

# Effective Interpersonal Communication

## A Handbook for Health Care Providers



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## Preface

Across Uganda, health care workers provide an invaluable frontline in the prevention and treatment of illness. One of the greatest challenges they face is communicating effectively with clients of various literacy levels and limited experience as patients. At the same time, accurate diagnosis, appropriate treatment, and good adherence all depend upon an open flow of information between health care providers and their clients. Health care workers who can enhance their interpersonal communication skills have the potential to measurably improve care and treatment outcomes.

This handbook is part of a collaborative effort to build interpersonal communication skills among health care workers, and, in particular, develop capacity for the effective application of visual aids. Accompanying an orientation for providers, this handbook presents in-depth information on interpersonal communication along with guidelines for using specific visual aids, including:

- Family Planning Flipbook
- Antiretroviral Therapy Flipbook
- Tuberculosis Flipbook
- IPT Gestation Wheel
- Patient Adherence Calendar

HIPS developed this handbook with technical assistance from the Johns Hopkins University Center for Communication Programs. We would like to thank The Mildmay Center for their crucial assistance in orienting health care workers to use these materials. Moreover, we would like to thank the health care workers across Uganda who will put these tools into action. Enjoy!

### **About HIPS:**

Health Initiatives for the Private Sector, or HIPS, is a project that responds to Uganda's unmet health needs with innovation and collaboration. Through partnerships with the private sector, the HIPS project helps companies expand access to health services. HIPS focuses on ensuring clinical quality, efficiency and capacity building to promote health services that are effective and sustainable. In this way, HIPS aims to increase access to and improve the quality of health care across the country. The HIPS project is the outcome of a truly collaborative effort. The consortium includes: Emerging Markets Group (EMG), Johns Hopkins Bloomberg School of Public Health Center for Communications Programs (CCP), The Mildmay Center, and O'Brien and Associates International.

## Acronyms

<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>AFFORD/UHMG</b>	Afford/Uganda Health Marketing Group
<b>ART</b>	Antiretroviral therapy
<b>CCP</b>	Center for Communication Programs
<b>EMG</b>	Emerging Markets Group
<b>FP</b>	Family Planning
<b>HIPS</b>	Health Initiatives for the Private Sector
<b>HIV</b>	Human Immune-deficiency Virus
<b>IEC</b>	Information, education and communication
<b>IPC</b>	Interpersonal communication
<b>ITN</b>	Insecticide Treated Net
<b>MOH</b>	Ministry of Health
<b>PLHA</b>	People Living with HIV/AIDS
<b>STI</b>	Sexually Transmitted Infection
<b>TMC</b>	The Mildmay Centre

# Section 1: Understanding IPC

## What is Interpersonal Communication (IPC)

Interpersonal Communication is face to face verbal or non-verbal exchange of information and feelings between two or more people. Each time a service provider has contact with a client, communication is taking place.

## Why Is Interpersonal Communication Important?

### Benefits for clients

Short term:

- An **accurate diagnosis** is reached because the client discloses enough information about his/her illness
- A medically **appropriate treatment** that is also accepted by the client is selected

Medium term:

- The client **adheres** to his/her treatment because he/she understands it and is committed to it

Long term:

- The client **utilizes follow-up** services
- The client is better able to maintain his/her **health**

### Benefits for providers

- Improved quality of services leads to increased number of clients
- More efficient and effective diagnosis and treatment reduces costs for providers
- Effective communication reduces workload and saves time because it reduces instances of inaccurate diagnosis, inappropriate treatment, and poor adherence

### Health system benefits

- Increased efficiency
- Greater cost-effectiveness
- Healthier population

### Outcome Checklist

*If you have communicated effectively with your client, you should be able to answer 'yes' to the following:*

- Your client disclosed enough information about the illness to lead to an accurate diagnosis
- You consulted with the client to select a medically appropriate treatment that is also acceptable to the client
- Your client understands his or her condition and the prescribed treatment regimen
- You and your client have a positive rapport
- You and your client both feel committed to fulfilling your responsibilities during treatment and follow-up care

## Section 2: Key Elements of Effective IPC

There are three main types of communication interactions that occur within a provider-client relationship. They are:

- **Caring:** The goal is to establish and maintain *a positive rapport* with the patient.
- **Problem solving:** The goal is for the patient and provider to share all necessary information for accurate diagnoses and appropriate treatment.
- **Counseling:** The goal is to for clients to understand their condition and adhere to their treatment.

While they occur throughout an interaction, these types of communication often happen sequentially, with caring communication to establish a positive tone, then problem solving to diagnose, and finally counseling to provide relevant health education. To communicate effectively through these different interactions, it can help to keep in mind some key elements of effective IPC.

### **Creating a Caring Atmosphere**

When patients believe that their provider cares about them and is committed to their welfare, they are more likely to communicate effectively and engage in their own health. Both verbal and non-verbal communication help the provider convey interest and concern to patients. Appearing busy or distracted makes patients feel insecure, anxious or fearful of their relationship with the provider. On the other hand, being attentive, making eye contact, listening, questioning thoughtfully, and demonstrating comprehension and empathy make patients feel important and worthy.

### **Building Partnerships with Clients**

Healthcare occurs through a partnership between provider and client. Even though the provider is the medical expert, both provider and patient are responsible for the outcome of their interaction. Mutual respect, trust, and joint decision-making increase the likelihood of a positive outcome. Treatment regimes are more effective with providers and clients make decisions together and patients have an active role in their care and treatment, asking questions, and making commitments and relevant changes in their health behaviors.

### **Bridging of Social Distance**

Social gaps between clients and providers can arise from differences that exist between them such as differences in education, economic status, gender, age, and many other factors. These differences can hinder IPC substantially. Establishing an open dialogue, a feeling of partnership, and an atmosphere of honesty and caring all help to bridge social distances.

### **Fostering Two-way Dialogue**

Good interpersonal interaction between client and provider is, by definition, a two-way street where both speak and are listened to without interruption, both ask questions, express opinions and exchange information -- and both are able to fully understand what the other is trying to say.

### **Providing Opportunities for Patients to Speak About Their Illness**

Providing ample opportunity for a patient to describe his or her illness leads to strong IPC. Storytelling has its own healing value, in that it provides patients with a release and opportunity for insight and perspective. It may also afford the health provider the insights needed to understand, interpret and explore the significance of the symptoms and clues the patient provides.

### **Using Verbal Communication Effectively**

Verbal communication consists of spoken and written words that people use to convey ideas. In a healthcare encounter, the choice of words clients and providers use greatly influences how well they understand each other. The medical jargon physicians use to describe symptoms and treatments often confuses to patients. At the same time, patients often communicate in their dialects, accents and slang, often making comprehension difficult for providers from other areas. Patients also describe health problems in peculiar ways, often reflecting their unique perspective on the illness's origin or severity.

### **Using Non-Verbal Communication Effectively**

Words express only part of a message being conveyed, while tone, attitude and gestures convey the rest. Avoiding distractions, such as answering the telephone during a patient's visit or scribbling notes on other cases, and appearing fully attentive communicate positive messages to clients. Often, simple gestures by the provider, such as a warm greeting, can help put the client at ease and enhance IPC.

## Checklist for the elements of effective IPC

Caring	Problem Solving	Counseling
<p><i>Have you . . .</i></p> <ul style="list-style-type: none"> <li>○ Greeted the client in an open and appropriate way</li> <li>○ Used nonverbal communication to show that you are listening</li> <li>○ Invited the patient to tell you how the/she feels both physically and emotionally</li> <li>○ Shown the client that he/she is respected and valued</li> <li>○ Demonstrated concern and empathy</li> <li>○ Echoed the clients emotions</li> <li>○ Expressed support and partnership</li> <li>○ Given realistic encouragement and reassurance</li> <li>○ Acknowledged any service problems, apologized, and offered a solution</li> </ul>	<p><i>Have you . . .</i></p> <ul style="list-style-type: none"> <li>○ Listened actively</li> <li>○ Encouraged dialogue using open-ended questions</li> <li>○ Avoided interrupting the patient</li> <li>○ Avoided distractions</li> <li>○ Asked the client what they think has caused the ailment</li> <li>○ Probed the client for more information using phrases like "please go on"</li> <li>○ Waited until you have all the relevant information to make a diagnosis</li> </ul>	<p><i>Have you . . .</i></p> <ul style="list-style-type: none"> <li>○ Explored the client's understanding of his/her illness</li> <li>○ Corrected misunderstandings or misinformation</li> <li>○ Used vocabulary and explanations that the client can understand</li> <li>○ Used visual aids if available</li> <li>○ Recommended concrete behavioral changes</li> <li>○ Collaborated with the client to select an appropriate and feasible treatment</li> <li>○ Motivated the client to comply with the treatment</li> <li>○ Summarized the diagnosis, treatment, and recommended steps in simple terms</li> <li>○ Asked the client to repeat or describe the treatment terms</li> <li>○ Urged the patient to ask additional questions</li> <li>○ Confirmed follow up actions with patient</li> </ul>



## Section 3: Verbal and Nonverbal Communication Techniques

The following techniques help providers improve client-patient interactions.

**Effective questioning** helps obtain useful information from the client. Questioning is a way to determine what service the client wants or how he/she is feeling, what the client already may know, or what problem he/she may have. It is also a way to determine whether the client has understood you.

**Open ended questions** encourage the client to offer information, concerns and feelings freely. *For example: How do you feel today?*

**Closed ended questions** help obtain specific information, especially if there is a limited time such, as in an emergency or in taking a medical history. They can be answered in just a few words. *For example: Do you have any allergies?*

**Probing questions** encourage the respondent to give further information, and to clarify an earlier point. They require tact in wording and tone used so as to not be judgmental. *For example: Could you tell me more about that?*

**Active Listening** helps you get the information you need to assist the patient with problems and help them to make decisions. Active listening means paying attention to what is being said, observing non-verbal communication of the client, and using actions such as having *eye contact* and *nodding*.

**Reflection/echoing** occurs when a provider observes a client's emotions and reflects them back to him/her. This helps the provider check whether the emotions he/she has observed are correct. It also helps to show that the provider has empathy and respect for the client's feelings.

**Summarizing and Paraphrasing** means repeating back to the client what you heard him/her say in a short form. It helps to ensure that you have understood correctly and provide an opportunity for clarification.

**Praise and encouragement** build a client's sense of confidence and reinforce positive behaviors. This occurs when providers use words and gestures that motivate and ensure a client of approval.

**Giving information** clearly and simply with visual aids helps equip clients with accurate, relevant health information that is based on what the client already knows.

## **Section 4: Using the G-A-T-H-E-R Method**

G-A-T-H-E-R is a useful tool that helps providers interact with their patients appropriately and effectively. Each letter of the word stands for an important step in the patient-provider interaction.

### **GREET your clients politely and with a smile.**

- Welcome them using local language to make them feel comfortable.
- Introduce yourself and ask how you can help.

### **ASK your clients about reasons for coming.**

- Help them explain how they feel and what they need.
- Ask them about their experience with past ailments, medications, treatments, and about their lifestyles.
- Ask if they have had any medical tests done lately, and see if they are willing to share the results with you.
- Listen well, show empathy and avoid judgments and opinions.

### **TELL your clients about their choices.**

- Tell them that you will not tell others what they say (confidentiality).
- Tell them about the benefits of further testing, including HIV testing.
- Tell them that condoms work as reliable protection against Sexually Transmitted Infections and HIV (re)infection.
- Talk about their possible choices in treatment.
- Show samples of IEC materials, models, and products if possible.

### **HELP your clients choose treatment options that suit them.**

- Help them to understand their available options.
- Find out what they have used before and if they want to switch to another treatment or medication.
- Offer advice or recommend a choice, but avoid making the client's decision.

### **EXPLAIN fully how to carry out the client's treatment option.**

- Give clients printed material to take home.
- Provide all necessary information for carrying out treatment.
- Explain what treatment is, how it works, how to use associated products, the potential side effects and how to manage them.
- Tell clients to come back whenever they wish, or if side effects bother them.
- Ask clients to repeat instructions and make sure they understand.
- Explain when to come back for routine follow-up or more supplies.
- Provide additional information on how clients can care for themselves, e.g., hygiene, nutrition, rest or exercise.

### **REFER your clients to other suitable health facilities.**

- Think about what other services your clients may need, e.g., Voluntary Counseling and Treatment, Antiretroviral Therapy, Prevention of Mother to Child Transmission, Antenatal Care, etc., and tell them where to find them.
- Encourage clients to come back for follow-up visits.
- If on follow-up visit, ask if clients are satisfied and treat all concerns seriously.

## **Section 5: Using Visual Aids and Other Informational, Educational, and Communication (IEC) Materials**

Using a variety of visual aids and IEC materials enhances the effectiveness of IPC. Referring to a visual display or pamphlet is especially helpful when conveying information to patients on diseases, preventive and treatment programs, or medical devices. Also, giving reading materials to clients helps them remember important information after they leave the health facility.

### **Benefits of Using Visual Aids / IEC Materials**

- Helps clients to remember.
- Makes complex information or tasks easier for the provider to explain and for the client to comprehend.
- Generates discussion.
- Makes small things big enough to be seen.
- Captures client's interest and attention.
- Helps to point out similarities and differences.
- Can make discussion of sensitive terms and issues easier.
- Re-enforces key points and health messages.
- Can save time in counseling sessions if clients have an opportunity to access information earlier.
- Prompts and reminds providers of important information points
- Take home materials help to disseminate accurate information when materials are shared with others.
- Reduces information overload by allowing clients to learn at their own pace and leisure.

### **When to Use Visual Aids / IEC Materials**

- Group education sessions (health facility and community)
- Counseling sessions
- Service areas (waiting room, exam rooms)
- Social gatherings
- Community events (health fairs, rallies)
- Home visits

## **Types of Visual Aids and IEC Materials Available at Health Units**

- Posters (Family Planning, Sexually Transmitted Infections, HIV/AIDS, Maternal Health, Immunizations, Breastfeeding, Youth, Nutrition, etc.)
- Flipbooks (Family Planning, Sexually Transmitted Infections, Integrated Management of Childhood Illnesses, Safe Motherhood in the Community)
- Pamphlets (Family Planning, Integrated Management of Childhood Illnesses)
- Newsletter (Health Matters)
- Models and samples (Penis, uterus, Family Planning commodities and devices)
- Videos
- Cue cards (Sexually Transmitted Infections, HIV/AIDS, Family Planning, Pregnancy, Post delivery, Infant Nutrition, Breast Feeding, Child Growth and Monitoring, Immunization and Vitamin A)

## **General tips for Using Visual Aids**

- Make sure the client can clearly see the visual materials.
- Explain pictures, and point to them as you talk.
- Look mostly at the client, not at the flip chart or poster.
- Change the wall charts and posters in the waiting room from time to time. Then clients can learn something new each time they come.
- Invite clients to touch and hold samples or models.
- If possible, give clients pamphlets or instruction sheets to take home. These print materials can remind clients what to do. Be sure to go over the materials with the client. You can mention information, and the client will remember it when he or she looks at the print material later.
- Suggest that the client show take-home materials to other people.
- Order more take-home materials before they run out.

**Flipbooks:**

Flipbooks are especially helpful tools that health providers can use to explain health concepts to their clients. Flipbooks consist of a series of pictures that are supplemented with corresponding information on the opposite page.

The objectives of using flipbooks:

- To simplify a complex health topic to promote patient comprehension
- To maintain patient's attention while presenting important messages
- To address myths and misconceptions concerning the specific health topic
- To stimulate dialogue about the health topic

When using a flipbook, always remember to:

- Be familiar with Flipbook text and pictures before using it with patients.
- Keep pictures facing the patient and the text facing yourself
- Speak clearly and slowly so that the patient can comprehend.
- Ask the patient to interpret the pictures to generate a dialogue.
- Read text, explain relevance of pictures if necessary, and refer to patient's interpretation when possible.
- Be patient. Remember that they have not had the same training that you have received.
- Be prepared to answer questions that the patient may have after Flipbook use.

## Section 6: Guide to the ART Flipbook

**WHAT IS THE ART FLIPBOOK:** A job aid that helps health workers provide basic information about HIV/AIDS and Antiretroviral Therapy (ART) to patients living with HIV/AIDS and/or their caregivers.

**WHO SHOULD USE IT:** Healthcare providers and community volunteers provide ART counseling and treatment services.

**WHO IS THE AUDIENCE:** Men and women of reproductive age, people living with HIV/AIDS and/or their caregivers, and ART clients.

**WHEN SHOULD IT BE USED:** Every time someone is explaining HIV/AIDS or ART.

### **Tip for using the ART FLIPBOOK**

- Use the Patient Adherence Calendar with the ART Flipbook (as described in the ART Flipbook on Card 9). If the Adherence Calendar has not already been explained thoroughly, doing so when reviewing Card 9 with the patient is an excellent idea. See *Guide to the Patient Adherence Calendar* for more information.

### **Other HIPS Materials that may Complement the ART Flipbook**

- *Questions Answered about Children and HIV*
- *Give Your Health a Makeover: An Information Journal for Peer Educators*
- *A Handbook for Peer Educators”*

When using a flipbook, always remember to:

- Be familiar with Flipbook text and pictures before using it with patients.
- Keep pictures facing the patient and the text facing yourself.
- Speak clearly and slowly so that the patient can comprehend.
- Ask the patient to interpret the pictures to generate a dialogue.
- Read text, explain relevance of pictures if necessary, and refer to patient's interpretation when possible.
- Keep checking that the client understands you.
- Be patient.
- Answer extra questions at the end.

## **Description of ART Flipbook by Page**

1. Your Body, CD4 Cells, HIV, and AIDS
  - Presents extended metaphor of patient's body as a house and the destructive effects of HIV/AIDS on the body. The protective nature of CD4 cells and their relevance to AIDS are expressed as well.
2. The CD4 Test
  - Introduces the method used to determine if a person with HIV has AIDS. The text contrasts a person who has many CD4 cells as strong with someone who has a low CD4 count as weak and unable to fight disease.
3. The Viral Load Test and ARVs
  - Uses the viral load test as a means to demonstrate the necessity of ARVs for someone living with HIV/AIDS.
  - Explains that ARVs work by keeping the virus that causes AIDS from reproducing.
4. How do ARVs work?
  - Further explains that ARVs also serve to protect CD4 cells so that they can fight disease.
  - Stresses the fact that ARVs are NOT A CURE. Although they can drastically improve the health of a patient with HIV/AIDS, the virus is still present with his/her body and will reproduce rapidly if ARVs are not taken every day.
5. ARVs and Side Effects
  - Addresses the issue of having potential side effects when taking ARVs.
  - States that side effects, although unpleasant, usually go away within 4-6 weeks.
  - Provides examples of ARV side effects, including nausea, headache, and diarrhea.
6. ARVs and Other Infections
  - Discusses potential comorbidities, including malaria and tuberculosis
  - Provides suggestions for preventing comorbidity, e.g. adhere to ARV regiment, sleep under an insecticide treated net, and take Septrin regularly as prescribed by health worker.
7. What is ART?
  - Describes ART as a holistic approach to fighting HIV/AIDS. Among other things, the approach includes regular medical check-ups, a healthy diet, and safer sex.
8. ART – A Lifetime Commitment
  - Discusses the lifetime commitment required of patients taking ARVs.
  - Stresses the importance of strictly adhering to ART schedule daily.
  - Informs that if daily regiment is not followed, AIDS symptoms will return and new drugs – which may be more expensive – will be required.
  - Clarifies the need for a trustworthy friend to remind you to take ARVs.

9. The Adherence Calendar

- Give Adherence Calendar (aid that assists patients with following their daily ARV regimens) to patient if he/she does not already have one.
- Reference “How to Use the Patient Adherence Calendar” for more information, if necessary.

10. ART and Eating Well

- Demonstrates the importance of a steady, balanced diet of carbohydrates, proteins, and vitamins and minerals.
- Details foods as carbohydrates, proteins, or vitamins and minerals with their purpose and examples of each group.

11. ARVs and Pregnancy

- Addresses potential of women living with HIV/AIDS to pass on disease to future children
- Explains that the virus can be passed on to children during pregnancy, delivery, or while breastfeeding.

12. Prevention – Your Responsibility

- Clarifies that it is patient’s responsibility to prevent other from getting HIV/AIDS
- Provides suggestions for preventing the spread of HIV, e.g. abstaining from sex, informing sexual partners of HIV status, seeking medical advice if the patient becomes pregnant, etc.

13. Why Practice Safer Sex?

- Displays proper use and disposal of a condom.
- Justifies using a condom every time a patient has sex. Reasons include spreading the HIV virus and getting potentially infected with STDs or a different strain of HIV.

14. Seeking Treatment and Support

- Discusses stigma associated with HIV/AIDS and the potential barriers patients may have about seeking further treatment or adhering to their ARVs.
- Stress again the importance of support from your family and/or close friends in dealing with HIV/AIDS.
- NOTE: Information about local support groups, counseling and other clinical services, and ARV adherence should be available at the conclusion of the patient’s visit.



## **Section 7: Guide to the Flipbook for counseling caregivers of HIV positive children**

### **WHAT IS THE FLIPBOOK FOR COUNSELING CAREGIVERS OF HIV**

**POSITIVE CHILDREN:** A job aid that helps health workers provide basic information about counseling caregivers of HIV positive children.

**WHO SHOULD USE IT:** Healthcare providers.

**WHO IS THE AUDIENCE:** Caregivers of HIV positive children, families with HIV positive children and treatment supporters of HIV positive children.

**WHEN SHOULD IT BE USED:** When educating about care and treatment for HIV positive children.

### **Description of Flipbook by Page**

1. Advice for the healthcare provider
  - Explains what the Flipchart is about, who can use it, how it can be used as well as the contents of the Flipchart.
2. Who is a caregiver?
  - Explains who a caregiver is and the role of the caregiver of an HIV positive child.
3. Signs and symptoms of a child with HIV
  - Explains the signs and symptoms of a child with HIV such as. Loss of appetite, falls sick with fevers, coughs and diarrhea, poor growth and development.
  - Explains what to do to be sure that the child has HIV.
4. Anti retroviral Treatment for children
  - Explains what ARVS are, how they work, what ART is and what it includes as well as when a child should start on ARVs.
5. Anti retroviral Treatment and side effects
  - Gives examples of some of the side effects that may occur as well as what to do when they occur.
6. Helping children adhere to Anti retroviral Treatment
  - Explains what you can do to ensure that children take the medicine everyday, the right way and in the right amount.
  - Highlights what you need to remember when giving children their medicine.
7. Opportunistic infections among HIV positive children
  - Explains what opportunistic infections are as well as examples of opportunistic infections.

- Explains how you can protect your child from getting opportunistic infections.
  - Highlights the importance of immunization as well as other ways to ensure that your child is healthy.
8. Stigma and discrimination among HIV positive children
- Explains the importance of discussing stigma and discrimination with children.
  - Shows how you can help you child deal with stigma and discrimination.
9. Telling your child the truth about his or her status-Disclosure
- Discusses the importance of disclosure and how it can be done.
  - Highlights the importance of seeking support when you need help disclosing to the child his or her status.
10. Prevention among adolescents
- Explains who adolescents are.
  - Explains why sexually active adolescents should practice safer sex.
11. Other important issues related to caregivers
- Explains important issues related to caring for your child such as ensuring that they play regularly, go to school as normal, feed well etc.

## Section 8: Guide to the Family Planning Flipbook

**WHAT IS THE FAMILY PLANNING FLIPBOOK:** A job aid that helps health workers introduce Family Planning concepts, the male and female reproductive systems, and provide basic information about various Family Planning methods to patients.

**WHO SHOULD USE IT:** Clinical health workers who provide Family Planning and Reproductive Health services.

**WHO IS THE AUDIENCE:** Men and women of reproductive age. Remember, both sexes benefit from knowledge of Family Planning options and services.

**WHEN SHOULD IT BE USED?** In a clinical setting for one-on-one or couple counseling or in a small (5-12 people) community outreach to assist the provider in explaining Family Planning/Reproductive Health concepts.

When using a flipbook, always remember to:

- Be familiar with Flipbook text and pictures before using it with patients.
- Keep pictures facing the patient and the text facing yourself.
- Speak clearly and slowly so that the patient can comprehend.
- Ask the patient to interpret the pictures to generate a dialogue.
- Read text, explain relevance of pictures if necessary, and refer to patient's interpretation when possible.
- Keep checking that the client understands you.
- Be patient.
- Answer extra questions at the end.

## **Description of Family Planning Flipbook by Page**

1. How to use this Flipbook/Advice on Counseling
2. Introduction to Family Planning
  - Gives brief introduction of Family Planning
  - Provides recommendations for welcoming patients
  - Addresses Frequently Asked Questions concerning Family Planning
3. HIV/AIDS
  - Prompts provider to cover general survey of HIV/AIDS data and its relevance to Family Planning
  - Addresses Frequently Asked Questions concerning HIV/AIDS
4. Male Reproductive System
  - Provides basic anatomical structure and function of male reproductive system
  - Presents labeled diagram of primary male reproductive organs
5. Female Reproductive System
  - Provides basic anatomical structure and function of female reproductive system
  - Presents labeled diagram of primary female reproductive organs
  - Discusses early signs of pregnancy
6. Summary of Methods
  - Introduces briefly each of the nine Family Planning methods discussed later in the Flipbook with greater detail
  - Categorizes methods as either short-acting, long-acting, or permanent methods
  - Explains how initiate a dialogue on Family Planning and obtain important Family Planning information from patient
7. Condoms (Short-Acting Method)
8. Pills (Short-Acting Method)
9. Emergency Contraception (Short-Acting Method)
10. Injectables (Short-Acting Method)
11. Breastfeeding (Short-Acting Method)
12. Other Natural Methods (Short-Acting Method)
13. Coil (IUD) (Long-Acting Method)
14. Implants (Long-Acting Method)
15. Tubal Ligation (Permanent Method)
16. Vasectomy (Permanent Method)

For each of the above FP methods (7-16), the following are addressed when applicable:

- Brief explanation
- How to Use FP product/method
- Advantages and Disadvantages
- Possible Side Effects

- Additional important information
  - Frequently Asked Questions concerning each FP method
17. Pregnancy Checklist
- Gives flowchart to determine if patient is pregnant or not beyond a reasonable doubt
  - If patient answers YES to at least one of the questions, then one can be reasonably sure that patient is not pregnant
18. Referral
- Provides quick chart of name and location of local r **GUIDE FOR IPT**

## **Section 8: Guide to the IPT Gestation Wheel**

### **WHAT IS IT THE GESTATION WHEEL:**

A tool designed to improve antenatal care and assist in the prevention of malaria in pregnant women. It simplifies the process of determining whether Intermittent Preventative Treatment (IPT) is appropriate for a pregnant patient and, if so, when to administer it. Also, the GESTATION WHEEL serves as a reminder of what information needs to be gathered from and distributed to the pregnant patient throughout the progression of Antenatal Care (ANC).

### **PURPOSE OF THE IPT GESTATION WHEEL:** To help healthcare providers:

- Identify the date of conception and estimate the expected date of delivery
- Determine the recommended schedule for administering IPT doses
- In conveying key messages when counseling pregnant women (included in GOAL ORIENTED ANTENATAL CARE PROTOCOL provided on back of wheel)

**WHO SHOULD USE IT:** Health workers/midwives who are providing Antenatal Care (ANC) services to pregnant women.

**WHO IS THE AUDIENCE:** Pregnant women seeking antenatal care.

**WHEN SHOULD IT BE USED:** Every time a provider cares for a pregnant patient.

### **COMPOSITION OF THE JOB AID**

The IPT GESTATION WHEEL has two parts. The first part, displayed on the front of the aid has two circles, representative of the following:

- At the front, there are 2 circles and these represent the number of days and week in one calendar year.
- The outer circle represents an entire calendar year, broken down into the 12 months and the respective days of each month
- The inner circle is segmented into weeks and labeled with important milestones in gestation, e.g., “Quickening Period” and “Expected Date of Delivery.”

By using the GESTATION WHEEL and following the directions provided below, a provider can predict these milestones and the appropriate time to administer IPT.

The second part is a graphical display on the back side of the aid that can guide the service provider during his visits with pregnant patients. The display

is composed of a reminder about malaria treatment (labeled “To Protect Against Malaria”) and four other sections representative of the four visits, at minimum, to which a pregnant woman MUST go. At each visit, a summary of what should be done by the health worker is spelled out.

### **How to use the job aid:**

The two sides serve very different purposes in preventing malaria in pregnancies. Although *the front and back of the job aid should be used together*, instructions on how to use each side are presented independently below.

### **FRONT SIDE (Gestation Wheel)**

1. Record the date of the first prenatal visit (which should fall between 0 and 16 weeks after conception). An accurate record of clinical visits is important in providing proper care to any patient, pregnant or otherwise.
2. Ask the pregnant women to provide you with the first day of her last period and record in patient’s records. This date is vital to the functionality of the gestation wheel as it provides orientation for all other markers on the wheel.
3. Spin the inner circle until the line labeled “1<sup>st</sup> DAY OF LAST PERIOD” is aligned with date provided by pregnant woman.
4. Identify, at present, how many weeks the woman has progressed in her pregnancy by observing which week aligns with the current date and record in record.
5. Determine if the pregnant woman is ready for Intermittent Preventative Treatment (IPT). If the current date falls within the area covered by the red line on the inner wheel, then the patient is ready for IPT. If she has not yet reached the quickening period of gestation (~16 weeks), then she should not be administered IPT until her second visit.
6. Use IPT wheel to estimate date of delivery by to which date the arrow labeled “EXPECTED DATE OF DELIVERY” is pointing and record in patient’s record and/or passport/antenatal card.

\*The front also notes that doses of IPT1 and IPT2 need to be “separated by at least 4 weeks.”

### **BACK SIDE (Goal Oriented Antenatal Care Protocol)**

At the top, the back provides a basic description of when and what to take to protect against malaria in pregnancy

- 1<sup>st</sup> dose (3 tablets of SP) – 4<sup>th</sup>, 5<sup>th</sup>, or 6<sup>th</sup> month
- 2<sup>nd</sup> dose (3 tablets of SP) – 7<sup>th</sup>, 8<sup>th</sup>, or 9<sup>th</sup> month

The remainder of the back side presents a rough outline of what needs to be covered in each of the four antenatal care visits. The guided protocol provides reminders providers what needs to be discussed and what needs to be completed at the time of each visit. Topics such as birth plans, proper nutrition, breast feeding, and danger signs are addressed so the patient is informed about potential risks and healthy behaviors. References to IPT are also made, and they are bolded to emphasize the importance of administering them at appropriate times during the pregnancy.



## **Section 9: Guide to the Patient Adherence Calendar**

### **WHAT IS THE ADHERENCE CALENDAR?**

The adherence calendar allows patients to record their anti-retroviral treatment (ART). The calendar was created to help patients keep a record of their ART. Patients do not have to use this calendar if they do not want to.

### **WHO IS IT FOR?**

Patients taking anti-retrovirals (ARVs).  
Health care providers should help patients to understand how this calendar works.

### **WHERE CAN YOU GET ONE?**

Copies can be found at all JCRC TREAT Centres in six different languages: English, Luganda, Ateso, Luo, Runyankore / Rukiga and Runyoro /Rutooro. Calendars should be provided to patients free-of-charge.

### **WHEN SHOULD IT BE USED?**

#### **Everyday**

The calendar is a tool that patients can use to record important information about their health and keep track of the medications that they take each day. Patients should bring the calendar with them any time they meet with a health care provider.

### **HOW SHOULD IT BE USED?**

Information on the calendar can be filled out by both patients and health care providers not patients alone. The calendar is for a period of twelve months. After twelve months, patients should get a new calendar and continue recording their medical information. Patients should keep all their calendars for a good record of their health history.

**Don't forget to remind the patients:**

- Take your medicine as recommended by the health care provider. If taken well, ART will help you to live a healthy and productive life.
- Be honest and tell your health care provider when you did not take your medication. You will NOT be punished or asked to leave the ART program. Being honest means a provider can help you to stay well.
- Don't stop taking your medicines unless the health care provider tells you to. If you miss a dose, don't take 2 doses at once. Instead, skip the dose and continue with the usual dosage.  
Record this information in the calendar by marking Xs in the box for the dose not taken and record a reason why.
- Tell your health care provider about other medications you are taking. This is important information for the health care provider to know, so they can make sure the patient stays well.

**Review the possible side effects of ARVs with the patients:**

***Common Minor Side Effects of Antiretrovirals:***

- Mild fever, dizziness, headache
- Loss of appetite, mild stomach problems, nausea
- Trouble sleeping and tiredness/ weakness.
- Taste changes and discoloration of nails.

***Remind the patient to report to his/her clinic as soon as possible if he/she has:***

- Rash, difficulty breathing, swollen lips, tongue or face.
- Unusual tiredness, sore throat, fever.
- Nausea and vomiting, severe pain in the stomach, side or back.
- Fainting, thirst, increased urination.
- Vomiting, stomach pain, weakness and tiredness, yellowing of the skin or eyes.
- Muscle soreness, numbness, tingling or burning pain in the hands, arms, feet, legs or joint.
- Shift in body fat location.

## **Section 10: Guide to the TB Flipbook**

**WHAT IS THE TB FLIPBOOK:** A job aid that provides basic information about TB to health workers, patients suffering from TB as well as their caregivers.

**WHO SHOULD USE IT:** Health workers who provide TB treatment services.

**WHO IS THE AUDIENCE:** People suffering from TB, people who are HIV positive and their caregivers.

**WHEN SHOULD IT BE USED:** Every time someone is counseling patients who have TB or have tested HIV positive.

### **TIPS FOR USING THE TB FLIPBOOK:**

When using the Flipbook:

- Welcome your client and sit face to face
- While you use the side with text, show the side with pictures to clients
- Point at the pictures while you speak
- Speak clearly and use simple language that the client understand
- Avoid reading the text
- Try to involve the client at all times by asking questions. Review questions are included at the end of each page

### **Description of Flipbook by Page**


1. What is TB?
  - Explains what TB is.
2. Warning signs of TB
  - Explains some of the signs that can show that someone is suffering from TB.
3. How is TB spread?
  - Explains the different ways in which someone suffering from TB can pass it on to others.
4. TB, HIV and the immune system.
  - Explains how TB enters the body.
  - Explains how TB and HIV affect the immune system.
5. Where do you go to TB, HIV testing?
  - Explains where you can access TB and HIV services
  - Emphasises that TB and HIV testing services are free at government health centres

6. How do you test for TB?
  - Highlights how TB is tested for at home and at the Health Centre.
7. Complete your TB treatment
  - Highlights the importance of taking TB and HIV drugs regularly
8. What are the side effects of treatment
9. How do you prevent the spread of TB
  - Explains ways of preventing the spread of TB such as covering your mouth and having other family members also tested for TB
10. Continue with ARVS after TB is cured
  - Emphasises the fact that ARVs are a life long treatment and should continue to be taken even when the TB has cured.

## ANNEX A: Pocket Guide for IPC

The following job aid can be cut out, folded, and used as a pocket guide.

### Job Aid



<p><b>Counseling— Education Giving</b></p> <ul style="list-style-type: none"><li>◆ Find out how client perceives illness</li><li>◆ Correct misconception of facts</li><li>◆ Use appropriate vocabulary</li><li>◆ Explain in an organized way what needs to be known/done next (in blocks)</li><li>◆ Check client's understanding about illness</li><li>◆ Recommend concrete behaviors to client</li><li>◆ Motivate client to follow treatment</li><li>◆ Make sure client accepts the treatment</li></ul> <p><b>Closing</b></p> <ul style="list-style-type: none"><li>◆ Make sure client knows when to come back</li><li>◆ Ask patient if there is anything else he/she would like to know</li></ul>	<div data-bbox="792 527 1252 856" style="border: 1px solid black; padding: 10px; text-align: center;"><p><b>Skills Needed for Effective Interpersonal Communication</b></p><hr/><p><b>Self-Assessment Check List</b></p></div> <p><b>Overall Socio-Emotional Communication</b></p> <ul style="list-style-type: none"><li>◆ Welcome patient</li><li>◆ Use verbal and non-verbal communication behaviors</li></ul> <p style="text-align: right;">CHS/OAP, JHU, AED, 1993</p>
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**Guidelines To Talk With Patient  
— Dialogue**

- ◆ Ask for feelings
- ◆ Compliment patient efforts
- ◆ Reinforce feelings that are normal and understandable
- ◆ Reflect the patient's emotions
  - repeat what patient said
  - invite him/her to speak more
- ◆ Show empathy
- ◆ Show support/partnership
- ◆ Help patient not to worry

2

**Problem Solving Skills  
— Gathering Data**

- ◆ Listen effectively
- ◆ Encourage dialogue: ask open-ended questions
- ◆ Avoid interruption
- ◆ Avoid premature diagnosis
- ◆ Resist immediate follow-up
- ◆ Probe (explore) for more information
- ◆ Ask about causes, difficulties and worries related to the problem

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