

Introduction to Patient Centred Services (PCS)



The ACT PRIME Study

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



Infectious Diseases Research Collaboration & ACT Consortium, London School of Hygiene & Tropical Medicine (2011). *The ACT PRIME Study Trainer Manual: Introduction to Patient Centred Services.*

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TRAINER BRIEF FOR PCS 00

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

During this research, both health workers and community members told us that 'good quality health care' meant providing good clinical treatment as well as having a good relationship between the patient and health worker. Patients told us they that they want to be treated with respect and dignity and they want to understand their diagnosis and treatment. Health workers told us they want patients to listen to their good advice so they will recover quickly. In addition, health workers told us that they enjoy being health workers and are motivated by their desire to help sick people.

Good clinical care combined with a good relationship between the patient and the health worker were felt to be essential to ensuring that patients recovered from their illness and were satisfied with their visit. This can be achieved by motivating staff to create a patient centred culture at the health centre. Today, we introduce health workers to the concept of providing patient centred services which puts the patient at the centre of everything we do at the health centre.

The **key learning outcomes** for PCS 00 are:

Topic	Learning Outcomes By the end of this module, participants will be able to...
Thinking about my role as a health worker	<ul style="list-style-type: none"> • Identify their own motivations for work.
Introduction to the PCS	<ul style="list-style-type: none"> • Understand the meaning and importance of providing patient centred services.
Introduction to Self-Observation Activities	<ul style="list-style-type: none"> • Start developing self-awareness through self-observation activities.

TRAINING AGENDA

PCS 00 will last 3 hours from start to finish.

Note to Trainer:

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

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

Topics	Time Allocated	Start time	End time	Total time	Materials
Introduction to the module					
- Greetings	5 minutes	_____	_____	15 minutes	Flip chart Markers Tape
- Training rationale and Learning outcomes	10 minutes				
Thinking about my role as a health worker	15 minutes	_____	_____	15 minutes	Annex A Body parts pictures
TOPIC 1: What are Patient Centred Services?					
- Introduction to the topic	5 minutes	_____	_____	55 minutes	Annex B Flip chart Markers Tape
- Thinking about the topic	15 minutes	_____	_____		
- Principles	30 minutes	_____	_____		
- Summary	5 minutes	_____	_____		
Break				30 minutes	
TOPIC 2: Self-observation activities					
- Introduction to the topic	5 minutes	_____	_____	30 minutes	Flip chart Markers Tape
- Rationale	5 minutes	_____	_____		
- What to do	15 minutes	_____	_____		
- Summary	5 minutes	_____	_____		
Health worker Self-observation Activity #1					
- Instructions for SOA #1	15 minutes	_____	_____	20 minutes	Flip chart Markers Tape
Guidelines for constructive discussion					
- Choice 1	5 minutes	_____	_____	10 minutes	Flip chart Markers Tape
- Choice 2	5 minutes	_____	_____		
Conclusion	5 minutes	_____	_____	5 minutes	Flip chart Markers
TOTAL	180 minutes = 3 hours				

INTRODUCTION TO MODULE



Time allocated: 15 minutes

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

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

- 1) Know the names of co-participants.
- 2) Know the name of the training leader.
- 3) Know and accept a set of ground rules for the training.
- 4) Know the learning outcomes and purpose of the module.

Materials required:

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

Training methods used:

- Group discussion
- Games



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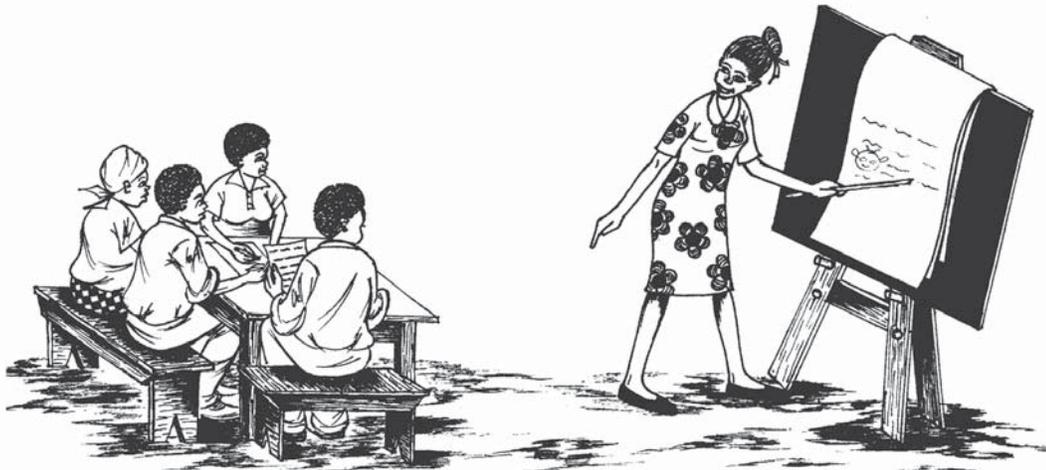
Preparation

To be completed before participants arrive:

- 1) Hang up a flip chart and arrange your manual and supplies.
- 2) Write on the flip chart: the name of the module, your name & the organisation you work with.
- 3) Ensure the room is swept & clean.
- 4) Ensure all the chairs are in a friendly well spaced and there are enough chairs for all the participants you are expecting.
- 5) Set the time you will start the training and complete the 'start' and 'end' times on the Training Agenda for each training section. Write the start and end times on the flip chart.



Room Set Up



1. Greetings



5 minutes

Training Steps



Step 1: GREET:

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

Note to Trainer:

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



Step 2: EXPLAIN:

My name is _____ and I work with the Uganda Malaria Surveillance Project/Infectious Diseases Research Collaboration (IDRC). I am going to be leading you today and for several other training modules. Thank you all for coming on time, this makes me feel you value this training, and motivates me to give you the best training.

Note to Trainer:

- Share one thing that you like the most about your professional work – this will illustrate what you are about to ask them to do as an introductory activity.



Step 3: ASK:

Please turn to the person on your right and ask for:

Each others' name; the name that each of you prefers to be called during this training; your current positions and the health centre in which you work; and one unique or interesting thing about each of you in your professional lives, which you would like your fellow participants in the course to know.

Note to Trainer:

- Place yourself beside the 'last' person at the end of the circle, so that this person has someone to talk to when he/she turns to the right.

Introduction to the Module



Step 4: ASK:

Please introduce your partner to the bigger group.

Note to Trainer:

- In turn allow everyone a turn to introduce the person beside them to the bigger group.



Step 5: EXPLAIN:

There are some housekeeping items to review before we begin the training:

- *The restrooms/toilets are located*
- *The break is scheduled for __:__ and will last 30 minutes.*
- *You are responsible for yourselves and should take a restroom break early if you need one – there is no need to ask permission.*



Step 6: ASK:

What rules shall we follow as a group during this training?

Note to Trainer:

- Ask the group to offer rules that they would like others to respect during the training workshops that will help them to learn the most.
- Write the ground rules up on a flip chart to be placed on the wall for all future sessions with that group.
- Ask participants to write the ground rules in their Learner Manual on page 7.



Step 7: EXPLAIN:

We have created a Learner Manual for you to use today and to take home with you. I will help you follow along in your Learner Manual throughout today's training. There will be times we will write in our Learner Manual to help us remember what we have learned today. I will let you know when to do this, but please also feel free to take your own notes.

2. Training rationale and learning outcomes



10 minutes

Training Steps



Step 1: INTRODUCE THE MODULE:

Note to Trainer:

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



Step 2: EXPLAIN:

The learning outcomes for the module can be found in your Learner Manuals on page 8 and are as follows:



Topic	Learning Outcomes By the end of this module, participants will be able to...
Thinking about my role as a health worker	<ul style="list-style-type: none"> • Identify their own motivations for work.
Introduction to the PCS	<ul style="list-style-type: none"> • Understand the meaning and importance of providing patient centred services.
Introduction to Self-observation Activities	<ul style="list-style-type: none"> • Start developing self-awareness through self-observation activities.



Step 3: ASK:

Does anyone have any questions?

Note to Trainer:

- Receive any questions and answer them if you have time, otherwise write them on your parking lot flip chart and address them at the end. Make sure you explain the purpose of the parking lot for questions.



THINKING ABOUT MY ROLE AS A HEALTH WORKER



Time allocated: 15 minutes

Purpose: To introduce participants to the Patient Centred Services training course and to have participants start thinking about their role as a health worker.

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

- 1) Be able to identify their own motivations for work.

Materials required:

- Flip chart
- Markers
- Tape
- Health worker body parts game with each piece ready and cut out - Annex A

Training methods used:

- Group activity
- Games



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Thinking about my role as a health worker



15 minutes

Training Steps

Step 1

ACTIVITY A - Good Health Worker Body Parts Game



Activity Steps

- **GIVE** each participant one of the body parts, clarifying what that body part is, e.g. 'ear', 'foot', 'body.'

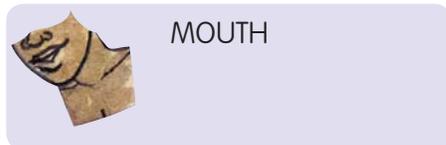
How does this body part help me to be a caring, professional health worker?



HEAD & HAIR



EYES



MOUTH



EARS



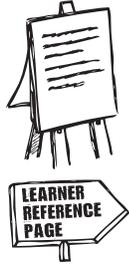
HEART & TORSO



HANDS & ARMS



LEGS & FEET



- **ASK** the group to think about ‘**how does your body part contribute to making a good health worker?**’
- **INVITE** participants to come up to the flip chart and stick their body part on. As they come up, ask them to tell the group what aspect of being a good health worker their body part presents.
- **ENCOURAGE** the participants to think of broader characteristics than just clinical ones.
- **LABEL** on the flip chart each body part with the characteristic as the participant sticks it to the flip chart.
- **ASK** the participants as they are awaiting their turn, to think about which body part they would particularly like to improve on in their work as a health worker- and to write this into their learner manual on page 9.
- **EXPLAIN** that each body part is an important part of being a good health worker. The characteristics can be combined. This will be discussed further during this series of Patient Centred Services (PCS) modules.

Note to Trainer:

- **EXPLAIN** the agenda for the whole PCS package of modules and encourage participants to follow these in their learner manuals in Box 2, on page 11.



The Patient Centred Services package of training for health workers is divided into five modules.

- PCS 00** Introduction to Patient Centred Services
- PCS01** Improving interactions with patients
Rapport & active listening
- PCS02** Improving interactions with patients
Asking Good Questions and Giving Good Information
- PCS03** Building a positive work environment
- PCS04** Improving the patient visit
Welcoming & guiding



Step 3: EXPLAIN:

For each of these modules, we will ask you to do some preparation. These are called ‘self-observation activities.’ We will introduce these in today’s session.

We have two topics today:

- 1) We are going to talk about the idea of Patient Centred Services and*
- 2) We will introduce the self-observation activities. We will ask you to take home the first of these tasks with you to complete over the next week.*

TOPIC 1: WHAT ARE PATIENT CENTRED SERVICES?



Total Time: 55 minutes

Purpose: To introduce the concept of patient centred services.

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

- 1) Understand the meaning and importance of providing patient centred services.

Materials required:

- Flip Chart
- Markers
- Tape
- Cards - pre-cut - Annex B

Training Methods used:

- Discussion
- Lecture

Page 13



1. Introduction to the Topic



5 minutes

Training Steps



Step 1: EXPLAIN:

What are 'patient centred services'?

Today we are introducing this new phrase 'Patient Centred Services', or 'PCS.'

PCS is a way of providing care that has the patient at the centre of everything that we plan and do at our health centres. Patient Centred Services involves many things, including being a good communicator, being compassionate, being comforting, and being responsive. It is a way of carrying out your work while keeping in mind what the patient wants and feels.

2. Thinking about the topic



15 minutes

Training Steps



Step 1: ASK:

What is it like to be a patient or caretaker?

Most of us have been patients ourselves, or have accompanied a patient to a health centre. Let's think about a recent time when we went to the health centre. We will interview our partners about a recent experience at a health centre, using the activity questions on page 14 of your manuals. .

ACTIVITY B - Personal experience at a health centre



- 1) **DIVIDE** the group into pairs.
- 2) **ASK** pairs to interview each other in a caring, responsive way, using the questions in Box 3, page 14 of their learner manuals
 - i) What happened the last time you went to the doctor?
 - ii) What did the health worker say and do for you?
 - iii) What do you wish the health worker had done differently to make your visit better?
- 3) **ALLOW** 3 minutes per person, and then ask the pairs to switch over.
- 4) **ASK** 2 participants to share their partner's experience with the bigger group.
- 5) **GIVE OUT** 3 cards (Annex B), to 3 participants, with a question on it. This is an opportunity to draw in those participants who may be more withdrawn or hesitant.
- 6) **INVITE** the 3 participants to ask the question to the 2 pairs that had shared their experience.
 - i) How do you think this experience made the patient feel? (Stressed? Scared? Sad? Confused?)
 - ii) Do you think your partners' experience was different compared with the experiences of normal patients because your partner is a health worker?
 - iii) What do you think it is like for normal patients when they come to the health centre?
- 7) **GIVE** everyone a moment to complete Box 4, page 15.

3. Principles



30 minutes

Training Steps



Step 1: EXPLAIN:

Total health care involves more than just giving medicine for patients' symptoms. Health care is often seen as simply giving a patient medicine for specific symptoms. But, we all know that a lot more happens in the experiences of patients and health workers at health centres, and more goes into patients' decisions to come to the health centre, and health workers' decisions of what medicine or advice to give. Total Health Care requires:

1. *Appreciating that the patient is a whole person, not just a disease.*
2. *Appreciating that the role of health workers goes beyond giving medicine.*
3. *Appreciating that health centres are organizations with their own cultures.*



Step 2: EXPLAIN:

1) *The patient is a whole person*

- ***We want to understand the whole problem causing their illness and how they can get better, given their perspective and circumstances.***

People are more than just what you see. We are not just bodies; we think about ideas, we have emotions and we behave in different ways; sometimes from one day to the next. We are curious- but are also afraid. Sometimes we have our own answers and sometime we want someone else to know the answers. So, when we have a problem with our health, we do not just bring our body for a drug. We want to know what the problem is, why there is a problem, what we did to deserve it, or what someone else did to cause it. We may feel angry, guilty or relieved when we discover something about the problem we have. And, all of our experiences are different; we are unique.

- ***When we have a change in our health we are looking for more than a medical drug.***

When your patients have problems, more is required of you in order to 'heal' the patient than simply to give them a drug.

Note to Trainer:

- Read the story about Anna and the sacred forest. A story about the importance of listening to the patient, understanding a patients' fears, understanding a patients' of the true cause of illness.

TOPIC 1: What are patient centred services?

**Step 3: EXPLAIN:**

Here is a story about Anna and the sacred forest. It is about listening to the patient, understanding the fears of the patient and the patients' perceptions of the illness and its cause.

Anna knows that a certain area of the forest is sacred, and it is forbidden to enter. However, she really needs firewood, so she goes there anyway. The next day, she develops a fever. She comes to your health centre. To you, her symptoms are fever and you consider a malaria diagnosis. But, for Anna, she is wondering whether she is suffering because she went to a forbidden place. Will she tell you, the health worker, that she believes she is sick because she is bewitched?



If you are able to hear her concerns, you will be able to understand and address her anxieties. The drugs you give may cure the disease, but by understanding her, and addressing her perceptions of the cause of illness, you may help her to feel better more thoroughly.

- Patients have several different responses when they have come to see you.

Let's think about how you can respond, as a health worker, to provide total care for a patient. Look at the Figure 1 in your Learner Manual on page 17 which shows four different responses that a patient may have after they have come to see a health worker.





Step 4: ASK:

Please think about each of the responses.

Figure 1: Kinds of responses to care



Sick Child

- **Body (physical) response to treatment**
eg: Physical reaction to medication or surgery
- **Behavioural response after consultation**
eg: Adherence to treatment or advice, lifestyle changes
- **Thinking response after consultation**
eg: beliefs about illness, cause, timeline, consequences
- **Emotional response after consultation**



Full Recovery

Adapted from Di Blasi, 2001



Step 5: EXPLAIN:

Bodily reaction

- Can anyone give an example of when a patient has a **good bodily reaction**?
For example: when they have a fever and take paracetamol, the fever goes down.
- What about an example of when a patient has a **bad bodily reaction**?
For example: when they took all of the drugs at the same time (overdose) because they didn't understand how to take them properly.

Behavioural response

- Can anyone give an example of when a patient has a **good behavioural response**? For example: when they understand that they need to use a bed net, and go home to hang one above each bed.
- What about an example of when a patient has a **bad behavioural response**?
For example: when they do not understand about resting during illness, and continue to work and get sicker.

TOPIC 1: What are patient centred services?

Thinking response

- Can anyone give an example of when a patient has a **good thinking response**? For example: when they go away believing that the reason for their illness was due to parasites, and the treatment will kill the parasites and they will be well after 3 days, even if tired from fighting the disease.
- What about an example of a **bad thinking response**? For example: when they go away believing that their malaria was due to drinking bad water, because they didn't get any explanation about the real cause.

Emotional response

- Can anyone give an example of when a patient has a **good emotional response**? For example: when they go away feeling confident that they are receiving good treatment and that they understand what to do if they don't get better. What about an example of a **bad emotional response** after the consultation?
- For example: when they go away feeling like it was their fault that they got sick, and feeling fear that they will get this sickness again.

**Step 6: EXPLAIN:****2) The role of health workers goes beyond giving medicine**

- **We health workers influence all of these responses in patients**

When we think about each of these responses that patients have after a consultation, we can see that what the health worker says and does is important in influencing how the patient responds. What we say and do can help to create the good responses that we mentioned: when the patient will go away with a good chance of a positive bodily reaction, changes their behaviour, understands the reason for the illness and what will happen next, and feels confident about the treatment and advice they have received. What we say and do, or do not say and do, can also help to create the bad responses that we discussed.

- **What can we do to improve each of these responses?**

Let's think about our example of the patient that has a fever after going into a sacred forest. What can we do to address these different things so that the patient recovers fully?



Note to Trainer:

- **ASK** questions about each of the components in the diagram using the questions below. Refer participants to page 19 in their manuals.
- Using your pre-prepared flip chart, **WRITE** the responses from participants to each of the four components to the left of the component, as in Figure 2.

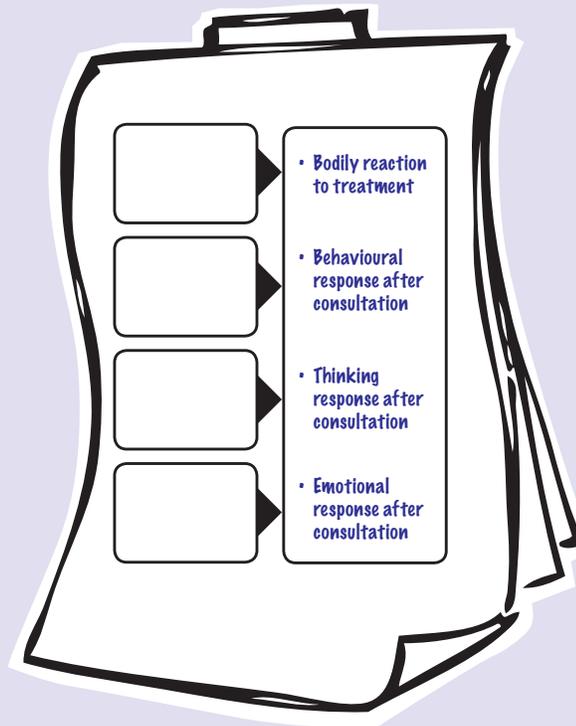


Figure 2

**Step 7: ASK:**

How can we address the bodily reaction - the physical part of the patient's problem?

In our example the patient has a fever.

Possible responses: *tepid sponging, paracetamol, diagnostic tests*

How about what we can do about the patient's behavioural response?

In our example: You might suspect that her fever is a result of malaria and not from bewitching. What type of advice can you give to the patient so that she reduces her risk of getting malaria again?

Possible responses: *mosquito net, slash bushes, remove mosquito breeding sites*

How do you address your patient's thinking about why they are sick?

In our example: the patient thinks she is sick because she went into the sacred forest. How do you explain that the fever is not likely caused by bewitching?

Possible responses: *Explain that they probably have malaria and that the parasites were found in a test (rapid diagnostic test). Explain that malaria is caused from the bite of a mosquito and that it causes fever.*

When we try to tackle the way people think about things, we have to be careful that we respect the other person's views, even if we think they are wrong. So, in this case, you need to appreciate that Anna has her own understanding of why the fever came, and you are providing an alternative explanation for her to think about.

How do you help the patient with the emotional response?

In our example: the patient is very scared and worried about her sickness. How can you help her feel more comfortable, calm, and less anxious?

Possible responses: *Ask what is worrying the patient and listen to their concerns. Show empathy by showing that you appreciate how they feel. Show empathy verbally and non-verbally, through what you say and do, for example by touching the patient.*

Note to Trainer:

- If participants mention 'counselling', encourage them that this is a good response, but we must remember that to help people with their emotions we need to have a two-way conversation where we listen as well as advise. So sometimes 'counselling' will mean we just give advice, which will not allow the patient to say what is really concerning them.



Step 8: EXPLAIN:

We need to prioritise all responses, not just the bodily and behavioural reactions.

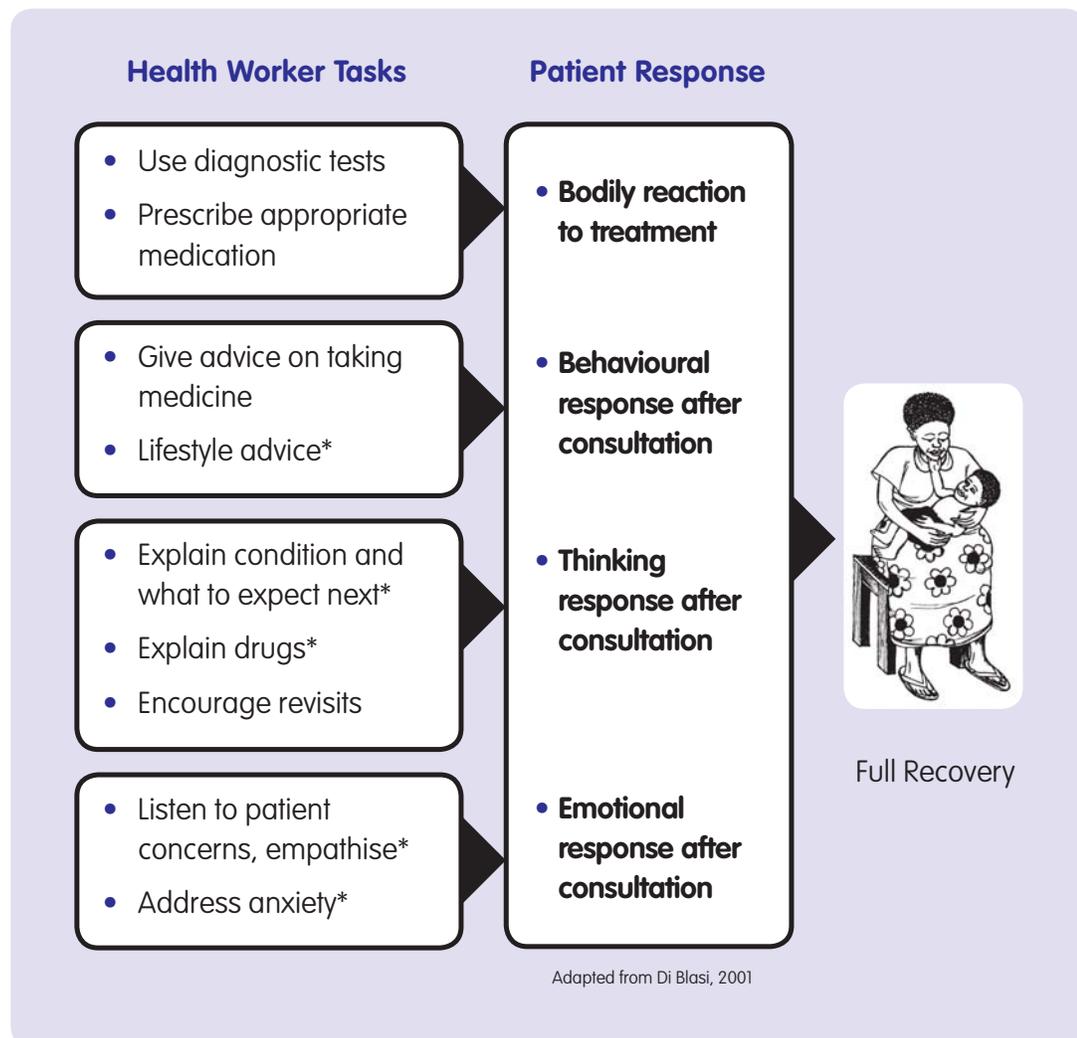
Usually, we prioritise the first responses in the picture, to achieve a bodily reaction to the treatment, and sometimes we also address the second, to try to influence a patient's behavioural response. We need to think more about the third and fourth, to engage with and help in what they are thinking and feeling.



Note to Trainer:

- Ask participants to turn to Figure 2, page 20 in their learner manual.
- Did the group come up with all of these points in the discussion?

Figure 2: Providing Total Health Care



TOPIC 1: What are patient centred services?

**Step 9: EXPLAIN:**

The health worker tasks that are highlighted by a star in Figure 2, really require the health workers to provide care in the context of the patient's life by considering the patient's values, beliefs, history, needs, abilities, culture and social network.

**Step 10: EXPLAIN:****3) Health centres are organizations with their own cultures**

- The health facility is an organization with its own 'rules' or 'systems'. Patients who are unfamiliar with coming to health centres, or do not know how to 'act' at the health centre or in a consultation, experience feelings of fear and worry. We as health workers have to help patients learn the 'rules' or 'systems' so that patients know what to expect and feel comfortable interacting with the health workers and staff at the health centre.

**Step 11: EXPLAIN:**

We will be covering these concepts further in the future PCS modules.

- PCS 01 and 02 build on the training in fever and malaria case management provided by the JUMP team by improving relationships with patients.
- You will be learning more about fever and malaria case management in the JUMP training. In our Patient Centred Services course, we aim to help you to improve your skills in providing the other important parts of care.
- We will look at these in PCS01 and PCS02:
 - PCS01 Improving interactions with patients
Rapport & active listening
 - PCS02 Improving interactions with patients
Asking good questions and giving good information
- PCS 03 helps us to build a positive work environment through improving relationships with colleagues.
- When we realise that health workers have to do more than just give medicines, we also realise that health workers may find this easier or harder to do, depending upon their personal motivations and circumstances, and the working environment. In PCS03, we will discuss how our relationship with our colleagues as well as with our patients affects how we feel, and contributes to our working environment. We will work on skills to build a positive work environment through improving relationships with colleagues.
 - PCS03 Building a positive work environment

TOPIC 1: What are patient centred services?

- *PCS 04 will help us realize that health centres are organizations with their own cultures and that we have to think about how to help patients navigate the health centre.*
- *You will notice that we have chosen not to describe this course as 'patient centred care', but 'patient centred services'. This is because we want to look at how we can improve the experience of patients beyond the consultation. The experience of visitors to health centres may start with what they have heard, or previously experienced about that health centre, or it may start when they arrive at the health centre. How will they know what to do? How do you help them to feel at ease, so that they can communicate their concerns and achieve what they came for?*
- *If we think about the health worker body parts game, we could do the same with the health centre - showing what would be good characteristics of health centres from the perspective of health workers and from the perspective of patients. We will look at good characteristics of health centres as work environments in PCS03, and then we will discuss good characteristics of health centres from the patient's viewpoint in our last PCS module:*
 - *PCS04 Improving the patient visit
Welcoming & guiding*

4. Summary**5 minutes****Training Steps****Step 1: EXPLAIN:**

Patient Centred Services are the services that we offer at our health centres that are focused on the patient's wellbeing at the centre.

Today we have investigated three things to think about when providing PCS at health centres:

- 1. Appreciating that the patient is a whole person, not just a disease.*
- 2. Appreciating that the role of health workers goes beyond giving medicine.*
- 3. Appreciating that health centres are organizations with their own cultures.*

Today we have probably raised more questions than answers. This is okay. We hope you will keep these questions with you as we go through this course and we hope that together we will be able to learn how to answer them, and to strengthen skills to be able to deliver Patient Centred Services when we return to our health centres.



Summary Box – What are patient centred services?

For reference for trainers and learners

- Patient Centred Services are the services offered at a health centre that are focused on the patient's wellbeing at the centre.
- Health workers need to prioritise all of the ways a patient responds to care: thinking, feeling, behavioural and bodily reactions.
- What a health worker says can positively and negatively influence how a patient responds to care.

Three things to think about when providing PCS at health centres:

- Appreciating that the patient is a whole person, not just a disease.
- Appreciating that the role of health workers goes beyond giving medicine.
- Appreciating that health centres are organizations with their own cultures.

TOPIC 2: SELF-OBSERVATION ACTIVITIES



Total Time: 30 minutes

Purpose: Introduce the self-observation activities.

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

- 1) Start developing self-awareness through self-observation activities.

Materials required:

- Flip Chart
- Markers
- Tape

Training Methods used:

- Lecture
- Group Discussion

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1. Introduction to the Topic



5 minutes

Training Steps



Step 1: EXPLAIN:

Part of being a good health worker is being aware of how we communicate with others – and then to take action to improve.

The way we communicate is an important factor in how we interact with others, whether we are consulting with patients, interacting with colleagues, or simply having a conversation. Being aware about how we communicate, and how our communication affects the person(s) we are communicating with, is a very important task in becoming a good health worker.



Note to Trainer:

ASK participants to discuss in pairs the question on page 20 of their manuals.

- Do you agree with this?
- How do you know if you communicate well?
- How can you learn about how you communicate?

GET a few opinions, and let your assistant (or a participant) WRITE on a flip chart.

TOPIC 2: Self-observation activities

**Step 2: EXPLAIN:**

As you say (referring to the points raised by participants), it is difficult to know how you communicate. Usually, we expect others to tell us what we do right, and wrong. However, there is another very effective way to learn, through observing yourselves when you communicate. The method is called 'self-observation', and is an important learning method in this course. This session is about why and how we do these tasks.

2. Rationale**5 minutes****Training Steps****Step 1: EXPLAIN:**

Why do we do self-observation? We need to understand how we communicate with others: what do we do well (and not so well). This is the first step to understanding others. By paying attention to how you communicate, and taking action to change what does not function well, you will become a better communicator.

3. What to do**15 minutes****Training Steps****Step 1: EXPLAIN:**

In this training, we ask you to pay close attention to your own communication practices. Each week of the PCS training, we will ask you to carry out a 'self-observation activity' on a particular topic.

Note to Trainer:

- **WRITE 'Self-observation activity'** on the flip chart, and make notes underneath as you **explain** the text:

'Self-observation activity'

Each week, we ask you to:

- **Observe one aspect of your communication, and reflect on what you observe**
- **Write about your observations in your notebooks**
- **Bring your notes to the PCS workshops.**



Step 2: EXPLAIN:

At the workshops, we will discuss what you have observed and reflected on. We will give you simple theory to help you understand why your methods work well. This will make it easier to continue to communicate well.

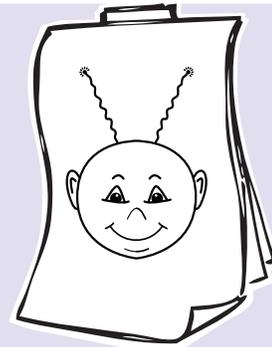


Step 3: ASK:

Do you think this possible? Don't you need someone else to observe you, to judge if you are doing well, and decide what you need to improve?

Note to Trainer:

- **DRAW** the 'mascot' onto the flip chart.
- **ASK** them to discuss briefly (1-2 min) in pairs the first 2 questions in Box 8 on page 29.
 - 1) Don't you need someone else to observe you
 - 2) What is it about this mascot, which can help you to observe?
- **TALK** through the text below.



Become aware

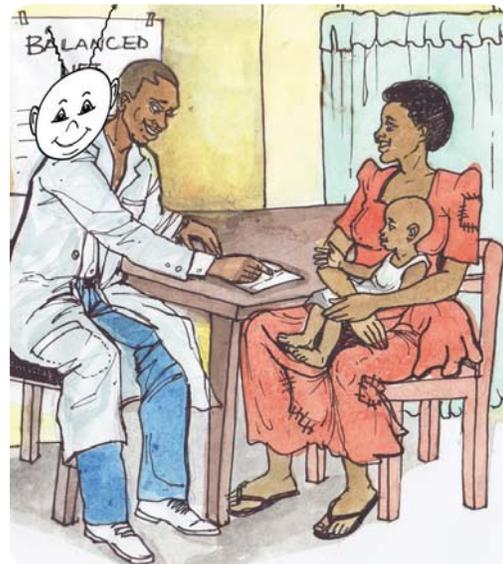
You can learn to look at yourself – for example, by imagining that you have 'antennae' on your head or a little (invisible) observer sitting on your shoulder, or anything that enables you to develop 'a friend' who helps you to learn about yourself.

Practice

Self-observation will be a new practice for most of you, and it may take some time before you get used to it. But – it is simply a matter of practice, and once you see how useful it is – you will want to continue to learn this way.

Share with colleagues

Being observed by others, and discussing your observations with colleagues, will help you to learn even more.



**Step 4: ASK:**

Do you think that you can do this? How do you think that you can do this?

Note to Trainer:

- Allow 2 minutes for participants to discuss. Refer them to the last 2 questions in Box 8 on page 31.
- Get a couple of suggestions – and then refer them to the list in Box 9, page 32 of their learner manual.

**Tips to help with self-observation**

- 1) Each week observe one part of how you communicate with patients or colleagues and to think or reflect on what you have seen of your own practice.
- 2) Write about your observations in your manuals and notebooks.
- 3) Bring your notes to these PCS training workshops.
- 4) Carry your page of instructions for the self-observation with you.
- 5) When you plan your workday, choose two situations when you know you will be interacting with patients or others and plan to observe yourself.
- 6) Before the consultation with the patient or a meeting with colleagues glance over the steps to remind yourself what you are looking for when observing yourself.
- 7) Try to be aware during the conversation how you behave regarding the habit you are observing – use your antennae or a friend on your shoulder to watch your interaction, focus on your verbal and non-verbal behaviour.
- 8) After the consultation or meeting, reflect on what you have observed in your own behaviour and make notes in your notebook.

4. Summary



5 minutes

Training Steps



Step 1: EXPLAIN:

To observe yourselves means you look at your own communication with patients and colleagues, and at the effect of what you say and do, on the other person. You will see what works the way you want, and what doesn't. You need to reflect on your actions, and on what you learn. Based on what you learn, you can decide what to change. Some changes you may start using right away. You will also become aware of what you need to learn more about, and bring these questions to the training course.



Step 2: EXPLAIN:

Research has shown that reflection on your own action is a very good method to develop and sustain skills, and to empower the person using this method.



Summary Box – Self-observation Activities

For reference for trainers and learners

- 'Self-observation activity' involves:
 - Observing one aspect of your communication, and reflecting on what you observe.
 - Writing about your observations in notebooks.
 - Bringing notes to the PCS workshops.
- It is important to: Become aware, Practice & Share with colleagues.
- To observe yourselves means you look at your own communication with patients and colleagues, and at the effect of what you say and do, on the other person. You will see what works the way you want, and what doesn't.

HEALTH WORKER SELF-OBSERVATION ACTIVITY #1: HOW DO YOU LISTEN?



Total Time: 20 minutes

Purpose: Review Health Worker Self–Observation Activity #1

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

- 1) Understand the Self-Observation Activity.

Materials required:

- Flip Chart
- Markers
- Tape

Training Methods used:

- Trainer Explanation

Page 35



1. Introduction



Step 1: EXPLAIN:

You have learned about the practice of self-observation which will help you to develop awareness – to be able to ‘see’ how you communicate with others, using the ‘antennae’ of your friendly mascot.



Step 2: EXPLAIN:

When doing the self-observation activities, it is important to be focused. Look at one thing at a time, and then you will be able to put together your observations at the end of the week, and see the pattern in what you are doing. You will see what you are doing well and what you need to learn more about. If you look at too much at the same time, you will be confused and not see the patterns. This means you will also not be able to see what you need to change.

This week we will start with focusing on the key communication skill of listening.

2. How do you listen to others and how do they react?



Step 1: EXPLAIN:

When you listen, there are many ways to do it. For example, you can:

- Listen 'with open ears and heart' until the person has finished.
- Listen 'with your mouth full of words', impatient to explain your view.
- Give your answer or your next question as the person is talking because you believe you know what he/she will say.
- Listen with the intention to really understand the other person's point of view; ask questions to find out more, see the others' point of view and then offer your own ideas.
- Do some of each, depending on the situation and your mood, etc.

This observation can make you discover what you do in different circumstances.



Step 2: EXPLAIN:

There are 3 steps for this self-observation activity, which you can complete over one week as follows:

Step 1 – How do you listen?	2-3 days
Step 2 – What are the consequences of listening?	2-3 days
Step 3 – How do your moods affect how you listen?	1-2 days



The framed pages starting on page 37 are your self-observation guide. Remember to take them out of your folder as you go about your self-observation.



Note to Trainer:

- **REVIEW** the tips for carrying out observations (Box 9, page 32).
- Move carefully through the self-observation pages that follow, reading the steps carefully.



Instructions for SOA #1

Self-Observation Step 1: How do you listen to others?

Here are two ways to help you look at how you **listen to others**.

Carry out each of the following over the first 2-3 days.

1) LISTEN TO THE PATIENT:

After a consultation, take a few minutes to ask yourself:

- How did I listen?
- Did I get the patient's ideas right? (What did I do to get it right?)
- Did I make the patient feel I was interested in her problem? (How?)
- Did I really listen – or was I too much in a hurry? (How do I know?)
- Did I do anything that made the patient feel I was NOT listening?



Make your notes in your notebook about what you learned about your listening.

2) LISTEN TO COLLEAGUES:

During a meeting with your colleague(s), pay attention to how you listen. After the meeting, take a few moments to ask yourself:

- How well did I listen?
- Did I show interest in the other people's ideas?
- How did I do this, and how did it work? On me, and on the other(s)?
- If I did not listen well, what did I do, and what happened?

Make your notes in your notebook about what you learned about your listening.

Continue to observe how you listen to others as often as possible.

- Can you start to see your pattern?



After 2-3 days, move on to Step 2

Self-Observation Step 2: How do people respond to 'good' and 'bad' listening?

Now start looking at how your listening affects your feelings and the feelings of the other person, and the communication between you.



When you observe your listening practice next time, also look at the effect of your listening, on the other person:

- What happens to the other person when I listen well?
- What happens if I don't listen well?

In a patient consultation, look at the results of your listening:

- How does the patient feel?
- What happens to the communication between you?

When listening to a colleague, also look at:

- How the colleague seems to feel when you listen well (and not so well)?
- Look at how you feel yourself?
- How your listening affects the communication between you?

Reflect and make notes in your notebook about how your listening affects others.



After 2-3 days, move on to Step 2

Self-Observation Step 3: How do your moods affect how you listen?



Now start looking at how your different moods affect the way you listen.

Continue to observe how you listen to others, and the effect it has on you, and on them. Now is the time to also observe how 'everyday life' affects your listening.

For the rest of the week, please observe:

- What happens to your listening habits when you are feeling fresh & well rested?
- What happens to your listening habits when you are overworked?
- What happens to your listening habits when you have many patients to see?
- What happens to your listening habits after you have just had a negative interaction with your in-charge, or a colleague, or a patient?
- What happens to your listening habits when you are hungry? Sad/feeling down? Angry/irritated? Frustrated? Worried?
- What effect does the way you are listening and communicating have on your interaction with the patient or a colleague?

Reflect and makes notes in your notebook about how your moods affect how you listen and the quality of your communication.

NOTE: It is very normal that we cannot be at our best all the time. When we know how we react in different situations, we can take action to stop the automatic reaction, 'take a step back', and listen well despite the mood.

3. Discovering the pattern



Step 1: EXPLAIN:

Complete Step 1 several times a day for the first two days, and look only at how you listen, until you see a pattern of how you behave 'automatically' when you listen. Then, look at the effect of how you listen, on yourself and on others, while continuing to observe how you listen. You will discover the pattern of what happens to you, and to the other person. Finally, add the 'complication' of looking at the effect of your mood, on how you listen, and the effect of your listening.

Throughout the week, you may also have started to see what you want to change to be able to do your job better, and to be a better colleague. Complete this task by reflecting on and deciding what you want to change, and why, and how you will do this. If you feel you need to strengthen your knowledge and/or skills and do not know how, bring this up in the training course.

4. Discussing with colleagues



Step 1: EXPLAIN:

When you return to the next PCS training module, you will have the chance to discuss what you observed with you colleagues. You can also discuss before you come to the training.

When you discuss your observations with colleagues, you learn a lot, and we recommend that you start such discussions whenever you have time and opportunity. You may want to find out:

- *How do your colleagues do their observations?*
- *What have they experienced and found out?*

Use the tips on the next page for providing constructive feedback to your colleagues.

GUIDELINES FOR CONSTRUCTIVE DISCUSSION



EXPLAIN:

When discussing your observations with your colleague, there are two things that can happen, depending on how you choose to provide feedback.



Note to Trainer:

- Read through Choice 1 and Choice 2 below. Confirm that all participants are following on page 40 in their manuals.

Choice 1: Supporting you colleague's motivations and insights

Learning about oneself can be a sensitive issue. When discussing observations with colleagues, show respect and appreciation – then they will feel safe, and you will help them (and yourself) learn well.

How do you do this?

- *Ask open ended questions to understand more about what colleagues have observed, and listen actively.*
- *Help him/her think about what they have observed and how they feel about it. What was the effect on the patient/colleague? What did the person get from the experience?*
- *Be encouraging and appreciative to help your colleague talk and share. Then you can share from your observations, and let him/her ask you questions. This gives a good basis for a discussion of how you can use what you have seen, to improve practice.*

Choice 2: Turning off your colleague's motivation (and hurt her or him in the process)

Many things we may do automatically without a bad intent, may make your colleague shut up rather than share from her/his experience of doing observations.

Ineffective communication and its consequences:

- *If you judge or devalue or laugh about what your colleague has seen and felt, it will hurt, and your colleague might get angry – or close up. With good reason! For example, you might start to comment on what your colleague is explaining, about what she has observed and what it means to her. You might tell her that her observation means something else than what she thinks. Your colleague will protest, and you start arguing. This is useless and de-motivating for your colleague (and very common!). The message she might get from you is: 'I know what this means better than you do'. You can imagine how this feels and how it affects the communication between you.*

Guidelines for constructive discussion

- *If you start to comment about your own observations when your colleague has just started to describe his/her own findings, your colleague will also get upset. You are showing that your focus is to get her/him to listen to YOU, rather than you listening to him/her. You also know how this feels (it is very common!). Watch what it does to the communication when you fall into this trap.*
- *Be respectful, appreciative, curious, and generous with your listening!*
- *This does not mean you have to agree with each other - it just means you agree to try to see the other person's point of view, from his/her perspective. This will help us all to learn well together.*

CONCLUSION



Total Time: 5 minutes

Purpose: To close the PCS 00 training and receive any questions or address any questions in the parking lot.

Materials required:

- Flip Chart
- Parking lot questions
- Markers
- Tape

Training Methods used:

- Trainer Explanation

Page 41



1. Introduction

Note to Trainer:

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



Step 1: ASK:



Let's look back at our learning outcomes in our Learner Manual on page 8. Does anyone have any comments or questions about what we have covered today?

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

Note to Trainer:

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

Annex

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Annex A – Body Parts Game

Use scissors to cut out these parts in advance of the training and have them in a box or basket, ready for Activity A.



ANNEX B - Personal experience at a health centre

Use scissors to cut out these cards out in advance of the training and have them in a box or basket, ready for Activity B.

**How do you think this experience
made the patient feel?
(Stressed? Scared? Sad? Confused?)**

***Do you think your partner's experience
was different compared with the
experiences of normal patients
because your partner is
a health worker?***

***What do you think it is like for normal
patients when they come to the
health centre?***



The ACT PRIME Study

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

Date of publication: 2011



Technical Support on Manual Development provided by:
WellSense International Public Health Consultants
www.wellsense-iphc.com



Manual designed by: Spot On Design
www.spoton.biz