

# FACILITATOR'S GUIDE

## TB CASE MANAGEMENT DESKGUIDE TRAINING

### General

1. The TB Case Management Deskguide used for the training will help the county level TB doctors getting clear understanding/awareness which will improve their ability to provide better quality TB service.
2. Participants will be given the deskguide and the participant's training module at least one day before the training and they are strongly advised to read the deskguide in advance. Every facilitator will also receive a the facilitator's training module which will be used for future training of county TB doctors in your own prefecture.
3. Facilitators have to be participants in the beginning as part of the training in order to be familiar with the materials and training methods. Prior to running the courses in your own prefecture, all facilitators will participate the training of county level doctors in either Nanning or Baise prefecture, to observe how the course can be run by your fellow facilitators.
4. The training will employ participatory approach which encourages more interactive activities such as group discussion and role play. You will be a facilitator rather than a lecturer.
5. **It's strongly recommended** that the number of trainees in each 1 day workshop should be confined to 20-30. Two workshops would be arranged in case of prefectures having a large number of county TB staff (TB coordinator and TB doctor). Each workshop is designed for one day.

### Facilitating Skills and Procedures:

#### 1. Preparing the course

The course room must be booked and all equipment and supplies needed during the course are available. During the course the facilitators are responsible for ensuring that the environment is suitable for learning, For example that the room is not too hot or too noisy, that there are tables and

chairs are re-arranged for the roll-play consultation exercises, and that the course runs to time.

## **2. Address the purpose of the training course.**

Explain that:

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

## **3. Timekeeping**

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

## **4. Brief introduction and reading of each section**

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

- 1) ☞ means that this section needs to be emphasised or given a conclusion;
- 2) Vertical lines mean that this part need to be read by the participants.



## **5. Facilitating role plays**

- 1) Inform participants that they will do the role-plays in group of 3-4 people. And tell them that role play can enhance the participants' understanding of what they have just read and is the best way to teach communication skills.

- 2) Give clear instructions about how many participants should be in each group – this is different for different role-plays. Divide the participants into groups and make them decide who play which role (eg. patient, doctor, treatment supporter and the observer).
- 3) Introduce the role-play setting briefly and clearly, including time, place, people, different roles etc. (Refer to the relevant pages of the deskguide if necessary). Tell them how much time is available for the role-play (at least 15 minutes. Refer to the suggested workshop time table in the end).
- 4) Before starting, encourage participants to imagine the real scene, and imitate their roles' words and behavior, fears or worries in a proper way from the perspectives of the roles-played. Also remind them to consider the communication skills. The observer should listen and watch carefully while also glancing at the deskguide, so that he/she will be able to give good comments on what was good and could be done better by the doctor.
- 5) Start role-play exercises. You should walk around every groups and if necessary guide the role-play or provide supports. Make sure participants take turns in each role (Dr, patient and observer). If you find some individuals do not speak much, encourage them participate actively.

## **6. Facilitating group discussion**

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

After each role-play session or reading session, encourage group discusses within its partners. Facilitator should not hold your words until the role play ends. Please give more time and opportunity for your participants to speak.



## **7. Summarising a section before the lunch break**

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

## **8. Summarising at the end of the day**

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

## **9. Immediate supervisory follow-ups**

Immediate supervisory follow-ups are very important to ensure the quality of training as both a check point and reminder. Each prefecture should visit all county TB dispensaries within two weeks after the completion of training. The supervisory trip should be carried out by trained facilitators in the prefecture TB dispensary. Please refer to *the Deskguide Training Supervisory Check-list* for details. This form should be filled during the visit and a copy should be given to the supervised county TB dispensary before departure.

It is natural to find problems after the training. People need time to learn and practice. Do not scold them. Give constructive feedbacks based on the knowledge learned from the deskguide and training module.

### Suggested workshop time table (for reference only)

Time	Content	Facilitator
One day prior	Preparation for the course: Suitable room and equipment including writing board, pen, register book, and feedback questionnaire for trainees.	
8:30-8:40	Welcome and address the purpose of the training course. See P2, Addressing the purpose	
8:30-8:45	Chapter 1/Training Module(TM): Introduction to TB Case Management Deskguide	
8:45-9: 00	Chapter 1: Introduction	
9:00-10:10	Chapter 2: Strengthen communication skills. Suggest 15-20 minutes for role plays.	
10:10-10:20	Tea Break	
10:20-11:40	Chapter 3: Educating TB patient and choosing treatment supporters. Suggest 15 minutes for Exercise 1 and 20 minutes for Exercise 2.	
11:40-12:00	Feedback and Discussion. Summarise the morning and announce topics in the afternoon.	
14:30-15:50	Chapter 4: Educating the treatment supporter. Suggest 15 minutes each for Exercise 1 and 2.	
15:50-16:00	Tea Break	
16:00-16:20	Chapter 5: Follow up patients at their homes	
16:20-17:00	Chapter 6: Reviewing patients at the TB dispensary	
17:00-17:30	Feedback and discussion. Announce the immediate supervisory visits to county TB dispensaries in two weeks. Ask participants to fill the feedback form.	

## **KEY POINTS to be a good facilitator**

### **DO...**

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

### **DON'T...**

- **Don’t lecture the class in the traditional way – just introduce and briefly summarise sections of the course at the appropriate times.**
- **Don’t talk too much during group discussion sessions! Encourage and lead discussion amongst the participants instead.**
- **Don’t pull faces or show surprise if someone gets things wrong – this is very demotivating. Instead help them to see their mistake and how to correct it.**
- **Don’t get distracted by other matters when the participants are working through the course – this would make you unavailable to help and you may miss the fact that someone is having difficulties**