

Improving the Patient Visit



The ACT PRIME Study

Infectious Disease Research Collaboration, Uganda.
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TRAINER BRIEF FOR PCS 04

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

During this research, community members told us about having to wait for long hours for treatment at the health centre, and said that lateness of the health worker or lack of prioritisation of the health worker to attend to patients were reasons for long waiting times.

Community members were frustrated by this delay, and it discouraged them from attending health centres. In addition, health care workers themselves told us that, to them, good quality care means to show courtesy to patients on arrival at the health centre. Receiving the patients, greeting them, providing them with a seat and offering guidance to the different departments were felt to be important. Good welcome and orientation were felt to be essential to ensure that patients felt well cared for, and willing to return to the health centre on subsequent illness episodes.

The **key learning outcomes** for PCS 04 are as follows:

Topic	Learning Outcomes By the end of this module, participants will be able to...
Self-Observation Activity reflection	<ul style="list-style-type: none"> • Become aware of ways to invite their patients and colleagues to co-operate and the impact of doing this.
The patient visit: becoming aware of and developing ways to improve the patient experience at the health centre	<ul style="list-style-type: none"> • Recognise that we all have different perspectives, including as health workers and patients. • Put themselves into the shoes of a patient approaching a health centre as an organisation with unspoken 'rules'. • Explore reasons why patients have to wait long, and develop strategies that meet health workers' as well as patients' needs better. • Implement strategies to improve the welcome of patients at health centres. • Implement strategies to improve the orientation of patients at health centres. • Implement strategies to ensure patients are seen fairly.

TRAINING AGENDA

PCS 04 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 & Review - Training rationale and Learning outcomes	5 minutes	_____	_____	15 minutes	Flip chart Markers Tape
	10 minutes	_____	_____		
TOPIC 1: Self-Observation Activity Reflection					
- Introduction to the topic - Rationale	15 minutes	_____	_____	20 minutes	Annex B Flip chart Markers Tape
	5 minutes	_____	_____		
Break				30 minutes	
TOPIC 2: The Patient Visit					
- Introduction to the topic - Thinking about the topic - Principles - Practice - Discussion - Planning	15 minutes	_____	_____	85 minutes	Flip chart Markers Tape
	15 minutes	_____	_____		
	15 minutes	_____	_____		
	25 minutes	_____	_____		
	5 minutes	_____	_____		
	10 minutes	_____	_____		
Future Self-Observation Activity					
- Introduction - Instructions - Future Self-Observation Activity	15 minutes	_____	_____	15 minutes	Flip chart Markers Tape
Conclusion	5 minutes	_____	_____	5 minutes	Flip chart Markers
TOTAL	170 minutes = 2 hours & 50 minutes				

INTRODUCTION TO THE MODULE



Time allocated: 15 minutes

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

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

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

Materials required:

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

Training methods used:

- Group discussion
- Games



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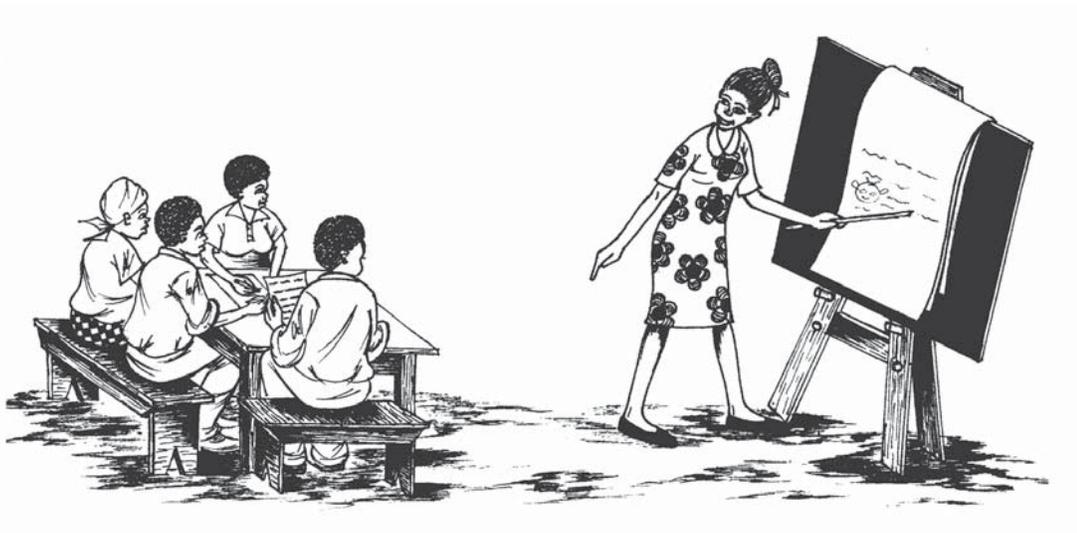
Preparation

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.
- 6) Hang up the 'Ground Rules' flip chart from PCS 00. If you do not have the flip chart or the ground rules, you may ask one of the participants to help you create the flip chart when he/she arrives – the participants should have the rules written in their Learner Manual.



Room Set Up



1. Greetings & Review



5 minutes

Training Steps



Step 1: GREET:

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

Note to Trainer:

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



Step 2: EXPLAIN:

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



Step 3: ASK:

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



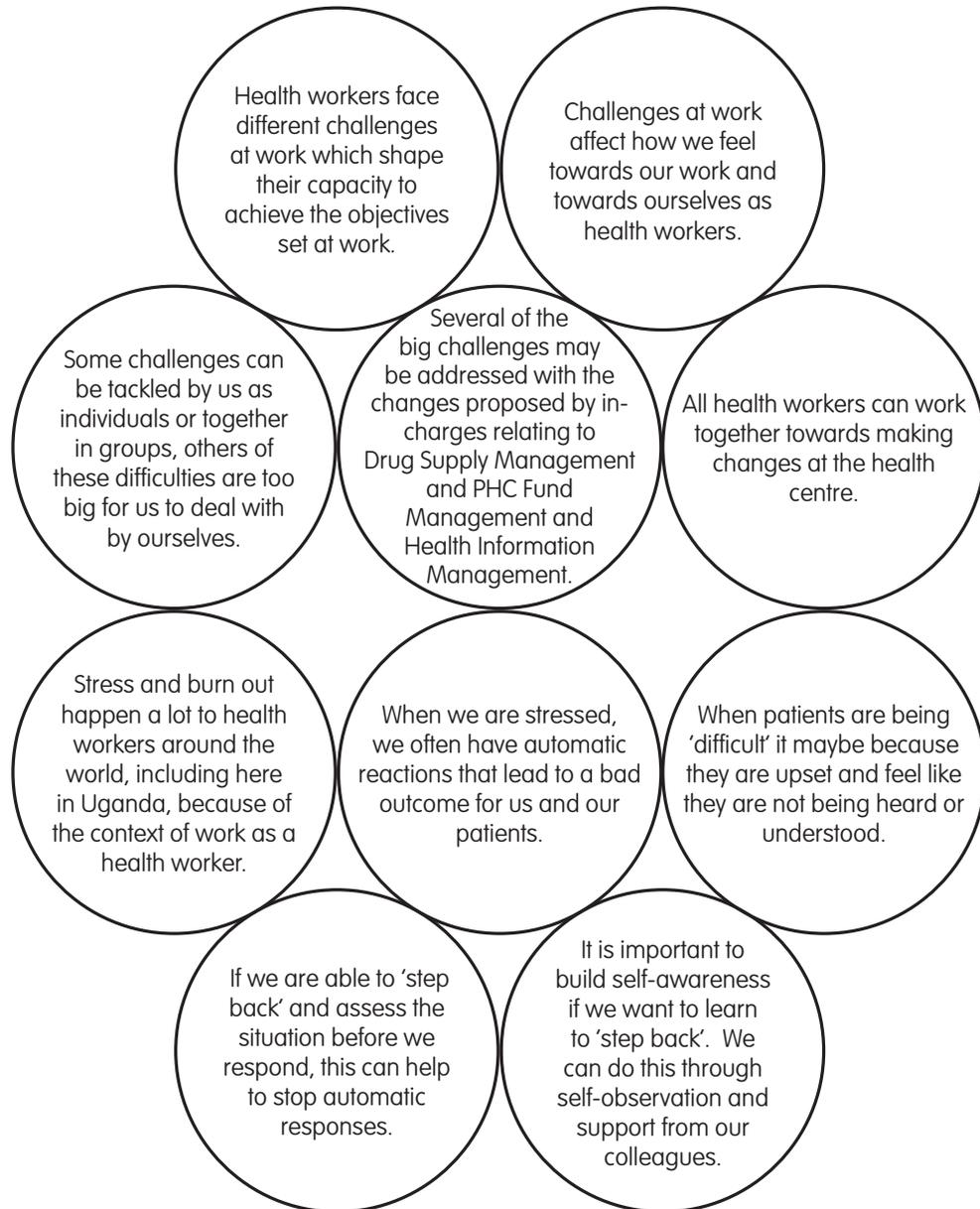
Step 4: REVIEW:

- We are going to start with an activity to recall what we covered together in the previous training. Please turn to page 8 of your manuals where there are review circles.
- We will move around the circle. Starting with the first circle, each person will read out one of the statements inside the review circles. You can choose any kind of voice – a deep voice, a singing voice – just be sure that you speak clearly so all can hear you! Please start by greeting the person beside you and saying their name, before reading the statement – this will remind us of each others' names.



Note to Trainer:

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

Review Circles

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 Manual on page 9 and are as follows:



Topic	Learning Outcomes By the end of this module, participants will be able to...
Self-Observation Activity reflection	<ul style="list-style-type: none"> • Become aware of ways to invite their patients and colleagues to co-operate and the impact of doing this.
The Patient Visit: Becoming aware of and developing ways to improve the patient experience at the health centre	<ul style="list-style-type: none"> • Recognise that we all have different perspectives, including as health workers and patients. • Put themselves into the shoes of a patient approaching a health centre as an organisation with unspoken 'rules'. • Explore reasons why patients have to wait long, and develop strategies that meet health workers' as well as patients' needs better. • Implement strategies to improve the welcome of patients at health centres. • Implement strategies to improve the orientation of patients at health centres. • Implement strategies to ensure patients are seen fairly.



Step 3: EXPLAIN:

Does anyone have any questions?

Note to Trainer:

- Receive questions, answer those you can and then place the rest on the parking lot flip chart.



TOPIC 1: SELF-OBSERVATION ACTIVITY REFLECTION



Time allocated: 20 minutes

Purpose: To discuss the observations and results of Self-Observation Activity 4: Inviting the patient to cooperate.

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

- 1) Become aware of ways to invite their patients and colleagues to co-operate and the impact of doing this.

Materials required:

- Flip chart
- Markers
- Tape

Training methods used:

- Group Discussion

Page 11



1. Discussion



20 minutes

Training Steps



Step 1: ASK:

Let's start today with getting some feedback from you on your latest self-observation activity.

At the last workshop you were asked to carry out Self-Observation Activity 4: Inviting the Patient to Co-operate. How did it go overall?

Note to Trainer:

- Ask the participants to share with the group their observations and experiences with the self-observation activities.
- Keep this discussion very general and brief. Get a feel for how many of the group carried out the SOA and how engaged they each are with the concepts.

Topic 1: Self-Observation Activity Reflection



Step 2: EXPLAIN:

Now we are going to work together in small groups to discuss what we observed this past week while doing our self-observation activity.

Note to Trainer:

- Participants will work in groups of 3-4 to complete the activity.
- Encourage the groups to appoint a note taker who will write down the main points ready to feedback to the wider group if there is time.
- Remind the group about the rules: listen, appreciate, probe, and don't judge.
- Move between the groups and ensure they are clear about the task and that all group members have a chance to contribute.
- Ensure that the ground rule about listening and valuing each others' opinions are being kept, and demonstrate this by showing interest and encouragement as you move between groups.

ACTIVITY A – Self-Observation Activity Discussion



Activity Steps

- 1) **IN GROUPS** OF 3-4
- 2) **ANSWER** the following 5 questions on page 11 of their manuals:

Question 1: What did you do this week that seemed to have a positive outcome on the other person - a patient or colleague?

Share with the group any good times this week when you were able to put your good communication skills into practice. Tell the group about your experience.

- 3) **STOP** after 5 minutes.
- 4) **ASK** the groups to move to question 2.

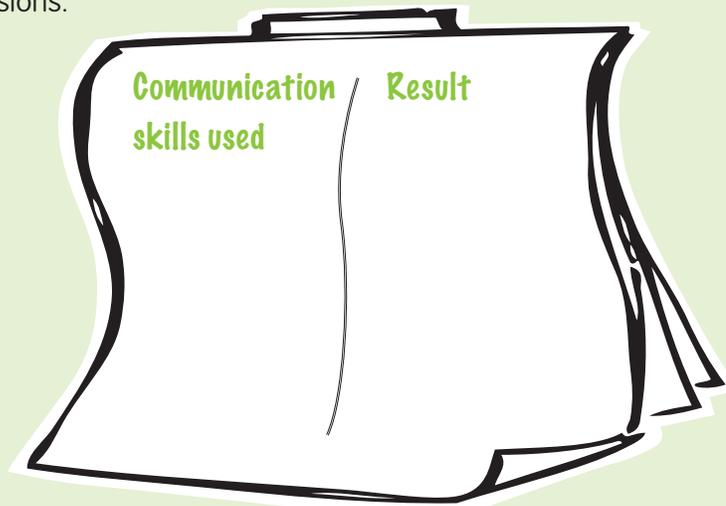
Question 2: Did anyone have a 'difficult' patient this week?

How did you handle this, and not show them how annoyed/sad/tired you were?

What was the impact of doing this on the rest of the consultation?

- 5) **STOP** after 5 minutes for discussion of question 2.

- 6) **ASK** the groups to feed back to the larger group about the specific skills they had used and the results they had observed, based on their group discussions.



- 7) **FACILITATE** a short discussion. In this discussion, focus on encouraging participants to think about how they found ways to employ the skills they listed on the flip chart. Move on to questions 3,4 & 5.

Question 3: How did you achieve good results this week?

Question 4: How have these new skills changed your work as a health worker?

Question 5: What have you learned about your own behaviour by doing this exercise of self-observation?



Summary Box – Self-Observation Activity Reflection

For reference for trainers and learners

- Participants will have reflected on their self-observation experience.
- Some will have shared the difficulties, impact on work, and the communication skills they managed to use and what they have learned about their own behaviour as a health worker striving to provide patient centred services.

Topic 1: Self-Observation Activity Reflection

TOPIC 2: THE PATIENT VISIT



Time allocated: 90 minutes

Purpose: To build the capacity of participants to improve the welcome, orientation and equal treatment of patients at the health centre.

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

- 1) Recognise that we all have different perspectives, including as health workers and patients.
- 2) Put themselves into the shoes of a patient approaching a health centre as an organisation with unspoken 'rules'.
- 3) Explore reasons why patients have to wait long, and develop strategies that meet health workers' as well as patients' needs better.
- 4) Implement strategies to improve the welcome of patients at health centres.
- 5) Implement strategies to improve the orientation of patients at health centres.
- 6) Implement strategies to ensure patients are seen fairly.

Materials required:

- Flip chart
- Markers
- Tape
- Annex A and supplies and props for role play.

Training methods used:

- Games
- Discussion
- Role Play



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1. Introduction to the Topic



15 minutes

Training Steps



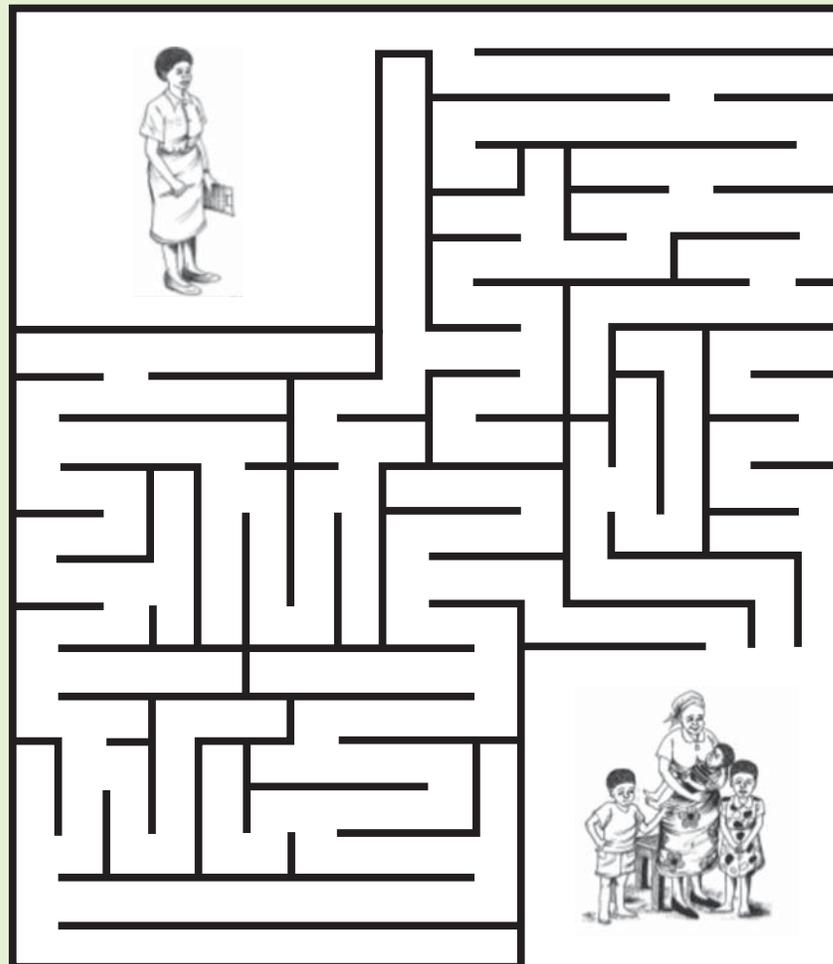
Step 1

ACTIVITY B – Maze



Activity Steps

- 1) **INSRUCT** participants to complete the puzzle in their Learner Manual on page 16, as quickly as possible. The first to connect the patients to the health worker should shout 'I FOUND THE HEALTH WORKER'.
- 2) **ASK** the participants to work on this quietly, and to help each other if they choose to.
- 3) **WAIT** until 2 more participants have finished and then ask everyone to STOP.



Topic 2: The Patient Visit**Step 2: EXPLAIN:**

The WINNERS are these – they are lucky, they can see the health worker. The others cannot, and have to go somewhere else.

Step 3: ASK:

The rest of you – how did you feel when you couldn't complete the maze? I could see you were frustrated. You would go down the wrong route with this sick child, and the other children, and not find the health worker.

Note to Trainer:

- Receive the responses from the participants.

Step 4: ASK:

There are blocks in this maze that prevent the mother, who does not know her way around, from getting to the health worker.

What are the reasons why patients, like this mother, fail to get to the health worker in your health centres?

Note to Trainer:

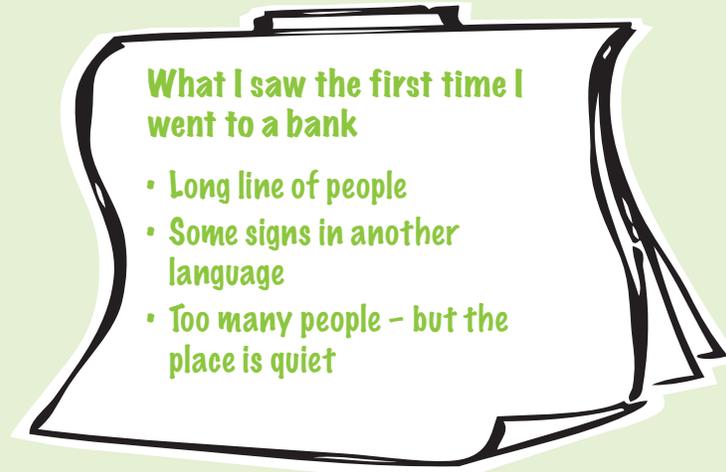
- Receive the answers from the participants.
- Possible responses: no book, afraid to ask questions, no one to ask, no money for lab, language barrier, fear of injections, fear of rude health workers, can't walk – old, not clean – poor, can't talk well, long queue, etc.

2. Thinking about the topic**15 minutes****Training Steps****Step 1: ASK:**

Think of a time when you went to a bank for the first time, did you know what to do? What did you see when you went to the bank?

**Note to Trainer:**

- Ask the participants to shout out answers, e.g. a long line of people.
- Write the answers on a flip chart as quickly as possible. Refer participants to page 17 in their manuals.
- For example:

**Step 2: ASK:**

How did you feel?

**Note to Trainer:**

- Ask the participants to shout out answers.
- Write the answers on a flip chart. Refer them to page 18 in their manuals.
- For example:



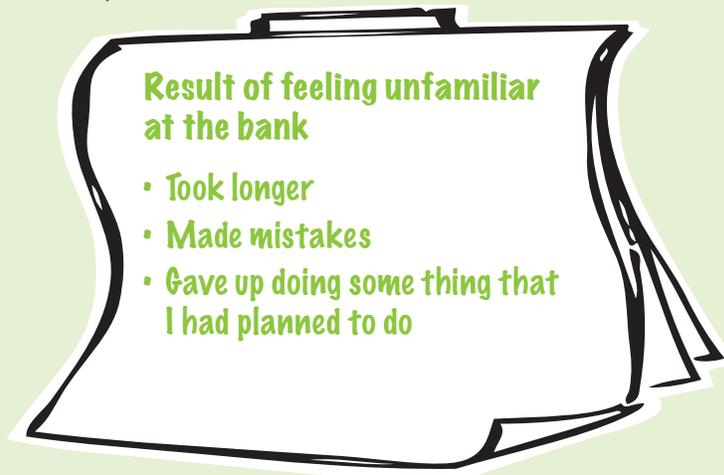
Topic 2: The Patient Visit

**Step 3: ASK:**

How did being unfamiliar and uncomfortable with the bank affect your ability to get everything done that you wanted?

Note to Trainer:

- Ask the participants to shout out answers, e.g. a long line of people.
- Write the answers on a flip chart. Refer them to page 18 in their manuals.
- For example:

**3. Principles****15 minutes****Training Steps****Step 1: EXPLAIN:**

Patients at the health centre are scared too.

Patients who are unfamiliar with coming to health centres also experience these same feelings and fears that you did the first time you went to the bank.

Organisations have unspoken rules.

- A bank and a health facility are both organisations that have their own 'rules'/'systems'. Some are spoken, others we learn even though they are not said out loud.
- As an example, is it possible to dance in a bank?

Topic 2: The Patient Visit

**Step 2: ASK:**

What are some things that patients think that we, as health workers, expect from them at our health centres? For example, the way they should behave, the things they need to know, the things they need to do, etc.

LEARNER
REFERENCE
PAGE

Note to Trainer:

- Record the answers on a flip chart. Refer them to page 19 in their manuals.
- For example:



Topic 2: The Patient Visit



Step 3: ASK:

Ask the participants whether they think each rule they identify is helpful, or unhelpful to their work.

**Note to Trainer:**

- Record the answers on a flip chart.

Step 4

ACTIVITY C – Discussion about rules



Activity Steps

- IN GROUPS** of 4-6
- ASK** the groups to discuss the following 3 questions and refer them to page 20 in their manuals:

Question 1: What is the result of these ‘unhelpful (and unspoken) rules’ on patients while they are at the health centre? For example, if patients see a hidden rule that they must not tell the health worker about their habits of drinking beer, how do you think this might impact their care?

- Ideas for trainer:** We might end up misdiagnosing the problem, not giving the most useful advice for how to take medicines, or not understanding the context of their lives for the management of their illness.

Question 2: What is the result of these ‘unhelpful rules’ on community members when they are sick and considering coming to the health centre?

- Ideas for trainer:** People may decide not to come to the health facility if they feel they don’t understand the system, or if they believe they have to bring something to the health worker in order to be seen.

Question 3: What is it that we, health workers, are doing that is creating the ‘unhelpful rules’?

- Ideas for trainer:** Our own attitudes and habits that we have inherited from our colleagues may be playing a role in creating these rules. Think particularly about the rules that show that we have authority over patients, which we may show by being rude and dismissive, and by treating particular groups of patients poorly.

- SPEND** 2 minutes on each question.
- ASK** participants to take notes in their Learner Manual on page 20.

**Note to Trainer:**

- There will not be time to get feedback in plenary, so move between the groups to ensure they cover each of the questions and understand the main ideas.

Topic 2: The Patient Visit

**Step 5: EXPLAIN:**

How can we improve the situation? Follow along on page 21.

We need to see the unspoken rules, and challenge them by changing.

- We can be more helpful to patients if we can see these rules, and do what we can on our side to change the way we treat the patients. Then, we can encourage them to not believe in the unhelpful rules, because this is not how we want them to be treated in our clinic. We can then make our real expectations of them clear.

We need to understand how patients come to learn these unspoken rules.**Trial and error:**

- In the consultation, if you show that you disapprove, for example about drinking local beer, the patient will be unlikely to tell you about it, which means you can't get a full picture, and will not be able to help the patient to recover fully.

Patients also learn by watching other patients or health workers:

- At the health centre, patients will try to see what they should do by watching others. They may be waiting in a long line for a long time, but then they see someone wearing smart clothes arrive and they are given special treatment - they are seen straight away. Then, all of the patients in the line will learn that if they dress smartly then maybe they have a better chance of seeing the health worker quickly.

**Step 6: EXPLAIN:****What can we do to make sure the patient in the consultation knows the right rules?**

- If the health worker builds rapport, listens carefully and tells the patient, 'you should feel free to tell me anything about your concerns and situation. This is a confidential space and I want to help you to recover if I can,' then the patient will know that the expectation is that they can say anything and that the health worker will keep their responses confidential.
- In this case, the expectations are stated out loud and explained.

What can we do to make sure the patients in the queue know the right rules?

- If the health worker comes out to the queue and assesses who is most sick, and explains to the others that they will be seen after these sickest patients, those who are waiting will see that the health worker knows she is there and also that the health worker understands that she is waiting.
- This helps the patient to know that she should wait but to feel better about it. The expectation is not hidden - it is said out loud and it is explained.



Step 7: EXPLAIN:

What is the main point?

To see things from the patient's perspective.

- *If we can see the patient's perspective, that they do not know the way we want them to behave, we can give them some help. We can tell them what we expect them to do, and what they can expect from us. By doing this in a friendly way, we will have positive impact on the way patients flow, how satisfied they are, and how well our consultations go. It may even save us time!*



Step 8: ASK:

Let's see what techniques we can use to make patients feel more comfortable.

- *We are going to focus on two ways to improve the way patients can become familiar with our services: welcome and orientation.*

4. Practice



25 minutes

Training Steps

Step 1

ACTIVITY D – Discussion about techniques to make patients feel more comfortable



Activity Steps

- 1) **IN** GROUPS of 4-6
- 2) **ASK** the groups to discuss the following:

Question 1: What can you do to make your patients feel more welcome when they arrive at your health centre?
- 3) **GIVE** participants 2 minutes to discuss their ideas with their group, and to write these into their Learner Manuals on page 22.



Note to Trainer:

- Go around the group and join in where participants are struggling.
- Ideas might be to encourage volunteers to welcome patients, and to be more conscious of having a patient-friendly attitude by remembering to get into the shoes of the patient.

- 4) **ASK** the groups to feedback to everyone.
- 5) **WRITE** responses on a flip chart

Ideas to improve the welcome of patients to our health centres

- Ask volunteers to welcome patients
- HW should come out and prioritise patients, and explain to others how long they will wait and why
- Put up a 'welcome' sign
- Be friendly
- Hand out numbers to patients as they arrive
- Put up signs for rooms with pictures, like an injection for the injection room

ACTIVITY E – Welcome Role Play



Activity Steps

1) PREPARATION

- This role play has two parts which you will guide the participants through separately.
- Ensure that you have sufficient room to set up a waiting area with a bench and consultation area with two chairs.
- Have the list of roles cut out from Annex A and prepared to give to the participants.
- Make the right number of slips for the number of participants in the group.
- Ensure that each of the first five roles is given out.
- Make several copies of the last role for remaining participants.

2) ROLES

1. You are the health worker.
2. You are a volunteer – make yourself a badge to wear.
3. You are a patient on your way to the health centre.
4. You are a patient sitting in the queue with a child who is convulsing.
5. You are a patient sitting in the queue. You are vomiting.
6. You are a patient sitting in the queue. Your child has a mild rash.
7. You are a patient sitting in the queue. You have come to collect more medicine.



3) **INVITE** the whole group to take part in a role play. **REFER** them to page 23.

4) EXPLAIN

- Each participant will have a role to play, to be picked from a box.
- The role play will take place in the waiting area of a health centre.
- The participants who are the patients must get themselves into the roles of patients, and those acting as health workers must do their best to put into practice the skills learnt about welcoming and guiding patients.
- We will set up the role play and then take it in several parts, starting when I say 'ACTION!', and stopping when I say 'CUT!'

5) **SET OUT** the role play:

- Give each trainee a slip of paper from Annex A to show their role in the play.



Topic 2: The Patient Visit

- Ask the participants to read in their Learner Manual on page 23, the description of the scenario relevant to their role. **Allow 2 minutes for reading.**
 - Ask those who are 'patients' (roles #4-7) to put out a bench or row of chairs against a wall. Ask them to take a seat there.
 - Ask the 'health worker' (role #1) to set up two chairs to one side, where they are waiting in their consulting room.
 - Ask the 'volunteer' (role #2) to wait with the health worker for now.
 - Ask the 'arriving patient' (role #3) to wait to the other side.
- 6) **CONFIRM** that participants know their scenarios (see scenario box below):
- Speak quietly to each group of participants- the health worker and volunteer, and then the patients, to make sure they understand the scenario and what they will need to do.
 - Make sure that the patients with convulsions and vomiting are at the rear of the queue.
- 7) **GUIDE** the first part of the role play:
- Explain that we will start with the 'arriving patient' coming to the waiting area, when the volunteer will greet them.
- When the participants are ready, say 'ACTION'.
- When the patient has arrived and been greeted, and is sitting in the queue, say 'CUT'
- Ask the group to give a round of applause to the actors and ask the actors to sit to the side.
- 8) **GUIDE** the second part of the role play:
- Explain that the patients in the line need to act out their illness parts. The 'health worker' will come out and do a triage assessment.
 - Say 'ACTION' and 'CUT' at the start and end of the role play.

ROLE PLAY SCENARIOS

Role 1: Health worker role

- The health worker should move down the line looking for the most serious patients.
- The health worker should then move these patients to the front and explain to the other patients about why they are queuing and why these patients are at the front.
- The health worker should explain that 'we have a commitment that we will not allow any person to come to the front of the queue unless they are the most sick person.'

Role 2: Volunteer role

- Come out to the waiting area and greet the new patient as they arrive.
- Show a good welcome and ask them to take a seat at the end of the line.
- Explain how long they will have to wait.

Role 3: Arriving patient role

- As you arrive, you are shy and afraid.
- If the volunteer is friendly, you can ask some questions about what to expect in terms of the waiting time and whether drugs are there.

Roles 4-7: Patients (in queue) role

- Think about the symptom you have, and how you are feeling.
- When the health worker comes down the line, you can tell them this as your main complaint.
- Think about how you feel about where you are sitting in the queue and how long you have been waiting.

5. Discussion



15 minutes

Training Steps



Step 1: ASK:

How did the welcome role-play go?

Note to Trainer:

- **Use the following probes to ask the different actors:**
 - How did you feel about being the arriving patient? What did the volunteer do well to make you feel welcome? What could be improved?
 - How did you feel as the volunteer? Is what you did possible in your workplace?
 - How did you all feel as the patients in the queue? What made you feel good, and what made you feel uncertain?
 - How did you feel about being the health worker? Why?
 - What do you all think the HW/volunteer could have done better to show fair practices and make you more welcome?

Topic 2: The Patient Visit

**Step 2: EXPLAIN:**

If the patient feels good after you have done well, this will provide motivation to you, the health worker.

**Note to Trainer:**

- Encourage participants to write notes in their Learner Manual on page 24 about what they and others did well that they want to do themselves in practice.

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

Thinking about what we have learned today, which specific things can you use back home in your health centre to improve patient welcome and orientation so that the services are fair to all patients?

**Step 2: ASK:**

Please work in groups from the same or neighbouring health facilities to discuss the following questions, and write in your Learner Manual under the headings on page 25.



- *My plans for improving the welcome and orientation of patients at my health centre.*
- *What I will need to do and plan in order to achieve these goals.*
- *How and when I will know if my plans are working.*

Trainer Ideas for planning:

- *You may need an artist, or to look for pictures.*
- *You may need to tell the in-charge about your idea.*
- *You may need to draw a plan of your facility.*

Trainer Ideas for how and when to know if your plans are working.

- *You may want to do a review of patient views now, and again after 2 weeks/ month. What questions might you ask?*

FUTURE SELF-OBSERVATION ACTIVITIES



Step 1: EXPLAIN:

Today was our last structured feedback of self-observation activities. However, we suggest that you continue learning in this way, and meet together once a month to give feedback. You can do this amongst yourselves at your health centres or come together with colleagues from neighbouring health centres.

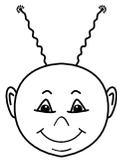


Step 2: EXPLAIN:

You can continue to increase your own awareness by observing one skill at a time, and decide on how you want to change. You might also ask a colleague to observe you, and give feedback for example, on how you ask questions, how you listen, or any other skill you want to work on. This is a very good way to learn – when you trust the colleague, and the colleague is using constructive feedback.

We have included some further self-observation activities in the Learner Manual on page 28, for you to try out over the next couple of weeks. We recommend you continue to make notes on your observations and hope that you enjoy while you are learning, and best of all, that you get better responses and reactions from your patients and colleagues!





Future Self-Observation

Introduction

It is a good practice to continue with your self-observation activities and self-awareness building. It is important to always use your 'antennae', 'observer', or 'invisible friend' to help you maintain your self-awareness about how you interact with others.

Repeat the self-observation activity below once every several weeks to help you reflect on and maintain your good communication skills.

Activity: Reflect on your goal

Focus on your communication skills to a 'whole'. For a few days, reflect generally on your goal as a health worker, and about what kind of professional you want to be, and how you see yourself. Use of power is common in all professional work. However, if we use power without being aware of what we do, and why we do it, it can result in problems - and in us not doing our job well. We can upset colleagues, and miss the right diagnosis for the patients. In our training course we did not have time to deal with the issue of power specifically, but you can now do this yourself, using the skills you have learnt about observing yourself, looking at the effects of your communication, and reflecting on the outcome.

Look at your normal pattern when diagnosing and advising the patient and reflect on the following questions.

Do you sometimes find that you want to do as follows:

- Show the patient you are a good professional?
- Show him that you are the one who knows what the problem is, and what to do (rather than listen to his ideas about what is wrong)?
- Show him you have the power, and that he should respect you?
- Expect him to follow your advice, because you have the expertise (and regardless of how you act towards him)?
- Establish a dialogue and a common goal with the patient?

What effect or impact does it have, when you choose different options, on:

- Your communication with the patient
- The outcome of your interaction with the patient
- How you feel about yourself and the service you provided

Make notes in your notebooks and compare with your responses from previous self-observation activities.

Reflect on how well you are now communicating. Also reflect on how you use power in your work with patients, and with colleagues. Decide on changes you want to make, to become the professional whom you will be proud of.

Also discuss your successes and challenges with your colleagues. Your learning will be more effective if you discuss your observation and questions with your colleagues.

You may want to ask a colleague to observe you and give feedback on how you communicate. Remember to use the guideline on constructive dialogue from Self-Observation Activity #1.

Conclusion

CONCLUSION



Total Time: 5 minutes

Purpose: To close the PCS 04 training and receive any questions or address any questions in the parking lot.

Materials required:

- Flip Chart
- Markers
- Tape

Training Methods used:

- Trainer Explanation

Page 31



5 minutes

Training Steps



Step 1: EXPLAIN:

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



Step 2: ASK:

Let's look back at our learning outcomes in our Learner Manual on page 9. Does anyone have any comments or questions about what we have covered today?

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



Note to Trainer:

- Make a note of any suggestions or queries in your 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

Annex A - Welcome Role Play

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Annex A - Welcome role play

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

1. You are the health worker.

2. You are a volunteer – make yourself a badge to wear.

3. You are a patient on your way to the health centre.

4. You are a patient sitting in the queue with a child who is convulsing.

5. You are a patient sitting in the queue. You are vomiting.

6. You are a patient sitting in the queue. Your child has a mild rash.

7. You are a patient sitting in the queue. You have come to collect more medicine.



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