PRIMARY HEALTH CARE

CLINICAL COMMUNICATION SKILLS TRAINING FOR PERSON-CENTERED CARE

PARTICIPANTS MANUAL

TRAINING MANUAL

የጤና ሚኒስቴር፣ ኢትዮጵያ

Ministry of Health Ethiopia

THIS WORK IS LICENSED UNDER CREATIVE COMMONS LICENCE CC BY-NC

This work is licensed under Creative Commons licence CC BY-NC

Foreword

The Federal Ministry of Health has been implementing the first Health Sector Transformation Plan (HSTP-1), a five-year strategic plan from 2015/16-2019/20 with **Caring Compassionate and Respectful health workforce** and as one of the key pillars of the health sector transformation agenda. The second health sector transformation plan (HSTP-2), (2020/21-2025/26) also recognizes **Transformation in Health Work-force** that aims at ensuring the availability of adequate number and skill mix of quality health workforce that are Motivated, Competent and Compassionate (MCC) to provide **quality health service** as one of the five key transformation agendas.

The Clinical Communication skill training manual is designed to help motivate and equip health workers to practice person-centred care as part of being a Motivated, Competent and Compassionate clinician.

This training is an essential part of the Ethiopian Primary Healthcare Clinical Guideline (EPHCG) as its implementation will be more fruitful with a competent health care provider communication skill.

As we are having morbidity transition to chronic conditions, we need an array of skill mixes among our health-care providers including competent and with excellent person-centred communication skills. Thus, these trainings will endow health care workers with better communication skills to provide good quality, person-centred care.

The training is expected to equip primary care technical staffs to work as partners with patients (and families), involve patients in decision making about their care, while making them more informed about their condition, and to treat a person, not a disease by considering the person's social context, their emotional needs, and their co-morbidities/multi-morbidities.

I would like to use this opportunity to express my heartfelt appreciation to all who participated in the development process of this manual. Going forward, I would like to ask all partners, governmental and non-governmental organizations, and others who have any role in the improving clinical services at the health centers, to use this manual as the major source for training.

Dereje Duguma (MD, MPH)

State Minister of Health, Ethiopia

This work is licensed under Creative Commons licence CC BY-NC

Acknowledgements

TThe Ministry of Health (MoH), Ethiopia would like to thank the Centre for Innovative Drug Development and Therapeutic Trials for Africa (CDT-Africa) ASSET project at the College of Health Sciences, Addis Ababa University, for the technical and financial support rendered during the realization of this training package.

ASSET is funded as a National Institute of Health Research (NIHR) Global Health Research Unit on Health System Strengthening in Sub-Saharan Africa, King's College London (GHRU 16/136/54) using UK aid from the UK Government. The views expressed in this publication are those of the authors and not necessarily those of the NIHR or the Department of Health and Social Care.

The MoH would like to gratefully acknowledge all contributors who invested much of their time and energy in the development of this training resource package and for the important contributions to the review, refining and finalization of the training package.

The MoH also extends its appreciation to public health experts from various directorates in the Ministry for enriching and contextualizing the training package.

Funding

This research was funded by the National Institute of Health Research (NIHR) Global Health Research Unit on Health System Strengthening in Sub-Saharan Africa, King's College London (GHRU 16/136/54). The views expressed are those of the author(s) and not necessarily those of the NHS, the NIHR or the Department of Health and Social Care.

This work is licensed under Creative Commons licence CC BY-NC

This work is licensed under Creative Commons licence CC BY-NC

Content

INTRODUCTION TO THE MANUAL **8**

COURSE SYLLABUS **10**

SESSION 1: **13**

CHANGING THE WAY WE DELIVER HEALTH CARE

SESSION 2: **33**

HOLISTIC INFORMATION GATHERING

SESSION 3: **49**

DEALING WITH EMOTIONS

SESSION 4: **63**

INFORMING, MOTIVATING AND EMPOWERING PATIENTS

TO ACTIVELY TAKE PART IN THEIR OWN CARE

REFERENCES **81**

ANNEXURES **84**

This work is licensed under Creative Commons licence CC BY-NC

Introduction to the Manual

ABBREVIATIONS

CCS	Clinical Communication Skills
CEU	Continuing Education Unit
DOP	Direct Observation of Performance
LCD	Liquid Crystal Display
MCC	Motivated Compassionate and Competent
PACK	Practical Approach to Care Kit
PCC	Patient Centred Care
PHCG	Primary Healthcare Clinical Guidelines
PHC	Primary Health Care
PPT	Power point

RATIONALE FOR THE MANUAL

This manual is designed to help you run workshops to motivate and equip health workers to practice **person-centred care**. This is part of being a **motivated, compassionate and competent health worker (MCC)**. This training is an essential part of the **Ethiopian Primary Healthcare Clinical Guideline (PHCG)**, which aims to ensure that health workers have the competence to diagnose and treat common health conditions seen in primary healthcare (PHC). The Ethiopian PHCG includes guidance for the care of many conditions that require care over a period of time, including non-communicable disorders (NCDs) such as hypertension, mental health conditions, HIV, tuberculosis, maternal care (from routine antenatal care, to delivery and into the postnatal period) and family planning. This needs a different approach compared to one-off patient contacts for acute infectious diseases. This training will help health workers to develop the necessary skills to provide good quality, person-centred care

IMPORTANT EXPLANATION ABOUT TERMS

TThroughout this manual we use the term 'person-centered' care, not 'patient-centered' care. This helps to remind us that the people who come to our health facilities looking for healthcare are not only defined by illness ('patients') – they are first and foremost people, with families, occupations and lives that are about much more than their health. The term 'people-centred care' is also sometimes used because it reminds us that healthcare does not only involve the person sitting in the clinic – their family and the community also have an important role to play.

*IN THIS MANUAL WE WILL STILL USE THE TERM '**PATIENT**' WHEN REFERRING TO PEOPLE WHO COME TO FACILITIES FOR HEALTHCARE. PLEASE REMEMBER THAT 'PATIENT' INCLUDES PEOPLE WHO ARE ILL, WOMEN WHO ARE NOT ILL*

This work is licensed under Creative Commons licence CC BY-NC

BUT WHO HAVE A HEALTH CONDITION (E.G. PREGNANCY), AND PEOPLE WHO HAVE NO HEALTH CONDITION AT ALL BUT WHO ARE LOOKING FOR HEALTH ADVICE (E.G. FOR FAMILY PLANNING).

This work is licensed under Creative Commons licence CC BY-NC

COURSE SYLLABUS

Module name: Clinical communication skill for health workers at the PHCU (TOT)

Module Code: _____

Module Duration (total hours):

Module Continuing Education Unit (CEU):

Target audience:

- All health workers at the primary health care unit, including those working in routine out-patient clinics, maternal care, family planning, HIV care and TB care.

Suggested Course Composition:

- Number of participants: 20- 24
- Number of trainers/facilitators: 3-4

Learning approach:

- Classroom-based with face-to-face interaction with groups; guided practice in clinical settings in health centres.

Module Description:

- This six day training program (five days for classroom; and one day for attachment) has been prepared to motivate and equip health workers with knowledge and skills to provide patient-centred care. It enables health workers to develop good clinical communication skills to effectively implement patient-centred care at the primary health care unit.

LEARNING OUTCOMES

At the end of the training, participants will be able to:

- Explain the importance of clinical communication skills for delivering good quality of care.
- Identify P-R-Y (Prepare, Relationship building and whY as a core communication skill.
- Identify the different parts of the medical consultation.
- Define health worker burnout and describe how it can be prevented and addressed.
- Follow the principles of ICE (Idea, Concerns and Expectations) to gather holistic information from patients.
- Develop skills to manage the emotions of the patient, particularly if they are stressed or distressed.
- Assist health workers to be aware of and acknowledge their own emotions when

This work is licensed under Creative Commons licence CC BY-NC

delivering health care.

- Assist health workers to develop healthy coping strategies to deal with the emotional hard work of health care.
- Equip health workers with skills to motivate and empower people to actively take part in their own health care.

TEACHING-LEARNING METHODS AND ACTIVITIES

- Interactive lectures and discussion
- Facilitated group discussion
- Small group/individual project work
- Plenary presentation and discussions
- Independent study
- Case studies
- Demonstrations
- Guided practice
- Reflection and feedback

TEACHING-LEARNING MATERIALS AND RESOURCES

- CCS training manual (Participant's Manual and Facilitator's Guide)
- Flip charts with stands, marker pens
- LCD Projector, audio-visual material (Speaker, Laptop and LCD player)
- Loudspeaker

LEARNING ASSESSMENT METHODS (BOTH FORMATIVE AND SUMMATIVE)

- Oral questioning
- Direct observation of performance (DOP) throughout the course period
- Written knowledge test
- Attendance
- Participation and contribution

SUMMATIVE PERFORMANCE ASSESSMENT (CLASSROOM-BASED LEARNING)

- Written knowledge test (post–test) = 50%
- Guided practice = 40%
- Attendance = 5%
- Participation and contribution = 5%

SUMMATIVE ASSESSMENT (ON-THE-JOB PERFORMANCE)

This work is licensed under Creative Commons licence CC BY-NC

- For onsite clinical communication skill trainings

REQUIREMENT FOR OBTAINED CONTINUING EDUCATION UNIT (CEUS)

- Participant will receive 17.80 CEUs (1 CEU per 1 contact hour) if he/she is successfully completed the whole classroom-based face-to face session.
- Participants will receive an additional 8 CEUs (i.e. 2 CEU per 1 hour) for facilitating on-job training in the workplace

MODULE EVALUATION METHODS AND TOOLS

- Participants daily reaction using daily evaluation form
- Daily facilitators meeting
- End of training evaluation (content, trainers' competencies etc.)
- Participants learning using pre-and post-written cognitive knowledge test

This work is licensed under Creative Commons licence CC BY-NC

Duration: 4 hours and 45 minutes

OVERVIEW OF THE WHOLE MODULE

SESSION OBJECTIVES

By the end of this session, participants will able to

- Orientate health workers to the changing health of Ethiopians, the unmet needs of women attending for maternal care or family planning, and the need to change the way we deliver health care.
- Explain how the Ministry of Health and Regional Health Bureaus are trying to transform the quality of primary health care (PHC), including maternal care and family planning, with the Ethiopian Primary Health Care Clinical Guideline (PHCG).
- Identify what areas of healthcare need to change and how the Clinical Communication Skills training can help.
- Explain how communication skills can assist health workers to inform and motivate patients to choose more healthy behaviours and take an active role in improving their health.
- Identify the different steps in an out-patient (medical), maternal care or family planning consultation.
- Identify and practice the communication skills (P-R-Y (Prepare-Relationship building-get problem list of whY)) that make the first Golden Minutes of the consultation more effective and efficient.
- Identify health worker burnout and how it can be managed and prevented.

This work is licensed under Creative Commons licence CC BY-NC

SESSION OUTLINE

- Introduction to the whole module 1: Roadmap
- The benefits of good communication skills
- Structure of the sessions and major focus areas
- Breathing exercise
- The changing health needs of Ethiopians unmet needs of women accessing maternal care or family planning, and how we need to change the way we deliver health care
- A new approach to providing care "Chronic care model"
- The consultation processes
- Stresses that health workers experience in their work, and how they can stay healthy
- Initiating consultation using PRY (the golden minute)
- Guided practice on P-R-Y

This work is licensed under Creative Commons licence CC BY-NC

LEARNING ACTIVITIES

1.1 INTRODUCTION AND HOUSEKEEPING

Welcome to Clinical Communication Skills training

1.1.1: INTRODUCTION TO THE WHOLE MODULE 1: ROADMAP

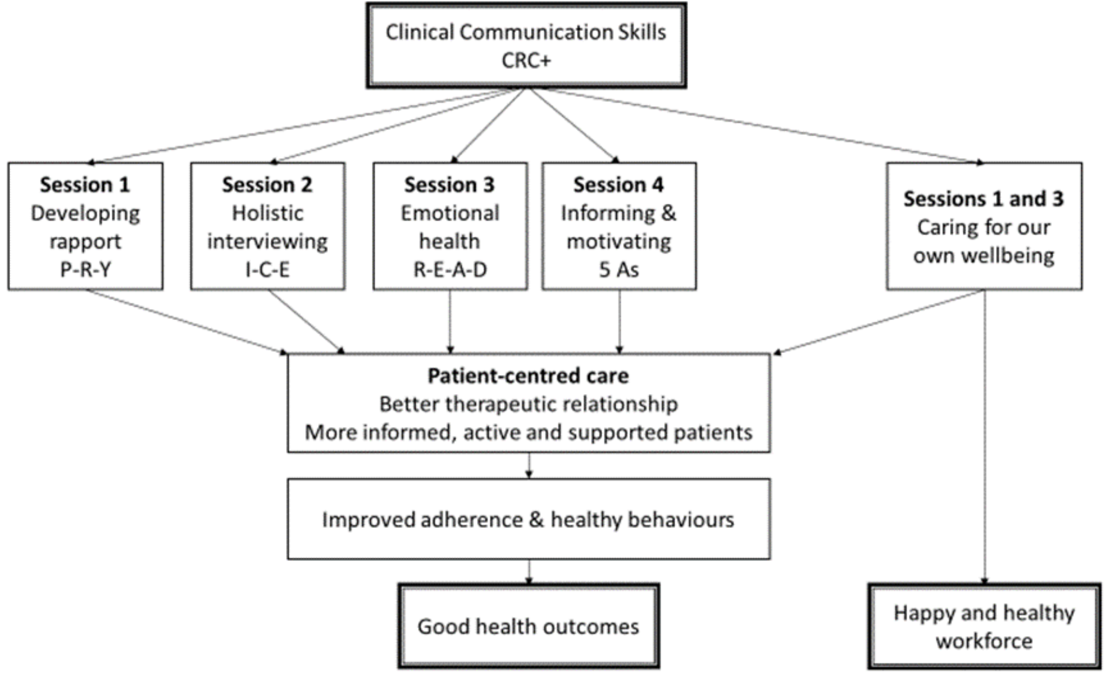


Figure 1: Road map for clinical communication skills

- √ Clinical communication skillsskills' training is to helphelps health workers to deliver person-centred care. This is essential for all people attending the health facility to become informed and motivated to make changes for their own health..
- √ Better clinical communication skills are at the heart of what needs to change in the way we deliver health care.
- √ Developing better clinical communication skills brings benefits to the people who we care for, but also to the health worker and the health system.

1.1.2: THE BENEFITS OF GOOD COMMUNICATION SKILLS

Discussion points: What are the benefits of good communication skills?

1. For patients with chronic illness or women attending for maternal care (or family planning)
2. For health workers
3. For health system

This work is licensed under Creative Commons licence CC BY-NC

1.1.3: STRUCTURE OF THE SESSIONS AND MAJOR FOCUS AREAS

Figure 2: Session structure

SESSION 1

Changing Care

- Looking after ourselves
- Communication skills
- PRY
  - Preparing for the patient
  - Relationship building through using questioning skills
  - Get a problem list of why the patient has come to consult through listening and pausing and not interrupting.

SESSION 2

Gathering holistic information

- Understanding patient values, needs and perspectives
- ICE
- Ask-Listen-Summarizing - to find out the client's:
  - Ideas (beliefs) about their condition
  - Concerns (worries) about their condition
  - Expectations (hopes) for the consultation

SESSION 3

- Addressing emotions
- READ
  - Recognise the emotion
  - Empathise
  - Affirm
  - Develop a plan

SESSION 4

- Motivating and Informing patients
- 5 As
  - Ask
  - Alert
  - Assess
  - Assist
  - Arrange

This work is licensed under Creative Commons licence CC BY-NC

ACTIVITY 1.1.4: BREATHING EXERCISE

- What do you think is the benefit of breathing exercises?

Table 1: Steps of breathing exercise

Instructions for the breathing exercise
• Do a calming abdominal breathing exercise. If uncomfortable, participants can opt out of this activity.
• Time this activity (5 minutes of calming breathing)
• The facilitator will provide guidance to any participants who are breathing too quickly or feel stressed.
Calming breathing (this is a different way of breathing than we usually do.)
• When we use calming breathing, we breathe slowly, allowing the air to go into the bottom part of our chests.
• Calming breathing helps our bodies relax and helps us feel calmer, usually in just a few minutes.
• When we are frightened, stressed, or upset we tend to take short, fast breaths using the upper part of our chests.
Steps of breathing exercise
1. When ready, sit comfortably with back straight
2. One hand on your belly, the other on your upper chest
3. Breathe normal-sized breaths slowly and easily in through your nose
4. Feel the hand on your belly move slowly in an out with each breath, while your upper hand stays mostly still.
5. Find the rhythm of breathing.
6. It may feel new to breathe into the bottom part of your chest or it may feel comfortable.
7. If you feel dizzy or uncomfortable, stop and breathe regularly with your hands in place.
8. Optional: With each breath, think the word “calm” or any relaxing word

This work is licensed under Creative Commons licence CC BY-NC

1.2 CONCEPTS

1.2.1 THE CHANGING HEALTH NEEDS OF ETHIOPIANS AND HOW WE NEED TO CHANGE THE WAY WE DELIVER HEALTH CARE

- **Think, pair and share:** pair with the participants who is sitting next to you and discuss on the following two questions

Time allowed: 5 minutes

√ What do you know about the changing health care needs of Ethiopians?

√ What are the major focus areas of the Federal ministry of health in transforming the health care?

- On the government focus on changing health care to promote quality. The main focuses are::

1. The transformation of Primary Health Care is an important government priority.
2. The Ethiopian Primary Healthcare Clinical Guidelines (PHCG) has been introduced so that there is a consistent quality of care across health facilities.
3. The initiative for motivated compassionate and competent (MCC) is intended to support more person-centred care and respectful maternal care
4. Interactive presentation (using the PPT slide #___) on the changing health care needs of Ethiopians. The focus of the presentation will be the following::

Changing health needs: The burden of infectious diseases and under-nutrition is decreasing. These problems have not gone away, but they are reducing overall. On the other hand, we are becoming aware of new health problems, especially chronic health problems. Changing lifestyles mean that people are at increased risk of non-communicable diseases e.g. hypertension and diabetes. For a long time, little was done to provide health care for people with mental health problems, but we now recognize that mental health conditions are treatable in the PHC setting. With the availability of ART, HIV has also become a chronic condition. People with HIV have an increased risk of many other chronic diseases. So, the health needs of Ethiopians are changing.

Unmet needs for maternal and newborn care: During pregnancy, childbirth and the postnatal period, women are expected to have repeated contacts with health care. It is a time when women have an increased need for health information (e.g. about birth preparedness and complication readiness). Pregnant women need to make important decisions (e.g. how can I protect my health and the health of my baby? How can I deliver safely?). Pregnancy, childbirth and the postnatal period are also times when psychological and social stress can increase.

Unfortunately, many times women's needs are not met. Studies from Ethiopia have shown that over half of women are not advised about danger signs in pregnancy, childbirth and the postnatal period. Only 1 in 4 pregnant women were asked about

This work is licensed under Creative Commons licence CC BY-NC

their preferences for maternal care. One fifth of women who came to antenatal care with a specific concern said that the health worker's response was inadequate

Intimate partner violence is highest during pregnancy. In a study from Ethiopia, 77% of pregnant women had experienced physical violence. Around a quarter of pregnant women in Ethiopia have depressive symptoms. Women with poorer mental health or exposure to intimate partner violence are at risk of worse birth outcomes (e.g. perinatal complications, premature delivery, stillbirth) and their infants are at higher risk of illness, undernutrition, accidental injury and death. But despite the importance, women are rarely asked about their emotional and social health.

Every woman has the right to be treated respectfully during childbirth. However, women around the world are treated disrespectfully when they attend health facilities to deliver. Ethiopia is no exception. Health workers need to have the skills to handle the stress of childbirth in a way that respects and supports the woman.

The bottom line is that women lack information, are not involved in decisions about their maternal care, have many unmet psychosocial needs and often experience disrespectful care.

Family planning: our approach to counselling a woman about family planning options can have a big effect on her decisions and behaviour. A woman's need for family planning changes over time. For her to be able to make an informed decision about family planning, she needs to be provided with accurate information that is understandable. She then needs to be motivated and supported to use that family planning method so that it is effective.

- **Small group discussion:** write your group answer on the flip chart.

Time allowed: 15 min for discussion and writing on the flip chart; and 7 min for presentation.

√ QUESTION: Why do you think we need a different approach to caring for people with chronic problems?

√ QUESTION: Why do you think we need a different approach for maternal care (or family planning)?

- The **key differences when we provide care to someone with a chronic illness**.

1. Chronic illnesses require treatment over a longer period of time. You will see the person again and again for the same condition.
2. Chronic illnesses often come in twos or threes. Co-morbidity is very common. For example: HIV and depression; hypertension and diabetes; asthma and anxiety.
3. Treatment is not just about medication. To do well, the person with the chronic condition also has to do things to help themselves to become healthy. For example, they may need to lose weight, reduce salt intake, do more exercise, cut back on alcohol.
4. Treatment is not just one-off. A person may need to take medication or change their lifestyle on an on-going basis.

This work is licensed under Creative Commons licence CC BY-NC

5. The person needs to understand about their illness and its treatment. They cannot just be told 'take these pills and come back in one month'.
6. Most people require support and care from other people. These carers make an essential contribution to care. Carers may also develop problems because of caring on a long-term basis.
7. The social and economic impact of the condition can be high, so the person experiences stress and challenges beyond the effects of the illness.
8. The person may be more likely to look for answers from religious and traditional healers. These providers also make an important contribution to care.
9. You may see the person many times and will get to know them over time. That means the health worker-patient relationship is different.

Interactive presentation on **key differences when we provide maternal care**. Display PPT slide #___). These are the main points:

- You will see a woman several times during pregnancy, when she delivers and again for a postnatal check. It is not just a one-off contact.
- If a woman and her family are well-informed and motivated, they will be in a better position to act quickly if she develops danger signs.
- The woman is a partner in care. Her behaviour is important for her own health and for that of her baby: e.g. making sure they have a good diet, not drinking alcohol, by taking folate and iron (if needed), and by choosing to deliver in a health facility.
- During pregnancy and the postnatal period, a woman may need increased emotional support as well as physical health care. Both physical and emotional health are important for good pregnancy outcomes.
- During childbirth, a woman must put her full trust in health workers. If she is not treated well, she may lose trust in health care from that point onwards.
- A woman may also face social problems that can seriously affect her health and wellbeing, including exposure to violence in the home and extreme poverty. Pregnancy is a unique time to intervene because both the woman and her unborn child can benefit.

Key differences when a woman is attending for family planning

- She does not have a health condition.
- She needs to be well-informed to make a decision.
- Family planning requires the woman to take an active role e.g. in taking the oral contraceptive pill, in negotiating use of condoms. She needs to be supported and motivated to do this.
- Her needs may change over time – the health worker needs to take into account her situation at that particular time.

This work is licensed under Creative Commons licence CC BY-NC

1.2.2 A NEW APPROACH TO PROVIDING CARE

- **Large group discussion: Have you ever heard about chronic care model? What is it? Why do we need it?**

Time allowed: 5 minutes

Research has shown that people with chronic conditions will do better if:

1. They are INFORMED: given the right information, at the right time, to help them
2. They are MOTIVATED: they are encouraged and supported to choose more healthy lifestyles and behaviours, including taking medication regularly.
3. They are EMPOWERED: they have the resources and skills to make a difference to their own health.
4. If a patient is INFORMED, MOTIVATED and EMPOWERED, they can play an active role in planning their care and making decisions about their care, wherever choices are available. This is called SELF-MANAGEMENT.

To achieve this, we need health workers who:

1. Are PERSON-CENTERED: they are caring, respectful and compassionate. They take the patient's view into account.
2. Provide care PROACTIVELY: they don't just respond to one problem at a time; they try to prevent problems.
3. Are EQUIPPED: they have access to the best evidence to guide care.

We also need health systems that:

1. Can track the person over time and respond if they drop out of care: RETENTION in care
2. Monitor whether the person is improving and change treatment if needed to make sure that care is having a beneficial effect: TREATMENT TO TARGET
3. INTEGRATE and CO-ORDINATE care

This work is licensed under Creative Commons licence CC BY-NC

Figure 3: Chronic Care Model in Ethiopia

Positive policy context
Focus on Pateint-centred care
Caring, Respectful and Compassionate Clinicians (CRG)
Ethiopian Primary Healthcare Clinical Guideline (PHCG)

Supportive & Informed Community

Mobilise practical & emotional support

Family support & interventions

Antistigma & awareness raising

Linking with religious & traditional healers

Livelihoods / access to work

Engagement & adherence support

Promoting inclusion in society

Community Partners

Health care team

Patients & families

Proactive health care system

Holistic approach (physical & mental)

Helping patients to be informed

Motivating and empowering patients to make changes

Promoting self-management

Engagement & adherence support

Treating to target

BETTER OUTCOMES FOR PATIENTS

- Everybody has a part to play in improving health outcomes for people who have chronic conditions:
  - √ People with chronic health conditions
  - √ Carers/family members
  - √ The community
  - √ Health workers
  - √ Healthcare managers
  - √ Policy-makers
- Many of the parts of the chronic care model rely on good clinical communication skills, which are the focus of this training.
- **Not only 'chronic diseases'**

  People with the following chronic diseases need this different type of health care:

  - √ people with non-communicable diseases (NCDs) like hypertension, diabetes, asthma
  - √ people with mental health conditions, like depression, alcohol use disorders,

This work is licensed under Creative Commons licence CC BY-NC

psychosis, bipolar disorder

√ people with neurological conditions, like epilepsy

But a person-centred approach is also important for:

- Women who are pregnant or postnatal
- Women attending for family planning

- Actually, person attending a health facility will benefit from more person-centred care.
- **Small group exercise:**

Time allowed: 10 minutes for discussion, 5 minutes for presentation by each group

Group exercise

What is good care? First, let's put ourselves in the shoes of the patient.

Example 1: Imagine you are taking a close relative to a health centre for evaluation of chronic headache and high blood pressure (e.g. your mother or your older brother/sister).

Example 2: Imagine you are accompanying a female relative to antenatal care.

1. What are the qualities that you look for in the PHC worker?
2. How would you like your relative to be cared for?

Think about the first visit. Also think about the next visits, when they are receiving follow-up care. Focus on the communication skills of the PHC worker.

3. What kind of communication would make you dissatisfied with the care?

- List the good and bad communications in different columns (write your response on flip chart)

Table 2: Good and bad clinical communication

Good	Bad
• Greeting • Call the person by his/her name • Ask the person to have a seat • Introducing self by name and position • Maintaining confidentiality and privacy • Giving time • Showing interest • Listening to concerns • Giving clear and relevant information • Explaining actions • Honesty - keep promises • Use of simple language • Respect the person's culture and values	• Disrespectful • Judgmental • Not listening • Using complex language • Not seeming to care • Doesn't try to understand concern • Rushed

This work is licensed under Creative Commons licence CC BY-NC

Summary of the group exercise

We all know what it feels like to be on the receiving end of health care as well as to be a health worker. Putting ourselves in the shoes of our patients and the people coming to use for care can help us to identify things that we can improve.

1.2.3: THE CONSULTATION PROCESS

- **Small group exercise:**

  Time allowed: 10 min for discussion and 5 minutes for presentation by each group

  Group exercise

  What are some of the challenges that make it difficult for us to deliver person-centred care?

  - **List them on the flip chart.**

- **Understanding the consultation process**

  In order to start looking at useful communication skills, we first need to understand the consultation process i.e. what happens when you see a person who has come for healthcare..

- **Larger group discussion:** What are the steps in the consultation process?

This work is licensed under Creative Commons licence CC BY-NC

- Every consultation between a health worker and a patient follows some steps.
- In this training we will focus on the clinical communication skills that are an essential part of this consultation process
- The potential benefits of good clinical communication with clinical care.

Figure 5: Evidence: problems in communication

Evidence: problems in communication

- It has been found that in cases where patients sue, over 60% involved issues relating to deficiencies in communication

(Vincent et al 1994)

- In several states of the USA, insurance companies offer discounts of 3% to 10% to doctors who attend a communication skills workshop

(Carroll 1996).

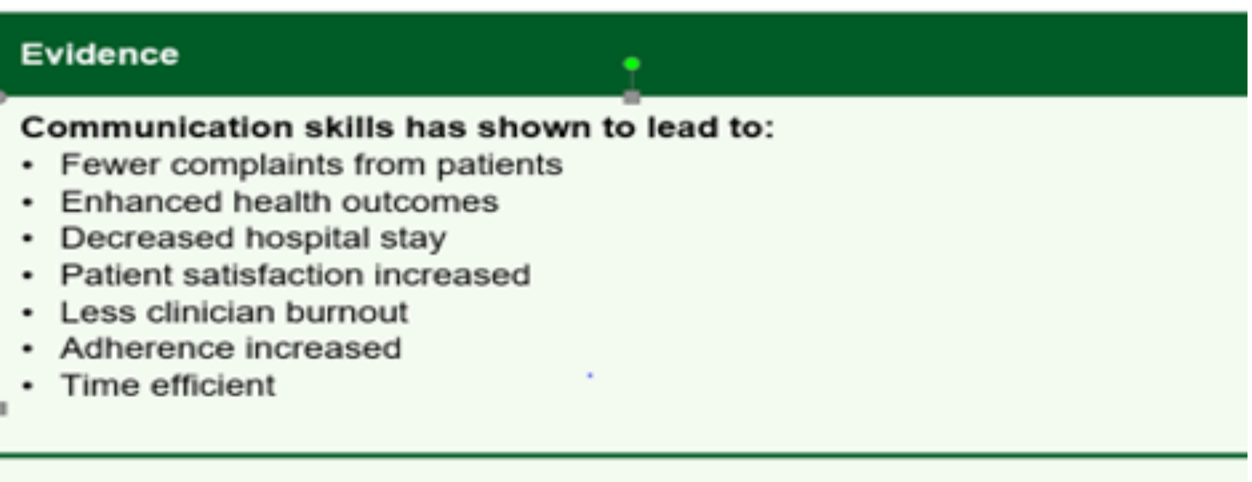
- Doctors interrupted after a mean time of 18 seconds
- Research repeated in 2003 and now 24 sec
- Only 23% of patients completed their opening statements

(Beckman & Frankel,1984)

So is there a way to fix this?

- Yes there is – clinical communication skills has been shown to:

Figure 6: Relation between good clinical communication and clinical care



1.2.4: STRESSES THAT HEALTH WORKERS EXPERIENCE IN THEIR WORK, AND HOW THEY CAN STAY HEALTHY

- **Large group discussions:**
  - √ Do you think health care workers will get stressed? and do they experience burnout?
  - √ How do you define health care stress, burnout? Why do they occur?
    - Burnout is a state of emotional, physical, and mental exhaustion caused by excessive and prolonged stress. It occurs when someone feels overwhelmed,

This work is licensed under Creative Commons licence CC BY-NC

emotionally drained, and unable to meet constant demands.

- Spending most of their time caring for other people, health professionals may ignore their own problems or feelings. The kind of work which a health professional does or the setting in which he or she works may pose special stresses on top of the worries and concerns they may have like any other person.

- **Large group discussions:**
  - √ What are the possible sign and symptoms you may see in a PHC worker who is burned out?
- Discuss the possible signs and symptoms of burnout based on the following table

Table 3: Signs and symptoms of burnout of health workers

Physical	Emotional/ cognitive	Behavioural	End result
• Fatigue • Pains and aches, unexplained physical symptoms • Frequent illness because of decreased immunity • Rise in blood pressure	• Decreased empathy • Feeling drained • Forgetfulness • Loss of confidence • Loss of interest • Lack of motivation • Irritability and anger • Feeling lonely • Pessimism, hopelessness	• Withdrawing from responsibilities • Social withdrawal • Not doing things on time • Alcohol and substance use • Self-medicating • Being absent from work • Change in appetite and sleep (Over eating/ loss of appetite)	• Frequent errors in patient care • Poor performance • Decreased satisfaction and sense of accomplishment • Decreased patient satisfaction

- If your mental health is not good, this will not affect your own well-being but also your ability to work properly. Which, in turn, will affect the care you provide for others.
- Thus, it is very important to look after your own health as well. Feeling stressed at work is not a sign of weakness or a lack of commitment to work and there are things you can do to prevent burnout.

This work is licensed under Creative Commons licence CC BY-NC

- **Large group discussions:**
  - √ Ask participants how it is possible to cope with work related stress?
- Underline that the following are ways that will help reduce stress and improve health/mental health and prevent burnout:

Table 4: Ways to reduce stress and improve health/mental health and prevent burnout

Physical	Emotional/cognitive	Behavioural
• Try to eat a balanced and healthy diet • Avoid or decrease the use of substances like alcohol, Khat, cigarette etc • Try to maintain a balance between work and personal life. • Take time to talk to a trusted colleague about difficulties or negative things you have experienced during the day before you leave your work place for the day	• Have a habit of exercising regularly • Take breaks as needed as overworking will lead to increased levels of stress and burnout • Set aside some time each day for activities which you find interesting or fun, but which are not related to work. • Seek help from others if you are concerned about your mental health	• Try to get enough sleep every night • Relaxation exercises, like the breathing exercise we did earlier, can be very helpful in dealing with stress when practiced daily. • Spend time with friends or family, going to religious place, reading books, walking or exercise, watching a movie. • Help could be sought from a trusted colleague, a family member or a friend and/or if the problem is severe from another health/mental health professional

- Seek help from others if you are concerned about your mental health.
- Refer to your PHCG (page 123) for signs and symptoms of mental health problems like depression and anxiety disorders

This work is licensed under Creative Commons licence CC BY-NC

1.3 SKILLS

1.3.1: SHOW VIDEO 1A/1B: NEBIAT IS INTERVIEWING A WOMAN WITH HYPERTENSION OR CHOOSE VIDEO 1B: NEBIAT INTERVIEWING A WOMAN ATTENDING FOR ANTENATAL CARE

Comment on what you have noticed from the video (write responses on the flip chart the good and not good responses after watching the video)

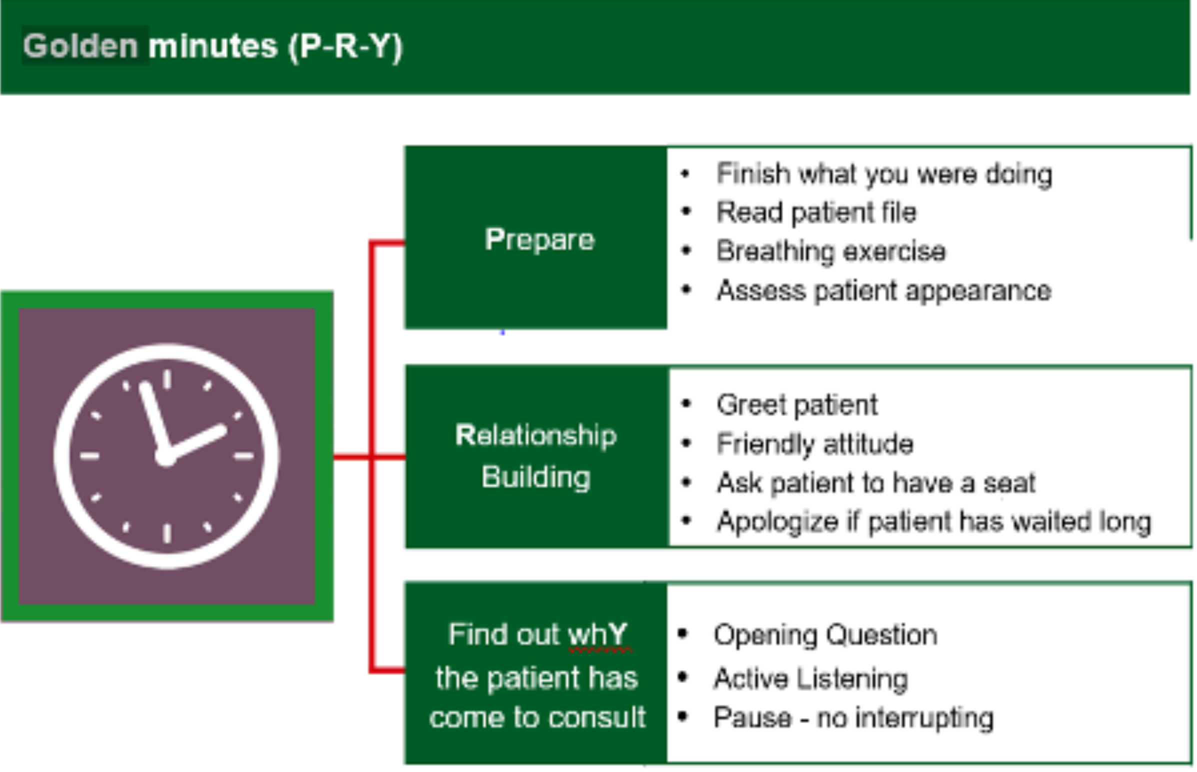
1. Is there a better way to do this? How can we do it differently?

- The first 1-3 minutes of a patient consultation are very critical in establishing a relationship with the patient

1.3.2: INITIATING CONSULTATION USING PRY (THE GOLDEN MINUTE)

- **Large group discussion (5 minutes):**
  1. Have you ever come across 'P-R-Y' to help start the consultation process?
  2. Why it is called the golden minute?

Figure 7: Golden minutes (starting the consultation)



This work is licensed under Creative Commons licence CC BY-NC

P-Prepare – how do you centre yourself for your next patient?

- Clear mind
- Read patient file
- Breathing exercise: This just takes a minute or two. It can help you to relax if you are stressed because of patient load or other reasons.
- Periodic bathroom break: Don't start seeing a patient if you are in a hurry to go to the bathroom.

R-Relationship Building – how do you build the patient/health worker relationship?

- How are you doing today?
- Use patient name
- Make sure patient is comfortable
- Introduce yourself to the patient (make sure you tell them your role e.g. nurse, health officer)

Y-Why the patient has come for a consultation and what does the patient want to discuss?

- What brings you to the clinic today?
- Is there anything else you would like to discuss today?
- Practicing active listening
- Pause to allow the patient time to speak
- Non-verbal communication
- Checking that you have understood correctly

- Tell to practice
- The aim of active listening is to ensure that we get to know all the main problems at the start of the consultation.

- **Large group discussions:** what words could the health care practitioners use?
  - √ Has anything else been bothering you?
  - √ Have we covered everything?
  - √ Is there something else you would like to discuss?
- This is what is commonly referred to as the Golden Minute and it is used to get a Problem List from the patient.
- Evidence for the benefit of improving our skills in starting the consultation well.

This work is licensed under Creative Commons licence CC BY-NC

Figure 4: Consultation process

This work is licensed under Creative Commons licence CC BY-NC

Figure 8: Evidence: reason for consultation

Evidence: reason for consultation

Evidence: reason for consultation
When researching how often patients and doctors agreed upon the reason for the patient's visit, in 50% of the cases no agreement was reached and there was only 6% agreement when the reason for the visit involved psychosocial problems.
(Stewart et al, 1979; Starfield et al, 1981;Burack and Carpenter, 1983).

Time Concern – Will it take longer?

- Patients allowed to finish their opening statements without interruption usually took under 60 sec.
- None took more than160 sec

Beckman & Frankel (1984)

- Consultations which were cue based were shorter that those in which cues were missed
  -- GP consultations 12.5%
  -- Surgical consultation were 10.7% shorter

Levinson et al 2000

- In oncology consultations, addressing cues reduced consultation times by 10-12%.

Butow et al 2002

1.4 APPLICATION

1.4.1: SHOW VIDEO 2A (CHRONIC CARE) OR VIDEO 2B (MATERNAL CARE).

1. After showing the video, share what the health worker did to:
   - √ Prepare
   - √ Build the relationship
   - √ Find out why the patient has come to consult

   N.B: Write in down on flipchart by grouping it into PRY

This work is licensed under Creative Commons licence CC BY-NC

1.4.2: GUIDED PRACTICE ON P-R-Y

Instruction: Guided practice on P-R-Y using the prepared checklist on P-R-Y

Time allowed: 1 hour

1. Let the trainers demonstrate the ideal health worker -patient interaction using P-R-Y. For this purpose, use the checklist prepared.
2. After the trainer has demonstrated P-R-Y, divide the group, and let each participant practice the P-R-Y. One participant will act as a patient, and the other one as a health worker; and the third one will take the checklist and observe their practice. They will choose one of the following cases for practice.
   A. A 25 year old female came to the antenatal care clinic with a chief complaint of headache of week duration.
   B. A 55 year old male with a known diagnosis of diabetes who has been having follow up care at the health centre. Today, he came to the health center with the main complaint of bilateral leg pain of one month duration.
3. Let all participants practice as the health worker and being as the patient. One participant will use the checklist and other participants in the group will provide feedback about the performance. Then they will rotate the role they have played until all participants have played the three roles.

1.5 CLOSURE

- Please share your experience of the session.
- What skills have they learned?
- How can the skills be utilized in their setting?
- Note that the next session will continue to deal with communication skills for a person-centred consultation.
- As HOMEWORK bring examples of consultations where you used P-R-Y to gather both biomedical and person-centred information from a patient. This will form the basis of the discussions on the next session.
- .

This work is licensed under Creative Commons licence CC BY-NC

Duration: 4 hours and 45 minutes

SESSION OBJECTIVES

By the end of this session, participants will be able to

- Appreciate the need to take a patient history from both a biomedical and patient perspective.
- Understand how listening to the patient's perspective will improve diagnostic accuracy, be more time efficient and help the patient feel supported.
- Reinforce the use of the Ethiopian Primary Healthcare Clinical Guideline (PHCG) in helping gather high quality information from all perspectives.
- Identify that the patient perspective means gathering information about the patient's ideas and concerns (ICE) about their condition and their expectations for the consultation.
- Demonstrate how the skills needed to gather information from a patient perspective fit within the patient centred model, as they empower patients to be active partners in their care.

This work is licensed under Creative Commons licence CC BY-NC

SESSION OUTLINE

- Recap on learning from session one and introduce session two
- What makes up the contents of the medical history?
- What is meant by biomedical information and patient perspective information?
- What is meant with patient-centred care?
- The differences between clinician centred and patient centred care
- Benefits of gathering information from all perspectives
- Video Show of person with HIV who is non-adherent to ART
- Note down the biomedical information in the video show
- The challenges of gathering and recording the patient perspective
- Ways to overcome these challenges
- Participants to group their observations into ICE
- Role play
- Session recap

This work is licensed under Creative Commons licence CC BY-NC

LEARNING ACTIVITIES

2.1 INTRODUCTION AND HOUSE KEEPING

2.1.1: RECAP ON LEARNING FROM SESSION ONE AND INTRODUCE SESSION TWO

- Welcome to session two
- Recap on session one
  1. Last week we discussed how the health needs of Ethiopians are changing and how this means that we need to change the way that we deliver health care. We also saw how MCC (motivated, compassionate and competent health workers) and the transformation of primary health care using the Ethiopian PHCG (Primary Healthcare Clinical Guideline) can help us to deliver patient-centred care for all our patients.
  2. The importance of clinical communication skills for patient care was highlighted and how the different steps of a typical out-patient visit can lead us to deliver more patient centred care. We learned about P-R-Y, which helps us to remember to Prepare, focus on Relationship-building and find out whY the person has come to the clinic
  3. Question: please share your experience of practicing P-R-Y in your clinical practice. What was useful from session one for them personally?
  4. While looking after our patients, we also need to look after ourselves. Last week we have seen how health workers can care for themselves to cope with stress and prevent burnout.

ACTIVITY 2.1.2: HOW SESSION TWO WILL BE RUN AND WHAT IS ITS FOCUS?

This session will focus on the clinical communication skills that are useful when gathering information from patients and how those skills can help us to deliver more patient-centred care.

The focus of this week's session is to now look at what skills health workers need to be able to work alongside patients as partners.

We will be focusing on the second step in the consultation with the patient. This is "Gathering Information". We will look at why 'gathering information' is important for planning care.

ACTIVITY 2.1.3: BREATHING EXERCISE

We will do the breathing exercise we did last week. This can be one of the ways you will be able to lower the stress in your body and feel more relaxed. You can even teach your patients as a relaxation technique. It is on page 123 of the PHCG

This work is licensed under Creative Commons licence CC BY-NC

2.2. CONCEPTS

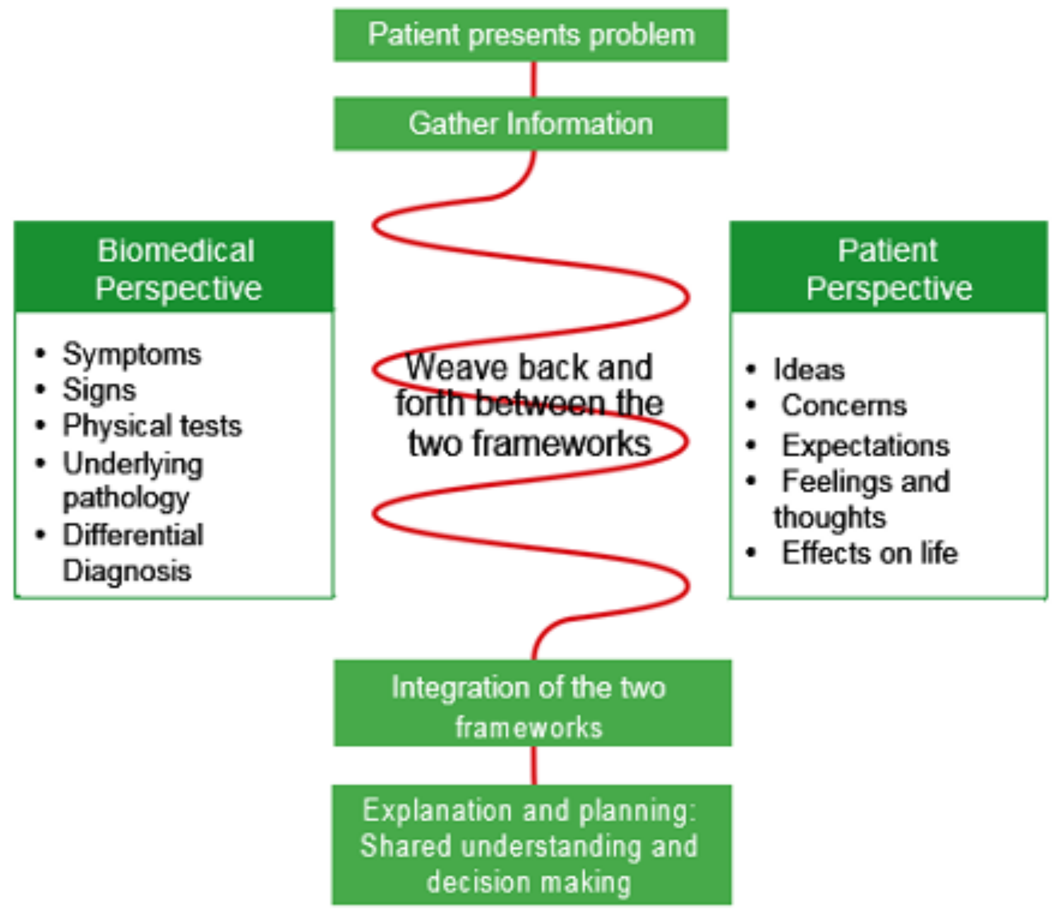
2.2.1 WHAT MAKES UP THE CONTENTS OF THE MEDICAL HISTORY? OR A ROUTINE ANTENATAL CARE APPOINTMENT?

- **Think, pair and share:** pair participants who are sitting next to one another and ask them to discuss their responses to the following two questions

  Time allowed: 5 minutes

  √ What information do you look for when you are assessing a patient?

2.2.2 WHAT IS MEANT BY BIOMEDICAL INFORMATION AND PATIENT PERSPECTIVE INFORMATION?



(Source: Silverman J, K S., Draper J. (2005). Skills for Communicating with Patients. Oxon: Radcliffe Publishing Ltd)

ACTIVITY 2.2.3 DEFINE WHAT IS MEANT WITH PERSON-CENTRED CARE

Patient-centred care is where the patients actively participate in their own medical treatment in close cooperation with the health worker.

Question: “What types of questions do you ask a patient when they come to the out-patient clinic **[or the antenatal or postnatal clinic]?”**

Time allowed: 5 minutes

This work is licensed under Creative Commons licence CC BY-NC

What information are you hoping to gather with those questions?

- Biomedical – to identify the cause and make a diagnosis

Group their answers as falling under either biomedical or patient perspective (if there are any). Once you have completed their list, engage the group in discussion around what person-centred care (PCC) is and how this is different from health worker centred care.

We talk a lot about person-centred care, but what do you think that means in our setting?

Time allowed: 5 minutes

Discuss on how we define person-centred care and link that definition to the one of the goals of the PHCG.

Person-centred care means "Providing care that is respectful of, and responsive to, individual patient preferences, needs and values and ensuring that patients values guide all clinical decisions" (Institute of Medicine,n.d)**.**

Discuss what effect person-centred care could have on how the patient would feel about the treatment and advice they are given.

How could it help patients with chronic disorders, like hypertension?

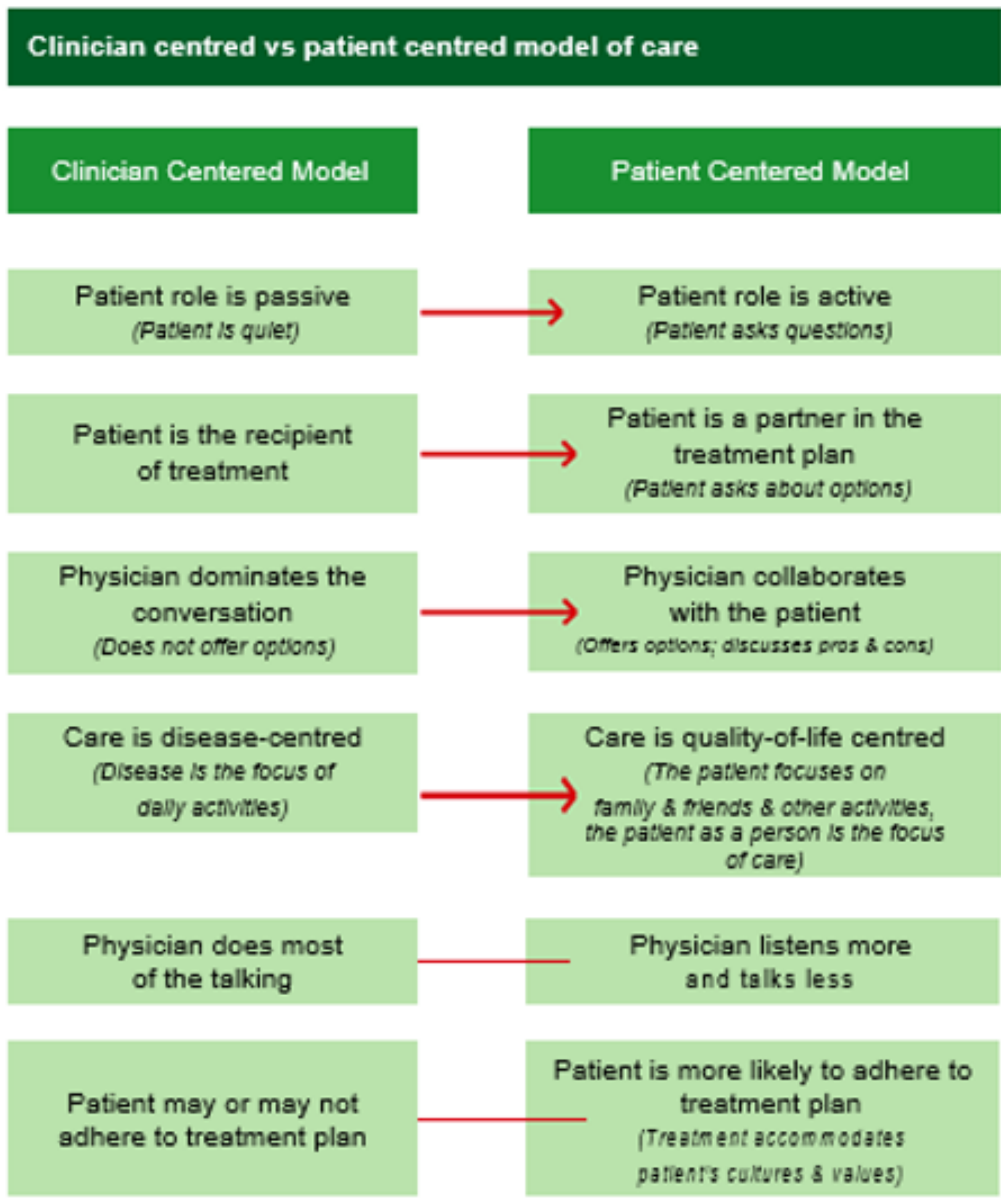
How could it help women attending for antenatal care, delivery or postnatal care? Or a woman looking for family planning advice?

What could be the advantages of a person-centred approach?

Large group discussion: What is the difference between health worker/clinician Centred Care and person-centred Care?

Time allowed: 5 minutes

This work is licensed under Creative Commons licence CC BY-NC



Large group discussion:

Time allowed: 5 minutes

1. How person-centred care can benifit patients who have chronic conditions / women attending for maternal care or family planning?
2. What effect could the attitudes above have on how satisfied patients might be with their care?

This work is licensed under Creative Commons licence CC BY-NC

Characteristics of PCC

- PCC is described as 'treating the patient as a unique individual' *(Redman, 2004: p11).*
- It is a standard of practice that demonstrates a respect for the patient, as a patient *(Binnie and Titchen, 1999; Shaller, 2007).*
- Considers the patient's point of view and circumstances in the decision-making process, and goes beyond simply setting goals with the patient *(Ponte et al, 2003).*
- Patient-centredness refers to a style of doctor–patient encounter characterized by responsiveness to patient needs and preferences, using the patient's informed wishes to guide activity, interaction and information-giving, and shared decision-making *(Rogers et al, 2005).*
- Views health and illness that affects a person's general well-being in an attempt to empower the patient by expanding his or her role in their health care. Making the patient more informed, and providing reassurance, support, comfort, acceptance, legitimacy and confidence are the basic functions of PCC *(Fulford et al, 1996).*
- The impact of the goals of PCC has a direct logical link with promoting healing and reducing injury and suffering *(Nelson and Gordon, 2006).*

Use what the group has come up with earlier on, regarding what information they look for from their patients. Use that as a starting point to bring up how patient-centred care requires a different set of communication skills.

2.2.4 THE DIFFERENCES BETWEEN HEALTH WORKER CENTRED AND PERSON-CENTRED CARE

Person-centred care requires a different way of communicating which allows for the patient's perspective to be heard.

- Hearing the patient's perspective increases diagnostic accuracy, satisfaction and adherence to advice and treatments.
- Hearing and understanding the patient allows them to feel empowered, satisfied and able to be active partners in their own care

Large group discussion: What do you think are some common problems of information gathering that prevent health workers being person-centered?

Time: 5 minutes

This work is licensed under Creative Commons licence CC BY-NC

Common problems of information gathering

- *Closed questioning - leads to poor hypothesis generation and inaccurate diagnoses*
- *High control, "clinician-centred" style- discourages patients from telling their story or voicing their concerns*
- *A mismatch in ideas and beliefs about the illness, led to: -- poor understanding*
  -- adherence
  -- satisfaction

State that the content that you gather when taking a history is important to accurately diagnose your patient and develop a treatment plan with your patient.

Large group discussion: Pose questions to group and write responses on flip chart.

Time allowed: 5 minutes

Example case 1: A 55-year-old man with hypertension who is coming for follow-up. His blood pressure has been poorly controlled.

— What are you trying to achieve in the history taking?

— What does your patient hope to achieve?

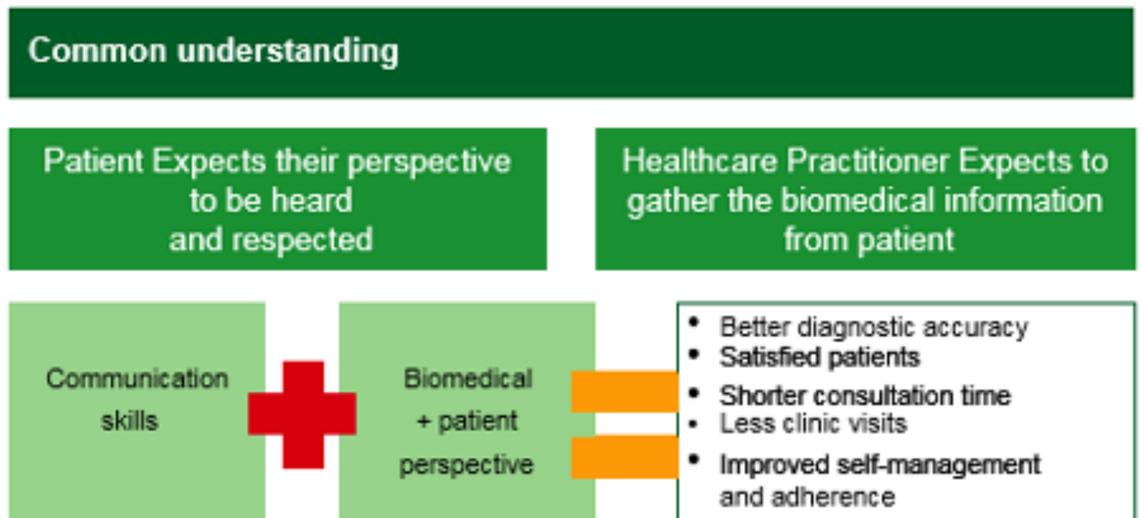
— How are you going to manage the patient's expectations?

Example case 2: A 40-year-old woman with her sixth pregnancy (36 weeks) who has a history of stillbirths. She does not attend regularly for follow-up.

— What are you trying to achieve in the history taking?

— What does your patient hope to achieve?

— How are you going to manage the patient's expectations?



This work is licensed under Creative Commons licence CC BY-NC

Evidence from research shows that patients want to share information about their symptoms, progress and management, get access to an expert and get information, support and reassurance when coming to consult with a clinician.

2.2.5 BENEFITS OF GATHERING INFORMATION FROM ALL PERSPECTIVES

Biomedical information is very important information from the patient's perspective is also medically important. In addition, patients actually want to be heard and understood when they consult with a health worker.

Highlight that the health worker is an expert in the biomedical perspective and the patient is the expert in their lives (the patient perspective).

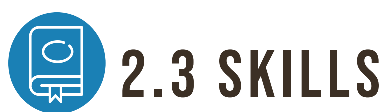
Having information on the "patient perspective" is very important in understanding the patient as a person and making a treatment plan that is appropriate and practical to the particular patient.

What do patients want?

- *To share info about symptoms and management*
- *Feedback on progress*
- *Access to an expert*
- *Information, support and reassurance*

Ryan et al, 2003

This work is licensed under Creative Commons licence CC BY-NC



2.3 SKILLS

2.3.1 SHOW VIDEO 3A OF A PERSON WITH HIV WHO IS NON-ADHERENT TO ART. OR YOU CAN SHOW VIDEO 3B OF A PREGNANT WOMAN WITH ANAEMIA.

Watch a short video clip (video will use PHCG case scenario on Non – ART adherence and Depression) and note down what strategies the health worker is using that are effective or ineffective in meeting patient expectations.

Group discussion: Please comment on what you observed.

Time allowed: 5 minutes

2.3.2 NOTE DOWN THE BIOMEDICAL INFORMATION IN THE VIDEO SHOW

Resource 21: Focus of Health worker

Did they get what they want?
Video 3A: Health workers' focus was on diagnosing, removing or minimizing the symptom impact on everyday function
Video 3B: Health worker's focus is on managing anaemia and on minimising the risk to the woman when she delivers the baby
THE BIOMEDICAL FACTORS

2.3.3 THE CHALLENGES OF GATHERING AND RECORDING THE PATIENT PERSPECTIVE

Large group discussion: *What are some of the complexities of gathering both biomedical and patient perspective?* Write responses on flip chart

Time allowed: 10 minutes

Large group discussion: Pose question to group:

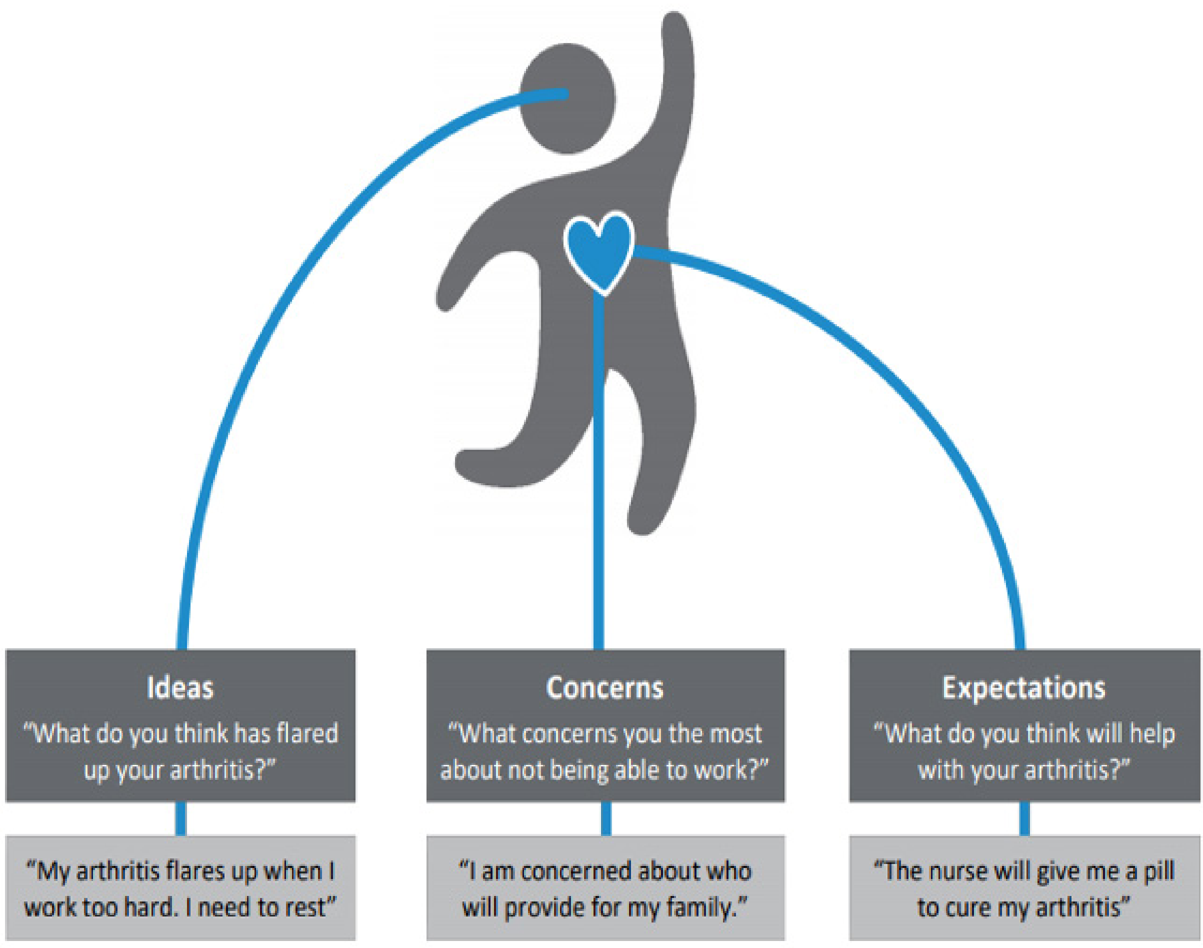
How can you get both the biomedical and patient perspective when taking a history? Write responses on flipchart.

Time allowed: 5 minutes

ACTIVITY 2.3.4 WAYS TO OVERCOME THESE CHALLENGES

State that it is important to get the patient's ICE – their **Ideas** of what is wrong with them, their **Concerns** about their situation and their **Expectations** (hopes and wishes) for the consultation - in order to reach a shared understanding of their condition. This is essential so that the treatment plan will fit to the patient's needs and they will be more motivated to stick with it.

This work is licensed under Creative Commons licence CC BY-NC



Large group discussion: what are some of the potential benefits of finding out patients' ideas of what is wrong, their concerns and worries, and their expectations of coming to the health facility?

Time allowed: 5 minutes

Write response on flipchart and link it to what is on the following table.

Defined	Benefit
• Disclosure by patients of their ideas, concerns and understanding about their diagnosis and treatment is a part of gathering information and is an example of a patient-centred approach	• Provides more insight into the reasons for a patient coming in for a consultation • Assists in establishing the right diagnosis • Influences the process of shared decision making • Enhances the patient's adherence

This work is licensed under Creative Commons licence CC BY-NC

ULTIMATELY getting the patients ICE, requires certain skills.

Large group discussion: How you see the skills we have been discussing fitting in to what they are currently doing?

Time allowed: 5 minutes

When you ask patients about their concerns, they may start discussing multiple problems they have and some of them might be social problems. As a health worker, you are not expected to solve a patient's social problems, but you can still help:

- Even just listening to problems can help a person. "A problem shared is a problem halved". It helps a person to feel that they are not alone and helps to relieve them of their burden.
- The patient themselves may already have ideas about how to manage their social problems with some encouragement: "Who could help you with this problem?" "Who could you share this problem with?"
- You can try to link them to other service providers who can better help them. In order to do that, you should always have lists of available resources in your area. E.g. Who can provide support in case of gender-based violence (GBV) or who they can contact if patient can't afford to buy medication, etc.
- You could discuss with your colleagues about the best way that your health facility should respond to social problems that are common in the community. Can the woreda help? Can the health extension workers help? What about religious leaders? What about community leaders? Can we establish a fund to help patients who cannot afford medication?
- What other ideas do you have?

Another important way to help will be using problem solving techniques. Problem solving technique has six steps.

1. Identify the problems
2. Prioritize the problems
3. Select the problem to be addressed
4. Think about all possible solution to the problem
5. Select the most appropriate solution
6. Implement the solution

You can ask participants to hypothetically think of a problem and work with them through the six points.

Let's take the case of a person with financial difficulties.

Help the person identify which is the most problematic area (income, expenses, if expenses identify which area: food, rent, health, etc.) then identify which is the priority. Let's assume the rent is too expensive.

Select rent as the problem to address.

This work is licensed under Creative Commons licence CC BY-NC

Help the person list the possible solutions

Find other resources for the money e.g., reallocation of the money, finding another work, help from family, etc.

- Negotiate with the landlord to decrease the rent, find a less expensive house stay with family, and ask family for help.

After discussing all possible ideas, the person should pick the most suitable solution (one).

If we assume the decision is toasl for help from a family member.

On the next visit we will follow up on how it went and if the person was successful in getting family support with affording the rent, its great and we move on to other issues. But if the solution that was tried was not successful, we will go back to step 4 and see the list of solutions we made and will ask the person to pick another one and will make plans with the person on how that can be implemented. We have to make clear implementation plans (when, how, where and who).

2.4 CLINICAL APPLICATION

2.4.1 SHOW VIDEO4A (CHRONIC CARE) OR VIDEO 4B (MATERNAL CARE) OF PHC WORKER NEBIAT USING SKILLS TO GET ICE

Show group the second take of the same video.

Objective of this video: Participants will be able to obtain skills of ICE

2.4.2 PARTICIPANTS SPOT WHAT WAS EFFECTIVE/ INEFFECTIVE

Ask them to note down what is different this time round?

Fill in the patient card based on the video consultation. Discuss their forms afterwards.

Play video 4A up until viral load discussion. Or play Video 4B until the health worker is finding out why the woman stopped taking iron tablets.

This work is licensed under Creative Commons licence CC BY-NC

ACTIVITY 2.4.3 SPOT SKILLS OF ASKING, LISTENING AND SUMMARISING

Based on the played video please discuss the skills used by the health worker on asking, listening and summarising.

SKILLS

Asking /Questioning	Open and closed questions
Listening	• Active listening has verbal and non-verbal components • Picking up cues • Empathy
Summarising	Summarising shows that you have heard the patient and gives them a chance to correct you
Questioning	• Open Ended • Close Ended
Listening	Picking up cues
Summarising	

2.4.4 PARTICIPANTS TO GROUP THEIR OBSERVATIONS INTO ICE

"What was the patient's reason for consulting?"

What was of concern to the health worker?

What could be the possible reasons for non-adherence?

Continue the video till the end.

Question: What was different in this consultation?

Discuss the information the participants noted down.

- Did you manage to capture all the information the patient gave you?
- Did you capture the patient's ideas, concerns and expectations?

Probe: **if you did not manage to capture all information – why might that be so?**

Question: How do we record this information in the clinical notes so that we can provide continuity of care?

This work is licensed under Creative Commons licence CC BY-NC

2.4.6 ROLE PLAY

Role play script

Purpose: Through the interaction between health worker and a client/patient, participants will practice ICE skills

Time allowed: 10 minutes

Directions: Two participants in your group will assume (or be assigned) roles. One will be a health worker, the other a pregnant women. Participants taking part in the role play should spend a few minutes reading the background information and preparing for the exercise. The observers in the group also should read the background information so they can participate in the small group discussion following the role play.

Situation: A pregnant woman with three months of amenorrhea comes to the antenatal care (ANC) clinic for her first ANC visit. She complains of nausea and repeated vomiting.

Participants' roles:

Health worker:

Will start the conversation

Do assessment (history taking)

Client:

Give information depending on the health worker's approach

Client's idea: this is probably not normal, my baby must have some abnormality

Concern: baby may not grow as expected, I'm not a good mother, I'm not taking care of my fetus properly. I wonder what curse is happening to me.

Expectation: The health worker will tell me what is wrong and I need to go to the holy water

After the role play

- √ How do you think the health worker performed? Discuss how they would make it better. (question for the group)
- √ How does the information giving process made him/her feel. (question for the person role playing the client)

Have exercise on using both PRY and ICE

Please bring the guided practice here, let the participants divide and practice using the checklist (prepared for PRY and ICE)

Time allowed: 1 hour

This work is licensed under Creative Commons licence CC BY-NC

2.5 CLOSURE

2.5.1 SESSION RECAP

- Recap the session goals and how they were achieved

  You need to practice the skills you have learned in session one and two in your clinical practice

- Recap skills discussed

  Question: What skill each participant is going to practice before the next session. P-R-Y and ICE using Questioning (open and closed ended), active listening, showing empathy and summarizing.

  The next session will be covering emotions and how they may act as barriers to effective care. We will cover issues around containing emotions during a consultation as well as how to deal with an upset/distressed patient. We would appreciate it if you would bring along an example of a consultation where you had to deal with a distressed/emotional patient and share with the group what strategies you used during the consultation and how it went for you. Please make note of how you were feeling during this time as well as how you thought the patient was feeling based on body language and cues

Thank you for your time and please make comments and suggestions.

Finally please share one skill that you wrote down that you are going to practice before we meet again.

This work is licensed under Creative Commons licence CC BY-NC

SESSION 3

DEALING WITH EMOTIONS

Duration: 4 hours and 45 minutes

SESSION OBJECTIVES

By the end of this session, participants will able to

- Highlight the importance and benefits of addressing emotions of the health worker and the patient during contact with an emotional patient and/or caregiver.
- Obtain necessary skills to address emotions of the patient ("READing the emotion"), particularly during contact with an upset or emotional patient
- Explore and address concerns about expression and dealing with emotions of health workers and patients while providing care for patients.
- Understand and acknowledge your own emotions and to develop healthy coping strategies to deal with the emotional labour of being a health worker.

This work is licensed under Creative Commons licence CC BY-NC

SESSION OUTLINE

- Reflect and recap on learning from session two and iintroduction to session three
- Breathing exercise
- Explore the emotions that a distressed patient may experience and show
- Understanding and addressing emotions as well as its role in health workers engagement with patients
- Video show of a patient who will start crying
- The relationship between stress, lack of self-care and burnout
- Engage participants in a discussion around how they deal with an emotionally - distressed patient
- The skills of READing the emotion
- Video show of a health worker dealing with a distressed patient
- Discuss the techniques employed by the health worker
- Group what the health worker did into READ with the participants
- The need for health workers to also look after themselves
- Role play practice of READing the emotion
- Recap on the session goals and skills discussed
- Homework

This work is licensed under Creative Commons licence CC BY-NC

LEARNING ACTIVITIES

3.1 INTRODUCTIONS AND HOUSEKEEPING

Welcome to session three!

3.1.1 REFLECT AND RECAP ON LEARNING FROM SESSION TWO

- What was useful in the session for you.
- Let one participant to briefly summarise the previous session

3.1.2 EXPERIENCE SHARING OF PRACTICING LESSONS FROM LAST WEEK IN YOUR CLINIC

- Were you able to practice any of the skills from session two?
- If yes, how was your experience? Please share your ideas if anyone reported any difficulties.

3.1.3 INTRODUCTION TO SESSION THREE

The current session will focus on addressing patient and health worker emotions in the process of providing care. This session will also briefly highlight the importance of health worker self-care as it is essential when dealing with emotional patients.

Please note that some of the issues that will be discussed in this session are of a sensitive nature and may bring up memories of past direct or indirect experience with the subject matter.

3.1.4 TOGETHER DO BREATHING EXERCISE

This work is licensed under Creative Commons licence CC BY-NC

3.2 CONCEPTS

3.2.1 EXPLORE THE EMOTIONS THAT A DISTRESSED PATIENT MAY EXPERIENCE AND SHOW

Large group discussion: Question: Which clinical conditions usually affect patients on an emotional level. On a flipchart, make a list of all the conditions they mention.

Time allowed: 10 minutes.

Remember that any condition can affect patients/caregivers on an emotional level regardless of the severity.

It is important to avoid assumptions of the extent to which a patient would be affected. A health worker should therefore carefully determine and address emotions of patients under his/her care.

We will use chronic conditions as the first example.

Start off by sharing the following information adapted from Turner and Kelly (2000).

Patients who suffer from one or multiple chronic conditions (for example, hypertension and diabetes) often must adjust their lifestyle and, in some cases, might even be disabled. These changes affect patients on an emotional level; some patients may go through a period of grieving before they adjust to their new condition. Others may become distressed and develop mental health problems. The most common mental health problems are depression and anxiety. We will have an overview of how to diagnose depression using the PHCG later in this session.

Another example is women when they are pregnant or during delivery

Pregnant women may have a lot of fears about delivery and whether they will survive. If a woman has experienced a previous stillbirth or neonatal death, pregnancy may remind her of the previous sadness. If the pregnancy was unplanned and unwanted, the woman may be distressed. For many women, violence from her husband may increase during pregnancy, making her sad and fearful for herself and her baby. In some cases, a pregnancy may have resulted from a woman being sexually assaulted.

Childbirth can be a terrifying experience for some women, especially if the labour is prolonged or if she experiences complications. Each woman's experience of childbirth is unique. For some, the pain can be unbearable which makes them very distressed. A woman who had a bad experience with a previous delivery may be frightened about the current delivery.

This work is licensed under Creative Commons licence CC BY-NC

3.2.2 UNDERSTANDING AND ADDRESSING EMOTIONS AS WELL AS ITS ROLE IN HEALTH WORKERS ENGAGEMENT WITH PATIENTS

Resource 24: The emotions associated with having a chronic health problem

Emotions in chronic health conditions: no health without mental health

- The emotional dimensions of chronic conditions are often overlooked when medical care is considered
- It can be difficult to diagnose depression in the medically ill or in a pregnant women but diagnosis and treatment are essential
- Health workers may be well equipped for the biomedical aspects of care but not for the challenges of understanding the psychological, social, and cultural dimensions of illness and health
- Health workers can play an important part in helping their patients to maintain healthy coping skills
- Health Workers should reflect on the emotional dimensions of their work, including how professional development and training may enhance professional satisfaction and patient care, and the important role that relationships and outside activities have in providing balance

(Turner & Kelly, 2000)

Dealing with these emotions can be challenging for any health worker especially when you feel you lack the proper training.

On the other hand, if we ignore the emotional side of care, we may not be able to provide good care for the physical side of care – the two are very closely linked together.

Resource 25: Communication Training

The emotionally distressed patient communication

Most of us do not get any health worker-patient communication training on how to deal with emotionally upset/distressed patients....so we do what comes naturally to us

- We try to fix their problem
- We try to defend ourselves, justify our position or whatever the upset person is upset about
- We try to emotionally distance ourselves from patients and relatives who manifest strong emotions
- The patient might make us feel angry and upset ourselves

...Is this method effective?

This work is licensed under Creative Commons licence CC BY-NC

Large group discussion: What type of emotions do patients that are distressed often experience or show? Write responses on flipchart.

Time allowed: 10 minutes.

3.2.3 SHOW VIDEO OF A PATIENT WHO WILL START CRYING

Video title: Health worker Abera interacting with a distressed patient

Purpose: To recognize that patients at PHC can present with emotional distress.

3.2.4 IDENTIFY THE BENEFITS OF ADDRESSING EMOTIONS OF THE HEALTH WORKER AND THE PATIENT WHILE PROVIDING CARE FOR A DISTRESSED PATIENT

During consultations, it is normal for patients and health worker to experience some emotions. Dealing with these emotions can be difficult and therefore it becomes easier for us to just push down the emotion and carry on. Instead of recognizing and dealing with emotional cues, we selectively attend to cues about physical aspects of the illness or treatment. This has been shown to be more harmful to the consultation process than actually addressing these emotions.

Large group discussion

Time allowed: 10 minutes.

1. What do you do when a patient becomes distressed in your OPD as like in this scenario?" Write response on flipchart.
2. Have you ever had experience of feeling to fix patient's problems or avoiding emotions is an effective method?
3. Briefly discuss the consequences of dealing with patient emotions in this way. (Write the responses on the flip chart).

√ The way that the health worker responds to that distress can make a big difference to the patient and their health.

As a health worker, it is essential to know how to help patients who are distressed. This skill is a core professional skill and essential for us to be **Motivated, Respectful and Competent health workers**. You may experience patients screaming, crying, shouting or even threatening you. Women in childbirth may scream, shout and express fear. Although we will primarily deal with the patient's emotions, caregivers can also show similar emotions. The basic principles of addressing such emotions will apply to both groups

This work is licensed under Creative Commons licence CC BY-NC

3.2.5 THE RELATIONSHIP BETWEEN STRESS, LACK OF SELF-CARE AND BURNOUT

As a health worker, recognizing one's own and patient's emotion is the first step to identifying the real concerns and needs of patients. Lacking these skills will test health workers' compassion and communication skills, will affect the patient-health worker relationship and can lead to stress and burnout in health worker.

Dealing with emotions and health worker self-care are linked.

3.3 SKILLS

3.3.1 ENGAGE PARTICIPANTS IN A DISCUSSION AROUND HOW THEY DEAL WITH AN EMOTIONALLY - DISTRESSED PATIENT

Video show

As health workers, to manage the emotions of your patients you need to be aware of what is going on with yourself and your patient. You need to acknowledge your own feelings and acknowledge what the patient is feeling through verbal and non-verbal communication. READing the emotion provides you with a mechanism to do that.

3.3.2 THE SKILLS OF READING THE EMOTION

Resource 26: Dealing with an emotionally distressed patient

Dealing with an emotionally distressed Patient
READ • **R**ecognize the emotions • **E**mpathy & Engaging in conversation • **A**ffirm & Respect • **D**evelop a plan

"You seem really upset" Recognize the emotion
• Observe for any emotion on the part of the patient • Identify the emotion experienced by the patient and name it for example you can say 'you seem upset' • This will help the patient look inside themselves and get clear about what they are really feeling • Shows that the health worker has understood • The ability to point out the patient's feelings in a non-judgmental way is a break-through in a typical health worker-patient communication process • Also recognize and be aware of your own emotions

This work is licensed under Creative Commons licence CC BY-NC

"I understand how difficult this could be, tell me more about what you are feeling" Empathy & Engaging in conversation

- Here you are allowing the patient to tell you their experience. Your job is to listen – try not to interrupt
- Demonstrate that you care for your patient and show interest
- This is about understanding how the patient is feeling
  — I can understand why you would feel that way. I imagine I would also feel like this if it happened to me. Please tell me more about the sadness you are feeling.

"This has been a difficult time" "You have been very brave" AFFIRM and RESPECT

- Patients and families are showing trust or are taking a risk when they share their emotions
- Affirm their willingness to open up and their strength
  — Thank you for sharing your feelings and thoughts, I can do a better job as your health worker when I know how you are feeling.

"How do you think we can work together to help you?" Develop a plan

- Here again, you are listening to what your patient has to say
- You are not expected to solve all the patient's problems
- Instead, help the patient identify sources of support
- Make sure to listen out for what the patient may request you to do
- Be aware of your boundaries and notice things that the patient may request that you are not comfortable with or are not permitted to do
- Always offer follow up as some of the above steps can be done over several appointments.

3.3.3 SHOW VIDEO OF A HEALTH WORKER DEALING WITH A DISTRESSED PATIENT

Video title: PHC Abera READing the emotion of a distressed patient

Purpose: To practice READing the emotions of distressed patients at PHC

3.3.4 DISCUSSION ON THE TECHNIQUES EMPLOYED BY THE HEALTH WORKER

Using the video resource, have group watch the video now from the part where the patient started to cry. Have them note down how the PHC worker used READ with the patient.

Write down responses under the acronym READ.

This work is licensed under Creative Commons licence CC BY-NC

Question: What words they could practically use during a consultation to READ the patient's emotion?

Write responses on the flipchart.

3.3.5 GROUP WHAT THE HEALTH WORKER DID INTO READ WITH THE PARTICIPANTS

READing the emotion is effective for all emotions displayed by patients, including anger, fear, sadness etc.

Please share how you feel about the skill of READing the emotion would work in a clinical setting.

3.3.6 THE NEED FOR HEALTH WORKERS TO ALSO LOOK AFTER THEMSELVES

A health worker that uses healthy coping mechanisms is a health worker that is most likely able to recognize and deal with the emotions of a patient. Health workers need to look after themselves in order to be able to address patient's emotions.

Patients might present with ranges of emotions as discussed earlier which, as a result, may trigger strong emotions in health workers themselves. At times, a health worker might feel a certain way because of what a patient is facing.

Large group discussion: Have you ever experienced an interaction with an upset/distressed patient? Or have you ever encountered a patient that made you feel sad?

How did that interaction make you feel? What do these emotions in us look like?

Large group discussions: In such clinical scenarios, what things could help you deal with your emotions in the moment?

3.4 CLINICAL APPLICATION

3.4.1 ROLE PLAY PRACTICE OF READING THE EMOTION

Have the group watch a role play of a consultation with an emotional patient.

Role play Script for distressed patient with a new diagnosis

Purpose: To practice READing the emotion in a distressed patient

Time allowed: Total 20 minutes

10 minutes interview

10 minutes feedback and discussion

Situation:

- A 37-year-old man identified as having Pulmonary TB one week ago
- He was screened for HIV and was found to be negative

This work is licensed under Creative Commons licence CC BY-NC

- The patient visits PHC for follow up
- One year ago, he met a woman with whom he was in a relationship with and was very happy
- He was engaged to be married
- After 4 months his fiancé left him for another person unexpectedly
- He has not been sleeping well, has poor appetite and cannot get over the situation
- He also has money problems
- He feels overwhelmed by everything going wrong in his life

Participants' role

Patient

- Let PHC worker start the conversation
- When asked about adherence to anti TB medications, become upset and state that you don't care about the medication, that it is the least of your concerns.
- Cry in between the interview when talking about your problems
- Then follow the PHC worker's lead

PHC worker

- Start the conversation
- Ask about medication adherence
- Use READing the emotion when the patient becomes distressed
- Apologize for upsetting him
- Offer possible services to connect to and follow up to continue discussing his distress

Role play Script for distressed women in childbirth

Purpose: To practice READing the emotion in a distressed patient

Time allowed: Total 20 minutes

10 minutes interview

10 minutes feedback and discussion

Situation:

- A 24 year old woman who is in labour
- This is her third delivery – last time she lost a lot of blood and nearly died
- She has now been in labour for more than 12 hours
- She is screaming and seems emotionally out of control

Participants' role

Patient

- PHC worker approaches you to check the foetal heart
- You feel exhausted and terrified.

This work is licensed under Creative Commons licence CC BY-NC

- You cannot stop screaming and crying
- The PHC worker can't measure the heart rate
- Respond to the PHC's words and actions

PHC worker

- Approach the woman
- You cannot listen to the foetal heart because the woman is too distressed
- You are irritated and worried
- Use READing the emotion to help to calm the woman down and support her

Role play Script for pregnant woman with problems at home

Purpose: To practice READing the emotion in a distressed patient

Time allowed: Total 20 minutes

10 minutes interview

10 minutes feedback and discussion

Situation:

- A 21 year old woman in the 8th month of her 2nd pregnancy
- Husband spends most of the household money on alcohol
- He often beats her when he is drunk
- She is frightened for herself and her baby
- Her family lives far away. She feels trapped by the situation and hopeless

Participants' role

Patient

- PHC worker ask you how the pregnancy is going, how you are feeling
- You speak quietly and look down at the floor.
- You just give one or two word answers
- Your face is sad
- Respond to the PHC worker's questions

PHC worker

- Start the usual antenatal care appointment
- Observe the woman's responses
- Try READing the emotion

After the role play please comment on how you think the health worker performed. Let the group contribute by supplementing on the information provided to the patent and how they would make it better.

Discussion question

After the role play: how do you think the health worker and patient felt the moment the patient became upset or started crying?

Discuss with the group the challenges of exploring and dealing with a distressed

This work is licensed under Creative Commons licence CC BY-NC

patient.

Please raise your concerns and possible challenges in using READing the emotion in patients at a PHC setting.

Rember that multiple factors are related to patients being distressed. Physical, emotional, mental health and social issues can simultaneously be present. Distress may be short-lived and related to the specific situation. Therefore, note that not every patient that is distressed will have a diagnosis of a mental disorder. Also, most patients will not need mental health intervention unless severely distressed.

Also remind the group that when they encounter patients with social problems, they are not expected to solve all the patient's problems. You can treat the patient by referring their PHCG manual page 98- 106. Health workers can also empower patients to solve their own problems. We will see the technique in the next session.

Question: How does PHCG enable you to diagnose common mental disorders (e.g. depression, anxiety, substance use disorders) in patients?

Question: How does PHCG help you to manage a distressed or miserable patient or one diagnosed with common mental disorders?

PHCG is a tool that is useful for them to manage a distressed patient or one diagnosed with a common mental disorder through providing guidelines for brief psycho-education on how patients can help themselves with their condition (Stressed or distressed patient [p65], and alcohol and/or drug use page [p 102-103]), providing first line treatment and identifying when it is necessary to refer for specialized mental health treatment.

Large group discussion

What are the challenges of diagnosing a distressed patient with depression/anxiety/substance misuse (common mental disorders) refer PHCG manual page 98 up to 106.

3.5 CLOSURE

3.5.1 RECAP ON THE SESSION GOALS

Briefly recap and reflect on the session by informing the participants they have learned skills on how to:

- Deal with a distressed patient
- Address/handle their own feelings
- Address/handle their patients' feelings and
- Develop healthy coping strategies for dealing with the emotional labour of being a health care practitioner.

Summarize group contributions.

This work is licensed under Creative Commons licence CC BY-NC

3.5.2 RECAP ON THE SKILLS DISCUSSED

Get the group to share their experience of the session as well as the skills they have learned as well as whether the skills can be utilized in their setting

Ask group to practice their diagnostic skills when it comes to depression

Inform the participants that the next session will deal with enabling patients to take a more active role in improving their health and wellbeing.

3.5.1 HOMEWORK

As homework, please start thinking about any patients with chronic conditions who need to make an active contribution to getting more healthy. . Or time when pregnant or postnatal women did not do things that they needed to do to be healthy.

Write down what challenges they have faced with your patients and what has assisted in the instances of patients who have managed to actively deal their illnesses /be healthier during pregnancy. These must be brought to the next session as they will assist in generating discussion around the challenges and successes of patient self-management.

Before the next session, please practice READing patient emotions that emerge during a consultation with an upset patient and to actively make use of referral resources and suggest healthy coping mechanisms.

This work is licensed under Creative Commons licence CC BY-NC

This work is licensed under Creative Commons licence CC BY-NC

SESSION 4

INFORMING, MOTIVATING AND EMPOWERING PATIENTS TO ACTIVELY TAKE PART IN THEIR OWN CARE

Duration: 4 hours and 45 minutes

SESSION OBJECTIVES

By the end of this session, participants will able to

- Explain what is meant by patients actively taking part in their own care
- Explain some of the barriers to involving patients in their own health care.
- Introduce health workers to the 5As of Brief Motivational Interviewing.

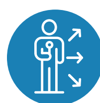
This work is licensed under Creative Commons licence CC BY-NC

SESSION OUTLINE

- Recap on learning from session three
- Experience sharing of practicing READing the emotion
- Explain the focus of session four
- Breathing exercise
- Patients actively taking part in their own care
- Change and stages of change
- The importance of working alongside patients to develop self-care plans
- Video show
- The 5 A's of brief motivational interviewing forming patients to self-manage
- Role play
- Patient self-care plan
- Recap the training
- Wrap up program

This work is licensed under Creative Commons licence CC BY-NC

LEARNING ACTIVITIES



4.1 INTRODUCTIONS AND HOUSEKEEPING

4.1.1 RECAP ON LEARNING FROM SESSION THREE

- Welcome to session four
- Recap and reflect on previous session
- What was useful in session for them personally?

4.1.2 EXPERIENCE SHARING OF PRACTICING READING THE EMOTION

Were you able to practice READing the emotion skills from session three?

If you were able to practice, please share the group how it was got on.

If any of you experienced any challenges with the application of READing emotions, ask the group to come up with responses and ideas.

If the challenges cannot be addressed by the group should be noted and can be discussed with your supervisor or a local mental health professional

4.1.3 EXPLAIN THE FOCUS OF SESSION FOUR

The focus of session four is on the clinical communication skills that support a change in the way that health work with patients. Instead of an unequal health worker-patient relationship, we will learn about **informing** and **motivating** patients so that they can play an active part in their own care.

Say: Last week we discussed how we can deal with upset and distressed patients and ways to recognize and address emotions, both in the out-patient clinic and afterwards. We also touched on ways you as health workers can care more for yourselves so that you can care better for your patients. The focus of this week's session is to now combine all the tools in your toolbox to look at a new way of working with our patients. We will be learning the skills to make our patients more informed about their illness and treatment. Then we will learn about how to motivate our patients to take an active role in managing their health problems better. We will also discuss about how we can involve patients in developing their care plan and see its advantages such as adherence to medication and its impact on healthy behaviours behaviours.

4.1.4 BREATHING AND MUSCLE RELAXATION EXERCISE

Together do the breathing exercise.

This work is licensed under Creative Commons licence CC BY-NC

4.2 CONCEPT

4.2.1 PATIENTS ACTIVELY TAKING PART IN THEIR OWN CARE

Getting a patient to follow health education or a treatment plan or change their lifestyle is a difficult area for many of us. Whether it is in a classroom setting or within the healthcare setting, we have all this information that we want our patients or students to know.

4.2.2 CHANGE AND STAGES OF CHANGE

We want to teach and get people to change so that they can be healthier. But sometimes our methods bring up more resistance than we bargained for.

Helping our patients to play an active role in their own care is a process that requires the patient, caregiver and health workers to work together, more as equals than the usual expert-patient relationship.

We want patients to take charge of their health. Often, we will encounter patients that are not ready to make changes and be actively involved in planning their own care. There could be several reasons that limit patients' readiness or ability to take an active part.

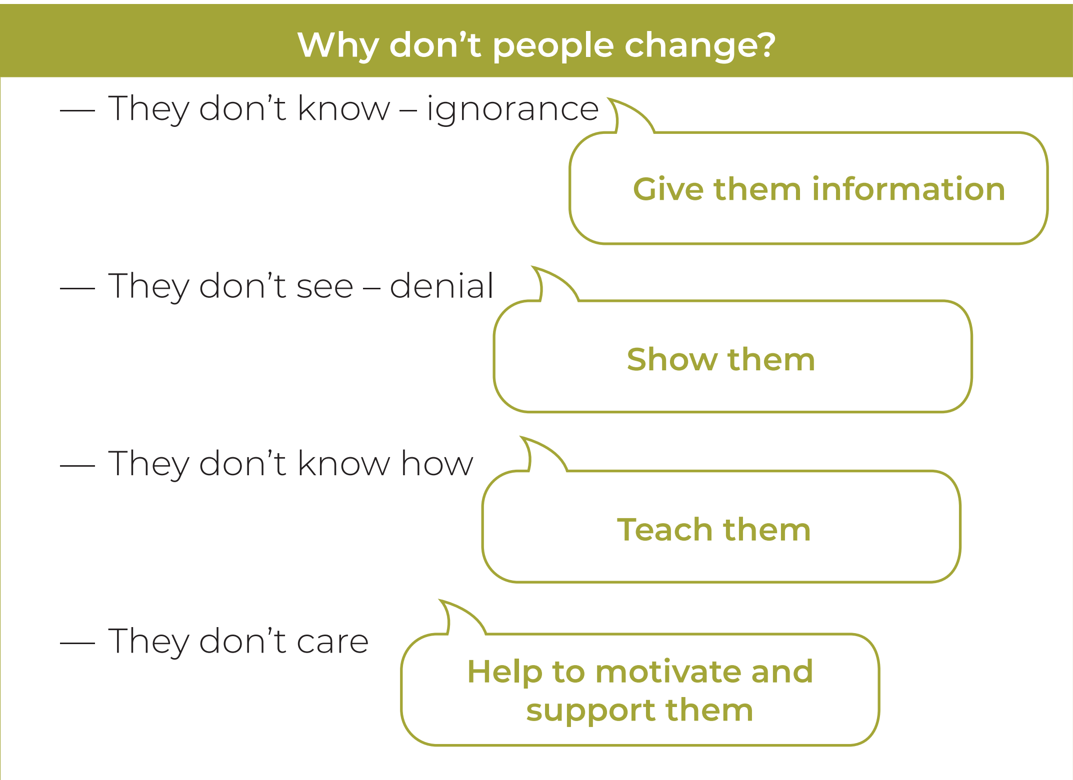
Large group discussion

Time allowed: 10 minutes

- Why don't patients change the behaviour that is negatively affecting their health e.g. when a person with hypertension does not reduce salt or stop chewing khat?
- Write responses on flipchart

This work is licensed under Creative Commons licence CC BY-NC

Resource 28: Change



Large group discussion

Time allowed: 10 minutes

- Think of something you wanted to change (something about your health) and ask yourself why you have not yet made the change?
- Write responses on flip chart and link to what they gave as the reasons to why their patients don’t change or find it difficult to change.

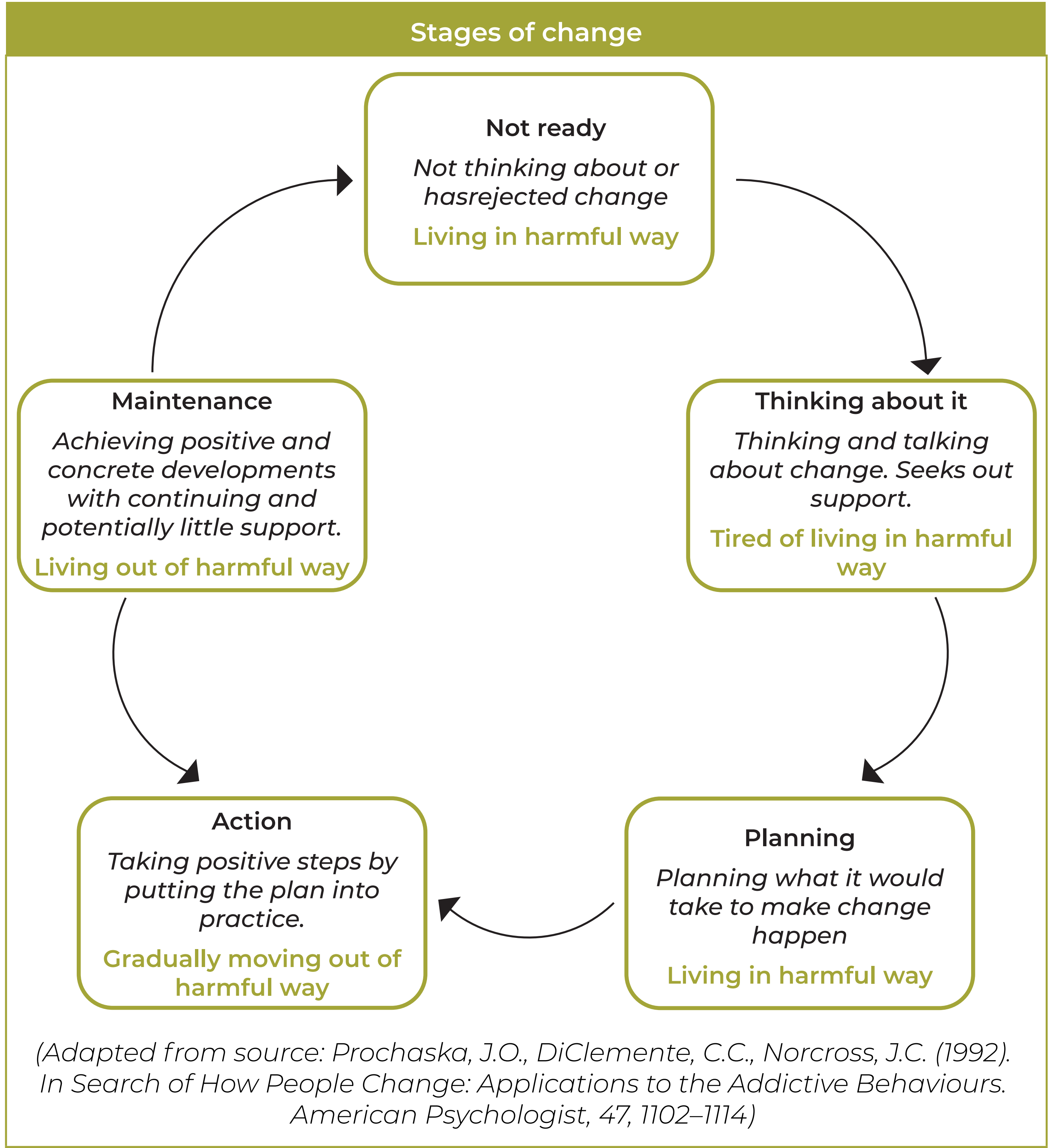
People Change for a variety of reasons.

We assume that everyone that walks into a clinic wants to follow our advice and is ready to change. But not everybody is at the action stage.

- Change is not easy. Change is a process and requires skills that can be learned. Providing support will make it more likely for people to change. So, this process of involving our patients in their own care requires patience and understanding.
- Change is a complex process of allowing patients to express themselves, their wishes and concerns, understanding their readiness and capacity to get involved. It requires actively listening, informing, inviting and enabling them to participate on a regular basis. Any meaningful change takes time and effort.
- Some people may want to change but their social circumstances get in the way. We also need to think holistically (session 2) to understand our patients and their needs.

This work is licensed under Creative Commons licence CC BY-NC

Resource 29: Stages of Change



(Adapted from source: Prochaska, J.O., DiClemente, C.C., Norcross, J.C. (1992). In Search of How People Change: Applications to the Addictive Behaviours. American Psychologist, 47, 1102–1114)

- Your patients might be at different stages of change and in order for them to work effectively with their patients', they themselves need to understand how change works.

This work is licensed under Creative Commons licence CC BY-NC

4.2.3 THE IMPORTANCE OF WORKING ALONGSIDE PATIENTS TO DEVELOP SELF-CARE PLANS

A patient self-care plan is when the health worker works together with the patient to agree on:

- the treatment options that are most acceptable to the patient
- the personal goals of the patient
- what the patient can do to help themselves to manage their condition to achieve personal goals.

Making a shared plan with the patient will allow the health worker to understand what matters for the patient and how they can be motivated to improve their health.

Working alongside patients to develop self-care plan can improve patient outcomes and health worker's job satisfaction. It is win-win!

It will also help to improve the patient's adherence to medication and healthy behaviours.

4.3 SKILLS

4.3.1 SHOW VIDEO CLIP

A video clip of an outpatient visit where the health worker is struggling to get a patient with hypertension to understand that they need to change their lifestyle (healthy behaviours)

Video 7A: Nursing student, Tadesse, attempting to involve a patient with a hypertension in his care

Purpose: To recognize that patients have different levels of readiness and capacity to change and take part in their care

Show group the video clip of the nursing student, Tadesse, who is struggling to get a patient with hypertension to acknowledge that he needs to change his lifestyle. Ask them to write down what they see.

Video 8A: A woman newly diagnosed with pre-eclampsia

Video: Health worker, Tadesse, advising a woman with pre eclampsia

Purpose: To recognize that women have different levels of readiness and capacity to take part in their care

Show group the video clip of the health worker, Tadesse, who is struggling to get a women with pre eclampsia to accept the need to go to a nearby hospital. Ask them to write down what they see.

This work is licensed under Creative Commons licence CC BY-NC

Resource 30: Evidence for active involvement of patients in their care

Evidence for active involvement of patients in their care
• Health outcomes improve as patients' confidence that they can make improvements in their lives increases and anxiety is reduced
• Reduction of unplanned hospital admissions *(Purdy 2010)*
• Increased adherence to treatment and medication

Question: "So what did you notice in this clip? How was the patient and how was the nursing student?"

Discuss on the response by the participant. What was the reaction of the patient towards the nursing student?

"What you say will affect how the patient reacts"

Probe:

- What were they trying to achieve? [active role of patient]
- Did they get there?
- What did you see that was ineffective?
- You are trying to build patients who can play a more active role in their own care. What did you see that blocked the development of a patient self-care plan in the video (descriptive feedback)?

Show group the other way – Good example of involving a patient Video Clip **Video 7B:** Health worker, Tadelech, attempting to involve a patient with a hypertension in his care.

Video 8B: Health worker working with the woman with pre-eclampsia to motivate her to attend the hospital.

Purpose: To identify the skills that are necessary to facilitate behaviour change in patients.

Instruction: Please group to focus on what the you see the health worker s doing that works for the patient.

- What was different in this consultation?
- What did you think facilitated the patient taking on more responsibility for managing their illness?

The video starts with a health worker, Tadelech, discussing with a patient about his health. Tadelech has the patient's chart in her hand and looks at the blood pressure recording at different times.

The video ends as they continue to discuss a plan to reduce the patients drinking.

This work is licensed under Creative Commons licence CC BY-NC

4.3.2 THE 5 A'S OF BRIEF MOTIVATIONAL INTERVIEWING

Think, pair and share: in a group of two read the following "5A's brief motivational interviewing" and share

Time allowed: 15 minutes

Resource 31: 5 A's of Brief Behaviour Change (Also refer to PHCG page 125)

Also refer to PHCG page 125

ASSESS	Ask	Permission Prior Knowledge
	Alert	Information Giving using PHCG
	Assess	Readiness to change
ADVISE	Assist	Problem Management Action Plan
TREAT	Arrange	Monitoring of goals Adherence Follow up

Introduction to the 5 A's of motivational interviews

ASK:

- Permission to give advice. For example, you can say "I see that your blood pressure is still high. I would like to discuss with you about changes you can make to your lifestyle that would help to reduce your blood pressure".
- Ask about prior knowledge (How much do you know about this already? "I actually know some of these things because my mother had hypertension...)

ALERT:

- ALERT means that we are providing information to the patient so that they are alerted to the problem.
- Try not to sound judgmental in the way you speak.
- Try not to scare the patient by exaggerating and emphasizing the worst case scenario.

This work is licensed under Creative Commons licence CC BY-NC

- Patients need information given in a factual way. If they understand and accept the information, that will help them to make good decisions for their health.
  - E.g.,"most students your age drink this much, the risks involved of drinking this much is ..... - give them a benchmark"
  - E.g. "Blood pressure becomes a problem when your reading is over 170/90, you have tested above that level for two separate occasions, there are certain dangers associated with a consistent high blood pressure reading - stroke, heart disease. But with treatment these can be avoided.
  - E.g. People with a blood pressure of this.... run the risk of.....
  - E.g. Several options that can reduce high blood pressure - medication being one of the options and several other lifestyle changes, like diet and exercise.
- Ask – tell – ask (ask the patient about the situation try to give no more than 3 bits of information at a time
- For example:
  ASK: "Where are you planning to give birth?"

  TELL: "Most women will have a healthy delivery, but we can never be sure, even if she has been well in pregnancy. If there is a problem during delivery, you will need help quickly. That is why we advise you to come to our health facility to give birth."

  ASK: "What do you think about the idea of delivering in a health facility?"

ASSESS patients' readiness to make the change – be specific (refer to Resource 28 to explain the stages of change):

- Assessing stage of change
  - Assess how important the patient thinks making the change would be ("How important is making this change to you? Very important because my mother had hypertension and died from a stroke, and I have been worried about this and have tried to change").
- Acknowledge "it sounds like this is important to you and you have tried to make some changes?"
  - Assess how confident the patient is to make the change - How confident are you that you can make this change e.g. lose some weight
- Explore around this - acknowledging what she is doing well [in medicine we always make the mistake of focusing on what patients are not doing and forgetting to give them positive feedback]
  - If patient is not ready – make sure they have the right information to think about their decision -state you are available to help them when they are ready

ASSIST (Phase one blends into assess - helping patients to problem solve which

This work is licensed under Creative Commons licence CC BY-NC

includes action plans)

- What helped you when you made other changes in your life?
    - Be Supportive
- Work alongside the patient to draw up an Action Plan (that is setting a goal to change a behaviour the patient wants to change)
- Draw on your skills on problem solving to help the patient with this process.

ARRANGE

- For a follow up out-patient visit
- Monitoring goals and adherence
- Make referrals - give examples of services available

Go back to the latest video 4.2 and categorise what the group had stated what had worked into the 5 A's. You may need to remind the group or show the video again.

Ask: "***What words did the PHC worker use in this latest clip that worked for the patient?words did the health worker use in this latest clip that worked for the patient?"***

ACTIVITY

Resource 32: Giving patients information in a way that they can understand

Ask

Before you tell, ask.

- Ask about prior knowledge
  Giving information to patients always follows asking patients what they already know. This helps health workers to have a better insight of how patients understand their illness. If errors or gaps are identified, this step creates an opportunity to provide the right information to make informed decisions. It also helps to avoid giving unnecessary information to a patent that already is well informed.
- Ask permission to give information

Provide

Provide the right information if the client is interested

- Use words that are understandable by the patient.
- Include details that the patient can comprehend
- Do not use technical words
- Be sensitive and avoid blunt words e.g. "you have no hope"
- Give information in small chunks
- Periodically check the patient's understanding and repeat if necessary

Ask

After providing information

This work is licensed under Creative Commons licence CC BY-NC

- Ask the patient for his/her reaction to the information given
- Ask the patient for his/her reaction to the information given
- Ask what the patient has understood
- Ask if there are other things that the patient wants to be explained or clarified
- Ask for feedback

Resource 32: Problem Solving

When patients are struggling to change, there is usually a problem behind. E.g. Adherence issues as a result of financial problems. When patents fail to adhere to changes that are helpful for their health, the reasons are often quite complex. Using skills learnt in session 2, gathering holistic information, if problems are identified, an important skill to employ in helping these patents will be Problem Solving. (Refer session two section 2.3.3).

4.4 CLINICAL APPLICATION

Have the group watch a role play of a health worker providing information to a patient.

Role play script

Purpose: Through the interaction between health worker and a patient health worker will practice giving information to patient.

Time allowed: Total 20 minutes or less

10 minutes interview

10 minutes feedback and discussion

Directions: Two participants in your group will assume (or be assigned) roles. One will be a health worker, the other a patient. Participants taking part in the role play should spend a few minutes reading the background information and preparing for the exercise. The observers in the group also should read the background information so they can participate in the small group discussion following the role play.

Situation:

- A 48-year-old man diagnosed with Hypertension and taking antihypertensive medication
- He is obese and has limited physical activity
- Has no physically disabling condition
- He has been told that he needs to exercise, take walks and limit his salt intake
- He is not complying with the lifestyle modifications that are recommended
- He has assumed that the medication alone will treat and cure his condition
- He is not aware of the complications of uncontrolled blood pressure
- Often has headaches for which he takes pain killers
- The patient visits PHC for follow up

This work is licensed under Creative Commons licence CC BY-NC

Participant Roles:

Patient

- Let asked about how you are doing, state that you are well except for headaches that are frequent
- Then follow the health workers lead.
- When asked about BP control, state that you are taking the medication properly and hope that you are cured
- About salt intake- no change in this regard as the person who cooks for the whole family is the same
- About exercise- not much interest as he is obese and is not easy to walk long distance or move around. Assumes that the medication would cure his condition.

Health worker

- Start the conversation
- Ask about general health
- Ask about BP control and medication adherence
- Ask about life style modifications- salt intake, exercise
- Provide information using- ASK-PROVIDE-ASK (Refer to resource ?? and PHCG)
- Ask feedback about the information that was given to him

After the role play ask the group how they think the health worker performed. Let the group contribute by supplementing on the information provided to the patent and how they would make it better.

Ask the person role playing the patent about the information giving process and how it made him/her feel.

Write the responses on the flip chart

Self-care plan

How do we now incorporate all the information we gathered into a self-care plan for our patients? Explore the concepts briefly with the participants and then use the case from the previous video resource to have the **participants develop a self-care plan for the patient**.

This work is licensed under Creative Commons licence CC BY-NC

Resource 34: Evidence

Evidence
• Self-care programs result in small to moderate health behaviour changes. • Diabetes self-care programs work in real world community and clinic settings. • Traditional medical practice rarely employs collaboration. • Collaborative relationships **must** be added to information giving in order to impose outcomes. • Strongest evidence in support of involving patients in their own care-care interventions is collaboration. *(Gecht - Silver & Bobek, 2010)* • Patients' level of confidence that they can make improvements in their lives increases and anxiety is reduced which has a positive impact on health outcomes • Reduction of unplanned hospital admissions *(Purdy, 2010)* • Increased adherence to treatment and medication.

Skills Training: What words would you use?

- Put words in our mouths (Activity)/ Tell us the words you use
- Flipchart paper activity groups come up with sentences for 5 A's

Divide the group into 2 and hand each group flipchart paper and markers. Have them write down the words they would use under each step.

Exercise: Create a self-care plan for the hypertension patient using PHCG

Resource 33: Self-care plan example

Patient self-care plan **What I will start to do from today Refer to PHCG manual page 90**			
Write down your goals		**Weight loss**	**Your concerns**
Controlling blood pressure		Maintain current weight	High blood pressure
Reduce alcohol use			Alcohol drinking
Diet	**Exercise**	**Alcohol**	**Barriers**
Eat healthy		Reduce number of cups from x to y	Availability of tella at home

This work is licensed under Creative Commons licence CC BY-NC

<table>
<tr><th colspan="5">Patient self-care plan
What I will start to do from today Refer to PHCG manual page 90</th></tr>
<tr><td colspan="2">Write down your goals</td><td>Weight loss</td><td colspan="2">Your concerns</td></tr>
<tr><td colspan="2"></td><td></td><td colspan="2"></td></tr>
<tr><td colspan="2"></td><td></td><td colspan="2"></td></tr>
<tr><td colspan="2"></td><td></td><td colspan="2"></td></tr>
<tr><td>Diet</td><td>Exercise</td><td>Alcohol</td><td colspan="2">Barriers</td></tr>
<tr><td></td><td></td><td></td><td colspan="2"></td></tr>
<tr><td></td><td></td><td></td><td colspan="2"></td></tr>
<tr><td></td><td></td><td></td><td colspan="2"></td></tr>
</table>

4.5 CLOSURE

4.5.1 RECAP

- Recap: on the learning
- Informed, Empowered, motivated managers
- Hand out 5 As

4.5.2 WRAP UP PROGRAM

- Everybody takes a deep breath - think back to where we have come on this journey

This work is licensed under Creative Commons licence CC BY-NC

Summary of the training:

Session 1: Changing the way we deliver health care

- Understanding about how the health of Ethiopians is changing, and how health services also need to change
- Understanding how PHCG, MCC and patient-centred care are linked.
- Provide a picture of how the steps of our interaction with a patient in an out-patient visit are structured to provide person-centred care, using PHCG guidelines.
- Skills train on P-R-Y
- Learning about stress and how it affects health workers. Identifying ways that we can look after ourselves.

Session 2: Gathering Holistic Information

- Exploring the different steps of our interaction with a patient in an out-patient visit, with specific focus on gathering information in a holistic way.
- Defining that the content in the patient interview consists of both the patient perspective and the biomedical content.
- Introduce the concept of a patient centred consultation where you gather both the biomedical and the patient perspective
- Reinforce how PHCG assists in enabling the health worker to make a diagnosis of depression.

Session 3: Understanding and Dealing with Emotions

- Defining what is meant with emotions and how a diagnosis of a chronic condition may engender a negative emotional response from a patient
- Explore what is meant with recognizing and dealing with difficult emotions and how this applies in the our contact with patients and caregivers
- Explore ways in which the health professional can deal with an upset or distressed patient during contact with a patient
- Skills train on how to READ the emotions of your patients
- Introduce the notion of self-care for health workers by using material from PHCG
- Provide PHC workers with self-care skills to deal with stress and burnout

Session 4: Empowering, Informing and Motivating Patients to Self-manage

- Define what is meant with patients actively taking part in their own care
- How to give information to patients in a useful way
- Skills training on the 5 A's of brief motivational interviewing
- Use PHCG to develop a self-care plan for a patient

How has the journey been for you? Quick round what has been most interesting

This work is licensed under Creative Commons licence CC BY-NC

for you. We are looking at changing behaviour, which is not an easy thing to do.

*Question: **“What has been the most interesting part for you?”***

THANK YOU EVERYONE

This work is licensed under Creative Commons licence CC BY-NC

This work is licensed under Creative Commons licence CC BY-NC

REFERENCES

Beckman, H. B., & Frankel, R. M. (1984). The effect of physician behavior on the collection of data. Ann Intern Med, 101(5), 692-696.

Binnie, A., & Titchen, A. (1999). Freedom to practise: the development of patient-centred nursing. Butterworth Heinemann, London.

Burack, R. C., & Carpenter, R. R. (1983). The predictive value of the presenting complaint. J Fam Pract, 16(4), 749-754.

Butow, P. N., Brown, R. F., Cogar, S., Tattersall, M. H., & Dunn, S. M. (2002). Oncologists' reactions to cancer patients' verbal cues. Psychooncology, 11(1), 47-58.

Carroll JG (1996) Medical discourse: 'difficult' patients and frustrated doctors. Paper presented at the Oxford Conference on Teaching about Communication in Medicine, Oxford. Bayer Institute for Health Care Communication Inc., West Haven, CT.

Chow, J., & Kalischuk, R.G. (2008). Self-Care for Caring Practice: Student Nurses' Perspectives. International Journal for Human Caring, 12(3), 31 - 37.

Clark, C., & Pelicci, G. (2011). An integral nursing education: a stress management and life balance course. International Journal for Human Caring, 15(1), 13-22.

Fulford KWM, Ersser S, Hope T (1996) Essential practice in Patient-centred care. Blackwell Science Ltd, UK.

Gecht – Silver, M.R., & Bobek, C.J. (2010). Training Medical Students to teach Self – Management Skills to patients with chronic disease. Retrieved on May 20, 2015 from www.fmdrl.org/index.cfm?event=c. getAttachment&riid=4106.

Institute of Medicine. (2011). Relieving Pain in America. Washington DC: National Academies Press.

Levinson, W., Gorawara-Bhat, R., & Lamb, J. (2000). A study of patient clues and physician responses in primary care and surgical settings. JAMA, 284(8), 1021-1027.

Nelson S, Gordon S (2006) The complexities of care: nursing reconsidered. Ithaca, New York; ILR Press, London.

Ponte PR, Conlin G, Conway JB et al (2003) Making patient-centred care come alive: achieving full

integration of the patient's perspective. J Nurs Adm 33(2): 82-90.

Purdy, S. (2010). Avoiding hospital admissions-what does the research evidence say? London: Kings Fund Retrieved May 20, 2015 from http://www.kingsfund.org.uk

This work is licensed under Creative Commons licence CC BY-NC

Redman, R.W. (2004). Patient Centred Care: An Unattainable Ideal? Res Theory Nurs Prac, 18(1), 11 - 14

Rogers A, Kennedy A, Nelson E, Robinson A (2005) Uncovering the limits of patient-centeredness: implementing a self-management trail for chronic illness. Qual Health Res 125(2): 224-39.

Ryan, S., Hassell, A., Dawes, P., & Kendall, S. (2003). Control perceptions in patients with rheumatoid arthritis: the impact of the medical consultation. Rheumatology (Oxford), 42(1), 135-140.

Shaller, D. (2007). Patient-centred care: what does it take? Picker Institute, Oxford and The Commonwealth Fund. Available from http://tinyurl.com/shaller

Shields, D., & Stout – Shaffer, S. (2014). Teaching Transformative Self-Care Concepts to Associate Degree Student Nurses. Retrieved on May 20, 2015 from http://judyfasone.com/wp- content/ uploads/2014/05/ TeachingTransformationalConceptstoStudentNurses.pdf

Starfield B., W. C., Hess K., Gross, R., Birk, PS., D'Lugoff, BC. (1981). The influence of the patient-practitioner agreement on the outcome of care. Am J Public Health(71), 127.

Stewart, M., McWhinney, IR., Buck, CW. (1979). The doctor-patient relationship and its effect upon outcome.

J R Coll Gen Prac(29), 77-82.

Stone, S. (2008). A Retrospective Evaluation of the Impact of the Planetree Patient Centred Model of Care Program on in-patient quality outcomes. Health Environments Research and Design Journal, 1(4), 55 – 69.

Sunpath, H. (2014). Integrated clinical systems management. Quality improvement of care of people living with HIV/AIDS. Retrieved 20 May http:// sahivsoc2014.co.za/wp-content/uploads/2014/10/ Thurs_Henry_Sunpath%20 Reducing%20loss%20to%20follow%20up%20after%20diagnosis.pdf

Turner, J., & Kelly, B. (2000). Emotional Dimensions of Chronic Disease. Western Journal of Medicine, 172(2), 124 - 128.

Vincent, C., Young, M., Phillips, A. (1994). Why people sue doctors? A study of patients and relatives taking legal action. Lancet, 343, 1609-13.

This work is licensed under Creative Commons licence CC BY-NC

This work is licensed under Creative Commons licence CC BY-NC

ANNEX

P R Y checklist
Prepare • Finish what you were doing • Read patient file • Breathing exercise • Assess patient appearance
Relationship Building • Greet patient • Friendly attitude • Ask patient to have a seat • Apologize if the patient has waited long
Find out whY the patient has come to consult • Opening question • Active listening • Pause- on interruption

This work is licensed under Creative Commons licence CC BY-NC

This work is licensed under Creative Commons licence CC BY-NC