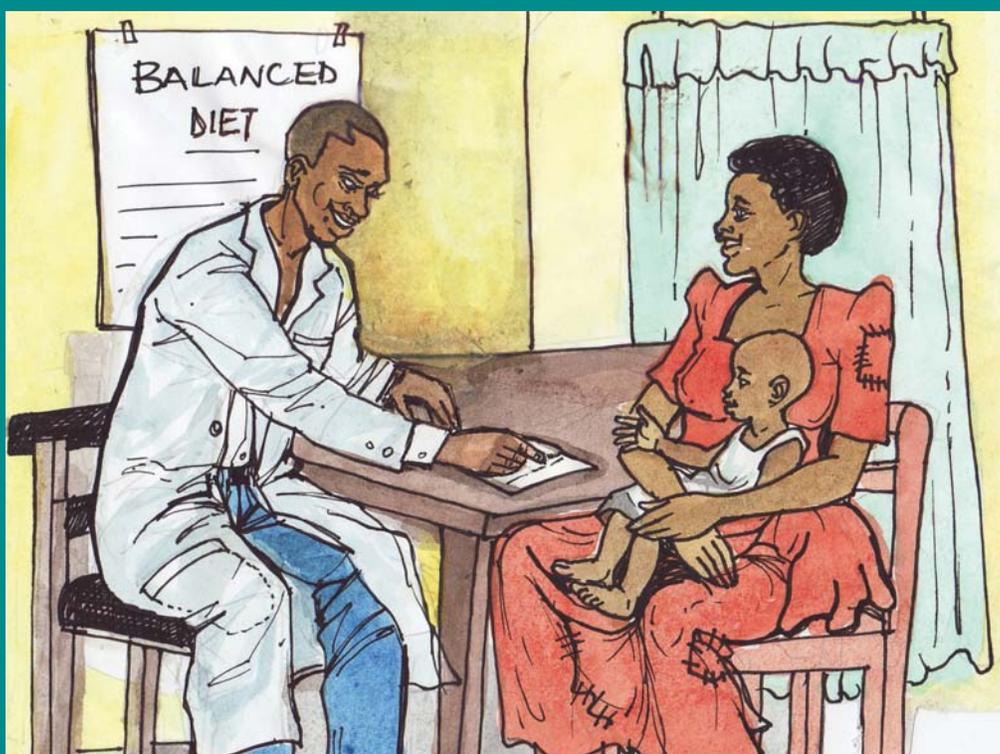


Improving Interactions With Patients

Part Two



- Asking Good Questions
- Giving Good Information

The ACT PRIME Study

Infectious Disease Research Collaboration, Uganda.
ACT Consortium, London School of Hygiene & Tropical Medicine, UK.



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TRAINER BRIEF FOR PCS 02

From October 2009 until February 2010, the Uganda Malaria Surveillance Project / Infectious Disease Research Collaboration conducted research activities in Tororo District. We surveyed households, health workers and community medicine distributors, and talked to groups of community members and health workers to learn more about how health care is provided to sick children in this area, especially at health centres.

During this research, community members told us that they do not always feel able to give the health worker information on their symptoms due to language barriers, time restraints during the consultation, or anxiety about interacting with health workers. For example, not all patients speak English and as a result, they are unable to communicate with health workers who many not know the local language. Patients are hesitant to go to a health centre where they will not be able to communicate their symptoms and understand treatment information and instructions. In addition, community members also told us that the care and treatment received at the health centre does not always cure their illness, but they believe that clinical care and treatment can be improved if health workers follow through the care process of diagnosis, treatment and referral, if required.

Health workers described similar frustrations when treating patients. They told us that patients do not provide full information on their symptoms, previous medications they have taken, or other important information. As a result, health workers are not able to treat the patient fully. Getting and giving information on symptoms, diagnoses, treatment and follow-up, and treating illnesses correctly were felt to be important to ensure that patients received good clinical care.

The **key learning outcomes** for PCS 02 are:

Topic	Learning Outcomes By the end of this module, participants will be able to...
Asking good questions	<ul style="list-style-type: none"> • Understand the importance of getting good information. • Be aware of the way and consequences of how they ask questions. • Know how to formulate open questions. • Ask questions without showing judgement.
Giving good information	<ul style="list-style-type: none"> • Understand the importance of giving good information. • Be aware of the way and consequences of how they give information. • Know how to give good information to patients. • Understand how to empower patients to follow advice.

TRAINING AGENDA

PCS 02 will last 3¼ hours from start to finish.

Note to Trainer:

- Trainers, please use the table below to complete the start and end times for each training section using the 'Time Allocated' as a guide.
- Keep this agenda visible and as a guide to help you keep track of time.

Today's training will start at ____:____ Today's training will end by ____:____

Topics	Time Allocated	Start time	End time	Total time	Materials
Introduction to the module					
- Greetings & Review	5 minutes	_____	_____	15 minutes	Flip chart Markers Tape
- Training rationale & Learning outcomes	10 minutes	_____	_____		
TOPIC 1: Asking good questions					
- Introduction to the Topic	15 minutes	_____	_____	70 minutes	Annex A Annex B Flip chart Markers Tape
- Thinking about the Topic	5 minutes	_____	_____		
- Principles	20 minutes	_____	_____		
- Practice	10 minutes	_____	_____		
- Discussion	10 minutes	_____	_____		
- Planning	10 minutes	_____	_____		
Break				30 minutes	
TOPIC 2: Giving good information					
- Introduction to the Topic	5 minutes	_____	_____	60 minutes	Flip chart Markers Tape
- Thinking about the Topic	10 minutes	_____	_____		
- Principles	10 minutes	_____	_____		
- Practice	15 minutes	_____	_____		
- Discussion	10 minutes	_____	_____		
- Planning	10 minutes	_____	_____		
Self-Observation Activity #3					
- Introduction	20 minutes	_____	_____	15 minutes	Flip chart Markers Tape
- Instructions	5 minutes	_____	_____		
Conclusion	5 minutes	_____	_____	5 minutes	Flip chart Markers
TOTAL	195 minutes = 3 hours 15 minutes				

INTRODUCTION TO THE MODULE



Time allocated: 15 minutes

Purpose: To welcome and orient the participants to the training and help them to understand what they can expect of the training and what will be expected of them as participants.

Learning Outcomes: By the end of this session, participants will:

- 1) Know the names of co-participants.
- 2) Know the name of the training leader.
- 3) Review a set of ground rules for the training.
- 4) Review the previous module's key learning points.
- 5) Know the learning outcomes and purpose of the module.

Materials required:

- Flip chart
- Markers
- Tape
- Ground rules pre-prepared flip chart

Training methods used:

- Review circles
- Trainer explanation



Page 7

Introduction

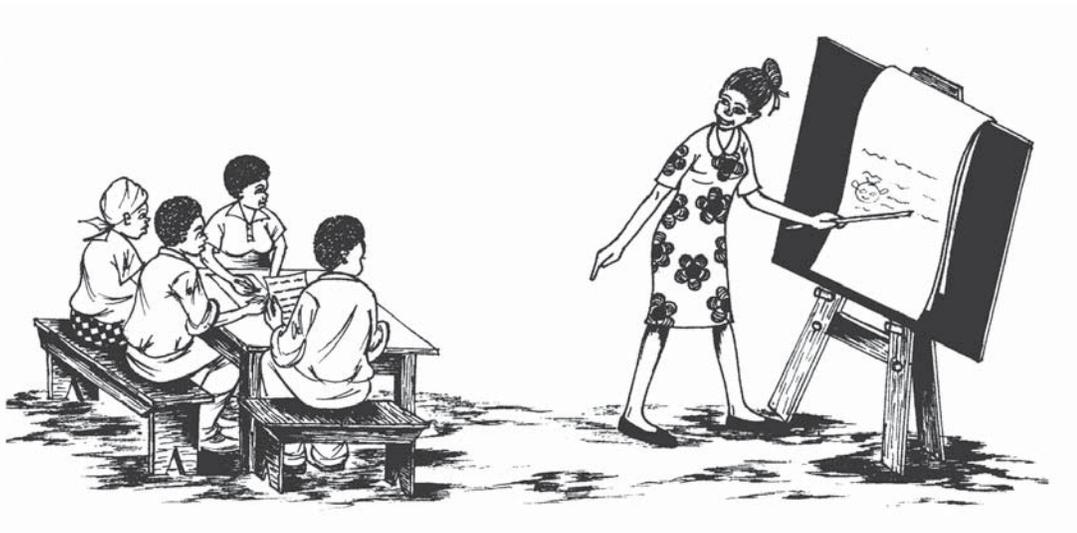
Preparation

To be completed before participants arrive:

- 1) Hang up a flip chart and arrange your manual and supplies.
- 2) Write on the flip chart: the name of the module, your name & the organisation you work with.
- 3) Ensure the room is swept & clean.
- 4) Ensure all the chairs are in a friendly well spaced and there are enough chairs for all the participants you are expecting.
- 5) Set the time you will start the training and complete the 'start' and 'end' times on the Training Agenda for each training section. Write the start and end times on the flip chart.
- 6) Hang up the 'Ground Rules' flip chart from PCS 00. If you do not have the flip chart or the ground rules, you may ask one of the participants to help you create the flip chart when he/she arrives – the participants should have the rules written in their Learner Manual.



Room Set Up



Introduction

1. Greetings & Review



5 minutes

Training Steps



Step 1: GREET:

With a friendly smile welcome all participants as they arrive. Give each person a name tag, learner manual and any supplies and ask them to take a seat anywhere they like.

Note to Trainer:

- Once all of the participants have arrived, or it is the scheduled time to start the training, begin with introductions as described below.



Step 2: EXPLAIN:

- My name is _____ and I work with the Uganda Malaria Surveillance Project/Infectious Diseases Research Collaboration (IDRC).
- I am going to be leading you today.



Step 3: ASK:

You will remember the ground rules we agreed upon last time – these are noted on the flip chart as a reminder.



Step 4: REVIEW:

- We are going to start with an activity to recall what we covered together in the previous training. Please turn to page 8 of your manuals where there are review circles.



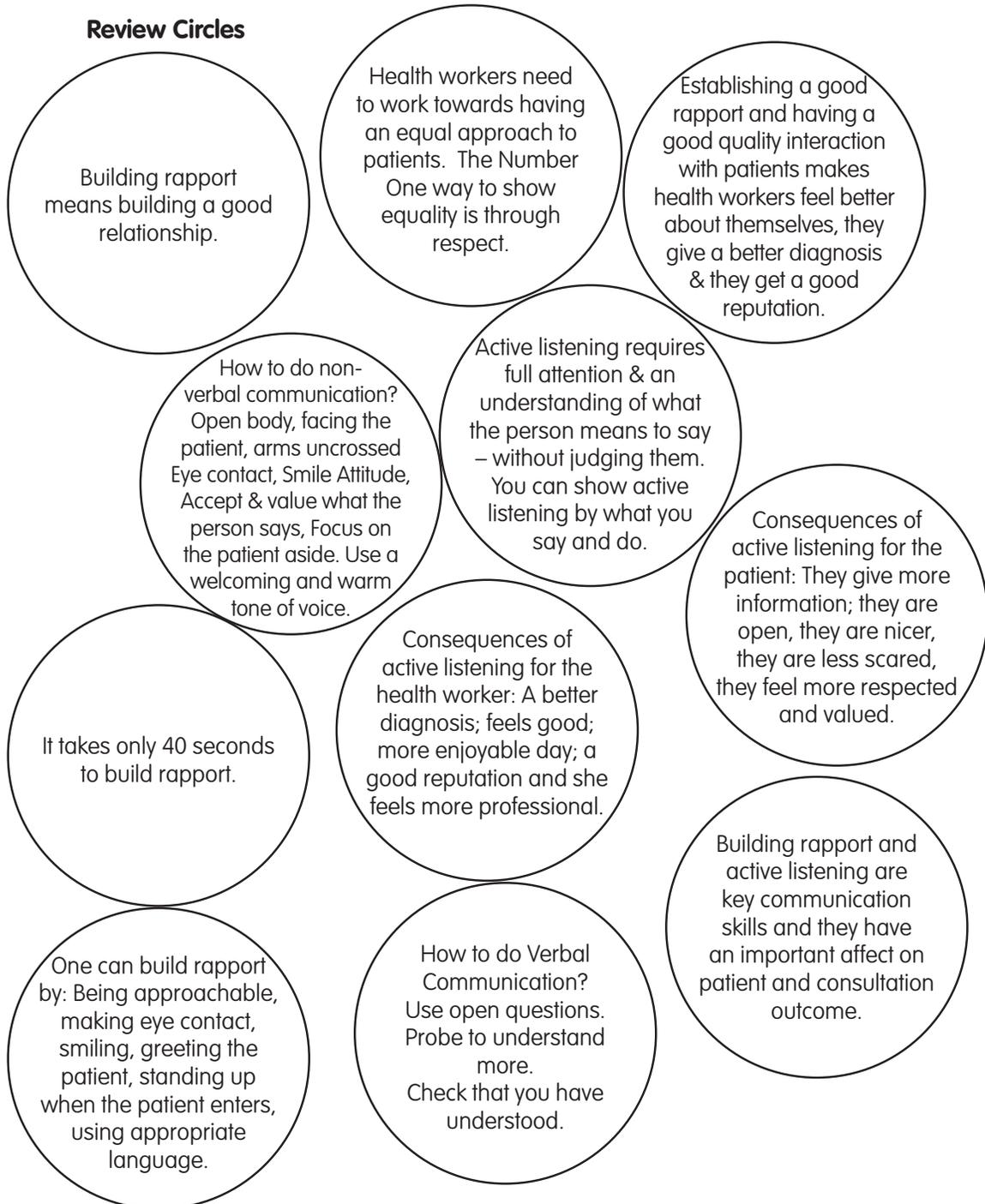
Introduction

- We will move around the circle. Starting with the first circle, each person will read out one of the statements inside the review circles. You can choose any kind of voice – a deep voice, a singing voice – just be sure that you speak clearly so all can hear you! Please start by greeting the person beside you and saying their name of the person beside you, before reading the statement – this will remind us of each others’ names.

Note to Trainer:

- Start the process by turning to the person beside you and saying her name.
- The process continues until all the review circles have been read.

Review Circles



Introduction

2. Training rationale and learning outcomes



10 minutes

Training Steps



Step 1: INTRODUCE THE MODULE:

Note to Trainer:

- Use points from the Trainer Brief on page 2 to introduce the module and explain the rationale and purpose of this module. Similar information from the Trainer Brief is also included in the Learner Manual on page 4 for participants to review.



Step 2: EXPLAIN:

Our communication skills training to improve interactions with patients is divided into two sections and will be carried out over two modules:

- PCS 01
 - Building rapport
 - Active listening
- PCS 02
 - Asking good questions
 - Giving good information

For this training today, we will be concentrating on the second of these set of skills. We will ask you to share your experiences and reflections from your self-observation activities this week during today's training – I hope you will be ready to share!



Step 3: EXPLAIN:

The topics and learning outcomes for the module can be found in your Learner Manuals Box 1, page 9 and are as follows:



Topic	Learning Outcomes By the end of this module, participants will be able to...
Asking good questions	<ul style="list-style-type: none"> • Understand the importance of getting good information. • Be aware of the way and consequences of how they ask questions. • Know how to formulate open questions. • Ask questions without showing judgement.
Giving good information	<ul style="list-style-type: none"> • Understand the importance of giving good information. • Be aware of the way and consequences of how they give information. • Know how to give good information to patients. • Understand how to empower patients to follow advice.

**Step 4: ASK:**

Does anyone have any questions?

Note to Trainer:

- Receive any questions and answer them or put them in the parking lot to be addressed during the training.

TOPIC 1: ASKING GOOD QUESTIONS



Time allocated: 70 minutes

Purpose: To introduce the key communication skill of asking good questions.

Learning Outcomes: By the end of this session, participants will:

- 1) Understand the importance of getting and giving good information
- 2) Ask open questions without showing judgement

Materials required:

- Annex A
- Annex B
- Pre prepared Flip chart
- Flip chart
- Markers
- Tape

Training methods used:

- Discussion
- Group Discussion



Page 11

1. Introduction to the Topic



15 minutes

Training Steps



Step 1: ASK:

- *At the last workshop you were asked to carry out Self-Observation Activity 2: 'How do you ask good questions?'*

Topic 1: Asking Good Questions

**Step 2: EXPLAIN:**

Now we are going to work together in small groups to discuss what we observed this past week while doing our self-observation activity. Please discuss the question on page 11 of your manual.

**Note to Trainer:**

- Remind participants to give constructive feedback to their colleagues.
- Encourage the groups to appoint a note taker who will give feedback to the wider group if there is time.

Step 3:**ACTIVITY A – Self-Observation Activity Discussion****Activity Steps**

- 1) **IN GROUPS** OF 3-4
- 2) **ANSWER** the following questions 1, 2, 3, 4 on page 12 of your manual.

Question 1

What did you observe this week about how you asked questions of your colleagues?

- What were the effects or results of these ways of asking questions?

After 2 minutes, ask the groups to move to question 2.

Question 2

What did you observe this week about how you asked questions to patients?

- What were the effects or results of these ways of asking questions?

After 2 minutes, ask the groups to move to question 3.

Question 3

What did you learn this week about being aware?

- Did you ask questions automatically or with awareness?
- Did you notice a pattern in the way you ask questions?

After 2 minutes, ask the groups to move to question 4.

Question 4

What changes did you decide to make?

Topic 1: Asking Good Questions



Step 4: EXPLAIN:

In our introductory module to Patient Centred Services, we saw that we are able to help patients to feel better much more easily if we really understand their problems. Today we will be discussing more about how we ask questions of our patients, and what techniques we can use to ensure that we are effective in letting them know that we really are interested in what they have to say.

2. Thinking about the Topic



5 minutes

Training Steps



Step 1: ASK:

Think about when you have had a long queue of patients outside and it is nearly time to go for lunch. How do you listen to patients then?

Note to Trainer:

- Give participants 2-3 minutes to reflect.
- Ask participants to write down 2-3 things they notice about the way they would ask questions to patients on page 13 of their Manual.



Step 2: EXPLAIN:

I'd like you to continue to think about your observations as we move through the next sections.

3. Principles



20 minutes

Training Steps



Step 1: EXPLAIN:

- *When we think about doing our jobs well, we often think mostly about diagnosing and treating patients' illnesses.*
- *In order to do this, we require patients to give us good information.*
- *But when patients come to the health centre, there are many reasons why they do not, or cannot, give us good information.*

Topic 1: Asking Good Questions

- One reason may be that we are not asking questions that allow us to get information in a neutral way, without making patients feel nervous, scared, upset, shy, apprehensive, or rushed.
- If we become aware about the way that we are asking questions, we can try to see how to make changes in what we do.
- Research observations have shown that people who communicate well:
 - Ask more questions than others.
 - Ask open-ended questions.
 - Ask about the other person's ideas and feelings.

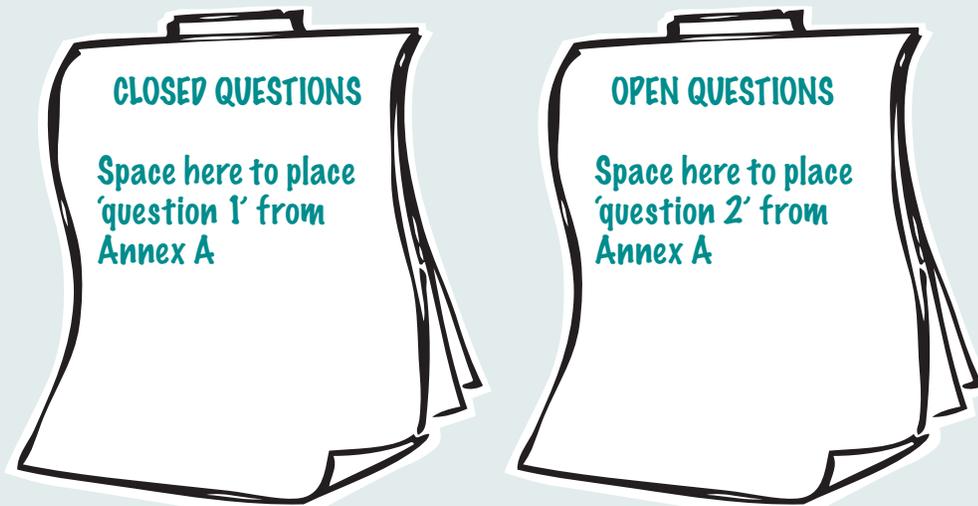


Step 2: EXPLAIN:

People who communicate well try to understand the other person's experience from their perspective, before they give their own ideas or opinions. To do this, you need to think carefully about how you ask questions.

Note to Trainer:

- Have the two handout questions from Annex A and your **pre-prepared** flip chart sheets ready for the next section.
- You should have two prepared flip charts that look like this:





Step 3: ASK:

Of the following, which type of question do you think will give a lot of information, and which will give only a little information?

Question 1:	Did you enjoy your last weekend off?
Question 2:	What did you do on your last weekend off that made it enjoyable?

Note to Trainer:

- Hold up and read out the two questions cards from Annex.
- Ask participants to write down 2-3 things they notice about the way they would ask questions to patients in their learner manual on page 14.



Step 4: ASK:

Which question gave the most information, and why?

Note to Trainer:

- Receive the answers.



Step 5: EXPLAIN:

You can divide most questions into two types: closed questions and open questions.

Note to Trainer:

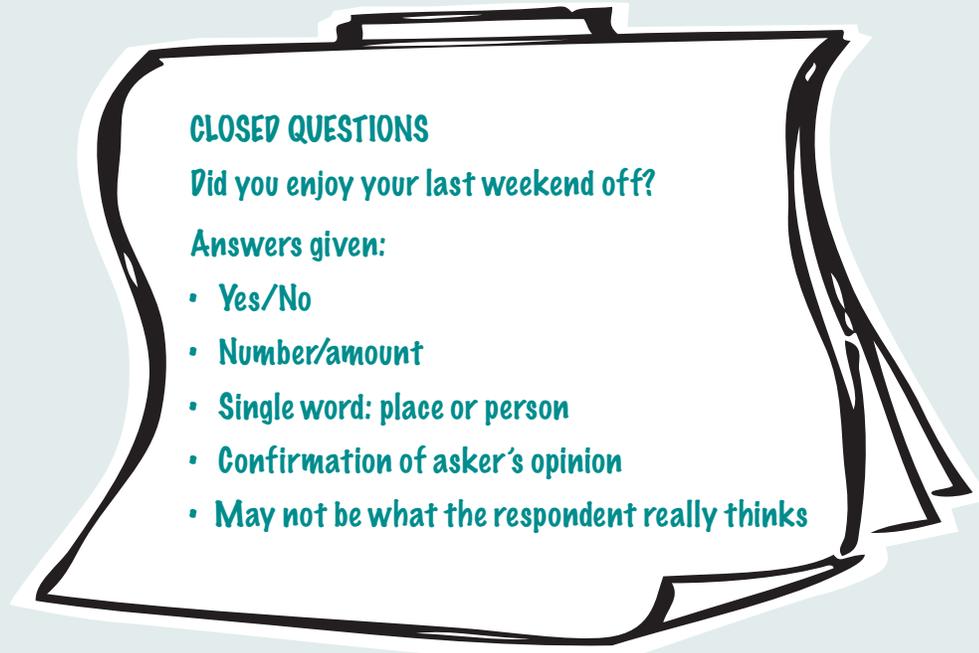
- Place question card 1 under the 'Closed questions' heading on the pre-prepared flip chart illustrated on page 16 and question card 2 under the 'Open questions' heading on the flip chart (previewed on page 16).

**Step 6: ASK:**

Can anyone tell me what kinds of answers are given to a closed question?

**Note to Trainer:**

- Receive a few responses and refer participants to page 14 in their manuals.
- If participants have understood the concept, summarise their responses on the flip chart.



- If participants have not fully understood and give examples of answers to open questions, ask them another closed question to encourage them to think about the type of responses they will get, for example:
'Do you agree that you should always use a bed net?'

**Step 7: EXPLAIN:**

- **Closed questions** are also called 'leading questions' or 'direct questions', and give a restricted or closed response.
- **Closed questions** are usually answered by 'yes' or 'no', how much of something (numbers), etc.
- **Closed questions** give little information, and often (but not always) wrong information.
- **Closed questions** are often asked to confirm the idea or opinion of the person asking the question.



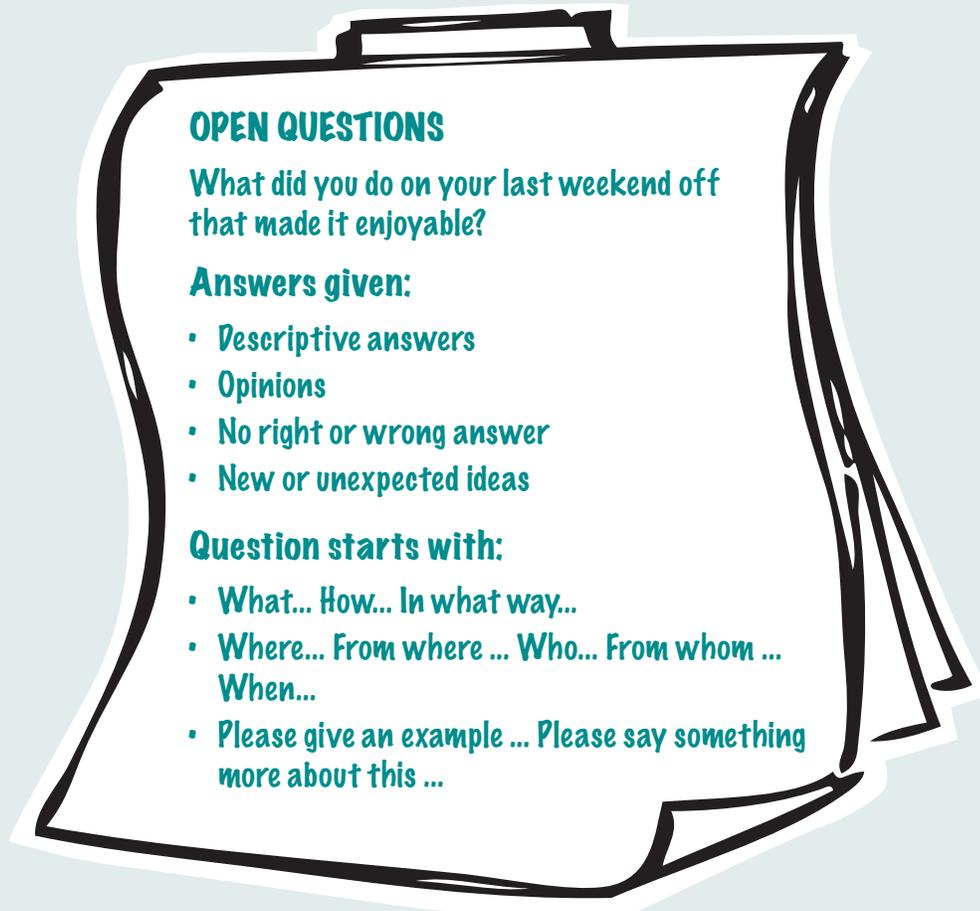
Step 8: ASK:

Can anyone tell me what kind of information is given to an **open question**?



Note to Trainer:

- Receive a few responses and refer participants to page 15 in their manuals.
- If participants have understood the concept, summarise their responses on the flip chart.



Step 9: EXPLAIN:

- **Open questions** ask the person to describe something, and there is no 'right' or 'wrong' answer.
- **Open questions** are open to finding out something that you may not have expected.

Topic 1: Asking Good Questions



Step 10: ASK:

I will read out some questions now and I want you to tell me whether you think it is an open or a closed question.



Note to Trainer:

- Refer participants to page 15 of their manuals. Read each question below and pause to let the participants consider whether it is open or closed.
- If participants disagree, allow them to discuss why they think it is open or closed, and then point to whether the question gives the types of answers listed on each flip chart on page 19.



Step 11: ASK:

Go to page 15 in your manuals and choose whether the question is open or closed.



- ***Do you like this training module? (closed)***
- ***What do you think about using role plays in training? (open)***
- ***Do you agree these methods are good for learning communication skills? (closed)***
- ***How many times did you get malaria last year? (closed)***
- ***How do you feel about taking these medicines? (open)***
- ***Please can you tell me about anything else that is troubling you today? (open)***



Step 12: ASK:

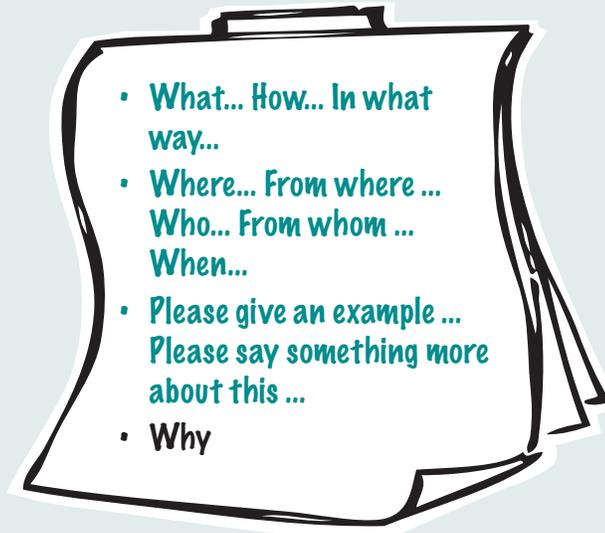
- *Let's think about these examples of open questions.*
- *How do these open questions start – what words are used when we ask an open question?*

Note to Trainer:

- Note the words that start the questions on the 'Open Questions' flip chart on page 19 as shown on the next flip chart preview on page 21.

Note to Trainer:

- If closed questions come up, answer the question with 'yes' or 'no', and ask the participant to rephrase the question to an open one.
- When the why question comes up, write this separately (in a different colour) from the what, how, etc., and explain at the end what the difference is.



Step 13: EXPLAIN:

Open questions often start with:

- What... How... In what way...
- Where... From where ... Who... From whom ... When...
- Please give an example ... Please say something more about this ...
- These questions are usually felt by the patient to be neutral on the part of the person asking. They ask the patient to describe a symptom, experience, outcome, etc. But, the person asking is not showing their expectation or judgment.
- But it is also important to ask questions in a warm and inviting tone of voice. Even a neutral question may feel challenging if you use an unfriendly or sharp tone of voice. Remember – people will respond more to the nonverbal sign (that is, your tone of voice) than to the verbal – that is, the words you use!

Note to Trainer:

- Ask participants to turn to their Learner Manual on page 17. For each of the following questions, ask someone to read each question out loud, and then ask the group the question that follows:



**Step 14: ASK:**

How can we rephrase these questions to open questions?

**Note to Trainer:**

- Ask participants to write the 'open question' in the space provided on page 17 of their Learner Manual.
- They can discuss at their tables if they like to.
- Reassure participants that there are no 'right' answers in this exercise – we may all rephrase them differently. The important point is to get the health workers thinking about how they might get an open answer from the patient.

- **Do you agree that you will use bed nets every night now?**

Open: How do you feel about using bed nets every night?

- **Why did you come to the health centre with your child already so ill?**

Open: What happened to the child before you came to the health centre?

- **Have you understood the instructions I gave you about taking these drugs?**

Open: Please tell me how you will take the drugs I gave you.

- **Does your child have a fever?**

Open: Please tell me what you have seen is a problem with your child?

4. Practice



10 minutes

Training Steps



Step 1: EXPLAIN:

Let's practice asking 'open questions' with each other using a role play activity.

Step 2

ACTIVITY B – Role Play



Activity Steps

- 1) **DIVIDE** participants into groups of three.
- 2) **TIMING** - after 3 -5 minutes, you will rotate roles. You will have an opportunity to play two roles.
- 3) **REMAND** participants about the ground rules and providing constructive feedback.
- 4) **EXPLAIN** there are three roles in this role play: one person is the observer, one person is the health worker and one person is the patient and refer them to page 17 and 18 in their manuals.
 - a. **Observer:** watch the interaction between the patient and the health worker and give feedback on how the skills were put into use. Remind participants about the ground rules and providing constructive feedback.
 - b. **Health Worker:** Ask questions to the patient to get as much information as possible.
 - c. **Patient:** You have brought your sick child to the health worker. Answer the health workers questions about your child's illness. Remember that you are worried about your child and are nervous about talking to the health worker. Use the answers on the scenario card to answer the health worker, but remember to answer 'closed questions' with 'yes' or 'no' answers and, for this exercise, only provide as much information as asked by the health worker.
- 5) Go to your Annex C pre-prepared activity cards and hand out the scenarios to role playing patients among them.



Patient 1

Symptom	Further description for an 'open question'
Fever	For the past 2 days
Vomiting	Only once in the past day
Gave Coartem	2 pills per day since yesterday
Diarrhoea	Twice per day for the past 5 days
Other information	-Baby is lethargic but not sleeping well -Older brother is also having the same symptoms but I am afraid to bring him because I have waited so long and fear being told off.

Patient 2

Symptom	Further description for an 'open question'
Fever	Since this morning
Cough	For the past four days
Chest pains	Since yesterday
Other information	- Trouble breathing since yesterday - Cough sounds like ... - Your mother-in-law is unhappy with you for many reasons and you fear she may have bewitched the child - You went to a traditional healer before coming here and he gave the child some boiled herbs

Patient 3

Symptom	Further description for an 'open question'
Fever	For the past 2 days
Vomiting	Many times per day for the past 2 days
Convulsions	Since this morning
Gave panadol	This morning
Other information	- Baby is not breastfeeding - The panadol I gave was from some time ago when I myself was sick - My husband came home about two weeks ago and has taken the mosquito net so that child has not been sleeping with a net

- 7) **ASK** the participants who played the 'patients' to give feedback to the participant who played the 'health worker' about any information that was not understood.
- 8) **REPEAT** the role play twice by asking participants to switch roles and handing out a new scenario card from Annex C to each person playing the patient.

5. Discussion



10 minutes

Training Steps



Step 1: EXPLAIN:

Let's discuss as a group what we learned from that role play.



Note to Trainer:

- For each of the following questions, ask for responses from the group and write key words on the flip chart.
- Refer participants to page 19.



Step 2: ASK:

Question 1: *What was the information like, which you received from the patient when you asked open questions?*

Question 2: *What was the benefit of asking open questions compared to closed questions?*

Question 3: *How will asking good questions improve your consultations and interactions with patients?*

Note to Trainer:

- Receive responses.



Step 3: EXPLAIN:

- *As we have seen, it is very important to ask good questions in order to get good information from patients. But sometimes, it may seem like patients will talk for a long time if given the opportunity.*
- *But, did you know that a research study has found that people only talk for about 92 seconds (less than 2 minutes!) when they are given the time to talk using an open question?*
- *This means that you can get a lot of good information in a short period of time if you ask good questions!*

6. Planning



10 minutes

Training Steps



Step 1: EXPLAIN:

Asking 'open questions' is a skill that needs to be practiced regularly.

How can you plan to practice and use this skill in your every day work?

Step 2

ACTIVITY C – Planning Discussion



Activity Steps

- 1) **IN GROUPS** OF 3-4
- 2) **ASK participants to** turn to page 20 in the Learner Manual.
- 3) **ASK** participants to use the activity sheet (see questions below) to help them make a plan.
- 4) **GIVE** 10 minutes to work on the activity sheet.
- 5) **ANSWER** the following questions:
 - How will I remember to use my asking 'open questions' skills?
 - How will I know if I am using my asking 'open questions' skills?
 - Who can help me practice and give me feedback on my asking 'open questions' skills to see if I am on-track?
- 6) **ASK** 1 or 2 groups to feedback their plans and ask if any other groups have anything new or different to add.



Summary Box – Asking Good Questions

For reference for trainers and learners

- Doing a good job as a health worker requires diagnosing and treating. To do this well requires good information from the patient.
- We must ask questions in a neutral way - without making patients feel nervous, scared, upset, shy, apprehensive, or rushed.
 - Closed questions are also called 'leading questions' or 'direct questions', and give a restricted or closed response.
 - Closed questions are usually answered by 'yes' or 'no', how much of something (numbers), etc.
 - Open questions ask the person to describe something, and there is no 'right' or 'wrong' answer.
 - Open questions are open to finding out something that you may not have expected.
- To ask good questions, we must become aware, or conscious, of how we are communicating.
- Open questions usually start with:
 - What... How... In what way...
 - Where... From where ... Who... From whom ... When...
 - Please give an example ... Please say something more about this ...

TOPIC 2: GIVING GOOD INFORMATION



Time allocated: 60 minutes

Purpose: To introduce the key communication skill of giving good information.

Learning Outcomes: By the end of this session, participants will:

- 1) Understand the importance of giving good information.
- 2) Be aware of the way and consequences of how they give information.
- 3) Know how to give good information to patients.
- 4) Understand how to empower patients to follow advice

Materials required:

- Role play
- Pre prepared Flip chart
- Flip chart
- Markers
- Tape

Training methods used:

- Lecture
- Demonstration



Page 23

1. Introduction to the topic



5 minutes

Training Steps



Step 1: EXPLAIN:

- *Now that we have discussed about how to get good information from patients, we need to also think about how we will give good information to patients.*
- *If you know what your patients' real problems are and how these relate to their health, you will able to give advice that makes sense to them and that they can follow in day to day lives.*

Topic 2: Giving Good Information



Step 2: ASK:



What information do you think is 'good information' that we should give to patients?
Write your answers on page 23

Sample responses from participants may include:

- Diagnosis of the illness
- Treatment for the illness
- How to take the medicine prescribed
- How to prevent the illness in the future
- To return to the health centre if the patient doesn't get better
- What to expect with the illness (recovery period)



Step 3: EXPLAIN:

How we provide this information to patients is the key to providing good information and patient centred services.

2. Thinking about the topic



10 minutes

Training Steps



Step 1: EXPLAIN:

I am going to demonstrate one way of giving information to a patient and I'd like you to evaluate the way I, the health worker, interacted with the caregiver.

Step 2

ACTIVITY C – Demonstration - 'Bad' Information



Activity Steps

- 1) **ASK** a volunteer participant to act as a caregiver of a child with a fever.
- 2) **DEMONSTRATE** a health worker providing 'bad' information to the patient in a fast, rude, and condescending manner.

For example:

- Do not look at the patient, look down at your notes.
- Quickly say: 'You should have come to the health centre sooner. Don't you know your child has malaria? Here, give these pills to the child.'
- 'You'd better do as I say or your child will not recover and will get sick again.'
- 'Next! Next!'



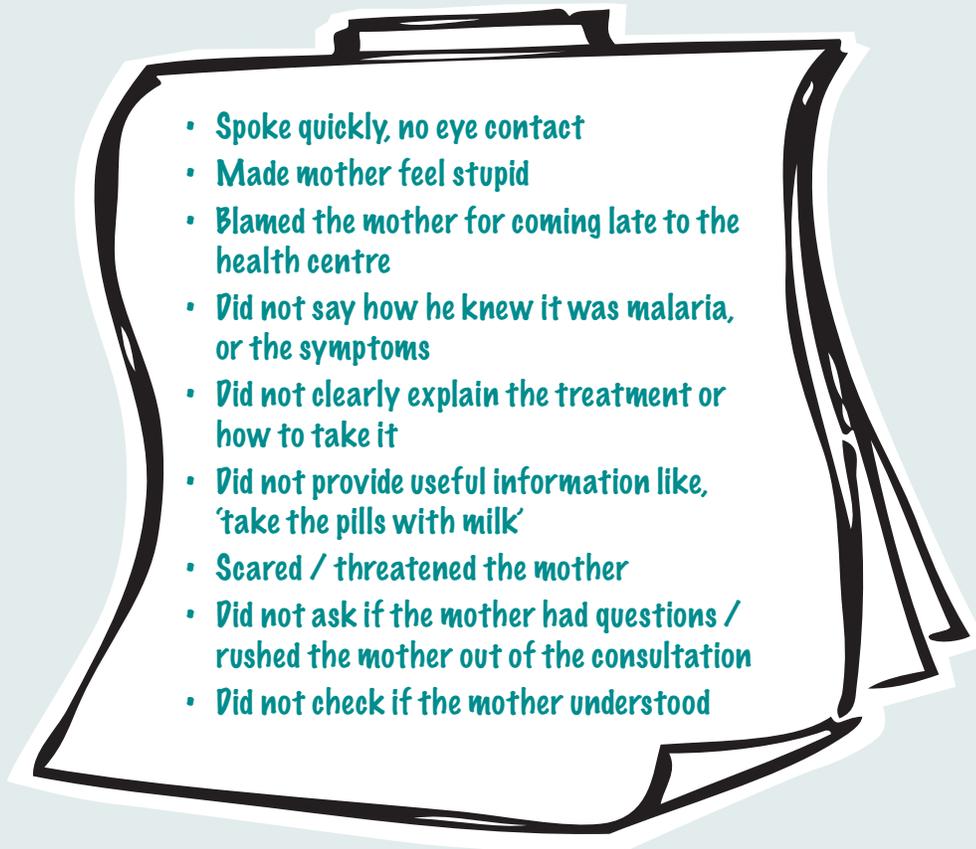
Step 3: ASK:

What was missing or unhelpful in the way the health worker, interacted with the patient?



Note to Trainer:

- Refer participants to page 24. Gather responses from the group and write key words on the flip chart. Sample responses may include:



Make sure that you highlight the issue of blaming the mother – asking participants whether the mother really is to blame, and if not then who?



Step 4: ASK:

What were the consequences for the patient?

(Examples might include: the mother may not know how to take the drugs, may give them incorrectly, may not return if the child worsens, won't be able to tell a future health worker what drugs the child had taken and is unlikely to come back to the health centre.)

3. Principles



10 minutes

Training Steps

Note to Trainer:

Make sure you have practiced this role play several times before the demonstration – there are many points to remember. Make a card to carry with the points on it, if this helps you.



Step 1: EXPLAIN:

I am going to demonstrate another way of giving information to a patient and I'd like you to evaluate the way I, the health worker, interact with the caregiver this time. I will start the demonstration from part way through the consultation, after I have already decided that the diagnosis is a simple cold.

Step 2

ACTIVITY E – Demonstration: 'good' information



Activity Steps

- 1) **ASK** a volunteer participant to act as a caregiver of a child with a fever.
- 2) **DEMONSTRATE** a health worker providing 'good' information to the patient in a caring, listening manner using good eye contact and showing concern. Empower the patient to ask questions and challenge anything you suggest that may not be appropriate in her setting.
- 3) **START** the consultation part way through – after you have made a diagnosis of a simple cold and are now explaining to the mother how to manage it.

For example:

- Tell the mother that you have now examined the child and have tested her for malaria and other problems.
- You have decided that the child is suffering with a cold. Show that you are taking the child's illness seriously and you can see she is suffering.
- Tell the mother the reason that you think the child has a cold – for example that children of her age often get colds in this season.
- Emphasise that it is not the mother's fault- it is hard to prevent these illnesses that are common in all children.
- Reassure the mother that you don't think there is any more serious reason for the child's illness.

Topic 2: Giving Good Information

- Recommend the best way that the mother can look after the child with this cold. Check with the mother whether this management strategy will be possible for her.
- Recommend the mother to come back if the child does not get better- show that she is welcome to come back to you and you will be happy to see her.
- Ask if the mother has any questions?
- Ask what the mother thinks about this diagnosis and management plan – is it realistic for her and the child?
- When you are sure the mother is reassured and will come back in case of any problems, close the consultation.

**Step 3: ASK:**

What did you see the health worker do to give good information to the mother?

**Note to Trainer:**

- Refer participants to page 24 of their manuals.
- Gather responses from the group and write key words on the flip chart.
- As participants offer their observations, ask how the HW managed to achieve this and add these to the flip chart (e.g. 'friendly' achieved by 'smiling and eye contact')
- Examples include:
 - Friendly - shown by smiling, eye contact
 - Showed concern – facial expression, probing questions
 - Addressed the whole person (ask about how each of the following was achieved):
 - bodily response – shown by giving advice on treatment
 - thinking response – shown by giving information about what the diagnosis is and potential cause
 - behavioural response – shown by recommending returning to the clinic
 - emotional response – shown by reassuring it is not the mother's fault, that it is not serious, that the HW welcomed her to come back again
- Empowered the mother to ask questions
- Ensured the mother was able to follow the advice, that the advice was appropriate

Topic 2: Giving Good Information

**Step 4: EXPLAIN:**

- *When we are giving good information to patients, we need to be sure that it is appropriate for the diagnosis we have made but also that it is appropriate for the patient's situation.*
- *We also need to be sure that we are giving information in a way that is friendly, calm and approachable – and to be sure that the patient understands the information and advice we are giving.*
- *When we give information in a closed way, with an unfriendly attitude, we often act like we are 'blaming the patient' for their illness, and leaving the responsibility with them to take action that we have prescribed.*
- *In contrast, we can give information that is appropriate for the patient's situation. We can only do this if we know whether the treatment or suggestion is possible for that patient, which requires them to tell us. To give useful information, we therefore need to encourage patients to talk openly with us. This is called 'empowering the patient.'*
- *'Empowering the patient' means allowing, or providing the ability to the patient to understand the diagnosis and treatment, giving the patient confidence to return to health centre, and encouraging the patient to prevent illness in the future.*
- *You can find other examples of scenarios of giving information at the end of this module. You can read and complete these exercises at home.*

4. Practice**15 minutes****Training Steps****Step 1: EXPLAIN:**

Now, let's practice giving information to patients by using a role play. Remember the points we noted about giving good information and empowering patients to discuss, so that you give the most useful information.

Step 2

ACTIVITY F – Role play: RDT positive fever



Activity Steps

- 1) **EXPLAIN** that there are three roles in this role play: One person is the health worker, one person is the patient, and one person is the observer.
- 2) All participants will have an opportunity to play each role. Refer participants to page 25 and 26.
- 3) **ENCOURAGE** participants to follow the ideas for giving good information on the flip chart, and to avoid the characteristics from the first demonstration of giving 'bad' information.
- 4) **REMIND** participants about the ground rules and providing constructive feedback.
- 5) **EXPLAIN:** Here is a description of the roles.
 - a. **Observer:** watch the interaction between the patient and the health worker and give feedback on how the skills were put into use.
 - b. **Health worker:** You have completed the RDT and the result is 'positive'.
 - c. **Patients:** You are an adult patient with fever. Listen to the information the health worker gives you. Make a note to yourself about how much you understand from the health worker's explanation. Ask questions only if you are asked to by the health worker.
- 6) **DIVIDE** participants into groups of three; try to make groups that are different from the role play activity in Topic 1.
- 7) **GIVE** 3-5 minutes for the role play.
- 8) **ASK** the participants who played the 'patients' to give feedback to the participant who played the 'health worker' about any information that was not understood.
- 9) **REPEAT** the role play twice by asking participants to switch roles.

5. Discussion



10 minutes

Training Steps



Step 1: ASK:

Let us get feedback from the different roles in the role play.

Health worker feedback: *Can you feedback to the group about your experiences as the health worker in the role plays? How did you manage to give good information to the patients? How did it feel to you, to give good information, and why do you think this made you feel like that? What did you find difficult about giving good information?*

Topic 2: Giving Good Information

Patient feedback: How did you feel as the patient? Did you feel that all of your questions were answered? What did the health worker do that you particularly liked?

Observer feedback: How did the health worker's behaviour relate to what you usually see at health centres? Did you see anything that could still be improved – in what way?

Note to Trainer:

- Gather responses from the group for each sub question.
- Make sure participants are following in their manuals on page 26 and 27.



Step 2: EXPLAIN:

- As we have discussed in the last two modules, our role as health worker goes beyond providing medicines.
- If we want to help the health of the patient as a 'whole person', we also have to think about what is important to them in what they do (behaviour), think and how they feel.

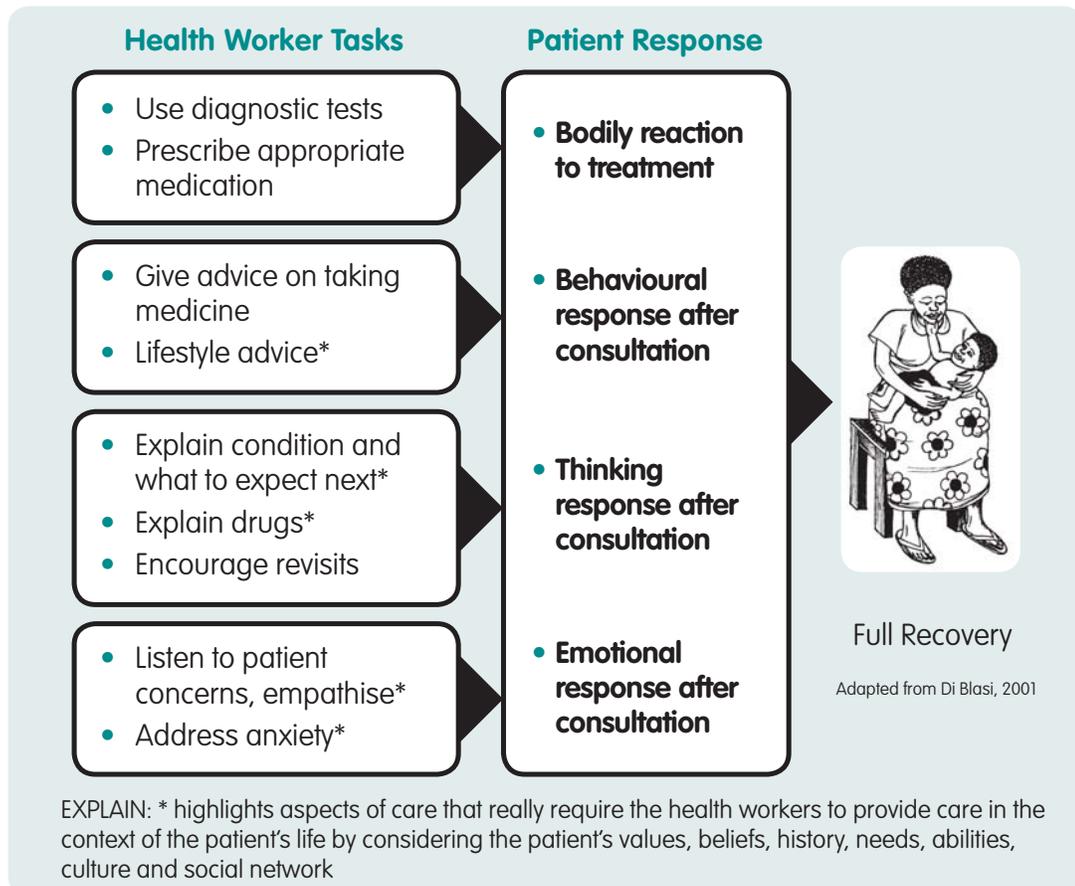


Step 3: ASK:

- Do you remember our diagram from the Introduction to Patient Centred Services (PCS 00) module? You can find it in your Learner Manual on page 27.



Figure 2: Providing total patient centred care



Topic 2: Giving Good Information

- Addressing these other aspects of our patients' problems means we need to listen actively, ask good questions, and give good information.

6. Planning**10 minutes****Training Steps****Step 1: EXPLAIN:**

- In your groups with others from your health centre, discuss your own opinions about giving 'good' information. Turn to page 28 in your manuals.
 - How does it relate to what you do now in your health facility?
 - What changes would you like to make at your health facility after today's training?
 - What impact do you think these changes will make?
 - How will you ensure that you continue to give good information in the future, a long time after this course?

**Summary Box – Giving Good Information**

For reference for trainers and learners

- A patient centred service requires the health worker to provide good information to patients.

Good information – that the patient needs to understand her illness and treat it well includes:

- What the diagnosis of the illness is.
- What the treatment for the illness involves.
- How to take the medicine prescribed.
- How to prevent the illness in the future.
- When to return to the health centre if no improvement.
- What to expect with the illness (recovery period).

Giving good information to patients must be done in a way that is friendly, calm and approachable – the health worker must be sure that the patient understands the information and advice being given.

- When a health worker gives information that helps to address both the disease that was diagnosed and the disease that was causing fear for the patient – she is using the 'Empowering the patients' method of information giving.
- This method makes sure that the patient is being treated as a whole person.

SELF-OBSERVATION ACTIVITY #3: PREPARATION



Total Time: 15 minutes

Purpose: Introduce and review the self-observation activity.

Learning Outcomes: By the end of this session, participants will:

- 1) Strengthen skills in self-reflection.
- 2) Understand the self-observation activity steps planned for the next week.

Materials required:

- Flip Chart
- Markers
- Tape

Training Methods used:

- Trainer Explanation

Page 31



1. Introduction



5 minutes

Training Steps



Step 1: EXPLAIN:

- *Over the last two weeks you have looked at how you listen and how you ask good questions of colleagues and patients. You may also already have made some changes in the way you use these skills.*
- *This week we will focus on how being stressed influences you and your communication with patients and colleagues. Humour is a good method to prevent stress!*
- *Stress is normal and will continue to come into your life from time to time. Being a health worker can be very stressful at times and many people are very unhappy and even get sick from too much stress. Stress can lead to conflicts with colleagues and patients and can make a health worker make wrong decisions that affect patients. If the stress is not taken care of, it can contribute to burnout and a number of other problems.*

Self-Observation Activity #3: Preparation

- There are 4 Steps for this self-observation activity which you can complete over this week as follows:

Step 1 – What makes you stressed? 2-3 days

Step 2 – How do you communicate when you are stressed? 2-3 days

Step 3 – How does your stress affect others? 1-2 days

Step 4 – Your stress-reaction pattern 1-2 days

- You have extra time to complete this observation. We will share feedback after three weeks, in the PCS 03 module. Not a major problem if this can't be added, just let us know.

**Note to Trainer:**

- Participants will have this SOA in their manuals page 32 to follow through the week.
- Go through this with them, concentrating on the introduction and then outline each of the steps in the activity.
- Ask if anyone has any questions.

SELF-OBSERVATION ACTIVITY #3: WHAT HAPPENS WHEN YOU ARE STRESSED?

1. Introduction

Over the last two weeks you have looked at how you listen and how you ask good questions of colleagues and patients. You may also already have made some changes in the way you use these skills.

We hope that you are getting used to learning about your communication style and discussing what you have learned with your colleagues, and that some serious learning is taking place. We also hope that you are having some fun when seeing the 'strange' things you and others may do and say. We laugh at our experiences in our PCS training modules, and it is good to laugh with your colleagues about your experiences at work. Humour can be very motivating, and can help people see the point – and thus help them learn. However, humour can also hurt people and make them 'turn off', so you need to be aware of how you use it: Be sure that you are 'being constructive' and laugh at yourself or laugh WITH THEM – do NOT try to be 'funny' or sarcastic on their behalf!

If learning is only serious, some people lose interest. A mixture of serious insights and some fun and laughter will bring you the best results when learning new skills.

2. Stress and how it affects you

This week we will focus on how being stressed influences you and your communication with patients and colleagues. Humour is a good method to prevent stress!

Stress is normal and will continue to come into your life from time to time. Being a health worker can be very stressful at times and many people are very unhappy and even get sick from too much stress. Stress can lead to conflicts with colleagues and patients and can make a health worker make wrong decisions that affect patients. If the stress is not taken care of, it can contribute to burnout and a number of other problems.



3. Instructions

There are 4 Steps for this self-observation activity which you can complete over this week as follows:

- | | |
|---|----------|
| Step 1 – What makes you stressed? | 2-3 days |
| Step 2 – How do you communicate when you are stressed? | 2-3 days |
| Step 3 – How does your stress affect others? | 1-2 days |
| Step 4 – Your stress-reaction pattern | 1-2 days |



Complete Steps 1 and 2 together over the first 2-3 days.

Step 1: What makes you stressed?

On your first day of this self-observation activity, start thinking about and make notes in your book about the following questions:

- What is stress?
- How do you know when you are stressed?
- What are the 'symptoms' of stress?

Then for the first 2-3 days, pay attention to ***what makes you stressed***.

While doing this, add to the notes about symptoms of stress: These may only become clear to you when you are in the stressful situation.

When something happens that stresses you, make notes in your notebook:

- What was it that made you stressed?
- How did you react?
- Why did you react?

These can be issues related to your relationship with your colleagues or boss, with your patients, or with your daily duties. Or it can be a combination.



Step 2: How do you communicate when you are stressed?

After you have found out a few things that stress you, start to look at ***how you communicate when you are stressed***.

Each time you feel stressed, take a minute to look at yourself and see if you:

- Listen well?
- Ask questions? What kind of questions do you ask?
- Take control/talk a lot?
- Tell people what to do?
- Use a strict/non-friendly tone of voice?
- Seek assistance?
- What else do you do?

Make notes in your notebook about the ***effect*** of stress on how you communicate with others.

After 2-3 days, move on to Step 3.



Step 3: How does your stress affect others?

After Steps 1 and 2, you should understand what makes you stressed and how you communicate when you are stressed.

Now try to look at the **effect of your stress on the reaction of the other person**. Each time you react to stress, take a minute to look at yourself and see if the other person:

- Gets defensive
- Starts arguing, or 'attacks' you
- Goes quiet and pulls away
- Tries to convince you not to be stressed
- Sees that you are stressed, listens to you, and offers to help
- What else does the other person do?

The reaction may be different, depending on whether it is a patient or a colleague who reacts to you. Try to observe both situations.

Make notes in your notebook about how stress affects how others react to you.

After 1-2 days, move on to Step 4.

Step 4: Your stress-reaction pattern

After looking at yourself and how you react to stress, you may start to see your **'stress-reaction' pattern**.

Try to find your stress-reaction pattern by looking at your notes and reflecting on the different situations to find out:

- What have you done in each stress situation to reduce the stress or to solve the problem?
- Which strategies do you have that reduce your stress and the stress of patients and colleagues?
- Which reactions from others help you see and reduce your stress?

Discuss with colleagues, with the intention to understand each others' stress factors and experiences. Share good methods to deal with stress on the personal level, and in the group. Agree on what to look out for, to help each other deal better with stress.

Make notes in your notebook to share with your colleagues at the next PCS training module.





Self-Observation Activity #3: Preparation



You could also include this:

TIP: Try something new to reduce stress!

For example – if you communicate with your ‘difficult colleague’ in a different way than before when she is stressed (e.g. by a friendly greeting, or by a compliment, or by offering her a cup of tea when you see she is tired, or...), you may experience that you have ‘broken the cycle’ of non-constructive communication, and she will react in a friendly way.

It only takes one person to break it. **You?**

Notes for further reflection on changing behaviour

The question is – why do we get stressed? And what can we do about it?

There are some common reactions to stress:

- ‘She stresses me, she always does X when I come in’
- ‘Those patients always stress me, I think they do Y just to annoy me’
- ‘If only Person Z would stop reacting like that, I would not get stressed’

Reflect on: What is common in these examples? Where do we place the responsibility for the stress? What does this attitude do, to our ability to reduce the stress?

Many people think they can change others, and spend a lot of time trying to convince others to do things in the way THEY think is right. If the others do, you don’t have to change yourself, and – that is easier. Change is difficult.

The bad news is – you are the only one who can take action to change your behaviour and reduce your stress. You can’t change others.

The good news is – if you change your behaviour, the other person will change, too.

CONCLUSION



Total Time: 5 minutes

Purpose: To close the PCS 02 training and receive any questions or address any questions in the parking lot.

Materials required:

- Flip Chart
- Markers
- Tape

Training Methods used:

- Trainer Explanation

Page 37



5 minutes

Training Steps



Step 1: EXPLAIN:

This is now the end of the session and an opportunity for you to ask any questions and for me to answer any questions in the parking lot.



Step 2: ASK:

Let's look back at our learning outcomes in our Learner Manual on page 9.

Does anyone have any comments or questions about what we have covered today?

Please comment on what you think helped you learn well, and which points may still be unclear.



Note to Trainer:

- Make a note of any suggestions or queries in your manual and follow up on these for the next module where possible.
- Address any new questions.
- Answer any questions still waiting in the parking lot.

Annex

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The ACT PRIME Study

Infectious Disease Research Collaboration, Uganda.
ACT Consortium, London School of Hygiene & Tropical Medicine, UK.

Did you enjoy your last weekend off?

What did you do on your last weekend off that made it enjoyable?



ANNEX B - Role Play

Role Plays

- *Observer: watch the interaction between the patient and the health worker and give feedback on how the skills were put into use. Remind participants about the ground rules and providing constructive feedback.*
- *Health Worker: Ask questions to the patient to get as much information as possible.*
- *Patient: You have brought your sick child to the health worker. Answer the health workers questions about your child's illness. Remember that you are worried about your child and are nervous about talking to the health worker. Use the answers on the scenario card to answer the health worker, but remember to answer 'closed questions' with 'yes' or 'no' answers and, for this exercise, only provide as much information as asked by the health worker.*

Annex C - Role play scenario cards for patients

Patient 1

Symptom	Further description for an 'open question'
Fever	For the past 2 days
Vomiting	Only once in the past day
Gave Coartem	2 pills per day since yesterday
Diarrhoea	Twice per day for the past 5 days
Other information	-Baby is lethargic but not sleeping well -Older brother is also having the same symptoms but I am afraid to bring him because I have waited so long and fear being told off



Patient 2

Symptom	Further description for an 'open question'
Fever	Since this morning
Cough	For the past four days
Chest pains	Since yesterday
Other information	- Trouble breathing since yesterday - Cough sounds like ... - Your mother-in-law is unhappy with you for many reasons and you fear she may have bewitched the child - You went to a traditional healer before coming here and he gave the child some boiled herbs



Patient 3

Symptom	Further description for an 'open question'
Fever	For the past 2 days
Vomiting	Many times per day for the past 2 days
Convulsions	Since this morning
Gave panadol	This morning
Other information	- Baby is not breastfeeding - The panadol I gave was from some time ago when I myself was sick - My husband came home about two weeks ago and has taken the mosquito net so that child has not been sleeping with a net



Annex D - Take home exercise about Giving Good Information

Step 1: READ

- Read the two scenarios below
- For each scenario, think of what worked, or what didn't work, with the way the health worker gave information.

Scenario 1

I diagnosed the patient, gave him the information about his disease, about how to take the medicine, and I also told him to follow my advice. I could see he doubted me, and I suspected that he did not follow my advice.

I was right. A month later he was back. I told him that it was his own fault; he should have listened to me! And, I gave him the same advice again, expecting him to ask questions if he did not understand.

My tone of voice was strict; I was irritated.

I commented that some people are not educated and don't want to understand, even when you explain clearly.

Scenario 2

I diagnosed the patient, and gave her the information about her disease, how to take the medicine, and why it was important to follow my advice (e.g. what could happen if she didn't finish the medicines). I asked in a friendly way if she had any questions, and found out she feared she had another problem, which she had not dared to tell me about – yet. Therefore, she did not really listen to my explanation about how to take the other medicine, and had not understood.

I explained to her in a different way about both the diseases, and how they were connected, and should be treated. Through a good dialogue where I encouraged her and appreciated her questions, concerns and comments, the patient came to an understanding of her problems.

When the patient came back to the clinic 3 months later with another health problem, she asked to see me, rather than another health worker. She thanked me for the good advice I had given to her last time she saw me. She had finished her medicines, got well, and had advised her neighbours on the same issue about finishing the course of medicines they had been given.

Step 2: WRITE

What worked or what didn't work well in these scenarios?

Symptom	What worked well	What did not work well
Scenario 1		
Scenario 2		

Step 3: THINK

- *In the first scenario, the health worker doubted the patient's intelligence or willingness to understand the information.*
- *The health worker had an expectation of the patient to understand and ask questions, but the health worker did not make this expectation clear to the patient.*
- *Some people call this method of giving information, 'Blaming the patient' – and if the patient doesn't understand, it's not the health worker's fault.*
- *In the second scenario, the health worker used her own insight to question her methods of giving information and realized that a new approach, giving information on both the disease that was diagnosed and the disease that was causing fear for the patient, was needed in order for the patient to fully understand.*
- *Some people call this method of giving information, 'Empowering the patients.'*

Step 4: REFLECT

Which method do you choose?

How will you achieve this?

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