Assessment of communication and clinical skills of community health workers in rural Uganda

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Outline

• Background
• Objective of the study
• Methodology
• Results
• Learning
Background

Increased importance to assess quality of care

• As ICCM programmes are growing in number and scale, there is an increasing importance to assess the quality of care provided to ensure children are managed appropriately.

Communication skills are as key as clinical but overlooked

• While assessment of ICCM services tend to focus on clinical aspects, interpersonal care should be equally placed as a key process of quality of care to effectively improve health outcomes.
Good quality sick child consultation should:

• Combine clinical and interpersonal communication skills

• Leading to:
  • Positive **rapport** between child, caregiver and CHW
  • Disclosure by the caregiver of sufficient/relevant **information** for diagnosis purpose
  • Accurate clinical **diagnosis** by CHW
  • **Treatment** decision by CHW relevant with diagnosis
  • **Understanding** by the caregiver of the child’s condition and prescribed treatment
  • **Commitment** by caregiver and CHW to comply with treatment/referral and follow-up
Objectives of the study

Clinical

• Are the CHWs able to consistently apply the clinical guidelines?

Interpersonal care

• What interpersonal communication skills are applied by CHWs?
Methodology

- Small operational research study within large scale ICCM programme implementation in mid-western Uganda
- 1 district, 20 CHWs, 40 consultations
- Used mixed methods, primarily qualitative:
  - direct observation of sick child consultation
  - exit interview with caregivers
  - in-depth interview with CHWs
- Clinical skills: assessed against the “Sick Child Job Aid”
- IPC skills: structured observation checklist for 3 core competencies:
  - Socio-emotional care
  - Diagnosis and problem solving
  - Counselling and education
Preliminary results based on observations
Strong technical skills observed in CHWs

Most CHWs correctly applied technical skills (assess, classify and treat), and are strongly guided by the use of the Sick Child Job Aid.

- The job aid was used and followed in all 40 consultations observed.
- Job aid was used to explain tests and diagnosis (conclusion) as well as treatment.
- Rapid diagnostic tests for malaria (RDTs) were systematically and properly used when assessing for malaria.
Correctness of diagnostic and treatment information; use of the respiratory timer and choice of drug regimen

Preliminary results from 40 observations
Practices with scope for improvement

- Tendency to work mainly from self-reported symptoms
- Tendency not to ask about duration of symptoms
- Ask for age of the child later in the consultation
- Deviation from guidelines was observed when the job aid was not explicit enough (e.g. when and where to go if child does not get better)
- Use of respiratory timers remains challenging (no specific job aid)
Three core interpersonal competencies observed

1. Caring & emotional support was evident
   - “Alex, I am sorry that you are not feeling well. Take heart, you will be okay”, Zadoki Focus, CHW, Buhunga

2. Counselling was present but often limited to instructions giving

3. Diagnosis and problem solving was weak
Examples of socio-emotional care observed

<table>
<thead>
<tr>
<th>Activity</th>
<th>N=40</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHW made body contact with sick child e.g. touching</td>
<td>40</td>
</tr>
<tr>
<td>Positive facial expression</td>
<td>39</td>
</tr>
<tr>
<td>Sociability observed in the consultation</td>
<td>36</td>
</tr>
<tr>
<td>Words of empathy</td>
<td>34</td>
</tr>
<tr>
<td>Words of partnership</td>
<td>33</td>
</tr>
<tr>
<td>CHWs handled sick child's interruption with understanding</td>
<td>31</td>
</tr>
</tbody>
</table>

N=Total Number of observations
Examples of counselling and education skills observed

<table>
<thead>
<tr>
<th>Skill Description</th>
<th>N=40</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corrected misconceptions</td>
<td>17</td>
</tr>
<tr>
<td>Asked caregiver to repeat/describe treatment instructions</td>
<td>16</td>
</tr>
<tr>
<td>Discussed follow-up visit</td>
<td>16</td>
</tr>
<tr>
<td>Asked caregiver about potential challenges to compliance</td>
<td>13</td>
</tr>
<tr>
<td>Asked caregiver perspective on cause of illness</td>
<td>9</td>
</tr>
<tr>
<td>Asked caregiver what changes they will make</td>
<td>2</td>
</tr>
</tbody>
</table>

N=Total Number of observations
Main drivers of satisfaction

Caregivers
- being given a solution
- caring attitude with the child
- use of Job Aid shows honesty

CHWs
- helping, solving a problem

« You see if you (CHW) don’t handle that child very well, that means the child will fear and that child will not be able to take that medicine, so it is very important to treat the child well. And it can give the caregivers that confidence in you, they can say such and such a CHW is very good to our children, she plays with them so they keep coming » (CHW)
Learning

- Sick child job aid is a trusted guide for both CHW & caregiver and appears to contribute to quality of care
- Interpersonal skills are the key drivers of caregivers’ satisfaction, impacting positively on the CHWs’ clinical skills
- For this reason, joint focus on interpersonal and clinical skills can improve quality of care
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Thank you