



Health worker intervention component of Study entitled
**A cluster-randomized trial of health
worker and community interventions to
improve adherence to national guidelines
for the use of ACTs in Tanzania:**

The TACT trial (Targeting ACT)

TRAINERS

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GLOSSARY

ACT – Artemisinin Combination Therapy

AM – Anti Malarial

CO – Clinical Officer

QC – Quality Control

DMO – District Medical Officer

IMCI – Integrated Management for Childhood Illness

HIV - Human Immunodeficiency Virus

ITN – Insecticide Treated Nets

JMP – Joint Malaria Programme

KCMC – Kilimanjaro Christian Medical Centre

LSHTM – London School of Hygiene and Tropical Medicine

MoH – Ministry of Health

mRDT – malaria Rapid Diagnostic Test

NMCP – National Malaria Control Programme

PCM - Paracetamol

RDT- Rapid Diagnostic Test

SP – Sulfadoxine Pyrimethamine

TACT - Targeting Artemisinin Combination Therapy

WHO – World Health Organization

TACT Trial Manual for Trainers

1. Introduction



This manual is a trial-supplement to the “TRAINING GUIDE & FACILITATOR’S MANUAL FOR MALARIA RAPID DIAGNOSTIC TEST” produced by the Tanzania National Malaria Control Programme (NMCP). This manual was produced by Joint Malaria Programme (JMP), Moshi. Both manuals aim to provide a resource for trainers to assist health workers to implement the new policy for management of febrile illness. The national and supplement manuals recognise the challenges that health workers need to overcome. Health workers have to change an established practice and assist in altering community perception of malaria diagnosis and treatment. The new policy challenges common practice.

This training recognizes the need to provide both evidence and practical solutions in order to change health worker practice. The national training is a 2 day external workshop targeting all prescribing staff in all health facilities. The national training strategy aims to sensitise vast numbers of health workers to the new policy and consider if and how they can change their practice in order to adhere to mRDT. The large groups and off site venue can limit the extent to which health workers both understand and create methods to overcome the practical challenges when adhering to the policy. The TACT training uses a small workplace group training that aims to assist health workers to collectively discuss, debate and find solutions to using and adhering to mRDT in the management of all febrile illness.

2. The TACT Trial

The Partners and Background

The trial, known as the TACT Trial is being conducted by the Joint Malaria Programme in collaboration with Tanzania NMCP. The trial is part of the ACT Consortium funded by the Bill and Melinda Gates Foundation.

Aim and Design

The aim of the TACT trial is to assess whether 3 additional sessions of small group, interactive training will increase the use of mRDTs, and adherence to RDT results, in 24 intervention health facilities. The 2-day national training forms the baseline training in the TACT trial. Some health facilities will be randomised in the trial to also receive a community awareness strategy. These selected facilities will receive information leaflets and posters to distribute to clients at the health facility.

The study will take place over a one year period. If the TACT trial supplement training is successful in increasing adherence to mRDT results the aim is to integrate these workplace sessions into the national training curriculum.

3. The Change Framework

The framework for this manual is based on the stages as presented below.

Stages in the Change Model	Aim of stage	Activities in the TACT Trial Strategy
Stage 1: Preparing for Change	Sensitising health workers to the policy in order that individuals and peers consider if and how to change practice	National Training and first module of TACT training
Stage 2: Enabling Change	Providing knowledge, practice and tools that assist health workers to change	The 3 TACT Trial training sessions
Stage 3: Reinforcing Behaviour	Conducting assessment and feedback on his/her changing practice	Self assessment conducted at workplace, audit and follow up/ feedback by supervisors

The TACT trial training contributes to the preparation steps of Stage 1; the knowledge, initial practice and skills of Stage 2 as well as the tools for Stage 3. The intention is that participants will develop the confidence and competence to manage the changes in their practice, in collaboration with their peer support groups.

4. Background to the Manual

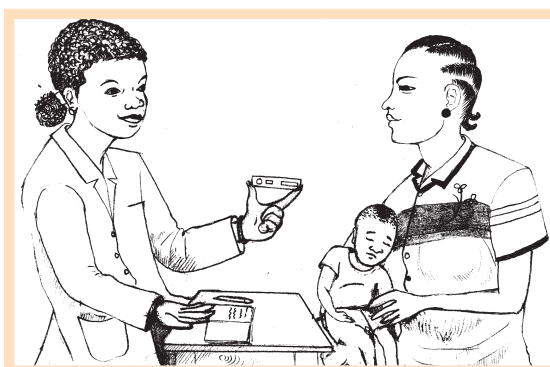
The content and focus of the training manual is drawn from various sources including the:

1. Outcome of a feasibility study conducted by the Joint Malaria Programme with health workers and the community in Hai district (near Moshi) and Handeni District (near Muheza). The feasibility study identified the main challenges for health workers when integrating the policy into practice.
2. Evidence from studies in Tanzania and other countries where interventions were implemented to change prescribing behaviour of health workers and/or explore the reasons why health workers are not adhering to the new mRDT guidelines.
3. Formative research workshop in June 2009 to design the training programme. The formative research workshop identified a range of common challenges which health workers face when contemplating change in their practice in order to align themselves with the new policy addressing the management of febrile illness and the use of mRDTs.

5. Aim and Objectives of the TACT Trial Trainers Manual

5.1 Aim

The overall aim of the TACT trial trainers' manual is to provide trainers with a structured, evidence based training guide that uses participatory methods to communicate to health workers within the TACT Trial the skills and confidence to adhere to mRDT practice and prescribing guidelines.



5.2 Overall Objectives of the TACT Trial Trainers manual:

1. To promote a learner-centred, interactive training approach based on the principles of adult learning.
2. To promote an understanding among trainees of the sound evidence that supports the use of mRDTs and a change in febrile illness management.
3. To strengthen participant skills to identify and treat alternative causes of fever.
4. To strengthen communication and negotiation skills used with patients around mRDT test results.
5. To build confidence and encourage a positive attitude towards mRDT.
6. To promote the practice of self reflection to motivate participants to improve practice.
7. To enable trainees to problem solve in order to overcome challenges to adhering to mRDT guidelines.
8. To integrate new understanding and skills through practice.

6. Content and Structure of the Manual

This manual is designed to be a resource for trainers who lead the TACT training. It is designed to provide trainers with all of the materials, session outlines and instructions they need to help trainees to obtain the awareness, knowledge and skills necessary to effectively integrate Rapid Diagnostic Tests (RDTs) into practice and to effectively adhere to guidelines.

The first of 3 training sessions will be provided within one month of the baseline NMCP training module. A further two sessions will be given at 2-4 week intervals. Participants will be identified from intervention facilities and grouped to between 6 and 10 participants per group according to staffing in each health facility. Training will be located in each participating health facility in the afternoon after all patients have been seen. Refreshments (drink and snack) will be provided but no cash payments will be made. Attendance and non-attendance of eligible staff will be documented at each session.

Sessions will begin with an introduction followed by activities designed to reach the learning objectives.

Each module will last a minimum of 90 minutes and is divided into sessions. The time allocated to the module may be prolonged up to 3 hours at the request of the participants.

The three (3) modules of 90 minutes are:

Module 1: **Adapting to change in the diagnosis & management of malaria**

Module 2: **Practice with confidence when using mRDTs: Tools to enable change in managing febrile illness**

Module 3: **Sustaining the change in practice**

7. Resources required

Location

- Suitable room or village meeting tree (location large enough to allow people to move around)
- Easy access and quiet surroundings

Equipment

- Chairs/benches (in a circle) or mats

Organizational material

- Flip chart stand or chalkboard
- Paper flip chart, notebooks, cards
- Pencils, pens, chalk, markers
- White paper
- Tape and glue
- Props for role plays

8. Session Instructions

1. Each module is divided into sessions. Each session includes all of the information trainers need to plan and prepare their training course, including: time (total time for session) and training steps. Additional materials such as card templates and role-play scripts are in the annexes. Worksheets, handouts and homework are found in the trainee manual.
2. Session instructions are divided into numbered sections. Materials for each session are summarized in the session section and actual materials for distribution are in the trainee manual.
3. When trainers are instructed to label a flipchart, they only need to write the specified question or title at the top.
4. It is important for trainers to prepare possible responses to questions and worksheets in advance so that they can respond appropriately to correct, incorrect and missing responses from participants. Frequently asked questions are included in this manual – but the trainer may anticipate other questions. Please also mark down the questions asked.
5. A question sheet may be useful for the trainer when faced with questions that cannot be answered due to time or lack of information. At the end of the 90 minute session, there will be an opportunity to return to the question sheet for further work.
6. The timing of the sessions is very important and trainers must work to maintain the momentum of the sessions according to the time frames provided.

9. Icons



Total Time: Clock icon indicates the total time allotted for the session.



Time in Minutes: Clock with minutes icon indicates the number of minutes needed for each numbered section of the session.



Talking Point: Voice icon indicates where accompanying text in italics may be spoken verbatim by trainer. (This text is a guide and can be adapted by trainers, as needed.)

10. Using this Manual: General Training Tips

10.1 Trainee Manual

Trainers and participants/trainees will need to use their trainee manual throughout the training course. Many handouts used in the sessions are in the trainee manual. In some sessions, trainers will ask participants to refer to certain pages of the trainee manual. Reference materials, including research papers are included.

10.2 Training in Teams

The lead trainer will ideally work with a co-trainer to effectively implement each session. Lead-trainer and co-trainer should determine their roles and understand how they intend to work together. The training team should make time at the end of each Module to debrief together about their work and the sessions; review trainees' feedback; and make changes to improve the training during subsequent modules.

10.3 Training Course Design

Trainers should be aware that each activity has been designed to build on a previous or subsequent activity, and takes into account different learning styles in order to contribute to the achievement of the objectives. Trainers are cautioned not to forego participatory activities. The manual includes a beginning-of-day review activity, icebreakers and energizers. These are important for energy levels and enthusiasm but can often use a lot of time – please watch the clock icon! Closing activities are important and must be included and not forgotten.

10.4 Giving Directions for Activities

In general, it is advisable to give directions for an activity before asking learners to move or divide into groups. Once people begin moving into different configurations, they tend to be more distracted and pay less attention. It can be extremely helpful, especially for visual learners, to write the main points of the directions on a flipchart and post it in a visible place throughout the activity.

10.5 Distributing Handouts and other Materials

If you are distributing worksheets or other materials for an activity, it is preferable to give directions before distributing papers – people are more likely to pay attention to the directions.

10.6 Creative Ways to Divide Learners into Groups

Use creative and varied ways to divide learners into small groups, such as:

- Having them select an item (such as a small toy, a colored object, etc.) out of a box, basket or hat and then asking the people with similar objects to form a group.
- Having them select a playing card and then asking all the people with the same card suit to form a group.

- Asking people to count off to the number of groups you desire and then having all of the ones, twos, threes, etc. form a group.
- Putting stickers on nametags on chairs in advance and then asking people with the same category of sticker (for example, animals, flowers, people) to form a group.

10.7 Number of Participants in Groups

Trainers may need to adjust the number of participants in each small group or the number of small groups depending on the total number of participants and the type of small-group activity. Altering the number of groups will have an impact on time needed for the activity.

10.8 Group Process and Roles

Small groups are able to conduct their work more efficiently when group members begin by selecting a recorder to write down the key points discussed and their answers to questions, a timekeeper to ensure that they are getting through all of the questions in the allotted time, and a reporter to present the group's responses to the larger group. Give groups a warning several minutes before their time is up to help them manage their time and complete their tasks.

10.9 Keeping Learners Energetic

Energisers will be inserted into the manual at places deemed appropriate. However, trainers should have several energizers prepared in advance in case participants are showing signs of getting restless or bored. Stop the session and facilitate an energizer activity that allows them to move and become more alert. Do not be afraid to interrupt a session and ask participants if they need a break when you have the sense that the majority are either overwhelmed, have had too big a lunch or are no longer able to absorb more information. Of course, time is limited.

10.10 De-personalizing Characters in Role Plays and Skits

When members of a group are playing a role in a skit or role play, sometimes other participants forget to distinguish between the character and the person playing the character. This can sometimes create discomfort for the person playing the role. Remind the group the kind of language to use when giving feedback on a character's dialogue or behaviours - such as "when you were playing the part of the clinician..." or "when as the patient you said..."

10.11 Including the Patient Role in Clinical Role Plays

When demonstrating or practicing clinical procedures in a simulated setting, it is so important to include the role of the patient so that interpersonal as well as clinical skills are included. The person playing the patient should use appropriate facial expressions and communicate realistically with the person playing the role of nurse or clinical officer or doctor. During the feedback session, the person can affirm effective interpersonal skills and give suggestions for improvement. Playing the role of patient can also be helpful in developing provider empathy for patients.

11. Course Overview

11.1 Module objectives

Module 1: Adapting to changes in the diagnosis & management of malaria

Objectives - At the end of this module, learners will be able to:

1. Understand the aim of the TACT trial
2. Understand and agree upon the rationale for change in febrile illness management
3. Reflect upon the challenges associated with the new prescribing policy.

Module 2: Practice with confidence when using mRDTs: Tools to enable change when managing febrile illness

Objectives - At the end of this module, learners will be able to:

1. Recognise the role of the confidence cycle in adhering to mRDT guidelines.
2. Demonstrate the capacity to communicate effectively including negotiating with patients who disagree with the prescribed clinical management.

Module 3: Sustaining the change in practice

Objectives - At the end of this module, learners will be able to:

1. Summarise the key outputs of the two previous modules.
2. Identify individual stage of change in relation to mRDT adherence.
3. Demonstrate the capacity to problem solve an mRDT logistical challenge.
4. Practice integration of mRDTs through the use of challenging role-plays.

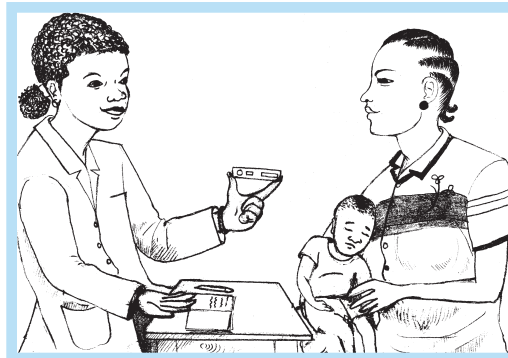


Adapting to the change

Adapting to the change in the diagnosis & management of malaria

Module Introduction for Trainers

In the past malaria was a common serious febrile problem across most parts of Tanzania and presumptive treatment of malaria represented the appropriate management of febrile illness. Malaria is now much less common in Tanzania; in low transmission areas such as Kilimanjaro and parts of Tanga only 5-10% of patients



diagnosed with malaria actually have evidence of malaria parasites in their blood. Many health workers however find it difficult to believe that malaria is no longer as common as it used to be in Tanzania. In addition, they may not recognise that patients presenting with fever and clinical features that resemble malaria could have another potentially fatal condition when left un-treated. Health workers were made aware of the reduction in malaria during the national training on mRDTs. Some health workers may have started to consider how this information will change their clinical practice when managing febrile illnesses. The new policy states that they must no longer treat malaria presumptively. Instead they must only treat for malaria if the mRDT is positive. If the mRDT is negative, other causes of the illness must be identified and treated appropriately. Practical challenges exist when changing established treatment practices including health worker attitudes/opinions, environmental constraints and community expectations.

In Module 1 we characterise two types of prescribers, based on their response to the new evidence on malaria transmission. The 'modern prescriber' and the 'old-fashioned prescriber'.

The 'modern prescriber' rapidly adapts their prescribing practice to disease trends and to new diagnostic technology. The 'old-fashioned prescriber' persists with old ideas in spite of new evidence. Module 1 allows the participants to begin the process of adapting to the changes required of them as modern health workers practicing in the 'new age of malaria.' They will understand the relevance of the new information by identifying the 'facts', debating the new evidence and anticipating with their peers, the inevitable challenges when trying to implement the new febrile illness guidelines.

Module Objectives

1. To understand the aim of the TACT trial.
2. To understand and agree upon the rationale for change in febrile illness management.
3. To reflect upon the challenges associated with the new prescribing policy.

Teaching Methods

- 1) Role identification
- 2) Interactive discussion
- 3) Demonstration role play

Teaching Materials & Preparation

Session 1

- 1) Push seats and tables to side of class to create large space to draw river.
- 2) Prepare TACT aim on the flip chart and on various posters around the room as follows:

Patients with malaria DO get treated and Patients without malaria DO NOT get given ACT but get treated for their likely illness. Prepare A6 size cards/paper with malaria event on separate cards as per Annex and some blank cards.

- 3) One piece of chalk and duster/cloth
- 4) Sticky labels for names
- 5) Handouts
- 6) Trainee manuals

Session 2

- 1) Prepared by trainers: 18 x A5 cards with the following written - TRUE (6), FALSE (6) and UP FOR DEBATE (6)
- 2) 2 Boxes of 8 statements
- 3) 4 x Prepared flipchart paper, pre-headed as follows: Challenges (2), Practical solutions (2)

Session 3

- 1) Basket of props – lab coat, stethoscope, kanga, glasses/spectacles
- 2) 1 Table, 3 chairs for skit
- 3) Role play skit
- 4) Questionnaire for each participant
- 5) Flip chart ready for co-trainer to synthesize questionnaire responses

Summary

Prepared Flipchart with Summary Points

Homework

- 1) Take away self assessment
- 2) Note book/diary with each participant's name written on the cover

Trainers Plan: Session 1

Session 1: Introductions

Time: 20 mins



Session Objectives

1. To understand the aim of the TACT trial
2. To understand the evolution of malaria interventions to date & the extent that health workers have contributed to the reduction in malaria transmission.
3. To recognise the critical importance of using mRDTs in order to protect ACTs from future resistance.
4. To recognise MOH approval of the study.

Training Steps

1. Ensure everyone is sitting in a semi-circle. Welcome all participants to the training and arrange and ensure that everyone sitting in a circle. Ask them to write their names on the name badges in large letters (so that legible from a distance) as they wait for participants to arrive.
2. **Explain:** *“Good afternoon... My name is _____ and I am your lead trainer today, _____ is a co-trainer. Thank you for your participation and welcome to TACT training. TACT stands for ‘targeting artemisinin combination therapy (ACTs)’ and aims to find the best ways to use Rapid Diagnostic Tests (RDTs) so that - Patients with malaria DO get treated and Patients without malaria DO NOT get given ACT but get treated for their likely illness.”*
3. *“Do you know each others name and where you work, your job in this health facility and where you live? (If yes – continue, if No, allow for brief introductions where they introduce each other by name, place of work, job description). You have come today to talk about mRDTs. Over the years health workers have played an important role in the development of mRDTs. We will start to day by conducting a short exercise to help us understand the development of mRDTs and the role you individually played in it.”*
4. Conduct **Activity A**. The Malaria Management River Walk



Activity A: The Malaria Management River Walk

- 1) Prior to the beginning of the training session draw river with blue chalk on floor having placed chairs near the river for first activity.
- 2) Place all 7 cardboard stepping stones in river as per drawing below.
- 3) Invite group to approach ‘river’.
- 4) **Explain:** *“Over the years, in an effort to improve case management and provide high quality test results many interventions have been tried and introduced in the form of guidelines. The guidelines have changed the way we manage malaria many times over the years.”*
- 5) Draw the attention of the group to the chalk drawing of a river on the floor.



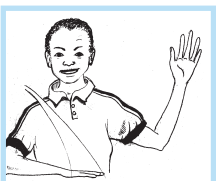
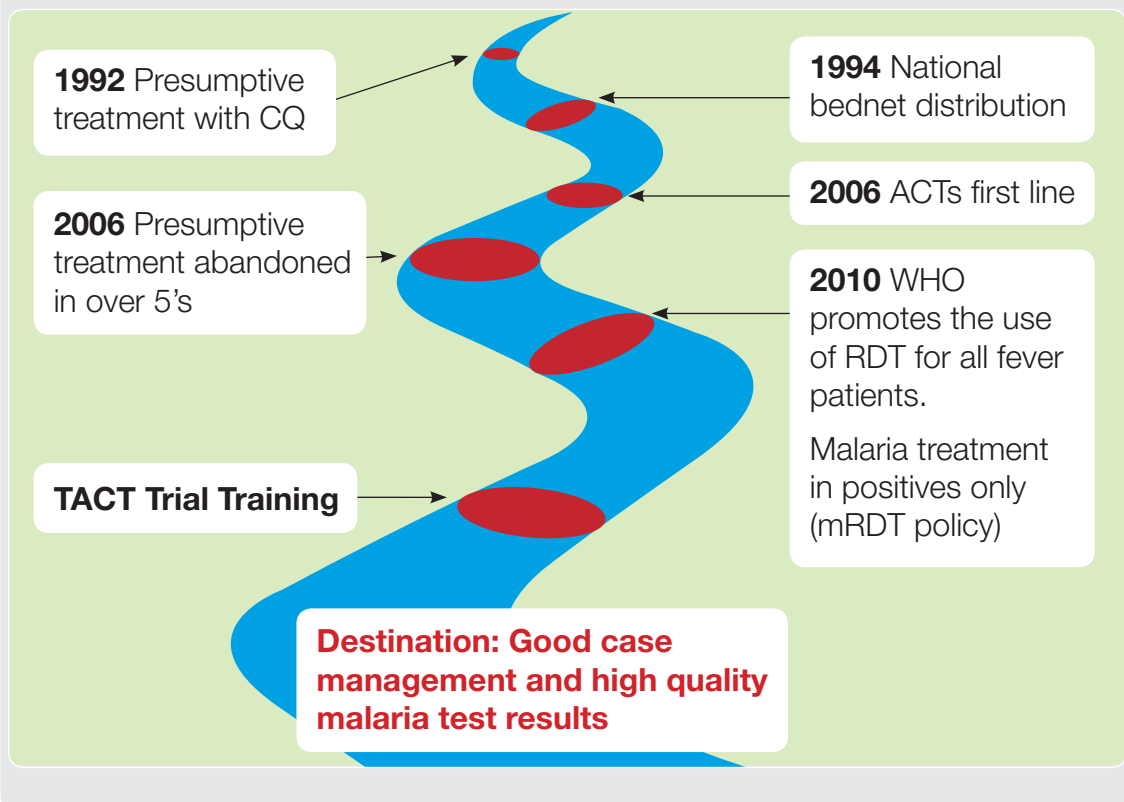


6) **Explain:** *“The river represents the journey towards improving case management and providing high quality malaria tests with guidelines as stepping stones.”*

7) As trainer stand at the first stepping stone - Presumptive treatment of malaria with chloroquine. Ask if anyone managed febrile patients presumptively to join you. Move (or skip) quickly down the river with participants joining you if appropriate. Stop at last stepping stone - TACT Trial training. Ask 1 participant to repeat the river walk explaining each ‘stepping stone’ (Maximum 5 minutes for river walk).



8) **Explain:** *“You have shown how over the years you as health workers have had to adapt to changes in malaria policy and guidelines. These changes have been informed by evidence that support best practice in diagnosing and managing malaria. Thank you to all of you for your significant contribution to the success of reducing malaria transmission in Tanzania. Despite the low transmission of malaria, we must protect ACT from drug resistance and using mRDTs and adhering to the results when treating fever will ensure that this is possible.”*



5. **Explain:** *“The aim of the 3 modules in this TACT trial course is to help you to find ways to integrate mRDT’s into your practice.”*

6. Summarize the agenda for the day. Draw their attention to their manual. Point out the letter with the MOH speech which supports the TACT Trial. Explain that each module will last 1 ½ hours and that there will be refreshments at the end of the session. If the group would like to stay longer afterwards to continue discussion, this is possible.

Summary of Session 1

- TACT ('targeting ACT's) wants (RDTs)
- Guidelines have adapted over the years to overcome the hurdles of malaria drug resistance and changing transmission to ensure best practice.
- Prescribers have adapted practice to adhere to guidelines on first line drugs but are lagging behind with the new guidelines on mRDTs.
- mRDT has been developed for health workers as a tool to ensure 'Patients with malaria DO get treated and Patients without malaria DO NOT get given ACT but get treated for their likely illness.

Trainers Plan: Session 2

Session 2: The changing picture of febrile illnesses in our region: true – false – up for debate quiz!

Time: 25 minutes

Session Objectives:

1. To understand and trust the facts which support the changes in febrile management.
2. To reach agreement as a group on the reasons to adhere to new guidelines.

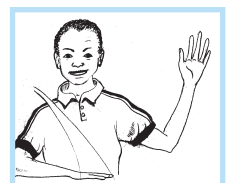
Training Steps

1. Introduce the session
2. **Explain:** *"The picture of febrile illness is changing in our region. As health workers in this region we need to understand how these changes affect how we diagnose and treat febrile illnesses. Malaria has entered a new age and we need to understand the evidence, identify challenges and consider ways to facilitate changes in our practice."*
3. Conduct **Activity B** 'True-False-Up for debate'

Note: Leaders only discuss what is on the cards and not to refer to handouts. This will save time and with trainer support will be sufficient.

Activity B: True-False-Up for debate'

- 1) **Explain:** *"We would like you to play a game called: True-False-Up for Debate! This will involve identifying facts as well as debating around issues. These are found in the cards inside this box. I will explain the game as we select the first card."*
- 2) Give the box of cards to a participant and ask them to circulate.
- 3) Ask the participant holding the box (the leader) to remove the top card from the box. Then ask them to stand up and move to the open part of the semi circle and address the group by loudly reading what is on the card. You may have to demonstrate/assist the first leader.



- 4) Distribute a set of 3 response cards to each participant - either TRUE, FALSE or UP FOR DEBATE.
- 5) Ask each participant to select their response/ a card and show it to the group and hold it up. All cards must be mounted at the same time to avoid people looking at each others' cards before making a decision!
- 6) Read the participant cards shown. There are 3 options:
 - If the participants all agree with a) each other and b) the statement given by the leader and then the cards are circulated again.
 - If there is no consensus then the Leader reads out the facts and figures on the back of the question card and seeks consensus.
 - If there are 'up for debate' cards flashed, the leader opens/ chairs the discussion and uses information on the card to assist.

Note: We suggest handouts not be used during this game. The leading participant only refers to the information on the card. If the 'fact' is not understood then the trainer can use the handouts.
- 7) During the game, list all challenges and enablers to implementing guidelines that are raised during the game including issues where no compromise or agreement is achieved.
- 8) Be sure to watch the time and facilitate the discussion and to be sure that the participant drawing the card and reading out the facts or figures – does so clearly and correctly.
- 9) Ensure that no participant who disagrees with the majority is ostracised for their opinions/beliefs. Ensure the correct knowledge is communicated to participants.
- 10) Stop the game after 15 minutes – even if you have not debated all the questions.

4. Take 5 minutes to summarise the session and ensure participants know where to access all the 'evidence' in their manuals.
5. Answer key questions and list other questions on a flip chart for discussion individually or as a group at the end of the module.

Summary of Session 2

- Understanding malaria over diagnosis and changes in malaria transmission forces us to change the way we manage febrile illnesses.

Trainers Plan: Session 3

Session 3: Integrating guidelines into practice

Time: 30 minutes

Session Objectives:

1. Observe best practice when integrating guidelines into practice.
2. Recognise the challenges and solutions to integrating the guidelines into practice.

Training Steps

1. Explain to the group that they will watch a role play, performed by the trainers and one participant.
2. Choose a participant and talk them through a brief of their part as a patient.
3. Ask the group to watch the role play carefully as there will be 3 key questions to discuss afterwards. Ask the trainer to read through the 3 questions on the flipchart. Draw trainees attention to Module 1 - worksheets in their manuals to see the questions.
4. Perform the skit – but this must have been practiced before the training session by two trainers, the participant as patient will be impromptu.



Role-play skit 1 – performed by trainers

Dialogue between 2 doctors to complement the 'Agree/Disagree/Up for debate' session.

Background: Two doctors met over lunch in a café near their health centre. One is a young clinical officer (CO), 2 years out of clinical officer school. He has 3 good A level results and is saving up money to go to medical school. The older is the senior CO in the local health centre, 57 years old, who has worked in the same health centre for the last 30 years. He too wanted to study medicine when he was a young man but realizes that he's now missed the chance so he's looking forward to his retirement in 3 years time. He's a good CO but a bit stuck in his ways. The junior 'Dr' likes him because he's friendly and always willing to have a chat.

Role Play

Modern Clinician: How are you Dr. Robert?

Old fashioned doctor: I am fine

Modern Clinician: Have you seen these new tests brought by the MOH? They are really good. I went to the 2-day workshop to learn how to use them.

They showed us quite shocking proof that up to 9 out of 10 of our malaria treatments were given to patients who didn't have malaria! I wasn't sure to start with but the evidence is so strong and I'm beginning to believe them - these tests give us a chance to see who really has malaria.

Old fashioned doctor: Yes I have seen them and I attended the next training session after the one you attended. I've used a few of these tests and all of them were negative so they can't be working properly! And then I sent one of the patients for a slide test and that came back as 'one plus' for malaria even though the RDT was negative. So I've decided not to trust these tests and don't use them much now.

Modern Clinician: Yes, I too have found a lot of results are negative but if you keep using them they do come up positive sometimes. And I'm really not sure about the accuracy of our lab in slide reading, they showed us evidence that RDTs were nearly always more accurate than local slide results.

Old fashioned doctor: Well maybe, I don't know. I kind of agree that our local lab isn't that good. But what about the evidence of our treatment? When I give antimalarials to these patients they recover! You can't beat good old clinical judgment, especially mine that is built on 30 years of experience! When I first qualified, nearly all the patients had malaria and I don't see a reason to change now!

Modern Clinician: I understand what you're saying, and I do trust your judgment. As you know I often come to you for advice. But in this case its different, there is really strong evidence that malaria is much less common these days and like they said in the training – 'We've now got to learn to live with our success!' And technology moves on, we've now got really good tests!

Old fashioned doctor: Mmmm. Well I don't know, I say it to you again.... patients still get better on antimalarials!

Modern Clinician: They suggested that we gather our own evidence. So I've been following up some RDT negative patients after I gave them paracetamol and nothing else. And what do you think is the result?

Old fashioned doctor: I don't know, but I guess they got worse or anyway didn't get better?

Modern Clinician: No! I did this for 5 adult patients and they all got better just as they used to when I gave antimalarials. I think they all had a mild virus illness and if the RDT is negative there's no need to give antimalarials.

Old fashioned doctor: Well I find that a bit surprising. Most feverish illness is caused by malaria, anyone knows that.

Modern Clinician: I guess that was true in the past but we really need to adjust our thinking. There's a lot of very convincing evidence that malaria only accounts for about 10% of illness around here now. The NMCP have done surveys that show malaria is declining a lot.

Old fashioned doctor: Well maybe, I'm not sure. But it does no harm to give antimalarial drugs. My motto has always been to give an antimalarial first and foremost.

Modern Clinician: But things are changing these days. First we had a new drug (ACTs) and now we have new tests. NMCP is worried about the high cost of these drugs and the risk of drug resistance if we keep over using them. Plus there's good evidence that non-malaria illness is common and can be very severe.

Old fashioned doctor: Well of course there are other diagnoses. But when there is a non malarial diagnosis its clinically obvious isn't it?

Modern Doctor: I'm not sure I agree with you. Children with bacterial infection have twice as high mortality than children with malaria and they showed us papers where even high experts couldn't reliably tell between malaria and other illnesses, especially pneumonia.

Old fashioned doctor: It's hard to change something you are used to, but let me try it out till we meet again. I appreciate you updating me on some of this.

After one week – hold up a sign

Modern Clinician: Hello Dr!

Old fashioned doctor: Hi

Modern Clinician: Have you tried to follow up patients with negative tests, How was it?

Old fashioned doctor: Thank you my friend. I did treat some RDT negative patients just with paracetamol, though I gave a couple of them amoxicillin as well. And they were all ok. Does amoxicillin have any effect on malaria?

Modern clinician: They told us it has no effect at all. Some antibiotics do help treat malaria, especially erythromycin and cotrimoxazole. But amoxicillin has no effect.

Old fashioned doctor. Well I guess they didn't have malaria. So I am working my way around to this. It's a big change as it affects so many of our patients and changes my way of doing things!

But change is good!

5. At the end of the skit you should facilitate a discussion around the 3 key questions on a flip chart.
6. Note – list challenges and solutions on flip chart for ongoing discussion.

Summary of Session 3

- Patient and peer expectations are difficult to cope with in the face of changing clinical practice. Tools to assist in integrating guidelines:
 - Assess for other causes of febrile illness
 - 'Prescribe' follow up
 - Build the patients' confidence in the 'strength' of the mRDT (malaria can't hide!)
 - Communicate clinical decisions effectively with peers

Overall Summary of Module 1

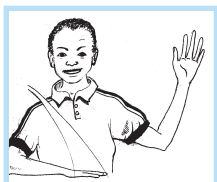
7. Thank all for their participation in the sessions today
8. Present and discuss the summary in plenary

Summary of Module 1

- Malaria is declining but is commonly over diagnosed.
- mRDT can help resolve this problem.
- TACT Trial intends to assist health workers to use mRDTs to ensure ACTs is used appropriately and non-malaria illnesses are treated.
- Tools exist to assist health workers overcome challenges when using RDTs and adhering to results.

Homework

Training Steps



1. **Explain:** *“The next step in this course is implementing the new mRDT recommendations at your workplace. Review the evidence and decisions you made with your peers today and consider how this will affect your clinical practice. The challenges raised today may arise when managing febrile patients in your clinic in the coming weeks. Between now and the next training we would like you to document how you managed the challenge.”*
2. The self assessment exercise is a way for you to review your current practice and the note book is a way for you to communicate the challenges you or your peers/colleagues face and how you/they handled the challenge – positive or negative experiences.
3. Refer trainees to the homework section in their manuals and explain how they complete the Self Assessment Questions.
4. Explain to the group that for the take away home work it would be great if each participant used his/her notebook to:
 - a) Follow up some RDT negative patients whom you suspected had malaria?
 - b) Record their repeat RDT results?
 - c) Record how you treated them?
 - d) Record how their illness resolved or did not resolve?
 - e) Record how you supervisors and or colleagues/peers responded or did not respond to your decision?
 - f) Record how your patients responded to the process?
5. Finally, ask the group to stand up, refer them to the words of the song in their manuals about FEVER and encourage the group to dance, as they sing.

Fever Song

To be sung to the tune – ‘anameremeta’

Anaho o o ma
Anahoma - homa
Anaho o o ma
Anahoma - homa

Tumia kipii-mo
Tumia kipimo
Tumia kipii-mo
Tumia kipimo.

Kama siyo malaria
Siii-yo malaria

(Chorus)

Malaria imepungua
Imepungu u u a
Hongera
Imepungua
Imepungu u u a

Module 1 Annex 1: Session 1

List of Malaria Events for Activity A - Malaria Management River Walk

Prepare 7 A6 sized cards or paper.

Write one 'malaria debate' on each card. Leave 4 cards blank.

- | | |
|------|--|
| 1992 | Presumptive treatment with chloroquine (CQ) |
| 1994 | National bednet distribution |
| 2006 | ACTs first line. Change first line drug to Salfadoxine Pyrimethamine (SP) |
| 2006 | Presumptive treatment abandoned in over 5's |
| 2010 | WHO promotes the use of mRDT for all fever patients
Malaria treatment in positives only mRDT policy |

TACT trial

Destination: Good case management and high quality malaria test results

Module 1 Annex 2: Session 2

True – false –up for debate quiz!

QUESTION 1

**MALARIA
TRANSMISSION IS
DECLINING IN THIS
AREA AND IN EAST
AFRICA GENERALLY**

Over the last 10 years malaria has become much less common all over East Africa.

QUESTION 2

**OVERDIAGNOSIS
OF MALARIA HAS
NEGATIVE EFFECTS**

and results in loss of resources.

QUESTION 3

**MALARIA IS
OVERDIAGNOSED**

In highland areas such as Moshi, less than 5% of young children with a febrile illness have malaria.

QUESTION 4

**CLINICAL DIAGNOSIS
OF MALARIA IS NOT
RELIABLE**

It is not possible to clinically distinguish malaria from other common illnesses.

ANSWER 2

TRUE

RATIONALE

Reasons for the decline are not certain but seem to be due to the introduction of SP in 2001 and the continuous increase in the use of insecticide treated nets (ITNs) by young children.

PROS - Less malaria illness!

CONS - We need to consider alternative diagnoses that may be hard to diagnose.

CONCLUSION

We need to adapt our prescribing to suit the new reality.

ANSWER 1

TRUE

RATIONALE

Do not actually have malaria.

PROS - None!

CONS

- Miss other diagnoses
- Overuse of antimalarials (AMs) which results to drug resistance, cost ineffectiveness

CONCLUSION

Looking for other causes of fever rather than malaria can help reduce negative effects.

ANSWER 4

TRUE

RATIONALE

Only 5 out of every 100 febrile patients had malaria. Most had different febrile illnesses. AND Clinicians' are not always as well prepared or trained to manage febrile illnesses and quickly assume that fever is most likely to be malaria which is not the case anymore.

PROS - Its easy and patients are used to it.

CONS - Overuse of AMs
- Inaccurate malaria data
- Mismanagement of other conditions

CONCLUSION

Malaria is now less common will be good practice to find other causes of fever.

ANSWER 3

FALSE

RATIONALE

Malaria is a non specific disease, its clinical features overlap with other diseases. Clinical diagnosis of malaria is imprecise. An accurate test is the only way to rule out malaria.

PROS - None.

CONS

Over-diagnosis of malaria, neglects alternatives.

CONCLUSION

Clinical diagnosis alone is not reliable enough to exclude malaria.

QUESTION 5

CLINICAL DIAGNOSIS OF MALARIA IS NOT RELIABLE

Malaria markers include: palpable spleen, increased respiratory rate (RR), cough, decreased appetite, vomiting.

QUESTION 6

ANTIBIOTICS SHOULD NOT BE PRESCRIBED FOR ALL TEST NEGATIVE PATIENTS

When the RDT is negative in a child presenting with fever, the pneumonia requires antibiotics.

QUESTION 7

mRDT RELIABILITY

mRDT is more accurate than routine malaria microscopy.

QUESTION 8

ALTERNATIVE CAUSES OF FEVER ARE COMMON

Urine infection.

ANSWER 6

UP FOR DEBATE

RATIONALE

All of these can help to inform a clinician's decision to use the mRDT but these symptoms are NOT accurate enough to use to diagnose malaria on their own.

The practice of clinical diagnosis was understandable and partly acceptable in the past when inexpensive and well-tolerated anti-malarials were still effective. That is no longer the case.

PROS - Can help diagnosis compared to 'fever only.

CONS - Over-diagnosis of malaria
- Mismanagement of other likely conditions presents with the same features

CONCLUSION - There are other conditions which present with those features, not necessarily to be malaria.

ANSWER 5

TRUE

RATIONALE

Refer to febrile illness differential in trainee manual.

PROS - Can limit overuse of antibiotics.

CONS

Can mean that many patients get Paracetamol (PCM) alone.

CONCLUSION

- Not all RDT negative patients should be given antibiotics.
 - 1% of children with negative RDTs have bacterial infections.
-

ANSWER 8

TRUE

RATIONALE

1. mRDT does well compared to expert slide reading.
 2. mRDT is independent of sequestration.
 3. Negative results are very likely to be true in low transmission areas.
-

ANSWER 7

TRUE

RATIONALE

In trainee manual.

PROS - Reduce overuse of AMs and unnecessary antibiotics.

CONS - None.

CONCLUSION

Important to know the obvious alternative causes of febrile illness.

Module 1 Annex 3: Session 3

Questionnaire for Participants observing the role play skit

Feedback on role play - skit

Imagine that the clinician(s) in this skit is your colleague – while observing the skit try to answer the following questions:

1. What are the challenges faced by the clinician in this role play as s/he tries to adhere to malaria practice and febrile illness management?
2. How do you think the clinician in this skit coped with/handled the challenge s/he faced as s/he tried to adhere to practice recommendations?
3. Do you have any other suggestions for the clinician to cope with the demands of the patient and the feedback from her peer?

Module 1 Annex 4:

Home work

Complete the questions below. You will have to follow up 3 patients who were mRDT negative and did not receive anti malarial treatment to complete this self assessment.

1. Did you follow up on any RDT negative patients who you suspected of malaria?
 - a) If yes, what were their repeat RDT results?
 - b) If no, please explain why this was not possible?
2. If you followed an RDT negative patient please record how you treated them after follow up?
3. Record how their illness resolved or did not resolve?
4. Record how your patients responded to the process of being re-tested and assessed?
5. What do you feel prevents you from sometimes giving clear instructions to clients about the malaria test, the waiting time, the results and your treatment plan if the results are negative?

**Practice
with
Confidence**

Practice with Confidence when using mRDTs: Tools to enable change in managing febrile illness

Module Introduction for Trainers

Changing behaviour in the management of febrile illnesses requires knowledge to understand, confidence in your capacity to change and skills to incorporate the changes into your work.

Understanding the evidence for change in febrile management was achieved in Module 1. Trusting the mRDT result is a major challenge for the health worker implementing this new policy and is a key focus for Module 2. Without trust in the test, the health worker lacks confidence to adhere to the mRDT results. Without confidence social and contextual challenges may restrict the health worker from complying with a negative result. Checklists will be a tool introduced in this module with the aim of improving confidence in clinical management and encourage a systematic approach to care of febrile patients.



Be aware that the confidence and motivation may appear high in the comfort of this training environment. Participants need to consider what factors will affect their practice in their workplace.

Module Objectives

1. Recognise the role of the confidence cycle in adhering to mRDT guidelines.
2. Demonstrate the capacity to communicate effectively including negotiating with patients who disagree with the prescribed clinical management.

Teaching Methods

- 1) Interactive discussion using games
- 2) Role plays and Feedback tool

Teaching Materials & Preparation

Session 1

Summary and Introduction

Session 2

The Confidence Cycle printed or drawn on a flipchart paper in advance of the session

2 packs of 24 confidence cards prepared in advance

Session 3

3 Role-plays addressing peer and patient challenges

Sufficient copies of feedback forms for whole group

Trainers Plan: Session 1

Session 1: Module 1 Summary and Introduction



Time: 10 mins

Session Objectives

1. Summarise the key outputs of module 1.

Training Steps



1. Welcome everyone back to the course.
2. Outline the key outputs from Module 1 – refer to their flipcharts from Module 1.
3. Outline the plan for Module 2, including aim of each session, the handouts relevant to the sessions in the trainee manuals and the adult learning teaching methods to be used.

Trainers Plan: Session 2

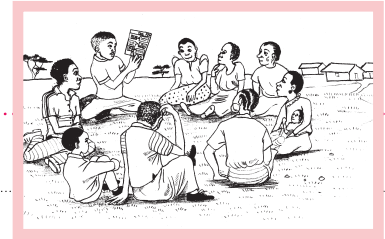
Session 2: Building Confidence



Time: 30 mins

Session Objectives

1. To recognise the important role of the health worker in building trust of the patient and the community in both mRDT and the management of febrile illness.
2. To recognise the key skills which define a confident and competent health worker when managing a febrile illness.

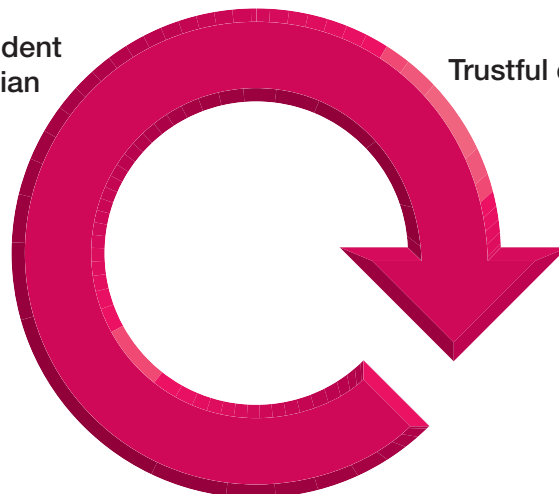


Training Steps

1. Having already mounted the confidence cycle onto the wall (see below and page 40) explain how fully trusting the test, results in a confident clinician and in turn a trustful client who trusts both the clinician and with time, the test.
2. In plenary define confidence.
3. Conduct Activity

Confident
clinician

Trustful client



Trust the test

Activity B Confidence card game

- a) **Explain:** *“We will now play a card game - about what ‘we’ as a group of clinicians must do to feel confident in our work managing febrile illness and secondly, what must we do to make sure the patient is confident in us and in our clinical and care decisions.”*
- b) Split the group into pairs or groups of 3 depending on size of group.
- c) The group receives two packs of cards – Pack 1 labelled: ‘What makes us confident as health workers?’ and Pack 2 labelled: ‘What makes a patient have confidence in health workers?’
- d) Give the group 5 minutes per pack of cards to:
 - Choose 6 cards from the PACK 1, which are the most important factors that make them as health workers confident and prioritise in order of importance with the most important on top (5 minutes).
 - Choose 6 cards from PACK 2, which are the important factors that make a patient have confidence in a health worker treating them when they are sick. Encourage the group to reflect on their experiences as patients when making their choice. and prioritise in order of importance with the most important on top (5 minutes).
 - Be sure to support the group in the process – without directing them towards a ‘right answer.’
- e) Stop the group work and ask each group to state their prioritized lists to the group (maximum 5 minutes).
- f) Open up to group discussion and explore the reasons behind the prioritised list (10 minutes).
- g) Stop session after 10 minutes. Summarise the learning key points for this discussion and explain that you will mount the list on the wall (later) and that the group can refer back to the lists for further discussion.



Summary of Session 2

A confident clinician has the:

- Knowledge and understanding of facts
- Welcoming attitude and is respectful of the client/patient
- Skills to communicate the importance of mRDT
- Ability to build the trust of patients in the new procedures and change expectations
- Skills to conduct and interpret the test
- Skills to manage the test result and treat appropriately

Trainers Plan: Session 3



Session 3: Tools to Strengthen our Confidence in Practice

Time: 40 mins

Session Objectives

1. Strengthen skills to confidently and appropriately manage patients presenting with fever and not to treat mRDT negative patients for malaria.

Training Steps



1. **Explain:** *"In the next session we will do role plays when you can use the negotiation, confidence and fever management skills. You will use a feedback tool. This tool is a checklist to assess your colleague's efforts and to reflect on your own practice. Within this supportive learning environment we hope to see you overcome the challenges that could prevent you from adhering to mRDT guidelines."*
2. Very briefly draw attention to the outcomes of Session 1 & 2 and encourage participants to draw the lessons learned into their role playing.
3. Distribute feedback forms to each participant or refer them to their manuals.



4. **Explain:** *"Please take a moment to read through the Feedback Form. It lists the key steps in communicating with patients and managing febrile illness correctly. It will help to ensure that you are organised and systematic in your approach."*
5. Split the participants into groups of 2 people and ask each pair to perform one of the role plays to the rest of the group.
6. **Explain:** *"The observer will complete the feedback form."*
7. Distribute the first role play scripts for clinician and patient. Ask them to read their role-play script without showing the others in the group and then start the role play. Observer reminded to complete the feedback form.
8. Allow 5 minutes for each role-play and then ask the group to stop and to begin the self reflection by the role playing clinician. Followed by any additional feedback from patient and then lastly from observers who completed checklist. Allow 5 minutes for this process per role play.
9. Distribute the second role play script to the next pair and continue as above.
10. Trainer observe for new ideas emerging and support the use of the feedback form – especially the debriefing/reflection process.

Summary of Session 3

- Health workers require ongoing practice, self reflection and constructive feedback in order to strengthen their skills to confidently and appropriately manage patients presenting with fever and not to treat mRDT negative patients for malaria.

Summary of Module 2 & Homework

Time: 10 mins

Homework

Draw attention to the homework section of the workbook and the questions to answer as well as the mRDT negative patient to follow up.



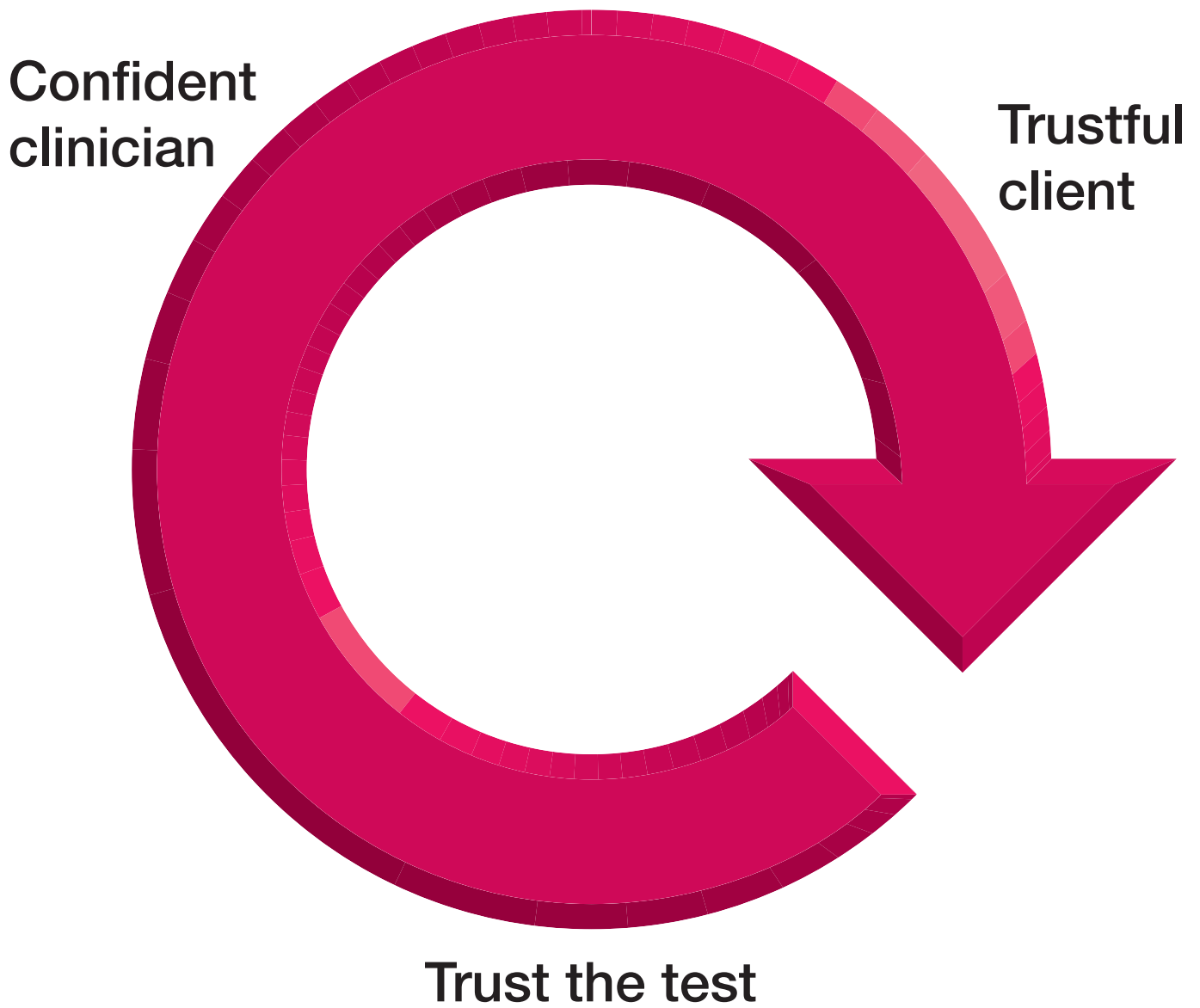
Summary of Module 2

- Effectively assess for other febrile illnesses when mRDT negative.
- Communicate the results and your management plan and respond to patients' needs/questions.
- Be confident and build the trust of patients in the test and in your appropriate management of their fever.

Begin singing the fever song (introduced in Module 1) and encourage the group to stand and move and sing as they end the training.

Confidence cycle

Large version for display.



<p><i>How do we make sure that the patient has confidence in us as clinicians?</i></p> <p>COMMUNICATE EFFECTIVELY</p> <p>.....</p>	<p><i>How do we make sure that the patient has confidence in us as clinicians?</i></p> <p>REASSURE THE PATIENT</p> <p>.....</p>	<p><i>How do we make sure that the patient has confidence in us as clinicians?</i></p> <p>EXPLAIN THE REASONS AND STAGES AND TIMING OF THE PROCEDURES OR TESTS</p> <p>.....</p>
<p><i>How do we make sure that the patient has confidence in us as clinicians?</i></p> <p>ALLOW FOR/ WELCOME QUESTIONS AND ANSWER THEM WELL</p> <p>.....</p>	<p><i>How do we make sure that the patient has confidence in us as clinicians?</i></p> <p>FOLLOW UP</p> <p>.....</p>	<p><i>How do we make sure that the patient has confidence in us as clinicians?</i></p> <p>MENTION MANY FACTS & FIGURES – SHOW YOUR KNOWLEDGE</p> <p>.....</p>
<p><i>How do we make sure that the patient has confidence in us as clinicians?</i></p> <p>LAB TESTS DONE FOR ALL PROBLEMS</p> <p>.....</p>	<p><i>How do we make sure that the patient has confidence in us as clinicians?</i></p> <p>TREAT ALL PROBLEMS WITH MEDICINE</p> <p>.....</p>	<p><i>How do we make sure that the patient has confidence in us as clinicians?</i></p> <p>CHAT ABOUT WHO YOU KNOW IN COMMON IN ORDER TO PUT THE PATIENT AT EASE</p> <p>.....</p>
<p><i>How do we make sure that the patient has confidence in us as clinicians?</i></p> <p>USE TECHNICAL MEDICAL LANGUAGE</p> <p>.....</p>	<p><i>How do we make sure that the patient has confidence in us as clinicians?</i></p> <p>LOOK THINGS UP IN BOOKS</p> <p>.....</p>	<p><i>How do we make sure that the patient has confidence in us as clinicians?</i></p> <p>EXAMINE THE PATIENT</p> <p>.....</p>

<p><i>What makes us confident as health workers/clinicians?</i></p> <p>TO KNOW THAT THE PATIENT TRUSTS OUR CLINICAL DECISION</p> <p>.....</p>	<p><i>What makes us confident as health workers/clinicians?</i></p> <p>TO RECEIVE POSITIVE AND NEGATIVE FEEDBACK FROM OUR SUPERVISORS</p> <p>.....</p>	<p><i>What makes us confident as health workers/clinicians?</i></p> <p>TO KNOW THE FACTS</p> <p>.....</p>
<p><i>What makes us confident as health workers/clinicians?</i></p> <p>TO HAVE REGULAR SUPERVISION VISITS</p> <p>.....</p>	<p><i>What makes us confident as health workers/clinicians?</i></p> <p>TO KNOW HOW TO CONDUCT AND INTERPRET THE MALARIA TEST</p> <p>.....</p>	<p><i>What makes us confident as health workers/clinicians?</i></p> <p>TO KNOW HOW TO PROCEED IF mRDT NOT AVAILABLE</p> <p>.....</p>
<p><i>What makes us confident as health workers/clinicians?</i></p> <p>TO RECEIVE POSITIVE FEEDBACK FROM PATIENTS</p> <p>.....</p>	<p><i>What makes us confident as health workers/clinicians?</i></p> <p>TO RECEIVE POSITIVE FEEDBACK FROM PEERS</p> <p>.....</p>	<p><i>What makes us confident as health workers/clinicians?</i></p> <p>TO LOOK EVERYTHING UP IN A REFERENCE BOOK</p> <p>.....</p>
<p><i>What makes us confident as health workers/clinicians?</i></p> <p>TO GATHER A LOT OF INFORMATION THROUGH ASSESSMENT</p> <p>.....</p>	<p><i>What makes us confident as health workers/clinicians?</i></p> <p>TO REFER PATIENT TO DISTRICT HOSPITAL FOR TESTS AND PROCEDURES</p> <p>.....</p>	<p><i>What makes us confident as health workers/clinicians?</i></p> <p>TO ALWAYS GIVE MEDICINE TO TREAT ALL PROBLEMS WITH MEDICINE</p> <p>.....</p>

Module 2 Annex 2 – Session 3

Role Play skits to build negotiation skills

Objectives

- To demonstrate negotiating skills
- To diagnose alternative causes of fever
- To manage effectively alternative causes of fever
- To communicate effectively the mRDT procedure
- To sensitize patients to lower transmission of malaria
- To build confidence to patients about our decisions based on mRDT results

Participants pair up with another participant and perform at least one of the skits for the other participants. Other participants should use the checklist to assess the clinician's communication and clinical skills.



Role play 1: A young child

Background: A mother brings her 15 month old child to the clinic from a village about 5km away. She says the child was feverish yesterday and has a slight cough. Last time when her child had a fever the health worker gave her the new antimalaria drug (Alu) and her child got well. The child is asleep in her arms.

Clinician: Welcome mama, how are you?

Patient: I am fine doctor but my son is not doing well.

Clinician: Oh, really what is his problem?

Patient: He has fever and slight cough. I think he has malaria.

Clinician: Ok, what makes you think he has malaria?

Patient: Because last time he had fever and I took him to the clinic where the doctor gave him treatment for malaria and he got better after a day or so. And today he has the same symptoms which he had last time.

Clinician: Ok, let me check him. Can you bring him close so that I examine him?

Patient: Ok doctor.

(Doctor is examining the child)

Clinician: Your little boy does not have a fever right now but from what you say it's a feverish illness. So malaria is possible but we now have new tests for malaria which are pretty good. Let me test him with this new test. Is just one finger prick and I will show you the results when it's ready.

Patient: Ok.

(Doctor is doing a test)

Clinician: The result will come out of 20 minutes. Can you wait outside until the results are out?

Patient: Doctor, that means I have to queue again. I came here very early and now you are telling me to wait outside?

Clinician: Yah, I understand, but don't worry. I will call you right away when the results are ready.

Patient: Ok doctor, thanks.

(Doctor calls back the mother after 20 minutes.)

Clinician: Mama, here is the test result (show the cassette)...one line shows the test is working well but there is no malaria, 2 lines means malaria. As you can see, the test shows one line; your child doesn't have malaria.

Patient: Oh, I thought he had malaria. The last time he was like this he was given malaria treatment and he was better after 2 days.

Clinician: Oh! I understand how you feel, lots of people think that but these days malaria is not so common and other illnesses can also cause feverish illness. These days we are trying harder to give the right treatment for what's really causing the illness.

Patient: Mmh! Really?

Clinician: Yes, if I remember in the beginning you told me that your child has a slight cough.

Patient: Yes doctor since yesterday.

Clinician: Does he have difficulty in breathing?

Patient: No doctor, only cough.

Clinician: Ok, let me examine him again.

(Doctor is exposing the child's chest and counting respiration)

Clinician: I see your child's breathing is slightly faster than normal. Sometimes that's a sign of mild pneumonia.

Patient: Doctor, are you sure its pneumonia?

Clinician: Well it's a possibility, but he doesn't have signs of serious pneumonia so it's a mild case. Our guideline says if the child has a cough and fast breathing then mild pneumonia is quite likely. I will give him antibiotics and the child should be better in a day or 2.

Patient: Ok, thanks doctor, I'm pleased for that. But are you sure it's not malaria as well?

Clinician: These new tests are very good, and now malaria is not as common as it used to be. That's why we have this policy of testing first before we give malaria treatment. Take these antibiotics (amoxicillin) but if there is no improvement please come back tomorrow and if I see you in the waiting room I will try to call you in quickly.

Patient: Ok doctor.

Clinician: By the way, is your child sleeping under a bed net?

Patient: No doctor, I don't have one.

Clinician: Well, I advise you to sleep under a treated bed net. You could ask the nurse in the waiting area, she will know if they are giving out free bed nets. And if not, the nets are quite cheap now; you can get a good one for 5,000 Tshs.

Patient: Ok, thanks Dr. Let's hope they are giving them free, things are so expensive these days. Goodbye.

FEW DAYS LATERMother sees Doctor in the street (Hold up sign)

Mother: Hello Doctor, I saw you a few days ago with my little boy. He got much better the next day and now doesn't even have a cough, he's eating and drinking and happy. Thanks for checking him so well, I'm glad you could test him for malaria and give him treatment for his chest infection. Thanks a lot!

Doctor: Thanks for letting me know – I am very glad he responded well. Be sure to tell your friends and family about this new reliable malaria test!

Mount the following on a pre-prepared board and read it through to participants:

Skills:

- Dr has listened to medical history, taken note of anxieties, and has given a chance for the mother to answer and ask questions.
- Examining and testing patients is always a positive element - it shows that the diagnosis is based on real evidence.
- Anticipated concern of mother (e.g. no need to wait in line) and reassurance was done.
- Alternative cause of fever was sought and alternative treatment given.
- Health education (ITN) was given showing the Dr was not completely dismissing malaria.
- Mother was reassured and asked to come back if not better.
- Mothers' concerns were received with sympathy and understanding, and that builds trust.

Role play 2: A young adult male

Background: A 25 year old male taxi driver comes to the clinic saying he had a fever and body pain for the last 3 days. You take his medical history and decide to do a malaria Rapid Diagnostic test. The test result is negative.

He has a slightly sore throat and you think he has 'flu'. You decide not to give ant malarial and advise him to drink plenty and take paracetamol.

You are now calling the patient back after he has been waiting for the result of the RDT.

Clinician: Thank you for waiting. Your test result is ready and the test tells me that you don't have malaria. You are not coughing or vomiting but your body is aching, you have a feverish illness.

Patient: But doctor, I have been waiting for malaria results for almost 30 minutes and now you are telling me I don't have malaria?

Clinician: I understand you would like me to treat you for malaria, but these days malaria is not as common as it used to be. And these new malaria tests are very accurate, negative results around here are almost certainly correct. A negative test result gives us a chance to look for the true reason for your fever. Let's have a look in your throat, you mentioned it was sore.

Patient: Ok doctor.

(Doctor examines the patient)

Clinician: Your lungs are clear but you do have an inflamed throat. That's much more like a mild viral infection that causes your fever. I will give you paracetamol. Please come back tomorrow if you feel no improvement so that we can repeat the test.

Patient: Well ok. I like it that you've checked me out though I must say I'm still worried that I've got malaria.

Doctor: That's ok, lots of people think that. Come back if you don't get better and I will check you again.

Patient: Ok.

Revisit – hold up sign The next day doctor saw the 25 years old man and calls him in quickly.

Clinician: Please come in, I'm glad I can save you waiting for a long time again.

Patient: Thank you doctor. The paracetamol didn't help. Are you sure it is not malaria?

Clinician: Well, I would like to repeat the test. Is it ok with you?

Patient: Yes doctor.

(mRDT repeated and after 20 minutes doctor calls back the patient)



Clinician: Thanks for waiting. The malaria test is negative again. Do you have any other problem?

Patient: Yesterday I started having a runny nose and feeling weak.

Clinician: Let's have another look in your throat...say 'aaah'.

Patient: Aaaaah.

(Doctor examines throat and lymph nodes)

Clinician: Your throat is still a bit red, it seems you have cold. A sore throat, runny nose and fever are very typical. These viral illnesses just get better after a few days. I think you should use paracetamol, drink lots of fluids and have rest. Trust me, you will get better.

Patient: Ok doctor, you've examined me and tested me so I will see if this works.

Clinician: Good and please feel free to return if you are not better.

A FEW MONTHS LATER THE SAME PATIENT COMES AGAIN...

Patient: Hello doctor.

Clinician: Oh, hi. You are welcome.

Patient: Doctor, it's the same kind of illness I had last time. I bet you're going to test me for malaria and tell me I've got flu!

Doctor: Well it's true that I'm going to test you for malaria. Then we will see. How did things work out last time?

Patient: I have to admit you were right, I felt a lot better the next day and went back to work. I guess I didn't really have malaria. I must say, I was a bit uncertain to start with but I think it's good to get properly examined and tested, I guess malaria can't be the cause of all illness!

Doctor: You're absolutely right; in fact around here 9 out of 10 patients with a fever don't have malaria but have some other illness. It's much better to treat them for what they really have.

Patient: Ok you win! I think I'll grow to trust being properly checked before I'm given treatment.

Doctor: I'm glad to hear it. Ok, let's get on with the test.....

Mount the following on a pre-prepared board and read it through to participants:

Skills:

- Health worker explained the test and reasons for diagnosis.
- Health worker examined the patient.
- Health worker listened to the patient.
- Health worker repeated the test to reassure patient that it is not malaria.
- Health worker made a positive alternative diagnosis based on evidence.
- Health worker reassured the patient that he can come back.
- Health worker managed to win the patients confidence.

Role play 3: A pregnant woman

Background: A 32 year old woman who is six months pregnant come to the clinic with complaints of feeling feverish, sore throat and runny nose. You did the mRDT and the result is negative. The woman is worried that she might have malaria despite the test result being negative. After examination you find out that her tonsils are red.

Clinician: Welcome.

Patient: Thank you doctor, here is my antenatal clinic card (CO looks and notes that she is 6 months pregnant). Since yesterday I have fever and a sore throat. I am worried if I have malaria.

Clinician: Oh pole sana, you said you have fever and a sore throat since yesterday, right?

Patient: Yes doctor.

Clinician: Ok, I agree it could be malaria although these days malaria is really not that common around here. But the good thing is that we have got a new test from MOH that is really accurate. So let's test you and see you back with the result. Is that OK?

Patient: Yes doctor.

Clinician: Good, this is a new test. (Showing the test to the patient). I will prick your finger and take only one drop of blood which will be enough for the test. The test will take 20 minutes to give out the results. I will ask you to wait outside and I will call you quickly when the results will be read. Don't worry about the queue.

Patient: Oh! That's fine.

(After 20 minutes doctor is calling back Clara for her test result)

Clinician: Welcome again Clara, your test result is read. It shows that you don't have malaria.



Patient: Oh, I see. Are you sure the result is right, I thought I had malaria.

Clinician: Yes... have a look yourself, 2 lines is a positive and one line is negative. There is a poster outside explaining this. So it really is negative and these are very accurate tests... The Ministry of Health has given us these tests so that only patients with malaria will be given antimalarial and when the test is negative patients will be treated according to the cause of their fever.

Patient: If it is not malaria, what else could it be, doctor?

Clinician: I will examine you again. You told me you have fever and runny nose. Is there anything you forget to tell me about?

Patient: No.

Clinician: Ok, but let me examine your throat. Your tonsils are red, this could be a viral infection. I will give you paracetamol and I would like you to have time to rest.

Patient: So you are not giving me any other drug other than paracetamol? I have heard that malaria can be really bad in pregnancy.

Clinician: Well that's true, but so can taking medicines you don't need! Also you are in your third pregnancy while malaria is more of a serious risk in the first or second pregnancy. Although all medicines are tested for safety in pregnancy, there's always a small risk to your unborn baby. And these new malaria tests are really good. If the result is negative (and you see that it is) then really you don't have malaria. Also, you have clear signs of a cold and paracetamol is the right treatment.

Patient: Ok.

Clinician: If you don't feel better come back tomorrow and I will repeat the test. If I see you in the waiting room I will try and get you in quickly or maybe even ask the nurse to check your malaria test again.

Patient: Ok, I will follow your advice doctor, if I am not better, you will see me tomorrow.

Clinician: ...Oh, I almost forgot. Even though you don't have malaria now, you do need protection against malaria. Do you have a bed net and have you taken IPTp?

Patient: Yes doctor, I got one from the clinic. Thank you.

Mount the following on a pre-prepared board and read it through to participants:

Skills:

- Discussed risks of taking unnecessary medicines that can cause harm to the unborn baby.
- Communicates about the test procedure and prepared the patient for the test results.
- Completes a physical examination which strengthens the confidence in the test.
- Reassures the patient that she can come back if not better and that she will be seen quickly.
- Alternative diagnosis was made.
- Provides health education about malaria.

Module 2 Annex 3 – Session 3

Checklist to be completed by participants watching skits

Checklist				
	Very well done	Competent	Partly done	Not done
Greet the patient and explain what you are going to do				
Ensure the patient is comfortable (sitting or lying down)				
Assess for fever				
Check for severe illness				
Ask what is the main complaint				
Asks 'any other complaint or concern'				
Examine the patient				
If RDT indicated, explains to patient need for mRDT				
mRDT carried out				
Prescription consistent with RDT result				
Explains negative mRDT to patient & consequences (follow up)				
Overall Communication				
Clear				
Simple				
Accurate				
Listened to patient				
Asked if patient understood treatment				
Demonstrates an overall confidence in test				
Builds patients' confidence in clinician				
Other comments				

Module 2 Annex 4

Homework

Describe 3 consultations in the past month when it was difficult or impossible to test patients with non-severe febrile illness suspected of malaria.

For Consultation 1:

1) Define the difficulty or reason why it was difficult or impossible?

2) Describe why the difficulty occurred?

3) What did you do to try to overcome the problem?

4) What was the outcome of the consultation – did you eventually test the patient?

YES

NO

For Consultation 2:

1) Define the difficulty or reason why it was difficult or impossible?

2) Describe why the difficulty occurred?

3) What did you do to try to overcome the problem?

4) What was the outcome of the consultation – did you eventually test the patient?

YES

NO

For Consultation 3:

1) Define the difficulty or reason why it was difficult or impossible?

2) Describe why the difficulty occurred?

3) What did you do to try to overcome the problem?

4) What was the outcome of the consultation – did you eventually test the patient?

YES

NO

Sustaining the change

Sustaining the change in practice

Module Introduction for Trainers

The participants of this workshop have made progress in building their confidence to trust the mRDT. Participants have also strengthened their skills to effectively communicate this through trust in their negotiations with patients and peers to adhere to the RDT result. Having ruled out malaria the health workers have refreshed their clinical skills to assess for other febrile illnesses. Change is a process that will continue after the training is complete. As a trainer you may need to support participants to recognise this. Module 3 reinforces the skills and confidence through practical demonstration. The module will place particular emphasis on using tools that encourage peer support and problem solving techniques. These tools can be used in the workplace with the intention of sustaining change.



Module Objectives

At the end of this module, learners will be able to:

1. Summarise the key outputs of the two previous modules.
2. Identify his/her individual stage of change in relation to mRDT adherence.
3. Demonstrate the capacity to problem solve through an mRDT logistical challenge.
4. Practice integration of mRDTs using challenging role-plays.

Teaching Methods

- 1) Reflection
- 2) Problem solving
- 3) Role play

Teaching Materials & Preparation

Session 1

Trainee manuals with worksheet with change continuum

Pencils

Trainee manuals with homework & blank care maps/algorithms

Session 2

3 Role plays for each group

15 Feedback forms for each group

Props

Trainers Plan: Session 1



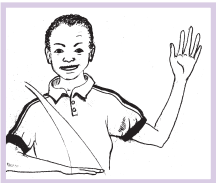
Session 1: How are we changing our practice?

Time: 40 mins

Session Objectives:

1. Summarise the key outputs of the two previous modules.
2. Reflect on individual stage of change in relation to mRDT adherence.
3. Demonstrate the capacity to problem solve a logistical challenge in using mRDT.

Training Steps



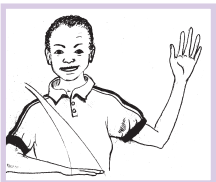
1. Welcome back all the participants, summarise Module 1 & 2 by referring to trainee manual and outline sessions for Module 3 (10 minutes)
2. Conduct Activity A & B
3. Refer to continuum (below) in the trainee manual
4. **Activity A: Self assessment – assessing stage of change in practice**



All patients with non-severe febrile illness are treated presumptively and not tested



All patients with non-severe febrile illness are tested with mRDT & managed in line with results



- a) **Explain:** *“The line represents the change continuum. When you arrived most of you were at point A (all patients with non-severe febrile illness are treated presumptively & not tested). Now you are all further along the line on your way to Z (where Z represents that all patients you see with non-severe febrile illness are tested with mRDT & managed in line with results). Individually mark with an X where you think you have reached today. Refer to your homework from Module 1 and take time to think whether you are now managing to test patients with fever 25% of the time? 50% of the time? Or 75% of the time? Before you mark the X. The aim of this exercise is to give you the opportunity to reflect on how YOU think you have changed since the beginning of the course. This information does not have to be shared with anybody (5 minutes).”*

5. Conduct Activity B: Problem Solving for Logistical Challenges

- a) Move participants into pairs. Ask participants to open their manuals and refer to their Module 2 Homework and to the blank flow chart. Explain that pairs should share the two sets of homework where they were requested to choose “3 consultations in the past month when it was difficult or impossible to test patients with non-severe febrile illness suspected of malaria.”
- b) The pairs should choose one logistical challenge that both participants have encountered in their work place.
- c) The pairs should then use the blank flow chart and discuss the problem while completing the flow chart with the end goals being ‘finding a way to address the logistical challenge in a way that is feasible in their clinic.’
- d) When complete exchange the completed flow chart with the other group of pairs and review/comment on the solution developed.



6. Regroup the participants and clearly review the take away message from Session 1.

Summary of Session 1

- Participants are changing behaviour and moving towards 100% adherence to the mRDT guidelines.
- Developing an agreed protocol on how to cope with logistical challenges to using mRDTs will ensure adherence to the new febrile illness guidelines.

Trainers Plan: Session 2

Session 2: Role play

Time: 45 mins

Session Objectives:

1. Practice integration of mRDTs through using challenging role-plays.

Training Steps

1. Introduce the activity by explaining that the next exercise involves role playing without scripts because role playing is one of the best ways to bring learning relevant to real life-and to make reinforcing learning fun!
2. Divide the larger group into groups of 3.
3. Distribute a set of 3 role plays and feedback forms to each group.
4. Provide each group with a few simple props including a baby doll, kanga, stethoscope and thermometer.



5. Advise the groups to spend 5 minutes on each role play and 5 minutes for feedback – hence 30 minutes on the 3 role plays.
6. Each person must play the role of the clinician at least once.
7. Trainers observe parts of each role play and note down feedback.
8. After the role plays are complete – open the group up for plenary (15 minutes) to discuss the key issues that emerged in the role plays.
9. Ensure that each group has a chance to feedback.
10. Regroup the participants and clearly review the take away message from Session 2.

Summary of Session 2

- The challenges to implementing and adhering to mRDT recommendations can be complex.
- Adhering to mRDT recommendations requires strong understanding, strong communication and clinical skill on the part of the health worker/prescriber.

Summary of Module 3



Time: 5 mins

Training Steps



1. Summarise key outcomes from the flipcharts and draw attention to the summary messages at the end of each session.
2. **Explain:** *“Thank you for your participation in the course. You have led the way and shown each other that adherence to mRDTs is feasible in our clinics. We encourage you to sustain the changes you have in your practice and support each other in your important role in the fight against malaria.”*
3. Distribute course evaluation sheet and ask them to complete before leaving.
4. After collecting the course forms, begin the fever song as group leaves the training.

Module 3 Annex 1: Role play



Expected time: 5 minutes role play and 5 minutes feedback

Subject: Diagnosing alternative causes of fever for under 5s

Desired outcome: Effectively manage alternative cause of febrile illness while negotiating with mother and explain his/her clinical decision.

Actors:

- a baby (a doll)
- a mother (played by a participant)
- health worker (played by a participant)

Materials:

- a doll
- a chair
- a table
- a thermometer – made out of cardboard
- a stethoscope – real or made out of something
- Envelopes with results for temperature, chest auscultation, mRDT to be given to the clinician by the observer as s/he does the procedure.

Preparation: Dress doll in long sleeves

Health worker Information: A 2 year old child has a history of fever for 2 days. (Note: No other information is given to the health worker).

Mother (participant information)

You are a mother who has brought your 2 year old child to the clinic. You explain the child has had fever for 2 days. You have 5 other children. You have 4 years education and feel confident about asking about the new powerful malaria test you have heard of. After the RDT you are told the test is negative. Your mother who takes care of the children when you are at work is expecting you to return with the new malaria drugs and won't be happy if you don't.

If asked by the health worker, you explain that your child has been very tired and not eating well. She is drinking. She has noisy breathing and started a cough today.

If health worker informs you that your child does not have malaria you are surprised. You want to know what is wrong and why it is not malaria like before.

You feel the grandmother/your mother will not be happy if the child has not received anti malarial medication but you would be happy to have other medicine to take back including antibiotics.



Role play 2

Expected time: 5 minutes role play and 5 minutes feedback

Subject: Effectively communicating RDT procedures and negotiating management of the negative result to the adult patient.

Desired outcome: Manages misinformation and conducts RDT with patient consent.

Actors:

- health worker (played by a participant)
- a patient (played by a participant)

Materials:

- information booklet
- poster on the wall about mRDT
- 2 chairs

Preparation: Prepare the consultation room with 2 chairs, a table, mRDT test and information booklet

Health worker (conducting the test) information: A 28 year old male patient with a fever has been sent to you for the mRDT. You find the patient in the waiting area. The test is negative.

Patient information: You are a 28 year old male patient with a fever. You have never heard of the new mRDT test. When you see the test kit you notice that it resembles an HIV test. You refuse the RDT and ask for the other malaria test. You allow the RDT to be done when the health worker has fully explained how good the test is at finding/detecting malaria. You want to take some information home with you to explain to your family. You have many questions. You are happy to see test is negative and not to take the anti malarial drugs.

Role play 3



Expected time: 5 minutes role play and 5 minutes feedback

Subject: Coping with a situation where test results are negative but an alternative cause of fever is not apparent despite a thorough assessment and the clinician does not trust the result.

Desired outcome: Capacity to explain probability that a negative RDT result means that the patient really does not have malaria.

Actors:

- health worker (played by a participant)
- a colleague health worker

Materials:

- 2 chairs

Preparation

Presentation: A health worker is discussing a case with a colleague.

Health Worker 1:

You explain to your colleague that your patient has a negative RDT who has the typical signs of malaria. He has high fever, myalgia, headaches and loss of appetite. He has no cough or other symptoms suggestive of another febrile illness and therefore not consistent with a viral syndrome. You want to give him ACTs.

The Colleague – Health worker 2:

A colleague has come to you to discuss a patient. He wants to treat the patient with anti malarians. The patient has typical signs of malaria but has a negative RDT.

Module 3 Annex 2 – Session 3

Feedback form for role-plays

Checklist			
	Very well done Competent	Partly done	Not done
Greet the patient and explain what you are going to do			
Ensure the patient is comfortable (sitting or lying down)			
Assess for fever			
Check for severe illness			
Ask what is the main complaint			
Asks 'any other complaint or concern			
Examine the patient			
If RDT indicated, explains to patient need for mRDT			
mRDT carried out			
Prescription consistent with RDT result			
Explains negative mRDT to patient & consequences (follow up)			
Overall Communication			
Clear			
Simple			
Accurate			
Listened to patient			
Asked if patient understood treatment			
Demonstrates an overall confidence in test			
Builds patients' confidence in clinician			
Other comments			

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