Module 6 : Interpersonal Communication

Session 4 : Sharing health information and advising on care

Day : 5
Time Required: 1 hour and 30 minutes

Purpose

To prepare ASHAs to share health information and advise parents about providing care.

Objective

At the end of the session the ASHA will be able to:

1. Demonstrate ability to use various communication skills (as per checklist) in sharing health and care information with parents.

Materials

- Training Aid 1: Model role play script: Counseling and sharing care information
- Worksheet 1 : IPComm Skills Checklist
- Worksheet 2 : Case ideas for role plays

Preparation

- Instruct the trainees in advance to bring their copies of the Reading Material where IPComm Skills Checklist is provided.
- Ensure availability of adequate copies of Worksheet 1 and 2 depending on the number of trainees.

Training Methods

Presentation and Discussion (45 minutes)

Instructions to Trainers :

1. Explain that Part III of the Interpersonal communication process is counseling and sharing (or giving) health and care information.
2. Explain that giving or sharing health care information (also referred to as counseling) is a two-way process (between health workers and parents) to help parents understand what is going on, and what treatment or care is needed so that they can make a decision about what to do in order to stay healthy or get better.
3. Explain that the 'care plan' is what the mother (or father) has to do to care for the child at home (or for themselves if the adult is ill, or pregnant, etc.). This may include giving medicine but it doesn't always have to. It involves advice about feeding, danger signs, and when to come back to the ASHA or seek the care of a doctor, etc.
4. Go through each step in the process (see Content Box); explain why that step is important and discuss.

Content Box :

Sharing Health Information and Advising about Care Practices

Explore parents' understanding of illness or situation to see what they already know:

- This is important so that you can build on what they already know instead of talking to them as if they didn't know anything.
- It can also identify any beliefs that may be harmful.

Correct, misconception of facts:

- Sometimes people believe things that can be harmful. An example: some people believe that children should not be fed when they are sick; this is not true and can be harmful to the child. Another example is when people think illness is caused by an evil eye.
- Be sensitive when you correct misconceptions; do not make the person feel stupid. Just correct those misconceptions that may have a harmful effect.

Explain the situation clearly; use simple, non-medical language:

- Always use simple, everyday words.

Present the care plan—what the mother (or father) needs to do—in short sentences and clear blocks of information:

- Present the information clearly (think before you speak).
- An example of a 'block' of information would be: "Take 1 pill in the morning and 1 in the evening." "Take the pills for 5 days" or "Eat more when you are pregnant". "Try eating an extra chappati and more vegetables every day".

Ask the mother to repeat what she needs to do in her own words:

- This is very important to ensure that she understands what needs to be done including medicine if needed, feeding advice, danger signs to look for, and when to seek help.

Discuss the care plan (treatment) to encourage compliance:

- Ask if there are any questions.

Summarize and repeat key information:

- Repeat the main points

Follow up if indicated:

- Mention when you will visit them or when they should come to see you again.
- Review danger signs and when immediate care is needed.

Modeling Behaviour : Scripted Role Play (15 minutes)

Instructions to Trainers :

1. Distribute Worksheet 1. Have trainees review Part III of the IPComm skills checklist - 'Sharing care information'.
2. Perform the scripted role play. Explain that this role play covers all three parts of the IPComm process. ASHA's should observe the role play using IPcomm checklist and record observations and comments on the checklist - Worksheet 1.
3. Lead a discussion about what was observed compared to the items on the checklist. Start with

reviewing Part I 'Building rapport…" and then Part II, Part III. After the discussion collect all the filled in checklists from ASHAs as output of the session.

4. Ask if there are any questions; clarify doubts, if any.

Practice : Role Plays (25 minutes)

Instructions to Trainers :

1. Divide participants into groups of 3-4.
2. Distribute case examples (Worksheet 2).
3. Have each group work on a role play focusing on 'Sharing care information' (10 minutes). Have them decide and write the 'care information' down so that they won't forget. Have each group perform in front of the large group (5 minutes).
4. Discuss each role play after it has been performed.
5. Praise and give feedback wherever needed.
6. Trainer should observe the role plays with the help of checklist, write observations of the role plays and record the areas that need improvement.

Summary (5 minutes)

- Ask a trainee to list the main points in 'Sharing care information'.
- Add any points missed out and discuss.
- Make corrections if any
- Praise the ASHAs for their work.

Evaluation of the session

Objective	Assessment Method	Output
Demonstrate ability to use various communication skills (as per checklist) in sharing health and care information with parents.	Observation of role plays with the help of checklist. Each trainee demonstrates the ability to use various communication skills (as per checklist) in sharing health and care information with parents.	Trainer's observations of each ASHA during role play. The checklists filled in by ASHAs.