

Training and Resource Development

Communication and motivation for behaviour change

Warm up: Pantomime in teams - (as an example of non-verbal communication)

1. **Elements of communication:** the sender, the receiver and the content
2. **As medical students, whom do we communicate with:**
 - lecturers/trainers
 - peers (medical students, friends)
 - patients
3. **Target audience** for promoting health behaviour are our peers: medical students, age 18-25
4. Certain opinions already formed, certain behaviours adopted, certain prejudices exist
5. Still uncertain and undecided about certain issues
6. Student life – a period of change, insecurity and vulnerability as well: being away from family support, experiencing new environment and peer dynamics; long studying hours, insecurity about future professional and private life, new responsibilities for resource distribution, all feed into it.
7. As student leaders, our peer task is to support our colleagues and friends to:
 1. Maintain healthy behaviours and resist the temptations of health compromising behaviour
 2. Modify and change already adopted health compromising habits, towards healthy behaviour
8. That can be done through range of interventions (**Transparency:** List of peer methodologies)
9. We shall focus on peer communication and peer motivation as a tool for behaviour change

A. Motivation for behaviour change

10. Health enhancing vs health compromising behaviour

11. Health enhancing behaviour

- Examples
 - Sport activities (peer pressure to engage in sport activities: boys play football, girls go to aerobics together)
 - ...
 - (participants suggest some other examples)
- Influences
 - Role models
 - Media
 - Information and education
 - Family
 - Peer pressure

- Gender roles
- Culture
- Religion

12. Health compromising behaviour

- Examples
 - Smoking
 - Unprotected sex (role models, per pressure-it is “macho” not to use condoms)
 - (participants suggest some other examples)
 - ...
 - ...
 - Early marriage (socio-cultural pressure, health consequences of early marriage and early pregnancy)
- Influences
 - Lack of knowledge
 - Family
 - Peer pressure
 - Role models
 - Gender roles
 - Culture
 - Media

13. Discuss the Interplay, sequence and importance of different influencing factors in different examples of behaviour

B. Easy and Difficult topics

14. **Easy topics-** guided brainstorm on which topics are easy to talk about with peers and why

Role play A (unprepared): Role plays in small groups of 3 (two players and an observer). A doctor patient communication, where a patient is a medical student. The patient presents to a doctor with a flu.

Analysis: Participants get back together. Together, we conduct the analysis of the specific microskills used in communication. What are the skills we use specifically with other medical students? Would we talk the same way to another patient? Why do we use this skills specifically with medical students? What is the value of peer communication among medical students?

15. Which topics are difficult to talk about and why? How can we use specific communication microskills to address difficult topics? How can we use the same skills to address health compromising behaviour?

C. “Giraffe” and snake language (Verbal explanation)

The concept of Giraffe language has been developed by Marshall B. Rosenberg, Ph.D. of the Center for Nonviolent Communication. Using Nonviolent CommunicationSM skills can improve personal, family and professional relationships. They have proven useful in crisis and anger management, counselling, prevention of child abuse, domestic violence and school violence. It has been successfully used in doctor- patient communication. The participants are suggested to learn in dept about this concept from: www.nonviolentcommunication.com

The name comes from the following analogy:

The snake is an earth crawling animal, it has bad eye sight. It cannot see very well, thus it sees every other being as a threat, and is always ready to attack. It often bites, and its bite is poisonous. The “snake” language is the language of accusation and attacking, without trying to see the other person’s needs and concerns. It is characterised by “you” messages: “You did it on purpose..., you don’t understand me..., you only think about yourself...”

Giraffe, on the other hand, is a tall animal, has a good eye sight, and can see very far. It is not a predator, but also doesn’t have predators itself. The giraffe language is the language of observation and insight into other persons needs and feelings, and trying to express oneself in the same way. It is characterised by “I” messages: I feel this way because..., it is important for me..., I would like to know what you think of it...”

In peer communication, the Giraffe language can be used to understand the needs and negotiate behaviour change.

- The model of non violent communication (**slide**)

Role play B - Example role play: A friend sharing his fears about his best friend's smoking. Two facilitators will simulate brief communication using the snake, and then the same conversation using the giraffe language.

Role play C: In groups of three (two players, an observer), the participants will excersise different life situations (e.g. a couple negotiating the use of condoms), trying to implement the “giraffe language “ as much as possible.

Analysis: participants come back to the group. Together, we analyse how difficult it was to use the giraffe language; did we fall into traps of evaluating in stead of observing; and how successful did we manage to express ours and understand the partner’s needs, feelings and requests.

Role play D:Using the analysed peer communication microskills and giraffe language, the participants will play a “quick turn” role play, where participants take turn, one after another, in the same role play. This way, each participant will have the chance to test the excersised skills.

D. “Do as I say, don’t do as I do”

The above sentence reflects frequent doctor – patient relationship (e.g. doctors who smoke advise patients about the dangers of smoking to health. Here we shall reflect on the need and responsibility to serve as a role model to our patients later in our professional life. We need to change ourselves first, in order to be able to change the others. It is important for us to motivate and support each other in adopting health enhancing behaviours.