

Improving Interpersonal Communication Skills in RNTCP Training

**KEY CONCEPTS
AND
SAMPLE ROLE PLAYS**



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INTRODUCTION

The Revised National Tuberculosis Control Programme (RNTCP) is succeeding. Currently, it covers more than 40% of India and, by 2004, about 80% of the country will be covered. The principles of the RNTCP are:

- Political and administrative commitment
- Good quality diagnosis (using microscopy to examine sputum smears among patients in health facilities)
- Good quality treatment (short-course chemotherapy, patient-wise boxes)
- The right treatment, given the right way (directly observed treatment)
- Systematic monitoring and accountability (outcome of each and every case initiated on treatment).

Successful application of each of these principles depends, in part, upon developing and maintaining positive relationships among the individuals who work in the Programme, as well as with the community and patients who are served by the Programme. While technical and clinical aspects of the Programme must be adequately addressed, social and communication dimensions are equally necessary to make this information acceptable, and to encourage Programme participation. Interpersonal communication (IPC) skills are invaluable at all levels of the RNTCP, and are powerful tools to help cure patients, and thereby, to control TB.

For example, quite often patients discontinue treatment as soon as they start feeling better. They may not understand about drug-resistant TB and that it can be very difficult to cure. This sort of information needs to be conveyed to patients and their families without causing undue alarm. Service providers should be able to communicate with the patients in a way that makes patients feel comfortable and ensures that patients develop confidence in the service providers and ultimately in the services received. The best way to make a patient comfortable is to communicate in a language that is easily understood by the patient. Sympathy and concern about the patient and his/her disease should invariably emerge during the conversation. Good IPC encourages patients to complete treatment and also consult the service provider in case of any questions or concerns (such as adverse effects of the medications).

Willingness to contact the service provider to clarify any apprehensions is an important indicator of good IPC between patients and providers.

In addition to improving interactions with patients, good IPC skills will help RNTCP staff obtain participation from officials, laboratory personnel, public sector physicians, and treatment observers.

How we learn to change behaviour

People adopt habits and behaviour for a variety of reasons. Changing behaviour is often a gradual and complex process.

Information: We often become aware of the need to change behaviours by receiving information. But information alone is rarely enough to bring about the change. We often have information but are still not motivated to change our behaviour. Some reasons for this are:

- We don't believe the information
- We don't believe that we are capable of changing
- We believe that the behaviour is not under our control
- We believe that the change is not warranted.

Motivation: We often actually get started on a change as a result of a personal experience or crisis that provides us with the motivation to try a difficult change.

Support: To succeed, most of us receive some form of support. Support comes from something we find within ourselves and/or from peers, family, health workers and others who are important to us.

To help people change their behaviour, good IPC, or "counselling" skills will work toward providing information, motivating, helping people to overcome obstacles, and providing support to try to change.

Counselling is a process of enabling/helping someone to overcome a problem, meet a need, make a decision, or accept their situation. Counselling differs from education. Education involves providing information. Counselling is a

process of helping others use information and relate it to their own lives. Counselling is not giving advice alone. The aim of counselling is not to solve other people's problems but to enable people to solve their own problems. Good counselling is client-centred, which means counselling must centre around the client's feelings, thoughts, concerns and needs. Thus, counselling is a process of empowering clients to make their own decisions through defining feelings and providing objective information.

Characteristics of effective counselling:

- Confidential
- Non-judgemental
- Non-directive
- Empathetic
- Encouraging
- Reinforcing.

Types of Communication

There are two types of communication—verbal and non-verbal. Verbal communication is for correctly providing facts. This is important, but is only one component of communication. The other component is non-verbal communication.

Non-verbal communication creates the atmosphere of the interaction. It can create either a welcoming, caring environment that makes the facts acceptable and easy to understand, or a formal, confusing, or even hostile environment that makes it difficult for the facts to be understood or accepted.

Effective communication skills include active listening, praise and encouragement, paraphrasing (repeating in slightly different words), questioning, reflecting, and non-verbal communication. Communication is a process by which information, ideas and/or feelings are exchanged between individuals. The ability to communicate effectively can be learnt.

The development of good verbal and non-verbal communication by improving IPC skills is the focus of this module. It will help trainers and trainees to develop insights into and improve their own behaviour. Role plays are a good way to practice interacting with others and to improve IPC skills.

The skills involved in good interpersonal communication include:

- Listening and Understanding
- Demonstrating caring, concern and commitment
- Problem solving and Motivating.

Listening and understanding involve more than simply being present while someone is speaking. Active listening means genuinely hearing the other person's words. Often, we think we are listening, but we actually do not pay close attention or do not really hear what the other person is trying to say. Some key points for improving listening and understanding skills include:

DO:

- Offer a seat before interacting with the patient
- Allow sufficient time for the interaction
- If time must be limited, give your full attention during the time you have and the same should be apparent to the patient
- Be prompt so the other person does not have to wait a long time for your attention
- Sit with the other person so you are at their level
- Maintain eye contact
- Move your head to indicate you are paying attention
- Apologize for any unforeseen interruptions
- Ask open-ended questions (questions that cannot be answered with “yes” or “no”) such as questions that begin with “What”, “Why” or “How”. These questions require more than just a few words in the answer
- Periodically summarize what the other person has said to ensure that you have understood; use their own words to repeat the ideas back to them.

DON'T:

- Interrupt while the other person is speaking
- Yell at the other person
- Ask questions that can be answered with just one word (for example, questions that begin with “Do”)
- Perform other activities during the meeting
- Ask difficult/embarrassing questions.

* * *

You can demonstrate that you care by expressing your understanding of the feelings and concerns of the other person and by letting them know that you want to help them. You can reflect the other person's emotions back to them with facial expressions that show you are concerned. You can also provide verbal feedback to them to show acknowledgement and recognition of their fears and concerns. Some key points are:

DO:

- Greet the patient
- Say, "Hello, please be seated."
- Address the person by name or appropriate title but always with respect
- Acknowledge and respond to each of their concerns
- Emphasize that your job is to help them
- Ask about family members
- Treat the person with respect
- Smile.

DON'T:

- Minimize or dismiss their concerns
- Put down the other person
- Act superior
- Assume the person knows their way to another person/room/office; give them proper guidance to their next destination.
- Argue with the patient.

* * *

After listening, understanding and showing that you care, you can then use your knowledge of the RNTCP to discuss ways you can work together to solve any problem the other person has with participating in the Programme. Some key points for this include:

DO:

- Listen carefully to their point of view
- Paraphrase and summarize frequently to make sure that you understand the problem
- Use non-technical words
- Help them to comply

- Demonstrate that you are concerned about the patient
- Convey that you understand their fears and apprehensions
- Make them comfortable
- Identify obstacles to their participation.

DON'T:

- Assume you know all the answers
- Use technical words
- Treat them as your student
- Tell them to comply
- Assume you know their condition
- Expect compliance without explanation.

* * *

Finally, you can use all of the knowledge, understanding and trust you've gained during your interaction to continue to motivate each person to maintain involvement in the Programme. Here are some of the main points to keep in mind for motivating:

DO:

- Repeat important information in different ways each time you meet
- Emphasize that your job is to help them
- Emphasize that they will be cured
- Use examples from your own experience
- Tell them that this is what you would recommend to your family members
- Compliment the other person on what they have done well
- Recognize their progress
- Emphasize that their welfare is your concern/job.

DON'T:

- Use technical words
- Ignore the efforts the other person has made so far
- Overlook their fear and anxiety
- Ignore or minimize practical barriers
- Criticize their omissions/commissions.

HOW TO USE THIS BOOK

This book contains role play examples for RNTCP trainers. It is divided into the following sections to correspond with the training modules: MPW, LT, STS and STLS, Doctor, and TB Programme Manager (STO, DTO, MO-TC). Similar role plays appear in more than one section because they are relevant to more than one RNTCP staff designation. Groups should only perform the role plays in the section that pertains to their defined role in RNTCP. This book must be used throughout the training to ensure that participants receive consistent information. Role plays should be performed at appropriate time in the course of each training.

Each section begins with a role play that should be performed by the trainer(s) to exhibit as many poor IPC skills as possible. The trainer(s) should tell the group to watch this role play looking for poor IPC behaviours. The trainer(s) will perform the scene using many of the “DON'Ts” listed earlier and performing as many incorrect IPC skills as possible. Stress these poor behaviours to the point of comedy. It must be made clear that poor IPC behaviours are NOT acceptable for good IPC.

After the performance, have the group make a list and discuss the exhibited poor IPC skills. Then, address each of these behaviours in turn, and discuss ways that good IPC skills could be substituted for the poorer ones. Finally, the trainers should perform the same role play again, using only good IPC skills. After this performance, discuss with the participants the differences between the two scenes. Also have the participants discuss how they think each person in the scene felt and the differences in their feelings between the first and second scene.

Once this discussion is finished, you will have the participants form smaller groups of no more than six people per group. Then, ask the group members to perform relevant scenes listed in this book using as many effective IPC skills as possible. Participants who play the role of patient or person being supervised should be told that they should freely add/invent details which are realistic. Groups do not need to perform ALL of the scenes listed, but continue to have

them perform scenes until you feel the important points have been covered sufficiently and everyone in the group appears to be able to exhibit good IPC skills. Trainers and participants should invent more role play scenes that depict their own experiences and use these in addition to or instead of the role play scenes in this book.

Motivate the participants. If they are reluctant to do role plays because they feel they are not “actors”, tell them that they do indeed act every day. Everyone does. Each time they interact with another person, they are acting. Whenever they try to convince someone to do something, they are acting. If they are tired but must appear energetic toward their boss, they are acting. When they first met their wife or husband and wanted to impress them, they put on their best behaviour. This is normal, natural behaviour and is acting. Give them these and other examples from your own experience to help them realize they already have the skills to do the role plays.

During the role plays, observe each group but avoid interrupting them; interrupt only if the participants are having extreme difficulty or are going totally out of context.

It will be your job to answer questions, talk with the participants about the role plays, lead group discussions and generally give participants any help they need to successfully develop better IPC skills. To do this, you will need to be very familiar with the material being taught.

Ensure that each participant understands what they are expected to do in the role play exercises. By participating in the role play scenes, they will be able to:

- observe and practice the desired practical responses to patients and others
- discuss and share ideas with each other about the situations
- use what they have practised when they encounter these situations during the course of their own work.

Role plays should be used to sharpen IPC skills so that these skills will come naturally during RNTCP work.

Demonstrate good interpersonal skills yourself

Answer questions from the participants

Encourage the participants to ask questions and make comments. This means that you need to be available when participants are working on the role play. Respond positively to questions (for example, say, “Yes, I see what you mean.” or “That’s a good question.”). Avoid facial expressions and comments that convey that the question is trivial. Always spend enough time with each participant to answer their questions fully so that both you and the participant are satisfied. If you cannot answer a question, say so. Get help from others in the group or from a colleague.

Clarify any issues that the participant finds confusing

Role plays allow you to see what participants do and do not understand. Do not always wait for a participant to ask for help. Instead, as you watch the participants, offer help during pauses or breaks, without interrupting. Help the participants understand how to solve practical problems in actual situations. Identify gaps in a participant’s understanding and skills and provide help to correct them. If a participant has difficulty with the language used, make sure they receive the help needed to understand the concepts. Use language which is familiar to the participants.

Lead group discussions at the end of each role play

Ask questions to spark discussion. Use open-ended questions to get participants to share information and experience. Open-ended questions are questions that require more than a yes or no answer. When you ask a question, pause long enough to give participants a chance to think about their answer and to respond. Allow silences so participants can have time to think before responding.

Check to see if participants are having problems, even if they do not ask for help

If you show interest and give each participant undivided attention, they will be more motivated. Also, if the participant knows that someone is interested in

what they are doing, they are more likely to ask for help when they need it. Be available to the participants at all times; remain in the room and look approachable.

Answer participants' questions willingly and encourage them to ask questions when they arise rather than waiting until a later time. Call the participants by name when you talk with them. Maintain eye contact with the participants. Present information in the form of a conversation rather than by just reading it. Move around the room and use natural hand gestures. Speak clearly. Vary the pace and pitch of your voice. Paraphrase and summarize frequently to keep participants focused and clear on a particular idea and to keep discussions on track. Demonstrate enthusiasm for the work that the participants are doing. Compliment each participant for improvements in understanding, approach or progress. Get everyone in the group to share experiences so they can learn from each other. Encourage participants to explore how the role plays apply to their activities and how the IPC skills will help them in improving cure and case detection.

Manage

Make sure participants have access to supplies and materials when they need them (for example, chalk and board to write) and that there are no major obstacles to learning (such as too much noise, not enough light or not enough work space). Make the course interesting by giving examples from real work situations. Think about the skills taught in the role plays and how they can be applied to the participants' jobs. Add these to the points to be made when introducing or summarizing the role play. Discuss the application of new concepts to real problems. Ask participants whether they can use the skills that were taught, and discuss any potential difficulties in implementation of these skills. Do not summarily reject alternative methods suggested by the participants; discuss alternative methods thoughtfully and positively.

Role plays are fun and effective methods of developing good IPC skills. This will benefit all levels of the RNTCP staff to help reach the Programme's goals. The use of this book will serve to improve your own IPC skills as well as those of your colleagues.

ROLE PLAYS FOR

MULTI-PURPOSE WORKERS (MPWs)

Introduction

Example Role Play

You are an MPW who is seeing a patient who no longer wants to continue treatment

Sample Key Messages

Role Play Scenarios

1. First visit of the MPW to a patient who has been newly diagnosed as suffering from TB
2. MPW visiting a patient near the end of the intensive phase
3. MPW visiting a patient who has interrupted treatment
4. MPW talking with a patient's husband who wants his wife to return to her village
5. MPW finds that treatment cards have not been updated by the Anganwadi worker

INTRODUCTION

For developing good interpersonal communication (IPC) skills, you, the trainer, will need to be aware of the duties that the MPWs have to perform. These include explaining to the patient about TB, dangers of its spread and the importance of continuing treatment. They also include developing a strong bond with the patient to help motivate them to continue participation in the treatment. MPWs also need to be able to gain the trust of the patient's family and community.

In this chapter, you will help the MPW participants become better at these duties through role plays. Through the role plays, poor IPC skills and good IPC skills will be demonstrated. Demonstrating poor IPC skills develops insight into common behaviours that occur in real situations. Identification of these will help in working towards developing good IPC skills. Therefore, for the role plays to be effective, two sessions will have to be done for each scene; one highlighting poor IPC skills and the other showing good IPC skills.

In order to help the participants understand about the importance and potential pitfalls of non-verbal communication, perform the following exercise: Tell the participants to just observe you without making any comments. Then, sit down in a chair with your arms and legs crossed, your body turned slightly away from the participants, and an annoyed expression on your face. Swing your legs and gaze around the room.

After about 30 seconds, ask the participants to describe what they were feeling when you were sitting in front of them. List their responses on the board or flip chart.

Then discuss:

- Do we communicate without words?
- Describe ways that we communicate without words.

Discuss with them that we need to be aware of what we are communicating non-verbally, for example, boredom, dislike, superiority, impatience. We also need to be aware of what our patients and others communicate non-verbally, such as fear, embarrassment, discomfort and shame.

After this discussion, you will tell the participants that you are going to enact a role play scene for them. Tell them to watch for behaviours that depict poor IPC skills.

Next, choose another trainer (if available) or one of the participants (if no other trainer is available) to play the part of the patient in the following role play. A trainer should play the part of the MPW. You will then enact the following role play scene using as many poor IPC skills as possible (for example, you will yell at the patient, you will have them stand while you sit, you will tell them facts using technical words that they don't understand, etc.).

Role Play Scene

MPW: You are an MPW who is seeing a patient who no longer wants to continue treatment.

Patient: You are a patient who has been on treatment for about two months and you are feeling well and no longer want to continue treatment.

After you have completed enacting the scene, ask the participants to list the poor IPC skills. Write these on the chalk board or flip chart. Then, go through each item listed and discuss the ways in which the poor behaviours could be improved. Spend as much time as needed to thoroughly discuss the poor behaviours. Be sure to discuss non-verbal communication elements such as eye contact, posture, nodding, encouraging or discouraging sounds, etc.

Also discuss the messages about the RNTCP that were conveyed during the scenario. Discuss the accuracy of the messages and, for inaccurate messages, discuss how they could be more accurately conveyed.

Once the discussion is finished, perform the scene again using your best IPC behaviours. Afterwards, ask the participants to discuss the differences in the two role play scenes. Encourage them to discuss how the two different scenarios made them feel and how they think the patient and MPW felt.

After this discussion, inform the participants that everyone in the group is now going to practice IPC skills by doing role plays themselves, with the other

participants. Tell them that you will be handing out their roles and that they will perform the scene twice; once using poor IPC skills, followed by a group discussion on how the behaviours can be improved, and then again using good IPC skills.

Split the group of participants into smaller groups of no more than six people per group. Make sure each small group contains an even number of participants. Then, choose scenarios from the list of “Role Play Scenarios for MPWs” which can be found at the end of this chapter and write the roles on separate pieces of paper to give to the participants in each small group. You can also use your own experiences to come up with other role play scenarios and roles. Make sure that everyone receives a role.

After you have handed out the roles, give the participants a few minutes to think about how they will act out their role. Then, have the participants play each scenario in front of their small group using good IPC skills.

During the play by the trainees, circulate to each group to ensure that participants are exhibiting the appropriate IPC skills, such as smiling, sitting with the patient or other person, looking at the other person when speaking, pausing after asking questions, asking open-ended questions, etc. Also, use the following list of “Key Messages” to guide you as you watch the role play. After each role play by the participants, stop and have the group discuss the good ideas and IPC skills that were exhibited in the role play scene, and also discuss things that could improve IPC skills and improve the accuracy of RNTCP messages.

SAMPLE KEY MESSAGES

Listening and understanding

“Please sit down.”

“How are you feeling?”

“How many children do you have?”

“Where do you stay? How long have you been residing in this area?”

“What are their ages?”

“How is your wife/husband?”

“Are they doing well?”

“What do you do for a living?”

“What do you understand tuberculosis to be?”

“What do you think causes tuberculosis?”

“Do you have questions about TB?”

“Have you known anyone else who has had TB?”

“Did they get cured from TB?”

“Anybody can be affected with TB.”

“TB is completely curable.”

“TB is not inherited.”

“TB is caused by a germ.”

“TB treatment is free of cost.”

“For the correct treatment, you will have to come to my centre three days per week and we will try to ensure that you don't lose your wages during this period.”

“The tests to detect TB are simple and will have to be done at regular intervals to monitor improvement in your condition.”

“We will have to examine your sputum three times during treatment to monitor your well-being.”

“To make sure I have explained things well, please show me on this calendar [show the patient a calendar] how long you must be treated.”

“What time of the day is suitable for you to come to the centre?”

“It is to ensure your cure that the treatment observer is a part of your treatment.”

“You will have to take your medicines as prescribed so that your illness does not get worse.”

“If you do not take medicines as prescribed, you can develop an even more dangerous form of TB which you can then spread to your family.”

“TB affects irrespective of age, gender or income.”

“You can prevent the spread of TB to others by covering your mouth when you cough.”

Demonstrating caring

“How are you feeling?”

“Since you are ill, are you able to work?”

“Does anyone in your family have cough?”

“I want to help you to get cured of TB.”

“This box of TB drugs contains your full requirement of anti-TB drugs and has been specifically allocated for you. I have written your name on it.”

“I would like to make sure you are making progress each day.”

“I can understand that it is difficult for you to come thrice a week. We will find a treatment observer near your place of work.” Or “We will arrange for the treatment observer to give you medicines before you go for work.”

“TB is a disease and should not be a cause for worry. If you complete the entire duration of treatment and maintain regularity, a complete cure in 6–9 months is almost certain.”

“By following the treatment schedule you will also make sure that you do not spread the disease to your near and dear ones.”

“All treatment is free here.”

“If you have any doubts regarding the duration of treatment, the dosages of the drugs or any side-effects, please feel free to clarify your doubts with me.”

“To make sure I have explained things well, please show me on this calendar [show the patient a calendar] how long you must be treated.”

“If you have any doubts about the disease or the medicines, do not hesitate to ask me.”

“Do you have any doubts about the medicines or the disease?”

“It is my responsibility to ensure that you are cured.”

“If you have TB and are not cured then your family may get sick.”

Motivating and Problem solving

“If you are not properly treated, you might spread the disease to your family and others.”

- “If I had TB this is the treatment I would follow.”
- “If I had TB, I would certainly come thrice a week for the treatment.”
- “My centre is very close by so please walk to my centre.”
- “Don’t worry. The doctor and I will make sure that you are cured if you follow the treatment.”
- “TB can be cured completely only if treatment is uninterrupted. And the best way to ensure regular treatment is to monitor it.”
- “Every dose is crucial and the treatment is designed for your complete recovery.”
- “Although TB is curable, successful cure can only take place through constant monitoring. This helps us to assess your response to the administered drugs.”
- “By following the treatment schedule you will also make sure that you do not spread the disease to your near and dear ones.”
- “Anti-TB medicines are strong drugs that must be taken under observation. This will ensure that you not only take the medicines regularly but also in the right dosage. If you have any problem we will come to know of it immediately so we can help you.”
- “Anti-TB drugs can have side-effects in some people. If you take them under our observation, we will make sure if you have any side-effects we will be able to tackle them at the earliest and prevent any other problems.”
- “At times people develop resistance to certain drugs and show no improvement. If you take the medicines under our supervision, we will be able to ensure and monitor that the drugs are having the required effect and you are constantly getting better.”

ROLE PLAY SCENARIOS

(These are only some examples. Use your own experiences to come up with other scenarios and roles.)

Scenario 1: First visit of the MPW to a patient who has been newly diagnosed as suffering from TB

Write the following instructions on two separate pieces of paper and hand them out to two participants.

MPW: You are a female MPW who is visiting a patient's home for the first time. The patient has been newly diagnosed as suffering from TB. You want to make sure that the patient understands his disease and what will be required for treatment.

Patient: You are a male patient who has recently been diagnosed as suffering from TB. You are afraid that you will die from it. The MPW is coming to your home for her first visit.

Scenario 2: MPW visiting a patient near the end of the intensive phase

MPW: You are a male MPW and have visited the home of this patient who is near the end of the intensive phase. The patient has gained weight, has developed a good appetite and cough has considerably improved. The objective is to find out the welfare of the patient and to continue monitoring him for completion of treatment.

Patient: You are feeling better and think you are probably cured.

Scenario 3: MPW visiting a patient who has interrupted treatment

MPW: You are a female MPW who is visiting the home of a patient who has stopped coming to the health unit for treatment.

Patient: You are a female patient who has been on treatment for about two months and you are feeling well. You have decided that it is too much trouble to continue going to the health unit for DOT so you have stopped going.

Scenario 4: MPW talking with a patient's husband who wants his wife to return to her village

MPW: You are a female MPW and you are going to your patient's house to talk with her husband because he wants his wife to go back to her native village with him.

Husband of Patient: You are the husband of a patient who is on RNTCP treatment and you want your wife to go back to her native village with you. So, you are talking with the MPW who provides DOT for your wife.

Scenario 5: MPW finds that treatment cards have not been updated by the Anganwadi worker

MPW: You are a female MPW who has discovered that the treatment cards have not been updated by a DOT worker who is an Anganwadi worker.

Anganwadi Worker: You are an Anganwadi worker who is also a DOT worker but you do not have the time to update the treatment cards because you have more important things to do with your time. You are also not very confident about your writing.

ROLE PLAYS FOR LABORATORY TECHNICIANS (LTs)

Introduction

Example Role Play

You are a busy LT and your patient comes with a poor sputum sample

Sample Key Messages

Role Play Scenarios

1. LT is seeing a patient who has come in for initial diagnosis but who is having trouble producing an adequate sputum sample
2. LT is seeing a patient who wants to give 3 sputum samples on the same day
3. LT is educating a patient who has been found to be sputum positive at diagnosis
4. LT is educating a symptomatic patient who has been found to be sputum negative at diagnosis
5. LT is educating a patient who has been found to be sputum positive at follow-up
6. LT is educating a patient who has been found to be sputum negative at follow-up

INTRODUCTION

For developing good interpersonal communication (IPC) skills, you, the trainer, will need to be aware of the duties that the LTs have to perform. These include explaining to patients about TB and the importance of having their sputum examined, and helping them produce a good sputum sample. They also include developing a strong bond with patients to help motivate them to continue participation in the treatment, especially submitting good quality sputum samples at the defined times during treatment.

In this chapter, you will help the LT participants become better at these duties through role plays. Through the role plays, poor IPC skills and good IPC skills will be demonstrated. Demonstrating poor IPC skills develops insight into common behaviours that occur in real situations. Identification of these will help in working towards developing good IPC skills. Therefore, for the role plays to be effective, two sessions will have to be done for each scene; one highlighting poor IPC skills and the other showing good IPC skills.

In order to help the participants understand the importance and potential pitfalls of non-verbal communication, perform the following exercise: Tell the participants to just observe you without making any comments. Then, sit down in a chair with your arms and legs crossed, your body turned slightly away from the participants, and an annoyed expression on your face. Swing your legs and gaze around the room.

After about 30 seconds, ask the participants to describe what they were feeling when you were sitting in front of them. List their responses on the board or flip chart.

Then discuss:

- Do we communicate without words?
- Describe ways that we communicate without words.

Discuss with them that we need to be aware of what we are communicating non-verbally, for example, boredom, dislike, superiority, impatience. We also need to be aware of what our patients and others communicate non-verbally, such as fear, embarrassment, discomfort and shame.

After this discussion, you will tell the participants that you are going to enact a role play scene for them. Tell them to watch for behaviours that depict poor IPC skills.

Next, choose another trainer (if available) or one of the participants (if no other trainer is available) to play the part of the patient in the following role play. A trainer should play the part of the LT. You will then enact the following role play scene using as many poor IPC skills as possible (for example, you will yell at the patient, you will have them stand while you sit, you will tell them facts using big words that they don't understand, etc.).

Role Play Scene

LT: You are a busy LT and your patient comes with a poor sputum sample.

Patient: You are a patient who is having trouble understanding how to produce a good sputum sample. You think you just need to spit into the sputum cup. You also don't want to move away from other patients to give the sputum sample.

After you have completed enacting the scene, ask the participants to list the poor IPC skills. Write these on the chalk board or flip chart. Then, go through each item listed and discuss the ways in which the poor behaviours could be improved. Spend as much time as needed to thoroughly discuss the poor behaviours. Be sure to discuss non-verbal communication elements such as eye contact, posture, nodding, encouraging or discouraging sounds, etc.

Also discuss the messages about the RNTCP that were conveyed during the scenario. Discuss the accuracy of the messages and, for inaccurate messages, discuss how they could be more accurately conveyed.

Once the discussion is finished, perform the scene again using your best IPC behaviours. Afterwards, ask the participants to discuss the differences in the two role play scenes. Encourage them to discuss how the two different scenarios made them feel and how they think the patient and LT felt.

After this discussion, inform the participants that everyone in the group is now

going to practice IPC skills by doing role plays themselves, with the other participants. Tell them that you will be handing out their roles and that they will perform the scene twice; once using poor IPC skills, followed by a group discussion on how the behaviours can be improved, and then again using good IPC skills.

Split the group of participants into smaller groups of no more than six people per group. Make sure each small group contains an even number of participants. Then, choose scenarios from the list of “Role Play Scenarios for LTs” which can be found at the end of this chapter and write the roles on separate pieces of paper to give to the participants in each small group. You can also use your own experiences to come up with other role play scenarios and roles. Make sure that everyone receives a role.

After you have handed out the roles, give the participants a few minutes to think about how they will act out their role. Then, have the participants play each scenario in front of their small group using good IPC skills.

During the play by the trainees, circulate to each group to ensure that participants are exhibiting the appropriate IPC skills, such as smiling, sitting with the patient or other person, looking at the other person when speaking, pausing after asking questions, asking open-ended questions, etc. Also, use the following list of “Key Messages” to guide you as you watch the role play. After each role play by the participants, stop and have the group discuss the good ideas and IPC skills that were exhibited in the role play scene, and also discuss things that could improve IPC skills and improve the accuracy of RNTCP messages.

SAMPLE KEY MESSAGES

Listening and understanding

“Please sit down.”

“How are you feeling?”

“How many children do you have?”

“What are their ages?”

“How is your wife/husband?”

“Are they doing well?”

“What do you do for a living?”

“Does anyone in your family also have cough?”

“What do you think this illness might be?”

“Do you think you have a serious illness?”

“What do you think may have caused your illness?”

“Have you heard of tuberculosis?”

“What do you understand tuberculosis to be?”

“What do you think causes tuberculosis?”

“Have you heard of the microscope sputum test to diagnose TB?”

“Do you know that we need to test your sputum three times to confirm whether you have TB?”

“Do you know that TB can be cured?”

“Do you know that TB can be completely cured even if it has reappeared?”

“Do you know that TB can spread from one person to another if it is not properly cured?”

“Do you know that other people in your house can contract TB from you?”

“Do you know that till complete investigations are done we cannot assess the degree of damage that has been caused?”

“The tests to detect TB are simple and will have to be done at regular intervals to monitor improvement in your condition.”

“You will have to take your medicines as prescribed so that your illness does not get worse.”

“If you do not take medicines as prescribed, you can develop an even more dangerous form of TB which you can then spread to your family.”

“You can prevent the spread of TB to others by covering your mouth when you cough.”

Demonstrating caring

- “I want to make sure that you get the best medicines. That’s why a sputum test is so important—so that we can be sure that you are getting the right medicines.”
- “To prescribe the right treatment for you the doctor needs a sputum examination.”
- “If you have any doubts regarding sputum examination or how to bring out sputum, you can ask me. I will be happy to clarify your doubts and help you.”
- “If the sputum test confirms your disease you will get regular attention and treatment.”
- “Treatment cannot be started until the results of sputum examination are available.”
- “We want to make sure that you are completely cured.”

Motivating and Problem solving

- “Sputum examinations do not cause any harm or discomfort.”
- “You just have to have three sputum examinations done as all treatment will be based on their results.”
- “Yes, your symptoms suggest that you MAY HAVE TB, but we cannot be sure till we test your sputum.”
- “An ordinary cough does not last that long. You have been coughing for a month and we must find out why. Only when we know the cause can we cure it completely.”
- “The reason for conducting 3 sputum examinations is because one or two tests may not be accurate enough to detect the TB germs.”
- “TB is a fairly common disease and should not be a cause for worry as it is fully curable now but it should be diagnosed early so that it doesn’t spread to other parts of the body or to others. Therefore, it is necessary to have your sputum tested.”
- “With the sputum test we can actually see whether there are TB germs in you.”
- “If I or my wife/husband had your symptoms, I would certainly have 3 sputum examinations done.”
- “Sputum tests are free here, and of excellent quality. Our microscope is better than many even in private laboratories.”

“The test here is better than what you can get even in a private laboratory.”

“The sputum test is much more accurate than an X-ray. We can actually see whether you have TB germs when we look at your sputum with a microscope. This is why sputum examination is known as the gold standard.”

“If your test is positive, I’ll be happy to show you what the germs actually look like under the microscope if you like.”

“It’s not just you but everyone with cough for 3 weeks or more has to have the sputum tests, so that we can know exactly what your problem is and treat you accordingly.”

“Yes, you may have to miss work for 1–2 days because of sputum examinations. But if you are not fully cured, the loss of work and earnings will be far more.”

“If it is convenient for you to come for your follow-up sputum tests on your off days, we could make adjustments for you accordingly. However, you must come for your tests on the appointed day without fail.”

ROLE PLAY SCENARIOS

(These are only some examples. Use your own experiences to come up with other scenarios and roles.)

Scenario 1: LT is seeing a patient who has come in for initial diagnosis but who is having trouble producing an adequate sputum sample

Write the following instructions on two separate pieces of paper and hand them out to two participants. Give male roles to female participants and female roles to male participants, if possible.

LT: You are an LT who is seeing a patient for initial diagnosis. The patient is having trouble producing an adequate sputum sample.

Patient: You are a patient who has had a cough for several weeks and your doctor has asked you to come for a sputum test. You are having trouble producing a good sputum sample.

—————
Scenario 2: LT is seeing a patient who wants to give 3 sputum samples on the same day

LT: You are an LT who is seeing a patient for suspected TB. The patient does not want to return tomorrow but wants to submit 3 sputum samples today.

Patient: You are a patient who has been asked by your doctor to come for a sputum test. You are busy with work tomorrow so you want to submit 3 sputum samples today.

—————
Scenario 3: LT is educating a patient who has been found to be sputum positive at diagnosis

LT: You are an LT who is seeing a new patient whose sputum is positive for TB.

Patient: You are a patient who has come to get the results of your sputum test. Your father had TB and died from it when you were a child. You think that TB is inherited.

Scenario 4: LT is educating a symptomatic patient who has been found to be sputum negative at diagnosis

LT: You are an LT who is seeing a patient whose first 3 sputum samples are negative for TB.

Patient: You are a patient who has had a cough, fever and expectoration for weeks. You want to be admitted to the hospital because you feel so sick.

Scenario 5: LT is educating a patient who has been found to be sputum positive at follow-up

LT: You are an LT who is seeing a patient whose sputum was positive at follow-up.

Patient: You are a patient who has been very regular in your treatment, but you are tired of it now and want to stop your treatment.

Scenario 6: LT is educating a patient who has been found to be sputum negative at follow-up

LT: You are an LT who is seeing a patient whose sputum is negative at follow-up.

Patient: You are a patient who is feeling good and who does not understand why you should continue treatment if your sputum is negative.

Scenario 7: LT must talk with an MO of his microscopy centre who is not referring patients for sputum examination

LT: You are an LT who is meeting with an MO at a hospital where no patients are being referred for sputum examination.

MO: You are an MO who does not believe in sputum examinations to diagnose TB. You believe that X-rays are the best method to diagnose TB.

ROLE PLAYS FOR

SENIOR TREATMENT SUPERVISORS (STSs)

Introduction

Example Role Play

You are an STS talking with an MPW who is reluctant to perform DOT

Sample Key Messages

Role Play Scenarios

1. STS is meeting with an MPW whose priorities are leprosy and malaria. The MPW feels that since you, the STS, are a dedicated worker for TB control, you should perform DOT yourself
2. STS is seeing a patient who is feeling better and wants to discontinue treatment
3. STS is meeting with a treatment observer whose patient has interrupted treatment and who has not visited the patient for default retrieval
4. STS is meeting with a treatment observer whose timings are inconvenient for patients
5. STS is meeting with an MPW who in the intensive phase has given combipacks to a patient to be consumed at his house
6. STS is meeting with a Village Sarpanch who needs convincing to be a treatment observer in the community because he is afraid of taking responsibility for someone's life
7. STS is meeting with a health worker who is afraid of contracting TB
8. STS is meeting with an MPW who has given the treatment box to the patient to take home

INTRODUCTION

For developing good interpersonal communication (IPC) skills, you, the trainer, will need to be aware of the duties that the STSS have to perform. These include interacting with the health staff in the sub-district to ensure that the policies of the RNTCP are followed and motivating them to adopt all principles of the RNTCP and accurately and promptly record results of treatment and laboratory examinations.

In this chapter, you will help the STS participants become better at these duties through role plays. Through the role plays, poor IPC skills and good IPC skills will be demonstrated. Demonstrating poor IPC skills develops insight into common behaviours that occur in real situations. Identification of these will help in working towards developing good IPC skills. Therefore, for the role plays to be effective, two sessions will have to be done for each scene; one highlighting poor IPC skills and the other showing good IPC skills.

In order to help the participants understand the importance and potential pitfalls of non-verbal communication, perform the following exercise: Tell the participants to just observe you without making any comments. Then, sit down in a chair with your arms and legs crossed, your body turned slightly away from the participants, and an annoyed expression on your face. Swing your legs and gaze around the room.

After about 30 seconds, ask the participants to describe what they were feeling when you were sitting in front of them. List their responses on the board or flip chart.

Then discuss:

- Do we communicate without words?
- Describe ways that we communicate without words.

Discuss with them that we need to be aware of what we are communicating non-verbally, for example, boredom, dislike, superiority, impatience. We also need to be aware of what our patients and others communicate non-verbally, such as fear, embarrassment, discomfort and shame.

After this discussion, you will tell the participants that you are going to enact a role play scene for them. Tell them to watch for behaviours that depict poor IPC skills.

Next, choose another trainer (if available) or a participant (if no other trainer is available) to play the part of the MPW in the following role play. A trainer should play the part of the STS. You will then enact the following role play scene using as many poor IPC skills as possible (for example, you will yell at the MPW, you will have them stand while you sit, you will tell them facts using big words that they don't understand, etc.).

Role Play Scene

STS: You are an STS talking with an MPW who is reluctant to perform DOT.

MPW: You are an MPW who does not want to perform DOT because you are too busy with your other responsibilities and are afraid of getting infected with TB.

After you have completed enacting the scene, ask the participants to list the poor IPC skills from the first role play. Write these on the chalk board or flip chart. Then, go through each item listed and discuss the ways in which the poor behaviours could be improved. Spend as much time as needed to thoroughly discuss the poor behaviours. Be sure to discuss non-verbal communication elements such as eye contact, posture, nodding, encouraging or discouraging sounds, etc.

Also discuss the messages about the RNTCP that were conveyed during the scenario. Discuss the accuracy of the messages and, for inaccurate messages, discuss how they could be more accurately conveyed.

Once the discussion is finished, perform the scene again using your best IPC behaviours. Afterwards, ask the participants to discuss the differences in the two role play scenes. Encourage them to discuss how the two different scenarios made them feel and how they think the STS and MPW felt in each scene.

After this discussion, inform the participants that everyone in the group is now going to practice IPC skills by doing role plays themselves, with the other participants. Tell them that you will be handing out their roles and that they will perform the scene twice; once using poor IPC skills, followed by a group discussion on how the behaviours can be improved, and then again using good IPC skills.

Split the group of participants into smaller groups of no more than six people per group. Make sure each small group contains an even number of participants. Then, choose scenarios from the list of “Role Play Scenarios for STs” which can be found at the end of this chapter and write the roles on separate pieces of paper to give to the participants in each small group. You can also use your own experiences to come up with other role play scenarios and roles. Make sure that everyone receives a role.

After you have handed out the roles, give the participants a few minutes to think about how they will act out their role. Then, have the participants play each scenario in front of their small group using good IPC skills.

During the play by the trainees, circulate to each group to ensure that participants are exhibiting the appropriate IPC skills, such as smiling, sitting with the patient or other person, looking at the other person when speaking, pausing after asking questions, asking open-ended questions, etc. Also, use the following list of “Key Messages” to guide you as you watch the role play. After each role play by the participants, stop and have the group discuss the good ideas and IPC skills that were exhibited in the role play scene, and also discuss things that could improve IPC skills and improve the accuracy of RNTCP messages.

SAMPLE KEY MESSAGES

Listening and understanding

“Good morning/afternoon.”

“Please sit down.”

“What are your responsibilities?”

“How can I help you to practice DOTS?”

“Please tell me of any other difficulties you are having so that I can help you.”

“I know that you know best any problems in your area.”

“By learning about your problems, it will help me to help you.”

“Please tell me what has worked for you and what has not worked for you.”

Demonstrating caring

“I know you have so many other responsibilities.”

“I understand it takes time to visit the patient’s home when he fails to turn up.”

“I am sure the TB programme will work wonders in the village once you take the responsibility in your hands.”

“How can I help you?”

“It is my responsibility to help you.”

“Please understand my supervision is not to point out faults.”

“In fact, I want to work with you.”

Motivating and Problem solving

“You are helping patients to be cured.”

“You are the most important part of the health programme.”

“Without your help, many patients may die.”

“If the patient does not get treatment observation, they may develop drug-resistant tuberculosis which they will spread to their family and community.”

“By ensuring that treatment observation is given, you are not only helping the patient, but also protecting yourself as the patient will become and remain non-infectious and hence not spread the disease.”

- “Providing treatment observation is not only your responsibility, but is also one of the most important and effective activity of all your programmes.”
- “If you give treatment observation as per policy, you can reduce patients’ risk of dying by as much as 7-fold.”
- “Immediate defaulter retrieval sends a message to the patient that we are concerned about their welfare.”
- “Serial follow-up sputum examinations are the best way to evaluate the effect of the treatment.”
- “Together, we can solve the problems.”
- “More and more people getting cured and thus preventing deaths will increase your image and respect in the community.”
- “If there is a problem, it is my responsibility to help you solve it.”
- “The same problems happen in other areas.”
- “I can tell you some of the ways the other areas have been able to solve these problems.”
- “If the patient develops drug resistance, further treatment will be very expensive and same is generally not available.”

ROLE PLAY SCENARIOS

(These are only some examples. Use your own experiences to come up with other scenarios and roles.)

Scenario 1: STS is meeting with an MPW whose priorities are leprosy and malaria. The MPW feels that since you, the STS, are a dedicated worker for TB control, you should perform DOT yourself

Write the following instructions on two separate pieces of paper and hand them out to two participants.

STS: You are an STS who is meeting with an MPW who has asked to talk with you.

MPW: You are an MPW and your priorities are malaria and leprosy. You feel that the STS should perform treatment observation because he is a dedicated worker for TB control.

Scenario 2: STS is seeing a patient who is feeling better and wants to discontinue treatment

STS: You are an STS who is seeing a patient who is feeling well after about 2 months of treatment and is no longer interested in continuing treatment.

Patient: You are a patient who has been on treatment for about 2 months. You are feeling well and you want to discontinue treatment.

Scenario 3: STS is meeting with a treatment observer whose patient has interrupted treatment and who has not visited the patient for default retrieval


STS: You are an STS who has set up a meeting with a treatment observer who has not visited a patient for default retrieval.

Treatment observer: You are a treatment observer who has a patient who has interrupted treatment. You have not had time to visit him for retrieval.

Scenario 4: STS is meeting with a treatment observer whose timings are inconvenient for patients

STS: You are an STS who is meeting with a treatment observer because you have heard that the patients are complaining about the timings being inconvenient.


Treatment observer: You are a treatment observer who has many responsibilities and you can only be available to provide DOT during the middle of the day.



Scenario 5: STS is meeting with an MPW who in the intensive phase has given combipacks to a patient to be consumed at his house

STS: You are an STS who has discovered that an MPW has given combipacks in the intensive phase to a patient to take home.

MPW: You are an MPW who has given one-week of tablets to a patient because the patient has to go out of the area for only a week. You have worked with this patient for a long time and you trust him to take the medications during the week.



Scenario 6: STS is meeting with a Village Sarpanch who needs convincing to be a treatment observer in the community because he is afraid of taking responsibility for someone's life

STS: You are an STS who is meeting with a Village Sarpanch to convince him to be a treatment observer in his community.

Village Sarpanch: You are a Village Sarpanch who does not want to be a treatment observer because you are afraid to take responsibility for someone's life. If they die, you feel you will not be trusted by the community.

Scenario 7: STS is meeting with a health worker who is afraid of contracting TB

STS: You are an STS who is meeting with a health worker who has been refusing to see TB patients.

Health Worker: You are a health worker who is afraid of contracting TB from patients.

Scenario 8: STS is meeting with an MPW who has given the treatment box to the patient to take home.

STS: You are an STS who has discovered that an MPW has given the treatment box to a patient to take home.

MPW: You have given the treatment box to the patient. You do not believe that observation of treatment is necessary.

ROLE PLAYS FOR SENIOR TB LABORATORY SUPERVISORS (STLSs)

Introduction

Example Role Play

STLS must meet with an LT who is reluctant to perform sputum examinations

Sample Key Messages

Role Play Scenarios

1. STLS is meeting with an MO who is not referring patients for sputum examinations
2. STLS is meeting with a patient who has been diagnosed as smear positive but who is not reporting for treatment
3. STLS is meeting with an LT whose laboratory is reporting more initial defaulters than expected
4. STLS is meeting with an LT who complains of a heavy work load and who is sending patients back without taking sputum samples and/or recording results without examinations
5. STLS is meeting with an LT who is not reporting sputum results on time
6. STLS is meeting with an LT who does not believe in DOTS

INTRODUCTION

For developing good interpersonal communication (IPC) skills, you, the trainer, will need to be aware of the duties that the STLSs have to perform. These include interacting with laboratory staff to monitor day-to-day activities of all the microscopy centres.

In this chapter, you will help the STLS participants become better at these duties through role plays. Through the role plays, poor IPC skills and good IPC skills will be demonstrated. Demonstrating poor IPC skills develops insight into common behaviours that occur in real situations. Identification of these will help in working towards developing good IPC skills. Therefore, for the role plays to be effective, two sessions will have to be done for each scene; one highlighting poor IPC skills and the other showing good IPC skills.

In order to help the participants understand the importance and potential pitfalls of non-verbal communication, perform the following exercise: Tell the participants to just observe you without making any comments. Then, sit down in a chair with your arms and legs crossed, your body turned slightly away from the participants, and an annoyed expression on your face. Swing your legs and gaze around the room.

After about 30 seconds, ask the participants to describe what they were feeling when you were sitting in front of them. List their responses on the board or flip chart.

Then discuss:

- Do we communicate without words?
- Describe ways that we communicate without words.

Discuss with them that we need to be aware of what we are communicating non-verbally, for example, boredom, dislike, superiority, impatience. We also need to be aware of what our patients and others communicate non-verbally, such as fear, embarrassment, discomfort and shame.

After this discussion, you will tell the participants that you are going to enact a

role play scene for them. Tell them to watch for behaviours that depict poor IPC skills.

Next, choose another trainer (if available) or a participant (if no other trainer is available) to play the part of the LT in the following role play. A trainer should play the part of the STLS. You will then enact the following role play scene using as many poor IPC skills as possible (for example, you will yell at the LT, you will have him stand while you sit, you will treat them as a subordinate, you will not let them tell their side of the issues, you will interrupt them, etc.).

Role Play Scene

STLS: You are meeting with an LT who is not performing sputum examinations.

LT: You do not see the importance of sputum examination for the diagnosis of TB and have too much of other work.

After you have completed enacting the scene, ask the participants to list the poor IPC skills. Write these on the chalk board or flip chart. Then, go through each item listed and discuss the ways in which the poor behaviours could be improved. Spend as much time as needed to thoroughly discuss the poor behaviours. Be sure to discuss non-verbal communication elements such as eye contact, posture, nodding, encouraging or discouraging sounds, etc.

Also discuss the messages about the RNTCP that were conveyed during the scenario. Discuss the accuracy of the messages and, for inaccurate messages, discuss how they could be more accurately conveyed.

Once the discussion is finished, perform the scene again using your best IPC behaviours. Afterward, ask the participants to discuss the differences in the two role play scenes. Encourage them to discuss how the two different scenarios made them feel and how they think the STLS and LT felt in.

After this discussion, inform the participants that everyone in the group is now going to practice IPC skills by doing role plays themselves, with the other participants. Tell them that you will be handing out their roles and that they

will perform the scene twice; once using poor IPC skills, followed by a group discussion on how the behaviours can be improved, and then again using good IPC skills.

Split the group of participants into smaller groups of no more than six people per group. Make sure each small group contains an even number of participants. Then, choose scenarios from the list of “Role Play Scenarios for STLSs” which can be found at the end of this chapter and write the roles on separate pieces of paper to give to the participants in each small group. You can also use your own experiences to come up with other role play scenarios and roles. Make sure that everyone receives a role.

After you have handed out the roles, give the participants a few minutes to think about how they will act out their role. Then, have the participants play each scenario in front of their small group using good IPC skills.

During the play by the trainees, circulate to each group to ensure that participants are exhibiting the appropriate IPC skills, such as smiling, sitting with the patient or other person, looking at the other person when speaking, pausing after asking questions, asking open-ended questions, etc. Also, use the following list of “Key Messages” to guide you as you watch the role play. After each role play by the participants, stop and have the group discuss the good ideas and IPC skills that were exhibited in the role play scene, and also discuss things that could improve IPC skills and improve the accuracy of RNTCP messages.

SAMPLE KEY MESSAGES

Listening and understanding

“Good morning/afternoon.”

“Please sit down.”

“I know you have to do a lot of laboratory investigations. You will appreciate that sputum examination for diagnosing TB is still the gold standard and is the only method of identifying infectious patients. You are the only competent person to do this work.”

“Please tell me of any difficulties you are having so that I can help you.”

“You know best any problems at your microscopy centre.”

“I would like to learn from you about the problems you are facing.”

“By learning about your problems, it will help me to help you.”

Demonstrating caring

“Please understand my supervision is not to point out faults.”

“Together, we can solve the problems.”

“I want to help you.”

“If there is a problem, it is my responsibility to help you solve it.”

“I know you have many duties.”

Motivating and Problem solving

“Together, we can rectify any faults and improve the programme’s performance.”

“The same problems happen at other centres.”

“With this renovated laboratory, new microscope, quality reagents and recent training you can really provide excellent service.”

“I can tell you some of the ways the other centres have been able to solve their initial problems and perform very well.”

“If we can solve these problems together, it will benefit the entire RNTCP.”

“I know that it can be difficult to convince patients to provide 3 sputum samples. Please tell me what has worked for you and what has not worked for you.”

“If a patient is unable to bring out sputum, sometimes a warm drink will help. It is important to be patient and try again.”

ROLE PLAY SCENARIOS

(These are only some examples. Use your own experiences to come up with other scenarios and roles.)

Scenario 1: STLS is meeting with an MO who is not referring patients for sputum examination

Write the following instructions on two separate pieces of paper and hand them out to two participants.

STLS: You are an STLS who is meeting with an MO who has not been referring patients for sputum examinations.

MO: You are an MO who believes that X-ray is much more reliable than sputum examination. You do not trust the laboratory.

Scenario 2: STLS is meeting with a patient who has been diagnosed as smear positive but who is not put on treatment

STLS: You are an STLS who is meeting with a patient who has been diagnosed as smear positive but who is not reporting for treatment.

Patient: You are a patient who has been told you need to come for treatment of TB, but you are afraid of this disease and do not want to go for treatment because you do not want anyone else to know you have TB.

Scenario 3: STLS is meeting with an LT whose laboratory is reporting more initial defaulters than expected

STLS: You are an STLS who is meeting with an LT whose laboratory is reporting a very large number of initial defaulters. Addresses are not being clearly recorded in the Laboratory Register, and the LT has a brusque manner with patients.

LT: You are an LT and the STLS has asked to meet with you. You do not know the reason for the meeting.

Scenario 4: STLS is meeting with an LT who complains of a heavy work load and who is sending patients back without taking sputum samples and/or recording results without examination

STLS: You are an STLS who is meeting with an LT because the LT is sending patients back without taking sputum samples and/or recording results without examination.

LT: You are an LT who has a heavy work load and you are not convinced about DOTS so you are sending patients back without taking sputum samples.

Scenario 5: STLS is meeting with an LT who is not reporting sputum results on time

STLS: You are an STLS who is meeting with an LT because the LT is not reporting sputum results on time.

LT: You are an LT and the STLS has asked to meet with you but you do not know why. You are very busy and have not had time to keep up with the increased number of AFB smears.

Scenario 6: STLS is meeting with an LT who does not believe in DOTS

STLS: You are an STLS who is meeting with an LT who does not believe in DOTS.

LT: You are an LT who does not believe in DOTS and that sputum microscopy is the primary tool of diagnosis. The STLS has asked to meet with you.

ROLE PLAYS FOR DOCTORS

Introduction

Example Role Play

You are a doctor talking to a newly diagnosed TB patient. The Patient does not believe he has TB. He agrees for an X-ray, but not for sputum examination

Sample Key Messages

Role Play Scenarios

1. Doctor is meeting with a patient diagnosed as having TB by a private doctor on the basis of an X-ray report. The patient wants free drugs without delay and without further examination
2. Doctor is meeting with a newly diagnosed TB patient, a daily wage-earner and who is reluctant for direct observation because he does not want to miss work
3. Doctor is meeting with a chest symptomatic patient who is reluctant to give 3 sputum samples and is ready to bribe the doctor
4. Doctor is meeting with a newly diagnosed schoolboy who does not want to disclose his illness
5. Doctor is meeting with a newly diagnosed patient who is a truck driver and who says he will have difficulty coming to the local facility for DOTS when he is working
6. Doctor is meeting with a chest symptomatic patient from a tribal area who insists on hospitalization
7. Doctor is meeting with a newly diagnosed married woman who does not want her husband or family to know about her illness
8. Doctor is meeting with the father of a woman who is to be

(Continued)

married and he does not want the community to know that his daughter has TB

9. Doctor is meeting with a newly diagnosed TB patient who wants to leave the area
10. Doctor is meeting with an urban, educated Category II patient who is afraid of injections because he is afraid of HIV transmission
11. Doctor is meeting with a newly diagnosed sputum-positive TB patient who is reluctant to bring in her family members for examination because she feels guilty about possibly having infected them

INTRODUCTION

For developing good interpersonal communication (IPC) skills, you, the trainer, will need to be aware of the duties that the doctors have to perform. These include explaining to the patient about TB and the importance of continuing treatment. They also include developing a strong bond with the patient to help motivate them to continue participation in the treatment. Doctors also need to be able to gain the trust of the patient's family and community. In addition, doctors must provide an example to their staff about how to interact with patients.

In this chapter, you will help the doctor participants become better at these duties through role plays. Through the role plays, poor IPC skills and good IPC skills will be demonstrated. Demonstrating poor IPC skills develops insight into common behaviours that occur in real situations. Identification of these will help in working towards developing good IPC skills. Therefore, for the role plays to be effective, two sessions will have to be done for each scene; one highlighting poor IPC skills and the other showing good IPC skills.

In order to help the participants understand the importance and potential pitfalls of non-verbal communication, perform the following exercise: Tell the participants to just observe you without making any comments. Then, sit down in a chair with your arms and legs crossed, your body turned slightly away from the participants, and an annoyed expression on your face. Swing your legs and gaze around the room.

After about 30 seconds, ask the participants to describe what they were feeling when you were sitting in front of them. List their responses on the board or flip chart.

Then discuss:

- Do we communicate without words?
- Describe ways that we communicate without words.

Discuss with them that we need to be aware of what we are communicating non-verbally, for example, boredom, dislike, superiority, impatience. We also

need to be aware of what our patients and others communicate non-verbally, such as fear, embarrassment, discomfort and shame.

After this discussion, you will tell the participants that you are going to enact a role play scene for them. Tell them to watch for behaviours that depict poor IPC skills.

Next, choose another trainer (if available) or a participant (if no other trainer is available) to play the part of the patient in the following role play. A trainer should play the part of the Doctor. You will then enact the following role play scene using as many poor IPC skills as possible (for example, you will yell at the patient, you will have them stand while you sit, you will tell them facts using big words that they don't understand, and so forth).

Role Play Scene

Doctor: You are a doctor talking to a newly diagnosed TB patient.

Patient: You are a patient who does not believe you have TB. You agree to have an X-ray, but do not agree to have your sputum examined.

After you have completed enacting the scene, ask the participants to list the poor IPC skills. Write these on the chalk board or flip chart. Then, go through each item listed and discuss the ways in which the poor behaviours could be improved. Spend as much time as needed to thoroughly discuss the poor behaviours. Be sure to discuss non-verbal communication elements such as eye contact, posture, nodding, encouraging or discouraging sounds, etc.

Also discuss the messages about the RNTCP that were conveyed during the scenario. Discuss the accuracy of the messages and, for inaccurate messages, discuss how they could be more accurately conveyed.

Once the discussion is finished, perform the scene again using only good IPC behaviours. Afterward, ask the participants to discuss the differences in the two role play scenes. Encourage them to discuss how the two different scenarios made them feel and how they think the patient and Doctor felt in each scene.

After this discussion, inform the participants that everyone in the group is now going to practice IPC skills by doing role plays themselves, with the other participants. Tell them that you will be handing out their roles and that they will perform the scene twice; once using poor IPC skills, followed by a group discussion on how the behaviours can be improved, and then again using good IPC skills.

Split the group of participants into smaller groups of no more than six people per group. Make sure each small group contains an even number of participants. Then, choose scenarios from the list of “Role Play Scenarios for Doctors” which can be found at the end of this chapter and write the roles on separate pieces of paper to give to the participants in each small group. You can also use your own experiences to come up with other role play scenarios and roles. Make sure that everyone receives a role.

After you have handed out the roles, give the participants a few minutes to think about how they will act out their role. Then, have the participants play each scenario in front of their small group using good IPC skills.

During the play by the trainees, circulate to each group to ensure that participants are exhibiting the appropriate IPC skills, such as smiling, sitting with the patient or other person, looking at the other person when speaking, pausing after asking questions, asking open-ended questions, etc. Also, use the following list of “Key Messages” to guide you as you watch the role play. After each role play by the participants, stop and have the group discuss the good ideas and IPC skills that were exhibited in the role play scene, and also discuss things that could improve IPC skills and improve the accuracy of RNTCP messages.

SAMPLE KEY MESSAGES

Listening and understanding

“Please sit down.”

“How are you feeling?”

“How many children do you have?”

“Where do you stay? How long have you been residing in this area?”

“What are their ages?”

“How is your wife/husband?”

“Are they doing well?”

“What do you do for a living?”

“Tell me when you first fell sick. Since becoming ill what you have done to feel better?”

“Have you ever been ill like this before?”

“Have you ever had to take injections for over two weeks?”

“Have you ever had to take pills for many months?”

“Do you have a cough?”

“For how long have you been having a cough?”

“Is the cough dry or associated with expectoration?”

“Do you have any fever?”

“What colour is the expectoration? Is it ever blood-stained?”

“Do you get a pain in the chest when you cough?”

“How is your appetite?”

“Have you noticed any weight loss, lethargy or weakness?”

“What other symptoms do you have?”

“What medicines are you taking?”

“What medicines have you taken in the past?”

“Have you ever taken a medicine that turned your urine orange-red?”

“Has anyone in your family had an illness like this before?”

“Does anyone in your family also have cough?”

“Have you heard of TB?”

“What do you understand TB to be?”

“What do you think causes TB?”

“Have you ever seen an X-ray?”

“What do you think an X-ray shows?”

“Have you heard of the microscope sputum test to diagnose TB?”

“Have you ever had a blood or sputum test?”

“Do you know that we need to test your sputum three times to confirm whether you have TB?”

“Do you know that TB can be cured?”

“Do you know that TB can spread from one person to another if it is not properly cured?”

“Do you know that other people in your house can contract TB from you?”

“Do you know that till complete investigations are done we cannot assess the degree of damage that has been caused?”

“The tests to detect TB are simple and will have to be done at regular intervals to monitor improvement in your condition.”

“You will have to take your medicines as prescribed so that your illness does not get worse.”

“If you do not take medicines as prescribed, you can develop a more dangerous form of TB and you will spread the same to your family.”

“Covering your mouth when you cough can prevent the spread of TB to others.”

Demonstrating caring

“TB is not a disease which should cause worry as it is curable if drugs are taken regularly.”

“We want to make sure that you are completely cured.”

“By following the treatment schedule you will also make sure that you do not spread the disease to your near and dear ones.”

“All treatment is free here, so please don’t even think about money.”

“Anti-TB medicines are strong drugs that must be taken under direct observation. This will ensure that you not only take the medicines regularly but also in the right dosage. This way I can know that you are responding well to treatment and if you have any problems.”

“Anti-TB drugs can have side-effects in some people. If you take them under our supervision, we will make sure you do not have any uncomfortable side-effects and if you do we will be able to tackle them at the earliest and prevent any problems.”

“At times people develop resistance to certain drugs and show no improvement when taken irregularly. If you take the medicines under our supervision, we will be able to observe that the drugs are having the required effect and you will continue to constantly getting better.”

“If you have any doubts regarding the duration of treatment, the dosages of the drugs or any side-effects, please feel free to clarify your doubts with me.”

“To make sure that I have explained things well, please show me on this calendar [show the patient a calendar] how long you must take medicines.”

“I want to make sure that I give you the best medicines. That is why a sputum test is so important—so we can be sure that you are getting the right medicines.”

“We don’t want to unnecessarily give you strong medicines, that is why all the tests are important. The tests will tell us how severe your condition is and we can give you the best medicines.”

“If you have any doubts about the disease or the medicines, do not hesitate to ask me.”

“It is my responsibility to cure you.”

“I am not only worried about you, but if you have TB and are not treated then your family may get sick, and obviously I do not want that to happen and I am sure you also don’t want that to happen.”

Motivating and Problem solving

“An ordinary cough does not last that long. You have been coughing for a month and we must find out why. Only when we know the cause can we cure it completely.”

“A sputum test is very important in diagnosing the type of TB. Only then can we be sure that you are getting the right medicines for the right duration of time.”

“TB is a disease and should not be a cause for worry as it is fully curable now but it should be diagnosed early so that it doesn’t spread to other parts of the body or to others. Therefore, it is necessary to have your sputum tested.”

“A chest X-ray will only tell us that you MAY HAVE TB. X-rays are just shadows and, like any shadow, can be caused by many different things. X-ray is not a ‘pucca’ test for TB.”

“Sputum examinations do not cause any harm or discomfort. You just have to have 3 sputum examinations done as all treatment will be based on their results.”

“If you have any doubts regarding sputum examination or want to know how to bring out sputum, you can either ask me or the laboratory technician.”

- We will be happy to clarify your doubts and help you.”
- “If the sputum test confirms your disease you will get regular attention and treatment.”
- “A sputum test is very important for us to know what medicines should be given to you. We will start treatment as soon as we get the results of sputum examination.”
- “If I or my wife/husband had your symptoms, I would certainly have 3 sputum examinations done.”
- “The reason for conducting 3 sputum examinations is because one or two tests may not be enough to detect the TB germs.”
- “It is important to understand that the better the diagnosis, the better will be the treatment and faster the cure. And for a good diagnosis you must go through all the tests as prescribed. The test results will help us prescribe the best drugs for you.”
- “Yes, as soon as your sputum test results are available, we will also tell you whether you need to bring your family members for examination.”
- “Yes, your symptoms suggest that you MAY HAVE TB, but we cannot be sure till we test your sputum.”
- “Sputum tests are done free here, and of excellent quality. The test here is better than what you can get even in a private laboratory.”
- “The sputum test is much more accurate than an X-ray. We can actually see whether you have TB germs when we look at your sputum with a microscope.”
- “It is not just you but everyone like you who has a cough for 3 weeks or more has to go through all the tests, so that we can know exactly what the problem is and treat you accordingly.”
- “If it is convenient for you to come for your sputum tests on your off days, we could make adjustments for you accordingly. However, you must come for your tests on the appointed day without fail.”
- “To check your progress towards cure we shall again examine your sputum after two months.”
- “Tuberculosis is fully curable if complete treatment is given under DOTS.”
- “It is very important that the disease does not spread to anyone else, especially to your family members.”
- “After only a few days on the medication, you will stop infecting others, but you will have to continue on your medication for the full duration of 6/9 months.”
- “We will arrange for medicines to be provided near your home.”

“I can understand that it is difficult for you to come thrice a week. We will find a treatment observer near your place of work.” Or “We will arrange for the treatment observer to give you medicines before you go for work.”

“If I had TB, I would certainly come thrice a week for treatment for the first two months and hence you will also be required to come.”

“I understand that you do not want others to know that you have TB. We will be careful about that. But it is equally important that others do not get TB from you. If you do not take your medicines as advised, you will spread TB to others at home and work.”

“Although TB is curable, cure can only take place through constant monitoring. This helps us to assess your response to the drugs. We have to make sure that there is continuous improvement and no untoward effects of medicines and that is why you are required to come on alternate days thrice a week for the first two months.”

“TB can be cured completely only if treatment is uninterrupted. And the only way to ensure regular treatment is to monitor it.”

“Every dose is crucial and the treatment is designed for your complete cure.”

“It is not in your interest to take medicines home. Medicines can be lost. It is also easy to forget to take medicines every day.”

“If you forget to take even a few doses of medicine, you may fall ill again, in which case the dosage and duration of treatment may increase and would be very expensive and your chances of getting fully cured will be reduced.”

“If you come in thrice a week, we can make sure you are getting better and we can observe if you are having any problems with the medicines.”

“Once you are cured you will be able to work much better and earn more. So it is in your interest to complete the entire course and come for regular check-ups as prescribed. These are all aimed at curing you completely.”

“You don’t want your wife and children to get tuberculosis from you. So for their sake you should get well and for that you must take the prescribed treatment regularly and completely.”

“If any of them have symptoms of the disease, they also need to be examined and treated.”

“If your children are infected, they will be physically weak and may not be able to help out with the household chores or in the fields. More money will be spent on medications. So it is better that you get yourself fully treated so that the question of their getting infected does not arise and they enjoy good health.”

ROLE PLAY SCENARIOS

(These are only some examples. Use your own experiences to come up with other scenarios and roles.)

Scenario 1: Doctor is meeting with a patient diagnosed as having TB by a private doctor on the basis of an X-ray report. The patient wants free drugs without delay and without further examination

Write the following instructions on two separate pieces of paper and hand them out to two participants.

Doctor: You are a doctor who is seeing a patient diagnosed as having TB by a private doctor on the basis of an X-ray report.

Patient: You are a newly diagnosed TB patient who wants free drugs without further examination.

Scenario 2: Doctor is meeting with a newly diagnosed TB patient, a daily wage-earner who is reluctant for direct observation because he does not want to miss work

Doctor: You are a doctor who is seeing a newly diagnosed TB patient in your office.

Patient: You are a TB patient who is a daily wage-earner and you do not want to come for direct observation because you do not want to miss work.

Scenario 3: Doctor is meeting with a chest symptomatic patient who is reluctant to give 3 sputum samples and is ready to bribe the doctor

Doctor: You are a doctor who is seeing a new patient in your office.

Patient: You are a person who has had a cough for several weeks with blood in your sputum and you have come to see the doctor. You do not want to give three samples of sputum and you are ready to bribe the doctor to just give you medicines without the sputum samples.

Scenario 4: Doctor is meeting with a newly diagnosed schoolboy who does not want to disclose his illness

Doctor: You are a doctor seeing a schoolboy who has been newly diagnosed with TB.

Patient: You are a schoolboy who has been told you have TB and you do not want to disclose your illness to your family or your friends.

Scenario 5: Doctor is meeting with a newly diagnosed patient who is a truck driver and who says he will have difficulty coming to the local facility for DOTS when he is working

Doctor: You are meeting with a newly diagnosed patient in your office.

Patient: You are a truck driver and it is difficult for you to come to the local DOTS facility when you are working.

Scenario 6: Doctor is meeting with a chest symptomatic patient from a tribal area who insists on hospitalization

Doctor: You are meeting with a new patient in your office.

Patient: You are a woman who has had symptoms of TB for several weeks and you want to be hospitalized until you feel better.

Scenario 7: Doctor is meeting with a newly diagnosed married woman who does not want her husband or family to know about her illness

Doctor: You are a doctor meeting in your office with a woman who is a newly diagnosed TB patient.

Patient: You are a married woman who has been newly diagnosed with TB and you do not want your husband or family to know about your illness.

Scenario 8: Doctor is meeting with the father of a woman who is to be married and he does not want the community to know that his daughter has TB

Doctor: You are a doctor meeting with a man who is not one of your patients but wants to talk with you.

Father of TB Patient: You are the father of a woman who is being treated for TB and you do not want the community to know that your daughter has TB.

Scenario 9: Doctor is meeting with a newly diagnosed TB patient who wants to leave the area

Doctor: You are a doctor meeting in your office with a TB patient.

Patient: You are a newly diagnosed TB patient who wants to leave the area.

Scenario 10: Doctor is meeting with an urban, educated, Category II patient who is afraid of injections because he is afraid of HIV transmission

Doctor: You are a doctor meeting in your office with a Category II patient who is to start re-treatment.

Patient: You are an urban, educated, Category II patient who is afraid of injections because you know that needles are one of the effective means of HIV transmission.

Scenario 11: Doctor is meeting with a newly diagnosed sputum-positive TB patient who is reluctant to bring in her family members for examination because she feels guilty about possibly having infected them

Doctor: You are a doctor meeting in your office with a newly diagnosed sputum-positive TB patient and you would like her to bring in her family members for examination.

Patient: You are a newly diagnosed sputum-positive TB patient who is reluctant to bring in your family members for examination because you feel guilty about possibly having infected them.

ROLE PLAYS FOR TB PROGRAMME MANAGERS (STOs, DTOs, MO-TCs)

Introduction

Example Role Play

You are a TB Programme Manager who is meeting with the staff of a TB Unit which is placing a large number of patients on treatment other than DOTS

Sample Key Messages

Role Play Scenarios

1. TB Programme Manager is meeting with a patient who has completed the intensive phase, feels symptomatic relief and refuses to submit further sputum samples
2. TB Programme Manager is meeting with an alcoholic patient who is irregular with DOTS and who complains of health problems
3. TB Programme Manager is meeting with the MO of a PHI where the number of defaulters is higher than expected
4. MO-TC is meeting with an MO and asking why referral of chest symptomatics is low and how the MO proposes to improve it
5. An MO-TC refuses to go for supervisory visits. The DTO meets with him to try to convince him to do so
6. TB Programme Manager is meeting with an MO-PHI who says she has no time to update treatment cards
7. TB Programme Manager is meeting with an MO-PHI because cases are being wrongly categorized
8. TB Programme Manager is meeting with an STLS who has been returning 100% of cross-checked slides as correct

(Continued)

9. TB Programme Manager is meeting with an LT who is reluctant to perform sputum examinations
10. TB Programme Manager is meeting with an STS of a TU with a low rate of conversion/cure
11. TB Programme Manager is meeting with a PHI-in-charge where treatment cards reveal mis-categorization of patients
12. TB Programme Manager is meeting with a private hospital manager to promote DOTS
13. TB Programme Manager is meeting with a district magistrate/ collector to promote DOTS
14. TB Programme Manager is conducting a preliminary visit to an NGO, seeking partnership
15. TB Programme Manager is meeting with an MPW who refuses to work as a DOT provider
16. TB Programme Manager is meeting with an MPW who is afraid of contracting TB herself
17. TB Programme Manager is meeting with an MPW who is not doing treatment observation as per policy
18. TB Programme Manager is meeting with a PHI-in-charge where the number of cases put on RNTCP treatment is lower than expected
19. TB Programme Manager is meeting with a general practitioner enlisting his support to the programme
20. TB Programme Manager is meeting with a general practitioner who is basing his diagnosis only on radiology

INTRODUCTION

For developing good interpersonal communication (IPC) skills, you, the trainer, will need to be aware of the duties that the TB Programme Managers have to perform. These include motivating and gaining participation and commitment from officials, laboratory personnel, public sector physicians and treatment observers.

In this chapter, you will help the TB Programme Manager participants become better at these duties through role plays. Through the role plays, poor IPC skills and good IPC skills will be demonstrated. Demonstrating poor IPC skills develops insight into common behaviours that occur in real situations. Identification of these will help in working towards developing good IPC skills. Therefore, for the role plays to be effective, two sessions will have to be done for each scene; one highlighting poor IPC skills and the other showing good IPC skills.

In order to help the participants understand the importance and potential pitfalls of non-verbal communication, perform the following exercise: Tell the participants to just observe you without making any comments. Then, sit down in a chair with your arms and legs crossed, your body turned slightly away from the participants, and an annoyed expression on your face. Swing your legs and gaze around the room.

After about 30 seconds, ask the participants to describe what they were feeling when you were sitting in front of them. List their responses on the board or flip chart.

Then discuss:

- Do we communicate without words?
- Describe ways that we communicate without words.

Discuss with them that we need to be aware of what we are communicating non-verbally, for example, boredom, dislike, superiority, impatience. We also need to be aware of what our patients and others communicate non-verbally, such as fear, embarrassment, discomfort and shame.

After this discussion, you will tell the participants that you are going to enact a role play scene for them. Tell them to watch for behaviours that depict poor IPC skills.

Next, choose another trainer (if available) or a participant (if no other trainer is available) to play the part of the STS in the following role play. A trainer should play the part of the TB Programme Manager. You will then enact the following role play scene using as many poor IPC skills as possible (for example, you will yell at the STS, you will have them stand while you sit, you will not listen to their side of the issue, you will interrupt them, and so forth).

Role Play Scene

Programme Manager: You are a TB Programme Manager who is meeting with the staff of a TB Unit which is placing a large number of patients on treatment other than DOTS.

STS [and team]: You do not want your TU to look bad so you have been encouraging doctors not to put “difficult” patients on DOTS. You are reluctant to admit this.

After you have completed enacting the scene, ask the participants to list the poor IPC skills. Write these on the chalk board or flip chart. Then, go through each item listed and discuss the ways in which the poor behaviours could be improved. Spend as much time as needed to thoroughly discuss the poor behaviours. Be sure to discuss nonverbal communication elements such as eye contact, posture, nodding, encouraging or discouraging sounds, etc.

Also discuss the messages about the RNTCP that were conveyed during the scenario. Discuss the accuracy of the messages and, for inaccurate messages, discuss how they could be more accurately conveyed.

Once the discussion is finished, perform the scene again using your best IPC behaviours. Afterward, ask the participants to discuss the differences in the two role play scenes. Encourage them to discuss how the two different scenarios made them feel and how they think the Programme Manager and STS felt in each scene.

After this discussion, inform the participants that everyone in the group is now going to practice IPC skills by doing role plays themselves, with the other participants. Tell them that you will be handing out their roles and that they will perform the scene twice; once using poor IPC skills, followed by a group discussion on how the behaviours can be improved, and then again using good IPC skills.

Split the group of participants into smaller groups of no more than six people per group. Make sure each small group contains an even number of participants. Then, choose scenarios from the list of “Role Play Scenarios for TB Programme Managers” which can be found at the end of this chapter and write the roles on separate pieces of paper to give to the participants in each small group. You can also use your own experiences to come up with other role play scenarios and roles. Make sure that everyone receives a role.

After you have handed out the roles, give the participants a few minutes to think about how they will act out their role. Then, have the participants play each scenario in front of their small group using good IPC skills.

During the play by the trainees, circulate to each group to ensure that participants are exhibiting the appropriate IPC skills, such as smiling, sitting with the patient or other person, looking at the other person when speaking, pausing after asking questions, asking open-ended questions, etc. Also, use the following list of “Key Messages” to guide you as you watch the role play. After each role play by the participants, stop and have the group discuss the good ideas and IPC skills that were exhibited in the role play scene, and also discuss things that could improve IPC skills and improve the accuracy of RNTCP messages.

SAMPLE KEY MESSAGES

Listening and understanding

“Hello. How are you?”

“Please sit down.”

“How are your children?”

“How is your wife/husband?”

“How are your visits to the Microscopy Centres?”

Demonstrating caring

“Your outpatient department seems to be very busy.”

“I know that you have to attend to inpatients and do other routine hospital work.”

“I appreciate that you are regularly attending the review meetings conducted at the CDMO level.”

“I know very well that you are taking active interest in the Programme.”

“It is very good that you are finding time to go to the field for defaulter retrieval action in certain cases.”

“How can I help you?”

Motivating and Problem solving

“Your hard work and dedication to the Programme will help save lives by controlling TB in our country.”

“How is the achievement of the RNTCP in the recent quarter?”

“Your TB Unit has performed well in the most recent quarter. Congratulations!”

“Your TB Unit has the worst performance in the most recent quarter. How can we work together to improve things?”

“I want your suggestions and opinions regarding the training of NGOs.”

“Since you have been working in this institution for a long time, you are the best person to identify active NGOs in the field of health.”

“Your personal contacts will help to achieve better results for the Programme.”

“The last training programme for the Medical Officers was well organized.”

“The improvement in achievement in this quarter compared to the last quarter is definitely due to the teamwork that you have been a part of.”

“Your active involvement will help to achieve even better results in the future.”

“I am optimistic that under your dynamic leadership we will be able to involve all the private practitioners in your area in the RNTCP.”

“I am willing to come with you to meet the IMA president and secretary to finalize the training programme for private practitioners.”

ROLE PLAY SCENARIOS

(These are only some examples. Use your own experiences to come up with other scenarios and roles.)

Scenario 1: TB Programme Manager is meeting with a patient who has completed the intensive phase, feels symptomatic relief, and refuses to submit further sputum samples

Write the following instructions on two separate pieces of paper and hand them out to two participants

Programme Manager: You are a programme manager who is meeting with a patient who has completed the intensive phase and refuses to submit further sputum samples.

Patient: You are a patient who feels well and does not want to submit any more sputum samples.

Scenario 2: TB Programme Manager is meeting with an alcoholic patient who is irregular with DOTS and who complains of health problems

Programme Manager: You are a programme manager who is meeting with a patient who is irregular with DOT. You do not know the reasons.

Patient: You are a patient who is an alcoholic and you do not want to take any more TB medications because you have health problems that you feel are worse with the tablets.

Scenario 3: TB Programme Manager is meeting with the MO of a PHI where the number of defaulters is higher than expected

Programme Manager: You are a programme manager who is meeting with the MO of a PHI because the number of defaulters is higher than expected.

MO of PHI: You are an MO of a PHI and the TB Programme Manager has asked to meet with you. You do not know why.

Scenario 4: MO-TC is meeting with an MO and asking why referral of chest symptomatics is low and how the MO proposes to improve it

MO-TC: You are an MO-TC who is meeting with an MO because referral of chest symptomatics is lower than expected.

MO: You are an MO and the MO-TC has asked to meet with you. You do not know the reason for the meeting.

Scenario 5: An MO-TC refuses to go for supervisory visits. The DTO meets with him to try to convince him to do so.

DTO: You are a DTO who is meeting with an MO-TC who refuses to go for supervisory visits.

MO-TC: You are an MO-TC and the DTO has asked to meet with you. You do not know the reason for the meeting.

Scenario 6: TB Programme Manager is meeting with an MO-PHI who says she has no time to update treatment cards

Programme Manager: You are a programme manager who is meeting with an MO-PHI because the treatment cards have not been updated.

MO-PHI: You are a busy MO who does not feel you have time to update treatment cards and you do not understand why it is important to do so.

Scenario 7: TB Programme Manager is meeting with an MO-PHI because cases are being wrongly categorized

Programme Manager: You are a programme manager who is meeting with an MO-PHI because cases are being wrongly categorized.

MO-PHI: You are an MO-PHI and the programme manager has asked to meet with you. You do not know the purpose of the meeting.

Scenario 8: TB Programme Manager is meeting with an STLS who has been returning 100% of cross-checked slides as correct

Programme Manager: You are a programme manager who is meeting with an STLS who has been returning 100% of cross-checked slides as correct.

STLS: You are an STLS who wants your microscopy centres to have the best records. The programme manager has asked to meet with you but you do not know the purpose of the meeting.

Scenario 9: TB Programme Manager is meeting with an LT who is reluctant to perform sputum examinations

Programme Manager: You are a programme manager who is meeting with an LT who is reluctant to perform sputum examinations.

LT: You are an LT who is meeting with the programme manager but you do not know the purpose of the meeting. You do not like to perform sputum examinations because you are worried about getting TB from the sputum.

Scenario 10: TB Programme Manager is meeting with an STS of a TU with a low rate of conversion/cure

Programme Manager: You are a programme manager who is meeting with the STS of a TU where there is a low conversion/cure rate.

STS: You are an STS and the programme manager has asked to meet with you. You do not know the purpose of the meeting.

Scenario 11: TB Programme Manager is meeting with a PHI-in-charge where treatment cards reveal mis-categorization of patients

Programme Manager: You are a programme manager who is meeting with a PHI-in-charge where treatment cards reveal mis-categorization of patients.

PHI-in-charge: You are a very busy, overworked, PHI-in-charge who is meeting with the TB programme manager. You do not know the purpose of the meeting.

Scenario 12: TB Programme Manager is meeting with a private hospital manager to promote DOTS

Programme Manager: You are a programme manager who is meeting with the manager of a private hospital to promote DOTS.

Manager of Private Hospital: You are a manager of a private hospital who does not know anything about DOTS but you are very suspicious of anything different for treating TB.

Scenario 13: TB Programme Manager is meeting with a district magistrate/collector to promote DOTS

Programme Manager: You are a programme manager who is meeting with a district magistrate/collector to promote DOTS.

District Magistrate/Collector: You are a district manager/collector who does not feel you have time for any new programmes in your area. A TB Programme Manager has asked to meet with you.

Scenario 14: TB Programme Manager is conducting a preliminary visit to an NGO, seeking partnership

Programme Manager: You are a programme manager who is conducting a preliminary visit to an NGO seeking partnership.

NGO Representative: You are an NGO representative who does not know about DOTS. You have many programmes interested in your help and you need to be persuaded that DOTS would be helpful.

Scenario 15: TB Programme Manager is meeting with an MPW who refuses to work as a DOT provider

Programme Manager: You are a programme manager who is meeting with a MPW who refuses to work as a treatment observer.

MPW: You are an HW who is busy with your work and you do not want to take on another responsibility—DOT.

Scenario 16: TB Programme Manager is meeting with an MPW who is afraid of contracting TB herself

Programme Manager: You are a programme manager who is meeting with an MPW who is afraid of contracting TB.

MPW: You are an HW who is afraid of contracting TB and you do not want to be near TB patients.

Scenario 17: TB Programme Manager is meeting with an MPW who is not doing treatment observation as per policy

Programme Manager: You are a programme manager who is meeting with an MPW who is not doing treatment observation as per policy.

MPW: You are an MPW who thinks that it is all right to give the patients their tablets to take home with them.

Scenario 18: TB Programme Manager is meeting with a PHI-in-charge where the number of cases put on RNTCP treatment is lower than expected

Programme Manager: You are a programme manager who is meeting with a PHI-in-charge where the number of cases put on RNTCP treatment is lower than expected.

PHI-in-charge: You are a PHI-in-charge and the programme manager has asked to meet with you. You do not know the purpose of the meeting.

Scenario 19: TB Programme Manager is meeting with a general practitioner enlisting his support to the programme

Programme Manager: You are a programme manager who is meeting with a general practitioner who has many TB patients coming to him for treatment.

General Practitioner: You are a general practitioner who believes that referring

TB patients to a nearby health centre would affect your practice and you may even lose your patients.

Scenario 20: TB Programme Manager is meeting with a general practitioner who is basing his diagnosis only on radiology

Programme Manager: You are a programme manager who is meeting with a general practitioner who is giving anti-TB drugs only on the basis of radiology.

General Practitioner: You are a general practitioner who believes that radiological examination alone is sufficient to diagnose TB and give anti-TB drugs.