AFRICA CHILD SURVIVAL INITIATIVE

OMBATTING CHILDHOOD COMMUNICABLE DISEASES

(ACSI-CCCD)

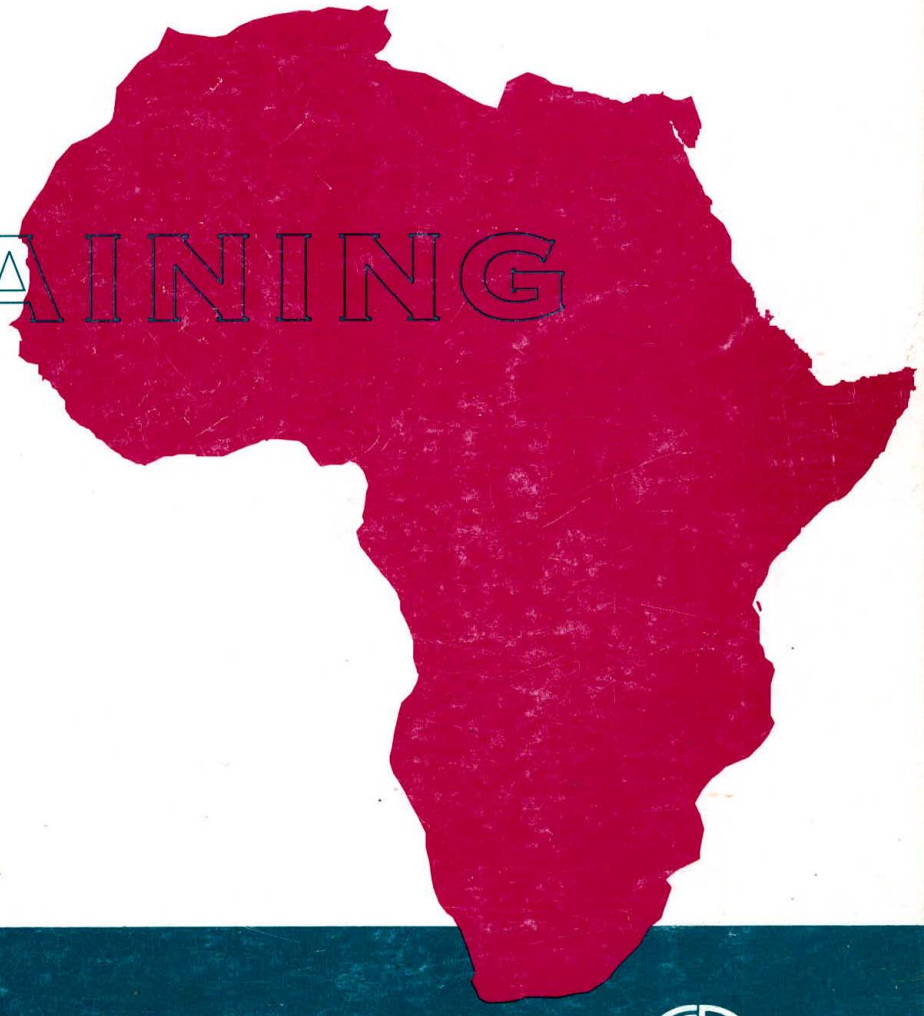
Bhanu Paul

COMMUNICATING ABOUT HEALTH

A GUIDE FOR FACILITATORS

Bhanu Paul

TRAINING



UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT

Africa Regional Project (698-0421)

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Public Health Service

Centers for Disease Control

and Prevention

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Communicating About Health

A Guide for Facilitators

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Participating Agency Service Agreement (PASA) No. 0421 PHC 2233

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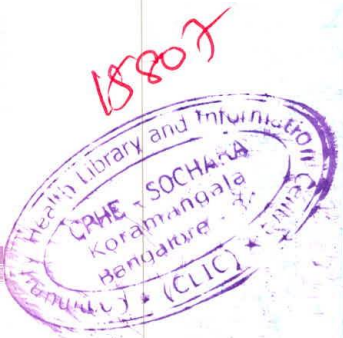
Atlanta, Georgia 30333

This work was supported and made possible by the Africa Bureau, Office of Operation and New Initiatives (ONI) and The Office of Analysis, Research and Technical Support (ARTS), United States Agency for International Development (A.I.D.) Through The Africa Child Survival Initiative - Combatting Childhood Communicable Diseases (ACSI-CCCD) Project, Africa Regional Project (698-0421), Washington, D.C.

This guide could not have been written without the help of the many people who assisted in field testing, writing, and editing, among them: Dr. Adepeju Olukoya and the staff of the Continuing Education Units in Plateau and Niger States in Nigeria, and CCCD Technical Officer Barbara Maciak; the staff and members of the Christian Health Association of Liberia, who contributed to the formulation of the ideas presented; and the CDC staff who gave of their time and expertise, especially Annie Voigt, Kathy Parker, Andy Vernon, Kris Saarlas, David Gittelman, Stan Foster, and Judi Kanne. This guide was prepared and written by Karen Tompkins Berney, Community Health Consultant, with cartoon illustrations by Graham Anthony.



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Introduction

Few health workers in Africa list patient education among their most effective skills. Expressions of frustration are common. Facility assessment data in several countries suggest that patient education is, indeed, the weakest component of care provided at health facilities. There are many possible reasons for this weakness. One is the lack of conviction on the part of health workers that patients need education or that it is effective or even possible. Another is negative experiences with the methods they were trained to use.

This guide suggests a new approach for health workers, encouraging them to create their own way of working with people in order to solve health problems and promote good health. *Communicating About Health* provides guidance to facilitators as they encourage health workers to reflect on their individual experiences and strengthen their understanding of what motivates people to learn.

The approach presented here is participatory. It supports the belief that individuals know their own problems and it is possible, through dialogue, to share information leading to solutions. When people feel ownership of solutions, they are more motivated to solve their problems. This approach helps health workers identify, discuss, and find possible solutions to their health communication problems. At the same time, it offers them an experience of participatory methods and suggests how these might be used to communicate with people about health.

The activities in this guide encourage health workers to contribute their personal experiences, understanding, and creativity. In doing so, they will acquire their own comfortable and effective ways of communicating with patients. In turn, these new methods can become a natural part of the way health workers perform their job.

Communicating About Health differs from other training manuals related to specific technical skills for health workers. For example, we chose **not** to set specific objectives, but rather to outline the **purpose for each session.** This is because objectives imply there are certain "right" answers or outcomes. Although some suggested responses are included, they are placed as a reference for facilitators learning to use the material. In addition, these responses will help facilitators focus their discussions.

This manual is designed to be a working document—therefore facilitators and participants should change it with each use, making it even more relevant and practical as it is revised.

How To Use The Facilitator's Guide

This *Guide for Facilitators* outlines a set of activities and provides special learning experiences for health workers to improve their patient education skills. It is designed as a five-day workshop. During this time, health workers will discuss and consider many ideas, come to new conclusions, and create their own way of working with patients. When they return to their work assignments, participants will try these new methods. Finally, they will meet again to share experiences and examine what they have learned.

The facilitator's job is to provide the structure for the health workers to think about and discuss new communication skills. This guide gives step-by-step directions to help facilitators lead the following 27 sessions. Each session includes five sections:

Purpose: Explains the reason for each session

Methods: Lists the methods used in the session

Materials: Recommends equipment and supplies needed to complete the session

Preparations: Describes what must be done before the session begins

Learning Activities: Discusses the session presentation *

* Note that the estimated time required for each activity is printed to the right of each Learning Activity

Notes to the Facilitator are found in several sections. These notes include material for review or suggest helpful methods for working with the participants. To assist the facilitator, background information related to concepts or issues is provided in sections as ***Background for the Facilitator.***

Group discussion questions and summary questions are followed by some ***possible*** responses, appearing in *italics.* These responses are included to assist the facilitator. These should be used only as a guide to the type of response to look for — not as the "correct" answer. Possible responses are meant ONLY as an aid for the facilitator.

Most workshops include learning objectives, defining what the participants will learn. The objectives are used to develop evaluation tools, such as pre- and post-tests or demonstrations. Many of the concepts the participants will consider in this workshop are not "correct" or "wrong," but rather experiences, ideas, and opinions. Therefore, testing is not the appropriate evaluation method. Instead, participants must meet again (following an agreed period of time) after practicing their new methods. They can then share their accomplishments and what they learned as a result of using their new approach. This provides the evidence of achievement. At the same time, sharing stimulates thinking and helps to create additional ideas about teaching and learning for everyone.

PART I

Past Experiences And Feelings About Health Education

Background for the Facilitator: Part I

Most health workers have received some training in health education and many have tried to practice it to some extent. Some health workers provide health education on a regular basis. Others may have attended workshops where they only learned communication theories and practiced specific health education techniques.

Health care providers see evidence that health education is needed – probably on each working day! However, knowing health education is needed and providing it are two different things.

Health workers possess feelings, experiences, beliefs, and opinions about health education. These are a valuable resource for you and all of the participants. Indeed, these are the varied ideas that help everyone ''get the picture'' of the current status of health education, reflect on the appropriateness of up-to-date methods, and clarify its place or value in their work.

". . . ideas that help everyone get the picture of the current status of health education."

Session 1
Health Education Observations At A Clinic

Purpose: To observe health worker-client interaction in a typical clinic setting in order to identify strengths and weaknesses of current patient education practices

Methods: Field observation and discussion

Materials:
- ☑ Transportation to clinics
- ☑ Instructions for participants about the field visit
- ☑ Flip chart, markers
- ☑ Paper, pen, or pencil for each participant

Preparations:
- ☑ IDENTIFY clinics near the training site for the observation
- ☑ NOTIFY clinic managers ahead of time about the visit, to confirm they are expecting the participants
- ☑ PLAN transportation and logistics, making sure the participants will arrive before the start of the day's work at each clinic
- ☑ MAKE copies of the "Instructions for the Clinic Visit"
- ☑ ARRANGE to send 3-4 participants to one clinic

Learning Activities **Time: 5 hours**

1. INTRODUCE and EXPLAIN the field visit purpose. If possible, do this on the day or evening before the actual visit.
2. HAND OUT, EXPLAIN, and REVIEW the instructions with the participants. Be sure the assignment is clear to everyone.
3. MEET with the head of the facility and explain the procedure to be adopted as soon as you arrive. The purpose of the observation, however, need not be explained in detail.
4. OBSERVE a "health talk" if there is one, then participants should IDENTIFY a patient and follow him or her, observing the care provided according to clinic visit instructions.
5. GATHER in clinic groups after returning to the workshop venue. Ask the participants to decide on one case (or more, if time permits) from each clinic and summarize their observations.
6. ASK each group to present their findings to the class:
   - A summary of the observations of the health talk
     — what was the topic?
     — how long did it take?
     — what time did it begin?
     — examples of audience participation
     — content and remarkable features of the talk

- A description of the chosen case(s)
  - — client's age, sex and reason for the clinic visit
  - — steps the client went through in the clinic
  - — advice or education received with each step
- Additional advice or information that should have been given? Were there "missed opportunities?"
- Using the flip chart, make notes of important points during the presentations. Write **additional advice or information** with a different color marking pen (red, if possible). Ask the whole group to contribute ideas.

7. SUMMARIZE the analysis of the posters (two from each clinic group). Ask the participants to judge:
   - — how useful were the posters?
   - — did they clearly convey the intended message?
   - — how effective are posters generally?
8. ASK the participants to give their conclusions:
   - — what is your assessment of the status of health education in the clinic?
   - — is the health education in this clinic about the same as in other clinics in your area? How is it similar or different?
   - — What is your assessment of health education in your area at the present time?

Directions: MAKE ONE COPY FOR EACH PERSON
CUT APART AND DISTRIBUTE

Instructions for the Clinic Visit

1. Arrive at the clinic as early as possible (before the start of the day's work).
2. Observe the ''Health Talk'' if possible. Be sure to note:
   - what was the topic?
   - how long did it take?
   - what time did it begin?
   - examples of audience participation
   - content and remarkable features of the talk

   Avoid taking notes or writing while you are observing.
3. Follow one patient through the clinic. Note the time of arrival and departure. Note the client's sex, age, and reason for visiting the clinic. Observe the health worker's attitude. Identify each piece of health education or advice received as the patient moves through the system. How much time does the patient spend waiting?
4. Identify additional bits of advice or information you think the client should have received.
5. Choose a poster in the clinic and study it. Be ready to describe and analyze it. Make notes to help you discuss the poster when you return to the workshop site.

Session 1 Part I

Instructions for the Clinic Visit

1. Arrive at the clinic as early as possible (before the start of the day's work).
2. Observe the ''health talk'' if possible. Be sure to note:
   - what was the topic?
   - how long did it take?
   - what time did it begin?
   - examples of audience participation
   - content and remarkable features of the talk

   Avoid taking notes or writing while you are observing.
3. Follow one patient through the clinic. Note the time of arrival and departure. Note the client's sex, age, and reason for visiting the clinic. Observe the health worker's attitude. Identify each piece of health education or advice received as the patient moves through the system. How much time does the patient spend waiting?
4. Identify additional bits of advice or information you think the client should have received.
5. Choose a poster in the clinic and study it. Be ready to describe and analyze it. Make notes to help you discuss the poster when you return to the workshop site.

Session 2

The Story So Far

Purpose: To understand the perceptions, past experiences, and feelings about health education enabling the group to share the same information

Methods: Large group discussion

Materials: ☑ Flip chart
☑ Marking pens

Learning Activities **Time: 40 minutes**

1. WRITE responses to the following questions on the flip chart. Try to receive responses to each question from several participants.

   ASK: WHAT SHOULD BE?
   - What is the use or the value of health education?
   - What should it do?

   ASK: WHAT WAS?
   - Did you study health education in your training?
   - How many hours (or how long) did you study it?
   - Did you practice it then?
   - How did you feel about it then?

   ASK: WHAT IS?
   - What experience have you had with health education since you qualified?
   - What have you accomplished through health education?
   - How do you feel about the methods you have used?

   ASK: WHAT CAN BE?
   - What can we accomplish through health education?
   - How can we make health education more effective?

2. SUMMARIZE the main points that have come out of the discussion. Be sure they are written on newsprint. (Newsprint may also be called flip chart paper, big paper, banking paper, conference paper, etc.)
3. POST the notes on a wall in the meeting room.

Session 3

River Code[1]

Purpose: To illustrate the difference between doing FOR and working WITH people to solve shared health education problems

Methods: Drama and discussion

Materials: ☑ Chalk or string to mark the river edges
☑ Pieces of paper to represent stepping stones
☑ A piece of newsprint to represent the island

Preparations: ☑ DRAW the river and place paper stones (see diagram below)
☑ IDENTIFY three participants to act in the drama and brief them during a break before this activity

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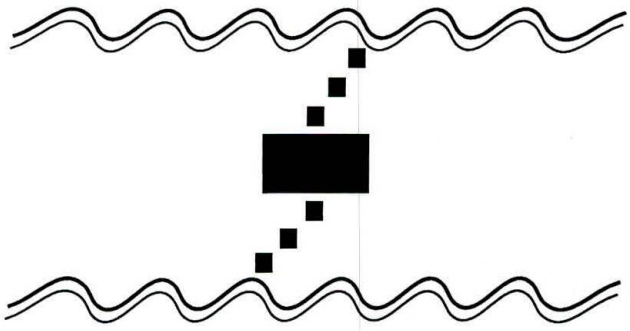
Learning Activities **Time: 40 Minutes**

1. DRAW two lines on the floor fairly wide apart in chalk or use string if you do not want to draw on the floor.
2. PLACE the (newsprint) ''island'' in the middle of the river and place the pieces of paper for ''stepping stones'' leading from one edge of the river to the island and from the island to the other edge of the river.



3. ASK for three volunteers to act out the script. Give each one a copy of the directions to study. All others should stand where they can see the action. The story is:
   - **Two men come to the river** and look for a place to cross. The current is very strong and they are both afraid to cross.
   - **A third man comes along** and sees their difficulty. He leads them up the river and shows them the stepping stones. He encourages them to step on them, but they are afraid. The third man agrees to take one on his back. By the time he gets to the middle of the river, the man on his back seems very heavy and he has become very tired, so he puts him on the little island.

[1] River Code is reprinted by permission and adapted from *Training for Transformation: A Handbook for Community Workers* by Anne Hope and Sally Timmel, Mambo Press, Gweru, Zimbabwe, 1991.

- The third man goes back to fetch the second who also wants to climb on his back. But the third man refuses. Instead he takes his hand and encourages him to step on the stones himself. Halfway across, the second man starts to manage alone. They both cross the river. When they get to the other side, they are extremely pleased with themselves and they walk off together, completely forgetting about the first man, sitting alone on the island. He tries to get their attention, but they do not notice his frantic gestures for help.

4. INVITE the participants to regroup for a discussion. It is not necessary to write all the answers, but you may wish to write answers from question 7 and save them for further workshop sessions.

Discussion Questions:

1. What did you see happening in the play?
2. What different approaches were used to help the two men across?
3. Who could each person represent in real life?
4. What does each side of the river represent?
5. Why does this happen?
6. In what ways do either education or development projects build a sense of dependence?
7. What must we do to ensure that those we work with develop a sense of independence?

Directions: MAKE ONE COPY FOR EACH ACTOR
CUT IN HALF AND DISTRIBUTE

River Code

TO THE ACTORS: This is a mime or a play without words. You can see the two lines drawn wide apart on the floor. The pieces of paper are stepping stones and the newsprint is an island. Here is the story you are to act out:

Two men come to the river and look for a place to cross. The current is very strong and they are both afraid to cross.

A third man comes along and sees their difficulty. He leads them up the river and shows them the stepping stones. He encourages them to step on them but both are afraid, so he agrees to take one on his back. By the time he gets to the middle of the river, the man on his back seems very heavy and he has become very tired, so he puts him on the little island.

The third man goes back to fetch the second who also wants to climb on his back. But the third man refuses. Instead he takes his hand and encourages him to step on the stones himself. Halfway across the second man starts to manage alone. They both cross the river. When they get to the other side, they are extremely pleased with themselves and they walk off together, completely forgetting about the first man, sitting alone on the island. He tries to get their attention, but they do not notice his frantic gestures for help.

Session 3 Part I

River Code

TO THE ACTORS: This is a mime or a play without words. You can see the two lines drawn wide apart on the floor. The pieces of paper are stepping stones and the newsprint is an island. Here is the story you are to act out:

Two men come to the river and look for a place to cross. The current is very strong and they are both afraid to cross.

A third man comes along and sees their difficulty. He leads them up the river and shows them the stepping stones. He encourages them to step on them but both are afraid, so he agrees to take one on his back. By the time he gets to the middle of the river, the man on his back seems very heavy and he has become very tired, so he puts him on the little island.

The third man goes back to fetch the second who also wants to climb on his back. But the third man refuses. Instead he takes his hand and encourages him to step on the stones himself. Halfway across the second man starts to manage alone. They both cross the river. When they get to the other side, they are extremely pleased with themselves and they walk off together, completely forgetting about the first man, sitting alone on the island. He tries to get their attention, but they do not notice his frantic gestures for help.

PART II

Useful Concepts — Creating New Ways of Working with People

Note to the Facilitator: Part II

This section is a collection of activities designed to help the participants identify principles or important understandings based upon their past experiences. Questions are written to help you lead the discussions. Read "Background for the Facilitator" at the beginning of each section, then think about past experiences that can be used to enrich the discussion. Can you think of better or additional questions that will help to recall such experiences from you and the participants? Use them!

By the end of each discussion, the group should prepare a statement explaining the principle or important points gained as a result of the discussion. Suggestions are provided but should be used **only as a guide for you** and not as the group's statement. Write the participants' points on newsprint and be sure they are posted on the wall in the meeting room for further reference.

Ownership

Background for the Facilitator: Session 4

Our experience can help us understand that when people own something, they tend to value and take care of it. *Things*, such as clothing, books, vehicles, are often owned and cared for and these are easy to think about. In addition:

- **Relationships** such as *my* mother, *my* wife, *my* child
- **Beliefs** such as *our* belief is. . .
- **Customs** such as *our* custom is. . .
- **Ideas** such as *my* idea is. . .

Relationships, beliefs, customs, and ideas are owned as well.

In working with people to promote health, it is important to pay attention to the amount of ownership they feel for the issue or problem you are helping them manage. When people feel ownership regarding health problems, they are interested in solving those problems. When they feel the solutions to their problems are *their* solutions, people are more likely to implement them.

The health workers will return to this concept of ownership as they work with people on solving health related problems. In fact, as they begin to create a new approach to working with people, the health workers should begin to feel ownership of their creation!

Session 4

What is Ownership?

Purpose: To stimulate the participants to become aware of the issue of ownership

Method: Large group discussion

Materials: ☑ Dictionary
☑ Paper and pens for participants to make notes
☑ Flip chart, markers, masking tape, scissors

Preparations: ☑ WRITE the questions in Step 6 on the flip chart (before the session begins)
☑ REVIEW this activity before leading the discussion

Learning Activities **Time: 1 hour 15 minutes**

1. ASK the participants to define **ownership**. What is it? (You may need to define "own" first. USE a dictionary if necessary.) WRITE their answers on the flip chart.
2. ASK the participants to take the piece of paper and make a list of 5 valuable things they own. (Allow 3-4 minutes.)
3. ASK for two volunteers to read the items on their lists. If no one volunteers, ask several people to read one item from their list. Make a list on the flip chart or chalk board. Then ask:

   "May I have your (_____) (item) so that I can (burn) (break) (tear) it?"

   If the volunteers agree, challenge them: "Why are you so willing?" If they do not agree, ask them to think and explain: **"Why?"**

Special Note to the Facilitator

In many countries, government vehicles are not well cared for. Private cars are better maintained, simply because the owners value them. The same is often true of household toilets or wells in contrast to public toilets or wells. **Using an example from your own situation**, identify an item that is not well cared for because it is owned by the government or community. Identify a similar item that is owned privately. Write them on a separate sheet of newsprint or the board and show them to the group.

4. ASK the group: Which of these items is better cared for? **Why?** WRITE on a large sheet of paper and post on a wall:

   WE TEND TO TAKE CARE OF THINGS WE OWN

5. It is easy to see that people can own things. CHECK to see if the list you made in Learning Activity 3 includes the following:
   — *relationships (''**My** relative, friend, lover. . .'')*
   — *beliefs/knowledge/values (''**We** believe. . .'')*
   — *customs (''**Our** custom is. . .'')*
   — *ideas (''It was **my** idea. . .'')*

If it does not, ask questions helping the participants to identify ownership. Be sure to keep a record of additional responses.

6. **WRITE the following questions on newsprint before the session begins.** Put the questions up now and ask the participants to spend about five minutes thinking about them and to answer the questions on paper.

> Directions: Take five minutes to think about your own experiences advising patients to do something you believed would improve their health. Think about cases where you saw the patients again, so you know if they took your advice. Can you remember one who took your advice and one who did not? Make notes to share in a group. Try to remember:
> - What was the disease or problem?
> - What did you advise?
> - What happened? Did the person do as you suggested?
> - In the ''yes'' case why do you think (s)he did it?
> - In the ''no'' case, why do you think (s)he did not do it?
>
> Share your stories with the others in your group. Then the group should decide which story to present to the class. Choose a reporter.

7. ASK the participants to meet in groups to share their stories.
8. Reassemble the participants and ask the reporter from each group to share the selected story. WORK with the entire group after each presentation. Decide whether the patient felt ownership of the problem or advice given by the health worker. Is it possible to understand why it was or was not felt? What could be some reasons?
9. ASK what important points have we realized?

   Possible answers include:

   People take care of what they own:
   — *things*
   — *relationships*
   — *beliefs*
   — *ideas*

Directions: MAKE ONE COPY PER TWO PARTICIPANTS
CUT IN HALF AND DISTRIBUTE

Group Directions

Take five minutes to think about your own experiences encouraging patients to do something you believed would improve their health. Think about cases where you saw the patients again, so you know if they took your advice. Can you remember one who took your advice and one who did not? Try to remember:

- What was the disease or problem?
- What did you advise?
- What happened? Did the person do as you suggested?
- In the case of "yes," why do you think (s)he did it?
- In the case of "no," why do you think (s)he did not do it?

Share your stories with the others in your group. Then the group should decide which story to present to the class. Choose a reporter.

Session 4 Part II

Group Directions

Take five minutes to think about your own experiences encouraging patients to do something you believed would improve their health. Think about cases where you saw the patients again, so you know if they took your advice. Can you remember one who took your advice and one who did not? Try to remember:

- What was the disease or problem?
- What did you advise?
- What happened? Did the person do as you suggested?
- In the case of "yes," why do you think (s)he did it?
- In the case of "no," why do you think (s)he did not do it?

Share your stories with the others in your group. Then the group should decide which story to present to the class. Choose a reporter.

Medical Culture

Background for the Facilitator: Sessions 5 and 6

Health workers are members of local cultures. These cultures are easily identified and described by the workers. Their training as nurses, paramedics or physicians, however, makes them members of an additional culture. Few health workers realize this, since they think of their experience as training or education. Yet, when the aspects of culture itself are analyzed, each aspect can be found in the health worker's professional world. When you explore health care with the participants, you will see, it too, is culture. **Health care is more than a set of skills!**

Training in any of the health care disciplines includes: learning to think in certain ways, like the cognitive process; learning to perceive the world in a particular way such as knowing germs are the cause of disease; learning a special way of saying things by using the medical language; learning customs such as standing when a superior walks into the room; learning the correct ways of doing things such as sterile technique; learning about ethics and laws; learning a dress code; and learning about a medical social structure or line of command.

Most health workers who are members of traditional cultures live with cultural conflict without realizing they do so. Their training convinces them to believe and do things in conflict with the traditions of their people. Doing or teaching things that conflict with tradition makes health workers feel uncomfortable.

Therefore, many health workers avoid doing or teaching such things, but would find it difficult to explain "why." Others do or say as they were trained, but develop negative attitudes about and relationships with their people. In this case, it is not uncommon to hear health workers say, "The people are very stubborn," or "they are stupid," or "they are uncooperative."

As facilitator, you can help health workers to begin to see the cultural issues more clearly. You can begin this process if you:

- ASSIST in developing a list of components comprising a culture.
- LEAD the group in evaluating the health care community compared to those components. Do health care workers form a culture of their own?
- HELP the participants reflect upon problems that arise when two cultures focus on the same health problem.

Session 5

What is a Culture?

Purpose: To help health workers identify cultural issues in health education

Methods: Large group discussion

Materials: ☑ Dictionary (use only if needed)
☑ Newsprint and marking pens

Learning Activities **Time: 20 minutes**

1. ASK the participants to define the term "culture." WRITE their definitions on newsprint.
2. ASK the participants to identify the things that make a culture. MAKE a list on one side of a sheet of newsprint. Be sure to include:
   - language
   - beliefs or ideology
   - customs or ways of doing things
   - ethics or moral values
   - laws
   - ways of dressing
   - political organization
3. ASK the participants to think about "**us**" as the health care community. REVIEW each item on the list to see if the health care community is a culture. PLACE a check next to any cultural aspect on the list, when participants agree it is found in their health care community.
4. What important point can we derive from this? ASK the participants to make a statement based on the discussion. WRITE it on a separate sheet of newsprint to be posted on the wall of the meeting room.

   We, as health care workers, have our own culture!

Session 6

Some Cultural Conflicts

Purpose: To identify conflicts affecting health education efforts

Methods: Small group work

Materials: ☑ At least two sheets of newsprint for each group, one of which is prepared as in the example below
☑ Marking pens: Each group needs three colors, such as black, blue, green or red
☑ Directions for the groups

Preparations: ☑ REPRODUCE group directions
☑ For each group, DRAW lines on one sheet of newsprint dividing it vertically into thirds. Example:

Diseases	Medical Cause	Traditional Cause

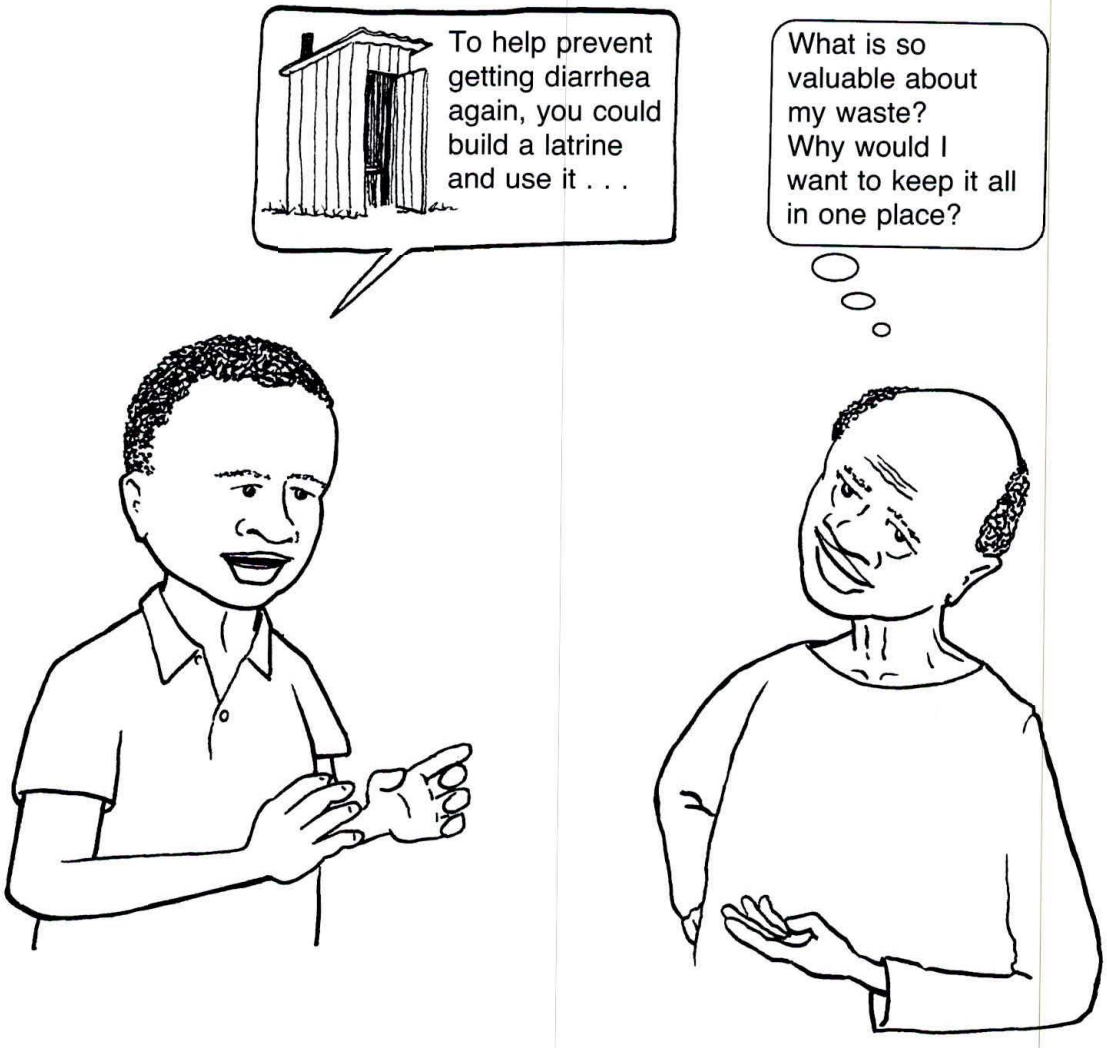
Learning Activities **Time: 1 hour 30 minutes**

1. DIVIDE the participants into area groups and give each person a copy of the written directions. Those directions are:
   - Use the sheet of newsprint, which is divided into three sections. Using the black pen in the first column, make a list of six common diseases you see in the clinic.
   - In the second column, write down the cause of each disease, as you learned in your training.
   - In the third column, write what the traditional culture in your area believes is the cause of each disease.
   - Using the blue pen, identify where medical and traditional cultures are in conflict.
   - Using the green or red pen, identify where medical and traditional cultures have similar ideas.
   - Discuss what effect culture has on your health education efforts. Give examples. (Use a fresh sheet of newsprint.)
2. ASK the participants to return to the large group. ASK one person from each group to report the group's decisions on the last three items.

3. CALL the group's attention to areas of agreement between traditional and medical causes, where they exist. STRESS that this is the basis for helping people learn. **People learn by building on what they already believe and know.** In areas where there are conflicts between medical and traditional causes, the health worker has a greater challenge. Is it useful to criticize the people's ideas?
4. ASK the participants to make a statement, based on their discussions: What important points can we identify from this?

Because we speak or think from different cultures, patients do not always understand, believe or respect what we tell them.

" In areas where there are conflicts between medical and traditional causes, the health worker has a greater challenge."



Directions: MAKE ONE COPY PER TWO PARTICIPANTS
CUT IN HALF AND DISTRIBUTE

Group Directions

1. Use the sheet of newsprint, which is divided into three sections. Using the black pen in the first column, make a list of six common diseases you see in the clinic.
2. In the second column, write the cause of each disease, as you learned in your training.
3. In the third column, write what the traditional culture in your area believes is the cause of each disease.
4. Using the blue pen, identify where medical and traditional cultures are in conflict.
5. Using the green or red pen, identify where medical and traditional cultures have similar ideas.
6. Discuss what effect culture has on your health education efforts. Give examples. (Use a fresh sheet of newsprint.)

Part II Session 6

Group Directions

1. Use the sheet of newsprint, which is divided into three sections. Using the black pen in the first column, make a list of six common diseases you see in the clinic.
2. In the second column, write the cause of each disease, as you learned in your training.
3. In the third column, write what the traditional culture in your area believes is the cause of each disease.
4. Using the blue pen, identify where medical and traditional cultures are in conflict.
5. Using the green or red pen, identify where medical and traditional cultures have similar ideas.
6. Discuss what effect culture has on your health education efforts. Give examples. (Use a fresh sheet of newsprint.)

Wants, Needs, And Problems

Background for the Facilitator: Sessions 7 and 8

In our clinical care training, we learn to focus on people's **needs**. We speak of doing "needs assessments" in order to develop a plan of care for the patient. In the clinical setting, this is a valuable concept.

With health promotion, focusing on the **needs** of others means making a judgement and decision **for** people – not only what their problem is, but what they should do about it. The result of thinking "the patient needs to" is that the problem and solution are identified and owned by health workers, rather than by the people who have a problem to solve. Once we assess their needs, it is easy to give advice telling people what to do. We are trained to do this.

As we discovered in discussing the issue of ownership, it is important for people to decide for themselves (feel ownership of) the problem, and to be involved in identifying the best solution. We already know we possess helpful technical information and understanding, but we must take great care to offer this on a "sharing of information" basis, so that ownership remains with the patient or group. When advice or specific directions are owned by us (health workers), there is little reason why patients should care about **our** advice.

In many communities, every discussion about health ends in a request for new or improved medical services. "We need a health center." This often happens because the **question** was: "What do you **need**?" When the dictionary is consulted, there is a striking similarity between **need** and **want**. The participants will discover this very fine line for themselves by defining these words.

When the **problem** approach is used, it is possible to avoid the situation of needs and wants. For example, if you ask a supervisor, "What is your **problem**?" (s)he might tell you, "I do not have transportation to do my supervisory work." There are many possible solutions to this problem, including procuring funds for public transportation, getting a motorcycle, or arranging for part time use of a vehicle from another division. The best solution depends on the resources available and other circumstances.

If you ask the same supervisor, "What do you **need**?" (s)he is likely to tell you, "I **want** the very best sort of four-wheel drive all terrain vehicle (like a Jeep, Land Rover or Land Cruiser[2])." The word **need** becomes an invitation to **want**. The following activities help the participants distinguish between the meanings of "**want**," "**need,**" and "**problem**."

[2] Use of trade names is for identification only and does not imply endorsement by the Public Health Service or the U.S. Department of Health and Human Services.

Session 7

Clarifying Terms

Purposes: To clarify the meaning of the words "need" and "want"

To define the word "problem"

To help health workers identify whether they routinely ask patients about wants, needs, or problems and study how patients respond to these questions

Methods: Large group discussion and demonstration

Materials: ☑ Dictionary
☑ Newsprint and marking pens
☑ One table and two chairs

Preparations: ☑ READ through this activity before the session begins
☑ ARRANGE the chairs in a semi-circle
☑ REPRODUCE the questions listed for volunteers
☑ IDENTIFY two volunteers to participate
☑ EXPLAIN the instructions and clarify any questions

Learning Activities **Time: 30 minutes**

1. REQUEST a volunteer to use the dictionary. For each of the following words, first ask the group to offer definitions.

NEED	WANT

WRITE the definitions on newsprint, then compare with dictionary definitions.

2. ASK the participants to discuss:
   - How is a need different from a want?
   - How is it similar?
   - Who is the owner of a need?
   - Who is the owner of a want?

   *A **NEED** is usually what somebody else perceives for you.*

   *A **WANT** is usually what you desire, but may not be the only solution to the problem you face.*

3. ASK a volunteer to find the definition of "**problem**" in the dictionary. Write the definition on another piece of newsprint. **Do not discuss it yet. Have these notes posted on the wall for further reference.**

4. ASK the two volunteers identified to come forward and proceed with the following role play:

Volunteer #1: I want you to play yourself, the health worker. Turn a chair so the other participants can see you well. If you use a table or desk, use the one here. Attend to the patient as you would in your clinic. I will tell you when to stop.

Volunteer #2: You are the patient. You arrive at the health center feeling ill. It is your turn to be seen by the health worker. Take a moment to decide what your complaint will be, then enter and take your place. Answer questions asked by the health worker. I will tell you when to stop.

5. ASK the remaining participants to listen carefully to what the health worker and the patient are saying.
6. CONTINUE the demonstration long enough so the health worker asks the patient:
   - "What is your problem?" ("What is your trouble?")
   - "What do you need?"
   - Or "What do you want?" ("How can I help you?")
   - Let the patient respond, then stop the action.
7. DISCUSS the following questions with the large group:
   - What was the question? (want, need, or problem)
   - What was the patient's response? (want, need, or problem)
   - How is this similar to what happens in the clinic every day? Do you usually try to find out wants, needs or problems?

Digging Deeper: If it seems the routine is to ask about the problem or trouble, ASK: "What usually happens if a mother brings her baby with a complaint of stomach pain or cough and when you examine the baby, you find nothing wrong? Do you send the mother away without any treatment? **Why?**"

Health workers frequently focus on and respond to the "wants" of patients, even if they ask about problems! It is rare for patients to leave the health center without treatment.

Directions: MAKE ONE COPY FOR EACH VOLUNTEER
CUT APART AND DISTRIBUTE

Instructions for the Volunteers

Volunteer #1: I want you to play yourself, the health worker. Turn a chair so the other participants can see you well. If you use a table or desk, use one here. Attend to the patient as you would in your clinic. I will tell you when to stop.

Volunteer #2: You are the patient. You arrive at the health center feeling ill. It is your turn to be seen by the health worker. Take a moment to decide what your complaint will be, then come in and take your place. Answer questions asked by the health worker. I will tell you when to stop.

Part II Session 7

Instructions for the Volunteers

Volunteer #1: I want you to play yourself, the health worker. Turn a chair so the other participants can see you well. If you use a table or desk, use one here. Attend to the patient as you would in your clinic. I will tell you when to stop.

Volunteer #2: You are the patient. You arrive at the health center feeling ill. It is your turn to be seen by the health worker. Take a moment to decide what your complaint will be, then come in and take your place. Answer questions asked by the health worker. I will tell you when to stop.

Session 8

Working with People's Problems

Purposes: To explain the significance of working with the "problems" of people rather than their "wants"

To realize their "needs" are not always what we think

Method: Brief Lecture

Preparation: ☑ Review the points below before the session

Learning Activities **Time: 25 minutes**

Include the following points in this activity:

- We have looked at the importance of **ownership** when people are working to solve their own problems.
- Needs can be owned by outsiders as in, "You **need** to have a latrine," or "You **need** to boil your drinking water."
- Needs can easily become **wants** as in "My child has diarrhea and I **want** medicine."
- When we focus on **problems**, we begin in a different place by finding freedom to learn, putting ideas and resources together, and finding appropriate solutions.
- Discussing a problem with its many parts helps people to **feel** the problem and take ownership of it.
- When people own a problem, they want to solve or take care of it.
- For each problem, there are hundreds or even thousands of possible solutions. **Write this point on newsprint and post it on a wall.**
- When we (as health workers) give advice to mothers, we are choosing solutions that belong to us. When we focus on a problem with the owner and look at possible solutions, the owner can choose the solution that best fits his or her circumstances.
- When you work with a mother about her child's problem and help her find the best solution, the ownership of both the problem and the solution remain with the mother.

Learning

Background for the Facilitator: Sessions 9, 10 and 11

Life is called a learning process and when we stop learning, we die – even if we can still walk around! We often think of learning as something that happens at school when we are taught new information. It is easy to forget that life frequently provides us with lessons. We are capable of learning, often without realizing it. Each time a health worker examines a patient whose symptoms differ from the classical picture of a specific disease, (s)he learns there can be additional or different symptoms produced by the disease. Each day we learn things from our encounters with people, situations, and things. Often, new learning is built upon past knowledge.

As children, and especially as students, our learning is planned, structured, and well defined. Young girls are expected to learn how to process and prepare foods as their mothers do. Young boys are expected to learn skills their fathers have. As students, we are expected to learn a series of skills, facts, and so forth as outlined in a syllabus. These are formal or structured ways of learning.

In everyday life, adults also learn – from each other, from experiences they or others have, and from events. It is this "learning through discovery" that adults are best able to remember and use. Often they do not recognize that they have learned, because it is a natural process. Yet the knowledge gained in everyday life is wisdom, which is used repeatedly to evaluate additional information or ideas.

Helping adults to learn is not like teaching children. It requires very different approaches and methods. Adults respond when they feel they are respected, valued, addressed as equals, or "betters!" They choose what they will learn. Most often, the usefulness of the information is the basis for their choice. **(See the handout on page 33 and review the quote from Julius Nyerere)**

The following activities are designed to help participants realize:

- Adults learn what is useful and interesting to them
- Adults and children learn by different methods
- We can identify conditions that promote adult learning

Information Overload

Background For The Facilitator: Session 9

When health workers see patients whose cases are difficult to diagnose, they sometimes attempt to treat every symptom or complaint. Frequently this results in prescriptions for several drugs, each with different instructions. It is not uncommon to see a mother leaving a health center with four or more types of medicine for her baby,

and all to be given on different schedules. There is some doubt as to whether the mother can or will manage to administer all of them appropriately. Many attempts are made to encourage health workers to reduce the number of drugs they prescribe for each patient. This problem could be considered "drug overload."

Something similar often occurs when the health worker gives counselling or health education. Not only is too much information provided, but usually the information is from "medical culture," which is where the health worker learned it in the first place. It is too complicated and represents a reality or belief system different than the patient's. When the patient leaves, (s)he is unable or unwilling to implement what (s)he has been told.

"Information Overload"

Session 9

Overload or Useful Information?

Purposes: To help the participants recognize the problem of information overload

To demonstrate that adults like to learn things they can use, particularly when they have an interest in the topic

Method: Demonstration

Materials: ☑ Flip chart
☑ Markers, masking tape, scissors

Preparations: ☑ DECIDE on an interesting subject for item number 4 (Topic B) and locate the necessary resources to allow someone to give the presentation
☑ IDENTIFY a participant to present the topic and help that person to prepare

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Learning Activities **Time: 50 minutes**

1. READ the complicated passage below (**Topic A**)[3]. READ the paper until you see the participants losing interest, then stop.

Topic A:

The nasal septum divides the nose into two nasal fossae. It is cartilaginous in front and bony behind. The septum is straight at birth and in early life but becomes deviated or deformed in almost every adult. Only the posterior end separating the posterior nares remains constantly in the midline. Anteriorly, the quadrilateral or septal cartilage is frequently dislocated into one nasal vestibule. Posteriorly the septal cartilage joins the perpendicular plate of the ethmoid above and the vomer below. The other parts of the septum (the palate bone, crest of the maxilla, and rostrum of the sphenoid) are small.

The lateral wall of the nose is a complicated area anatomically and a very important area clinically. There are four nasal turbinates or conchae. Named from below upward, they are the inferior, middle, superior, and supreme turbinates. The supreme turbinate is small and is not seen during clinical examination; the superior turbinate is so placed that usually it can be seen only with a post nasal mirror.

The inferior turbinate is a separate bone whereas the other turbinates are parts of the ethmoid bone. The mucous membrane of the inferior turbinate is very rich in blood vessels and is semierectile. It is this structure that vasoconstrictors affect most. Sometimes the bony part of the inferior turbinate lies close to the lateral nasal wall, but at other times it juts out prominently into the airway and causes nasal obstruction. Often the mucosa of the inferior turbinate touches the septum.

[3]Topic A is reprinted by permission and adapted from the *Textbook of Otolaryngology,* by David Downs DeWeese and William H. Saunders, published by C.V. Mosby, St. Louis, Missouri, 1960.

2. ASK the participants:
   — What was happening?
   — How did you feel?
   — Was the information relevant to you?
   — Was it useful?
   — Have you ever been in my position?
   — Have you done this to anyone?
   — How much information should one person be given during an individual patient education session?
   — **Why?**

   The basic rule is NOT MORE THAN THREE bits of information should be provided at one time.

3. What important points can we get from this experience?
   Answers should include the following ideas:
   — *It is possible to give too much or too complicated information*
   — *Information must be understandable, not too much at one time, and something the person wants to know about*

4. Many health workers have an interest in the latest research findings related to their work. IDENTIFY a topic (Topic B) of interest and have a facilitator or other expert GIVE a brief (5 minute) simple presentation on related current research.

   Topic B:
   Suggestions:
   — AIDS incidence in the region
   — chloroquine resistant malaria
   — immunization coverage (progress)
   — effects of vitamin A deficiency on childhood diseases
   — a successful and innovative ARI program
   — new contraceptive technology

5. ASK the entire group:
   - Was Topic A interesting? Was it useful?
   - How will you use the information?
   - Were you the right group to receive this lecture?
   - Was Topic B interesting? Was it useful?
   - How will you use this information?
   - Were you the right group to receive this lecture?
   - Is health education in the health center like Topic A? How?
   - Which of these approaches (Topic A or B) is being used in the clinic? Which one should be used? Why?

6. ASK what general rules can be made about the amount and level of information that is appropriate for education in the clinic. Make a list of the rules on newsprint and post them on the wall.

Session 10

Adult and Child Learning

Purposes: To distinguish between learning methods for children and adults

To identify an effective approach to adult learning

Method: Small group work

Materials: ☑ Newsprint and marking pens
☑ Questions for discussion groups
☑ Handout — quote from Julius Nyerere

Preparations: ☑ REPRODUCE discussion questions and handout, one per participant

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Learning Activities **Time: 1 hour 30 minutes**

1. ASK the participants to form into groups of about five. GIVE each group newsprint, pens, and copies of the discussion questions and the quote from Julius Nyerere. INFORM the groups they will have 45 minutes to work. The directions are:

   DISCUSS what you know from your own experience.

   - How do children learn in your culture? Give examples:
     — at home
     — at school
   - How do adults learn in your culture? Give examples:
     — adults who have been to school
     — adults who have never been to school

   READ the Handout — quote from Julius Nyerere

   ADDRESS the following questions:

   - Do you agree with the statement? Why?
   - What is the most important point Julius Nyerere makes in the quote?

   IMAGINE that you have been assigned to teach the purpose of ORT to the elders in the community where you work. None of the elders have been to school.

   - How will you teach this information? Explain your reasons.
   - Would you teach the third year primary students the same thing in the same way? Why?

2. VISIT each group to be sure the discussion is proceeding smoothly. MONITOR the time and their progress and adjust the discussion time accordingly. GIVE 10 minute and 5 minute ''wrap-up'' warnings before calling time.

3. CALL for reports. TELL each group reporter to have answers written on their newsprint. (Do not allow reporters to explain all that was discussed in the group. It takes too much time.)

4. IDENTIFY important points about learning.

Answers should include the following ideas:
— Adults and children learn in different ways
— Adults can learn new ideas by building on former knowledge
— Adults learn things that interest them

"Adults learn things that interest them."

Directions: MAKE ONE COPY PER PARTICIPANT OF DISCUSSION QUESTIONS AND QUOTE

Discussion Questions

Discuss what you know from your own experience about:

1. How do children learn in your culture? Give examples:
   — at home
   — at school
2. How do adults learn in your culture? Give examples.
   — adults who have been to school
   — adults who have never been to school
3. Read the quote from Julius Nyerere
4. Discuss:
   - Do you agree with the statement? Why?
   - What is the most important point Julius Nyerere makes in the quote?
5. Imagine that you have been assigned to teach ORT to the elders in the community where you work. None of the elders have been to school.
   - How will you teach this information? Explain your reasons.
   - Would you teach the third year primary students the same thing in the same way? Why?

"A very pleasant thing about adult education is that we can learn what we want to learn – what we feel would be useful to us in our lives. At school, children are taught the things which we adults decide they should be taught. But adults are not like children who sit in classrooms and are then taught history, or grammar, or a foreign language. As adults, we can try to learn these things if we wish; we do not have to do so. Instead, we can learn about growing a particular crop, about the government, about housing or building – or about whatever interests us. We can build on the education we already have – using the tools of literacy or a foreign language, or an understanding of scientific principles. Or, if we never went to school, we can start by learning about the things of most immediate importance to us – better farming methods, better child care, better feeding. We do not even have to start by learning to read and write.

For literacy is just a tool; it is a means by which we can learn more, more easily. That is its importance..."

By Julius K. Nyerere, from *Freedom and Development,* Oxford University Press, London, England, 1973.

Session 11

How Adults Learn

Purposes: To summarize conditions that promote adult learning

To provide information on how adults learn

Methods: Discussion and lecture

Materials: ☑ Newsprint and markers

☑ Notes (on newsprint) from previous activities needed for this section

Preparations: ☑ WRITE "How People Learn" (below) onto a large piece of newsprint

☑ WRITE the Chinese poem on another piece of newsprint

☑ PUT both writings on a wall where everyone can see them

Learning Activities **Time: 15 minutes**

1. ASK the participants to summarize adult learning, as identified so far. MAKE notes on a sheet of newsprint titled: "ADULT LEARNING." POST the list on a wall where everyone can see and refer to it.
2. EXPLAIN and ASK the following:
   PART A:
   - Adults have experience in life. Learning new ideas or practices is easier when they build on their current knowledge or experience.
     Question: Can you think of a new idea you want people to learn in health that can be explained by building on earlier experiences?
   - New ideas are more credible if they are connected to what has been believed or practiced in the past.
     Question: Can you think of a new idea you want mothers to learn that you can connect to something they already believe?
   - Share the following Chinese poem:

     Go to the people...
     Live among them...
     Learn from them...
     Love them...
     Start with what they know...
     Build on what they have;

     But of the best of leaders...
     When their task is accomplished...
     Their work is done...
     People will remark
     "We have done it ourselves!"

     (Lao Tsu of China in 700 B.C.)

     Is it interesting to know this was written more than two thousand years ago?

PART B:
Share this information which is reprinted and adapted from *Training for Transformation: A Handbook for Community Workers:*

How People Learn
Tests have shown that people remember:
20 percent of what they HEAR,
40 percent of what they HEAR and SEE
80 percent of what they DISCOVER for themselves.

Education should stress **LEARNING** more than teaching. Where possible, facilitators should create a learning situation where adults can discover answers and solutions for themselves. People remember the things they have said themselves best, so teachers should not speak too much. They need to give participants a chance to find solutions before adding important points the group has not mentioned.

3. ASK what are important points to remember when teaching adults? Write the answers on newsprint and post them on the wall.

Reasons

Background for the Facilitator: Session 12

As we learned in the previous activities, children learn what teachers believe they should learn. They are not expected to ask, "Why should I learn this?" Adults, however, are seldom willing to learn or do anything unless they have a reason.

In the past, we identified essential or priority messages to be given to patients when they receive care for their problems. These messages are directions such as what to do, how to take medications, when to return to the clinic. The information is **very important**, yet we find mothers often leave the clinic without understanding, even when the health worker provides clear messages. Messages alone are not enough. Adults need to have reasons **why** they should follow advice. The following activity is designed to emphasize the importance of helping people to understand **why** they should do what we advise.

"Adults need to have reasons **why. . .** "

Session 12

Why? Give Me a Reason

Purposes: To demonstrate the importance of giving reasons to adults

To provide practice in thinking about reasons and how to share them simply

Methods: Large group discussion and small group work

Materials: ☑ Newsprint and markers

Preparations: ☑ MAKE one sheet of newsprint for each group to use in its discussion (Step 8). Example:

Problem _____	
Priority Message	Why? (Simple reason)

Learning Activity **Time: 1 hour**

1. ASK one participant to come to the center of the room and stand on one leg. WAIT until (s)he either stops or asks, "Why?" If the person stops without questioning, ASK (s)he "Why did you stop?" ACCEPT the response and TELL the participant to sit down.
2. ANNOUNCE to the participants: "Each of you should bring $10.00 (use local currency) tomorrow morning when you come to the workshop." WAIT for someone to ask, "Why?"
3. ASK: "Why do you want to know **why**?"
   — Why is it important to know **why**?
   — Will you be more willing to bring the money if I give you a reason?
4. ASK the following set of questions:
   — Where do you give the BCG vaccination?
   — Why there?
   — When do you give the measles immunization?
   — Why don't you give it at birth?
   — How many doses of polio vaccine do you give to a baby?
   — Why not just give one dose?
5. ASK:"Why am I asking all these questions?"

   The intended response is:
   To help us realize we need reasons for the things we do.

   ASK: "Is it only health workers who need reasons for what they do? Who else needs reasons?"

   The responses should include:
   *All adults need to understand reasons **why** they should do something they are advised to do.*

6. POINT out to the participants:
   Do you remember the work you did on the medical and traditional causes of diseases (Session 6)? Why is it that people have identified a cause for every disease?

   The responses should include:
   *Because people need to have a reason **why** diseases happen and what causes disease. Whether in medical culture or traditional culture, the treatment depends upon the cause.*

7. EXPLAIN that people need to identify the cause (the **why**) of diseases and that they need to understand **why** they should do what the health worker is advising. For example: A priority message for the mother of a child brought to the clinic with fever caused by malaria is to tepid sponge when the child is hot. **Why** should she tepid sponge? The reason is quite simple. Tepid sponging brings the temperature down and prevents convulsions.
   Ask the participants: When a mother understands she can prevent convulsions by tepid sponging, is she more or less likely to do it? Why?
8. DIVIDE the participants into groups of four or five to work on the following assignment. GIVE each person a copy of the directions and each group a prepared sheet of newsprint. The directions are:

- Choose one topic from the list and write it at the top of the newsprint.
  — malaria and fever
  — diarrhea
  — child immunizations
  — tetanus toxoid
  — nutrition for a 1-year-old child
- Write one priority message in the left column. Then identify a simple reason **why** and write it in the right column.
- Continue until you identify a reason for each of the priority messages for your topic.
- Identify a reporter who will present to the other participants **ONLY what your group has written on the newsprint.**

9. REASSEMBLE the participants and REQUEST that each group present what is written on their newsprint (not the discussion that took place in the group). Are the reasons simple and accurate?
10. ASK the group to identify the important point(s) to keep in mind when advising adults. Write the point(s) on newsprint and post it on a wall in the meeting room.

    *Adults need to have reasons **why** they should do something.*

Directions: MAKE ONE COPY PER TWO PARTICIPANTS
CUT IN HALF AND DISTRIBUTE

Group Instructions

1. Choose one topic from the list and write it at the top of the newsprint.
   - malaria and fever
   - diarrhea
   - child immunizations
   - tetanus toxoid
   - nutrition for a 1-year-old child
2. Write one priority message in the left column. Then identify a simple reason **why** and write it in the right column.
3. Continue until you identify a reason for each of the priority messages for your topic.
4. Identify a reporter who will present what your group has written on newsprint to the other participants.

Part II Session 12

Group Instructions

1. Choose one topic from the list and write it at the top of the newsprint.
   - malaria and fever
   - diarrhea
   - child immunizations
   - tetanus toxoid
   - nutrition for a 1-year-old child
2. Write one priority message in the left column. Then identify a simple reason **why** and write it in the right column.
3. Continue until you identify a reason for each of the priority messages for your topic.
4. Identify a reporter who will present what your group has written on newsprint to the other participants.

Part III

Skills Needed To Work In A New Way

Background for the Facilitator: Session 13

Many health workers learn to give health talks to patients waiting for services in a busy clinic. Not every worker learns to assess when this setting is conducive to learning. The activity suggested should quickly illustrate the problem of conducting group sessions. Between the role plays taking place at the same time and the debriefing discussion, the participants can identify conditions they must assess before delivering group presentations. Group size, noise level, and time pressures are some of those issues. Hopefully the participants will suggest more.

A Busy Health Clinic

". . . Group size, noise level, and time pressures are some of the issues."

Session 13

Assessing the Environment for Teaching and Learning

Purpose: To simulate and then assess the average clinic environment

Methods: Concurrent role plays and discussion

Materials: ☑ Role play assignments for three groups
☑ Newsprint and markers

Preparation: ☑ MAKE copies of the group directions

Learning Activities **Time: 40 minutes**

1. DIVIDE the group into three unequal groups and GIVE each group a slip of paper with their directions on it. First identify two persons for Group 1.

   Group 1: (Two persons)

   Please GO outside the meeting room to make your plan. Your assignment is to design and present a health education session on SSS as you would in the clinic. The other participants will act as the clinic patients and caretakers. You have five minutes to plan what you will present to the group.

   DIVIDE the remaining participants into two larger groups. Meet with them separately. Give each group their written instructions. Read the instructions with the group making sure participants understand what they are to do. Explain their role should be played in response to that of the other groups, rather than independently.

   Group 2: (Approximately half of the remaining participants)

   You are a group of mothers who come to the health center early in the morning to receive treatment for your children before going to your farms or to your business. You want to finish quickly. How will you feel when Group 1 stops clinic business and makes you sit to hear their group presentation on SSS? What will you do? Plan a role play. Make it realistic. Remember, mothers usually do not show their anger or impatience quickly. Begin playing when Group 1 has started its presentation.

   Group 3: (The remaining participants)

   Divide yourselves into parents and babies for this role play. You are a group of parents who have brought sick children to the clinic. Your babies are crying. It is hot in the waiting area. You see people trying to get ahead of you in the line. But Group 1 is going to stop the clinic to give you a group presentation on SSS. How will you feel? What will you do? Plan a role play. Make it realistic. Remember, mothers usually do not show their anger or impatience quickly. Begin playing when Group 1 has started its presentation.

2. ASK Group 1 to come in and present their role play. Allow events to unfold, unless it becomes total confusion. Encourage all groups to play their roles.
3. WRITE the main points on newsprint for your debriefing. LISTEN for points relating to noise, size of group, time pressures, and so forth. ASK:

- What happened? Ask each group to give their perspective.
- Does this ever happen in real life?
- Even if patients do not say something, could they be thinking or feeling it?
- How much will an angry person learn from your presentation?
- How much will a worried person learn?
- How much will people learn if they cannot hear well?
- What **conditions** do you need to assess before deciding to do a group presentation during a clinic?

MAKE a list.

Answers should include:
- *environmental considerations such as noise and room temperature*
- *what is going on at the clinic*
- *the size of the group*
- *why the people have come*
- *time consideration*
- *who is interested in the topic*

- What conditions let you know it is a good time to do a group session?
- What will let you know it is a bad time to do a group session?

4. ASK: "What guidelines can we make about group health education sessions in the clinic?"
   - Should we **always** have health talks?
   - Should we delay the start of clinic until all the mothers have arrived?

WRITE the points on newsprint and post them on the wall of the meeting room.

Group Directions: MAKE THREE COPIES OF THIS PAGE
CUT APART AND DISTRIBUTE

Group 1: (Two persons)

Please go outside the meeting room to make your plan. Your assignment is to design and present a health education session on SSS as you would in the clinic. The other participants will act as the OPD patients and caretakers. You have five minutes to plan what you will present to the group.

Session 13 Part III

Group 2:

You are a group of mothers who come to the health center early in the morning to receive treatment for your children before going to your farms or to your business. You want to finish quickly. How will you feel when Group 1 stops clinic business and makes you sit to hear their group presentation on SSS? What will you do? Plan a role play. Make it realistic. Remember, mothers usually do not show their anger or impatience quickly. Begin playing when Group 1 has started its presentation.

Session 13 Part III

Group 3:

Divide yourselves into parents and babies for this role play. You are a group of parents who have brought sick children to the clinic. Your babies are crying. It is hot in the waiting area. You see people trying to get ahead of you in the line. But Group 1 is going to stop the clinic to give you a group presentation on SSS. How will you feel? What will you do? Plan a role play. Make it realistic. Remember, mothers usually do not show their anger or impatience quickly. Begin playing when Group 1 has started its presentation.

Decoding "Medicalese"

Background for the Facilitator: Session 14

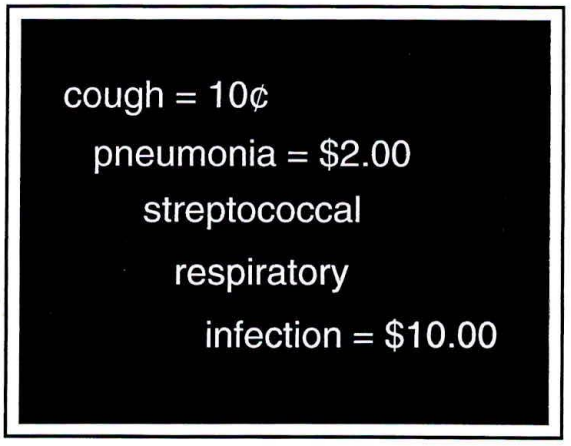
In our training, we learn to use complex and sophisticated medical language. We are challenged to learn and use these "big" words in our work. There is a certain pride in understanding and using "Medicalese." The medical language serves a purpose, allowing medical personnel to better communicate with each other.

As students, we studied hard to learn and to think in this medical language. As professionals, we are at an advantage when we are communicating with other medical professionals. Unfortunately, the same language often becomes a roadblock when we try to communicate with people in the community.

Fortunately, most medical terms can be defined in simple words understood by the general population. Health workers who want to communicate with non-medical people can find other words to say what they want to say, but they must learn to do so. It takes a conscious effort to identify "Medicalese" words and translate them into a common language. The following activities suggest ways to help health workers begin to make this effort. Although we will work in English, participants should be encouraged to think about accomplishing this in their local languages.

We find it useful to provide monetary value to words as a measure of their simplicity. For example: "Cough" is a 10 cent word; "pneumonia" is a $2.00 word; and "streptococcal respiratory infection" can be worth $10.00; "facilitate" is a $2.00 word; and "lead" can be worth 10 cents. Small words equal small coins, whereas large words equal large denominations.

Adding Monetary Value to Words



Session 14

Translating "Medicalese"

Purpose: To alert participants to complicated medical terms and identify simpler, substitute words

Method: Demonstration

Materials: ☑ Newsprint and markers

Preparations: ☑ LOCATE someone who can speak in a "foreign" language
☑ WRITE the paragraph beginning with "Clinical Manifestations" on newsprint

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Learning Activities **Time: 25 minutes**

1. Do you speak a language the participants do not understand? If not, LOCATE a participant who speaks a language very few other participants understand. The first part of the demonstration is to make a short statement, about the length of one paragraph, in a "foreign" language. MAKE the statement.
2. ASK the participants to explain what was just said. Did they understand it? Why not? Would they have been able to understand if the same thing had been said in English or their first language?
3. READ the following English paragraph containing complex medical terminology:[4]

> Clinical Manifestations: Predominant symptoms are diarrhea, abdominal pain, malaise, and fever. Stools frequently contain frank blood. Abdominal pain may mimic appendicitis. Most patients recover in less than 1 week, but 20 percent have a relapse or a prolonged or severe illness. Persistent infection can mimic acute inflammatory bowel disease. Convulsions develop in some young children in association with high fever. Bacteremia is uncommon. Reactive arthritis occasionally develops during convalescence. Mild infection may last only 1 to 2 days and resemble viral gastroenteritis.

4. Do the participants understand it? Now show the newsprint copy to the group. Ask them to "translate" the paragraph into simple English which can be understood by the people living in the community where they live and work. Record their translation on another sheet of newsprint.
5. Introduce the idea of giving monetary value to words. Give examples from the paragraph the participants have just worked with. Work together to assign values to the medical terms in "Clinical Manifestations" and to the simple words in the translation.

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[4]Reprinted by permission and adapted from *The American Academy of Pediatrics Report of the Committee on Infectious Diseases, Red Book,* Elk Grove Village, Illinois, 1986.

Session 15

Practice Speaking Simply

Purpose: To give the participants practice in simplifying language

Methods: Small group work

Materials: ☑ Newsprint and markers for each group
☑ Sets of sentences to translate

Preparations: ☑ MAKE copies of the sets of sentences and cut them apart

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Learning Activities **Time: 1 hour**

Note to the Facilitator: Session 15

This Session is designed to give the participants practice in simplifying language, by "translating" technical sentences. If two groups are working on the same set of sentences, they will benefit from each other's work and keep the reports from being dull.

1. DIVIDE the participants into three groups. GIVE each group a sheet of paper with five sentences on it. ASK them to take 30 minutes to "translate" the sentences into common language that people in their community can understand. Only the translation should be written on newsprint.

   Set I:

   - The most common presentation is nonspecific febrile illness.
   - Enteroviruses are spread by fecal-oral, and possibly, oral-oral or respiratory routes.
   - The primary disease is caused by inflammation and obstruction of the lymphatic channels where the adult worms develop, usually 3 months to 1 year after exposure.
   - Infection in the newborn infant usually is in the eye, but it also may be systemic. Scalp abscesses and vaginitis are described in neonates.
   - Prompt and effective treatment of acute and chronic cases is an important adjunct to malaria control.

   Set II:

   - A chronic carrier state with possible chronic liver disease may result from infection.
   - Inapparent or asymptomatic infection is most common and recognized by serologic and skin-test conversion.
   - The infection is acquired through inhalation of airborne spores.
   - Splenomegaly, lymphadenopathy, and skin changes consisting of darkly pigmented, erythematous areas and other hypopigmented areas may be present.

- Pertussis begins with mild, upper respiratory tract symptoms with cough (catarrhal stage) and progresses to severe paroxysms of cough and the characteristic inspiratory whoop often followed by vomiting.

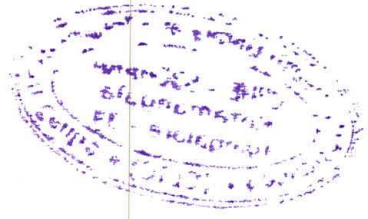
Set III:

- Transmission of tuberculosis is usually by inhalation of respiratory droplets produced by an adult with infectious pulmonary tuberculosis.
- It is an acute, highly communicable viral disease with prodromal fever, conjunctivitis, coryza, cough and Koplik spots on the buccal mucosa.
- The most common described anomalies associated with congenital rubella are ophthalmologic, cardiac, auditory, and neurologic.
- The most common infection is gastroenteritis, in which diarrhea, abdominal cramps, and tenderness and fever frequently occur.
- The disease begins with an intensely pruritic, papular eruption, usually in the interdigital spaces.[5]

2. RETURN to large group for reports. Have each group SHARE their work with the other participants. Discuss each group's work. Are the translations by different groups similar? What are the values of the words they have chosen?
3. ASK: "What important points can we identify?"

   Write the points on newsprint and post them on a wall.

   Possible answers include:
   — *We can find simple words to say what we need to say*
   — *It is not easy to talk simply.*
   — *Translations can be misleading.*
   — *Not every piece of information needs to be translated or simplified.*
   — *If the message is not simple, it may not be understood.*



[5]Sets I, II, and III are reprinted by permission and adapted from *The American Academy of Pediatrics Report of the Committee on Infectious Diseases, Red Book,* Elk Grove Village, Illinois, 1986

Sentences to be translated: MAKE ONE COPY PER THREE PARTICIPANTS
CUT THE SETS APART BEFORE DISTRIBUTING

Set I:

The most common presentation is nonspecific febrile illness.

- Enteroviruses are spread by fecal-oral, and possibly, oral-oral or respiratory routes.
- The primary disease is caused by inflammation and obstruction of the lymphatic channels where the adult worms develop, usually 3 months to 1 year after exposure.
- Infection in the newborn infant usually is in the eye, but it also may be systemic; scalp abscesses and vaginitis have been described in neonates.
- Prompt and effective treatment of acute and chronic cases is an important adjunct to malaria control.

Part III Session 15

Set II:

- A chronic carrier state with possible chronic liver disease may result from infection.
- Inapparent or asymptomatic infection is most common and recognized by serologic and skin-test conversion.
- The infection is acquired through inhalation of airborne spores.
- Splenomegaly, lymphadenopathy, and skin changes consisting of darkly pigmented, erythematous areas and other hypopigmented areas may be present.
- Pertussis begins with mild, upper respiratory tract symptoms with cough (catarrhal stage) and progresses to severe paroxysms of cough and the characteristic inspiratory whoop often followed by vomiting.

Part III Session 15

Set III:

- Transmission of tuberculosis is usually by inhalation of respiratory droplets produced by an adult with infectious pulmonary tuberculosis.
- It is an acute, highly communicable viral disease with prodromal fever, conjunctivitis, coryza, cough and Koplik spots on the buccal mucosa.
- The most common described anomalies associated with congenital rubella are ophthalmologic, cardiac, auditory, and neurologic.
- The most common infection is gastroenteritis, in which diarrhea, abdominal cramps and tenderness and fever frequently occur.
- The disease begins with an intensely pruritic, papular eruption, usually in the interdigital spaces.

Discussion Starters

Background for the Facilitator: Session 16

It is often effective to start a discussion about a problem by getting a group such as clinic patients or community participants to focus on it **using their senses**. The goal is to stimulate attention and thinking about the problem, through a visual image. In a way, a "discussion starter" is like a mirror. When you hold it up for people to look into, they see their problems reflected in it. Discussion starters may take various forms. Pictures or photographs, dramas, songs, and puppet shows are some examples. Stories may be used as well, if they present the **problem**, rather than a solution. Most visual aids used in health education show the solution we are recommending, rather than the problem that needs to be solved. Discussion starters reintroduce problems people face and stimulate discussion and thinking.

These activities have been designed to help the participants learn to:

- Create discussion starters for use in group discussions
- Distinguish between a discussion starter and other health education visual aids

Session 16

Using Discussion Starters

Purpose: To help health workers experience the use of a discussion starter for group discussions

Method: Demonstration

Materials: ☑ Picture of a child with a health problem (facilitator's choice)

Preparations: ☑ LOCATE a picture of a child with a health problem
☑ PREPARE a written description of the same problem

Learning Activities **Time: 15 minutes**

1. DESCRIBE the problem in the picture you have without showing it to the group. For example, "I want to tell you about a child who had. . ." (the common disease in your area which you have chosen). "He was very sick and miserable and it was sad to see him. I wouldn't want to be his mother and see him suffer."
   ASK:
   - Has anyone seen this problem before?
   - What was it like?
   - What happened?
   - What caused it?
2. For the group, HOLD up the picture of a child with. . . (the same disease as above).
   ASK:
   - Has anyone seen this problem before?
   - What was it like?
   - What happened?
   - What caused it?
3. REMOVE the visual aid from view. ASK the participants:
   - Did you **feel** the problem more when I described it or when you saw the picture?
   - **Why?**
   - Which was the more effective discussion starter?

Talking about or describing a problem is usually less effective than seeing it.

Session 17

Discussion Starter or Teaching Aid?

Purpose: To distinguish between discussion starters and teaching aids and to clarify the appropriate use of each

Methods: Demonstration and brief lecture

Materials: ☑ Picture of a child with marasmus
☑ Poster showing food groups (nutrition poster)

Preparation: ☑ GET poster and picture materials ready
☑ REVIEW points to be presented below

Learning Activities **Time: 45 minutes**

1. SHOW illustration A (picture of a child with marasmus).
   ASK:
   - What is it?
   - What do you see?
   - Has anyone seen or experienced this problem before?
   - What was it like?
   - What happened?
   - What caused it?

   REMOVE the picture from view.

2. SHOW illustration B (Poster showing basic four food groups).
   ASK:
   - What is it?
   - What do you see?
   - Has anyone seen or experienced this problem before?
   - What was it like?
   - What happened?
   - What caused it?

3. REMOVE the pictures from view and ask:
   - How was the first illustration (A) different from the second (B)?
   - Are both pictures a good way to start a discussion?
   - What is the best use of the second illustration?

Teaching aids seldom make good discussion starters.

4. PRESENT the following points:
   - A picture is one way to "show" a problem. What value is there in "showing" the problem to a group?
     — it helps to get a common focus for discussion
     — it stimulates people to think about or express feelings about the problem
     — it is a good way to start the discussion, with everyone thinking about it together

- Discussion starters are used to reflect a problem:
  - people talk and think about this problem from past experiences
  - you know it is a problem for them
  - the picture reflects the problem so together people look at it in a new way, think about it, and discuss the problem
- There are other and sometimes better discussion starters – what other things might you do?
  - drama, song, puppets, and so on
  - with **individual clients** in the clinic, the client or the child (s)he brings is usually the most effective discussion starter – especially when immediate care or action is needed
- How is a discussion starter different from teaching aids you have used in the past?
  - it illustrates only the **problem** while most health education visual aids illustrate a **solution**
  - it is like a mirror – people look in and see **their** problem
  - it allows them to begin to analyze the problem
- Discussion starters may be easy to make:
  - how can you be sure that people see the problem you are trying to show them?
  - using them effectively depends upon another skill, ''asking'' good questions
- Discussion starters are useless without questions to help people reflect on the situation presented and identify it as one of their problems.
- Discussion starters are **most** useful when you are working with groups.

Session 18

Homework

Purpose: To provide an opportunity for participants to create discussion starters

Preparation: ☑ MAKE copies of the "Instructions for Homework"
☑ GIVE this assignment at the end of the day
☑ USE it on the following day in Session 19

Note to the Facilitator: Session 18

The participants should create their own discussion starters for the following day. If the workshop is residential, participants may want to work in area groups. If not, each participant may need to work alone.

Give out the instructions and review them with the participants to be sure the assignment is clear. Discuss whether they will work individually or in groups of not more than four persons.

Instructions for Homework

By tomorrow, create a discussion starter for one of the following problems in children:

- diarrhea
- measles, polio, TB, tetanus (immunizable diseases)
- malaria
- acute respiratory infection (ARI)
- malnutrition

You may work individually or as a group. Your discussion starter can be:

- a role play
- a song
- a story
- a picture
- a description
- or other

Remember:
A discussion starter shows the **PROBLEM,** not the **solution**.

Homework handout directions: MAKE ONE COPY PER PARTICIPANT
CUT IN HALF AND DISTRIBUTE

Instructions for Homework

By tomorrow, create a discussion starter for one of the following problems in children:

—diarrhea
—measles, polio, TB, tetanus (immunizable diseases)
—malaria
—acute respiratory infection (ARI)
—malnutrition

You may work individually or as a group. Your discussion starter can be:

—a role play
—a song
—a story
—a picture
—a description
—or other

Remember:
A discussion starter shows the **PROBLEM,** not the **solution**.

Part III Session 18

Instructions for Homework

By tomorrow, create a discussion starter for one of the following problems in children:

—diarrhea
—measles, polio, TB, tetanus (immunizable diseases)
—malaria
—acute respiratory infection (ARI)
—malnutrition

You may work individually or as a group. Your discussion starter can be:

—a role play
—a song
—a story
—a picture
—a description
—or other

Remember:
A discussion starter shows the **PROBLEM,** not the **solution**.

Asking Questions And Listening

Note to the Facilitator: Sessions 19, 20 and 21

Discussion starters are very useful because they help the group focus their attention on specific problems. A good discussion is a teaching-and-learning event – everyone should learn something while teaching others. But the discussion must be stimulated and guided to keep it focused.

To facilitate good discussions, the participants must learn to:

- Make up **questions** that stimulate discussion
- Introduce information that provides a learning base

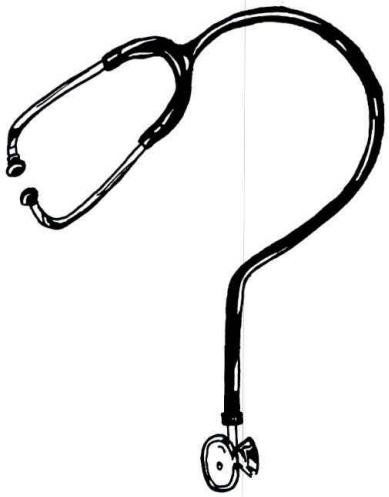
Participants must also **listen** effectively to understand other people's points of view, beliefs, and the rationale for their actions, or lack of actions. These are important to the health worker to improve communications. Listening allows health workers to understand what people know, believe, and practice. They can begin to share information in a way that makes sense and is usable.

For the health worker's purposes, questioning and listening skills have a counterpart in clinical practice. We can compare these skills to the competent use of a stethoscope. The question, like a stethoscope, is useful only if we listen well to the responses and learn from what we hear. Once we understand the people, we can better choose health information and plan to share it effectively.

The following activities are designed to help participants begin to develop skills in:

- Make up questions
- Listening effectively to the answers
- Evaluating whether the questions stimulate discussion

"The question, like a stethoscope is useful only if we listen to the responses and learn from what we hear."



Session 19

How is a Stethoscope Like a Question?

Purpose: To focus attention on the function of a question and the value of listening

Methods: Demonstration and discussion

Materials: ☑ Stethoscope
☑ Newsprint and markers
☑ Table and two chairs

Preparations: ☑ PLACE the table and chairs to be ready for a consultation

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Learning Activities **Time: 45 minutes**

1. REQUEST a volunteer (a health worker with assessment skills) to join you. PLACE the stethoscope on the table. EXPLAIN to the volunteer that you have been coughing for a week. If the health worker asks questions, state that your sputum is yellow and smelling. You have trouble breathing when you lie down and you have pain in your chest. Ask him or her to assess your problem. If (s)he does not use the stethoscope, encourage it.
2. ASK: "What are the skills _____ (participant's name) used to learn about the problem?" LIST them on the flip chart.
   - If the health worker asked questions, be sure they are noted
   - If (s)he listened with the stethoscope and to your responses, be sure to make note of it
3. Questions for discussion:
   - How is a question like a stethoscope?
     — it is a tool for listening to very specific things
     — you put a stethoscope over the heart to listen to it beat, over the lobes of the lungs to listen for crepes or wheezing, over an artery to listen for blood pressure, or over the lower abdomen to listen for bowel sounds
     — you place the stethoscope in a way that you can listen for specific information
   - Both the stethoscope and questions require skill on the part of the user
   - Just as you learned to use a stethoscope, you must learn to ask good questions
   - Good questions:
     — sincerely seek for information
     — do not have **correct** or **obvious** answers
     — are open-ended allowing the maximum response
   - If you have a stethoscope, but do not use it to listen and learn about the condition of the heart or intestines or take a blood pressure, what good is it?
   - If you ask questions, but do not listen to what people think, know, believe and feel, and **learn** from their answers, what good are the questions?

Summary: How is the stethoscope like a question?

The answers should include:
- *The stethoscope allows you to listen*
- *Questions also allow you to listen*
- *When you use a stethoscope, you are trying to understand your patient's problem*
- *Questions can help everyone in a group learn from each other about what they believe, their experiences, and what they do when there is a problem*

Session 20

Formulating Questions

Purpose: To learn to identify effective questions that provide useful information

Method: Small group work

Materials: ☑ Newsprint and markers

Preparations: ☑ PLAN how groups should be formed for this activity based on whether the homework (Session 18) was done by individuals or groups — KEEP groups together!

☑ USE one sheet of newsprint per group and draw a line down the center

☑ WRITE "Question" on the top left and WRITE "What will you learn?" on the top right. Example:

Question	What will you learn?

Learning Activities **Time: 1 hour 30 minutes**

1. ASK the participants to form groups of four to five persons, making sure homework groups are together.
2. DISTRIBUTE and READ the directions for group work. ASK each group to:
   - Choose a discussion starter that one or more group member(s) prepared as their homework assignment
   - Present it to the group and study it:
     — "imagine" you are meeting with a group of mothers in the clinic to discuss the problem shown in the discussion starter
   - Discuss as a group **what questions** you can ask to help the mothers and you learn from each other about:
     — what people have experienced
     — know
     — believe
     — do
   - Working on the piece of newsprint with a line drawn down the middle, write your questions on the left
   - Be sure to number the questions
   - Once you have written a question, identify **what you expect to learn from the answers** for each question by writing the answer on right side of the paper.

- Consider:
  - — will these questions stimulate a group discussion among the mothers?
  - — are there more or different questions encouraging mothers to participate?
  - — make any changes you wish

3. REQUEST the groups to present their work after reassembling. ENCOURAGE discussion. On a fresh sheet of newsprint, MAKE a list of useful questions to start a health problem discussion.

   Post the list on a wall in the meeting room.

Directions for making up questions:
MAKE ONE COPY PER PARTICIPANT

Directions for Group Work

1. Choose a discussion starter that one or more group member(s) made as their Session 18 homework assignment.
2. Present it to the group and study it.
3. Imagine you are meeting with a group of mothers in the clinic to discuss the problem shown in the discussion starter.
4. Discuss as a group, **what questions** you can ask to help the mothers and you learn from each other about:
   — what people have experienced
   — know
   — believe
   — do
5. Working on the piece of newsprint with a line drawn down the middle, write your questions on the left.
6. Be sure to number the questions.
7. Once you have written a question, identify **what you expect to learn** from the answers to each question by writing the answer on the right side of the paper.
8. Consider:
   — will these questions stimulate a group discussion among the mothers?
   — are there more or different questions encouraging the mothers to participate?
9. Make any changes you wish.

Session 21

Listening?

Purpose: To establish the value of listening, the need for quiet people to speak up, and the need for dominant people to be sensitive to others

Methods: Role play and discussion

Materials: ☑ Newsprint, markers

Preparations: ☑ READ carefully through this activity
☑ IDENTIFY six volunteers to act in the following three scenes
☑ MEET with the volunteers during a short break to read through their roles and practice once

---

Learning Activities[6] **Time: 45 minutes**

1. INVITE six people to prepare a short play in three scenes. It is usually better to have all women or all men acting as this avoids people saying, "men always do this" or "women always do that."

   Scene 1: Two people meet. One of them starts to talk and gets so excited and involved in what (s)he is saying that (s)he pays no attention to the other. The other tries several times to speak, to ask a question, respond or make a suggestion, but the first person talks on, so the second person remains silent and gives up trying. Decide on a topic beforehand.

   Scene 2: Two people meet and both start telling the other what they are concerned about. They each have a different topic. Neither is listening to the other, and both are talking at the same time.

   Scene 3: Two people meet, greet each other, and start a real dialogue. Each one asks questions about the other's interests, listens and responds to the other person's answers and shares their own news and opinions. A common topic should be decided on beforehand.

2. PRESENT the plays in order. STOP each play when the point has been made. Usually the first two plays take 1-2 minutes and the third takes a little longer.

3. LEAD a discussion, writing main points on the flip chart. When discussing Part 3, be sure to list all the points and post it as the group's "Guidelines for Good Communication." The questions:

   Part 1:
   - What did you see happening in Scene 1?
   - What did you see happening in Scene 2?
   - What did you see happening in Scene 3?

[6]Reprinted by persmission and adapted from *Training for Transformation: A Handbook for Community Workers,* by Anne Hope and Sally Timmel, Mambo Press, Gweru, Zimbabwe, 1991.

Part 2:

- Do these things happen in real life? How?

Part 3:

- What can we do to help make communication as good as possible in health education sessions?
- Make a list of the group's "Guidelines for Good Communications."

Directions for acting groups: MAKE ONE COPY
CUT SCENES APART AND GIVE EACH TEAM THEIR ASSIGNMENT

Scene 1:

Two people meet. One of them starts to talk and gets so excited and involved in what (s)he is saying that (s)he pays no attention to the other. The other tries several times to speak, to ask a question, respond or make a suggestion, but the first person talks on, so the second person remains silent and gives up trying. Decide on a topic beforehand.

Scene 2:

Two people meet and both start telling the other what they are concerned about. They each have a different topic. Neither is listening to the other, and both are talking at the same time. Decide on the topics beforehand.

Scene 3:

Two people meet, greet each other, and start a real dialogue. Each one asks questions about the other's interests, listens and responds to the other person's answers and shares their own news and opinions. A common topic should be decided on beforehand.

Assessing Learning After Interaction

Note for the Facilitator: Session 22

If a session between a health worker and a patient or group is successful, each person should learn from it. Health workers understand the idea that they ''teach,'' but most are less aware that they can or should ''learn'' each time they provide health education activities. Therefore, the participants must be conscious of what they have learned. The need to find out or evaluate what the patient or group learns is not new. Learning how to do it might be. The following session is designed to help participants identify ways to assess learning.

Session 22

What was Learned?

Purpose: To identify ways to assess what is learned

Method: Group work

Materials: ☑ Newsprint and marking pens
☑ Sheets of writing paper for note-taking
☑ Instructions for the role play

Preparations: ☑ IDENTIFY two participants to give a role play and brief them
☑ REPRODUCE instructions for the "Role Players" and the "Group Assignment"

Learning Activities **Time: 1 hour 45 minutes**

1. BEGIN with a role play of an individual patient education session. One participant should be the health worker, the other the patient. ASK them to make the session as good as possible from their point of view. MAKE it realistic, however. It should not take a long time, since they would not have much time in their own work setting. The play should deal with a problem presented by the patient and the solution or advice should be given by the health worker. TAKE just five minutes to plan it.

   ASK the other participants to observe closely and take notes during the presentation. Have them note:
   — what is the health worker learning?
   — what is the patient learning?

2. When the role play has finished:

   ASK the person who played the health worker what (s)he learned from the patient.

   ASK the person who played the patient to identify what (s)he learned during the session.

   FACILITATOR: WRITE THE RESPONSES ON NEWSPRINT AND HAVE THE PARTICIPANTS WRITE THEM DOWN.

3. DIVIDE the participants into appropriate group sizes and ask them to work in separate places (at separate ends of the room or in separate rooms, if space permits). The following activities should take place in each group:

   a) Review what the health worker learned from the patient.
   b) Add additional things they felt the health worker learned based on the group's notes.
   c) Review what the patient learned from the session.
   d) Add additional things the patient learned based on the group's notes.
   e) Discuss whether it is important for the health worker to know what the patient has learned? Why? If the answer is "yes," what questions could the health worker ask the patient, to find out what (s)he has learned? MAKE a list.

4. Bring the groups together and ask one person from each group to share the answers to (b), (d), and (e). Record the points from (e) on a fresh sheet of newsprint with a title such as "QUESTIONS THAT HELP TO ASSESS LEARNING."

Role play directions: COPY AND CUT IN HALF
GIVE ONE COPY TO EACH PLAYER

Instructions for Role Players

Plan a role play of an individual patient education session. One person should be the health worker, the other the patient. Make the session as good as possible, from your own point of view, but make it realistic. It should not take a long time, since you would not have much time in your own work setting. The play should deal with a problem presented by the patient and the solution or advice should given by the health worker. Take just five minutes to plan it.

Session 22 Part III

Instructions for Role Players

Plan a role play of an individual patient education session. One person should be the health worker, the other the patient. Make the session as good as possible, from your own point of view, but make it realistic. It should not take a long time, since you would not have much time in your own work setting. The play should deal with a problem presented by the patient and the solution or advice should given by the health worker. Take just five minutes to plan it.

Group Assignment directions: MAKE ONE COPY PER TWO PARTICIPANTS
CUT IN HALF AND DISTRIBUTE

Instructions for the Group Assignment

a. Review what the health worker learned from the patient.
b. Add additional things you feel the health worker learned from the group's notes.
c. Review what the patient learned from the session.
d. Add additional things you feel the patient learned.
e. Discuss whether it is important for the health worker to know what the patient has learned? Why? If the answer is "yes," what questions could the health worker ask the patient, to find out what (s)he has learned? Make a list.

Part III Session 22

Instructions for the Group Assignment

a. Review what the health worker learned from the patient.
b. Add additional things you feel the health worker learned from the group's notes.
c. Review what the patient learned from the session.
d. Add additional things you feel the patient learned.
e. Discuss whether it is important for the health worker to know what the patient has learned? Why? If the answer is "yes," what questions could the health worker ask the patient, to find out what (s)he has learned? Make a list.

Part IV
Using Concepts and Skills to Work with Individuals

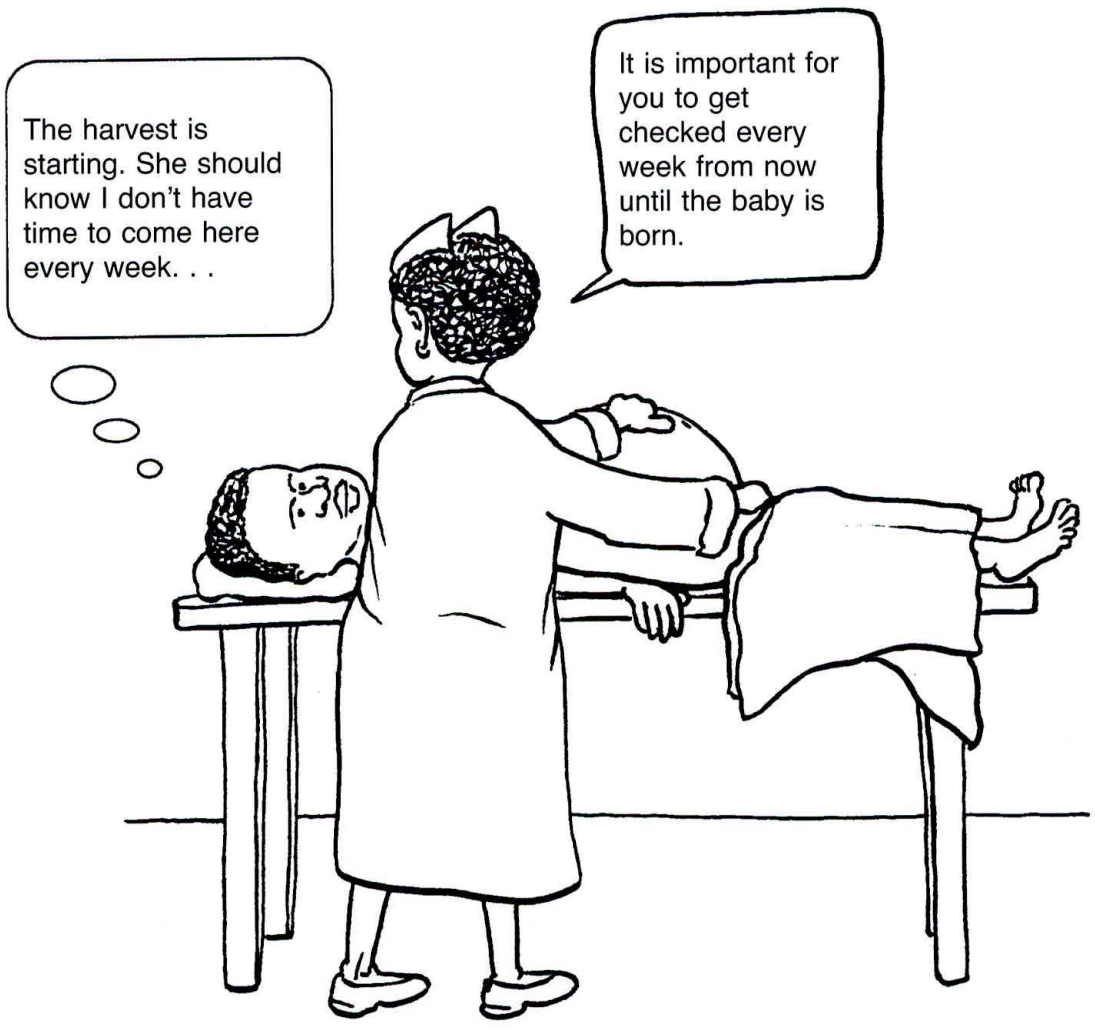
An Individual Patient Education Process

Background for the Facilitator: Part IV

So far, the participants have examined ideas and concepts, learned new things from their past experiences, and reviewed skills needed for effective communication. Now it is time to begin using this information.

The following activities are designed to help the participants organize and use what they have learned. Although the activities focus on what and when the patient, client, or caretaker has learned, the health workers should realize they must learn from the patient before they can teach effectively. Thus, the process is not only for the benefit of the patient, but also for the health worker.

Health workers must learn from their patients before they can communicate.



Session 23
Identifying Steps in the Process

Purposes: To help participants make a clear goal for their health education activities with individuals

To enable participants to design a process they can use for individual patient education

Methods: Large group task

Materials: ☑ Newsprint and marking pens

Learning Activities **Time: 1 hour**

1. ASK participants this question: "What do you want to be able to achieve with individual patients or caretakers regarding health education?" You may need to explain that a caretaker is a person who accompanies a patient or client, such as the mother of a child, an "auntie," the father, a sister, or significant other person.

   WRITE their goal on newsprint and post it.

   The discussion should include comments about the patient or caretaker such as:
   - *does (s)he know what the disease or problem is?*
   - *can describe how to give or take medicines and other treatment correctly at home?*
   - *can they spot danger signs or side effects?*
   - *does know what to watch for and what to do if found?*
   - *does know when and where to return?*
   - *does understand why returning is important and who s(he) is to see?*

2. DESCRIBE the following task. DESIGN a model process to be used by any health worker when offering individual patient education.
3. ASSIST the participants in developing their own process for working with individuals. Begin thinking together from the time a patient arrives in the examining room:
   - What should happen first?
   - What should the health worker do or say?
   - What should happen next? What should the health worker do or say?

   On newsprint, WRITE each action, question or statement.

Below is a list of skills for individual patient education. Use it as your resource to be sure major steps are included. **The list should serve only as a guide for the facilitator.**

Individual Patient and Caretaker Education Process Guide

- *ASK – Ask questions*
- *LISTEN – Listen attentively to responses and answers to develop an understanding of happened and what the person knows*
- *EXAMINE – Examine the patient – look, listen, and feel*
- *IDENTIFY – Identify* ***essential*** *points this patient or caretaker must know in order to care for or prevent the problem – remember the importance of customs, beliefs, and attitudes*
- *SELECT – Select short, simple ways to present these essential points*
- *DEMONSTRATE AND DESCRIBE – Demonstrate and describe what the patient or caretaker needs to do*
- *EXPLAIN – Explain the actions and reasons* ***why*** *they should be done*
- *ASSESS – Assess the patient's understanding by asking appropriate questions, or asking for a return demonstration*

4. Have the participants identify concepts and skills they used in this process that were discussed in previous sessions. WRITE them on newsprint.

Session 24

Does the Process Work?

Purpose: To check the effectiveness of the individual patient education process developed in the previous session

Make adjustments where necessary

Methods: Role play and discussion

Materials: ☑ Newsprint and marking pens
☑ Props as identified by the groups to represent stations in the clinic
☑ Patient record cards, paper and pens, one of each per participant

Preparations: ☑ REPRODUCE the ''Questions for Group Discussion'' and DECIDE how many volunteers should participate in the role play
☑ MAKE one copy for each volunteer

Learning Activities **Time: 1 hour 30 minutes**

1. ASK for volunteers to participate in a role play. There should be one volunteer to play the part of each person working in an average clinic in your area, plus one volunteer to play the patient or caretaker. TAKE them aside to plan their presentation. GIVE them directions and about 10 minutes to prepare.

Directions:

Part I:

- Choose a typical disease or illness seen in the health center. As a group, decide the following details and write them on the ''Patient Record'' card.
  — describe your patient by age, sex, address, and so forth
  — what is the chief complaint or problem?

Part II:

- Using the process you have just designed, role play the care that an individual patient or caretaker will receive as (s)he passes through the facility
- Begin with the moment the patient or caretaker enters the clinic:
  — what does the patient do or say?
  — what do the health workers do or say?
- Be sure to cover all the activities in the process – remember you are seeing this person in the clinic and your time is very limited

2. Present the role play

3. Have the participants break into groups to discuss the following:
   - Did the players use the process you designed?
   - Did the process work?
   - Was it possible to follow?
   - Was it effective?
   - Practical?
   - What changes or adjustments may be needed in the process?
4. Let the groups come together and REPORT their answers to the above questions. DISCUSS and make final adjustments to the process. WRITE the final version of the process on newsprint. If possible, make copies for the participants to take back to their work sites. If it is not possible, encourage the participants to make copies of the process and keep it.

Directions for the volunteers: MAKE ONE COPY PER TWO VOLUNTEERS
CUT IN HALF AND DISTRIBUTE

Directions for Volunteers

1. Choose a typical disease or illness seen in the health center. As a group, decide the following details and write them on the "Patient Record" card.
   - Describe your patient by age, sex, address, and so forth
   - What is the chief complaint or problem?
2. Using the process you have just designed, role play the care that an individual patient or caretaker will receive as (s)he passes through the facility.
   - Begin with the moment the patient or caretaker enters the clinic
     — what does the patient do or say?
     — what do the health workers do or say?
   - Be sure to cover all the activities in the process – remember you are seeing this person in the clinic and your time is very limited

Session 24 Part IV

Directions for Volunteers

1. Choose a typical disease or illness seen in the health center. As a group, decide the following details and write them on the "Patient Record" card.
   - Describe your patient by age, sex, address, and so forth
   - What is the chief complaint or problem?
2. Using the process you have just designed, role play the care that an individual patient or caretaker will receive as (s)he passes through the facility.
   - Begin with the moment the patient or caretaker enters the clinic
     — what does the patient do or say?
     — what do the health workers do or say?
   - Be sure to cover all the activities in the process – remember you are seeing this person in the clinic and your time is very limited

Group Discussion Instructions: MAKE ONE COPY PER THREE PARTICIPANTS
CUT APART AND DISTRIBUTE

Questions for Group Discussion

1. Choose a person to take notes for your group. The notes will be presented when the class reconvenes.
2. Answer the following questions about the role play you saw as part of this session:
   - Did the players use the process you designed?
   - Did the process work? Was it possible to follow?
   - Was it effective? Practical?
   - What changes or adjustments may be needed in the process?

Part IV Session 24

Questions for Group Discussion

1. Choose a person to take notes for your group. The notes will be presented when the class reconvenes.
2. Answer the following questions about the role play you saw as part of this session:
   - Did the players use the process you designed?
   - Did the process work? Was it possible to follow?
   - Was it effective? Practical?
   - What changes or adjustments may be needed in the process?

Part IV Session 24

Questions for Group Discussion

1. Choose a person to take notes for your group. The notes will be presented when the class reconvenes.
2. Answer the following questions about the role play you saw as part of this session:
   - Did the players use the process you designed?
   - Did the process work? Was it possible to follow?
   - Was it effective? Practical?
   - What changes or adjustments may be needed in the process?

Part V

Using Concepts and Skills to Work with Groups

A Group Process

Background for the Facilitator: Part V

Just as it is possible to develop a process for individual patient education, it is possible to design a process for working with groups. First, the participants should identify their goal for health education with groups. What do they want to achieve? Then you can role play a session helping them to identify steps, develop their own group process, and try it.

Working With Groups

Session 25

Identifying Steps in the Group Process

Purpose: To identify a goal for health education when working with groups

To identify steps in the group process

Methods: Group discussion and role play

Materials: ☑ Newsprint and markers
☑ Script for the demonstration process
☑ Doll baby

Preparations: ☑ CHOOSE one facilitator to lead the role play
☑ SELECT another facilitator to take notes on newsprint for the group
☑ READ the script and practice it before the session
☑ ARRANGE chairs in a semi-circle

Learning Activities **Time: 30 minutes**

1. ASK: "What do you want to be able to achieve with groups in health education? Let us plan a goal." LEAD the discussion. WRITE the goal on newsprint and post it.

   The goal statement may include:
   - *to create awareness of a problem*
   - *to understand the cause(s) of a common problem*
   - *to create awareness that a problem can be prevented or solved by doing certain things*
   - *to decide together how to remove the cause or solve a problem*

2. PRESENT the model group session, involving everyone in the role play. The facilitator, who has practiced his or her part, should play the role of the health worker. The participants should play the people who come to the clinic for services. Another facilitator should participate in the mini-dramas and take notes of the proceedings on newsprint. The notes will help in the discussion to follow.

   Model Group Session
   Setting: The waiting room in an average clinic in your area
   The Audience: People who have come to the clinic for services. Most are mothers with "well babies"
   The Problem: Malaria
   Present the discussion starter. Two facilitators should perform the mini-drama.

Discussion Starter
(Mini-Drama)

This brief drama was created by health workers in Nigeria.

A woman goes to visit a friend. The friend is holding a baby. The woman observes that the mother is miserable. They speak.

Friend: "What is wrong with you? Why are you so unhappy?"

Mother: "My child is very sick. She refuses to eat. The body is so hot, yet she is shivering and vomiting. I don't know what to do."

Friend: Touches the child with the back of the hand. "Oh! The body is really very hot!"

Mother: Sounding very worried says, "What am I going to do?"

STOP THE PLAY!

Note to the Facilitator: Session 25

Can you see that if you were to continue, the friend would probably advise the mother to go to the clinic? This would be providing a **solution** rather than just highlighting the **problem**.

☒ Ask questions and listen. In this step, the leader must ask questions allowing him or her to listen. On the left side of the "Questions to the Group" example are questions to guide you. When practicing, put the questions in your own words and think about additional questions to ask.

☒ On the right side of the "Questions to the Group" example are things that might be learned when you listen. They are not intended to be part of what you present, but rather a guide to help you evaluate what you are learning from the group's responses. You should learn much more than just the answers to these "learning questions."

Questions for the Group	Listen to Learn
What did you see in this play?	Did the drama show fever as intended?
What was the problem with this child?	Is this a common experience for mothers? Do people recognize it quickly?
Has anyone seen or experienced this problem before?	Is it **their** problem? Is it a **common** problem? How do people look at it? What has been their experience?
What was it like?	What have people experienced with fever? How does malaria make people feel? Does fever worry or frighten people? Why?
What did you do?	What is the common action that people take? Do mothers think first about coming to the clinic for help? About tepid sponge? Do they wait to see if it will go away? What do adults do?
What do you think causes it?	Do people realize malaria is frequently the cause of fever? Do they realize mosquitoes carry the disease?

☒ Provide additional information. The information you provide will depend on what you learned while listening. Try to "marry" the ideas brought by the group with your knowledge of malaria. If there are gaps in the basic information, then share information to fill the voids.

Be sure the information you give is accurate. For example, we know today that *Anopheles* mosquitos cannot easily be controlled in Africa by just removing breeding sites. Experts now believe that personal protection against mosquito bites is the best preventive measure available.

Past advice of getting rid of breeding places has little impact because the mosquitos can fly great distances to get human blood. Likewise, insect sprays and coils provide only very temporary protection. Their effect ends long before the mosquitos leave.

Some examples to help you begin are listed below:

EXAMPLE A: We see a lot of children with fever here in the clinic. Most of the fevers are caused by malaria. To connect the fever to the mother's experience, you can say something like:
"Have any of you brought your child here with fever?"
"Did we give you some chloroquine – those bitter tablets to give your child every day for three days?"
"What did you do for your child in addition to giving the medicine?"

EXAMPLE B: If some people in the group knew to give a tepid sponge bath for fever, you may want to help the entire group understand when and why to do this. Ask questions such as:
"When you realize your child has a fever, does it make you worry? Why?"
"Is it good for the body to be hot?"
"How can you cool the body? What can you do?"

EXAMPLE C: To help people understand how to protect children from malaria, discuss statements such as:
"Mosquitoes carry the malaria and give it to people. Mosquitoes are our enemy."
"Where do mosquitoes live?"
"They live in the house, hiding in dark places during the day and feasting on people at night."
"They live in tall grass, banana and papaya trees, and other moist places."
"In the evening when the sun is gone, they come out of hiding and bite people."

Work with the group to look for solutions. "How can we...?" is the most important question.

Special Note to the Facilitator: Session 25

In a real group session, you should not look, listen, or provide ALL of this information in one discussion. It takes time, probably several discussions, for people to understand and value all of this information.

Solution Examples:

(A) Ask: "If no mosquitoes bite my baby, will he be likely to get malaria?"
Discuss the following ideas. Points to listen for and possibly share include:

"If you can keep mosquitoes from biting you, malaria will not trouble you."
"How can we protect ourselves from mosquitoes?" Some ways are:
— close windows and doors when the sun is going down
— put screens on all windows and doors
— be sure mosquitoes cannot fly in under the roof and get in the house

— use mosquito nets over the beds of all people in the household, especially beds where babies and young children sleep
— keep the body covered well, especially in the evenings

(B) Ask: "Is it possible for us to get rid of the mosquitoes?"
Points to listen for and possibly share in the discussion include:
— we have used insect sprays and mosquito coils, but these only work for a very short time, soon the mosquitoes return

Protecting the body at night, so mosquitoes cannot bite is the best defense against malaria.

END the session. REVIEW the most important things said in the discussion. Thank everyone for participating and wish them freedom from malaria.

Special Note to the Facilitator: Session 25

Explain to the participants that the last step in the process is called "evaluation." It is critical to evaluate group learning and its impact on health in order to make health communications work.

☒ Evaluate learning. But when, where, and how will this be possible? Evaluation possibilities will depend on the topic itself. Brainstorm on possible ways, times, and places to evaluate this session.

3. ASK the participants to review this session and identify the steps you took to learn about group process. Remember, they will have their own ideas.

The basic steps should include:
Present the discussion starter
Ask questions and listen
Provide additional information
Work with the group to look for solutions
Evaluate learning

Session 26

Practicing the Group Process

Purpose: To provide participants with an opportunity to try their group process

Method: Small working group

Materials ☑ Newsprint and markers

Preparations: ☑ MAKE copies of the group directions

Learning Activities **Time: 50 minutes**

1. EXPLAIN that participants will be divided into groups of five or six persons. Each group will IDENTIFY a problem related to a topic on the list. Group members must CHOOSE who will lead the presentation. All others are members of the group and should actively participate.
2. ASK the participants to MOVE into their groups. READ the directions to plan their role play.
   - Identify the problem related to one of the following topics:
     — diarrhea
     — immunizations
     — malaria
     — acute respiratory infection (ARI)
     — infant nutrition
   - Identify one person in your group to play the "health worker" and lead the discussion
   - Plan the presentation together – use the process
   - Since all but the "health worker" are to play members of the group in the clinic, you may plan some of your responses
   - How long should your presentation take? Why?

Note to the Facilitator

If the group asks you for the "correct" answer, "10 minutes," or at most, "15 minutes," is the intended response.

3. INVITE each group to present their role play.
4. DISCUSS:
   - Does the process work?
   - How can we improve it?
   - Will you try it when you return to your work site?

Write important points or revisions in the process on newsprint and post.

Directions: MAKE ONE COPY FOR EACH TWO PARTICIPANTS
CUT APART AND DISTRIBUTE

Group Directions:

Take 20 minutes to plan:

1. Identify the problem related to one of the following topics:
   - diarrhea
   - immunizations
   - malaria
   - acute respiratory infection (ARI)
   - infant nutrition
2. Identify one person in your group to play the "health worker" and lead the discussion.
3. Plan the presentation together using the process. Since all but the "health worker" are to play members of the group in the clinic, you may plan some of your responses, as well.
4. How long should your presentation take? Why?

Session 26 Part V

Group Directions:

Take 20 minutes to plan:

1. Identify the problem related to one of the following topics:
   - diarrhea
   - immunization
   - malaria
   - acute respiratory infection (ARI)
   - infant nutrition
2. Identify one person in your group to play the "health worker" and lead the discussion.
3. Plan the presentation together using the process. Since all but the "health worker" are to play members of the group in the clinic, you may plan some of your responses, as well.
4. How long should your presentation take? Why?

Part VI

Setting Goals for the Work Place

Background for the Facilitator: Part VI

Participants will need to practice individual and group processes over a period of several months to begin to learn how, as individuals, they can use them effectively. Each person enjoys unique gifts and talents. But every person cannot be talented or gifted in every skill. Very personal ''styles'' will be developed.

It is helpful for participants to think about how they work and what they want to accomplish when they return to their work sites. Before the end of the workshop, each participant should write a ''Plan of Activities'' they hope to accomplish before coming to a follow-up meeting. In addition, each participant should take home a notebook or copybook, specifically for making notes about his or her activities.

Session 27

Writing Individual Work Plans

Purpose: To develop a ''Back Home Action Plan''

Method: Individual work

Materials: ☑ Notebooks, one for each participant
☑ Copies of:
— ''Record of Learning''
— ''Planning Questionnaire''
☑ Paste
☑ Scissors

Preparations: ☑ MAKE copies of the ''Planning Questionnaire'' and the ''Record of Learning''
☑ CUT to size and PASTE them in the front of the participants' notebooks

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Learning Activities **Time: 1 hour**

1. EXPLAIN the following to the participants:
   - Everyone is invited to return for a follow-up meeting after (give the planned time frame) to share their experiences and what they have learned about this approach to health education
   - Each participant should think about what will be possible to accomplish in individual and group sessions before the follow-up meeting
   - Everyone should plan to work with at least two individuals each week and keep notes on the experience
   - Participants should each try to do at least four group sessions and keep a record of them before the follow-up meeting
2. PROVIDE a copy of the ''Planning Questionnaire'' and a notebook (with the ''Record of Learning'' pasted inside) to each participant. ASK them to take 30 minutes to think about and answer the following questionnaire. Answers may be written in the notebook or on paper if it is clipped into their notebook. It should be kept as their permanent record.

   Planning Questionnaire:

   ☒ Before the follow-up session, how many individuals will you try to help by using the process that was developed here?
   ☒ What will you need to do to organize a group session when you return to your working place?
   ☒ What group(s) will you work with?
   ☒ Where will you meet them?
   ☒ When will you meet them?

- ☒ How many sessions will you plan before the follow-up meeting?
- ☒ How will you decide the topics that will be discussed? Who will assist you? (Remember the topics should be identified beforehand, so that you can prepare discussion starters.)
- ☒ What special resources will you need to be able to conduct the group sessions?

3. To help the participants carefully look at and think critically about the previous sessions, PASTE "Keeping a Record of Learning" inside the cover of the notebook for a quick reference. They will learn from reviewing their individual and group discussion sessions. ASK the participants to go over the questions with you. EXPLAIN when they keep a record of their experiences, they should try to include all relevant information. Is there additional information for record keeping? Make additions to the list.

Keeping a Record of Learning

Individual Process:

1. What was the problem?
2. What questions did you ask?
3. What did you learn from the patient or caretaker?
4. What were the essential bits of information you received to help solve the problem?
5. What were the conflicts or similarities in the customs, beliefs, or practices?
6. What information did you give?
7. Was it possible to evaluate the person's understanding? How did you evaluate it? What did you find?

Group Process:

1. What problem did you choose to discuss?
2. Why did you choose this problem? Whose problem was it?
3. What was your discussion starter?
4. What questions did you ask?
5. What did **you** learn from the group?
6. What were the essential bits of information you shared to help people solve the problem?
7. What was the solution identified by the group?
8. Did you evaluate? How? What did you find?

4. SCHEDULE the follow-up meeting to allow participants to share experiences and learning. Set the date before the participants depart, if possible.

Planning Questionnaire: MAKE ONE COPY FOR EACH PARTICIPANT
CUT APART AND DISTRIBUTE

Planning Questionnaire

1. Before the follow-up session, how many individuals will you try to help by using the process developed here?
2. What will you need to organize a group session when you return to your working place?
3. What group(s) will you work with?
4. Where will you meet them?
5. When will you meet them?
6. How many sessions will you plan before the follow-up meeting?
7. With whom and how will you decide the topics that will be discussed? Remember to identify topics beforehand, so you can prepare "discussion starters?"
8. What special resources will you need to conduct group sessions?

Session 27 Part VI

Planning Questionnaire

1. Before the follow-up session, how many individuals will you try to help by using the process developed here?
2. What will you need to organize a group session when you return to your working place?
3. What group(s) will you work with?
4. Where will you meet them?
5. When will you meet them?
6. How many sessions will you plan before the follow-up meeting?
7. With whom and how will you decide the topics that will be discussed? Remember to identify topics beforehand, so you can prepare "discussion starters?"
8. What special resources will you need to conduct group sessions?

Keeping a Record of Learning: PASTE INTO A NOTEBOOK
MAKE ONE COPY PER PARTICIPANT

Keeping a Record of Learning

Individual Process:

1. What was the problem?
2. What questions did you ask?
3. What did you learn from the patient or caretaker?
4. What were the essential bits of information you had that could help solve the problem?
5. What were the conflicts or similarities in customs, beliefs, or practices?
6. What information did you give?
7. Was it possible to evaluate the person's understanding? How did you evaluate? What did you find?

Group Process:

1. What was the problem you chose to discuss?
2. Why did you choose this problem? (Whose problem was it?)
3. What was your discussion starter?
4. What questions did you ask?
5. What did *you* learn from the group?
6. What were the essential bits of information you shared to help people to solve the problem?
7. What was the solution identified by the group?
8. Did you evaluate? How? What did you find?

Tips for the Facilitator

This workshop is designed for experienced health workers who would like to improve their health communication skills. We imagine they find the old methods are not terribly successful and they are uncomfortable using them. The workshop activities in *Communicating About Health* provides an opportunity for health workers to consider situations, examine their experiences, and invent new ways of helping people to solve health-related problems.

Even though you may be an experienced facilitator, some general tips and information on conducting workshops are included here as a refresher for you. This information has been accumulated from the experience of people working in many countries.

Training or Facilitating?

This workshop has been designed as a teaching and learning session for facilitators and participants. It is not a training exercise. What is the difference between training and facilitating?

A trainer's job is to provide well defined content to students to help them achieve specific learning objectives. Most training is linked to a job the trainee is required to do. The content is very precise. The trainer has little freedom to explore topics or ideas. Questions asked by a trainer usually have specific, ''correct'' answers.

A facilitator's job is to lead or guide a process for the purpose of helping a group discuss and explore their own topic. The facilitator knows the direction in which the group should move, but there are no specific objectives. Instead, each activity has a **purpose**. The facilitator does not control the content. It is determined as the process proceeds. The facilitator is not responsible for answers, but for asking questions which stimulate the participants to reflect on their experiences.

This workshop requires you to function as a facilitator rather than as a trainer.

Organize the Workshop Community

In every community that operates smoothly, members have taken responsibility for various functions. They work together, sharing beneficial group tasks and building a sense of community. This applies to the workshop, too. Any of the suitable and needed jobs listed below can be delegated to participants on the first day of the workshop. If you use these ideas, your responsibility as facilitator is to:

- Clearly explain each committee's job
- Ask for volunteers, then simply inform the members when work is needed
- Post a ''list of committees''

After posting a list of committees near the registration table, ASK each participant to sign up to serve on one of them. Committees can choose the person who will act as their liaison with the facilitators.

Suggested Committees:

- **The job of POSTING:** To be in charge of all newsprint and other visual aids used during the workshop. At the end of each session, the posting committee must be responsible to place the written notes from the session on the wall of the meeting room. The committee should decide how to use the space available to them.
- **The job of gathering NEWS:** To listen to radio or read newspapers for the previous 24 hour period and give a summary to the entire group once each day. This is useful if done when the workshop gets underway each day, to help stimulate people.
- **The job of SOCIAL WELFARE OR HOUSEKEEPING:** To coordinate the day-to-day services of the workshop, such as liaise with food service, schedule adjustments, lodging, and other matters that can affect how the workshop runs. The committee should make announcements or give messages at a regular time each workshop day.
- **The job of ENTERTAINMENT ORGANIZER:** This is appropriate when the workshop is residential. The organizers plan and provide entertainment when workshop activities are finished for the day. Depending upon available resources, the committee might coordinate athletic games, indoor games, trips to local places of interest, group singing, and so forth.
- **The job of PHYSICAL ARRANGEMENTS:** To assist with the workshop space arrangements. Participants can reduce the burden of workshop organizers greatly. When special "props" are required, this committee can be sure they are in place. If the meeting space must also be used for eating, they can be responsible for rearranging chairs and tables to meet the needs. The facilitators must make sure the committee knows what is required.

Committees are a very effective way to spread the responsibility of running a workshop and creating a sense of community if the participants are clear about their responsibilities and well informed when their contributions are needed.

Large Group Discussions

Discussion is a very useful learning tool, particularly when the group members have experience related to the topic being discussed. In a lively discussion, each person's contribution provides stimulation to the others so that ideas and understandings can be developed by all. Facilitators usually learn as much as anyone!

Sometimes a large group discussion is planned and intended, but participation is weak or slow. This is frustrating for facilitators. When questions fail to stimulate discussion, when they are not responded to or treated as if there were "correct answers," or when a discussion does not follow, it is easy to provide your own ideas as answers. Another poor alternative is lecturing to be sure the topic is covered. Don't!

Slow Participation

Why is participation sometimes slow? Here are some common reasons for slow responses or poor participation and suggestions for ways to improve discussion:

- **Possible reason:** Participants are shy or unsure or not used to participating groups.

Suggestion: People are often shy when they do not know the other people in a discussion group. If the participants do not know each other, use an "introduction" or "ice-breaker" exercise at the beginning of the workshop. See the section entitled "Ice-Breakers."

Suggestion: Facilitators can help the participants feel secure and at ease by following the first rule of facilitating—**Never "dump" on a response.** If someone contributes a foolish idea or says something you believe is incorrect, ask questions to promote further group discussion to get at accurate information, but be careful not to communicate feelings that the contributor was stupid or inadequate. **Guard the dignity of each participant.**

- **Possible reason:** Participants lack experience working with the topic.

Suggestion: In such cases, discussion is not the appropriate method to use. People do not learn from discussing something they are not familiar with. Since this workshop is designed for health workers who have experience in health education, but are less than satisfied with its effectiveness, the participants should have ideas and experiences to share and discuss.

- **Possible reason:** Participants are not stimulated.

Suggestion: This often happens after a meal or when participants have been working for a long period of time. After meals, try to plan for activities that require participants to move around or actively participate. If the participants have been working for a long time, take a two-minute exercise break. Have everyone stand up, stretch, and move around.

- **Possible Reason:** The purpose is not clear to the participants.

Suggestion: Be sure the purpose of a discussion is very clear in your own mind. Otherwise, the discussion may become confused or get off track and the intended learning fails to take place. Each group discussion activity described in this "Guide for Facilitators" includes a statement of purpose.

- **Possible Reason:** The participants cannot see each other clearly.

Suggestion: Be sure that each participant in a discussion group is able to see the face of each other participant. See the section entitled "Room Arrangements."

Participation By All

The facilitator should encourage all participants to contribute to the discussion. In every group there are some people who will respond to every question and talk a lot, some who contribute, and others who say very little or nothing. How can the talkative be encouraged to listen more and the quiet to contribute more? This is a difficult

problem, since you want both types of participants to be comfortable and feel valued. One technique that may help is to ask the participants a question and have them share their responses with their neighbor. Then ask for volunteers to share their neighbor's idea.

By the description of their task, facilitators will realize they should not dominate the discussion with their own contributions. It is important to correct any incorrect information shared with the group, but at the same time, the facilitator should not pass judgement on the value of ideas. Good ideas will be recognized by the group and so will bad ideas.

Questions

There are three types of questions commonly used in group discussions:

Closed: These questions call for a brief, accurate reply.
Example: What are the first three foods you encourage mothers to give their babies? There may be a variety of foods, but each person should be able to respond very specifically in a short time.

Open: These questions do not require specific or "correct" answers, but rather opinions or experiences of people. For this reason, the responses take longer. Open questions stimulate thinking and produce ideas. That makes them especially valuable in a group discussion.

Some open questions that can help stimulate discussion:

- "Do you agree that...?"
- "Why do you think that...?"
- "What experiences have you had that cause you to believe...?"

Redirected: When a question comes to the facilitator, it can be redirected to the group:
Examples:

- "What do you think?"
- "What is your experience with this?"
- "How would you deal with this situation?"

Getting Organized for Small Group Work

The participants will move into various size groups during the workshop. The amount of time it takes to do this will depend in part on the facilitator's skill in thinking ahead and giving directions. During the planning and preparation phase, the facilitators should think about the way they will divide groups, where the groups will actually meet, and so forth. Directions must be clearly and simply given when groups need to meet.

Example: "Group One will meet in this room. Group Two will go to the library. Group Three will meet in the office."

Directions for Group Work

There are written instructions for group work in each activity. Be sure each person has a copy before the discussion begins. Confusion is less likely if each person is familiar with the instructions or questions.

Time

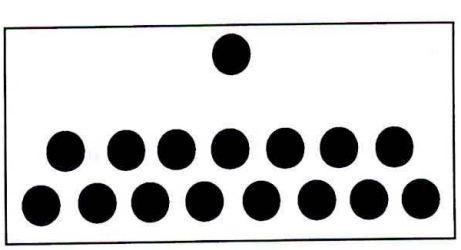
The estimated time needed for each activity is noted at the beginning. Your group may take a bit more or less time. Facilitators should be very sensitive and watch for signs that groups are finishing more quickly or need more time. Do they understand their task, or are they bored? Visit each group from time to time to keep in touch with their progress. If they are working too slowly, remind them of their time limit. If they are working very fast, check to be sure they are fulfilling the intended activities.

Physical Arrangements

The physical arrangement of the workshop space should promote interaction between the facilitators and the participants and also among participants.

The following "Room Arrangement" information is suggested in *Training for Transformation: A Handbook for Community Workers,* by Anne Hope and Sally Timmel:

- Research shows the arrangement of a room has a strong effect on the participation in a discussion. Those who can see all the other faces are at an advantage and those who cannot are at a disadvantage. If people are sitting in straight rows, it is very unlikely a good discussion will develop between them, because they cannot see faces. Most questions and comments will be directed to those facing the group.
- Every effort should be made to enable the participants to sit in one circle where everyone can see all faces. If the circle becomes so large that people cannot hear each other, it is better to have two concentric circles, or horseshoe shaped semi-circles, if there are wall charts.



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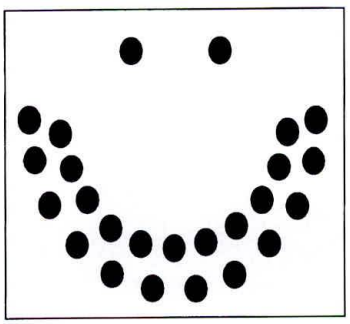
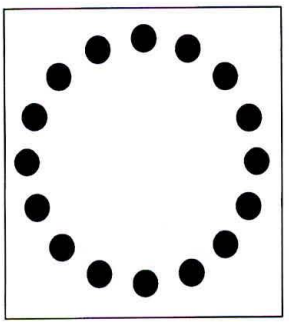


BETTER
(for large groups only)



BEST

Group Size

The participants are to learn through their own past experience, especially by discussing questions you pose. Discussions can take place in a large group, in smaller groups, or between two participants. This information is also from *Training for Transformation; A Handbook for Community Workers*, and is useful in determining the appropriate size of a group for specific activities:

> The majority of people find it difficult to speak in a big group of strangers. Also there is usually not enough time for everyone to speak. Therefore, if everyone is to participate actively, small groups are essential.
>
> The majority of people find it difficult to listen very attentively for long periods. Therefore, talks should be short and people should be given an opportunity to discuss a topic or issue in small groups.

We all remember much better what we have discovered and said ourselves than what others have told us. Therefore, participants should be given questions leading them to express all they have learned from their own experience first. This needs to be done in small groups.

A resource person or facilitator can briefly sum up the points from each group and add their own insights later, instead of taking a long time to tell people what they know.

Pairs are useful for:
- — interviews
- — intimate sharing
- — practicing some skills (e.g. listening or feedback)
- — a quick "buzz" with one's neighbor to stir a passive, sleepy group into action

Three's are very useful for:
- — getting everyone thinking and participating actively, as one can be passive in a group of five but it is unlikely in a group of three
- — testing out an idea one is hesitant to present to the full group
- — If two people think it is worthwhile one might risk saying it to the whole group

Four's, Five's and Six's: Will add a bit more variety for sharing ideas and insights. Four, five or six can be a good size for a planning team, a film discussion group, or a more complex situation. However, the bigger the group becomes, the longer the discussion and the decision making process.

Six to Twelve: This is a good size for sharing ideas when there is plenty of time for the group, such as a regular study or discussion group. But at this point, a group begins to need an appointed (or accepted) animator or leader. All members should try to be sensitive to the needs of the group.

Thirty:A group this size can develop a community spirit in a 4-5 day workshop. Most people will be able to participate actively in whole group sessions. As the group gets bigger, however, this becomes more difficult. It

will be necessary with groups this size to break into smaller groups for different purposes.

Rule of Thumb: The bigger a group, the more skillful leadership and definite structure it needs for everyone to contribute freely and feel satisfaction during the meeting.

Visual Aids

Since our goal is to stimulate reflection and encourage the participants to develop specific understandings, the most useful visual aids are the ideas and information generated during the discussions, written on newsprint (large paper or flip chart paper). Use newsprint and marking pens liberally! Save all the written ideas and information and post them on meeting room walls. (See the section entitled "Use of Newsprint.")

Ice-Breakers

If participants arrive at the workshop and do not know each other, it may be as if they were covered in a layer of ice – they are not warm and friendly to fellow participants and are hesitant to speak, because they do not know them. Ice-breakers are exercises helping the participants and facilitators become acquainted with each other, therefore promoting interaction and communication.

The ice-breaker suggested can be accomplished quickly. It will use only limited workshop time. Other very excellent ice-breakers are described in *Training for Transformation: A Handbook for Community Workers*, listed at the end of this section.

Ice-Breaker Exercise

1. Before the workshop begins, MAKE up a list of questions that will help participants get to know each other. You might include:
   - "Who are you?"
     Name? Age? Family particulars such as married or children?
   - "Where are you from?" Present residence? Birthplace? Other background information?
   - "What do you do?" Present job assignment? Educational background? Attended school where?
   - "Qualifications?"
   - "What part of your job is most interesting to you?"
   - "Why are you here?"
2. GIVE each participant a sheet of paper with the questions at registration. You might wish to have participants fill in their own information **OR** you may ask them to find someone they do not know to learn about and "interview."

3. Ask participants to choose a person they do not know and either introduce themselves **OR** interview this new person. Interviewing can be done during registration, as the participants gather, or during the first tea break.
4. Once the participants meet one another, have ''introductions'' next on the agenda. ASK each participant to introduce his or her new friend by sharing the answers to the questions on the paper.

When participants have a good idea who their fellow participants are, they are more likely to feel free to speak and participate.

Use of Newsprint

This section is adapted from *Training for Transformation: A Handbook for Community Workers*. Recording on newsprint is another important skill and not as easy as it looks. It is very helpful when the group needs a list of the main concerns, the agenda for a meeting, or the main insights from an exercise. When people see their suggestions written down they get a sense their contributions are taken seriously. This, in turn, fosters a feeling of trust.

Since the writer has his or her back to the group most of the time, two people are needed: one to encourage sharing group ideas and one to write. When using newsprint one should:

- Try to summarize each contribution in a few words,
- Use, when possible, the key words of the participants so they recognize their own contributions
- Avoid slowing the process by constantly asking what to write
- When people in the group start dictating to the writer, the main point may be lost

A visual record is important to keep ideas and goals clear. **Too much newsprint can be a distraction.** Sometimes it is best to limit what is written. For example only write the practical suggestions for action, not every point discussed by a group.

The main purpose of newsprint is to keep a record that the group can use later.

Suggested Resources for Facilitators

1. *Training for Transformation*, A Handbook for Community Workers, A. Hope, S. Timmel and C. Hodzi, Mambo Press, Gweru, Zimbabwe, 1984. (Books 1-3)

Distributed by:
Mambo Press
P.O. Box 779
Gweru, Zimbabwe

2. *Tools for Community Participation*, A Manual for Training Trainers in Participatory Techniques, Lyra Srinivasan, PROWWESS/UNDP, New York, 1990.

Distributed by:
PACT, Inc.
777 UN Plaza
New York, N.Y. 10017

3. *Health Care Together*, Training Exercises for Health Workers in Community Based Programmes, edited by Mary P. Johnston and Susan B. Rifkin, Macmillan, London, 1987.

Distributed by:
TALC
Box 49
St. Albans,
Herts AL1 4AX
United Kingdom

4. *From the Field*, Tested Participatory Activities for Trainers, compiled by Catherine D. Crone and Carman St. John Hunter, World Education, New York, 1980.

5. *Options for Educators*, A monograph for Decision Makers on Alternative Participatory Strategies, by Dr. Lyra Srinivasan, PACT Communications, New York, 1992.

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