



IMPROVING QUALITY OF CARE FOR MANAGEMENT OF SUSPECTED MALARIA: TRAINING PROGRAMME FOR HEALTH WORKERS

PARTICIPANT'S MANUAL

Prepared by REACT Cameroon

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LIST OF ABBREVIATIONS

ACTs: Artemisinin Based Combination Therapies

CBC: Communication for Behaviour Change

HF: Health Facility

HW: Health Worker

NMCP: National Malaria Control Programme

RDTs: Rapid Diagnostic Tests

REACT: Research on the Economics of ACTs

WHO: World Health Organisation

PROGRAMME ON IMPROVING QUALITY OF CARE FOR MALARIA

Overview of the Training Programme

Introduction to the course

This training programme has been designed to complement the training programme on the “Ensuring Appropriate Treatment for Uncomplicated Malaria”. We would reflect on what was learnt in this module and also consider the quality of care provided to patients.

The training programme has been developed jointly by REACT Cameroon and the National Malaria Control Programme. The Research on the Economics of ACTs (REACT) project is an international collaboration between the University of Yaoundé I, University of Nigeria and the London School of Hygiene and Tropical Medicine.

Aim of the Training Programme

The aim of the programme is to apply the knowledge from training on malaria diagnosis and treatment and improve the quality of care to patients.

Specific Objectives

1. To understand the new recommendations in malaria diagnosis and treatment, which encourage the use of diagnostic testing using RDTs, encourage the use of ACTs for treating uncomplicated malaria and encourage treatment that is consistent with the test result.
2. To encourage professional behaviour when working with colleagues and when providing care to patients
3. To improve the communication between the health worker and the patients

Training Modules

This training should follow Modules 1-3 from the Training Programme on “Ensuring Appropriate Treatment for Uncomplicated Malaria”. This training programme contains three modules: Modules 4-6.

The training programme is organized into 3 modules which will cover the following topics:

Module 4: Adapting to change

Module 5: Professionalism

Module 6: Communicating effectively

First we will review some of the key points from the training programme and new treatment algorithm. Second, we will consider the roles of the health worker in providing care and what

constitutes professional practice. Third, we will focus on how to communicate effectively with the patient, especially when the test result is negative. Together these modules focus on different aspects of the quality of care.

Targeted Participants

The training has been developed for those health workers that are involved in the prescribing and testing of patients in public and mission health facilities. These include: medical doctors, nurses and laboratory technicians and pharmacists

Organization and Logistics

The training programme will last for two days. The course is organised for a maximum of 25 participants per workshop. One lead facilitator and 2 co-facilitators will handle the different training sessions. The schedule is based on an 8 –hour working day; 4 hours in the morning and four hours in the afternoon. Prior to initiating the training course, training materials need to be prepared and verified using a checklist

MODULE 4: ADAPTING TO CHANGE

Overview of Module 4

Every time there is a change to the treatment guidelines there is need to change how we provide treatment to patients. Though uncomfortable at times, adapting to change is an important step in ensuring that changes to policies are implemented and patients receive the highest standards of care. In this module we are going to reflect on some of the key aspects of the treatment guidelines and focus on encouraging the use of RDTs, treatment based on test results and the need to feel comfortable about change of malaria guidelines.

Module Objective

- To understand the reasons for the change to treatment guidelines and feel comfortable about new recommendations for diagnosing and treating malaria.

Module Description:

This module is divided into four sessions;

Session 4.1: Changes in the malaria guidelines

Session 4.2: To encourage the use of RDTs

Session 4.3: To encourage the use of ACTs in confirmed cases of uncomplicated malaria

Session 4.4: To encourage treatment based on test results

Module Duration:

3hr 45mins

SESSION 4.1 CHANGES IN THE MALARIA TREATMENT GUIDELINES**Objective:**

- To encourage health workers to feel comfortable about the change in the malaria guidelines.

Duration: 15 minutes

Learning objective:

At the end of this session, participants should be able to:

- Understand the importance of adhering to changes in malaria treatment guideline.

Training method

- Lecture

Lecture 4.1 How the malaria guidelines have changed over time

Between 1997 and 2004, twenty-five surveys were conducted in Cameroon in order to evaluate the therapeutic efficacy of first-line and second-line anti-malarial treatments, using the standardized protocol of the World Health Organization (WHO). Results indicated that chloroquine was no longer effective in southern and central regions and presented a therapeutic failure rate greater than 25% (Basco *et al*, 2006). Sulphadoxine-pyrimethamine (SP) was associated with failure rates ranging from 8.6% to 14.1%. Amodiaquine remained effective in the entire country with a failure rate estimate of approximately 4%, although the drug was used as first-line anti-malarial therapy from 2002 to 2004.

Recently, WHO proposed modifications of endemic countries guidelines, changing from monotherapy to artemisinin-based combination therapy (ACT). In view of this, and after a scientific consensus meeting held in January 2004, the National Malaria Control Programme of Cameroon announced that amodiaquine will be replaced by the combination artesunate-amodiaquine (AS/AQ) (artesunate 4 mg/kg/day, amodiaquine 10 mg/kg/day). This combination will be used as first-line therapy for three days for the treatment of uncomplicated malaria (WHO, 2008). These guidelines clearly stated that (i) injectable quinine or injectable artemether would be administered only in case of drug failure or severe malaria, and (ii) artemisinin derivatives should not be given to pregnant women during the first trimester of gestation and

quinine remained the recommended treatment for any malaria cases during pregnancy. The new treatment guidelines are based on a clinical (fever) and laboratory (thick blood smear) diagnosis procedure and recommend an evaluation of treatment efficacy by health professionals, four days post-treatment (WHO).

So much research has been carried out on resistance of *Plasmodium* parasites to antimalarials. Work carried out by Mbacham *et al.*, 2010 on the efficacy of amodiaquine, sulfadoxine – pyrimethamine and their combination for the treatment of uncomplicated malaria in children of Cameroon at the time of policy change to artemisinin –based combination therapy indicated a high prevalence of genes associated with resistance to SP, AQ and SPAQ .This supported policy change for treatment of uncomplicated malaria using monotherapy with chloroquine and amodiaquine in 2002 to the combination therapy (2004) as recommended by WHO. All these changes led to re-edition of guidelines. As such, when the guidelines change there is need for health workers to adapt, accept and practice the change, in order to effectively treat malaria. On the other hand, Sanyang *et al.*, 2009 conducted a study on the treatment of malaria from monotherapy to artemisinin-based combination therapy by health professionals in urban health facilities in Yaoundé, Central Region Cameroon. The results indicated that 13.6% of the 132 health professionals were informed about treatment guidelines and knew that AS/AQ was the recommended drug for the treatment of uncomplicated malaria, in Cameroon. Only four of them (3.0%) reported having the malaria treatment guideline in their office at the time of investigation. This clearly shows that apart from being informed, health workers need to accept, adapt and practice the change in guidelines for effective management of malaria. It is also important for health workers to understand that these guidelines will always change with time and there is need to adapt to the changes.

Conclusion

We have come to the end of this session where we learnt that:

- Malaria guideline have changed from monotherapy to ACTs
- Health workers need to accept, adapt and practice the change in malaria guidelines for the effective management of malaria

SESSION 4.2: ENCOURAGE THE USE OF RDTs

Objective

- To encourage the use of diagnostic testing using RDTs

Learning objective:

At the end of this session participants should be able to:

- To understand why it is important to do a malaria test

Duration: 1h 15mins

- Case Study on why test for malaria (25 mins)
- Worksheet on RDTs vs microscopy (20 mins)
- Testimonial + Discussion (30 mins)

Training methods

- Group work on case studies
- Testimonials
- Open discussion

Activity 4.2.1: Case study

In this activity, the participants will work in small groups and each group will consider one of the three case studies described below.

Objective of the Activity

- To emphasize the need to do a malaria test before treatment

CASE STUDY 1

A patient comes to the hospital in the night. After taking the patient's signs and symptoms, the nurse realizes the patient has fever. The laboratory technician is not available and the nurse prescribes an ACT to the patient.

Question 1: Did the patient get appropriate treatment for what he/she was suffering from?

Question 2: If YES or NO, give reasons

Question 3: If you were the nurse, what would you have done?

CASE STUDY 2

A patient comes to the hospital. After taking the patient's signs and symptoms, the doctor suspects that the patient has a fever. The laboratory technician is available but the microscope is bad. The doctor prescribes an ACT to the patient

Question 1: Did the patient receive appropriate treatment?

Question 2: If YES or NO, give reasons

Question 3: If you were the doctor, what would you have done?

CASE STUDY 3

A patient comes to the health centre. After taking signs and symptoms, the health worker realizes that he is has a fever and request for a malaria test. The patient is in a hurry and wants to travel, refuses to do the test due to time constraints and wants only a treatment. The health worker prescribes ASAQ to the patient.

Question 1: Did the patient receive appropriate treatment?

Question 2: If YES or NO, gives reasons

Question 3: If you were the health worker, what would you have done?

Conclusion

- It is necessary to test for malaria before prescribing an ACT based on test results
- RDTs are a rapid way of testing and require no specialised skills nor electricity
- MDs or nurses can conduct the test in the absence of the lab technician

Activity 4.1.2: Worksheets on RDTs and Microscopy**Objective**

- To understand the advantages of RDTs and Microscopy
- To compare worksheets for RDTs and Microscopy

Instructions for the activity

1. In your small groups, write down in a tabular form and discuss any five advantages of RDTs and microscopy
2. Compare them in terms of technical skills required, time to read results, sensitive, cost, and equipment
3. Summarise your key points and a group leader will present during the plenary

Conclusion

- RDTs are a rapid method for diagnosing malaria, results are ready within 15 minutes
- RDTs are cost more effective
- Need no specialised skills and equipment
- Are sensitive in detecting malaria parasites

Activity 4.2.3: Doctor's testimonial on the use of RDTs

Many people are skeptical about using RDTs for diagnosis of malaria. It might be helpful to hear about the experience of a medical doctor that has some experience of using RDTs in a health facility in Cameroon

Objectives

- To understand that RDTs work and have been used in a health facility in Cameroon
- To listen and discuss the testimony of a health worker on the use of RDTs

Doctor's Testimonial on the Use of RDTs

F :	Ok, this is an interview with Dr. Nko'o on the use of the Rapid Diagnostic Test (RDT) for malaria. My name is Albertine LELE Kouawa. I come from the Laboratory for Public Health Research Biotechnology and I work in the REACT project. We want to share with Dr. Nko'o his experience concerning the use of the rapid diagnostic test. Hello doctor please can you introduce yourself?
Doctor :	Hello euh, I am Dr NKO' O Ayissi, a general practitioner in service for nearly eight years. I run a hospital situated in the suburb of the city of Yaounde.
F :	Ok, doctor, have you ever used the malaria rapid diagnostic test? If yes, what comment do you have?
Doctor :	Thank you for the question, I have used the rapid diagnostic test several times. Since euh, it will soon be four years when I used it as part of a study which took place in my center. The Center where I worked in the health district of Olembe here in Yaounde. A study on the the prevalence of severe malaria in children less than two years. It is in this occasion that I came in contact with the rapid diagnostic test.
F :	Can you tell us your impressions regarding your first contact with these rapid diagnosis tests?
Doctor :	First of all, I had in no way adhered to the practice initially, but I had put as a

	condition the fact that we can make the rapid diagnosis test and the calibrated thick blood smear by an experienced person. The results at the end of the study gave convincing reasons to the team of researchers that came to experiment in my center, and it also left me totally convinced to the use of the Rapid Diagnostic Test
F :	When you say that the results gave convincing reasons euh, what do you mean?
Doctor :	That means every time we had a positive or negative test euh in the RDT, that is to say in the rapid diagnosis test, we could have a confirmation or invalidation by the thick blood smear calibrated by an expert. This is what comforted me a little as a prescriber in the assurance of the diagnosis, be it positive or negative
F :	Ok, do you put these tests in use routinely in the health center where you work presently?
Doctor :	Since then, from this experience, many other studies were launched in my center, at once the rapid diagnostic tests were adopted by me and by all my colleagues, who worked with me euh in that center at that time and who fortunately had to also come in contact, let us say very closely with the rapid diagnosis test; because more and more we could make a diagnosis of malaria on a fever which was not always the case. Well before that, we proceed just as we were thought in the Faculty of Medicine; this means in presentation of a fever, any fever, there is a diagnosis which we could make. From our clinical experiences, one had to always treat malaria; it is from this experience that we were able to identify that fever was not connected directly to malaria.
F :	And what made you to have more confidence in these rapid diagnostic tests?
Doctor :	As I have just said in my earlier comments, euh the first time I used the rapid diagnostic test four years ago, there was a concern to know if the test was reliable, of course the confirmation by a thick blood smear has finally made us to have faith completely in this test.
F :	Ok, that means you feel comfortable when ever you use these tests?

Doctor :	Euh, completely the patients are better followed, the diagnoses are decided before hand, the cases of malaria are properly treated. The confirmed cases of malaria are properly treated. We have less and less cases of fevers on which we cannot do the diagnosis of malaria, or even the test for malaria diagnosis. Thus, for me it is a good thing and I hope it shall be the same for the other health providers
F :	From your experience, what basic training should health worker have before conducting these rapid diagnostic tests?
Doctor :	Well in term of prerequisites it depends on how or were we put ourselves, but often in my case as a clinician euh, or even for every prescribers, euh the basic knowledge of the signs and symptoms of malaria should be sufficient to request or indicate for the rapid diagnostic test, if necessary, if one had it negative, the clinician in an hour could shift to other possibility of diagnosis of the fever.
F :	OK, therefore according to you it is necessary to have some basic training before using the rapid diagnosis tests?
Doctor :	Yes the basic knowledge as I just said, euh not only for the doctors, but also for the nurses or other prescribers, on the signs and symptoms of uncomplicated malaria which are: fever, headache, joint pains. Everybody can recognize them, and besides, even the patients know them.... Even believe they know these signs and symptoms for the diagnosis of uncomplicated malaria, yet, you will still need to confirm with a diagnostic test.
F :	Yes doctor, what message do you have for your colleagues, who are hesitating to use these rapid diagnostic tests?
Doctor :	To my colleagues who still hesitates using this test, I would say that the technology now allows us to quickly request the rapid diagnosis test for malaria, and that they should not continue treating what is not malaria as malaria, euh in simple terms, thus I will exhort them to completely adhere to, especially when speaking of euh euh this particular diagnostic test, there are periods in the year full of fever, which are very often mistaken for malaria and which turns out finally to be fevers not related to malaria

F :	Ok, thank you doctor for this interview.
Doctor:	I thank you also and I hope that I have shared with you my experience you can take to the other clinicians and to the other health workers
F :	Ok, hope so, thank you.

Conclusion

- RDTs can be use for the diagnosis of malaria
- Research carried out in Cameroon and other parts of world show that they work
- Health workers should feel comfortable and have confidence in the test

SESSION 4.3: ENCOURAGE THE USE OF ACTS

Objective:

- To encourage participants to feel more comfortable to prescribe ACTs to patients with uncomplicated malaria.

Learning objective:

At the end of this session participants should:

- Understand the consequences on the patient when the health worker does not prescribe the recommended medicine (ACT).
- Understand that treatment of uncomplicated malaria with ACT is efficient.

Duration: 30 minutes

Training methods:

- Discussion
- Drama for conscientisation

DRAMA 4.3.1: Dr Paul was prescribing quinine for uncomplicated malaria

Description: This is a drama that aims at helping the health workers to understand the consequences on the patient when the health worker does not prescribe the recommended medicine (ACT).

Topic guide 4.3.1

1. What is the message in this story?
2. How would you have felt if you were the health worker in this sketch?

Conclusion 4.3.1:

Since 2004, the national guidelines for the management of malaria in Cameroon recommends that ACTs should be used as first line treatment for uncomplicated malaria and quinine reserved for the treatment of severe malaria. However, studies done in Cameroon up to 2009 have shown that quinine is still widely used in the health facilities for the treatment of uncomplicated malaria. This raises serious concerns about the effectiveness of the drugs in the future. This drama considers one of the possible scenarios that could happen if quinine is overused. Resistance to quinine could occur only if it is used abusively. Thus, it is your responsibility as health workers to ensure the respect of guidelines.

Drama 4.3.2: Mama is cured by ACT

Description: This drama aims at helping the health workers understand that treatment of uncomplicated malaria with ACT is efficient.

Conclusion 4.3.2

As you can see ACTs will lead to rapid clearance of fever and parasites. You should always distinguish between uncomplicated and severe malaria and prescribe ACTs to the patients in case he is suffering from uncomplicated malaria. Clinical guidelines are based on evidence and take into account considerations like drug resistance. ACTs have been developed to prevent drug resistance. If they are used appropriately, it is less likely to resistance to these drugs to occur because as we have seen in module three, these are combination of two molecules with different modes of action; for resistance to occur, the parasite will need to become resistant to the two molecules.

SESSION 4.4: ENCOURAGE APPROPRIATE TREATMENT BASED ON TEST RESULTS**Objective:**

- To encourage participants to practice prescribe in line with the test result.

Learning objective:

At the end of this exercise

- Participants should feel comfortable about prescribing treatment based on the malaria test result.

Duration: 45 minutes

Training methods:

- Discussion
- Game

Training materials:


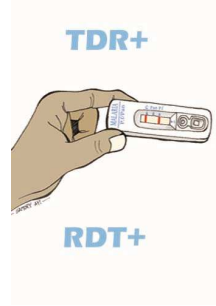
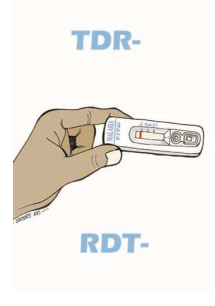
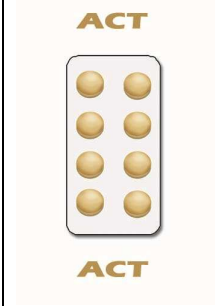

- Cards
- Pens

Activity 4.4 Card Game on Appropriate Treatment**Activity Description**

This is a card game designed to reinforce the understanding of the treatment algorithm by the participants

Presentation of the game

The game is comprised of cards. There are 5 different kinds of cards:

The fever card (50)	The RDT +ve card (25)	The RDT -ve card (25)	The ACT card (25)	The further investigation card (25).
				

Rules of the game

- The game is to be played in groups of five
- There are five different cards in the pack: Patient with fever; RDT is positive; RDT is negative; ACT; Further investigation.
- A participant scores a point if he/she can provide appropriate treatment for the febrile patient. There are two possible algorithms for appropriate treatment and the participant has to correctly combine three cards:
 - Fever card + RDT is Positive card + ACT card
 - Fever card + RDT is Negative card + Further Investigation card
- The game starts by the facilitator distributing five cards to each participant and places the remaining cards face down in a pile on the table
- If the first participant can provide appropriate treatment then he/she should display a correct combination of 3 cards on the table, scores a point and then collects a new card from the pile.

- When a participant has scored a point, the point has to be marked in front of his name, using the marker and the flip chart.
- If a participant does not have the correct combination of cards to appropriately treat a patient, he/she should select one of the five cards and place it on the discard pile, face down and pick a new from the pile.
- Play then moves to the second participant and he/she has the same choice – to provide appropriate treatment or exchange cards with the pile.
- Participants play one after another.
- The game ends once a player has cumulated five points.
- If all the cards in the pile are used before the game is over. Take all the cards placed on the table, shuffle them and make a new pile.

Topic guide 4.4

1. Mr X , I noticed you had difficulties to score a point: could you share the feeling you had at this moments with us ? (probe them to talk about any internal conflict they may have face regarding their clinical autonomy)
2. Mr Y you also had the same difficulties could you share your own feelings with us?
3. Mr Z you easily scored some points what were your feelings?
4. Could anyone share the feelings he had with us?
5. Do you think this game helps you in remembering the treatment algorithm?

NB: in the rare situation were participants easily scored their points one after another, you may ask the winner to share his feelings with the team or else ask any of the participants to share their feelings probing them to talk of the satisfaction or frustration they felt at any moment of the game. And if they now remember the treatment algorithm.

Conclusion 4.4

As you can see, not succeeding to have the right combination makes you feel unhappy and willing to score a point. This is the same thing that happens in the community when you do not prescribe the appropriate treatment to your patient. They often do not feel uncomfortable and start searching for other cures. This leads to extra expense and inappropriate use of medicines that are harmful to the patients. More so, this leads to resistance to available antimalarials. In turn the government will need to identify other more appropriate treatments and this will be an expensive process.

Module 5: Professionalism

Module Overview

Health workers are the most important members of healthcare. Regardless of their job titles, health workers should understand the importance of professionalism which is the adherence to a set of values comprising statutory professional obligations, formally agreed codes of conduct and the informal expectations of patients and colleagues. Attitude and aptitude are important factors for the success of the care given to patients. Their behaviour has a great impact on the patient's recovery.

Module Objective

- To encourage health workers to work effectively with colleagues and provide good quality care to patients.

Module Description

Session 5.1: Why is a health worker's behaviour important?

Session 5.2: Understand that the process of care depends on the health worker's behaviour.

Session 5.3: To understand that the Health worker's behaviour has an impact on patients.

Module Duration

3 hours 45 minutes

SESSION 5.1: WHY IS A HEALTH WORKER'S BEHAVIOUR IMPORTANT?**Objective**

- To let health workers list professional values.

Learning objectives:

At the end of this session, participants should be able to:

- Understand professional behaviours of health workers

Duration: 1 hour

Training methods

- Card game on Professional Behaviours
- Discussion

Activity 5.1 Identifying Professional Behaviours**Instructions for the game**

1. Write two professional behaviours of a health worker on each blank card. (e.g. be polite)
2. As a group, separate all the health behaviour cards into two categories: positive behaviours and negative behaviours.
3. As a group, decide which three of the positive behaviours are the most important and why. In the discussion, draw on your personal experience.
4. One member from each group will be asked to present this during the plenary.

Conclusion

We have come to the end of this session which is to understand professional behaviours of health workers. The positive values of health workers such as confidentiality, politeness etc have been seen and discussed. The effects of each of these behaviours and their influence on the health care system, patient and health worker relationship, the patient's healing process and health facility as a whole have also been discussed. Thus it is important that health workers have these in mind and actually put into practice the professional ethics demanded of them.

SESSION 5.2: UNDERSTANDING THAT THE PROCESS OF CARE DEPENDS ON THE HEALTH WORKER'S BEHAVIOUR

Objective of the session

- To let health workers understand that the proper care of a patient will depend on the health worker's behaviour.

Learning objectives

At the end of this session, participants should be able to:

- To encourage health workers to work effectively with colleagues

Duration: 1 hr 30mins.

Training methods

- Card game
- Discussion

Activity Description

In this activity you will consider the process of providing care in the health facility and the role of the different health workers.

Activity Instructions

1. You are asked to work in small groups for this activity
2. Make sure your group has a pack of cards (red, blue and yellow cards) distributed by the Facilitator.
3. In your groups organise the red cards in the order that you will expect the patients to experience care in the hospital
4. Place secondly the blue cards next to the red ones, to show who would usually do this activity. That is, match the appropriate activity (red cards) to the appropriate health worker (blue cards).
5. Let a participant from your group draw one card from the pack of yellow cards. The yellow cards present different problems that may occur in the health facility.
6. Read the information on the back of the yellow card you have just drawn.
7. In the scenario you have been given, discuss the following questions:

- a. What will happen to the process of care and how does this scenario affect the care of the patient?
 - b. Have you encountered this in your experience while working in your health facility?
 - c. How can this problem be solved?
8. Repeat steps 5, 6 and 7 till the game is over and the time allowed for the activity has elapsed. You will probably have time to discuss 2 or 3 different scenarios.
 9. Read each given scenarios for the group as group leaders present to the plenary and also the questions provided.
 10. Ask probing questions to let participants bring out the health behaviour demonstrated in each given scenario.

These are the different scenarios that will be on the “YELLOW” cards that the participants are asked to consider:

A	Patient walks into the hospital and walks up to receptionist desk. The receptionist is engaged in a heated phone conversation not related to work, receptionist ignores patient.
B	Nurse goes on coffee break for more than an hour. He/she leaves without permission or letting anybody know about his/her absence.
C	Doctor does not come to work on time.
D	Laboratory technician is present but RDT is out of stock and there is an electrical failure.
E	ACTs are out of stock.
F	Laboratory technician is absent.
G	Doctor is distracted by personal issues e.g. family issues that he rushes over consultation process.
H	Receptionist is rude to patient. Does not pay close attention to patients requests.
I	Pharmacy closed earlier out of the normal hours of work.
J	Doctor doesn't follow the right guidelines.
K	Patient complains that drugs are too expensive and pharmacist gives him/her another alternative.

Conclusion

We have come to the end of this session which is to encourage health workers to work effectively with colleagues. It is worth noting that the collaboration of every worker on the health delivering system is very important in the patient's healing process. The absence of an individual or the negligence of one person affects the whole process. Therefore, it is good for health workers to be responsible and carryout their roles appropriately.

SESSION 5.3 UNDERSTANDING THAT THE HEALTH WORKER'S BEHAVIOUR HAS AN IMPACT ON PATIENTS

Objective

- For health workers to understand that quality care given to patients depends on their behaviour

Learning objectives

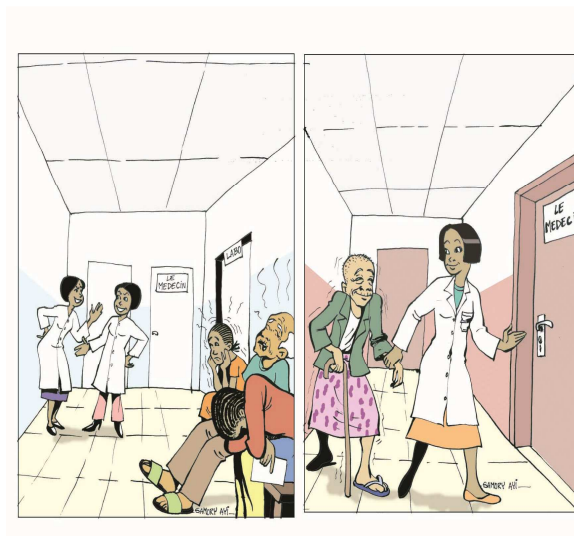
At the end of this session, participants should be able to

- To encourage health workers to provide quality care to patients.

Duration: 1 hr 15 minutes

Training methods

- Picture scenarios
- Discussions





Conclusion

We have come to the end of this session which is to encourage health workers to provide quality care to patients. We have learned from reviewing those pictures and discussions of professional behaviour demonstrated and the effects they bring, which could be positive and negative to the patient's healing process. It is worth knowing that the recovery of a patient starts from the patient's entry into the hospital that is from the receptionist to the exit point that is the pharmacist.

MODULE 6: COMMUNICATING EFFECTIVELY

Overview of Module 6

Communication is an act of conveying ones ideas, feelings and messages clearly to others. To communicate effectively with patients, we need to understand their perceptions of malaria and malaria treatment. We will also reflect on how to communicate the diagnosis and treatment to patients, focusing on the situation where the test result is negative but the patient is expecting to have malaria and be given an antimalarial.

Module Objective

- To improve the health worker's communication with patients

Module Description:

This module is divided into two sessions:

Session 6.1: Reflections on patient perceptions of malaria and malaria treatment

Session 6.2: Develop and improve skills on how to communicate with patients

Module Duration:

3 hour 30 min



SESSION 6.1: REFLECTIONS ON PATIENT PERCEPTIONS OF MALARIA AND EFFECTIVE COMMUNICATION WITH PATIENTS

Objective:

- For health workers to communicate effectively with patients it is helpful to be aware of what patients think about malaria and malaria treatment

Learning objectives:

At the end of this session, participants will:

- Understand what patients think of malaria and what expectations patients have about malaria diagnosis and treatment based on their previous experiences

Duration: 1 hour

Training methods

- Discussion

Activity 6.1: Understanding patient expectations for malaria diagnosis and treatment

Activity Description

This activity is designed to let health workers understand what patients think about malaria, diagnosis and treatment. The quotes are drawn from focus group discussions with community participants and they are meant to be reflected on. The idea is that HWs should understand that patients have expectations about what they are suffering from – in the past they have been given antimalarials for fever, often without being tested. They would expect the same thing to happen this time. It will be helpful for HWs to be aware of what patients think when they explain that they should be tested first, and that they might not need an antimalarial.

Quotes on Patient Perception of Malaria

A) Quotes on Patient Perceptions and Preferences for Malaria Diagnosis and Testing

1. I know different blood groups have different malarias
2. You may have uncomplicated malaria after drinking two bottles of beer.
3. There is malaria that could be typhoid. That is still malaria.
4. Malaria could come from typhoid and dirty environments

5. Malaria one + is very difficult to treat
6. Malaria is subjective. My malaria is +++++

B) Quotes on Patient Perceptions and Preferences for Malaria Treatment

1. I know I have malaria so I do not need lab test
2. When you have fever you have malaria so the test result does not matter
3. Malaria treatment should be taken without necessarily doing test
4. Some treatments work for some people
5. The best treatment depends on the person's body system
6. Patients perceive quinine as the best malaria treatment
7. Traditional medicine as primary recourse – particularly 'heat shock therapy'
8. Traditional medicines is a complement to biomedicine
9. Traditional medicine is a cheaper alternative to biomedicine
10. Traditional medicine is less risky for side effects'
11. Use traditional medicine because HWs ignore us
12. Patients prefer drips to Coartem

Questions for the participants to discuss:

1. Are you surprised by any of these quotes? If so, what surprises you?
2. Have you encountered patients with views such as this? Is it challenging to communicating with these patients? Please explain.
3. How would you manage and communicate effectively with these patients?

SESSION 6.2: DEVELOP AND IMPROVE SKILLS ON HOW TO COMMUNICATE WITH PATIENTS**Objective**

- To improve participants skills in how they communicate with patients

Learning objective: At the end of this session participants should be able

- To understand the importance of developing awareness and good communication skills.
- To understand the function and principles of active listening.
- To understand how practising these skills leads to better communication between health worker and patient.

Duration: 2h 30mins

Training methods

- Lecture
- Role play
- Drama

Lecture 6.2: Effective Communication**What is communication?**

Communication is an act of conveying ones ideas, feelings and messages clearly to others.

It is a key tool that health care professionals must use to elicit cooperation between health provider and patient in the delivery of health care services.

Non verbal communication

Non-verbal communication, or body language, is a vital form of communication. When we interact with others, we continuously give and receive countless wordless signals. All of our nonverbal behaviours, the gestures we make, the way we sit, how fast or how loud we talk, how close we stand, how much eye contact we make send strong messages. The way you listen, look, move, and react tell the patient whether or not you care and how well you're listening. The non verbal signals you send either produce a sense of interest, trust and desire for connection or they generate disinterest, distrust and confusion

Active listening

Hear what patients are really saying. Listening is one of the most important skills you can have. How well you listen has a major impact on your job effectiveness and on the quality of our relationships with patients. We listen to obtain information to understand and to learn. Some patients complain that when they go to the hospital, before completing their complain the health worker has already given a prescription. They are not listened to so they feel the health worker doesn't understand what they are suffering from. If you're finding it particularly difficult to concentrate on what someone is saying, try repeating their words mentally as they say it this will reinforce their message and help you control mind drift. To enhance your listening skills, you need to let the other person know that you are listening to what he or she is saying. To understand the importance of this, ask yourself if you've ever been engaged in a conversation when you wondered if the other person was listening to what you were saying.

- Five key elements of active listening that ensure you listen to the patient and the patient knows you are listening to what they are saying.
 - Pay attention.
 - ✓ Give the patient your undivided attention and acknowledge the message.
 - ✓ Recognize that what is not said also speaks loudly. Look at the speaker directly.
 - Show that you are listening.
 - Use your own body language and gestures to convey your attention.
 - ✓ Nod occasionally.
 - ✓ Use other facial expressions.
 - Note your posture and make sure it is open and inviting.
 - Encourage the patient to continue with small verbal comments like yes, and uh huh.

Look at this situation (Samory picture where a patient is consulting and the health worker is talking to someone else, answering a phone call or distracted by some thing).

Characteristics of Effective Communication

- Availability of the correct message: The content should be delivered in such a way that the patient understands it or is placed where the patient can access it.
- Complete Information: Where appropriate, the content of the information should present the benefits and risks
- Cultural considerations: when communicating with patients, always take into consideration their cultural values for example religion ...
- Repetition: The delivery of information should be repeated to reinforce the understanding.
- Easy to Understand: The language should be adapted and simple. The tone should be soft.
- Accuracy: The content should be valid. Without errors in facts, interpretation or judgment

Conclusion

We have come to the end of this lecture on how to communicate effectively with patients where we explained about the different aspects of communication skills and how to use and improve on these skills.

Activity 6.2.2: Drama on how to communicate with patients.**DRAMA 3: Testing before treatment**

Objective: To encourage the use of RDTs before treatment.

Conclusion

We have come to the end of this activity where we saw the challenges faced by health workers in handling situations where patients come to the health facilities with pre-conceived ideas.

Activity: 6.2.3 Drama on the use of ACTs**DRAMA 4: The Use of ACTs**

Objective: Communication for behaviour change towards the use of ACTS.

Conclusion

The play we have just watched shows how poor communication can leave patients with wrong information. This drama shows how poor communication can give a different impression to a patient.

Activity 6.2.3: Role play to practice communicating to patients**Scene 3: Role play on patient care**

Objective: Drama for conscientisation to emphasize the need for patient care

Conclusion

We have come to the end of this module where we learnt the various skills on how to communicate effectively to patients. Effective communication is an essential tool necessary to improve the quality of care given to patients

OVERALL CONCLUSION

We have come to the end of this training programme where we used different activities to emphasize the need to improve on the quality of care given to patients. As health workers we should understand that we play an important role in the quality of care given to patients. Hence we need to prescribe appropriate treatment based on test results and give quality care.

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