TOPIC OUTLINE 1: Introduction to CFM	
1	Public Health
2	The Three Core Public Health Functions and Essential Public HealthServices
3	The Ten Essential Public Health Services
4	Community Medicine
5	Definition of Family Medicine
6	Primary Care
7	Primary Care Physician
8	UHC Act of 2019
9	Family Medicine
10	Levels of Prevention
11	5 Star Roles

PUBLIC HEALTH

- "The science and art of preventing diseases, prolonging life, and promoting health through the organized efforts and informed choices of society, organizations, public and private, communities and individuals." - CEA Winslow known as the Father of Public health
  - Public health aims to prevent disease, prolong life, and promote health through health promotion and disease prevention, achieved only through organized and collective efforts of all stakeholders, with the community as the patient-centered and family-focused driving force.

THE THREE CORE PUBLIC HEALTH FUNCTIONS AND THE ESSENTIAL PUBLIC HEALTH SERVICES

I ASSESSMENT

- Monitor health status to identify community health problems
- Diagnose and investigate health problems and health hazards in the community
- Evaluate effectiveness, accessibility, and quality of personal and population-based health services
  - In public health, community diagnosis is about understanding the community by gathering data on *health status, morbidity and mortality, risk factors, existing problems, and available resources*, so we can identify health issues and plan interventions that truly address the community's needs.

II POLICY DEVELOPMENT

- Develop policies and plans that support individual and community health efforts
- Enforce laws and regulations that protect health and ensure safety.
- Research for new insights and innovative solutions to health problems.

III ASSURANCE

- Link people to needed personal health services and assure the provision of health care when otherwise available
- Assure a competent public health and personal health care workforce.
- Inform, educate, and empower people about health issues
- Mobilize community partnerships to identify and solve health problems

THE 10 ESSENTIAL PUBLIC HEALTH SERVICES

- Essential Public Health Service #1
  - Assess and monitor population health status, factors that influence health, and community needs and assets
- Essential Public Health Service #2

- Investigate, diagnose, and address health problems and hazards affecting the population
- Essential Public Health Service #3
  - Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it
- Essential Public Health Service #4
  - Strengthen, support, and mobilize communities and partnerships to improve health
- Essential Public Health Service #5
  - Create, champion, and implement policies, plans, and laws that impact health
- Essential Public Health Service #6
  - Utilize legal and regulatory actions designed to improve and protect the public's health
- Essential Public Health Service #7
  - Assure and effective system that enables equitable access to the individual services and care needed to be healthy
- Essential Public Health Service #8
  - Build and support a diverse and skilled public health workforce
- Essential Public Health Service #9
  - Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement
- Essential Public Health Service #10
  - Build and maintain a strong organizational infrastructure for public health

COMMUNITY MEDICINE

- A branch of medicine that is concerned with the health of the members of a community, municipality, or region.
- A discipline concerned with the study and improvement of the health characteristics of different communities.
- Community health tends to focus on geographical areas.

- Ensures that each individual in the population will receive comprehensive care.
  - Public health is conceptual in nature, and being a healthcare professional gives public health workers a distinct advantage.

FAMILY MEDICINE

- Medical specialty which provides continuing, comprehensive healthcare for individual and family
- A specialty in breadth that integrates the biological, clinical and behavioral sciences
- The scope of family medicine encompasses all ages, both sexes, each organ system and every disease entity
- The development of family practice led to the formulation of an educational content of family medicine, which is a unique among medical disciplines in its emphasis on the family as the unit of concern in health and illness
- In Europe, the discipline is often referred to as general practitioner and a practitioner as a general practice doctor or GP
  - *They don't have family medicine*
  - *General practitioners are board certified*
  - *You cannot practice without further or specialized training since the healthcare is subsidized by the government*

Note:
- *The Philippines adopted the US and Canadian system. In the Philippines, general practitioners do not require further training to practice.*
- *If not board certified:*
  - *You can still practice but cannot be affiliated with tertiary hospitals and admit patients.*
  - *You cannot teach in clinical department in medical school*
  - *To have progress in career, it is good to have a training*

- This name emphasizes the holistic nature of this especially, as well as its roots in the family
- It is a division of Primary Care that provides continuing and comprehensive health care for the individual and family across all ages, genders, diseases, and all parts of the body

PRIMARY CARE

- Primary care is the care provided by physicians specifically trained for and skilled in comprehensive, first contact, and continuing care for persons with any undiagnosed sign, symptom, or health concern (the "undifferentiated" patient) not limited by problem origin (biological, behavioral, or social), organ system, or diagnosis.

- Definition similar to Family Care
- e.g. PhilHealth Yaman ng Kalusugan Program (Yakap) and Konsultasyong Sulit at Tama (Konsulta)
- Examples include health promotion, disease prevention, etc.

- Primary care is the provision of integrated, accessible healthcare services by clinicians who are accountable for addressing a large majority of personal health care needs, developing sustained partnerships with patients, and practicing in the context of family and community.
  - *Advocating patient-centered, family-focused community care*
- Where can you avail primary care? In what setting?
  - Health centers accredited by Philhealth (can give Yakap and Konsulta to patients)
  - Ambulatory / Outpatients
  - Emergency Rooms
  - HMO clinics in Malls
  - Board-certified company doctors
  - Occupational medicine
  - Home care/ Palliative care

CHARACTERISTICS OF PRIMARY CARE

- Primary care is the backbone of health care system
- It is the first-contact care, serving as a point of entry for the patient into the health care system

I CONTINUING

- It includes continuity by virtue of caring for patients in sickness and health over some period
  - From womb to tomb
  - From home to hospital
  - From hospital to home

II COMPREHENSIVE

- It is comprehensive care, drawing from all the traditional major disciplines for its functional content
  - Look into everything that can affect your patient
  - Understand how the patient copes with and view their illness as dealing with the disease process itself

III COORDINATIVE

- Look into everything that can affect your patient, it serves as a coordinative function for all the health care needs of the patient

IV RESPONSIBILITY

- It assumes continuing responsibility for individual patient follow-up and community health problems

V IT IS HIGHLY PERSONALIZED TYPE OF CARE

UHC ACT of 2019

- Primary care provider refers to health worker with defined competencies, who has received certification in primary care as determined by the DOH or any health institution that is licensed and certified by the DOH
  - *To be accredited, you need to undergo certification/licensure exam that would be given by the DOH*
    - *This process includes completing and passing required modules prior to taking the final examination*
    - *Hence, it is difficult to be accredited by UHC as a primary care provider*

FAMILY MEDICINE

CHARACTERISTICS OF CARE

I CONTINUING

- Responsible for the provision of longitudinal continuity of care as determined by the needs of the patient

Note:

- *Under the UHC healthcare delivery plan, a patient cannot go directly to the hospital. The patient must first consult at an outpatient clinic or health center. From there, the patient may be referred to a district hospital, and subsequently to a provincial hospital if the concern cannot be managed at the lower level*

- Makes efficient use of healthcare resources through coordinating care, working with other professionals in the primary care setting, and by managing the interface with other specialties taking an advocacy role for the patient when needed
  - *Interprofessional collaboration*

II COMPREHENSIVE

- Develops a person-centered approach, oriented to the individual, his/her family, and their community
  - *In Family Medicine, we refer to this as the PFC Matrix (Patient centered, Family-focused, Community-oriented)*
- Understand how the patient copes with and views their illness as dealing with the disease process itself
  - The common denominator is the person with their beliefs, fears, expectations and needs
  - Being comprehensive is being *biopsychosocial* in your approach, being holistic in your approach

THREE LEVELS OF PREVENTION

I PRIMARY: PROMOTIVE AND PREVENTIVE

- Appropriate and effective intervention
  - Based on sound evidence

II SECONDARY: CURATIVE

- Manages illness at an early stage in its development

III TERTIARY: REHABILITATIVE

- Assist the patient to go back to the society

FIVE STAR ROLES		
WHO (1994)	DOH-APMC (200)	CHED (2006)
Care provider	Care Provider	Care Provider
Decision maker	Researcher	Reseacher/ Information Manager
Manager	Manager	Manager/Leader
Communicator	Teacher	Educator/Teacher
Community Leader	Social Mobilizer	Social Mobilizer

- For doctors to be able to address all the needs of the patients, their families, and even the community that they serve, they cannot just be healthcare providers.
  - *Doctors must perform other roles to develop other competencies that would help deliver the care of patient's needs, they need to be 5 star physician*
- Decision-maker (WHO 1994 → Researcher (DOH-AMPC 2000)
  As early as 1994, in order to address the healthcare needs of your community, you need to be a healthcare provider (that means you're a doctor)
  - But the basis of decision should be evidenced based (research) as far as medicine is concerned.
- Researcher (DOH-AMPC 200) → + Information manager
  You should be able to choose which information is appropriate for your patient.

Note:

- The DOH adopted this concept after six years, and CHED subsequently followed after another six years.

I HEALTHCARE PROVIDER

- Curative role;
- Besides giving individual treatment, "five-star doctors must take into account the total (physical, mental, and social) needs of the patient;
- They must ensure that a full range of treatment is curative, preventive or rehabilitative - and will be dispensed in ways that are complementary, integrated, and continuous (Dr. Charles Boelen)
- This is your role as a doctor, you need to be patient centered, family focused, community-oriented.

II DECISION MAKER

- Researcher
- Utilize researches in clinical decision-making through critical appraisals
- Utilize health information for the improvement of the health of the population
- Conduct research that has direct benefits to the community
- You need to be competent in the treatment of your patients. You need to make decisions based on clinical practice guidelines, evidence-based medicine etc. You need to be a good researcher to utilize and interpret the data.
    - *Meron tayong clinical practice guidelines, clinical pathways. Hinihingi yan ng WHO, at ng DOH. You can deviate from the guidelines, but be sure you will be able to justify your deviance from the guidelines. Kasi hindi ka babayaran ng Philhealth. Tatanungin ka bakit yan ang ginawa mo? Lahat yan ilalagay mo sa CFM.*

III HEALTH EDUCATOR

- Apply effective communication by showing sensitivity to feelings, articulating health concepts, and giving advice
- Advocate a healthy lifestyle
- Utilize effective health teaching strategies based on local determinants of health and socio-cultural factors in disease causation
- Show sensitivity to health beliefs and practices, reinforce positive knowledge, and correct misconceptions

IV COMMUNITY LEADER

- Social mobilizer
- Advocate important and relevant health issues
- Assist in community organizing and community development
- Reconcile individual and community requirements; mobilize the community
    - *You should be able to move the community.*
    - *Mobilize the community to become health advocates, dapat capacitated ang community mo to teach and educate as well.*

V MANAGER

- Leader
- Work harmoniously with individuals and organizations inside and outside the health system to meet the needs of patients and communities
- Deal with other health providers through collaborative endeavors and teamwork
- Establish linkages with non-government and government organizations Conduct resource generation and financial management
- Undertake quality assurance (QA) activities

For you to be able to do all those things in your practice
you need to be a very good manager.

Note:

- For instance:
    - *Calling for a meeting and decision making are part of the scope of being a manager.*
    - *In our practice, mayroon tayong family healthcare team na dadatnan ninyo (this includes: social worker, nurse, medtech, PT, nutritionist, ambulance therapy, etc.). So who would coordinate all these services? sa case management, sinong uupo as the leader? it would be the doctor.*
        - *To do that, you are actually doing your role as the program manager or the manager of the clinic.*

- *Another example would be requesting for funding. As a manager, ikaw ang magsusulat doon, and by mobilizing it, you're also doing your work as a community leader.*
- *You have to oversee all the operations involved.*
- *Kasama raw sa exam 'yung identification of roles.*

VI NAVIGATOR

- *Additional role*
- *More common sa ibang bansa dahil maganda ang kanilang UHC.*
- *Responsible sa pagtatawag sa mga network.*
  - *However, in local context, wala tayong masyadong budget para sa mga navigator. Usually ang nag n-navigate ay kung sino 'yung nag r-refer na attending physician. So, going to and from, sa'yo babagsak 'yung patient. Maski naman sa hospital lang, 'pag may pas'yente ka naman at ikaw nag refer, make sure na kinocoordinate mo 'yun at make sure na nakakausap mo yung irereferral mo para kapag nagtanong 'yung pas'yente, mae-explain mo as a whole kung ano nangyayari sa kanya. Hindi yung irefer mo lang ng irefer.*

SHORT VIDEO (GIST)

- *In the UK it's called general practice (GP), here in the Philippines, it's Family Medicine (FM). If you have further training, it's FM, if not, it's GP.*
  - *This requires competency in order to practice.*
- *What UHC envisions is the kind of practice na nand-doon na halos lahat, even radiology and laboratory. A stand alone clinic that can provide almost everything to the patient.*
  - *Ganyan ang set up ng HMO. But it's quite difficult, it's quite expensive if you are just one doctor to be accredited by UHC. Kasi you need all those infra-structure and it is quite costly.*
  - *Kaya ang ginawa ngayon ng DOH, pumayag sila na you can outsource those services basta you can show memorandum of agreement (in the laboratory, diagnostics, radiology, pharmacy kasi may libreng gamot).*
  - *Ganun 'yung konsepto na gusto ng UHC, 'yung nirerefer lang and patient kung hindi na talagang kaya dun sa primary care unit. Meron nang primary care na 'yung set up where at least 3 beds are ready for admission like in cases such as pneumonia, AGE, and even kidney infection or pyelonephritis. Asthma can be admitted depending on the severity.*

TOPIC OUTLINE 2: Communication Skills

1	Key Terms
2	Forms of Communication
3	Attitudes in Communication
4	Opening and Closing Skills
5	Demonstration of Attitudes and the Active listening Skills

COMMUNICATION

- A process through which information or ideas are being conveyed, transmitted or imparted by the use of signs, symbols, or words to achieve certain understanding or even changes in behavior.
    - Communication is the exchange of information. It becomes effective when there is feedback. As doctors, we must communicate well with our patients—it is a skill to ask the right questions and obtain accurate answers. Poor communication can irritate patients, leading to incomplete or inaccurate information and, ultimately, an incorrect diagnosis.

FUNCTIONS OF COMMUNICATION

- Establish relationship between the persons involved
- Impart new information
- Reinforce knowledge
- Direct the receiver in some ways as to:
    - Change behavior
    - Stimulate thoughts
    - Provoke questions
    - Reinforce attitude

ELEMENTS OF COMMUNICATION

- SENDER- source / initiates communication
- MESSAGE- subject matter which needs to be presented and how it is being communicated
- CHANNEL OF TRANSMISSION- way of sending the message to one or more senses
    - Written/ oral/ non-verbal
- RECEIVER- perceives the sender's message
- FEEDBACK- allows evaluation of the interpretation of the message

FORMS OF COMMUNICATION

- All 3 can occur simultaneously; It matters because it can change the meaning of the message. The way you communicate affects how the message is received and interpreted, and it may differ from what you intended.

LINGUISTIC COMMUNICATION

- Messages that are *conveyed through words* which may relate to ideas or to describe feelings or behaviors.
- Interviewers exhibit 4 types of verbal responses
    - Exploratory
    - Clarifying
    - Affective
    - Honest labelling
- Exploratory- open-ended responses that encourage a person to continue talking
- Clarifying- ensures that the message was indeed received and allows a person to correct / check interpretation
- Affective- attends to feelings, attitudes and values and fosters self-awareness
- Honest labelling- speaks directly and honestly about the issues
    - Guide to honest labelling:
        - Rapport is already established
    - We cannot properly label (diagnose) a patient until we have established rapport.
        - Person is ready
    - Ask the person if he/she is ready to hear the diagnosis or just a part of it.
        - Choose words that shed light and not to contribute to misinterpretation
        - Speaking honestly does not mean speaking brutally

        - Painful or unwelcome interpretation should be shared with compassion and sensitivity to the effect such news may have to the receiver
- Word choice- words have varying degree of precision and conscious awareness
    - The meaning a particular word is intended to convey, the meaning attached to the word by the hearer and the interpretation given to the entire communication may be very different for each of the two parties in an interchange.
- Denotation - dictionary definition
- Connotation- meanings, images or feelings that come to mind when a word is used but that strictly speaking are not part of its formal definition
    - For example, *salvage* comes from the word *salvation*, but in the Philippines, it commonly carries the connotation of being killed, especially in an extrajudicial context.
- Words that are best to avoid:
    - Slang words
    - Euphemism carry out many connotations
        - Tumors- usually equated with cancer, but not all tumors are malignant. Use other terms such as soft mass or a nodule.
        - Warts and Moles- may be a squamous cell carcinoma
    - Medical jargons convey concepts that may be misunderstood
        - Use layman's terms.
        - If there is no layman's term, you have to define what the condition is

PARALINGUISTIC COMMUNICATION

- Non-word messages *conveyed through speech*
- Vocal messages affected by intonation, pacing, sighs, grunts and pauses.
- A person who has stopped speaking because of overwhelming feelings must be allowed a few moments of silence.
    - Be mindful of your nonverbal cues and those of your patient.

NON LINGUISTIC COMMUNICATION

I FACIAL EXPRESSION

- Associated with strong conflicting feelings that are not generally in the conscious awareness of the person emitting them.
    - Frequent affective and clarifying responses to bring non-word messages into the verbal arena in order to understand them more correctly and completely

II BODY PLACEMENT

- Tells much about their feelings and the nature of their relationship to those around them
- Personal space - *3ft front* (for your safety din daw, iwas suntok, sabunot, or ubo), *1ft behind* (this allows you to escape an aggressive patient)
- Body position - *inclined slightly forward* (not 90 degrees para ka naman daw sundalo niyan, not slouching, use safety pins if plunging neckline kasi baka makita si susan at si sally)
- Sitting position - *same eye level*
- Parallel movement -*mirror image* (pag nagmove si patient to the right, move ka rin daw to the right. Pag nagmove si patient to the left, move ka rin daw to the left)
- Complementary movement - *conveys understanding and challenge* (pag nagmove si patient to the right, move ka to the left at pag nag-move si patient to the left, move ka naman to the right)

III USE OF TOUCH

- Handshake, gentle touch
- Use gloves

IV PHYSICAL ARRANGEMENT

- Cleanliness and sanitation, dividers and curtains, temperature of the room, lightings, noise control, scent and odors, table and chairs, gadgets, and others

V GENUINESS

- *You are aware at first, you need to be aware of biases, strength, of who you are – and accept*
- Being honest and open about feelings, needs and ideas
- A genuine person:
  - Can be himself with another so they know him as he truly is
  - Is aware of his innermost thoughts and feelings, accepts them and whenever appropriate, shares them responsibly
- "Speak the truth…"
- 3 Requirements: *you need to be congruent, you mean what you say*
  - Self-awareness
  - Self-acceptance
  - Self-expression

VI UNCONDITIONAL POSITIVE REGARD

- "Speak the truth in LOVE…"
- *You need to decide to love your patient, loving does not mean liking and vice versa*
- Choose to believe that there is something good in a person regardless of the external qualities
- Involves accepting, respecting and supporting another person
- Non-possive love, willed love

VII EMPATHY

- *Most difficult thing to do*
- NOT the same as sympathy
- Knowing how the other person FEELS, *thoughts*
- Seeing the world from the other person's point of view
- Ability to put oneself in the shoes of the other
  - To be with, feel with and think with the other
  - To really see and hear another person and understand him from his perspective

ACTIVE LISTENING SKILLS

- OPENING SKILLS:
  - Attending skills
  - Bracketing
  - Leading
  - Focusing
  - Probing
  - Reflecting skills

1 ATTENDING SKILLS

- Involves the listener giving his/her physical attention to the speaker
- Includes:
  - Attentive, open, posture
  - Appropriate body movement
  - Appropriate eye contact with speaker
  - Open and receptive facial expression
  - Establishing a non-distracting environment
- "LOVERS"
  - L - lean forward
  - O - open stance
  - V - voice of compassion
  - E - eye contact
  - R - relaxed position
  - S - sit at right angle

2 BRACKETING

- form of psychological attending

- it is a mental skill involving suspending own judgement and feelings and then setting them aside for a while in order to listen more fully to the patient
  - Tell the truth when you find it difficult. Excuse yourself.
  - DON'T do counselling if you are going through something, for example, choose to monitor in the ward over the ER which needs fast, critical thinking

3 LEADING SKILLS

- Indirect lead
  - Open invitation by the doctor to the patient to talk about whatever concerns him
  - Includes verbal and non-verbal encouragers which are used to show that the listener is listening and following what the speaker is saying
  - E.g. “What can I do for you?”, "What would you like to talk about?”
  - Verbal: “yes”, “go on”, and then “I see”, “Uhmmm”
  - Non-verbal: nodding, smiling and eye contact

- Direct lead
  - The doctor chooses the direction where the conversation should go
  - Oftentimes it is based on the disease entity that the doctor is considering
  - It is also worthwhile to choose basing it on what is most emotionally concerning for the patient
  - E.g “tell me more about…”. “Let’s talk about..”

4 FOCUSING

- Patients in emotional pain sometime brings up a lot of things one after the other
  - In such cases, ask the patient to do the choosing of what's important to him
    - Chief complaint (You’ve mentioned that you have financial difficulties, your wife is nagging you, your son is rebellious, your daughter had an accident)
    - “Which among all that was mentioned is the most problematic”. The direct lead is unahin natin pag usapan ang tungkol sa anak mo kasi naaksidente siya.
    - “Ano ang mas gusto mong pag-usapan?”
    - “Ano yung nagpapabagabag sa damdamin mo sa lahat ng ito?”

Note:
- Ask the patient to identify the most important concern they want to discuss, rather than deciding for them

5 PROBING

- Questions that the doctor asks in order to find more about how the patient is reacting to the illness
  - Ask open-ended questions not answerable by yes or no
  - Between probing an event and probing a feeling, it is better to prove the feeling
  - Avoid “WHY” questions as you may be initiating a person to become defensive
  - Use “HOW”, “WHAT”, “Could you please explain”

Note:
- *We encourage you to ask open-ended questions and avoid close-ended ones, as closed questions may sound robotic and limit patient expression. Open-ended questions allow patients to verbalize their concerns more fully although it may take a lot of skills.*
- *Example: A patient having 1 week of fever coming to the ER, your first question might probably be “why now? Bakit po ngayon lang kayo nagpunta eh isang linggo na kayong nilalagnat”, however you don't want to sound judgemental and offensive. So, instead you can put on your concern look and ask how questions so it could sound empathetic and lesser offensive like “ano pong nangayari at natagalan ang pagbisita niyo inabot na po kayo ng isang linggo?”*

6 ATTENTIVE SILENCE

- One of the hardest skills to master, as people often feel uncomfortable with silence and feel the compulsion to jump in and fill in silence

- There are times when silence is the most appropriate response
  - When the speaker is searching for response
  - When the speakers are emotionally distressed, silence allows the person to experience distress, regain composure and continue communication.

7 REFLECTING

- Facilitates the attempt of listener to communicate that s/he understands the perspective of the speaker
  - *Mirroring back to your patients what you heard, what you saw and what you feel regarding the matter.*

COMMUNICATION SKILLS 2.2

From Doc. Neri's PPT

ATTITUDES

1 GENUINENESS

- Self-awareness
- Self-acceptance
- Self-expression

"Speak the truth…"

2 UNCONDITIONAL POSITIVE REGARD

- Speak the truth in LOVE…."

3 EMPATHY

- Not the same as sympathy
- Knowing how the other person FEELS
- Seeing the world from the other person's point of view

ACTIVE LISTENING SKILLS

- Attending skills
- Bracketing
- Leading
- Focusing
- Probing
- Reflecting skills

I ATTENDING SKILLS

- L - lean forward
- O - open stance
- V - voice of compassion
- E - eye contact
- R - relaxed position
- S - sit at right angle

II BRACKETING

- Mental skill
- Hypothesis
- Judgments
- Biases/prejudices
- Feelings
- Experiences

III LEADING SKILLS

- Indirect Lead

- Open invitation to talk about anything
  - Example: “What can I do for you?”
- Minimal prompts
  - Example: “Yes”, “Go on”, “And then”, “Uh-hmm”

- Direct lead
  - Often repeated
  - Feeling most intense
  - Mentioned last

IV FOCUSING

- Multiple choice questions to get:
  - Most difficult issue
  - Heaviest emotion
    - Example: “You have financial difficulties, your wife is nagging you, your son is rebellious, and your daughter had an accident. But of these four, which is the one that is giving you the most pressure?”

V PROBING

- Open-ended questions
  - “How”, “Could you explain”, avoiding “Why”
- Feeling questions
  - “How does that make you feel?”
  - “Tell me more about that feeling”
- Infrequent questions

VI REFLECTING SKILLS

- “I can never tell you what you said, but only what I heard. I will have to rephrase what you said, and check it out with you to make sure that what left your mind and heart arrived in my mind and heart intact and without distortion.” - John Powell (Theologian)
- *Reflecting is like mirroring back to your patient what you saw and heard. You can reflect the feeling you can sense, the experience that you heard.*

REFLECTING CONTENT

- Paraphrase
  - Brevity and clarity
    - Saying in 10 words what the client said in a hundred
  - Accuracy
    - “Walang dagdag, walang bawas”
- Perception check
  - A paraphrase made into a question
  - “Is that it?”, “Did I get you right?”
- *After the chief complaint, minsan ang chief complaint ang dami. The best thing to do is to paraphrase. Ang tendency is tanong ng tanong, hindi nag paraphrase. Kaya minsan, nawawala tuloy yung thought. Hindi niyo nakukuha yung buod. Summarize is after big chunks of data.*

REFLECTING FEELING

- Feeling are neither right nor wrong
- Feeling not acknowledge would take control of your behavior
- Behind every feeling is a perception or misperception
- MAD, GLAD, SAD, AFRAID

“It seems that you feel...”

REFLECTING EXPERIENCE

- Point out the NON-VERBAL behavior then probe for its meaning

Case Example (Scenario)

- [45 y/o, M, walks in the office, sits down, then stands again and looks out the door to where his wife is sitting. He shuts the door and sits down again]
- "*Doctor, a month ago, I had this sore throat. So I went to a doctor and he gave me a penicillin for it. I took it for 7 days and it went away. But a week later, I had this sore throat again*"
- [Patient shifts in his seat and looks down at the floor]
- "*The doctor gave me amoxicillin this time and I took it and the sore throat went away. But a few days ago……*"

- [Patient takes his handkerchief and crumples it and pulls at it repeatedly]
- *".....the sore throat came back."*
- [Voice becomes softer, patient shakes his head]
- *"I just can't understand what's happening"*

REFLECTING CONTENT	
Instinctively you would ask another question, however, make sure to paraphrase first what you have heard from the patient before you ask another question. You have to reflect back to the patient that you understood what they meant and that you got the message right.	
CHIEF COMPLAINT: Recurrent sore throat (2 times); 2x narin uminom ng gamot. IMPACT ON THE PATIENT: The patient cannot understand what is happening to him and becomes anxious.	
Paraphrase	*"This is the third time that you have had a sore throat within a month and you can't understand why it keeps coming back"*
Perception check	*"This is the third time that you have had a sore throat within a month and you can't understand why it keeps on coming back. Is that it?"*
Reflecting feeling	*"You seem to be quite anxious about your sore throat."*
Reflecting Experience	*"When you were talking about this third episode of your sore throat, your voice seemed to become softer and you shook your head. What does that mean?"*
	You can mirror back what he said, what he feels, and how he behaves.
Attentive Silence	*"This silence of love is not indifference; it is not merely poverty of words to say. It is a positive form of self-communication. Just as silence is the medium through which heartaches are heard"*
	You have the chance to detach yourself from your feelings or thoughts. If you allow your patient and even yourself to be quiet for a while, mar-renew mo 'yung thoughts mo. But when you go back and start the conversation again, mag s-summarize ka before you ask the next question.

	THIS IS JUST A SHORT BREAK. Do not be so uncomfortable with silence. Dapat sensitive ka to what your patient is telling you. You need to give time to the patient.

Could you just listen?

When I ask you to listen to me and you start giving me advice, you have not done what I asked.
When I ask you to listen to me and you begin to tell me why I shouldn't feel that way, you are trampling on my feelings.
When I asked you to listen to me and you feel you have to do something to solve my problems, you have failed me – strange as they seem.

Listen! All I asked is that you listen, not talk or do, just hear me. Advice is cheap. Fifty cents will give both Dear Abby and Billy Graham in the same paper.
When you do something for me that I can and need to do for myself, you contribute to my fear and inadequacy.
But when you accept as a simple fact that I do feel no matter how irrational, then I can quit trying to convince you and get down to the business of understanding it.
Irrational feelings make sense when we understand what's behind them and when that's clear, the answers are obvious and I don't need advice.

Perhaps that's why prayer works sometimes for some people because God is mute and doesn't give advise to try fix things.
God just listens and lets you work it out for yourself.