THE REPUBLIC OF UGANDA
Ministry of Health

Non Communicable Diseases

FACILITATOR’S GUIDE FOR NCD TRAINING

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WORLD DIABETES FOUNDATION
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Introduction

This facilitator’s guide is for skill-based training in NCD Management. It includes how to run the training course, use the case management and health education desk guide, the training sessions, and the recording and reporting tools.

Note

1. The NCD Case Management and Health Education Desk Guide will improve the heath worker's knowledge and skills in NCD management.
2. Give participants the desk guide and training module at least one day before the training. Instruct them to read the desk guide in advance.
3. Every facilitator should have a copy of the facilitator’s guide, which is the same as the participant's Session, but with additional material for answering questions.
4. Before running the workshop in your own region/facility, you will have to participate in a workshop to observe how other facilitators run the course.
5. By being a participant before you facilitate a workshop, you will become familiar with the materials and training methods.
6. The workshop uses participatory approaches that encourage more interactive activities such as group discussions and role-plays.
7. You will be a facilitator rather than a lecturer.
8. It's strongly recommended that the number in each workshop is between 20-30 participants. You can decide for how many days the workshop is required and feasible.
Facilitation skills and procedures

1. **Preparing the course**
   - Book the course room and all equipment and supplies needed during the course.
   - During the course the facilitators are responsible for ensuring that the environment is suitable for learning. For example, make sure that the room is not too hot or too noisy, that the tables and chairs are re-arranged for the roll-play exercises, and that the course runs to time.

2. **Address the purpose of the training course**
   Explain:
   - Your role as a facilitator
   - That the course is designed for participants to learn to manage NCDs more appropriately. This means new skills such as improved communication and lifestyle education will be taught.
   - That this course is not based on lectures but on participants reading a few pages, then briefly discussing and doing practical exercises and role-plays.
   - That discussions and questions are welcome and seen as an important way of learning.
   - That we all have valuable experience and that it is important to learn from each other as well as from the course material.

3. **Timekeeping**
   Effective timekeeping is very important for the workshop. It can be helpful for one facilitator to lead the session/discussion whilst another facilitator monitors the time. The sessions should start and finish on time, and participants should return from breaks on time.

4. **Brief introduction and reading of each section**
   Refer to the specific section of the training Session at the beginning of each session. Please remember the symbols.

5. **Facilitating role-play**
   1. Inform participants that they will role-play in groups of 3
   2. Tell them that role-plays can enhance their understanding of what they have just
read and is the best way to teach communication skills.

3. Give clear instructions about how many participants should be in each group – this is different for different role-plays. Divide the participants into groups and make them decide who will play which role (health worker, patient, and/or treatment supporter and observer).

4. Introduce the role-play setting briefly and clearly, including time, place, people, different roles etc. Refer to the relevant pages of the desk guide if necessary. Tell them how much time is available for the role-play (e.g. around 15 minutes each). Refer to the suggested workshop timetable in the end.

5. Before starting, encourage participants to imagine the real scene, and imitate their roles’ words and behaviour, fears or worries in a proper way from the perspectives of the roles played. Remind them to consider their communication skills.

6. The observer should listen and watch carefully while also glancing at the desk guide, so that they are able to give good feedback on what was good and what could be done better by the health worker.

7. Start the role-play exercises. You should walk around every group and, if necessary, guide the role-play or provide support. Make sure participants take turns in each role (health worker, patient and observer). If you find some individuals do not speak much, encourage them to participate actively.

6. Facilitating group discussion
   - After the role-play, if you find some people are not contributing to discussions think about how you can include their opinion. Encourage them to talk.
   - Aim to share experiences and ideas learnt from the teaching and role-play exercises and from the reading and each other
   - After each role-play or reading session, encourage group discussion within small groups.
   - Remember to give more time and opportunity for your participants to speak.

7. Summarising before the lunch break
   - Summarize and emphasise the key points learnt each morning
   - Ask participants if they have any questions and discuss them
   - Do not forget to congratulate good performers
   - Encourage them to engage in active learning in the afternoon sessions
   - Announce the topics to be covered in the afternoon
   - Do not summarise for more than 15 minutes
8. **Summarising at the end of the day**

Briefly repeat the major topics learnt today, including enhancing communication skills, educating patients, selecting and preparing patient treatment supporters, follow-up interviews with patients at their home, and reviewing patients at the NCD clinic. Use less than 20 minutes.

9. **Immediate supervisory follow-ups**

- Immediate supervisory follow-ups are very important to ensure the quality of training as both a check and a reminder. Each region should visit all health facilities/NCD clinics within two-three weeks of completing the training.

- The supervisory follow-up visit should be carried out by trained facilitators. Refer to additional tools prepared by the country team e.g., the post-course supervisory checklist for details. Complete this form during the visit and give a copy to the supervised facility before leaving.

- It is natural to find problems after the training. People need time to learn and practice. Do not scold them. Give constructive feedback based on the knowledge learned from the desk guide and training Session.
KEY POINTS to being a good facilitator

DO...

- Be enthusiastic
- Encourage questions
- Watch out for people who may be struggling and offer them assistance
- Always start by giving positive feedback, even if someone is having trouble. For example: “that's a good question – many people find this a bit difficult”
- Always give a positive comment before mentioning something that could be done better, then end with a general positive comment. For example, “I liked the way you listened carefully to the patients presenting symptoms before asking specific questions, but as well as the questions you did ask, also remember to ask about duration of their cough. You have to have a sympathetic manner when talking to patients.
- Be friendly and approachable
- Use words and language that everyone will understand

DON’T...

- Lecture the class in the traditional way – just introduce and briefly summarise sections of the course at the appropriate times.
- Talk too much during group discussion sessions. Encourage and lead discussion amongst the participants instead.
- Pull faces or show surprise if someone gets things wrong – this is very de-motivating. Instead help them to see their mistake and how to correct it.
- Get distracted by other matters when the participants are working through the course – this would make you unavailable to help and you may miss the fact that someone is having difficulties
The role of facilitator

What is a facilitator?

A facilitator is someone who helps course participants maximise their learning from the course. As a facilitator, it is your role to train the health workers how to use the desk guides and deliver systematic care according to the chronic care pathway. The facilitator should ensure the course covers all the relevant material in the training sessions. It is important that the facilitator has a good understanding of the material that they are teaching.

Who can be a facilitator?

A facilitator should ideally be someone with experience of teaching or training.

Essential preparation for a facilitator

Preparation will be needed prior to the sessions to ensure that they can be delivered well. All facilitators should initially take part in the course that they are delivering so that they understand the material and how it should be presented. Each facilitator should have a copy of the facilitator guide, desk guide and module.

Before starting to deliver the course, the facilitator should familiarise themselves with the content of all the documents. Participants should also be given the desk guides and module before starting the training course and should be advised to familiarise themselves with the material.

Prior to running a course all facilitators will take part as a participant, in order to be familiar with the materials and training methods.

Teaching methods

The teaching methods used in the training sessions are participatory and skills based. They will use role play, practical exercises and group discussions. The desk guide should be used during the sessions and referenced to as indicated.

The number of participants in each session should be confined to 20-30. If there are large numbers of healthcare workers to train, then it may be necessary to hold more than one workshop or have more facilitators.
**General principles in conducting a session**

Facilitate the reading of the text with the indicated pages of the desk guides.

Signpost the participants to complete the role plays and practical exercises when indicated.

Throughout the training sessions, in particular the practical exercises and role plays, make sure you are available to answer any questions.

When participants finish practical exercises and role plays, it is important that you summarise the key points and answer any questions that the participants have.

When you give feedback on the role plays or practical exercises, always start with something positive, before commenting on areas that could be improved.

Try to encourage everyone to participate equally in the sessions. Some individuals may dominate group discussions and activities and will need to be asked to allow others to speak. At the same time, there may be some participants who don't actively get involved. It is important to encourage them to participate and create opportunities for them to do so.

Remind participants that this training is also an opportunity to learn from each other as well as through the course material.

At the end of each session, it is important to summarise briefly the information that has been covered and provide an opportunity for participants to ask any remaining questions. At the end of the day, or a morning training session, it can also be useful to give an overview of the topics to be covered in the next day, or in the afternoon.

**Performing a role play**

Each role play should be done in groups of three people. One participant will take the role of the patient, one will take the role of the health worker or health educator and the other participant should be an observer. The observer should watch the role play and take notes on good points and areas that could be improved. The observer should discuss these thoughts with the group when they have finished.

Each role play should last a maximum of 15 minutes, with 2-5 minutes of feedback and reflection. Before each role play, each participant should read the relevant section of the role play information that is provided. This will give them some information on the characters and main learning points of the role play.
As a facilitator, it is important that you make sure that the participants acting as a health worker are using the desk guide whilst they are talking to the patient. You may need to remind them.

The participants should be encouraged to imagine they are the patient or health worker in the situation and respond as they would in a real consultation in the health facility. Try to make sure that the participants take turns in playing the patient, the observer and the health worker.

**Performing a practical exercise**

Each practical exercise should be completed as an individual and should last a maximum of 8 minutes.

As a facilitator, you need to make sure the participants use the desk guides whilst they are completing the exercise. You may need to remind them which pages to refer to. Once all the participants have completed the exercise, take 2 minutes to tell the group the answers. Allow discussion and answer any questions that arise.
Participant introductions

The facilitator(s) should introduce themselves and ask the participants to each introduce themselves in turn to the rest of the group.

Explain to the participants that you and your co facilitator will;
- Guide them through the training sessions
- Answer any questions and clarify any information
- Observe the role plays, practical exercises and guide group discussion.

Introduction and objective

Ask the participants to read through the introductory sections on both the desk guide and module:
- **Desk guide**: introduction, objectives and NCDs definition (page 2, 3 and 7)
- **Module**: objectives, proposed house rules and how to use the training modules and desk guides, and activities to facilitate learning (page 3-6 of the module)

Answer any questions that the participants have.

House rules

Explain that it is important for the course to run smoothly, therefore the participants should create the house rules and all must agree to them.

Ask the participants to read through the proposed house rules and discuss and agree on the times of the course and rules during the sessions.

Add any further suggestions for house rules to the list and make sure this is written somewhere in the room so that it remains visible throughout the course.

Emphasise that all the included material and exercises must be completed for each session.

Exercises to facilitate learning

Ask the participants to read through the description of each exercise. Answer any questions that they may have on the type of exercises that you will be using in the training course.
Introductory session: Communication skills

Read out the objectives of the session and ask the participants to read through the section on effective communication in the module (Read session page 7-9, do practical exercise A on page 9 then continue reading up to page 11).

At the end of it, facilitators will do a role play on communication skills.

Two stages of effective communication

Use the following examples to talk through the two stages of effective communication.

1. Imagine a patient who is waiting to hear test results about a serious disease. An effective communicator will notice that the patient is both anxious about the result and worried that others might overhear what is being said.

2. In the above situation, the effective communicator will say some words to acknowledge the patient’s feelings and ensure that the results are given privately without interruption, and with follow up and management arranged.

This is called showing empathy. The health worker should try to remember the feelings expressed by their patients and realise that others may have similar emotions.

Communicating W.E.L.L.

Explain that communication should follow the W.E.L.L. principle.

Mark practical exercise A and discuss
Qn 1: open
Qn 2: leading
Qn 3: open
Qn 4: leading
Qn 5: open
Qn 6: closed

Organize an example role-play with co-facilitator on the following setting:
(Example of bad communication)

The facilitators act as health worker and patient with a medical complaint.
The trainees all act as observers.
The aim of this role play is to demonstrate poor communication

Keep the example role play to 5 minutes only.
Facilitator role play

A Doctor has been asked to see a patient who has come to the hospital for help. The Doctor is busy and impatient to get to the outpatient department round. He rushes in and starts talking to the patient without even greeting the patient or shutting the door. All the time he is asking questions, the health worker doesn't look at the patient but only at the records. He doesn't notice that the patient is anxiety-ridden and almost tearful. During the consultation many patients are wandering past the door looking in. Half way through the interview the telephone rings and the health worker talks on the phone for 5 minutes. After finishing on the phone the health worker looks at his watch, quickly writes a prescription, and leaves.

Even without knowing what questions the health worker asked the patient we know that he has shown very poor communication skills! This has included:

- Lack of privacy
- Allowing interruptions
- Not looking at the patient
- Not explaining things to the patient

When you have finished the role play, allow time for participants to give their feedback.

Ask participants what they observed and lead a short discussion about the problems they have identified in the role play. You can use prompts to initiate discussion:

- How would you feel if you were the patient?
- Suggest what should be improved;

Key issues for facilitator/discussion

The health worker: Poor eye contact, talks down to patient, speaks across large desk; uses long scientific words, consultation takes place in public – confidentiality issues.

The patient: Looks at floor, embarrassed and scared, aware of people listening around him, answers questions with one-word answers, cannot understand medical jargon.

Examples of good communication;

- Good eye contact
- Simple language
- Good positioning of desk (health worker’s table) and patient’s chairs
- Privacy

Therefore, a health worker with good communication skills could help patients overcome difficulties.
Session 1: Assessment and tests

Session objectives

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

- Make an assessment of a patient attending a health facility or outpatient department.
- Understand how to diagnose CVD, hypertension, Diabetes, Sickle cell disease, COPD and Asthma
- Understand which tests to choose and be able to interpret the results of the tests.
- Identify the critically ill patient requiring urgent referral

Ask the participants to read through the introduction and session objectives. Signpost the participants to the pages 10-15 of the desk guide.

Assessment of cardiovascular disease

Diagnosis of CVD

As this is the first role play for the participants, talk through the role play instructions and answer any questions.

Make sure all the participants are in groups of 3 and have decided who will play each role before beginning role play 1.

Role play 1

The participants will read and perform role play 1 in their groups. The aim of the role play is to learn about diagnosing cardiovascular disease.

As a facilitator, you should make sure that all the groups use pages 10-14 to make a decision on what to do and think about examining the patient. You may need to prompt them to do so.

After the role play, make sure the groups have discussed their feedback and answer any questions.

Key message for facilitator:
Patient has angina, heart failure, and oedema. Need urgent referral.
Participants; should be able to identify this critically ill patient, know where to refer and how to get there.
Diagnosis of Hypertension

Signpost the participants to pages 16-19 of the desk guide. Ask them to read through the pages and work through the practical exercises A and B.

Practical exercise A

This is an opportunity for the participants to learn how to take blood pressure readings. For this exercise you will need to provide each group with a stethoscope and sphygmomanometer.

Make sure the participants are recording readings correctly and that they are able to use the desk guide to identify the correct category of hypertension from the reading. This will help the participants learn how to interpret blood pressure readings and think about what to do next. Encourage them to discuss what they would do next.

Key message for facilitator
Participants look at pages 16-19 of desk guide on Hypertension diagnosis and management - includes patient education, lifestyle change and drugs.

Practical exercise B

The participants should identify that Moses is over 50 years and therefore at higher risk of diabetes. They should decide to measure the waist circumference, WHR, BMI and blood pressure. Encourage them to discuss what they would tell Moses and what they would do next, given his results.

They should decide to test blood glucose as his waist circumference is higher than 102cm so he is at high risk of NCD. His blood pressure is lower than 140/90mmHg, so they should not repeat his BP. They should not be considering a diagnosis of hypertension.

Diagnosis of diabetes

Signpost the participants to pages 22-23 of the desk guide. Ask them to read through the section and to complete the role play in their groups.

Role play 2

This should help the participants learn how to diagnose diabetes.
Each group should consider taking a blood glucose and HIV test. They should also understand why they would not take the BP or waist circumference for this patient and if they do decide to, they need to have discussed why. Each group should be able to plan to manage the patient and give some lifestyle advice. After the role play, make sure the groups have discussed their feedback and answer any questions.

Wrap up message for facilitator:
Good history taking, possible diagnoses and list of tests needed.
Re-echo the observer’s role
Diagnosis is Diabetes. But as you take history, think broadly of HIV, CaCx, STI and explore symptoms accordingly.
Make sure you always check BP and waist circumference/WHR/BMI due to increased risk in Diabetes patients.
Emphasize that measuring BP should be done routinely rather than when suspected

Ask if participants have any questions.

Practical exercise C
Practical exercise C will help the participants learn about the different types of tests that can be used to diagnose diabetes and how to interpret them.

The participants should realise that the patient cannot be diagnosed with diabetes on the basis of this blood test. They should suggest that a repeat blood glucose reading is needed to diagnose diabetes in the first instance.

For question 3, it is important that the participants realise that an FBG would not be appropriate for Sarah as she is unable to come to the clinic first thing in the morning. They should decide to do a second RBG or OGTT.

At the end of the session remind the participants of the session objectives and review whether they feel these have been achieved.

Answer any questions they may have.

Wrap up issues for facilitator:

Practical exercise C
1. What is the diagnosis? Pre-diabetes/Dysglycaemia
2. Can the patient be diagnosed with diabetes based on this blood test? **No**

3. What further action is required to make a diagnosis? **FBG**

4. Which second blood glucose test would best suit **Sarah**? **RBG/OGTT**

5. Can you confirm the diagnosis of diabetes in **Sarah**? **Yes**

6. Discuss what you will do next?

Treatment including: DM patient education, lifestyle education, assessing for complications, information on oral hypoglycaemic drugs, Diabetes foot care and complications.

**Role play 3**

Participants should learn how to identify, diagnose, manage, educate and refer sickle cell patients.

**Role play 4**

Patient very sick. Also has Right heart failure. Needs referral

**Role play 5**

Participants should be able to identify this as a very sick patient in an attack requiring urgent consultation/referral.

In the discussion, remember to educate patients about environmental factors.

Emphasize that in an attack, key medications are those that relieve (**Relievers e.g. Nebulised salbutamol**) and control (**Controllers e.g., steroids like IV hydrocortisone**) symptoms. Antibiotics and salbutamol tabs may have a limited role.

**Role play 6**

Patient has Ca cervix and moderate anaemia.

Needs referral for biopsy and diagnosis

Needs haematinics

Health education; tell the patient you suspect cancer but needs to be confirmed. Discuss referral issues; why, where and what to expect.
Written exercise for cancer

1. What other important history would you ask for? DIB, B symptoms, high fever, previous TB, HIV status, body swelling, any lesions in the skin or mouth

2. List at least 4 possible diagnoses: Pulmonary KS, TB, Ca Lung, Heart failure
Underlying HIV

3. How would you investigate this patient? CBC, HIV,
Investigate for TB; sputum analysis, CXR - look for cavities, effusion, cardiomegaly

Physical exam findings: digital clubbing, Temp 37.6 C, RR 40bpm, SPO2 = 79%
Investigations reveal he is HIV negative, sputum smear negative, CXR with pleural effusion.

4. What is the likely diagnosis? How would you confirm the diagnosis?
Ca Lung - confirmed by referral to Uganda Cancer Institute for further investigation.
Don't forget to educate on Tobacco cessation.
Discuss how to calculate pack years

1 park year = 20 Cigarettes per day per year

Park years = number of cigarettes per day/20 x number of years smoked.

Role play 7

Key issues: classical B symptoms with pancytopenia are likely to be Leukaemia or Lymphoma.
Session 2: Complications and referral

Session objectives

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

- Understand the common complications of diabetes and hypertension
- Know when patients may need to be referred to hospital for specialist care.
- Know how to record this information and how to make sure that patients are not lost to follow up.

Ask the participants to read through the introduction and session objectives.

Management and complications

Signpost the participants to the relevant pages of the desk guide;
Management and complications of hypertension pages 17-19 and 20-21
Management and complications of diabetes page 23-29 and 30-32

Ask them to read through the pages and the discussion on complications and to complete role play 8 and 9.

Role play 8

This will help the participants to understand the common complications of hypertension. Each group should decide to refer Peter to a specialist at the hospital.

Role play 9

This will help the participants to assess the common complications of diabetes and when patients may need to be referred for specialist care. Each group should work out which routine tests they would perform and decide to refer Sarah to the hospital for specialist care.

After the role play, make sure the groups have discussed their feedback and answer any questions.

Ask the patients to complete practical exercise A.

Practical exercise A – fill in the chronic care card and register provided.

Review their progress and discuss any questions.

At the end of the session remind the participants of the session objectives and review whether they feel they have achieved these. Answer any questions they may have.
Session 3: NCD recording tools

Session objectives

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

- Understand the importance of completing the chronic care card, appointment card and the patient register
- Be able to complete the relevant sections of the cards
- Be able to complete the relevant sections of the patient register
- Understand the importance of annual review and tests in Diabetes and hypertension

Ask the participants to read through the introduction and session objectives.

You may also find it useful to use the patient monitoring guidelines when working through this session.

Recording information on the chronic care and appointment cards

Signpost the participants to the chronic care and appointment cards provided. Ask them to look critically at the sections of the cards and complete practical exercise A.

Practical exercise A

Practical exercise A will help them learn how to complete the chronic care and appointment cards and what information should be recorded. Discuss any questions they have.

Recording patients with a new diagnosis in the register

Signpost the patients to the patient register and ask them to read the section and complete practical exercise B.

Practical exercise B

Practical exercise B will help them learn how to complete the patient register and what information should be recorded. It is important that the participants remember to add the date Sarah’s appointment was scheduled 2 days earlier and the date she attended the health facility (28.01.14) to the attendances section of the register. These dates should both be recorded on the patient register. Discuss any questions they have.
Recording information on the annual review card (Please note this has been merged into the chronic care card).

Signpost the participants to the chronic care card provided. Ask them to read through the page and look at the patient register, then complete practical exercise C.

**Practical exercise C**
Practical exercise C will help them to learn about the annual review of diabetes and other NCDS and the chronic care card. They should consider what assessments and tests need to be made and how this is recorded on the card.

At the end of the session, remind the participants of the session objectives and review whether they feel they have achieved these. Answer any questions they may have.
Session 4: Disease specific education

Session objectives

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

- Understand how to communicate effectively with the patient
- Provide key educational messages on major NCDs
- Remind the patient of the importance of adherence to medication.

Ask the participants to read through the introduction and session objectives.

Disease specific education

Ask the participants to read through relevant the pages and the section in the training module.

Signpost them to page 17 (Hypertension patient education) and pages 23-24 (Diabetes patient education) of the desk guide.

Ask them to complete role plays 10 and 11.

Role play 10

Role play 10 will help the participants to deliver the key educational messages to a patient with a diagnosis of hypertension. They should be reminded of the W.E.L.L. principles of communicating with the patient effectively and the role plays from the introductory session.

Role play 11

Role play 11 will help the participants to deliver key educational messages to a patient with a new diagnosis of diabetes. They should be reminded of the W.E.L.L. method for communicating with the patient effectively and the role plays from the introductory session.

After the role play make sure the groups have discussed their feedback and answer any questions.

At the end of the session remind the participants of the session objectives and review whether they feel they have achieved these. Answer any questions they may have.
**Session 5: Lifestyle advice**

**Session objectives**

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

- Deliver and effectively communicate to patients key lifestyle advice for smoking, alcohol, weight, healthy diet and physical activity.
- Understand the importance of the education leaflet where available
- Understand who to refer for health education and further discussion on these lifestyle risk factors.

Ask the participants to read through the introduction and session objectives.

It is important to remember that some health workers may also act as the health educator and need to discuss behaviour change and adherence to clinic appointments in more detail using the health education and lifestyle section. If any questions arise at this stage, make it clear that they will be trained on the health education in session 9 and will need to allow additional time during their patient consultations to discuss these areas more fully. It is still important that they complete this session as brief lifestyle advice will be given to individuals who smoke or who are overweight, even if they have not been diagnosed with a specific condition.

**Lifestyle advice**

Signpost the participants to page 45, 46 (from mid page) and pages 50-51 of the desk guide.

Ask them to read through the pages and the section on lifestyle advice in the training module.

Ask them to complete role play 12 and 13.

**Role play 12**

Role play 12 will help the participants to effectively deliver the key lifestyle advice to a patient with a diagnosis of hypertension. The health worker in the role play should also use the education leaflet (if available) and consider whether to refer the patient for health education.

**Wrap up issues for facilitator**

Key issue is that the patient is not willing to give up smoking so don’t push but keep re-emphasizing at each visit. The basis is motivation.
Take note of the treatment supporter, could be a smoker too and encouraging the unhealthy lifestyle. Should we think of criteria to select a treatment supporter?

**Role play 13**

Role play 13 will help the participants effectively deliver the key lifestyle advice to a patient with a diagnosis of diabetes. The health worker in the role play should use the education leaflet appropriately (if available) and consider whether to refer to the health educator.

After the role play, make sure the groups have discussed their feedback and answer any questions.

At the end of the session, remind the participants of the session objectives and review whether they feel they have achieved these. Answer any questions they may have.
Session 6: Medication and patient adherence

This session is divided into two sections.

Session objectives

By the end of part 1 the participants should be able to:

- Prescribe the correct medication to manage the patient’s condition
- Adjust and alter medication and dosage for optimal management
- Monitor potential side effects

By the end of part 2 the participants should be able to:

- Explain the importance of adherence to both clinic appointments and medication
- Educate the patient about treatment support
- Explain the role of the treatment supporter
- Help the patient identify an appropriate treatment supporter
- Manage patients who do not adhere to appointments or medication
- Supervise the treatment supporter
- Remind patients of their appointment through a number of different mechanisms.

Ask the participants to read through the introduction and session objectives for both parts.

Part 1: Medication

Signpost the participants to the relevant pages of the desk guide; 17-19 (Management of hypertension and anti-hypertensive drugs), 23-26 (Management of diabetes and oral hypoglycaemics) and pages 57-58 (Contraindications and Side effects).

Hypertension

Ask them to complete practical exercise A.

Practical exercise A

This will help the participants learn how to prescribe the correct medication for someone with hypertension and to alter and adjust it according to the patient’s condition. In this exercise, the participants should consider increasing the dose of the patients prescribed medication or add an additional drug, CCB – calcium channel blocker. They should consider how frequently to monitor the patient and use the desk guide to help them. Suggest that 1 month follow up would be appropriate in this scenario.

Qn 1. CCB, Qn 2. ACEI, Qn 3. 1 month, Qn 4. Page 57, BNF, Qn 5. Adherence etc.
Diabetes

Ask them to read through the pages on diabetes medication (page 23-26) and insulin (page 26-29) in the desk guide and to complete practical exercise B.

Practical exercise B

This will help them learn how to prescribe the correct medication for someone with diabetes and to consider how to alter it depending on the patient’s condition as well as consider potential side effects.

Moses should be started on 500mg of metformin once daily for 2 weeks. Participants should realise they need to see Moses in 2 weeks to check if he is tolerating the metformin. If he is tolerating it, it should be increased to twice daily for another 2 weeks.

In response to question 4, the participants should use the information on page 30-31 to inform Moses about hypoglycaemia and the steps he can take if this happens again. They should also discuss how Moses can prevent this happening again.

At the end of the session remind the participants of the session objectives and review whether they feel they have achieved these. Answer any questions they may have.

Part 2: Patient adherence

Remind participants of the objectives for this part of the session.
Ask the participants to read through the pages 48-49 on patient adherence in the desk guide.

Ask the participants to complete role play 14.

Role play 14

Role play 14 will help the health worker learn how to explain the importance of adherence to medication to a patient with a diagnosis of diabetes. They will also learn how explain the importance of a treatment supporter and help a patient to identify someone who can fulfil this role.

After the role play make sure the groups have discussed their feedback and answer any questions.

Now ask the participants to complete practical exercise C
Practical exercise C

This exercise should be in the form of a group discussion, and you should encourage the group to discuss what they would tell the patient on their return to the clinic. This exercise will help them learn about appointment reminders. Refer to the recommended pages in the desk guide for information.

At the end of the session remind the participants of the session objectives and review whether they feel they have achieved these. Answer any questions they may have.
Session 7: Concerns and questions

Session objectives

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

- Understand the importance of inviting and allowing the patients to ask questions and tell you their concerns.
- Further develop their consultation skills using the W.E.L.L. principles so that patients feel comfortable discussing their concerns and questions.

Ask the participants to read through the introduction and session objectives.

Concerns and questions

Ask the participants to read through the section on concerns and questions in the training module. Remind them about the W.E.L.L. principles and the elements of effective communication that were discussed in the introductory session.

Ask them to complete role play 15.

Role play 15

This role play will help the participants to use the W.E.L.L. principles for effective communication to listen to the concerns of a patient with hypertension and diabetes. They may want to refer to sections in the desk guide to give the patient information on their diagnoses.

After the role play make sure the groups have discussed their feedback and answer any questions.

At the end of the session remind the participants of the session objectives and review whether they feel they have achieved these. Answer any questions they may have.
Session 8: Follow-up appointment

Session objectives

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

- Understand the importance of making a follow-up appointment for all patients
- Understand the importance of continuing to monitor patients whilst they are under specialist care.
- Learn to set follow up appointments of the appropriate length depending on the patient's condition and circumstances.

Ask the participants to read through the introduction and session objectives.

Making follow-up appointments

Ask participants to read session 8 of the module on making follow-up appointments.

Ask them to complete practical exercise A and B.

Practical exercise A

This involves the health worker making a follow up appointment for a patient with hypertension and diabetes.

In this exercise, the participants should consider making a follow up appointment for the patient in 1 month or earlier. Once the blood pressure or blood glucose is controlled follow up could be between 1-3 months. To communicate the next appointment to Peter, they should complete the appointment card and chronic care card. They might also mention that they should enter the date of the follow-up appointment on the patient register.

Qn 3. BP, weight, HbA1c etc

Practical exercise B

This will help the participants learn how to make an appropriate follow up appointment for a patient with hypertension.

In this exercise, the participants should consider making a follow up at 3 months, but acknowledge that this should continue despite referral to the hospital for specialist care. They should consider completing the appointment and chronic care cards, the patient register and a referral form to document the information.

At the end of the session remind the participants of the session objectives and review whether they feel they have achieved these. Answer any questions they may have.
Session 9: Health education

This session refers to the health education - lifestyle section of the desk guide. All health workers using the desk guide should complete this session as well as staff acting as health educators (if different from the health workers). You may need to reallocate the teams to make sure everyone can participate in the activities.

This session has 2 parts.

Session objectives

By the end of part 1 the participants should be able to:

- Explain the importance of adherence to both clinic appointments and medication
- Educate the patient about treatment support
- Explain the role of the treatment supporter
- Help the patient identify an appropriate treatment supporter
- Manage patients who do not adhere to appointments or medication
- Supervise the treatment supporter
- Remind patients of their appointment through a number of different mechanisms.

By the end of part 2 the participants will be able to:

- Identify and assess lifestyle risk factors with each patient
- Assess motivation for behaviour change in an individual
- Understand how to support and encourage behaviour change, applying appropriate techniques to specific individuals.
- Be able to support the patient to plan specific goals

Part 1: Adherence strategies

If the participants have completed session 6, they may have covered some of this information, but it is important that they complete this session to understand the role of health education.

Ask the participants to read through the introduction and session objectives and the relevant pages of the module.

Signpost the participants to page 48-49 of the desk guide.

Ask them to complete role play 16.
Role play 16

Role play 16 will help the health educators explain to a patient without a treatment supporter the importance of adhering to treatment and changing their lifestyle. It will also help them assist the patient identify someone to be a treatment supporter.

After the role play, make sure the groups have discussed their feedback and answer any questions.

Now ask them to complete practical exercise A.

Practical exercise A

This will help them to think about adherence strategies for a poorly compliant patient with diabetes. They should consider methods that could be used to contact the patient and discuss which would be appropriate to use. They should also consider when they would refer back to the health worker.

Refer to page 48-49 of the desk guide for information to guide their discussions.

Make it clear that this can be done by the health worker or health educator.

Part 2: Lifestyle assessment

Remind the participants of the session objectives for part 2 and relevant pages of the module.
Ask the participants to read through pages 50-51, 52-55 of the desk guide and look at the health education leaflet if available.

You should also remind the participants of the W.E.L.L. principles in the introductory session.

Ask them to work through the section on lifestyle assessment in the session as they read the desk guide.

They should then complete role plays 17-20 on this session.

Role play 17

Key issue is patient is unwilling to change lifestyle.

Role play 17 will help the participants effectively assess a patient on their first appointment with the health educator. The patient has a diagnosis of angina and hypertension and is unwilling to change their lifestyle of smoking.

It is important for participants to understand that they need to ask the patient what they think would happen if they don’t change their behaviour. They should respond and
continue the discussion if appropriate. The health educator should make sure the patient has an education leaflet and arrange a follow up. As the patient is not willing to change they should not progress to make a plan to change as this is unlikely to be effective.

After the role play, make sure the groups have discussed their feedback and answer any questions.

Role play 18

The key issues are the patient does not appreciate the importance of changing behaviour and the role of a treatment supporter is highlighted. Role play 18 will help the participants effectively assess a patient on their first appointment with the health educator. The patient has a diagnosis of diabetes and although they identify a behaviour to change they do not feel this is important. The health worker should be able to effectively deliver the key messages for lifestyle change, make sure the patient has an education leaflet and make a follow up appointment for the patient. They should not make a plan with the patient.

After the role play, make sure the groups have discussed their feedback and answer any questions.

Remind participants that the treatment supporter does not need to come on all appointments except for children. For adults, its more crucial during the initial appointments and when there are problems affecting the patient.

Role play 19

The key issue is that the patient has lost confidence in changing behaviour. Role play 19 will help the participants effectively assess a patient on their repeat appointment with the health educator. The health worker should be able to ascertain that the patient thinks change is important but that they have lost the confidence to implement a plan. The health worker should use the desk guide to make a plan, paying particular attention to barriers of change and encouraging all efforts to change. It is important that they remember to involve the patient’s treatment supporter in the patient’s plan.

After the role play make sure the groups have discussed their feedback and answer any questions.
Role play 20

The key issue is circumstances can negatively affect patients' behaviour change. Role play 20 will help participants effectively assess a patient on their repeat appointment with the health educator. The health educator should realise that despite a previous plan, the patient is now not willing to change as her circumstances have changed. The health educator should specifically encourage the patient, ask her to remind herself of the reasons she wanted to change her behaviour, acknowledging any areas of success. They should also review the plan, identify barriers and possible solutions given the patient’s different circumstances. Again, they need to look at ways the treatment supporter could help the patient follow her plan.

It is important that the groups also consider what they would do if the patient had been unwilling to change on their first appointment with the health educator. Prompt them to use the pages of the desk guide to discuss this.

After the role play make sure the groups have discussed their feedback and answer any questions.

At the end of the session remind the participants of the session objectives and review whether they feel they have achieved these. Answer any questions they may have.

End of training sessions

Remind the participants of the objectives of the training. Inform them that they have now completed the course and should be ready to deliver systematic care in the health facility using the desk guides.

Ask the participants to feedback in their groups on their experience during the course, including one key learning point. Answer any questions that they may have.

Thank the participants for taking part in the training.