# UNIT 1

# Pedagogy

Co-funded by the Erasmus+ Programme of the European Union

Project number: 2018-1-UK01-KA204-048095
This project has been funded with support from the European Commission. This publication reflects the views only of the author, and the Commission cannot be held responsible for any use which may be made of the information contained therein.

# Contents


Introduction ........ 3

**1.1 Pedagogical Principles** ........ 4

**1.1.1 The Successful Health Advisor Characteristics** ........ 5

**1.1.2 How to Conduct a Needs Analysis on Health Literacy?** ........ 6

**1.1.3 Learning Styles** ........ 8

**1.1.4 Training techniques** ........ 8

**1.2 Communication Techniques** ........ 12

**1.2.1 Principles of Communication Theory** ........ 12

**1.2.2 Intercultural Communication** ........ 13

**1.2.3 Communication Techniques for Delivering of Health Topics – Best Practices** ........ 14

**1.3 Social Sensibility** ........ 16

**1.3.1 Social Skills** ........ 16

**1.3.2 Social Practices** ........ 17

**1.3.3 Conflicts Prevention and Resolution** ........ 18

Self-assessment ........ 21

References ........ 23

# Introduction

ON-CALL Project aims at developing a train-the-trainer curriculum to support local people develop competences to work as Lay Family Health Advisors in the communities where they reside. Acting as tutors, these individuals will be teaching topics related to health literacy to low skilled adults.

Within this Unit – Pedagogy Principles –, we will provide learners with the adequate knowledge and skills to further transmit the contents learned during ON-CALL training as well as with the resources to do so.

The Unit comprises three subunits. The first subunit – *Pedagogical Principles* – covers training techniques and learning styles, including resources to be used by trainers. The second subunit – *Communication Techniques* – focuses on basics of communication theory, communication techniques, and intercultural communication. Finally, the third subunit – *Social Sensibility* – addresses principles of social skills, social practices and how to prevent and resolve conflicts.

Going through these topics, the Lay Family Health Advisors will acquire the necessary competences to be successful intermediaries. They will know how to understand their communities´ health literacy needs, how to communicate properly with them regarding their singularities and promote the interaction and collaboration amongst individuals.

This way, the trained intermediaries will engage and support disadvantaged families developing their health literacy skills, essential to allow them improve their health life.

Regarding the English web resources indicated as further readings and materials to implement this unit, we suggest you to use the Google Chrome web browser and the right-click command "*Translate to…"* in order to use the resource in your native language.

## 1.1 Pedagogical Principles

According to *Encyclopaedia Britannica*, **pedagogy** is the "*study of teaching methods, including the aims of education and the ways in which such goals may be achieved*"[1]. This definition is in accordance with the main goal of this subunit: to describe the main training techniques and learning styles so ON-CALL trainees, at the end of their training, can be able to choose and apply strategies suitable to the characteristics of the groups they will work with.

Education and training have several aims. They are the processes by which society transmits its knowledge and skills through generations, and, in a broader sense, it may refer to any experience that has a formative effect on a person. They are crucial to enhance the abilities of individuals and communities so they can achieve development and social and economic success. Furthermore, they contribute to self-esteem, to self-confidence, and to the realisation of one's potential.[2]

To achieve these aims, there are pedagogical principles to take into account. ON-CALL curriculum will be delivered to adults and the process of teaching them, known as Andragogy, has specific pedagogical principles, as adults, comparing to children, can present a very wide range of life experiences and background knowledge. The **adult education pedagogical principles** that are considered to allow adult learners to experience greater success are:

- **learning must be self-directed** – there is the need to explain the reasons things are being taught and to address them to each learner, but simultaneously adults must be given space to find their own way to learn and make decisions regarding it;
- **learning is experiential and utilises background knowledge** – instruction must consider adults´ diverse experiences as a resource and the basis for learning;
- **learning is immediately relevant to current roles** – adults are most interested in learning subjects that have immediate relevance to their job or personal life;
- **instruction is problem-oriented** – as adults want an immediate application of knowledge to their lives, training must be practical and applied to aspects useful to them;
- **learners are motivated to learn** – as a person matures, the motivation to learn is internal, regarding, e. g., personal development, improved self-esteem and better quality of life.[3]

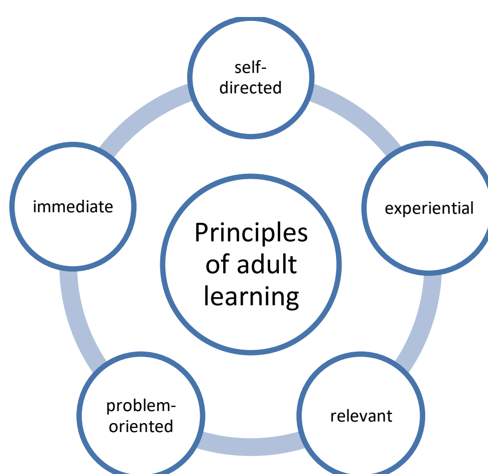



**Image 1 – Principles of adult learning**

[1] Retrieved from https://www.britannica.com/science/pedagogy
[2] Retrieved from https://www.coe.int/en/web/compass/education
[3] Retrieved from https://elearningindustry.com/the-adult-learning-theory-andragogy-of-malcolm-knowles

On the context of ON-CALL project, the contents to be delivered are related to health and, once more, specific **health pedagogical principles** apply when delivering contents on this topic. Generally, these are:

- consider health in its multiple expressions – physical, mental and social – and not only as the absence of diseases;
- incentivise learners to have and defend a healthy living as it is relevant for them;
- emphasise the importance of lifelong learning in general and regarding the promotion of health in particular, both formal and informal – reading skills or computer literacy will facilitate the development of health literacy skills;
- foster interaction amongst individuals, the community, and local health services.[4]

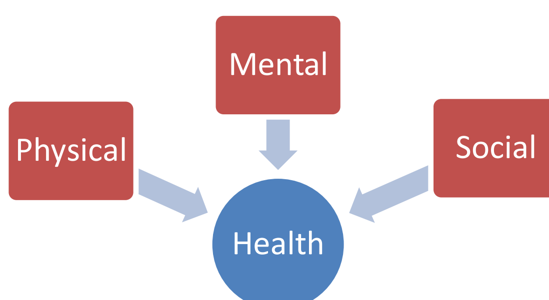



**Image 2 – Health dimensions**

### 1.1.1 The Successful Health Advisor Characteristics

To improve health literacy of lay families, ON-CALL project establishes networks of Health Advisors that act as trainers. The act of training involves them and the trainees. They collaborate in a way designed to improve learners' knowledge and skills. Considering this, the characteristics of each individual learner and the subject to be covered are crucial in this process, as well as the social characteristics of the group and of the community. Only taking into account these aspects it is possible to consider other factors related to the act of training, namely theories of learning, activities organisation, and instructional media.

Next is presented a list of **Health Advisors' pedagogical characteristics** that they must demonstrate and apply when delivering health programmes, to be successful in their role:

- conduct initial "needs analysis" to be aware of the health literacy needs of the individuals/community;
- create a supportive and collaborative learning environment;
- involve elements of the community with different social roles – students, workers, fathers, mothers, etc. – to reach a wider audience;
- consider individuals' previous knowledge;
- reinforce key health topics by returning to them when considered needed;
- present the materials as resources to be used by the individuals themselves or to support other people;

[4] Retrieved from http://www.unesco.org/education/educprog/ste/projects/health/principles.htm

- facilitate learning using learner-centered and task-based techniques – doing, seeing, reading, listening, etc.;
- include in the programme social aspects of health alongside the physical and mental.[5]

**Image 3 – Involve elements of the community with different social roles**

### 1.1.2 How to Conduct a Needs Analysis on Health Literacy?

Health literacy refers to the capacity that individuals have to obtain, process, and understand basic health information and services that are necessary to make appropriate health decisions. There are simple or more comprehensive tools to measure it.

**Health literacy categories** are usually divided in four:

- **poor/inadequate**: causes problems to the individual and to the society;
- **limited/marginal**: causes avoidable problems to the individual;
- **sufficient/adequate**: main individual's needs are met;
- **excellent**: high competency of critical health literacy.

The boundaries between categories are not rigid and determining someone's health literacy is a complex and difficult process. Some people can have good health literacy in one area (e.g., managing diabetes) but poor health literacy in another area (e.g., taking antibiotics correctly). ON-CALL project focus on those people with poor or limited health literacy.

There are some social characteristics that will help identify **people with a higher risk of poor health literacy**:

- Low socio-economic status, determined by occupation, income or social exclusion;
- Low education;
- Poor language skills or illiteracy (analphabetism);
- Disadvantaged ethnic minority status;
- Prevalence of low or inadequate health literacy increases steadily from about age 50, and the majority of people age 75+ have been found to have low health literacy;
- Any group that is probably underserved by preventative health care services, such as migrant workers or illegal drug users.

[5] Retrieved from http://www.unesco.org/education/educprog/ste/projects/health/pedagogy.htm

It is important to remark that inadequate health literacy is not confined to or determined by any particular characteristic, social or not, so the information mentioned before may not apply to all individuals/communities.

Individuals with low health literacy may not evince willingness to follow health care advice. Being part of a social or cultural specific group, e.g. a minority ethnic group, often creates barriers for individuals when dealing with health information. That is why ON-CALL Health Advisors have the chance to be successful in their role, as the health contents are delivered by peer educators from the same social/cultural group, who are sensitive to specific cultural values and behaviours.[6]

As previously mentioned, the first step Health Advisors must take when collaborating with individuals/communities is to understand their health literacy needs. A simple tool to assess health literacy and determine someone's needs regarding it is to put some questions to individuals. Below is presented a short list of commonly used questions to identify the category of health literacy an individual can fall into. The choice of questions depends on the individual and on their aim.

Simple **questions to assess someone's health literacy** are:

- *How confident are you filling out medical forms by yourself?*
- *How often do you have someone help you read hospital materials?*
- *How often do you have problems learning about your medical condition because of difficulty understanding written information?*[7]

Survey tests are more complex tools that can help identify someone's needs on health topics. There is one website where you can find an appropriate health literacy measurement tool considering your goals. You can check it at http://healthliteracy.bu.edu/

The Agency for Healthcare Research and Quality (USA) is one of the organisations that developed tools to measure individuals' health literacy regarding reading comprehension in a medical context. These tools allow comparison of health literacy amongst individuals and can be used for program training planning purposes.

The **Short Assessment of Health Literacy** – English (SAHL–E) is one of those tools. Persons taking the assessment are presented 18 health test terms. Each term is presented together with 2 words: one with a related meaning to the test term and the other not related to the test term. This assesses the person's comprehension as well as pronunciation of health-related terms. The test can be taken in less than five minutes. You can find a ready to use test and directions how to use it with your local groups in the activities section.[8]

[6] Retrieved from http://healthliteracycentre.eu/recognizing-low-health-literacy/

[7] Retrieved from http://healthliteracycentre.eu/measuring-health-literacy/

[8] Retrieved from https://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy/index.html

ON CALL

The 18 items of *SAHL-E*, ordered according to item difficulty (keys and distracters are listed in the same random order as in the field interview)

| Stem | Key or Distracter | | |
|---|---|---|---|
| 1. kidney | __urine | __fever | __don't know |
| 2. occupation | __work | __education | __don't know |
| 3. medication | __instrument | __treatment | __don't know |

**Image 4 – Initial part of the Short Assessment of Health Literacy – English (SAHL–E)**

By applying the questions to assess individual's health literacy or the Short Assessment of Health Literacy – English (SAHL–E) you will be able to identify some of the learners' needs regarding health information and select adequate ON-CALL resources to use with them.

### 1.1.3 Learning Styles

Each individual learns differently. Understanding how each individual is more engaged into learning is important because you want them to retain the information you pass on so they can use it in their daily life. There are many learning styles theories. Next we list the simplest three.

**Learning Styles**[9]

| | |
|---|---|
| Visual | Learners rely on watching images, graphics, diagrams, charts, maps, PowerPoints, etc., to learn. |
| Auditory | Learners must listen to learn. It can be in situations as lectures, group discussions, reading-aloud, etc. |
| Kinaesthetic | Learners "learn by doing" and require movement to be incorporated into their learning. This can be done using hands-on learning, acting or role-playing. |

Human intelligence results from a combination of different and more complex learning styles. What is important to retain is that you must observe your learners and identify what kind of activities correspond to their learning style, i. e., they get more engaged into, so you can implement the best practices to improve their learning process.

### 1.1.4 Training techniques

ON-CALL curriculum comprises a **digital toolkit of 36 health literacy multimedia resources**, divided per three main **subjects**:

[9] Retrieved from https://www.udutu.com/blog/what-are-adult-learning-styles-and-how-do-they-affect-elearning/

- Promoting Positive Mental Health;
- Diet, Nutrition and Healthy Eating;
- Measures for Healthy Living.

Each multimedia resource is composed of:

- **Tutor handbook** – exclusive for the trainer, gives you information about the topic and a suggestion of activity;
- **Fact sheet** – one visually attractive page with basic information about the topic;
- **PowerPoint** – developed presentation of the topic;
- **Video** – short video with avatar presenting important information on the topic.

There are many training techniques available to help you deliver your training and use these resources. So many that it can be difficult to determine which ones to use. Using different techniques in each training session is usually the most effective way individuals learn and retain information.

As envisioned by adult education pedagogical principles, it is important to choose learner centered techniques. Consequently, we suggest you to focus on three pedagogical approaches – the interactive, the inductive, and the exploratory. Following you will be presented with techniques and resources that you can use to deliver the ON-CALL curriculum to your trainees to improve their learning experience.

Although, before considering specific training techniques, you must ask yourself:

- *Which are my training goals?*
- *Who is being trained?*
- *How long will the training last?*
- *Where will the training take place?*
- *What training resources do I need?*

Your answers to these questions will help you choose the most adequate training techniques and resources from the list below.

**Interactive**[10]

- **Quizzes** – stop periodically to make questions on information presented to that point. You can also begin sessions with a pre quiz and let participants know there will also be a follow-up quiz. Trainees will stay engaged in order to improve their pre quiz scores on the final quiz. You can use multiple choice or true/false questions, like the ones at the end of this Unit.

- **Small group discussions** – break the participants down into small groups and give them real life situations to discuss or solve. For example: *Which measures can we take to avoid obesity? How can we deal with stress?* This is a good way for learners with more knowledge to pass it on to the others. At the end, let each group expose their findings. Finally, show them the ON-CALL resources regarding these topics.

[10] Retrieved from https://simplifytraining.com/article/most-effective-training-techniques/

- **Case studies** – adults tend to have a problem-oriented way of thinking, as previously mentioned, so case studies are a great way to make them engaged. By analysing real life related situations, they can learn how to handle similar situations. You can use as inspiration examples from your community, news or trending health topics on media, so the likelihood of learners being familiar with them is higher.

- **Active summaries** – create small groups and have them choose a leader. Ask them to summarise the lecture's major points and have each team leader present the summaries to the all group. Give feedback on summaries by correcting or adding important information.

- **Question cards** – during the lecture, ask participants to write questions on the subject matter. Collect them and conduct a quiz/review session at the end.

- **Role-playing** – by assuming roles and acting out situations that might occur in real life, people learn how to handle various situations before they face them. Role-playing can be a great training technique, for example, for people learning how to express correctly when having an appointment with a doctor[11] or to simulate how they can help a friend going through mental health issues. You can show learners some ON-CALL resources on these topics and after the role-playing, so you can ensure information was retained.

- **Participant control** – create a list of topics that will/can be covered. You can use the titles of the 36 ON-CALL media resources. Ask participants to review it and pick items they want to know more about. Call on a participant to identify his or her choice. Cover that topic and move on to the next participant.

- **Demonstrations** – whenever possible, bring tools or equipment that are part of the training topic and demonstrate the steps being taught or the processes being adopted. For example, you can simply use a ball to show some physical exercises people can do everyday to get the benefits of physical activity.

- **Create a personal action plan** – each individual has their own needs regarding health. Hence, you can help learners designing individual action plans concerning mental health strategies, diet and physical activity.

- **Outdoor training** – visiting places in the community that are related to the training can be very useful for learners. They may not be aware of the location of health services or supporting organisations and by showing them their location, introducing them people working there and explaining what kind of services the organisations offer, it can be a step forward for the improvement of their health.

Advantages of interactive sessions are that they keep trainees engaged in the training, which makes them more receptive to the new information. They also make training more fun and enjoyable and learners can provide in-session feedback to trainers on how well they are learning. Nonetheless,

[11] Additional information can be found at https://www.ahrq.gov/patients-consumers/patient-involvement/ask-your-doctor/index.html

interactive sessions can take longer because activities, such as taking quizzes or breaking into small groups, are time-consuming.

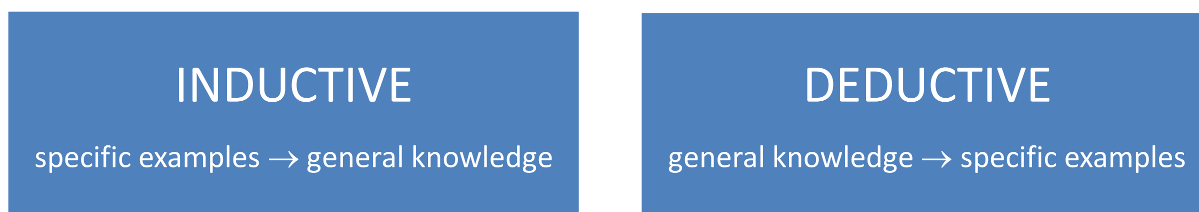
**Inductive**[12]

Inductive learning is a technique where the learner develops knowledge from observing and analysing examples. This is opposite to deductive learning, where learners are offered knowledge that they need to know and later apply.

By observing examples, we can try to see if things regularly happen in the same way and identify a pattern. With inductive learning, tasks are designed to help guide the learner and assist them in building knowledge. The advantage of this technique is that the mental effort of working out patterns for ourselves helps us remember them, opposite to the difficulty of assimilation of a lot of new knowledge happening in deductive learning.

In inductive learning, if the learner deducts something incorrectly, trainers have the role of guiding and assisting them to ensure that they have inferred correctly.

So, whenever you can, you also must favour this technique. Some of the interactive techniques presented before are based in inductive learning, as small group discussions and case studies.




**Exploratory**[13]

Exploratory learning is an approach that encourages the learner to explore and experiment to uncover relationships, with less focus on didactic training - teaching by lecturing. Learners may discover unexpected lessons and reach conclusions following various paths.

Learners should be given a goal - it can be a problem-based question - and the resources to reach it, and they can fail or succeed. Delight comes when they figure it out on their own. As in inductive training, trainers have the role of guide their resources' exploration to ensure they reach their goal.

Computers can be used as tools to support exploratory learning. For example, you can provide ON-CALL factsheets or videos to the learners and let them associate them with their lifestyle to reach some conclusions on what they could change in their behaviour to improve their health.

But there are a lot more online resources you can look for and use, considering your learners' needs. As example, do you know there are many people taking blood thinners due to different reasons? But sometimes people taking them are not fully aware of all the precautions they must have regarding their use. You can show learners the video Staying Active and Healthy with Blood Thinners and let them relate the precautions announced with their habits to check if there is anything they can improve in their routines regarding the taking of these pills.

[12] Retrieved from https://www.netlanguages.com/blog/index.php/2017/06/28/what-is-inductive-learning/
[13] Retrieved from http://www.usabilityfirst.com/glossary/exploratory-learning/

## 1.2 Communication Techniques

### 1.2.1 Principles of Communication Theory

The most common model of interpersonal communication refers six factors in any verbal communication act: the addresser that sends a message to the addressee, the context in which this happens, a common code to the addresser and the addressee to send the message and, finally, a channel between the addresser and the addressee, enabling both of them to stay in communication.[14]

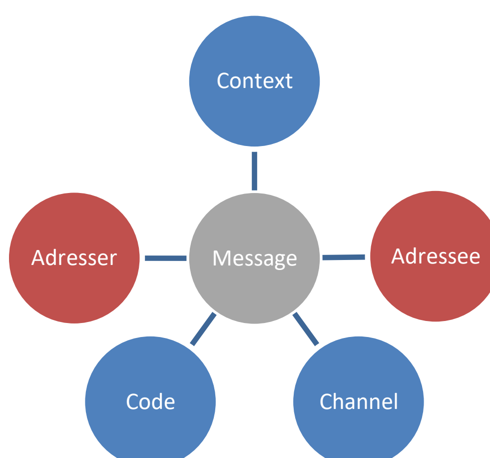



**Image 5 – Verbal communication factors**

In the context of ON-CALL training, these **six factors of the verbal communication** can be understood as:

- **Addresser** – the trainers or the trainees.
- **Addressee** – the trainees or the trainers.
- **Message** – the contents to be delivered by the trainers and the feedback from trainees;
- **Context** – in general, refers to the delivery of contents by Lay Family Health Advisors, produced in ON-CALL project; in particular, it can refer to the specific context in which each of the Health Advisors delivers the contents;
- **Code** – is the verbal language and nonverbal resources (images, videos, etc.) used to communicate;
- **Channel** – is the media used for communication, in this case it will be orally/presentially.

All these factors are crucial for the success of the training and thus they must be considered when planning and delivering the contents.

[14] Retrieved from https://www.oxfordreference.com/view/10.1093/oi/authority.20110803100016553

### 1.2.2 Intercultural Communication

Communicating with people that have different cultures than our characterises many European communities nowadays due to the migration phenomena. That is why knowing how to communicate with other cultures must be a skill of the Lay Community Health Advisors.

Cultural differences are a key factor in communication in general. They include factors as race, ethnicity, language, nationality, religion, age, gender, sexual orientation, income level, and occupation. Health literacy is also influenced by different cultural values, that affect how people understand and respond to health information.

Some **examples of values, attitudes and traditions that are interrelated with culture and can influence health literacy** include:

- Accepted roles of men and women;
- Value of traditional medicine versus Western medicine;
- Favourite and forbidden foods;
- Manner of dress;
- Body language, particularly whether touching or proximity is permitted in specific situations.

Obstacles to effective communication in intercultural groups, i. e., formed by people belonging to different cultures, include stereotyping – an oversimplified idea of a particular person/group – and ethnocentrism – the evaluation of other cultures according to the standards of one's own culture.

To avoid these obstacles, you must develop your intercultural competence, that is the ability "to recognise the cultural beliefs, values, attitudes, traditions, language preferences, and health practices of diverse populations".[15] Even tough Health Advisors can have a different culture than their learners, they must put themselves in the others' shoes and adapt their communication style to them. This means to communicate in a culturally and linguistically appropriate way relevant information considering the learners´ culture, in order to assure an effective communication.

Some **recommendations** to reach effectiveness are:

- be sensitive to the characteristics of the specific cultures you deal with and have to adapt to, by observing and listening carefully to the others;
- be careful with specific guestures and facial expressions since they can have different meanings. For example, finger gestures can have various meanings in different countries. While in some countries (like Portugal and the United Kingdom) joining the thumb and index finger to form a ring means a positive sign (OK), in some Mediterranean, Arabic and Latin American countries this gesture is an obscenity[16];
- speak individually with whom may have more cultural or language barriers so that the interaction is effective;
- reinforce the use of multimedia resources, namely the ON-CALL videos and images, if you think other people are misunderstanding you;

---

[15] Retrieved from https://health.gov/communication/literacy/quickguide/quickguide.pdf

[16] For more about how to read body language and other examples around the world access: https://takelessons.com/blog/how-to-read-body-language-examples-z14

- if an immigrant doesn't speak or has a limited proficiency in the language of the host country, establish contact with a person from the community that speaks the same mother tongue as the immigrant, so he/she can express better and you can transmit relevant information.

Concluding, be open-minded and respect others' culture. Doing so, you will be able to manage communication within a culturally diverse group so diversity can be used as a source of intercultural knowledge and enrichment between culturally diverse individuals.[17]

**Image 6 - Be open-minded and respect others' culture**

### 1.2.3 Communication Techniques for Delivering of Health Topics – Best Practices

After accessing individuals'/communities' health literacy and their health information needs and after being familiar with their cultural background, Health Advisors are ready to select the information learners need to know and prepare their communications.

To ensure effective communication on health literacy topics, Health Advisors must consider the following **communication techniques**:

- **Break the ice:** there are several activities you can do at the beginning of a training go get people involved in it and more comfortable with each other. We suggest you the activity "The story of my name" that is in the activities section. Simultaneously, people will be presenting themselves and already sharing some characteristics of their cultural background;
- **Apply individual-centered communication:**
    - Asking learners individually previous knowledge on the meaning of concepts before you give information, so they feel acknowledged;
    - Explaining topics considering individuals' cultural and social characteristics mentioned before, like age, language, religion, etc.;[18]
- **Use plain (simple) and clear language**, so individuals can understand what they hear or read at first[19];
- **Avoid long sentences**;
- **Organise information and present the most important topics/key points first**;

[17] More information at https://www.the-centre.co.uk/blog/post/7_principles_of_intercultural_communication_by_the_equality_academy
[18] For more information on individual-centered communication watch https://www.youtube.com/watch?v=xGQ0hCdNDjU
[19] For detailed guidelines on plain information visit https://www.plainlanguage.gov/guidelines

- **Explain the meaning of technical health terms** – you can use the Plain Language Medical Dictionary to better understand medical terms and explain them to other people; if you need a further knowledge about conditions, check https://www.nhs.uk/conditions/;
- **Use everyday examples** to explain technical terms;
- **Use multimedia resources** as they increase motivation and allow better understanding of the information – ON-CALL has its own Digital Toolkit of Health Literary Resources to be used, but you can also use other resources that you might find useful;
- **Ask open-ended questions**, starting with the words "what", "how" and "why", instead of those that can be answered with "yes" or "no";
- **Motivate individuals** by make them sharing their health concerns in detail and precisely;
- **Use the active voice**;
- **State specific actions** and recommendations you want learners to take;
- **Use the "chunk and check" method:** break down information into small chunks with breaks to check understanding in between. This avoids overloading the person with information in a row and allows the identification of anything he/she has not understood or that they would like further information on[20];
- **Use the "teach-back" method** to check understanding and enhance communication with each other – Health Advisors ask the person receiving the information to reformulate it in his or her own words, what ensures the information is understood and remembered. Examples of questions to put: "*Can you repeat this information to me so I know it is clear?*" or "*If a member of your family asks you about this subject, what are you going to tell him/her?*". If understanding is not successful, the Advisor repeats the process and reinforces the lacked information until the learner can reformulate it.[21]

**Image 7 – Motivate individuals sharing their health concerns**

Communication skills are very important for Health Advisors. Their skills may make a big impact on how learners understand health information. Hence, during the training solicit feedback regarding the relevance and efficiency of your communication and improve it, if necessary. Critiques work best when they are written and anonymous, unless a trainee volunteers to discuss his or her thoughts in person. Trainee input is vital for making the following session more effective.

[20] Retrieved from https://rcpsg.ac.uk/college/this-is-what-we-stand-for/policy/consent/health-literacy-and-communication-techniques
[21] For more information, visit https://www.merckconnect.com/static/pdf/TeachBack.pdf

## 1.3 Social Sensibility

Social sensibility is an emotional and cognitive aptitude related to surrounding people and situations. There are two fundamental processes in the centre of social sensibility: enculturation and socialization. Enculturation is the gradual acquisition of the characteristics and norms of a culture or group by a person or another group/culture. Socialisation is the process of learning to behave in a way that is acceptable to society. Considering this, the aim of social sensibility is the **ability to perceive the intellectual states of others**. So it is something we do everyday[22].

### 1.3.1 Social Skills

As a Lay Family Health Advisor, you must have already realised communication performs an important role in your tasks. But there are other skills to facilitate the interaction between you and your learners. These are the social and interpersonal skills that will help you to successfully manage your work as an intermediator. The possession of the following **social and interpersonal skills** is important for you[23]:

- **Active Listening -** look at the person you are speaking with and hold eye contact. Summarise and paraphrase what he/she says to build your relationships. This will help you remember what is being said, show professionalism and prove you're paying attention. Everyone wants to feel heard;
- **Communication -** we already mentioned the importance of this. More tips are to use the right vocal tone and body language based on who you're speaking to. Maintain engaged body language, such as occasionally nodding throughout your conversation and smiling. It will help build confidence and credibility. What you say is so important as how you say it;
- **Stress Management -** stress is common nowadays. Chances are your learners project their stresses onto you. Therefore, it is important that you are able to manage your own to prevent your mood from interfering with your relationships with learners and to help relieve some of their stress;
- **Compassion -** is the concern for the sufferings of others. Is a key component of sympathizing with your trainees and it help others see your passion for your work as an Advisor;
- **Empathy -** the ability to feel what the other person feels. If individuals are not self-confident, they might not feel comfortable approaching you or confiding in you. It is your task to provide a safe and inviting space for learners and to fostering optimism on them;
- **Teamwork -** because you can act as a liaison among families and health services, it is important that you're able to engage in teamwork and collaboration;
- **Problem Solving -** you need to be able to think quickly through a problem in order to effectively solve it. Someone may not agree with you, get angry at something you say, insult you or become aggressive towards you. This requires negotiation and compromise, give and take;
- **Previewing -** conversations require you to think about the effect your words or actions may have on your listener before you say or do them. If you think that the impact will be negative, you can adjust what you might say or do.

---

[22] *In* SCHULKIN, Jay, *Roots of Social Sensibility and Neural Function*, MIT Press, 2000.

[23] Based on https://cliniciantoday.com/the-top-7-interpersonal-skills-for-nps/ and https://www.cdl.org/articles/social-skills-and-school/

Participants who have deficits in these skills also tend to be more stressed and lonelier. But now that you have the knowledge, practice these social skills while you have the opportunity to take care of lay families, deepening your relationship with them and becoming a great Health Advisor.

### 1.3.2 Social Practices

Different social skills can also influence **social practices**. This expression can have different meanings and, in a wide sense, it refers to all human activity, in a specific social group context, regarding time and space. It can refer to go to work or school, cooking, hygiene habits, festivities, etc. These activities are routinely performed and follow rules that determine the common behaviours of individuals within a group – that is what we call Culture. These behaviours have a concrete meaning within that

group, but can have no value in another group. This means that a social practice that is valid for one group/culture may not be for another.

Social practices show the power of tradition. However, this does not mean that a social practice is eternal if we consider that there are customs that come to an end because in the present they are interpreted from a different perspective. Learning about other cultures within our community, about their customs and traditions, is a positive way to open our mind, to find that there is no single way of doing things, but different points of view. It is also good to have a personal criterion on social practices because something does not have to be valid simply because most people do it.[24]

Lay Family Health Advisors work inside disadvantaged communities with the aim of improving their health literacy. Then, we can ask: "*How do we change individuals' health practices/behaviours for better?*" This can be done by understanding the components that make up the practices and fostering the relations between individuals. For example, **cooking** and sharing a meal is a practice that can help individuals from different cultures engage with each other and, at the same time, they can speak about the nutrition topic – they can discuss the nutritional value of the meal and find ways if it can be improved. This creates the opportunity of exploring personal and social identity and learning from different experiences.

**Image 8 – Cooking is a social practice that can engage people**

Regarding education, it was already mentioned that there can be lack of motivation for learning if it is not relevant to individuals. So, another activity you can develop is to ask learners to **share stories** about health. These must be chosen carefully, so they are adequate to the training aims. These stories will give a view on individuals' life, on their different social roles and tasks - either in the family or work

[24] Retrieved from https://queconceito.com.br/pratica-social

context -, on other actors participating in it, helping you identify their practices and how to improve them, making learning relevant for learners. You will be establishing learning opportunities in their everyday lives, of their families and of other people surrounding them.

Many individuals have grown up without a big connection to arts. However, learning experiences through art also benefit people involved in lifelong learning. Advisors can appeal to imagination, engaging adults in the exploration of themselves and of their relationship with the society they live within. Following are presented **ways of exploring social identity through arts** that you can use with your learners[25]:

- **Drawing** – Create posters with phrases and pictures that appeal to correct behaviours, for example, regarding food consumption, and post them in the training room or tell them to take them home and post them there;
- **Painting** – Make self-portraits, family portraits or any other representations of learners' daily situations where they can explore health-related topics - for example, they can portray a family member or other person who has a health problem;
- **Photography** – Take pictures of everyday situations, including at the workplace, representing correct behaviours, such as correct procedures for the using of screens or right postures when seating;
- **Writing** – Through writing, learners can better express their concerns about their health issues or create short stories as good examples of proper health procedures - for example, describing the story of someone who smoked and had related health problems and, after quitting, the benefits gained;
- **Dance** – Some resources in ON-CALL project tackle the benefits of exercise, so you can learn the choreography of a song and move your body for a better health;
- **Music** – You can help learners write some lyrics, create music and sing their sorrows away;
- **Role play** – Besides what was said before on this topic, another possible activity is to rely on learners' experiences to help them reinterpret health situations that they realise could have had a more correct approach, now that they have more knowledge on health.

Adult learning can also take place in museums, galleries, theatres, and similar venues. It is your task to look for exhibitions, plays, etc., related to health literacy and take or direct your trainees there.

The set of these art activities are focused on the production of art as the expression of individual/community culture. They foster the development of communication and reflection skills about oneself and others, contributing to social change. It is important to speak and reflect about the outputs produced by learners, so they can make significate learning from them. This way, they are expected to get even more engaged in ON-CALL training and also increase their confidence.

### 1.3.3 Conflicts Prevention and Resolution

Training can be a fulfilling experience but sometimes it can also be not so exciting. Trainers need to understand group's dynamics and how they interfere with learning. By following all the recommendations we have been giving you during this first Unit, the probability of having conflicts in a group training is reduced. We have approached interactive and collaborative training techniques,

[25] Retrieved from https://www.ericdigests.org/2003-2/adult.html

communication techniques, social skills knowledge and you are provided a wide range of multimedia resources to use, what makes learning attractive and engaging.

Nonetheless, alliances and tensions among trainees can create an unfavourable learning environment. This can be influenced by many factors as learning difficulties, personal or family problems, social exclusion, and unemployment, among others. Next we will guide you on how to manage your group so you know **how to avoid conflicts**[26] during a training session:

- **Plan your training** – One source of problems in a session is learners having "free time" during it. Plan small tasks you can give someone individually or in a group. When learner's finish their main task in advance have them comparing the results with other individuals/groups;
- **Establish rules** – Encourage everyone to discuss and establish rules. This will prevent learners' disrespect for others – respecting anything and anyone is essential. Also highlight the importance of punctuality, to ensure groups' dynamics are not broken by late arrivals. Define when phones can be used, and teach them how to work collaboratively;
- **Consider ice breaking/teambuilding exercises** – The more you know your learners and they know each other, the more you will deal logically with their different personality types and will be able to solve any conflicts among them[27];
- **Listen** – Listen carefully and look at your learners when you are talking to them in order to show attention and provide correct feedback; many conflicts start due to misunderstanding and trainees must be taught good listening habits, like letting the speaker talk without interruption;
- **Use peer education** – When we teach something, we feel ande we need the approval from our peers, so give everyone the opportunity to show what they can teach to others. Wmilde already gave you some suggestions on this before;
- **Use positive reinforcement** – It is useful to keep people encouraged and engaged;
- **Reflect** – Reflect about the training, specially about the opportunities that it is giving to you, and ask trainees to do this same exercise;
- **Act before minor incidences** – Mild disruption easily can escalate if not stopped.

**Image 9 – Use positive reinforcement to keep learners engaged**

In rare cases, learners may keep their disruptive behaviours. If we want to establish a training culture that values community, conflicts between learners should be approached with reconciliation as the goal. In such cases, following we detail the steps for a possible way **how to resolve conflicts**[28] during a training session:

[26] Retrieved from http://europepmc.org/backend/ptpmcrender.fcgi?accid=PMC6039817&blobtype=pdf

[27] To learn more about icebreaking/teambuilding exercises access the following link: https://risepeople.com/blog/team-building-icebreakers/

[28] Retrieved from https://www.learnersedge.com/blog/resolving-conflict-in-the-classroom

ON CALL

**1. Give trainees a chance to cool off and reflect on their feelings**. If disputes occur in the middle of training, when you may not be able to discuss the situation with them, you can separate them and provide quiet spaces to calm down and focus on some reflection questions to prepare for a later discussion[29]. They can also express themselves by writing;

**2.** When you consider the appropriate time, **bring trainees together and ask them to share their perspectives on the situation**, using I-statements (as “I feel…”) to discuss their feelings and attitudes. We will not be looking for a party. They should also think about and share how their actions impacted others in the room and about ways they can act differently in the future;

**3.** Once trainees have shared their perspectives, it’s time to **negotiate a solution**. You can provide them with options or you can ask how they would resolve their conflict and choose from their own proposed resolutions. The solution must ensure both trainees achieve their goals. They must state that they agree with the resolution and shake hands to acknowledge the conflict is over. They can also thank each other for working through the issue and apologize;

**4. Check back** with trainees in a few days to make sure any tensions between them are dissipated.

The goal in creating a clear conflict-resolution process is not just to end disputes, but to empower trainees to learn from their mistakes, solve their own problems, and contribute positively to the training group. With time and dedication, we can help everyone achieve these goals.

A last suggestion you can use to try to disable a source of conflicts (stress) in a group is meditation. You can choose the best time to do it during your training – at the beginning of the session or after lunch are good options - to improve your trainees well-being[30]. Learn how to do it at

You are now equipped with skills to promote better relationships and a positive climate during training.

[29] To learn more about conflict resolution, check out the following handout: https://cdn2.hubspot.net/hubfs/345105/Blog-Additional-Content/2018%20Blog%20Additional%20Content/Conflict%20Resolution.pdf?hsCtaTracking=5c61763e-41f0-44d7-8871-5a23d65535e0%7C084a5ef6-9b3f-4fe5-8f58-81593eb0adca

[30] To learn more about mediation read the following factsheet: http://www.meditationinschools.org/wp-content/uploads/2013/06/Five-minute-to-a-calmer-classroom.pdf

# Self-assessment

1. Which of the following options is not an adult education pedagogical principle?
   a. Learning must be self-directed.
   b. Learning is theoretical.
   c. Learning is problem-oriented.

2. Indicate if the following sentence is true or false.
   *Health pedagogical principles focus on the social dimension of health.*
   a. True
   b. False

3. Complete the sentence: *Health Advisors must…*
   a. *not repeat health topics during the training.*
   b. *only involve in the training individuals of the community with the same social roles.*
   c. *consider trainees' previous knowledge.*

4. Which of the following questions you do not use to assess someone's health literacy?
   a. *How confident are you filling out medical forms by yourself?*
   b. *What do you think is your level of health literacy?*
   c. *How often do you have someone help you read hospital materials?*

5. Which of the following training techniques must **not** be used with trainees?
   a. Written exams
   b. Analysis of case studies
   c. Role-playing

6. The addresser, the addressee and the message are important factors of verbal communication.
   a. True
   b. False

7. Some examples of values, attitudes and traditions that are interrelated with culture and can influence health literacy include:
   a. Accepted roles of men and women
   b. Favourite and forbidden foods
   c. Hair and eyes colours

8. Which of the following communication techniques must **not** be used with trainees?
   a. "yes/no" questions
   b. Individual-centered questions
   c. The teach-back method

9. Active listening and empathy are important interpersonal skills.
   a. True
   b. False

10. The best way to resolve a conflict between trainees is by:
    a. Solving immediately the situation before all group by providing a solution.
    b. Separating the involved parts and bringing them together after some time to reflect on the situation.
    c. Telling the trainees to solve their conflict outside the training room and on their own.

**Solutions:** 1 – b; 2 – b; 3 – c; 4 – b; 5 – a; 6 – a; 7 – c; 8 – a; 9 – a; 10 – b.

# References


### Books and Articles

Schulkin, Jay, *Roots of Social Sensibility and Neural Function*, MIT Press, 2000.
Available at https://books.google.pt/books?id=wWXpiBOV0zkC&pg=PP4&lpg=PP4&dq=Roots+of+Social+Sensibility+and+Neural+Function&source=bl&ots=EI9rHl8i_q&sig=ACfU3U3yGmV1iQbHvdLQCc6fR_u1FT9X3w&hl=pt-PT&sa=X&ved=2ahUKEwjE8_ap0avmAhWOA2MBHahDAZ4Q6AEwCnoECBIQAQ#v=onepage&q=Roots%20of%20Social%20Sensibility%20and%20Neural%20Function&f=false

Mahvar T, Ashghali Farahani M, Aryankhesal A., *Conflict management strategies in coping with students' disruptive behaviors in the classroom: Systematized review*., J Adv Med Educ Prof. 2018; 6(3):102-114.
Available at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6039817/

*Quick Guide to Health Literacy*, U.S. Department of Health and Human Services - Office of Disease Prevention and Health Promotion, n.d.
Available at https://health.gov/communication/literacy/quickguide/quickguide.pdf

### Websites

https://elearningindustry.com/the-adult-learning-theory-andragogy-of-malcolm-knowles

http://healthliteracy.bu.edu/

http://healthliteracycentre.eu

https://queconceito.com.br/pratica-social

https://rcpsg.ac.uk/college/this-is-what-we-stand-for/policy/consent/health-literacy-and-communication-techniques

https://risepeople.com/blog/team-building-icebreakers/

https://simplifytraining.com/article/most-effective-training-techniques/

https://www.ahrq.gov

https://www.britannica.com/science/pedagogy

https://www.cdl.org/articles/social-skills-and-school/

https://www.coe.int/en/web/compass/education

https://www.ericdigests.org/2003-2/adult.html

https://www.learnersedge.com/blog/resolving-conflict-in-the-classroom

http://www.meditationinschools.org/wp-content/uploads/2013/06/Five-minute-to-a-calmer-classroom.pdf

https://www.netlanguages.com/blog/index.php/2017/06/28/what-is-inductive-learning/

https://www.nhs.uk/conditions/

https://www.oxfordreference.com/view/10.1093/oi/authority.20110803100016553

https://www.plainlanguage.gov/guidelines/

https://www.the-centre.co.uk/blog/post/7_principles_of_intercultural_communication_by_the_equality_academy

https://www.udutu.com/blog/what-are-adult-learning-styles-and-how-do-they-affect-elearning/

whttp://www.unesco.org/education/educprog/ste/projects/health/index.htm

http://www.usabilityfirst.com/glossary/exploratory-learning/

### Videos

*What Is Teach-Back?*
Available at https://www.youtube.com/watch?v=bzpJJYF_tKY

*How Long Does Patient-Centered Communication Take?*
Available at https://www.youtube.com/watch?v=xGQ0hCdNDjU

*Blood Thinners: Staying Active and Healthy*
Available at https://www.youtube.com/watch?v=bvDIDz9UlPY&feature=emb_title

### Further reading

*Health Literacy – The solid facts*, World Health Organization, 2013.
Available at https://apps.who.int/iris/bitstream/handle/10665/128703/e96854.pdf

Gitimu, Priscila, *Intercultural Communication: its importance to various career fields and perspective by various authors*, Southerns Illinois University Carbondale, n.d.
Available at https://opensiuc.lib.siu.edu/cgi/viewcontent.cgi?article=1013&context=ojwed

*The Teach-Back Technique – Communicating effectively with patients*, Merk, 2014.
Available at https://www.merckconnect.com/static/pdf/TeachBack.pdf

### Credits

Images 3/9 – Retrieved from pixabay.com
Image 6 – Retrieved from clipartart.com
Image 7 – Retrieved from shutterstock.com
Image 8 – Retrieved from freepik.com