The main objectives of a good facilitator is to keep the clinic focused on the subject of discussion, provide a neutral perspective and manage the process, move the clinic along in an efficient and relaxed manner, help the participants achieve useful educational outcomes, and gives the participants a sense of instructive accomplishment.

**Effective Communication Skills for Facilitators**

Communication skills are critical for a facilitator. How you communicate can make a difference in gaining support and moving things along efficiently and effectively.

- **Active Listening:**
  - Be genuinely interested in other people’s thoughts and feelings. Listen intently and avoid side conversations/activities (text messages, etc.). If you are not interested, act interested
  - Maintain good eye contact.
  - Face the camera when speaking, even if responding to someone sitting next to you.
  - Don’t confuse content and delivery – assume the person has something to say even if she or he is having trouble saying it.
  - Listen for the main thought or idea, rather than trying to memorize every word.
  - Don’t “jump ahead” to complete the person’s sentence – you are making an assumption that maybe incorrect.
  - Pause a few seconds before giving feedback or answering a question – take time to think about what was said.
  - Give the person time to correct an obvious mistake – this shows respect.
  - Don’t let the person ramble – try to help them come to their main point.
  - Don’t turn an implication you’ve picked up in the conversation into a conclusion – proceed gradually.
  - Ask open-ended questions. Avoid yes or no questions, unless necessary.
  - Be aware of your own emotional response to what you are hearing – it will affect how well you understand and can respond. Monitor your facial expressions, as they can affect the speaker’s comfort.
  - Focus your energy and attention on what is being said to you- not on what you want to say next.
  - Cultivate empathy – try to put yourself in their shoes.
  - Show encouragement. Use simple gestures or phrases to show you are listening, e.g., say “Uh-huh;” nod your head.
  - Show support. Say, “That’s great; does anyone else have anything to add?”
  - Paraphrase or summarize what the person said, and get agreement that you’ve understood completely.

- **Modeling:** Practice behavior that you want reflected back to you. Try to be non-judgmental. Watch your nonverbal messages.
• Focusing attention and pacing: Keep the group on the topic and focused, using care to limit or reduce repetition. Stay on track! This is one of the primary responsibilities of the facilitator.
• Waiting in silence when opening up the floor for questions/discussion for 5 to 10 seconds. This gives participants the opportunity to respond.
• Scanning/Observing: encourage full participation from the group. Watch nonverbal cues in the form of body movement, facial expression, gesture (which may indicate loss of attention, confusion, or discontent). Change the pace or the topic if needed to re-engage participants.
• Inclusion: Make sure everyone has an equal opportunity to participate. Encourage those who have been silent. Encourage input from professions not yet heard from (e.g. input from nursing if only physicians have spoken).

Handling difficult team members

A participant is designated as troublesome when his or her behavior is directly and negatively impacting the team’s productivity or hindering the team’s cohesiveness in terms of openness, trust, commitment, and participation.

• Never verbally scold or embarrass the individual in front of the group or even privately – address the behavior in a positive fashion. The goal is to reduce, alter, or eliminate the member’s undesirable behaviors without hurting his or her self-esteem or capability to contribute. (e.g. A participant may say: I have read that nitroglycerin is an effective treatment for headaches, the facilitator would say, thank you for that recommendation, I am not aware that Nitroglycerin can be utilized for headache treatment, do you mind sending me the literature on this? Then the facilitator should call the participate offline to discuss).
• If there are individuals that are dominating the discussion, try, “we would like to hear from a participant that has not had an opportunity to respond”, or if it is one individual then try, “John, you have made several contributions and we thank you for your participation and we also want to hear how other group members see this issue”. The key is to be direct but tactful. Another approach is to reach out to this individual prior to the next clinic and talk candidly about their behavior in private.

Body Language and Facilitation

Verbal as well as non-verbal communication is critical to facilitative leadership. In the clinic, nonverbal messages are constantly flowing from team member to facilitator and vice versa. Be careful not to send nonverbal cues or body language that can be interpreted as negative by the receiving audience. Examples include: rolling eyes, raising eyebrows, grimacing, or shaking one’s head, etc.

Facilitators must also be aware of the nonverbal cues given off by team members with whom they are working. Crossing arms, rolling eyes, and texting can suggest closed mindedness or inattentiveness. This type of body language subtly inhibits the free flow of communication.
Personal attributes of a facilitator

- Cognitive and behavioral flexibility
- Personal self-awareness
- Cultural self-awareness
- Patience
- Enthusiasm and commitment
- Interpersonal sensitivity and relations
- Tolerance of differences
- Openness to new experiences and peoples
- Empathy
- Sense of humility
- Sense of humor

Facilitation suggestions

- Be aware of the physical environment and how it may influence behavior. Things to consider:
  - For video/audio participants
    - Provide information on audiovisual needs and connection information
    - Remind individuals of videoconferencing etiquette
    - Send electronic copy of the following:
      - Copy of power point
      - Copy of agenda
      - Sign in sheet (if applicable)
  - For in-person participants
    - Room setup
    - Room temperature
    - Environmental etiquette
      - Food and drink
      - Rustling of papers
      - Avoid whispering or side conversations
      - Silence mobile devices
    - Provide necessary documents for clinic:
      - Copy of power point
      - Copy of agenda
      - Sign in sheet (if applicable)
  - Start the clinic with introductions and announcements. Also include the following:
    - Identify main and co-facilitators
    - Review the agenda
o Ask participants if they have any questions prior to the start of the clinic
o Develop ground rules
  ▪ Always introduce yourself prior to speaking
  ▪ Maintain confidentiality: HIPAA. PHI compliance
  ▪ Limit environmental distractions (rustling of papers, stay muted when not speaking, etc.)
  ▪ Respect one another – it is ok to disagree but please do so respectfully
  ▪ Disregard rank/status
  ▪ Encourage participation
  ▪ No one dominates time

• If you have a lead facilitation role, close each session with a recognition of the presenter/group for “job well done.”
• Identify and take advantage of “teachable” moments
• Role modeling behavior that you would like to see from participants
• When possible call on participants by name
• Being aware of your own self-development can make a difference. Be aware of your own biases and acknowledge them.
• After each clinic, huddle with your team and discuss what went well and what can be improved on and make changes as necessary

Adapted from UNM Project ECHO and Pickett Institute Curriculum, ILJ, 2002