



Non-communicable diseases:

Facilitator Guide to Deliver NCD Training for Primary Care

COMDIS-HSD 2018



FACILITATOR GUIDE

NON-COMMUNICABLE DISEASE DESK GUIDE TRAINING

General

1. The NCD desk guide used for the training of facilitators will help health workers get a clear understanding/awareness, which will improve their ability to provide a better quality NCD service.
2. Participants will be given the desk guide and the participants' training module a week (at least one day) before the training, and they are strongly advised to read the desk guide in advance. Every facilitator will also receive a copy of the facilitators' module (as well as the content of the participants' module, but with additional material for answering questions).
3. Facilitators have to be participants in the beginning as part of the training in order to be familiar with the materials and training methods. Prior to running the courses in your own area, all facilitators must first be a participant in a training course of health workers. This way they will know the content, but also observe how the course is run by fellow facilitators.
4. The training will employ a participatory approach, which encourages more interactive activities, such as group discussion and role play. You will be a facilitator rather than a lecturer.
5. **It's strongly recommended** that the number of trainees in each training course/workshop should be confined to 20-30.

Facilitating Skills and Procedures:

1. Preparing the course

The course room must be booked, and all equipment and supplies needed during the course made available. During the course the facilitators are responsible for ensuring the environment is suitable for learning, e.g. the room is not too hot or too noisy, that tables and chairs are re-arranged for the role-play consultation exercises, and that the course runs to time.

2. Address the purpose of the training course

Explain that:


- The course is designed so participants learn to undertake the tasks needed for the NCD care to run properly. This means new skills – such as improved communication, improving education and supervision quality – will be taught.
- This course is not based on lectures but rather on participants reading a few pages, briefly discussing them, then carrying out practice exercises and role-plays.
- Discussion and questions are welcome and seen as an important way of learning. Remind participants that we all have valuable experience and that it is important to learn from each other as well as from the course material.
- As a facilitator you have a specific role.


3. Timekeeping

Effective timekeeping is very important for the course. It can be helpful for facilitators to take turns to lead the session/discussion, while another facilitator monitors the time (i.e. to ensure participants don't take too long on role-plays or class discussions). The sessions should start and finish on time, and participants should return from breaks promptly. Have a large clock visible so you can always see the time easily.

4. Brief introduction and reading of each section

Refer to the specific section of the training module at the beginning of the session. Please remember the symbols:

- 1)  means that this section needs to be discussed, considered or explored in more detail.

- 2)  means that this part needs to be read by the participants.

5. Facilitating role plays

- 1) Inform participants that they will do the role-plays in groups of 3 people. Tell them that role play can enhance the participants' understanding of what they have just read and is the best way to teach communication skills.
- 2) Give clear instructions about how many participants should be in each group. Divide the participants into groups and make them decide who should play which role (e.g. health worker, patient, and/or treatment supporter and the observer).
- 1) Introduce the role-play setting briefly and clearly, including time, place, people, different roles etc. (refer to the relevant pages of the deskguide 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 at the end of the guide.
- 2) Before starting, encourage participants to imagine the scene in real life and imitate the words, behaviour, fears or worries that might be exhibited in their roles. Also remind them to consider communication skills. The observer should listen and watch carefully, while also glancing at the desk guide, so that he/she will be able to give appropriate comments on what was good and could be done better by the health worker.
- 3) Start 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

Aim to share experiences and ideas learnt from the teaching and role-play exercises, and from each other. During a role-play session, if you find some people are not contributing to discussions, think about how you may include their opinion. Encourage them to talk.

After each role-play session or reading session encourage group discussions. The facilitator should not speak until the role play ends. Please give more time and opportunity for the participants to share their thoughts.

7. Summarising a section before the lunch break

- 1) Summarise and emphasise the key points learnt so far.
- 2) Ask participants if they have any questions. If any arise, discuss them.
- 3) Do not forget to congratulate good performers. Encourage everyone for more active learning in the afternoon.
- 4) Announce the topics to be learnt in the afternoon.
- 5) Do not summarise for more than 15 minutes.

8. Summarising at the end of the day

Briefly repeat the major topics learnt from the day, including enhancing communication skills, educating patients, selecting and preparing patient treatment supporters, following up interview patients at their home, and reviewing patients at the NCD clinic. Do this in 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 point and reminder. Each *district team* should visit all *district hospital OPD, CHCs/ other facilities* within 2 weeks after the completion of training. The supervisory trip should be carried out by trained facilitators. Please refer to *the mentoring-supervision form* for details. This form should be filled during the visit and a copy should be given to the supervised hospital OPDs and CHCs etc. before departure.

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 module.

Suggested workshop time table (for illustration only)

| Time | Content | Facilitator |
|---------------|--|-------------|
| One day prior | Preparation for the course: suitable room and equipment, including writing board, pen, register book, and feedback questionnaire for trainees. | |
| 09:00-09:15 | Welcome and address the purpose of the training course. See p3. "Addressing the purpose" | |
| 09:15-09:30 | Chapter 1/Training Module (TM): Introduction to NCD Case Management Desk Guide | |
| 09:30-10:30 | Communication skills. Suggest 15-20 minutes for role-plays. | |
| 10:10-10:20 | Tea break | |
| 10:20-11:40 | Hypertension | |
| 11:40-12:00 | Feedback and discussion. Summarise the morning and announce topics in the afternoon. | |
| 14:30-15: 50 | Diabetes | |
| 15:50-16:00 | Tea break | |
| 16:00-16:20 | Asthma | |
| 16:20-17:00 | Reviewing NCD patients at the clinics, where seen. | |
| 17:00-17:30 | Feedback and discussion. Announce the immediate supervisory visits to <i>general hospitals and CHCs</i> in 2 weeks. Ask participants to fill in the feedback form. | |

KEY POINTS to be a good facilitator

DO...

- **Be enthusiastic.**
- **Encourage questions.**
- **Watch out for people who may be struggling and offer assistance.**
- **Always start by giving positive feedback:**
 - **Even if someone is having trouble, e.g. "that's a good question – many people find this bit difficult."**
 - **Always give a positive comment before mentioning something that could be done better. End with a general positive comment, e.g. "I liked the way you listened carefully to the patients presenting symptoms before asking specific questions, but as well as the symptoms you did ask about, also remember to ask about duration of 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 among the participants instead.**
- **Pull faces or show surprise if someone gets things wrong – this is very demotivating. Instead help them to see their mistake and how to correct it.**
- **Don't 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**