

Introduction to Patient Centred Services (PCS)



The ACT PRIME Study

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



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INTRODUCTION TO THE MANUAL

Before we start...

Welcome to the Learners Manual for the module entitled – Introduction to Patient Centred Services and Self-Observation Activities.

We are very glad to have you as one of the first set of health workers to participate in this important training.

Everything you will need during the course and as a reference is included in this manual. In addition, there are notes and explanations included in the manual for you to refer back to at a later point.

The trainer will guide you on when to use the manual. Please focus on the trainer when she is talking and focus on the manual exercises when the trainer has guided you to a specific page, which needs your attention. The additional resources in the manuals are for your future reference.

Thank you for participating fully in this training and for respecting your fellow colleagues. Each one of you is unique and each one of you learns at a different pace. The trainer will take great care to cater to all your needs in order to make the training a success. Thank you in advance for doing your part to make it a valuable learning experience.

How to use this manual...

Throughout this manual, you will come across certain re-occurring symbols and boxes. These highlight certain key aspects for learning or contain information, which will help you during or after the training. The following is an explanation of these symbols.

Icons & symbols

Purpose:

Learning Outcomes:

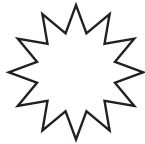


PURPOSE & LEARNING OUTCOMES

This coloured box can be found at the start of each main topic section. In this box you will find the **PURPOSE** of the Topic and the key **LEARNING OUTCOMES** for that Topic.

KEY QUESTION

This symbol can be found when a **KEY QUESTION** is being asked.



DEFINITION or KEY LEARNING POINT

This symbol represents a **DEFINITION** or a **KEY LEARNING POINT** to be remembered.



GROUP WORK

This symbol represents **GROUP WORK**. The training is interactive and a significant amount of your time will be spent in **GROUP WORK**. This symbol indicates that the activity will be done in a group. This means that you need to be a team player and allow all members of your group to participate equally.



WORK IN PAIRS

This symbol represents **WORK IN PAIRS**. This will be an opportunity for you to work one to one with a colleague. Pair work could mean buzzing or role playing, interviewing or problem solving. Be sure that each person in the pair gets a chance.



SUMMARY

This symbol will be shown where you can find a **SUMMARY** box – you can review these summary points at home or before the next training and in the future.



SELF-OBSERVATION ACTIVITY

This mascot symbol will be shown where there is a **SELF-OBSERVATION ACTIVITY** and some guidelines for you to follow.

Your Notes:

NOTES

This represents a space for your **NOTES**. Feel free to write your comments and questions and anything that you do not understand in these spaces and discuss it with your trainer before, during or after a training.

What are you going to learn...

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

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

Good clinical care combined with a good relationship between the patient and the health worker were felt to be essential to ensuring that patients recovered from their illness and were satisfied with their visit. This can be achieved by motivating staff to create a patient centred culture at the health centre.

The purpose of the training in Patient Centred Services (PCS) is to identify and improve interpersonal interactions between health workers and patients. The PCS module training will reach all clinical staff, and health centre support staff.

The PCS training includes the following modules:

1. **PCS 00** – Introduction to Patient Centred Services
2. **PCS 01** – Improving interactions with patients, Part 1
3. **PCS 02** – Improving interactions with patients, Part 2
4. **PCS 03** – Building a positive work environment
5. **PCS 04** – Improving the patient visit
6. **PCS 05** – Volunteers: Improving the patient visit

This module will introduce you, as health workers, to the idea or concept of providing patient centred services. This is an approach to care that puts the patient at the centre of everything you do as health workers at the health centre.

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

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

TRAINING AGENDA

This module will last 3 hours from start to finish.

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

Topics	Total time
Introduction to the module - Greetings - Training rationale & Learning outcomes	15 minutes
Thinking about my role as a health worker	15 minutes
TOPIC 1: What are Patient Centred Services? - Introduction to the topic - Thinking about the Topic - Principles - Summary	55 minutes
Break	30 minutes
TOPIC 2: Self-Observation Activities - Introduction to the topic - Rationale - What to do - Summary	30 minutes
Health worker Self-Observation Activity #1 - Instructions for SOA #1 Includes: - Introduction - How do you listen to others - Discovering the pattern - Discussing with colleagues	20 minutes
Guidelines for constructive discussion - Choice 1 - Choice 2	10 minutes
Conclusion	5 minutes
TOTAL	3 hours = 180 minutes or 3 hours

INTRODUCTION TO THE MODULE

Purpose: To welcome and orient you to the training and help you to understand what can be expected of the training and what will be expected of you.

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

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

1. Greetings

Name of Trainer: _____

Names of co-participants: *complete if you wish*

Ground Rules: *that will support the learning of all participants*

Please write the ground rules agreed on by the group below:

THINKING ABOUT MY ROLE AS A HEALTH WORKER

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

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

- 1) Identify your own motivations for work.



Activity A: Body Parts Game



How do the different parts of your body contribute to making you good health worker?



Which body part would you particularly like to improve on in your work as a health worker?

Thinking about my role as a health worker

Guide: Think about all the things your body can do to support patients - not just clinical ones. If you wish - write down what you and your colleagues share with the group in the white boxes to the right of the picture of the health worker below.

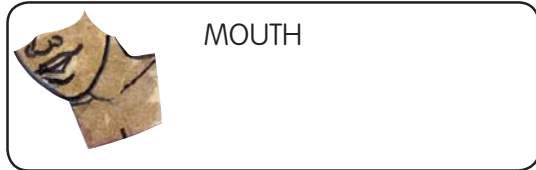
Box 1: Body Parts Game



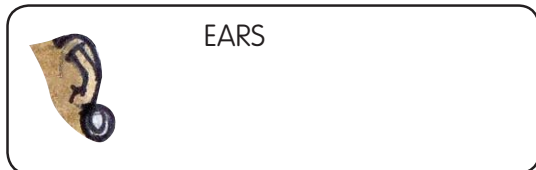
HEAD & HAIR



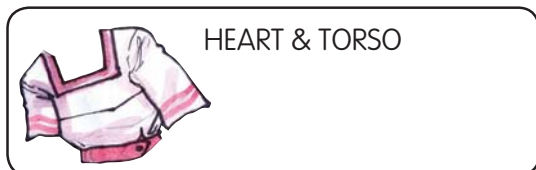
EYES



MOUTH



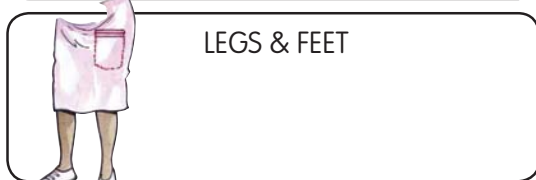
EARS



HEART & TORSO



HANDS & ARMS



LEGS & FEET

Thinking about my role as a health worker

The schedule for the whole PCS package of modules is below.

Box 2: Schedule for PCS package

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

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

For each of these modules, you will be asked to do some preparation. These are called 'self-observation activities.' These can be found at the end of the manual starting on page 35.



Summary Box – Thinking about my role as a health worker

For reference for learners

- How you use your body contributes to making you a good health worker.
- Many body parts have an important role to play in supporting health workers providing Patient Centred Services.

Mouth	To communicate, give good advice and smile at my patients.
Face	To show empathy, concern and caring.
Head	To make accurate clinical decisions & to problem solve.
Torso	To wear a clean & professional uniform for identification.
Heart	To communicate caring and empathy.
Hands	To wash & ensure clinical hygiene, to shake hands & welcome patients.
Arms	To support patients who cannot walk due to pain or disability.
Hair	To show that I value the importance of hygiene & that I am professional.
Ears	To actively listen to the patients' situation to examine the patient carefully and to show caring & understanding.
Eyes	To examine the patient carefully and to show caring & understanding.

TOPIC 1: WHAT ARE PATIENT CENTRED SERVICES?

Purpose: To introduce the concept of patient centred services.

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

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

1. Introduction to the topic



What are patient centred services?

- A special way of providing care that puts the patient at the centre of anything that is planned or done at the health centre.

Your Notes



What do you have to do to provide patient centred services?

- Be a good communicator.
- Be responsive to the needs of patients.
- Be comforting and compassionate – which means having empathy for the patient as well as the caretaker.

Your Notes

2. Thinking about the topic



What is it like to be a patient or caretaker?

- Most of you have been a patient yourself, or have accompanied a patient to a health care facility.



Activity B: Personal experience at a health centre

Think about a recent time when you went to the health centre.

Guide: In pairs, interview each other about what happened the last time you went to a health centre for yourself or when you accompanied a friend or family member. Use the questions below and if you wish record your answers.

Box 3: Questions about a personal experience at a health centre

1) What happened the last time you went to the doctor or health centre?

2) What did the health worker say and do for you or your family/friend?

3) What do you wish the health worker had done differently to make your visit better?

Guide: If you wish – think about the questions below after you have reflected on your experience the last time you visited a health centre.

Box 4: Reflecting on our personal experience

1) How did this experience of visiting as health centre make you or your friend/ family member feel?

Check ✓ the circles that represent how you or your friend/family felt.

STRESSED?
 CONFUSED?
 RELIEVED?
 WORRIED?

Write other feelings that the experience may have made you feel, in the circles below.

2) Was your experience different to the experience of patients who are not health workers?

3) What do you think it is like for normal patients when they come to the health centre where you work?

3. Principles



What is Total Health Care?

Total health care means:

1. Appreciating that the patient is a whole person, not just a disease.

You need to understand the whole problem that is causing a patients' illness:

- A patient has questions, experiences, fears and feelings that affect his/her experience of being ill or having a child who is ill.
- Each person is unique and needs your full attention.

2. Appreciating that the role of health workers goes beyond giving medicine.

- When we have a change in our health we are looking for more than a medical drug.
- When a patient has a change in his/her health, she or he may be looking for more than a medical drug.

Topic 1: What are Patient Centred Services?

3. Appreciating that health centres are organizations with their own cultures.

- A health centre is like an organisation and patients may not be familiar with the rules and ways of doing things.
- They require the support of health workers to understand the culture or the way of doing things, at the health centre.

An example of the need for Total Health Care

A story: Anna and the sacred forest is a story to help you understand the fears patients can have and how important it is to understand the true cause of illness and to listen and reassure.

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



If you are able to hear her concerns, you will be able to reassure her. Anna may have malaria and the medicine you give her may cure the disease, but she may become sick with worry unless you show her that you understand, and that you are concerned and you offer her reassurance that she will be alright. You can help her feel completely better in her mind and body – you can provide Total Health Care and respond to both Anna's physical and emotional needs.



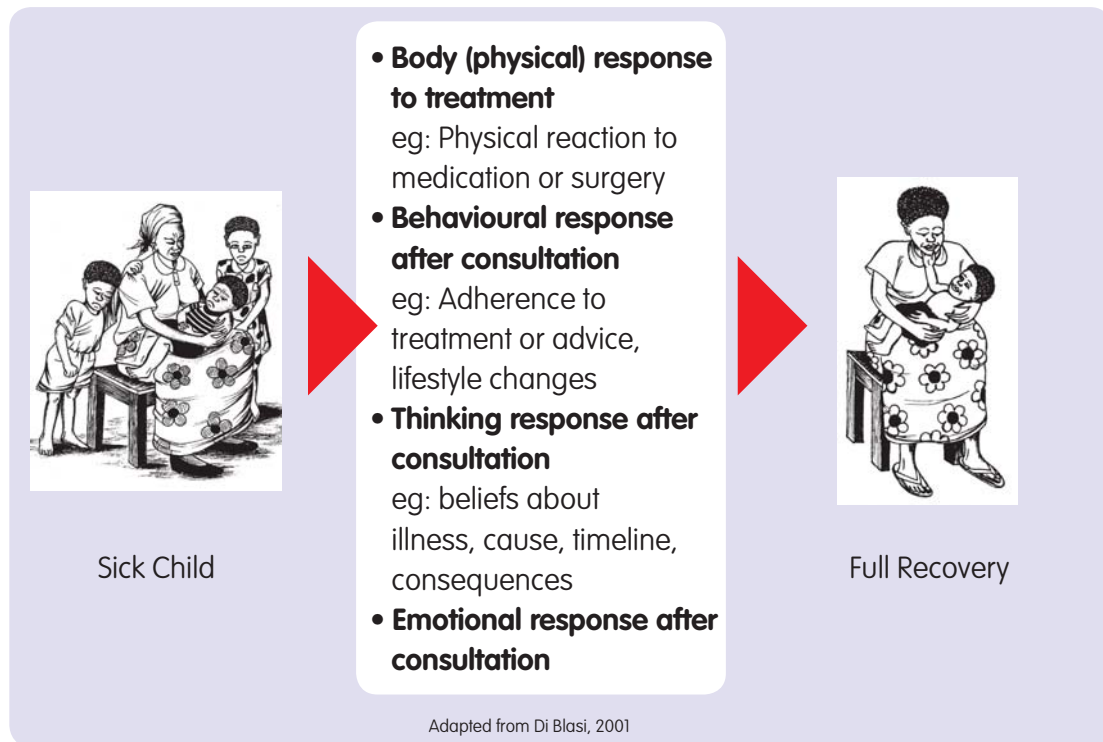
Learning Point

Patients have several different responses to the care they receive from you.

- 1) PHYSICAL BODY REACTION – how their body responds
- 2) BEHAVIOUR REACTION – in their choices on how to behave
- 3) BELIEF or THINKING REACTION – what they think about things
- 4) EMOTIONAL REACTION – what they feel about things

Guide: Look at the diagram below which shows four different responses that a patient may have after they have come to see a health worker.

Figure 1: Kinds of responses to care



Guide: The group will work through the following questions. Feel free to write the answers below the question.



What is a good bodily reaction?



What is a bad bodily reaction?

Topic 1: What are Patient Centred Services?



What is a good behavioural reaction?



What is a bad behavioural reaction?



What is a good thinking reaction?



What is a bad thinking reaction?



What is a good emotional response?



What is a bad emotional response?

Box 5: A patients' positive and negative reactions to care**Bodily reaction**

Positive + When the patient has a fever and takes paracetamol and the fever goes down.

Negative - When the patient took all of the drugs at the same time (overdose) because she or he didn't understand how to take them properly.

Behavioural response

Positive + When the patient understands that she or he needs to use a bed net, and go home to hang one above each bed.

Negative - When the patient does not understand about resting during illness, and continues to work and get sicker.

Thinking response

Negative - When the patient leaves the clinic believing that his or her malaria was due to drinking bad water, because she or he didn't get any explanation about the real cause.

Emotional response

Positive + When the patient goes away feeling reassured that she or he will get better.

Negative - When the patient goes away feeling like it was his or her fault that she/he got sick, and feeling fear that she or he will get this illness again.

Your Notes



Learning Point

The role of health workers goes beyond giving medicine.

Health workers can influence all of these responses in patients.

What a health worker SAYS or DOES can help create a good or positive response:

- + A chance of a positive bodily reaction to care
- + Change in any behaviour that led to the illness
- + Understanding of the cause of the illness
- + Reassured or calmer in response to the illness

What a health worker SAYS or DOES can create a poor or negative response.

The drugs a health worker gives may cure the disease, but if you as health worker show your understanding, concern and reassurance, you may help the patient to feel better physically and emotionally and help to support positive behaviour and correct understanding of his/her illness.

When a health worker tries to tackle the way people think about things, the health worker must be careful that she or he respects the other person's views, even if the health worker thinks the patient is wrong.

How to improve a patients' response to care

Guide: Think about example of the patient that has a fever after going into a sacred forest. Think about what can be done so that the patient recovers fully.



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

- **In the example:** the patient has a fever.
- **Possible responses:** tepid sponging, paracetamol, diagnostic tests.



How can you address the patient's behavioural response?

- **In the example:** you might suspect that her fever is a result of malaria and not from bewitching. What type of advice can you give to the patient so that she reduces her risk of getting malaria **again**?
- **Possible responses:** mosquito net, slash bushes, remove mosquito breeding sites.

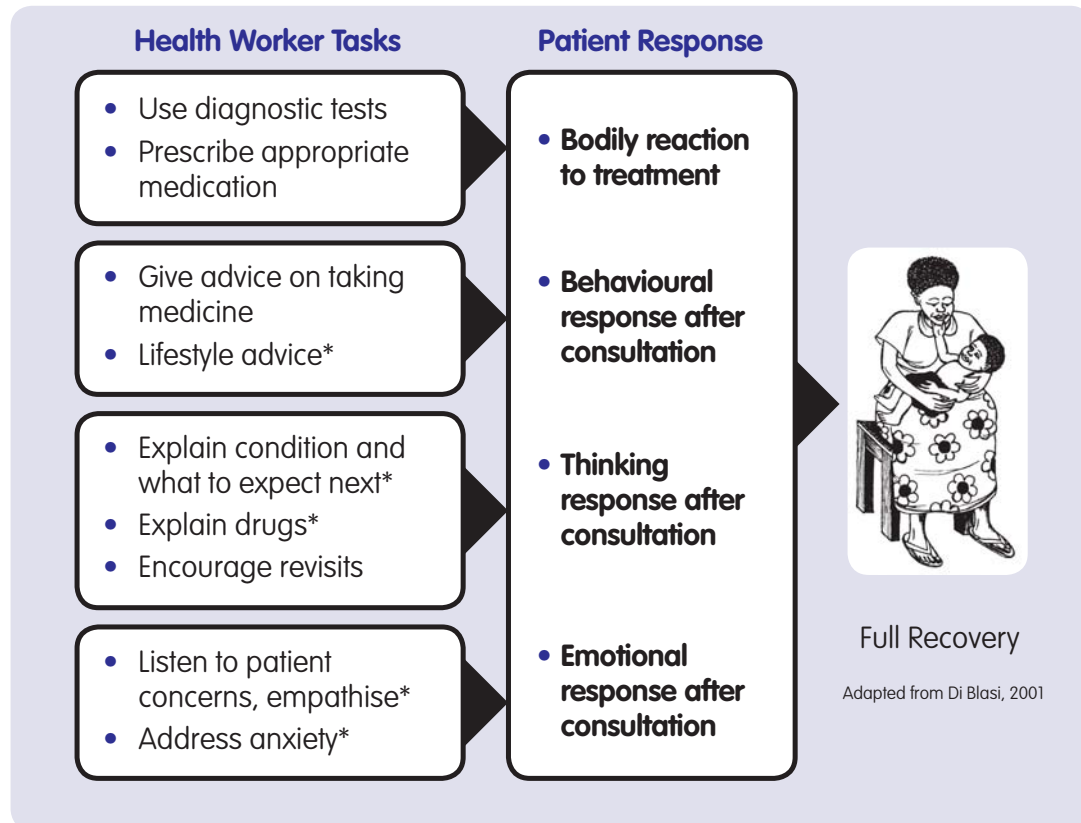
Topic 1: What are Patient Centred Services?

**How can you address the patient's thinking about why they are sick?**

- **In the example:** the patient thinks she is sick because she went into the sacred forest.
- **Possible responses:** Explain that she probably has malaria and that the parasites were found in a test (rapid diagnostic test). Explain that malaria is caused from the bite of a mosquito and that it causes fever.
- When you try to tackle the way people think about things, you have to be careful that you respect the other person's views, even if you think they are wrong. So, in this case, you need to appreciate that Anna has her own understanding of why the fever came, and you are providing an alternative explanation for her to think about.

How do you help the patient with the emotional response?

- **In the example:** the patient is very scared and worried about her sickness.
- **Possible responses:** Ask what is worrying the patient and listen to their concerns. Show empathy by showing that you appreciate how they feel. Show empathy verbally and non-verbally, through what you say and do, for example by reaching out and comforting the patient.

Figure 2: Providing Total Health Care

* The health worker tasks that are highlighted by a star above in Figure 2 require that you as a health worker provide care while keeping in your mind the patient's life. This means considering the patient's values, beliefs, history, needs, abilities, culture and social network.



Learning Point

Health centres are organizations with their own cultures

The health facility is an organization with its own 'rules' or 'systems'.

Patients who are unfamiliar with coming to health centres, or do not know how to 'act' at the health centre or in a consultation may experience feelings of fear and worry.

As health workers you have to help patients learn the 'rules' or 'systems' so that patients know what to expect and feel comfortable interacting with the health workers and staff at the health centre.



Home Activity

Guide: Below is a series of boxes with possible ways a health worker can respond to a patient. Feel free to read through this at home and add any more ideas you can think of in the space for notes below.

Box 6: Possible ways that a health worker can respond to a patient

QUESTION 1

What can we do to address/cope with the BODILY REACTION Anna has?

Anna has come to the clinic with a high fever.

POSSIBLE RESPONSES

- Use diagnostic tests
- Prescribe appropriate medication for treatment
- Prescribe appropriate medication for symptoms
- Nonmedical interventions for symptoms - sponging

For example: *Anna I'm going to test your blood to see what is causing your fever and give you something for the fever while you wait. Sponging your forehead with cool water and this sponge will also help to cool you, until we know what is causing your illness. I will call you when the results are ready.*

Your Notes

QUESTION 4

What can we do to address/cope with the EMOTIONAL RESPONSE Anna has?

Anna is very scared and worried about her sickness. How can you help her feel more comfortable, calm, and reassured?

Remember that to help people with their emotional reactions/responses to illness we need to have a two-way conversation where we listen a lot, then we give advice and we listen some more.

POSSIBLE RESPONSES

- Listen to patient concerns, empathise
- Provide reassurance

For example: *Anna, you still seem worried even though we know what is causing your fever. Is something else worrying you about your illness or fever?*

LISTEN

I see, you feel that your walk into the forest may be the reason for your fever and that you did something wrong. That must be frightening for you.

LISTEN

The blood test is telling me that what is causing your fever is malaria. I believe that you will feel much better in 3 days after taking this powerful medicine. Your fever should go away very soon. You know I heard that there is very good firewood available behind the school. Perhaps you can collect some there next time. I believe you will be well again soon, come back if you still feel afraid or worried.

Your Notes

Topic 1: What are Patient Centred Services?**Concepts to be covered in the future PCS modules.**

- **PCS 01 and 02** build on the training in fever and malaria case management provided by the JUMP team by improving relationships with patients. You will learn more about fever and malaria case management in the JUMP training. In the Patient Centred Services training, you will improve your skills in providing the other important parts of care.
 - i) PCS01 Improving interactions with patients
Rapport & active listening
 - ii) PCS02 Improving interactions with patients
Asking good questions and giving good information

- **PCS 03** will help you to build a positive work environment through improving relationships with colleagues. Your relationship with your colleagues as well as with your patients' affects how you feel, and will contribute to your working environment. You will work on skills to build a positive work environment through improving relationships with colleagues. In PCS 03 you will also look at good characteristics of health centres as work environments.
 - i) PCS03 Building a positive work environment

- **PCS 04** will help you realize that health centres are organizations with their own cultures and that you have to think about how to help patients navigate the health centre. This course is called 'patient centred services' because it looks at how one can improve the experience of patients beyond the consultation. The experience of visitors to health centres may start with what they have heard, or previously experienced about the health centre, or it may start when they arrive at the health centre. How will they know what to do? How do you help them to feel at ease, so that they can communicate their concerns and achieve what they came for?

- If you think back to the health worker body parts game, you could do the same with the health centre - showing what would be good characteristics of health centres from the perspective of health workers and from the perspective of patients and then you will discuss good characteristics of health centres from the patient's viewpoint in the last PCS module:
 - i) PCS04 Improving the patient visit
Welcoming & guiding

Topic 1: What are Patient Centred Services?

TOPIC 2: SELF-OBSERVATION ACTIVITIES

Purpose: Introduce the self-observation activities

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

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

1. Introduction to the topic

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

The way you communicate is an important factor in how you interact with others, whether you are consulting with patients, interacting with colleagues, or simply having a conversation.

Being aware about how you communicate, and how your communication affects the person(s) you are communicating with, is a very important task in becoming a good health care worker.



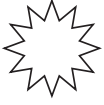
Guide: In pairs discuss the following questions in Box 7 below.

Box 7: Observing your own communication

1) Do you agree that being aware about how you communicate and its affect on others is very important?

2) How do you know if you communicate well?

3) How can you learn about how you communicate?



Learning Point

It is difficult to know how you communicate. Usually, you may expect others to tell you what you do right, and wrong.

There is another very effective way to learn, through observing yourself when you are communicating.

The method is called 'self-observation', and is an important learning method in this course.



2. Rationale

Why do you do self-observation?

- To understand how you communicate with others so that you can change what does not work well and then become a better communicator.



3. What to do

How do you do self-observation?

Each week:

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



Guide: In pairs discuss the following questions and write notes as you wish.

Box 8: How is it possible to observe myself communicating?

- 1) Don't you need someone else to observe you, to judge if you are doing well, and decide what you need to improve?

- 2) What is it about this mascot (see picture on page 31), which can help me to observe myself?

3) Do you think that you can do self-observation?

4) How do you think that you can do self-observation?

Become aware

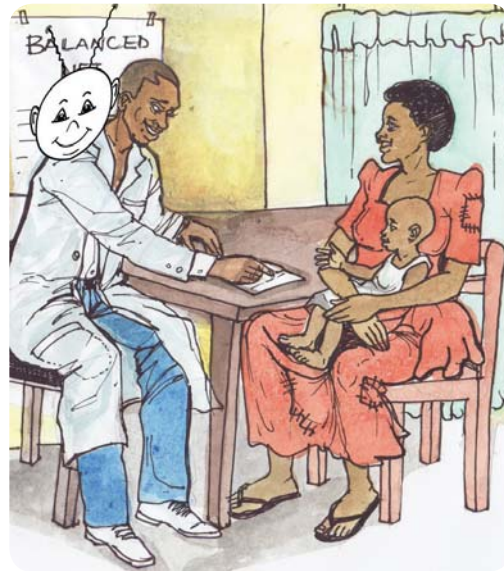
You can learn to look at yourself – for example, by imagining that you have ‘antennae’ on your head or a little (invisible) observer sitting on your shoulder, or anything that enables you to develop ‘a friend’ who helps you to learn about yourself.

Practice

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

Share with colleagues

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



Box 9: Tips to help with self-observation

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

4. Summary

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

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

Health Worker Self-Observation Activity #1

Purpose: Review Health Worker Self-Observation Activity #1

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

- 1) Understand the Self-Observation Activity.

1. Introduction to the topic

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

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



How do you listen to others and how do others react? What are the different ways that you listen?

Guide: As you do the self-observation activities – think about the ways you communicate.

Box 10: Communication Patterns

DO YOU?

- 1) Listen ‘with open ears and heart’ until the person has finished?
- 2) Listen ‘with my mouth full of words’ - impatient to explain my view?
- 3) ‘Put words in the mouth’ of the person speaking – giving your answer or your next question as the person is talking because you believe you know what he/she will say?
- 4) Listen with the intention to really understand the other person’s point of view; ask questions to find out more, see the others’ point of view and then offer my own ideas?
- 5) Do some of each, depending on the situation, how many patients are waiting, my mood and if I like or dislike the patient/colleague?

Health Worker Self-Observation Activity #1

Your Notes

2. Instructions for the self-observation activity

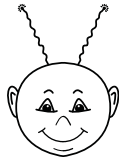
Guide: There are 3 steps for this self-observation activity, which you can complete over one week as follows:

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

Also: Discover a pattern

Discuss with your colleagues

**THE FRAMED PAGES THAT FOLLOW ARE YOUR SELF-OBSERVATION GUIDE.
REMEMBER TO TAKE THEM OUT OF YOUR FOLDER AS YOU GO ABOUT YOUR SELF-OBSERVATION.**



Instructions for SOA #1

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

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

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

1) LISTEN TO THE PATIENT:

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

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



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

2) LISTEN TO COLLEAGUES:

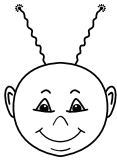
During a meeting with your colleague(s), pay attention to how you listen. After the meeting, take a few moments to ask yourself:

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

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

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

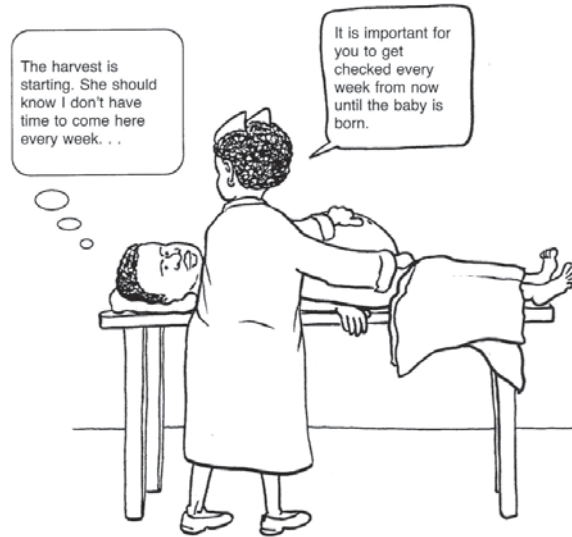
- Can you start to see your pattern?



After 2-3 days, move on to Step 2

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

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



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

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

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

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

When listening to a colleague, also look at:

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

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



After 2-3 days, move on to Step 2

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



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

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

For the rest of the week, please observe:

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

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

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

GUIDELINES FOR CONSTRUCTIVE DISCUSSION

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

Choice 1: Supporting you colleague's motivations and insights

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

How do you do this?

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

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

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

Ineffective communication and its consequences:

- If you judge or devalue or laugh about what your colleague has seen and felt, it will hurt, and your colleague might get angry – or close up. With good reason! For example, you might start to comment on what your colleague is explaining, about what she has observed and what it means to her. You might tell her that her observation means something else than what she thinks. Your colleague will protest, and you start arguing. This is useless and de-motivating for your colleague (and very common!). The message she might get from you is: 'I know what this means better than you do'. You can imagine how this feels and how it affects the communication between you.
- If you start to comment about your own observations when your colleague has just started to describe his/her own findings, your colleague will also get upset. You are showing that your focus is to get her/him to listen to YOU, rather than you listening to him/her. You also know how this feels (it is very common!). Watch what it does to the communication when you fall into this trap.
- **Be respectful, appreciative, curious, and generous with your listening!**
- This does not mean you have to agree with each other - it just means you agree to try to see the other person's point of view, from his/her perspective. This will help us all to learn well together.

CONCLUSION

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



Any comments or questions you may have about what was covered today?

Your Notes

Answers to parking lot questions

Thank you for participating today!

Sharing your experience and insight has been very helpful and informative.

Please use the Learner's Manual regularly to review what you have learned.

Discuss any challenges with your colleagues; they will be most helpful for finding solutions to problems and challenges at your health centre.

Goodbye.



The ACT PRIME Study

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

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