



# DE-ESCALATING AND MANAGING VIOLENCE

## A TRAINING MANUAL FOR HEALTH CARE SETTINGS

### TRAINER'S HANDBOOK

VIOLENCE AGAINST  
HEALTH CARE MUST END

IT'S A  
MATTER  
OF **LIFE**  
& **DEATH**

  
INDUS  
HOSPITAL



ICRC

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



# 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

### Section 1 Goals

- Registration of participants and working agreement;
- Introducing yourself;
- Initiate an activity for participants to introduce themselves to each other;
- Seek input from the group about what they hope to gain from the workshop;
- Briefly explain the introduction to the training and its objectives.

### Overview of the Content

#### Registration of participants and working agreement

Develop ground rules for the group during the training.

The basic rules of the agreement are:

- Listening to each other and speaking one at a time;
- Maintaining confidentiality – personal information stays within the workshop/group;
- At no point are you being assessed in your competence as professionals. This workshop is to teach an additional skill;
- Turn off your cell phone.

#### Introducing yourself

- The facilitator should introduce himself/herself;
- Briefly describe your education background;
- Clarify to the participants that you will conduct the workshop bilingually.

### Activity 1.1

#### Initiate an activity for participants to introduce themselves to each other.

Ask participants to introduce themselves with their name, their professional experience, their current position and an interesting fact about themselves. At the end of the introduction, the facilitator will ask the participants about the most interesting fact they have heard. He/she will take a couple of examples from the group. This activity should work as an ice breaker between participants and facilitators.

#### Seek input from the group about what they hope to gain from the workshop.

This can be done by having the group write two expectations for the course and asking them to read them out individually. The responses can be put on a whiteboard or flip chart and then re-visited towards the end of the training.

## 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
- Description of violence

### Overview of the Content

#### **Briefly explain the introduction to the training and the outcomes of the training.**

Provide an overview for the participants on the Health Care in Danger project. Also discuss that danger to healthcare (HC) can take many forms. It is up to the facilitator to introduce this the way he or she deems most effective.

Please avoid going into too much detail on the history of the project.

#### **Introduction to the Health Care in Danger project**

The Health Care in Danger project is an initiative of the International Red Cross and Red Crescent Movement aimed at addressing the issue of violence against patients, healthcare 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 healthcare workers and facilities in both conflict and non-conflict areas is not sufficiently recognized, there is a need to increase the awareness of 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, and 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 service 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

- The facilitator asks the participants about their personal experiences of violence in everyday life including workplace violence.
- The facilitator then begins to classify violent incidents starting from a threatening look to a full blown physical attack. Emphasizing that even daily incidents of being screamed at and threatened are included in violence and can affect individuals.
- This helps to establish a shared understanding of violence and its spectrum.
- When participants talk about their experiences, the facilitator asks them how they were impacted. This will help the facilitator transition into addressing stress and PTSD.

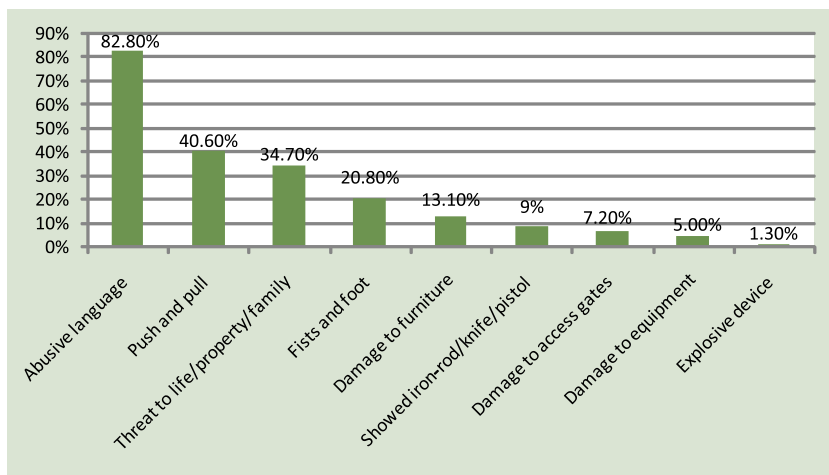
### Definition of Violence

- 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."

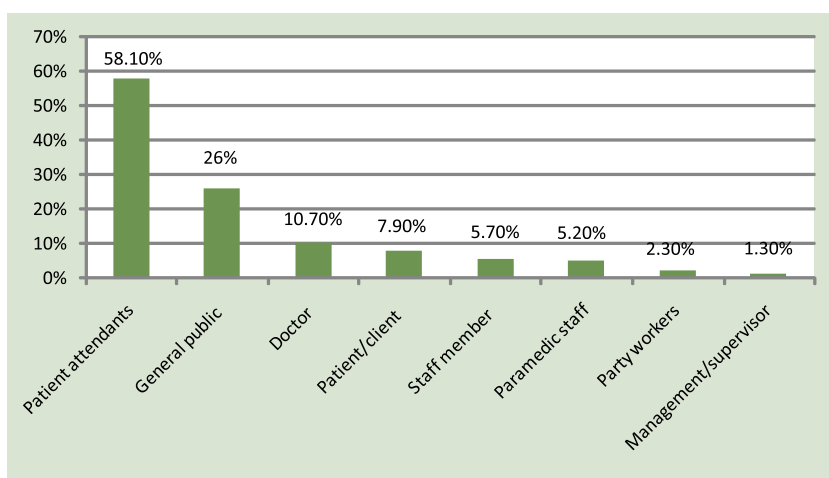
### Introduction to the findings of the Health Care in Danger project

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.

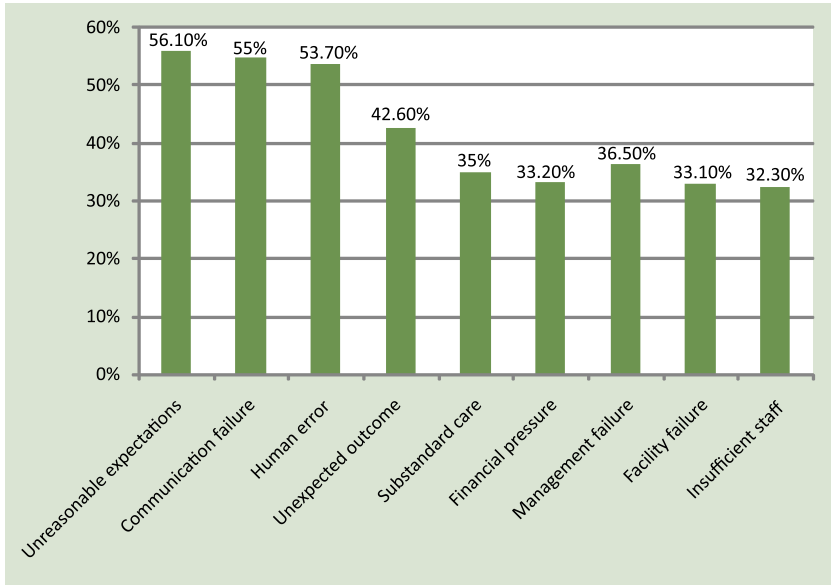
**Figure 1.1** Predominant Nature of Violence Experienced or Witnessed (n=542)



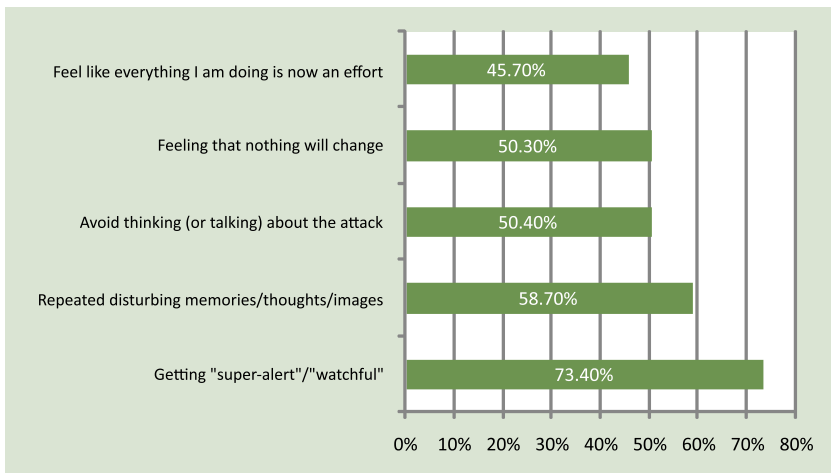
**Figure 1.2** Chief Perpetrators in the Violent Events Experienced/Witnessed (n=542)



**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 (refer to figures 1.1-1.4). This condition may 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 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. (See the bear video attached.

Video resource: <https://www.youtube.com/watch?v=nmJDkzDMllc>

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

Babette Rothschild

The entire video could be a resource for trainers to understand trauma; a portion of the video (from 11:14 min - 13 :58 min) can be used to show participants.

- 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, 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

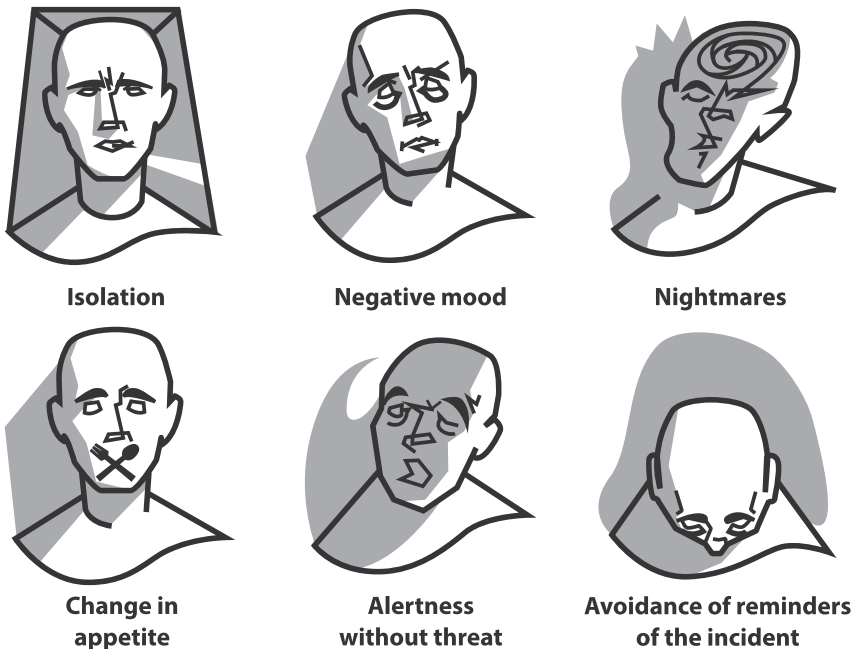
### What is Post Traumatic Stress Disorder?

- 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 hyper arousal 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

Ask participants how many of these symptoms they have 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

##### **Key recommendations for reducing conflict and stress within the health care facility:**

- Bearing in mind the context in which they work, the participants should develop measures and recommendations that can be realistically implemented to reduce stress at their facility.
- Give participants 5 minutes to individually write down a minimum of three personal measures to reduce stress at the workplace.

Alternatively, give a chart paper to participants and ask them to write down the measures they came up with in groups. These chart papers can then be used as a resource for policy making.

## SECTION 5: SUMMARIZE

#### Activity 1.5

Ask participants what they have learned from this module.

## This image shows a full page of blank white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page, providing a guide for writing. There are no margins, text, or other markings on the paper.



## **MODULE 2**

# **ESCALATION AND DE-ESCALATION**

## MODULE 2: ESCALATION AND DE-ESCALATION

### Learning Objectives

By the end of the session/module, the students 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

According to the Karachi Study, the majority of cases of violence are cases of verbal abuse. In this module we are going to look at ways that can be helpful to control these incidents before they turn into a physical assault.

### Overview of the Content

- **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.

### Activity 2.1

#### Ask participants:

Do they have examples of reactive or proactive violence they might have experienced?

- How much of that did they feel could be controlled?
- What has worked for them in the past to control aggression from patients and attendants?
- In which category would most cases of verbal violence fall? (Hence, reiterating the fact that it can be de-escalated.)

## 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.

#### Preparation: assumed number of participants ~ 20

Prepare chits with the following roles:

1. 2 chits for doctors
2. 3 chits for nursing staff
3. 2 chits for medical interns
4. 3 chits for patients
5. 4 chits for attendants
6. 3 chits for observers

Other props:

7. 3 beds for patients (if available)
8. Arrange the room in a ward-like situation by moving the chairs and tables away. Alternatively, you can reserve a separate room with beds and equipment for the exercise.

**Instructions for the patients and attendants:**

Take the patients and their attendants to another location where the rest of the group cannot hear them. Now assign each patient a bed number and an attendant. For beds 1 and 3 assign one attendant each. Tell the bed 2 and 4 attendants and patients to try to escalate situations. For example, by raising their voices, threatening, over-complaining and acting out when asked to comply. They can escalate up to pushing and snatching a stethoscope, but no further escalation will be allowed. Also instruct them that if the medical staff is able to handle the situation well, then they can calm down. For bed 2 ask the patient and attendant to be calm and compliant.

**Instructions for medical staff:**

- Try to explain to them that this is not an exam so please try to keep it closer to reality and handle the patients as usual.
- Ask the nurses to act a bit flustered and over-worked as they usually are in the wards.
- Ask the interns to act a little under-confident (speak in low voice, not make eye contact, etc.)

**Instructions for everyone in the exercise:**

1. The exercise will take 10-15 minutes. Patients should be lying down when the medical staff enters the ward and takes charge. Any doctor can choose to see any patient and can instruct the nurses accordingly.
2. If a problematic situation arises, they will have to try to manage it in the best possible way. Act as close to reality as you can. The facilitator will observe the ward situation and then debrief at the end.

**Role of the facilitator and observers:**

The facilitator will silently note how each situation is transpiring and how medical staff are handling the situation. Some important points for the facilitator to observe about the medical staff are:

1. Their body language;
2. Their listening skills;
3. Their level of reactivity;
4. If they are acting or being real;
5. What were the helpful things they did? (Note exactly what they said or did that was helpful.)
6. What were the not-so-helpful things that happened in the room? (Note exactly what happens so that when you debrief you have some examples to share.)
7. What was the role of the bystander as things were escalating?

**Role of the observer:** Assign one bed each to the observers. Give each observer a piece of paper and ask them to start jotting down the conversation to help map the cycle of escalation later.

### **Show videos on escalation and de-escalation (Scenario 1, 2 and 3)**

Showing videos on escalation and de-escalation (one mandatory and others are optional depending on time available).

The objective would be for them to see and identify behaviors that lead to escalation. Facilitator shows the first half and stops the video and then asks them questions as to what went wrong in the interaction, where and how could they correct that. Then s/he shows the second half of the video to reinforce the view of the participants. The same process should be repeated with all three videos, time permitting.

### **Activity 2.3**

#### **Escalation: the build-up of a situation towards aggression**

- Early signs of escalation:
- Tense 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 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 will automatically lead to de-escalation.

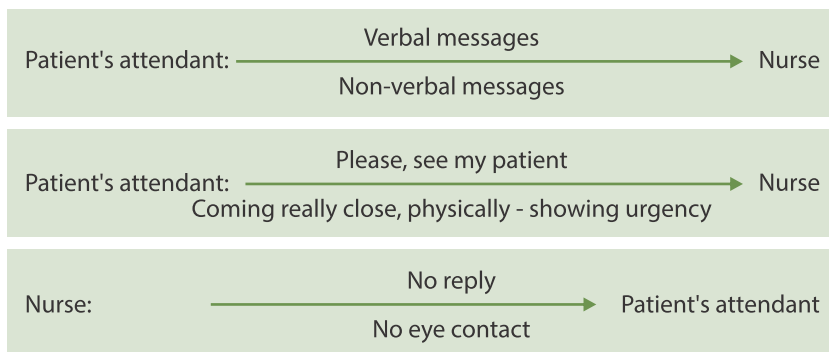
### **Activity 2.4**

#### **Mapping the cycle of escalation**

- The facilitator asks the participants to divide into groups of 3 according to their bed numbers.
- Give the participants chart papers and ask them to discuss and then map the cycle of escalation. With the help of the observer they should basically be able to write down a dialogue between staff (doctor, nurse, guard) and attendant of a patient as close as possible to what was happening.
- After 15 minutes, all the groups show their chart papers and explain their cycle of escalation. The facilitator then asks the entire group to reflect on what they saw as a trigger. Where did the conversation start to become tense?
- The facilitator should also help the participants to notice that, in none of the examples, aggression happened out of the blue. Things developed through

the interactions, and, the sooner we pick that up, the easier it becomes to de-escalate.

#### Example of a map:



#### Activity 2.5

Ask the participants what can they do differently and to make those changes on their charts accordingly. You can then show the slides on de-escalation.

#### Activity 2.6

Show them the slide of the don't's of de-escalation and ask them to give example of each point on the slide.

## 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 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 should 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 us 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 defending 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 HAS BEEN LEARNED

The objective of this section is to summarize the main content of the module and provide an opportunity for the participants to jointly reflect and write down what they have learned.

### Activity 2.7

Participants will write down 3 points that they have learned in this module and intend to use them

## NOTES

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## NOTES

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## **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	Identify what will be taught, schema formation	30 min
	Active listening	Understand and demonstrate importance of active listening in healthcare communication	
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

Escalation and de-escalation can occur in crises situations there should be a regular protocol to communicate with patients and attendants.

#### 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**

Video resource: <https://www.youtube.com/watch?v=D6-MleRr1e8>

#### 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**

Show the video and ask them to write down 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, "Rona band karo," 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 group into pairs of A and B.
2. He 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 long and interesting 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 experience with the exercise. 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?

**If you are short on time, skip exercise 3. Only do 2-3 role plays in exercise 4.**

## SECTION 3: BREAKING BAD NEWS

When asked about the reasons for violence in healthcare settings, many people opined that the persons 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<sup>1</sup> 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."**<sup>1</sup>

"...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

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

## How to Break Bad News<sup>2</sup>

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 selects 3 people from the group randomly and assigns roles to each of them. One is doctor; the other two are the patient and his/her attendant.
- After examining the patient, the doctor has to break some serious/bad news to the patient's attendant. As the facilitator, you should notice if the doctor in the role play is able to follow the protocol discussed in the module. You should also notice if he/she is showing empathy and sensitivity when giving serious or bad news.
- The rest of the group observes the process and notes whether the doctor is able to follow the communication protocol with active listening and empathic response.
- When the role play is over, ask the group to share their feedback. You can repeat this exercise if there is enough time.

## INFORMATION FOR THE FACILITATOR

### 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

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

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..."

### **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

Ask the participants to write down their own patient protocol in pairs.

## NOTES

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## PRESENTATION SLIDES

Slide # 1



Slide # 2



Slide # 3



#### Slide # 4

Overview of the curriculum and training schedule				
Module	Topics	Purpose	Duration	Time
<b>Introduction of trainers and participants</b>				
<b>Pre training assessment (Pre-Test)</b>				
1	Introduction to the Health Care in Danger Project and the Research on Violence against health conducted in Karachi	Understand the rationale for the training, involve participants and create contextual relevance	15 min	9:00 am
	Understanding violence, its types & consequences on HCP	Discuss types of violence and their effect on HCP	15 min	9:15 am
2	De-escalating violent situations	Identify warning signs in a situation with a potential to turn violent; Demonstrate behavior that are helpful in preventing violence; Suggest ways of dealing with situations that have become violent	45 min	9:30 am
	Importance of Communication in Health Care	Realize the roles of communication and demonstration of compassion in preventing violent situations	90 min	10:15 am
<b>Summarization of key learning points, feedback and Post-test</b>			15 min	12:45 pm
Concluding Remarks and Lunch				1:00 pm

SLIDE # 4

#### Slide # 5

Activity 1 (Cont.)

What are your learning expectations for the workshop?

SLIDE # 5

#### Slide # 6


## Training Objectives

The objective of the workshop is to help medical personnel:

1. understand the impact of trauma on their bodies and hence to better equip them to deal with the aftermath of violence at an individual and institutional level;
2. understand what leads to escalation and the process of de-escalation which would improve their efficacy in dealing with violence;
3. deal with a patient's attendants in a more empathic manner

SLIDE # 6

## Slide # 7



**MODULE 1**  
**Understanding**  
**Violence & Stress**

SLIDE # 7

## Slide # 8

## Violence

- World Health Organization (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."
- According to the International Federation of Red Cross (IFRC), the basis of any violence is misuse of power.

SLIDE # 8

## Slide # 9

## Introduction to Health Care in Danger project

The Health Care in Danger project is an initiative of the International Red Cross and Red Crescent Movement that aims to improve security and delivery of impartial and efficient health care in areas experiencing armed conflict and other emergencies.

SLIDE # 9

Slide # 10

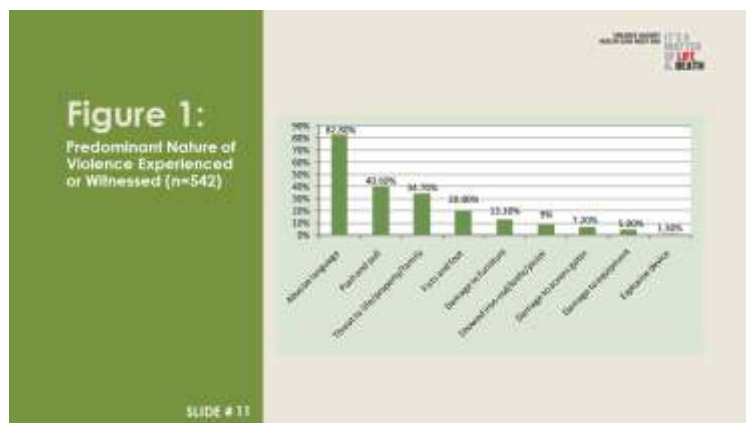
## Results from a Multi-Center Study in Karachi

Some of the important questions answered by the study:

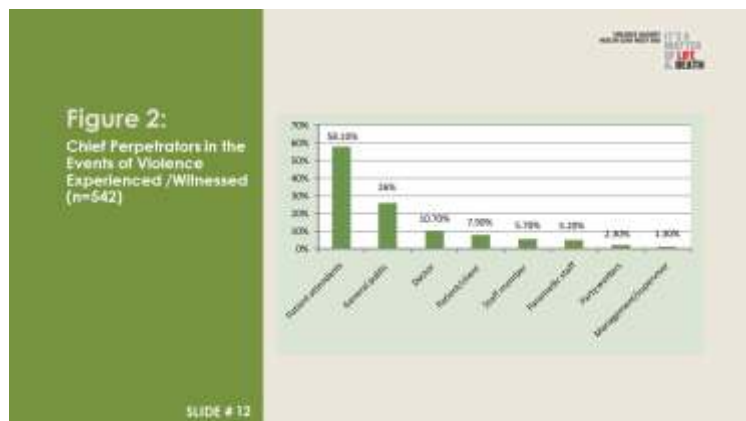
1. is violence experienced in a health care setting?
2. who is the target?
3. who is the perpetrator?
4. why does it happen?
5. what happens to HCP who experience violence?

SLIDE # 10

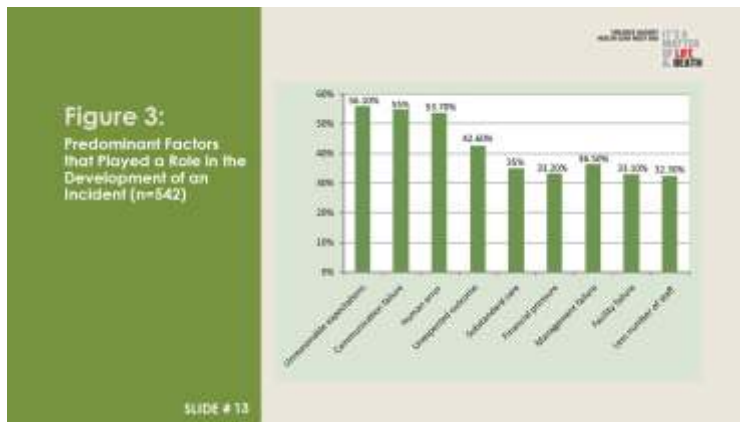
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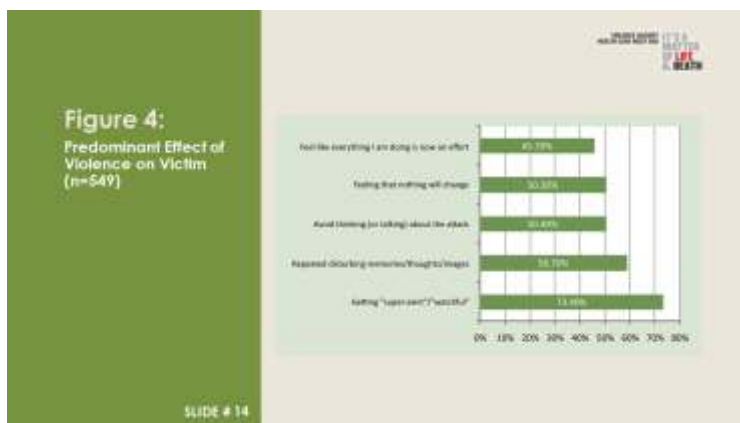
Slide # 12



## Slide # 13



## Slide # 14




## Slide # 15

**The results indicate**

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

SLIDE # 15

Slide # 16



## Activity 2

Discuss with your partner and then share your personal experiences of violence in daily life and the workplace.

SLIDE # 16


Slide # 17



## How does being exposed to violence affect you?

SLIDE # 17

Slide # 18



## What happens to the body?

- The nervous system releases a flood of stress hormones, including adrenaline and cortisol, which rouse the body for emergency action.
- The heart pounds faster.
- Muscles tighten.
- Blood pressure rises; breathing quickens.
- All of these changes prepare you to either fight the threat or run away to save yourself.

SLIDE # 18

Slide # 19

**What happens to the brain in a fight/flight response?**

- The emotional center of the brain senses the threat.
- Fear-based responses overcome you.
- Your critical thinking is impaired.
- Judgment is impaired.
- The power to make decisions is weakened.
- The frontal lobe that is responsible for logical thinking and decision making shuts down and the "limbic system" (the emotional brain) takes over.

SLIDE # 19

Slide # 20

**What happens to the body afterwards?**

When the threat has passed, the body tries to regain its natural balance.

Heart beat, blood pressure, muscle tension all come back to normal.

**Is your body always able to regain its natural balance?**

SLIDE # 20

Slide # 21

**NO**

SLIDE # 21

Slide # 22

## What happens when the balance is not restored?

- The excessive energy that is released during the threatening situation often stays in the body and later appears as a symptom of stress.
- Your blood pressure still stays high even if the threat is gone.
- You stay alert without any reason (can't sleep or relax).
- The body experiences aches and pains for no apparent reason.
- The immune system is compromised.

SLIDE # 22

Slide # 23

If the exposure to violence continues and threat is present; you might develop stress or Post Traumatic Stress Disorder depending on the extent of the impact on you.

SLIDE # 23

Slide # 24

## Post-Traumatic Stress Disorder

Any physical, emotional, or psychological anxiety continued to be experienced after safety has resumed.

```
graph LR; A[Exposure to violence/traumatic event] --> B[Developed and/or physical disturbance]; B --> C[The disturbance lasts for a few weeks]
```

SLIDE # 24

Slide # 25

TRAUMA RESPONSE  
HOW THE MIND  
REACTS TO  
LIFE  
& DEATH

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


SLIDE # 25

Slide # 26

TRAUMA RESPONSE  
HOW THE MIND  
REACTS TO  
LIFE  
& DEATH

**What are the symptoms of PTSD?**

- Isolation
- Negative mood
- Negative thoughts
- Alertness without threat
- Avoidance of reminders of the incident
- Bad memories
- Nightmares



SLIDE # 26

Slide # 27

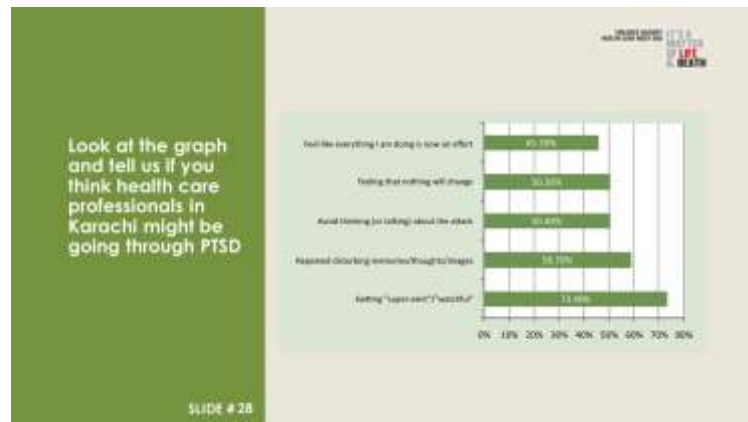
TRAUMA RESPONSE  
HOW THE MIND  
REACTS TO  
LIFE  
& DEATH

**Normal Emotional Reactions to Traumatic Events**

- Shock and disbelief
- Fear
- Sadness
- Helplessness
- Guilt
- Anger
- Shame
- Racing thoughts

SLIDE # 27

## Slide # 28



## Slide # 29

**Activity 3**

How many of these symptoms have you experienced?

SLIDE # 29


## Slide # 30

**Relational Trauma**

- When your trauma is not understood
- When people around you say things about your job, such as "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.

SLIDE # 30

Slide # 31



## What can you do?

- Meditation
- Exercise (it helps release the stored energy)
- Mindfulness

SLIDE # 31

Slide # 32




## Recovery tips

- Spend time with loved ones.
- Connect with other survivors.
- Encourage support groups especially at your workplace.
- Heal but don't try to force the healing process
- Sharing helps.
- Please reach out for professional help if symptoms persist.

SLIDE # 32

Slide # 33



## Activity 4

Develop your own coping strategy; please write down two ways that you can reduce stress and the effects of violence on yourself and at the workplace.

SLIDE # 33

Slide # 34

Thank You

SLIDE # 34

Slide # 35



MODULE 2  
Escalation and  
De-escalation

SLIDE # 35

Slide # 36

Objective

In this module we will:

- Understand the cycle of escalation: why and how a conversation turns into an assault?
- Practice de-escalation: What can we do to control the process of escalation?

SLIDE # 36

## Slide # 37

## Classification of violence



**Proactive** → Safety measures

**Reactive** → De-escalation

**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 de-escalation strategies.

SLIDE # 37

## Slide # 38

THIS TRAINING ONLY COVERS RESPONSE TO AND PREVENTION OF REACTIVE VIOLENCE

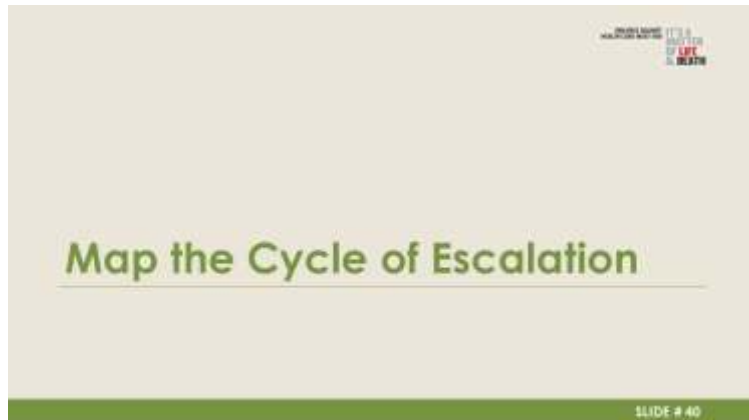
SLIDE # 38

## Slide # 39

## Simulation exercise

SLIDE # 39

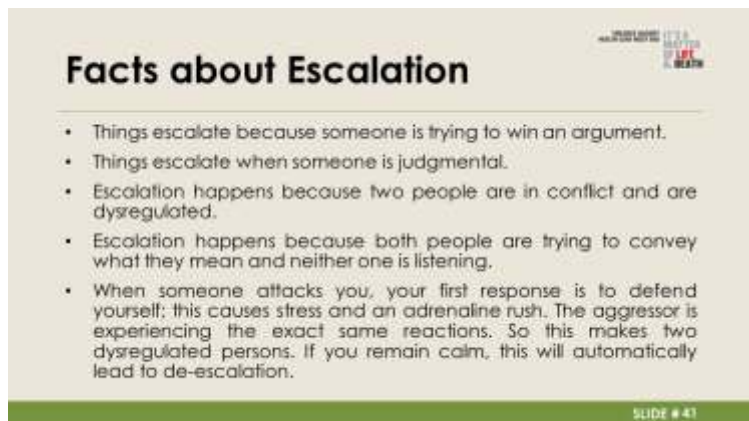
Slide # 40



Map the Cycle of Escalation

SLIDE # 40

Slide # 41

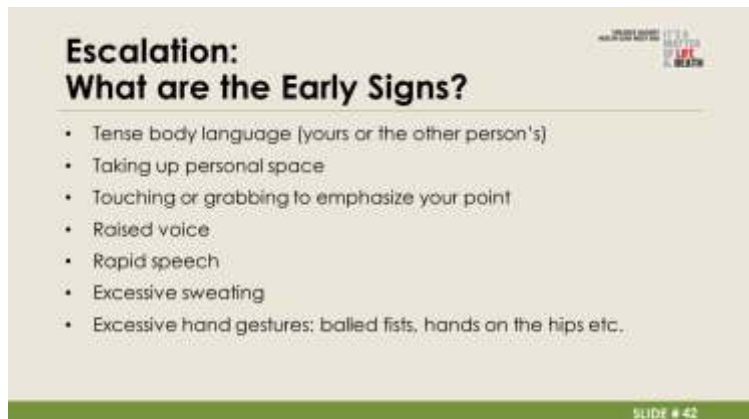


Facts about Escalation

- Things escalate because someone is trying to win an argument.
- Things escalate when someone is judgmental.
- Escalation happens because two people are in conflict and are dysregulated.
- Escalation happens because both people are trying to convey what they mean and neither one is listening.
- When someone attacks you, your first response is to defend yourself; this causes stress and an adrenaline rush. The aggressor is experiencing the exact same reactions. So this makes two dysregulated persons. If you remain calm, this will automatically lead to de-escalation.

SLIDE # 41

Slide # 42




Escalation:  
What are the Early Signs?

- Tense 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.

SLIDE # 42

## Slide # 43



## Aggression and Escalation Signals

Recurrent or frequent queries	Be polite and appear calm
Shoulders squared and dominating	Stand adjacent - not in front
Tight jaw with clenched teeth	Open your hands
Clenched fist or pointing fingers	Be consistent and empathetic
Staring	Break eye contact

SLIDE # 43


## Slide # 44



Assaulting private space	Give space
Using offensiveness or cynicism	Do not be provocative
Shouting	Use a calm tone of voice
Wandering	Gently instruct to sit down
Hasty breathing	Allow them to relax

SLIDE # 44

## Slide # 45



## De-Escalation: bringing the level of agitation 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 agitation 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 centered and calm even when we are frightened.

Practice ahead so that the strategies can become "second nature."

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**Unhelpful attitudes for de-escalation:**  
Give an example of each

The don'ts of de-escalation

- Do not ignore
- Do not be judgmental
- Do not be reactive
- Do not defend
- Do not use sarcasm
- Do not try to convince

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**Consolidation**

What will you do when you are dysregulated?

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**MODULE 3**  
**Patient communication protocol**

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## Slide # 49



## Objectives

- To help medical personnel create a protocol for communicating with patients;
- To improve their listening skills;
- To highlight empathic communication.

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## Slide # 50



## Basics of patient communication: Active listening

How can you show your patients that:

You have heard them	<ul style="list-style-type: none"> <li>• Pay attention (face them, make eye contact)</li> <li>• Repeat what you have heard</li> </ul>
You have understood them	<ul style="list-style-type: none"> <li>• Paraphrase: tell them what you understood from their speech</li> <li>• Use phrases like: "happ to malum ha...; dap chatey non"</li> </ul>
You have felt their worry	<ul style="list-style-type: none"> <li>• Tell them how you think they might be feeling</li> <li>• Communicate/reflect their said or unsaid feelings</li> </ul>

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## Slide # 51



## Video of active listening

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Slide # 52

## Normal protocol of communication

- First greet the patient(s)
- Introduce yourself and what you do.
- Tell them that you are going to talk to them right after you have examined the patient (FOR ATTENDANTS).
- Examine the patient and then communicate your assessment.
- They need to receive clear explanations and instructions about their condition; it is reasonable.
- Adequate information must be shared with patients and/or their attendants. This would include clinical, management and even prognostic information. This increases the understanding of the concept of self-care and individual health promotion.

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## Normal protocol of communication

- Tell them about available treatment options.
- Help them decide; do not decide for them right away. This will make them feel more empowered.
- Use active listening.
- Do not use medical jargon.
- Go through important information slowly; be especially careful not to rush through negative information. If you have to repeat yourself, that is fine.

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## Empathize with your patient: What is empathy?

- Ability to feel another's pain and happiness.
- No judgment (You ate salad last night; that's why your stomach hurts).
- Taking perspective (seeing things from other's point of view).
- Recognizing emotion and communicating that (You look really worried).
- Offering help rather than solutions (Instead of saying "ronney ka koi faida nahin hai;" you can say, "How can I make you feel better?").
- Refraining from giving explanations or your opinion on the issue.
- Don't force positivity (by saying, e.g., "You should think about your blessings; be positive").

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## Slide # 55

## What helps you empathize? Mirror Neurons

Seeing someone smile brings a smile to your own face.  
Someone's tears make your eyes wet even if you do not know the story.

In these instances your mirror neurons are activated; they have the ability to mirror (copy) other people's emotions and gestures; this helps us share experiences with others.

This is an automatic and involuntary (something which we have no control over) process of the brain.

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## Slide # 56

## Compassion Fatigue

This is when you are burnt out and cannot show empathy any more.  
For doctors and medical staff, the capacity to empathize tends to wear them out after a time.

They see so much misery and pain that after a time, although their mirror neurons register the experience, they do not fully feel it.

The symptoms of compassion fatigue are those of chronic stress which we discussed earlier.

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## Slide # 57

Self care is essential to your profession.

Please practice the discussed strategies and give us feedback.

Thank you for your time & attention.

Please meet in smaller groups to create a support network.

Distance is required of your job - it is never just there.

You can reach out for further support if WFF has affected you deeply.

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SLIDE # 58

IT'S A  
MATTER  
OF **LIFE**  
& **DEATH**

## Breaking Bad News

Slide # 59



SLIDE # 59

IT'S A  
MATTER  
OF **LIFE**  
& **DEATH**

## Simulation exercise

Slide # 60



SLIDE # 60

IT'S A  
MATTER  
OF **LIFE**  
& **DEATH**

## What is bad news?

"Information likely to drastically alter a patient's view of his or her future."  
(Beckman, 1992)

"...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..."

## Slide # 61



## 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"

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## Slide # 62



## Step 1: Setting up the meeting

Always remember !!!

- If the news is serious or the patient is dead, identify the most appropriate person among attendants and take this person to a separate room.
- Delay the bad news and first tell the attendants 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.
- In the case of a high risk situation with a higher probability of reactive violence as a response to bad news, such as death of a public figure / celebrity / politician or religious leader, always call security forces / guards to the location before breaking the bad news.

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## Slide # 63




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

- Utilize your full concentration and listening skills to get to know the patient/attendant's 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.
- Be alert for signs of escalation of aggressive behavior such as:

I- Recurrent or frequent queries:	VI- Assaulting personal space
II- Shoulders squared and dominating	VII- Using offensiveness or cynicism
III- Tight jaw with clenched teeth	VIII- Shouting
IV- Clenched fist or pointing fingers	IX- Wandering
V- Staring	X- Hasty breathing
	XI- Abrupt or NO reply

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### Step3:

#### 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.
- When delivering bad news make sure you use small sentences and stop 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 responsive 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.

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### Step 4:

#### Identify and acknowledge the patient's reaction.

- Offer realistic hopes 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 becomes violent or tries to harm you, immediately exit the room (push the panic button or safety alarms if available).

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### 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 with an ambulance service and see if paper work can be moved quickly.
- At all times, demonstrate compassion and respect for the attendants' loss.

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## NOTES

This image shows a full page of blank, lined paper. It features approximately 28 horizontal blue or grey lines spaced evenly apart, typical of notebook paper. The lines extend across the entire width of the page, leaving small margins at the top and bottom. There are no vertical lines, text, or other markings on the page.



## This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.





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