

COMMUNICATION SKILLS

How are good communication skills central to your work as a partner services provider?

Interviewing is at the center of partner services. Effective interviewing requires good communication skills.

Partner services providers need a broad range of skills to communicate with a wide variety of people, at many different levels, handling many complex and sensitive situations.

What are the three primary factors involved in good communication?

1. Appropriate verbal messages
2. Appropriate nonverbal messages
3. Effective listening

What are the ten communication skills needed for effective communication/interviewing in partner services?

1. Demonstrate professionalism.

- Display self-confidence, dependability, preparation, integrity, and appropriate seriousness. Convey competence based on your expertise and commitment.
- Convey commitment to maintaining the patient's confidentiality.
- Communicate a nonjudgmental and objective stance about the patient's behavior and lifestyle.
- Maintain professional boundaries with patients, partners, and social contacts.

2. Establish rapport.

- Display respect, empathy, and sincerity.
- For example, introduce yourself. Be polite. Seek out and help to address the patient's concerns. "Before we get started, what questions or concerns do you have about your visit today?"

3. Listen effectively.

- Communication always involves activities for both the speaker and listener.
- Do not interrupt the patient unnecessarily.
- Respond to the patient's questions appropriately. Ask follow-up questions to show that you have noted important information.
- Paraphrase by repeating back what the patient said in either content or feeling.
- Use minimal encouragers such as "uh-huh," "right," "I see," or nods.
- Normalize patient concerns by using third-person statements. For example, "A lot of people feel that way..."

4. Ask open-ended questions.

- Open-ended questions cannot be answered with a *Yes* or *No*. They start with words like “Who? What? When? Where? How?”
- Polite imperatives are requests that begin with words like, “Tell me...” “Describe...” “Explain to me...” etc.
- These methods help establish two-way communication rather than a one-way interview.
- They help draw out specific information rather than general responses.
- Nth degree questions help you and the patient establish priorities – *What was the most, worst, best, or scariest?*
- Be careful with “why” questions because they can sound judgmental and make a patient feel defensive.

5. Communicate at the patient’s level.

- Avoid technical terms, jargon, or words the patient may not understand.
- Clearly explain medical and technical terms and concepts, as appropriate.

6. Give factual information.

- Every interview is an opportunity to educate patients and their partners so that they are better able to protect themselves from future infection.
- By listening to the patient’s assumptions, you can correct the patient’s misconceptions, and provide more comprehensive disease information.
- Be sure to avoid unnecessary and confusing details.

7. Solicit patient feedback.

- Ask appropriate open-ended questions to find out if a patient understands factual information, this helps partners services providers understand whether the patient is likely comply with partner elicitation, or if your understanding is correct.
- To check your perceptions, you can rephrase what a patient said and reflect back what s/he seems to be feeling.

8. Use reinforcement.

- People generally respond favorably to validation and praise, and may be more willing to talk about personal things.
- Notice and acknowledge positive behaviors in a patient. Be sincere in validating healthy behaviors and intentions. Use smiles, nods, and validating words as appropriate.

9. Use appropriate nonverbal communication.

- Convey sincere interest by maintaining eye contact, minimizing physical barriers (such as a desk), and leaning toward the patient.
- Be aware of your body language and avoid negative signs that communicate anger, surprise, distaste, or fear
- Avoid finger shaking, arm crossing, or looking disinterested.

10. Offer options, not directives.

- Offer a variety of options for the patient to consider regarding behavior changes. Offering options honors patient choices. It communicates nonjudgmental respect that helps fortify rapport.

Barriers to Communication - What are behaviors to avoid that might block effective communication?

Jargon

Avoid technical language that's familiar to you but makes the patient feel like an outsider who doesn't understand. For example, avoid acronyms (DOH, CDC, DIS, etc.) or words like "titers," "interview period," etc.

Negative and close-ended questions

Negative questions express a judgmental attitude. ("Don't you realize how serious this is?") Close-ended questions elicit a one word answer that's often not very useful. ("Did you know her?" "Yes")

Pressure tactics

Avoid using pressure to get patients to comply.

Moralizing/judging

Avoid words or tone of voice that imply that you don't approve of a patient's behavior. Don't tell a patient what s/he should do.

Sexual bias

Do not make any assumptions about a patient's sexuality or show biases favoring a certain norm.

Cultural bias

Recognize that various cultures have different rules around eye contact, distance, discussion of sex, etc. Cultural bias can cause patients to feel judged, misunderstood or insulted.

Inappropriate physical environment

Make sure that privacy and confidentiality are not compromised. Avoid noisy distracting environments. Don't have a desk between you and the patient.

Negative non-verbal communication

Avoid poor eye contact. Don't turn away from the patient or convey disapproval or disinterest. Watch your tone of voice.

Confusing/unorganized messages

Don't confuse patients with too much information or disorganized information. Don't start with less important information or present disease progression out of order.

Interrupting

Don't interrupt. Sometimes people need to vent or talk before they can move on. Sometimes you need to help the patient get back on track *gently*.

Partner services providers must ask very detailed information about patients' sexual identity, and sexual behavior. Being able to formulate and ask these questions is essential. What are common concerns about asking these questions comfortably and competently?

- Fear that patients might get “turned on” or think you’re hitting on them.
- Avoidance of certain topics or questions because you don’t want to make the patient uncomfortable.
- Concern that you won’t understand what the patient is referring to.

How can you build your confidence and skill in discussing sex comfortably?

Understanding sex terms, jargon, and slang can build your skill and comfort in interacting with patients and their partners. Pay attention to words that make you uncomfortable. The more familiar they become, the easier it will be to feel confident.

- Many on-line resources such as the “Sexicon” can explain slang. (<http://www.learnpartnerservices.org/LMS/lectora/CS/html/Sexicon.pdf>). Note and share local slang with your colleagues.
- A chart of commonly abused drugs is available at <http://www.drugabuse.gov/drugs-abuse/commonly-abused-drugs/commonly-abused-drugs-chart>

Practice developing open-ended questions that are effective and comfortable for you to ask about sexual behavior.

- These questions elicit great information and help engage the patient in conversation.
- Open-ended questions can be non-judgmental. “What drugs do you use when you have sex?” is less judgmental than “Do you use drugs...”

What are the benefits of understanding a patient's sexual identity and behavior?

- It helps you develop questions about their partners and where to find social contacts.
- It helps you understand how and when they became infected.
- It can identify the possibility for cluster interviews.
- You can understand their risk level.

What is cultural competence? Why is it an important skill for partner service providers?

Cultural competence is the ability to prevent your own personal biases, prejudices or assumptions from getting in the way when you interact with individuals of a culture with which you may not personally identify.

Increased awareness of the role of culture increases your effectiveness in interactions with patients and their partners. It allows better rapport and gives a more realistic understanding of a group’s language and behaviors.

What are different cultures and sub-cultures you may work with?

Culture includes ethnic and racial background. It also includes subcultures based on profession, sexuality, gender-identity, drug-use, etc.

How can you learn more about the cultures you work with?

For each group, ask where do they live, interact, shop, worship, hang out, or work? Where do their children attend school? Where is their community center?

Gather information by observing, asking questions, researching, and listening.

Use community mapping to visit a community and find out where and what activities take place.

Ask your patients to share more about what goes on in their community.

Ask other providers about specific cultures and communities.

Use other resources such as the Internet to find out about cultures and trends. Learn how groups define themselves, and how others define them.

Learning about other cultures is an important step to increasing cultural competence. What's the next step to increasing your effectiveness?

The next step is to understand how your own personal views and assumptions about different cultures might limit you in your work.

Everyone has personal views that can be barriers. Acknowledging your views is a vital step to improved communication across cultures.

How can you use the Cultivating Objectivity Model to address a personal barrier to communicating with a particular group or culture?

First, identify the personal view/barrier that you would like to shift or change. (For example, the belief that patients don't talk to you because you are of a different race.)

Second, cultivate objectivity by:

- Understanding your gut reaction. (I'm uncomfortable with some patients based on their race.)
- Understanding influences from your past that make you react this way. (I grew up in a homogeneous neighborhood and wasn't exposed to many people different from me.)

Understand the impact. (Because I'm uncomfortable, I am guarded in asking questions and don't get as much information as I usually do. I may make the other person uneasy with my body language.)

Gather information and hone skills. Come up with strategies for overcoming your reaction. For example, you can ask colleagues for advice/feedback. You can foster more relationships in the community. You could conduct exit interviews to find out if you are misreading patients.

This is an on-going process that requires reflection, self-awareness, and honesty. It entails working on your own approach rather than trying to change the other person.

You are not expected to change your values, but to make sure that your communication remains objective. The goal is to be more effective in preventing the spread of disease.

What is assertiveness and why is it essential in the provision of partner services?

Assertiveness is a sense of confidence that comes from believing in yourself and your work.

You must believe in the importance of your work protecting the public's health by ensuring that people have the opportunity to be tested and/or treated if they are at risk for STDs/HIV.

You deal with personal and sensitive issues that can place you in uncomfortable situations where you must conduct yourself professionally and with self-confidence.

What's the difference between assertive, non-assertive and aggressive behavior?

Assertive behavior claims or maintains one's rights/position without compromising the rights of others.

Non-assertive behavior gives up one's own rights/position to someone else.

Aggressive behavior demands one's rights/position at the expense of others.

Whose rights are you protecting when you are assertive as a partner services provider?

You are protecting the rights of the patient, the partner, and the community.

You are protecting your rights to open and honest communication.

You are protecting the rights of people not in the room – partners who may have been exposed, and community members who might become infected.

You are protecting the patients' rights to make their own decisions, to control, and have personal safety.

How can you become more assertive?

Remember your mission and the importance of your work. You are stopping the spread of serious and sometimes life-threatening infections. When you understand and believe in what you do, you are more likely to act assertively.

Be clear in your thoughts, words, and actions. When these are aligned, your ability to communicate effectively is strengthened.

Integrate your communication skills and the belief in what you are doing. This builds confidence in your message and results in assertiveness.

Execute your response. The more you are able to be assertive and are able to see the positive results of your assertiveness, the more confidence you will gain and the more natural being assertive will become.

Why is assertiveness more beneficial than aggressiveness?

Acting aggressively compromises the rights of the other person and creates obstacles to cooperation with that person.

Assertiveness is driven by empathy and logic. Acting assertively is more likely to produce functional results.

Assertiveness enables you to stand up for the rights of the unknowing partner without denying the rights of the patient.

How are problem solving skills integral to your work as a partner services provider?

The goal of all your interactions with patients and partners is disease prevention/intervention that benefits the patient, the partner, and the community. You must be skilled at identifying and resolving problems that interfere with that process.

Although many patients are willing to comply with partner elicitation or self-referral, some patients have concerns and needs which require special attention before they are able to comply.

The quality of the provider/patient relationship is the number one factor related to patient compliance.

How is motivation central to the provision of partner services?

Patients are asked to share very personal information and to divulge the same kind of information about their partners. Most people consider such information private and do not feel inclined to share it with others. In order to share this very personal information, patients must feel motivated to do so.-

What is the anatomy of the problem at the heart of barriers to compliance?

A patient has a perception of a situation, and a plan to deal with it, and s/he will retain that plan unless motivated to change.

The provider understands both the patient's perception and his/her plan, and then tailors motivations to the patient's situation.

Finally, the provider must demonstrate to the patient that the consequences of not changing are greater than the consequences of changing, i.e., that the outcome of the patient's plan could be worse than the outcome of the provider's plan.

What is the LOVER method for problem solving in partner services?

L is for Listen

Listen for what is being said and what is not being said (verbal and non-verbal cues) to identify verbal problem indicators such as:

- Change in tone and/or volume of voice
- Pace of voice
- Inconsistent conversation
- Confusion
- Jumping around from topic to topic
- Stalling
- Parroting the provider's question
- Obvious contradictions to earlier statements

O is for Observe

Another way to recognize problems is to observe non-verbal cues, paying attention to the patient's body language. These are nonverbal problem indicators:

- Changes in posture: challenging stance, frequent shifting, glaring, chin jutting, arms crossed
- Eye contact: movement, no movement, avoidance
- Facial expressions
- Nervousness
- Fidgeting or tapping
- Aggressive demeanor
- Blank stare/disinterest
- Looking around.

V is for Verify

Verify by asking questions that help you understand the meaning behind the verbal and non-verbal cues. Ask questions that will help define what the problem is. Remember, if you don't ask the question, you may not be sure what the actual problem is or you might miss the problem all together. Verifying typically includes confronting and asking open-ended questions such as:

- "Tell me what is going on?"
- "What concerns you about this?"
- "What are you worried about?"
- "Who are you afraid/concerned will find out?"
- "What do you think will happen if we talk about this?"
- "What I think I hear you saying is...?"
- "I notice that you seem to be... What is going on?"
- "What I am hearing is..."
- "I notice you looking at the clock/out the window, etc. What is going on?"

E is for Evaluate

Evaluation is based on everything you have learned thus far from the listening, observing and verifying steps. Assessing all this information enables you to evaluate how you should now respond. You should bring the following information together in your evaluation:

- What you think the problem is.
- Whom the client is concerned about and which motivation(s) will be most helpful.
- Will the solution benefit the patient, the partner, and you?

R is for Respond

Your evaluation should lead you directly to the three components of a good response. The point of this step is to find out what motivates the patient. You evaluate the situation, and use that motivation in your response.

- Point out the reality of the problem.
- Show the negative consequences of the patient's plan.
- Appeal to the patient's motivations. Using motivations in CHART can help resolve the patient's problem:

C - Complications of untreated infection

H - HIV connection (or risk of being infected with HIV)

A - Asymptomatic nature of the infection (if appropriate)

R - Re-infection

T - Transmission

What is the purpose of confrontation during an interview?

Confrontation is an important problem solving strategy used in partner services. The purpose of confrontation during an interview is to challenge the patient to examine the information they are sharing - its truthfulness and completeness.

It is a technique used on discrepancies and conflicts with reality. A patient will be motivated by appropriate confrontation.

What are the four common forms of confrontation?

1. Present Information

Confront the patient by stating the facts, based on case analysis, that challenge what the patient has told you

2. Direct Challenge

Confront the patient with a direct challenge when s/he makes a statement that runs contrary to the truth.

3. Self-Involvement

Confront the patient by asking him/her to show you evidence of the truthfulness of his/her information in a direct way.

4. Withdraw Reinforcement

Confront the patient by expressing disappointment with the patient's present behavior and/or withdraw positive feedback previously given.

What are some considerations to remember to use confrontation appropriately?

Be sure you respond in an assertive manner, and use a tone of voice that does not make someone feel “less than” or defensive. This can often result in the patient shutting down, which will prevent further communication.

You are not the parent scolding a child, but a professional working to ensure the health of the patient and his/her partners.

In summary, what are the communication and problem solving skills that you will use as an everyday part of your work as an effective partner services provider?

- Recognize verbal problems indicators.
- Recognize non-verbal problems indicators.
- Verify the meaning of problem indicators.
- Assertively confront problems.
- Resolve patient problems.
- Use STD motivations (CHART).
- Motivate clearly and convincingly.
- Emphasize confidentiality.