



## **STRENGTHENING THE NURSES AND HEALTH CARE PROFESSIONALS' CAPACITY TO DELIVER CULTURALLY COMPETENT AND COMPASSIONATE CARE**

*Learning tools for healthcare leaders in culturally competent and compassionate care*

### **UNIT 2: Frontline leaders**

#### **Title of the tool**

**Mentors role modelling in culturally appropriate communication and compassionate care**

#### **Authorship**

The persons participating in the elaboration of the tool are:

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#### **Theoretical component**

##### **A. Relevant principles and values for the tool**

- Compassion
- Respect
- Responsibility
- Morality
- Altruism – devotion
- Open-mindedness
- Understanding
- Competence
- Equality
- Dignity
- Integrity
- Trust

- Guidance
- Reflection
- Empathy
- Sensitivity
- Confidentiality
- Supportive

## **B. Aim of the tool:**

Empowering healthcare leaders to cultivate the underlying values, which motivate healthcare professionals to promote culturally competent and compassionate care.

## **C. Learning outcomes:**

1. Acknowledgement of patients' and staff's diverse needs and treating them with compassion;
2. Knowledge of similarities and differences within and between cultures and expression of compassion;
3. Active listening, dealing sensitively and culturally appropriate others' feelings needs, vulnerabilities and concerns;
4. Promoting patient centred care based on needs assessment.

## **D. Relevant definitions and terms:**

### ***Compassion:***

Compassion means 'to suffer with' and come from the Latin "com" (together with) and "pati" (to suffer) (Schantz, 2007). Definitions of compassion may include kindness, empathy and being moved by another's suffering, which evokes a desire to help that person. Compassion starts with good basic care and goes beyond this, to encompass empathy, respect, a recognition of the uniqueness of another individual and willingness to enter into a relationship in which not only the knowledge but the intuitions, strengths, and emotions of both patient and caregiver can be fully engaged (Lowenstein, 2008).

### ***Intercultural Communication:***

Intercultural communication is communication across cultures and social groups. It involves the understanding of different cultures, languages and customs of people from different cultures (Wikipedia)

### ***Role model:***

A role model is a person whose behaviour, example or success is or can be emulated by others, especially by younger people (Robert K. Merton).

*More about terms and definitions on <http://ieneproject.eu/glossary.php>.*

## **E. What the research says on the topic:**

Compassion is viewed as an integral part of dignity (RCN, 2008) and nurses' compassion plays a major role in providing dignified care to patients (Davison N, Williams K., 2009). Compassion requires health professionals to "give something of them".

Compassion is how care is given through relationships based on empathy, kindness, respect and dignity. Compassion has two main valences: the affective feeling of caring for one is suffering and the motivation to relieve that suffering" (Hoffmann, 2011) It is 'a deep awareness of the suffering of another coupled with the wish to relieve it' (Chochinov 2007).

Compassion includes 'empathy, respect and recognition of the uniqueness of another individual, and the willingness to enter into a relationship in which not only the knowledge but the intuitions, strengths, and emotions of both the patient and the physician can be fully engaged' (Lowenstein 2008).

Good communication between nurses and patients is essential for the successful outcome of individualized nursing care of each patient. To achieve this, however, nurses must understand and help their patients, demonstrating courtesy, kindness and sincerity. Also they should devote time to the patient to communicate with the necessary confidentiality, and must not forget that this communication includes persons who surround the sick person, which is why the language of communication should be understood by all those involved in it. Good communication also is not only based on the physical abilities of nurses, but also on education and experience.

Lambrini Kourkouta and Ioanna Papathanasiou highlight three foundational skills in communication:

**Nonverbal Communication:** An "ongoing process characterized by facial expressions, gestures, posture and physical barriers such as distance from the interlocutor," nonverbal communication must agree with verbal communication. In stressful moments, Kourkouta and Papathanasiou note, changes in these two communication types can be difficult to assess.

**Listening:** An important part of communication, listening is a "responsible nursing practice and requires concentration of attention and mobilization of all the senses for the perception of verbal and nonverbal messages emitted by the patient." By listening, nurses can be attentive to the needs of the patient and integrate care according to the patient's evolving needs.

**Personal Relationships:** Marked by kindness, compassion and care, nurses can develop good personal relationships with the ability to "ask questions with kindness and provide information that does not scare, that demonstrates interest, creates feelings of acceptance, trust and a harmonious relationship, especially in modern multicultural society." This relationship is connected to not only the transmission of information, but also the mental and emotional dynamics found in communication.

Lustig & Koester (2010) identify the following important factors that are valuable for intercultural communication competence:

Proficiency in the host culture language: understanding the grammar and vocabulary.

Understanding language pragmatics: how to use politeness strategies in making requests and how to avoid giving out too much information.

Being sensitive and aware to nonverbal communication patterns in other cultures.

Being aware of gestures that may be offensive or mean something different in a host culture rather than your own home culture.

Understanding a culture's proximity in physical space and paralinguistic sounds to convey their intended meaning

In "Effective Communication Skills in Nursing Practice," Elaine Bramhall Brian highlights common barriers to effective communication for the patient and health care providers. Patient barriers include environmental items such as noise, lack of privacy and lack of control over who is present; fear and anxiety related to being judged, becoming emotional or being weak; and other barriers such as an inability in explaining feelings and attempting to appear strong for someone else's benefit. Health care professional barriers include environmental items such as lack of time or support, staff conflict and high workload; fear and anxiety related to causing the patient to be distressed by talking or responding to questions; and other barriers such as a lack of skills or strategies for coping with difficult emotions, reactions or questions.

Role modelling is a powerful teaching tool for passing on the knowledge, skills, and values of the medical profession. By analyzing their own performance as role models, individuals can improve their personal performance (SR Cruess, 2008). Cruess and Steinert (2008), say that role models differ from mentors. Role models inspire and teach by example, often while they are doing other things. Mentors have an explicit relationship with a student over time, and they more often direct the student by asking questions and giving advice freely. They identified three categories of characteristics for mentors as roles models:

*Clinical competence* encompasses knowledge and skills, communication with patients and staff, and sound clinical reasoning and decision making. All of these skills must be modelled as they lie at the heart of the practice of medicine.

*Teaching skills* are the tools required to transmit clinical competence. A student centred approach incorporating effective communication, feedback, and opportunities for reflection is essential to effective role modelling.

*Personal qualities* include attributes that promote healing, such as compassion, honesty, and integrity. Effective interpersonal relationships, enthusiasm for practice and teaching, and an uncompromising quest for excellence are equally important.

## **F. What legal/normative frameworks or conventions says on the topic:**

- The Directive 2005/36/EC of the European Parliament presents the conditions of recognition the professional qualifications , defining the nurses competences;
- The ICN Code of Ethics for Nurses, most recently revised in 2012, is a guide for action based on social values and needs. The Code has served as the standard for nurses worldwide since it was first adopted in 1953 (<http://www.icn.ch/who-we-are/code-of-ethics-for-nurses/>);
- The Nurses and Midwives Code presents the professional standards that nurses and midwives must uphold, in order to be registered to practice in the UK (<https://www.nmc.org.uk/standards/code/>);
- The Romanian Government Emergency Ordinance no. 144 of 28<sup>th</sup> of October 2008 presents the conditions for practicing midwifery and nursing profession in Romania (<http://oamrvaslui.ro/oug144.pdf>);
- The Ethic Code of the practitioner nurses and midwives in Romania , <http://www.oamr.ro/despre-noi/codul-de-etica-si-deontologie/>.

## Practical component of the tool

### A. Self-directed activities (3-5 hours)

The learners will diagnose their learning needs and will do 'self-directed learning', with the assistance of trainers, who formulate learning goals, identify resources for learning and give them support for the learning outcomes achievement. All the information will be available on <http://ieneproject.eu/compassion.php>.

#### Activities:

**I. Read the basic terminology** and definitions used in this tool  
<http://ieneproject.eu/glossary.php>

#### **II. Study the recommended sources of information:**

The participants should study the recommended sources of information below and answer some questions about the compassion and communication and the importance of role model for promoting compassionate and cultural competent environment in care. They will note their findings in *Pre - class self directed learning sheet (Annex 1)*, attached to this tool in order to be able to discuss during the face-to-face meetings.

#### About Compassion:

1. According to Watson (1985) there are 10 Carative Factor: Formation of a humanistic-altruistic system of values, Instillation of faith-hope, Cultivation of sensitivity to one's self and to others, Development of a helping-trusting, human caring relationship, Promotion and acceptance of the expression of positive and negative feelings, Systematic use of a creative problem-solving caring process, Promotion of transpersonal teaching-learning, Provision for a supportive, protective, and/or corrective mental, physical, societal, and spiritual environment, Assistance with gratification of human needs and Allowance for

existential-phenomenological-spiritual forces. See more about Jean Watson's Caring Science and Human Caring Theory in the presentation of Emily Becker, Laura Dryjanski and Kristen Neigebauer at

[http://www.slideshare.net/crolauk/jean-watson-9595375?next\\_slideshow=1](http://www.slideshare.net/crolauk/jean-watson-9595375?next_slideshow=1)

2. Learn why compassion is important in nursing, the elements of compassion, barriers to providing compassionate care and practical changes to ensure compassion in the article "Ensuring compassionate care in hospital" (<http://www.nursingtimes.net/Journals/2011/08/24/j/y/s/NT-Ethical--Compassionate-Care.pdf> )
3. To explore compassion from different viewpoints: your own, patients and their families'; colleagues' viewpoints , please visit the website <http://ieneproject.eu/tools-toolkit-1.php>, where you can find the learning tools about compassion.

About Intercultural Communication:

1. Communication is "a process by which two or more people exchange ideas, communication facts, feelings or impressions in ways that each gains a 'common understanding' of meaning, intent and use of a message." Paul Leagens  
See more about communication the Presentation Nursing communication at (<http://www.slideshare.net/rubyrose1996/nursing-communication-19786740> )
2. To develop understanding of culture, and the need for awareness in intercultural communication, you can visit the website <http://ieneproject.eu/tools-toolkit-3.php> where you can find the learning tools about intercultural communication
3. To understanding intercultural nonverbal communication, you can see the presentation "The Basis of Cultural Differences in Nonverbal Communication", which provide a theoretical framework for nonverbal communication differences via a culture's most fundamental elements at [http://www.slideshare.net/chirineh/non-verbal-communication-11860284?qid=4065fb45-18c2-49a6-bd48-8a553fc4bf3c&v=&b=&from\\_search=9](http://www.slideshare.net/chirineh/non-verbal-communication-11860284?qid=4065fb45-18c2-49a6-bd48-8a553fc4bf3c&v=&b=&from_search=9)
4. To learn about more on non-verbal communication see the Instructional video "Touch as Non-Verbal Communication" at <https://www.youtube.com/watch?v=TJFM4HxGTIY&index=1&list=PL080F4721697B4CCF>
5. Therapeutic communication is very important to establish a therapeutic nurse-client relationship, identify the most important client concern at that moment (the client-centred goal), assess the client's perception of the problem as it unfolded and facilitate the client's expression of emotions. Learn more about therapeutic communication techniques at <http://www.slideshare.net/jben501/nurserevieworg-therapeutic-communication-techniques> .
6. Some tips for communication with patients, you can find at <http://www.slideshare.net/mycomic/nurse-patient-relationship>
7. To recognize barriers and challenges to intercultural communication with patients and families and develop the intercultural communication competence, you can use the Tools "Barriers and challenges to intercultural communication" available on IENE website <http://ieneproject.eu/tools-toolkit-3.php>.

About Role Modelling:

1. Social learning theory focuses on the learning that occurs within a social context. Among others Albert Bandura is considered the leading proponent of Social Learning Theory. It considers that people learn from one another, including such concepts as observational learning, imitation, and modelling. See the presentation this theory at [http://www.slideshare.net/tabishahsan1/social-learning-theory-8769965?qid=a5082be8-641b-4be4-83eb-ec618931bebf&v=&b=&from\\_search=4](http://www.slideshare.net/tabishahsan1/social-learning-theory-8769965?qid=a5082be8-641b-4be4-83eb-ec618931bebf&v=&b=&from_search=4)
  
2. Role modelling is a powerful teaching tool for passing on the knowledge, skills, and values of the medical profession, but its net effect on the behaviour of students is often negative rather than positive. By analysing their own performance as role models, individuals can improve their personal performance.  
Learn more about the strategies to become better role models and about the characteristics of role models , reading the article *Role modelling—making the most of a powerful teaching strategy*, available at <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2276302>

**III. Complete the pre-test questionnaire** of Compassion Measuring Tool (<http://ieneproject.eu/assessment.php> ), in order assess their self-perception of culturally competent compassion.

## B. Classroom activities (5 hours)

**Summary of the activity** (see the Timetable in *Annex 2*) :

### *SESSION 1: INTRODUCTION*

**Introduction.** Getting know each other

**Ice breaker:** video Funny about non verbal communication

(<https://www.youtube.com/watch?v=Ppzqe9SdD2c>).

**Aims and plan for the training sessions.**

### *SESSION 2: PROMOTING CULTURAL DIVERSITY AND TOLERANCE*

**Defining concepts:** Cultural Diversity & Bias, Prejudice, & Discrimination - Presentation (<http://www.slideshare.net/cgoodlein/macomb-community-college-diversity-presentation-2012>)

**Study case .**

Video Do not judge before you know!

(<https://www.facebook.com/153448994801270/videos/837581583054671/>):

Economu family is called to the doctor's office, who made a surgery of their daughter. In the waiting room, sat a young people, who look to be a ethnic Arab. The girl sits lineage him, but his mother and father ostentatious move her far from such person. They feel repulsed and view this person who is different as being lower people who are less civilized and view him as a problem for their daughter. The scene clearly denotes the attitude of stigmatizing of this person.

The nurse calls all in and doctor present Tzafar to the family as marrow donor for their daughter.

**Discussing the case** using the questions in the Study case sheet provided to the participants (*Annex 3*).

**Conclusions:**

- cultural differences can lead to the stereotypes, stigma and discrimination;
- healthcare professional must have the virtue of tolerance, a fair, objective, and permissive attitude toward those whose opinions, practices, race, religion, nationality, etc., differ from their own, acceptance and understanding;
- Moreover, they have a duty to promote tolerance, respect for cultural diversity, non-discrimination attitude, among their colleagues and even among their patients.

### SESSION 3: ROLE MODELING

**Role modelling : Touch and care!**

The practice of nursing involves a lot of personal contact, during the delivery of fundamental physical care. Touch by nurses is frequently associated with routine tasks within nursing, but some clients, especially elderly, have physiological and safety needs. Nurse's use of touch can be a form to show compassion and provide comfort, warmth and security for them.

Trainer makes demonstration of procedures of taking vital signs for some persons being in special situation: an elder who need support for moving; a people who are worried about his health situation; a people who had an accident etc. During the interventions the nurse makes some gestures showing compassion, safety or psychological support.

**Discussions:**

- Describe the necessary touch requested by the procedures;
- Describe the gestures of nurse that give safety or psychological support to the patient;
- Explain the importance of values, beliefs, and attitudes in the development of the nurse-patient relationship;

**Conclusion :**

*Compassion and therapeutic use of touch is very important in building the nurse-patient relationship.*

**Meta-cognition:**

In their position of mentors for students or their colleagues, the participants are invited to analyze the learning activities they participated, like to be an example of role model to other. Using the worksheet (*Annex 4*), they are invited to identify the elements of the process of role modelling (according to the *Cruess, SR (2008)* model).

## SESSION 4: THERAPEUTIC COMMUNICATION

### **Role playing:**

In each case, a participant will play the role of the patient. Other four participants will play the role of nurses, one by one, giving answer to the patient's question and trying to develop of good nurse-patient relationship.

Case 1. A woman, age 18, highly dependent on her parents and fears leaving home to go away to college. Shortly before the next semester starts, she complains that her legs are paralyzed and is rushed to the emergency department. When physical examination rules out a physical cause for her paralysis, the physician admits her to the psychiatric unit where she is diagnosed with conversion disorder. The client asks the nurse, "Why has this happened to me?"

Case 2. Kristina is a 29 year old woman admitted to the surgical unit after an accident in a small airplane. Her husband, the pilot was killed. She had some minor bruises and contusions but she is physically stable. She has a 2-year old son. The day after admission, the nurse enters the client's room to find the shades drawn and her in bed sobbing quietly.

Case 3. Almira is an Arab woman who wears specific clothes. She refused to take off his clothes tide and examined by a doctor. A nurse must prepare for the investigation and try to convince it that needs to take off the veil and to undress in order to be examined.

The participants will use the Work sheet (*Annex 5*) to evaluate of each nurse communication and behaviour.

### **Discussion:**

1. What special needs patient have? Were they well understood by every nurse?
3. Which of the principles and techniques of effective therapeutic communication approached every nurse?
4. What are the empathetic messages send to the client by them?
2. What are the recommended therapeutic nursing responses for each case?

### **Conclusion:**

Good communication is very important for therapeutic nurse-client relationship. Through communication , nurse detects diverse needs of patients.

Nurse must be receptive to the patients feeling and perceptions, including cultural believes and treats them with compassion. Nurse must understand the patient's communication. Nurse should be able to put herself in the patient's place and assume his role and communicate this understanding to patient.

## SESSION 5: CLOSURE

Role Model Planning. Work to draft an Action plan plan to be executed when return

Complete Compassion Measuring Tool if they did not do at the beginning of the day  
Questions, Evaluation the tool, Networking

### C. Role modelling activities (5 hours)

#### **Summary of the activity:**

After building the Action Plan (*Annex 6*), each trainee will develop role model activities, on their clinical settings, enabling a good communication in work environment and will register results of their activities.

### D. Reflection with teams (3-5 hours)

#### **Summary of the activity:**

During the role modelling activities, the trainers will communicate with participants and will have appointments, to give them support and feedback.

After finishing the activities, the trainees will present their colleagues the role modelling activities done, according to the Action Plan, using group discussion (on Facebook). They will receive feedback from their peers and trainers.

Each participant will send by e-mail to the trainer the Reflexive Log (*Annex 7*) with the reflection on the impact of the modelling activities.

Trainer will assess the learners and give feedback about strengths and weaknesses of their actions and advices for fostering their therapeutic communication and compassionate leadership.

## Assessment<sup>1</sup>

### A. Practical assessment

#### **Summary of the activity:**

Each trainee will be assessed by the trainers, their participation in the classroom activities (role playing, completing worksheets, and discussions) based on the worksheets and the role modelling activities done in the work environment to promote culturally competent and compassionate care among students and healthcare professionals through presentation of the results of these activities in the Reflexive Log.

Trainers will rate the trainees' progress on the Assessment Sheet (*Annex 8*) and give recommendations to them. The Assessment Sheet can be forwarded to the training department, in order for the trainees to receive a certificate, if case.

<sup>1</sup> In this guide the term 'assessment' refers to those activities used by teachers and students to confirm what students have learnt to demonstrate whether they have achieved the learning outcomes of the tool.

## B. Self assessment:

Before the training starts, all participants will complete the Compassion Measuring Tool (<http://ieneproject.eu/compassion.php#>) questionnaire, in order to collect base line data about their self-perception of culturally competent compassion.

After the conclusion of the activities proposed in the tool, the participants will do again Compassion Measuring Tool, to measure their progress.

## Evaluation

The trainers will apply a standard brief questionnaire for evaluation of the tool and collect data from learners (Annex 9).

## References

1. Cornwell, Jocelyn & Goodrich, Joanna (2011) *Nursing Times Ethical & Compassionate Nursing supplement: 6-8* ([www.nursingtimes.net/Journals/.../NT-Ethical--Compassionate-Care.pdf](http://www.nursingtimes.net/Journals/.../NT-Ethical--Compassionate-Care.pdf))
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6. Halifax, Joan (2013) *G.R.A.C.E. for nurses: Cultivating compassion in nurse/patient interactions*, available at <http://www.upaya.org/wp-content/uploads/2013/12/GRACE-FOR-NURSES2781-10448-1-PB.pdf>
7. Spitzberg, B. H. (2000). "A Model of Intercultural Communication Competence", in: L. A. Samovar & R. E. Porter (Ed.) "Intercultural Communication A Reader", 375-387, Belmont: Wadsworth Publishing.
8. Lambrini Kourkouta I and Ioanna V. Papathanasiou (2007) *Communication in Nursing Practice*, <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3990376/>
9. Brian Neese(2015) *Effective Communication in Nursing: Theory and Best Practices* <http://online.seu.edu/effective-communication-in-nursing/>
10. Lustig & Koester (2010) *Intercultural Competence: Interpersonal Communication Across Cultures*

11. *Intercultural Education of Nurses in Europe, [www.ieneproject.eu](http://www.ieneproject.eu) .A multilingual website which develop a new model for intercultural education of nurses (PPT/IENE Model).*
12. *Tools for Intercultural Education of nurses in Europe, <http://ienetools.wordpress.com/>*

### **13. Training/learning/evaluation resources**

- |                 |   |
|-----------------|---|
| <i>Annex 1:</i> | <i>Pre - class self directed learning sheet</i>       |
| <i>Annex 2:</i> | <i>Timetable for the classroom activities</i>         |
| <i>Annex 3:</i> | <i>Case study: Do not judge before you know!</i>      |
| <i>Annex 4:</i> | <i>Work sheet: The process of role modelling</i>      |
| <i>Annex 5:</i> | <i>Evaluation sheet for Therapeutic Communication</i> |
| <i>Annex 6:</i> | <i>Action Plan template</i>                           |
| <i>Annex 7:</i> | <i>Reflexive log</i>                                  |
| <i>Annex 8:</i> | <i>Assessment Sheet</i>                               |
| <i>Annex 9:</i> | <i>Evaluation of the tool</i>                         |

## Annex 1

### Worksheet: Pre - class self directed learning activities: 3-4 hours

Question	Sources of information	Findings
<p><b>What is the Compassion? what compassion means, what might prevent consistent compassionate care and what practical changes could ensure compassion.</b></p>	<p><i>Dictionaries</i></p> <p><a href="http://ieneproject.eu/glossary.php">http://ieneproject.eu/glossary.php</a></p> <p><i>Jean Watson's Caring Science and Human Caring Theory in the presentation of Emily Becker, Laura Dryjanski and Kristen Neigebauer</i>  <a href="http://www.slideshare.net/crolauk/jean-watson-9595375?next_slideshow=1">http://www.slideshare.net/crolauk/jean-watson-9595375?next_slideshow=1</a></p> <p><i>Ensuring compassionate care in hospital</i>  <a href="http://www.nursingtimes.net/Journals/2011/08/24/j/y/s/NT-Ethical--Compassionate-Care.pdf">http://www.nursingtimes.net/Journals/2011/08/24/j/y/s/NT-Ethical--Compassionate-Care.pdf</a></p> <p><i>Learning tools about compassion</i>  <a href="http://ieneproject.eu/tools-toolkit-1.php">http://ieneproject.eu/tools-toolkit-1.php</a> where you can find the</p>	
<p><b>What the intercultural communication means? What are the basis of cultural differences and how they are expressed in Nonverbal Communication ?</b></p>	<p><i>Nursing communication at</i>  (<a href="http://www.slideshare.net/rubyrose1996/nursing-communication-19786740">http://www.slideshare.net/rubyrose1996/nursing-communication-19786740</a>)</p> <p><i>The Basis of Cultural Differences in Nonverbal Communication, at</i>  <a href="http://www.slideshare.net/chirineh/non-verbal-">http://www.slideshare.net/chirineh/non-verbal-</a></p>	

<p><b>What can be the barriers of the intercultural communication</b></p>	<p><i>communication-11860284?qid=4065fb45-18c2-49a6-bd48-8a553fc4bf3c&amp;v=&amp;b=&amp;from_search=9</i></p> <p><i>“Barriers and challenges to intercultural communication” available on IENE website</i>  <a href="http://ieneproject.eu/tools-toolkit-3.php">http://ieneproject.eu/tools-toolkit-3.php</a></p>	
<p><b>Select good examples of verbal and non verbal therapeutic communication</b></p>	<p><i>Therapeutic Communication Techniques at</i>  <a href="http://www.slideshare.net/jben501/nurserevieworg-therapeutic-communication-techniques">http://www.slideshare.net/jben501/nurserevieworg-therapeutic-communication-techniques</a> .</p> <p><i>Tips for communication with patients, at</i>  <a href="http://www.slideshare.net/mycomic/nurse-patient-relationship">http://www.slideshare.net/mycomic/nurse-patient-relationship</a></p>	
<p><b>What is role modelling? What are the strategies for role modelling in healthcare? What are the characteristics of a role model?</b></p>	<p><i>Presentation of Social learning Theory at</i>  <a href="http://www.slideshare.net/tabishahsan1/social-learning-theory-8769965?qid=a5082be8-641b-4be4-83eb-ec618931bebf&amp;v=&amp;b=&amp;from_search=4">http://www.slideshare.net/tabishahsan1/social-learning-theory-8769965?qid=a5082be8-641b-4be4-83eb-ec618931bebf&amp;v=&amp;b=&amp;from_search=4</a></p> <p><i>Role modelling—making the most of a powerful teaching strategy(</i>  <a href="http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2276302/">http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2276302/</a>)</p>	

**Annex 2:****Timetable for the classroom activities**

	<b>Activities</b>
09:00 – 9.30	<b>Warming up session -introductions</b> <ul style="list-style-type: none"> <li>• Kowing each other. Start creating the network. Sign the registrations form with email address role etc. (15 minutes)</li> <li>• Ice break: video "Funny about communication" (5 minutes)</li> <li>• Aims and plan for the training sessions/ground rules (10 minutes).</li> </ul>
9.30 – 10:30	<b>Study case: Promoting cultural diversity and tolerance</b> <ul style="list-style-type: none"> <li>• Presentation: Cultural Diversity &amp; Bias, Prejudice, &amp; Discrimination (15 minutes)</li> <li>• Video: Do not judge before you know! (5 minutes)</li> <li>• Participants answer the questions in the Study case sheet provided (15 minutes).</li> <li>• Then will present and discuss in front of the whole group (15 minutes)</li> <li>• Conclusions (10 minutes)</li> </ul>
10:30 – 10.50	Coffee Break
10:50 – 11:50	<b>Role modelling : Touch and care!</b> <ul style="list-style-type: none"> <li>• Demonstration of nurses techniques showing compassion, safety or psychological support, made by the trainer (10 minutes)</li> <li>• Discussion (20 minutes)</li> <li>• Conclusion (10 minutes)</li> <li>• Meta-cognition: Analyzing the activities assisted identifying the elements of the process of role modeling (20 minutes)</li> </ul>
11:50-12:50	<b>Role playing ( 2 cases):</b> <ul style="list-style-type: none"> <li>• Participants play the role nurses trying to develop of good nurse-patient relationship (20 minutes, 10 minutes each case)</li> <li>• The participants will use the Work sheet evaluation their communication and behavior(10 minutes, 5 minutes each case).</li> <li>• Discussion (20 minutes, 10 minute each case)</li> <li>• Conclusion (10 minutes)</li> </ul>
12:50-13:30	Lunch
13:30 – 15.30	<ul style="list-style-type: none"> <li>• Role Model Planning. Work to draft an Action plan to be executed when return (30 minutes)</li> <li>• Complete Compassion Measuring Tool if they did not do at the beginning of the day(15 minutes)</li> <li>• Questions, Evaluation the tool, Networking (15 minutes)</li> </ul>

**Annex 3:**

***Case study: Do not judge before you know!***

**Watching the video, please reflect on these and comment:**

1. How do you think family's attitude toward black person located in the waiting room?
  
2. How do you comment Initiative to present the family doctor Tzafar?
  
3. It was part of the standard procedure for communication with patients?
  
4. Do you think the doctor knew that the family has these cultural stereotypes?
  
5. Do you think the family has changed attitude to other cultures from this episode?
  
6. Do you think the doctor gesture can be interpreted as a role model? By what?

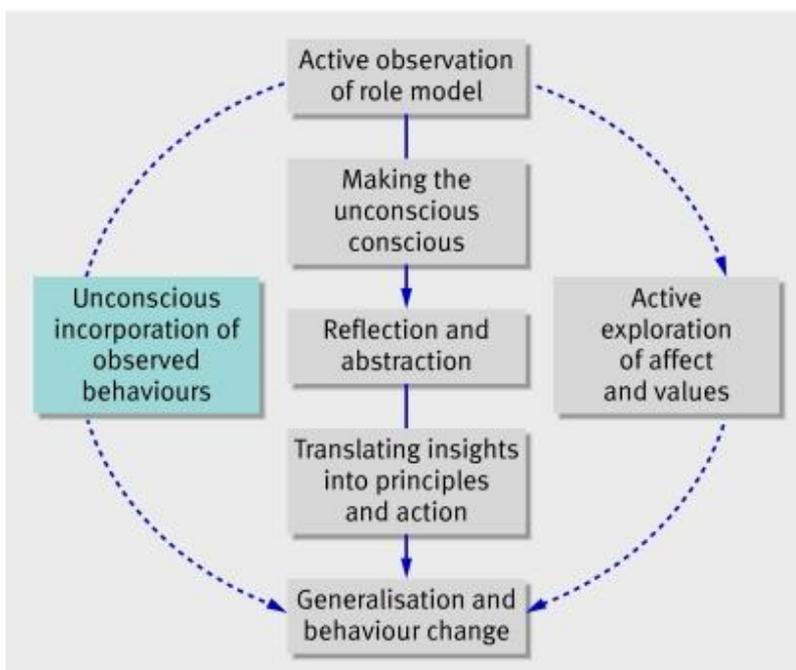
**Annex 4:**

**Work sheet: The process of role modelling**

Analyze the activities you assisted:

- Trainer's demonstration of procedures of taking vital signs
- Discussions
- Conclusion

<p>Consider these activities like a role modeling . and identify which activities can be considered elements of the process of role modeling ( according to the Cruess model in the figure below)</p> <p>Active observation of the role model</p>	
<p>Making unconscious conscious</p>	
<p>Translating insights into principle and actions</p>	
<p>Generalization and bhaviour change</p>	



Sursa: Cruess, SR (2008)- *Role modelling—making the most of a powerful teaching strategy* (<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2276302/>)

**Annex 5:**

***Evaluation sheet for Therapeutic Communication***

<i>Nurse A</i>	<i>Nurse B</i>	<i>Nurse C</i>	<i>Nurse D</i>
-			
-			
-			
-			
-			
-			
-			
-			
-			

*How to evaluation of nurses response*

Criteria	<i>Nurse A</i>	<i>Nurse B</i>	<i>Nurse C</i>	<i>Nurse D</i>
Did the nurses well understood the patient needs? (Yes/No)				
Was the nurse empathetic with the client? (Yes/No)				
Is this a recommended therapeutic nursing responses in this case? (Yes/No)				

# THERAPEUTIC COMMUNICATION TECHNIQUES

TECHNIQUE	EXAMPLES	RATIONALE
<b>Accepting</b> – indicating reception; recognizing the other person without inserting own values or judgments; may be verbal or nonverbal; with or without understanding	"Yes" "I follow what you said" Nodding	An accepting response indicates the nurse has heard and followed the train of thought. It does not indicate agreement but is nonjudgmental. Facial expression, tone of voice, and so forth also must convey acceptance or the words will lose their meaning.
<b>Active listening</b> – an active process of receiving information and examining one's reaction to messages received	Maintaining eye contact and receptive nonverbal communication	Nonverbally communicates nurse's interest and acceptance to client
<b>Neutral response</b> - Showing interest and involvement without saying anything else		Being nonjudgmental. Refrain from showing negative emotions of disapproval, surprise, anger, dislike, etc.
<b>Empathy</b> - Experiencing another's feeling temporarily; truly being with and understanding another through active listening		
<b>Eye contact</b> - As appropriate to the client's culture		
<b>Offering self</b> – making oneself available	"I'll sit with you awhile." "I'll stay here with you." "I'm interested in what you think."	The nurse can offer his presence, interest, and desire to understand. It is important that this offer is unconditional, that is, the client does not have to respond verbally to get the nurse's attention.
<b>Humor</b> – discharge of energy through comic enjoyment of the imperfect	"This gives a whole new meaning to 'just relax'."	Can promote insight by making conscious repressed material, resolving paradoxes, tempering aggression, revealing new options, and is a socially acceptable form of sublimation
<b>Making observations</b> – verbalizing what the nurse perceives	"You appear tense." "Are you uncomfortable when...?" "I notice you're biting your lip." Nurse says nothing but continues to maintain eye contact and conveys interest.	Sometimes clients cannot verbalize or make themselves understood. Or the client may not be ready to talk
<b>Silence</b> – absence of verbal communication, which provides time for the client to put thoughts or feelings into words, regain composure, or continue talking		Silence often encourages the client to verbalize, provided that it is interested and expectant. Silence gives the client time to organize thoughts, direct the topic of interaction, or focus on issues that are most important. Much nonverbal behavior takes place during silence, and the nurse needs to be aware of the client and his own nonverbal behavior.
<b>Broad Openings</b> – allowing the client to take the initiative in introducing the topic	"Is there something you'd like to talk about?" Where would you like to begin?"	Broad openings make explicit that the client has the lead in the interaction. For the client who is hesitant about talking, broad openings may stimulate him or her to take the initiative.
<b>Formulating a plan of action</b> – asking the client to consider kinds of behavior likely to be appropriate in future situations	"What could you do to let your anger out harmlessly?" "Next time this comes up, what might you do to handle it?"	It may be helpful for the client to plan it in advance what he or she might do in future similar situations. Making definite plans increases the likelihood that the client will cope more effectively in a similar situation.
<b>Theme Identification</b> – underlying issues or problems experienced by client that emerge repeatedly during nurse-client relationship	"I've noticed that in all the relationships that you have described, you've been hurt or rejected by the man. Do you think this is an underlying issue?"	Allows nurse to best promote client's exploration and understanding of important problems
<b>Giving information</b> – making available facts that the client needs	"My name is..." "Visiting hours are ..." "My purpose in being here is..."	Informing the client of facts increases his knowledge about a topic or lets the client know what to expect. The nurse is functioning as a resource person. Giving information also builds trust with the client.
<b>Giving recognition</b> – acknowledging, indicating awareness	"Good morning, Mr. S..." "You've finished your list of things to do." "I notice that you've combed your hair."	Greeting the client by name, indicating awareness of change, or noting efforts the client has made. Shows that nurse recognizes the client as an individual. Such recognition does not carry the notion of value, that is, of being "good" or "bad".
<b>Self disclosure</b> - Sharing personal information at an opportune moment to convey understanding or to role model behavior		

<p><b>Clarification</b> - Putting into words vague ideas or unclear thoughts of the client Purpose is to help nurse understand, or invite the client to explain</p>	<p>"Was it something like...?" "Have you had similar experiences?"</p>	<p>Comparing ideas, experiences or relationships brings out many recurring themes. The client benefits from making these comparisons because he or she might recall past coping strategies that were effective or remember that he or she has survived a similar situation.</p>
<p><b>Encouraging description of perceptions</b> – asking the client to verbalize what he or she perceives</p>	<p>"Tell me when you feel anxious." "What is happening?" "What does the voice seem to be saying?"</p>	<p>To understand the client, the nurse must see things from client's perspective. Encouraging the client to describe fully may relieve the tension the client is feeling, and he might be less likely to take action on ideas that are harmful or frightening.</p>
<p><b>Exploring</b> – delving further into a subject or idea</p>	<p>"Tell me more about that." "Would you describe it more fully?" "What kind of work?"</p>	<p>When clients deal with topics superficially, exploring can help them examine the issue more fully. Any problem or concern can be better understood if explored in depth. If the client expresses an unwillingness to explore a subject, however, the nurse must respect his wishes.</p>
<p><b>Focusing</b> – concentrating on a single point; Picking up on central topics or "cues" given by the client</p>	<p>"This point seems worth looking at more closely." "Of all the concerns you've mentioned, which is most troublesome?"</p>	<p>The nurse encourages the client to concentrate his energies on a single point, which may prevent a multitude of factors or problems from overwhelming the client. It is also a useful technique when a client jumps from one topic to another.</p>
<p><b>General leads</b> – giving encouragement to continue</p>	<p>"Go on." "And then?" "Tell me about it."</p>	<p>General leads indicate that the nurse is listening and following what the client is saying without taking away the initiative for the interaction. They also encourage the client to continue if he is hesitant or uncomfortable about the topic.</p>
<p><b>Incomplete sentences</b> - Encouraging the client to continue with phrases</p>	<p>"Go on..." "And..."</p>	
<p><b>Placing event in time or sequence</b> – clarifying relationship of events in time</p>	<p>"What seemed to lead up to...?" "Was it before or after...?" "When did this happen?"</p>	<p>Putting events in proper sequence helps both the nurse and client to see them in perspective. The client may gain insight into cause-and-effect behavior and consequences, or the client may be able to see that perhaps some things are not related. The nurse may gain information about recurrent patterns or themes in the client's behavior or relationships</p>
<p><b>Presenting reality</b> – offering for consideration that which is real</p>	<p>"I see no one else in the room." "That sound was a car backfiring." "Your mother is not here; I am a nurse."</p>	<p>When it is obvious that the client is misinterpreting reality, the nurse can indicate what is real. The nurse does this by calmly and quietly expressing the nurse's perceptions or the facts not by way of arguing with the client or belittling his experience. The intent is to indicate an alternative line of thought for the client to consider, not to "convince" the client that he is wrong.</p>
<p><b>Reflecting</b> – directing client actions, thoughts, and feelings back to client; may use same words</p>	<p>Client: "Do you think I should tell the doctor?" Nurse: "Do you think you should?"</p>	<p>Reflection encourages the client to recognize and accept his feelings. The nurse indicates that the client's point of view has value, and that the client has the right to have opinions, make decisions, and think independently.</p>
<p><b>Restating</b> – repeating the main idea expressed in different words</p>	<p>Client: "My brother spends all my money and then has the nerve to ask for more." Nurse: "This causes you to feel angry?" Client: "I can't sleep. I stay awake all night." Nurse: "You have difficulty sleeping." Client: "I'm really mad, I'm really upset." Nurse: "You're really mad and upset."</p>	<p>The nurse repeats what the client has said in approximately or nearly the same words the client has used. This restatement lets the client know that he or she communicated the idea effectively. This encourages the client to continue. Or if the client has been misunderstood, he can clarify his thoughts.</p>

<p><b>Seeking information</b> – seeking to make clear that which is not meaningful or that which is vague</p>	<p>"I'm not sure that I follow." "Have I heard you correctly?"</p>	<p>The nurse should seek clarification throughout interactions with clients. Doing so can help the nurse to avoid making assumptions that understanding has occurred when it has not. It helps the client to articulate thoughts, feelings and ideas more clearly.</p>
<p><b>Suggesting collaboration</b> – offering to share, to strive, to work with the client for his benefit</p>	<p>"Perhaps you and I can discuss and discover the triggers for your anxiety." "Let's go to your room, and I'll help you find what you're looking for."</p>	<p>The nurse seeks to offer a relationship in which the client can identify problems in living with others, grow emotionally, and improve the ability to form satisfactory relationships. The nurse offers to do things with, rather than for, the client.</p>
<p><b>Recommend or suggest options</b> but not advise</p>	<p>Recommendations must be in line with the problem of the client</p>	<p>Example: if the client is exhausted from taking care of a loved one, recommend friends to help. Inappropriate: recommend to client to seek counseling – not helpful in relieving exhaustion Inappropriate: decision on longterm facility admission requires family members</p>
<p><b>Summarizing</b> – organizing and summing up that which has gone before</p>	<p>"Have I got this straight?" "You've said that..." "During the past hour, you and I have discussed..."</p>	<p>Summarization seeks to bring out the important points of the discussions and to increase the awareness and understanding of both participants. It omits the irrelevant and organizes the pertinent aspects of the interaction. It allows both client and nurse to depart with the same ideas and provides a sense of closure at the completion of each discussion.</p>
<p><b>Translating into feelings</b> – seeking to verbalize client's feelings that he expresses only indirectly</p>	<p>Client: "I'm dead." Nurse: "Are you suggesting that you feel lifeless?" Client: "I'm way out in the ocean." Nurse: "You seem to feel lonely or deserted."</p>	<p>Often what the client says, when taken literally, seems meaningless or far removed from reality. To understand, the nurse must concentrate on what the client might be feeling to express himself this way.</p>
<p><b>Verbalizing the implied</b> – voicing what the client has hinted at or suggested</p>	<p>Client: "I can't talk to you or anyone. It's a waste of time." Nurse: "Do you feel that no one understands?"</p>	<p>Putting into words what the client has implied or said indirectly tends to make the discussion less obscure. The nurse should be as direct as possible without being unfeeling blunt or obtuse. The client may have difficulty communicating directly. The nurse should take care to express only what is fairly obvious; otherwise the nurse may be jumping to conclusions or interpreting the client's communication.</p>
<p><b>Voicing doubt</b> – expressing uncertainty about the reality of the client's perceptions</p>	<p>"Isn't that unusual?" "Really?" "That's hard to believe."</p>	<p>Another means of responding to distortions of reality is to express doubt. Such expression permits the client to become aware that others do not necessarily perceive events in the same way or draw the same conclusions. This does not mean the client will alter his point of view, but at least the nurse will encourage the client to reconsider or reevaluate what has happened. The nurse neither agreed nor disagreed; however, he has not let the misperceptions and distortions pass without comment.</p>
<p><b>Validation</b> – searching for mutual understanding, for accord in the meaning of words</p>	<p>"Tell me whether my understanding of it agrees with yours." "Are you using this word to convey that...?"</p>	<p>For verbal communication to be meaningful, it is essential that the words being used have the same meaning for both (all) participants. Sometimes words, phrases or slang terms have different meanings and can be easily misunderstood.</p>

**Annex 6:**

**Action Plan template**

*Name of the trainee* \_\_\_\_\_

Strategies to improve role modelling	Actions	Results/comments
1. Role model that demonstrate sensitivity to others' feelings, patients' and staff's diverse needs and treating them with compassion		
2. Model positive attitudes for understand cultures, and expression of tolerance		
3. Work to improve the institutional culture of good communication and relationship between health staff and patients.		
4. Facilitate reflection on clinical experiences, recognizing, emphasizing, and leveraging strengths and what is working rather than the opposite approach of focusing on weaknesses and what isn't working.		

**Annex 7:**

***Reflexive log***

Your name:

Your title:

Date:

**Description of the role modelling incidence (1):**

**Who was involved?**

**What did you learn from this experience?**

**What follow up actions would you take?**

**Description of the role modelling incidence (2):**

**Who was involved?**

**What did you learn from this experience?**

**What follow up actions would you take?**

## Annex 8:

### Assessment Sheet

#### Learning outcomes to be assessed:

5. Acknowledgement of patients' and staff's diverse needs and treating them with compassion;
6. Knowledge of similarities and differences within and between cultures and expression of compassion;
7. Active listening, dealing sensitively and culturally appropriate others' feelings needs, vulnerabilities and concerns;
8. Promoting patient centered care based on needs assessment.

Name of the trainee assessed: \_\_\_\_\_

Name of the assessor \_\_\_\_\_ Date \_\_\_\_\_

#### ASSESSMENT RESULTS

No	Criteria	Very poor	Poor	Good	Very good	Exceptional	Comments
1.	Awareness for change: to promote patients' centered care based on their needs and treating them with compassion						
2.	Desire to make the changes for sensitively and culturally appropriate care						
3.	Knowledge: of similarities and differences within and between cultures and expression of compassion						
4.	Ability to change: role modelling skills						
5.	Reinforcement to retain the change: strategy to improve the organizational culture of compassion.						
<b>Feedback to trainee and advices for improvements:</b>							

## Annex 9: Evaluation of the tool

### Information about the tool:

Title : **Mentors role modeling in culturally appropriate communication and compassionate care**

Unit:

- Unit 1  
 Unit 2

### Information about you:

Age: \_\_\_\_

Gender:

- Male  
 Female

Professional profile:

a) What is your role?

- Nurse  
 Social worker  
 Occupational therapist  
 Doctor  
 Psychiatric nurse  
 Community psychiatric nurse  
 Counsellor  
 Psychologist  
 Unqualified mental health worker  
 Other (please specify).....

b) How many years have you worked in your profession? \_\_\_\_

### Indicators:

*In the following table there are some indicators in order you can evaluate if the learning tool meet them. Please, rate each indicator by inserting a tick in the relevant column.*

	<b>Fully agree</b>	<b>Partly agree</b>	<b>Not agree</b>
The tool is structured appropriately to achieve the learning goals			
The theoretical content is relevant and appropriate			
The practical content is relevant and appropriate			
The activities proposed are useful to increase Culturally Aware and Compassionate Leadership			
The activities proposed are useful to increase Culturally Knowledgeable and Compassionate leadership			
The activities proposed are useful to increase Culturally Sensitive and Compassionate Leadership			
The activities proposed are useful to increase Culturally Competent and compassionate leadership			
The content is interesting and useful to improve the daily leadership practice at my workplace			
The delivery method is appropriate			
The activities promote learners' meaning-making			
In general, I am satisfied with the tool			
<b>Add your own criteria below</b>			
The activities empower leaders for the role modelling			
The activities support compassionate culture in the healthcare environments			

Please, state any additional comment you want to share with us. Your opinion is very important to improve our work and to better address real professionals' needs.

**Thank you so much for your participation and your time!**

IENE4 team