



# **IMPROVING QUALITY OF CARE FOR MANAGEMENT OF SUSPECTED MALARIA: TRAINING PROGRAMME FOR HEALTH WORKERS**

## *FACILITATOR'S MANUAL*

**Prepared by REACT Cameroon**

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### *Collaborating Institutions*

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Cameroon



London School of Hygiene  
and Tropical Medicine, UK



University of Nigeria  
College of Medicine, Enugu



National Malaria  
Control Programme, Cameroon



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## **LIST OF ABBREVIATIONS**

ACTs: Artemisinin Based Combination Therapies

CBC: Communication for Behaviour Change

HF: Health Facility

HW: Health Worker

NMCP: National Malaria Control Programme

RDTs: Rapid Diagnostic Tests

REACT: Research on the Economics of ACTs

WHO: World Health Organisation

## **PROGRAMME ON IMPROVING QUALITY OF CARE FOR MALARIA**

### **Overview of the Training Programme**

#### **Introduction to the course**

This training programme has been designed to complement the training programme on the “Ensuring Appropriate Treatment for Uncomplicated Malaria”. We would reflect on what was learnt in this module and also consider the quality of care provided to patients.

The training programme has been developed jointly by REACT Cameroon and the National Malaria Control Programme. The Research on the Economics of ACTs (REACT) project is an international collaboration between the University of Yaoundé I, University of Nigeria and the London School of Hygiene and Tropical Medicine.

#### **Aim of the Training Programme**

The aim of the programme is to apply the knowledge from training on malaria diagnosis and treatment and improve the quality of care to patients.

#### **Specific Objectives**

1. To understand the new recommendations in malaria diagnosis and treatment, which encourage the use of diagnostic testing using RDTs, encourage the use of ACTs for treating uncomplicated malaria and encourage treatment that is consistent with the test result.
2. To encourage professional behaviour when working with colleagues and when providing care to patients
3. To improve the communication between the health worker and the patients

#### **Training Modules**

This training should follow Modules 1-3 from the Training Programme on “Ensuring Appropriate Treatment for Uncomplicated Malaria”. This training programme contains three modules: Modules 4-6.

The training programme is organized into 3 modules which will cover the following topics:

Module 4: Adapting to change

Module 5: Professionalism

Module 6: Communicating effectively

First we will review some of the key points from the training programme and new treatment algorithm. Second, we will consider the roles of the health worker in providing care and what

constitutes professional practice. Third, we will focus on how to communicate effectively with the patient, especially when the test result is negative. Together these modules focus on different aspects of the quality of care.

### **Targeted Participants**

The training has been developed for those health workers that are involved in the prescribing and testing of patients in public and mission health facilities. These include: medical doctors, nurses and laboratory technicians and pharmacists

### **Organization and Logistics**

The training programme will last for two days. The course is organised for a maximum of 25 participants per workshop. One lead facilitator and 2 co-facilitators will handle the different training sessions. The schedule is based on an 8 –hour working day; 4 hours in the morning and four hours in the afternoon. Prior to initiating the training course, training materials need to be prepared and verified using a checklist

#### **Instructions for the facilitator**

- Review a few points on the training programme on “Ensuring Appropriate Treatment for Uncomplicated malaria”
- Introduce the training programme
- State the aim and specific objectives
- Outline the different modules

## **MODULE 4: ADAPTING TO CHANGE**

### **Overview of Module 4**

Every time there is a change to the treatment guidelines there is need to change how we provide treatment to patients. Though uncomfortable at times, adapting to change is an important step in ensuring that changes to policies are implemented and patients receive the highest standards of care. In this module we are going to reflect on some of the key aspects of the treatment guidelines and focus on encouraging the use of RDTs, treatment based on test results and the need to feel comfortable about change of malaria guidelines.

### **Module Objective**

- To understand the reasons for the change to treatment guidelines and feel comfortable about new recommendations for diagnosing and treating malaria.

### **Module Description:**

This module is divided into four sessions;

Session 4.1: Changes in the malaria guidelines

Session 4.2: To encourage the use of RDTs

Session 4.3: To encourage the use of ACTs in confirmed cases of uncomplicated malaria

Session 4.4: To encourage treatment based on test results

### **Module Duration:**

3hr 45mins

## SESSION 4.1 CHANGES IN THE MALARIA TREATMENT GUIDELINES

### Objective:

- To encourage health workers to feel comfortable about the change in the malaria guidelines.

**Duration:** 15 minutes

### Learning objective:

At the end of this session, participants should be able to:

- Understand the importance of adhering to changes in malaria treatment guideline.

### Training method

- Lecture

### Training Materials

- Facilitator's Manual
- Slides for facilitator
- Participant's Manual

### Instructions for the facilitator

- Give lecture 4.1

### Lecture 4.1 How the malaria guidelines have changed over time

Between 1997 and 2004, twenty-five surveys were conducted in Cameroon in order to evaluate the therapeutic efficacy of first-line and second-line anti-malarial treatments, using the standardized protocol of the World Health Organization (WHO). Results indicated that chloroquine was no longer effective in southern and central regions and presented a therapeutic failure rate greater than 25% (Basco et al, 2006). Sulphadoxine-pyrimethamine (SP) was associated with failure rates ranging from 8.6% to 14.1%. Amodiaquine remained effective in the entire country with a failure rate estimate of approximately 4%, although the drug was used as first-line anti-malarial therapy from 2002 to 2004.

Recently, WHO proposed modifications of endemic countries guidelines, changing from monotherapy to artemisinin-based combination therapy (ACT). In view of this, and after a

scientific consensus meeting held in January 2004, the National Malaria Control Programme of Cameroon announced that amodiaquine will be replaced by the combination artesunate-amodiaquine (AS/AQ) (artesunate 4 mg/kg/day, amodiaquine 10 mg/kg/day). This combination will be used as first-line therapy for three days for the treatment of uncomplicated malaria (WHO, 2008). These guidelines clearly stated that (i) injectable quinine or injectable artemether would be administered only in case of drug failure or severe malaria, and (ii) artemisinin derivatives should not be given to pregnant women during the first trimester of gestation and quinine remained the recommended treatment for any malaria cases during pregnancy. The new treatment guidelines are based on a clinical (fever) and laboratory (thick blood smear) diagnosis procedure and recommend an evaluation of treatment efficacy by health professionals, four days post-treatment (WHO).

So much research has been carried out on resistance of *Plasmodium* parasites to antimalarials. Work carried out by Mbacham *et al.*, 2010 on the efficacy of amodiaquine, sulfadoxine – pyrimethamine and their combination for the treatment of uncomplicated malaria in children of Cameroon at the time of policy change to artemisinin –based combination therapy indicated a high prevalence of genes associated with resistance to SP, AQ and SPAQ .This supported policy change for treatment of uncomplicated malaria using monotherapy with chloroquine and amodiaquine in 2002 to the combination therapy (2004) as recommended by WHO. All these changes led to re-edition of guidelines. As such, when the guidelines change there is need for health workers to adapt, accept and practice the change, in order to effectively treat malaria. On the other hand, Sanyang *et al*, 2009 conducted a study on the treatment of malaria from monotherapy to artemisinin-based combination therapy by health professionals in urban health facilities in Yaoundé, Central Region Cameroon. The results indicated that 13.6% of the 132 health professionals were informed about treatment guidelines and knew that AS/AQ was the recommended drug for the treatment of uncomplicated malaria, in Cameroon. Only four of them (3.0%) reported having the malaria treatment guideline in their office at the time of investigation. This clearly shows that apart from being informed, health workers need to accept, adapt and practice the change in guidelines for effective management of malaria. It is also important for health workers to understand that these guidelines will always change with time and there is need to adapt to the changes.

**Conclusion**

We have come to the end of this session where we learnt that:

- Malaria guideline have changed from monotherapy to ACTs
- Health workers need to accept, adapt and practice the change in malaria guidelines for the effective management of malaria



**SESSION 4.2: ENCOURAGE THE USE OF RDTs****Objective**

- To encourage the use of diagnostic testing using RDTs

**Learning objective:**

At the end of this session participants should be able to:

- To understand why it is important to do a malaria test

**Duration:** 1h 15mins

- Case Study on why test for malaria (25 mins)
- Worksheet on RDTs vs microscopy (20 mins)
- Testimonial + Discussion (30 mins)

**Training methods**

- Group work on case studies
- Testimonials
- Open discussion

**Training materials**

- Overhead projector
- Flip chart and markers
- Laptop computer with internal or external speakers
- Pens
- Participant's manual
- Facilitator's manual

**Activity 4.2.1: Case study****Instructions for the facilitator**

- Introduce the session by stating the objective
- Divide participants into 3 groups. Mix up the participants as much as possible and avoid participants from the same facility from sitting together.
- Ask them to sit in a circle
- Share out the case studies to the groups (one case study/group)
- Ask them to discuss the case studies for 10 mins and write down their key findings
- Ask participants to come back to normal sitting positions
- A designated participant from each group will present the findings
- Discuss the findings from each group in the context of appropriate treatment for uncomplicated malaria and the need to treat patients based on test results
- Conclude the activity as shown below

In this activity, the participants will work in small groups and each group will consider one of the three case studies described below.

**Objective of the Activity**

- To emphasize the need to do a malaria test before treatment

**CASE STUDY 1**

A patient comes to the hospital in the night. After taking the patient's signs and symptoms, the nurse realizes the patient has fever. The laboratory technician is not available and the nurse prescribes an ACT to the patient.

**Question 1:** Did the patient get appropriate treatment for what he/she was suffering from?

**Question 2:** If YES or NO, give reasons

**Question 3:** If you were the nurse, what would you have done?

**CASE STUDY 2**

A patient comes to the hospital. After taking the patient's signs and symptoms, the doctor suspects that the patient has a fever. The laboratory technician is available but the microscope is bad. The doctor prescribes an ACT to the patient

**Question 1:** Did the patient receive appropriate treatment?

**Question 2:** If YES or NO, give reasons

**Question 3:** If you were the doctor, what would you have done?

### CASE STUDY 3

A patient comes to the health centre. After taking signs and symptoms, the health worker realizes that he has a fever and requests for a malaria test. The patient is in a hurry and wants to travel, refuses to do the test due to time constraints and wants only a treatment. The health worker prescribes ASAQ to the patient.

**Question 1:** Did the patient receive appropriate treatment?

**Question 2:** If YES or NO, give reasons

**Question 3:** If you were the health worker, what would you have done?

### Conclusion

- It is necessary to test for malaria before prescribing an ACT based on test results
- RDTs are a rapid way of testing and require no specialised skills nor electricity
- MDs or nurses can conduct the test in the absence of the lab technician

### Activity 4.1.2: Worksheets on RDTs and Microscopy

#### Objective

- To understand the advantages of RDTs and Microscopy

#### Instructions for the facilitator

1. Divide participants into 3 groups. Mix up the participants as much as possible and avoid participants from the same facility from sitting together.
2. Ask them to sit in a circle
3. Ask each group to compare any 5 advantages of RDTs and Microscopy
4. Ask them to compare the advantages in terms of technical skills, time to read results, sensitivity, equipment needed, cost
5. Refer them to some of the advantages mentioned in Module 2
6. Ask them to discuss for 10 mins and write down key points in a tabular form
7. A designated member (different from the one who presented in Activity 4.1.1) from each group presents the findings

8. Discuss the advantages in terms of technical skills, time to read results, equipment, cost
9. Conclude the activity as shown below

- To compare worksheets for RDTs and Microscopy

### **Instructions for the activity**

1. In your small groups, write down in a tabular form and discuss any five advantages of RDTs and microscopy
2. Compare them in terms of technical skills required, time to read results, sensitive, cost, and equipment
3. Summarise your key points and a group leader will present during the plenary

### **Conclusion**

- RDTs are a rapid method for diagnosing malaria, results are ready within 15 minutes
- RDTs are cost more effective
- Need no specialised skills and equipment
- Are sensitive in detecting malaria parasites

### **Activity 4.2.3: Doctor's testimonial on the use of RDTs**

Many people are skeptical about using RDTs for diagnosis of malaria. It might be helpful to hear about the experience of a medical doctor that has some experience of using RDTs in a health facility in Cameroon

### **Objectives**

- To understand that RDTs work and have been used in a health facility in Cameroon

### **Instructions for the Facilitator**

1. Ask participants to come back to normal sitting positions
2. Introduce the activity and give the objective
3. Play the tape and ask them to listen attentively or asked two participants (one as interviewer, one as Doctor) to read the text **below** while the others listen attentively.
4. Open discussion, ask them to share their impressions about the interview using the

following questions:

- What was the Doctor's previous impression about RTDs?
  - What convinced him about the use of RDTs?
  - How have RDTs facilitated the diagnosis of malaria in his facility?
5. Ask 5 participants to share their feelings or personal experience when being ask to do something ( e.g use a new diagnostic test, prescribe a new antimalarial) for the first time
  6. Conclude the activity as shown below

### Objective

- To listen and discuss the testimony of a health worker on the use of RDTs

### Doctor's Testimonial on the Use of RDTs

F :	Ok, this is an interview with Dr. Nko'o on the use of the Rapid Diagnostic Test (RDT) for malaria. My name is Albertine LELE Kouawa. I come from the Laboratory for Public Health Research Biotechnology and I work in the REACT project. We want to share with Dr. Nko'o his experience concerning the use of the rapid diagnostic test. Hello doctor please can you introduce yourself?
Doctor :	Hello euh, I am Dr NKO' O Ayissi, a general practitioner in service for nearly eight years. I run a hospital situated in the suburb of the city of Yaounde.
F :	Ok, doctor, have you ever used the malaria rapid diagnostic test? If yes, what comment do you have?
Doctor :	Thank you for the question, I have used the rapid diagnostic test several times. Since euh, it will soon be four years when I used it as part of a study which took place in my center. The Center where I worked in the health district of Olembe here in Yaounde. A study on the the prevalence of severe malaria in children less than two years. It is in this occasion that I came in contact with the rapid

	diagnostic test.
F :	Can you tell us your impressions regarding your first contact with these rapid diagnosis tests?
Doctor :	First of all, I had in no way adhered to the practice initially, but I had put as a condition the fact that we can make the rapid diagnosis test and the calibrated thick blood smear by an experienced person. The results at the end of the study gave convincing reasons to the team of researchers that came to experiment in my center, and it also left me totally convinced to the use of the Rapid Diagnostic Test
F :	When you say that the results gave convincing reasons euh, what do you mean?
Doctor :	That means every time we had a positive or negative test euh in the RDT, that is to say in the rapid diagnosis test, we could have a confirmation or invalidation by the thick blood smear calibrated by an expert. This is what comforted me a little as a prescriber in the assurance of the diagnosis, be it positive or negative
F :	Ok, do you put these tests in use routinely in the health center where you work presently?
Doctor :	Since then, from this experience, many other studies were launched in my center, at once the rapid diagnostic tests were adopted by me and by all my colleagues, who worked with me euh in that center at that time and who fortunately had to also come in contact, let us say very closely with the rapid diagnosis test; because more and more we could make a diagnosis of malaria on a fever which was not always the case. Well before that, we proceed just as we were thought in the Faculty of Medicine; this means in presentation of a fever, any fever, there is a diagnosis which we could make. From our clinical experiences, one had to always treat malaria; it is from this experience that we were able to identify that fever was not connected directly to malaria.
F :	And what made you to have more confidence in these rapid diagnostic tests?

Doctor :	As I have just said in my earlier comments, euh the first time I used the rapid diagnostic test four years ago, there was a concern to know if the test was reliable, of course the confirmation by a thick blood smear has finally made us to have faith completely in this test.
F :	Ok, that means you feel comfortable when ever you use these tests?
Doctor :	Euh, completely the patients are better followed, the diagnoses are decided before hand, the cases of malaria are properly treated. The confirmed cases of malaria are properly treated. We have less and less cases of fevers on which we cannot do the diagnosis of malaria, or even the test for malaria diagnosis. Thus, for me it is a good thing and I hope it shall be the same for the other health providers
F :	From your experience, what basic training should health worker have before conducting these rapid diagnostic tests?
Doctor :	Well in term of prerequisites it depends on how or were we put ourselves, but often in my case as a clinician euh, or even for every prescribers, euh the basic knowledge of the signs and symptoms of malaria should be sufficient to request or indicate for the rapid diagnostic test, if necessary, if one had it negative, the clinician in an hour could shift to other possibility of diagnosis of the fever.
F :	OK, therefore according to you it is necessary to have some basic training before using the rapid diagnosis tests?
Doctor :	Yes the basic knowledge as I just said, euh not only for the doctors, but also for the nurses or other prescribers, on the signs and symptoms of uncomplicated malaria which are: fever, headache, join pains. Everybody can reside them, and besides, even the patients know them.... Even believe they know these signs and symptoms for the diagnosis of uncomplicated malaria, yet, you will still need to confirm with a diagnostic test.
F :	Yes doctor, what message do you have for your colleagues, who are hesitating to use these rapid diagnostic tests?

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Doctor :	To my colleagues who still hesitates using this test, I would say that the technology now allows us to quickly request the rapid diagnosis test for malaria, and that they should not continue treating what is not malaria as malaria, euh in simple terms, thus I will exhort them to completely adhere to, especially when speaking of euh euh this particular diagnostic test, there are periods in the year full of fever, which are very often mistaken for malaria and which turns out finally to be fevers not related to malaria
F :	Ok, thank you doctor for this interview.
Doctor:	I thank you also and I hope that I have shared with you my experience you can take to the other clinicians and to the other health workers
F :	Ok, hope so, thank you.

### Conclusion

- RDTs can be use for the diagnosis of malaria
- Research carried out in Cameroon and other parts of world show that they work
- Health workers should feel comfortable and have confidence in the test



**SESSION 4.3: ENCOURAGE THE USE OF ACTS****Objective:**

- To encourage participants to feel more comfortable to prescribe ACTs to patients with uncomplicated malaria.

**Learning objective:**

At the end of this session participants should:

- Understand the consequences on the patient when the health worker does not prescribe the recommended medicine (ACT).
- Understand that treatment of uncomplicated malaria with ACT is efficient.

**Duration:** 30 minutes

**Training methods:**

- Discussion
- Drama for conscientisation

**Instructions for the facilitator**

1. Start this activity by giving its title and the learning objective.
2. Use SOP I01: "How to conduct a drama for conscientisation" to develop the story.  
**NB:** master all the steps before hand.
3. Orient the participants to develop the story towards the text below i.e one story line should for 4.3.1 and another story line for 4.3.2 which is only known to you
4. Use the topic guide below for discussions
5. Conclude the activity using the conclusion 4.3.1 and 4.3.2

**DRAMA 4.3.1: Dr Paul was prescribing quinine for uncomplicated malaria**

**Description:** This is a drama that aims at helping the health workers to understand the consequences on the patient when the health worker does not prescribe the recommended medicine (ACT).

**Introduction of scene:** This scene takes place in a hospital in Cameroon where the health worker gets into an overuse of quinine. Some years later a patient in the community do not respond anymore to the drugs and report back to a health worker who is now receiving many other cares of failure. Perplexed about the situation they remembered a health talk on the use of ACTs (Artemisinin Combination Therapy).

**Cast:** Dr Paul; Dr Andrew; Dr Isac; Ma Bih and Mama Mary.

<b>Scene I</b>	
Patient:	Doctor, this is the result from the laboratory.
Dr Paul	Mama, don't be afraid, it's going to be ok. (Health worker examines results) The results show that you have malaria. So I am going to give you quinine.
Ma Bih:	Docta, where can I get the quinine?
Dr Paul:	We do have them here in the pharmacy. Next door to your left, you will buy from there. (Health worker I writes in the patients medical book) Mama, when you get the quinine medicine, you will take 2 tablets in the morning, 2 in the afternoon and 2 in the evening. I know you will be ok mama. Given the results of your lab results. This is the dosage that is good for you.
Ma Bih:	(Patient moves to the pharmacy to buy drugs and later goes home. Few days later, the patient gets well.)
Dr Paul:	(Talking to himself, boasting on how he has been using this medication for all his patients and they have been having no problem). We the

	health worker are doing a good job. We have been handling malaria patients with quinine for long and all is ok. We judge the sickness and we do the right things.
<b>Scene II</b>	
Facilitator/drama team	Let us go to the next scene and see what may be the possible future, 10 or maybe more years later if this health worker and his colleague continue prescribing quinine to patients with uncomplicated malaria.
Dr Andrew:	Mama, what is it?
Mama Mary:	That malaria this time is not going away. I took the medicine you gave me last time and nothing is working.
Dr Andrew:	(Health worker is surprised, holds her head in her hand) nods. If quinine is not working for you, what else can we use?
Mama Mary:	Doctor, what do you want me to do?
Dr Andrew:	I am surprised Mama! I have been using this quinine for over 20 years and it has been doing the magic for all malaria patients. I don't understand why it's not working for you. (at this point, more patients come in; health worker instructs the formers to wait out for a moment while she attends to the other. Shortly after, a colleague comes in)
Dr Andrew:	(Speaking to health worker II) I have a case that is complaining that the quinine drug did not work for him this time.
Dr Andrew:	This is exactly the same complain this mama and the others in the waiting room are complaining. What could be the problem? (Both health workers ponder for a while).
Dr Isaac:	You remember the seminar on malaria we attended last time.
Dr Andrew:	Yeeees! And what about that?

Dr Isaac:	They raised issues on some malaria drug resistance and we were cautioned that we should use ACTs for uncomplicated malaria and quinine for severe malaria. I am sure that that has been the problem for some patients resisting to the drugs
Dr Andrew:	What do we do with all these cases that are coming up?
Dr Andrew and Dr Isaac:	(both rush out through the backdoor saying: something urgent needs to be done)

### Topic guide 4.3.1

1. What is the message in this story?
2. How would you have felt if you were the health worker in this sketch?

### Conclusion 4.3.1:

Since 2004, the national guidelines for the management of malaria in Cameroon recommends that ACTs should be used as first line treatment for uncomplicated malaria and quinine reserved for the treatment of severe malaria. However, studies done in Cameroon up to 2009 have shown that quinine is still widely used in the health facilities for the treatment of uncomplicated malaria. This raises serious concerns about the effectiveness of the drugs in the future. This drama considers one of the possible scenarios that could happen if quinine is overused. Resistance to quinine could occur only if it is used abusively. Thus, it is your responsibility as health workers to ensure the respect of guidelines.

**Drama 4.3.2: Mama is cured by ACT**

**Description:** This drama aims at helping the health workers understand that treatment of uncomplicated malaria with ACT is efficient.

**Introduction of scene:** This drama takes place in a health facility in Cameroon, where an aged Mama who had been taking the ACT drugs comes back to the hospital after completing a full course of her treatment. The health worker realizes that she is now very ok. Proud of the result, the health worker and the colleagues talk about the success story and the need to be more cautious about distinguishing between the uncomplicated and severe malaria and knowing what they give to patients for each situation

**Cast:** Dr Joseph, Dr Sama and Mama.

Dr Joseph:	Mama, welcome. How are you this morning?
Mama:	I am fine doctor. I finished taking those new medicines you gave me. You told me to come back after finishing my drugs or if there is any sign of aggravation.
Dr Joseph:	Yes. The ACTs drugs. That's fine mama. I can see your face is like sunshine.
Mama:	(give a broad smile) yes doctor. I feel very fine now. No more fever and pains again. I feel like going to my farm tomorrow docta. Thank you very much.
Dr Joseph:	Mama, come! (health worker examines patient and nods head with a positive sign) Mama I told you you will be ok and not to have fear. You are ok now mama, go home and have enough rest, eat well mama and if any problem come back.
Mama:	(thanks health worker and leaves )

Just then, another health worker enters and engages in a discussion.	
Dr Joseph:	I am happy with recent response of our malaria patients; colleague.
Dr Sama:	That's correct! The use of ACTs drugs is very good for the patients with uncomplicated malaria
Dr Joseph:	The patient who just left here is a testimony to the efficient use of the ACT drugs
Dr Sama:	That's true colleague we should always be current with the new health developments. If not of the seminars, one will still be in the abusive usage of the quinine drugs for uncomplicated malaria patients
Dr Joseph:	Now we must not prescribe malaria drugs abusively to patient without carrying a malaria test, and diagnosing whether it is uncomplicated malaria or severe malaria. And so for the former, we should give the ACT s drugs and if it is the latter, quinine does the magic.
Dr Joseph and Dr Sama:	(Together) knowledge is good; let's go for it.

### Conclusion 4.3.2

As you can see ACTs will lead to rapid clearance of fever and parasites. You should always distinguish between uncomplicated and severe malaria and prescribe ACTs to the patients in case he is suffering from uncomplicated malaria. Clinical guidelines are based on evidence and take into account considerations like drug resistance. ACTs have been developed to prevent drug resistance If they are used appropriately, it is less likely to resistance to these drugs to occur because as we have seen in module three, these are combination of two molecules with different modes of action; for resistance to occur, the parasite will need to become resistant to the two molecules.

**SESSION 4.4: ENCOURAGE APPROPRIATE TREATMENT BASED ON TEST RESULTS****Objective:**

- To encourage participants to practice prescribe in line with the test result.

**Learning objective:**

At the end of this exercise

- Participants should feel comfortable about prescribing treatment based on the malaria test result.

**Duration:** 45 minutes

**Training methods:**

- Discussion
- Game

**Training materials:**

- Cards
- Pens

**Instructions for the facilitator**

1. Introduce the session to the participants stating its learning objective
2. Describe the activity using the section “activity description below”
3. Present the game using the section “presentation of the game” for this, each time you will be talking of a card, show a sample of this card to the participants.
4. Explain the rules of the game. When you will be talking of the different winning combination, present it, using the cards.

5. Divide the participants into 4 to 5 participants, according to the total number of participants you have.
6. Give one set of cards to each group
7. While the groups are playing move from group to group, taking note of those who score points
8. When the game is over, ask participants to return to normal sitting position for the next exercise.
9. Use topic guide 4.4 to facilitate a discussion between the participants. While doing this, you should have in your mind that the the main point is that they should now know what is appropriate treatment. The secondary point is that they felt satisfied when they treat appropriate and frustrated if they cannot provide appropriate treatment
10. Use the conclusion 4.4 to conclude the activity

#### **Activity 4.4 Card Game on Appropriate Treatment**


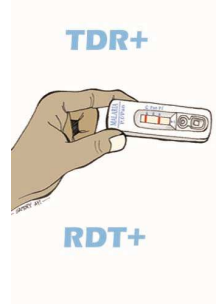
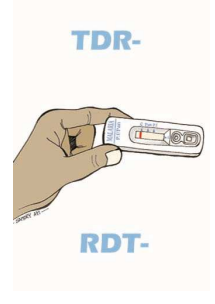
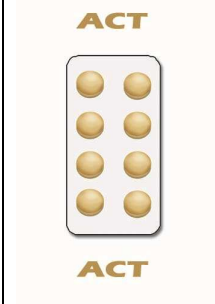

##### **Activity Description**

This is a card game designed to reinforce the understanding of the treatment algorithm by the participants

##### **Presentation of the game**

The game is comprised of cards. There are 5 different kinds of cards:



The fever card (50)	The RDT +ve card (25)	The RDT -ve card (25)	The ACT card (25)	The further investigation card (25).
				

### Rules of the game

- The game is to be played in groups of five
- There are five different cards in the pack: Patient with fever; RDT is positive; RDT is negative; ACT; Further investigation.
- A participant scores a point if he/she can provide appropriate treatment for the febrile patient. There are two possible algorithms for appropriate treatment and the participant has to correctly combine three cards:
  - Fever card + RDT is Positive card + ACT card
  - Fever card + RDT is Negative card + Further Investigation card
- The game starts by the facilitator distributing five cards to each participant and places the remaining cards face down in a pile on the table
- If the first participant can provide appropriate treatment then he/she should display a correct combination of 3 cards on the table, scores a point and then collects a new card from the pile.

- When a participant has scored a point, the point has to be marked in front of his name, using the marker and the flip chart.
- If a participant does not have the correct combination of cards to appropriately treat a patient, he/she should select one of the five cards and place it on the discard pile, face down and pick a new from the pile.
- Play then moves to the second participant and he/she has the same choice – to provide appropriate treatment or exchange cards with the pile.
- Participants play one after another.
- The game ends once a player has cumulated five points.
- If all the cards in the pile are used before the game is over. Take all the cards placed on the table, shuffle them and make a new pile.

#### Topic guide 4.4

1. Mr X , I noticed you had difficulties to score a point: could you share the feeling you had at this moments with us ? (probe them to talk about any internal conflict they may have face regarding their clinical autonomy)
2. Mr Y you also had the same difficulties could you share your own feelings with us?
3. Mr Z you easily scored some points what were your feelings?
4. Could anyone share the feelings he had with us?
5. Do you think this game helps you in remembering the treatment algorithm?

**NB:** in the rare situation were participants easily scored their points one after another, you may ask the winner to share his feelings with the team or else ask any of the participants to share their feelings probing them to talk of the satisfaction or frustration they felt at any moment of the game. And if they now remember the treatment algorithm.

**Conclusion 4.4**

As you can see, not succeeding to have the right combination makes you feel unhappy and willing to score a point. This is the same thing that happens in the community when you do not prescribe the appropriate treatment to your patient. They often do not feel uncomfortable and start searching for other cures. This leads to extra expense and inappropriate use of medicines that are harmful to the patients. More so, this leads to resistance to available antimalarials. In turn the government will need to identify other more appropriate treatments and this will be an expensive process.

## **Module 5: Professionalism**

### **Module Overview**

Health workers are the most important members of healthcare. Regardless of their job titles, health workers should understand the importance of professionalism which is the adherence to a set of values comprising statutory professional obligations, formally agreed codes of conduct and the informal expectations of patients and colleagues. Attitude and aptitude are important factors for the success of the care given to patients. Their behaviour has a great impact on the patient's recovery.

### **Module Objective**

- To encourage health workers to work effectively with colleagues and provide good quality care to patients.

### **Module Description**

Session 5.1: Why is a health worker's behaviour important?

Session 5.2: Understand that the process of care depends on the health worker's behaviour.

Session 5.3: To understand that the Health worker's behaviour has an impact on patients.

### **Module Duration**

3 hours 45 minutes

## Session 5.1: Why Is Health Worker's Behaviour Important?

### Objective

- To let health workers list professional values.

### Learning objectives:

At the end of this session, participants should be able to:

- Understand professional behaviours of health workers

**Duration:** 1 hour

### Training methods

- Card game on Professional Behaviours
- Discussion

### Training materials

- Facilitator's manual.
- Participant's manual for each participant.
- Pens
- Flip charts, marker.
- Behaviour cards and blank Cards.

### Instructions for the facilitator

1. Introduce the objective of the activity
2. Divide participants into 3-5 small groups. Suggest that participants from different facilities work together.
3. Distribute two blank cards to each participant in their groups.
4. Ask them to write down a professional behaviour on each blank card
5. Distribute some more cards to each group of participants which already have some behaviours written on them.
6. Read out instructions to participants.
7. At the end of the activity, ask participants to come back to normal sitting positions
8. Ask the participants to give some of the good behaviours that they have identified, and

write these on the flip chart. Then ask participants to give examples of some negative behaviours and write these on the flip chart.

9. Ask group leaders to present any three most important professional behaviours and explain why they are important.
10. Discuss the results
11. Conclude the activity

### **Activity 5.1 Identifying Professional Behaviours**

#### **Instructions for the game**

1. Write two professional behaviours of a health worker on each blank card. (e.g. be polite)
2. As a group, separate all the health behaviour cards into two categories: positive behaviours and negative behaviours.
3. As a group, decide which three of the positive behaviours are the most important and why. In the discussion, draw on your personal experience.
4. One member from each group will be asked to present this during the plenary.

#### **Conclusion**

We have come to the end of this session which is to understand professional behaviours of health workers. The positive values of health workers such as confidentiality, politeness etc have been seen and discussed. The effects of each of these behaviours and their influence on the health care system, patient and health worker relationship, the patient's healing process and health facility as a whole have also been discussed. Thus it is important that health workers have these in mind and actually put into practice the professional ethics demanded of them.

## **SESSION 5.2: UNDERSTANDING THAT THE PROCESS OF CARE DEPENDS ON THE HEALTH WORKER'S BEHAVIOUR**

### **Objective of the session**

- To let health workers understand that the proper care of a patient will depend on the health worker's behaviour.

### **Learning objectives**

At the end of this session, participants should be able to:

- To encourage health workers to work effectively with colleagues

**Duration:** 1 hr 30mins.

### **Training methods**

- Card game
- Discussion

### **Training materials**

- Facilitator's manual
- Participants manual
- Flip charts and markers
- Pen
- Health worker and their activities cards

### **Instruction for the facilitator**

1. Introduce the objective of the exercise
2. Divide participants into 3-5 small groups. Suggest that participants from different facilities work together.
3. Hand out the three different types of cards to each group of participants.
4. Explain that the red cards describe different activities that are involved in the process of care, the blue cards give the type of health worker that usually undertakes the different activity and the yellow cards present different problems that may occur in a health facility.
5. Read out instructions to participants and ensure that the instructions are well understood. Giving the groups ten to fifteen minutes to complete the activity and explain that each

group will be asked to report back two of the yellow card scenarios.

6. Ask group leaders to present their answers during the plenary to the questions provided below.
  - What will happen to the process of care in each given scenario that has been picked and how does this scenario affects the care of the patient?
  - Have you encountered this in your experience while working in your health facility?
  - How can this problem be solved?
7. Conclude the activity.

### **Activity Description**

In this activity you will consider the process of providing care in the health facility and the role of the different health workers.

### **Activity Instructions**

1. You are asked to work in small groups for this activity
2. Make sure your group has a pack of cards (red, blue and yellow cards) distributed by the Facilitator.
3. In your groups organise the red cards in the order that you will expect the patients to experience care in the hospital
4. Place secondly the blue cards next to the red ones, to show who would usually do this activity. That is, match the appropriate activity (red cards) to the appropriate health worker (blue cards).
5. Let a participant from your group draw one card from the pack of yellow cards. The yellow cards present different problems that may occur in the health facility.
6. Read the information on the back of the yellow card you have just drawn.
7. In the scenario you have been given, discuss the following questions:
  - a. What will happen to the process of care and how does this scenario affect the care of the patient?
  - b. Have you encountered this in your experience while working in your health facility?



- c. How can this problem be solved?
8. Repeat steps 5, 6 and 7 till the game is over and the time allowed for the activity has elapsed. You will probably have time to discuss 2 or 3 different scenarios.
  9. Read each given scenarios for the group as group leaders present to the plenary and also the questions provided.
  10. Ask probing questions to let participants bring out the health behaviour demonstrated in each given scenario.

These are the different scenarios that will be on the “YELLOW” cards that the participants are asked to consider:

A	Patient walks into the hospital and walks up to receptionist desk. The receptionist is engaged in a heated phone conversation not related to work, receptionist ignores patient.
B	Nurse goes on coffee break for more than an hour. He/she leaves without permission or letting anybody know about his/her absence.
C	Doctor does not come to work on time.
D	Laboratory technician is present but RDT is out of stock and there is an electrical failure.
E	ACTs are out of stock.
F	Laboratory technician is absent.
G	Doctor is distracted by personal issues e.g. family issues that he rushes over consultation process.
H	Receptionist is rude to patient. Does not pay close attention to patients requests.
I	Pharmacy closed earlier out of the normal hours of work.
J	Doctor doesn't follow the right guidelines.
K	Patient complains that drugs are too expensive and pharmacist gives him/her another alternative.

**Conclusion**

We have come to the end of this session which is to encourage health workers to work effectively with colleagues. It is worth noting that the collaboration of every worker on the health delivering system is very important in the patient's healing process. The absence of an individual or the negligence of one person affects the whole process. Therefore, it is good for health workers to be responsible and carryout their roles appropriately.

## **SESSION 5.3 UNDERSTANDING THAT THE HEALTH WORKER'S BEHAVIOUR HAS AN IMPACT ON PATIENTS**

### **Objective**

- For health workers to understand that quality care given to patients depends on their behaviour

### **Learning objectives**

At the end of this session, participants should be able to

- To encourage health workers to provide quality care to patients.

**Duration:** 1 hr 15 minutes

### **Training methods**

- Picture scenarios
- Discussions

### **Training materials.**

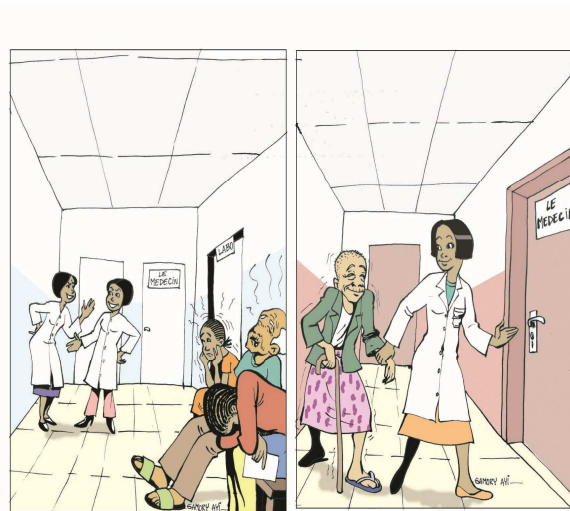
- Facilitator's manual.
- Participant's manual
- Pens.
- Flip charts and markers
- Laptop computer
- Video projector.

### **Instruction for the facilitator**

1. Introduce the activity stating its objective
2. Divide participants into three groups. Suggest that participants from different facilities work together.
3. Give each group two pictures – one showing good quality care and one showing poor quality care.
4. Ask participants in each group to look at the picture scenarios
5. Ask participants in their groups to list out the various behaviours demonstrated by the health worker in the picture scenarios
6. Let the participants in their groups discuss how these behaviour will affect visiting the

patient with the questions provided

- How do you think the patient feels in each scenario?
  - How does the health worker's behaviour affect the quality of care provided to the patient?
7. Let group leaders present to the plenary from each group answers to the questions.
  8. Make notes on the flip chart
  9. While each group is presenting, project their picture scenarios.
  10. Conclude the exercise.





### Conclusion

We have come to the end of this session which is to encourage health workers to provide quality care to patients. We have learned from reviewing those pictures and discussions of professional behaviour demonstrated and the effects they bring, which could be positive and negative to the patient's healing process. It is worth knowing that the recovery of a patient starts from the patient's entry into the hospital that is from the receptionist to the exit point that is the pharmacist.

## MODULE 6: COMMUNICATING EFFECTIVELY

### Overview of Module 6

Communication is an act of conveying ones ideas, feelings and messages clearly to others. To communicate effectively with patients, we need to understand their perceptions of malaria and malaria treatment. We will also reflect on how to communicate the diagnosis and treatment to patients, focusing on the situation where the test result is negative but the patient is expecting to have malaria and be given an antimalarial.

### Module Objective

- To improve the health worker's communication with patients

### Module Description:

This module is divided into two sessions:

Session 6.1: Reflections on patient perceptions of malaria and malaria treatment

Session 6.2: Develop and improve skills on how to communicate with patients

### Module Duration:

3 hour 30 min



## **SESSION 6.1: REFLECTIONS ON PATIENT PERCEPTIONS OF MALARIA AND EFFECTIVE COMMUNICATION WITH PATIENTS**

### **Objective:**

- For health workers to communicate effectively with patients it is helpful to be aware of what patients think about malaria and malaria treatment

### **Learning objectives:**

At the end of this session, participants will:

- Understand what patients think of malaria and what expectations patients have about malaria diagnosis and treatment based on their previous experiences

**Duration:** 1 hour

### **Training methods**

- Discussion

### **Training Materials**

- Facilitator's manual
- Participant's manual
- Flip chart
- Markers
- Quotes from FGD (pre design to be pasted on the board)

### **Instructions for the facilitator**

1. Display the quotes on patient's perception of malaria, diagnosis and treatment to the participants, and tell them that these quotes are also listed in the participant's manual.
2. Explain that these quotes were taken from what individuals had said about malaria and malaria treatment during focus group discussion
3. Ask the participants to reflect on the quotes and what they feel about the quotes. For example, ask them if they are surprised by anything that is listed?
4. Ask the participants if they have encountered patients with views such as these, and how you they can manage and communicate well with these patients?
5. Explain the participants that it can be challenging to communicate with a patient that has their own perspectives and preferences about how to treat the disease.
6. Reassure the participants that when they are aware that the patient has their own

perspectives they can adjust how they communicate with patients.

7. Conclude the session by emphasising the need to understand patients in order to be able to communicate effectively

## **Activity 6.1: Understanding patient expectations for malaria diagnosis and treatment**

### **Activity Description**

This activity is designed to let health workers understand what patients think about malaria, diagnosis and treatment. The quotes are drawn from focus group discussions with community participants and they are meant to be reflected on. The idea is that HWs should understand that patients have expectations about what they are suffering from – in the past they have been given antimalarials for fever, often without being tested. They would expect the same thing to happen this time. It will be helpful for HWs to be aware of what patients think when they explain that they should be tested first, and that they might not need an antimalarial.

### **Quotes on Patient Perception of Malaria**

#### **A) Quotes on Patient Perceptions and Preferences for Malaria Diagnosis and Testing**

1. I know different blood groups have different malarias
2. You may have uncomplicated malaria after drinking two bottles of beer.
3. There is malaria that could be typhoid. That is still malaria.
4. Malaria could come from typhoid and dirty environments
5. Malaria one + is very difficult to treat
6. Malaria is subjective. My malaria is ++++++

#### **B) Quotes on Patient Perceptions and Preferences for Malaria Treatment**

1. I know I have malaria so I do not need lab test
2. When you have fever you have malaria so the test result does not mater
3. Malaria treatment should be taken without necessarily doing test
4. Some treatments work for some people
5. The best treatment depends on the person's body system



6. Patients perceive quinine as the best malaria treatment
7. Traditional medicine as primary recourse – particularly ‘heat shock therapy’
8. Traditional medicines is a complement to biomedicine
9. Traditional medicine is a cheaper alternative to biomedicine
10. Traditional medicine is less risky for side effects‘
11. Use traditional medicine because HWs ignore us
12. Patients prefer drips to Coartem

**Questions for the participants to discuss:**

1. Are you surprised by any of these quotes? If so, what surprises you?
2. Have you encountered patients with views such as this? Is it challenging to communicating with these patients? Please explain.
3. How would you manage and communicate effectively with these patients?

**SESSION 6.2: DEVELOP AND IMPROVE SKILLS ON HOW TO COMMUNICATE WITH PATIENTS****Objective**

- To improve participants skills in how they communicate with patients

**Learning objective:** At the end of this session participants should be able

- To understand the importance of developing awareness and good communication skills.
- To understand the function and principles of active listening.
- To understand how practising these skills leads to better communication between health worker and patient.

**Duration:** 2h 30mins

**Training methods**

- Lecture
- Roleplay
- Drama

**Training Materials:**

- Laptop computer
- Video Projector
- Facilitator's Manual
- Participant's manual

**Instructions for the facilitator**

1. This is a slide presentation
2. Give a 30 Minutes lecture using presentation 6.2
3. Ask the participants to refer to the slides in page.....

**Lecture 6.2: Effective Communication****What is communication?**

Communication is an act of conveying ones ideas, feelings and messages clearly to others.

It is a key tool that health care professionals must use to elicit cooperation between health provider and patient in the delivery of health care services.

### **Non verbal communication**

Non-verbal communication, or body language, is a vital form of communication. When we interact with others, we continuously give and receive countless wordless signals. All of our nonverbal behaviours, the gestures we make, the way we sit, how fast or how loud we talk, how close we stand, how much eye contact we make send strong messages. The way you listen, look, move, and react tell the patient whether or not you care and how well you're listening. The non verbal signals you send either produce a sense of interest, trust and desire for connection or they generate disinterest, distrust and confusion

### **Active listening**

Hear what patients are really saying. Listening is one of the most important skills you can have. How well you listen has a major impact on your job effectiveness and on the quality of our relationships with patients. We listen to obtain information to understand and to learn. Some patients complain that when they go to the hospital, before completing their complain the health worker has already given a prescription. They are not listened to so they feel the health worker doesn't understand what they are suffering from. If you're finding it particularly difficult to concentrate on what someone is saying, try repeating their words mentally as they say it this will reinforce their message and help you control mind drift. To enhance your listening skills, you need to let the other person know that you are listening to what he or she is saying. To understand the importance of this, ask yourself if you've ever been engaged in a conversation when you wondered if the other person was listening to what you were saying.

- Five key elements of active listening that ensure you listen to the patient and the patient knows you are listening to what they are saying.
  - Pay attention.
  - ✓ Give the patient your undivided attention and acknowledge the message.
  - ✓ Recognize that what is not said also speaks loudly. Look at the speaker directly.
  - Show that you are listening.

- Use your own body language and gestures to convey your attention.
- ✓ Nod occasionally.
- ✓ Use other facial expressions.
- Note your posture and make sure it is open and inviting.
- Encourage the patient to continue with small verbal comments like yes, and uh huh.

Look at this situation (Samory picture where a patient is consulting and the health worker is talking to someone else, answering a phone call or distracted by some thing).

### **Characteristics of Effective Communication**

- Availability of the correct message: The content should be delivered in such a way that the patient understands it or is placed where the patient can access it.
- Complete Information: Where appropriate, the content of the information should present the benefits and risks
- Cultural considerations: when communicating with patients, always take into consideration their cultural values for example religion ...
- Repetition: The delivery of information should be repeated to reinforce the understanding.
- Easy to Understand: The language should be adapted and simple. The tone should be soft.
- Accuracy: The content should be valid. Without errors in facts, interpretation or judgment

### **Conclusion**

We have come to the end of this lecture on how to communicate effectively with patients where we explained about the different aspects of communication skills and how to use and improve on these skills.

**Activity 6.2.2: Drama on how to communicate with patients.****Instructions for the facilitator**

1. Start this activity by giving its title and the learning objective.
2. Use SOP I01: “How to conduct a drama for conscientisation” to develop the story.

**NB:** master all the steps before hand.

3. Orient the participants to develop and act the story towards the text below which is only known to you
4. At the end, give a brief summary of the Drama
5. Ask participants to list challenges from the Drama and write them on the flip chart
6. Suggest some of the challenges listed below in case not cited by participants

**Possible Challenges**

- Patient has in mind that she is sick with malaria
  - Patient is determined to get a malaria drug
  - Doctor scares patient by abruptly telling her “I will send you to the lab”
  - Doctor has to convince patient to do the test
  - Doctor has to convince patient that she doesn't have malaria.
  - Patients insist on getting a malaria drugs.
  - Doctor dialogues with the patient
  - Doctor has to convince the patient on the importance of treating the real cause of fever
1. Conclude the activity

**DRAMA 3: Testing before treatment**

**Objective:** To encourage the use of RDTs before treatment.

**Introduction of scene:** This scene takes place in a hospital where a mother comes to the hospital and declares to the doctor that she has malaria and so wants malaria drugs. She expresses her ignorance about what a laboratory is, which she mistook for another illness. Through some explanations, the test is carried out and the result which turned out negative is communicated to the patient. She insists it is malaria she has and wants just malaria drug. The Doctor is now faced with the dilemma of communicating effectively with Mama for her to be convinced it is not malaria but something else.

<b>Mami Mary (Patient)</b>	Good morning Docta.  I am sick. I have fever that has been giving me malaria for over 5 days now. I have come so that you should give me a malaria drug.
<b>Doctor</b>	(examines vital signs of patients)  OK Mami, I will send you to the Laboratory to do a test.
<b>Mami Mary</b>	(Scared) Laboratory? Docta, I have malaria. I don't have Laboratory.
<b>Doctor</b>	Mama, it is a place where we will examine you. We want to find out if there is malaria in your blood. It is a new method and it will not take long. (Doctor performs tests)
<b>Doctor</b>	(Smiles – Talking to himself) Interesting! Mama thought it was another type of sickness. It may be necessary to have some 5 minutes health discussion with patients before they are consulted. This may probably help to demystify the atmosphere of ignorance.
<b>Mami Mary</b>	(Patient comes back from the Laboratory and gives result to the doctor). Doctor, this is the result from that office.
<b>Doctor</b>	(Collects results, glances through and smiles – the result is negative) Mami, you don't have malaria.
<b>Mami Mary</b>	No Docta, I have malaria now for 5 days; I know myself. Every year around this period, I always have malaria and when I take a malaria drug. I am fine.
<b>Doctor</b>	(Baffled at Mami's insistence) Mami, Lab tests tell you the truth. You do not

	have malaria.
<b>Mami Mary</b>	What then do I have?
<b>Doctor</b>	Mama when sending you to the laboratory I asked for another test and the results show that you are suffering from something else
<b>Mami Mary</b>	No Docta: I want malaria drugs.
<b>Doctor</b>	Mama, we will give you another medicine that will make you to be ok. You don't have malaria!
<b>Mami Mary</b>	Docta, no other medicine. I want malaria drug.
<b>Mami Mary</b>	So what do I take?
<b>Doctor</b>	Paracetamol, an antibiotic and Vitamin C take enough bed rest. Drink a lot of water and suck oranges!
<b>Doctor</b>	So Mami I will take you to the pharmacy. (Doctor and patient leave the consultation room.)
	END

### Conclusion

We have come to the end of this activity where we saw the challenges faced by health workers in handling situations where patients come to the health facilities with pre-conceived ideas.

### Activity: 6.2.3 Drama on the use of ACTs

**Instructions for the facilitator**

1. Start the activity by stating the title and objective
2. Use SOP I01; “How to conduct a drama for conscientisation” to develop and act the story
3. Orient the participants to develop and act the story towards the text below which is only known to you
4. Discuss the messages from the drama using the challenges below

**Possible Challenges**

- The word” Positive” stigmatizes as it is synonymous to HIV positive.
  - RDT test cassette for malaria and HIV are similar
  - Convince patient to accept ASAQ
  - Patient insists on having Quinine
  - Lack of information on the side effect drugs
1. Conclude the activity

**DRAMA 4: The Use of ACTs**

**OBJECTIVE:** Communication for behaviour change towards the use of ACTS.

**Introduction of scene:** This takes place in a health facility in Cameroon: The Laboratory result of an aged father shows he is positive of malaria! He screamed thinking it is HIV positive, just because he heard the word positive. He is given some ACT and is cautioned on how to take the drug.

<b>Pa Peter (Patient)</b>	(Enters the Doctors office with the Laboratory results which shows positive). Doctor, here is the Laboratory result.
<b>Doctor</b>	Yes Pa, the results from the Laboratory shows that it is positive
<b>Pa Peter</b>	Eeenhh Docta! Positive? You mean I have AIDs?
<b>Doctor</b>	No Pa, the blood test that they did in the Laboratory shows that you have malaria,



	not AIDS – Papa
<b>Pa Peter</b>	(sign of relief)
<b>Doctor</b>	Pa, you said, you have headache and joint pains! So I will give you ASAQ
<b>Pa Peter</b>	No Docta, that medicine shakes my body too much and also gives me chest pain. I want but quinine.
<b>Doctor</b>	Pa, from the way you look (referring to signs and symptoms) when they examined your blood in the Laboratory, it confirmed that you are suffering from uncomplicated malaria (++). That is why we are giving you Artesunate Amodiaquine, because it is the most efficient drug for simple malaria.
<b>Pa Peter</b>	(Nods his head) Is that so?
<b>Doctor</b>	Pa, this medicine is cheap, it will treat you in 3 days. If you take it on an empty stomach it will shake you a little bit, but if you take it with food and drink well the effects can be reduced.
<b>Pa Peter</b>	Thank you Docta!
<b>Doctor</b>	It will be ok.  Bye.

### Conclusion

The play we have just watched shows how poor communication can leave patients with wrong information. This drama shows how poor communication can give a different impression to a patient.

### Activity 6.2.3: Role play to practice communicating to patients

#### Instructions for the facilitator

1. Start this activity by giving its title and the learning objective.
2. Use SOP I01: “How to conduct a drama for conscientisation” to develop the story.
  - i. **NB:** master all the steps before hand.
3. Orient the participants to develop and act the story towards the text below which is only known to you
4. At the end, give a brief summary of the Drama
5. Ask participants to list challenges from the Drama and write them on the flip chart
6. Discuss some of the suggested challenges and conclude the active

#### Scene 3: Role play on patient care

**Objective:** Drama for conscientisation to emphasize the need for patient care

**Introduction:** This takes in a hospital in Cameroon. This is to the emphasize the need to do a malaria test before treatment in order to distinguish malaria from other fevers before taking treatment

<b>Text</b>	
<b>Patient:</b>	Good morning Doctor
<b>Doctor:</b>	Good morning please sit down
<b>Patient:</b>	I have fever Doctor
<b>Doctor:</b>	<p>Papa, when did it start.....( <i>ask some questions to collect other information on the patient and the disease Patient gives some detail of his illness e.g. the onset, what has been done already if any. (This helps the patient and the doctor to build confidence in each other and improve the HW/patient relationship)</i></p> <p>Please can you tell me how you have been feeling and what you have done</p>

<b>Patient</b>	Fever started 2 weeks ago and it is on and off, I took some paracetamol, I consulted with my neighbour who is a nurse who gave me quinine and I did not feel better. Since 1 week , I have been having abdominal pains
<b>Doctor</b>	Ashia, you have been treated for malaria but fever could be caused by many things. To be sure you get the right drug, it will be good that we confirm it. You will go to the lab so that they find out whether there is malaria or something else We have a new which is very good, reliable and very fast (patient comes back with results from the lab)
<b>Doctor</b>	Your lab results reveal that there is no malaria parasite in your blood.
<b>Patient</b>	So what is giving me this fever?
<b>Doctor</b>	As I said before fever can be caused by many things
<b>Doctor</b>	I will prescribe you antibiotics which you will get from the hospital pharmacy. After 3 days, come and see me.
<b>Patient</b>	No Doctor I don't trust this test I know I am suffering from Malaria.
<b>Doctor</b>	....

### Conclusion

We have come to the end of this module where we learnt the various skills on how to communicate effectively to patients. Effective communication is an essential tool necessary to improve the quality of care given to patients

### OVERALL CONCLUSION

We have come to the end of this training programme where we used different activities to emphasize the need to improve on the quality of care given to patients. As health workers we should understand that we play an important role in the quality of care given to patients. Hence we need to prescribe appropriate treatment based on test results and give quality care.

#### Instructions for the facilitator

- Administer the malaria quiz and the course evaluation form for 15mins
- Tell participants not to write their names on the form

**REFERENCES**

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