPC are also applicable to counselling and barriers to IPC also affect counselling.

Effective counselling must be a two-way communication, not simply telling, instructing, or informing.

## Importance of Counselling



### Group Discussion

- Ask participants to describe why they feel counselling is important.
- Use notes below to discuss importance of counselling.

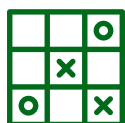


### Facilitator's Notes

Counselling occurs only when there is a mutual understanding between the health worker and the client brought about by information sharing and exchange of ideas.

- It is a psychological therapy. It enables clients to release their stress and anxieties about their health situation.
- Clients are empowered and able to understand and solve their own problems relating to the treatment and prevention of illnesses.
- It enables clients to use available resources and experience to develop positive ways of coping with situations/problems.
- It acts as a preventive measure since it encourages adoption of healthy behaviours.
- It ensures that clients are adequately informed about their medication.

## Qualities of a Good Counsellor



### Activity: Trust Building

- Ask the participants to stand and find a partner. They should all be in pairs.
- Hand out blindfolds, one for each pair.
- One person in each pair should put on the blindfold. Make sure they cannot see anything.
- Now ask the “seeing” partner to guide the blindfolded person around the room.
- Give the group about 5–10 minutes and then switch roles.



### Discussion Questions

- What was it like to be blindfolded?
- What did your guide do to make you more comfortable? Did it work?
- What was it like to be the guide?
- How did you make the blindfolded person feel more comfortable?
- Which role was more comfortable for you: being the leader or the follower?
- Why did we do this exercise? Make sure the responses include the following:
  - ▶ Develop empathy for our clients.
  - ▶ Identify and experience ways to create a trusting environment.
- How does this exercise relate to counselling?
- How is a client's role similar to the role of the blindfolded person? How is it different?
- How is the counsellor's role similar to the role of the guide? How is it different?



### Brainstorming

- Ask participants to brainstorm the qualities of a good counsellor.
- Acknowledge correct responses.
- Use facilitator's notes below to explain or clarify.



## Facilitator's Notes

**To be a good counsellor you must possess the following qualities:**

**Patience:** Go to the next step of explanation only when the client has clearly understood the content of the information you are giving. Have ample time for the client.

**Clear and concise communication:** Provide clear, short messages to clients. Include the most important points to start and then provide more detail as needed. Avoid using jargon or technical medical terms.

**Good listener:** You need to be a good listener. Never interrupt what the client has to say. Give your input only when the client has finished talking. Use non-verbal cues, like nodding, to show that you are listening.

**Observant:** You need to be very observant and able to interpret non-verbal communication. If the client looks angry, find out the cause of his/her anger first.

**Warmth:** Provide warmth in a counselling environment. Smile and show concern and acceptance to the client.

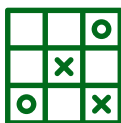
**Knowledgeable:** You should have good knowledge of rational drug use and drug compliance. Some people do not take medication for one reason or the other, while others demand drugs. For example, adherents to some religions do not take oral medication when they are fasting while some sects do not take blood transfusion. This interferes with drug compliance. Giving clients drugs on demand can cause drug shortage at the health facility or lead to drug abuse (overdose/underdose).

**Empathy with the client:** Try to understand the feelings the client is having in the counselling process. In other words, put yourself in the client's position.

**Maintaining a therapeutic relationship with a client:** Give the client the opportunity to make his/her own decision from your message.

**Confidentiality:** Ensure that you maintain confidentiality on what the client tells you. The client would feel greatly offended if you disclosed any information about him or her to other people. Counselling must be done individually and privately.

**Personal integrity:** Maintain a high degree of personal integrity, credibility, and mutual trust as a counsellor.



### Activity: Self-Reflectio

- Describe the scenarios below to the participants.
- Ask the participants to reflect on each of the scenarios and discuss the following questions:
  - ▶ What did the health worker say or do that was positive?
  - ▶ What did the health worker say or do that could be improved?
  - ▶ How would you respond if you were the health worker in question?

#### SCENARIO 1

A 15-year-old client comes to the facility.

Adolescent: "I came here to discuss contraceptives with you."

Health worker: "You should not even be thinking about contraceptives. You are too young!"

Adolescent: "But I want to be able to finish school!"

Health worker: "Then you should behave more responsibly."

#### SCENARIO 2

Health worker: "Hey, you seem sad today. What's going on?"

Adolescent: "It's school, I don't want to go anymore."

Health worker: "Umhummm." (nods understandingly)

Adolescent: "Well, it's not really school, it's the other pupils at school...I don't have any friends."

Health worker: "So, you don't like going to school because you feel like you don't fit in?"

Adolescent: "Yeah, the other children make fun of me. They call me mean names."

Health worker: "Umhummm."

Adolescent: "Yesterday one of the bigger boys even pushed me to the ground and tried to take my pocket money."

Health worker: "That's terrible. It seems to me that the other boys are harassing you. What one thing would you like to change to make this situation better?"

#### SCENARIO 3

A 38-year-old married man who is HIV+ comes for his drugs.

Health worker: "Did you listen to me and use a condom?"

Client: "Um...yes."

Health worker: "Did you take your medicine properly?"

Client: "I think so."

Health worker: "What do you mean by that? Didn't you understand what I told you about taking your medicine?"

Client: "I don't know, I think so."

Health worker: "Did you do the right thing and talk to your wife about your HIV-status?"

Client: "Well, yes, I tried to talk to her..."

Health worker: "That is not good enough. You are putting her life in danger."

## The Counselling Process

When counselling clients, we progress through a series of interconnected and overlapping stages to help clients make informed decisions. Both you and the clients actively participate. You exchange information and discuss the clients' feelings and attitudes about the health issue, behaviours, and drugs. Through this interaction, the client makes a decision, acts, and evaluates his/her actions.

### Using the G-A-T-H-E-R Method



#### Group Discussion

- Ask participants what they know about the G-A-T-H-E-R method.
- Ask for a volunteer to describe the method in relation to any health area or topic.
- Use the notes below to discuss and fill gaps in knowledge.



#### Facilitator's Notes

G-A-T-H-E-R is a useful tool that helps providers interact with their clients appropriately and effectively. Each letter of the word stands for an important step in the client-provider interaction.

##### **GREET** your clients politely and with a smile.

- Welcome them using local language to make them feel comfortable.
- Introduce yourself and ask how you can help.

##### **ASK** your clients about reasons for coming.

- Help them explain how they feel and what they need.
- Ask them about their experience with past ailments, medications, treatments, and about their lifestyles.
- Ask if they have had any medical tests done lately and see if they are willing to share the results with you.
- Listen well, show empathy, and avoid judgments and opinions.

##### **TELL** your clients about their choices and proper use of medications.

- Tell them that you will not tell others what they say (confidentiality).
- Tell them about the benefits of further testing, if required.
- Show samples of materials, models, and products if possible.

##### **HELP** your clients to understand the instructions and choose treatment options that suit them.

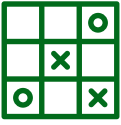
- Help them to understand their available options.
- Find out what they have used before and if they want to switch to another treatment or medication.
- Recommend different choices, but avoid making the client's decision for them.

##### **EXPLAIN** fully how to carry out the behaviour or treatment.

- Give clients printed material to take home.
- Provide all necessary information for adopting a behaviour or carrying out treatment.
- Explain what treatment is, how it works, how to use associated products, the potential side effects and how to manage them.
- Tell clients to come back whenever they wish or if side effects bother them.
- Ask clients to repeat instructions and make sure they understand.
- Explain when to come back for routine follow-up or more supplies.
- Provide additional information on how clients can care for themselves, e.g., hygiene, nutrition, rest, or exercise.

##### **RETURN** for follow-up and **REFER** your clients to other suitable health facilities.

- Encourage clients to come back for follow-up visits.
- Think about what other services your clients may need, e.g., antenatal care, and tell them where to find them
- During follow-up visits, ask if clients are satisfied and treat all concerns seriously.



### Activity: Explain

- Tell participants that you will read them a short passage and they are to identify what the main message is.
- Read a paragraph from a brochure for a client (below):

*Your doctor needs to get a sample of sputum that you expectorate from your lungs. They will test this sputum for tuberculosis (TB) bacteria in a laboratory. It is very important for accuracy of the test to expectorate sputum deeply from your lungs. Although some people have a higher risk of developing active TB disease (for example, former prisoners, drug users, alcoholics, homeless, and HIV-positive people), more than 70% of TB clients don't belong to these vulnerable groups. Everybody can get TB. A sputum test is the best way to determine whether you have active TB disease. Don't provide saliva. Sputum is usually thick and sticky. Saliva is watery and thin.*

- Ask participants what they think are the main messages of the paragraph. Ask them if it was easy to identify and remember them. Why?
- Ask participants to change the text so that the main messages are clearer and more attractive and the information is provided to the reader in simpler easy-to-understand language:

*Your doctor needs you to cough deeply and produce sputum. They will test this sputum in a laboratory to see if you have the bacteria that causes tuberculosis (TB). You have to bring out the sputum from deep within because that is what will make the test correct. Some people are more likely to develop TB that is serious and have symptoms (like former prisoners, drug users, alcoholics, homeless people, and people who are HIV positive). However, most people do not belong to this group. Anybody can get TB, but this sputum test is the best way to know if you have the active disease. Don't bring out saliva, sputum is thick and sticky but saliva is watery and thin.*

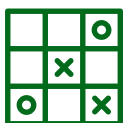
- ▶ Or in a more logical way:

**Everybody can get tuberculosis (TB).** Although some people have a higher risk of developing active TB disease (for example, former prisoners, drug users, alcoholics, homeless, and HIV-positive people), more than 70% of TB clients don't belong to these vulnerable groups.

**A sputum test is the best way to determine whether you have active TB disease.** Your doctor needs to get a sample of sputum that you expectorate from your lungs. They will test this sputum for TB bacteria in a laboratory.

**It is very important for accuracy of the test for you to expectorate sputum deeply from your lungs.** Sputum is usually thick and sticky. Saliva is watery and thin. Don't provide saliva.

- Emphasize that the main messages for the client in that paragraph are everybody can get TB, a sputum test is the best way to determine whether you have active TB disease, and it is very important for accuracy of the test to expectorate sputum deeply from your lungs.
- Ask participants how they can more clearly explain things to their clients.



### Activity: Analysing Client-Provider Interactions

- Tell participants that you are going to show them some videos of counselling. Tell them that you will pause at certain points during the video to allow them to analyse the counselling.
- First play the unsupportive counsellor video (<https://www.youtube.com/watch?v=5LwQHkBJlwQ>).
  - ▶ **Pause the video at 0:56 and ask:**
    - “How do you think this client feels?”
    - What kind of support and information do you think she might need?
    - What IPC techniques do you think would be useful here?”
  - ▶ **Pause the video at 1:13 and ask:**
    - “What are the barriers to quality counselling you can see here?”
    - How does the provider feel?
    - Do you sometimes feel this way?”
  - ▶ **Pause at 4:48 and ask:**
    - “In what ways was the provider unsupportive of the client?”
    - What biases did the provider manifest?
    - How could she have used the GATHER methodology to improve the interaction?”
  - ▶ At the end of the video ask participants to reflect on how the provider and client felt after the interaction.
- Now play the supportive counsellor video. (<https://www.youtube.com/watch?v=gS3EKZZcijs>) Ask participants to look for examples of the GATHER elements.
  - ▶ **Pause the video at 1:25 and ask:**
    - “Does this provider face the same challenges as the provider in the other video?”
    - What is different about her response?”
  - ▶ **Pause the video at 4:43 and ask**
    - Participants to identify where they saw elements of GATHER being applied. Also ask:
      - “What elements of a good counsellor did the provider demonstrate?”
  - ▶ **At the end of the video ask**
    - Participants how the client and provider felt after their interaction.
  - ▶ Participants to offer any other reflections or comments.



# Using Visual Aids and Other SBC Materials for Counselling



## Presentation

Present information about the use of visual aids and SBC materials using the facilitator’s notes below.

Using a variety of visual aids and materials enhances the effectiveness of IPCC. Referring to a visual display or pamphlet is especially helpful when conveying information to clients on diseases, preventive and treatment programs, or medical devices. Also, giving reading materials to clients helps them remember important information after they leave the health facility.

### Benefits of Using Visual Aids

- Helps clients to remember
- Makes complex information or tasks easier for the provider to explain and for the client to comprehend
- Generates discussion
- Makes small things big enough to be seen
- Captures client’s interest and attention
- Helps to point out similarities and differences
- Can make discussion of sensitive terms and issues easier
- Re-enforces key points and health messages
- Can save time in counselling sessions if clients have an opportunity to access information earlier
- Prompts and reminds providers of important information points
- Take-home materials help to disseminate accurate information when materials are shared with others
- Reduces information overload by allowing clients to learn at their own pace and leisure

### When to Use Visual Aids

- Group education sessions (e.g., health facility and community)
- Counselling sessions
- Service areas (e.g., waiting room, exam rooms)
- Community events
- Home visits

### Types of Visual Aids Available at Health Facilities

- Posters
- Flipbooks
- Pamphlets
- Newsletter
- Models and samples (e.g., body parts, commodities, and devices)
- Videos
- Cue cards

### General Tips for Using Visual Aids

- Make sure visual aids are available and visible by clients in the facility.
- Explain pictures, and point to them as you talk.
- Look mostly at the client, not at the flip chart or poster.
- Change the wall charts and posters in the waiting room from time to time. Then clients can learn something new each time they come.
- Invite clients to touch and hold samples or models.
- If possible, give clients pamphlets or instruction sheets to take home.
- These print materials can remind clients what to do. Be sure to go over the materials with the client. You can mention information, and the client will remember it when he/she looks at the print material later.
- Suggest that the client show take-home materials to other people.

## Factors that Positively Influence Effective Counselling



### Group Discussion

- Ask participants to mention and discuss factors that positively influence effective counselling.
- Acknowledge correct responses.
- Use facilitator's notes to discuss and clarify.



### Facilitator's Notes

Factors that positively influence effective counselling include:

- Conducive environment; privacy and confidentiality
- Showing concern to the client
- Being flexible and patient
- Use of appropriate visual aids
- Readiness to assist the client
- Positive attitude of clients toward provider
- Technical competence of provider
- Positive attitude of the provider toward the client
- Use of simple or local language

## Wrap-up

- Review the qualities of a good counsellor with the participants.
  - ▶ Patience, good listening, observant, clear and concise communication, warmth, knowledgeable, empathic, therapeutic, confidentiality, integrity
- Ask participants:
  - ❓ What is the difference between IPC and counselling?
  - ❓ How is good counselling particularly important for you as a health care provider?
  - ❓ What does GATHER stand for?
- Ask participants to identify at least one specific way they can use GATHER as they provide services to clients. Have them write down answers in their participants' manuals.
- Conclude by asking participants to reflect on the SBC materials they have access to and how they could use those to better counsel clients. Ask them to write down responses in their manuals.
- Explain that you will finish this training by focusing on a quality that all providers need to effectively use IPCC skills: empathy.

# Session Four

## Empathic Communication



5 hours  
40 minutes

### Overall Goal

To help participants understand the importance of empathy, to feel more empathy toward their clients, and improve listening while providing effective counselling and services to clients.

### Objectives

By the end of this session, participants will be able to:

1. Understand that everybody has different perceptions and that those perceptions impact interactions and the way people interpret information
2. Explain what values are and what influences them
3. Reflect on their own values and how they influence service provision
4. Feel increased empathy for their clients
5. Recognize their own biases and how those influence service provision
6. Implement empathic listening in their own practice

### MATERIALS NEEDED



- Associations activity images
- Flipchart, paper, and markers
- Slides or other ways to display key content
- Agree and Disagree papers
- Participants' manuals and pens
- Positive client images
- Iceberg image
- Printed vignette (one or two copies)

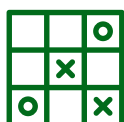
### Session Overview

TOPIC	DURATION	METHOD	MATERIALS
Perceptions	40 minutes	Brainstorming Activity	1. Facilitator's guide 2. Participants' manuals 3. Pens
Values	90 minutes	Presentation Activity Self-reflection Discussion	1. "Agree" and "Disagree" papers 2. Facilitator's guide 3. Participants' manuals 4. Pens 5. Flipchart 6. Markers
Empathy (Seek to Understand)	90 minutes	Activities Self-reflection Presentation	1. Associations images 2. Positive client images 3. Iceberg images 4. Facilitator's guide 5. Participants' manuals 6. Pens 7. Flipchart 8. Markers
Listening	90 minutes	Activities Self-reflection Presentation	1. Facilitator's guide 2. Participants' manuals 3. Pens 4. Flipchart 5. Markers
Wrap-up	30 minutes	Discussion Activity	1. Vignettes 2. Facilitator's guide 3. Participants' manuals 4. Pens

## Perceptions

Tell participants that for communication to be effective it is important to remember that individuals come from different backgrounds. People perceive and think about things differently depending on who they are and how they feel at the time.

- Ask participants what the word “perception” means to them. Explain that perceptions are the way a person understands or interprets something. They contribute to the formation of opinions and beliefs. Discuss what factors influence people’s perceptions. Emphasize that perception cannot be correct or incorrect. It is unique to each individual. Medical providers should take this into account when communicating with clients.
- Invite participants to participate in the following exercise. The purpose of this exercise is to demonstrate that individuals’ perceptions may vary greatly and affect how we each interpret and understand educational materials, people, and communication messages.



### Activity: “Cat”

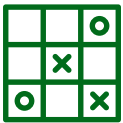
- Ask participants to close their eyes and relax. Tell them that you are going to say a word, and that each person should use their imagination to picture the object in their mind.
- Say the word “**cat**” out loud and clearly, and then leave a moment of silence. Ask people to keep their eyes closed and imagine what kind of cat—colour, shape, and personality. Leave another moment of silence and then ask participants to open their eyes. Have them write down five things that came to mind about the cat in their manuals.
- Ask participants to describe aloud what kind of cat they imagined. Probe to see how they described the cat’s size, colour, sex, and personality.
- Remark that while you said only one easily identifiable word, each person in the room imagined a different type of cat. Note that while communication seems to be simple, our personal experiences influence how we perceive things. Our perceptions, in turn, affect how we interact with the world around us.
- Repeat the exercise two or three more times using other words, such as “jollof rice” or “ward development committee” or “jungle.” Emphasize that though everybody here is a provider, there were different perspectives about these things. Our perceptions of things are influenced by our life experiences, and our perspectives in turn influence the way we see things and how we interact with the world around us.

## Values



### Presentation

- Start a brief presentation on values by asking participants the following questions:
  - ▶ What is a value?
  - ▶ What are values based on?
  - ▶ Why do values matter?
- Explain that values are based on what we consider important or of worth (e.g., family, respect, money, health, education). Those judgments are influenced by our perceptions. Since perceptions vary greatly from one person to the next, values also vary.
- Values are influenced by gender and social norms, our religion, our families, and our life experiences.
- Values guide our actions and act as standards for the decisions we make. Values are often the basis for improving our behaviour.
- Everybody has different values. Your clients will sometimes have different values than you have, and may take actions that contradict your values. Your clients should make decisions about their health based on their own values, not yours. As a provider, you do not need to agree with the views or values of your clients.
- When you acknowledge your clients' values and communicate in a way that respects those values (even if you do not agree with them), clients will be more likely to trust you and adopt or maintain healthy behaviours.

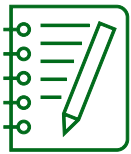


### Activity: Values Clarification

- Prepare two flip chart pages: one marked "Agree" and another marked "Disagree". Post the pages at least four feet apart on a wall.
- Select and read aloud 10–12 of the statements below. Have participants move to stand near the flip chart page that shows their decision about the statement.
- This activity can also be done seated, though standing is preferred. If seated, ask participants to raise their hand to indicate whether they agree or disagree with the statement.
  - a. Condoms should be available to everyone 15 years and above.
  - b. Every woman should give birth at a facility.
  - c. A 21-year-old woman with only one child should be refused a tubal ligation.
  - d. Teenagers should have access to family planning contraceptives.
  - e. Women should not work outside the home.
  - f. Condoms reduce the enjoyment of sex.
  - g. Rich parents take better care of their children.
  - h. The parent of a teenage client who reports she is having sex has a right to know about it.
  - i. Unmarried adolescents should not engage in sexual activity.
  - j. If a woman never experiences childbirth, she will feel like less of a woman.
  - k. If a man wishes to have a vasectomy, he should have one, even if his spouse disagrees.
  - l. Illiterate women cannot use Intermittent Preventive Treatment in pregnancy effectively.
  - m. It is okay for a woman to have an IUD inserted without telling her husband.
  - n. Some clients want to continue to get pregnant until they have male children.
  - o. People who get HIV through sex deserve it because of the behaviours that they practice.
  - p. Couples can have an enjoyable sex life while using condoms every time they have sex.
  - q. Educating teenagers about condoms will only encourage them to be promiscuous.
  - r. Natural family planning methods are ineffective, difficult, and time-consuming to teach.



- Ask participants to reflect on what they have just seen. Ask them to write down their thoughts in their manuals.
  - ▶ What surprised you about this activity?
  - ▶ How did this activity make you feel?
  - ▶ How are you bringing your own values and beliefs into counselling sessions with clients?
- Ask a few participants to share some of what they wrote down.
- Guide a discussion about how their values and beliefs impact the way they interact with clients. Ask participants what their responsibility is to deliver services without personal bias. Discuss ideas for how they can better provide services while respecting their clients' values.
- Supplement the discussion with points from the facilitator's notes, as needed.



### **Facilitator's Notes**

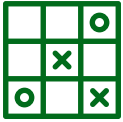
We all have personal values. Personal values are influenced by gender norms, belief systems of our community, family, faith, and culture.

We must become aware of our personal values and realize they are not shared by everyone. We must avoid imposing our personal values on others which can be interpreted as bias and hinder our ability to offer quality services.

Provision of unbiased, rights-based, gender-sensitive care is mandated by the Government of Nigeria and international professional associations.

## Empathy (Seek to Understand)

Empathy is the heart of quality service provision. Providing quality services to all clients despite differences in values or actions requires providers to **seek to understand** clients.



### Activity: Associations

- Explain to participants that you are going to show them some images, similar to the “cat” exercise they completed previously. When they see the picture, they should write down the first word that comes to their mind. It should be their gut reaction without being filtered. Emphasize that nobody else will see their responses, and the point is to capture the initial thought.
- Show the images one by one. Give participants only 5–10 seconds to write down their word association for each picture, to ensure they are writing down their first thought.
- Ask participants to write down answers to the following questions in their manuals:
  - ▶ Did any of your responses surprise you? If so, why?
  - ▶ How similar do you think other participants’ responses are to yours?
- Allow participants to share any thoughts they have about the activity and their responses.



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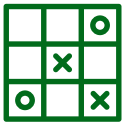
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14



### Activity: Walk in Another's Shoes

- Tell participants that as human beings, one of our most fundamental needs is to be understood, to receive affirmation. We often say that we cannot understand a person until we have walked in their shoes.
- Ask for a volunteer to come in front of the room. Take your shoes off and tell the volunteer to walk in your shoes so that he/she can better understand how your shoes feel. You may want to instruct the volunteer privately to not take his/her shoes off. The volunteer will be unable to fit in your shoes unless he/she takes off his/her own shoes.
- Ask participants why this volunteer is unable to walk in your shoes. Help them understand that unless the volunteer takes his/her own shoes off, he/she cannot fit in your shoes. Ask participants what it means to “take their shoes off.”
- Emphasize that in order for us to truly understand our clients, we must take our own shoes off first. We must seek *first* to understand our clients before we seek to be understood. We have to try to remove our own perceptions and biases.



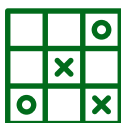
### Presentation

- Tell participants that during this training they have learned about and practiced a lot of skills. None of those skills or techniques matter, however, if they do not have a sincere desire to understand their clients.
- Show the image of an iceberg. Explain that IPCC skills are at the tip of the iceberg. Those skills are important because they help us build good habits. But these skills will not be effective unless they are based on a sincere desire to understand clients.
- This is why a person's character and desire to understand are represented by the submerged base of the iceberg. A provider can know all the steps to effective communication and counselling—and even practice them—but if there is not a strong desire to understand clients and develop a relationship with them, that will not matter.



- The skills (the tip) must stem from sincerity, openness, and a desire to understand (the base).
- This is why our mantra for interacting with clients is “**seek first to understand.**” There are many things that are outside of your control as a provider, but you can always choose to seek first to understand.



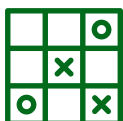
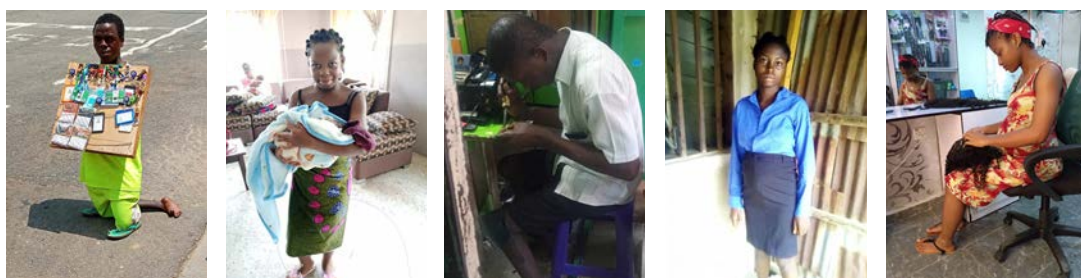


## Activity: Client Stories

- Explain to participants that you are going to take another look at the images they saw earlier. Ask them to consider what you just discussed about seeking fi st to understand clients.
- Show the same images you showed in the fi st activity one by one, but this time provide the details below about the people in each image.
  - ▶ Image 1: Ada is a 16-year-old girl who got pregnant. Her parents are very strict and Ada is very scared so she ran away from home.
  - ▶ Image 2: Oba Akanbi is a chief in Yoruba land. He is a self-acclaimed philanthropist and loves to host big owambe parties in his community.
  - ▶ Image 3: Mallam Zak is a son of a millionaire father. He doesn't work but drives the most expensive cars and wears the most expensive clothes.
  - ▶ Image 4: Musa is a generator technician. He dropped out of school to learn a trade when he lost his parents. He is working hard so he can save money and go back to school to get an engineering degree.
  - ▶ Image 5: Madam Ann is the only female political leader in her community. She has had to overcome gender bias to be elected to serve her community.
  - ▶ Image 6: Aliyu is a physically challenged person who lives alone. He has no family. He is being led to beg for alms.
  - ▶ Image 7: Rev. Udo is a Christian religious and community leader who works tirelessly to help those in his community.
  - ▶ Image 8: Ichie is an Igbo high chief who has just received another chieftaincy title. He owns a shop in a popular market where he sells motor spare parts.
  - ▶ Image 9: Aisha is 14 years old. She desires to go to school but is afraid that her father will marry her o . Her friend, also 14 years old, is already married.
  - ▶ Image 10: Abubakar is of Northern Nigeria descent. He had to flee rom his hometown due to insurgency. He now lives in a foreign place and hawks foodstuff o make ends meet.
  - ▶ Image 11: Tokunbo is a top executive in a commercial bank who earns a lot of money. He is unhappy in his job because he works very long hours and hardly gets to spend time with family.
  - ▶ Image 12: Nne is an illiterate housewife with six out-of-school kids. She would love to send her children to school but she cannot a ord it.
  - ▶ Image 13: Madam Titi is a petty trader and the breadwinner in her family. She has four children in school. She has a hard time getting away from work to take care of herself.
  - ▶ Image 14: These children are school-age children, but they are all out of school, and are playing in the street without any supervision. Their parents are working long hours and wish they could spend time with them.



- Ask participants to reflect in their participants' manuals about the following questions:
  - ▶ How did having that information change your perceptions about those people? What word(s) would come to your mind now for each image?
  - ▶ How might you treat these people differently now that you have that information?
  - ▶ In a real situation with a client, how might you go about seeking to understand the client better?
- Lead a discussion about ways the participants think they can better seek to understand their clients.
- Finish the activity by presenting the positive images. Allow participants to look at each image for 15–20 seconds. Ask participants how their views about these potential clients has changed. Have they ever thought about their clients doing these positive sorts of activities?



### Activity: Redo

- Tell participants that they now have the opportunity to practice what they have been learning about empathy.
- Ask participants to think about a recent interaction with a client that was difficult or went poorly (e.g., perhaps a client did not seem to listen, was frustrating, or had not taken the prescribed actions). Give participants a few minutes to envision the client and the interaction.
- Ask participants to write down in their manuals how the interaction went from their perspective. Give them five to seven minutes to capture their thoughts on the following questions:
  - ▶ What happened during the interaction?
  - ▶ What was said?
  - ▶ How did you feel?
  - ▶ What do you think went wrong?
- Now tell participants that they need to switch characters and pretend to be the client from that interaction. Ask them to write down how the interaction went from the client's perspective. Give them five to seven minutes to write about:
  - ▶ How did you (client) feel?
  - ▶ How did you view the provider?
  - ▶ What happened before your interaction with the provider?
  - ▶ What do you think went wrong?
- Lead a short discussion about how their perceptions about the interaction changed by viewing it from the client's perspective.
- Divide participants into pairs. Tell participants that they have a chance to redo this negative interaction with their assigned partner.



- Explain that one partner should play the role of provider first. The provider should briefly describe the situation and the client so that the “client” partner can get into character. Remind participants of the mantra and then ask them to redo the interaction with the intention to understand the client.
- Repeat the exercise so that each partner has the opportunity to redo the negative interaction.
- Wrap up by asking how providers could apply this in their practice.

## Listening

One of the best ways to increase the empathy we feel for clients is to listen to them. This enables us to seek to understand before we make assumptions or seek to be understood by our clients.



### Presentation

Start by sharing an analogy (adapted from Steven Covey):

Suppose you've been having bad headaches, weakness, and blurry vision, so you decide to go to a doctor to see what is going on. After the doctor listens to you for a minute, she pulls open a drawer and grabs a bottle of pills.

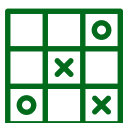
'Try these pills,' she says. 'I've been using these pills for years when I get headaches.' You wonder if the pills will help with your kind of headaches, or with the weakness and blurry vision, but you take the pill bottle hesitantly.

After a few days of taking the medicine, your problems get worse. You go back to the doctor and tell her that you feel awful. She says, 'They work great for me, so they should work for you! Just keep trying them.' After assuring her that you have tried, but they just don't work, she tells you to just 'think positively and be grateful for what you have.'

Ask the participants:

- How likely would you be to return to that doctor when you had a problem with your health?
- How much confidence would you have in that doctor since she prescribed before she diagnosed?
- What could that doctor do to better diagnose the problem?

Explain to participants that when we communicate with others, we need to first get the diagnosis right. Once we get the diagnosis right, we can much more easily get the prescription or treatment right. A key to getting the diagnosis right is listening. Really listening while seeking to understand.



### Activity: Silence

- Explain to participants that silence is a very important sound. Many of us, however, do not have a great relationship with silence. We need to, though, because silence is where we can *find* ourselves. Silence provides context and meaning for all sounds. When there is so much noise around us, we stop paying attention. We stop being aware of the sound around us, including others' voices.
- Instruct participants to take the self-assessment found in their participants' manuals (Adapted from: Julian Treasure).

QUESTION	SCORE: 2	SCORE: 1	SCORE: 0
When was the last time I encountered silence?	Last 24 hours	A few days ago	I can't even remember!
Is there silence while I sleep?	Almost completely	Sometimes	I can't sleep without noise
How much silence can I expect to find each day?	20+ minutes	Less than 10 minutes	Virtually none
Am I able to find silence at work?	Usually I can find some	Occasionally, but I have to work hard for it	Silence at work is an unachievable dream
Am I able to find silence at home?	Usually I can find some	Occasionally, but I have to work hard for it	Silence at home is an unachievable dream
<b>Total:</b>			

**If you scored 7-10**, well done! You are cultivating a healthy relationship with silence. Keep up the good work.

**If you scored 4-7**, keep at it! Making some adjustments to your space and behaviours will help improve your relationship with silence.

**If you scored 0-3**, you need to seriously think through how you can carve out time and space for silence. Allow your ears to rest and listen.

- Ask participants to share their thoughts about their results.
- Explain that we can improve our listening skills by having three minutes of silence twice each day. This silence will help recalibrate our ears and get us ready to listen to those around us, including our clients.
- Lead participants in practicing a three-minute period of silence. Remind participants to turn off phones and put away any distractions. When the three minutes are up, ask participants how it felt to be silent for that amount of time. What did they notice? How difficult was it?
- Finally, ask participants to commit to practicing three minutes of silence daily. Ask them to make a plan in their participants' manual for when and how they will practice silence daily.



## Facilitator's Notes

Many listening experts suggest that adopting a silence practice is a core way to improve listening. This is based on the idea that we are so constantly bombarded with sound and so rarely pause to be silent, that our ability to distinguish sound actually diminishes. It makes it harder to listen well to people's voices and focus on what people are saying. We tend to allow ourselves to get distracted by all the different sounds. But practicing silence helps us rebuild our ability to distinguish sounds and pay attention. Silence also allows people time to connect with themselves.

Silence is not simply an absence of noise. Silence doesn't mean "nothing" but constitutes a part of communication as important as speech. The context of a situation defines the power and message of silence. Constructive silence moves a conversation or discussion forward. Destructive silence shuts down communication and creates barriers that discourage speakers from expressing their thoughts.

Thus, silence can be "laden" and it can also be "golden." We have all experienced various negative silences that could be called awkward, appalled, embarrassed, defensive, and fearful silences. However, there is also silence that is golden, such as confident, comfortable, reflective, peaceful, or respectful silence. Such silence can be helpful tools to enhance the communication and to promote and maintain the existing relationship.



## Presentation

- Ask participants:
  - ▶ How can you tell if somebody is really listening to you?
  - ▶ What are the signs that somebody is not listening to you?
  - ▶ Present the five levels of listening using content from the facilitator's notes below.
- Clarify any points as needed.
- Present the four stages of empathic listening using content from the facilitator's notes below.



## Facilitator's Notes

According to Steven Covey, there are five levels of listening:

1. **Ignoring** another person, which is not really listening at all.
2. **Pretending.** You go through the motions of listening, but are not really listening. You might use words like, "Yeah, uh-huh. Right." You may have done this with your talkative children!
3. **Selective listening.** You only hear certain parts of the conversation. This may happen when somebody is talking for a long time or you are not very interested in the subject matter.
4. **Attentive listening.** This is where you pay attention and focus on the words that are being said.
5. **Empathic listening.** This is the highest level, and one that many do not reach.

Empathic listening is a structured listening and questioning technique that allows you to develop and enhance relationships with a stronger understanding of what is being conveyed, both intellectually and emotionally.

### Benefits of Empathic Listening:

- ▶ Builds trust and respect
- ▶ Enables release of emotions
- ▶ Reduces tensions
- ▶ Creates a safe environment that is conducive to collaborative problem solving

Steven Covey suggests that there are four developmental stages to empathic listening skills:

1. **Mimicking content.** This is the least effective method, but it is a useful first stage as it causes you to listen to what the person is saying. It is often part of “active” listening. Mimicking content involves listening to another person’s words and repeating them back. It does not require analysis or interpretation of what has been said, just a mirror of the words.

Example: Person A: “I’m sick of this! Work is horrible!”

Person B: “You are sick of this. You think work is horrible.”

2. **Rephrasing content.** This is slightly more effective because you put the other person’s meaning into your own words. It shows you have thought about the words and done some logical interpretation of them.

Example: Person A: “I’m sick of this! Work is horrible!”

Person B: “Things are not going well at work.”

3. **Reflecting feeling.** This is even more effective because you start paying attention to the emotion of the other person. You are listening to how the person feels about the words.

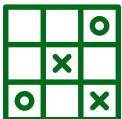
Example: Person A: “I’m sick of this! Work is horrible!”

Person B: “You’re feeling really frustrated.”

4. **Rephrasing the content and reflecting the feeling.** This is the most effective because you combine logic and emotion in your listening. You listen to the content (the words) and the feeling. Since we all communicate using words, emotion, and body language, we have to listen to all those parts as well.

Example: Person A: “I’m sick of this! Work is horrible!”

Person B: “You’re really frustrated about work and how things are going.”



### Activity: Four Stages of Empathic Listening

- Tell participants to line up in two lines facing each other. Have them identify a partner in the line directly across from them. Make sure the lines are at least five big steps apart.
- One partner will start by stating a short sentiment with the other partner (e.g., “I’m sick of this! Work is horrible!”). The other partner will respond back by mimicking (stage 1). After successfully mimicking, the pair should take one step forward, so they are closer to each other.
- Using the same statement (e.g., “I’m sick of this! Work is horrible!”), each partner will take a turn rephrasing the statement (stage 2). After successfully rephrasing the statement, the pair takes another big step forward.
- Now each partner will take a turn reflecting feeling using the original statement (stage 3). Then the pair takes another big step forward.
- Finally, each partner takes a turn rephrasing content and reflecting feeling from the original statement (stage 4). The pair takes one last big step forward. They should now be fairly close to each other.
- Explain that this is how good listening works. With each progressive stage, you get closer to the person you are communicating with. Barriers fall away and trust increases.
- Ask participants to identify ways they could apply this in their work.

## Wrap-up

- Ask participants to summarize four stages of empathic listening.
- Tell participants that, as we have alluded throughout these sessions, human beings really listen with their eyes. If people say something, but their actions are different, those actions speak louder. In fact, only about 10% of our communication is represented by the words we say. The remainder is our sounds and our body language. To listen effectively, we must listen beyond words. We must listen to the language of the heart and the body.
- Ask for two volunteers to act out a short vignette. One will be the parent and one will be the child.

BACKGROUND	ACTOR	WORDS	EMOTION/ACTION
Parent has been expecting child to come home from school and help with chores. The child is very late but finally arrives.	Parent	“Where have you been? I’ve been waiting for you for hours!”	Anger and frustration; yelling
	Child	“I was with my friends. We were asked by my class teacher to visit a classmate who was involved in a motor accident on behalf of the school.”	Annoyance and frustration
	Parent	“I really needed your help this afternoon so I felt frustrated.”	Contrition and sorrow; walking toward child
	Child	“I’m sorry that I didn’t come home on time. I will try better next time.”	Contrition
	Parent	“Thank you. Now please come help me with the animals.”	Happiness
Parent and child walk together	Child	“Thanks for understanding. I will come help you now.”	Love and happiness; touch

- Privately ask the volunteers to emphasize the emotions and actions in the vignette. While the volunteers act out the vignette, ask participants to cover their ears as tightly as possible so they cannot hear the words being spoken. Ask participants to make a note of the emotions they see conveyed in the vignette.
- Ask participants what emotions they saw displayed. Check with the volunteers to see if the emotions participants mentioned accurately match the words that were said.
- Ask participants, “How can you better pay attention to the emotions being expressed when you speak with clients?”
- Ask participants to identify one to two concrete steps they will take to feel and express empathy toward clients and record them in their manuals.

# Module Wrap-Up



60 Minutes

## Objectives

By the end of module wrap-up, participants will be:

1. Reminded on the benefits of IPCC
2. Recognise the role of self-motivation and commitment to achieving positive client-provider relationship

### MATERIALS NEEDED



Paper, pens, and envelopes  
Large paper with commitment  
Small copy of commitment (for each participant)

## Session Overview

TOPIC	DURATION	METHOD	MATERIALS
Benefits of IPCC	10 minutes	Presentation	Facilitator's guide
Motivational Letter	20 minutes	Self-reflection	Pens, papers, envelopes
Commitment	30 minutes	Group activity	Large sheet of paper, markers, small copy of commitment

Finish the training by emphasizing the benefits of effective IPCC. Provide concrete examples of how clients have benefited from high-quality IPCC.

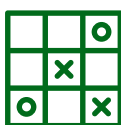
**“** *The nurse that attended to me during my son's delivery... She didn't let me feel the pain at all. She was always there to talk with me, and check my progress, and she would tease me each time. Funny thing is that she did same to the three of us that were in the ante natal ward that period. She was using me to tease a woman (in a friendly way) that was screaming, and I think that helped the woman a lot. She even took a picture with me on the bed before I went to labour room.* **”**

**“** *There's one nurse in haematology clinic that is always very nice to me. If she comes to give me injection, my curious self will ask her what drug it is and she'll take time and explain. Most other people would just give me the drug and go. So, she came to give me the drug and I asked what drug it is. She told me the name of the drug, what it does in the body and why I need it. For the first time I felt like I was an important part of my treatment process.* **”**



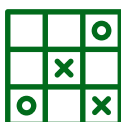
**“ So... I had this splitting headache and my eyes were red as if all the blood in my body emptied into my eyes. I went to a pharmacy to buy drugs to get relief. On getting there, I decided to test my blood pressure with their gadget. Boom! 208/160! Boy was I scared! The pharmacist wrote some prescriptions for me. I went to the counter to get my prescription. At the counter, I saw the pharmacist who owns the pharmacy. There were very many customers. We exchanged pleasantries and I gave him my prescriptions. He asked if I had tested my blood pressure and the result. Immediately I told him, the man nearly shut down his business. He was shouting at the junior colleagues, telling them that I am the patient in emergency. Shouting at this one to get this drug, another one to bring needle and syringe, this one, ‘Bring water,’ this one, ‘Drop that thing you are doing and give her the injection personally.’ ”**

**“ Well, I felt loved. As in, someone cares that I shouldn’t die and takes my matter personally, not just as a health care provider to patient. Tell me why I won’t keep going back there.. ”**



### Activity: **Motivational Letter**

- Ask the participants to reflect on what they have felt and learned during these sessions. Ask them to think about how they would like to be treated if they were a client and/or how they hope their family members would be treated. Give them a few minutes to silently think about these questions.
- Tell the participants that they are going to write a motivational letter to themselves. Provide papers and envelopes to the participants. In this letter they will describe why providing quality services and practicing effective IPCC matters to them, any ways they want to change, and specifically what they plan to do once they get back to their facility. Encourage them to capitalize on the emotions they felt during the training.
- Have the participants seal their letters and take them home with them. Tell them to open the letter when they get back to their facilities. They may also choose to share with their supervisor or a peer upon their return. The letter should be referenced frequently, especially when they feel frustrated or overwhelmed.




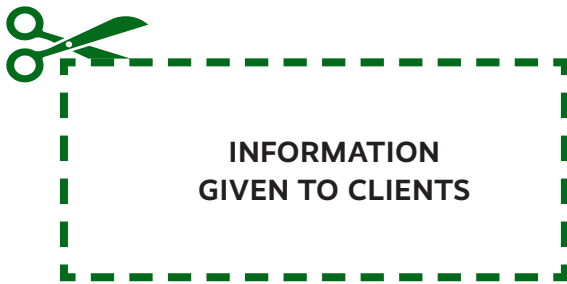
### Activity: **Public Commitment**

- Write the commitment below on a large sheet of paper. Leave enough space for participants to sign below the commitment.
- Explain to participants that in order for them to successfully practice the new skills they have gained they will need the support of their peers. Another thing that will help them to practice quality communication and counselling is to be held accountable for doing so. To aid in that process, participants will now have a chance to publicly display their commitment to providing quality services.
- Display the commitment and read it out loud:
  - ▶ I promise to seek first to understand my clients. I will listen to my clients' words, emotions, and body language. I will provide care in a respectful and non-judgmental manner to all clients. I will counsel my clients to enable them to make their own decisions.

Ask all participants to come up and sign the commitment one by one. When everybody has signed, display the signed commitment and invite participants to clap for each other. Hand each participant a small copy of the commitment. Ask them to sign it and keep it near their workstation to remind them of the promise they have made. Supervisors should be checking up on the commitment and how providers are doing. Peers can ask for guidance and support from their peers at regular meetings and can share successes in keeping their commitments.

# Appendix: Facilitator Materials

## Elements of a Client Centred Approach

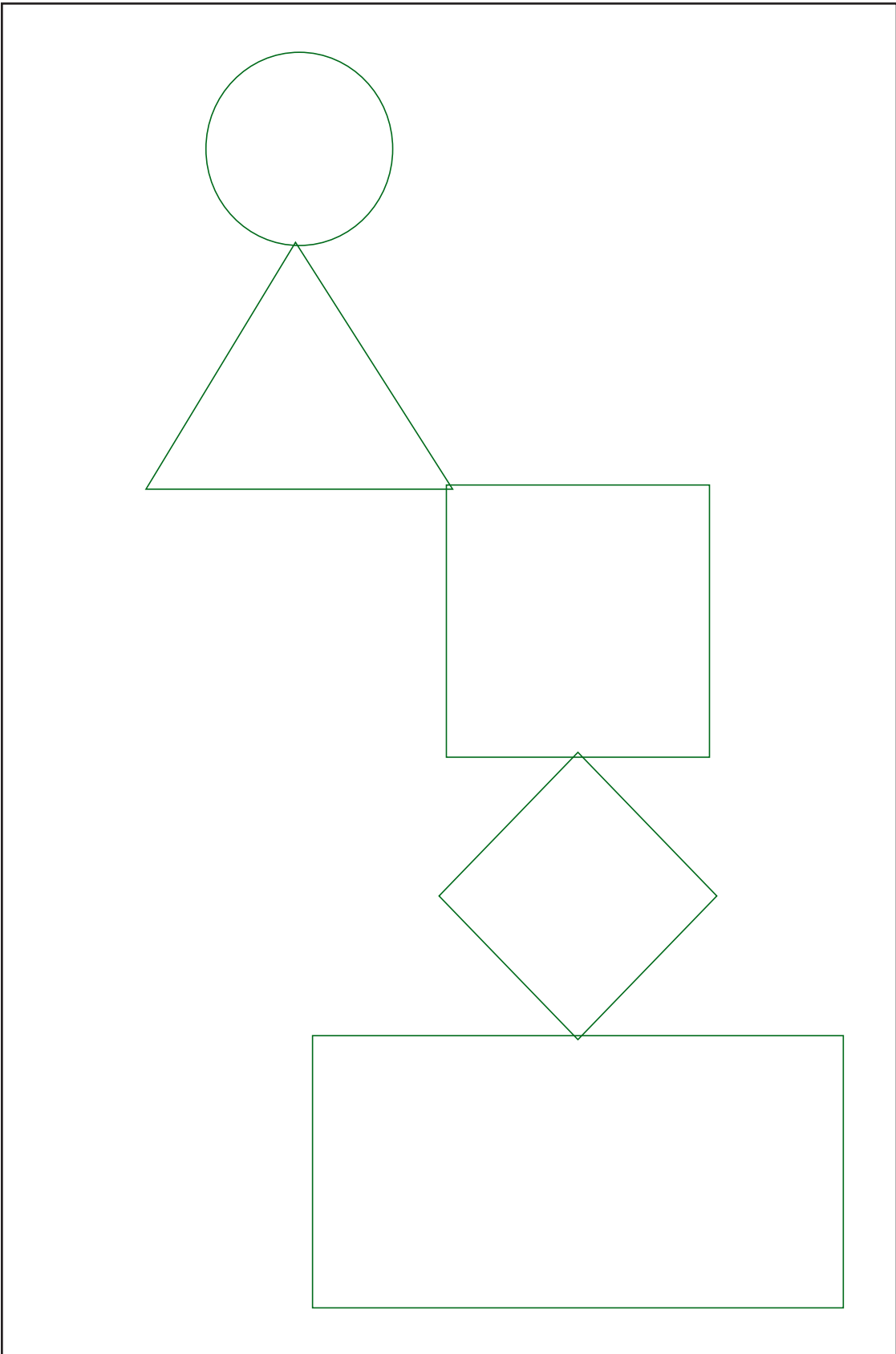


**Role Play: Client-centred care**

Ask two participants to act out the following role play. One should act as a client and the other should act as a provider in a health facility.

*An 18-year-old married woman from a village who has delivered nine months ago now suddenly realizes that she is pregnant again. She becomes very confused and goes to a health facility for help. At the health facility, a health care provider tells her she is late and that the clinic is already full. He tells her she doesn't seem to have any emergency condition, so she should go back home and come back early another day.*

**One and Two-Way Communication: Sender Diagram**





### SCENARIO 1

**Client:** You are a 35-year-old female client who has just been informed that she has active tuberculosis (TB). Currently, you are a daily wage-earner and work at the market selling goods. You are reluctant to go to the hospital as you think that your husband will not be able to take care of your children. You also don't agree to direct observation of treatment as you do not want to miss work.

**Doctor:** You have just received the diagnosis for this client, who has active TB disease. She seems very scared and cries. She needs to go to the hospital for up to two months. The client refuses to go to the hospital and wants to get treatment at home and continue working. A nurse comes to the room saying that you have a phone call in the neighbouring room.



### SCENARIO 2

**Client:** You are a 40-year-old male client who has come in suspecting you have malaria. The doctor says she wants to test to see if you have malaria, but you don't want to waste your time with a test. You are frustrated that the doctor won't just provide you with treatment.

**Provider:** You have just received training on rapid diagnostic testing, and you know you should test clients before prescribing medications. The client is resistant and does not want to receive a test to diagnose malaria.



### SCENARIO 3

**Client:** You are a 20-year-old female client who has just gotten married. You have heard about family planning methods and are interested in trying one so that you can complete university studies. You don't know very much about the methods and feel shy talking to a doctor about family planning. You also do not know whether your husband will be supportive of family planning.

**Provider:** This client is interested in learning more about family planning methods. She seems very young and nervous.



### SCENARIO 4

**Client:** You are a 14-year-old girl. You are pregnant and in labour. You have never attended antenatal care. Your mother's friend convinced your mother to take you to the health facility for delivery. You are shouting because you are in so much pain. The nurse insists on conducting a vaginal examination.

**Provider:** You have been on duty all day. You have taken many deliveries today and had no time to eat anything. It is already the end of your shift and the provider for the next shift is nowhere to be seen.



**Activity:** Explain

*Your doctor needs to get a sample of sputum that you expectorate from your lungs. They will test this sputum for tuberculosis (TB) bacteria in a laboratory. It is very important for accuracy of the test to expectorate sputum deeply from your lungs. Although some people have a higher risk of developing active TB disease (for example, former prisoners, drug users, alcoholics, homeless, and HIV-positive people), more than 70% of TB clients don't belong to these vulnerable groups. Everybody can get TB. A sputum test is the best way to determine whether you have active TB disease. Don't provide saliva. Sputum is usually thick and sticky. Saliva is watery and thin.*

Activity: Client Associations and Stories, Image 1





Activity: Client Associations and Stories, Image 2



**Activity:** Client Associations and Stories, Image 3



Activity: Client Associations and Stories, Image 4



**Activity:** Client Associations and Stories, Image 5



**Activity:** Client Associations and Stories, Image 6



**Activity:** Client Associations and Stories, Image 7



Activity: Client Associations and Stories, Image 8



**Activity:** Client Associations and Stories, Image 9







**Activity:** Client Associations and Stories, Image 11



Activity: Client Associations and Stories, Image 12



Activity: Client Associations and Stories, Image 13





**Activity:** Positive Images



**Activity:** Positive Images



**Activity:** Positive Images

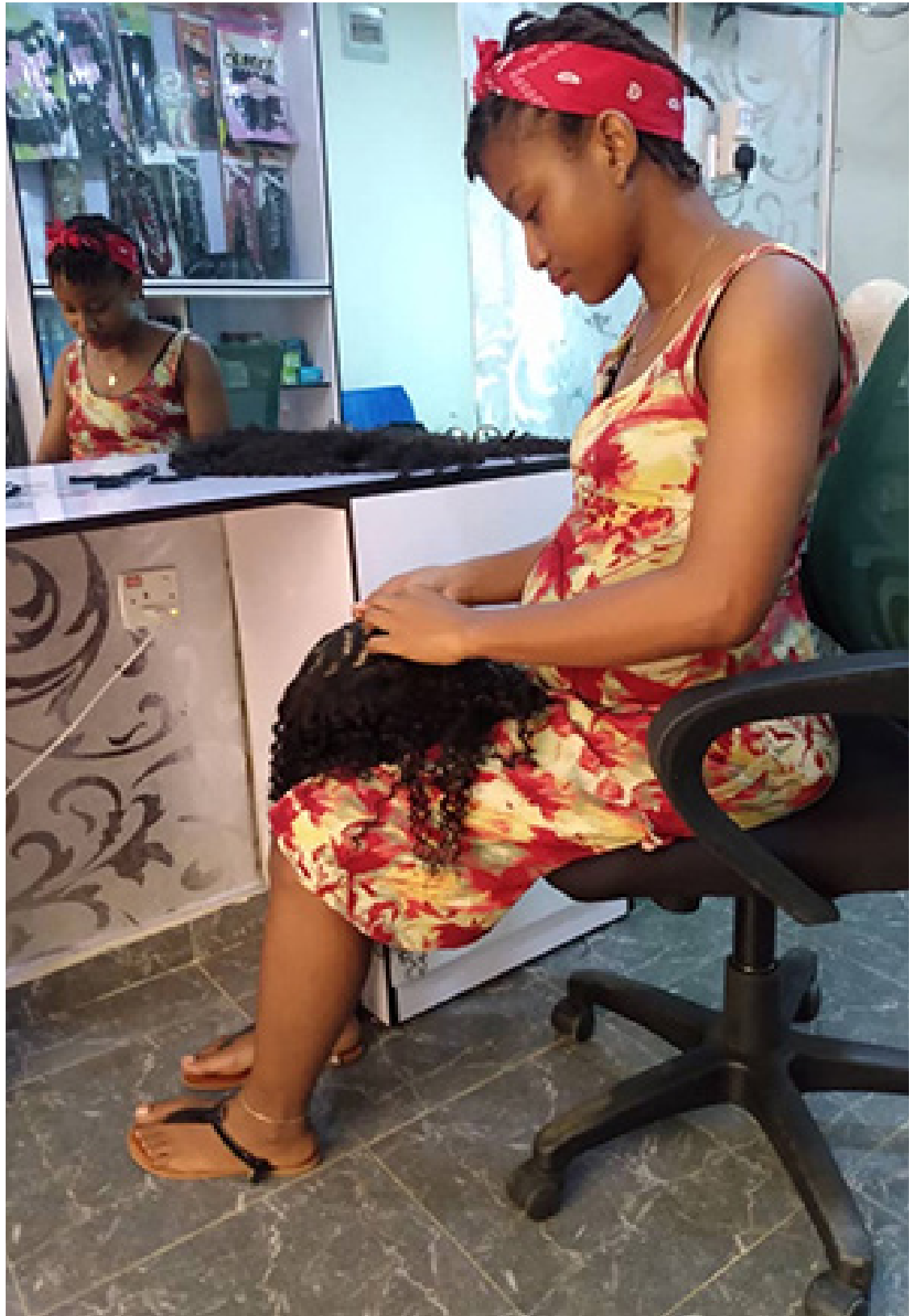




**Activity:** Positive Images



**Activity:** Positive Images



**Presentation:** Seek First to Understand



## Wrap-up Vignette



BACKGROUND	ACTOR	WORDS	EMOTION/ACTION
Parent has been expecting child to come home from school and help with chores. The child is very late but finally arrives.	Parent	"Where have you been? I've been waiting for you for hours!"	Anger and frustration; yelling
	Child	"I was with my friends. We were asked by my class teacher to visit a classmate who was involved in a motor accident on behalf of the school."	Annoyance and frustration
	Parent	"I really needed your help this afternoon so I felt frustrated."	Contrition and sorrow; walking toward child
	Child	"I'm sorry that I didn't come home on time. I will try better next time."	Contrition
	Parent	"Thank you. Now please come help me with the animals."	Happiness
Parent and child walk together	Child	"Thanks for understanding. I will come help you now."	Love and happiness; touch

## Training On Inter Personal Communication And Counselling

### Criteria for Selection of Trainees

#### 1. Training Duration: 4 Days

#### 2. Selection for IPCC Training:

All participants to be selected for the 4-day IPCC training must:

- Be providing services in either public or private facilities as a permanent employee or volunteer.
- Be recommended by the relevant Health authority confirming willingness to share the knowledge and skills acquire with others at work place.

#### 3. Selection for IPCC Training Facilitator:

All participants to be selected as Facilitator for the 4-day IPCC training must:

- Meet the criterial for selection for IPCC Training
- Be committed to prepare, submit and implement 'Back to Workplace Plan' on completion of 4-day IPCC training
- Be committed to ensure regular submission of certified eports on implementation of the 'Back to Workplace Plan' after 4-day IPCC training.
- Have more than 3 years to retirement from service at the time of attending 4-day IPCC training
- Be willing to sign undertaken to collaborate with IPCC Team at relevant level as appropriate

**Note:** Trainees with experience in facilitation of Training workshop(s) in health promotion/ health communication/ counselling or other health thematic areas will have added advantage

#### 4. Certificate

The 4-day IPCC Training has 2 sets of Certificates to be issued as follows:

- Certificate of Attendance: On successful completion of the 4-day IPCC training, ALL trainees having 90% attendance will be issued Certificate of attendance for 4-day course on "Introduction to Inter-Personal Communication and Counselling" for improve quality of Provider-Client interaction at facility level
- Certificate of Facilitation: Trainees that have 'Certificate of Attendance' will be expected to meet the following criterial before issuance of 'Certificate of Facilitation':
  - ▶ Have a minimum post-test score of 80% on completion of the 4-day IPCC training
  - ▶ Certified eports of at least 5 trainings conducted (or co-facilitated) within 1 year as contained in the submitted 'Back to Workplace Plan'

#### 5. Renewal of Certificate of Facilitation

Certificate will be renewed every 5 years in-line with the following criteria:

Facilitators must:

- Provide evidence of having facilitated or co-facilitated a minimum of 5 IPCC Trainings per year.
- Attend Annual Facilitators' Network Meetings
- Attend at least one refresher training for IPCC Facilitators every 2 years

**Note:** Certificates are issued **ONLY** by the Office of the Head of Family Health Department, Federal Ministry of Health, Abuja.

Organisations interested in conducting IPCC training should contact Health Promotion Division, Family Health Department of the Federal Ministry of Health, Abuja OR Call +234 8033087892

Federal Ministry Of Health  
 Training of Trainers on Interpersonal Communication and Counselling  
**Agenda Day One**

TIME	ACTIVITY	FACILITATOR(S)
8:00 – 8:30 am (30 mins.)	Arrival and Registration	Secretariat
8:30 – 8:35 am (5 mins.)	<b>Opening Prayer:</b> 2nd Stanza of the National Anthem	All
8:35 – 8:55 am (20 mins.)	Self-Introduction	All
8:55 – 9:00 am (5 mins.)	Opening Remarks	Permanent Secretary, State Ministry of Health
9:00 – 9:05 am (5 mins.)	Logistics	Supporting Organisation(s)
9:05 – 9:10 am (5 mins.)	Objectives of IPCC Training	Facilitator
9:10 – 9:25 am (15 mins.)	Pre-test	Facilitators
9:25 – 11:00 am (1hr. 35 mins.)	<b>Session One</b> Introduction to the Client-Centred Approach (CCA) <ul style="list-style-type: none"> <li>● Session Goal and Objectives</li> <li>● What is a Client-Centred Approach?</li> <li>● Basic Elements of Client-Centred Approach</li> </ul>	Facilitator
11:00 – 11:30 am (30 mins.)	<b>TEA BREAK</b>	All
11:30 am – 1:20 pm (1hr. 50 mins.)	<ul style="list-style-type: none"> <li>● Client vs. Provider-focused</li> <li>● Rights of the Clients</li> </ul>	Facilitator
1:20 – 1:30 pm (10 mins.)	Wrap up of Session One	Facilitator
1:30 – 2:30 pm (1 hr.)	<b>LUNCH BREAK</b>	All
2:30 – 4:00 pm (1 hr. 30 mins.)	<b>Session Two</b> Understanding Inter-Personal Communication (IPC) <ul style="list-style-type: none"> <li>● Session Goal and Objectives</li> <li>● What is IPC?</li> <li>● Why is IPC important?</li> </ul>	Facilitator
4:00 – 4:10 pm (10 mins.)	Feed back on day one activities	Trainees
4:10 – 4:20 pm (10 mins.)	<b>TEA BREAK</b> and Closing	All
4:20 – 4:50 pm (30 mins.)	Facilitators meeting	All Facilitators

Federal Ministry Of Health  
 Training on Interpersonal Communication and Counselling  
**Agenda Day Two**

TIME	ACTIVITY	FACILITATOR(S)
8:30 – 9:00 am (30 mins.)	Arrival and Registration	Secretariat
9:00 – 9:05 am (5 mins.)	Opening Prayer: 2nd Stanza of the National Anthem	All
9:05 – 9:15 am (10 mins.)	Recap of Day One Activities	Rapporteur(s)
9:15 – 11:00 am (1hr. 45 mins.)	<b>Session Two continued</b> <ul style="list-style-type: none"> <li>• Key Elements of Effective IPC</li> </ul>	Facilitator
11:00 – 11:30 am (10 mins.)	<b>TEA BREAK</b>	All
11:30 am – 1:20 pm (1hr. 50 mins.)	<ul style="list-style-type: none"> <li>• Verbal and nonverbal communication techniques</li> <li>• Barriers to high quality interpersonal communication</li> </ul>	Facilitator
1:20 – 1:30 pm (10 mins.)	Wrap up of Session Two	Facilitator
1:30 – 2:30 pm (1 hr.)	<b>LUNCH BREAK</b>	All
2:30 – 4:00 pm (1 hr. 30 mins.)	<b>Session Three</b> Counseling <ul style="list-style-type: none"> <li>• Session Goal and Objectives</li> <li>• What is Counselling?</li> <li>• How does Counselling differ from IPC?</li> <li>• Importance of Counseling</li> <li>• Qualities of a good Counselor</li> </ul>	Facilitator
4:00 – 4:10 pm (10 mins.)	Feed back on day 2 activities	Trainees
4:10 – 4:20 pm (10 mins.)	<b>TEA BREAK</b> and Closing	All
4:20 – 4:50 pm (30 mins.)	Facilitators meeting	Facilitators

Federal Ministry Of Health  
 Training of Trainers on Interpersonal Communication and Counselling  
**Agenda Day Three**

TIME	ACTIVITY	FACILITATOR(S)
9:00 – 9:30 am (30 mins.)	Arrival and Registration	Secretariat
9:30 – 9:35 am (5 mins.)	<b>Opening Prayer:</b> 2nd Stanza of the National Anthem	All
9:35 – 9:45 am (10 mins.)	Recap of Day Two Activities	Rapporteur(s)
9:45 – 11:00 am (1 hr. 15 mins.)	<b>Session Three continued</b> <ul style="list-style-type: none"> <li>• The Counseling Process</li> </ul>	Facilitator
11:00 – 11:30 am (30 mins.)	<b>TEA BREAK</b>	All
11:30 am – 12:40 pm (1hr. 10 mins.)	<ul style="list-style-type: none"> <li>• Using visual aids and other Social and Behaviour Change (SBC) materials for Counselling</li> <li>• Factors that promote effective counselling</li> </ul>	Facilitator
12:40 – 12:50 pm (10 mins.)	Wrap up of session three	Facilitator
12:50 – 1:30 pm (40 mins)	<b>Session Four:</b> Empathic Communication: <ul style="list-style-type: none"> <li>• Session Goal and Objectives</li> <li>• Perception</li> </ul>	Facilitator
1:30 – 2:30 pm (1 hr.)	<b>LUNCH BREAK</b>	All
2:30 – 4:00 pm (1hr. 30 mins)	<ul style="list-style-type: none"> <li>• Values</li> </ul>	Facilitator
4:00 – 4:10 pm (30 mins.)	Feed back on day three activities	Trainees
4:10 – 4:20 pm (10 mins)	<b>TEA BREAK</b> and Closing	All
4.20 – 4.50 pm (30 mins)	Facilitators meeting	Facilitators



Federal Ministry Of Health  
 Training of Trainers on Interpersonal Communication and Counselling  
**Agenda Day Four**

TIME	ACTIVITY	FACILITATOR(S)
9:00 – 9:30 am (30 mins.)	Arrival and Registration	Secretariat
9:30 – 9:35 am (5 mins.)	<b>Opening Prayer:</b> 2nd Stanza of the National Anthem	All
9:35 – 9:45 am (10 mins.)	Recap of Day three activities	Rapporteur(s)
9:45 – 11:00 am (1hr., 15 mins.)	<b>Session Four continued</b> <ul style="list-style-type: none"> <li>• Empathy (Seek to Understand)</li> </ul>	Facilitator
11:00 – 11:30 am (30 mins.)	<b>TEA BREAK</b>	All
11:30 am – 1:00 pm (1hr. 30 mins.)	<ul style="list-style-type: none"> <li>• Listening</li> </ul>	Facilitator
1:00 – 1:30pm (30 mins.)	Wrap up of session four	Facilitator
1:30 – 2:30 pm (1 hr.)	<b>LUNCH BREAK</b>	All
2:30 – 3:30 pm (1 hr.)	<b>Module Wrap-up</b> (Sessions 1-4) <ul style="list-style-type: none"> <li>• Benefits of IPCC</li> <li>• Motivational letter</li> <li>• Commitment</li> </ul>	Facilitator
3:30 – 3:45 pm (15 mins.)	Post test	Facilitators
3:45 – 4:15 pm (30 mins.)	Next Steps	Trainees and Facilitators
4:15 – 4:30 pm (30 mins.)	Feed back on day four activities	Trainees
4:30 – 4:40 pm (20 mins.)	Vote of Thanks	Facilitator
4:40 – 5:00 pm (20 mins.)	Facilitators meeting	Facilitators

## Training of Trainers on Interpersonal Communication and Counselling

### Pre and Post Evaluation Questions for Trainees

Date: \_\_\_\_\_ Pre / Post Test

Name / Identity \_\_\_\_\_

#### Answer all questions with the appropriate options

1. A Client–Centred approach is all about giving clients whatever they want or providing information.
  - a. True
  - b. False
  - c. All of the above
  - d. Non- of the above
2. Which one of these is not a benefit of client centred approach?
  - a. Increases the number of clients who use health services
  - b. Satisfies the needs and expectations of clients
  - c. Provides consistent and uniform information
  - d. Ensures responsiveness to societal needs
  - e. Technical competence of the provider
3. Providers understand that though technical competence and efficiency are important, health services must be delivered in a clinic that is hospitable, polite, respectful, and friendly to clients.
  - a. True
  - b. False
4. The following are part of the Nigerian Patient's Bill of right except:
  - a. Access to health providers information
  - b. Access to quality care
  - c. Access to information in a language that the Patient understand
  - d. Access to Emergency care
5. Each time Service Providers come in contact with clients, communication is taking place
  - a. True
  - b. False
6. Effective communication in health care delivery reduces workload, inappropriate diagnosis, poor adherence and save time.
  - a. True
  - b. False
7. Caring, Counseling, and problem solving are the main types of communication
  - a. True
  - b. False
8. Inter Personal Communication (IPC) can be hindered by the following except
  - a. Economic Status
  - b. Hard drug
  - c. Education

- 9.** Example of body language are the following except
- Put your hand on your nose
  - Clap your hands
  - Stand up
  - Kill a friend
- 10.** Your body tells observers what's really going on with you.
- True
  - False
- 11.** Negative nonverbal communication includes:
- Frowning
  - Showing signs of boredom or humour
  - Shaking the head
  - Making argument
- 12.** Barriers Caused by the Client include the following except
- Client's impression of the provider
  - Client's emotions
  - Client's beliefs and perception, myths, and misconceptions
  - Client's lack of interest or trust in the process
  - Clients family's interest
- 13.** Which of these is not the importance of Counselling
- It enables clients to release their stress and anxieties
  - Clients are empowered and able to understand and solve their own problems
  - It enables clients to develop positive ways of coping with situations/problems.
  - It ensures that clients are adequately informed about their medication.
  - It enables clients to know their counsellor.
- 14.** Which of these is NOT the quality of a good Counsellor?
- A good Listener
  - An Adviser
  - Patience
  - Knowledgeable
- 15.** Write the meaning of the following letters in the acronym G-A-T-H-E-R method
- G
  - A
  - T
  - H
  - E
  - R

- 16.** What do you mean by empathy?
- Probing the client
  - Put yourself in position of another
  - I am not concerned
  - Your problem is not my own
- 17.** Values are influenced by:
- Gender and social norms
  - Religion and our families
  - Experiences
  - All of the above
- 18.** Which of these is a Social and Behaviour Change material
- Poster
  - Flip Chart
  - Hand Bill
  - Wall Chart
  - All of the above
- 19.** When can you use any visual Aids?
- Group education sessions
  - Counselling sessions
  - Service areas
  - Community events
  - All of the above
- 20.** Which of these factors will positively influence effective counseling?
- Conducive environment; privacy and confidentiality
  - Showing concern to the client
  - Technical competence of provider
  - Readiness to assist the client
  - All of the above

**Pre And Post Evaluation Answers**

- |        |         |                                   |       |
|--------|---------|-----------------------------------|-------|
| 1. B   | 8. (B)  | 15. a. Greet                      | 16. B |
| 2. E   | 9. (D)  | b. Ask                            | 17. D |
| 3. A   | 10. (T) | c. Tell                           | 18. E |
| 4. A   | 11. (D) | d. Help                           | 19. E |
| 5. (T) | 12. (E) | e. Explain                        | 20. E |
| 6. (T) | 13. E   | f. Return for follow up and refer |       |
| 7. (T) | 14. B   |                                   |       |

## Training On Interpersonal Communication And Counselling

### Analysis of Training Evaluation

Date: \_\_\_\_\_

There are a total of 20 questions in the pre and post evaluation sheet.

Each trainee will be evaluated based on the number of correct responses out of a total possible score of 20.

Question 15 is an all or none question, hence a participant must provide all 6 answers to score one point for number 15.

$$\text{Participant's score} = \frac{\text{Number of correct responses}}{20} \times 100 = (x\%)$$

For example, a participant who gets 15 correct responses will score:  $\frac{15}{20} \times 100 = 75\%$

Participant's scores will be calculated for both pre and post evaluation and inputted in an Excel sheet using formulas in the Excel sheet to automatically compute the percentage scores:

Participant	Pre-Test score	% Score	Post test score	% Score	% Change in knowledge
A	16	80%	15	75%	-5%
B	9	45%	9.5	48%	3%
C	11	55%	19	95%	40%
D	15	75%	16	80%	5%
E	15	75%	19	95%	20%
F	8	40%	17	85%	45%
G	7	35%	12	60%	25%
H	15	75%	12	60%	-15%
I	16	80%	14	70%	-10%
J	17	85%	18	90%	5%
K	14	70%	17	85%	15%
L	14	70%	19	95%	25%
M	15	75%	18	90%	15%
<b>AVERAGE score</b>	13	65%	16	80%	15%

The average score will be calculated as the total number of all scores divided by the total number of participants. A percentage of this will be the average score divided by 20 x 100. Percentage change in knowledge will be determined by subtracting the pre-evaluation score from the post evaluation score as indicated in the table above.

Trainees with negative knowledge percentage scores most likely did not understand some of the topics discussed and should be considered as having not improved in knowledge after the workshop.

## Training on Interpersonal Communication and Counselling Daily Evaluation Form for IPCC Training

Date: \_\_\_\_\_

**Instructions:** Please indicate your satisfaction using the ranking system where  
1 = Poor, 2 = Fair, 3 = Good, 4 = Very Good, 5 = Excellent

No	Item	1	2	3	4	5
1	To what level were the sessions achieved?					
2	List the Topics covered and rank the relevance of content of Topics covered to the Session objectives:					
3	Rank the Effectiveness of the learning methods used during the sessions					
4	How do you rate your participation in today's sessions?					
5	How do you rate the participation of other participants?					
6	How do you rate the performance of the facilitators?					

7. List 2 new things that you learned in today's session/s.

8. What do you like most in the session(s) today?

9. What specific actions will you take to improve your IPCC skills as a result of what you have learnt today?

10. How would you rate time management?

11. Suggest ways to improve today's session(s) in terms of content, methodology used and time allocated.

12. Any other comments for the day.

## Template for Trainee’s IPCC ‘Back to Workplace Plan’

Organization: \_\_\_\_\_

Department/Division/Unit: \_\_\_\_\_

S/N	Objective	Activities	Frequency	Time Frame		Desired Outcome	Required Resources	Evaluation Indicator
				Date	Time			

Responsible Officer's Name: \_\_\_\_\_

Designation: \_\_\_\_\_

# Training on Interpersonal Communication and Counselling Template for Report of IPCC Training Conducted

Name of Organisation \_\_\_\_\_

Name of Facilitator \_\_\_\_\_

State \_\_\_\_\_

LGA/Ward \_\_\_\_\_

Name of Facility \_\_\_\_\_

Training Venue \_\_\_\_\_

Date \_\_\_\_\_ Start time \_\_\_\_\_ End time \_\_\_\_\_

Number and cadre of providers in attendance \_\_\_\_\_

Number in attendance: Males \_\_\_\_\_ Female \_\_\_\_\_

What topic(s) was stepped down? \_\_\_\_\_

Material(s) used \_\_\_\_\_

Minimum mark

Maximum mark

Pre test \_\_\_\_\_

Post test \_\_\_\_\_

Participants' comments and recommendation (Bullet point summary)

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Facilitator's comments and recommendation (Bullet point summary)

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Prepared by \_\_\_\_\_ Position/Cadre \_\_\_\_\_

Date \_\_\_\_\_

Return completed form to: (i). State Health Promotion Officer in your state  
(ii). [healthpromotionnigeria@gmail.com](mailto:healthpromotionnigeria@gmail.com) (**please send e-copy**)

For more information or clarification, call +2348033087892





