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MINISTRY OF HEALTH-ETHIOPIA

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HEALTHIER CITIZENS FOR PROSPEROUS NATION.

FEDERAL DEMOCRATIC REPUBLIC OF
ETHIOPIA MINISTRY OF HEALTH

PRIMARY HEALTHCARE Clinical Communication Skills Training

Participants manual
2020

ASSET
HeAlth System StrEngThening in Sub Saharan Africa



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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Disclaimer

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.

ABBREVIATIONS

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

SESSION 1: CHANGING THE WAY WE DELIVER HEALTH CARE

Duration: 4 hours and 45 minutes

Overview of the whole module

Session objective

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

- Understand the changing health of Ethiopians and the need to change the way we deliver health care.
- Understand 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 health care need to change and how the Clinical Communication Skills training can help.
- Understand 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.

Session outline

- Introduction to the whole module 1: Roadmap
- The benefits of good communication skills
- Structure of the sessions and major
- Breathing exercise
- The changing health needs of Ethiopians and how we need to change the way we deliver health care
- Chronic care model
- The consultation processes
- stresses that health workers experience in their work, and how they can stay healthy
- Initiating consultation using PRY (the golden minute)
- Guided practice on P-R-Y

Initiating consultation (PRY)

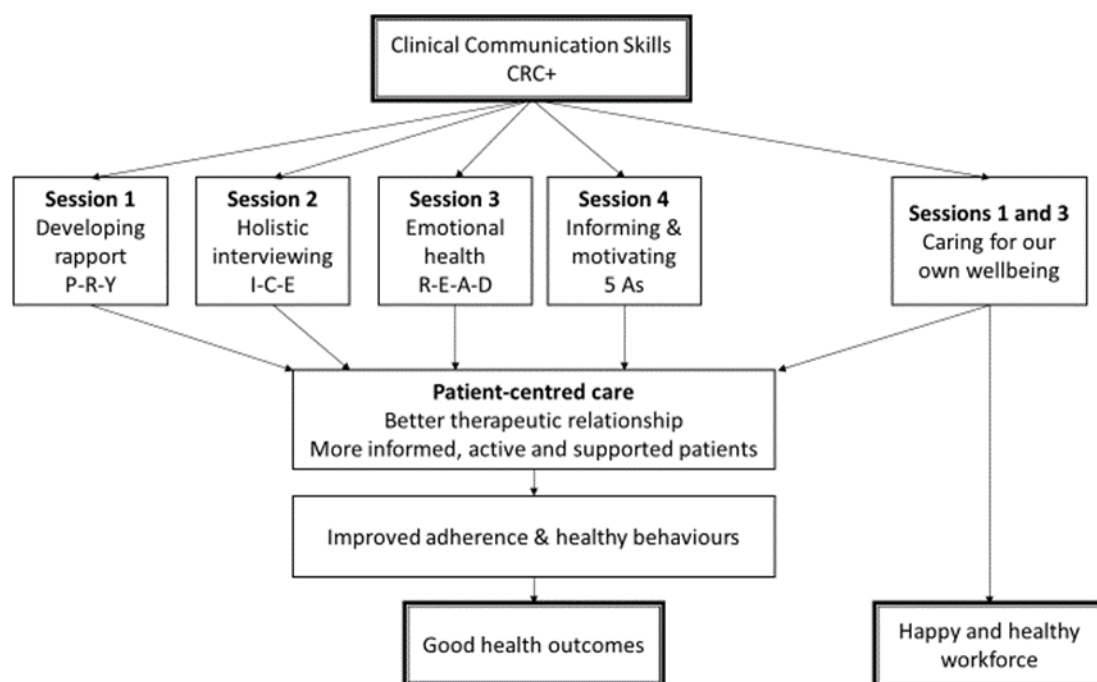
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1.1 INTRODUCTION AND HOUSE KEEPING

Welcome to Clinical Communication Skills training

1.1.1: Introduction to the whole module 1: Roadmap

Figure 1: Road map for clinical communication skills



- ✓ Clinical communication skills' training helps 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.

1.1.2: The benefits of good communication skills

- Discussion points: What are the benefits of good communication skills?
 1. For patients
 2. For health workers
 3. For health system

1.1.3: Structure of the sessions and major focus areas

Figure 2: Session structure

<p style="text-align: center;">SESSION 1:</p> <ul style="list-style-type: none">• Looking after ourselves• Communication skills• PRY<ul style="list-style-type: none">-- Preparing for the patient-- Relationship building through using questioning Skills-- Get a problem list of why the patient has come to consult through listening and pausing and not interrupting.	<p style="text-align: center;">SESSION 2:</p> <ul style="list-style-type: none">• Understanding patient values, needs and perspectives• ICE• Ask-Listen-Summarizing - to find out the client's:<ul style="list-style-type: none">-- Ideas (beliefs) about their condition-- Concerns (worries) about their condition-- Expectations (hopes) for the consultation
<p style="text-align: center;">SESSION 3:</p> <ul style="list-style-type: none">• Addressing emotions• READ<ul style="list-style-type: none">-- Recognise the emotion-- Empathise-- Affirm-- Develop a plan	<p style="text-align: center;">SESSION 4:</p> <ul style="list-style-type: none">• Motivating and Informing patients• 5 As<ul style="list-style-type: none">-- Ask-- Alert-- Assess-- Assist-- Arrange

1.1.3: Breathing exercise

- What do you think is the benefit of breathing exercises?

Table 1: Steps of breathing exercise

<p>INSTRUCTIONS FOR THE BREATHING EXERCISE</p> <ul style="list-style-type: none">✓ Do a calming abdominal breathing exercise. If uncomfortable, participants can opt out of this activity✓ Time this activity (5 minutes of calming breathing)✓ The facilitator will provide guidance to any participants who are breathing too quickly or feel stressed.
<p>CALMING BREATHING – this is a different way of breathing than we usually do.</p> <ul style="list-style-type: none">✓ 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.

STEPS OF BREATHING EXERCISE

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

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 with the participants who is sitting next to you and discuss on 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?
 - On the government focus on changing health care to promote quality. The main focuses are:
 1. The transformation of Primary Health Care is an important government priority.
 2. The Ethiopian Primary Healthcare Clinical Guidelines (PHCG) has 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.

- **Small group discussion:** write your group answer 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?
- The **key differences when we provide care to someone with a chronic illness.** 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, cut back on alcohol.
 4. Treatment is not just one-off. A person may need to take medication or change their lifestyle on an on-going 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.

1.2.2 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

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

1. They are INFORMED: given the right information, at the right time, to help them
2. They are MOTIVATED: they are encouraged and supported to choose more healthy lifestyles and behaviours, including taking medication regularly.
3. They are EMPOWERED: they have the resources and skills to make a difference to their own health
4. 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.

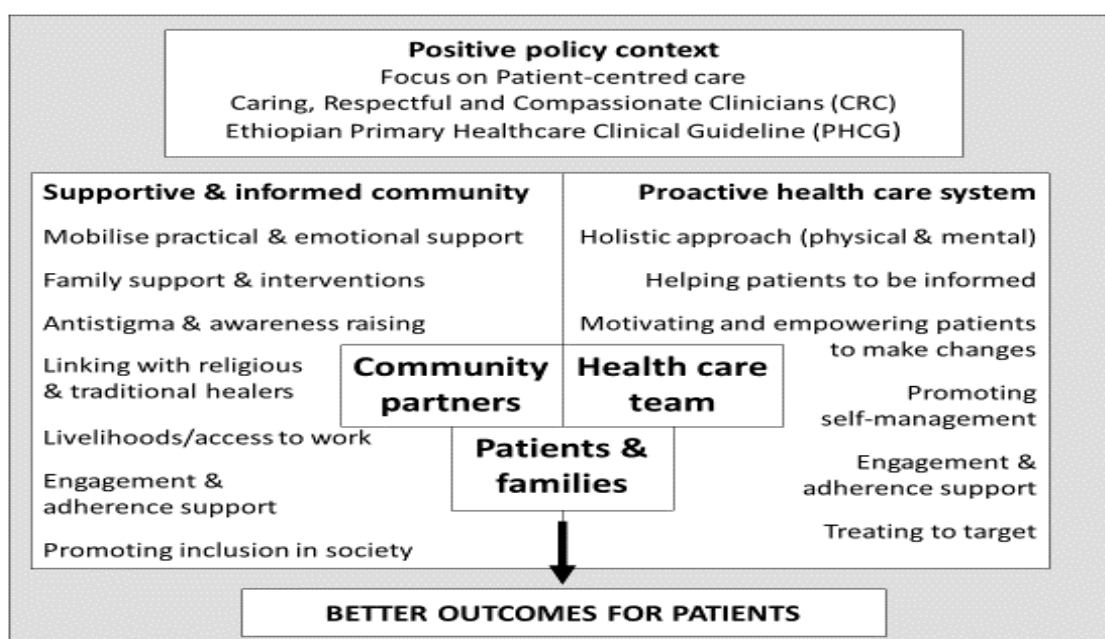
To achieve this, we need health workers who:

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



- 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
 - ✓ Policy-makers
- 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'**
As, 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. 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:**
Time allowed: 10 minutes for discussion, 5 minutes for presentation by each group
Group exercise

What is good care? 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

<u>Good</u>	<u>Bad</u>
<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.

1.2.3: The consultation process

○ **Small group 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-centred care?

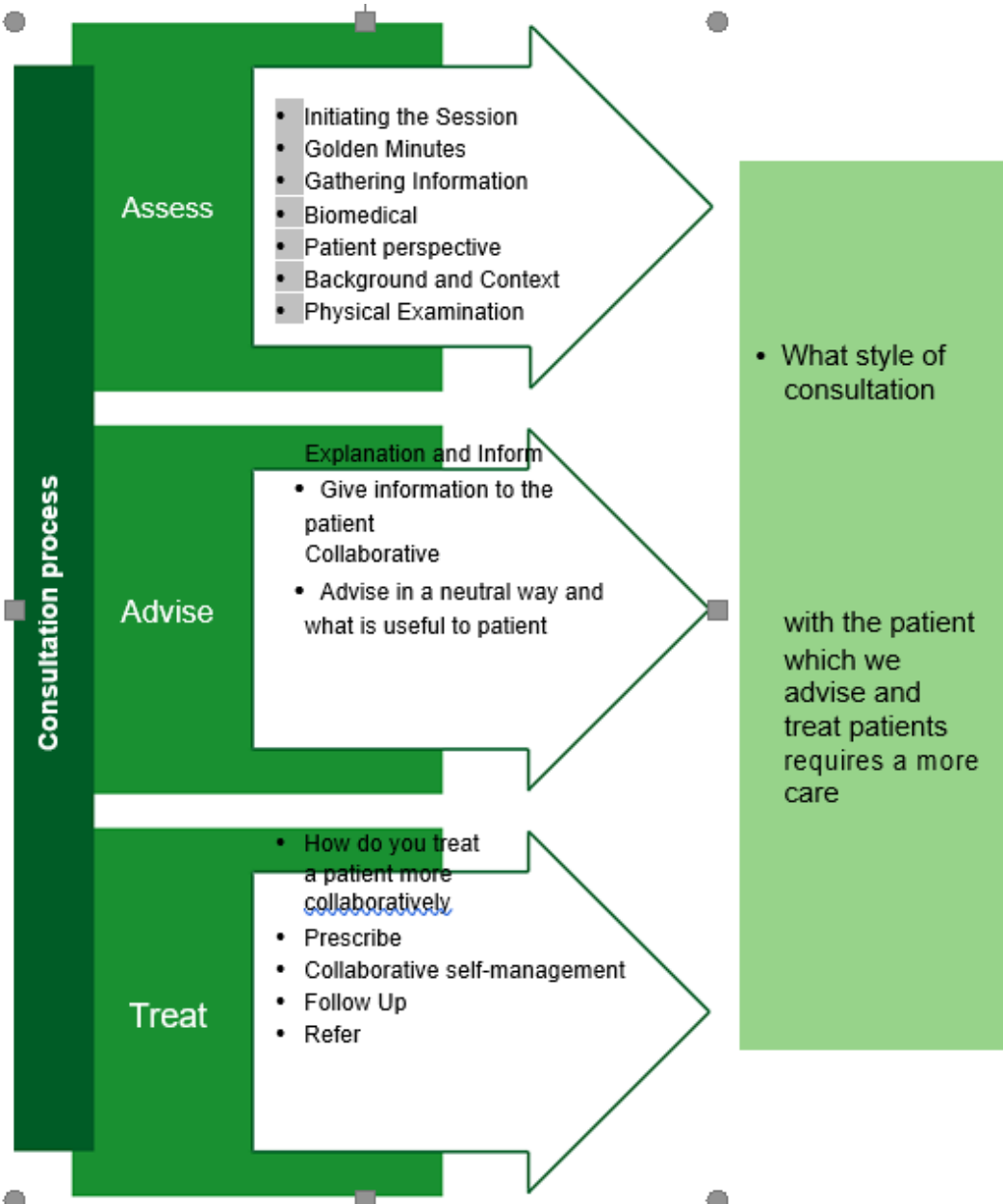
-List them on the flip chart.

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?

Figure 4: The consultation process



- Every consultation between a health worker and a patient follows some steps.
- In this training we will focus on the clinical communication skills that are an essential part of this consultation process.
- The potential benefits of good clinical communication with clinical care.

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 5: Evidence: problems in communication

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

1.2.4: Stresses that health workers experience in their work, and how they can stay healthy

- **Large group discussions:**
 - ✓ Do you think health care workers will get stressed? and Do they experience burnout?
 - ✓ How do you define health care stress, burnout? Why do they occur?
- 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 professionals 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 ○ Over eating 	<ul style="list-style-type: none"> ○ Frequent errors in patient care ○ Poor performance ○ Decreased satisfaction and sense of accomplishment ○ Decreased patient satisfaction

- If your mental health is not good, this will not affect your own well-being but also your ability to work properly which 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 discussion:**
 - ✓ 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

<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
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- 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.



1.3 SKILLS

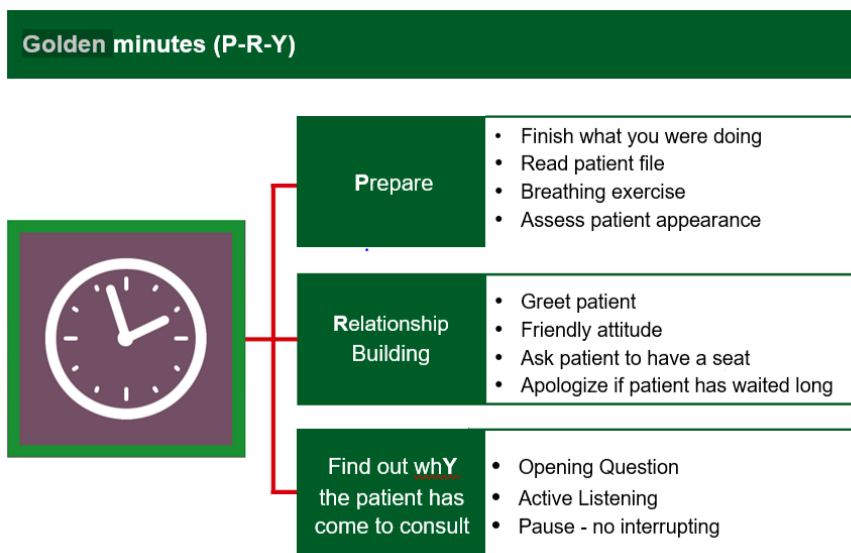
1.3.1: Show video 1: Health worker Nebiat is interviewing a patient

1. Comment on what you have noticed from the video (write responses on the flip chart the good and not good responses after watching the video)
 2. Is there a better way to do this? How can we do it differently?
- The first 1-3 minutes of a patient consultation are very critical in establishing a relationship with the patient.

1.3.2 Initiating consultation using PRY (the golden minute)

- **Large 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?

Figure 7: Golden minutes (starting the consultation)



○ T e l l	<p>P-Prepare – how do you centre yourself for your next patient?</p> <ul style="list-style-type: none"> ○ 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.
	<p>R-Relationship Building – how do you build the patient/clinician relationship?</p> <ul style="list-style-type: none"> ○ 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)
○ T h e a i m	<p>Y-Why the patient has come for a consultation and what does the patient want to discuss?</p> <ul style="list-style-type: none"> ○ 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

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

- Large group discussion: 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.
- 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. 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, and let each participant practice the 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 follow up care at the health centre. Today he came to the health centre with the main complaint of bilateral leg pain of one-month duration.
3. Let all participants practice as the health worker and being as the patient. One participant will use the checklist and other participants in the group will provide feedback about the performance. Then rotate the role until all participants have played the three roles.



1.5. CLOSURE

- Please share your experience of the session.
 - What skills have they learned?
 - How can the skills be utilized in their setting?
- Note that the next session will continue to deal with communication skills for a patient centred consultation.
- As HOMEWORK bring examples of consultations where you 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 45 minutes

Session objective

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

- Appreciate 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.
- Reinforce the use of the Ethiopian Primary Healthcare Clinical Guideline (PHCG) in helping gather high quality information from all perspectives.
- Identify that the patient perspective means gathering information about the patient's ideas and concerns (ICE) about their condition and their expectations for the consultation.
- Demonstrate how the skills needed to gather information from a patient perspective fit within the patient centred model, as you empower patients to be active partners in their care.

Session outline

- Recap on learning from session one and introduce session two
- What makes up the contents of the medical history?
- What is meant by biomedical information and patient perspective information?
- What is meant with patient-centred care?
- The differences between clinician centred and patient centred care
- Benefits of gathering information from all perspectives
- Video Show of person with HIV who is non-adherent to ART
- Note down the biomedical information in the video show
- The challenges of gathering and recording the patient perspective
- Ways to overcome these challenges
- Participants to group their observations into ICE
- Role play
- Session recap

1

2.1 INTRODUCTION AND HOUSE KEEPING

2.1.1: Recap on learning from session one and introduce session two

- Welcome session two
- Recap on session one

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.

The importance of clinical communication skills for patient care was highlighted and 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.

While 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.

2.1.2 How session two will be run and what is its focus?

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.

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.

2.1.3 Breathing exercise

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



2.2 CONCEPTS

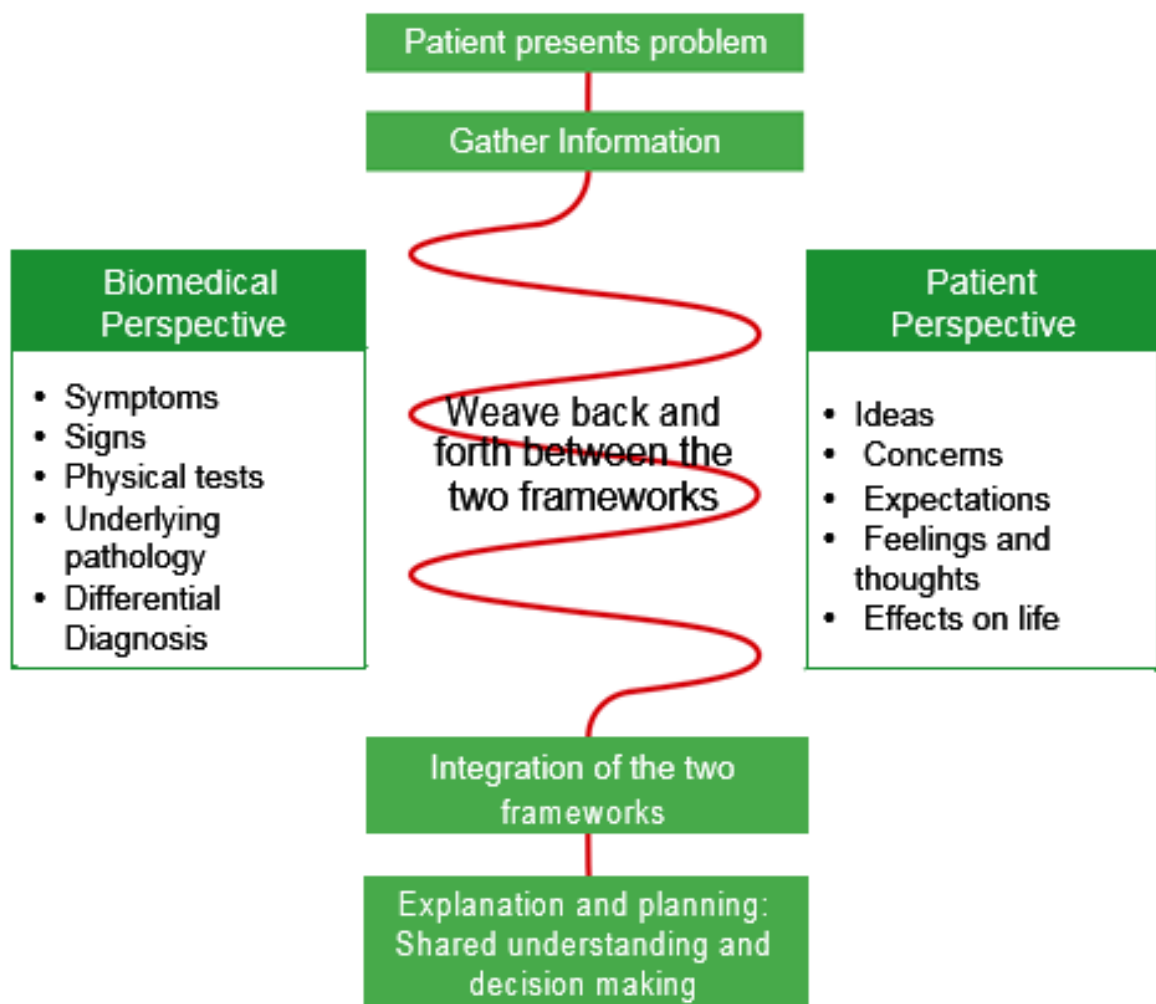
2.2.1 What makes up the contents of the medical history?

- **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 allowed: 5 minutes

- ✓ What information do you look for when you are assessing a patient?

2.2.2 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)

2.2.3 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.

Question: What types of questions do you ask a patient when they come to the out-patient clinic?

Time allowed: 5 minutes

What information are you hoping to gather with those questions?

- 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.

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).

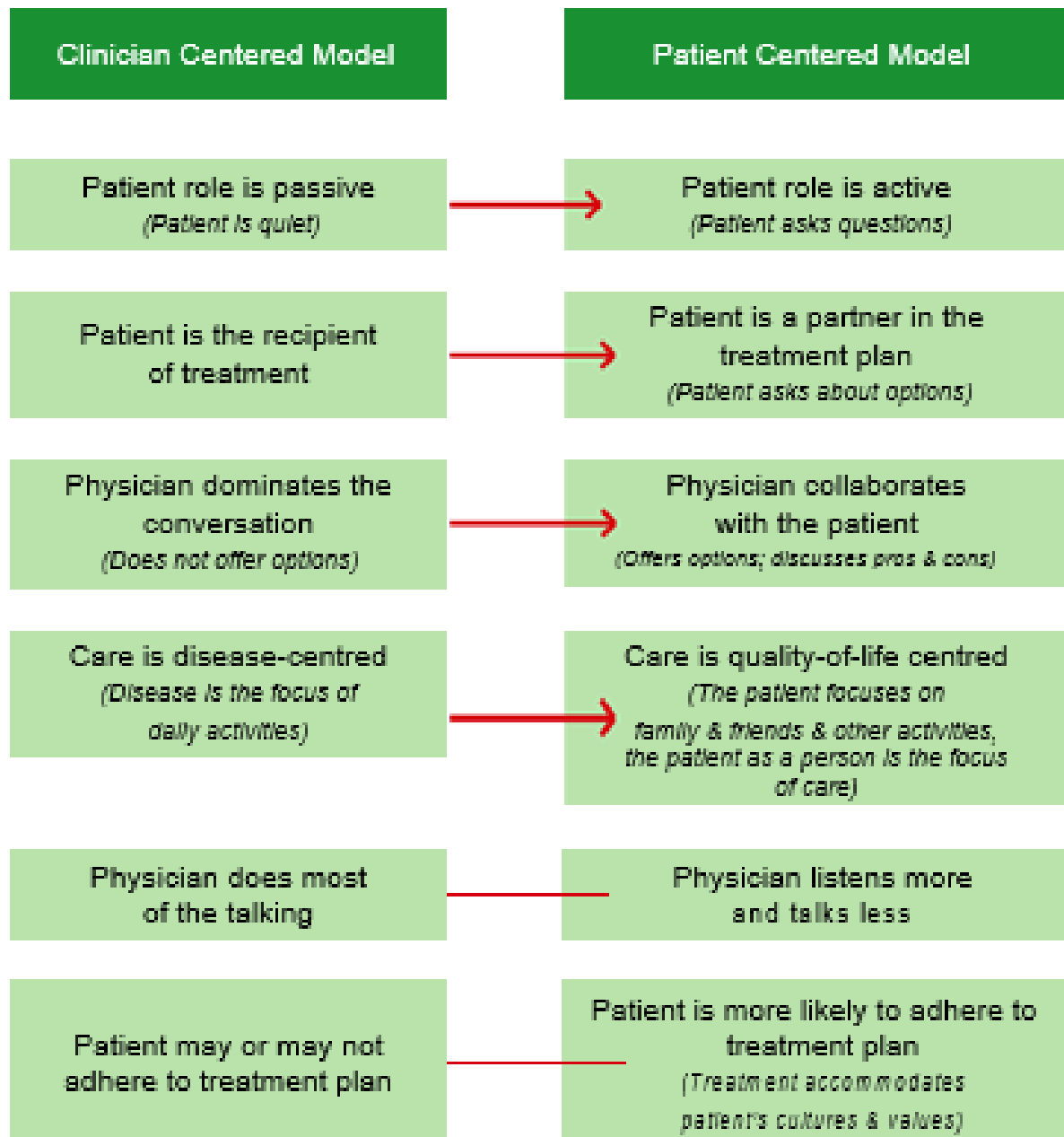
Discuss what effect patient-centred care could have on how the patient would feel about the treatment and advice they are given.

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

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

Time allowed: 5 minutes

Clinician centred vs patient centred model of care



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

Large group discussion:

Time allowed: 5 minutes

1. How patient-centred care is an advantage for patients who have chronic conditions?
2. What effect could the attitudes above have on how satisfied patients might be with their care?

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.

2.2.4 The differences 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.

Question: 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

Common problems of information gathering

- *Closed questioning - leads to poor hypothesis generation and inaccurate diagnoses*
- *High control, "clinician-centred" style- discourages patients from telling their story or voicing their concerns*
- *A mismatch in ideas and beliefs about the illness, led to: -- poor understanding
-- adherence
-- satisfaction*

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.

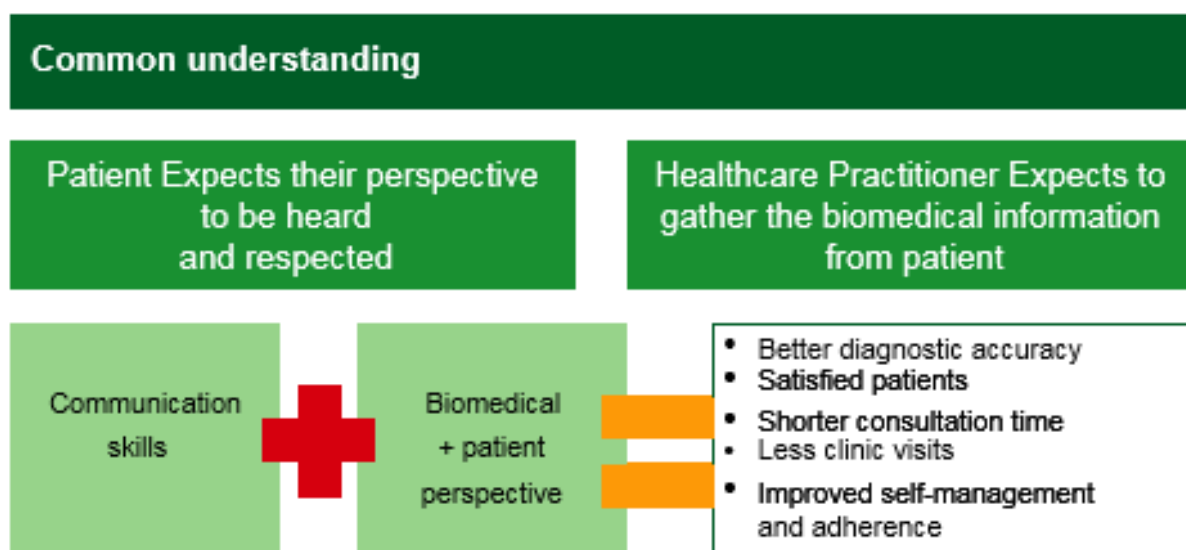
Time allowed: 5 minutes

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?
- What does your patient hope to achieve?
- 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?
- What does your patient hope to achieve?
- How are you going to manage the patient's expectations?



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.

2.2.5 Benefits of gathering information from all perspectives

Biomedical information is very important 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 worker.

Highlight that the health worker 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

2.3.1 Show video of person with HIV who is non-adherent to ART

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: Please comment on what you observed

Time allowed: 5 minutes

2.3.2 Note down the biomedical information in the video show

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

2.3.3 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

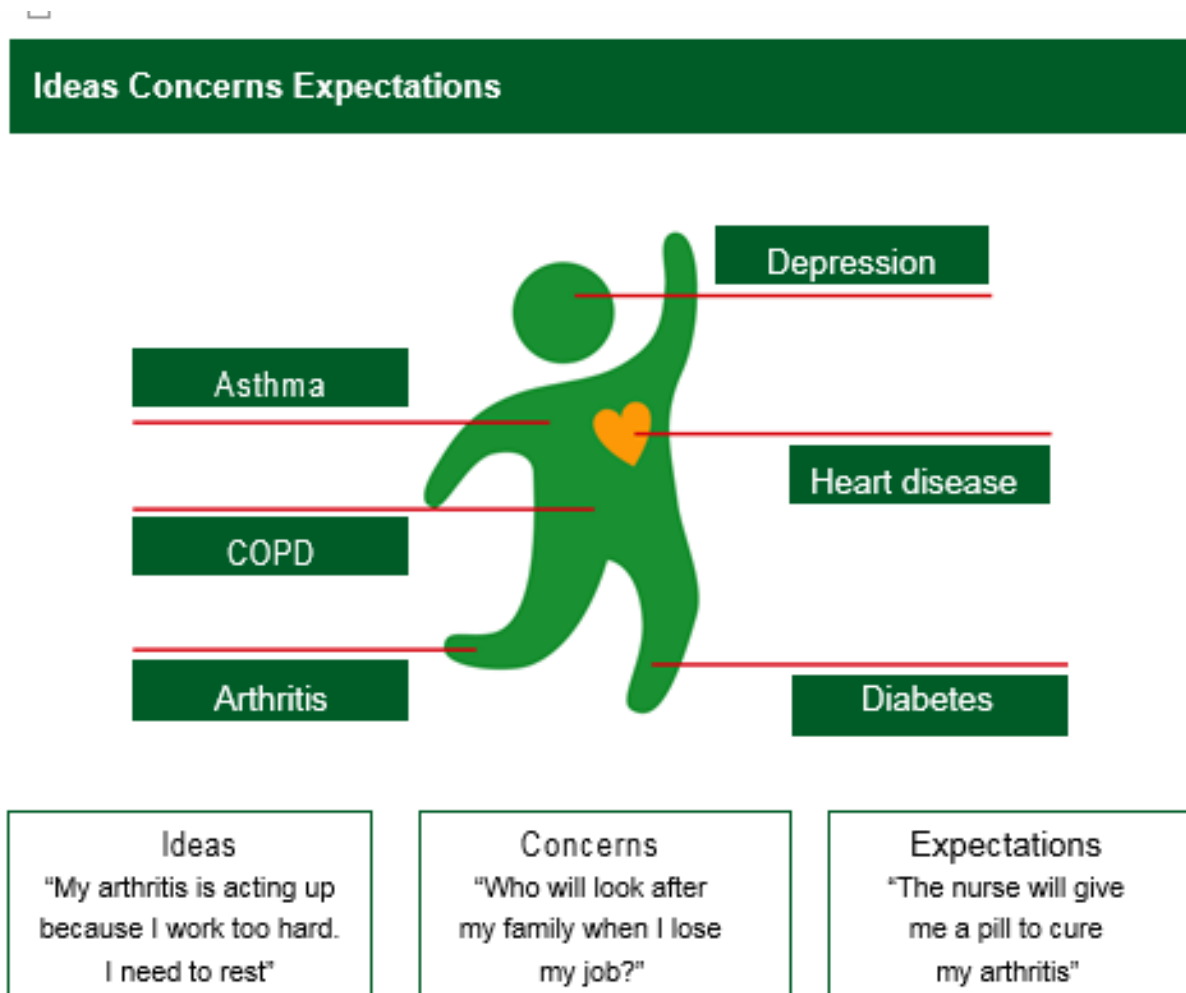
Large group discussion: Pose question to group:

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

Time allowed: 5 minutes

A2.3.4 ways to overcome these challenges

State that it is important to get the patient's ICE – their **I**deas of what is wrong with them, their **C**oncerns about their situation and their **E**xpectations (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.

Guided practice on P-R-Y and I-C-E

Instruction: Guided practice on P-R-Y using the prepared checklist on P-R-Y and I-C-E

Time allowed: 1 hour

1. Let the trainers demonstrate the ideal health worker patient interaction using P-R-Y and I-C-E.
2. After the trainer has demonstrated P-R-Y and I-C-E, divide the group, and let each participant practice the P-R-Y and I-C-E. 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.
 - C. A 25-year-old female came to health centre with chief complaint of headache of one-month duration.
 - D. A 55-year-old male with a known diagnosis of diabetes who has been having follow up care at the health centre. Today he came to the health centre with the main complaint of bilateral leg pain of one-month duration.
4. Let all participants practice as the health worker and being as the patient. One participant will use the checklist and other participants in the group will provide feedback about the performance. Rotate the role until all participants have played the three roles.

Large group discussion: How you see the skills we have been discussing fitting in to what they are currently doing?

Time allowed: 5 minutes

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
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.

Step 1: Select rent as the problem to address.

Step 2: Help the person list the possible solutions

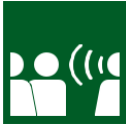
Find other resources for the money e.g., reallocation of the money, finding another work, etc.

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



2.4 CLINICAL APPLICATION

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

2.4.2 Participants spot what was effective/ ineffective

Please note down what is different this time round?

Fill in the patient card based on the video consultation. Discuss their forms afterwards.

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	

2.4.4 Participants to group their observations into ICE

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

What was of concern to the health worker?

What could be the possible reasons for non-adherence?

Continue the video till the end.

Question: What was different in this consultation?

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?

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

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

- ✓ How do you think the health worker performed? Discuss how they would make it better. (question for the group)
- ✓ How does the information giving process made him/her feel. (question for the person role playing the client)

Have exercise on using both PRY and ICE

Please bring the guided practice here, let the participants divide and practice using the checklist (prepared for PRY and ICE)

Time allowed: 1 hour



2. 5 CLOSURE

2.5.1 Session recap

- Recap the session goals and how they were achieved

You need to practice the skills you have learned in session one and two in your clinical practice

- Recap skills discussed

Question: 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.

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 you for your time and please make comments and suggestions.

Finally please share one skill that you wrote down that you are going to practice before we meet again.

SESSION 3: DEALING WITH EMOTIONS

Duration: 4 hours 45 minutes

Session objective

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.
- Obtain necessary skills 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.
- Understand and acknowledge your own emotions and to develop healthy coping strategies to deal with the emotional labour of being a health worker.

Session outline

- Reflect and recap on learning from session two and introduction to session three
- Breathing exercise
- Explore the emotions that a distressed patient may experience and show
- Understanding and addressing emotions as well as its role in health workers engagement with patients
- Video show of a patient who will start crying
- The relationship between stress, lack of self-care and burnout
- Engage participants in a discussion around how they deal with an emotionally - distressed patient
- The skills of READING the emotion
- Video show of a health worker dealing with a distressed patient
- Discuss the techniques employed by the health worker
- Group what the health worker did into READ with the participants
- The need for health workers to also look after themselves
- Role play practice of READING the emotion
- Recap on the session goals and skills discussed
- Homework

Learning Activities

1

3.1 INTRODUCTIONS AND HOUSEKEEPING

Welcome to session three.

3.1.1 Reflect and recap on learning from session two

- What was useful in the session for you?
- Let one participant to briefly summarise the previous session

3.1.2 Experience sharing of practicing lessons from last week in your clinic

- Were you able to practice any of the skills from session two?
- If yes, how was your experience?
 - Please share your ideas if anyone reported any difficulties.

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.

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.

3.1.4 Together do breathing exercise



3.2 CONCEPTS

3.2.1 Explore the emotions that a distressed patient may experience and show

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

Time allowed: 10 minutes

Remember 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.

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 allowed: 10 minutes

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.

3.2.4 Identify the benefits of addressing emotions of the health worker and the patient while providing care for a distressed patient

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 allowed: 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. Have you ever had experience of feeling to fix 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).

➔ 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.

3.2.5 The relationship between stress, lack of self-care and burnout

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 burnout in health worker.

Dealing with emotions and health worker self-care are linked.



3.3 SKILLS

3.3.1 Engage participants in a discussion around how they deal with an emotionally - distressed patient

Video show

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.

3.3.2 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 breakthrough 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
-

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

3.3.4 Discussion on 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

Question: what words they could practically use during a consultation to READ the patient's emotion?

Write responses on the flipchart

3.3.5 Group what the health worker did into READ with the participants

READING the emotion is effective for all emotions displayed by patients, including anger, fear, sadness etc.

Please share how you feel about the skill of READING the emotion would work in a clinical setting.

3.3.6 The need for health workers to also look after themselves

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.

Large group discussions: 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?

Large group discussions: In such clinical scenarios, what things could help you deal with your emotions in the moment?

3. 4 CLINICAL APPLICATION

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:

Patient

- 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 please comment on how you 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: how do you think the student health worker and patient felt the moment the patient became upset or started crying?

Discuss with the group the challenges of exploring and dealing with a distressed patient.

Please raise your concerns and possible challenges in using READING the emotion in patients at a PHC setting.

Remember 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 mental health intervention 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. You 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.

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

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

PHCG is a tool that is useful for you 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:

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

3.5 CLOSURE

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.

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.

3.5.1 Homework

As homework, please start thinking about your chronic patients that need to make an active contribution to getting healthier.

Write down what challenges they have faced with your 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, please 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.

SESSION 4: INFORMING, MOTIVATING AND EMPOWERING PATIENTS TO ACTIVELY TAKE PART IN THEIR OWN CARE

Duration: 4 hours and 45 minutes

Session objective

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.

Session outline

- Recap on learning from session three
- Experience sharing of practicing READING the emotion
- Explain the focus of session four
- Breathing exercise
- Patients actively taking part in their own care
- Change and stages of change
- The importance of working alongside patients to develop self-care plans
- Video show
- The 5 A's of brief motivational interviewing
- Role play
- Patient self-care plan
- Recap the training
- Wrap up program

Learning Activities

1

4.1 INTRODUCTIONS AND HOUSEKEEPING

4.1.1 Recap on learning from session three

- Welcome to session three
- Recap and reflect on previous session
- What was useful in session for them personally?

4.1.2 Experience sharing of practicing READING the emotion

Were you able to practice **READING** the emotion skills from session three?

If you were able to practice, please share the group how it was got on.

If any of you experienced any challenges with the application of **READING** emotions, ask the group to come up with responses and ideas.

If the challenges cannot be addressed by the group should be noted and can be discussed with your supervisor or a local mental health worker.

4.1.3 Explain the focus of session four

The focus of session four is 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.

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 health workers 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. **4.1.4 Breathing exercise**

Together do the breathing exercise



4.2 CONCEPT

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.

4.2.2 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

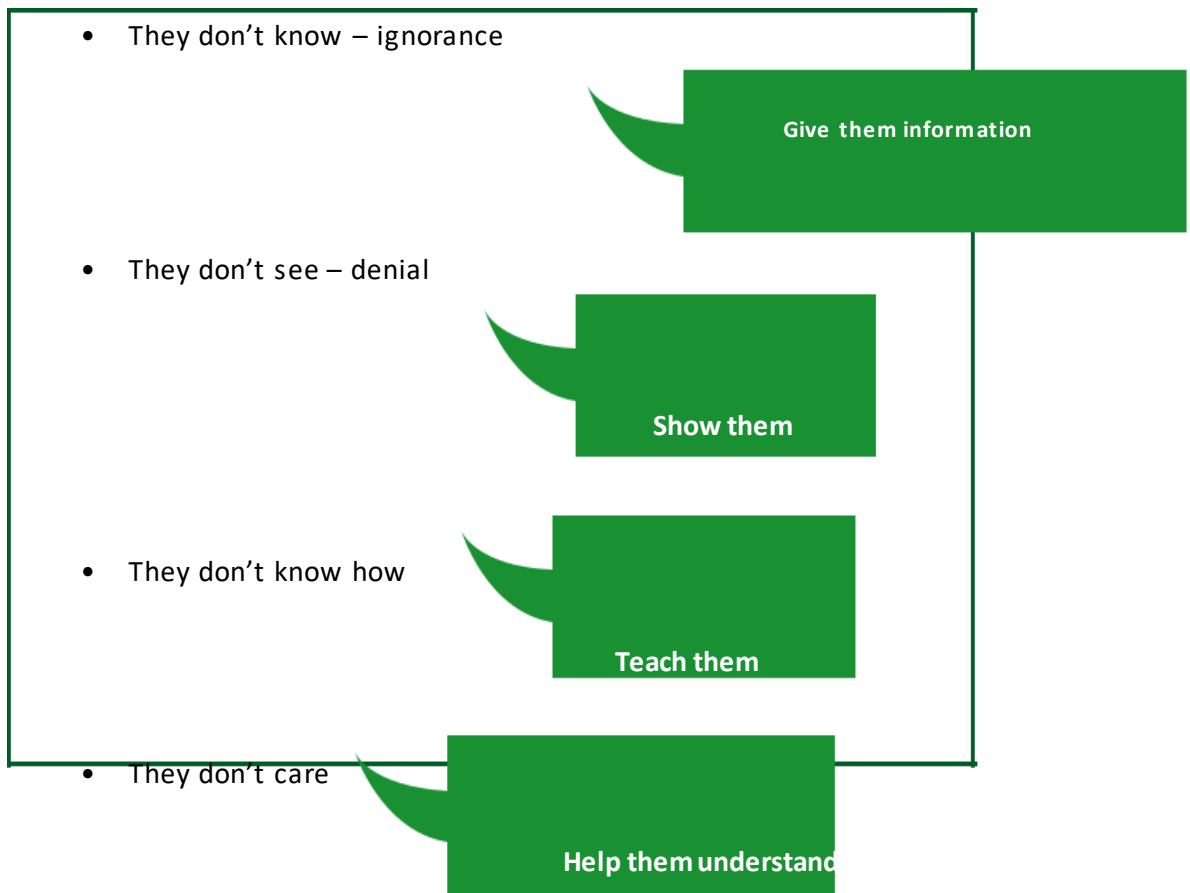
Time allowed: 10 minutes

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 flip chart

Resource 28: Change

Why don't people change?



Large group discussion:

Time allowed: 10 minutes

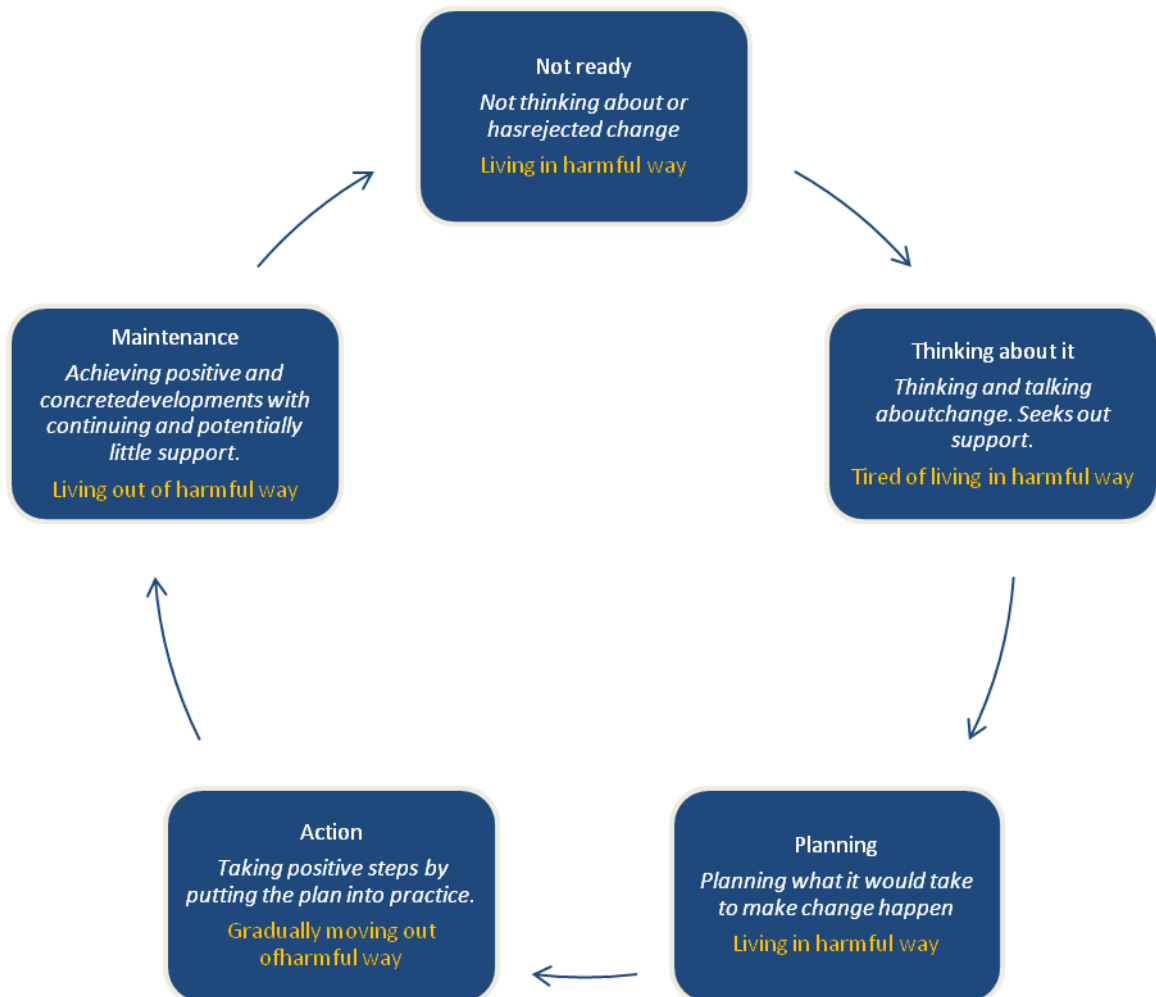
- Think of something you wanted to change (something about your health) and ask yourself why you have not yet made the change?
- Write responses on flip chart and link to what they gave as the reasons to why their patients don't change or find it difficult to change.

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.

Stages of change



(Adapted from source: Prochaska, J.O., DiClemente, C.C., Norcross, J.C. (1992). *In Search of How People*

Change: Applications to the Addictive Behaviours. American Psychologist, 47, 1102–1114)

- Your 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.

4.2.3 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

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

Evidence for active involvement of patients in their care

- 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
-

Question: *“So what did you notice in this clip? How was the patient and how was the nursing student?”*

Discuss on the response by the participant. What was the reaction of the patient towards the nursing student?

“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 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

Instruction: please focus on what you see the health 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 health 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.

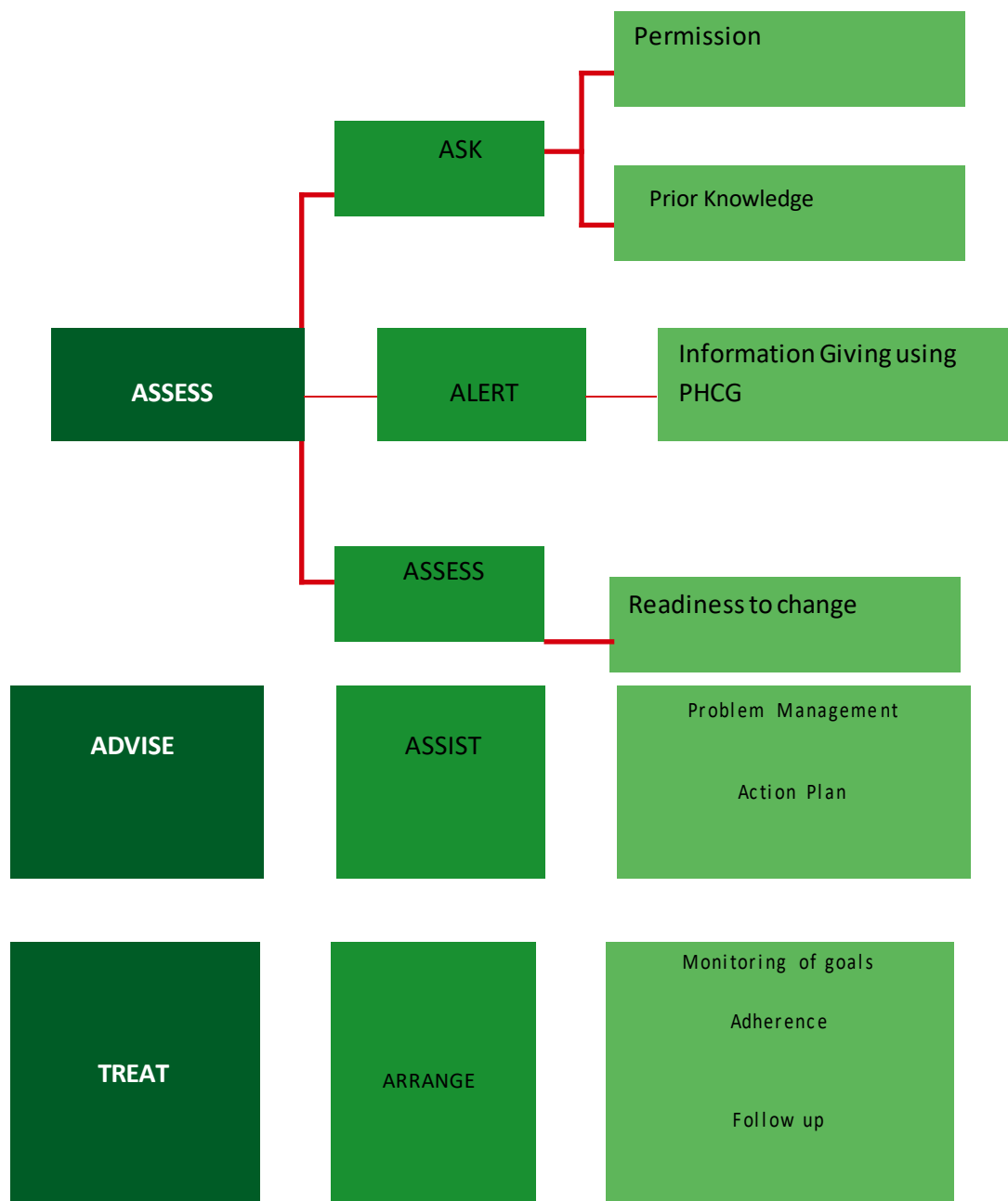
4.3.2 The 5 A's of brief motivational interviewing.

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



Introduction to the 5 A's of motivational interviews

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.

Questions: *What words did the health worker use in this latest clip that worked for the patient?"*

Activity

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

When patients are struggling to change, there is usually a problem behind. E.g. Adherence issues as a result of financial problems. When patients fail to adhere to changes that are helpful for their health, the reasons are often quite complex. Using skills learnt in session 2, gathering holistic information, if problems are identified, an important skill to employ in helping these patients will be Problem Solving. (Refer session two section 2.3.3)



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 worker 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 write down the words they would use under each step.

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

Resource 33: Self-care plan example

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

Resource 33: Self-care plan example

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

4.5.1 Recap

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

4.5.2 Wrap up program

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

Summary of the training:

Session 1: Changing the way we deliver health care

- 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 worker 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 worker 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.

Question: *“What has been the most interesting part for you?”*

THANK YOU EVERYONE

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Annex

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