SPI FORSCHUNG

Project Co-ordinator

MAT Mobiles Aufklärungs-Team zu Sexualität und AIDS in M-V

Kompetenzzentrum für sexuelle Bildung

BORDER|NET work

Concept Paper

for

Communication and Counselling Training on Sexual Health and HIV/STI Prevention for Medical Students

Project Deliverable (D5)

Introduction

The idea of development of communication and counselling curriculum's concept on sexual health and HIV/STI prevention for the medical professionals traces back to the first EU-funded project BORDERNET, in which frame a cross-country assessment survey was conducted on the accessibility and quality of HIV Voluntary Counselling and Testing (VCT) in 5 EU countries in 2007.
The German-Polish cross-border region (Model Region I) participated also in the survey and the partners stepping on the results, elaborated practical recommendations for optimisation of the VCT services and the counselling competence of the HIV-service providers. Those guidelines were followed by several practical trainings for counselling staff on improvement of awareness and communication skills.

The assessment study findings confirmed among others existing gaps in the communication skills within health care staff and medical doctors especially regarding sexual issues, sexual behaviour, risk exposure and behaviour change of the clients/patients. On the one hand counselling is still strongly medically dominated; there is lack of sufficient social and other non-medical helping professionals. On the other hand, medical doctors are lacking competence and skills for client communication and counselling on the related topics.

Counselling is indispensable part of the HIV service provision (prevention, diagnostic, treatment and care) and regardless of the approach applied for scaling up of HIV diagnostic, efforts should be maintained to guarantee sufficient amount and quality of counselling delivered to the clients. Therefore the competence required for its delivery should be promoted and assured at multilevel. Internationally synchronized standards of pre- and post-test counselling, unified training curricula at national level and provision of ongoing supervision on local level are seen as appropriate recommendations for improvement of the quality of HIV VCT in diverging testing settings and for better comparability of their outcomes.

Translating these findings into practical action steps, the German BORDERNETwork partner, MAT in cooperation with the university clinic in Rostock and the Medical Chamber of Mecklenburg Vorpommern (DE) decided to develop co-jointly with the Polish project partner, the Vojevodship's clinic in Szczecin (in cooperation with the University of Szczecin) a series of pilot communication training course building up competence for medical students during the course of their studies.

Based on that a concept emerged for curriculum and training courses, which are subject of the BORDERNETWork deliverable (D5) presented here. The joint curriculum should be reflecting the regional and national specific as well as promoting basic standards of counselling, patient conversation and communication on the topics of sexuality, HIV/AIDS/STI, risk exposure and minimization.

The concept paper at hand makes an initial outline of the complex process and task of curriculum development and presents in detail the background concept for communication training course. Two of the pilot communication courses have been conducted in 2010 with total number of 20 trainees from the medical study course at the University of Rostock, Germany. The curriculum itself and the concept for trainers are not issues for this paper, they are still under progress and will be finalised in the last project's phase in 2012.

Main Focus:
Development of a special curriculum for the medical studies, work out of a training concept for study tutors („train the trainer"), planning and implementation of pilot communication training courses for medical students on sexual health and HIV/AIDS prevention counselling.

Target group:
Students in Medical sciences, students in paramedical professions

Objective:
Development of model concept and piloting of exemplary communication training courses for medical students at the Universities in Rostock (DE) and Szczecin (PL).

Communication is intrinsic part of every process of interaction in the education, social, health care systems, of the daily work of medical and helping professionals. Clear and effective communication is the basis and the clue to better understand clients and patients, to attend better their needs, complains and problems and to support more effectively the solutions they seek.

The patient-doctor relation presumes a trustful environment and certain familiarity when it comes to discuss and share openly on topics related to sexuality, sexual behaviour, risks related to STIs and HIV/AIDS. In this regard it becomes even more important for the helping professionals to have clear and comprehensible communication on the topics related to sexual health, in order to overcome shyness, shame and other personal barriers of the client/patient and to accompany them in an effective professional manner. Self-reflection is one of the tools to gain awareness and to improve the communication skills, to optimise the contact and relation with the client/patient and to accompany better joint search of action strategies for prevention, treatment and/or care.

Approach
Friedemann Schulz von Thun: „... secondly, in numerous training courses for parents, teachers and professionals from different types I noted pretty soon, that scientific, book-learned explanations do not come good across….. the model of interpersonal communication, which I will present here emerges from the encounter of science and practice".

The team of MAT, Rostock implements its long-term practical experience in the concept at hand in terms of this understanding of interpersonal communication. They are active in the provision of counselling, education and training on sexual pedagogy, social pedagogy and communication deriving from the pedagogical and individual psychology school of Alfred Adler.

The training courses conducted are respectively active learning-focused, needs-driven and person- and resources-centred.

Frame
The training seminar is conducted in a small group setting with max of 15 participants and covers minimum of 16 hours of training. The course is conducted by 2 facilitators/trainers. The participation is based on voluntary choice, which is then binding for the whole duration of the course. Two working rooms at least are necessary for the conducting of the course,

Work programme/ Components of training

The theoretical background of the training is provided by the communication theories of Paul Watzlawick and Friedemann Schulz von Thun. Watzlawick is known for the formulation of the multidimensionality of the human communication as an "Axiom". The following Axioms are the further basis and components of the training course:

1. The human being cannot not communicate
    - Communication takes place at different levels – verbal (language), non-verbal (body language);
    - Each behaviour has a communication features;
    - It is not possible that the human being does not behave; hence the human being cannot not communicate.

2. Each communication act has a content- and a relational/process-component
    - The process/relation aspect defines and influences the content aspect;
    - The relation aspect shows the emotional relation of the communication partner;
    - The relation aspect steers the mutual understanding of the communication partners;
    - The optimal communication: sharing consents over the content and process-aspects, disagreement with regard to content, but stability and agreement as for the relational aspect.

3. Each communication process depends on the punctuation of the communication partner
    - One's own communication behaviour is interpreted only as reaction to the other person's behaviour;
    - Communication sender and receiver structure the communication flow differently;
    - Due to the complexity of the communication flow and the difference, it is not possible to apply casual-linear argumentation when problems in the communication occur (who started the argument?)

4. The human communication uses digital and analogous modalities
    - Digital communication is clear; leaving not much space for false interpretations ("it rains outside"). It communicates often facts and content;
    - Analogous communication is vaguer and imprecise, as it intertwines also a relational aspect (sharing information about an emotional state, mood, predisposition);
    - Optimal effective communication: digital and analogous communication are unambiguous and in accordance;

5. Communication processes can be either symmetric or complementary
    - In a symmetric relationship the behaviour of the communication partner has mirror-image features (same features and roles in the communication);
    - In a complementary relationship the behaviour of the communication partner complement each other (such as doctor-patient, without any appraisal of good and evil, string and weak);
    - Optimal effective communication: good balance of the two types of communication

6. Further topics:
    - Ability and readiness to talk openly on rational and emotional components of the human sexuality;
    - Role identification and professional role in the communication process;
    - The influence on the communication partner;
    - Non-verbal communication
    - Sexuality and language

Methods

The experiences with effective or non-effective communication should be reflected and emotionally worked up. The educational psychology defines the emotional processing of a topic as the best approach to learning and implementation of the new knowledge related to it.

Co-determination through participation and own responsibility are important components of the methodology of the training course. Personal experience and its work up is one of the main methods, through which strategies for optimisation and action-planning can be also proved and improved:

- Individual work
- Group work
- Role play
- Case studies
- Self-reflection
- Supervision

Perspective

This concept aims to support the development of the pedagogical guide for a communication curriculum for the medical students. The concept will be implemented through the pilot training courses in the frame of BORDERNETWork on both sides of the German-Polish border region. The curriculum's development will evolve from the experiences gathered during the piloting phase.

References:

Schulz von Thun, Friedmann: Miteinander reden: 1, Allgemeine Psychologie der Kommunikation. Rowolt Taschenbuch Verlag. Hamburg, 2008

Watzlawick, Paul: Menschliche Kommunikation. Formen, Störungen, Paradoxien. Verlag Hans Huber. Bern, 2007.

Annex

Programme for pilot communication training

Annex

Programme of the first 2 pilot communication training course on sexual health conducted on 4/5 September and 11/12 December 2010 in Rostock

Work Programme (Piloting)

Day 1

14:30 **Greeting** of participants and opening of seminar, presentation of participants and trainers, programme and working approach;

14.40 "**My aim** at the end of the seminar is…"
Individual work – what do I like to reach? What do I have to do for that? – Moderation cards and flipchart presentations

15.00 **Partner Presentation**
Participants build pairs and present each other in plenary

16.00 **Reflection in plenary**
Communication: Questions and Answers (from the pair's interviews)
Input:

- The small W-Questions – appropriate for an initial conversation/communication with client/patient (where, when, who, what, whereto)?
- The big W-Questions (why, what for, how come)? Can be slaying for the communication process and the initial conversation

16.15 Break

16.45 **Group exercise: Doctor- patient initial conversation**
Forming of groups of 3 participants (doctor, patient, observer)
The patient has to tell the doctor about an embarrassing sexual situation – role plays of the initial conversations;

Feedback and evaluation in plenary with the guiding questions for observers:

- What did the observer see and hear?
- How did the patient feel? What did he wish for her/himself?
- How did the doctor guide the interview in order to facilitate sharing of important facts and information? How did s/he feel?

Conclusions in plenary

- What is of decisive importance by first contact and initial conversation?
- What is the aim of the first conversation? What should be achieved?
- Where are the major difficulties?

18.45 **Sexuality and Language**
Group Exercise: "Penivagitus"
Flipchart-paper
Review, assessment, reflection
Input: Levels of Language, Use and meaning of language, common language used on doctor-patient conversation

20.00 Closing of Day 1

Day 2

9.00 Reflections upon Previous Day

9.10 **Group exercise: Arranging objects (wooden blocks)**
- Forming pairs, partners sit with their backs to each other, each of them near a table. On each table same wooden blocks are disordered. Partner 1 describes Partner 2 how the wooden blocks on her/his table are arranged, Partner 2 has to rearrange the wooden blocks on her/his table same way, according to the description of Partner 1.
- 3 pairs demonstrate the exercise in a row (no evaluation from the group, only note taking);
- Sharing in plenary – what did we observe?
-**Input:**

- What do we need for successful communication and understanding? What are the basic prerequisites for effective communication?

10.00 **Presentation: Communication axioms / Paul Watzlawick**
Exercises with the axioms

Axiom 1
All participants receive the task NOT to communicate for 2 min.
Feedback and reflection - did this work? Why or why not**?**

Axiom 2
Practical cases from the medical practice – doctor-patient communication on e.g. smoking, exercises

Axiom 3
Working with text (Loriot) and roles - what happened in this conversation?

Axiom 4
In groups of 3-4 participants collecting examples on communication problems
Presentation and discussion, reflection

Axiom 5
Role play presented by trainers: complementary and symmetric communication
Observations and reflection: which communication process and styles were observable, effective or not, where are the problems?

Role plays – participants in couples: Doctor-patient conversation
Some pairs play in front of plenary, others observe
Sharing and Conclusions

12.00 Lunch break

12.30 **Group Exercise: First contact: doctor-patient conversation: paradoxical intervention**

Trainers make a short demonstration
The group is divided in groups of 4, 2 participants play, 2 observe
The patient has a sexual health problem, the doctors reacts in paradoxical manner
1 group plays in front of plenary, feedback and reflection on the difficulties according to the model of paradoxical intervention
1 other group plays and same repeated
Reflection round and conclusions – what has to be changed in order to achieve a fulfilled effective communication?

13.30 **Group Exercise: First contact: doctor-patient conversation: encouraging**
The same exercise repeated with changed scenario, trainers demonstrate a departing situation for a role play with encouraging communication between doctor and patient
Group role plays, observations, sharing, reflection
Conclusions: what has changed in the roles of doctor and patient, how were their emotions affected, what is the exit of the contact?

14.30 **Back to the beginning of the seminar: reviewing the personal aims of participants?**
Evaluation of the seminar, according to a scale of 1 to 10 with regards to the expectations and objectives (10 – completely fulfilled, 1 – not at all fulfilled)
How should a further training look like?
What topics should be additionally covered?
Collect ideas of participants

14.45 **Evaluation questionnaire**

15.00 Final round and close of Seminar

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