

## 8 Planning and organizing iCARE training process

Careful and consistent planning is essential for the success of the iCARE-Haaland model training. In this chapter, we spell out the nitty-gritty process of how we have planned the training, and what is needed to make the whole training function well.

As the process is going on over time, the planning team needs to give attention to establishing and maintaining a safe and predictable situation for the participants. The participants, as well as their managers, need to know what will happen, when, and what is required of them. When the logistics are clear and function well, participants can use their time to concentrate on discovering and learning how to communicate well.

The planning team can consist of a coordinator, trainer(s) and manager(s), with logistic support from other(s) to arrange meetings and training sessions, inform participants, collect their baselines, observation tasks and endlines, and attend to other practical tasks. If participants are not computer-literate, typing support may be required.

***See Part B for examples of advertisements, invitation letters and other documents and tools.***

### 8.1 Before the training starts: Preparation

**Decision to run the training:** Health providers, trainers, managers or invited guests can initiate the process of implementing the training in an institution, based e.g. on a formal or informal needs assessment that shows there are challenges in communication between providers and patients. There can also be an initiative from the staff who has noted that providers are burning out and are struggling with conflicts at work. The decision can also be inspired by staff having participated in a conference where the work from this manual was presented, or having direct access to the manual, or having participated in a training course where they have been exposed to these methods. Local or central health authorities can also take initiative to conduct such training, as the awareness about the need for and usefulness of skills training on communication and emotional competence is increasing, worldwide.

In the first site where this training was implemented, the leader of the TB hospital (in Siauliai, Lithuania), contacted the Norwegian NGO (LHL), and requested support for communication skills training for their staff. As information about the training was made available to other partner countries of LHL, institutional leaders recognized the need for communication training, and requested such training for their staff. The training thus travelled to Russia (Arkhangelsk), Latvia, Namibia, Tanzania and Zambia. Two nurses from Kilifi hospital attended the training process in Zambia (on special invitation, facilitated by Ane Haaland and Vicki Marsh) and later became the initiators of the process in their hospital, in 2009. The training has continued in Kilifi since then, and in 2015 also travelled to the Gambia – initiated by a researcher who was familiar with the good results the training has brought in Kenya.

Inviting 2-3 participants from collaborating countries to your training is a good way to get new people interested and involved, and for them to assess whether this training is appropriate for their setting. If they decide it is, they can be the initiators of the process in their own country.

#### 8.1.1 Getting the training accepted at institutional level

**This is a key** step for the success of the training process. The managers need to be convinced that the training is needed, and to agree to release their staff from duty to participate. They also need to understand the concept and purpose of voluntary participation, see below.

Invite managers to a meeting to introduce the idea of the training, and to discuss the relevance of such training for their institution, their staff and their patients.

In Kilifi, we established **the relevance** of the training for managers/decision-makers in an initial meeting, where we brainstormed on communication challenges faced by the providers to be able to give patient-centred care, and by themselves in leading and supporting the providers in their work to give such care. We asked them some questions, for example:

- *What do they know and feel about how staff relate with patients?*
- *What are some of the communication problems among staff at the hospital?*
- *What problems do they as managers and supervisors experience with their staff?*
- *What do they think are possible causes of the problems?*

**Discussion is important** to be able to establish relevance of the training, create motivation and spell out expected gains. Some **points for discussion** with managers and decision makers:

- **Strengthen the feeling of relevance** by informing them that problems resulting from poor communication skills and lack of skills to manage emotions in the health professions exist worldwide, and has serious negative effects on patients, providers themselves, and supervisors. Give examples.
- **Establish clearly that the training that is offered will address these issues** and that it has in many other countries/places resulted in real improvements in providers' and managers' communication skills. Provide examples of the type of changes that have been registered by using this training model. Also provide evidence for health gains for patients and for providers themselves resulting from process training on health communication (from other projects – e.g. from review articles).
- **Invite them to be active partners in the training process**, by supporting their staff to take part in the training, and to consider taking the course themselves. Encourage managers to engage their trained staff in sharing experiences and reflections with them, and with the untrained staff, after each workshop and in relevant training fora. This will help to strengthen awareness about the use of the constructive communication methods, and to create a milieu where supportive communication and respect for patients is the norm.
- **Emphasize that the training is based on voluntary participation, and why:** A person has to acknowledge her need and interest to learn about communication, to really learn well. When participants (“bad communicators”) are “volunteered” by their managers, these individuals can seriously mess up the training for the participants who DO want to learn. Trainers will have difficulties establishing a safe, constructive environment that can facilitate deep learning when there are individuals in the group who resent being there and will openly (or passively) be judgmental and resist learning.
- **Spell out how much funding is required** for initiating and implementing the process. *See budget note in appendix. The training is in general low cost: In Kenya, where the venue was provided by the institution and the trainers were on regular pay, the training budget was 250 dollars for lunch, refreshments and stationary for 30 people in two workshops of five plus three days.*

**NOTE: No “sitting allowance” was paid in Kilifi:** As the training has been voluntary and based on an acknowledgment of need for learning, participants have not been given any “sitting allowance” or per diem for taking part in the training. This has kept the cost down and has resulted in participants wanting to learn for their own purposes, not for the economic gain. The low budget has, however, also had negative consequences: It has been difficult to recruit and keep the trainers from the Government side on board, as there are competing requests for training with allowances paid. In a

resource-poor community, many trainers (and participants) have had to choose money over their own interest and motivation. In such training programmes, lecture-based methods are often used. Thus, trainers have to switch between using “old” methods with which they are very familiar, and “new” experiential learning methods which many are not yet fully comfortable with. This practice further slows down the integration of modern and more effective participatory learning methods into the communication skills training programmes run in “traditional” ways.

### **8.1.2 Advertising the training and selecting participants**

**Advertise the training** at least four weeks before the process starts, to give participants adequate time to put in their application. Prepare a formal advert (see appendix) and distribute to notice boards in all departments, common places where staff gathers (canteen, coffee shop), on the institutional website etc. Make sure all managers get a copy and ask them to promote the training to their staff, including mentioning it in meetings, where appropriate. Trainers, previous participants and other colleagues familiar with the training can be asked to be “ambassadors” to help recruit participants from their respective departments, also through online platforms e.g WhatsApp groups: Typically, this kind of training is most efficiently spread by “word of mouth” from people who have had personal experiences with it, directly or indirectly.

Monitor applications as they come in. If response rate is low (*this may happen when staff is unfamiliar with the process, and e.g. believe it is too long*), follow up with line managers. Go personally (as a trainer) to meet staff members in the departments and address questions they may have about the training. Clarify misconceptions and offer them the training brochure to read (see Part B). The brochure can also be put on the institution’s website, with an invitation to the training.

Interested participants should send in their contact details to the training coordinator via phone or email.

**Selecting participants:** Participation in the training is voluntary – providers have to have an interest in improving their communication, to be able to learn well. Sometimes managers may select participants to join the training if they see them being “poor communicators”, using the training as an intended rehabilitation process. **Discuss openly and discourage this practice** as it makes participants feel judged as bad communicators, feel resentful, and will also influence other participants negatively. Participants need to be committed to the learning and this can only happen if they make a voluntary decision to join the training.

All the trainers should participate in the selection exercise to allow transparency and fair selection of participants. It is important to ensure good representation of participants across all the departments, as this helps in building a critical mass of “good communicators” who can be examples to others. Trainers should select at least two participants from each department, where possible. This helps the participants to support each other with the tasks, and to observe, discuss and give each other feedback.

#### **Organizing contact with participants**

The coordinator prepares a master list with personal and contact information for all the participants. This is useful for sending text messages to invite/remind participants about meetings. The coordinator can for example create a contact group in her phone for easy communication with participants throughout the process. The coordinator should send a congratulation note to all the participants who have been selected for the training, and invite them to attend the introduction session.

## 8.2 Phase 1: Meeting participants, organizing baselines and tasks

Trainers meet participants for an initial meeting, and then monthly throughout the discovery phase for 1-2 hours to share and discuss experiences and challenges, hand in the tasks, and receive new ones. It is important for participants to attend these regular meetings as it helps them understand how to work on the self-observation and reflection tasks – which most of them will probably be unfamiliar with before this training. See Part B for short powerpoint presentations for these meetings.

*See also chapter 6, on learning methods and reflective learning.*

### Logistics for each meeting

Invite participants to the meeting 3-5 days in advance by text message or email, with a copy to the Head of Department (HOD). Include in the mail the new set of observation tasks, to allow them to read through these before the meeting and discover any points that are not clear. Remind them to bring their written feedback.

For the meeting, print out the new tasks to be discussed, and other supporting documents. On the morning of the meeting day, send a reminder and let the participants know the time and venue of the meeting. (*The reminders help improve attendance*).

**Give each participant a code number**, and use this to identify their work (baseline, observation tasks, and endline). This will ensure anonymity of their feedback. The coordinator keeps a master code list to help track the assignments and monitor progress.

### General issues in all meetings

**Set up the room with small groups:** The physical set up gives an important message that this is a session where participants share ideas and learn from each other: It is NOT a lecture theatre where the trainer will tell participants what to think, and what the answers are. Thus, organize the room so people can sit in groups of 4-6, and can also discuss in pairs.

**The coordinator** or one of the trainers should lead the session and practice the same kind of approach we use in the workshop: Welcome participants, create a safe environment, appreciate their work, be non-judgmental and encouraging, and use humour.

**Encourage participants to share experiences** from their observations and learn from each other, but do not force anybody as they may not be very comfortable with each other, and (in the first meetings) not yet safe to share what they discovered about themselves. Appreciating their contributions helps to make them feel safe to share.

**Address any concerns**, challenges or questions they may have – and encourage participation by asking if anyone has an answer to questions raised, before the trainer answers. This stimulates empowerment and confidence.

**Introduce** the new set of observation tasks and collect their feedback from the previous set.

### 8.2.1 The introduction meeting

This meeting is very important, and all participants must attend. It will usually last about two hours. The purpose is for trainers and participants to meet and get to know each other, to introduce the participants to the training process and the baseline, and to spell out participants' roles and responsibilities.

*Note: Participants who do not attend this session usually find it difficult to carry out the self-observation and reflection tasks, and this may be a reason for them to drop out. If there are several people who do not attend, a second meeting for these individuals will be needed. For individuals who do not attend, the trainer should try to make individual meetings to introduce them to the course work or put them in touch with fellow participants in their departments. As the methods we use are*

*new to many, and participants will be insecure about what to do, the personal contact with the trainer is essential to motivate them to work.*

**Introduce the baseline questionnaire (See part B):** The baseline asks participants to make a self-assessment of what they are good at and what challenges they have when dealing with patients and introduces them to reflective practice. Explain that the purpose is to make them think and reflect about their own work, and – that this is not an exam: There are no “right” or “wrong” answers. Also assure them that their answers will be treated confidentially and explain about code numbers. Give participants 7-10 days to work on the 15 questions in the baseline and encourage them to write a small section every day to avoid feeling overwhelmed. Encourage participants to answer as many questions as possible but to feel free to omit any questions where they have nothing to report about. Open the meeting for questions and discussion about the baseline and the process.

**Explain the purposes of the baseline:**

- **For participants:** To start becoming aware of what they do and how they think and behave when they communicate with patients and colleagues and reflect about it. While, and after, filling in the baseline, they are likely to start paying more conscious attention to how they communicate with others, and what effects their communication have on others;
- **For trainers:** The baseline is a tool that helps them understand how the participants think, what they struggle with and what their learning needs are. This will help trainers adjust the workshop contents to the needs of the participants. The baseline is also a tool to measure changes in attitudes and practice, by comparing with the endline after training.

Inform participants about the date for the next meeting, where they will hand in the baseline and receive the first set of observation tasks. They can also use a soft copy and send it in electronically.

## ***8.2.2 Meeting to introduce the self-observation and reflection tasks***

### **Introducing Pack 1 – listening and discussion habits**

Collect the baselines, and explain how you will use them (see above).

Introduce the purpose of using self-observation and reflection tasks to learn about how they communicate, and the method of Observation and Reflection IN Action which we are using. Explain **why** we are using this method (“Reflect WHEN”), and how it is different from Reflection ON Action (“Reflect after”), see chapter 6. Both methods are used in our training.

Let participants talk together in small groups to come up with questions. Then, introduce the first set of tasks, using the PowerPoint presentation (See Part B) as a guide to run the session. Participants complete each task in one week. By the 4th week they reflect on their changes and choose one change which has been the most significant to them during the month. They write their story or example of change and explain why they think this change is significant to them.

It is important to give time and allow participants to ask questions for clarification after explaining each week’s task. Emphasize that working on these tasks needs to be learnt, and that learning comes with time, practice and feedback. Also emphasize that there is no “right” and “wrong” when doing these observations – it is all about learning how they communicate and how others react to this. And then to reflect on how their discoveries “fit” with their ideas about themselves as kind, caring health providers: Is there anything they need to change?

Give participants a copy of the introduction for how to work with the observation and reflection tasks (see Part B). Share an example of how you learnt to carry out the tasks, if possible.

**A common question participants ask during this session is:**

- *“How is it possible for me to observe myself, I would rather have someone else observe me?”*

**Ask them to reflect and discuss the following question (in small groups):**

- *“If someone were to give you feedback about how you communicate with patients, what do you think this feedback would be like? What are the likely things that the other person would comment on first?” Bring out experiences participants have had on this.*

**A common answer to this question is** - if other people were to give them feedback, they are likely to say the bad things about them. Ask and reflect further in plenary on how they would feel if they were given bad feedback? Most participants say they “will feel bad”.

Explain that when using the self-reflection tasks, they have an opportunity to look at themselves and appreciate what they do well and discover what they need to improve – without anybody pointing a finger at them. Working with these tasks enables them to feel safe in their discovery and learning process. Most people experience that this learning is useful, inspiring and motivating: They see what they need to improve and can often improve simple skills by taking conscious action (e.g. listening, without interrupting). When they see the positive impact of such communication, it usually inspires them to further learning.

**Another common question they ask is:**

- *“Am I not likely to report just the good things about myself, and not report the bad ones?”*

Refer to the discussion above, and ask what would be the reason for reporting just the good things? Explore the question, and the consequences of ignoring the problems, in the long run. Explain, and discuss, that what we have seen in other places is that gradually, as participants get to trust the method and feel safe in their discoveries, they look at their problems, and become very open and direct in their descriptions of them. Participants gain confidence to report, and then tackle these problems as they learn to trust that they are not judged or criticized when they report “bad things”: They are rather asked to explore and reflect on reasons this happens, as similar problems happen to everybody. Emphasize that since they are in charge of their discoveries, THEY decide if and when to share their discoveries. When they experience that it is actually useful and helpful to share and discuss their discoveries (*and not be judged for having made mistakes*), they will get into the habit of doing so – and continue learning.

Encourage participants by saying that other colleagues have used these methods and learnt very effectively, and that using the tasks becomes easier with practice. Encourage them to find time to discuss with each other in their work place, and also advise them to use the trainers and previous participants in their departments as a resource. Building an environment of critical thinking and learning helps everyone to work consistently to improve their communication skills.

### **Collecting pack 1 and Introducing Pack 2 – Dealing with irritation and anger**

This is the first meeting after participants have started discovering how they communicate, and what challenges they have. Encourage them to share what they have observed and start with sharing what they do well – this usually brings laughter and makes them feel safer to share the more problematic discoveries. Acknowledge and appreciate their learning and emphasize the need for a non-judgmental attitude to help develop an open learning environment.

Ask them how they experienced carrying out the tasks - but only after getting some good examples and sharing these – to focus on the positive achievements from the beginning rather than starting by focusing on the problems. Ask what challenges they had. When you get an example, ask if others

have had similar challenges, and how they have dealt with them and solved them. By doing this, you start to build a learning environment where participants see and use each other as resources and learn from each other: This is an important purpose of these meetings.

It is common that participants want trainers to help them solve the problems they have discovered – NOW. Rather than answer the question yourself – ask if anyone in the group has a suggestion and encourage them to learn from each other: this is an important purpose of these meetings – to strengthen the practice of participants sharing and learning from each other’s successes and failures. Encourage them to continue to observe and learn by themselves, and to share with and learn from each other during the whole period of observation and reflection. They can make many changes in their practice based on this learning. Remind them that based on this learning, we will further strengthen the skills and learn some theory in the basic workshop, in 2-3 months. Until then, there is no formal teaching.

The trainer can introduce the next set of tasks (*Dealing with anger and irritation*) by reading out (or asking a participant to read) the text for one task at a time or use a flip-chart and make key points about the task that she can use as a guide during the discussion. This second pack of observations contains a set of very crucial tasks that invite learning on aspects that cause problems to many: Irritation, anger and conflict. Participants observe what triggers their emotions and cause (automatic) reactions and reflect on how this can lead to conflict. Understanding and dealing with conflict is a very important area when interacting with patients and colleagues.

In these observation tasks, participants will become familiar with what and whom can trigger an (automatic) reaction in their work. They observe what they do and how they feel in these situations, and then focus on what **effect** their actions have on others. This is where many get a “shock” when they discover the impact their own emotions have on the interaction with others, and on the quality of the communication: the other person often withdraws, stops giving information, or sometimes – responds with anger. Participants then reflect on what they would like to do differently: This is where they become aware of the need to “step back” from their own automatic reactions, and listen to the other person, with the intention to understand her perspective. In week 4, they write a story of significant change, as for pack 1.

Ask for questions and reflections, discuss, and close the meeting.  
Collect the feedback from Pack 1.

### **Collecting pack 2; Introducing Pack 3 – Patient-centred care, anxiety and research**

In this meeting, participants will usually have a lot to share: They have now discovered how much they are affected by patients’ and colleagues’ emotions, and how their own emotions influence the interactions and the communication with others. Many will have been profoundly surprised and will have learnt deeply. Many have already made important changes in their practice, based on their own observations. It is important to give time for sharing stories and reflections in this meeting.

Participants are by now familiar with the methods of how to observe their own communication habits. Many will have become aware of various patterns of reactions related to how they use basic communication skills (listening, asking questions, hindering and facilitating good communication), and of how they deal with anger and irritation. They will use this learning in the next month’s themes.

Again, participants will often ask for skills to tackle the challenges they have discovered. Ask them to share how they have dealt with the challenges – this encourages them to learn from each other, which is an important aspect of the course process: To be teachers and role-models for each other.

**Introduce** the next set of tasks: How do they practice “Patient-centred care” (PCC), and how do they relate to anxiety? Ask participants what they think is PCC, and how it is practiced in their institution, and discuss briefly the understanding and importance of this concept.

Also emphasize that during this final month before the basic workshop, participants should identify **what they now see as their learning needs**, based on the last three months of focussed observation and reflection work.

The first task invites participants to identify what they actually mean by “Patient-centred care”, how they practice **giving** this in their everyday work, and how it affects the patient, and themselves, when they give PCC. They are then asked to reflect on how it feels when **receiving** such care – either when being a patient themselves, or when accompanying a relative or friend to a health clinic. The task includes asking for a description of interaction that they participated in (as a patient or relative) where PCC was **not** given.

A “companion piece” to practicing PCC is awareness of how one deals with anxiety. Patients are afraid or anxious for a large number of reasons, all of which are “good” or “reasonable” - from **their (the patient’s)** perspective. Patients are in a new place (the clinic/hospital), full of technical instruments and sick people. They don’t know what is wrong with themselves, or their child. They don’t know how long they have to stay, and if someone will take care at home. They don’t know what it will cost. They may have met an unfriendly nurse who told them things they did not understand. They may have travelled for hours, and waited for a long time, and are exhausted, hungry, etc. **Their anxiety and fear is well founded.**

The provider’s task is to become aware of how they empathise with the patient and take care of this fear, and make the patient feel safe and in good, kind, competent and caring hands. They also look at how they relate to **their own** insecurity or fear – if and how they may get “infected” with a patient’s (or colleague’s) fear, and what happens to the interaction when fear “gets under your skin”. They start learning to identify the signs of insecurity and fear, and how to manage these emotions better, with awareness.

***In the workshops, recognising and dealing with insecurity and fear are important topics.***

If some of your participants are involved in recruiting patients for research, you can use the task developed to strengthen their awareness of how they practice e.g. ethical aspects of this work.

### **Additional tasks in pack 3**

#### **A. Special task for providers working with research projects**

To recruit patients to take part in studies requires good communication skills and respect for people’s right to say no. The assumption is that patients are scared or anxious when they come to the hospital, as they are usually quite sick (or have a sick child/relative with them), and they do not know what will happen. Their main concern is to get treatment. In this task, we ask participants to observe how they relate to these patients (or relatives), how they give information about treatment as well as research, and how well this is being understood in a difficult/stressed situation for the patient or parent. They are asked to reflect on how they manage this careful balance.

#### **Voluntary task: Communicating with friends and family members**

Many participants have reported that the observation tasks have helped them beyond their work situations and have influenced them to make important changes in communication with their family and community. In this task we ask them to look at how the observations and reflections have affected their communication beyond the work context and ask them to share any insights.



### **8.2.3 Tracking feedback from observation tasks**

Prepare a list of the participants and keep track of their progress to deliver baseline and observation task feedback, to enable you to get an overview of who has handed in their work, and who is lagging behind (see Part B for examples of such a list). Encourage participants to type their feedback and send via email for those with access to computers. For others, let them submit handwritten feedback, and sent for typing. Remind participants who delay submitting their feedback past the deadline, by text message or mail. Sometimes participants may be going through personal or work challenges that can cause them to delay handing in assignments and finding time to encourage them may help. **The coordinator should not threaten or criticize participants who delay submitting tasks**, but rather find out from them what the reasons are and how to facilitate that they can do their work. Often, participants may have done the observations and reflections, but have a challenge in writing down what they have learnt. Asking them if they would like to share what they have observed and discovered is often felt as very motivating and can help the participant get over a “writing block” (which is often caused by the participant being unsure about whether what she has observed, is of any importance, and whether she has done “the right thing”).

Always encourage them and emphasize that the observations are key to their learning, and are the most important part of the whole training process.

## **8.3 Phase 2: Analysing feedback, organising the basic workshop**

### **8.3.1 Why and how is this analysis important?**

The reading and analysis of baselines and observation tasks is an important and inspiring task for the trainers.

#### **Trainers read participants’ feedback with the following purposes in mind:**

- **Analyse and understand** participants’ own self-assessment of communication habits at baseline, and make presentations to give feedback (modules 2b and 3a);
- **Analyse and understand** what participants have learnt during the observation and reflection period, and find good examples to feed into modules;
- **Appreciate the hard work** the participants have done, and acknowledge their learning;
- **Recognize how the reading affects them as trainers** (*e.g. they may feel empathy with participants, they are touched by some of the stories, they recognize the learning from when they were doing the same tasks themselves, they are looking forward to learning more from the group, etc*). Trainers use these reflections to establish relationship with the participants in the workshop: they share their thoughts with the group, which also communicates to the group that the trainers have read their work;
- **Discover the direct/expressed learning needs** the participants identify and **detect the unexpressed needs** – those that the providers are not aware they are having. Discuss these in the trainer group, and agree on how to approach them;
- **Pick out good examples of challenges, insights and learning**, for use in the different modules;
- **Pick out stories or examples of typical problems/situations** and turn them into role-plays or demonstrations.

**See Part B for guidelines and examples of how to carry out this analysis and how to make a summary of trends in the responses.**

The materials from this analysis will be included into several of the module presentations – see each presentation for details. Below, we provide an overview of how we have carried out this analysis.

### **8.3.2 Analysis of Baseline questionnaire**

You can use this analysis for evaluation purpose (*compare baseline results with endline results, to identify changes*), and as material to include in the presentations.

**Organize baselines feedback** into two documents: One containing all the individual documents, participant by participant, and one where the responses to the 15 questions are collected, question by question.

Divide and collect the questions into themes, which correspond to the key training themes:

1. **Theme A** – Using communication skills (Questions 1, 2, 13, 14, and 15)
2. **Theme B** - Giving and receiving information and advice, and effects of this (Q 3)
3. **Theme C** – Emotions, influence of emotions on actions, and communicating with and without respect (Q 4-11)
4. **Theme D** – Research and obtaining consent for procedures (Q 12)

All trainers read the baseline feedback to get a perspective of the group's initial perspectives and needs. Distribute the themes to the trainers based on which module or module parts each trainer will present in the workshop. Each trainer will read through their allocated theme and make a summary of the trends – the challenges, the questions, and the issues some (or many) participants handle well. They then pick out good examples for their module(s).

This practice is related to analysing results from qualitative research. Thus, if you have a qualitative researcher in or accessible to your team, he/she would be able to guide you in this analysis process (with baselines and observation tasks).

### **8.3.3 Analysis of observation tasks**

Organize each observation pack feedback into one separate document (pack 1, 2, 3).

Trainers should again read through all, as it is the observation and reflection task feedback that shows what participants have learnt, and what they struggle with: This is essential for the trainers to understand well, to be able to facilitate well and frequently relate to participants' reflections and questions during the work with the modules. Trainers may find examples to use in their modules, from all the packs.

Give the main responsibility for analysing each pack to one trainer. As with the baseline, the trainer should analyse for trends, and pick out examples for illustration. In the feedback there are also frequently stories or examples that the training team can use to develop demonstrations or role-plays, or to adjust demonstrations already described in the modules - e.g. to make them even more related to the specific group you are training now.

***You will note that the more you use the feedback from the tasks actively in the workshop, the more relevant participants will experience the workshop teaching to be.***

***Please refer to the modules and presentations for examples of what kinds of topics we have focused on to illustrate concepts, ideas and theories. We have chosen examples from baselines and from observation and reflection tasks, and have included these in the course. Whenever possible, choose examples from as many different participants as possible.***

***For the follow-up course, examples should also be chosen from the endline questionnaires.***

### **8.3.4 Preparing for the basic workshop**

Careful attention to logistics and detail will help you prepare a workshop environment which makes participants feel safe and cared for and well informed. This will open them up to learning quickly.

Issues that help create a good learning environment are:

- **Identify and communicate dates for workshops** at the beginning of the training process (during introduction meeting), to enable participants to plan their holidays, and line managers to plan for their release from duty (See invitation letters in Part B);
- **Book venue, and plan for food, supplies and stationary** (hungry participants do not learn well, and may turn against you!) Note: Attention to this – and making sure the practical arrangements are functioning well – will also signal to the participants that their institution values and sees this training as important.
- **The dates for the TOT should also be agreed upon** at the beginning of the process, when the dates for the workshop are set. This will allow managers and trainers to plan their time well.

#### **Working in the training team to plan the workshop**

The trainers should meet at least a month prior to the workshop to discuss the tasks, share roles and responsibilities and decide who will teach the different modules. The trainers' main work is to read through the feedback, analyse trends in responses, understand the concerns of the participants, and pick out relevant quotes and examples for their specific modules. This takes time, and trainers (assisted by the coordinator) need to negotiate adequate time for this work, with their line managers.

The trainer team should meet regularly (preferably weekly) during this time to assess progress, clear questions and agree on how to amend the contents for the training to reflect participants' situations. The coordinator needs to review each module with the trainers to become familiar with how the trainer has done her work, and also keep track of the process.

The coordinator draws up a program for the TOT and shares with the trainers, to make sure all relevant issues and needs are covered.

#### **Training of Trainers (TOT)**

When trainers are new and used to lecture-based training, it takes time and effort to learn to facilitate, using experiential learning methods that are the core of the iCARE-Haaland model.

We have conducted a one week's TOT session before the basic workshop. Trainers meet and teach their modules like they would do in the main workshop, with other trainers as "participants". They receive feedback on what worked well, and where to improve their teaching. They also rehearse the demonstrations and role-plays. This practice is important for the trainers to build their skills, to strengthen the sense of team responsibility for the success of the training, and to build their confidence in facilitating the module. Please refer to chapter 7 where key skills for trainers are described (setting relevance, establishing connection, keeping the participants active and involved).

**An example of a TOT programme can be found in Part B.**

The trainers also work to identify their needs on strengthening facilitation methods and skills, and the coordinator or lead trainer will facilitate several briefer sessions to deepen these skills, during the week. Good collaboration in the training team is essential for the training to be a success.

### **A special concern: Inviting officials to open (and/or close) the workshop**

In many cultures, there is a practice of inviting officials to open workshops and give importance to the topics to be learnt. There are a number of ways to manage these sessions to make them as positive as possible for both the participants and for the officials, who often have a number of commitments and may be late if they are invited to be present at the very start of the training. It is however important to respect traditions – and officials are often thankful for the opportunity to take a bit of a different role and maybe avoid the pre-prepared speeches they have given several times before.

We have chosen an approach to opening the workshop which works well for the participants, and which the officials coming to open our workshops have said they really enjoy and appreciate. A main purpose with the “alternative” opening ceremony is to invite authorities to understand to some extent what we are doing in the workshop, become involved and inspired by the training approach, and get “food for thought” which may inspire them to pay more attention to health communication and emotional competence in further training. The approach also saves everybody’s time and enables us to use the precious morning hours of the first day to get straight into the learning.

#### **The main “ingredients” of the approach are:**

- ***We contact the official and explain the purpose of the training process and the workshop*** (which they are usually very positive to) and give them a one page summary of the main aims. We invite them to open the workshop, OR – to come for the closing, which usually involves lunch. If the higher official come for the closing only, we invite a “lower” official to come in and give her “blessing” to conducting the workshop, on the first day.
- ***If they would like to come for the opening:*** We explain that we do not want to waste their time, knowing they are busy. We ask how much time they can afford. They often say – half an hour. We then invite them to come some time during the first morning, at their convenience, and say we will stop the training soon after they arrive. We ask their permission to go on teaching for some minutes, to let them have a “flavour” of what is going on, and make sure to ask participants to share an example or a question during this time. The official is usually very interested, as he often does not take part in or is able to observe such training. We then stop the teaching, welcome and appreciate the official, and let him or her “do the opening” – which frequently results in him relating to what he has just experienced, and making the ceremony more meaningful and relevant for all. We invite the official to stay for tea, or lunch, and encourage her to talk with participants and listen to what they have been learning.
- ***This approach has been very well accepted by the authorities or officials,*** many of whom say in-officially that they are relieved to participate in a less formal way of opening a workshop, and that they enjoy talking with the participants during the break.
- ***This more in-official method has also been well accepted by the participants.*** For them, it is important to know that their leaders approve of the workshop and its aims, and this message can be communicated in a number of less time-consuming ways. When making the intention of this approach clear to the participants (and to the official), it increases their motivation: They know we have a busy programme and a lot to learn during the week and appreciate the intention to concentrate on the professional contents of the workshop.
- ***If the official participates in the closing ceremony,*** he has a chance to hear from the participants what they have learnt, and discuss the importance of this learning, for the institution. This opportunity is usually appreciated by both sides.

We highly recommend you to try out this method. It communicates an important message to the official, and underlines that this training is different. This usually causes curiosity and interest, which is needed when you work to break new ground.

### **8.3.5 Implementing the Basic Workshop**

**How to run the workshop:** Please refer to the modules, and to chapter 7 – the role of the trainers, as well as to Part C.

**Setting up the room for interactive learning:** The coordinator should make sure the venue is ready and well arranged a day prior to the workshop. Participants should sit in groups of 5-6 people around a table. This is necessary to allow interactive reflections. It can be very useful to let participants do these arrangements at the start of the training, to involve them in making a good learning environment: When you let them do this, they are more likely to remember to make similar arrangements themselves when they run a workshop – rather than just accept the “lecture theatre” set-up which is very familiar, and common in training rooms.

On the first day, it is useful to let people sit where they want to sit - usually with colleagues they know. However, it can be useful to break up these groups and enable participants to get to know new people, e.g. starting on day 2, when they feel comfortable in the learning environment. You can re-arrange the tables e.g. by asking participants around tables to count 1-2-3-4-5 (if you have 5 tables with 5 people around each table), and then ask all the participants who have the number 1, to move together to one table, etc. It is usually best to make a random selection, to avoid any thought of bias, and there are many ways of doing this.

**Preparation and logistics:** Participants should be available full time throughout the week; this has to be communicated to the participants and managers in the invitation letter. Sometimes participants come to the training while working on night duty and this makes it difficult for them to get optimal learning.

The coordinator should invite senior managers from the institution to come and officially open the training in order to give it status and recognition (see above – invite them to come at a time at their convenience during the first morning/day).

**Other points to remember (see each module for what is needed):**

- Print all hand-outs for use during the workshop and label them well, ensure all necessary stationary is available;
- Ensure meals, snacks and drinks are available throughout the week at specified breaks on the timetable;
- Ask for consent to take photos and specify how you will use these (e.g. in presentations, to spread information about the training).

**The role and organisation of the trainers:**

- **The coordinator should be available** all through the sessions, and there should be a clear division of roles among trainers to make everyone feel safe;
- **At least two trainers should be available per day**, this is important for the trainers to be able support each other;
- **It is useful for one trainer to have the task to take notes** during the sessions, especially during the first course(s). Specify what she should look out for and take notes on. It is especially important that trainers take good and specific notes on how the modules are run – to be able to give constructive feedback to co-trainers;

- ***These notes are used in the trainers' feedback meeting*** at the end of every training day: Trainers meet to assess the day and give each other feedback on how the day functioned - what worked well, and where they need to improve. It is important to discuss the facilitation methods used, and use critical thinking to assess where improvements are needed – while at the same time being generous with appreciation for what worked well;
- ***During the workshop, it is useful for the trainers to sit at the tables and listen*** to what participants discuss. It is important that this role is discussed in the training team before the workshop: The trainers should only guide the discussion in the groups when needed (e.g. when procedures are not clear, or the questions to be discussed have not been understood well) – most of the time they should be “a fly on the wall” and keep quiet, and listen actively. Some trainers are used to “being in charge” most of the time – and they need to (be helped to) recognise this tendency in themselves, and step back from it while taking part in the group discussions in the workshop. If the coordinator sees that a trainer tends to dominate in the group discussion at the tables, it is better to pull him out and leave the group alone. In such cases, it is important to discuss the issue in the trainers' feedback meeting at the end of the day.

**Workshop timetable and evaluation forms for the workshop: See Part B.**

## **8.4 Phase 3: Meeting participants, organizing Skills into Action**

### **Phase 3: Skills into Practice (or Action) tasks**

Following the basic workshop, participants will receive further observation tasks for three months to put their new skills into practice in a guided way and to reflect on how the new skills work, and identify where they still need to strengthen their knowledge and skills. Participants continue to explore and confirm learning and strengthen confidence in using the new skills. The four EI skills are strengthened throughout this phase, and participants become more familiar with recognising emotions, stepping back, analysing the causes of the emotions, and taking new action based on a good understanding of the situation.

The approach to handling these tasks is similar to the approach before the basic workshop. Monthly meeting will be held to discuss the tasks with participants and hear about their experiences with using the new skills. They will submit written reflections just like what they did before the basic workshop. The following are the skills into practice tasks:

**The observation and reflection packs include the following themes:**

**Pack 4 contains tasks to strengthen communication with colleagues, including how to share information and skills from the course with them:**

- **Task 13:** Natural ways to use your skills, and barriers to using them;
- **Task 14:** Sharing information from the course with colleagues and supervisors;
- **Task 15:** Observing the reactions of your colleague;
- **Task 16:** Giving constructive feedback to a colleague, and – sending in an MSC story.

***NB this pack of tasks is distributed on the last day of the basic workshop.***

**Pack 5 continues to focus on natural ways of using the tasks, communicating with supervisors, and then focus on taking care of safety, and of emotions:**

- **Task 17:** continued from pack 4: Natural ways to use your skills, and barriers to using them (continued from pack 4 – this task to be carried out throughout the period);
- **Task 18:** Patterns of communicating with your supervisor – to find out what you react to, and how;

- **Task 19:** Taking care of safety, and effects of this on communication;
- **Task 20:** Taking care of emotions: Showing respect for patients' emotions, and effects of this on you; Taking care of your own emotions. And – sending in an MSC story.

**Pack 6 asks participants to “sum up” their learning by sharing further reflections on how they now handle challenges related to patients’ emotions; to “show and share” best practices, and to share questions and insights on research:**

- Task 2: Dealing with patients’ emotions – and the effect of this on you: Further reflections on changing the interaction with the patient.
- Task 21: Best Practice example – to demonstrate to the group;
- Task 22: Special task: Insight on and questions about research;

*Note: When using the “Best Practice” task, the trainers should ask participants on the first day to find out who has an example to share. Trainers can then work with these participants to prepare how to show their Best Practice to the group. Usually, participants choose to demonstrate the situation they have handled well, and they “play themselves” in the demonstration. You (or the participant) choose another participant (or several) to play the other role(s), and then practice with them, during a break. These situations do need practice, and a main challenge is usually that the “Best Practice” participant wants too many details into the demonstration. It takes some time to prepare a demo where the main points stand out, and are not “lost in detail”.*

*But when this session functions well, it can be one of the most powerful sessions in the course!*

***These tasks build competence in all 4 EI skills – participants are now more routinely using skills 1-3 (recognize emotions, think, analyse the situation) and take reflected action based on their understanding and analysis.***

Please also refer to chapter 6.1, where you find a description of how the tasks build on each other and work together to create the aimed-for results.

## **8.5 Phase 4: Analyzing feedback, organizing follow-up workshop**

### **The endline questionnaire**

By the 8<sup>th</sup> month, participants will be given an endline questionnaire. This is similar to the baseline questionnaire but with additional questions asking them to identify and reflect on how they will have changed ideas and practice. They will submit their endline feedback before the follow up workshop. The endline questionnaires will be put into one document question by question just like the baseline. Analysis of the trends of learning in the group is done to feed into the **\*Big Changes** presentation (Module 6/1b, which is a summary of the changes the group has seen over the last eight months). This is usually a very empowering moment in the course – recognising, acknowledging and celebrating the growth the group has experienced over the period of the course process. Reflections from the skills into practice tasks and the endline will also feed into the follow up modules.

**Please refer to chapter 8.3 for how to analyse endline questionnaires and observation tasks.**

**Note:** The trainer responsible for preparing the Big Changes should be responsible for collecting and organizing the endlines questionnaire. She must read all the endlines themes and observation tasks feedback to pick good examples for the presentation. It is also advisable that all the trainers read the endlines – to get insights into what participants have learnt, and what they still struggle with when practicing their communication and management of emotions skills.

### **A Training of Trainers' workshop**

**should be run prior to the follow-up workshop to prepare the trainers.** Several of the modules in this workshop relate to understanding and dealing with strong emotions and it usually demanding for the trainers to prepare for and conduct these modules. The team needs to be extra sensitive to this, and make sure the trainers are given enough support – both emotional and practical – and to debrief trainers after the sessions. This TOT workshop has in Kilifi been run for three days.

***Please refer to the modules for how to introduce and run the topics in this workshop.***

### **Celebrating the achievements: The Graduation ceremony**

Participants will finally graduate after nine months of intensive learning, and this is usually a moment for participants to celebrate their hard work and achievements. Arrange for the graduation ceremony to be held on the last day of the follow up workshop and invite guests and officials to participate in the celebration.

The lead trainer should prepare a short presentation to describe the process, examples of the changes the participants have made in their practice and challenges they face in the training. Plan for short speeches from the invited guests and let participants select a representative to give a vote of thanks. If other participants want to share briefly about the training, please let them do so: This should be THEIR celebration. Organize for a group photo with participants and invited guests after the graduation.

**See example of presentations in the parts B and D.**

**Making the certificates:** On the first day of the workshop, ask participants how they would like their full names to appear on the certificates. Get certificates printed and signed by the lead trainer and the head of training for the institution where applicable.

**See certificate template in Part D and adjust as needed.**

## **8.6 Refresher training**

New skills need to be refreshed, especially when these skills are different to what the majority of the providers are used to practicing. It is thus recommended to have a refresher trainer once a year. This training can be 1-2 days, depending on interest and availability of the participants.

We recommend that observation and reflection tasks are given to participants for at least two-three weeks before the training, and that participants are requested to send in an example of their learning – and suggestions for topics to be discussed, based on what they are still struggling with.

During the workshop, a main part of the programme should be on sharing challenges and best practice examples and identifying which skills they are now comfortable in using. When sharing challenges, it is recommended that the trainer asks the other participants how they handle similar situations – to encourage participants to use each other as resources, and to continue the empowerment process.

Often, repetition of key skills is useful, based on participants' request. When inviting them to the training, it is recommended to emphasize that this is THEIR training, and to encourage them to help set the agenda for the training. Or even better – to take responsibility for it.

It can be a good idea for the trainer(s) to introduce one or two new (related) topics during the refresher training, to create new interest and continue to build skills.

In Part D there is an example of a refresher training programme, and of observation and reflection tasks to use prior to the refresher training.