بسم الله الرحمن الرحيم

(CHS446)

HUMAN COMMUNICATION SKILLS

FOR

Clinical Nutrition

Don't Be Disorganizer \ Traditional - Formal

Be Assertive Scientific Facilitator

JOHALI 2013HuCOMCN – The Bases for APCHER CN QUALITY

بسم الله الرحمن الرحيم

EISA ALI JOHALI

عيسى بن علي الجوحلي

A Lecturer CHS; CAMS; KSU

Author of Two Published Books & 3 Projected

PhD Health Sciences By Accrediting Prior Experiences, Hill University Sept. 2011

MA (Ed.) Philosophies and Sciences of Teaching, Learning and Curriculum in Nursing, UK 1995

- *Short Fellowship Planning Health Professions Education, UIC, USA 1991*
- *Bachelor A. M. Sc. Heath Education, KSU 1407 /1987*

Welcome To

Welcome to Johali Live e-Communicative learning Sites

Johali59@hotmail.com; Johali.59@Windowslive.com the Johali HuCOMCN 2013 حيوكم Group

+

http://faculty.ksu.edu.sa/JOHALI/ default.aspx

Updated Resources

http://sa.linkedin.com/pub/eisa-johali/31/3a6/896

https://twitter.com/TheNature2011 Dr. Eisa Johali

https://twitter.com/EisatheNature

Teaching & Learning

Introductory and Plan

Learning Introductory

PREFACE

As an introductory to this Persuasive probing "Concise Lectures' Note", I would like to send a progressive educational message to my dear "PCN Adult Learners".

My dear learner remember that you are not a primary school pupil, neither an elementary, nor even a secondary school student. You are an adult learner that in order to success in this progressive course and in your life as well, you have to "Think, Participate, Practice & Reflect on and in. You have to attend & react actively and voluntarily at every session.

This is not a traditional lectures' note that you can just read, store and recall. it is a "Lifelong Learning" Concise, which helps you to think around, back, about, over and up. It is prepared to promote you to search about the most appropriate knowledge, attitude that can assure the quality of your communication with your self, patients, your colleagues, and improve the quality of your profession, and the quality of your patients, family, community & your Nation.

So as to, learn the course well, you have to use "Your All Senses" and "Abilities", as well; You have to attend, see, listen, ask, discuss and participate actively in teaching, learning; and assessing your self, your colleague, your teaching and learning process and materials, your curriculum, and your "Lecturer" as well.

Finally, if you do so, do not worry, you will success in your course
and your life as well.

With this Concise & its T&L Plan and Process

"All the Learners will success; Except the one Who DO NOT Welling to Success"

كل طلابي ناجحين إلا من آبى !!

EISA ALI Al JOHALI
The lecturer

Learning Introductory - CHS 446 Description

Course No. and abbrev: CHS 446
Course title: Communication Skills \For CN (CNCS)

Credit hours: 3 (3+0) **Level:** 8
Contact hours: 3 **Prerequisites:** None
Course Description:
In addition to a brief historical and scientific introductory to human and health communication and their major scientific theories, this course covers health and nutrition communication process, systems and methods, Instruction in writing reports, and verbal presentation reading and understanding official documents, preparing cases for presentation to appropriate agencies, issuing instructions and letters to members of the public , patients and health care personnel.

Summary of Course Description from Course Specification

In addition to a brief historical and scientific introductory to health communication and its major scientific theories, this course is established to supplement to under graduate students to view their self from different angles, help them to realize the important of communication in their daily life. To assure readiness of my students, it will begin with reasoning why studying communication, its relation to their practice and education. It will focus on achieving its learning outcomes .

Learning Objectives and Outcomes

" Slightly Modified from Course Previous Specification"

By the End of This Course Who is Ready and Welling Will Be Able To:

- Briefly overview the historical development of human communication in health and clinical nutrition professions and education.
- Explore the place and significance of effective communication to health and dietitian services
- Recognize self and others nutritional communication patterns
- Demonstrate fundamental skills necessary for establishing positive relationship with clients, families and colleagues.
- Explain and diagnose the most common scientific theories that help them to improve quality of nutrition and dietitian processes including Islamic concepts, Berne's theory of ego states, perception, interaction, attitude change theories.
- Recognize and Indentify the most common factors, difficulties and barriers that challenged effective communication with normal and disorders clients.
- Use human communication process (HCP), network, levels, competencies, assertive style and strategies, to discuss, distinguish and apply the principles of effective professional verbal and non verbal communication.
- Demonstrate skills involved in active listening, silence and feedback
- Conduct communicational studies, surveys and interview.

Modified Plan With Course Specification in Logical Order

Weeks (3 Hrs\W)	Objectives/Subject	Note/T-L Strategies
1-2	• **INTRODUCTION & REASONING:** - *Understand each other ; Course Objectives & T - L PLAN* - *Reasoning WHY HCS for CN (HCSCN) (Probe CN Job Description; Practice & Education)*	*Interactive Lecture/Group discussion & Dialogue/Role Playing/ Workshops /Case Studies/ Self Creative research & Internet exploring)*
3-4	• **Brief Historical Overview & Defining Terms ?**	
5	• **The Most Common HCS Scientific Theories 1**	
6	**EXAM 1 /Creative Smart Assignment** Plan (CSA)	
7-8	• **The Most Common HCS Scientific Theories 2**	
9-10	• **CN CS Processes (Process & Network Models)**	
11	• **CN CS Processes (Process & Network Models)**	***CSA Deadline***
12	**Present CSA / EXAM2**	
13-14	• **Final Revision**	
15-16	**FINAL EXAM**	

References & resources

- **Your Smart Class Note**
- **This Lecture:**

Johali E. A (2013) HUMAN COMMUNICATION SKILLS FOR Clinical Nutrition: JOHALI 2013HUCOMCN – The Bases for APCHER CN QUALITY.

Further:

- **Johali E. A (1998) A Concise Basic Human Communication for Applied Medical Students.**
- **Johali, E A (3rd print 2006) A Concise Basic Human Communication for Pharmacy Technicians.**
- **Communication Skills in Pharmacy Practice A Practical Guide for Students and Practitioners Softbound by Robert S Beardsley, Carole Kimberlin William N Tindall 2007**

- **Online Etymology Dictionary, © 2010 Douglas Harper**
- Matthew Perri mperri@mail.rx.uga.edu
- Tiffany Chenneville et al (2008) Understanding and Improving Adherence to HIV Treatment. University of South Florida, USA.
- Human CommunUnlock Your FREE Report "How To Easily Develop Your Creativity"cond Edition) By Robert L. Heath wrence Erlbaum Associates Publications 2000 Mahwah, New Jersey London. (http://www.questia.com/PM.qst?a=o&d=14363794#)
- http://www.successconsciousness.com/index_000009.htm

Reasoning
WHY
CNCS ?

Do You Have / Know :

-CN Job Description (CNJD) Or CN Code of Conduct ?!
&
Later in
-CN Process (CNP)
- CN Care Process (CNCP) Models

Reasoning WHY CNCS ?

CN Job Description

Do You Know ?!!

Pre Reasoning Why FASH ?
Saudi Arabia Clinical Nutritionist Job Description MCS

- **Clinical Dietitian , Clinical Nutritionist**

Obesity Research Chair King Saud University

- *1.**Assess** nutritional needs, dietary requirements and current health status to develop and implement dietary-care plans and provides nutritional counseling.*
- *2. **Consult** with physicians to determine nutritional needs and diet protocols for both Clinic and postoperative bariatric Patients.*
- *3. **Working as a clinical dietician in a hospital based multidisciplinary weight management clinic.***
- *4. Advice and Educate patients and their families on basic nutritional principles, healthy eating habits, dietary plans, food selection. And nutrition monitoring to improve their quality of life*
- ***5.Plan and conduct** scientific training programs in dietetics, nutrition for medical students, interns, dietician under training health-care personnel in a local and an international level. 6.Develop and prepare Brochures, visual aids, course outlines, posters materials and other materials used in public and professional education.*
- *7.Write research reports and questionnaire and other publications to document and communicate research findings.*
- *8.Make recommendations regarding public policy, such as nutrition labeling, food fortification, and nutrition standards for school programs.*

Pre Reasoning Why FASH ?
Saudi Arabia Clinical Nutritionist Job Description MCS

- **Clinical Dietitian , Clinical Nutritionist**
- **Skills**
- Bachelor's degree of Applied Medical science collage (clinical dietician major) or equivalent field . Master Degree in same field is preferred
- At least 3 years Experience as a clinical dietician, preferably with Bariatric or weight management experience.
- International experience and training is preferable
- Experience in making multimedia educational and teaching tools in the field is preferred

  Excellent spoken and written Arabic and English language skills are mandatory.

  Microsoft word and other computing skills are mandatory.
- Must be updated in the field with evidence-based practice.
- Those who are interested in research and the attention to continue postgraduate studies are preferable.
- Good presentation skills to Educate and train for Scientific and public groups and Ability to direct content to a variety of audience.
- Must be able to work both independently and in a team setting And Ability to work within a multi-disciplinary team
- Calm, patient and sensitive manner with patients
- **Education**
- Bachelor's degree of Applied Medical science collage,Master Degree in same field is preferred

As Adult learners, *use the above briefly professional introductory, its learning questions to explore the place of HC in the CN Job Description/Professional Duties.*

==========

For Empirical Evidence Explore the CS in your Job Description

VIA A GROUP DISCISSION & DIALOGUE

==========

The Concise: By reviewing the literature and exploring the professional duties, there are Two major Reasons for ***Why Human CS for CN ?:***

1) **CS is *an essential part of CN Job Description (my CNJD).***

2) ***To assure quality, there no quality CN without Assertive CS .***

So, ***What CNCS that we should looking for?*** **self discover during the course)**

Why Human CS ? Just think who are you? Who is the patient?...Discover while you are Probe the Historical & Scientific Roots

Brief Historical Overview With Probe & Define Terms

Listen – Write - Reflect understanding – Discover Histo-Scientific Development of HuCOM Via these Educational Videos & Your Reflective Thinking :

Probe \ Define History - Human Como.

The Human Component: Professionalism - Part 2 of 2 - CompTIA A+ 220-701: 6.2

http://www.youtube.com/watch?v=xlNumMUaDik

The appropriate level of professionalism in the workplace is an important part of any technician's job. In this video, you'll learn about cultural sensitivity, dealing with difficult customers, setting expectations, and much more

The Human Component: Professionalism - Part 1 of 2 - CompTIA A+ 220-701: 6.2
Be Fast Watcher – Writer with this Artist

http://www.youtube.com/watch?v=bxTwzJMDUyA&feature=relmfu

History with Faster Show

http://www.youtube.com/watch?v=fqqacrTqAfw&feature=related

Yester Day – Today - Future ?!!
http://www.youtube.com/watch?feature=endscreen&v=VB-5XSqzAfg&NR=1

Brief Human COM Roots

While Muslim have a long deep sleep sine 1700s…, the Westerns wrote that:

- Word Origin & History:

  "**humane** (*caring ; kind, gentle, humanitarian, compassionate…*)

  mid-15c. ??!!, variant of human, used interchangeably with it until early 18c., when it began to be a distinct word with sense of "having qualities befitting human beings." But **inhuman** still can be the opposite of **humane**. The **Royal Humane Society** (founded 1774) was originally to rescue drowning persons"

  Online Etymology Dictionary, © 2010 Douglas Harper

- The history of human communication dates back to the earliest era of humanity. ***Symbols were developed about 30,000 years ago***, and writing about 7,000 (http://en.wikipedia.org/wiki/History_of_communication)

They forgetting our facts e.g:

HC rooted to Adam Creation and the ancient civilizations with Prophets from Noah; Abraham…, and **Islam the total Humanity.**

Ego Reflective Assignments

Discover the Place of Human; Humanity; HuCOMPT in Islam ?

PROBING HUMAN COMMUNICATION TERMS

First of all, you have to probe ***"With Who \|Whom You Have To Communicate?".*** With ***"HU-MAN"*** who is the ***Human? You, your Colleague*** "the Professional friends*"* & with ***"Patients" the main focus of health care professions*** including ***CN.*** Thus, independently, you have to explore ***"the Nature, Characters, Interests, and the Needs*** of those persons***.***

Later, we will probe the major ***sciences*** that are directly associated with ***these terms.***

Before that, you have to probe the structure & meaning of the word "**COMMUNICATION**"? as ***a combination of many integrated terms:***

- ***Com- & Comm- : with or together***
- ***Uni- = a prefix term*** *of one or single thing/personal as unilateral/unicellular*
- ***Comm-une & Comm-uni-cate*** *(Group; Community; Village; City)* ***= to make, share and exchange opinions, thought & feeling, information with others***

Probe Communication

- **Communication** is a *process of transferring information from one entity to another.*
- **Communication Process** (CP) is *a sign-mediated interactions between at least two agents which share a repertoire of signs and semiotic rules.*
- **Communication is commonly defined** as "*the imparting or interchange of thoughts, opinions, or information by speech, writing, or signs*".
- **Although** there is such a thing as one-way communication, **communication** *can be perceived better as* ***a two-way process*** *in which there is an* ***exchange*** *and progression of* ***thoughts***, ***feelings*** *or* ***ideas*** *(**energy**) towards a mutually* ***accepted goal or direction (information).*** *[1]*

Probe Communication

HC Significant & Concepts:

- *It is the basis of all human interaction;*
- *It is a social process that depends upon the past which informs the present and the future*
- *A Communicant is A* ***Receiver*** *&* ***Sender*** *of* ***thought***

- Definition of **H Communication Process HCP:**

  Process of exchanging or conveying information and messages in an attempt to create shared understanding.

- Finally; the **Best** Definition of **HCP** is:

  A Process of connection, interaction, and exchange opinions, information and feeling between persons by using one or more of the five human senses and other appropriate **channels.**

What \ Why Effective H Communicators?

What is effective communication?
Communication that maintains or enhances the relationship in which it occurs

Why:

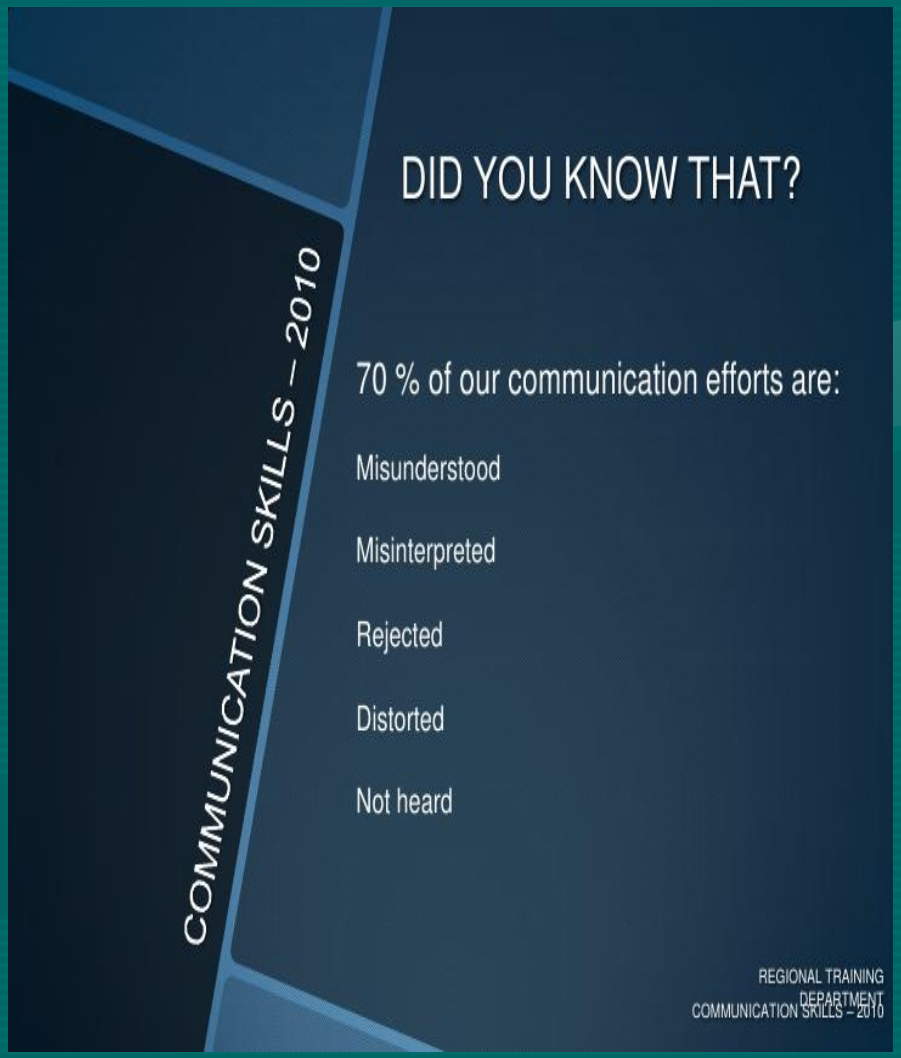
- More **satisfying** relationships
- In order to **satisfy** our\other human needs
- To get more out of life

Some Interesting Evidences…

***Several studies show that married couples that were identified as effective communicators report more satisfying relationships than husbands and wives who are less skillful communicators

***Other studies have found that college students' G.P.A. was positively related to their communication competence.

- Studies show that even a small amount of training can greatly affect communication ability



http://www.slideshare.net/prakasraja/communication-skills-ppt

Significance & Place of Human Communication in NCP ?!

Factors in the Definition

1.4 Factors in the Definition

A) Process

A) Process: It suggests that the components of interaction are **dynamic in nature.** *They can not be regarded as unchanging elements in time and space.* This simply means that no single aspect of communication can be meaningfully understood apart from the other elements, as shown in Figure 1.2.

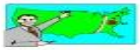
Figure 1.2: Definition of communication

B) Interaction

B) Interaction: It is the process of **linking between senders and receivers of the message.** The process specifies *interaction or linkages between or among countless factors*, so that the changes in any set of forces affect the operation of all other processes to produce a total effect.

The concept of **interaction** is central to **an understanding of the concept of process in communication. Communication** is an attempt to *bridge the gap between two individuals through producing and receiving messages which have meaning for both.*

C) Social Context



C) Social Context: Human communication is, to a great extent, **influenced by the social context** in which it occurs. The context or the situation that consists of a **set of rules which govern the origin, flow and effect of the messages.**

Communication Model

1.5 Communication Model

It describes what **is necessary for an act of communication to take place.** A model represents the **major features and eliminates the unnecessary details of communication.**

Reflective Questions:

- Transfer knowledge is the central of to an understanding of the concept of communication process (T \ F) ? \ Correct F ?

Top Secret of QCS

http://www.youtube.com/watch?v=fribo_Q2kqs

The most important skill in life is learning how to deal with people. This is a leverage skill that will make you more successful in your personal and work life. Secret Impact teaches individuals and businesses the best kept secret in life, the core of interpersonal skills.

Our system takes a 2 dimensional approach teaching people to understand themselves first, then how to apply this when dealing with others to make you a better communicator. Our system identifies core strengths and weakness of an individual's, how to improve one's self communication style, how to communicate better with others based on human behavior patterns, and reduce conflict.

Significance of HCS in Medical Field

Many so-called "ethical conflicts" in medical ethics are traceable back to a lack of communication. Communication breakdowns between patients and their healthcare team, between family members, or between members of the medical community, can all lead to disagreements and strong feelings. These breakdowns should be remedied, and many apparently insurmountable "ethics" problems can be solved with open lines of communication.[*citation needed*]

Factors in the Definition

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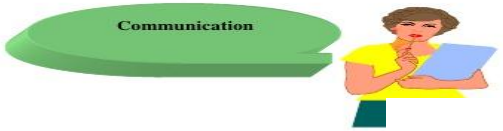

Is a process used to timely and properly exchange information to achieve a desired goal?

Figure 1.2: Definition of communicatio

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Functions of Communication Models

1.5.1 Functions of Communication Models

1. To **clarify** the scope of human interaction showing it to be a circular, complex, continuous dynamic, or a coding process.
2. To **point out** where to book and under what conditions to analyze different responses.
3. To **show** the variables in human communication.
4. **Used** as a frame work in researches.

Communication Model

1.5.2 Communication Model

Aristotle said that a researcher has to look for three communication ingredients:

1. The person who speaks.
2. The speech that he produces.
3. The person who listens.

One of the most used

The contemporary models was developed in **1949 by Claude Shannon**, a mathematician and explained by the non-mathematician, **Warren Weaver.**

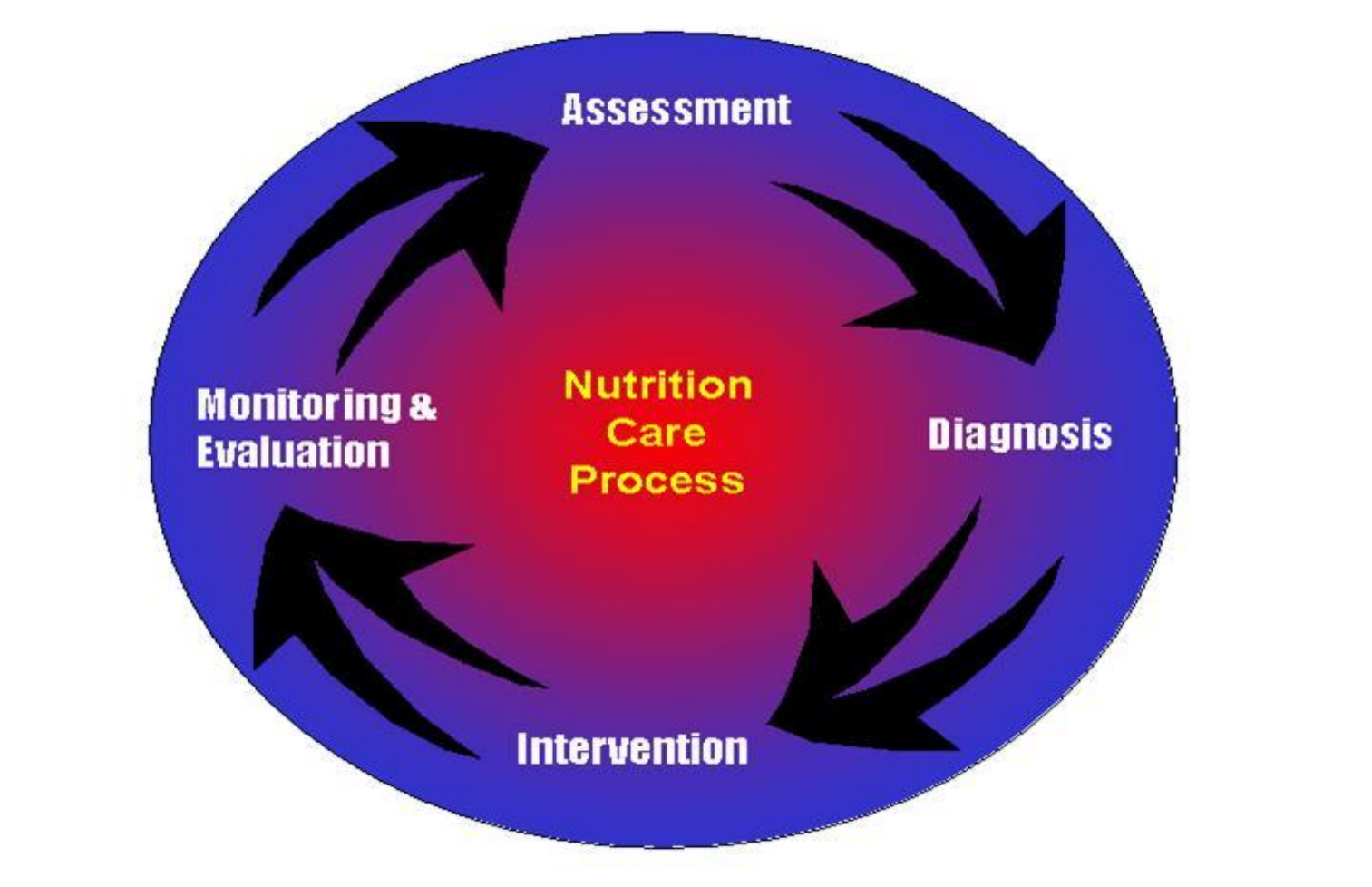
Shannon and Weaver were not talking about human communication but about **electronic communication**.

In fact, **Shannon** was working for the **Bell telephone laboratory**, but his model was found useful in describing human communication. **Shannon–Weaver model** is consistent with **Aristotle's position**, see Figure 1.3. *If we translate the source into the speaker, the signal into the speech and the destination into listener, we have the Aristotelian model,* plus two added ingredients: a transmitter which sends out the source's message and a receiver, which catches the message from destination. *However, if we choose to draw a diagram of human communication, we must remember that the process itself is more complicated than a picture or description of it, which are likely to draw.* Most of the communication process is in the black box of our central nervous system, the content which we understand vaguely.

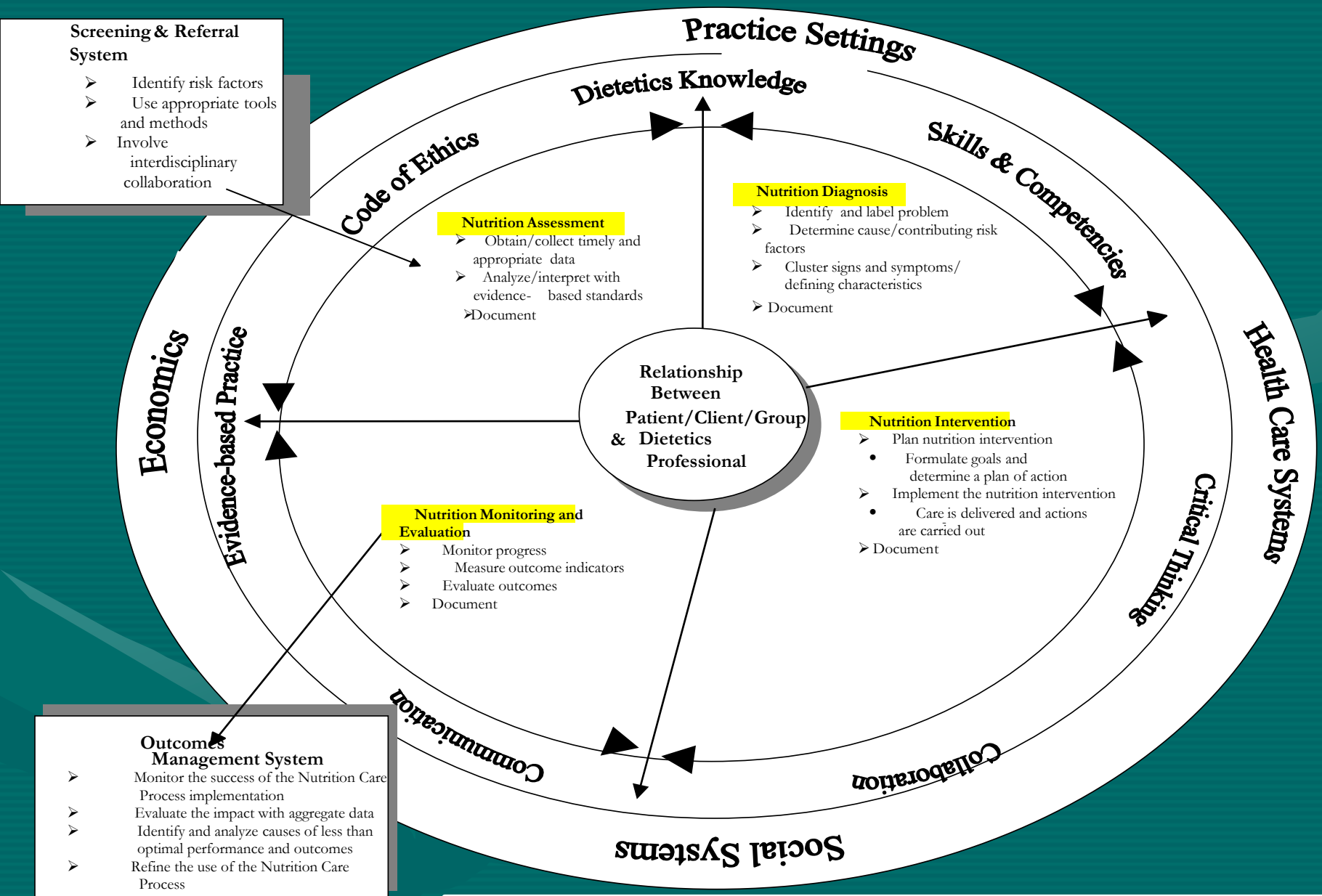
Most of our **current** communication **models** are **similar to Aristotle's**, though some what more complex. They differ partly in terminology and partly in differences in the point of view of the disciplines out of which they emerged.

http://www.slideshare.net/prakasraja/communication-skills-ppt

The Nutrition Care Process: Driving Effective Intervention and Outcomes



JUST LOOK FOR PLACE OF CS ?
Do You Have to Communicate ?



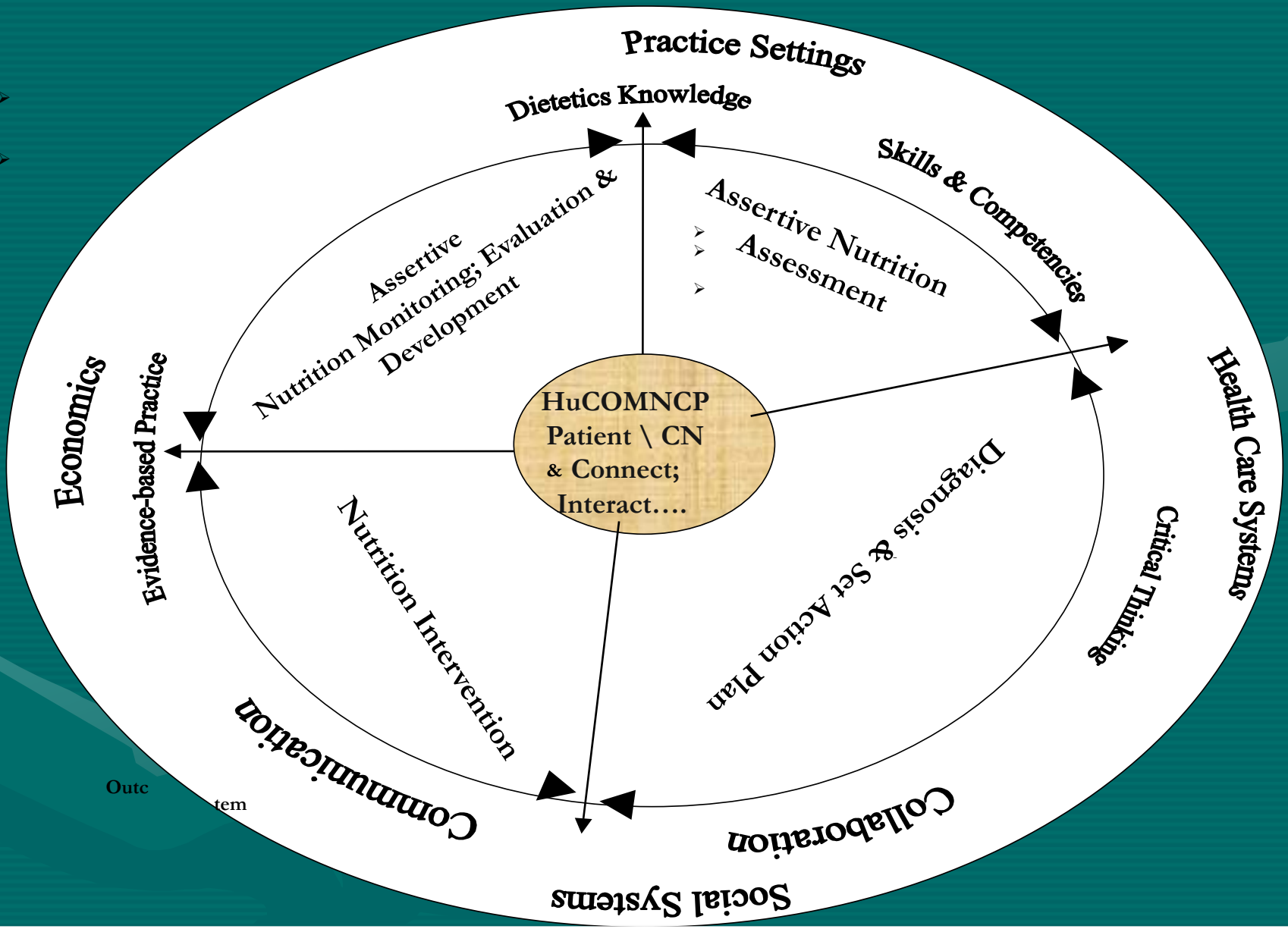
Screening & Referral System

- Identify risk factors
- Use appropriate tools and methods
- Involve interdisciplinary collaboration

Outcomes Management System

- Monitor the success of the Nutrition Care Process implementation
- Evaluate the impact with aggregate data
- Identify and analyze causes of less than optimal performance and outcomes
- Refine the use of the Nutrition Care Process

Ref Qs: Redraw NCP showing place of HuCOM … ?!



Johali and his Students 2013 Modified Model of

Ego Smart Reflective Questions 1

- Communication is commonly define as a process transferring thought (F\T**) F Information**
- HC is the basis for some communication (T\F) **F with All** ?;
- Communication can be perceived better as one way (F\T) **F two-way**

Fill Gaps:

- **Communication** can be perceived better as a …….. -way process in which there is an . . . . . and progression of …….. ,. . . . . or ideas (. . . . .) towards a mutually accepted goal or direction (. . . . . .)

CNCS
SCIENTIFIC THEORIES

Why Science\Theory for CNCS

We already cover the answer! remember, to recall and understand Just:

- **Think about the features that most distinguish human beings from other animals**? People build tools. Other animals do as well, **BUT *human tools are more complex and sophisticated.* Chimpanzees**, for instance, use wet branches to extract termites from their mounds so they can be eaten. Many other fascinating instances of tools can be found throughout many animal species, including playing with snowballs. ***Humans have much more sophisticated tools*, such as automobiles, computers, space travel vehicles, and remote controls for TVs.. or for operating radio receivers**. ***Human toys can be as simple as snowballs or as complex as interactive computer games***. Each day we more fully develop and understand **what is called the information age**. **If we were impressed before by the ability of humans to communicate, we now have even more opportunities and tools with the advent of cyberspace.** ***It is an ingenious linking of mass communication with interpersonal communication.***

- Another trait that distinguishes humans is their ability to communicate in quite complex ways. Humans communicate, but so do other animals. Bands of animals could not cooperate for the survival of their species without communication. Animals express emotions, such as grieving over the loss of loved ones. They play and exhibit joy. They let one another know where they are and if they need help. Elephants can communicate over long distances, as can various species of whales. Although we are impressed by the communication capability of other beings, even casual observation leads us to be ***impressed by how much more vast human communication skills are:***

Why Science for CNCS ?

- Communication is one of the perspectives that gives us the most insight into human nature. Human beings are "***symbol users***," as well as "***symbol makers***" and "***symbol misusers***."
- With this observation; **Burke (1966) underscored how people *communicate to: manage interpersonal relationships, express feelings, share views of reality, and disseminate informative and persuasive messages* through media.** Through words, great and magnificent cities are created, problems of health and famine are solved, and great dramas and comedies are written. Words and other symbols allow people to plumb the depths of their souls as well as those of their friends and enemies. **People share ideas in order to work together**. *They can plan and operate complex business, nonprofit, and governmental organizations that span the globe.* Whether animals use symbols to communicate is a moot "debatable" issue here; ***people are more elaborate and complex communicators.***
- **As Burke said,** people are "symbol misusers"; ***Through symbols;***
  - **People** define and categorize one another in ways that ***lead them to discriminate against some and think favorably of others.***
  - **Symbols** allow people to ***scream racial or ethnic slurs at persons they do not like.***
  - **Words *support the development of the science needed to go to the moon and to solve health problems; words provide means to attempt genocide.***
  - **Words *can be used to cast people away as well as to welcome them.***
  - **Advertisers** can use *misleading advertisements to entice people to buy defective products unworthy of their cost.* They also *provide customers with details so they can make intelligent purchases.*

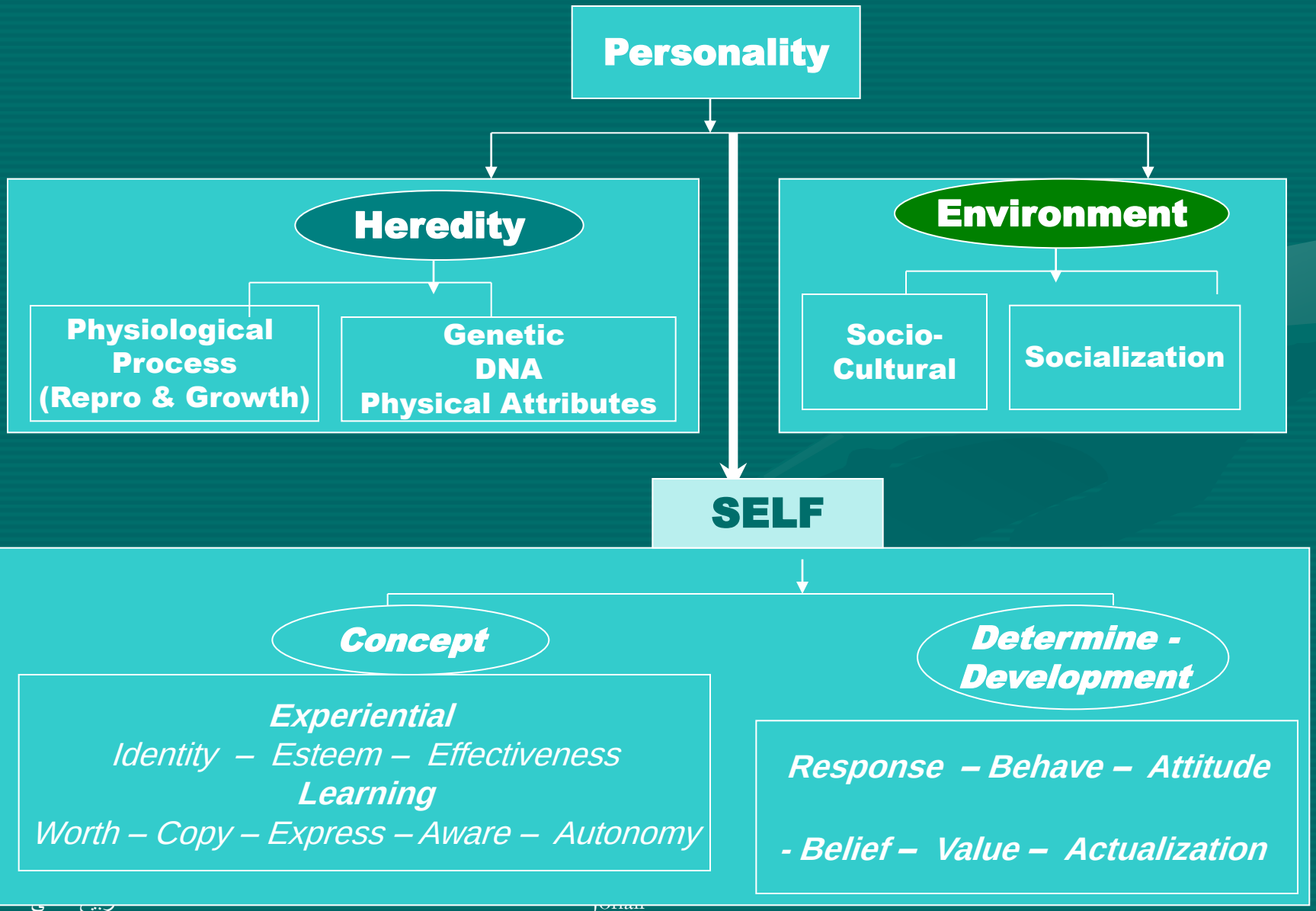
DO YOU KNOW WHAT IS NEXT \ First to THINK about Before Start Comm. ?!!

PERSONALITY
(Self)
DEVELOPMENTAL THEORIES
(PDT)

Personality Theory of Development

Why ?

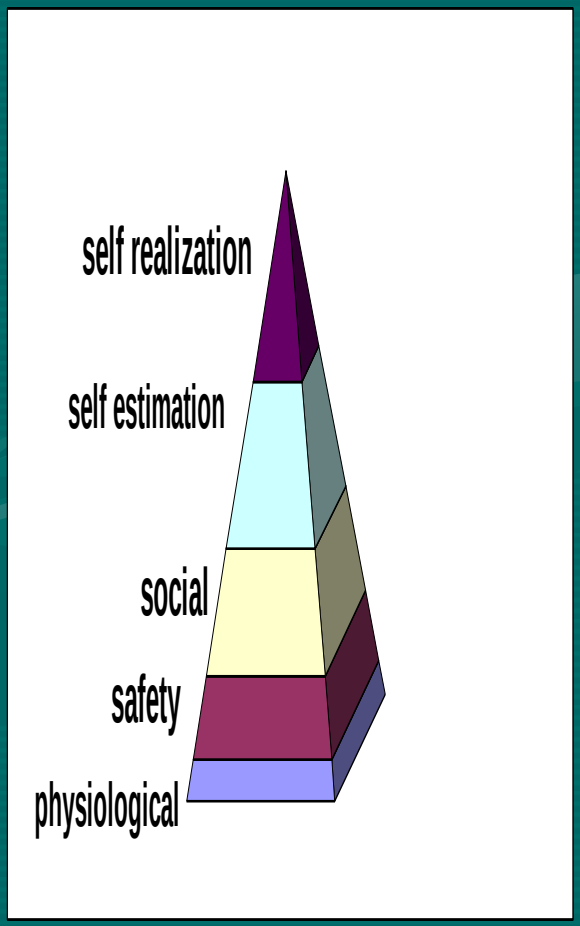
PDT: *A Creative Integrated Global Model*



MASLOW H. B. NEEDS
&
COLEMAN P DEVELOPMENT STAGES (CDS)

Comparative Summary *CDS/ Maslow*

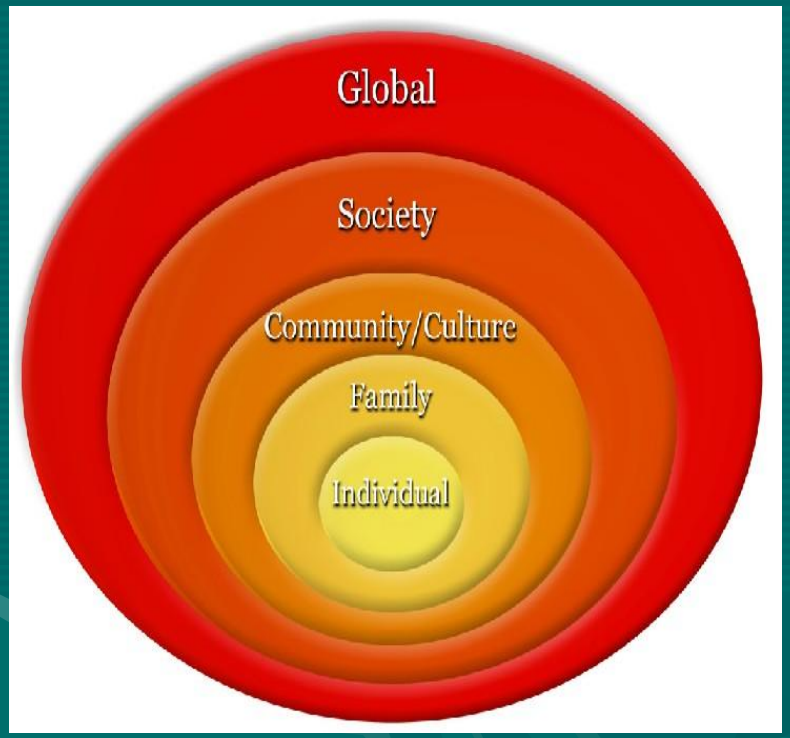
6	Later Age	**60+**	Retirement/ new live
5	Middle Age	**36-60**	Full Responsible
4	Early Adulthood	**18-35**	Be Responsible
3	***Adolescence***	***12-18***	***Identity/Ego***
2	Middle C	**6-12**	Social needs- learning
1	Early Child hood	**0-6**	Basic needs - Learn to Live

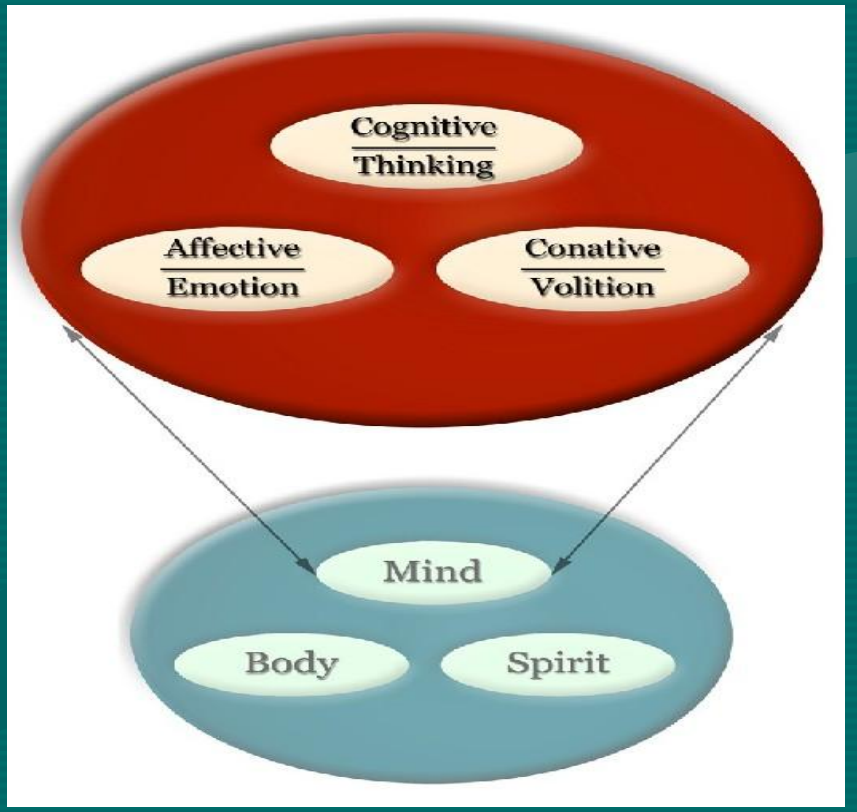


Redraw Your Self Integrative Model showing all basic needs with Ages of Ego \ Identity; Safety and the place of Learn to live

Huitt's Systems Theory

(Quality of Life=*Ecological+Behavioral+Physical+Mental +Spiritual*)





Graphic retrieved from http://chiron.valdosta.edu/whuitt/materials/sysmdlo.html

Ego Reflective Q: Think how you can create Integrated HCOMPT Model?

Quality of Life

- **Definition**
  - The *value given to the duration of life as modified by the impairments, functional states, perceptions, and social opportunities influenced by disease, treatment, and health care delivery* **(Patrick & Erickson, 1993).**
- Reflects the patient's subjective evaluation of ***his/her daily functioning and well-being***
- **Domains**
  - Sensory, physical, ***emotional, cognitive, self-care***, levels of pain/discomfort, sexual functioning, self-disclosure, stigma, and body image (Robinson, 2004)

Perception "Emotional-Feelings" Theory

In addition to the previous; There are huge numbers of theories can be applied in CNCS

- The Western literature mention that "*Theories about **emotions** stretch back at least as far as the Ancient Greek Stoics, as well as Plato and Aristotle*. They also see that "René Descartes[3], Baruch Spinoza[4] and David Hume are the sophisticated empirical theorists and philosophers of emotions.
- However, the fact that **emotion and emotional concepts** (***feeling; passion; sensation; affecting; exciting*** …) are traced back to the early **human era**, to the **holy religions as presented in Islam**. Meanwhile, many **Islamic philosophers** wrote about these concepts of whom **Avicenna; Al Frabi; and Al Ghazali** in education….

Ego assignment

Look for the place of these emotional terms in the Holy Quran; Sunnah & Islamic literature

Perception "Emotional-Feelings" Theory

- ***A recent hybrid of the somatic and cognitive theories of emotion is the perceptual theory.*** *This theory is neo-Jamesian in arguing that* ***bodily responses are central to emotions****, yet it emphasizes the meaningfulness of emotions or the idea that emotions are about something, as is recognized by cognitive theories.*
- *The novel claim of this theory is that conceptually based cognition is unnecessary for such meaning. Rather* ***the bodily changes themselves perceive the meaningful content of the emotion because of being causally triggered by certain situations****. I*
- *n this respect,* ***emotions are held to be analogous to faculties such as vision or touch, which provide information about the relation between the subject and the world in various ways****. A sophisticated defense of this view is found in* ***philosopher Jesse Prinz's*** *book Gut Reactions and psychologist James Laird's book Feelings.*

Operational Theory

- OT is *a person's behavior in relation to a prescribed medical* ***regimen***, which may **include:**
  - *Keeping appointments*
  - *Taking medication*
  - *Following a prescribed diet*
  - *Executing other lifestyle changes*

Affective Events Theory

- ***AET** is a communication-based theory developed by Howard M. Weiss and Russell Cropanzano (1996), that looks at the **causes, structures, and consequences of emotional experience** (especially in **work contexts**). This theory suggests that "**emotions are influenced and caused by events which in turn influence attitudes and behaviors**". This theoretical frame also emphasizes time in that human beings experience what they call emotion **episodes**—a "**series of emotional states extended over time and organized around an underlying theme**". **This theory has been utilized by numerous researchers to better understand emotion from a communicative lens**, and was reviewed further by Howard M. Weiss and Daniel J. Beal in their article, **Reflections on Affective Events Theory published in Research on Emotion in Organizations in 2005**.*

Interaction Theory

- ***Interaction*** is *the* ***act of having an effect on each other***. Thus, ***it is a process of exchange or communication***.

- It is based on a consideration of ***three main elements***:
  - ***Activity,*** refers to *the* ***act or behaviors that the group undertakes***
  - ***Interaction,*** pertains to ***the reaction or the exchange that occur among group members.***
  - ***Sentiment or Attitude,*** to *the* ***feelings members*** *have their communicating or* ***working to gather.***

Attitude Change Theory

In order to produce effective HE **communication**: and to change attitude, this theory gives ***Three main conditions*:**

1. The **Nature of communication**: eg. **Sender characters**
2. The **Validity of communication source**: e,g; **Massage.**
3. The **Characteristics of the audience the receiver.**

- **It is based upon the foundations:**

  - ***The Greater the Prestige and Credibility of communication & HE process, the Greater Effectiveness "quality" and Attitude Change*'.**

  - ***The Greater the Fear aroused by HE Message, the Less likely were the Patients to Accept it.***

Patient Counseling

- ***Counseling patients*** *regarding their medications* ***is an important responsibility for pharmacists and an excellent learning opportunity for students.***
- **Pharmacists are often the only health care providers *focusing patient education on medication: how to take it, what to expect, and side effects and drug interactions.*** Many pharmacists have been **trained to use a counseling method** developed by **the Indian Health Service (IHS), which is summarized in Table (down)**

- The **IHS** model has been promoted as an **effective strategy for patient counseling because it utilizes *open-ended questions (3 prime questions) and feedback (final verification) strategies, which make communication between the pharmacist and patient more efficient and engaging.* This technique is a useful strategy to teach students while on rotation so that they become accustomed to asking open-ended questions and engaging the patient in a conversation about their therapy.**

Simple recommended Indian Health Service Counseling Model

Three prime questions to ask patients who are receiving a new prescription:

- What did your doctor tell you the medication is for?
- How did the doctor tell you to take it?
- What did the doctor tell you to expect?

Final verification or asking the patient for feedback

- Just to make sure that I didn't leave anything out, please tell me how you are going to take your medication?

Show and tell strategy when a patient is receiving a refill

- What do you take the mediation for?
- How do you take it?
- What kind of problems are you having?

http://www.ncbi.nlm.nih.gov/core/lw/2.0/html/tileshop_pmc/tileshop_pmc_inline.html?t

11 Tactics for PC Interview

Greet the patient and introduce yourself.

Explain the interview process.

Direct the patient to the consultation area.

Explain why you need to collect the information, what you will do with it, and that it will be treated confidentially.

Indicate how long the interview will last.

Use words/manners that convey professionalism.

Pay attention to body language.

Ask open-ended questions. Begin with broad questions and then get more specific.

Use active listening skills and demonstrate empathy.

Ask the patient to restate any unclear information and use paraphrasing feedback strategies to ensure that you understood.

Communicate at an appropriate educational level and avoid medical jargon.

1. G & I \ 2. E process\ 3. D \ 4. E why \ \ 5. I \ 6.U word\7.P\8. A open Q. \9. U active \10. A p to restate\11. Comm. At appropriate EL & avoid JT

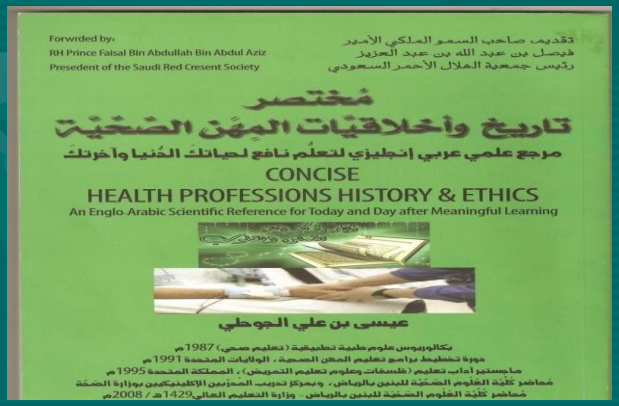
Patient Counseling Form

- *Name (generic)*
- *Intended use and expected action*
- *Route, dosage form, dosage and administration schedule*
- *Special directions for preparation, storage or administration*
- *Precautions to be observed while taking*
- *Common side effects, how to avoid or action required if they occur*
- *Techniques for self monitoring of drug therapy*
- *Potential interactions or therapeutic contraindications*
- *Refills*
- *What to do if you miss a dose*
- *Any other information THIS patient may need to ensure safe use*

- **End exam 1**

CNCS ETHICS
Islamic & Western

Source:



THE ESSENTIALS OF HUMAN COM. IN ISLAM

The main Islamic sources (Holly Qura'an & the Prophet Sunnah) have many essentials deal with human communication. *As Islam is the Holly Comprehensive Religion, Its essentials are covered all "Life & Day After Sciences" including the Science of Human Communication*, (**the Major related Essentials** (الامام/ محمد أبو زهرة) **are:**

- **Individual/Personal Nature & Educational Development**
- **التربية والتطور الطبيعي للفرد**
- **Social Security/Welfare & Relationships**
- **التكافل والأمن والعلاقات الاجتماعية**
- **COMMUNICATION RIGHTS**
- **حقوق التعامل والتواصل**

Ref: Johali (2008) A Concise of Health Professions History and Ethics; Dar Alawaiel Damascus كتاب مؤلف عربي انجليزي متوفر لدي مركز القويفل

THE FOUNDATIONS OF HUMAN COMMUNICTION IN ISLAM

Derived from its essentials, Islam covers all Human and ***Ethical Communication Foundations, The Major are:***

- **HUMAN NOBILITY / Dignity** **الكرامة الإنسانية**
- **JUSTICE & EQUITY** **العدالة والمساواة**
- **HUMAN COOPERATION** **التعارف والتعاون الإنساني**
- **FORGIVENESS/COMPASSION/AFFECTION** **التسامح/الرحمة والمودة**
- **HONESTY / FIDELITY** **الأمانة/ الإخلاص/ الولاء**
- **BENEFIT/ USEFULNESS** **الإحسان/البر/المنفعة والمصلحة**

You have to compare these Islamic ETHICAL FOUNDATIONS Global Ethics later.

WESTERN HUMAN COMMUNICATION ETHICS

- ***ETHICS* are essential not only to overcome health professions' problems and barriers, but for all life and professions, *by which we can improve the quality of life.***
- ***ETHICS always connected to the religions, as a main source or bases, thus, many ethical and communication references started with "Moral Reasoning & its development".***
- DEVELOPMENT OF MORAL REASONING*: There are* ***three major levels with six major stages, these are:***
  - PRE-CONVENTIONAL LEVEL
    - *STAGE 1: Moral Realism*
    - *STAGE 2: Individual & Instrumental Morality*
  - CONVENTIONAL LEVEL
    - STAGE 3: *Interpersonal Normative Morality*
    - STAGE 4: *Social System Morality*
  - POST-CONVENTIONAL LEVEL
    - STAGE 5: *Human Rights & Social Contract Morality*
    - STAGE 6: *Universal Ethical Principles (because People seen as having value in themselves rather than as agent of social values, thus it emphasis the "Self chosen for best Justice; Human dignity & Rights → Optimum Quality,*

CNCS ETHICS PRINCIPLES

In addition to the "Islamic Foundation and Essentials", there are similar Western Principles for HC Ethics, the major have been covered within the theories of HC, these are:

1. ***BENEFIENCE : Act in the best interest of the patient,*** *it is a moral (religious) principles, the Western traced to Hippocratic pledge. Meanwhile, it is one of the major Islamic Principles.*
2. ***AUTONOMY: Patients rights to self-determination;*** *to chose what will be done to them.*
3. ***HONESITY : Patients have the right to the truth*** *about their medical conditions, the course of their disease,* ***the treatments recommended & alternative treatment available.***
4. ***INFORMAL CONSENT :*** *this is a part of Autonomy & honesty principles.* ***The patients have the right to be informed about all the relevant medical aspects including the treatment.***
5. ***CONFIDENIALITY :*** *based on the human dignity,* ***patients have the right to assure that all the information about their medical conditions & treatment will not be given to other without their prior permission.***
6. ***FIDELITY/ Loyalty: Your responsibilities should be directed toward the "Patients Welfare", not to the physician interests***

THE CNCS ETHICAL COMMUNICATIVE SEVEN SEAS (7C's)

1. **C**redibility: You the source "the Sender (S)" must be competent and reliable to Motivate
2. **C**ontext: Message must be relevant to the receiver
3. **C**ontent: must have genuine meaning "meaningfulness"
4. **C**larity: the R "Patient" must be able to understand the message
5. **C**ontinuity: Though repeated with variations, Message must be consistent (steady reliable) enough NOT to Confuse the R
6. **C**hannels: Use the most acceptable communication channels\media to the R
7. **C**apability: The R must be able to communicate effectively with Least amount of Effort

THE SEVEN (7) TOPS HEALTH COMMUNICTION SKILLS

1. Give accurate & Adequate Feedback
2. Listening Carefully
3. Interpreting Accurately
4. Giving Clear Directions
5. Treating Others in Professional Manner
6. Communicating Information Clearly
7. Establishing One's Credibility

(Pagano & ragan 1992; 29)

CN HUMAN CS

TYPES; LEVELS; SKILLS & HCP NETWORK

TYPES & SKILLS of Human Communication

Non Verbal

- **Symbols**
- Written

1. Facial Movement
2. Destine & Body M.
3. Gaze & Eye Contact
4. Body poster & contact
5. Use of Space
6. Use of Time
7. Appearance & Cloths

Verbal

Speech Language

1. Jargon Trap M. T
2. Use +VE words for hope
3. Be Rationale to:

Conceal, justify, explain, cover other feelings describe and Correct y feelings, and share other

Meta Communication
Deep thinking-understanding - truth

COMMUNICATION SKILLS – 2010
DID YOU KNOW THAT?
60% OF OUR COMMUNICATION IS NOT VERBAL!!
• SMILING
• GESTURES
• EYE CONTACT
• POSTURE
• PROXIMITY
REGIONAL TRAINING DEPARTMENT
COMMUNICATION SKILLS – 2010

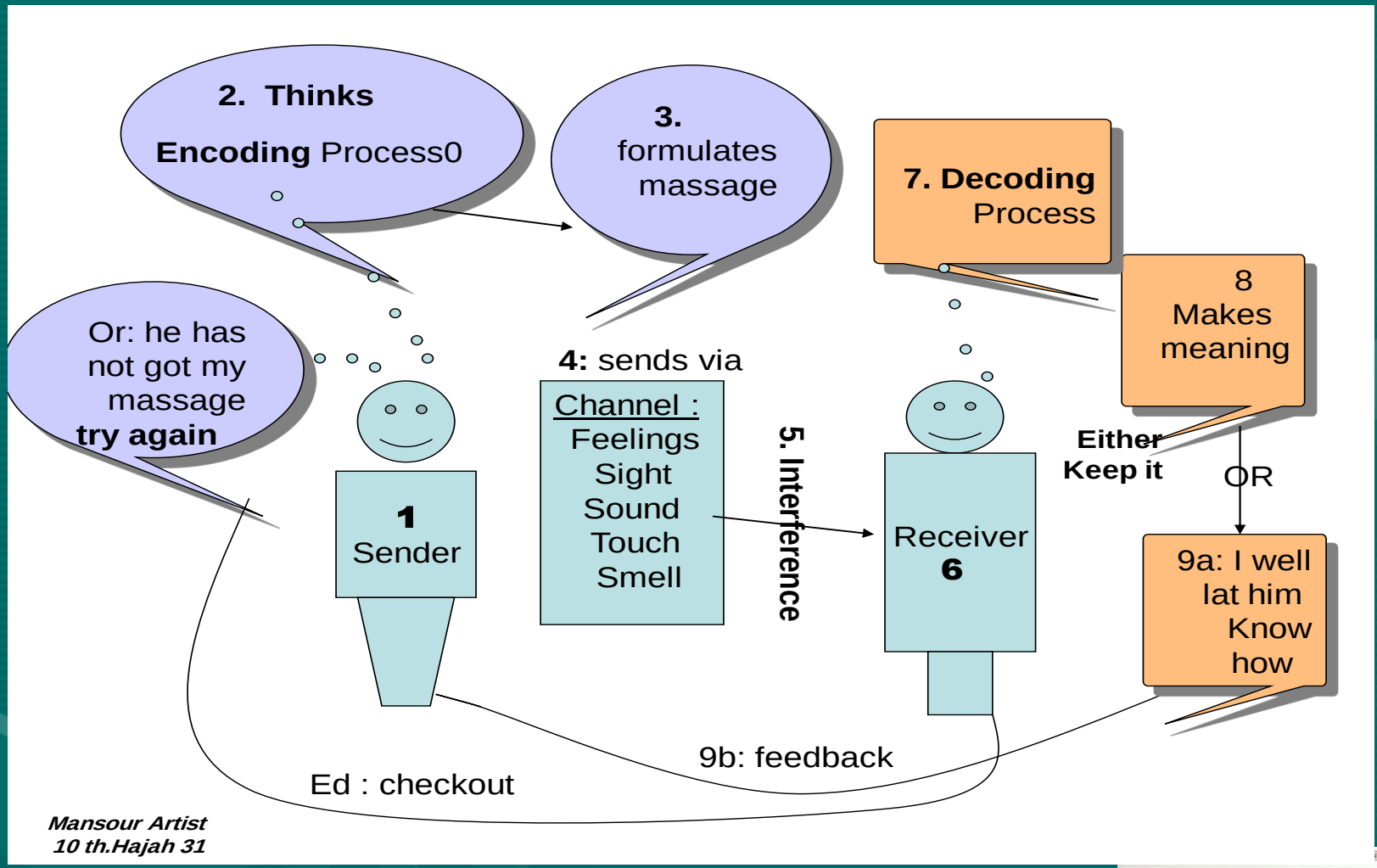
Adapted HUMAN COMMUNICATION LEVELS

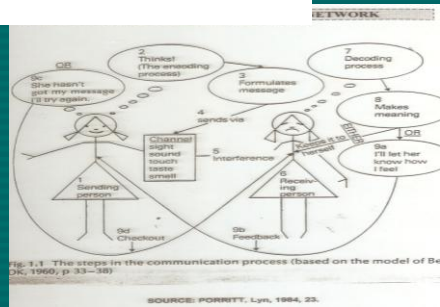
1. *Self interact to interpret reality & create messages. At this basic level, the central communicative processes of encoding & decoding are performed to help us coordinate our meanings and messages at 2.*
2. *Interaction, negotiation and relations between two individuals, its effectiveness based on level 1, this level is the most important to health communication and, thus, it is important to gain at least the "Seven Top Health Communication Skills (Pagano & Ragan, 1992, 29) .*
3. *Interaction of three or more individuals to adapt & achieve common tasks, its effectiveness based on 1. & 2. e.g; medical team.*
4. *Encompasses 1, 2, & 3, it is important to develop effective formal channels and informal networks e.g; hospitals & health centres.*
5. *Intra & Inter Social/Cultural joints all the above, it can be within more than two different groups, communities in one organization, nation or nations.*
6. *This is the highest level of communications, e.g; national and international mass media & satellites.*

HCP COMPONENTS & STEPS

- *The **Sending Person*** who has an idea, thought, feeling, value, attitude, information.
- *The **Encoding Process**: the sender mental perception by which he/she thinks, translates and codes the communication message.*
- *The **Message*** the product of the encoding process which formulated in a certain order hoping that it will be understood by receiver.
- *The **Channel*** of sending the message, our senses (sight, sound, touch, taste, smell) are the common channels at the basic intra- & interpersonal levels and, the most used are sight and sound or speech.
- *The **Interference*** the step of preventing the sending message from distortion (the message sent being the message received). To prevent your message, you have to understand the receiving personality and to use the appropriate codes and channels for him/her.
- *The **Receiving/ Responding** Person* : as sender …. have to interpret the sent message without any distortion.
- *The **Decoding Process*** the receiver mental perception by which he/she thinks and translates the encoding massage as it is being sent. To do so, the sending message must be coded according to the receiver's needs, knowledge and characteristics.
- *The **Making of Meaning*** the massage which attempts to avoid expected outcomes. If you are passive you have negated and sat on your own feelings at some cost to yourself.
- ***The Feedback & Evaluation:*** checkout & promote feeling

HCP NETWORK MODEL





CNHCP MODEL

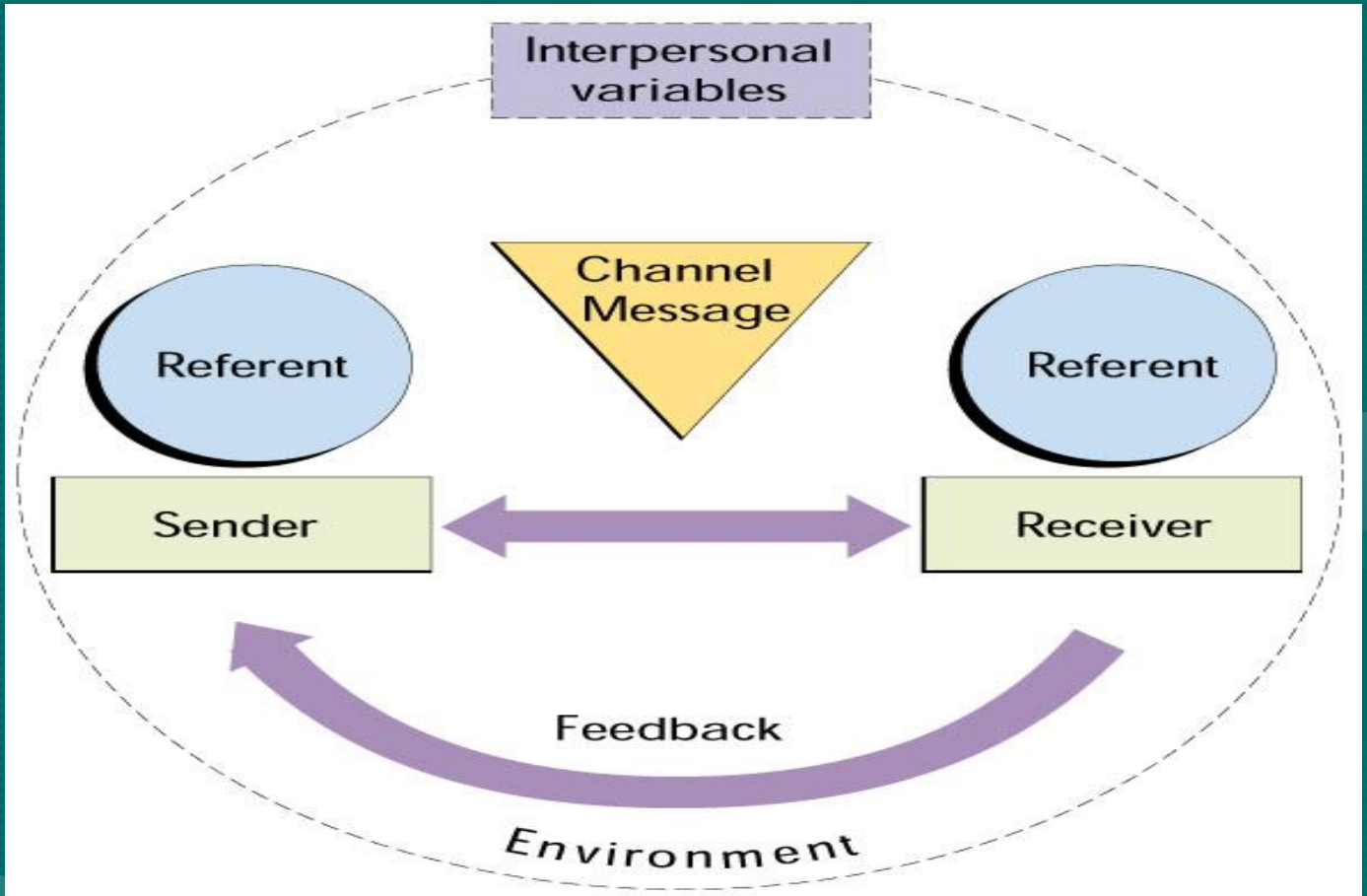


Figure 22-1 Communication as active process between sender and receiver.

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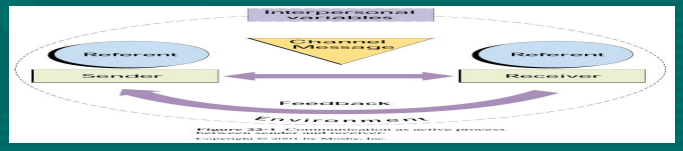

The Message

Table 7.2 Characteristics of Good and Bad Messages

Positive Effects	Negative Effects
Showing convenience of use	Extensive information on components, ingredients, nutrition
Showing new product/improved features	Outdoor setting (message gets lost)
Casting background (i.e., people are incidental to message)	Large number of onscreen characters
Indirect comparison to other products	Graphic displays

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Quality CNCS
Basic Skills & Planning

Basic Skills: Listening

- Listening (PBBUU tactic):
  - ***Perceptions (F test)***
  - ***Being non-judgmental***
  - ***Being an active listener***
  - ***Use appropriate listening body language***
  - ***Use silence where appropriate***

Basic Skills: Information

- **When gathering information**
  - **Ask open-ended questions by which you will:**
    - Much more information can be gained
    - Saves time
    - Provides opportunities for patients to reveal information we might not be thinking about :
      - ***"How are you supposed to be taking this…?***
      - ***"Tell me more about this…"***

- **When Communicating Information (TAA):**
  - Talk in lay terms, but don't oversimplify
  - Avoid technical jargon
  - Avoid information overload
    - ***Keep it short and simple, to the point***

Basic Skills: Questions & Assessment

- Encourage patients to ask questions
  - ***When*** *your patients are* ***comfortable*** *asking you questions,* ***you know*** *you have rapport (empathetic connect /link/relation) and are* ***doing a good*** *job communicating*

Assessment:

- **Did your patient learn?**
- **Did the other person understand what you said, and meant?**
  - Summarize your teaching
  - Verify what your patients know
  - ***"I know you believe you understand what you think I said, but I am not sure you realized that what you heard is not what I meant."***
  - Reinforce patient understanding when you can
    - ***"That's right, this medication will make you sleepy…"***

Basic Skills:
Be Assertive\Empathy\ Persuasive

- **Common CS Styles:**
  - **Aggressive: Active is direct attack; & Passive is indirect**
  - **Submissive or Passive Aggressive : Indirect attack\blame\hide .**
  - **Assertiveness *(Compassion; empathy /sympathy; Self-confident; Self-assured; kindness; creative)* CN *always carry the feeling of others.***
- **Empathy**
  - ***ECN Seeks to understand what your patients feel*:**
    - This will help you shape your communication so that they better understand you!
    - Difference between empathy / sympathy
    - Some sample responses (p47 Tindall Book)

QCN Uses Persuasion (affiliation; opinions; +ve point of view always with Nutritional Compliance issues

***Example:** I Feel Angry (**Feeling**), when you are not comply with your dietary medication (**Attitude/Behavior**) and/thus, I blame You (**Effect**)*

Power of Smart\Fast Thinking; Reading & Writing

- Do you hear about the Power of Smart & Fast Reading Thinking & Writing Skills?. Meanwhile they carry Pleasure. Go to **e-books, references; guides & sites** …
- The Comprehension Skills Summary:
  - Based on a cognitive skills approach, these **student-centered** reading skills texts **help you** to go beyond rote learning to **develop the solid reading skills** good readers take for granted.
  - **Reading for Pleasure** encourages students to master new reading strategies and broaden their vocabulary.
  - Comprehension Skills emphasizes **ten strategic reading skills**, the first three: **skimming**, **scanning**, and **recognizing topics and main ideas.**
  - **Thinking Skills provides practice in inference and critical thinking.**
  - **Reading Faster features:** high-interest, nonfiction selections that help students build **speed and flexibility** in their reading. The Reading Power series also includes: *

Read more & Practice:

- http://ebook30.com/cultures-languages/cultures-languages/187882/more-reading-power-reading-faster-thinking-skills-reading-for-pleasure-comprehension-skills.html#ixzz0nqD2nEkz
- Johali, E A (3rd print 2006) A Concise Basic Human Communication for Pharmacy Technicians.

The Power of Positive Thinking (PPT)

by Remez Sasson http://www.infolinks.com

Positive thinking ***is a mental attitude that admits into the mind thoughts, words and images that are conductive to growth, expansion and success.*** It is a mental attitude that expects ***good and favorable results.*** **A positive mind** ***anticipates happiness, joy, health and a successful outcome of every situation and action.*** Whatever the mind expects, it finds.

(Do you believe in Positive & Negative Thinking ?)

Not everyone accepts or believes in positive thinking. Some consider the subject as just ***nonsense***, and others ***scoff at*** " laugh at" *people who believe and accept it.* Among the people who accept it, ***not many know how to use it effectively to get results.*** Yet, it seems that many are becoming *attracted to this subject*, as evidenced by the many books, lectures and courses about it. ***This is a subject that is gaining popularity.*** It is quite common to hear people say: "Think positive!", *to someone who feels down and worried.* ***Most people do not take these words seriously, as they do not know what they really mean, or do not consider them as useful and effective***.

How many people do you know, who stop to think what the power of positive thinking means??

Educational Videos

Effective Communication Skills

- http://www.youtube.com/watch?v=FljoEitkIeM&feature=related

We all listen and react depending on what we value. We might be more converned about relationships, or more about ideas or, more about results. Stuart Gelles of Success Television explains how we can more effectively communicate if we understand and relate to people from what they value

How to Relate to Different
http://www.youtube.com/watch?v=6DGrb8QTpR4&feature=relmfu

Brian Walsh explains that there are 3 different ways that people learn based on how they listen. More on effective communication skills video trainings:
http://www.successtelevision.biz/efcoskonvipl.html

Assertive Communication by Bret Simmons

http://www.youtube.com/watch?v=dqIT1rAfYgk&feature=related

How to be assertive

http://www.youtube.com/watch?v=HVF2bg_BMqk&feature=related

suzanne potts shows you how to be assertive, for more info go to www.suzannepotts.co.uk or email her direct at suzanne@suzannepotts.co.uk

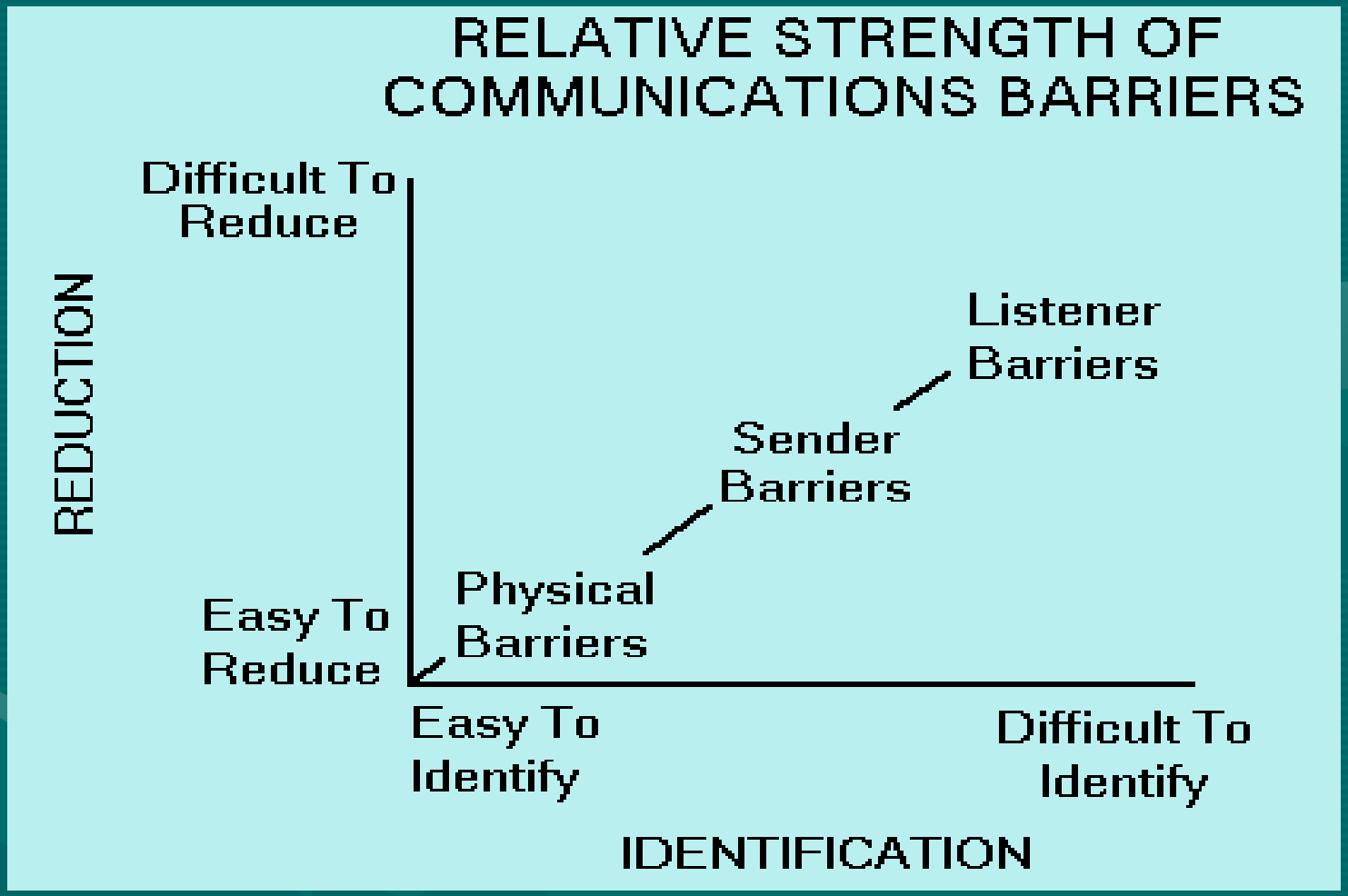
Barriers/Obstacles to CNCS

The 6 Rules of Effective Communication

http://www.youtube.com/watch?NR=1&feature=endscreen&v=MeiBMkJjXVM

To help you learn how to overcome the communication barriers that block understanding in negotiation, and, how to improve the delivery of your message to win more

Barriers to communication



Barriers/Predictors

Developmental Issues:	**Caregiver/Family Characteristics**
• *Age* • *Biological development* • *Cognitive Development* • *Social-emotional development* • *Responsibility*	•*Knowledge and problem solving* •*Psychosocial adjustment* •*Family relationships*
Health Care/Other Systems	**Disease Characteristics**
•*Doctor-patient relationship* •*Access/convenience* • ***Communication***	• ***Treatment complexity*** •*Consequences* •*Asymptomatology*

Wills, 2006; Balfouret al., 2007; Hosek, Harper, & Domanico, 2005; Lee & Johann-Liang, 1999; Murphy et al., 2001; Martinez et al., 2000

Do's and Don'ts

- Do
  - Chart changes
  - Show follow-up
  - Read prior notes
  - Be timely
  - Objective, factual
  - Correct errors
  - Chart teaching
  - Quotes
  - Responses
  - Keep eye contact w male
- Don't
  - Leave blank spaces
  - Chart in advance
  - Use vague terms
  - Chart for others
  - Use "patient" or "client"
  - Alter record
  - Record assumptions
  - Keep eye contact w female

Planning

Reflect on all above to

Set

An

Assertive HuCOMCS To Assure Quality ZD CN

(Johali AHCAQZDCN)

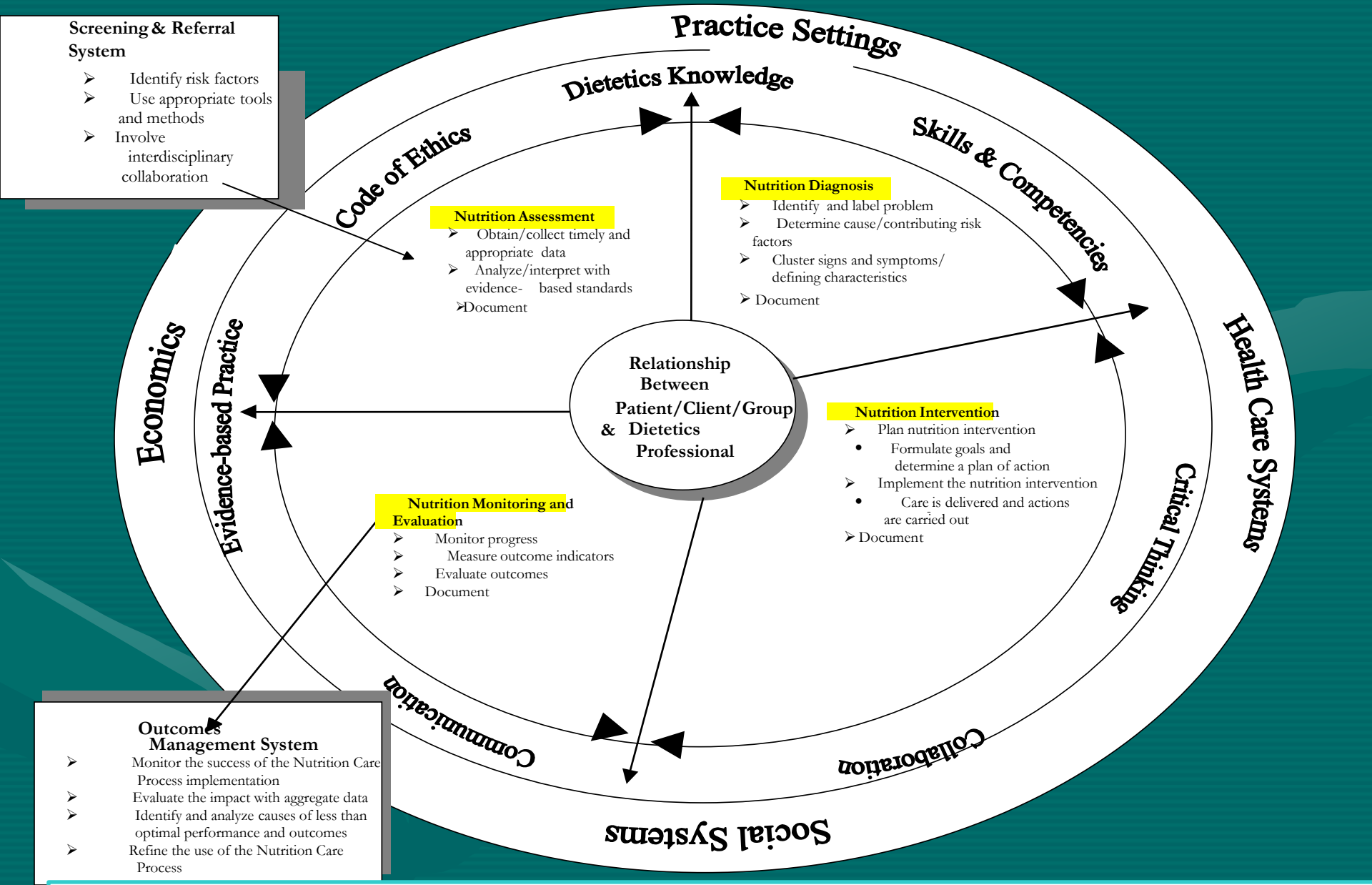
Use:

All Above + NCP Model &

dsa788 who planning effective communication

WHO-EM/NUT/247/E

Johali AHuCOMZDCN2013



Reflecting on our lecture and discussions ....Think from where you have 'diagnose or assess ..'; Where is ..When have to 'Set Action Plan? Before evolution or intervention ?! … Redraw Your *Assertive HuCOMZD Model* ?! sho

Your …….. ***Creative AHuCOMZD Model***

Draw for Peer Group Refutation after 2nd Exam

Most Common
CS Methods; Channels & Techn (ICTs)

Be Assertive – Smart - I CN Cr CT .

Signs Stop\Avoid\Be aware..

Global Network

BLOG
EMAIL
PHONE
CONTACT
COMMUNICATION
MEETING
RELATION

Don’t be Disorganize

CN Case Study Role Play

Fast Read; Think & Reflect on CN Role

Story 1:

Allan applied for a new job, but as his self-esteem was low, and he considered himself as a failure and unworthy of success, he was sure that he was not going to get the job. He had a negative attitude towards himself, and believed that the other applicants were better and more qualified than him. Allan manifested this attitude, due to his negative past experiences with job interviews.

- His mind was filled with negative thoughts and fears concerning the job for the whole week before the job interview. He was sure he would be rejected. On the day of the interview he got up late, and to his horror he discovered that the shirt he had planned to wear was dirty, and the other one needed ironing. As it was already too late, he went out wearing a shirt full of wrinkles.
- During the interview he was tense, displayed a negative attitude, worried about his shirt, and felt hungry because he did not have enough time to eat breakfast. All this distracted his mind and made it difficult for him to focus on the interview. His overall behavior made a bad impression, and consequently he materialized his fear and did not get the job.

Story 2:

- Jim applied for the same job too, but approached the matter in a different way. He was sure that he was going to get the job. During the week preceding the interview he often visualized himself making a good impression and getting the job. In the evening before the interview he prepared the clothes he was going to wear, and went to sleep a little earlier. On day of the interview he woke up earlier than usual, and had ample time to eat breakfast, and then to arrive to the interview before the scheduled time.

Finally; Jim got the job because he made a good impression. He had also of course, the proper qualifications for the job, but so had Allan ?.

Learning Lesson

- What do we learn from these two stories? Is there any magic employed here? No, it is all natural. When the attitude is positive we entertain pleasant feelings and constructive images,

Communication Skills for Caregivers: Is it Necessary?

By Christine Gray

http://www.selfimprovementsguide.com/communication/permalink.php?article.=communication-skills-for-the-caregiver.txt

- ***Absolutely YES!*** *If you think that caregivers do not need communication skills, then you are having the wrong idea.* This is **because** *caregivers including PT required to effectively communicate well with their patients.* Developing good communication skills for the caregiver is a very important part of the caregiver training. The old, disabled or sick people, need the full caregiver's attention. However, each of them might have different requirements and their expectations can be relatively different from person to person. Therefore, *being able to learn how to communicate with them properly is a great advantage.*
- *As a caregiver, you must be* ***cautious about on the use of words and actions****. These can be learned on communication skills enhancement or training.*

- *The primary roles of a pharmacy technician (****you the CN)*** *include assisting licensed pharmacists and* ***interacting with customers, which requires strong communication skills*** http://www.selfimprovementsguide.com

Berger
Communication Skills .. - Summary Article 2009

- As part of management communication skills, there are ***vital points to take note in improving your skills:***

1. **Plan the message before hand:**

   For an effective speech to be properly communicated, *state the idea of what you are trying to convey in a clear, concise and easy to understand message.*

2. **Expression is a must:**

   When speaking in front of a group of people, your management communication skills comes into play and therefore the style with which you speak expresses what you want the participants of the meeting to do. ***IF you want them to agree with you, then you should be enthusiastic with your style of expression "be Assertive – Empathic" .***

3. **Answer questions and be an active listener:**

   Communication is a two way process*; O*ne has to speak and the other needs to listen. *In an organizational meeting, after conveying your message, give chances to the other members of the meeting to express their own opinions and ideas; listen to what others have to say and look at them in the eye maintaining eye contact.*

Further

Myths \ Cases; References & Resources

Further
Some Myths and Facts on Effective Communication Skills
Christine Gray

- Communication, like so many other activities of humanity has a lot of **myths surrounding it**.
- Some have basis in the truth, but others are just blind rationalizations of people who are willing to use any excuse to promote their services.
- Here are some ***myths and facts on effective communication skills.***

The Myths:

Myth 1.

Effective communication skills can solve every problem:

The true fact on effective communication skills is that there **are some problems** that cannot be solved despite being understood:

- **People say that *the only reason why people have so many problems is that they cannot truly understand each other*. When you think about it, this may seem true.**
  - Taking a look around, you will see that most of our problems actually do stem from ***lack of proper communication and understanding.***
  - However, even if all people were able to communicate effectively, we would still have **disagreements**.
  - Inherently, we are all different. Even if we all somehow started being able to make ourselves understood clearly, we would still hold our own opinions regarding **different things**. Here's an illustration:
  - You like apples and you think that they are the best fruit in the world.
  - Another person holds the opinion that oranges are the best fruit in the world.
  - Even if you were able to communicate effectively, you still will not be able to change his opinion.

Myth 2. Verbal communication is more effective than non-verbal

- People, being used to words, have a great tendency to say that words are the most effective means of communication.
- And so, they tend to try and develop their verbal communication skills more. However, the fact on effective verbal communication skills is that they cannot do everything.
- Sure, words can say that a person is sad, but a single teardrop does that as effectively.
- In fact, people say that pictures are worth a thousand words.
- People only think that verbal communication is the best since this is the type of communication they most commonly and consciously use. However, have you ever realized how much you are able to tell about people just by looking at them?
- Of course, this does not mean that non-verbal communication is better than using words.

However, we should realize that people use both verbal and non-verbal communication in their everyday lives and to ask which one is better would be like asking a bird which wing is more useful to its flight.

Myth 3. The effectiveness of communication is determined by technology

- For some, this can be true. Technology today makes sure that messages do not get garbled up.
- The internet, specifically, was designed to let people deliver their messages with as little interference as possible.
- However, the true fact on effective communication skills is that people determine their effectiveness.
- How a person sends a message and how another receives it determines the clarity of the message.
- The perception of both the receiver and the sender determines just how intact the message is when it reaches its goal.
- The fact of effective communication skills is that it lies within a person.
- No machine can help make your communication skills more effective if you do not take steps to improve it yourself.
- Technology can affect communication, and improve the channels through which the process flows.
- However, the effectiveness of communication still lies in the ability of people.

References & resources

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Finally; Because it reflect the reality of our life “Islam”; I would like to end with this saying:

And in the end, it's not the years in your life that count"
It's the life in your years" -Abraham Lincoln

My Best Wishes to be:

Positive Smart “real Muslim”
thinker, reader, writer & effective CNCS

Eisa Ali Johali
the lecturer; Riyadh 28 August 2012