

**UNITED REPUBLIC OF TANZANIA**

Ministry of Health

**HEALTH LITERACY,CUSTOMER CARE&  
RESPECTFUL AND COMPASSIONATE CARE**

**FACILITATOR GUIDE**

**OCTOBER 2023**



**THE UNITED REPUBLIC OF TANZANIA**

**MINISTRY OF HEALTH**

**HEALTH LITERACY, CUSTOMER CARE**

**&RESPECTFUL AND COMPASSIONATE CARE**

**FACILITATOR GUIDE**

**NOVEMBER 2022**

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# ABBREVIATIONS

|  |  |
| --- | --- |
|  |  |
| ASS | Assistance Director |
| BMC | Bugando Medical Centre |
| CUHAS | Catholic University of Health Allied Sciences |
| CI | Clinical Instructor |
| DNS | Director of Nursing Services |
| FG | Facilitator Guide |
| HL | Health Literacy |
| HUAS | Hanze University of Applied Sciences |
| KCMC | Kilimanjaro Christian Medical Centre |
| KCMUCo | Kilimanjaro Christian Medical University College |
| MOH | Ministry of Health |
| MUHAS | Muhimbili University of Health and Allied Sciences |
| MNH | Muhimbili National Hospital |
| NUI Galway | National University Ireland Galway, University of Galway |
| PCC | Person-Centred Care |
| RCC | Respectful and Compassionate Care |
| SNO | Senior Nursing Officer |
| TAMA | Tanzania Midwifery Association |
| USN | University of South-Eastern Norway |

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# FOREWORD

Nursing and midwifery services are among the key components of the national package of essential health interventions focusing on improving the quality of health services rendered to patients at all levels of health service delivery points. Nurses and midwives are covering about 60% of all the work force in health care (National guidelines on respectful and compassionate nursing and midwifery (NG-RCC), 2017, p. v).

Respectful and Compassionate Nursing Care is a key-component as the public expectations to health care providers are increasing when it comes to dignity in treatment and relationships between patients with relatives and nurses and midwives. To meet these expectations, the Ministry of Health developed National Guidelines on Respectful and Compassionate Nursing and Midwifery Care (NG-RCC-2017).

The Ministry of Health and Hanze University of Applied Sciences, Groningen, The Netherlands in collaboration with key stakeholders is implementing The HEALCARe project which aims in building capacity to Universities and Teaching Hospitals in facilitating HL for improving respectful and compassionate care as well as customer care to graduate nurses. This project also is aiming in building capacity for professional regulatory council in providing this course in line with CPD system to ensure in service nurses are able to provide care that considers Respectful and Compassionate Care. In the project, the curriculum-developed is a key Work Package to impart knowledge, skills and attitudes for lecturers and clinical instructor who will be competent to facilitate soft skills to learners and evaluate its effectiveness to the patients in both clinical - and community settings.

To highlight respectful and compassionate care in nursing and midwifery-performance,the team of experts developed 3 modules; Health Literacy, Customer Care as well as Respectful and Compassionate Care. The focus is to train graduate nurses to be competent in providing quality care to patients by integrating health literacy, respectful and compassionate care as well as customer care competencies. To be able to cover this, the learning arenas for these topics are in theoretical studies, practical studies and studies in skill slabs. These Facilitator Guidelines will cover topics and learning activities for all three modules in the three learning arenas.

My hope is that universities, teaching hospitals and professional council which includes lecturers; clinical instructors and hospital staff will use this guide for improving respectful and compassionate care towards patients and their relatives to improve quality of care.

Dr. Aifello SIchalwe

**Chief Medical Officer**

**Ministry of Health**

# INTRODUCTION TO FACILITATORS GUIDE

## OVERVIEW

The existing nursing curricula emphasizes on the acquisition of clinical skills, though nurses and midwives need more soft skills. This includes communication skills, customer care, health literacy as well as respectful Compassionate care skills. Acquisition of these skills enable graduate nurses to improve interaction with patients, relatives, and an inter-disciplinary team to ensure effective communication and thus improve quality of care.

In 2017, the Ministry of Health developed National Guidelines on Respectful and Compassionate Nursing and Midwifery Care (NG-RCC-2017). This was in line with Tanzania Health Sector Strategic Plan V 2021-2025 that stipulated clearly about the importance of providing quality nursing and midwifery services that incorporate compassionate patient centred care.

The MOH, KCMUCo, CUHAS and MUHAS with their respective teaching hospitals (KCMC, BMC and MNH), through the Erasmus+ EU-Capacity Building Project; embarked to enhance soft skills to nurses and midwives in the country.

The quality of soft skills of nurses and midwives directly affects patient care and the related clinical outcomes. The established HL-RCC training will equip them with competences necessary in facilitating clinical learning and teaching as well as improve communication to clients thus improve quality of care.

This facilitator’s guide is one part of the training package. Other materials include course outline, and participant’s manual. Facilitators are required to be familiar with all training materials involved in the training package.

## DIDACTICAL MODELS FOR THE TRAINING

The mission of learning theories and didactical models is to be a guidance both for planning and for running education programs. A foundation in curriculum building in general and in nursing/midwifery in particular, is to choose for didactical models covering the purpose of the education program. In Nursing and Midwifery education programs, it will be a benefit to use didactical models in which all parts of necessary competences in the profession are described and taken into consideration, both for learning programs at universities and for learning programs in the clinical field. For this purpose, we would like to introduce 4 didactical models.

1. *The Model of Professional Competence*, describes what kind of competence is necessary for nurses and a midwifes in providing high quality care to patients and clients.
2. *The Didactical Relation Model*, intend to identify how significant pedagogical elements in a curriculum are dependent on each other: If one of the parts (for example in Learning Outcomes) is revised, it may have an impact on the other parts in the curriculum (for example in the Learning Activities or in the Assessments).
3. *Taxonomy in Learning*, describes the theories of taxonomy in learning processes for 1) theoretical knowledge, 2) skills and 3) attitudes. The taxonomy describes levels of learning for theoretical knowledge.
4. *Clinical Learning Environment (CLE*), highlights categories and elements which are important for student learning during clinical placements. The elements will have an impact on the learning environment and the quality of the learning outcomes for students in the clinical placements.

## MODEL FOR PROFESSIONAL NURSING COMPETENCE

Personal profile

Personal competence

Professional

Skills

Theoretical

knowledge

Figure 1. Model for professional competence (G.M. Skau, 2011)

**Explanation of the model – adjusted to nursing and midwifery**

When providing RCC in Nursing and Midwifery it is of significant importance to include Theoretical knowledge, Practical Professional Skills and Personal Competence. Skau presents her model in a triangle to underline the three aspects’ close connection to each other and will have an impact on each other when providing professional care.

1. Theoretical Knowledge in Nursing and Midwifery; knowledge in nursing science, natural sciences and social sciences
2. Practical Skills in Nursing and Midwifery; specific professional skills (defined in educational program, hospital and by national authorities)
3. Personal Competence in Nursing and Midwifery; is the nurse’s and midwife’s values, attitudes, their views on human beings, empathy, compassion (see ICN-guidelines)

**How to use the model when supervising and teaching students**

As teachers and clinical instructors we may use this model as a guideline to underscore all three aspects when supervise and teach students both in school and in clinical placements. We may highlighting both knowledge, skills and personal competence in all part of the education program.

An example; in clinical we may give attention to students’ Knowledge about Health Literacy (HL), the importance of performing Communication Skills in a Respectful way, as well as students’ personal Attitudes towards patients with limited HL will affect the way they are providing care. This way of highlighting the elements in Professional Competence can be used when we are guiding and supervise students before and after providing care towards patients with HL. We may ask students to present their knowledge relevant for providing care to the specific patient they plan to meet, how they have prepared for the planned skills and how they plan to behave towards the patients. When they have ended the particular situation with the HL-patient; we may ask the students how they applied their present Knowledge, Skills and Personal competence.

DIDACTIC RELATIONSHIP MODEL[[1]](#footnote-2)

In developing a curriculum, module, course or a unit, the elements described in the didactic relational model have each to be carefully considered and rated as whole. All elements in the model will have an interactive impact on each other. Changes in any of the six elements may affect some of the other elements. E.g. if a course has a learning outcome as “To apply knowledge when providing RCC”, other elements as learning activity as well as assessment has to be focused and considered in the educational or clinical placement or in settings as in simulation centres

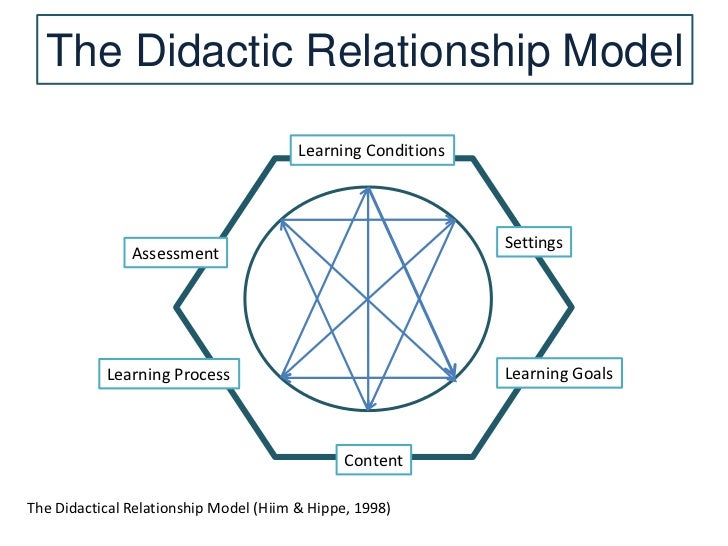


Figure 2. The Didactic relationship Model (Hiim og Hippe, 1998)) – figure uploaded internet 080222-BingCom

**Explanation of the model**

The model is developed like a diamond, with 6 elements impacting each other;

Learning conditions; the learners’ prerequisites; students expectations, knowledge

Settings limitations and possibilities affecting the learning; like facilities, equipment, learning area, time allocation:

* Learning goals; domains, taxonomy
* Content; topics, theories, models, skills,
* Learning process; how the teachers plan for the learners’ learning process, type of learning activities/pedagogical methods
* Assessment; summative and/or formative evaluation/assessment

The 6 elements have no start and no beginning. All six elements will affect each other regardless where they are situated in the model. That means also that when it is need for a change in one of the 6 elements, we have to analyse and consider if that may request changes in some of the other 5 elements in the model.

**Use of the model**

When developing a curriculum, module, unit, a single step, all 6 elements described in the Didactic Relationship Model have to be carefully considered and rated as whole. E.g. if a course has a learning outcome as “Apply knowledge when providing RCC” or “Understand how to provide RRC” will have a different impact on Settings, Learning Process, as well as Assessment.

Most of the time, students will have a curriculum plan for each or both theoretical modules/units and for clinical modules/units.

When a student is allocated for a specific clinical placement, the clinical instructor (CI) may use this model when planning for CONTENT- LEARNING PROCESS as in well as type of ASSESSMENT for the students’ placement at the ward/health facility.

The CI should consider all six elements and develop a plan for the students’ stay at the ward/health facility

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SETTINGS** | **LEARNING CONDITIONS** | **LEARNING OUTCOMES/ GOALS** | **CONTENT** | **LEARNING PROCESS/ LEARNING ACTIVITIES** | **ASESSMENTS** |
| Clinical- surgery | Hectic ward.  Overload of patients  Only 1 trained CI  2nd year student | Apply  HL-communication- techniques  to promote patient shared decision making | Manuals for HL  Guidelines for HL-communi-caution | Practical experience with HL-patients  Pre – and post reflection  Other activities | Oral presentation |

Figure 3: An example - A Didactic- Planning - Document in clinical placements -using the 6 elements in Didactical Relationship Model– adjusted for nursing and midwifery in the HEALCARE-project

The last two models will present the Taxonomy in Learning and Model for Clinical Learning Environment.

**TAXONOMY of educational objectives[[2]](#footnote-3)**

Theories on taxonomy of learning have been well described in literature for decades. The perspective is that learning is identified as a complex process developing from level of simple to complex learning. This learning-level-system are applied when describing all learning outcomes, both for theoretical knowledge, skills and attitudes.

Clinical learning may be considered as a different way of learning and with another focus if you compare it to learning at schools.

In clinical the students are supposed to

* Apply – Evaluate – Consider theoretical knowledge towards patients/clients and their relatives; theoretical knowledge acquired at university
* Practice and Adjust skills; skills Percepted and Set in skills lab in school
* Organizing and characterizing ethical values (like ICN/TNMC-professional code) as a part of their behavior when providing care; ethical values received in role plays at university.

For this purpose, to highlight sub-models for taxonomy in learning processes/level of learning:

1. Taxonomy for cognitive domain = theoretical knowledge
2. Taxonomy for practical skills
3. Taxonomy for attitudes

**TAXONOMY Theoretical knowledge**

Bloom categorized and classified the cognitive domain of learning into varying levels according to complexity and richness. As you travel up the pyramid, the level of complexity increases. This framework is important for designing a learning experience because it helps instructors identify, classify, and outline what students are expected to learn in the course.

Diagram

Description automatically generated

**Figure 4. Blooms Taxonomy cognitive domain revisit (2001)[[3]](#footnote-4)**

This diagram shows Bloom’s Taxonomy for the cognitive domain arranged as a pyramid from lower-order thinking skills to higher-order thinking skills. The base of the pyramid—remembering—represents skills in which students must recall specific facts. The next level—Understanding—represents skills in which students must grasp the meaning of instructional materials. At the next level—applying—students must use information in a new (but similar) situation to one they have practiced in the past. At the Analysing stage, students must take a part and identify relationships among the material that is known. At next to highest stage—evaluating—students examine information and make judgments. At the top of the pyramid—Creating—students use information to create something new.

**TAXONOMY Psychomotor domain**

Skills in this domain (listed from simple to complex) depict the ability to physically utilize an object. As teachers/clinical instructors we may plan for a learning process for students which will covering the simple level “Perception” of a practical skill until the complex levels, like “Adaption” and “Origination” of a practical skill. This plan provides a focus in modules/units organized at universities as well as in clinical/practical placements in hospitals.

The steps from simple to complex level in practical skills learning expect students to train and work independently – as well as being open to and accept feed-back from teachers/clinical instructors when planning and performing a practical skill.

|  |  |
| --- | --- |
| **Skill** | **Verb** |
| Perception - awareness | Choose, describe, distinguish, identify, isolate, relate, and select |
| Set | Begin, display, explain, proceed, react and show |
| Guided response | Follow instructions, copy, trace, follow, reproduce, and respond |
| Mechanism (basic proficiency) | Assemble/ calibrate/ dismantle/ fasten/fix/ manipulate/ measure/ mix/ organize |
| Complex overt response (expertise) | Assemble, calibrate, dismantle, fasten, fix, and manipulate |
| Adaptation (strong independent skills | Adapt, alter, change, rearrange, reorganize and revise |
| Origination (creativity) | Arrange/ build/ combine/ compose/ construct/ create/ design/ originate |

Figure 5. Taxonomy levels Practical skills – adjusted from Bloom – see footnote 3

**TAXONOMY Affective domain[[4]](#footnote-5)**

Skills in this domain depict how individuals relate emotionally to knowledge. They gain feelings, values and attitudes about a given topic and are motivated (or not) about it. There are five major categories around this domain (listed from simple to complex)

|  |  |
| --- | --- |
| **Attitude** | **Verb** |
| Receiving | Become aware, inquire, choose, follow, identify, locate and reply |
| Responding | React to, answer, assist, comply, discuss and report |
| Valuing | Complete, differentiate, explain, justify, propose, select and share |
| Organizing | Arranging, combine, compare, complete, explain, identify, integrate, and modify |
| Characterizing | Act, discriminate, modify, perform, practice, quantify, question, revise and verify |

Figure 6 Taxonomy levels attitude – adjusted from Bloom – see footnote 3 and adjusted in a matrix for this presentation

Professional values and attitudes is settled in nursing and midwifery professions. For nurses and midwifes expecting to provide Respectful Compassionate Care, awareness of values and attitudes are crucial. However, to fulfil the code of conduct for nurses and midwifes, the professional values and attitudes have to be internalized. The simple level in the taxonomy is named “Receiving” and the complex level in the taxonomy, is named “Characterizing”. As teachers and clinical instructors, we are expected to plan for a learning process that covers levels from “Receiving” to “Characterizing” both in Learning Outcomes, Content, and Learning Activities as well as in Assessments (see elements in the Didactic Relational Model, Figure 2).

**Summary**

The taxonomy of learning in Cognitive – Psychomotor and Affective- domains can be used when describing the level of learning.

In each of the learning outcomes in the three modules in Applying different taxonomies in the learning outcomes in the HL-modules will support facilitators – teachers and clinical instructors’ to plan for appropriate learning process/learning activities during students; placements. As well as for the content and type of assessment. By combining the elements in the didactic relationship model with the taxonomy-system for learning outcomes, will give a student-centred defined learning plan.

## MODEL OF CLINICAL LEARNING ENVIRONMENT

This may not be addressed as a pure model like the models above, rather it functions as a framework for developing the Learning Environment in both universities and in clinical settings for students.

As nursing and midwifery are clinical professions, practicing RCC in hospitals, health care centres, dispensaries, home care etc., clinical placements are a part of students/learners’ education-program. In practice, the students/learners are supposed to practice their knowledge, skills and attitudes towards patients/clients and their relatives. However, the students’ knowledge, skills and attitudes may be too general and they need to learn how to apply, evaluate, consider, create, modify, revise, and verify their knowledge, skills and attitudes. For that purpose, hospitals and health care clinics are supposed to pay attention to the students /learners’ learning process, and for that purpose, it is important to create a good clinical learning environment. A good learning environment can support the students’ learning processes. For that purpose, we may use models and research regarding the Learning Environment.

Moos (in Chan 2002)[[5]](#footnote-6) developed a model for Learning Environment; he postulated that a learning environment in organizations is affected by three dimensions and will have an impact on the learning environment;

* Personal dimensions
* Relationship dimensions
* System dimensions

This framework underlines the fact that a learning process is affected by personal as well as contextual factors – and is based on a psychosocial educational perspective and may be relevant for both university/school as well as the clinical placements.

Clinical practice enables the students to develop competencies in the application of knowledge, skills and attitudes. In this Facilitator Guide, we will focus particularly on clinical placements as learning area for nursing and midwifery students, who are expected to learn, apply, and provide respectful compassionate care towards patients/clients and their next of kins. Chan (2001,2002) developed this Moos-model into a Model for Clinical Learning Environment for nursing students. From the three dimensions, he developed an inventory of 6 subcategories important for the quality of the Clinical Learning Environment (CLEI) for nursing students:

* Involvement
  + Assess the extent to which students participate actively and attentively in hospital ward ac­tivities.
* Personalization
  + Emphasize opportunities for in­dividual students to interact with the clinical teacher or clinician and concern for students’ personal welfare
* Task orientation/structured
  + Assess whether the instructions for hospital activities are clear and well organized
* Individualization
  + Reflect the extent to which stu­dents are allowed to make decisions and are treated dif­ferentially according to ability or interest.
* Innovation
  + Measure the extent to which the clini­cal teacher or clinician plans new, interesting, and produc­tive learning experiences, teaching techniques, learning activities, and patient allocations
* Satisfaction
  + Assess students’ overall satisfaction with their clinical placement

These 6 subcategories may be defined as key-points for further development of the learning environment in clinical placements for nursing and midwifery students.

However, Chan (2001, 2002) developed 42 items; 7 items with explicit stated specific descriptions related to each of the 6 Subcategories. The 42 items were then developed into a questionnaire (CLEI) asking for students’ perceptions of the Clinical Learning Environment at their specific ward/clinical placement. Several research studies has used CLEI for monitoring students’ Perceptions of the clinical Learning Environment. Research shows that students the subcategory Innovation which “Measure the extent to which the clini­cal teacher or clinician plans new, interesting, and produc­tive learning experiences, teaching techniques, learning activities, and patient allocations” (Chan,2002, Berntsen et al,2010, 2017).

For students’ ability to learn and provide Respectful Compassionate care towards patients suffering from low health literacy – the learning environment has to be addressed in clinical settings as well as in the classrooms.

**How to use the Conceptual framework in Clinical Learning Environment Inventory (CLEI)**

This conceptual framework can support clinical instructors to facilitate the nursing - and midwifery students to achieve a productive clinical practice.

In cooperation with the leadership, we suggest the CI to adjust the subcategories in the conceptual framework to the specific wards/placements/facilities.

**Activity 1** Ask all nurses at the ward to describe their ideas related to more than one of the subcategories in the following question;

How can we facilitate a clinical learning environment that will mirror:

* Involvement
* Personalization
* Task orientation
* Individualization
* Innovation
* Satisfaction

**Activity 2** Categorize all the inputs and make an adjusted matrix – as the figure below.

**Activity 3** When students passed their placements, ask for their perceptions about the present clinical environment.

**Activity 4** Categorize all the inputs and make an adjusted matrix – as the figure below

**Activity 5** Make a summary from Activity 2 and Activity 4 – in a common matrix and make statements in collaboration with the leadership in the ward/health institution

|  |  |
| --- | --- |
| **CLEI-SUBCATEGORY** | **HOW TO FACILITATE CLE - FOR**  **NURSING STUDENTS’ LEARNING PROCESS** |
| **Involvement**  Assess the extent to which students participate actively and attentively in hospital ward ac­tivities. |  |
| **Personalization**  Emphasize opportunities for in­dividual students to interact with the clinical teacher or clinician and concern for students’ personal welfare. |  |
| **Task orientation/structured**  Assess whether the instructions for hospital activities are clear and well organized. |  |
| **Individualization**  Reflect the extent to which stu­dents are allowed to make decisions and are treated dif­ferentially according to ability or interest. |  |
| **Innovation**  Measure the extent to which the clini­cal teacher or clinician plans new, interesting, and produc­tive learning experiences, teaching techniques, learning activities, and patient allocations. |  |
| **Satisfaction**  Assess students’ overall satisfaction with their clinical placement |  |

## TRAINING ORGANIZATION

This training is for 5 days where theory, practicum and simulations are alternated. Participants will be trained to understand and apply concepts, principles, and skills related to Respectful, Compassionate Care and Health Literacy. The training is organized into 3 modules which are further divided into several units.

**Table 1.1 Summary of the modules**

|  |  |  |  |
| --- | --- | --- | --- |
| **SN** | **Module Tittle** | **Number of Units** | **Total Module Hours** |
|  | Health Literacy | 3 | 660Minutes |
|  | Customer Care in Health Care | 4 | 630 Minutes |
|  | Respectful and Compassionate Care | 3 | 810Minutes |
|  | **TOTAL UNITS AND HOURS** | **10** | **2070 Minutes** |

|  |  |  |
| --- | --- | --- |
| **Duration of Training Program** | | |
| Shape, icon, arrow  Description automatically generated | Total Training Programme Time | 5 days (35 hours) |
| Classroom time (Theory) | 3 days (21 hours) |
| Simulations | 2 day (14hours) |

NB: The module will be implemented in blended approach, of which theoretical aspect will be obtained from e Learning platform, and practical aspect will be obtained from clinical environment. However novice students will learn in classroom, skills lab then to the hospital. Theory hours ……. And practical hours……..

**OVERALL TRAINING PROGRAMME OBJECTIVES**

**By the end of the training, participants are expected to be able to:**

* Apply knowledge and skill of respectful and compassionate in provision of health services
* Apply concepts and skills of health literacy in provision of nursing and midwifery services
* Develop clinical case study on compassionate and respectful care
* Utilize knowledge and skills of customer care in provision of nursing and midwifery services
* Apply didactical skills/learning activities for obtaining Learning Outcomes for both knowledge, skills and attitudes

|  |  |
| --- | --- |
| **Teaching and Learning Methods** | |
| methodology.png | * Lecture discussions * Buzzing and brainstorming * Group discussions * Gallery walk * scenario * Demonstrations * Role plays * Case studies * Simulations |

|  |  |
| --- | --- |
| **Training Evaluation** | |
| C:\Users\mpanda\Desktop\question-mark-human-head-clipart-vector_csp45431052.jpg | * Daily evaluation and reflection * End of the training evaluation |

**Logistics of the Training**

**Norms/Ground Rules**

* Agreement between facilitators/Trainers and participants on how the meeting will be conducted
* Posted on the wall
* Referred to throughout the training
* Helpful to manage the training
* Require group commitment to abide by ground rules throughout the training

|  |
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| ***Activity: Brainstorming***  **The** ‘Norms/Ground rules’ are expectations of both the participants and the facilitators on what they should do to help the training go smoothly and meet the objectives**.**  **REMEMBER** that the ground rules will be used throughout the training and new rules can be added as needed  **You are required to mention ONE expectation and ONE ground rule of the training.**  **Possible Ground Rules:**   * Use both English and Kiswahili * Arrive on time for the beginning of each session and after each break (both trainers and participants) * Keep each session on time * Mobile phones should be in silence mode while in the training room * See other’s as equals during training; any office hierarchies and positions are to be left at the door * Share experience and expertise. Feel free to express your views/concerns at any time * Only one person should speak at a time * Active participation. Everyone has something important to contribute and it is important that we have the opportunity to hear from everyone * No side-meeting conversations; Comments should be made to the whole group * Provide constructive feedback to each other * No smoking in the training venue. * Respect each other’s opinions and contributions |

**Parking Lot**

A place to put items such as questions, concerns or topics that;

* Require extra time
* Are related to training but not critical
* Require follow up
* Can be dealt with during breaks, lunch, evenings or at the end of the training

**General Logistics**

* Inform participants that there will be health breaks and refer to the timetable
* Show location of where they will get the services
* Direct participants to the restrooms/washrooms
* Inform participants about their Daily Subsistence Allowances

**Inform participants to select their Leaders**:

* Chairperson
* Deputy Chairperson
* Rapporteurs for each day
* Time keeper
* Social leader

**Closure**

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| **During the course of the TRAINING you should**;   * Share their experience when required * Ask questions whenever they need further clarification |

# MODULE 1: HEALTH LITERACY

**Total Module Time: 660 Minutes**

**Module Aim**: The aim of this module is to teach competencies of Health Literacy to nursing students for them to improve their health information/education and promotion of health to their clients/patients

**Learning Outcomes**

**At the end of this module, participants are expected to be able to:**

1. Understand the concept of health literacy in clinical care and health promotion activities
2. Appraise the value of health literacy in clinical care and health promotion activities
3. Explain the importance of health literacy in improving Respectful and compassionate care
4. Apply communication skills appropriately with the focus on people with limited health literacy

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| **Teaching and Learning Methods** | |
| Description: methodology.png | * Lecture discussion * Role play and demonstration * Group discussion * Reflections * buzzing |

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| **Teaching and Learning Resources** | |
|  | * Slide set for Module 2 * Flip chart and markers * Masking tape * Participant’s manual for each participant * Facilitator’s guide * LCD projector and Computer |

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| **Advance Preparation** | |
| Description: Description: workinadvance | * Review teaching slides * Set the training room * Ensure a functioning LCD and computer * Ensure availability of flip chart and marker pens * Ensure availability of Participant Manual for each participant * Review timetable and share with participants |

**Module Unit Overview**

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| --- | --- |
| **UNIT TITLE** | **Time (Minutes)** |
| Unit 1.1: Concepts of Health Literacy | 130 |
| Unit 1.2: Interaction of clients with limited HL in nursing and midwifery practices | 80 |
| Unit 1.3: Communication with the Focus On Limited Health Literacy | 150 |
| Total Theory Hours | 360 |
| Practical Hours | 300 |
| **Total Hours** | **660** |

## UNIT 1.1: CONCEPTS OF HEALTH LITERACY

**Total Unit Time: 130 minutes**

**Learning Objectives**

**At the end of this session participants are expected to be able to:**

* 1. Define health literacy and the common terms used
  2. Identify levels of health literacy
  3. Identify elements of health literacy
  4. Understand the prevalence and pattern of health literacy in the population
  5. Explain the importance of health literacy
  6. Identify misconceptions on health literacy
  7. Analyse patients’ experience of receiving care in relation to level patients’ of health literacy

**UNIT OVERVIEW**

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| --- | --- | --- | --- |
| **Step** | **Time (min)** | **Activity/ Method** | **Content** |
| 1 | 5 | Presentation | Session Title and Learning Tasks |
| 2 | 5 | Interactive lecture | Definition of health literacy |
| 3 | 5 | Interactive lecture | Levels of health literacy |
| 4 | 10 | Interactive lecture, | Elements of health literacy |
| 5 | 5 | Interactive lecture | Prevalence and patterns of health literacy |
| 6 | 10 | Interactive lecture /small group discussion | Importance of health literacy |
| 7 | 10 | Interactive lecture, small group discussion | Misconceptions about health literacy |
| 8 | 70 | Assignment/Reflection during small group session | Reflection on patient experience in relation to assessing healthcare services   1. Insight in own reflections on health literacy 2. Insight in experience of client with low health literacy |
| 9 | 5 | Presentation | Key points |
| 1o | 5 | Presentation | Evaluation |
| Tot | 130 |  |  |

**UNIT CONTENTS**

**STEP 1: Presentation of Unit Title and Learning Tasks (05 minutes)**

READ or ASK students to read the learning tasks

ASK students if they have any questions before continuing

**STEP 2: Definition of Health Literacy (05 Minutes)**

* There are many definitions of health literacy as it is an evolving concept, but core elements of the many definitions that have been formulated are: the extent to which individuals are able to access, understand, appraise and apply health information. It is a relational concept which means that it is about the interaction between a persons’ skills and abilities and the demands made of them by the health services. This is reflected in the definition used here that we have adopted in our educational material which is:
* “The degree to which people are able to access, understand, appraise, and communicate information to engage with the demands of different health contexts in order to promote and maintain good health across the life course” (Kwan et al., 2006)
* This definition clearly highlights the fact that health literacy is not concentrated on the individual solely, but it is relational as it emerges from the interaction of individuals with the health system. Moreover, it mentions that it is relevant across the life course meaning that it matters to people in different ages varying for example from adolescent to pregnant women and elderly people.
* From the individual’s perspective it’s more than reading and writing skills, and can include the ability to:
* Understand complex vocabulary and concepts including medical terms or probability and risk
* Share personal information with providers about health history and symptoms
* Make decisions about basic behaviours like healthy eating & exercise
* Engage in self-care and chronic-disease management
* Understand instructions on prescription drug bottles, appointment slips, health brochures, physician directions, consent forms
* Navigate a complex healthcare system from walking hospital corridors to filling out insurance forms
* It can also include an individual’s numeracy skills.

**STEP 3: Levels of Health Literacy (05 Minutes)**

A typology of health literacy has been developed (Nutbeam, 2000) with three levels focusing on what literacy enables people to do in the context of their health.

* Functional health literacy
* The basic skills of reading, writing and numeracy necessary to function effectively in a health context.
* Interactive health literacy
* Refers to more advanced cognitive literacy skills that with social skills, can be used to actively participate in everyday situations, extract information and derive meaning from different forms of communication, and apply this to changing circumstances.
* Critical health literacy
* The ability to critically analyse information and use this to exert greater control over life events and situations.

**STEP 4: Elements of Health Literacy (10 Minutes)**

* From a systematic review study, the construct of health literacy covers three broad elements:
* Knowledge of health, healthcare and health systems
  + - The theme of knowledge refers to the understanding of factual information about health and can be further divided into four aspects; knowledge of medicine, knowledge of health, knowledge of health systems and knowledge of science
* Processing and using information in various formats in relation to health and healthcare
  + - This theme concerns whether people are able to process and use information in relation to health and healthcare effectively. It has four subthemes: ability to process and use information to guide health actions, self-efficacy in processing and using health information, provision of health information (active engagement in dissemination of consistent information in a language that is appropriate to consumers), and access to resources and support for processing information.
* Ability to maintain health through self-management and working in partnerships with health providers.
  + - This theme refers to one’s ability of using her/his knowledge and information skill set to effectively manage health and illness conditions.
* It involves both self-management and working in partnerships with health providers, requiring abilities of self-regulation, goal achieving and interpersonal skills.

**STEP 5: Prevalence and Patterns of health literacy (05 Minutes)**

* A recent study using Demographic Health Survey data on 14 Sub-Saharan African countries showed that about 2 out of 3 participants included in this study has low health literacy (McClintock, 2019).
* According to this study, especially women, persons with lower education, people living in rural areas or were in a lower category of wealth had low health literacy. Health literacy is recognised as contributing to health inequalities.
* In South Africa it was measured that almost a third of the study population had limited health literacy (Marimwe & Dowse, 2019)
* These patterns are reflected in Europe where 47,6% of people in European countries have problems to understand, apply and analyse health information (Sorensen et al., 2015).
* Inadequate health literacy is related to low socio-economic status and lower education levels.
* Rates of limited HL are higher among minority groups and elderly people.

**STEP 6: Importance of health literacy (10 Minutes)**

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| **Activity: Small Group Discussion (10 minutes)**  **DIVIDE** learners in small manageable groups  **ASK** learners to discuss on the following question   * What is the importance of health literacy for population health?   **ALLOW** learners to discuss for 10 minutes  **ALLOW** few groups to present and the rest to add points not mentioned  **CLARIFY and SUMMARIZE** by using the content below |

* **Health literacy is important because it affects people’s ability to:**
  + Navigate the healthcare system, including locating patients’ services, accessing them and filling forms
  + Share person and health information with providers
  + Engage in self-care and chronic disease management
  + Adopt health-promoting behaviours such as exercising, diet modification etc

These intermediate outcomes impact:

* + - Health outcomes
    - Health costs
    - Quality of care
* Health outcomes
  + The CDC has found that literacy skills are the strongest predictor of individual health status
  + If people cannot obtain, process, understand and apply basic health information, they will not be able to look after themselves well or make sound health-related decisions.
  + Increasing rates of chronic disease
* Health care costs
  + People with low health literacy have poorer health status and higher rates of hospital admission
  + Just as low literacy is linked to low health status, so does low health literacy contribute to socioeconomic disadvantage.
  + Low health literacy may also prevent individuals from fully engaging in society and achieving their life goals.
  + Are less likely to adhere to prescribed treatments and care plans, experience more drug and treatment errors
  + Make less use of preventive services
* Quality of care and equity
  + Quality of care can be improved through health information demands
  + Healthcare is becoming more complex requiring increased patient skills for them to successfully manage their health
  + Health literacy is fundamental to patient engagement.
  + Working with patients for their health requires their participation and trust
  + Improving health literacy is critically important in tackling health inequalities.

**STEP 7:Misconceptions of health literacy (10 Minutes)**

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| **Activity: Small Group Discussion (10 minutes)**  **DIVIDE** learners in small manageable groups  **ASK** learners to discuss the following question   * What are the misconceptions on health literacy?   **ALLOW** learners to discuss for 10 minutes  **ALLOW** few groups to present and the rest to add points not mentioned  **CLARIFY and SUMMARIZE** by using the content below |

* “I will be able to tell if my patient cannot read the information provided. Anyway, my patient will tell me if he or she cannot read.”
  + This is not the case as many people that have limited literacy skills often feel ashamed and hide it
* “The number of years of education is a good indicator of an individual’s health literacy skills.”
  + Someone may have a very high level of education but in stressful situations, such as receiving bad news about a diagnosis or prognosis, may find it hard to take in and understand what they have been told and may experience limited health literacy.
* “Substituting plain language for medical jargon is insulting to well-educated persons.”
  + Someone that has a very high level of education and is an expert in, for example, astrophysics may not understand medical jargon.
* “All persons who are uneducated and cannot read or write have limited health literacy skills.”
  + This may not be the case. If a health professional, nurse or doctor, has explained to a person using clear communication such as not using jargon but using everyday terms, and visuals, like pictures or images a person that has limited literacy skills could have a good understanding and be able to manage their health.

**STEP 8: Reflection on patient experience of HL in relation to assessing health services**. **(70 minutes)**

Reflective practice is a core feature of learning for many health professionals, particularly nurses. This activity draws on ideas from reflective practice for students to begin to gain insight into the health care experiences of people with limited health literacy. This activity draws on Gibbs (1988) Reflective Cycle to provide a structure to the discussion. The stages as written in the model are presented briefly below:

1. **Description** of the experience
2. **Feelings** and thoughts about the experience
3. **Evaluation** of the experience, both good and bad
4. **Analysis** to make sense of the situation
5. **Conclusion** about what you learned and what you could have done differently
6. **Action plan** for how you would deal with similar situations in the future, or general changes you might find appropriate.

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| **Activity: Small Group Discussion (50minutes)**   * Divide the students into small groups of 4 to 5.   **ALLOW** learners to discuss for 50 minutes using the 6 stages of Gibbs model to frame the discussion   * One person in the group **Describes** and shares their experiences of their first day at college, **(25 minutes)** * **Feelings,** thoughts and actions on the day are shared and **Analysed** * The rapporteur keeps a record of these thoughts, actions and **feelings** as discussed by the group * (**25minutes**) The group then consider how it must feel to someone that is not as advantaged as a student in higher education that has limited health literacy and is attending a hospital appointment. * The rapporteur collates the insight gained (the **Learning**) about those with limited health literacy attending hospital.   **ALLOW** few groups to present and the rest to add points not mentioned **(10 minutes)**  **CLARIFY and SUMMARIZE** by using the content below (**10 minutes)** |

**Summary of the reflection activity**

1. For students their first day attending college can be exciting, frightening and anxiety provoking as it is an unfamiliar environment.
2. For people attending hospital it is often an unfamiliar environment which can be intimidating.
3. For people who are disadvantaged with less education this is even more challenging.
4. It has been found that many people with limited health literacy have a sense of shame and /or embarrassment of their lack of ability and as a result patients/clients often over report their level of ability (Kirsch et al., 2005) and hide their lack of literacy and health literacy (Parikh et al., 1996, Strijbos et al., 2018).

**STEP 9: Key points (5 Minutes)**

* Health literacy is quite a new concept and still evolving. There are several definitions of health literacy but the core elements of many definitions are: to access, understand, appraise and apply health information.
* Levels of Health Literacy are functional, interactive and critical.
* Health Literacy is a key for health seeking behaviour among the community for quality health care services
* Health literacy has been related to worse health outcomes for patients

**STEP 10: Evaluation (5 Minutes)**

* Define Health Literacy.
* What is the pattern and prevalence of Health Literacy in population?
* What is the importance of Health Literacy?

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Strijbos*,* R.M*.,* Hinnen, J-W., van den Haak, R.F.F., Verhoeven*,* B.A.N*.,* Koning*,* O.A.J. (2018). Inadequate health literacy in patients with arterial vascular disease. [*European Journal of Vascular and Endovascular Surgery*](https://www.sciencedirect.com/science/journal/10785884). [56,(2](https://www.sciencedirect.com/science/journal/10785884/56/2)),239-245.

**Resources**

**Centers for Disease Prevention and Control CDC**<https://www.cdc.gov/healthliteracy/index.html>

Gibbs **Reflection Cycle** <https://www.ed.ac.uk/reflection/reflectors-toolkit/reflecting-on-experience/gibbs-reflective-cycle>

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## UNIT 1.2: INTERACTION OF CLIENTS WITH LIMITED HEALTH LITERACY IN NURSING AND MIDWIFERY PRACTICES

**Total Unit Time 80 Minutes**

**Learning Objectives**

**At the end of this session participants are expected to be able to:**

1. Describe the conceptual model of health literacy
2. Explore nurses’ and midwives’ attitudes in relation to patient’s functional health literacy ( reading, writing and numeracy)
3. Explain the implication of limited HL to nurses and midwives in providing care
4. Identify the implications of Limited HL to the health care system

**UNIT OVERVIEW**

|  |  |  |  |
| --- | --- | --- | --- |
| **Step** | **Time (min)** | **Activity/ Method** | **Content** |
| 1 | 5 | Presentation | Session Title and Learning Tasks |
| 2 | 15 | Interactive lecture | Conceptual model in health literacy |
| 3 | 10 | Interactive lecture and buzzing | Low health literacy and implications of low heath literacy to nurses/midwifes |
| 4 | 20 | Interactive lecture | Implications of low health literacy to the health system. |
| 5 | 10 | Interactive lecture and group activity | Attitudes to functional health literacy (reading, writing, numeracy) |
| 6 | 10 | Interactive lecture | Links HL and RCC |
| 7 | 5 | Presentation | Key points |
| 8 | 5 | Presentation | Evaluation |
| Tot | 80 |  |  |

**UNIT CONTENTS**

**STEP 1: Presentation of Unit Title and Learning Tasks (05 minutes)**

READ or ASK students to read the learning tasks

ASK students if they have any questions before continuing

**STEP 2: Conceptual model in health literacy (15 minutes)**

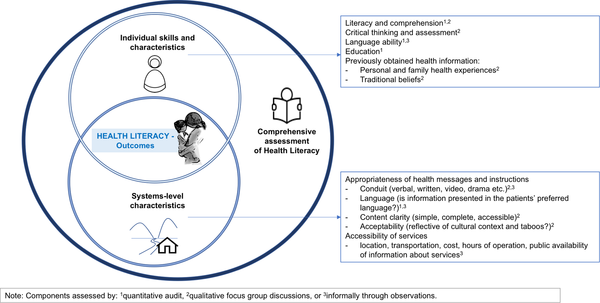
Health literacy is about the interaction of a client with the health system. It is not only about the individual skills and characteristics of clients, but it is also about the complexity and demands of the health system. It is a relational concept. Shown in the diagram below and in the formula.

**Diagram

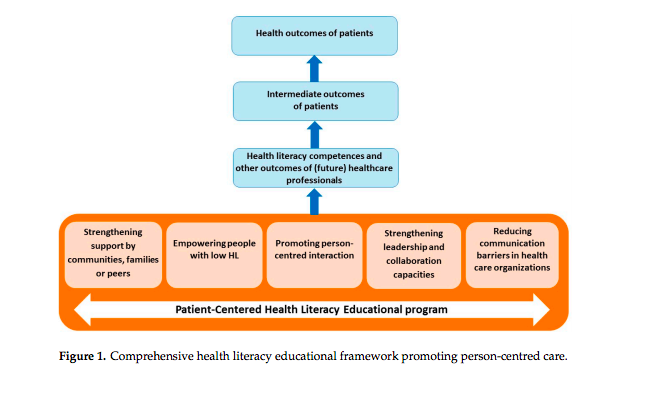
Description automatically generated**

**This is also included in the model below:**

* The difficulty that clients with limited health literacy may face in the healthcare system needs to be responded to by the health system.
* An important element of the health system is the workforce and the professionals working in healthcare organizations.
* A very important group of healthcare professionals are the nurses and midwives. Therefore, nurses and midwives need to for example, tailor their instructions or messages for patients who have difficulty to understand information or to understand difficult medical terms.



**Comprehensive health literacy educational framework promoting personal-centred care**



* Strengthen support community, family or peer
  + Support system: defined as the social network of communities, families or peers supporting the patient with limited health literacy.
* Patient empowerment: defined as the inherent capacity to be responsible for maintaining and promoting one’s own health.
* Patient–provider interaction: defined as verbal and non-verbal communication exchanges between healthcare professionals and patients with limited health literacy, as well as everything that might influence the interaction between the patient and the HCP (e.g., perceived time, respect).
* Leadership and collaboration: defined as competencies and actions initiated by a healthcare professional in order to accommodate the patient with limited health literacy (e.g., putting health literacy on the agenda, interaction between healthcare professionals, and coordination of care).
* Communication barriers: defined as obstacles within the healthcare system that appear to be a barrier for patients with limited health literacy (e.g., written materials, hospital navigation, front desks, hospital websites).

**STEP3: Limited Health Literacy Implications for nurses and midwives (10 minutes)**

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| **Activity: Buzzing (3 minutes)**  **ASK** learners to buzz in pairs on the following question   * What are the implications of patients with limited health literacy to the health care providers?   **ALLOW** learners to discuss for 3 minutes  **ASK** few pairs to provide responses and the rest to provide additional points not mentioned  **CLARIFY** learners’ responses using the points provided below for better understanding |

Implication of limited health literacy

* Unconscious bias
* Financial implications
* Time consuming
* Burnouts

**Step 4: Limited Health Literacy Implications for healthcare system (10 minutes)**

Implication of patients with limited health literacy

* Poorer patient health outcomes
* Limited patient satisfaction in their experience of health services
* Financial implications
* Long hospital stays
* ‘Revolving door” – return to hospital soon after discharge
* Increase human resource demand
* hindrance to meet standards for quality care provision (SDGs)

Characteristics that influence health literacy include.

* Individual skills
  + Individual literacy
  + Individual critical thinking capabilities
  + Language barrier
  + Educational level of an individual
  + Individual experiences
* System level
  + Appropriateness of health message
  + Appropriateness of instructions
  + Difficulties of Language used
  + Content clarity
  + Acceptability of the health information
  + Acceptability of services

**Step 5 Attitudes to functional health literacy (15 minutes)**

In preparation for this exercise read this paper:

|  |
| --- |
| ***Easton, P., Entwistle, V.A. & Williams, B. How the stigma of low literacy can impair patient-professional spoken interactions and affect health: insights from a qualitative investigation. BMC Health Serv Res 13, 319 (2013).***<https://doi.org/10.1186/1472-6963-13-319> |

This paper reports research exploring the perspectives and experiences of people with limited literacy and the impact this has on interactions with health professionals including nurses. The paper includes reference to participants emotions and beliefs and how these can influence communication with health professionals from the patient’s perspective.

This activity is based on the premise that health literacy is a relational concept.

The paper reports the patient’s with limited literacy skills expectations of interacting with nurses but what about the nurses perspective?

**Activity: Small Group Discussion (10 minutes)**

**DIVIDE** learners into small manageable groups

**ASK** learners to discuss the following question

* What is the nurses perspective, including their beliefs and feelings, on interacting with people with limited literacy?

**ALLOW** learners to discuss for 10 minutes

**ALLOW** few groups to present and the rest to add points not mentioned

**CLARIFY and SUMMARIZE** by using the content below **(5minutes)**

* If the nurse knows that someone has difficulties with reading and writing then they may make extra effort and spend more time explaining things.
* A nurse could also judge a person’s lack of literacy as to be a result of the person being lazy and not attending school and then not take account of this in their care provision.
* However, this study, in common with others, found that people hide their lack of literacy skills as they are ashamed. Some participants in the study reported that they ‘limited their conversational engagements with health professionals and often took care to avoid revealing when they did not understand what was being discussed.’
* From a nurses perspective this could be interpreted as patients not listening or not taking their health seriously, this could result in nurses taking less time with people, explaining things less.

**Step 6 Linking Health Literacy with RCC (15 minutes)**

* In the literature respectful and compassionate care is seen as a person-centered approach where the rights of the individual are promoted and valued and their needs are considered in delivering safequality health care (Santali et al., 2018; Sinclair et al., 2020).
* Sinclair et al. (2017) describe compassion as a relational care construct and identifies communication as a core skill of compassion competence as it is in health literacy (Karuranga et al., 2017).
* Those with limited health literacy are described as having unmet health literacy needs particularly in relation to communication as they have difficulty accessing, understanding, appraising and applying health information for their health and as a consequence suffer more ill health and have poorer health outcomes.
* The MoHCDGEC (2017) define compassionate care as referring to ‘the care given through relationships based on empathy, respect, kindness, and dignity accompanied by a strong desire to alleviate sufferings’ (p12).
* Developing health literacy focused communication competences can be a key driver in improving compassionate and respectful care.

**STEP 7: Key Points (05 minutes)**

* **The formula is described as follows: skills and abilities of individuals X demands and complexity of health system= health literacy.**
* The implication of limited health literacy are unconscious bias, financial implications, time consuming, and burnouts.
* Patients with limited functional health literacy could be stigmatized and discriminated against by nurses.
* The links between health literacy and respectful and compassionate care include: both relational, culturally sensitive concepts with safe, non-judgmental and non-discriminatory practices, patient centered approaches with communication as a central skill.

**STEP 8: Evaluation (05 minutes)**

* What is health literacy?
* Outline the implications of health literacy for nurses/midwives and for the health system.
* Describe the links between health literacy and respectful and compassionate care

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**Resources**

Health Literacy: Learning is the best medicine”. (2010). [Video] Toronto.  http://www.youtube.com/watch? V=qRO2fjfqVrs.

## UNIT 1.3: COMMUNICATION SKILLS WITH THE FOCUS ON LIMITED HEALTH LITERACY

**Total Unit Time: 150 minutes**

**Learning Objectives**

**At the end of this session participants are expected to be able to:**

1. Identify clients with limited Health Literacy and its consequences for clients
2. Identify communication skills in improving health literacy in nursing and midwives practice
3. Apply health literacy communication techniques to support patient self -management
4. Apply health literacy communication techniques to promote patient shared decision making

**UNIT OVERVIEW**

|  |  |  |  |
| --- | --- | --- | --- |
| **Step** | **Time (min)** | **Activity/ Method** | **Content** |
| 1 | 05 | Presentation | Session Title and Learning Tasks |
| 2 | 15 | Interactive lecture and buzzing | Identification of client with limited health literacy |
| 3 | 30 | Interactive lecture and buzzing and role play | Health literacy clear communication tools in nursing and midwifery practice |
| 4 | 80 | Interactive lecture and role play | Health literacy technique to support patient self-management |
| 5 | 10 | Interactive lecture and role play | Health literacy technique to promote patient Shared Decision Making |
| 6 | 5 | Presentation | Key points |
| 7 | 5 | Presentation | Evaluation |
| Tot | 150 |  |  |

**UNIT CONTENTS**

**STEP 1: Presentation of Unit Title and Learning Tasks (05 minutes)**

READ or ASK students to read the learning tasks

ASK students if they have any questions before continuing

**STEP 2: Identification of a person with limited Health Literacy (15minutes)**

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| **Activity: Buzzing (3 minutes)**  **ASK** learners to buzz in pairs on the following question   * What are the characteristics of persons with limited health literacy?   **ALLOW** learners to discuss for 3 minutes  **ASK** few pairs to provide responses and the rest to provide additional points not mentioned  **CLARIFY** learners’ responses using the points provided below for better understanding |

* As limited health literacy has such an impact on health outcomes it is important that healthcare professionals are able to identify people with limited health literacy and work with them sensitively.
* The following can be characteristics of persons with limited health literacy
* Mostly a lower education level (not always) and/or lower socio-economic status.
* Having difficulties understanding information
* Being passive in asking questions and participating in conversations; waiting until the health professional provides information.
* Feeling ashamed that they do not understand information and as a result try to hide their low health literacy.
* Having difficulties in applying and planning changes: for example, taking medication in the proper way, how to stop smoking or losing weight.
* Having difficulties critically analysing information and gaining control in the management of their disease.
* Individuals are MOST at Risk to have limited health literacy
* Compromised health status
* Client who cannot speak Swahili
* Low-income level
* Low education level
* Older adults

In nursing practices no measurement exists to identify the clients with limited health literacy. However, the following are behaviours identified as ‘red flags’ suggesting that the person may have limited health literacy.

Clients who:

* Frequently miss appointments
* Do not complete patient registration forms
* Don’t comply with medication
* Are unable to name medications, explain purpose or dosing
* Identify pills by looking at them, not reading the label
* Are unable to give a coherent, sequential health history
* Ask few or no questions
* Ask a lot of questions
* Doesn’t follow-through on tests or referrals

As well as these red flags there are some social characteristics that are linked to a higher risk of limited health literacy. These are:

* Lower socio-economic status, as determined by occupation, income or social exclusion
* Low education attainment, for example completing primary education only or early school leaving.
* Loneliness
* Poor language skills or illiteracy, living in rural areas
* Any group that is probably underserved by preventative health care services, such as migrant workers or illegal drug users.

**STEP 3: Health literacy communication skills in nursing practice (30 minutes)**

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| **Activity: Small Group Discussion (10 minutes)**  **DIVIDE** learners in small manageable groups  **ASK** learners to discuss on the following question   * What are the health literacy communication skills in nursing practice? * **ALLOW** learners to discuss for 10 minutes   **ALLOW** few groups to present and the rest to add points not mentioned  **CLARIFY and SUMMARIZE** by using the content below |

* Access to information is a key determinant of patient health literacy according to the WHO,people who have limited or no access to health-based information are likely to experience lower levels of health literacy.
* Using a few simple strategies, we can improve our patients’ health literacy skills by providing health information that is accessible, clear and actionable.
* Healthcare professionals need the communication skills to mitigate the increasing health literacy demands placed on patients/clients, particularly those with limited health literacy
  + Foster Dignity and Respect
  + Create a Shame-Free Environment
    - People with a limited health literacy often reports a sense of shame about their skill level.
    - Individuals with poor literacy skills are often uncomfortable about being unable to read well and develop strategies to compensate.
  + Assess Learning Styles, Skills, and Preferences
  + Use Plain Language
    - One of the most common strategies leveraged against the problem of limited health literacy is the “plain language and speak slowly agenda”.
    - The Use of plain language does not imply only to reducing the reading level of a text, or the use of words people use in their everyday lives in interpersonal communication, but also to improve the tone and organization of the information.
    - Plain language means “put simply” replacing medical or technical terms with words that people use daily in their conversation (jargon-free language)
    - It showcases information in a friendly user manner by organizing ideas into units headed by appropriate titles.
    - Organizing information so the most important points come first
    - Breaking complex information into understandable chunks
    - Using simple language and defining technical or medical terms
    - Using the active voice

**STEP 4: Health literacy techniques to support patient self -management (80 minutes)**

* In patient Self-management, health literacy plays a crucial role in chronic disease self-management.
* In order to manage chronic or long-term conditions on a day-to-day basis, individuals must be able to understand and assess health information, which often includes a complex medical regimen, plan and make lifestyle adjustments, make informed decisions, and understand how to access health care when necessary.
* A lack of skill in these areas prevents many patients from engaging in effective self-management.
* Improved health literacy is put forward as a condition necessary to enable active successful self-management by patients for most conditions.

Activity

* Tools for working with people with limited health literacy
  + open ended questions
  + Speak more slowly when providing instructions, with an emphasis on being respectful and clear without being patronizing.
* Use visual aids
  + Visual aids, such as simple illustrations, images, informational graphics and videos, can help patients better understand health information.
  + They can be excellent tools for reinforcing written or verbal health communication.
  + This is especially important since health information that is provided in a stressful or unfamiliar situation is less likely to be retained.
  + It is important to choose meaningful visuals that are culturally sensitive, linguistically appropriate, are clearly labelled and captioned, and support your message.
* Recommend and use technology
  + Text messaging is used to remind people to take their medication.
  + Mobile apps offer patients multiple options for learning about or managing health issues.
  + Smartphone apps can collect personal health data to be shared with physicians, provide general health information, and assist with preventive lifestyle strategies.
* Use Effective Teaching Methods
  + Teach back
    - show me method: have patients show or explain what they are supposed to do
  + show back
    - when teaching a patient to use a device or perform a task, to demonstrate correct use.

Teach Back

* A way to make sure you—the health care provider—explained information clearly. It is not a test or quiz of patients.
* Asking a patient (or family member) to explain in their own words what they need to know or do, in a caring way.
* A way to check for understanding and, if needed, re-explain and check again.
* A research-based health literacy intervention that improves patient-provider communication and patient health outcomes.

What you do

* 1. Use a caring tone of voice and attitude.
  2. Display comfortable body language and make eye contact.
  3. Use plain language.
  4. Ask the patient to explain back, using their own words.
  5. Use non-shaming, open-ended questions.
  6. Avoid asking questions that can be answered with a simple yes or no.
  7. Emphasize that the responsibility to explain clearly is on you, the provider.
  8. If the patient is not able to teach back correctly, explain again and re-check.
  9. Use reader-friendly print materials to support learning.
  10. Document use of and patient response to teach-back.

**STEP 5: Health Literacy Techniques to Promote Patient Shared Decision Making** (SDM) **(10 minutes)**

* When patients don’t know what Shared Decision Making (SDM) is and why it’s important or how to identify their values, goals, and preferences, they cannot engage in the process.
* When providers do not have the necessary communication skills or mistakenly believe they are engaging patients in SDM, a meaningful conversation cannot happen.
* Difficulty understanding complex health information creates a challenge for engaging in SDM.
* Low health literacy, Culture and religion can influence what care is chosen and how individuals choose to receive it
* The need for patient’s decision aids

**STEP 6: Key Points ( 05 minutes)**

* Skills like the use of clear communication in written and interpersonal communication makes health information accessible to people with limited health literacy.
* Techniques like Teach back can check that patients have understood and provides the opportunity to correct any misconceptions.
* The use of these skills and techniques can mitigate the negative effects of limited health literacy on patients’ health

**STEP 7: Evaluation (05 minutes)**

* What are indicators that can be used to help identify patients with limited health literacy?
* Outline the techniques that can be used by nurses to support patients in self- management
* Explain the “teach back” technique

**References**

Baker, D.W., Pitkin M.V (1996) the healthcare experience of patients with low literacy. Archive of Family Medicine, 5, 329-334.

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**Resources**

The AHRQ Health Literacy Universal Precautions Toolkit, 2nd edition <https://www.ahrq.gov/health-literacy/improve/precautions/toolkit.html>

Teach Back <https://www.ahrq.gov/health-literacy/improve/precautions/tool5.html>

The Health Literacy Place <https://www.healthliteracyplace.org.uk/>

NIH Clear Communication <https://www.nih.gov/institutes-nih/nih-office-director/office-communications-public-liaison/clear-communication>

# MODULE 2: CUSTOMER CARE IN HEALTH CARE

**Total Module Time: 830 Minutes**

The aim of this course is to equip learners with competencies of Customer care for quality delivery of services to clients /patients

**Learning outcomes**

**At the end of this module participants are expected to be able to:**

1. Describe concept of customer care as applied in health care
2. Apply principles of customer care in all levels of health care facilities in provision of nursing and midwifery services
3. Demonstrate customer care skills to satisfy clients’ needs
4. Apply concepts of clients centered care in provision of nursing and midwifery care
5. Utilize client’s charter in provision of healthcare services

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| **Teaching and Learning Methods** | |
| methodology.png | * Lecture discussion * Small group discussion * Reflection * Case study * Role play * Buzzing * Brainstorming |

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| **Teaching and Learning Resources** | |
|  | * Slide set for Module 2 * Flip chart and markers * Masking Tape * Participant Manual for each participant * Facilitator guide, Note Book and Pen * LCD Projector and Computer * Short video |

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| **Advance Preparation** | |
| Description: workinadvance | * Review the teaching slides for Module 2 * Ensure flip chart and markers are available * Ensure masking tape is available * Ensure availability of participant manual for each participant * Ensure availability of facilitators guide, Note Books and Pens * Test LCD projector and Computer if functioning * Review timetable |

**Module Units Overview**

|  |  |
| --- | --- |
| **Session Title** | **Time(Minutes)** |
| Unit 2.1: Concept of customer care | 120 |
| Unit 2.2: Principles of customer care in nursing and midwifery services | 90 |
| Unit 2.3: Customer care skills in provision of Nursing and Midwifery services | 100 |
| Unit 2.4: Concept of Person Centred care in provision of nursing and Midwifery services | 120 |
| Total Theory time | 430 minutes |
| Practical time | 400minutes |
| Total time | 830 minutes |

## UNIT 2.1: CONCEPT OF CUSTOMER CARE

**Total Session Time: 120 minutes**

**Learning Objectives**

**Learning outcomes at the end of this module participants are expected to be able to:**

1. Define customer care
2. Describe of customer care
3. Explain components of customer care
4. Describe values and integration of quality Customer Care in Health
5. Explain Importance of Providing Good Customer Care to Internal and External Customer

**UNIT OVERVIEW**

|  |  |  |  |
| --- | --- | --- | --- |
| **Step** | **Time (min)** | **Activity/ Method** | **Content** |
| 1 | 05 | Presentation | Session Title and Learning Tasks |
| 2 | 10 | Brainstorm/Presentation | Definition of Terms |
| 3 | 10 | Presentation | Domain of good customer care |
| 4 | 20 | Short video /Brainstorm/Presentation | Components of customer care |
| 5 | 30 | Role play /Brainstorm | Value and integration of Quality of Customer Care in Health |
| 6 | 30 | Small group discussion Presentation | Importance of Providing Good Customer Care to Internal and External Customer |
| 7 | 5 | Presentation | Key Points |
| 8 | 10 | Presentation | Session Evaluation |
| Total | 120 |  |  |

**UNIT CONTENTS**

**STEP 1: Presentation of Unit Title and Learning Tasks (05 minutes)**

READ or ASK students to read the learning tasks

ASK students if they have any questions before continuing

**STEP 2: Definition of Customer Care (10 Minutes)**

**Activity: Brainstorming (5 minutes)**

**Ask** students to brainstorm on the definition of Customer, Care, Customer Care, internal customer and external customer.

**ALLOW** few students to respond

**WRITE** their responses on the flip chart/ board

**CLARIFY** and **SUMMARISE** by using the content below

* **Customer -**is someone who receives services we provide either directly or indirectly, or is affected with quality of products or services whether in paying or not, who is either internal or external has a direct relationship with the organization or not.
* **Care** - Is any activity, work performed by health care provider to meet needs and problems of a client.
* **Customer care** - Is the art of meeting client’s needs and problems by providing or delivering professional, helpful, high quality service and assistance.
* **Internal customer** - An internal customer is someone who has a relationship with health facility, though the person may or may not use your services.
* **External customer** - External customers are the people that pay for and use the products or services your health facility offers.

**STEP 3: domain of good customer care (105Minutes)**

* **Safety** – avoiding injuries to clients from care that is intended to help them.
* **Effective** – avoiding overuse and misuse of care.
* **Client-Centered** – providing care that is unique to a client's needs.
* **Timely** – reducing wait times and harmful delays for clients and providers
* **Efficient** – avoiding waste of equipment, supplies, ideas and energy.
* **Equitable** – providing care that does not vary across intrinsic personal characteristics.

**STEP 4: Components of good customer care (20 Minutes)**

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| **Activity: Watch a short video**  **Ask** students to brainstorm on components of good customer care  **Ask** students to discuss the components of good customer care portrayed in the video  **ALLOW** few students to respond  **WRITE** their responses on the flip chart/ board  **CLARIFY** and **SUMMARISE** by using the content below highlighting links from values of CC to RCC  **VIDEO LINK:** [**https://www.youtube.com/watch?v=yBHIvMqgfJY**](https://www.youtube.com/watch?v=yBHIvMqgfJY) |

* Prioritize each customer
* Strive for a great reputation
* Apologize when needed
* Be reachable
* Respond as quickly as possible
* Teach appropriate communication skills
* Deliver a consistent experience

**STEP 5: Values and integration of GoodCustomer Care in Health (30 Minutes)**

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| **Activity: Role Play (20 minutes)**  **ASK** learners to volunteer to play the role in demonstrating integration of values of good customer care in health**.**  The first learner will play as a client and another learner as a care giver (nurse/midwife) who will have a role in demonstrating integration of good customer care in giving care to the client.  Other three learners volunteer as waiting clients  ***TELL*** *the client how s/he should behave during a role play*  **Description: Description: Point_ICONRefer learners to the Hand out with Role play on demonstrating integration of values of good customer care in provision of health services to the client/patient**  **EXPLAIN** that this activity is aimed at training learners on how to integrate values in giving good customer care to the client/patient  **TELL** the rest of the learners to observe carefully.  **LEAD** a 15 minutes discussion after the role play  **DEROLE** the players  **CLARIFY and SUMMARIZE** by using the content below |

**Values of good customer care in health**

* Respect - Every customer is your most important customer
* Personalize - Avoid preconceived notions and stereotypes
* Attention - Assess how customers want to be served and adjust
* Caring - Present a positive, supportive attitude
* Advocacy - Stay on your customer's side

**Integrate the 5 values in your daily work as a nurse by using the acronym GREAT**

* ***G****reet* all customers and make them feel comfortable
* ***R****espect cultural and other personal differences*
* ***E****valuate how your customers want to be served.*
* ***A****djust your approach to match your customer's needs.*
* ***T****hank your customers.*

**STEP 6: Importance of Providing Good Customer Care to Internal and External Customer (30 minutes)**

**Activity: Small Group Discussion (10 minutes)**

**DIVIDE** students into small manageable groups

**ASK** students to discuss on the importance of providing good customer care to internal and external customers

**ALLOW** students to discuss for 10 minutes

**ALLOW** few groups to present and the rest to add points not mentioned

**CLARIFY** and **SUMMARIZE** by using the contents below

* **The best customer service builds trust.**
* People will only stay loyal to a company if they have very good reason to. Otherwise, there is [plenty of competition](https://www.daymondjohnssuccessformula.com/launch-pad/seven-strategies-that-will-help-you-beat-the-competition/) available they could choose to move to.
* You have to work harder to keep customers and build their trust in your organization/services. By providing the best in customer service, you will increase trust top your customers/clients
* **Customer care matters more than the bills**
* Large group of consumers say that customer service is much more important than the bill. External and internal customers value good customer care more than paying for the service.
* **Good customer care will build organization awareness**
* When you provide the best in customer care people will talk about your organization. They will remember your services.
* Having satisfied customers leads to increased revenue and increased brand awareness.
* **Good customer care reduces problems/complains**
* Problems are always going to arise for any organization no matter how hard you try to avoid them.
* If customers know that they can voice complaints and those issues will be handled properly, they will feel more comfortable to visit your organization for services.
* **Good customer care increase productivity of an organization**
* Having satisfied employees is the key contributor to a company success especially in tough economic times.
* Increased employee satisfaction
* Increased employee productivity and performance.

**STEP 7: Key Points (05 minutes)**

* All health care providers should maintain a professional behavior and dress appropriately throughout patient hospitalization as to build customer confidence.
* In dealing with patients, you must keep in mind that they are your customers hence you must follow proper procedures with any job you have, you can always listen and be compassionate
* It’s not that “the customer is always right, as they may go wrong at one point” this may be due to stress from pain and worry about a medical condition or about the ability to pay the bill.
* As health care provider, encourage cooperation and teamwork among health workers and value each member of the healthcare team as contribute to team spirit

**STEP 8: Session Evaluation (05 minutes)**

* What is customer care?
* What is an internal customer?
* What is an external customer?

**References**

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| **Trainer_ICON** | | **Facilitators Instructions for Exercise 2.1 Role Play: Integrating the values in customer care** |
| * Review contents on Integrate the values of customer care in nursing and midwifery care * Have a flipchart/White or Black board available to write learners’ responses * Have computer and projector * Facilitate a role play | | |
| **Exercise 2.1: A Role Play for Integrating the values in customer care** | | |
| **Purpose** | To practise and acquire skills in integrating the values in customer care in nursing and midwifery care | |
| **Duration** | 1 hour | |
| **Advance Preparation**  **Adv_Prep_ICON** | Review the following materials:   * Components of Integrate the values in customer care * Role play guide | |
| **Introduction** | This exercise will provide learners opportunity to practise and acquire skills in Integrating the 5 values in customer care | |
| **Activities** | * Ask learners to read the scenarios for the role play related to Integrate the values in customer care * REFER learners to **Handout 2.1: Role Play Guide** | |
| **Description: Description: Point_ICON** | * **Exercise 2.1 A Role Play for Integrating the values in customer care**   ***Scenario*:**  Mrs A from minority tribe comes to reproductive clinic with her 13years old daughter whom she suspects to be pregnant. She needs information about her daughter’s health. Mrs “A” knows little Swahili, not educated and culturally sensitive that her daughter is grown enough to be married. Nurse P attends the girl while Mrs “A” is waiting for information  **Role Player 1: Mrs A**   * Assume the role of the Mrs “A” * Assume that you are Mrs “A” who don’t know Swahili well, who insists on her daughters’ marriage and bride price   **Role Player 2: Nurse (P)**   * Assume the nurse’s role * Provide information to mama “A” with culture sensitivity   **Role of the Observers (other learners) during the Role Play**   * Observe the role play * Identify the sequence followed by each player * Identify areas where each player did well as well as areas for improvement * Provide constructive comments on the performance of nurse P * Discuss in plenary for better understanding   **Role of Facilitator during the Role Play**   * Organize the learners for role play * Identify key actors/players in the role play * Instruct each actor/player on the role to play clearly pointing out specific tasks * Provide each actor with the role play guide * Allow time for each learner to go through the guide and practice it before the actual doing * Instruct the observers (other learners) to carefully observe the role play * Allow the actors/players to effect the role play * Observe the performance of each player * After the role play;   + Allow for constructive comments from the observers pointing out strengths and areas for improvement for Customer care   + Provide comments on the areas where Nurse P has done well and areas for improvement   + Conduct plenary discussion with the learners for better understanding   + Clarify and summarize the points * De-role each player | |
| **Debriefing** | * ENGAGE the group of learners in discussion by asking:   + What did you learn from this role play? * CLARIFY and SUMMARIZE using the unit 1 contents | |

## UNIT 2.2: PRINCIPLES OF CUSTOMER CARE

**Total Unit Time: 90 minutes**

**Learning Objectives**

**At the end of this session participants are expected to be able to:**

1. Describe principles of customer care
2. Outline Importance of following principle of customer care
3. Outline attitudinal components needed in providing good customer care
4. Apply principles of customer care in attending patients

**UNIT OVERVIEW**

|  |  |  |  |
| --- | --- | --- | --- |
| **Step** | **Time (min)** | **Activity/ Method** | **Content** |
| 1 | 05 | Presentation | Session Title and Learning Tasks |
| 2 | 15 | Presentation | Describe principles of Customer Care |
| 3 | 10 | Presentation | Importance of following principle of customer care |
| 4 | 10 | Presentation | Attitudes in providing good customer care |
| 5 | 40 | Case Study | Application of the principle of customer care |
| 6 | 5 | Presentation | Key Points |
| 7 | 5 | Presentation | Session Evaluation |
| Tot | 90 |  |  |

**UNIT CONTENTS**

**STEP 1: Presentation of Session Title and Learning Tasks (05 minutes)**

READ or ASK students to read the learning tasks

ASK students if they have any questions before continuing

**STEP 2: Describe Principles of Customer Care (15 minutes)**

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| **Activity: Brainstorming (5 minutes)**  **Ask** students to mention principle of Customer Care  **ALLOW** few students to respond  **WRITE** their responses on the flip chart/ board  **CLARIFY** and **SUMMARISE** by using the content below highlighting links between CC principles and RCC and HL and RCC |

* **Professionalism**
  + All health care providers should maintain a professional behavior and dress throughout patient hospitalization as to build customer confidence.
* **Respect**
  + Health care provider should respect and protect the dignity of each person.
  + Assist customers/patient to maintain a sense of control and feel valued.
* **Communication**
  + Patients need personal attention and thorough communication about their health. Health concerns often cause a great deal of anxiety among patients and their family members. In some cases, health issues are life-altering.
  + Understanding as much as possible about what is happening with your body, why particular procedures are being performed, and what to expect during and after any procedure can allay some of that anxiety, so it is important to find health care providers who take time to communicate clearly and effectively with the client by answering all of questions and educating about health and care options. The health care provider should also be able to listen and respond in a prompt and timely manner.
* **Compassion**
* In dealing with patients, you must keep in mind that they are your customers. It’s not that “the customer is always right,” but they may be under stress from pain and worry about a medical condition or about the ability to pay the bill. While you must follow proper procedures with any job you have, you can always listen and be compassionate.
* Provide excellent customer service, health care providers must see their patients as human beings first.  A provider, who communicates not only information, but also compassion, can make a tremendous difference in how a patient experiences care.
* Health care professionals who deliver outstanding customer service are mindful on a day-to-day basis that each patient is a person living with a unique set of circumstances, not just a box to check or a puzzle to solve.  They make the effort to understand what their patients are experiencing, treat them with empathy, and help them to feel as comfortable as possible.
* **Courtesy**
* Health care provider should treat others/ patient with courtesy at all times through consideration, helping and supporting clients.
* **Team work**
* Encourage cooperation and teamwork among health workers and value each member of the healthcare team as contribute to team spirit.

**STEP 3: List importance of Customer Care (10 minutes)**

Importance of following principle of customer care

* Happy patients return and refer others
* Happy patients will recommend you to other people
* Happy patients will not complain about the you to others – the statement ‘I’ll never go there again; they are rubbish’ is very bad news to the teams
* Happy patients contribute to profitability of your hospital/faculty
* Happy patients result in happy staff who in turn attract more customers in the faculty/hospital/department

**STEP 4: Attitudes in providing good customer care (10 minutes)**

Attitudes in providing good customer care are;

* Enjoy helping people
* Handle people well
* Care for the customers
* Give fair and equal treatment to all
* Be empathetic to peoples’ needs

**STEP 5: Apply principle of customer care in attending patients (40 minutes)**

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| **Activity: Case study:** Utilize principles of customer care to provide healthcare services to a patient/client **(15 minutes)**  **DIVIDE** students into small manageable groups, give each group one case study (Worksheet/Annex)  **ASK** each group to read the case study in 5 minutes  **ASK** one student to read the questions posted on the flip chart loudly.  **ALLOW** each group to discuss questions for 10 minutes  **ALLOW** few groups to present the and the rest to add points not mentioned  **CLARIFY** and **SUMMARIZE** by using the discussion points |

**STEP 6: Key Points (05 minutes)**

**Principle of Customer Care**

* Professionalism
* Respect
* Communication
* Compassion
* Courtesy
* Team work

**STEP 7: Session Evaluation (05 minutes)**

* What are the principles of customer care?
* What are the attitudes in providing good customer care?
* Why it is important to follow the principle of customer care?

**References**

Cok, S. (2008). Customer Care Excellence: How to create an effective Customer focus (5th Ed.). Philadelphia: Kogan Page Publishers.

David E. Deviney. (1998). Outstanding Customer Service: The key to Customer Loyalty.

|  |  |  |
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| **Trainer_ICON** | | **Facilitators Instructions for Exercise 2.2 Case Study: Explain utilization of principles of customer care** |
| * Review contents on importance of utilizing principles of customer care * Have a flipchart/White or Black board available to write learners’ responses * Have computer and projector * Facilitate a role play | | |
| **Exercise 2.2: Case Study: Explain utilization of customer care principles** | | |
| **Purpose** | To acquire skills on utilization of principles of customer care | |
| **Duration** | 90 minutes | |
| **Advance Preparation**  **Adv_Prep_ICON** | Review the following materials:   * Principles of customer care utilization * Case study | |
| **Introduction** | This exercise will provide learners opportunity to practise, acquire skills and attitudes in explaining the principles of customer care utilization | |
| **Activities** | * Ask learners to read the scenario for case study related to utilization of customer care principles * REFER learners to **Handout 2.2: Case Study** | |
| **Description: Description: Point_ICON** | * **Exercise 2.2 A case study on principles of customer care utilization**   ***Scenario*:**  Ms Emma donated some diapers and baby’s receiving towels to the hospital where she delivered her baby boy. She donated the items after 6 months of her safe delivery. Her baby was healthy and now sitting by himself.  Ms Emma had organized a group of fellow VICOBA women who assisted her to raise funds for the activity. They managed to get 1,600,000.00 TSh to cover for diapers and receiving towels as well as health insurances for 10 babies.  Nurses and midwives from the maternity and neonatal wards were indeed thankfully for Ms Emma’s’ generosity.  From the scenario: You ask the following questions to learners   * What are the benefits of utilizing principles of good customer care? | |
| **Debriefing** | * ENGAGE the group of learners in discussion by asking:   + What did you learn from this role play? * CLARIFY and SUMMARIZE using the unit 1.3 contents | |

## UNIT 2.3: CUSTOMER CARE SKILLSIN NURSING AND MIDWIFERY SERVICES

**Total Unit Time: 100minutes**

**Learning Objectives**

**At the end of this session participants are expected to be able to:**

1. Outline clients’ health care needs in customer care perspectives
2. Apply customer care techniques in providing respectful care
3. Describe key customer care skills applied in providing respectful care

**UNIT OVERVIEW**

|  |  |  |  |
| --- | --- | --- | --- |
| **Step** | **Time (min)** | **Activity/ Method** | **Content** |
| 1 | 05 | Presentation | Session Title and Learning Tasks |
| 2 | 10 | Brainstorm/Presentation | Customers Need |
| 3 | 35 | role Play | Techniques to make Customers Feel Important |
| 4 | 40 | Small Group Discussion | Key Customer Care Skills in Nursing and Midwifery Practice |
| 5 | 05 | Presentation | Key Points |
| 6 | 05 | Presentation | Session Evaluation |
| Tot | 100 |  |  |

**STEP 1: Presentation of Unit Title and Learning Tasks (05 minutes)**

READ or ASK students to read the learning tasks

ASK students if they have any questions before continuing

**STEP 2: Outline customers need (10 minutes)**

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| **Activity: Brainstorming (5 minutes)**  **Ask** students to explain what they think customers need  **ALLOW** few students to respond  **WRITE** their responses on the flip chart/ board  **CLARIFY** and **SUMMARISE** by using the content below |

What customers need

* Reliability
* Tangibles
* Responsiveness
* Assurance
* Empathy

**STEP 3: Apply Customers Care techniques to Make Customer Feel Important (35minutes)**

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| **Activity** : Role play (35 minutes)  **ASK** learners to volunteer to play the role in demonstrating different ways of making customers feel important. One learner will play as a patient and another learner as a nurse who will demonstrate how to make customer (client) feels good.  Other learners will be as a observers  **TELL** the patient how s/he should behave during a role play  Refer learners to Worksheet….. Role play on demonstrating ways to make your customers feel important during provision of care  **EXPLAIN** that this activity is aimed at training learners positive attitudes in caring patient/client  **TELL** the rest of the learners to observe carefully  **LEAD** a discussion after the role play  **DEROLE** the players |

Seven (7) ways to make your customers feel important;

* Pay attention
* Really listen
* Put them first
* Put yourself in their shoes
* Be honest and genuinely open to feedback
* Deal with problem quickly
* Be creative in showing appreciation

**STEP 4: Describe key customer care skills in nursing and midwifery practice (40 minutes)**

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| **Activity:** Small Group Discussion (15 minutes)  **DIVIDE** students into small manageable groups  **ASK** students to discuss on the key customer care skills  **ALLOW** students to discuss for 15 minutes  **ALLOW** few groups to present and the rest to add points not mentioned  **CLARIFY** and **SUMMARIZE** by using the contents below |

Key customer care skills in nursing and midwifery practice

**Problem solving skills**

* Customers do not always self-diagnose their issues correctly. Often, it’s up to the support person to take the initiative to reproduce the trouble at hand before navigating a solution.
* That means they need to intuit not just what went wrong, but also what action the customer was ultimately after. In other situations, a problem-solving pro may simply understand how to offer pre-emptive advice or a solution that the customer doesn’t even realize is an option.

**Patience**

* Patience is crucial for customer service professionals. After all, customers who reach out to support are often confused and frustrated.
* Being listened to and handled with patience goes a long way in helping customers feel like you’re going to alleviate their current frustrations.
* It’s not enough to close out interactions with customers as quickly as possible. You should be willing to take the time to listen to and fully understand each customer’s problems and needs.

**Attentiveness**

* The ability to truly listen to customers is crucial to providing great service for a number of reasons.
* Not only is it important to pay attention to individual customers’ experiences, but it’s also important to be mindful and attentive to the feedback that you receive at large.

**Emotional intelligence**

* A great customer support representative knows how to relate to anybody, but they’re especially good with frustrated people.
* Instead of taking things personally, they intuitively understand where the other person is coming from and they know to both prioritize and swiftly communicate that empathy.

**Clear communication skills**

* The ability to communicate clearly when working with customers is a key skill because miscommunications can result in disappointment and frustration.
* The best customer service professionals know how to keep their communications with customers simple and leave nothing to doubt.

**Creativity and resourcefulness**

* Solving the problem is good, but finding clever and fun ways to go the extra mile — and wanting to do so in the first place — is even better.

**Persuasion skills**

* Oftentimes, support teams get messages from people who aren’t looking for support — they’re considering purchasing your company’s product.

**Ability to use positive language**

* Effective customer service means having the ability to make minor changes in your conversational patterns. This can truly go a long way in creating happy customers.
* Language is a crucial part of persuasion, and people (especially customers) create perceptions about you and your company based on the language that you use.

**Acting skills**

* Sometimes your team is going to come across people who you’ll never be able to make happy.
* Situations outside of your control (such as a customer who’s having a terrible day).

**Time management skills**

* The best customer service professionals are quick to recognize when they can’t help a customer so they can quickly get that customer to someone who can help.

**Ability to read customers**

* There are a lot of metaphors for this type of personality — “keeps their cool,” “staying cool under pressure,” and so on — but it all represents the same thing: The ability some people have to stay calm and even influence others when things get a little hectic.

**Goal-oriented focus**

* Ability to handle surprises
* Sometimes, customers are going to throw your team curveballs.
* They’ll make a request that isn’t covered in your company guidelines or react in a way that no one could have expected.
* In these situations, it’s good to have a team of people who can think on their feet.
* Even better, look for people who will take the initiative to create guidelines for everyone to use in these situations moving forward.

**Tenacity**

* Call it what you want, but a great work ethic and a willingness to do what needs to be done (and not take shortcuts) is a key skill when providing the kind of service that people talk (positively) about.

**Closing ability**

* Being able to close with a customer as a customer service professional means being able to end the conversation with confirmed customer satisfaction (or as close to it as you can achieve) and with the customer feeling that everything has been taken care of (or will be).
* Getting booted before all of their problems have been addressed is the last thing that customers want, so be sure your team knows to take the time to confirm with customers that each and every issue they had was entirely resolved.

**Empathy**

* Perhaps empathy — the ability to understand and share the feelings of another — is more of a character trait than a skill. But since [empathy can be learned and improved upon](https://www.nytimes.com/guides/year-of-living-better/how-to-be-more-empathetic), we’d be remiss not to include it here.

**Willingness to learn**

* While this is probably the most general skill on this list, it’s also one of the most important. After all, willingness to learn is the basis for growing skills as a customer service professional.
* Your team members have to be willing to learn your product inside and out, willing to learn how to communicate better (and when they’re communicating poorly), willing to learn when it’s okay to follow a process — and when it’s more appropriate to choose their own adventures.
* Those who don’t seek to improve what they do — whether it’s building products, marketing businesses, or helping customers — will get left behind by the people who are willing to invest in their own skills.

**STEP 5: Key Points (05 minutes)**

**Key customer care skill are:**

* Problem solving skills
* Patience
* Attentiveness
* Emotional intelligence
* Clear communication skills
* Creativity and resourcefulness
* Persuasion skills
* Ability to use positive language
* Acting skills
* Time management skills
* Ability to read customers
* Goal-oriented focus
* Tenacity
* Closing ability
* Empathy
* Willingness to learn

**STEP6: Session Evaluation (05 minutes)**

* What are the customers’ needs?
* What are the techniques to make customers feel important?

**References**

Lovelock, C. and Wright, L. 2002. Principles of Service Marketing and Management, Prentice Hall, pp.266-267

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| **Trainer_ICON** | | **Facilitators Instructions for Exercise 2.3 Role Play: Seven ways to make your customer feel important** |
| * Review contents on ways to make a customer feel important nursing and midwifery care * Have a flipchart/White or Black board available to write learners’ responses * Have computer and projector * Facilitate a role play | | |
| **Exercise 2.3: A Role Play for ways to make customer feel important** | | |
| **Purpose** | To practise and acquire skills in provision of customer care services that makes a customer feel important | |
| **Duration** | 30 minutes | |
| **Advance Preparation**  **Adv_Prep_ICON** | Review the following materials:   * Seven ways to make a customer feel important in nursing and midwifery care * Role play guide | |
| **Introduction** | This exercise will provide learners opportunity to practise, acquire skills and attitudes in making a customer feel important during nursing and midwifery care | |
| **Activities** | * Ask learners to read the scenarios for the role play related to ways to make a customer feel important * REFER learners to **Handout 2.3: Role Play Guide** | |
| **Description: Description: Point_ICON** | * **Exercise 2.3 A Role Play for ways to make a customer feel more important in nursing and midwifery care**   ***Scenario*:**  Mr B is above 60 years old and is from Msingwa village. He was hospitalized for two weeks due to medical conditions. He has now been discharged and is in need of information on how to settle hospital’s bills. Mr “B” knows little about benefits of bill exemptions due to old age (cost sharing category). His family members are aware of the discharge plan. Next of kin approaches Nurse M for further clarification on bills and discharge plan.  **Role Player 1: Mr B’s next of kin**   * Assume the role of the Mr “B” next of kin * Assume that you are the next of kin who does not understand clearly on modalities of bill payment for his old dad and their family is facing financial instability.   **Role Player 2: Nurse (M)**   * Assume the nurse’s role * Provide information to Mr “B’s” son taking into accounts the government policy on exemptions   **Role of the Observers (other learners) during the Role Play**   * Observe the role play * Identify the sequence followed by each player * Identify areas where each player did well as well as areas for improvement * Provide constructive comments on the performance of nurse M * Discuss in plenary for better understanding   **Role of Facilitator during the Role Play**   * Organize the learners for role play * Identify key actors/players in the role play * Instruct each actor/player on the role to play clearly pointing out specific tasks * Provide each actor with the role play guide * Allow time for each learner to go through the guide and practice it before the actual doing * Instruct the observers (other learners) to carefully observe the role play * Allow the actors/players to effect the role play * Observe the performance of each player * After the role play;   + Allow for constructive comments from the observers pointing out strengths and areas for improvement for Customer care   + Provide comments on the areas where Nurse M has done well and areas for improvement   + Conduct plenary discussion with the learners for better understanding   + Clarify and summarize the points * De-role each player | |
| **Debriefing** | * ENGAGE the group of learners in discussion by asking:   + What did you learn from this role play? * CLARIFY and SUMMARIZE using the unit 1.3 contents | |

## UNIT 2.4: CONCEPT OF PERSON CENTRED CARE IN PROVISION OF NURSING AND MIDWIFERY SERVICES

**Total Unit Time: 120 minutes**

**Learning Objectives**

**At the end of this session participants are expected to be able to:**

1. Define Person Cantered Care
2. Describe principles and values of person-cantered care
3. Describe core processes of person-cantered care
4. Understand importance of person-cantered care
5. Outline barriers for providing person-cantered care

**UNIT OVERVIEW**

|  |  |  |  |
| --- | --- | --- | --- |
| **Step** | **Time (min)** | **Activity/ Method** | **Content** |
| 1 | 05 | Presentation | Session Title and Learning Tasks |
| 2 | 10 | Brainstorm/Presentation | Definition of Terms |
| 3 | 10 | Brainstorm/Presentation | Principles and Values of person centred care |
| 5 | 30 | Case Study | Core Processes of person Centred Care |
| 6 | 25 | Small group discussion Presentation | Importance of Person Centred Care Important During Care |
| 7 | 30 | Individual reflection | Barriers to l Person Centred Care |
| 8 | 5 | Presentation | Key Points |
| 9 | 05 | Presentation | Session Evaluation |
| Total | 120 |  |  |

**UNIT CONTENTS**

**STEP 1: Presentation of Unit Title and Learning Tasks (05 minutes)**

READ or ASK students to read the learning tasks

ASK students if they have any questions before continuing

**STEP 2: Definition of Person Centred Care (10 Minutes)**

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| **Activity: Brainstorming (5 minutes)**  **Ask** students to brainstorm on the definition of Person Centred Care and Person Directed Care  **ALLOW** few students to respond  **WRITE** their responses on the flip chart/ board  **CLARIFY** and **SUMMARISE** by using the content below |

* Person-cantered care (PCC) is personalized and coordinated care given to individuals. PCC is tailoring healthcare services to suit the patient’s needs, by providing care for a patient beyond the disease condition.
* PCC is a process of treating a client receiving healthcare service with respect, values, dignity and involving the individual in all planning and choices to make all decisions about their healthcare based on preferences, it is a broader approach of caring for patient by looking on the whole life of the patient to guide clinical decisions.
* This is holistic care, and the strategy is related to a person’s right to ask questions and complaints about their healthcare, which helps patients receive better quality of care.
* To achieve this, healthcare workers need to know patients at a personal level and involve them in the decision-making process.
* This is because nobody values someone making decisions for them without involving them.
* Using PCC with patients gives them a sense that they are human beings with feelings and beliefs instead of objects.

**STEP 3: Principles and Values of Person Centred Care (15 Minutes)**

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| **Activity: Brainstorming (05 minutes)**  **Ask** students to brainstorm on principles and values of Person Centered Care in health  **Ask** students to brainstorm on the values of person centred care  **Ask** students to describe and reflect on what the principles mean  **ALLOW** few students to respond  **WRITE** their responses on the flip chart/ board  **CLARIFY** and **SUMMARISE** by using the content below |

**Principles of Person Centred Care (4 C’s):**

* Connection with person
* Continuity of care
* Cultural Responsiveness
* Community ties

**Values of Person Centred Care**

* **Respect:** Respect persons’ wishes, concerns, values, priorities, perspectives, and strengths.
* **Human Dignity:** Care for a person as whole and unique human beings, not as problems or diagnoses.
* **Experts for Their Own Lives:** Persons under care know themselves the best.
* **Clients as Leaders:** Follow the lead of clients with respect to information giving, decision making, care in general and involvement of others.
* **Coordinated Care Goals:** Defined goals that coordinate the practices of the health care team. All members of the team work toward facilitating the achievement of these goals.
* **Continuity and Consistency of Care and Caregiver:** Continuity and consistency of care and caregiver provides a foundation for person centred care.
* **Timeliness:** The needs of a person and the communities in our care deserve a prompt response.
* **Responsiveness & Universal Access:** Care that is offered to a person or a community needs to be accessible and responsive to their wishes, values, priorities, perspectives, and concerns.

**STEP 4: Core Processes of Person Centred Care (30Minutes)**

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| **Activity: Case study: Identify core processes of person centred care (15 minutes)**  **DIVIDE** students into small manageable groups, give each group the case study (Worksheet/Annex)  **ASK** each group to read the case study in 5 minutes  **ASK** one student to read the questions posted on the flip chart loudly.  **ALLOW** each group to discuss questions for 10 minutes  **ALLOW** few groups to present the and the rest to add points not mentioned  **CLARIFY** and **SUMMARIZE** by using the contents below |

**Core Processes of Person Centred Care**

* Identifying Concerns/Needs
* Making Decisions
* Caring and Service
* Evaluating Outcomes

**STEP 5: Importance of Person Centred Care (25 Minutes)**

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| **Activity: Small Group Discussion (15 minutes)**  **DIVIDE** students into small manageable groups  **ASK** students to discuss on the importance of providing person cantered care  **ALLOW** students to discuss for 15 minutes  **ALLOW** few groups to present and the rest to add points not mentioned  **CLARIFY** and **SUMMARIZE** by using the contents below |

**Importance of Person Centred Care**

Nurses are there to inform, advice and support, but it is ultimately up to the patient to determine what course of action they will take:

* Improve the quality of the services available
* Help people get the care they need when they need it
* Help people be more active in looking after themselves
* Reduce some of the pressure on health and social services

**STEP 6: Barriers to Successful Person Centred Care (30 Minutes)**

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| **Activity: Individual reflection (10 minutes) followed by discussion (20 minutes)**  **Ask** students to reflect on the barriers to successful Person Directed Care  **ALLOW** few students to respond  **WRITE** their responses on the flip chart/ board  **CLARIFY** and **SUMMARISE** by using the content below |

The key barriers to patient and family centred care are:

* Staffing constraints and reduced levels of staff experience
* High staff workloads and time pressures,
* Physical resource and environment constraints and
* Unsupportive staff attitudes.
* Actual clinical condition of the patient
* Lack of time
* “Take ten minutes with a refreshing drink to sit down and reflect. Think back to a recent moment (case study) when you were able to spend some quality time talking and listening to a patient.
* How does that make you feel? What benefits do you think the patient experience because of moment of quality time together? Do you think you are able to get to know the Mr Siwezi on a deeper, more meaningful level?”
* “Now think back to what things prevent you in your day-to-day practice to be able to develop therapeutic relationships with your patients. How can you reduce or overcome barriers?”

(Stonehouse,D. 2021)

**STEP 7: Key Points (05 minutes)**

* The person is the one who decides if and who will participate in his/her care.
* The term person, is inclusive of individuals, families/significant others, groups, communities, and populations
* Person-centred care is not just about giving people whatever they want or providing information. It is about considering people’s desires, values, family situations, social circumstances and lifestyles; seeing the person as an individual, and working together to develop appropriate solutions.
* Making sure that people are involved in and central to their care is now recognized as a key component of developing high quality healthcare

**STEP 8: Session Evaluation (05minutes)**

* What is person cantered care?
* What are the core processes of person cantered care?
* Outline the values of person cantered care.
* Why person is cantered care important?
* What did you learn and what was new for you?

**References**

Registered Nurses Association of Ontario (2002). Client Centred Care.Toronto, Canada: Registered Nurses Association of Ontario.

**Resources**

UK NGO The Health Foundation UK NHS context

<https://www.health.org.uk/publications/person-centred-care-made-simple>

Larson, E., Vail, D., Mbaruku, G. M., Kimweri, A., Freedman, L. P., & Kruk, M. E. (2015). Moving Toward Patient-Centered Care in Africa: A Discrete Choice Experiment of Preferences for Delivery Care among 3,003 Tanzanian Women. *PloS one*, *10*(8), e0135621. https://doi.org/10.1371/journal.pone.0135621

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4532509/>

Makwero, M., Muula, A., Anyawu, F. C., & Igumbor, J. (2021). The conceptualisation of patient-centred care: A case study of diabetes management in public facilities in southern Malawi. *African journal of primary health care & family medicine*, *13*(1), e1–e10. https://doi.org/10.4102/phcfm.v13i1.2755

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8517774/>

Stonehouse,D (2021) The importance of person-centred care and how to achieve it. British journal of healthcare assistants. Vol 15 (7) https://login.research4life.org/tacsgr1doi\_org/10.12968/bjha.2021.15.7.334

[Tineke Schoot](https://journals.sagepub.com/doi/abs/10.1177/1054773805280093?journalCode=cnra), [Ireen Proot](https://journals.sagepub.com/doi/abs/10.1177/1054773805280093?journalCode=cnra), [Ruud Ter Meulen](https://journals.sagepub.com/doi/abs/10.1177/1054773805280093?journalCode=cnra), [Luc de Witte](https://journals.sagepub.com/doi/abs/10.1177/1054773805280093?journalCode=cnra). (2005). Actual Interaction and Client Centeredness in Home Care.Research Article [Find in PubMed](https://pubmed.ncbi.nlm.nih.gov/16254388)<https://doi.org/10.1177/1054773805280093>

**Case study**

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| **Trainer_ICON** | | **Facilitators Instructions for Exercise 2.4 Case Study: Identify core processes of person centred care** |
| * Review contents on core processes of person centred care * Have a flipchart/White or Black board available to write learners’ responses * Have computer and projector * Facilitate a role play | | |
| **Exercise 2.4: Case Study: Explain core processes of person centred care** | | |
| **Purpose** | To acquire skills on identification of core processes of person centred care | |
| **Duration** | 20 minutes | |
| **Advance Preparation**  **Adv_Prep_ICON** | Review the following materials:   * Core processes of person centred care * Case study | |
| **Introduction** | This exercise will provide learners opportunity to practise, acquire skills and attitudes in identifying the core processes of person centred care | |
| **Activities** | * Ask learners to read the scenario for case study related to utilization of customer care principles * REFER learners to **Handout 2.4: Case Study** | |
| **Description: Description: Point_ICON** | * **Exercise 2.4 A case study on core** processes of person centred care   ***Scenario*:**  Mr. Siwezi is hospitalized. He has type 2 diabetes mellitus. Mr. Siwezi's forefoot was amputated a year ago. A serious infection has now occurred and it has been decided to amputate the entire leg.  Mr. Siwezi is 55 years old. He comes to the hospital with his wife and daughter. Mr Siwezi has a fever and feels bad. He is supported by his daughter. She says she is very worried and wonders how things will be at home after admission. Mr Siwezi lives 4 hours travel from hospital and transportation is an issue.  The care and rehabilitation of patients after an amputation require specialist multidisciplinary knowledge and skills. This knowledge and skills are important to prepare Mr Siwezi for a prosthesis and to allow him to rehabilitate with it.  The nurse plays an important role in interventions aimed at reducing stump oedema, preventing contractures and treating phantom pain. In addition, the nurse plays an important role in preparing the patient for returning home.  From the scenario: You ask the following questions to learners   * What do you do to identify the concerns and needs of the Mr Siwezi and his family? * What do the 4 C’s mean in this situation? | |
| **Debriefing** | * ENGAGE the group of learners in discussion by asking:   + What did you learn from this case study? * CLARIFY and SUMMARIZE using the unit 1.4 contents | |

# MODULE 3: RESPECTFUL AND COMPASSIONATE CARE

**Total Module Time620 Minutes**

The main purpose of this module is to equip learners with competencies necessary to provide Respectful and Compassionate care for quality nursing and midwifery services

**Learning Outcomes**

**At the end of this module, participants are expected to be able to:**

1. Explain the concept of respectful care in health services
2. Apply elements of Respectful care in provision of health services in clinical area
3. Explain concepts of compassionate care in health services
4. Apply elements of compassionate care in provision of health services in clinical area
5. Describe concepts of self-compassion
6. Utilize self-compassion characteristics in improving compassionate care when conducting nursing/midwifery care
7. Organize values in RCC as personal references when conducting nursing / midwifery practices
8. Explain how reflection skills may support the learning process towards performing RCC to patient with limited health literacy

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| **Teaching and Learning Methods** | |
| Description: methodology.png | * Lecture discussion * Role play and demonstration * Group discussion * Reflections * BUZZING |

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| **Teaching and Learning Resources** | |
|  | * Slide set for Module 3(HAND OUT) * Flip chart and markers * Masking tape * Participant’s manual for each participant * Facilitator’s guide * LCD projector and Computer |

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| **Advance Preparation** | |
| Description: Description: workinadvance | * Review teaching slides * Set the training room * Ensure a functioning LCD and computer * Ensure availability of flip chart and marker pens * Ensure availability of participant Manual for each participant * Review time table and share with participants |

Module Unit Overview

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| --- | --- |
| **SESSION TITLE** | **Time(Minutes)** |
|  |  |
| 3.1 Respectful Care in Nursing and Midwifery | 100 |
| 3.2 Compassionate Care in Nursing and Midwifery | 115 |
| 3.3 Self Compassion in Nursing and Midwifery | 105 |
| Total Hours of Theory | 320 |
| Total Hours of Practical | 490 |
| Total Hours of Module | 810 |

Comments : re calculation of credit hours to be done( minutes), practical hours to be more than classroom hours

## UNIT 3. 1: RESPECTFUL CARE IN NURSING AND MIDWIFERY

**Total Unit Time: 100 minutes**

**Learning Objectives/Learning Outcomes**

1. At the end of this session, participants are expected to be able to: Explain the concept of respectful care as applied to nursing care and midwifery provision
2. Apply elements of respectful care in nursing and midwifery
3. Utilize element of respective care in improving nursing and midwifery care
4. Apply Reflection as a tool for awareness of values and attitudes necessary when performing Respectful Care in Nursing

**UNIT OVERVIEW**

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| --- | --- | --- | --- |
| **Step** | **Time (min)** | **Activity/ Method** | **Content** |
| 1 | 5 | Presentation | Session Title and Learning Tasks |
| 2 | 5 | Interactive lecture | Definition of respectful care |
| 3 | 40 | Role play and lecturer discussion | Application of element of respectful care in provision of nursing and midwifery care |
| 4 | 40 | Reflection | Utilization of elements for respectful in improving practice |
| 5 | 5 | Presentation | Key points |
| 6 | 5 | Presentation | Evaluation |
| Tot | 100 |  |  |

**UNIT CONTENTS**

**STEP 1: Presentation of Unit Title and Learning Tasks (05 minutes)**

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| **READ or ASK** students to read the learning tasks  **ASK** students if they have any questions before continuing |

**STEP 2: Definition of Respectful Care in Nursing and Midwifery (5 minutes)**

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| **Activity: Buzzing (2 minutes)**  **ASK** learners to pair up and buzz on definition of respectful care  **ALLOW** learners to discuss for 2 minutes  **ASK** few pairs to provide responses and the rest to provide additional points not mentioned  **CLARIFY Use** learners’ responses by using the points provided below for better understanding |

**Respectful Care**

* Refers to individualized care that considers clients autonomy, dignity, feelings, choices and preferences (WHO,2012).
* It demonstrates respect for human rights and care that does no harm, promotes positive clients outcome and cultural sensitivity, valued by an individual and the community.

**STEP 3: Elementsof Respectful Care (40 minutes)**

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| **Activity: Role Play (20 minutes)**  **INSTRUCT:** learners to play roles according to Exercise 2.1 Role Play.  **ALLOW** learners to discuss on the exercise  **WRITE** their responses on the chalk/white board or flip chart  **CLARIFY** and **SUMMARIZE** by using the content below |

**Respect for Autonomy**

* Autonomy is usually considered as major principle of making decision about individual’s health.
* Clients need to be respected and be informed about the decisions made about their health. This involves ability of an individual to exercise his/her rights, have their choices being respected without influence or interference by others.
* To achieve this nurses and midwives should:
* Establish therapeutic relationship with clients and relatives
* Listen to clients concerns and respond accordingly
* Consider feelings, needs and expectations of minors (such as children)
* Involve the client in planning and implementation of care
* Allow clients to make choices of care
* Respect client decision to refuse treatment and inform the consequences of refusal and document it

**Consented Care**

* This is providing clients with information for informed decision making using a consent protocol.
* The informed consent of the client is a prerequisite for any medical intervention. Client/Client has the right to refuse or stop a medical intervention.
* However, the implications of refusing or stopping such an intervention must be carefully explained to the client.
* For this to be achieved nurses and midwives should:
* Provide complete and correct information about client condition, treatment options, and possible results and side effects of treatment.
* Ensure the clients understand information given for making informed decision
* Explain any procedure to the client in full detail and ensure she/he understand it
* Obtain verbal or written consent from the client before any procedure
* Seek permission from a relative or legally authorized person to make decision about care for minors and those who are mentally affected

**Confidential care**

* Confidentiality is the state of keeping or being kept secret or private, it requires health care providers to keep client/client health information private unless permission is obtained from the client to make such disclosure.
* All information about client’s health status, medical condition, diagnosis, prognosis and treatment and all other personal information must be kept confidential, even after death.
* Nurses and midwives have an ethical responsibility to safeguard information obtained in the context of the nurse/midwife-client relationship.
* As such Nurses and Midwives should:
* Protect client’s information from improper disclosure all the time such as information on HIV and AIDS status
* Seek client’s wishes regarding sharing information with family members or others
* Maintain and preserve client’s records in a proper manner
* Avoid using client information in social settings e.g. home, public transport, social media.

**Dignified care**

* Dignified care refers to provision of care to individuals with respect that enables them to maintain maximum possible level of independence, choice and control of their own life.
* For this to be achieved nurses and midwives should:
* Provide the client with empathetic care and treat them as unique beings
* Strive to provide care to the client/client in a private environment as much as possible
* Avoid use of indecent, offensive and abusive language
* Provide individualized care
* Do not undermine person's self-respect regardless of any difference.
* Treat others as you would like to be treated
* Dress in acceptable manner in accordance to nursing and midwifery practice

**Non–Discriminative care**

* Non-discriminative care is about providing equitable and fair care to an individual or group regardless of age, disability, sex, race, religious belief, pregnancy, sexual orientation and socioeconomic status.
* For this to be achieved nurses and midwives should:
* Respond to clients/clients’ needs regardless of their gender, race, marital status, political affiliation, cultural and belief system.
* Provide quality healthcare without discrimination.
* Avoid discriminating clients for complaining about services

**Respect for cultures and beliefs**

* Culture is often described as the combination of a body of knowledge, belief and behaviour.
* It involves a number of elements, including personal identification, language, thoughts, communications, actions, customs, beliefs, values, and institutions that are often specific to ethnic, racial, religious, geographic, or social groups.
* In provision of health services, it is important to acknowledge cultural diversity and belief systems as they define the people’s lives and preference of care.
* It is important for nurses and midwives to be culturally competent because it improves provision of care, builds client confidence and trust to caregiver, and establishes successful and open therapeutic relationships.
* For this to be achieved nurses and midwives should:
* Assess and identify client cultural background and belief system
* Treat each client individually by respecting their cultures and beliefs
* Encourage useful cultural beliefs and discourage harmful ones
* Allow client to express spiritual needs and facilitate meeting them e.g. to be visited by a spiritual leader

**Non-Judgmental Care**

* Non-judgemental care refers to care that avoids making judgments based on the client condition. It is provision of care which is not biased by avoiding judgments based on one’s

Personal status.

* If the nurse or midwife is not careful he/she may be judgemental over clients like those with HIV and AIDS.
* For this to be achieved nurses and midwives should:
* Avoid criticizing client opinions rather understand to avoid defensiveness.
* Enable clients to express freely and comfortably about problems without feelings that they are being judged.
* Avoid stereotypes related to societal attitudes towards clients since it may hinder the healing process.
* Respect client feelings, experiences and values.
* Receive and respond to feedback given by client in a professional manner without compromising access to quality care

**Provide Timely Care**

* Timely care refers to care that is provided to the client/clients within required time according to standards and client service charter.
* For this to be achieved nurses and midwives should:
* Set priority in care provision
* Organize the working environment for timely service provision
* Respond to client’s/client’s needs timely
* Seek for appropriate help if unable to provide timely care
* Document time of care and treatment given to enable timely continuity of care
* Orient yourself regularly on client’s/client’s records for continuity of care
* Avoid doing personal activities during working hours e.g. use of mobile phones while attending the clients/clients
* Provide assistance in case client/client needs consultation from care provider and communicate effectively with honest and openness

**Respect for Privacy**

* Privacy is the state of being free to be observed or disturbed by other people.
* Privacy makes clients and family feel respected all the time.
* Nurse and midwife are required to ensure an environment that provides sufficient physical and auditory privacy during provision of care.
* For this to be achieved nurses and midwives should:
* Use linen, curtains, screen partitions and private room depending with environment in ensuring privacy
* Use reasonable voice to communicate with client
* Avoid unnecessary exposure of the client’s body parts
* Avoid unnecessarily movements in the client’s room
* Ask permission before entering client’s room

**Adherence to treatment**

* Adherence is described as the degree to which a client correctly follows medical advice and medical treatment.
* Commonly, it refers to medication/drug compliance, but it can also apply to other situations such as medical device use, self-care, self-directed exercises and therapy sessions.
* For this to be achieved nurses and midwives should:
* Provide adequate information on treatment regimen
* Give clear and precise directives on how and when medication will be taken
* Inform the client about the possible side effect of drugs
* Ensure proper and accurate recording of clients’ treatment information
* Make follow up of the clients to ensure compliance

**Maintaining Safe Care**

* Safe care is an important aspect that needs to be considered in achieving respectful care. It does not only include the physical environment but includes how or the way care is provided.
* Safe care contributes much to the better health care outcomes as it makes patients feel more comfortable.
* For safe care to be achieved, nurses and midwives should:
* Introduce self and the agency to the client, wear badge/name tag/identity card
* Protect client from any injuries/harm
* Create positive environment that allows clients to provide feedback
* Avoid negligence in provision of care
* Avoid harassing clients
* Adhere to IPC standards in provision of care
* Record and report any medical error or incidences

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| **Trainer_ICON** | | **Facilitators Instructions for Exercise 3.1 Role Play** |
| * Review contents on providing respectful nursing and midwifery care * Have a flipchart/White or Black board available to write learners’ responses * Have computer and projector * Facilitate a role play | | |
| **Exercise 3.1: A Role Play for provision of respectful nursing and midwifery care** | | |
| **Purpose** | To practise and acquire skills in provision of respectful nursing and midwifery care | |
| **Duration** | 2 hours | |
| **Advance Preparation**  **Adv_Prep_ICON** | Review the following materials:   * Components of respectful care * Role play guide | |
| **Introduction** | This exercise will provide learners opportunity to practise and acquire skills in providing respectful nursing and midwifery care | |
| **Activities** | * Ask learners to read the scenarios for the role play related to providing respectful nursing care * REFER learners to **Handout 3.1: Role Play Guide** | |
| **Description: Description: Point_ICON**  **REFLECTION PROCESS** | **Exercise 3.1 A Role Play for Provision of Nursing and Midwifery Care**  ***Scenario*:**  A woman was taking care of her male child, admitted in medical ward 17yrs old with distended abdomen, with history of liver cirrhosis, uremic encephalopathy with difficulty in breathing, general condition of patient was aggressive and confused. The condition of her patient changed to worse. She called by voice without response, the mother went to Nurse Station .She found the two Nurses (Nurse X and Nurse Y)at Nurse Station making stories. She asked for assistance but nurses continue with the discussion, one said, “We are coming”  Another nurse (Nurse Z) coming from home was passing before changing uniforms, stand nearly nurse station, observing the situation. Then the mother raised her voice again, “Nurse my child is getting tired”. Then the nurse without uniform ran to the patient room, found that the patient already has fallen down and died. She started lifting the child with his mother to the bed, and the mother continue to lift her baby with the nurse without uniforms, while crying  Role players: **Role Player 1: Nurse X, Role Player 2: Nurse (Y),**  **Role Player 3; Nurse Z, Role player 4: Mother, Role player 5: Child**  **Role of the Observers (other learners) during the Role Play**   * Observe the role play * Identify the sequence followed by each player * Identify areas where each player did well as well as areas for improvement * Provide constructive comments on the performance of nurse Y * Discuss in plenary for better understanding   **Role of Facilitator during the Role Play**   * Organize the learners for role play * Identify key actors/players in the role play * Instruct each actor/player on the role to play clearly pointing out specific tasks * Provide each actor with the role play guide * Allow time for each learner to go through the guide and practice it before the actual doing * Instruct the observers (other learners) to carefully observe the role play * Allow the actors/players to effect the role play * Observe the performance of each player * After the role play;   + Allow for constructive comments from the observers pointing out strengths and areas for improvement for respectful care   + Provide comments on the areas where Nurse X, Y and Z did do well and reflect on areas for improvement   + Conduct plenary discussion with the learners for better understanding   + Clarify and summarize the points   **DESCRIBE THE SITUATION** – including thoughts and feeling   * Salient events? * Key features   **ANALYSE** – knowledge and feelings relevant for the situation   * identify knowledge * challenge assumptions * imagine and explore alternatives   **EVALUATE** - the relevance of the knowledge   * Was your knowledge relevant? * Was your skills relevant – appropriate? * Did your actions solve patient’s problem/challenge * Did you miss knowledge or skills? Other relevant knowledge and skills? * Did you challenged your values – nursing-values?   **LEARNING** – any learning occurred   * What did you learn from this reflection? * What assumptions might each of these nurses held? * Whose perspectives did the each of the nurses take into consideration * How might you have approached this situation differently?   What do you think each of the nurses will do differently the next time they are faced with a similar situation; knowledge, skills, attitudes?  **AWARENESS** of uncomfortable thoughts and feelings   * Did you have any uncomfortable thoughts and feelings? * Do you think the nurses had any uncomfortable thoughts and feelings? * If you had been one of the nurses in a real situation, would you be aware of? * How to develop commitment for a possible change?   **NEW EXPERIENCE**   * What to do next time? * How to use new knowledge – skills and values | |
| De-role each player | * **ENGAGE** the group of learners in discussion by asking:   + What did you learn from this role play   + CLARIFY and SUMMARIZE using the unit 1 contents   **Describe**   * Write a description of the experience; what happened – what did you say and do - what did the patient say * What are the key issues within this description that I need to pay attention to?   **Analyse**   * What was I trying to achieve? * Why did I act as I did? * What are the consequences of my actions?   + For the patient and family   + For myself   + For people I work with * How did I feel about this experience when it was happening? * How did the patient feel about it? * How do I know how the patient felt about it?   **Evaluate - Influencing factors**   * What internal factors influenced my decision-making and actions   + Knowledge   + Skills   + Attitudes/values * What external factors influenced my decision-making and actions? * What sources of knowledge did or should have influenced my decision making and actions? * Alternative strategies * Could I have dealt better with the situation? * What other choices did I have? * What would be the consequences of these other choices?   **Learning**   * How can I make sense of this experience in light of past experience and future practice? * How do I NOW feel about this experience? * Have I taken effective action to support myself and others as a result of this experience? * How has this experience changed my way of knowing in practice?   **New perspectives**   * What to do next time? * How to use new knowledge – skills and values | |

**STEP 4: Utilization of Respectful Care elements in improving practice (40 Minutes)**

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| **Activity: Reflection (40 minutes)**  **INSTRUCT learners** to DIVIDE into groups and reflect their experience when they went to hospital if they were treated with respectful manner by referring to exercise 3.2 Reflection.  **ALLOW** learners to present their experiences and feelings  **WRITE** their responses on the chalk/white board or flip chart  **CLARIFY** and **SUMMARIZE** the discussion |

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| **Trainer_ICON** | | **Facilitators Instructions for Exercise 3.2 Reflection** |
| * Review contents on the main steps of Reflection * Have a flipchart/White or Black board available to write learners’ responses * Facilitate a Reflection session in a duo-group | | |
| **Exercise 3.2: A Reflection for provision of respectful nursing and midwifery care** | | |
| **Purpose** | To be aware of own knowledge, skills and attitudes in provision of Compassionate Nursing and Midwifery care | |
| **Duration** | 1 hour and 55minutes | |
| **Advance Preparation**  **Adv_Prep_ICON** | Review the following materials:   * Reflections models * Elements of Compassionate Care | |
| **Introduction** | This exercise will provide learners opportunity to practise and acquire knowledge, skills and attitudes when providing Compassionate Nursing and Midwifery care | |
| **Activities** | * Ask learners to write down a self-experienced patient-nurse-situation from a clinical setting * REFER learners to **Handout 3.2: Reflection Models** | |
| **Description: Description: Point_ICON** | **Exercise 3.2 Reflection in Nursing and Midwifery Care - duo-groups**  ***Scenario*:**   * Two learners in a group; sharing their written self-experienced patient-nurse-situation from a clinical setting. If there are three in a group, could have one as observer.   **Part I**  **Learner 1**;   * Share your written situation from the clinical   **Learner 2;**   * Active listening to Learner 1. When Learner 1 is finished, start the reflection process   **Part II**  **Learner 2**;   * Share your written situation from the clinical   **Learner 1;**  Active listening to Learner 2. When Learner 2 is finished, start the reflection process  **Reflection process**  DESCRIPTION  - Learner is asked to present an experience from a patient-nurse-situation – one experience is to chosen  - Learner describes her/her situation  - What happened? Details to be presented  REFLECTION  - What did you think?  - Which skills did you use  - Values behind your actions  - What did you feel?  EVALUATION  - Was your knowledge relevant?  - Was your skills relevant – appropriate?  - Did your actions solve patient’s problem/challenge  - Did you miss knowledge or skills? Other relevant knowledge and skills?  - Did you challenged your values – nursing-values?  NEW PERSCPECTIVES  - What did you learn from this reflection?  - How to be prepared for next time?  - What implications does this have in you Practice?  CHANGE OF BEHAVIOUR  - What else could you do towards your patients?  - What do you need to be able to applicate your new perspectives?  - How to develop commitment for a possible change?  - Learning points?  -What would done differently after learning this?  -Why might this matter to you and your profession with the patients? | |
| **Debriefing** | * ENGAGE the group of learners in discussion by asking:   + What did you learn from this Reflection session: knowledge, skills, attitudes? * CLARIFY and SUMMARIZE using the unit 1 contents   **Describe**   * Write a description of the experience; what happened – what did you say and do - what did the patient say * What are the key issues within this description that I need to pay attention to?   **Analyse**   * What was I trying to achieve? * Why did I act as I did? * What are the consequences of my actions?   + For the patient and family   + For myself   + For people I work with * How did I feel about this experience when it was happening? * How did the patient feel about it? * How do I know how the patient felt about it?   **Evaluate - Influencing factors**   * What internal factors influenced my decision-making and actions   + Knowledge   + Skills   + Attitudes/values * What external factors influenced my decision-making and actions? * What sources of knowledge did or should have influenced my decision making and actions? * Alternative strategies * Could I have dealt better with the situation? * What other choices did I have? * What would be the consequences of these other choices?   **Learning**   * How can I make sense of this experience in light of past experience and future practice? * How do I NOW feel about this experience? * Have I taken effective action to support myself and others as a result of this experience? * How has this experience changed my way of knowing in practice?   **New perspectives**   * What to do next time? * How to use new knowledge – skills and values | |

**STEP 5: Key points (05 minutes)**

For safe care to be achieved, nurses and midwives should:

* Introduce self and the agency to the client
* Wear badge/name tag/identity card
* Protect client from any injuries/harm
* Create positive environment that allows clients to provide feedback
* Avoid negligence in provision of care
* Avoid harassing clients
* Adhere to IPC standards in provision of care
* Record and report any medical error or incidences

**STEP 6: Evaluation (05 minutes)**

* What is Respectful care in nursing?
* What are the core processes of Respectful care in nursing?
* Outline the values of Respectful Care in nursing
* Why is Respectful care in nursing important?

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| **NationalDOC_ICON2** | **Handout:3.3 Checklist for Assessment of students clinical performance** | | | | |
| **STANDARD** | | **COMPETENCE** | **OBSERVED** | | **REMARKS** |
| **YES** | **NO** |
| **Respect for autonomy** | | Greets the client |  |  |  |
| Introduces self by name and title |  |  |  |
| Created rapport with the student and client or patient |  |  |  |
| Listens client’s concern |  |  |  |
| Observes client’s feelings |  |  |  |
| Guided the student correctly |  |  |  |
| Involves client in planning and implementation for care |  |  |  |
| Allows client to make choice |  |  |  |
| **Consented care** | | Provides correct information |  |  |  |
| Ensures client understand the information |  |  |  |
| Explains each action/procedure |  |  |  |
| Obtains verbal/written consent |  |  |  |
| Seeks permission from relatives or legal authorized |  |  |  |
| **Confidential care** | | Protects clients’ information from improper disclosure |  |  |  |
| * Seeks client wishes on sharing information with family members |  |  |  |
| **Dignified care** | | * Provides clients with empathetic care and treat them as unique beings |  |  |  |
| * Strives to provide care to the client in private environment as much as possible |  |  |  |
| * Avoids indecent, offensive and abusive language |  |  |  |
| * Provides individualized care |  |  |  |
| * Treats others as you would like to be treated |  |  |  |
| Dress in acceptable manner in accordance in accordance to Nursing and midwifery practice |  |  |  |
| **Non-discriminative care** | | Respects clients’ needs regardless |  |  |  |
| * Provides quality care without discrimination |  |  |  |
| * Avoids discriminating clients for complaining about services |  |  |  |
| **Provide timely care** | | * Sets priorities in care provision |  |  |  |
| * Organizes the working environment for timely service provision |  |  |  |
| * Responds to clients’ needs timely |  |  |  |
| * Seeks for appropriate help if unable to provide timely care |  |  |  |
| Documents time of care and treatment given |  |  |  |
| * Orients yourself regularly on client records of continuity of care |  |  |  |
| Provides assistance in case client/clients’ needs |  |  |  |
| **Respect for privacy** | | Screens client bed |  |  |  |
| * Uses reasonable voice to communicate with the client |  |  |  |
| * Avoids unnecessary exposure of the client’s body parts |  |  |  |
| * Avoids unnecessary movements in the clients room |  |  |  |
| **Adherence to treatment** | | * Provides adequate information on treatment regimen |  |  |  |
| * Gives clear and precise directives on how and when medication will be taken |  |  |  |
| * Informs the client about possible side effects of drugs |  |  |  |
| **Maintain safe care** | | * Introduces self and the agency to the client, wear identity cards/name tags |  |  |  |
| * Protects client from injury or harm |  |  |  |
| * Creates positive environment that allows the client to provide feedback |  |  |  |
| * Avoids negligence in provision of care |  |  |  |
| * Avoids harassing clients |  |  |  |
| * Adheres to IPC standards in provision of care |  |  |  |
| Record and report any medical error or incidence |  |  |  |

## UNIT 3.2: COMPASSIONATE CARE IN NURSING AND MIDWIFERY SERVICES

**Total Unit Time: 115 minutes**

**Learning Objectives**

**At the end of this session participants are expected to be able to:**

1. Explain the concepts of compassionate care
2. Describe the elements of compassion
3. Apply elements of compassionate care during nursing and midwifery practice
4. Describe values and attitudes necessary when performing compassionate care in nursing and midwifery

**UNIT OVERVIEW**

|  |  |  |  |
| --- | --- | --- | --- |
| **Step** | **Time (min)** | **Activity/ Method** | **Content** |
| 1 | 05 | Presentation | Session Title and Learning Tasks |
| 2 | 15 | Brainstorming and Interactive Lecture | Concepts of Compassionate Care |
| 3 | 45 | Small Group Discussion | Elements of Compassionate Care |
| 4 | 40 | Role play – case study – reflection | Application of Compassionate Care in providing health services |
| 5 | 05 | Presentation | Key points |
| 6 | 05 | Presentation | Evaluation |
| Tot | 115 |  |  |

**UNIT CONTENTS**

**STEP 1: Presentation of Unit Title and Learning Tasks (05 minutes)**

READ or ASK students to read the learning tasks

ASK students if they have any questions before continuing

**STEP 2: Definition of Compassionate Care in Nursing and Midwifery (15 minutes)**

* Refer to the care given through relationships based on empathy, respect, kindness and dignity, accompanied by strong desire to alleviate suffering.
* Compassionate care is the key product of health care providers, which is expected by the public (National Guideline, 2017)
* Nurses and Midwives uphold trust of the patients by providing care that is based on integrity, genuineness, kindness and comfort.
* They take care of their everyday needs like eating, bathing and personal hygiene. These personal environments make compassion a necessary trait in Nursing and Midwifery Practices.
* In ensuring Compassionate Care Nurses and Midwives should address six Cs, apply therapeutic communication, show kindness, and manage distress / burnout in caring clients.
* .

**STEP 3: Elements of Compassionate Care in Nursing and Midwifery (45 minutes)**

|  |
| --- |
| **Activity: Buzzing (5 minutes)**  **ASK** learners to brainstorm on the elements of compassionate care for 2 minutes  **ALLOW** learners to provide their answers  **CLARIFY** learners’ responses using the points provided below for better understanding |

1. Commitment
2. Conscience
3. Competence
4. Compassion
5. Confidence
6. Courage

|  |
| --- |
| **Activity: Reflection (40 minutes)**  **PRESENTATION** of the Patient in the HDU-ward scenario  **ASK** learners to make reflection on the scenario provided below  **ALLOW** learners to discuss for 5 minutes  **ASK** few pairs to provide responses and the rest to provide additional points not mentioned  **CLARIFY** learners’ responses using the points provided below for better understanding, Make summaries by using the elements in compassionate care (the six C’s) |

**Commitment**

* Refers to the fact that nurses and midwives should dedicate themselves to provide quality care above and beyond normally expected behaviours and pledging to uphold strong values.
* Nurses and Midwives should demonstrate commitment by;
* Enhance timely and quality care by being punctual
* Promptly attend to clients’ needs
* Dedicate your extra time when necessary in giving care
* Devote yourself to the welfare of the client
* Be innovative and embrace changes for improvement of care
* Adhere to the Professional Code of Conduct, standards and nurses/midwives pledge
* Accountable to omission and commission

**Conscience**

* Conscience is the inner sense of what is right or wrong in ones conduct or motives that impel one towards right action or thought of an individual.
* Conscience helps guide actions even when focused on stress or personal matters, which can challenge the consistent application of best practices.
* Nurses and Midwives should demonstrate conscience by:
* Apply best practices consistently in providing clients care
* Adhere to own conscience in decision-making
* Advocate for clients concerns
* Adhere to moral standard and focus on empathy
* Be accountable and responsible for own actions
* Tell the truth all the time

**Competence**

* Competence is the combination of knowledge, skills, attitudes, values and judgment required to safely perform the prescribed role at acceptable standard to clients and others in the profession or refers to application of high standard of excellence when fulfilling daily tasks regardless of the circumstances.
* Competence is reflected in cognitive, affective and psychomotor domain of learning.
* The competent nurse/midwife displays strong capabilities, skills and professionalism in performing all necessary tasks. Nurses and Midwives should:
* Apply nursing process in provision of care
* Acknowledge the limit of professional competence and refer the clients appropriately
* Use evidence-based practice in providing care
* Document, keep and utilize records to make decisions
* Strive for continuous education and lifelong learning
* Understand, interpret and implement own job description
* Fulfil daily task regardless of the behaviour of others or circumstances.
* Promote the delivery of care that meets facility standards
* Demonstrate high level of competence in providing services
* Present self in a professional manner

**Compassion**

* Compassion is an essential component of the nurse/midwife patient relationship.
* It is empathy, sympathy and sensitivity to human pain, suffering and joy that allows one to enter into the experience of another.
* When the client feels that are truly cared, they become free to express inner feeling and detailed information that lead to appropriate diagnosis that could help for better care of clients, most important to those living with HIV and AIDS.
* Nurses and Midwives should:
* Demonstrate effective communication verbally and non-verbally
* Touch and handshake if appropriate
* Show kindness without expecting anything in return
* Avoid using indecent/abusive language to the patients
* Challenge self to smile more
* Incorporate the phrases such as thank you, sorry, you are welcome in your daily routine
* Empathize with clients
* Respect client decisions

**Confidence**

* Confidence is the feeling of self-assurance arising from one's appreciation of own abilities or qualities.
* It also refers to the feeling or belief that you can do something successfully.
* Confidence is an integral part of a successful nurse/midwife, it enables to build positive attitude, gains clients trust and hence achieve personal and professional goals.
* Nurses and Midwives should;
* Set priorities in providing care
* Listen actively to gain confidence in responding to patients needs
* Acknowledge the limit of professional competence
* Update yourself in accordance to standards to maintain professional competence
* Accomplish tasks timely

**Courage**

* Courage refers to the quality of mind or spirit that enables a person to face difficulty, danger and pain without fear.
* This enables the nurse/midwife to make right decision and act upon during ethical dilemmas.
* Nurses and Midwives should;
* Resolve ethical dilemmas arises during clients’ care
* Advocate for the clients concerns
* Embrace innovation and new ways of working
* Help clients and family members to raise positive change in dealing with difficult situations including HIV and AIDS.

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| **Trainer_ICON** | | **Facilitators Instructions for Exercise 3.4 Reflection** |
| * Review contents on the main steps of Reflection * Have a flipchart/White or Black board available to write learners’ responses * Facilitate a Reflection session (individual or in a group??) | | |
| **Exercise 3.4: A Reflection for provision of compassionate care** | | |
| **Purpose** | To be aware of own knowledge, skills and attitudes in provision of compassionate nursing and midwifery care | |
| **Duration** | 1 hour and 55minutes | |
| **Advance Preparation**  **Adv_Prep_ICON** | Review the following materials:   * Reflections models | |
| **Introduction** | This exercise will provide learners opportunity to practise and acquire knowledge, skills and attitudes when providing compassionate nursing and midwifery care | |
| **Activities** | **Role play &reflection**  A nurse working at orthopaedics unit receives a patient from Emergency medicine, with history of being involved with a motorcar accident two weeks ago, sustained open fracture of left tibia and fibula. On assessment of patient’s limb, it is smelling, gangrenous with pus discharge. Previous doctor’s notes (plan) from Emergency medicine, patient was advised to do **above kneeamputation** of the gangrenous foot, but rejected.  Qn 1: using role play show how are you going to provide cancelling to patient demonstrating compassionate care.(negative and positive aspects)  Qn 2: using Atkins model of reflection, compare with the role played for a nurse without compassion and possible changes of behaviour  **Qn 1: Role play**   1. Role play: steps Teacher /facilitator: gather the people together, introduce the problem, encourage open discussion to uncover all the relevant issues 2. Add details: time, first role play for a nurse with compassion, second a nurse without compassion 3. Assign roles: Nurse from EMD, Patient, Orthopedic nurse &relative 4. Act out the scenario for each   Discuss and summarize – reflection according to Atkins Reflection model   * REFER learners to **Handout 1.2: Reflection Models** | |
| **Description: Description: Point_ICON** | **Exercise 3.4-B Reflection in Compassionate Nursing and Midwifery Care - duo-groups**  ***Scenario*:**   * Two learners in a group; sharing their written self-experienced patient-nurse-situation from a clinical setting. If there are three in a group, one can join as observer.   **Part I**  **Learner 1**;   * Share your written situation from the clinical   **Learner 2;**   * Active listening to Learner 1. When Learner 1 is finished, start the reflection process   **Part II**  **Learner 2**;   * Share your written situation from the clinical   **Learner 1;**  Active listening to Learner 2. When Learner 2 is finished, start the reflection process  **REFLECTION PROCESS**   * ANALYSE   + What do you think about the situation?   + Which skills did you see in action?   + Possible values behind the actions   + What do you think the student – the nurse supervisor and the doctor did feel? * EVALUATE   + What was the challenge from this situation   + What important things was supposed to be done to the patient?   + What was the role of nurse in this situation   + Was the knowledge relevant?   + Was the skills relevant – appropriate?   + Did the actions solve patient’s problem/challenge   + Do you think it was lack of knowledge and/or skills? Other significant knowledge and skills needed?   + Do you think the student values and/or nursing-values were challenged?   + What was another alternative to do for this situation with respect to compassionate care?   + Assume you were the student nurse in the scenario; how would you feel-what could you do? * IDENTIFY ANY LEARNING   + What did you learn from this reflection?   + How could the student include the experiences in your further practice? * NEW PERSCPECTIVES   + How could the student nurse be prepared for next time?   + What was the gap in this situation considering compassionate care   + MHissing any knowledge, skills or attitudes relevant when performing compassionate care   + Do your supervisor behave right or not? Why * CHANGE OF BEHAVIOUR   + How might the student behave in a similar situation to perform compassionate care?   + What do you think the student need to do to be able to applicate new perspectives?   + How to develop commitment for a possible change for utilize compassionate care?   + Learning points regarding necessities to perform compassionate care?   + What would done differently after learning this?   + How might this matter to your profession and elements in compassionate care? | |
| **Debriefing** | * ENGAGE the group of learners in discussion by asking:   + What did you learn from this Reflection session;knowledge, skills, attitudes?   CLARIFY and SUMMARIZE using the unit 1 contents According to Atkins reflection model | |

**Step 4: Application of theelements for the CompassionateCare in Nursing and Midwifery (40 Minutes)**

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| **Activity: Role Play (40 minutes)**  **INSTRUCT**learners to play roles according to Exercise 3.4 Role Play.  **ALLOW** learners to discuss on the exercise  **WRITE** their responses on the chalk/white board or flip chart  **CLARIFY** and **SUMMARIZE**the discussion |

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| **Trainer_ICON** | | **Facilitators Instructions for Exercise 3.5 Role Play** |
| * Review contents on providing compassionate nursing and midwifery care * Have a flipchart/White or Black board available to write learners’ responses * Have computer and projector * Facilitate a role play | | |
| **Exercise 3.5: A Role Play for provision of compassionate nursing and midwifery care** | | |
| **Purpose** | To practise and acquire skills in provision of **compassionate** nursing and midwifery care | |
| **Duration** | 2hours | |
| **Advance Preparation**  **Adv_Prep_ICON** | Review the following materials:   * Components of **compassionate** care * Role play guide | |
| **Introduction** | This exercise will provide learners opportunity to practise and acquire skills in providing **compassionate** nursing and midwifery care | |
| **Activities** | * Ask learners to read the scenarios for the role play related to provision of **compassionate** nursing and midwifery care * REFER learners to **Handout 3.1: Role Play Guide** | |
| **Description: Description: Point_ICON** | **Exercise 3.1 A Role Play for Provision of compassionate Nursing and Midwifery Care**  ***Scenario*:**  Mrs P admitted in HDU after getting CVA, Nurse M is assigned to provide nursing care to Mrs P, which include taking vital signs, feeding, changing position and giving her medication  **Role Player 1: Mr X**   * Assume the role of the Mrs P with CVA admitted in the HDU * Assume that Mrs X is her first hospitalization * Provide cooperation with the health care provider   **Role Player 2: Nurse (Y)**   * Assume the nurse’s role * Conduct quick assessment to Mrs P * Conduct nursing assessment to Mrs P * Turn Mrs P * Check vital sign for Mrs P * Provide medication for mrs P * Feed her   **Role of the Observers (other learners) during the Role Play**   * Observe the role play * Identify the sequence followed by each player * Identify areas where each player did well as well as areas for improvement * Provide constructive comments on the performance of nurse Y * Discuss in plenary for better understanding   **Role of Facilitator during the Role Play**   * Organize the learners for role play * Identify key actors/players in the role play * Instruct each actor/player on the role to play clearly pointing out specific tasks * Provide each actor with the role play guide * Allow time for each learner to go through the guide and practice it before the actual doing * Instruct the observers (other learners) to carefully observe the role play * Allow the actors/players to effect the role play * Observe the performance of each player * After the role play;   + Allow for constructive comments from the observers pointing out strengths and areas for improvement for compassionate care   + Provide comments on the areas where Nurse Y has done well and areas for improvement   + Conduct plenary discussion with the learners for better understanding   + Clarify and summarize the points given by the learners * De-role each player | |
| **Debriefing** | * ENGAGE the group of learners in discussion by asking:   + What did you learn from this role play? * CLARIFY and SUMMARIZE using the unit 1 contents According to Atkins reflection model | |

**Step4: Application of theelements for the CompassionateCare in Nursing and Midwifery (40 Minutes)**

|  |
| --- |
| **Activity: Role Play (40 minutes)**  **INSTRUCT**learners to play roles according to Exercise 3.4 Role Play.  **ALLOW** learners to discuss on the exercise  **WRITE** their responses on the chalk/white board or flip chart  **CLARIFY** and **SUMMARIZE**the discussion |

|  |  |  |
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| **Trainer_ICON** | | **Facilitators Instructions for Exercise 3.5 Role Play** |
| * Review contents on providing compassionate nursing and midwifery care * Have a flipchart/White or Black board available to write learners’ responses * Have computer and projector * Facilitate a role play | | |
| **Exercise 3.5: A Role Play for provision of compassionate nursing and midwifery care** | | |
| **Purpose** | To practise and acquire skills in provision of **compassionate** nursing and midwifery care | |
| **Duration** | 1 hour | |
| **Advance Preparation**  **Adv_Prep_ICON** | Review the following materials:   * Components of **compassionate** care * Role play guide | |
| **Introduction** | This exercise will provide learners opportunity to practise and acquire skills in providing **compassionate** nursing and midwifery care | |
| **Activities** | * Ask learners to read the scenarios for the role play related to provision of **compassionate** nursing and midwifery care * REFER learners to **Handout 3.1: Role Play Guide** | |
| **Description: Description: Point_ICON** | **Exercise 3.1 A Role Play for Provision of compassionate Nursing and Midwifery Care**  ***Scenario*:**  Mrs P admitted in HDU after getting CVA, Nurse M is assigned to provide nursing care to Mrs P, which include taking vital signs, feeding, changing position and giving her medication  **Role Player 1: Mr X**   * Assume the role of the Mrs P with CVA admitted in the HDU * Assume that Mrs X is her first hospitalization * Provide cooperation with the health care provider   **Role Player 2: Nurse (Y)**   * Assume the nurse’s role * Conduct quick assessment to Mrs P * Conduct nursing assessment to Mrs P * Turn Mrs P * Check vital sign for Mrs P * Provide medication for mMrs P * Feed her   **Role of the Observers (other learners) during the Role Play**   * Observe the role play * Identify the sequence followed by each player * Identify areas where each player did well as well as areas for improvement * Provide constructive comments on the performance of nurse Y * Discuss in plenary for better understanding   **Role of Facilitator during the Role Play**   * Organize the learners for role play * Identify key actors/players in the role play * Instruct each actor/player on the role to play clearly pointing out specific tasks * Provide each actor with the role play guide * Allow time for each learner to go through the guide and practice it before the actual doing * Instruct the observers (other learners) to carefully observe the role play * Allow the actors/players to effect the role play * Observe the performance of each player * After the role play;   + Allow for constructive comments from the observers pointing out strengths and areas for improvement for compassionate care   + Provide comments on the areas where Nurse Y has done well and areas for improvement   + Conduct plenary discussion with the learners for better understanding   + Clarify and summarize the points given by the learners * De-role each player | |
| **Debriefing** | * ENGAGE the group of learners in discussion by asking:   + What did you learn from this role play? * CLARIFY and SUMMARIZE using the unit 1 contents   **Key Points**  **Elements of compassion**   * Commitment * Conscience * Competence * Compassion * Confidence * Courage | |

**Step5: Key Points (5 Minutes)**

Elements of compassion

* Commitment
* Conscience
* Competence
* Compassion
* Confidence
* Courage

To demonstrate compassionate care Nurses and Midwives should:

* Demonstrate effective communication verbally and non-verbally
* Touch and handshake if appropriate
* Show kindness without expecting anything in return
* Avoid using indecent/abusive language to the patients
* Challenge self to smile more
* Incorporate the phrases such as thank you, sorry, you are welcome in your daily routine
* Empathize with clients
* Respect client decisions

**STEP 6: Evaluation (5 M inutes)**

* What are domains of Compassionate Care?
* What should nurse / midwife do to provide Compassionate Care?

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| **NationalDOC_ICON2** | **Handout3.6: Checklist for Assessment of students clinical performance** | | | | |
| **STANDARD** | | **COMPETENCE** | **OBSERVED** | | **REMARKS** |
| **YES** | **NO** |
| **Commitment** | | Greets the client |  |  |  |
| Introduces self by name and title |  |  |  |
| Created rapport with the student and client or patient |  |  |  |
| Listens client’s concern |  |  |  |
| Observes client’s feelings |  |  |  |
| Guided the student correctly |  |  |  |
| Involves client in planning and implementation for care |  |  |  |
| Allows client to make choice |  |  |  |
| Enhances timely and quality care by being punctual |  |  |  |
| Attends to clients’ needs promptly |  |  |  |
| Dedicate your extra time when necessary in giving care |  |  |  |
| Devotes yourself to the welfare of the client |  |  |  |
|  | | Innovative and embrace changes for improvement of care |  |  |  |
| Adheres to the Professional Code of Conduct, standards and nurses/midwives pledge |  |  |  |
| **Conscience** | | Applies best practices consistently in providing clients care |  |  |  |
| Adheres to own conscience in decision-making |  |  |  |
| Advocates for clients concerns |  |  |  |
| Adheres to moral standard and focus on empathy |  |  |  |
| Be accountable and responsible for own actions |  |  |  |
| Tells the truth all the time |  |  |  |
| **Compassion** | | Acknowledges the limit of professional competence and refer the clients appropriately |  |  |  |
| Uses evidence-based practice in providing care |  |  |  |
| Documents, keep and utilize records to make decisions |  |  |  |
| Strives for continuous education and lifelong learning |  |  |  |
| Understands, interpret and implement own job description |  |  |  |
| Fulfils daily task regardless of the behaviour of others or circumstances. |  |  |  |
| Promotes the delivery of care that meets facility standards |  |  |  |
| Demonstrates high level of competence in providing services |  |  |  |
| Presents self in a professional manner |  |  |  |
| **Compassion** | | Demonstrates effective communication verbally and non-verbally |  |  |  |
| Touch sand handshake if appropriate |  |  |  |
| Shows kindness without expecting anything in return |  |  |  |
| Avoids using indecent/abusive language to the patients |  |  |  |
| Incorporates the phrases such as thank you, sorry, you are welcome in your daily routine |  |  |  |
| Empathize with clients |  |  |  |
|  | | Respect’s client decisions |  |  |  |
| **Confidence** | | Sets priorities in providing care |  |  |  |
| Listens actively to gain confidence in responding to patients needs |  |  |  |
| Acknowledges the limit of professional competence |  |  |  |
| Updates yourself in accordance to standards to maintain professional competence |  |  |  |
| Accomplishes tasks timely |  |  |  |
| **Courage** | | Resolves ethical dilemmas arises during clients’ care |  |  |  |
| Advocates for the clients concerns |  |  |  |
| Embraces innovation and new ways of working |  |  |  |
| Helps client and family members to raise positive change in dealing with difficult situations including chronic disease |  |  |  |

## UNIT 3.3: SELF COMPASSION IN NURSING AND MIDWIFERY SERVICES

**Total Unit Time105 minutes**

**Learning Objectives**

**At the end of this session participants are expected to be able to:**

1. Explain the concepts of self-compassion
2. Describe the elements of Self- Compassion
3. Explain Key Values, Knowledge and Skills in Self Compassion
4. Valuing self-compassion assessment
5. Explain the importance of self-compassion in nursing and midwifery practice
6. Apply reflection methods toward attaining self-compassion

**UNIT OVERVIEW**

|  |  |  |  |
| --- | --- | --- | --- |
| **Step** | **Time (min)** | **Activity/ Method** | **Content** |
| 1 | 05 | Presentation | Session Title and Learning Tasks |
| 2 | 20 | Interactive Lecture - discussions | Concepts of Self Compassion |
| 3 | 10 | Presentation | Elements of Self Compassion |
| 4 | 50 | Presentation - reflection | Key Values, Knowledge and Skills for Self-Compassion |
| 5 | 10 | Brainstorm | Kindness in providing care |
| 6 | 05 | Presentation | Key points |
| 7 | 05 | Presentation | Evaluation |
| Tot | 105 |  |  |

**UNIT CONTENTS**

**STEP 1: Presentation of Unit Title and Learning Tasks (05 minutes)**

READ or ASK students to read the learning tasks

ASK students if they have any questions before continuing

**STEP 2: Concepts of Self Compassion in Nursing and Midwifery (20 minutes)**

Universal components of compassion

1. Recognizing suffering
2. Understanding the universality of suffering in human experience
3. Feeling of the person suffering and emotionally connect with their distress
4. Tolerating an uncomfortable feeling around

Key concepts of measuring compassionate care, based on literature review

1. Empathy
2. Recognizing and ending suffering
3. Communication
4. Patient involvement
5. Competence and attending to patients needs

To Understanding self-compassion

* Needs to understand self-criticism
* This relates to our internal voice or inner critic who insults, undermines and criticises us. Tells you that: you are not good, you are so stupid, you are such a failure, you will not succeed

**STEP 3: Elements of Self-compassion in Nursing and Midwifery (10 minutes)**

Self-compassion is made up of three elements, which interact to form a self-compassionate frame mind.

* Self-kindness as opposed to self-criticism, means understanding ways towards ourselves especially when we fill inadequate
* Sense of common humanity as opposed to self-isolated; a sense of common humanity is the recognition that part of being human is our imperfection, vulnerability and personal inadequacy
* Mindfulness as opposed to over identifying; which means being aware of our negative emotions in a way, which helps us to avoid suppressing or exaggerating our feelings. Involves willingness to observe our negative thoughts

**STEP 4:** **Key Values, Knowledge and Skills for Self Compassion (50 minutes)**

* Values and principles: respect equity, compassion, cultural competence, tolerance, humanity and professionalism
* Knowledge: recognition of different cultures
* Skills: Communication skills, empathy, experience, leadership skills and courage.

**STEP 5:** **Kindness in providing care (10 minutes)**

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| --- |
| **Activity: Buzzing (5 minutes)**  **ASK** learners to buzz in pairs on how a nurse can provide kindness care  **ALLOW** learners to discuss for 3 minutes  **ASK** few pairs to provide responses and the rest to provide additional points not mentioned  **CLARIFY** learners’ responses using the points provided below for better understanding |

* Kindness is behaviour marked by ethical characteristics, a pleasant disposition, and a concern for clients or is the quality of being gentle, caring, and helpful.
* Nurses and midwives should provide care by paying attention to clients and acknowledging their situation and point of view.
* It conveys openness and generosity without judgment and respects the dignity of individual.
* Nurses and Midwives should;
* Show understanding and treat clients with compassion, generosity, and a forgiving spirit
* Care friendly, considerate and willing to help
* Show concern or empathy and being sensitive to the needs of clients
* Offer support and time to help clients
* Talk positively about clients

**STEP 6: Key Points (5 minutes)**

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| **Activity: Buzzing (5 minutes)**  **ASK** learners to buzz in pairs on why a nurse or a midwife have to be aware of her/his own self-compassion to provide compassionate care  **ALLOW** learners to discuss for 3 minutes  **ASK** few pairs to provide responses and the rest to provide additional points not mentioned  **CLARIFY** learners’ responses using the points provided below for better understanding |

**STEP 7: Evaluation (5 minutes)**

* What are concepts of Self Compassion for providing Compassionate Care in Nursing and Midwifery?
* What should nurse / midwife do to develop awareness of Self-Compassion?

# APPENDICES RELATED TO ALL THREE MODULES

Factsheet: Health literacy communication strategiesto reduce health literacy related problems and enforce health literacy skills.

The focus of this factsheet is to address communication strategies which reduce health literacy related problems and to enforce the development of health literacy skills.

The focus of part 1 is to address communication strategies which can reduce problems related to low (functional) health literacy skills of patients and improve understanding of information. Health professionals can adapt their communication and improve information exchange using the following strategies:

* Gathering information from patients with limited health literacy to obtain an adequate diagnosis and/or interpretation of symptoms or problems.
* Providing information to obtain good information provision and understanding of patients with limited health literacy.

The focus of part 2 is to address communication strategies which facilitate the development of health literacy skills. A precondition is to **foster an empathetic relationship** with a patient with limited health literacy. Furthermore, health professionals can facilitate the development of interactive and critical health literacy skills using the following strategies during interaction with patients with limited health literacy:

* To improve interactive health literacy a professional can educate and involve patients in shared decision making.
* To improve critical health literacy a professional can facilitate and educate patients on self-management, including written patient education materials.

**Overall model of the communication strategies**

**Part 1: Communication strategies**

**to reduce health literacy related problems**

Part 1 contains the following components:

1. Key points of gathering and providing information.
2. How to gather information from patients with low health literacy
3. How to provide information to patients with low health literacy
4. Key points of gathering and providing information.

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| **Key points when gathering information from patients with low health literacy:** |
| 1. Active listening and observation of patient’s non verbal communication. 2. Ask patients to write down their problems, doubts and questions, prior to the appointment. 3. Ask open questions and encourage the patient to ask questions. 4. Avoid yes/no questions when en­gaging patients in discussion, instead asking more specific questions such as:  * “What questions do you have about your high blood pressure * “What questions do you have?”  1. Assess patient’s prior knowledge and beliefs, address patients main concerns (what do I need to do) and perceived barriers. |

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| **Key points when providing information to patients with low health literacy:** |
| 1. Explain things clearly in plain language. Plain language is communication that users can understand the first time they read or hear it. With reasonable time and effort, a plain language document is one in which people can find what they need, understand what they find, and act appropriately on that understanding. 2. Focus on key messages and repeat 3. Use “teach-back” to check understanding, by asking the patient to repeat what is said by the professional, in their own words and in a non-shaming way. 4. Define unfamiliar abbreviations and acronyms 5. Be direct and be personal. Use ‘I’, ‘we’ and ‘you’ in your documents. This will help you to imagine your reader and help make the tone of your material less formal. 6. Ensure that health information is relevant to the intended users’ social and cultural contexts. 7. Give educational materials that patients can take home to review with friends or family members 8. Draw simple pictures rather than trying to explain everything verbally  * Write down key points, important results, medication instructions, appointment times, etc. * Consider the communication capacities of the intended users and tailor communication to their needs and abilities. |

1. How to gather information from patients with low health literacy

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| **Do** | **Do not** |
| **Active listening:**   * Listening is not just about hearing the contents of the message, but it relates to * looking at the person who is speaking * paying attention to what they are saying * Showing interest: nod, use words such as "Yes", "I understand" * asking questions for clarification * checking if you got it right   **Observe:**  Observing means going beyond seeing, and capturing all the signals coming from the other (non-verbal communication), such as:  Posture   * position and movements of the limbs, hands, feet, shoulders ... * tension in the shoulders and neck * inclination of the bust, pose and head movements * Moisture in the eyes * Tension in the jaw * wrinkling of the forehead * tension of the lips * contraction of the muscles of the cheeks * breathing rate * long or short breath * redness, pale skin, skin rashes, swallowing, sighing and sweating   **Ask:**   * Asking helps health professionals to gather information, get confirmation, attract attention, change the subject, reduce time, show interest. Different types of questions can be formulated: * closed: admit as a response one sentence only (where; when…?) * exclusive: yes or no answer * open: chance to articulate the response (what do you think of ...? Can you tell me ...? What happens ...) * Neutral: free reply * oriented: influence the response (wouldn’t you agree that ...) * of confirmation, clarification, specification (confrontation) (Do I understand it right that ...?) | Most common **errors when formulating a question**:   * asking more than one question at a time * asking the question and giving the answer * asking aggressive questions (e.g. you are not thinking of ...?; Can’t you understand that ...? Can you not you see that ...?) * Asking the wrong question to the wrong person (e.g. open-ended questions to verbose people, or closed questions to timid persons) * aggressively use confrontations   **Conditions that may put the health professional in difficulty**:   * Being in a rush * Being interrupted * Starting with erroneous arguments * Intervention aimed to more than one person * When the patient is angry * When the health professional is angry * When the prognosis to the patient is difficult to communicate * When the patient expects a different doctor * When the health professional is tired * When the relationship is difficult * When there are real problems of communication * When it is unclear why the patient has approached the health professional and what they are really after. |

1. How to provide information to patients with low health literacy

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| **Strategies to communicate clearly when providing information:** |
| 1. Slow down 2. Use everyday language instead of medical jargon or concept words (e.g., “shot” instead of “immunization”; “diet” means any food intake to a physician, but means a weight loss plan to lay persons; say “milk” instead of “dairy products”) 3. Organize information so that the most important points come first 4. Break complex information into understandable chunks 5. Use positive phrases, especially in giving directions on what to do. For example, saying "keep your head forward”, rather than, “don’t put your head back”, even better if expressed in a soft tone and voice 6. Use inclusive pronouns e.g. “we” mostly gives a sense of sharing especially when a decision needs to be made 7. Define new terms the patient must know (e.g., “Today, I’d like to talk to you about hypertension. That’s the same thing as high blood pressure.”) 8. Ask patients about their learning style preferences (e.g. what is the best way for you to learn new information?) 9. Use specific references, analogies in the context of the patient’s life, descriptions, or metaphors (e.g., “Arthritis is like a creaky hinge on a door”), 10. Tailor communication on the specific cultural and health literacy level of the patient, considering social-economic aspects, too. |

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| **Strategies for effective communication, which ensures the patients’ understanding.** |
| 1. Focusing on key messages. Emphasize just 1-3 key points at each visit. Review and repeat key points at the end of the visit. Having all staff reinforce key messages, using the same language. 2. Writing down important instructions and providing useful educational materials - This lets patients know exactly what they should do after the visit and gives them more time to absorb the information. Such materials are accessible to family members who may be helping patients at home. 3. Use the Teach Back method to confirm understanding of information: Teach Back can be done by asking the patient to repeat what is said by the professional, in their own words, in order to verify that the patient can reproduce the information and that what they understood is correct. When using the Teach-Back method it is important to create a safe, shame-free environment for the patients, as this also stimulates the patients to ask questions. The health professional ensures:  * to have explained the information clearly (e.g. “I want to make sure I explained everything clearly.”) * to normalize the process (e.g. "I always ask my patients to repeat things back to make sure I have explained them clearly. I'd like you to tell me how you're going to take the new medicine that we talked about today.") * to be specificabout what the patient should teach-back (e.g. “Ok, tell me 2 foods that you’re willing to give up because they have too much salt.” or "When you get home, your [husband/wife] will ask you what the doctor said. What will you tell them?") * To confirm understanding of a skill - ask the patient to demonstrate the behaviour |

**Part 2: Communication strategies**

**to enforce the development of health literacy skills.**

Part 2 contains the following components:

1. Key points of communication strategies to facilitate the development of health literacy.
2. How to foster an empathetic relationship w ith a patient with limited health literacy.
3. How to improve interactive health literacy by shared decision making
4. How to improve critical health literacy by facilitating self-management.
5. How to provide tailored written education materials.

1. **Key points of communication strategies to facilitate the development of health literacy skills**

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| **Keypoints fostering the relationship with someone with low-literacy** |
| 1. Build rapport and create a shame free environment 2. Express empathy with a potential feeling of shame and the patient’s situation and sympathy for their illness. 3. Provide a quiet setting and sufficient time available. 4. Address expectations, roles and responsibilities and mutual understanding. 5. Validation of emotions, respond to emotions and offer help and support to deal with emotions. 6. Estimate to use a direct approach or indirect approach (Kvale, 2007) |

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| **Key points shared decision making with someone with low c** |
| 1. **Choice talk:** Conveys awareness that a choice exists. 2. **Option talk:** patients are informed about treatment options in more detail. 3. **Decision talk:** patients are supported to explore ‘what matters most to them’, having become informed. 4. Preparation: provide materials to patients (e.g. small diaries or establish internet connection). 5. Educate patients on communication: disclose concerns, ask questions and state preferences |

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| **Key-points enabling self-management** |
| 1. Educate patients on self-management skills: Combine prior knowledge on disease with new health behaviours and emphasize benefits of health behaviours. 2. Use tailored education materials (e.g. photo novelas). 3. Stimulate problem solving skills: formulate action plan, ask for support. 4. Assess barriers regarding adherence. 5. Set personalized goals and co-design of action plan 6. Review action plan: Discuss behavioural strategies questions and problems 7. Use telephone follow up calls. |

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| **Key points for improving the usability of written health information:** |
| 1. Use patient-friendly educational materials and drawings 2. Identify the intended users and practice respect 3. Use pre- and post-tests to test written material 4. Limit the number of messages 5. Use plain language and make it easy to read 6. Focus on behaviour 7. Supplement with pictures |

**2. How to foster an empathetic relationship with a patient with limited health literacy.**

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| **Strategies for fostering the relationship with someone with low-literacy** |
| 1. Build rapport and create a shame free environment 2. Express empathy with a potential feeling of shame and that health care can be experienced as a confusing and stressful environment (Coleman). Express also empathy for the patient’s situation and sympathy for their illness. 3. Provide a quiet setting and sufficient time available. Ask for information once 4. Address expectations, roles and responsibilities and ensure mutual understanding. If needed clarify and negotiate roles and responsibilities. 5. Elicit patient full set of concerns and use verbal and non-verbal active listening techniques: such as: make eye contact, nod, express interest. 6. Respond to emotions: Identify, explore and expression of emotions helps patients to identify and articulate their emotions. The professional acknowledges the emotions (especially when expressed indirectly) and clarifies understanding by asking questions. (e.g., “It sounds like you’re feeling scared, is that right?”). lk 7. Direct approach: Some patients benefit when professionals directly address their feelings by validating the emotions, showing empathy, and offering tangible help. 8. Indirect approach: Others benefit when professionals are more indirect; e.g. express interest in the person’s life and everyday activities (Kvale, 2007). 9. Validation of emotions: assure patients that their emotions are natural, understandable, and justifiable. 10. Offer help and support for dealing with emotions: provide assistance (e.g. prescribing medication or referring to a support group, counseling, or therapy/training (e.g., stress management, relaxation). |

**3. How to improve interactive health literacy by shared decision making**

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| **Method Shared decision making** |
| Conditions: create a safe, shame-free environment for the patients |
| ***Phase 1 Choice talk: Conveys awareness that a choice exists*** |
| * 1. Step back. Summarise and say: “Now that we have identified the problem, it’s time to think what to do next”   2. Offer choice. Beware that patients often misconstrue the presentation of choice and think that the clinician is either incompetent or uninformed, or both. Reduce this risk by saying: “There is good information about how these treatments differ that I’d like to discuss with you.”   3. Justify choice. Emphasise: 1) the importance of respecting individual preferences and, 2) the role of uncertainty. Personalizing preferences: Explaining that different issues matter more to some people than to others should be easily grasped. Say: “Treatments have different consequences … some will matter more to you than to other people…” Uncertainty: Patients are often unaware about the extent of uncertainty in medicine: that evidence may be lacking and that, individual outcomes are unpredictable at the individual level. Say: “Treatments are not always effective and the chances of experiencing side effects vary…”   4. Check reaction. Choice of options may be disconcerting: some patients may express concern. Suggested phrases: “Shall we go on” or ‘Shall I tell you about the options?”   5. Defer closure. Some patients react by asking clinicians to “tell me what to do …” We suggest that deferring closure if this occurs, reassuring that you are willing to support the process. Say: “I’m happy to share my views and help you get to a good decision. But before I do so, may I describe the options in more detail so that you understand what is at stake?” |
| ***Phase 2 Option Talk: patients are informed about treatment options in more detail*** |
| * 1. Check knowledge. Even well-informed patients may only be partially aware of options and the associated harms and benefits, or misinformed. Check by asking: “What have you heard or read about the treatment of prostate cancer?”   2. List options. Make a clear list of the options as it provides good structure. Jot them down and say: “Let me list the options before we get into more detail”. If appropriate, include the option of ‘watchful waiting’, or use positive terms such as ‘active surveillance’.   3. Describe options. Generate dialog and explore preferences. Describe the options in practical terms. If there are two medical treatments, say: “Both options are similar and involve taking medication on a regular basis” Point out when there are clear differences (surgery or medication), where postponement is possible or where decisions are reversible. Say: “These options will have different implications for you compared to other people, so I want to describe …”   4. Harms and benefits. Being clear about the pros and cons of different options is at the heart of shared decision making. Learn the about effective risk communication (46)(47), about framing effects and the importance of providing risk data in absolute as well as relative terms. Try giving information in ‘chunks’ (chunking and checking) (48).   5. Provide patient decision support. These tools make options visible and may save time. Some are sufficiently concise to use in clinical encounters (38). Examples of these short tools are Issues Cards (49), Decision Boards (50), and Option Grids (http://www.optiongrid.co.uk/) (42). Shared Decision Making (SDM) may need more than one encounter. More extensive patient decision support tools may play a crucial role (51). Say: “These tools have been designed to help you understand options in more detail. Use them and come back so that I can answer your questions ”.   6. Summarize. List the options again and assess understanding by asking for reformulations. This is called a ‘teach-back’ method and is a good check for misconceptions. |
| ***Phase 3 Decision talk: patients are supported to explore ‘what matters most to them’, having become informed*** |
| * 1. Focus on preferences: Suggested phrases: “What, from your point of view, matters most to you?”   2. Elicit a preference. Be ready with a back-up plan by offering more time or being willing to guide the patient, if they indicate that this is their wish.   3. Moving to a decision. Try checking for the need to either defer a decision or make a decision. Suggested phrases: “Are you ready to decide?” or “Do you want more time? Do you have more questions?” “Are there more things we should discuss?”   4. Offer review. Reminding the patient, where feasible, that decisions may be reviewed is a good way to arrive at closure. |

**4. How to improve critical health literacy by facilitating self-management.**

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| **Principles for enabling self-management in patients with low health literacy** |
| In order to increase self-management of patients with limited health literacy, we reviewed effective communication strategies. Improved outcomes of interventions to increase self-management of patients with LHL were:   * Better communication and higher satisfaction, * increased participation in decision making, * Better self-care behaviour and functional status * Lower hospitalization rates   Strategies of effective interventions **to educate patients** with limited HL on self-management:   * Preparation is important to make things work. Provide materials to patients (e.g. small diaries or establish internet connection). * Educate patients how to communicate with a health professional: disclose concerns, ask questions and state preferences. Ask for example: “What would you like to change in a conversation with your practitioner?” * Educate patients on self-management skills: Combine prior knowledge on disease with new health behaviours and emphasize benefits of health behaviours. Structure information around the Ask me 3 questions: 1. What is my main problem, 2. What do I need to do, 3. Why is it important for me to do this? * Repeat information and use tailored health education materials which are appealing to the patients (e.g. photo novelas). * Stimulate problem solving skills: formulate action plan, ask for support.   Strategies to ***improve self-management*** *skills:*   * Assess barriers regarding adherence. * Set personalized goals and co-design of action plan. Ask for example: “What would you like to change in your lifestyle?” * Review action plan: Discuss behavioural strategies questions and problems * Use telephone follow up calls in appointments or by telephone to review self-management strategies. Discuss how a patient can ask for support from social network or when to contact a health professional. |

**5. How to provide tailored written education materials.**

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| **Key points when developing written information for Low Health Literacy patients** |
| 1. Language that is plain to one set of readers may not be plain to others. Consider the communication capacities of the intended users and tailor communication to their needs and abilities. Therefore: avoid unnecessary jargon, define unfamiliar abbreviations and acronyms, be consistent with terms. 2. Be direct and be personal. Use ‘I’, ‘we’ and ‘you’ in your documents. It is easier for your reader to engage with the information when you address them directly. Use active verbs and try to put the person, group or thing doing the action at the start of the sentence as much as possible. For example, say, “We will decide soon” instead of “A decision will be made soon.” 3. Ensure that health information is relevant to and reflect the intended users’ social and cultural contexts. Consider economic contexts, access to services, and life experiences. 4. Keep it simple: limit the number of messages, as a general guideline, use no more than four main messages and focus on action by clearly stating the actions you want the person to take. Focus on behavior rather than the underlying medical principles. 5. Evaluate suitability of written materials with standardized assessment tools. 6. Involve the target population in the design of the materials and ask them to test the materials before, during, and after they are developed. Refine content when necessary. 7. Make written communication look easy to read:    1. Show the main message on the front of the materials.    2. Use headings and bullets to break up text.    3. Have an average of 15 to 20 words in each sentence. Keep line length between 40 and 50 characters.    4. Remove unnecessary words and phrases. Only use as many words as you need to get your message across clearly. For example, use „before‟ instead of „in advance of‟, „because‟ instead of „owing to the fact that‟ and „if‟ instead of „in the event that‟.    5. Use a clear, unfussy and readable font, such as Arial, Verdana or Tahoma and aim for 12 point as standard. Don’t use more than three distinct fonts in a document.    6. Emphasise text carefully. Only use bold to emphasise text. Keep capital letters to a minimum. Avoid underlining and putting phrases in italics and fancy script, as these types of formatting tend to make text harder to read.    7. Use space to help your text stand out. Use 1.5 line spacing so the eye can easily move from one line to the next. Align your text to the left to avoid large gaps between words, which can happen when text is justified.    8. Be sure to leave plenty of white space around the margins and between sections    9. Include pictures/simple linear graphs that help explain the text. Simple line drawings can help users understand complicated or abstract medical concepts. Make sure to place images in context and make visuals culturally relevant using images that are familiar to the audience. If you use colour, make sure it’s easy on the eye and has a clear purpose. If using images and charts, make sure they genuinely help explain the text. Most importantly, avoid busy background images, which can be distracting. |

**6. References to articles with background information.**

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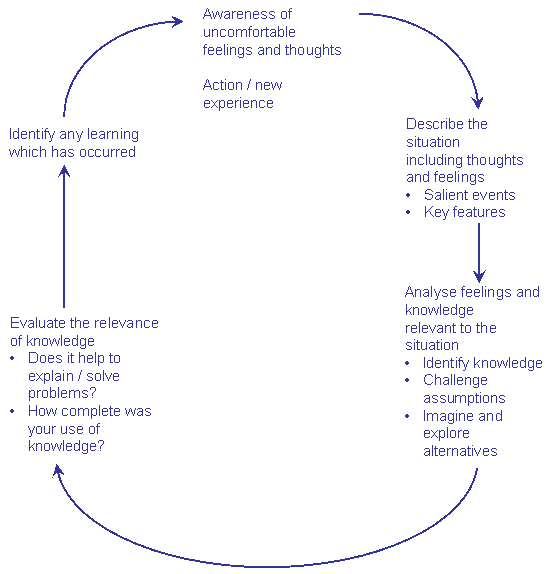
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## CHECKLIST FOR COMMUNICATION WITH PATIENTS WITH LIMITED HEALTH LITERACY SKILLS.

Indicate which communication strategies you observe during the conversation.

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| **Part 1: Communication strategies to reduce low health literacy problems.** | **Yes** | **Sometimes** | **No** | **Notes** |
| **1. Recognise signs of limited health literacy:**  **(e.g. missed appointments, incomplete information, excuses).** |  |  |  |  |
| 1. Collecting professional/patient information related to low health literacy:  * -Active listening: * (e.g. eye contact, interest, questions for clarification). * Observation of non-verbal communication: * (e.g. facial expression, posture, movements, skin colour, etc.) * Ask open questions and encourage patient to ask questions: * (Incl. questions about patient's prior knowledge, beliefs, concerns) |  |  |  |  |
| 1. Provide information professionally:  * Communicate clearly: * (e.g. simple language, avoiding jargon, prioritising information). * Teach back:   *Ask patients to repeat in their own words what they need to know or do, in a respectful way. If necessary, repeat the explanation.* |  |  |  |  |
| 1. Specific observation points (to be specified by the practitioner): |  |  |  |  |

# **REFLECTION MODEL ATKINS & MURPHY**[[6]](#footnote-7)



**Describe**

* Write a description of the experience; what happened – what did you say and do - what did the patient say
* What are the key issues within this description that I need to pay attention to?

**Analyse**

* What was I trying to achieve?
* Why did I act as I did?
* What are the consequences of my actions?
  + For the patient and family
  + For myself
  + For people I work with
* How did I feel about this experience when it was happening?
* How did the patient feel about it?
* How do I know how the patient felt about it?

**Evaluate - Influencing factors**

* What internal factors influenced my decision-making and actions
  + Knowledge
  + Skills
  + Attitudes/values
* What external factors influenced my decision-making and actions?
* What sources of knowledge did or should have influenced my decision making and actions?
* Alternative strategies
* Could I have dealt better with the situation?
* What other choices did I have?
* What would be the consequences of these other choices?

**Learning**

* How can I make sense of this experience in light of past experience and future practice?
* How do I NOW feel about this experience?
* Have I taken effective action to support myself and others as a result of this experience?
* How has this experience changed my way of knowing in practice?

**New perspectives**

* What to do next time?
* How to use new knowledge – skills and values

## Differentreflection cycleson you tube

[Kolb’s learning cycle](https://youtu.be/rycjUldMl3k)

[Gibbs learning cycle](https://youtu.be/-gbczr0lRf4)

[Reflection model Atkins & Murphy](https://youtu.be/V9y5h-Ec_Wk)

Add selfcompasiion as Handouts – look into the April-2022-version

## Ranking for Cultural Awareness (Self- Compassion)

|  |  |  |
| --- | --- | --- |
|  | **RATING**  poor  satisfactory  good  excellent | **REMARKS**  Value/principle/philosophy that implies to each statement |
| Internal motivation of doing good |  |  |
| Compassionate to oneself and be able to be compassionate to others |  |  |
| Characterized by willingness to help and care for others(staff and patients) |  |  |
| Practicing and teaching compassion is also a personal responsibility |  |  |
| Alleviates patients and or staff suffering when he/she responds with compassion |  |  |
| Flexibility |  |  |
| Ability to provide compassionate leadership |  |  |
| Provides compassionate care unconditionally |  |  |
|  |  |  |

## Blooms Taxonomy Action Verbs



## ScenarioDescription

* Patient was admitted at HDU in a surgical ward with Interstinal Obstruction, On Oxygen therapy with NGT draining Greenish materials.at 0700hrs pt was planned to go for emergency laparotomy. At around 1400hrs patient was still in ward. Nurse supervisor and surgeon came at the same time to see the same patient. At HDU there was no skilled nurse but a student nurse, doctor asked why they didn’t take patient to Theatre earlier, student replied that it was no stretcher avaiable, doctor was angry and talked aggressively to student. The student had no reply to the doctor

## Reflection Process

* ANALYSE

What do you think about the situation?

Which skills did you see in action?

Possible values behind the actions

What do you think the student – the nurse supervisor and the doctor did feel?

* EVALUATE
  + What was the challenge from this situation
  + What important things was supposed to be done to the patient?
  + What was the role of nurse in this situation
  + Was the knowledge relevant?
  + Was the skills relevant – appropriate?
  + Did the actions solve patient’s problem/challenge
  + Do you think it was lack of knowledge and/or skills? Other significant knowledge and skills needed?
  + Do you think the student values and/or nursing-values were challenged?
  + What was another alternative to do for this situation with respect to compassionate care?
  + Assume you were the student nurse in the scenario; how would you feel-what could you do?
* IDENTIFY ANY LEARNING
  + What did you learn from this reflection?
  + How could the student include the experiences in your further practice?
* NEW PERSCPECTIVES
  + How could the student nurse be prepared for next time?
  + What was the gap in this situation considering compassionate care
  + Missing any knowledge, skills or attitudes relevant when performing compassionate care
  + Do your supervisor behave right or not? Why
* CHANGE OF BEHAVIOUR
  + How might the student behave in a similar situation to perform compassionate care?
  + What do you think the student need to do to be able to applicate new perspectives?
  + How to develop commitment for a possible change for utilize compassionate care?
  + Learning points regarding necessities to perform compassionate care?
  + What would done differently after learning this?
  + How might this matter to your profession and elements in compassionate care?

# HANDOUTS SELF-COMPASSION

You’re your own worst critic. Why? Most of us are hard on ourselves particularly even if we get a slightest hint that we don’t match up in some way in our lives.

Example achievements, career or study, social standing, relationship, appearance, body image, financial status etc.

a.Meanings

Compassion: an attitude that involve certain set of feelings, thoughts, motives, desires, urges and behaviors that can be directed towards any living thing(ourselves, another person, a group of people, a society, animals, the environment)

Self-compassion is an attitude that involves certain set of feelings, thoughts motives, desires, urges and behaviors that are directed towards ourselves.

That attitude being directed towards ourselves

According to Kristen Neff, defines compassion as the recognition and clear seeing of suffering… feeling of kindness for people who are suffering so that the desire to help….. to ameliorate suffering emerges… recognizing our shared human condition, flawed and fragile as it is(Neff,2011, p10)

Paul Gilbert: defines compassion as a basic kindness, with a deep awareness of suffering of oneself and the other living things, coupled with the wish and efforts relieve it (Gilbert 2009, pxiii)

Other definitions

Treating yourself with compassion that you treat others. Or it is about accepting and understanding of yourself without judgment or criticism and being able to recognize your values and worth as human being

Four key points

Awareness, normalizing, kindness, alleviation

Being self-compassionate means doing all these four things for ourselves when we are struggling

b.Elements of self-compassion

1. Self-kindness as opposed to self-criticism; refers to acting in kind and understanding ways towards ourselves, especially important when we feel inadequate, rather than ignoring our pain or being self-critical. Our inner voice is gentle, supportive and warm.
2. Sense of common humanity as opposed to self-isolated: is the recognition that part of being human being is our imperfection, vulnerability and personal inadequacy(concept of nicknames)
3. Mindfulness as opposed to over identifying: being aware of our negative emotions. Helps us to avoid suppressing or exaggerating our feelings.
4. Understanding self-compassion; needs to understand self-criticism
5. An internal voice or inner critic who insults or undermines and criticizes us

Why self-compassion is important?

Describe the importance of self-compassion

* Evolutionary importance

The success of human beings depends on the care received from birth, receiving care motivates individuals to give care to others

* Mental and health wellbeing

1. Self-compassion is strongly linked with mental and health wellbeing benefits. The people who are more compassionate toward themselves tend to have less mental health problems like depression, anxiety, and stress, hence better quality of life, a greater sense of wellbeing and less problems in relationships.

Compassion is linked to oxytocin hormone often called Love hormone and calming benefits to people

* Balancing of our emotions

1. According to Paul Gilbert, our motions are governed by three systems: Threat, drive and Soothe Systems
2. Threat: mistake, flows, challenges eg small mistakes, appearance, social status, relationship problems, career, financial issues, and health status-brainstorming (students to mention anything that is perceived as an individual threat in life situation)

When in active threat lead to emotions such as anxiety, hunger, depression. These emotions generates corresponding balanced emotions like fight (aggression), flight (avoidance) or freeze (submissive)- personal reflection+ group discussion

Reflection using Atkins model.

Students to identify common challenges that they perceive as threats, which have effects on their life situations, describe how do they feel, what actions do they take. Describe the change in behavior or consequences of their challenges In threat model thinking is very narrow and negative

Drive: energizer, spurs us to try new things, achieve things, set and work towards goals. Especially if you live in a society which is highly very competitive, over drive can lead to threat if an individual don’t achieve the expected goal.

Soothe: calming influence for threat and drive. The soothe system works when individual is feeling safe, calm and content. Experiences of kindness, receiving compassion from others unlock the soothe system. Self-compassion is another key

Self compassion

Threat

Drive

Assignment

Explain any 3 activities you do to be normal, when you face challenges/threats. Mention those threats, describe their causes and effects to your real life situation.

## Ranking for Cultural Awareness[[7]](#footnote-8) (Self- Compassion)

This Ranking table, may be used as a tool to highligh and to put awareness to your own values and attitudes regarding self-compassion – compassion necessary for providing a cultural – compassionate congruent care

|  |  |  |
| --- | --- | --- |
|  | **RATING**  poor  satisfactory  good  excellent | **REMARKS**  Value/principle/philosophy that implies to each statement |
| Internal motivation of doing good |  |  |
| Compassionate to oneself and be able to be compassionate to others |  |  |
| Characterized by willingness to help and care for others(staff and patients) |  |  |
| Practicing and teaching compassion is also a personal responsibility |  |  |
| Alleviates patients and or staff suffering when he/she responds with compassion |  |  |
| Flexibility |  |  |
| Ability to provide compassionate leadership |  |  |
| Provides compassionate care unconditionally |  |  |
|  |  |  |

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6. Atkins, S. and Murphy, K. (1994). Reflective Practice. Nursing Standard [↑](#footnote-ref-7)
7. Designed by IENE4 (ieneproject.eu with the aim to improve the quality of training for Nurses/midwives and health care professionals [↑](#footnote-ref-8)