

ASSET
Health System Strengthening in Sub-Saharan Africa

PRIMARY HEALTHCARE

Clinical Communication Skills Training

Facilitator Guide



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MINISTRY OF HEALTH-ETHIOPIA

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HEALTHIER CITIZENS FOR PROSPEROUS NATION



**CDT
AFRICA**

Center for Innovative Drug Development
and Therapeutic Trials For Africa (ሰ.አ.ረ. - ለጤና)

TRAINING MANUAL

FOREWORD

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

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

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

The Clinical Communication skill training package is designed to help motivate and equip health workers to practice person-centered care as part of being a Motivated, Competent and Compassionate clinician. The training is also expected to Equip primary care workers to: work as partners with patients (and families), involve patients in decisions about their care and to be more informed about their conditions thereby being motivated to choose healthy behaviors thus, becoming happier with care and to treat a person and not a disease by considering the person's social context, their emotional needs, and their co-morbidities/multi-morbidities.

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



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State Minister of Health, Ethiopia

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Disclaimer

This manual is adapted from the original PACK CCS. The advice and information given in this booklet is the best we can give based on current evidence-based research and clinical experience in the Ethiopian context. The advice offered is to aid health workers to provide patient centred care to achieve activated and self-managing patients.

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



Introduction to the Manual

ABBREVIATIONS

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

RATIONALE FOR THE MANUAL

This manual is designed to help you run workshops to motivate and equip health workers to practice patient-centred care. This is part of being a caring, compassionate and respectful clinician. This training is an essential part of the Ethiopian Primary Healthcare Clinical Guideline (PHCG), which aims to ensure that health workers have the competence to diagnose and treat common illnesses seen in primary healthcare (PHC). The Ethiopian PHCG includes many chronic conditions. As more Ethiopians develop chronic conditions, we need a different approach to care: this training will help health workers to develop the necessary skills to provide good quality, patient-centred care.

This manual will help you, the facilitator, to prepare for sessions with the health workers in your facility. The manual covers each of the different sessions and shows examples of possible ways to carry out the sessions

Course Syllabus

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

Module Code: -----

Module Duration (total hours):

Module Continuing Education Unit (CEU):

- Target audience:

Health workers at the primary health care unit.

Suggested Course Composition:

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

Learning approach:

- Classroom-based with face-to-face interaction with groups; guided practice at out- patient department of health centres.

Module Description:

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

LEARNING OUTCOMES

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

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

emotional hard work of health care.

- Equip health workers with skills to motivate and empower patients to actively take part in their own care.

Teaching-Learning methods and activities

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

Teaching-Learning materials and resources

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

Learning assessment methods (both formative and summative)

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

Summative performance assessment (classroom –based learning)

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

Summative assessment (on-the-job performance)

- For onsite clinical communication skill trainings

Requirement for obtained Continuing education unit (CEUs)

- Participant will receive XX CEUs (1 CEU per 1 contact hour) if he/she is successfully completed the whole classroom-based face-to face session.

- Participants will receive an additional XX CEUs (i.e. 2 CEU per 1 hour) for facilitating on-job training in the workplace. Module name: Clinical communication skill for health workers at the PHCU (TOT)

Requirement for obtained Continuing education unit (CEUs)

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

Module evaluation methods and tools

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

Use of this Manual

Every session follows the same 5 steps. During the training you will become familiar with these steps and how to apply them during a session. Pictures of these 5 steps will remind you of the steps you need to follow. The quick guide for each session will show the picture and remind you of the goal and the concepts you need to use during the session as well as inform you of the skills that should be acquired at the end of each session.



INTRODUCTION



CONCEPT



SKILLS



CLINICAL APPLICATION



CLOSURE AND HOMEWORK

Facilitators Tips

In alternating colours, write on the flipchart all suggestions, using the participants' own words. However, consider rewriting the answers in positive terms, as needed. For example, if a participant says "Do not be late," consider rephrasing this as "Be on time." Some examples of ground rules:

- Participate actively.
- Respect each other's opinions/ideas.
- Speak one at a time.
- Ask if not clear.
- Put your mobile phone on vibration mode /turn off all mobile phones.
- Be supportive rather than judgmental. Assign participants for recap, time keeping, and energizers.

To prepare for a session:

- Read about the session in the resource manual;
- Make notes to help you with the session;
- Gather together the handouts, forms and other items that might be needed for the session.

WELCOME AND OPENING ACTIVITIES

Duration: 1:00 hour

	Activities	Remark
1	Registration	
2	Welcome and opening statement	Invite guest of honor for opening speech (if possible)
3	Introduction Obtain participants' expectations	Be creative in the introduction of participants and facilitators. Ask participants to share their expectations while introducing themselves. Summarize expectations on flipchart and post in the training hall.
4	Present the overall objectives of the training course	Write the objective of the training course on the flip chart and post it. Remind participants to make sure that they achieve the objectives by the end of the training
5	Review of training materials and resources Review training schedule	Make sure that all the training materials and resources are distributed to participants Inform participants to use their reference manual during the delivery of the sessions
6	Establishing group norms	Write the ground rules and post it.
7	Inform participants about other logistic and administrative issues	Logistic issues may include accommodation, per diem, transport.
8	Administer pre-test knowledge test (give each participant a unique identification number)	Score the pre-test result and post using their identification numbers.



Duration: 4 hours and 45 minutes

SESSION OBJECTIVES

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

- Orientate health workers to the changing health of Ethiopians and the need to change the way we deliver health care.
- Explain how the Ministry of Health and Regional Health Bureaus are trying to transform the quality of primary health care (PHC) with the Ethiopian Primary Health Care Clinical Guideline (PHCG).
- Identify what areas of healthcare need to change and how the Clinical Communication Skills training can help.
- Explain how communication skills can assist health workers to help patients to be more informed and motivated towards healthy behaviours.
- Identify the different steps in an out-patient (medical) consultation.
- Identify and practice the communication skills (P-R-Y) that make the first Golden Minutes of the consultation more effective and efficient.
- Identify health worker burnout and how it can be prevented.

SUMMARY OF ACTIVITIES

No.	Activity	Method of delivery	Time	PPT slide #
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1.1. INTRODUCTIONS AND HOUSE KEEPING

1.1.1	Introduce the whole module to the participants through use of Resource 1: Roadmap	Interactive presentation	10 minutes	
1.1.2	Discuss the benefits of good communication skills	Group discussion and interactive presentation	10 minutes	
1.1.3	Discuss how the sessions will be run (session structure) and their major focus areas	Interactive presentation	10 minutes	
1.1.4	Teach everyone the breathing exercise	Demonstration and interactive presentation	30 minutes	

1. 2. CONCEPTS

1.2.1	Explain about the changing health needs of Ethiopians and how we need to change the way we deliver health care	Small group discussion and interactive presentation	35 minutes	
1.2.2	Discuss the chronic care model	Small group discussion and interactive presentation	40 minutes	
1.2.3	Discuss the consultation process	Small group discussion and interactive presentation	35 minutes	
1.2.4	Explore the stresses that health workers experience in their work, and how they can stay healthy.	Large group exercise and interactive presentation	20 minutes	

1.3. SKILLS

1.3.1	Show "Nebiat" interviewing a patient (VIDEO 1)	Video show and group discussion.	15 minutes	
1.3.2	Initiating the consultation using P-R-Y (the golden minute)	Large group discussion and interactive presentation	15 minutes	

1.4 CLINICAL APPLICATION

1.4.1	Show another video of health worker "Nebiat" using P-R-Y (VIDEO 2)	Video show and large group discussion	15 minutes	
1.4.2	Conduct guided practice on P-R-Y (using checklists)	Guided practice	60 minutes	

1.5. CLOSURE

	Recap of the session goals and how they were achieved	Question and answer, interactive presentation	10 minutes	
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RESOURCES NEEDED

- Flip chart
- Marker pens
- LCD, laptop and screen
- Power point slides
- Loudspeaker

ADVANCE PREPARATION

- Read about the session in the resource manual well before the course starts;
- Make notes to help you with the session;
- Gather together the handouts, forms and other items that might be needed for the session.

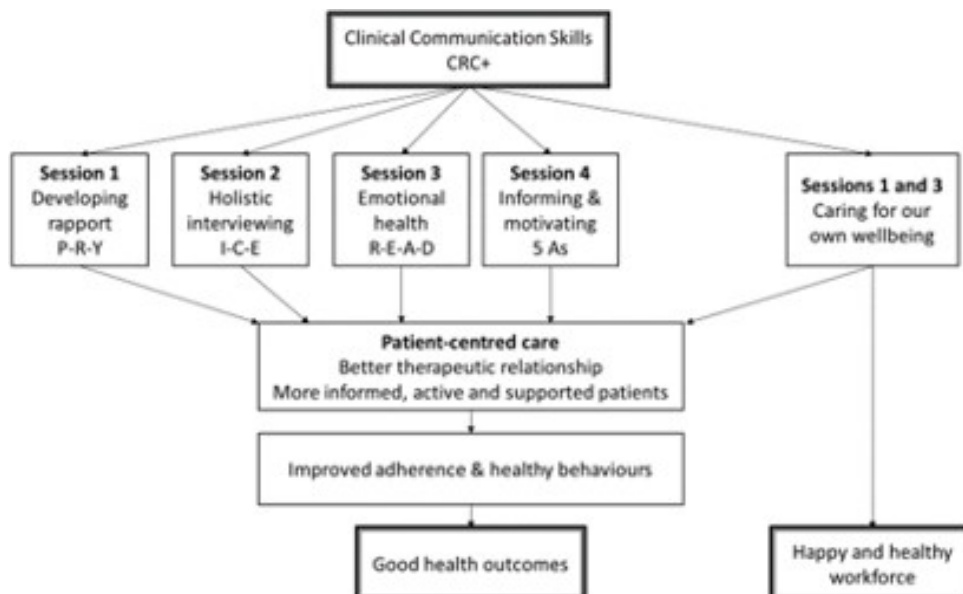
LEARNING ACTIVITIES



1.1 INTRODUCTION AND HOUSE KEEPING

- Introduction: Welcome the participants
- Session objectives: Write the above session objectives on the flip chart or display power point (PPT) slide #--and tell participants the following:
 1. The focus of this week's session is to introduce you to the changes that need to happen if we want to deliver high quality primary health care according to the new Ethiopian Primary Health Care Clinical Guidelines. The aims are (1) inform you about the changing health needs of Ethiopians, (2) how this means we need to deliver care in a different way which will benefit everybody, and (3) understand the areas that need to change and how this training course can help.
 2. We will also focus on how we, as health workers, can stay healthy and happy in our work.
 3. But before we get started, it is important that we establish housekeeping rules for all the upcoming sessions as these will ensure the sessions run without any problems.
- Discuss about housekeeping (display PPT slide # ----): tell the participants that it is very important we always start on time as the time we have together is very short. Because of this, we may need to interrupt people, not because we do not want to hear what you are saying, but because time is short. For each session we have a feedback form. Please use that form to share with us any information and comments to help us to improve the training."
- Present and discuss the Road Map for Clinical Communication Skills: (Display the PPT slide#--) which shows and discusses about roadmap. Emphasise the following points:

Figure 1: Road map for clinical communication skills



- ✓ The focus of the clinical communication skills training is to help health workers to deliver patient-centred care. This is essential for patients to become informed and motivated to make changes for their own health.
- ✓ Better clinical communication skills are at the heart of what needs to change in the way we deliver health care.
- ✓ Developing better clinical communication skills brings benefits to the patient, but also to the health worker and the health system.

ACTIVITY 1.1.2: THE BENEFITS OF GOOD COMMUNICATION SKILLS

Discussion points: Ask the whole class about the benefits of good communication skills:

1. For patients
2. For health workers
3. For health system

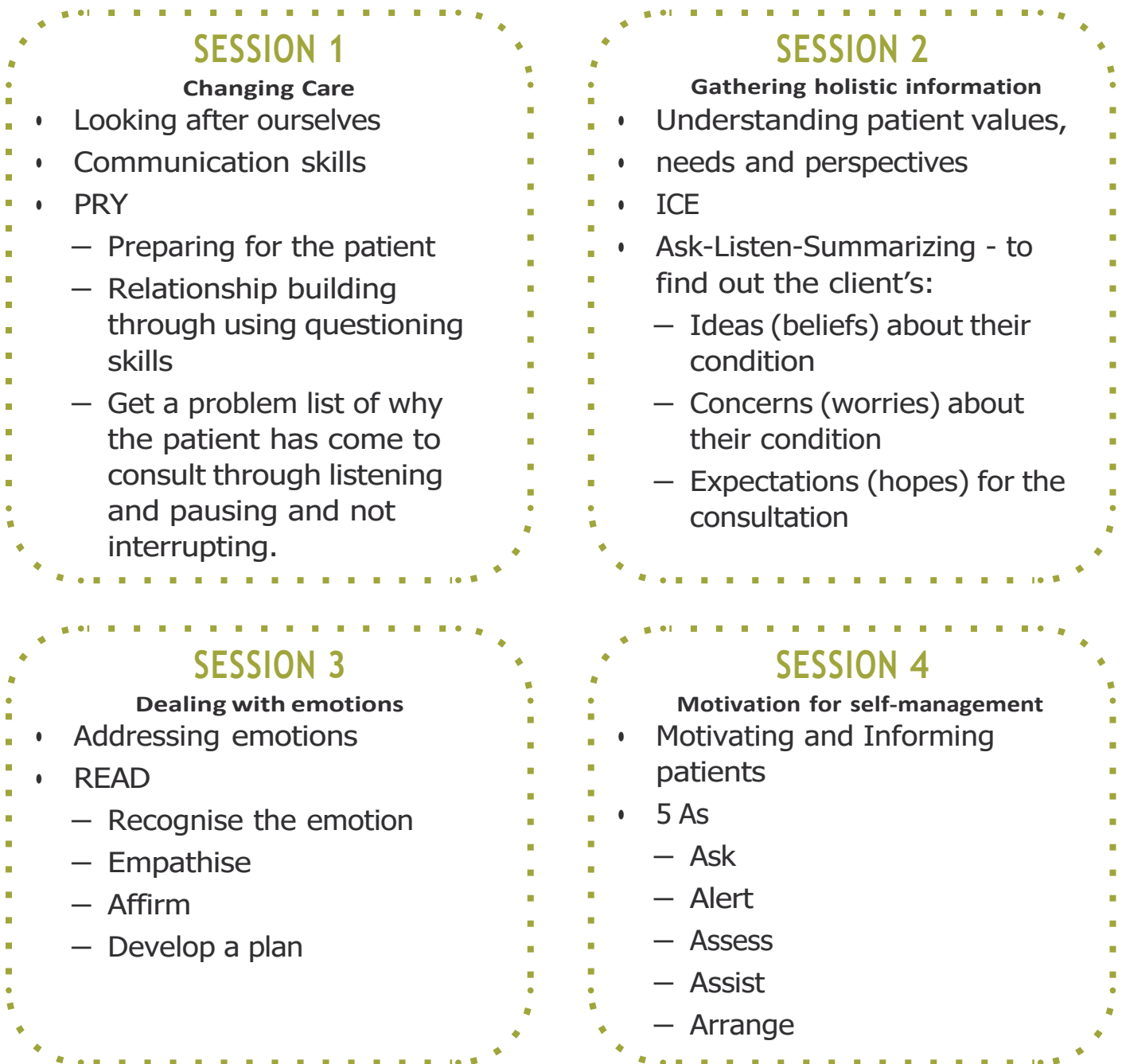
✓ Possible answers for the above discussion

For patients	For health workers	For health system
<ul style="list-style-type: none"> • Increased patient satisfaction • Better understanding about their illness and treatment. • More motivated to help themselves with healthy behaviours • Increased adherence to medication • Improved health outcomes 	<ul style="list-style-type: none"> • Less stressful consultations • More satisfaction with their job 	<ul style="list-style-type: none"> • Better quality of health care • Healthier population

ACTIVITY 1.1.3: STRUCTURE OF THE SESSIONS AND MAJOR FOCUS AREAS

- Tell the participants about the structure of the session (display PPT slide #-----) which highlights the following:
- Discuss the structure of the module (PPT slide# ---)

Figure 2: Session structure



- Underline the following major points while discussing the sessions
1. **In session one**, we will cover the changes that are happening to the health of Ethiopians and why this means we need to change the way that we deliver health care. We will show how clinical communication skills are important for this change. We will learn skills that are useful right at the beginning of any consultation between the health worker and patient. We will also think about the stress of being a health worker and how we can look after ourselves better.
 2. **Session two** will cover the different content you gather during a consultation

with a patient. The content will include both biomedical content and content from the patient's perspective. Biomedical content is based on the Ethiopian Primary Health Care Clinical Guidelines (PHCG). The content from the patient perspective will be explained and discussed in the context of gathering information to treat the patient in a holistic way. Communication skills which are useful will be identified and practised.

3. **Session three** will cover understanding and dealing with emotions. We will learn that there is 'no health without mental health' and the vital role of all health workers in promoting better mental health. Issues around caring for oneself to prevent burnout will also be explored. Useful emotion handling skills will be practised.
4. **Session four** will bring all the above sessions together. By drawing on the skills you have become exposed to in the first three sessions in combination with brief motivational interviewing techniques you will be more equipped to assist patients to take more responsibility for managing their own health. Skills on how to develop a self-management plan with your patients will also be explored and practised.

ACTIVITY 1.1.4: BREATHING EXERCISE

- Discussion points: what do you think is the benefit of breathing exercises?
- Answer: the breathing exercise could lower stress in your body and help you to feel more relaxed. It is useful for both health workers and patients.
- Tell participants that we will always do the following breathing exercise before beginning our weekly session. You can even teach your patients this breathing exercise as a relaxation technique.

Table 1: Steps of breathing exercise

Instructions for the breathing exercise

- Lead participants through a calming abdominal breathing exercise. If uncomfortable, participants can opt out of this activity.
- Time this activity (5 minutes of calming breathing) and observe participants
- Offer guidance to any participants who are breathing too quickly or appear stressed.

Calming breathing (This is a different way of breathing than we usually do.)

- When we use calming breathing, we breathe slowly, allowing the air to go into the bottom part of our chests.
- Calming breathing helps our bodies relax and helps us feel calmer, usually in just a few minutes.
- When we are frightened, stressed, or upset we tend to take short, fast breaths using the upper part of our chests.
- Put one hand on your upper chest and breathe in quick breaths that cause your chest to rise. This is what we do when we are stressed or worried.
- When we are relaxed, we tend to breathe more slowly into the bottom part of our chest.

Explain and lead the activity

1. When ready, sit comfortably with back straight
2. One hand on your belly, the other on your upper chest
3. Breathe normal-sized breaths slowly and easily in through your nose
4. Feel the hand on your belly move slowly in and out with each breath, while your upper hand stays mostly still.
5. Find the rhythm of breathing.
6. It may feel new to breathe into the bottom part of your chest or it may feel comfortable.
7. If you feel dizzy or uncomfortable, stop and breathe regularly with your hands in place.
8. Optional: With each breath, think the word “calm” or any relaxing word



1.2. CONCEPTS

Underline the following major points while discussing the sessions

1. **In session one**, we will cover the changes that are happening to the health of Ethiopians and why this means we need to change the way that we deliver health care. We will show how clinical communication skills are important for this change. We will learn skills that are useful right at the beginning of any consultation between the health worker and patient. We will also think about the stress of being a health worker and how we can look after ourselves better.
2. **Session two** will cover the different content you gather during a consultation with a patient. The content will include both biomedical content and content from the patient’s perspective. Biomedical content is based on the Ethiopian Primary Health

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

- **Think, pair and share:** pair participants who are sitting next to one another and instruct them to discuss the following two questions
 - **Time allowed: 5 minutes**
 - ✓ What do you know about the changing health care needs of Ethiopians?
 - ✓ What are the major focus areas of the Federal ministry of health in transforming the health care?
- Interactive presentation (using the PPT slide#----) on the government focus on changing health care to promote quality. Focus on the following points:
 1. The transformation of Primary Health Care is an important government priority.
 2. The Ethiopian Primary Healthcare Clinical Guidelines (PHCG) have been

introduced so that there is a consistent quality of care across health facilities.

3. The initiative for Caring, Respectful and Compassionate clinicians (CRC) is intended to support more patient-centred care.
- Interactive presentation (using the PPT slide #) on the changing health care needs of Ethiopians. The focus of the presentation will be the following:
 - The burden of infectious diseases and under nutrition is decreasing. These problems have not gone away, but they are reducing overall. On the other hand, we are becoming aware of new health problems, especially chronic health problems. Changing lifestyles, especially in our urban areas, mean that people are at risk of non-communicable diseases e.g. hypertension and diabetes. For a long time, little was done to provide health care for people with mental health problems, but we now recognize that mental health conditions are treatable in the PHC setting. With the availability of ART, HIV has also become a chronic condition. People with HIV have an increased risk of many other chronic diseases. So, the health needs of Ethiopians are changing.
 - **Small group discussion:** Divide the class into 4-6 people and discuss the following question. Ask the participants to write their answers on the flip chart.
 - Time allowed: 15 min for discussion and writing on the flip chart; and 7 min for presentation.
 - ✓ QUESTION: Why do you think we need a different approach to caring for people with chronic problems?
 - Interactive presentation on **key differences when we provide care to someone with a chronic illness**. Display PPT slide #). These are the main points:
 1. Chronic illnesses require treatment over a longer period of time. You will see the person again and again for the same condition.
 2. Chronic illnesses often come in twos or threes. Co-morbidity is very common. For example: HIV and depression; hypertension and diabetes; asthma and anxiety.
 3. Treatment is not just about medication. To do well, the person with the chronic condition also has to do things to help them to become healthy. For example, they may need to lose weight, reduce salt intake, do more exercise, and cut back on alcohol.
 4. Treatment is not just one-off. A person may need to take medication or change their lifestyle on an ongoing basis.
 5. The person needs to understand about their illness and its treatment. They cannot just be told 'take these pills and come back in one month'.
 6. Most people require support and care from other people. These carers make an essential contribution to care. Carers may also develop problems because of caring on a long-term basis.
 7. The social and economic impact of the condition can be high, so the person

experiences stress and challenges beyond the effects of the illness.

8. The person may be more likely to look for answers from religious and traditional healers. These providers also make an important contribution to care.
9. You may see the person many times and will get to know them over time. That means the health worker-patient relationship is different.



ACTIVITY 1.2.1 DISCUSSION ON CHRONIC CARE MODEL

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

— **Time allowed: 5 minutes**

- Interactive presentation on chronic care model (using PPT slide # -----). Discussion based on the following points:

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

They are **INFORMED**: given the right information, at the right time, to help them

They are **MOTIVATED**: they are encouraged and supported to choose more healthy lifestyles and behaviours, including taking medication regularly.

They are **EMPOWERED**: they have the resources and skills to make a difference to their own health.

If a patient is **INFORMED**, **MOTIVATED** and **EMPOWERED**, they can play an active role in planning their care and making decisions about their care, wherever choices are available. This is called **SELF-MANAGEMENT**.

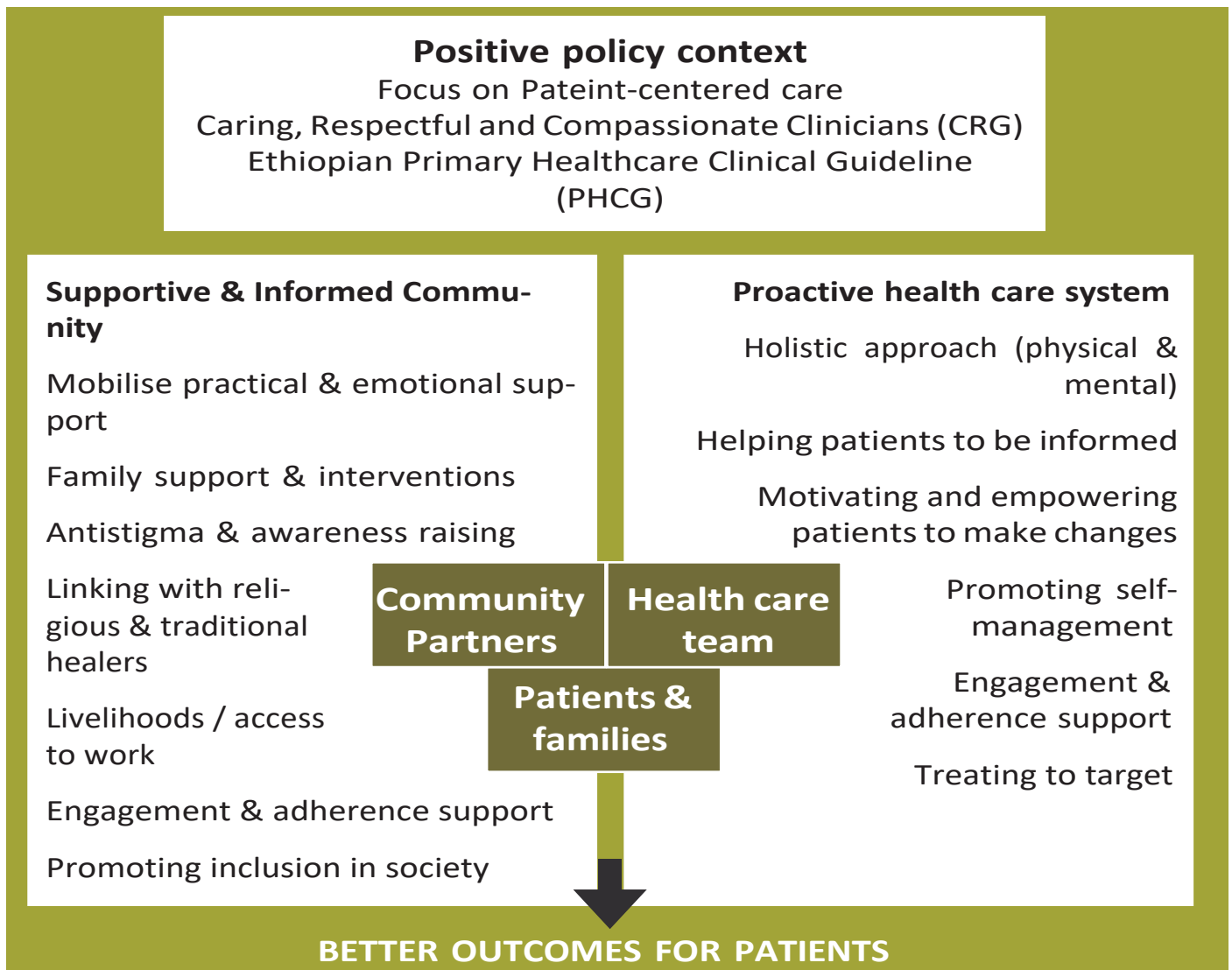
To achieve this, we need health workers who:

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

We also need health systems that:

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

Figure 3: Chronic Care Model in Ethiopia



- Underline that everybody has a part to play in improving health outcomes for people who have chronic conditions:
 - ✓ Patients
 - ✓ Carers/family members
 - ✓ The community
 - ✓ Health workers
 - ✓ Healthcare managers
- Many of the parts of the chronic care model rely on good clinical communication skills, which are the focus of this training.
- **Not only ‘chronic diseases’**

So far, we have been talking about how people with chronic diseases need a different type of health care. That means:

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

✓ people with neurological conditions, like epilepsy

But other people can benefit from these changes in health care. Can you think of other types of patient where this approach is especially useful?

Some other examples are:

- women who are pregnant or postnatal
- family planning
- Actually, every patient with any type of health condition will benefit from more patient-centred care.
- **Small group exercise:** divide the group into 4 small groups, and do the following group exercise

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

Group exercise

What is good care? First of all, let's put ourselves in the shoes of the patient. Imagine you are taking a close relative to a health centre for evaluation of chronic headache and high blood pressure (e.g. your mother or your older brother/sister).

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

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

3. What kind of communication would make you dissatisfied with the care?
 - List the good and bad communications in different columns (write your response on flip chart)

Table 2: Good and bad clinical communication

Good	Bad
<ul style="list-style-type: none"> • Greeting • Introducing self by name and position • Maintaining confidentiality and privacy • Giving time • Showing interest • Listening to concerns • Explaining actions • Honesty - keep promises • Use of simple language 	<ul style="list-style-type: none"> • Disrespectful • Judgmental • Not listening • Using complex language • Not seeming to care • Doesn't try to understand concern • Rushed

Summary of the group exercise

We all know what it feels like to be a patient as well as a health worker. Putting ourselves in the shoes of our patients can help us to identify things that we can improve.

ACTIVITY 1.2.3: THE CONSULTATION PROCESS

- **Small group exercise: divide the larger group into four, and do the following exercise**
 - **Time allowed: 10 min for discussion and 5 minutes for presentation by each group**

Group exercise

What are some of the challenges that make it difficult for you to deliver patient-centered care?

List them on the flip chart.

Understanding the consultation process

In order to start looking at useful communication skills, we first need to understand the consultation process i.e. what happens when you see a patient.

- **Larger group discussion:** What are the steps in the consultation process?
- Interactive presentation (using slide # ---) by the displaying the consultation process; or use the following figure:
- Introduce the participants to the idea that every consultation between a health worker and a patient follows some steps.
- Explain that in this training we will focus on the clinical communication skills that are an essential part of this consultation process.
- Using the PPT slide# ----- (or the figure below) tell them about the potential benefits of good clinical communication.

Figure 4: Consultation process

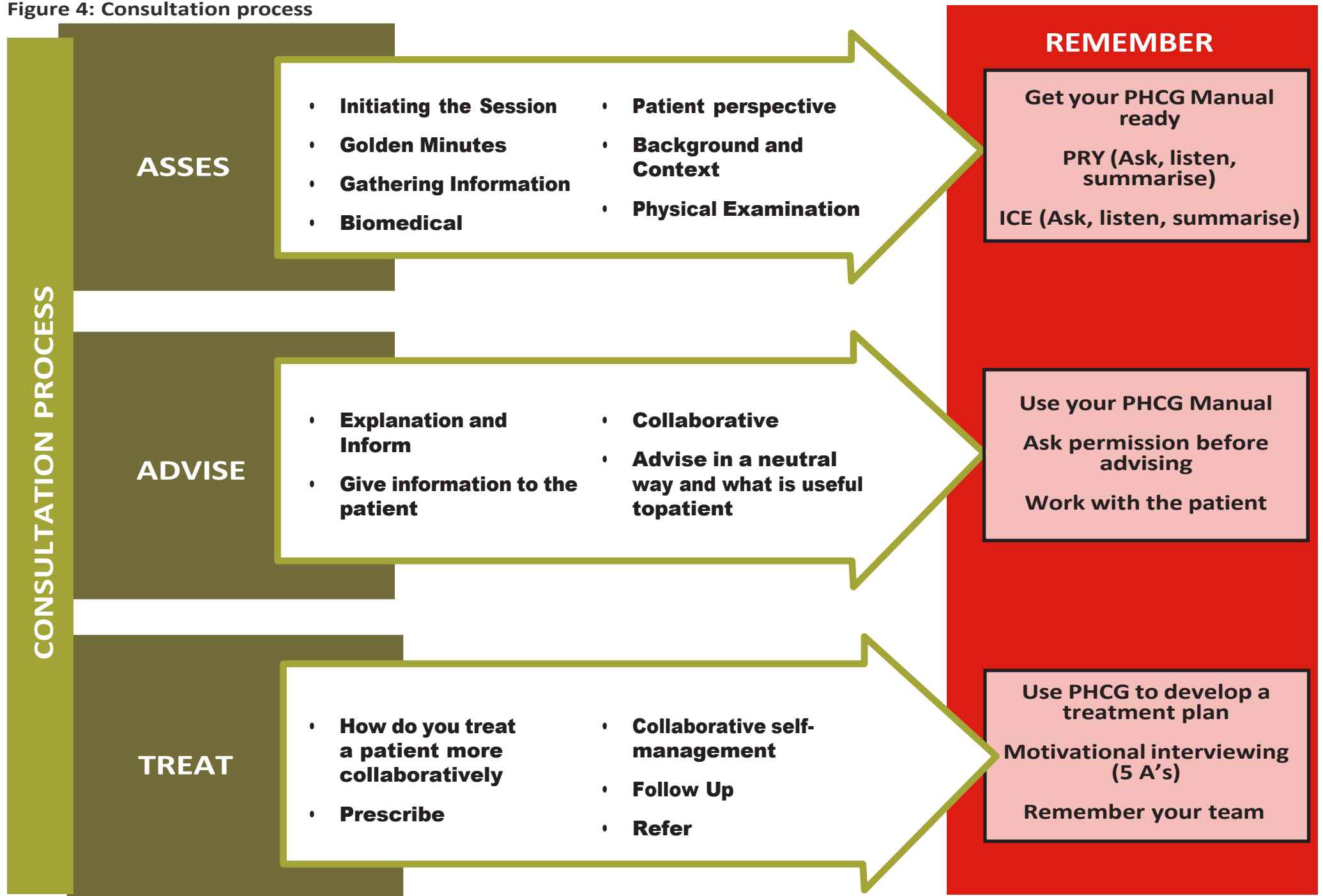


Figure 5: Evidence: problems in communication

Evidence: problems in communication

- It has been found that in cases where patients sue, over 60% involved issues relating to deficiencies in communication
(Vincent et al 1994)
- In several states of the USA, insurance companies offer discounts of 3% to 10% to doctors who attend a communication skills workshop
(Carroll 1996).
- Doctors interrupted after a mean time of 18 seconds
- Research repeated in 2003 and now 24 sec
- Only 23% of patients completed their opening statements
(Beckman & Frankel, 1984)

So is there a way to fix this?

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

Figure 6: Relation between good clinical communication and clinical care

Evidence

Communication skills has shown to lead to:

- Fewer complaints from patients
- Enhanced health outcomes
- Decreased hospital stay
- Patient satisfaction increased
- Less clinician burnout
- Adherence increased
- Time efficient

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

- **Large group discussions:**
 - ✓ Do you think health workers will get stressed? Do they experience burnout?
 - ✓ How do you define health care stress, burnout? Why do they occur?
- Interactive presentation (based on PPT slide#-----) or based on the following texts:
 - Burnout is a state of emotional, physical, and mental exhaustion caused by excessive and prolonged stress. It occurs when someone feels overwhelmed, emotionally drained, and unable to meet constant demands.
 - Spending most of their time caring for other people, health workers may ignore their own problems or feelings. The kind of work which a health professional does or the setting in which he or she works may pose special stresses on top of the worries and concerns they may have like any other person.

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

Table 3: Signs and symptoms of burnout of health workers

Physical	Emotional/ cognitive	Behavioural	End result
<ul style="list-style-type: none"> • Fatigue • Pains and aches, unexplained physical symptoms • Frequent illness because of decreased immunity • Change in appetite and sleep 	<ul style="list-style-type: none"> • Decreased empathy • Feeling drained • Forgetfulness • Loss of confidence • Loss of interest • Lack of motivation • Irritability and anger • Feeling lonely • Pessimism, hopelessness 	<ul style="list-style-type: none"> • Withdrawing from responsibilities • Social withdrawal • Not doing things on time • Alcohol and substance use • Self-medicating • Being absent from work • Overeating 	<ul style="list-style-type: none"> • Frequent errors in patient care • Poor performance • Decreased satisfaction and sense of accomplishment • Decreased patient satisfaction

- Explain that if your mental health is not good, this will not only affect your own well-being but also your ability to work properly. This, in turn, will affect the care you provide for others.
- Thus, it is very important to look after your own health as well. Feeling stressed at work is not a sign of weakness or a lack of commitment to work and there are things you can do to prevent burnout.
- **Large group discussions:**
 - ✓ Ask participants how it is possible to cope with work related stress?
- Underline that the following are ways that will help reduce stress and improve health/mental health and prevent burnout:

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

Physical	Emotional/cognitive	Behavioural
<ul style="list-style-type: none"> • Try to eat a balanced and healthy diet • Avoid or decrease the use of substances like alcohol, Khat, cigarette etc • Try to maintain a balance between work and personal life. • Take time to talk to a trusted colleague about difficulties or negative things you have experienced during the day before you leave your work place for the day 	<ul style="list-style-type: none"> • Have a habit of exercising regularly • Take breaks as needed as overworking will lead to increased levels of stress and burnout • Set aside some time each day for activities which you find interesting or fun, but which are not related to work. • Seek help from others if you are concerned about your mental health 	<ul style="list-style-type: none"> • Try to get enough sleep every night • Relaxation exercises, like the breathing exercise we did earlier, can be very helpful in dealing with stress when practiced daily. • Spend time with friends or family, going to church, reading books, walking or exercise, watching a movie. • Help could be sought from a trusted colleague, a family member or a friend and/or if the problem is severe from another health/mental health professional

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



13 SKILLS



1.3.1 : SHOW VIDEO 1: NEBIAT IS INTERVIEWING A PATIENT

1. Now ask the participants to comment on what they have noticed from the video (write responses on the flip chart)
- Possible responses of participants after watching the video:

Good response	Not good response
<ul style="list-style-type: none">• Measures BP• Asks important bio-medical information• Adherence to medication• Salt intake• Physical symptoms• Informs the patient what she plans to do for the uncontrolled hypertension• Gave follow-up appointment	<ul style="list-style-type: none">• The health worker is distracted• She was not prepared for the patient – she did not review the chart before the patient entered• Reading file when patient enters room• No rapport building

- Ask participants the following question:
 2. Is there a better way to do this? How can we do it differently?

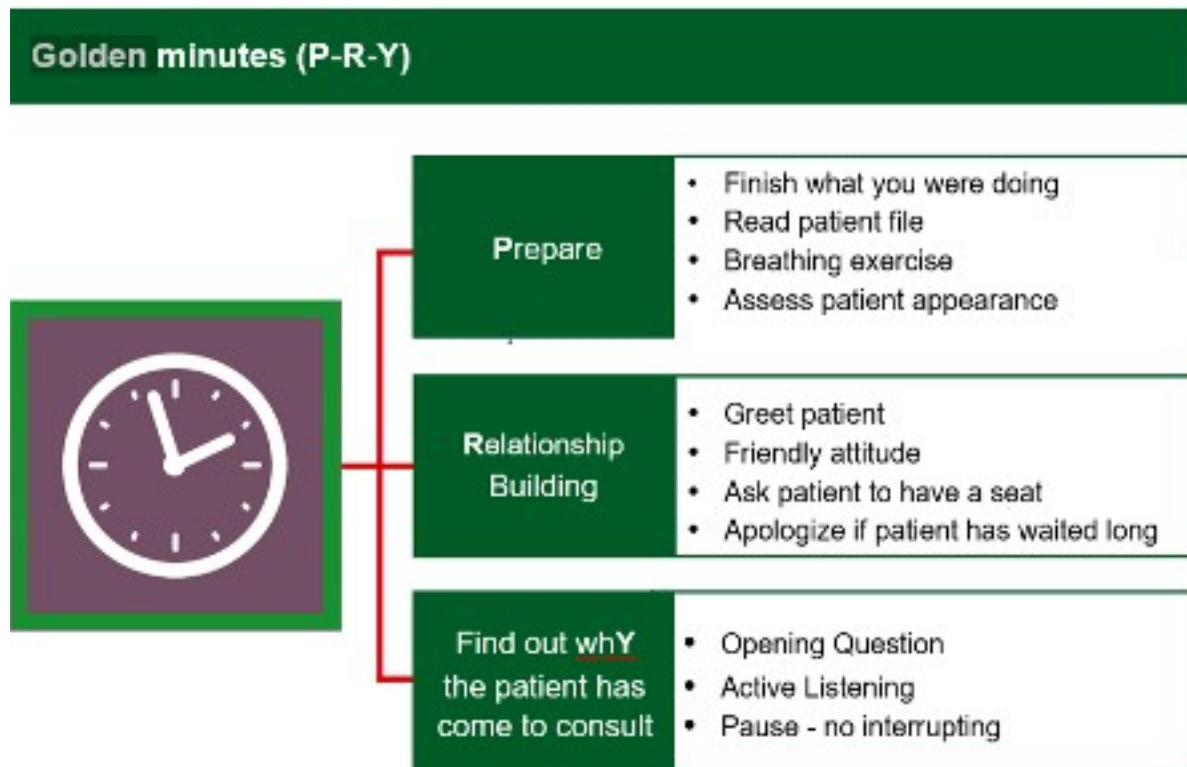
Possible response for the above question (question # 2)

- Finish writing previous notes and review new chart before inviting the patient in
 - Address the patient by name
 - Make eye contact
 - Consider body language: looking attentive, open posture (no folded arms)
 - Greet the patient properly
 - Tone – be friendly and respectful
 - Ask how the patient how they have been since the last appointment
 - Ask the patient's perspective on how things are going, any problems, any things that are helping
- Wrap up the video show by underling the following point: the first 1-3 minutes of a patient consultation are critical in establishing a relationship with the patient.

1.32 : INITIATING CONSULTATION USING PRY (THE GOLDEN MINUTE)

1. Now ask the participants to comment on what they have noticed from the video (write responses on the flip chart)
- Possible responses of participants after watching the video:
 - **group discussion (5 minutes):**
 1. Have you ever come across 'P-R-Y' to help start the consultation process?
 2. Why it is called the golden minute?
 - Interactive presentation on (PPT slide#-----) or use the following figure and text to present and discuss P-R-Y.

Figure 7: Golden minutes (starting the consultation)



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

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

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

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

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

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

The purpose of active listening is to ensure that we get to know all the main problems at the start of the consultation.

- **group discussions:** What words could the health care practitioners use?
 - ✓ Has anything else been bothering you?
 - ✓ Have we covered everything?
 - ✓ Is there something else you would like to discuss?
- This is what is commonly referred to as the Golden Minute and it is used to get a Problem List from the patient.

Interactive presentation (PPT slide#-----) or based on the following text which provides evidence for the benefit of improving our skills in starting the consultation well.

Figure 8: Evidence: reason for consultation

Evidence: reason for consultation

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

Time Concern – Will it take longer?

- Patients allowed to finish their opening statements without interruption usually took under 60 sec.
- None took more than 160 sec

Beckman & Frankel (1984)

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

Levinson et al 2000

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

Butow et al 2002



1.4. CLINICAL APPLICATION

1.4.1 : SHOW VIDEO 2

1. After showing the video, share what the health worker did to:

- ✓ Prepare
- ✓ Build the relationship
- ✓ Find out why the patient has come to consult

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

1.4.2 : GUIDED PRACTICE ON P-R-Y

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

Time allowed: 1 hour

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

P R Y checklist

Prepare

Finish what you were doing

Read patient file

Breathing exercise

Assess patient appearance

Relationship Building

Greet patient

Friendly attitude

Ask patient to have a seat

Apologize if the patient has waited long

Find out whY the patient has come to consult

Opening question

Active listening

Pause- on interruption



1.5. CLOSURE

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



Duration: 4 hours and 45 minutes

SESSION OBJECTIVES

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

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

SUMMARY OF ACTIVITIES

No.	Activity	Method of delivery	Time	PPT slide #
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2.1. INTRODUCTIONS AND HOUSE KEEPING

2.1.1	Recap on learning from session one	Interactive presentation	10 minutes	
2.1.2	Discuss how the sessions will be run (session structure) and their major focus areas	Group discussion and Interactive presentation	5 minutes	
2.1.3	Breathing exercise	Demonstration and exercise	10 minutes	

2.2. CONCEPTS

2.2.1	Discuss what makes up the content of the medical history	Group discussion and interactive presentation	20 minutes	
2.2.2	Explain what is meant by 'biomedical information' and 'patient perspective information'	Interactive presentation	20 minutes	
2.2.3	Define what is meant by patient-centred care	Group discussion and interactive presentation	15 minutes	
2.2.4	Learn about the difference between clinician-centred and patient-centred care	Interactive presentation	10 minutes	
2.2.5	Establish the benefit of gathering information from all perspectives	Interactive presentation	10 minutes	
2.2.6	Identify that the patient perspective consists of the patient's ideas and concerns about their condition and their expectations for the consultation (ICE)	Small group discussion and interactive presentation	20 minutes	

2.3. SKILLS

2.3.1	Show video of person living with HIV who is non-adherent to medication	Video show and group discussion	15 minutes	
2.3.2	Participants to note down the biomedical information	Guided exercise	10 minutes	
2.3.3	Discuss challenges to gathering and recording the patient perspective	Large group discussion and interactive presentation	10 minutes	
2.3.4	Brainstorm ways to overcome these challenges	interactive presentation	10 minutes	

2.4. CONCEPTS

2.4.1	Show video of PHC worker Nebiat using skills to get ICE	Video show and large group discussion	10 minutes	
2.4.2	Participants to spot what was effective/ ineffective	Guided practice and interactive presentation	10 minutes	
2.4.3	Spot skills of asking, listening and summarising	Interactive presentation	10 minutes	
2.4.4	Participants to group their observations into ICE	Small group work	10 minutes	
2.4.5	Participants to develop their own words for capturing ICE in their consultations	Interactive presentation	5 minutes	
2.4.6	Role play	Group work	10 minutes	



2.5. CLOSURE

2.5.1	Recap on the session goals and how they were achieved	Question and answer, interactive presentation	5 minutes	
2.5.2	Recap on skills discussed	Interactive presentation	5 minutes	

ADVANCE PREPARATION

- about the session in the resource manual well before the course starts;
- take notes to help you with the session;
- together the handouts, forms and other items that might be needed for the session.

RESOURCES NEEDED

- chart
- markers
- laptop and screen
- power point slides
- markers

LEARNING ACTIVITIES



2.1 INTRODUCTION AND HOUSE KEEPING



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

- welcome the participants for the second session
- recap on session one
 1. start off by saying: "Last week we discussed how the health needs of Ethiopians are changing and how this means that we need to change the way that we deliver health care. We also saw how CRC (caring, respectful and compassionate clinicians) and the transformation of primary health care using the Ethiopian PHCG (Primary Healthcare Clinical Guideline) can help us to deliver patient-centred care for all our patients.
 2. importance of clinical communication skills for patient care was highlighted and we looked at how the different steps of a typical out-patient visit can lead us to deliver more patient centred care. We learned about P-R-Y, which helps us to remember to Prepare, focus on Relationship-building and find out why the person has come to the clinic.

3. participants how can they ask participants to share their experience of practicing P-R-Y in their clinic
 4. the group what was useful from session one for them personally?
 5. looking after our patients, we also need to look after ourselves. Last week we have seen how health workers can care for themselves to cope with stress and prevent burnout.
 6. if anyone has a question.
- objectives: Write the above session objectives on the flip chart or display PPT slide # -----and tell participants the following:

ACTIVITY 2.1.2: RECAP ON LEARNING FROM SESSION ONE AND INTRODUCE SESSION TWO

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

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

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

ACTIVITY 2.1.3: BREATHING EXERCISE

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

Lead participants through a calming abdominal breathing exercise.

If uncomfortable, participants can opt out of this activity

Time for this activity: 5 minutes.

Remind the participants about how to do calming breathing.

- ready, sit comfortably with back straight
- hand on your belly, the other on your upper chest
- normal-sized breaths slowly and easily in through your nose
- the hand on your belly move slowly in an out with each breath, while your upper hand stays mostly still.
- the rhythm of breathing.
- you feel dizzy or uncomfortable, stop and breathe regularly with your hands in place.
- With each breath, think the word "calm" or any relaxing word Offer guidance to any participants breathing quickly or appear stressed.



2.2. CONCEPTS

ACTIVITY 2.2.1 WHAT MAKES UP THE CONTENTS OF THE MEDICAL HISTORY?

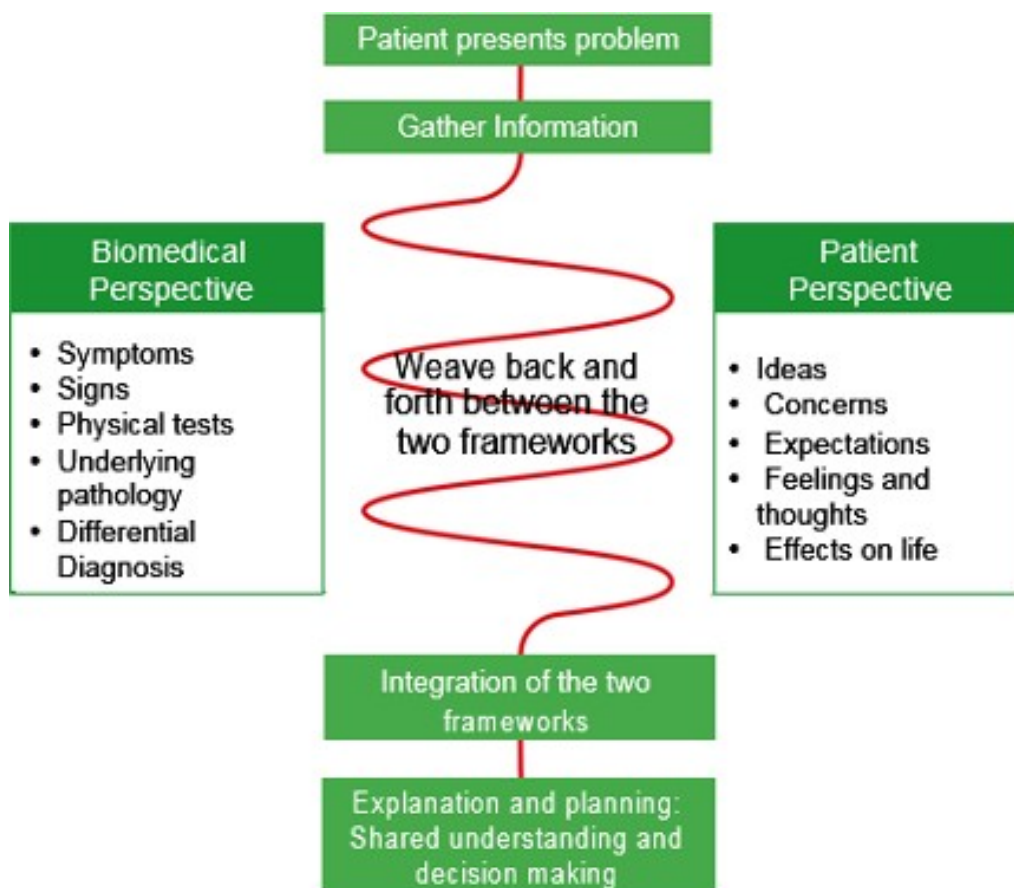
- **Think, pair and share:** pair participants who are sitting next to one another and ask them to discuss their responses to the following two questions

Time for this activity: 5 minutes.

- ✓ What information do you look for when you are assessing a patient?
- Interactive presentation. Focus on the following points:

When patients come to the health facility, they already have ideas and beliefs about what is wrong with them. Often, they come with more than one concern or worry. Most patients have certain expectations and hopes about what is going to happen when they see the health worker. Your role as a health professional is to speak to the person in such a way that it meets the expectations of the patient AND, at the same time, fulfils your obligation as a health professional. The questions you ask, the way you listen and the information you gather when assessing a patient are important.

ACTIVITY 2.2.2 EXPLAIN WHAT IS MEANT BY BIOMEDICAL INFORMATION AND PATIENT PERSPECTIVE INFORMATION



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

ACTIVITY 2.2.3 DEFINE WHAT IS MEANT WITH PATIENT-CENTRED CARE

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

Ask: “What types of questions do you ask a patient when they come to the out-patient clinic?” Write responses on flipchart

Time allowed: 5 minutes

Possible responses

- What problems brought them to the clinic?
- When did it start?
- How did it progress?
- What makes the problem worse?
- What makes the problem better?
- Symptom checklist...

What information are you hoping to gather with those questions?

Write responses on flip chart.

Possible responses

- Biomedical – to identify the cause and make a diagnosis

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

Say: “We talk a lot about patient-centred care, but what do you think that means in our setting?”

Time allowed: 5 minutes

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

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

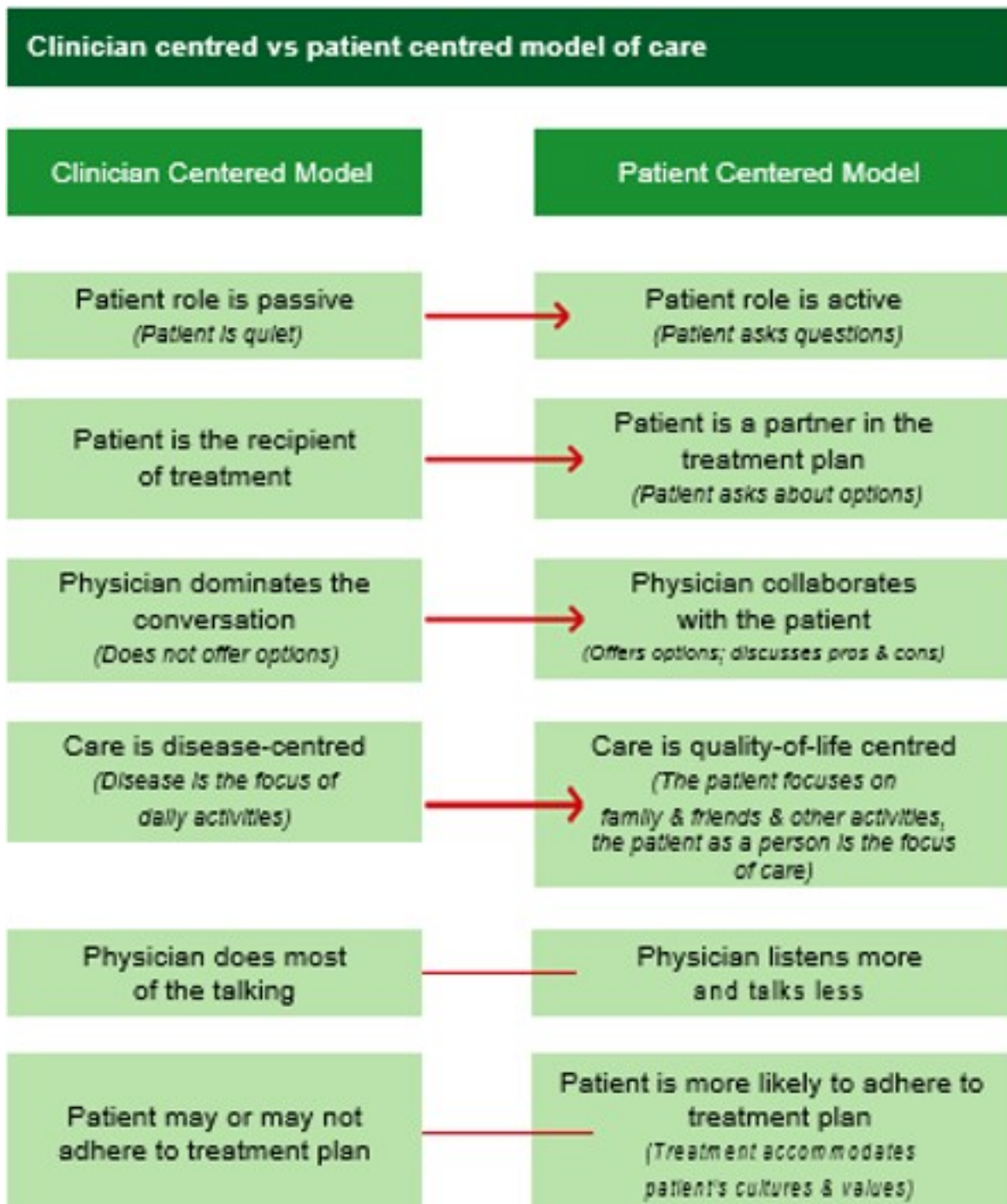
Discuss what effect patient-centred care could have on how the patient would feel about the treatment and advice they are given.

How could it help patients with chronic disorders, like hypertension? What could be the advantages of a patient-centred approach?

Write down the group ideas on the flip chart.

Large group discussion: what is the Difference between Clinician Centred Care and Patient Centred Care?

Time allowed: 5 minutes



(Source: <http://diabetesinsight.ie/patientclient-centred-approach>)

Large group discussion:

Time allowed: 5 minutes

1. Discuss on how patient-centred care is an advantage for patients who have chronic conditions?

Response

Patient Centred Care is about human interactions – it is about attitude, kindness, compassion and empathy.

2. What effect could the attitudes above have on how satisfied patients might be with their care?

Response

Providing patient-centred care will improve the patient satisfaction and short treatment period for patients. This will also lower the cost of care. (Stone, 2008).

Characteristics of PCC

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

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

ACTIVITY 2.2.4 WHAT IS THE DIFFERENCE BETWEEN CLINICIAN CENTRED AND PATIENT CENTRED CARE

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

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

Ask: How it is different when speaking with a patient for example in terms of professional relationship, we don't know so much about the person/patient, the focus of questions is to help health care

Large group discussion: Can you cite some common problems of information gathering?

Time: 5 minutes

Then display the following table (Common problems of information gathering table)

Common problems of information gathering
<ul style="list-style-type: none">• <i>Closed questioning - leads to poor hypothesis generation and inaccurate diagnoses</i>• <i>High control, "clinician-centred" style- discourages patients from telling their story or voicing their concerns</i>• <i>A mismatch in ideas and beliefs about the illness, led to: -- poor understanding</i> <i>-- adherence</i> <i>-- satisfaction</i>

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

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

Time allowed: 5 minutes

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

- What are you trying to achieve in the history taking?
 - Understand why his blood pressure is poorly controlled.
 - Find out whether the patient has been taking their medication
 - To get the patient to reduce salt in their diet and lose weight.

Ask the patient if he/she had a history of medication allergies and side effect

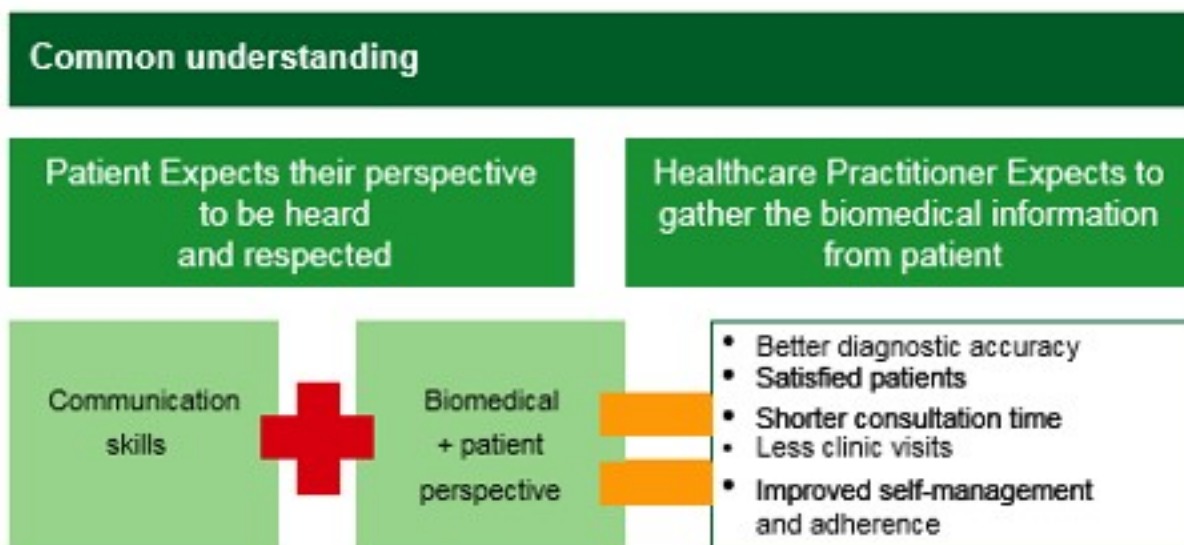
- What does your patient hope to achieve?
 - Patient wants to pick up a prescription for medication and leave as quickly as possible.
- How are you going to manage the patient’s expectations?

Example case 2: 40 year old woman with diabetes and hypertension. She does not attend regularly for follow-up.

- What are you trying to achieve in the history taking?
 - Understand why she is not attending regularly.
 - See whether the diabetes and hypertension are well-controlled.
 - Check for any other new problems.

Make sure the patient is following lifestyle advice and taking medication as prescribed.

- What does your patient hope to achieve?
 - Wants some encouragement that she is doing ok.
 - Wants to speak about her fears that she is going to go blind because of diabetes
 - Wants some treatment for her headache and sleep problems.
- How are you going to manage the patient’s expectations?



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

ACTIVITY 2.2.5 BENEFITS OF GATHERING INFORMATION FROM ALL PERSPECTIVES

Highlight how important the biomedical information is but that information from the patient's perspective is also medically important. In addition, patients actually want to be heard and understood when they consult with a health professional.

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

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

What do patients want?

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

Ryan et al, 2003



2.3 SKILLS

ACTIVITY 2.3.1 SHOW VIDEO OF PERSON WITH HIV WHO IS NON-ADHERENT TO ART

Ask group to now watch a short video clip (video will use PHCG case scenario on Non –ART adherence and Depression) and note down what strategies the clinician is using that are effective or ineffective in meeting patient expectations.:

Group discussion: After they have watched the short video clip, ask the group to comment on what they observed

Time allowed: 5 minutes

ACTIVITY 2.3.2 NOTE DOWN THE BIOMEDICAL INFORMATION IN THE VIDEO SHOW

The group should note that they only focused on the biomedical content. If they do not, make that clear to them before moving on to the next part.

Resource 21: Focus of Clinician

Did they get what they want?

Clinicians' focus was on diagnosing, removing or minimizing the symptom impact on everyday function

THE BIOMEDICAL FACTORS

ACTIVITY 2.3.3 DISCUSS THE CHALLENGES OF GATHERING AND RECORDING THE PATIENT PERSPECTIVE

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

Time allowed: 10 minutes

Possible responses

- Patients might talk about their social problems and expect help
- Health professional may feel that there is nothing that he/she can do for the patient (for the social problem he/she has)
- It may be time consuming
- The clinical interview might lose focus

During this part of the session, orientate the group towards the importance of gathering both the biomedical and patient perspective in order to meet the objectives of the PHCG.

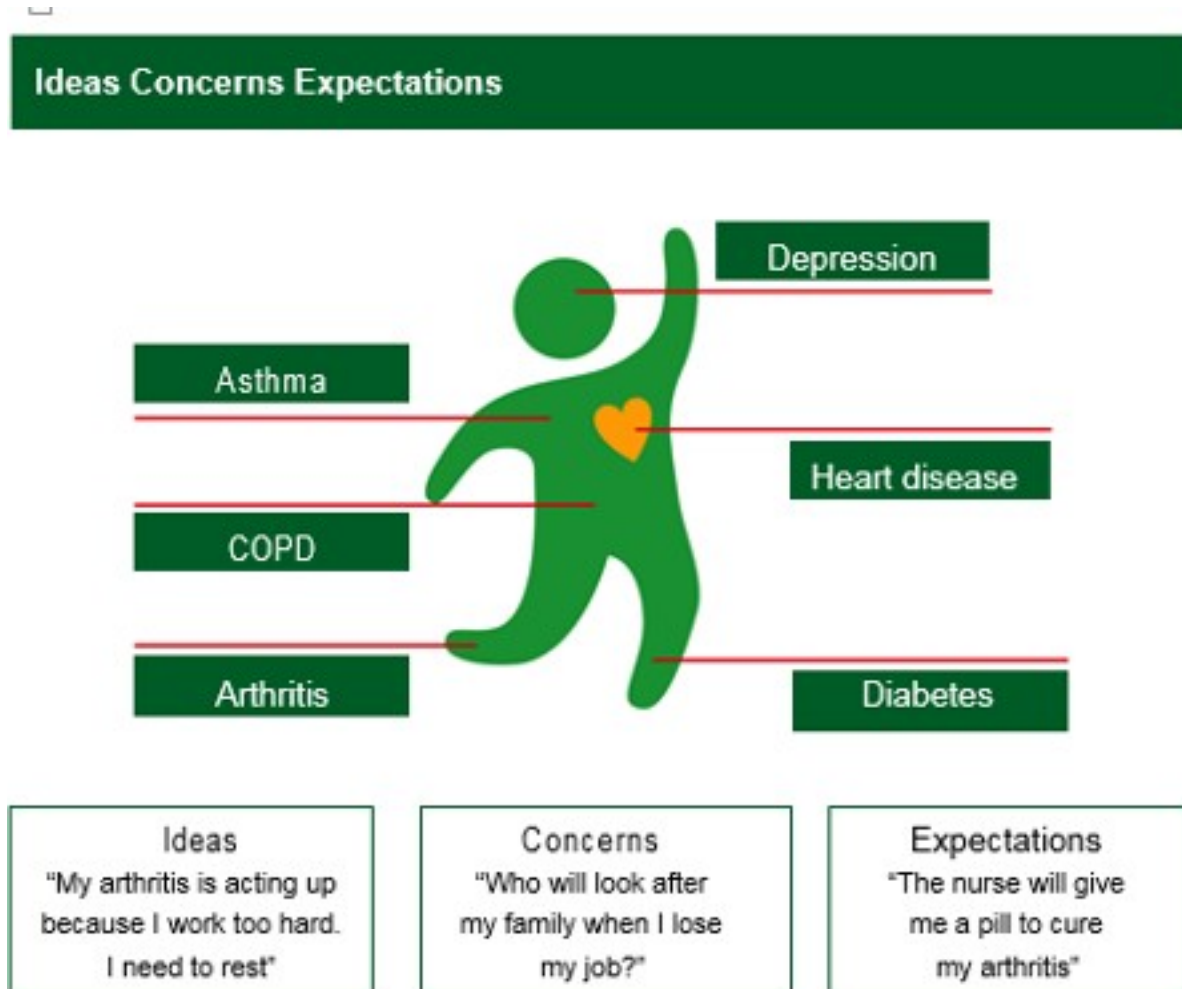
Large group discussion: Pose question to group:

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

Time allowed: 5 minutes

ACTIVITY 2.3.4 BRAINSTORM WAYS TO OVERCOME THESE CHALLENGES

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



(Source: http://www.ahrq.gov/professionals/prevention-chronic-care/decision/mcc/mcc_infographic_printable.pdf)

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

Time allowed: 5 minutes

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

Defined

- Disclosure by patients of their ideas, concerns and understanding about their diagnosis and treatment is a part of gathering information and is an example of a patient-centred approach

Benefit

- Provides more insight into the reasons for a patient coming in for a consultation
- Assists in establishing the right diagnosis
- Influences the process of shared decision making
- Enhances the patient's adherence

ULTIMATELY getting the patients ICE, requires certain skills.

Large group discussion: Ask group how they see the skills we have been discussing fitting in to what they are currently doing? Write responses on flipchart.

Time allowed: 5 minutes

Possible responses

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

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

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

1. Identify the problems
2. Prioritize the problems
3. Select the problem to be addressed

Large group discussion: Ask group how they see the skills we have been discussing fitting in to what they are currently doing? Write responses on flipchart.

Time allowed: 5 minutes

Possible responses

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

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- You could discuss with your colleagues about the best way that your health facility should respond to social problems that are common in the community. Can the woreda help? Can the health extension workers help? What about religious leaders? What about community leaders? Can we establish a fund to help patients who cannot afford medication?
- What other ideas do you have?

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

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

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

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

Help the person make a clear budget with income and expenses.

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

Select rent as the problem to address.

Help the person list the possible solutions

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

Negotiate with the landlord to decrease the rent, find a less expensive house.

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

If we assume the decision is to find another house, we can link the person with housing services, social services and other renting agencies.

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



2.4 CLINICAL APPLICATION

ACTIVITY 2.4.1 SHOW VIDEO OF PHC WORKER NEBIAT USING SKILLS TO GET ICE

Show group the second take of the same video.

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

ACTIVITY 2.4.2 PARTICIPANTS SPOT WHAT WAS EFFECTIVE / INEFFECTIVE

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

Have them fill in the patient card based on the video consultation. Discuss their forms afterwards.

Play video up until viral load discussion of non-adherence

ACTIVITY 2.4.3 SPOT SKILLS OF ASKING, LISTENING AND SUMMARISING

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

SKILLS

Asking /Questioning	Open and closed questions
Listening	<ul style="list-style-type: none"> • Active listening has verbal and non-verbal components • Picking up cues • Empathy
Summarising	Summarising shows that you have heard the patient and gives them a chance to correct you
Questioning	<ul style="list-style-type: none"> • Open Ended • Close Ended
Listening	Picking up cues
Summarising	

ACTIVITY 2.4.4 PARTICIPANTS TO GROUP THEIR OBSERVATIONS INTO ICE

“What was the patient’s reason for consulting?”

Possible response:

- Patient was at the clinic for a follow-up with 1 year viral load and CD4 count

What was of concern to the health professional?

- Patient’s viral load was 7000 copies/ml (indicative of non-adherence)

What could be the possible reasons for non-adherence?

- Unemployment therefore no money for food
- Does not feel sick so stopped taking medication
- Fear of stigma
- Forgetfulness
- Others?

Continue the video till the end.

Ask: “What was different in this consultation?”

Possible Responses:

- Clinician is now getting the patients ideas, concerns and expectations
- Summarizing
- Actively listening
- Showing empathy
- Picking up on cues

The group should identify that the health worker is now picking up that the reason for non-adherence is because of depression. Because he is depressed, the patient has lost his motivation to take medication. The depression is making him give up and feel negative about the illness and his future. Even though the likely cause of his depression is his many social problems, the depression is making everything worse. We can try to help the patient with his social problems as we discussed. But it is also important to treat the depression even if we cannot change all the social problems. Depression is an illness. Treating his depression could help him to see the point of treatment.

Emphasize the value of getting both perspectives is important and that now the diagnosis has changed. In other words, getting the patient perspective has made the consultation more accurate and effective.

Discuss the information the participants noted down.

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

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

Write responses on flipchart

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

Write responses on flipchart

Participant will group into two and practice the skills by role playing.



ACTIVITY 2.4.6 ROLE PLAY

Role play script

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

Time allowed: 10 minutes

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

Situation: A pregnant woman with three months of amenorrhea comes to the

ANC clinic for her first ANC visit. She complains of nausea and repeated vomiting.

Participants' roles:

Health worker:

Will start the conversation

Do assessment (history taking)

Client:

Give information depending on the health worker's approach

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

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

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

- ✓ After the role play ask the group how they think the health worker performed. Let the group contribute by supplementing the information provided to the client and how they would make it better.
- ✓ Ask the person role playing the client about the information giving process and how it made him/her feel.

Have exercise on using both PRY and ICE

Time allowed: 1 hour



2. 5 CLOSURE



ACTIVITY 2.5.1 SESSION RECAP

- Recap the session goals and how they were achieved
 - Recap on what has been covered in the session and the learning that was the focus of the session.
 - Summarize the contributions the group has made.
 - Tell participants that they need to practice the skills they have learned in session one and two in their clinics
- Recap skills discussed
 - Ask what skill each participant is going to practice before the next session. P-R-Y and ICE using Questioning (open and closed ended), active listening, showing empathy and summarizing.
 - Inform group of the context of the next session and any preparatory work that they have to do.

Say: The next session will be covering emotions and how they may act as barriers to effective care. We will cover issues around containing emotions

during a consultation as well as how to deal with an upset/distressed patient. We would appreciate it if you would bring along an example of a consultation where you had to deal with a distressed/emotional patient and share with the group what strategies you used during the consultation and how it went for you. Please make note of how you were feeling during this time as well as how you thought the patient was feeling based on body language and cues.”

Thank group for their time and remind them to complete each session evaluation form and to please make comments and suggestions.

End off by asking group to share one skill that they wrote down they are going to practice before you meet again.



Duration: 4 hours and 45 minutes

SESSION OBJECTIVES

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

- Highlight the importance and benefits of addressing emotions of the health worker and the patient during contact with an emotional patient and/or caregiver.
- Provide health workers with skills necessary to address emotions of the patient (“READING the emotion”), particularly during contact with an upset or emotional patient
- Explore and address concerns about expression and dealing with emotions of health workers and patients while providing care for patients.
- Assist health workers to be aware of and acknowledge their own emotions and to develop healthy coping strategies to deal with the emotional labour of being a health professional.

SUMMARY OF ACTIVITIES

No.	Activity	Method of delivery	Time	PPT slide #
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3.1. INTRODUCTION AND HOUSEKEEPING

3.1.1	Recap on learning from session two	Interactive presentation	10 minutes	
3.1.2	Experience sharing of practicing lessons from last week in their clinic	Group discussion and Interactive presentation	10 minutes	
3.1.3	Inform participants the focus of the session is on defining and understanding how to handle emotions in the context of dealing with patients and a brief reminder of how to care for oneself	Group discussion and Interactive presentation	5 minutes	
3.1.4	Exercise breathing exercise	Demonstration and exercise	10 minutes	

3.2. CONCEPTS

3.2.1	Explore the emotions that a distressed patient may experience and show	Group discussion and interactive presentation	20 minutes	
3.2.2	Provide an understanding of addressing emotions and its role in health workers engagement with patients	Interactive presentation	15 minutes	
3.2.3	Show video of a patient who will start crying	Video show and group discussion	20 minutes	

3.2.4	Identify the importance and benefits of addressing emotions of the health worker and the patient while providing care for a distressed patient	Small group exercise and interactive presentation	20 minutes	
3.2.5	Recap the relationship between stress, lack of self-care and burnout	Interactive presentation	15 minutes	
3.2.6	Introduce the concept of READing the emotion during a clinical contact with an emotional patient.	Interactive presentation	5 minutes	

3.3. SKILLS

3.3.1	Engage participants in a discussion around how they deal with an emotionally - distressed patient	Video show and group discussion	15 minutes	
3.3.2	Apply the skills of READing the emotion	Guided exercise	10 minutes	
3.3.3	Show video of a health worker dealing with a distressed patient	Video show	10 minutes	
3.3.4	Discuss the techniques employed by the health worker	Interactive presentation and group discussion	10 minutes	
3.3.5	Group what the health worker did into "READ" with the participants	Large group discussion and interactive presentation	15 minutes	
3.3.6	Highlight the need for health workers to look after themselves.	Interactive presentation	15 minutes	

3.4 CLINICAL APPLICATION

3.4.1	Role play practice of READING the emotion	Group work	15 min	
3.4.2	Identify health worker perspectives on concerns and challenges in dealing with emotions of patients while providing care	Guided practice	15 min	
3.4.3	Brainstorm ways to overcome these challenges	Group work	10 minutes	
3.4.4	Engage participants in a discussion around how they use PHCG to diagnose depression.	Interactive presentation	10 minutes	
3.4.5	Group brainstorm of the ways in which they can overcome challenges associated with diagnosing and helping patients with depression.	Group work	10 minutes	

3.5. CLOSURE

3.5.1	Recap on the session goals and how they were achieved	Question and answer, interactive presentation	5 minutes	
3.5.2	Recap on skills discussed			
3.5.3	Homework: Participants to practice READING emotions during the week and provide feedback at next session			
3.5.4	Remind participants to complete the session evaluation form in their files/booklets			

RESOURCES NEEDED

- Flip chart
- Marker pens
- LCD, laptop and screen
- Power point slides
- Loudspeaker

ADVANCED PREPARATION

- Read about the session in the resource manual well before the course starts;
- Make notes to help you with the session;
- Gather together the handouts, forms and other items that might be needed for the session.

LEARNING ACTIVITIES



3.1 INTRODUCTIONS AND HOUSEKEEPING

Welcome the group members.

ACTIVITY 3.1.1 REFLECT AND RECAP ON LEARNING FROM SESSION TWO

- Ask the group what was useful in the session for them.
- Ask one participant to briefly summarise the previous session

ACTIVITY 3.1.2 EXPERIENCE SHARING OF PRACTICING LESSONS FROM LAST WEEK IN THEIR CLINIC

- Ask the group if they were able to practice any of the skills from session two.
- If they were able to practice, ask how they experienced the exercise. Get the group to give their ideas if a health worker reported any difficulties.

ACTIVITY 3.1.3 INTRODUCTION TO SESSION THREE

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

Say: "Last week we discussed clinical communication skills for a patient centred consultation. The focus of this week's session is to look at how to deal with an emotionally distressed patient. The session will specifically look at providing health care practitioners with the necessary skills to deal with the emotions of both the patient and the PHC worker.

The session will also briefly highlight the importance of PHC worker self-care

which is essential when faced with emotional and distressed patients.”

Please note that some of the issues that will be discussed in this session are of a sensitive nature and may bring up memories of past direct or indirect experience with the subject matter. The facilitator should be proactive and observe this kind of issues before they arise.

ACTIVITY 3.1.4 TOGETHER DO BREATHING EXERCISE SESSION



3.2. CONCEPTS

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

- **Large group discussion:** Start off by asking participants which clinical conditions usually affect patients on an emotional level. On a flipchart, make a list of all the conditions they mention.

Time for this activity: 10 minutes.

Response

These may include emergency conditions, life threatening conditions, terminal illnesses, chronic conditions, disabling conditions, painful conditions, parents dealing with children’s conditions and many others.

- **Interactive presentation**

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

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

We will use chronic conditions as an example.

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

Patients who suffer from one or multiple chronic conditions (for example, hypertension and diabetes) often must adjust their lifestyle and, in some cases, might even be disabled. These changes affect patients on an emotional level; some patients may go through a period of grieving before they adjust to their new condition.

Others may become distressed and develop mental health problems. The most common mental health problems are depression and anxiety. We will have an overview of how to diagnose depression using the PHCG later in this session.

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

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

Emotions in chronic health conditions: no health without mental health

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

(Turner & Kelly, 2000)

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

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

Resource 25: Communication Training

The emotionally distressed patient communication

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

- We try to fix their problem
- We try to defend ourselves, justify our position or whatever the upset person is upset about
- We try to distance ourselves from patients and relatives who manifest strong emotions

...Is this method effective?

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

Time for this activity: 10 minutes.

Response

Supplement participants' responses with the following but mention that these are the common ones and the list is not exhaustive

- Being angry or aggressive/disruptive
- Feeling anxious or fearful
- Displaying sadness or crying
- Not interactive
- Agitation

ACTIVITY 3.2.3 SHOW VIDEO OF A PATIENT WHO WILL START CRYING

Video title: Health worker Abera interacting with a distressed patient

Purpose: To recognize that patients at PHC can present with emotional distress. Show video clip of Abera until the point where patient starts to cry.

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

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

Large group discussion

Time for this activity: 10 minutes.

1. What do you do when a patient becomes distressed in your OPD as like in this scenario?" Write response on flipchart.
2. Ask the participants whether they feel fixing patient's problems or avoiding emotions is an effective method.
3. Briefly discuss the consequences of dealing with patient emotions in this way. (Write the responses on the flip chart).

Explain that patients, caregivers and family members can often become emotional when receiving health care. Distress is a normal response to some of the difficult experiences that patients face: pain, loss of independence, having a condition that cannot be cured, having to take many medications.

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

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

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

Explain that as a health worker, recognizing one's own and patient's emotion is the first step to identifying the real concerns and needs of patients. Lacking these skills will test clinicians' compassion and communication skills, will affect patient-clinician relationship and lead to stress and burn out in health worker.

Provide the link between dealing with emotions and health worker self-care.

Say: In order for health worker to deal with the emotions of their patients, they need to manage their own sense of uncertainty and confusion, they need healthy coping strategies for dealing with anxiety and they need to have a healthy balanced lifestyle.

Now introduce the skill of READING the emotion during a clinical contact with an emotional patient.

3.3 SKILLS

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

Video show

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

ACTIVITY 3.3.2 DISCUSS THE SKILLS OF READING THE EMOTION

Resource 26: Dealing with an emotionally distressed patient

Dealing with an emotionally distressed Patient

READ

- Recognize the emotions
- Empathy & Engaging in conversation
- Affirm & Respect
- Develop a plan

“You seem really upset” Recognize the emotion

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

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

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

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

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

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

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

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

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

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

Show video clip of Abera starting from the point where patient starts to cry.

Continue the previous video starting with a patient, W/ro Abeba, crying.

ACTIVITY 3.3.4 DISCUSS THE TECHNIQUES EMPLOYED BY THE HEALTH WORKER

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

Write down responses under the acronym READ

Ask the group to share what words they could practically use during a consultation to READ the patient's emotion.

Write responses on the flipchart

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

*Highlight to the group that READING the emotion is effective for all emotions displayed by patients, including anger, fear, sadness etc.

Allow the group to share how they feel the skill of READING the emotion would work in a clinical setting.

Once the group has explored addressing emotions during a clinical contact with an emotional patient, draw the focus to self-care for the PHC worker

ACTIVITY 3.3.6 HIGHLIGHT THE NEED FOR HEALTH WORKERS TO ALSO LOOK AFTER THEMSELVES

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

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

Ask the group for examples of emotions they themselves might experience in clinical contact with patients.

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

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

Write responses on flipchart

Response

Supplement participants responses with the following but mention that these are the common ones and the list is not exhaustive

- Feeling angry
- Feeling anxious or fearful
- Feeling sad, becoming tearful
- Feeling confused
- Feeling helpless
- Worrying- Thinking too much of patient's problems

Large group discussions: In such clinical scenarios, what things could help you deal with your emotions in the moment? Write responses on a flipchart and supplement with the following.

- Take a short break
- Take a walk, get some air
- Relaxation breathing
- Ask someone else to see the patient
- Talk to a colleague
- Consult a senior

*Also highlight that there are unhealthy coping mechanisms



3. 4 CLINICAL APPLICATION



ACTIVITY 3.4.1 ROLE PLAY PRACTICE OF READING THE EMOTION

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

Role play Script

Purpose: To practice READING the emotion in a distressed patient

Time allowed: Total 20 minutes

10 minutes interview

10 minutes feedback and discussion

Situation:

- A 37-year-old man identified as having Pulmonary TB one week ago
- He was screened for HIV and was found to be negative
- The patient visits PHC for follow up
- One year ago, he met a woman with whom he was in a relationship with and was very happy
- He was engaged to be married

- After 4 months his fiancé left him for another person unexpectedly
- He has not been sleeping well, has poor appetite and cannot get over the situation
- He also has money problems
- He feels overwhelmed by everything going wrong in his life

Participants' role

Purpose

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

PHC worker

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

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

Discussion question

After the role play ask the group how they think the student health worker and patient felt the moment the patient became upset or started crying.

– Write the responses on the flip chart

After noting down the points, discuss with the group the challenges of exploring and dealing with a distressed patient.

Ask participants to raise their concerns and possible challenges in using READING the emotion in patients at a PHC setting.

– Write responses on flip chart.

Possible Responses:

- Fear of being too emotionally involved
- Fear of burnout
- Lack of adequate training/confidence in ability
- Having inadequate time
- Fear of not being able to solve their problems
- Fear that they will not be able to stop the patient being emotional

- Fear that strong emotions may make the patient's problems worse

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

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

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

Highlight that PHCG is a tool that is useful for them to also diagnose common mental disorders in patients

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

– Write responses on flipchart

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

Large group discussion

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

– Write responses on a flipchart

Possible responses are (if not mentioned, facilitator should raise these points:

- Symptoms are not easy to link to common mental disorders
- Low confidence in ability to make an accurate diagnosis
- Patients do not understand that the symptoms they have is an illness that can be treated with counselling or medication

If there is time:

Take one consultation example and get the health care practitioner to share how they dealt with that situation. Once they have shared, get the group to discuss how they would have dealt with this patient using READ. Focus on the words that the health care practitioner would use.



3. 5 CLOSURE



ACTIVITY 3.5.1 RECAP ON THE SESSION GOALS

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

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

Summarize group contributions.



ACTIVITY 3.5.2 RECAP ON THE SKILLS DISCUSSED

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

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

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



ACTIVITY 3.5.1 HOMEWORK

As homework, ask the participants to start thinking about their chronic patients that need to make an active contribution to getting healthier.

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

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

Inform the group that at the next session they will provide feedback to the rest of the group on how they experienced using the skills learned in this session.

Thank the group for their time and remind them to complete the session evaluation form and to make comments and suggestions.

**INFORMING, MOTIVATING AND EMPOWERING PATIENTS TO
ACTIVELY TAKE PART IN THEIR OWN CARE****Duration: 4 hours and 45 minutes** **SESSION OBJECTIVES**

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

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

SUMMARY OF ACTIVITIES

No.	Activity	Method of delivery	Time	PPT slide #
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4.1. INTRODUCTION AND HOUSEKEEPING

4.1.1	Recap on learning from the session three	Interactive presentation	10 minutes	
4. 1.2	Experience sharing of practicing READING the emotion in their clinic	Group discussion and Interactive presentation	10 minutes	
4.1.3	Explain that the focus of this session is: informing and motivating patients so that they can play an active part in their own health care.	Group discussion and Interactive presentation	10 minutes	
4.1.4	Breathing exercise	Demonstration and exercise	10 minutes	

4.2. CONCEPTS

4.2.1	Define what is meant by patients actively taking part in their own care	Group discussion and interactive presentation	30 minutes	
4.2.2	Discuss about change and stages of the change. The benefits of patients who are informed, motivated and empowered so that they can take an active part in managing their health condition (both health system and personal benefits for health workers)	Interactive presentation	30 minutes	
4.2.3	Introduce the importance of working alongside patients to develop self-care plans that improve adherence to medication and healthy behaviours.	Group discussion and interactive presentation	30 minutes	

4.3. SKILLS

4.3.1	Show video clip of an outpatient visit where the health worker is struggling to get a patient with hypertension to understand that they need to change their lifestyle (healthy behaviours).	Video show and group discussion	15 minutes	
4.3.2	Discussion about the 5 A's of brief motivational interviewing. They will see how the 5 A's help in building the therapeutic relationship and motivating patients to change	Think, pair and share and interactive presentation	30 minutes	
4.3.3	Introduce the techniques for providing information, and checking that the patient has understood.	Interactive presentation	15 minutes	

4.4 CLINICAL APPLICATION

4.4.1	Role play practice of providing information to patients	Role play	15 min	
4.4.2	Participants to work in teams to develop a self-care plan using the video resource.	Guided practice	20 min	

4.5. CLOSURE

4.5.1	Close off the workshop by recapping on session learning	Question and answer, interactive presentation	10 minutes	
4.5.2	Recap on all 4 sessions	Interactive presentation	20 minutes	
4.5.3	Thank participants for their time and thank organizer		20 minutes	

RESOURCES NEEDED

- Flip chart
- Marker pens
- LCD, laptop and screen
- Powerpoint slides.
- Loudspeaker (microphone)

ADVANCED PREPARATION

- Read about the session in the resource manual well before the course starts;
- Make notes to help you with the session;
- Gather together the handouts, forms and other items that might be needed for the session.

LEARNING ACTIVITIES



4.1 INTRODUCTIONS AND HOUSEKEEPING



ACTIVITY 4.1.1 RECAP ON LEARNING FROM SESSION THREE

- Welcome the participants for the session
- Recap and reflect on previous session
- Ask the group what was useful in session for them personally?



ACTIVITY 4.1.2 EXPERIENCE SHARING OF PRACTICING READING THE EMOTION

Ask the group if they were able to practice READING the emotion skills from session 3. If they were able to practice, ask how they got on.

If the health workers mention challenges with the application of READING emotions, ask the group to come up with responses and ideas. Any challenges that cannot be addressed by the group should be noted and can be discussed with your supervisor or a local mental health professional.



ACTIVITY 4.1.3 EXPLAIN THE FOCUS OF SESSION FOUR

Introduce the group to session 4 and inform them that the session will focus on the clinical communication skills that support a change in the way that clinicians work with patients. Instead of an unequal clinician-patient relationship, we will learn about informing and motivating patients so that they can play an active part in their own care.

Say: Last week we discussed how we can deal with upset and distressed patients and ways to recognize and address emotions, both in the out-patient clinic and

afterwards. We also touched on ways you as healthcare professionals can care more for yourselves so that you can care better for your patients. The focus of this week's session is to now combine all the tools in your toolbox to look at a new way of working with our patients.

We will be learning the skills to make our patients more informed about their illness and treatment. Then we will learn about how to motivate our patients to take an active role in managing their health problems better.

We will also discuss about how we can involve patients in developing their care plan and see its advantages such as adherence to medication and its impact on healthy behaviours.

ACTIVITY 4.1.4 BREATHING EXERCISE

Together do the breathing exercise.



4.2 CONCEPT

ACTIVITY 4.2.1 PATIENTS ACTIVELY TAKING PART IN THEIR OWN CARE

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

ACTIVITY 4.2.2 DISCUSS ABOUT CHANGE AND STAGES OF CHANGE

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

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

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

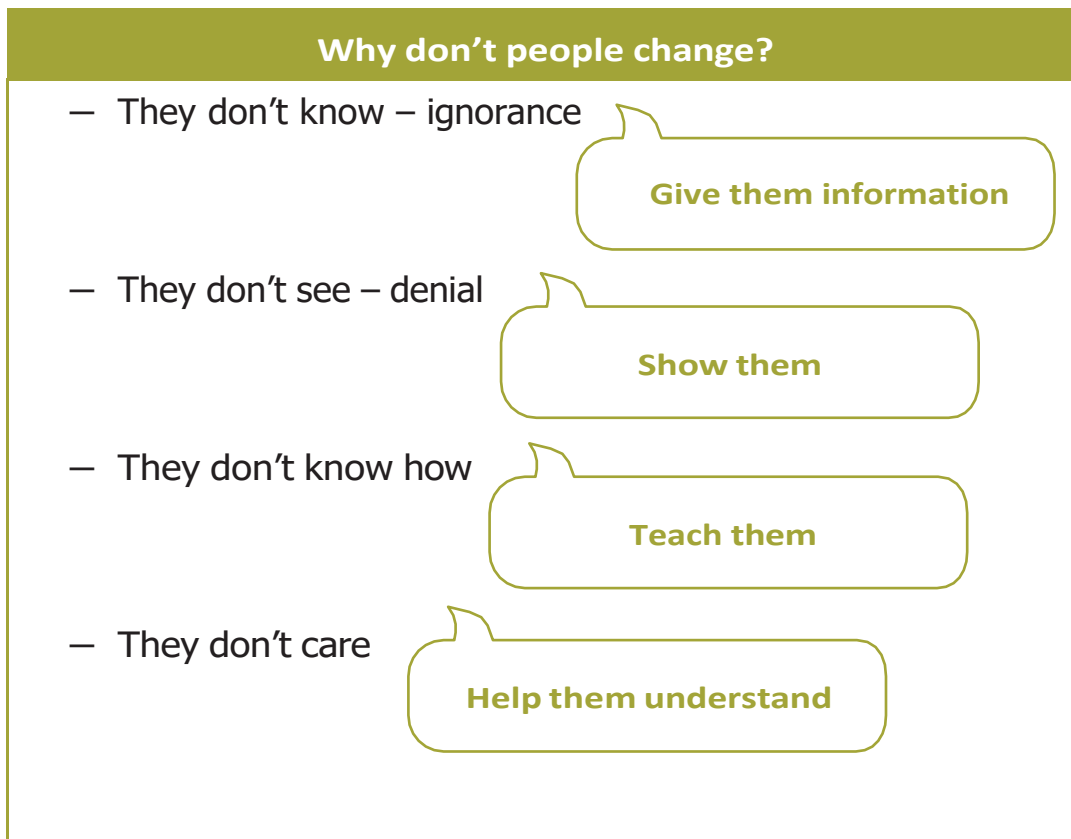
Large group discussion

Time allowed: 10 minutes

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

— Write responses on flipchart

Resource 28: Change



Large group discussion

Time allowed: 10 minutes

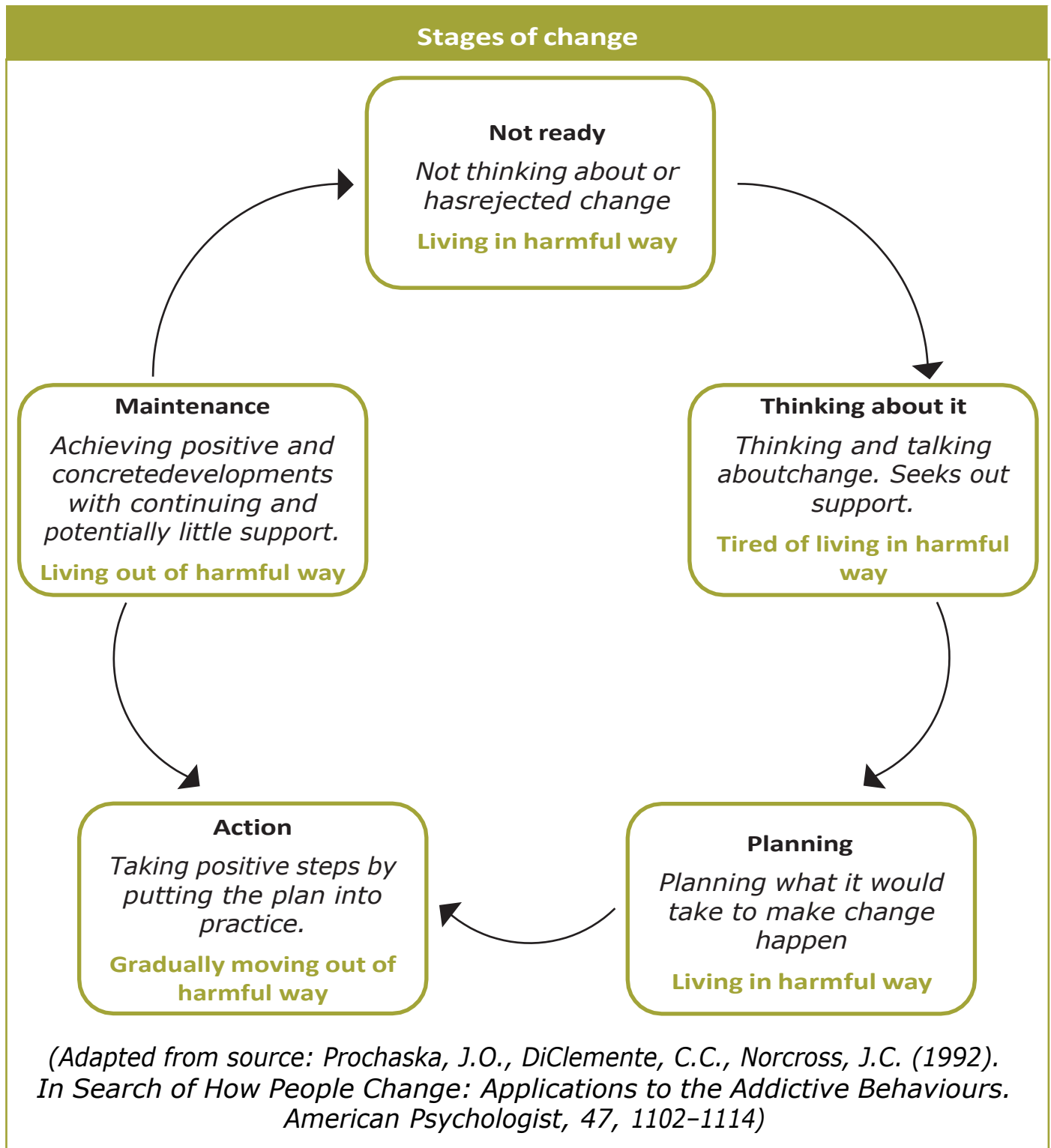
- Think of something you wanted to change (something about your health) and ask yourself why you have not yet made the change?
- Write responses on flip chart and link to what they gave as the reasons to why their patients don't change or find it difficult to change.

People Change for a variety of reasons.

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

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

Resource 29: Stages of Change



- Explain to group that their patients might be at different stages of change and in order for them to work effectively with their patients, they themselves need to understand how change works.
- Explain the above model using your own words drawing on how the model explains each stage.

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

Patient self-care plan is planning the treatment plan by empowering the patient with the patient. It will allow health worker to understand what is the matter with the patient? And what matters for the patient.

Working alongside patients to develop self-care plan can improve patient outcome and health worker's job satisfaction.

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



4.3 SKILLS

ACTIVITY 4.3.1 SHOW VIDEO CLIP

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

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

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

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

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

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

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

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

Possible responses:

The nursing student was giving the patient the ammunition to resist taking responsibility for his illness and changing his lifestyle with:

- Tone of voice
- Attitude
- Body language
- Poor listening skills

- No empathy
- Lecturing tone and giving too much information
- Not understanding the patient's point of view and barriers to change
- Looked like healthcare professional was struggling and working really hard to get through to patient
- Patient was defensive and confused

Discuss briefly what the group has mentioned and stress that in this clip the relationship is of importance. What was the reaction of the patient towards the nursing student?

Say: "What you say will affect how the patient reacts"

Probe:

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

Show group the other way – Good Role Play Video Clip

Video: Health professional, Tadelech, attempting to involve a patient with a hypertension in his care

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

Instruct group to focus on what they see the PHC worker is doing that works for the patient.

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

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

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

You are trying to build patients who can play a more active role in their own care. What did you see that blocked the development of a patient self-care plan in the video (descriptive feedback)?

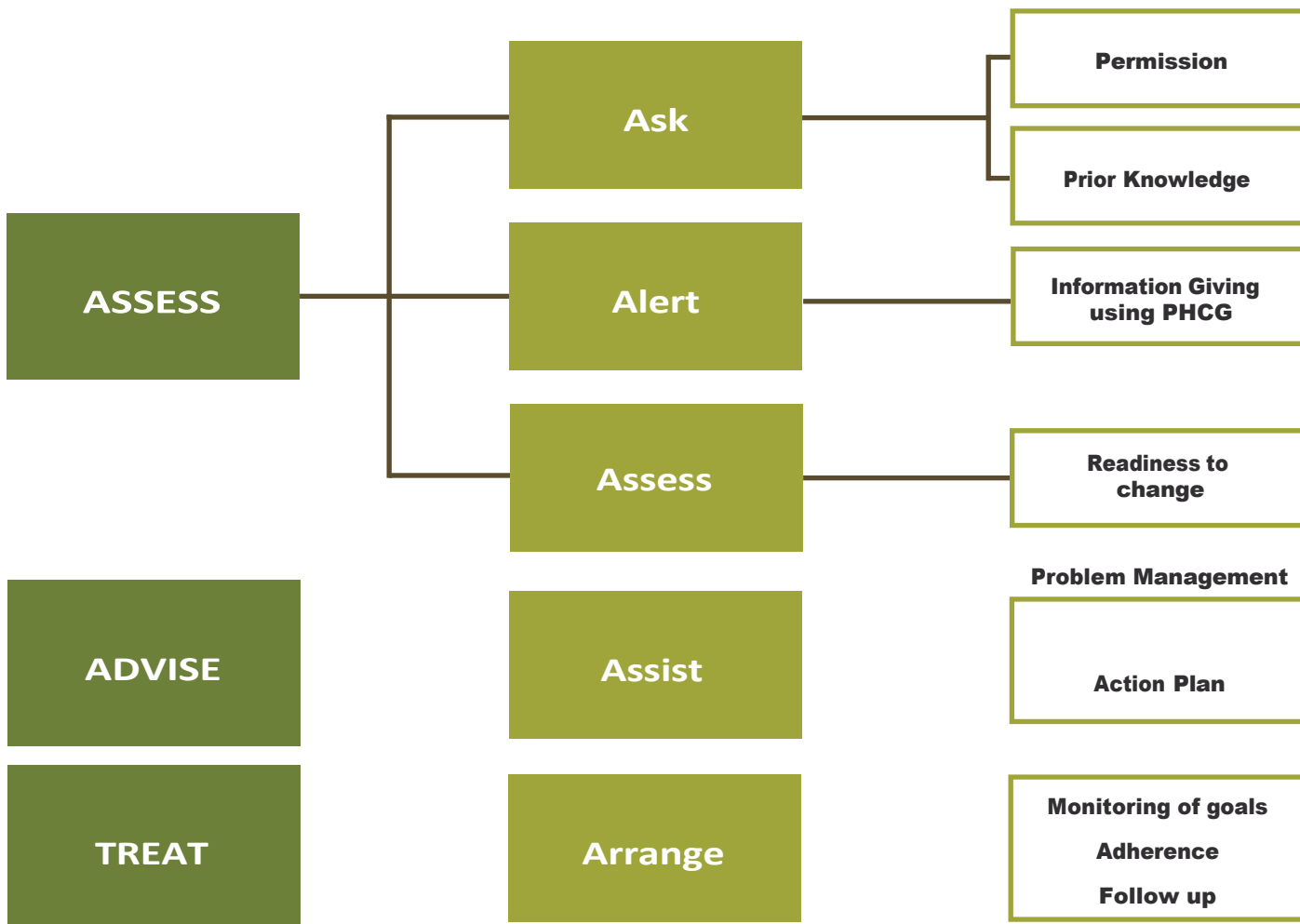
Show group the other way – Good Role Play Video Clip

ACTIVITY 4.3.2 DISCUSSION ABOUT THE 5 A'S OF BRIEF MOTIVATIONAL INTERVIEWING

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

Time allowed: 15 minutes

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



Introduce the 5 A's to the group by giving a brief overview of what they are.

ASK:

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

ALERT:

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

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

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

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

ASSIST (Phase one blends into assess - helping patients to problem solve which includes action plans)

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

ARRANGE

- For a follow up out-patient visit
- Monitoring goals and adherence

- Make referrals - give examples of services available

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

Ask: What words did the PHC worker use in this latest clip that worked for the patient?" Write down responses on the flipchart underneath the brief explanations of each step of the 5 A's.

ACTIVITY 4.3.3

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

Ask

Before you tell ask.

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

Provide

Provide the right information if the client is interested

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

Ask

After providing information

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

Resource 32: Problem Solving

Steps for Problem Solving	
STEP 1 Understanding the problem	↓
STEP 2 Finding different ways to manage the problem	↓
STEP 3 Deciding on the best way to solve the problem	↓
STEP 4 The patient carries out the plan to solve the problem	↓
STEP 5 Feedback at the next session	↓



3. 4 CLINICAL APPLICATION

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

Role play script

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

Time allowed: Total 20 minutes or less

10 minutes interview

10 minutes feedback and discussion

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

Situation:

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

- Often has headaches for which he takes pain killers
- The patient visits PHC for follow up

Participant Roles:

Patient

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

Health worker

- Start the conversation
- Ask about general health
- Ask about BP control and medication adherence
- Ask about life style modifications- salt intake, exercise
- Provide information using- ASK-PROVIDE-ASK (Refer to resource ?? and PHCG)
- Ask feedback about the information that was given to him
- After the role play ask the group how they think the health professional performed. Let the group contribute by supplementing on the information provided to the patient and how they would make it better.
- Ask the person role playing the patient about the information giving process and how it made him/her feel.

Write the responses on the flip chart

Self-care plan

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

Evidence

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

Skills Training: What words would you use?

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

Divide the group into 2 and hand each group flipchart paper and markers. Have them

Skills Training: What words would you use?

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

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

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

Resource 32: Problem Solving

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

Patient self-care plan			
What I will start to do from today Refer to PHCG manual page 90			
Write down your goals		Weight loss	Your concerns
Diet	Exercise	Alcohol	Barriers



4. 5 CLOSURE



ACTIVITY 4.5.1 RECAP

- Recap: on the learning
- Informed, Empowered, motivated managers
- Hand out 5 A's



ACTIVITY 4.5.2 WRAP UP PROGRAM

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

RECAP

We have looked at:

Session 1: Changing the way we deliver healthcare

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

Session 2: Gathering Holistic Information

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

Session 3: Understanding and Dealing with Emotions

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

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

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

- Use PHCG to develop a self-care plan for a patient
- How has the journey been for you? Quick round what has been most interesting for you. We are looking at changing behaviour, which is not an easy thing to do.
- Ask: "*What has been the most interesting part for you?*"
- Hand out cards and ask them to write down one thing that has been interesting over the last month and would like to add to whatever you are already doing.
- Write down with name and cellphone and we will remind you in 2 weeks
- Something that is small and manageable (Example: I would like to practice.....)

THANK EVERYONE, THANK ORGANIZERS

Inform the group of follow up plans

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ANNEXURES

VIDEO SCRIPTS AND INSTRUCTIONS FOR USE

SESSION ONE

VIDEO SCRIPT A

Video starts with one patient leaving the OPD. Health worker (HW) Nebiat is in her chair writing something on the previous patient's (P) chart.

HW: Next person [loudly]

Another patient, W/ro Wubalem enters the room.

P: Good morning

HW: [keeps looking down and writing the notes] Good morning

After finishing her writing, health worker Nebiat looks at W/ro Wubalem's thick chart

HW: You are here today for follow-up?

P: Yes

Nebiat gets up to measure W/ro Wubalem's blood pressure. She then returns to her seat.

HW: [While writing down on the card and looking down] Your blood pressure is still high. Are you sure you are not missing doses? Do you have headaches?

P: I take my medication every morning after drinking the holy water, but at times I feel pain at the back of my neck.

HW: Do you feel pain in other parts of your body?

P: No

HW: Do you put salt in your food? We told you not to do that, right?

P: Yes, you did and I am not adding.

HW: [as she writes the prescription]: I'll increase your medication to two tablets, one in the morning as usual and the second dose at night. We'll see if that helps. You should also lose some weight.

P: [looks sad. Looks as if she wanted to tell something to the nurse]

Nebiat pushes the prescription on the table towards W/ro Wubalem.

P: Er....

HW: [Looks at her watch] You will be back in one month for follow-up.

VIDEO SCRIPT B

Video starts with a patient leaving the out-patient clinic room. Health worker, Nebiat, is in her chair writing something on the previous patient's chart. She finishes that and starts reviewing the next patient's chart. She makes some brief notes. She then gets up from her chair, walks to the door and calls out...

HW: W/ro Wubalem

W/ro Wubalem enters the room.

HW: [smiling] Good morning W/ro Wubalem. Please take a seat.

P: Good morning.

HW: [Looking at the patient] I can see you are here for your follow-up today?

P: Yes.

HW: Tell me how you have been doing in the past one month?

P: I am ok, thanks God.

HW: Last time you were having headaches which were bothering you, right?

P: Yes, that's right.

HW: How are you feeling now?

P: I still have headaches sometimes, especially when I am stressed.

HW: Oh, can you tell me what has been stressing you in these past weeks?

P: Its just that... I started worrying about my health since I was diagnosed with hypertension a couple of months ago. I sometimes get up in the middle of the night and worry...

HW: Aha. Can you tell me more about this? What is it about your illness that is bothering you?

P: I worry that it will get so high and kill me. Or worse, make me paralysed and bed-ridden. I hear people say that hypertension does that... It is a really bad illness and I can't do anything about it...

HW: Oh, I can imagine how you must have been feeling if you were thinking this. We will discuss in detail about this. Before we do that, is there anything else that has been bothering you?

P: Er... yes. My husband was telling me that I shouldn't be taking tablets or else I will be addicted and it will make my condition worse. He was saying that I should only try holy water and that I should not mix taking holy water with taking tablets. He says the holy water will not work if I take it like this – it is like I am questioning God's power. I worry about this a lot. Sister, what do you think I should do?

HW: W/ro Wubalem, I am glad you told me about this. This is a common concern that many of our patients have. We strongly advise our patients who take holy water that they should also take the medication as well. There is nothing wrong with taking both treatments at the same time. Is there anything else you wanted to raise?

P: No Sister, these were the things that were bothering me.

HW: OK let me measure your blood pressure. Then we will talk about all the issues that you have raised.

Nebiet gets up, measures the BP and returns to her seat. She then starts addressing W/ro's concerns by summarizing what she understood to be the main worries....

SESSION TWO

VIDEO SCRIPT A

Video starts with one patient leaving the OPD. Health worker Nebiat is in her chair writing something on the previous patients chart. She finishes that and starts reviewing the next patient's chart for few minutes and makes some note. She is very concerned about the next patient after seeing his lab results. His CD4 is decreasing and his viral load is increasing. She is considering treatment failure and is wondering if he is adherent to his ART.

HW: gets up from her chair, went to the door and says "Ato Mulat"
Ato Mulat enters the room

HW: with a smile on her face "Good morning Ato Mulat, please take a seat"

P: "good morning"

HW: Looking at the patient "I can see you are here for your follow-up today"

P: yes

HW: how were you doing in the past couple of months?

P: Oh sister, I'm not doing very well. I feel very sick.

HW: what do you mean when you say you feel sick

P: I don't know, every part of my body hurts and I feel very tired

HW: aha, what else? What else do you have?

P: I don't know. I think that's it

HW: any fever?

P: only sometimes

HW: how's your appetite?

P: I don't feel like eating

HW: Do you have vomiting or diarrhea

P: no

HW: cough?

P: no

HW: are you able to take your medications?

P: not every time

HW: Why? Are you having side-effects from them?

P: no

HW: do you forget to take them on time. You know, you can ask a family member to remind you. OR use alarm

P: ok

Then HW Nebiat starts explaining how important it is to take the ART medication daily on time and the importance of adherence. She then continues telling him about his lab results and what the next plan will be

After they have watched the short video clip, ask the group to comment on what they observed.

The group should note that they only focused on the biomedical content. If they do not, make it overt to them before moving on to the next part.

Play video up until viral load discussion of non-adherence

VIDEO SCRIPT B

Video starts with one patient leaving the OPD. HW Nebiat is in her chair writing something on the previous patients chart. She finishes that and starts reviewing the next patient's chart for few minutes and makes some note. She is very concerned about the next patient after seeing his lab results. His CD4 is decreasing and his viral load is increasing. She is considering treatment failure and is wondering if he is adherent to his ART.

HW: gets up from her chair, went to the door and says "Ato Mulat"
Ato Mulat enters the room

HW: with a smile on her face "Good morning Ato Mulat, please take a seat"

P: "good morning"

HW: Looking at the patient "I can see you are here for your follow-up today"

P: yes

HW: how were you doing in the past couple of months?

P: Oh sister, I'm not doing very well. I feel very sick.

HW: what do you mean when you say you feel sick

P: I don't know, every part of my body hurts and I feel very tired

HW: aha, what else? What else do you have?

P: I don't know. I think that's it

HW: any fever?

P: only sometimes

HW: how's your appetite?

P: I don't feel like eating

HW: Do you have vomiting or diarrhea?

P: no

HW: cough?

P: no

HW: So you said you aren't feeling well recently, feel pain all over your body and

you have poor appetite and occasional fever. Did I get that right?

P: yes

HW: Why do you think you are feeling this way?

P: How will I know sister? I think my illness is getting worse.

HW: Why do you say that?

P: It's clear that I'm not showing any improvement. I don't even think there is any point in coming to this clinic.

HW: I can understand how stressed you may feel thinking that! Are you able to take your medications?

P: not every time, only some times
Pause video here

HW: Why? What is making that difficult?

P: What is the point in taking medication? I'm going to die anyways.

HW: What do you mean Ato Mulat? You were showing good Improvement after the start of medication previously

P: I'm going to die anyways and the longer I stay...I'm going to be a burden to my family. Where will they get the money or time to take care of me? I've failed them.

HW: Oh... How do you feel when you think of that?

P: I feel very very sad.

HW: When did you start thinking and feeling this way?

P: It has been more than four months

HW: Oh it has been over four months. Have you been feeling low on most days this past four months?

P: always, all the time...

HW: That must have been very difficult for you. Have you shared that with anyone?

P: No....What's the point. I'm going to have a painful death and nobody can do anything about it.

PHC worker Nebiat will continue screening Ato Mulat for depression using PHCG

SESSION THREE

VIDEO SCRIPT 3.1

Video: Health worker Abera interacting with a distressed patient

Purpose: To recognize that patients at PHC can present with emotional distress.
Show video clip of Abera until the point where patient starts to cry.

The video starts with a patient walking into an OPD. Abera, a PHC worker who was going through the patient's chart, looks up, smiles and gets up from his seat. He shakes the hand of his patient (a woman), greets her and invites her to take a seat.

HW: "good afternoon W/ro Abeba, how have you been doing?"

P: "thanks to God, I'm ok, it's better to thank God" with a sad face and avoiding eye contact.

HW: "I think it has been more than a month since I've seen you. If I remember correctly, I appointed you after a month, right?"

P: "yes, that's correct." "I wanted to come but I couldn't... ..a lot of things happening to me all at the same time." .. she covers her eyes and tries to fight back her tears.

HW: "I understand that it can sometimes be hard to come here every month. But I am very glad that you are here now in spite of the challenges you are facing." He looks at the chart and says "you are now almost 4 months pregnant, correct? How do you feel?"

P: "yes, almost 4 months" and the patient begins to cry.....

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

Ask: "What do you do when a patient becomes distressed in your OPD as like in this scenario?"

Write responses on flipchart.

Ask the participants whether they feel fixing patient's problems or avoiding emotions is an effective method. Briefly discuss the consequences of dealing with patient emotions in this way. (Write the responses on the flip chart).

Explain that patients, caregivers and family members can often become emotional when receiving health care. Distress is a normal response to some of the difficult experiences that patients face: pain, loss of independence, having a

condition that cannot be cured, having to take many medications. The way that the health worker responds to that distress can make a big difference to the patient and their health.

As a health worker, it is essential to know how to help patients who are distressed.

This skill is a core professional skill and essential for us to be Caring, Respectful and Compassionate clinicians.

You may experience patients screaming, crying, shouting or even threatening you. Although we will primarily deal with the patient's emotions, caregivers can also show similar emotions. The basic principles of addressing such emotions will apply to both groups.

Explain that as a health worker, recognizing one's own and patient's emotion is the first step to identifying the real concerns and needs of patients.

Lacking these skills will test clinicians' compassion and communication skills, will affect patient- clinician relationship and lead to stress and burn out in health worker.

Provide the link between dealing with emotions and health worker self-care.

Say: In order for health care practitioners to deal with the emotions of their patients, they need to manage their own sense of uncertainty and confusion, they need healthy coping strategies for dealing with anxiety and they need to have a healthy balanced lifestyle.

Now introduce the skill of READING the emotion during a clinical contact with an emotional patient.

VIDEO SCRIPT 3.2

Video: Health worker Abera READING the emotion of a distressed patient

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

Show video clip of Abera starting from the point where patient starts to cry.

Continue the previous video starting with a patient, W/ro Abeba, crying.

P: "I am ok, it's not good to complain, there are people who are in worse conditions, what will God say if I complain?" She tries to fight back her tears and continues "there is nothing new with my health, I still have the pain on my side"

HW: He stops going through her chart and focuses "W/ro Abeba I can see that you are upset, it seems like something is troubling you."

P: "What everyone here cares about is that I don't miss my appointments, that I take medications... that's all you care about." .. "Only God knows what

I go through at home.”

HW: “I am sorry you feel this way W/ro Abeba, I didn’t mean to imply that when I asked about your appointment. The reason I asked was to help me get a better understanding of your condition, including checking for reasons why you were unable to come. Can you please tell me more about what you are feeling?”

P: “I didn’t want this baby, I was taking the 3 months injections and I had no money for transportation that’s why I missed a dose..... few week later I started having so many health problems and I wasn’t able to keep food in my stomach”. ... she starts crying again and sobbing “ I had to borrow money from a neighbor to even come to the health center....the people in that other room did urine test, and when they found out that I was pregnant, they yelled at me like I am a dog. They said I was irresponsible and selfish for bringing another child to this world when I didn’t even have anything to eat for myself.... they made me feel dirty ”...

HW: listens attentively and brings tissue paper close to her (doesn’t give it to her). “I am very sorry this happened to you. You shouldn’t have been treated that way.”

P: “I hate the feeling I have when I come here... I wish I had enough money to go and get treated somewhere... but I can’t even work now that I am always sick... my husband drinks a lot... I have two small children...I don’t know what I am going to do...” she continues to cry

HW: “This is such a difficult situation that you are in, it seems like you have been feeling physically unwell and stressed. Also, it was made worse because people were disrespectful to you. Nobody should have spoken to you like that. So, it looks as if you are overwhelmed with everything that is happening.”

P: “Yes, no one seems to understand that I am overwhelmed”

HW: “Thank you for sharing how your really are feeling, you are right to feel this way, anyone would be frustrated if put in your position. This information will help both of us to come up with a plan that addresses your needs. We take your concerns seriously.”...” is there anything else that has been troubling you, would you like to talk more about the situation you are in?”

P: “there is nothing else, my health is the same... some ache on my side...but that’s it. Thank you for listening, it may not change anything but it feels good to be understood. At least you don’t think that I am irresponsible.”

HW: “Not at all, I believe you are very strong for carrying all this burden and

still manage to come. It shows how responsible you are and how seriously you take your own and child's health."

P: she looks up and smiles

HW: "so now let's plan on how we can arrange your appointments in a way that is easier for you ...and we will also continue discussing the issues that your raised here and connect you with help. Again, I apologize on behalf of the clinicians who treated you that way, that should have never happened the way it did."

The video ends while they continue to discuss about her appointment plans.

Using the video resource, have group watch the video now from the part where the patient started to get emotional.

Have them note down how the PHC worker used READ with the patient.

Write down responses under the acronym READ

Ask the group to share what words they could practically use during a consultation

to READ the patient's emotion.

Write responses on the flipchart

*Highlight to the group that READING the emotion is effective for all emotions displayed by patients, including anger, fear, sadness etc.

Allow the group to share how they feel the skill of READING the emotion would work in a clinical setting.

Once the group has explored addressing emotions during a clinical contact with an emotional patient, draw the focus to self-care for the PHC worker

SESSION FOUR

VIDEO SCRIPT 4.1

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

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

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

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

HW: "you have been having terribly high blood pressure measurements over the last 3 months, and I've been told that you have a very bad habit of drinking too much alcohol."

P: the patient just nods because he isn't given a chance to speak.

HP: "You know it's not good for you to drink at this age. It has been how many years since you started drinking?"

P: "I don't drink that much, and it's only few months"

HW: speaks over the patient "it won't do you any good to deny it, I am saying all this for your own good, not mine. You're drinking too much, it's too much"

P: "Why don't you give me something to treat my hypertension? that is what is affecting my health"

HW: "I am sure you've been told many times that we can't prescribe you anything unless you do something about your bad drinking. Do you even eat healthy?"

P: "What do you mean healthy? I am really confused; I have an illness and you are not willing to treat me."

HW: "I am just worried if you keep drinking more and more, you are going to cause more harm to your health."

P: "But I don't even drink that much, I drink as much as any adult occasionally does. Don't you have the medication for hypertension in this health centre? Can you refer me to place where they can give me medication? I am not getting anything here."

HW: "Anyways we would need you to stop drinking for the medication to work. Take your medications properly. Eat healthy and be physically active. Then maybe we will be able to control your high blood pressure. I am pretty sure that your lifestyle isn't very healthy."

P: "but I am very active, I am a farmer. I eat what I can find. Are you saying I need

to change all that to get rid of my hypertension?" the patient looks confused and worried.

HW: writing down the prescription "try to change what you can and regularly take you medication. That will be all. Do you have anything you want to ask me?"

P: The patient nods, saying 'No", takes the prescription and walks out after thanking the health professional.

He walks out of the room and meets with his brother who was waiting at the door. When asked by the brother what was done for him patient states that "this medicine is not for me – I think I am going to stop it. Drinking tella together is how I am a successful business man..."

VIDEO SCRIPT 4.2

Video: Health worker, Tadelech, attempting to involve a patient with a hypertension in his care

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

Instruct group to focus on what they see the PHC worker is doing that works for the patient.

What was different in this consultation?

What did you think facilitated the patient taking on more responsibility for managing their illness?

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

HW: "Good morning Ato Eshetu, my name is Tadelech" She gives the patient a smile and shakes his hand, points to the chair so that he would take a seat.

HW: "you have been on follow up for your Hypertension for the last 4 months, is that correct?"

P: "yes, that is correct. I was very worried about my health; I am now taking medication to correct it."

HW: "I can understand that it can be distressing. May I ask what was particularly worrying you?"

P: "I was told that my BP was very very high. I thought it would kill me and the doctors here were not willing to give me medication because I drink alcohol." I lost hope because I couldn't find solution for it."

HW: "Can we talk about both of those things you mentioned, the high blood pressure and drinking. I believe they both contribute to your wellbeing and it would help us both to talk about them."

P: "yes, yes of course. I am here to find a solution for my health."

HW: "how much do you typically drink? What kind of drinks?"

P: "It wasn't much at all, but because I have been feeling a bit stressed these couple of months I've been drinking more. My wife makes tella and I drink some every day. But not more than 2 shots [melekiya]."

HW: "And what do you think of the amount, do you think it's problematic?"

P: "I don't want to be an alcoholic. I know I will not continue this for long."

HW: "that's good to know. Do you think it can affect your health?"

P: Alcohol is better if it's not taken too much, maybe just on holidays. And it will also be like acid if I take the medication without stopping to drink. Doctors resisted giving me treatment."

HW: "you are aware that it may impact your health negatively, you are correct about that. May I advise you on few things that I think may help you?"

P: "yes sure."

HW: "your blood pressure over that last few visits have been high. And a number of things contribute to that. If the level remains high, it will bring different complications and illnesses. That's why it needs to be treated. But just as there are many reasons for it, there are several things that you can do to control it."

P: "I can do things?"

HW: "yes, taking medication properly is one of them. But other changes in your life will also help."

P: "like what?"

HW: "it is different for everyone. But it includes your diet, alcohol consumption and exercise. Alcohol itself can increase a person's blood pressure. By the level of concern you mentioned earlier, I can understand that controlling your blood pressure is important to you. Am I correct?"

P: "yes, I don't want to die early, I know the complications kill."

HW: "yes the complications are dangerous but can be prevented. If it is important to you, do you think you can try to change any of the things I mentioned?"

P: "I am not sure if I can change much except for my drinking. I will also keep taking the medication"

HW: "yes, even that can make a big difference if you are willing and ready."

P: "Do you want me to stop? I will try"

HW: "Reducing the amount and stopping are both very good options. Now we can discuss and plan how you can do that. What ideas do you have...?"

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