DE-ESCALATING AND MANAGING VIOLENCE

A TRAINING MANUAL FOR HEALTH CARE SETTINGS

PARTICIPANT HANDBOOK

VIOLENCE AGAINST HEALTH CARE MUST END

IT'S A MATTER OF LIFE & DEATH

INDUS HOSPITAL

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PARTICIPANT HANDBOOK

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LIST OF ABBREVIATIONS

AIPH	APPNA Institute of Public Health
DSM	Diagnostic and Statistical Manual of Mental disorders
HC	Healthcare
HCF	Healthcare Facility
HCiD	Healthcare in danger
HCP	Healthcare professional
ICRC	International Committee of the Red Cross
IFRC	International Federation of the Red Cross
JPMC	Jinnah Postgraduate Medical Centre
PTSD	Post Traumatic Stress Disorder
SOP	Standard Operating procedure
WHO	World Health Organization

LEARNING OBJECTIVE OF THE WORKSHOP

The objective of the workshop is to help medical personnel:

- Understand the impact of trauma on their bodies in order to better equip them to deal with aftermath of violence at an individual and institutional level (systemic sensitization to the issue);
- Understand what leads to escalation and the process of de-escalation which would improve efficacy in dealing with violence;
- Deal with a patient's attendants in a more empathic manner.

The workshop is divided into three basic modules which encompass the following objectives:

MODULE 1: Understanding Violence and Stress

- To develop an understanding of the role of the ICRC and the HCiD project;
- To discuss the research findings regarding violence against health care;
- To discuss types of violence in health care settings;
- To Identify factors that lead to violence in different health care settings;
- To discuss the effect of violence on healthcare professionals and its management.

MODULE 2: Escalation and De-escalation

- To identify the warning signs of impending violence;
- To identify elements in given situations that lead to violence;
- To discuss strategies that would help de-escalate situations with a potential to turn violent;
- To practice behaviors that would prevent violent situations from happening or de-escalate violent situations.

MODULE 3: Patient Communication Protocol

- To realize the importance of communication and professional behavior in averting/de-escalating violent situations;
- To demonstrate effective communication skills with patients, health care teams and peers;
- To demonstrate breaking bad news.

TRAINING SCHEDULE

Module	Topic	Purpose	Duration
1	Understanding violence and stress	Introduction of trainers and participants, and ground rules Pre-training assessment (Pre-Test) Understanding violence, its types and consequences on HCP. Discussion on Post Traumatic Stress Disorder (PTSD)	45min
2	Escalation and de-escalation	Identify warning signs in a situation with a potential to turn violent; Demonstrate behaviors that are helpful in preventing violence; Suggest ways of dealing with situations that have become violent	85min
3	Patient communication protocol	Realize the role of communication and demonstration of compassion in preventing violent situations; Demonstration of breaking bad news in health care settings Develop an understanding of the effect of bad news and the importance of breaking bad news in a compassionate and empathic manner	105min
	Summarization of key learning points, Feedback and Post-test		5min
	Total Time		**240min**

Adil Shahryar-MT/ICRC

MODULE 1
UNDERSTANDING VIOLENCE AND STRESS

MODULE 1: UNDERSTANDING VIOLENCE AND STRESS

Learning Objectives

By the end of the module the participants will:

- Have developed an understanding of the role of the ICRC and the HCiD project.
- Have been introduced to the research findings regarding violence against health care;
- Be able to discuss types of violence in health care settings;
- Be able to identify factors that lead to violence in different health care settings;
- Be able to discuss the effect of violence on health care professionals and its management.

Session Outline

No.	Topic	Content	Time
1	Introduction to the training, ICRC and Health Care in Danger Project	Explain the concept behind Health Care in Danger Project.	5 min
2	Define Violence Introduction to the research findings of HCiD Project. Discuss the factors that instigate violence in healthcare settings	Develop an understanding of people's perceptions regarding causes of violence; Explain the setting, respondents and main findings of the study.	15 min
3	Develop understanding one's own mental processes when threatened.	Discuss consequences of violence and its impact on health care professionals.	10 min
4	Introduction to Post Traumatic Stress Disorder (PTSD) and its management.	Discuss PTSD and its management	10 min
5	Summarize	Group understanding of HCiD challenges and the issues at stake	5 min
Total Time			**45 min**

SECTION 1: INTRODUCTION TO THE TRAINING

Overview of the Content

Registration and working agreement

Activity 1.1

Introduce yourself to your partner with your name, professional experience, current position and an interesting fact about yourself.

What do you expect to learn from the workshop?

SECTION 2: INTRODUCTION TO THE PROGRAM

Section 2 Goals

- Provide an overview of the Health Care in Danger project
- Current issues faced by health care in Karachi
- Patterns and dynamics of violence

Overview of the Content

Introduction to the Health Care in Danger Project

The Health Care in Danger (HCiD) project is an initiative of the International Red Cross and Red Crescent Movement aimed at addressing the issue of violence against patients, healthcare (HC) workers, facilities and vehicles. Its objective is to ensure safe access to and delivery of health care in situations affected by the presence of violence.

As violence against health care is a complex problem which affects health systems all over the world, there is a need for the response to take all of its aspects into account.

Because the extent to which violence affects health care workers and facilities both in conflict and non-conflict areas is not sufficiently recognized, there is a need to increase the awareness on the issue among both the general public and the medical professionals themselves. Civil society organizations, academics, medical associations and individual doctors and their well-wishers should all work together to stop the violence and minimize its consequences.

There is also a need to carry out research and document the dynamics of violence against health care as it takes many shapes and forms. It often takes place away from the scrutiny of the media and in ways that are not obvious to the casual observer. Data gathering also helps to strengthen advocacy and build coherent arguments in favor of protecting health care.

Many effective systems and methods to protect health care already exist and are being implemented in several countries by various institutions. It is necessary to promote the most successful of these endeavors and learn from each other's practices. Physical protection of facilities is important, but increased protection can often be achieved through cost-effective and simple soft measures like training and improved SOPs.

It is also necessary to engage with governments, law enforcement authorities and armed forces because cooperation with authorities, improving legal frameworks and institutionalizing successful approaches cannot happen without them. Coordination among emergency medical services, the police and other emergency services units is especially important to assure the safety of first responders.

The International Committee of the Red Cross has been working on all the above components through international humanitarian diplomacy, convening of expert workshops and operational engagement at the national level in countries where it works. It is, however, the cooperation of local medical communities that can bring lasting solutions to each country's specific problems.

Activity 1.2

- Discuss with your partner and then share your personal experiences of violence in everyday life including workplace violence.
- How were you impacted?

Definition of Violence

- According to the International Federation of Red Cross (IFRC), the basis of any violence is misuse of power.
- WHO defines violence as "the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation."

Introduction to the findings of the Health Care in Danger project

To address this issue, the International Committee of the Red Cross (ICRC) under the project Health Care in Danger (HCiD) in collaboration with APPNA Institute of Public Health (AIPH) and Jinnah Postgraduate Medical Centre (JPMC) supported this research. It aimed to investigate the major causes and various factors related to violent incidents involving health care professionals (HCPs) and health care facilities (HCFs). The ultimate objective was to identify strategies for preventing and de-escalating violence against health care.

Figure 1.1 **Predominant Nature of Violence Experienced or Witnessed (n=542)**

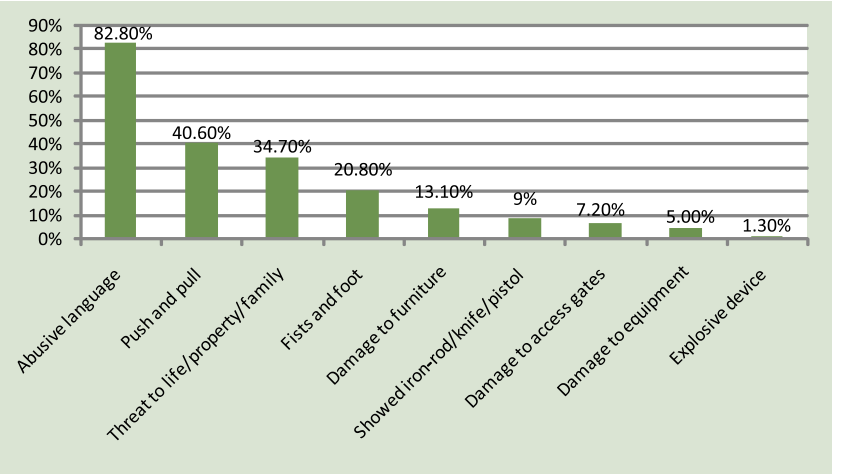


Figure 1.2 **Chief Perpetrators in the Violent Events Experienced/Witnessed (n=542)**

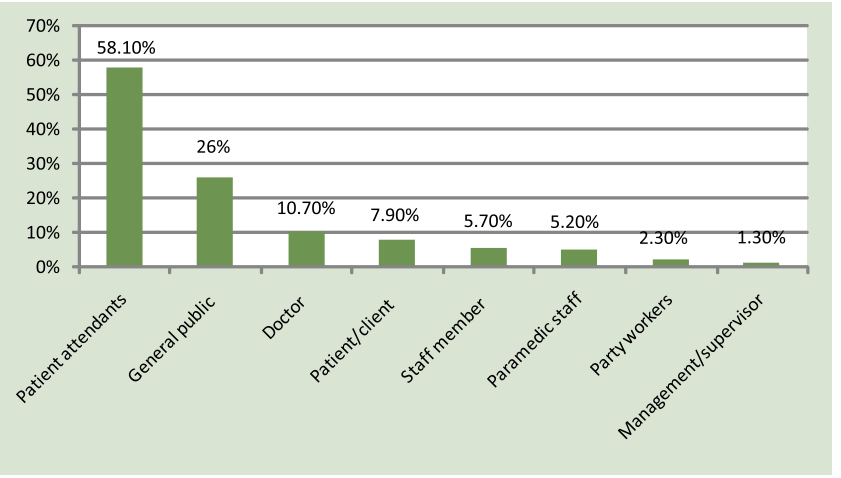


Figure 1.3 Predominant Factors that Played a Role in the Development of an Incident (n=542)

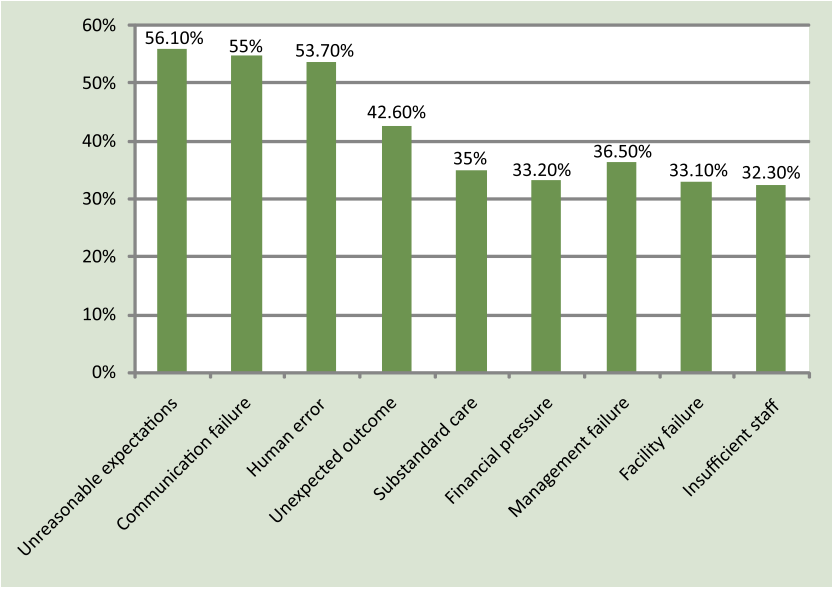
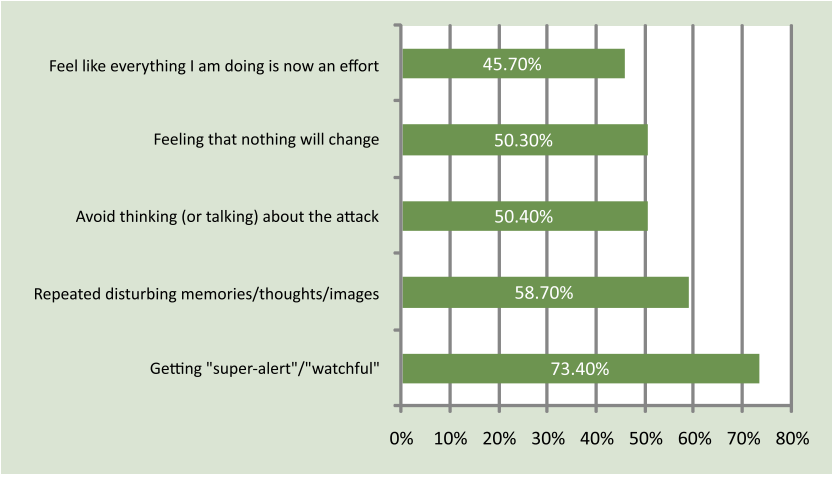


Figure 1.4 Predominant Effect of Violence on Victim (n=549)



The above results indicate that health care providers are working in an environment characterized by a multitude of conflicts and types of violence. This condition might lead to traumatic stress or Post Traumatic Stress Disorder.

While the common perception is that the majority of violent incidents in Karachi, including those against health care personnel are perpetrated by politically or ideologically motivated groups, the research shows that the majority of incidents of violence involve the attendants of patients. Those are mainly the low-level incidents that seem less shocking and are not covered by the media, but they nevertheless constitute a daily reality for the HCPs.

Simultaneously, the vast majority of HCPs interviewed pointed to the absence of institutional procedures and know-how on dealing with violence and communicating with potentially violent individuals.

This training manual addresses precisely these types of incidents by trying to bridge the gap in training of HCPs on communication skills as well as trying to encourage them to promote preparedness to face violence at an institutional level.

SECTION 3: UNDERSTANDING ONE'S OWN MENTAL PROCESSES WHEN THREATENED

Section 3 Goals

- Introduction
- What is stress?
- "Fight or flight" stress response
- Post-Traumatic Stress and trauma
- Traumatic stress
- Physical responses to traumatic events
- Emotional reactions to traumatic events

Overview of the Content

What is stress?

Stress is your body's way of responding to any kind of demand or threat.

"Fight or flight" stress response

- When you feel threatened, your nervous system responds by releasing a flood of stress hormones, including adrenaline and cortisol, which rouse the body for emergency action.
- Your heart pounds faster, muscles tighten, blood pressure rises, breath quickens, and your senses become sharper. These physical changes increase your strength and stamina, speed up your reaction time and enhance your focus.
- This is known as the "fight or flight" stress response and is your body's way of protecting you. When working properly, stress helps you stay focused, energetic and alert. In emergency situations, stress can save your life — giving you extra strength to defend yourself or, for example, spurring you to slam on the brakes to avoid an accident.
- Critical thinking and judgment is impaired during situations of high stress, and higher mental processes (rational thinking, analysis) are hijacked by the limbic system (your emotional brain).
- When the threat has passed, the body tries to regain its natural balance. However, the excessive energy that is released in that situation stays in the body and later appears as symptoms of stress, PTSD, body aches/pains and, at times. chronic illnesses such as heart diseases and minimized functioning of the immune system due to prolonged stress. That is why most animals shrug their bodies once they have managed to avoid a threat.

Trauma can get stored in your body;
WHAT THE MIND FORGETS, THE BODY REMEMBERS
Babette Rothschild

- If you look at the graph figure 1.4 "Predominant effects of Violence on victims" again, you will notice classic symptoms of PTSD (refer to figure 1.5). These symptoms are also mentioned in the research study (Page 23 paragraph 2) when participants mention hopelessness and helplessness; these are classic examples of negative cognitions as a result of repeatedly experiencing traumatic events.

SECTION 4: INTRODUCTION TO PTSD AND ITS MANAGEMENT

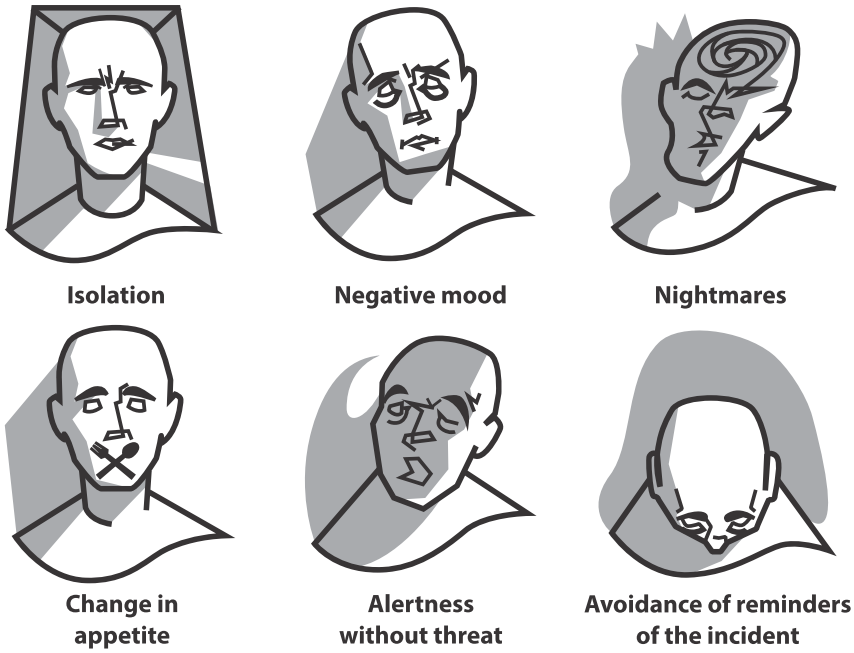
What is Post Traumatic Stress Disorder?

- Trauma or traumatic stress: any psychological, emotional or physical distress experienced as a result of a traumatic effect, e.g. the failing of a normal coping mechanism, feeling overwhelmed.
- Post Traumatic Stress Disorder: any physical, emotional, or psychological anxiety continued to be experienced after safety has resumed. (Please see the PTSD fact sheet attached for DSM symptoms.) Some symptoms include but are not limited to hyperarousal in the absence of threat, negative mood and cognitions, avoidance behavior, and re-experiencing.

Signs and symptoms of traumatic stress

The symptoms of traumatic stress can arise suddenly, gradually, or come and go over time. The most common signs and symptoms of traumatic stress are:

Figure 1.5 Effects of Violence



- Mental and physical discomfort when reminded of the traumatic event
- Negative thought patterns
- Periodically occurring painful dreams
- Bad memories of the traumatic event
- Reduced interest or participation in significant activities
- Feeling disconnected from others or reality
- Prolonged psychological distress
- Sleep disturbances

Activity 1.3
How many of these symptoms have you experienced?

Relational Trauma
When your trauma is not understood by others it can bring further distress. When people around you say things such as "Oh, get over it already" or "This is part of your job" or "Why are you even bothered by what happened? Let it go," it makes you feel misunderstood and may lead to isolation and/or not sharing your feelings.

Emotional Reactions to Traumatic Events
- Shock and disbelief
- Fear
- Sadness
- Helplessness
- Guilt
- Anger
- Shame
- Racing thoughts

After a traumatic experience, it's normal to feel frightened, sad, anxious and disconnected. But if the distress doesn't fade and you feel stuck with a constant sense of danger and painful memories, you may be suffering from post-traumatic stress disorder (PTSD). It may seem as though you will never get over what happened or feel normal again. However, by seeking treatment, reaching out for support and developing new coping skills, you can overcome PTSD and move on with your life.

PTSD can affect those who personally experience the catastrophe, those who witness it and those who pick up the pieces afterwards, including emergency workers and law enforcement officers. It can even occur in the friends or family members of those who went through the actual trauma.

Managing Traumatic Stress

Tips for Recovering from Traumatic Events

Recovery Tip 1:

- Spend time with loved ones.
- Connect with other survivors of the traumatic event or disaster.
- Do "normal" things with other people, things that have nothing to do with the disaster.
- Participate in memorials, events, and other public rituals.
- Take advantage of existing support groups: your worship place, community organizations and tight-knit groups of family and friends.

Recovery Tip 2:

- Limit your media exposure to the disaster. Do not watch the news just before bed. Take a complete break if the coverage is making you feel overwhelmed.
- Information gathering is healthy, but try to avoid morbid preoccupation with distressing images and video clips. Read the newspaper or magazines rather than watching television.
- Protect yourself from seeing or hearing unnecessary reminders of the disaster or traumatic event.
- After viewing disaster coverage, talk with your loved ones about the footage and what you're feeling.

Recovery Tip 3:

- Give yourself time to heal and to mourn the losses you have experienced.
- Don't try to force the healing process.
- Be patient with the pace of recovery.
- Be prepared for difficult and volatile emotions.
- Allow yourself to feel whatever you are feeling without judgment or guilt.
- Talk to someone you trust about what you are feeling.

Recovery Tip 4:

- Do relaxing activities such as meditating, listening to soothing music, walking in a beautiful place or visualizing a favorite spot.

- Exercise (Trauma- and stress-releasing exercises. Other forms of exercise are also helpful, such as a gym routine, running, yoga)
- Mindfulness training: to help strengthen the frontal lobe which helps regain judgment and composure; mindful eating is suggested as an exercise to practice.
- For example: When you take a bite of an apple, look at it first, be aware of the smell, the sensation of holding it in your hand, then biting into it, chewing it and then swallowing it. If you perform this entire process with attention and awareness, you are strengthening your frontal lobe, thereby protecting yourself against stress.
- Schedule a time for activities that bring you joy — a favorite hobby or pastime, a chat with a cherished friend.
- Use your downtime to relax. Savor a good meal, read a bestseller, take a bath or enjoy an uplifting or funny movie

Recovery Tip 5:

- Go to sleep and get up at the same time each day.
- Do something relaxing before bed, like listening to soothing music, reading a book, or meditating.
- Avoid products containing caffeine in the afternoon or evening; especially tea, coffee, Coca-Cola/Pepsi, etc.
- Exercise regularly — but not too close to bedtime.

Activity 1.4

Develop your own coping: please write down two measures that you can use to reduce stress and the effects of violence on yourself at the workplace.

SECTION 5: SUMMARIZE

Activity 1.5

Write down what you have learned from this module

Adil Shahryar MT/ICRC

MODULE 2
ESCALATION AND DE-ESCALATION

MODULE 2: ESCALATION AND DE-ESCALATION

Learning Objectives

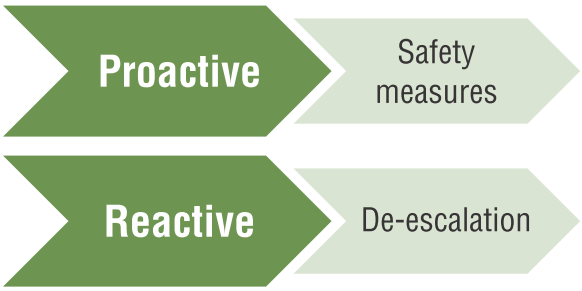
By the end of the session/module, the participants will be able to:

- Identify the warning signs of impending violence;
- Identify elements in given situations that lead to violence;
- Discuss strategies that would help de-escalate situations with a potential to turn violent;
- Practice behaviours that would prevent violent situations from happening or de-escalate violent situations.

Session Outline

No.	Topic	Purpose	Time
1	Introduction to the module Introduction to the types of violence	Escalation and de-escalation occur in crisis situations. There should be a regular protocol to communicate with patients and attendants.	10 min
2	Warning signs of escalation Mapping the cycle of escalation	Critically analyze situations that became violent for causes; identify warning signs of escalation of tension	35 min
3	Strategies for de-escalating potentially violent situation	Understand and demonstrate strategies to de-escalate tense situations	30 min
4	Summarizing	Give the participants time to write down their own patient protocol in groups of 4	10 min
Total Module Time			**85 min**

SECTION 1: INTRODUCTION TO THE MODULE AND TYPES OF VIOLENCE



- **Instrumental/Proactive Violence:** A cold-blooded, pre-planned act of violence to gain some reward, e.g. bomb blast, target killing.
  Response: Enhanced safety, fleeing from the scene.
- **Reactive Violence:** Emotional, angry, affective aggression to take revenge or to retaliate to provocation, carried out in anger, in frustration, in a heightened emotional state.
  Response: Use of de-escalation strategies.

THIS MANUAL ONLY COVERS RESPONSE TO AND PREVENTION OF REACTIVE VIOLENCE

Activity 2.1
Give examples of reactive or proactive violence that you might have experienced

How much of that do you feel could have been controlled?

What has worked for you in the past to control aggression in patients and attendants?

SECTION 2: ESCALATION AND DE-ESCALATION

Overview of exercises and showing the video
A simulation exercise is done explaining the cycle of escalation in a violent situation.

Activity 2.2
Simulation Exercise and showing the video:
Objective of the exercise: to create a simulation (close to a real life situation) and help the participants learn how escalation happens.

Activity 2.3
Escalation: the build-up of a situation towards aggression
Early signs of escalation:
- Tensed body language (yours or the other person's)
- Taking up personal space
- Touching or grabbing to emphasize your point
- Raised voice
- Rapid speech
- Excessive sweating
- Excessive hand gestures: balled fists, hands on the hips etc.

Escalation happens when a person is trying to **win an argument**. Things escalate when someone is judgmental. Escalation happens because two people are in conflict and are dysregulated. When someone attacks you, your first response is to defend - this causes stress and an adrenaline rush. The aggressor is experiencing the exact same feelings. So there are two people who are dysregulated. If you remain calm, this would automatically lead to de-escalation.

Activity 2.4
Map your Cycle of Escalation in Groups; provide a step-by-step description of how escalation happens
- Discuss and then map the cycle of escalation with the help of your observer. Write down a dialogue that transpired during the simulation exercise.

_____

_____

_____

_____

_____

Activity 2.5
Analyze what you could have done differently and make those changes in the charts accordingly.

Activity 2.6
Watch the slide of dont's of de-escalation and give example of each point.

SECTION 3: STRATEGIES FOR DE-ESCALATING POTENTIALLY VIOLENT SITUATIONS

De- Escalation: bringing the level of arousal down in a situation

Reasoning with an enraged person is not possible. The first and only objective in de-escalation is to reduce the level of arousal so that discussion becomes possible.
De-escalation techniques are counterintuitive. Our mind prepares the body to fight, flight or freeze when scared. However, in de-escalation, we can do none of these. We must appear calm and centered even when we are frightened. Therefore, these techniques must be practiced before they are needed so that they can become "second nature."

Signals of Aggression and Escalation

I- Recurrent or frequent queries
De-escalating advice: A good strategy is to be polite and appear calm and composed giving the impression of attending their concerns seriously.

II- Shoulders squared up and dominating
De-escalating advice: Stand to the side and not actually in front of the agitated person. Avoid directly facing him/her and stand at an angle so as not to appear provocative.

III-Tight jaw with clenched teeth
De-escalating advice: Open your hands to the aggressor.

IV- Clenched fist or pointing fingers
De-escalating advice: Avoid concealing your hands which implies a concealed weapon. Communicate your point in a matter-of-fact way and not as a threat. Body language to be consistent and empathetic.

V- Staring
De-escalating advice: Respond with broken eye contact.

VI- Assaulting personal space
De-escalating advice: Maintain a comfortable distance from the agitated person. Give him/her space but also give yourself ample space to move should he/she strike.

VII-Using offensiveness or cynicism
De-escalating advice: Do not be provocative; if provoked, don't try to do the same in return. Do not challenge or insult the agitator or do anything else that could be perceived as humiliating to him/her.

VIII- Shouting

De-escalating advice: Try to regain control by asking for information in a peaceful tone of voice. It is best to ask the patient how he/she prefers to be addressed; this act communicates that he/she is important and that, from the very beginning of the interaction, he/she has some control over the situation.

IX- Wandering

De-escalating advice: Establish a relationship with the person to help him/her stay in control by using gentle instructions to sit down. Ask them to slow down so that you can pay full attention and help. Make them share their concerns calmly.

X- Hasty breathing

De-escalating advice: Make it easy to breathe gently and steadily by allowing him/her to relax with your kind attention.

XI- Abrupt or no reply

De-escalating advice: Use assertive skills that involve listening to the agitated person and agreeing with his/her position whenever possible. Engage him/her in dialogue; this will begin to assure him/her that you care which, in turn, fosters de-escalation.

Tips for De-escalating a Verbal Discussion:

- Do not be defensive even if you have a point to defend ("magar meri baat pehley sunien")
- Do not be reactive (phrases like "aap ko mujh se behtar pata hai" are reactive in nature).
- Listen carefully; listening will give you time to regulate yourself, relax and focus on the situation. This will also help you understand the situation better. Once you understand the situation better, you will feel more empowered to deal with it.
- Do not argue or try to convince another person even if you are right; remember when someone is dysregulated (angry) they are in no position to learn, analyze, reflect or problem-solve.
- Find something in his/her narrative to agree with.
- When we are too focused on ourselves and getting our needs met, we can be aggressive.
- Reflect his/her feelings by saying, for example, "I see that you are getting really angry right now."
- Acknowledge that the agitated person(s) are frustrated and there might be something that is bothering them. This will help them feel heard and help them regulate themselves. Because you are not attacking, they will perhaps not continue to defend either.
- Do not use sarcasm ("aap nawab sahb hain kiya ke aap ka patient pehley dekhon?")
- Control your tone of voice. We tend to not notice when we raise our voices.
- Do not be judgmental ("aap zara apna bolney ka tareeqa dekhien").
- State consequences of rude behavior, if any, in a non-threatening manner.

SECTION 4: CONSOLIDATING WHAT YOU HAVE LEARNED

Activity 2.7

Write down three points that you learned in this module and intend to use:

1. _____

2. _____

3. _____

MODULE 3
PATIENT COMMUNICATION PROTOCOL

MODULE 3: PATIENT COMMUNICATION PROTOCOL

Learning Objectives

By the end of the module the participants will be able to:

- Realize the importance of communication and professional behaviour in averting/de-escalating violent situations;
- Demonstrate effective communication skills with patients, healthcare teams and peers;
- Demonstrate breaking bad news.

Session Outline

No.	Topic	Purpose	Time
1	Introduction to the module Active listening	Identify what will be taught, schema formation Understand and demonstrate importance of active listening in healthcare communication	30 min
2	Communication Protocol	Discuss normal communication protocol, inclusive of empathy and tips for effective communication	25 min
3	Breaking bad news	Develop an understanding of the effects of bad news and the importance of breaking bad news in a compassionate and empathic manner	45 min
4	Summarize key learning points	Re-enforce the topics covered	5 min
Total Module Time			**105 min**

SECTION 1: INTRODUCTION TO THE MODULE ACTIVE LISTENING

Attention:

- Direct all your faculties and senses towards a stimulus.
- Simply put: when you are present for the other person, you are listening to what he/she is saying, noticing physical gestures, making eye contact when needed.
- Attention leads to attunement: the other person feels he/she has been heard and understood.

How to stay attuned?

1. Make eye contact.
2. Show interest in what the other person has to tell you.
3. Be inquisitive.
4. Reflect back on what you noticed, i.e. "You look really stressed; please sit down."
5. Listen carefully.

All of the above is known as Active Listening

Types of Active listening: Ways you can show others that you are listening

Repeating	Paraphrasing	Reflecting
Use the exact words of the speaker to clarify and communicate that you have heard him/her	Convey the message in your own words, quoting important information that you have understood, leaving out irrelevant details	Convey the message and the feelings of the person who is talking
If a patient's attendant approaches you and says, "Dr. sahb, merey patient ko dard ho raha hai, please usey injection laga den" Repeat: Aapke mareez ko dard ho raha hai aur aap injecton lagwana chahtey hain"	If a patient's attendant comes up and say, "Dr. Sahb, merey mareez ki abhi tak baari nahin aayi hai, us ko pehley dekh lein. Humein ghar jaldi jaana hai bachey ghar pe akelay hain" Paraphrase: "Acha aap chatey hain aapke patient ko hum baari se pehley dekh lein?"	If a patient's attendant approaches you in a panic and says, "Dr. Sahb merey patient ko abhi tak hosh nahin aya khatrey ki tu koi baat nai hai?" Convey the message and the feelings to the person showing that you have understood: "Mujhay ehsas hai kay aap apney mareez kay baray main bohot pareshan lag rahey hain

All your responses, questions, imparting information and suggestions should come after you have shown the other person that you have heard and understood him/her!

Activity 3.1
Watch the video and write down your own examples of how active listening can be used.

SECTION 2: COMMUNICATION PROTOCOL

Normal protocol of communication
When communicating with a patient and his/her attendants, make sure:

1. You greet them first.
2. Introduce yourself and what you do.
3. Tell them that you are going to talk to them right after you have examined the patient (FOR ATTENDANTS).
4. Examine the patient and then communicate your assessment.
5. They need to receive a clear explanation of and instructions about their patient's condition; it is reasonable.
6. Adequate information must be shared with patients and/or their attendants. This would include clinical management, and even prognostic information. This is very relevant for increasing the understanding of the concept of self-care and individual health promotion.
7. Keep the patient and the attendant(s) in loop with your assessment of the problem.
8. Tell them what treatment options are available.
9. Help them decide, do not decide for them right away. This will make them feel more empowered.
10. Reflect back on what you have understood, e.g. "So you have been having these symptoms off and on for 2 months."
11. Do not use medical jargon.
12. Go through important information slowly; especially do not rush through negative information. If you have to repeat yourself, that is fine.

Empathize with the patient

What is empathy?

- The ability to feel other's pain and happiness.
- Refraining from judging.
- Perspective taking (seeing things from another person's point of view).
- Recognizing emotion and communicating that (e.g. "You look really worried.").
- Offering help rather than solutions (Instead of saying, "roney se kiyahoga," you could say: "How can I make you feel better?").

The capacity to empathize tends to wear doctors and medical staff out after a time. This is a phenomenon known as compassion fatigue. It is when you are burnt out and can no longer show any empathy. With compassion fatigue, the symptoms of stress also occur. So you could actually be quite efficient at your job, but your face might look tense and exhausted. This does not help the patient or his/her attendant's comfort levels.

Thus, it is important to take care of yourself so you can take care of your patients.

Exercise 1: The Importance of Listening

1. The facilitator divides the participants into pairs of A and B.
2. He/she then takes the A group to a separate room and gives them instructions about listening.
3. For one minute they really have to maintain eye contact, nod, and pay attention to what the B group (their partner) is telling them.
4. After a minute they look away and do not pay attention.
5. After 30 seconds they start paying attention again.
6. Prior to this, the facilitator had given instructions to the B group that they have to tell a really interesting and long story to their partner (from the A group) with enthusiasm.
7. When the exercise is over after 2 minutes, the facilitator asks the B group about their experiences. How did they feel when their partner was paying attention? How did they feel when their partner was not listening?

Exercise 2: Active Listening

Watch a video (attached) on active listening and discuss in pairs.

Exercise 3: Practice Empathy and Active Listening Together

- Divide the participants into pairs. Ask one partner to share something that is deeply troublesome for them and the other to listen actively and respond empathically.
- Then they switch roles after two minutes.
- The facilitator then asks them about their experience. Did they feel that their partner listened to them? Did they feel understood? Did they calm down when they were being heard? If not, then why?

SECTION 3: BREAKING BAD NEWS

When asked about the reasons for violence in healthcare settings, many people opined that the person at the reception, nursing staff and doctors do not inform them about the situation of their patients and are very callous in their mannerism and talk. This is especially important in situations when patients cannot be revived and pass away because they were brought too late or because of the seriousness of their condition. It is therefore important that health care providers are aware of the steps for breaking bad news. In this section we will describe a five-step model for breaking bad news adapted from Buckman's six-step protocol[1] for breaking bad news and will provide you with an opportunity to practice this skill in a safe environment.

Definition of Bad News
"Information likely to drastically alter a patient's view of his or her future."[1]

"…situations where there is either a feeling of no hope, a threat to one's mental or physical well-being, a risk of upsetting an established lifestyle, or where the message given conveys fewer choices in his or her life…"

Effect
Hearing bad news results in a cognitive, behavioral or emotional impact that persists for some time after the news is received. The news may be perceived as bad from the perspective of the giver, the receiver, or both. While the perception of severity varies for each person, the impact of bad news cannot be estimated prior to determining the recipient's expectations and understanding.

How bad news is given is important
"…some unhappiness is caused by what the client is hearing, but dissatisfaction with the way they hear it is most commonly caused by:
- The doctor not listening or not appearing to listen
- The doctor using jargon
- The doctor talking down to the patient."

The emotional reactions to a traumatic news or event may take the form of any one or more of the feelings listed below:
- Shock and disbelief
- Fear
- Sadness
- Helplessness
- Guilt
- Anger
- Shame

1 Buckman R. Breaking Bad News: A Guide for Health Care Professionals. Baltimore: Johns Hopkins University Press, 1992:15.

How to Break Bad News[2]

It is important to prepare in advance prior to breaking bad news. The health care provider must obtain all relevant clinical information, mentally rehearse how the bad news will be given and think about specific words or phrases to use and to avoid.

Exercise 4: Observed Role Play/ Fishbowl Exercise for Breaking Bad News

- The facilitator will select 3 people from the group randomly and assign roles to each of them. One is doctor; the other two are the patient and his/her attendant.
- The rest of the group will observe the process and note whether the doctor is able to follow the communication protocol with active listening and empathic response.
- When the role play is over, the group share their feedback.

Model for Breaking Bad News

Step 1: Setting up the meeting

- If the news is serious or the patient is dead, identify a sensible person among the attendants and take them to a separate room.
- Delay the bad news and first tell them to pray as the patient's condition is serious (even if the patient is dead). This will divert their attention and you will get time to organize security to be able to deal with the consequences. Arrange for important family members to be present; try to use a separate, private area (select a place with no access to sharp instruments or any hazardous material which can be used against you in case of escalation of aggression or violent behavior). Ideally you should have another healthcare team member with you (if that is not possible let the other doctors/ nurses/ receptionist/guard know that you are imparting the bad news to the patient/attendant).
- In case of a high risk situation with a higher probability of reactive violence as a response to bad news, such as the death of a public figure / celebrity/ politician or religious leader always call security forces / guards to the location before you break the bad news.
- Be respectful, use appropriate names, keep a comfortable distance, pay attention to your own body language, make eye contact. Be conscious of a patient's / an attendant's body language and be watchful for signs of escalation of aggression or signs of violent behavior (Make sure that you are sitting/standing at a place with easy and safe access to an exit (so you will be able to leave quickly if a patient or an attendant becomes violent).
- Some examples to initiate the talk with are: "I'm sorry to have to tell you this"; "I know this is not good news for you"; "Unfortunately, I have some (unexpected) (bad) news to tell you"; "I'm sorry, but the test results are not what you were hoping for…"

02 Buckman R. Breaking Bad News: A Guide for Health Care Professionals. Baltimore: Johns Hopkins University Press, 1992:15.

Step 2: Finding out how much the patient or attendant knows

- Utilize your full concentration and listening skills to get to know their (patient/attendant) understanding of the situation. Let the patient/attendant know that you are trying to listen and that you are interested in what s/he thinks is going on. Keep on watching for signs of escalation or aggressive behavior such as:
  I- Recurrent or frequent queries:
  II- Shoulders squared and dominating
  III- Tight jaw with clenched teeth
  IV- Clenched fist or pointing fingers
  V- Staring
  VI- Assaulting personal space
  VII- Using offensiveness or cynicism
  VIII- Shouting
  IX- Wandering
  X- Hasty breathing
  XI- Abrupt or No reply

Step 3: Sharing the Information

- Align the information that you are going to provide with what the patient or attendant already knows. This gives them the confidence that you have heard them and understand their concerns.
- While delivering bad news, make sure you use small sentences and pause frequently while talking. Do not use medical jargon and difficult words...
- Allow time for silence; this often means that the patient/attendant is thinking or feeling something which is bothering him/her (so be receptive of their concerns). Allow time for tears; offer tissues to convey the message that crying is allowed. Touch the shoulder/arm (if culturally appropriate) or move closer to imply that it is OK to show emotion.

Step 4: Identify and Acknowledge the Patient's Reaction

- Offer realistic hope but avoid trying to be overly reassuring. Remember! "The success or failure of the breaking bad news ultimately depends on how the patient reacts and how you respond to those reactions and feelings."
- If the patient/attendant gets violent or tries to harm you, immediately exit the room (push the panic button or safety alarms if available).

Step 5: Demonstrate an Understanding of the Patient's/Attendant's Problems

- Arrange for all possible help and assistance in the case the patient has not survived. Provide comfort, a place to sit, water, connect to an ambulance service and see if paper work can be moved quickly. At all times, demonstrate compassion and respect for their loss.

POINTS TO REMEMBER

SECTION 4: CONSOLIDATING WHAT HAS BEEN LEARNED

Activity 3.2

Write down your own patient protocol in pairs.

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