



## Breakthrough ACTION-Nigeria



# BUILDING TRUST AND EMPATHY AROUND COVID-19 TRAINING MODULE

## FACILITATOR'S MANUAL

MAY 2022



# Acknowledgements

To be effective and trusted, health care workers must be able to communicate with their clients clearly and empathically. It is essential that health care workers can connect with their clients and demonstrate empathy when interacting with them during challenging times such as the COVID-19 pandemic. This is even more important as the pandemic is in its second year now and it has taken its toll not just on the health system alone but the health care workers as well.

The **Building Trust and Empathy Around COVID-19** training manual recognizes the importance of selfcare while promoting effective positive client-provider interactions. The modules are a build-off from global and local evidence on COVID response and complements the National Interpersonal Communication and Counselling manual in a way that ensures health workers have the tools and capacity to address vaccine hesitancy and encourage COVID-19 prevention, testing and vaccination behaviors as outlined in the national guidelines and policies.

This training manual is designed for health care workers who are in contact with clients at health facilities and in communities. It is an interactive training manual that aims to improve healthcare workers' skills in communicating about COVID-19 using hands-on practice, post-training coaching support and visual job aids. These approaches also aim to build skills that will promote healthcare worker's empathy for clients, improve client (and provider) experience, quality of care and ultimately improve health outcomes related to COVID-19.

We appreciate the partnership, contribution and continuous support of all stakeholders in the public and private sectors, including representatives of the Federal Ministry of Health, National Primary Health Care Development Agency, Nigeria Centre for Disease Control, National Agency for the Control of AIDS, National AIDS/STI Control Programme, World Health Organization (WHO), PEPFAR implementing partners, towards ensuring a successful development and cascading of the training content.



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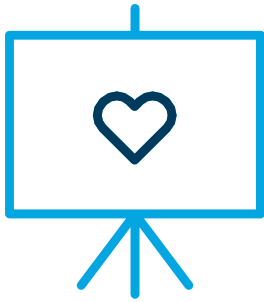
# Abbreviations and Acronyms

CDC	-	Centers for Disease Control and Prevention
FGD	-	Focused Group Discussion
HCW	-	Healthcare Worker
HIV	-	Human Immunodeficiency Virus
IPC	-	Interpersonal Communication
MERS	-	Middle East Respiratory Syndrome
NCDC	-	Nigeria Centre for Disease Control
NPHCDA	-	National Primary Health Care Development Agency
SARS	-	Severe Acute Respiratory Syndrome
WHO	-	World Health Organization

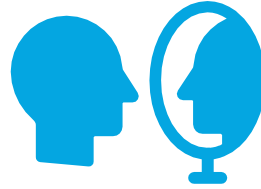
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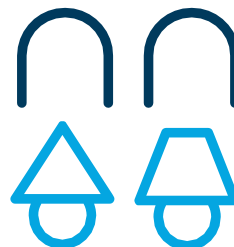
**Presentation**



**Self-Reflection**



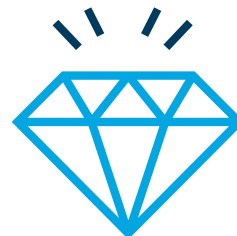
**Brainstorm**



**Role Play**



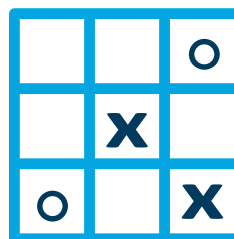
**Facilitator Role**



**Values**



**Discussion**



**Activity**

# Introduction to the Facilitators' Manual

A competent and empathic health care worker (HCW) is central to health care service delivery, including ensuring the uptake of COVID-19 testing and vaccines. Given this, there is a great deal of attention to building HCWs' abilities and attitudes.

This training manual is designed for training facility-based health care providers in Building Trust and Empathy During COVID-19 skills. It is an interactive training module that will give providers skills and hands-on practice and uses experiential learning to teach the skills to health care providers. The focus of this training manual is on promoting provider empathy for clients, improving client-provider interaction as well as client experience, and ultimately improving COVID-19 outcomes.

## What is Collaborative Learning?

Collaborative learning (CL) is an educational approach to teaching and learning that involves groups of learners working together to discuss issues and challenges, seek appropriate solutions, plan for future actions, and advance their individual and collective learning goals.<sup>1</sup> It draws on a cluster of interrelated social and behavioral science theories that aim to describe how practices, norms and behaviors become embedded in different social settings (including health services), such as Social Network Theory,<sup>2</sup> Diffusion of Innovations Theory,<sup>3,4</sup> and Normalization Process Theory.<sup>5</sup> Group problem solving and collaborative learning have been shown to be effective in improving the attitudes and performance of health service providers in low- and middle-income countries.<sup>6,7,8</sup>

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1. Laal M, Laal M. Collaborative learning: what is it? *Procedia - Soc Behav Sci.* 2012;31:491–495.

2. Smith KP, Christakis NA. Social networks and health. *Annu Rev Sociol.* 2008 Jul 7;34:405–429.

3. Coleman JS, Katz E, Menzel H. *Medical innovation: a diffusion study.* Indianapolis: The Bobbs-Merrill Company; 1966. 46, 2, 67p. p. 481–483.

4. Rogers EM, Singhal A, Quinlan MM. *Diffusion of innovations. An integrated approach to communication theory and research.* 3rd ed. New York: Taylor and Francis; 2019. p. 415–433.

5. May C. A rational model for assessing and evaluating complex interventions in health care. *BMC Health Serv Res.* 2006;6:1–11.

6. Dieleman M, Gerretsen B, van der Wilt GJ. Human resource management interventions to improve health workers' performance in low and middle income countries: a realist review. *Health Res Policy Syst.* 2009;7:1–13.

7. Rowe AK, Rowe SY, Peters DH, et al. Effectiveness of strategies to improve health-care provider practices in low-income and middle-income countries: a systematic review. *Lancet Glob Heal.* 2018;6:e1163–75.

8. Bailey C, Blake C, Schriver M, et al. A systematic review of supportive supervision as a strategy to improve primary healthcare services in Sub-Saharan Africa. *Int J Gynecol Obstet.* 2016;132:117–125.

## Evidence Supporting Collaborative Learning

There is a pressing need to improve the quality of training and to move away from one-off in-service training. This needs to be combined with other proven approaches, such as job aids/reference tools and supportive supervision, as well as opportunities to learn from and with each other through peer-to-peer or collaborative learning.

Given the essential role that HCWs play and the need to ensure that services are not disrupted by in-person trainings, Breakthrough ACTION Nigeria (BA-N) seeks to address their information and training needs related to promoting COVID-19 vaccination and testing uptake as well as prevention, leveraging a collaborative learning approach that blends in-person training with follow-up, spaced over time digital and job aid supports.



*If new information is not applied, about 75% of it will be forgotten after just 6 days!*

This approach will address the forgetting curve, strengthen bonds among HCWs, and provide an opportunity to identify HCW who are already convinced of the importance of the COVID-19 vaccines to work with their peers to address their concerns and serve as a champion, following the positive deviance approach, among their peers.

## Components of This CL Approach

- **Build Skills:** 2-day, in-person training of trainers who then cascade the training to facilities
- **Foster Connection, Ongoing Learning & Problem Solving:** Ongoing follow-up and peer-to-peer learning through a facilitated WhatsApp Group with weekly discussion posts
- **Sustain Knowledge Gained:** Reference materials, such as job aids
- **Motivate & Award Learners:** Recognize champion health care workers who complete the CL approach and are nominated by the head of their facility to receive additional training

## Who will use this training manual?

The training manual is designed for use by trainers to build skills of health care providers who are in contact with clients at the health facility level.

## Why focus on Building Trust and Empathy?

Good communication skills are the heart of effective health care. Providers can have the best technical skills, but if they are unable to build trust and open communication with their clients, their work will not be as effective. To be effective and trusted, providers must be able to communicate with their clients empathically and effectively, actively listen to them, and provide comfort as they address COVID-19 vaccine hesitancy among other challenges.

Focusing on building trust and empathy is critical to:

- Increase the quality of providers' counselling skills.
- Assist clients in making informed decisions for themselves and their families related to COVID-19.
- Attract new clients and generate increased demand for services based on satisfied clients who provide positive feedback and encourage their friends and families to also seek services and be vaccinated against COVID-19.
- Retain clients who need to return for follow-up or other services.
- Build trust between clients and providers, which can help improve the quality of services.

# Goal of Building Trust and Empathy Training

The immediate goal of this training is to enhance the skills of facility-based providers in Nigeria to practice empathy and address client concerns about COVID-19 testing and vaccines. The ultimate goal is to increase the percentage of health care providers who provide quality client-centered care which leaves both the client and provider satisfied.

## Objectives of Building Trust and Empathy Training

By the end of the training, participants will be able to:

- Understand elements of quality interpersonal communication and counselling
- Understand why empathy is key to building trust with clients
- Identify techniques for practicing empathy and compassion to enhance interactions with clients
- Understand how best to effectively communicate about COVID-19 vaccination and address vaccine hesitancy
- Understand and find ways to address provider stress and fatigue

## Note to the Facilitator

This manual is designed for effective training of health care workers to improve their skills in building trust and empathy to improve client-provider interactions for both parties. In an effort to make this an effective learning experience, facilitators should note the following:

**Participant-centered learning:** This training manual is designed using adult learning principles and techniques, which are focused on actively involving the participants in the learning process by utilizing a variety of interactive training approaches such as role playing, brainstorming, group discussion, observation, and demonstrations.

Participants will practice the skills they are learning instead of just reading or hearing the facilitator talk about them. The role of the facilitator is to help the learner transform information gathered into useful knowledge and practice.

**Goal of the training manual:** This training manual contains guidelines, instructions, and notes to enable facilitators to effectively conduct training of health care workers. The main goal of the manual is to help facilitators present information effectively, respond to participant questions, and lead discussions

and other activities that reinforce learning and practice.

**Making it your own:** This training manual contains a good deal of information though it is up to the facilitators to make it their own. Facilitators are encouraged to add their own experiences, stories, and content that may enhance and improve the learning experience for the participants. Facilitators should review each session before use to adapt it to the specific needs of the audience, whether it be People Living with HIV (PLHIV) or the general population.

**Preparation:** Required session-specific materials are listed per session. However, facilitators may need additional materials that are required for training in general. Facilitators should ensure they have all materials needed before starting any training. If facilitators have access to a projector, screen, and laptop, there is a slide deck (power point) that can be used to reinforce key concepts. Facilitators can also use a printed set of the slide deck

## Module One ●●●

# COVID-19 Prevention Including Vaccination

### Overall Goal

To enhance support for health care workers in understanding the importance of COVID-19 vaccination and addressing vaccine-hesitant clients

### Objectives

By the end of this session, participants will be able to:

1. Refresh what you know about COVID-19
2. Appreciate the importance of the COVID-19 vaccine
3. Understand reasons for vaccine hesitancy

### Module Overview

TOPIC	DURATION	METHOD	MATERIALS
Day 1 Recap	15 minutes	Reflection Discussion	<ul style="list-style-type: none"><li>• Facilitator's guide</li><li>• Flipchart</li><li>• Flipchart marker</li></ul>
Overview of COVID-19	15 minutes	Presentation	<ul style="list-style-type: none"><li>• Facilitator's guide</li></ul>
COVID-19 Vaccines	40 minutes	Presentation Activity Group Discussion	<ul style="list-style-type: none"><li>• Facilitator's guide</li><li>• Presentation</li><li>• Sheets of paper for participants</li><li>• Pens/markers</li></ul>
Vaccine Hesitancy	20 minutes	Presentation Group Discussion	<ul style="list-style-type: none"><li>• Presentation</li><li>• Facilitator's guide</li><li>• Flipchart</li><li>• Marker</li></ul>

## Day 1 Recap



### **Discussion: What concrete steps are you determined to take to be more empathetic?**

Welcome back participants and ask them to reflect upon what they learned yesterday. Write down on a paper 1-3 concrete steps that they will take to be more empathetic and then share their list with the person sitting to their left - or ask for 3-5 volunteers to share with the group their responses.

- What concrete steps are you determined to take to be more empathetic?

## Overview of COVID-19



### **Presentation**

Use the facilitator's notes below to share some facts about COVID-19's origins.



### **Facilitator's Notes**

#### **COVID-19: What you should know**

- SARS-CoV-2 is one of seven types of coronavirus, including the ones that cause severe diseases like Middle East respiratory syndrome (MERS) and sudden acute respiratory syndrome (SARS).
- The other coronaviruses cause most of the colds that affect us but are not serious threat.
- In early 2020, the World Health Organization identified SARS-CoV-2 as a new type of coronavirus. The outbreak which originated in China, quickly spread around the world.
- COVID-19 is a disease caused by SARS-CoV-2 that can trigger respiratory tract infection. It affects the upper or lower respiratory tract.
- It spreads mainly through person-to-person contact. Infections can be mild, moderate, or severe.

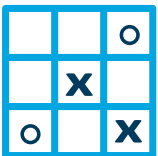
- The main symptoms include:
  - Fever
  - Coughing
  - Shortness of breath
  - Fatigue
  - Body aches
  - Headache
  - Sore throat
  - Congestion/runny nose
  - Loss of smell or taste
  - Nausea
  - Diarrhea
- Someone with COVID-19 may also not have any symptoms (be “asymptomatic”).

## COVID-19 Vaccines



### Facilitator’s Notes

This activity will engage participants to see what they know and/or understand about the COVID-19 vaccines through a fact or myth activity. Ask participants to write the word “Fact” on one sheet of paper and “Myth” on another sheet of paper. Ask for a volunteer to read the statement on the screen and then ask participants to raise the sheet of paper corresponding with what they believe about the statement - is it a fact or myth. Take a moment to observe the different responses and then ask for a volunteer to share why they selected what they selected. Then read the slide with the answer on it and provide additional background information as shared below.



### Activity: Fact or Myth?

1. COVID-19 vaccine is not safe because of the quick rollout.
 

**Fact:** Thorough safety standards and trials were met. As of January 2022, **more than 9.2 billion vaccine doses have been administered around the world.\*** For over a year, health issues in post-vaccination patients have been continually monitored to identify any long-term concerns. So far, **no vaccines have demonstrated any serious safety concerns.** Furthermore, there is **no increased risk of death amongst COVID-19 vaccine recipients.** In fact, people who receive a COVID-19 vaccine have lower death rates from all causes than unvaccinated persons.

2. I have had COVID-19 so I don't need the vaccine.

**Fact:** Natural immunity length is unknown. Vaccines prevent the possibility of re-infection and severity. After getting COVID-19, people do get an immune response, but this varies from person to person, and it depends on whether you had a mild infection or whether you had a more severe infection. And we know from many studies now that if someone has had a very mild or asymptomatic infection, they may have only low levels of antibodies formed in their system. . So, this is why we still recommend that even if you've had COVID-19 infection, that you should go ahead and take the vaccination when it's available to you, because the vaccine then serves as a boost to the immune system. (Source: [WHO Science in 5](#))

3. Immunocompromised, pregnant and breastfeeding women should get the vaccine.

**Fact:** Immunocompromised, pregnant and breastfeeding women can get the vaccine. Based on all the evidence that we have, it is not only safe for breastfeeding mothers to be vaccinated, but it is also highly recommended. It is important for her own health that she be protected from COVID-19 and that she's able to take care of her family as best as possible and doesn't get too sick and there is no reason that the vaccine would be any less effective in a breastfeeding mother than in a non breastfeeding mother. There is no evidence that the vaccine would allow for the virus to be transmitted to the child while there is evidence that pregnant women and people who are immunocompromised are more susceptible to severe disease if they are not vaccinated. A (Source: [WHO Science in 5](#))



### Group Discussion

Lead the participants in a group value clarification discussion about COVID-19.

Ask the following questions:

- How has correct knowledge affected your values about COVID-19 vaccine?
- What about religion?
- What about experience?
- Any close family or friends or personal COVID-19 experience?

- If you had the power to do anything about the pandemic and deaths, what would you have done?

Write the participants' responses on a flipchart and discuss what some of the common themes are in participants' responses.



### Facilitator's Notes

#### How vaccines work

- Vaccines prime the immune system to recognize and attack a particular pathogen in the future.
- This can be done in a variety of ways:
  - by inactivating the pathogen (as in the injected polio vaccine) or
  - weakening it (as in the measles vaccine), by using only part of it (pertussis), or
  - by combining it with a protein that helps it provoke an immune response (pneumococcal vaccine).
- A vaccine will usually prevent the onset of a disease or reduce its severity.
- They prime the immune system to recognize and attack a particular pathogen if it shows up in the body in the future.



The body is exposed to a weakened or dead pathogen



The body's immune cells make antibodies to attack the pathogen



If the body is exposed to the pathogen again, the body will be prepared with antibodies

## **Vaccines protect the community**

Vaccines have the potential to protect more than just the individual. This is known as community immunity (or herd immunity). Community immunity occurs when enough people in a population are protected against an infectious disease to significantly interrupt the disease's transmission

(Source: <https://www.cdc.gov/vaccines/terms/glossary.html>)

\*\*\*Community immunity is particularly important for protecting the health of the elderly, young children and individuals with compromised immune systems, who may not be able to receive vaccines.

## **Benefits of vaccination**

- Vaccines protect us from serious diseases and also prevent the spread of those diseases to others.
- Over the years vaccinations have halted epidemics of once common infectious diseases such as measles, mumps, and whooping cough.
- Vaccination helps reduce the social and psychological toll of illness on people and lessens the burden on hospitals and healthcare systems.
- Thanks to vaccination, smallpox has been completely wiped out. The last case of naturally contracted smallpox was in 1977 and it was eradicated in 1980.



## **Facilitator's Notes**

End this overview session on COVID-19 vaccines with the graph showing how COVID-19 has grown gradually less lethal over the pandemic, mainly due to immunity, the majority of which has come from vaccines. This graph shows the evolution of COVID-19 infection fatality ratio in England in comparison to the percentage of adults with antibodies from vaccinations versus from those who have had COVID.

## Vaccine Hesitancy



### Presentation

- Use the facilitator's notes below to introduce what is vaccine hesitancy.



### Facilitator's Notes

#### What is vaccine hesitancy?

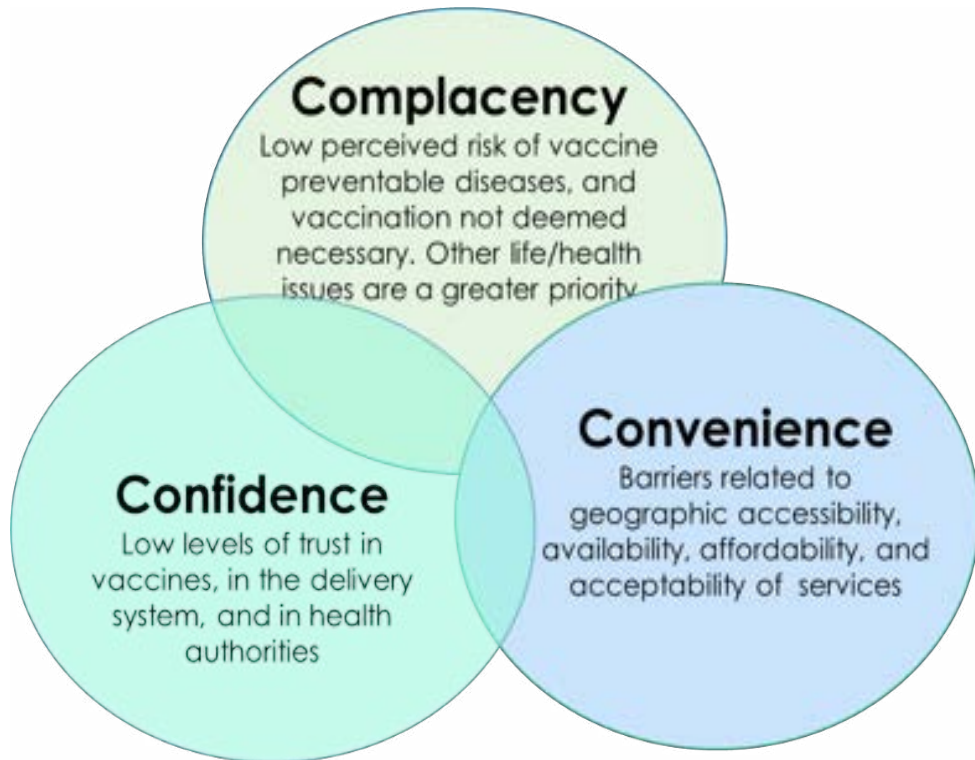
Vaccines are one of the most effective medical interventions available and save millions of lives each year. Despite this, vaccine-preventable diseases are re-emerging and vaccine acceptance remains suboptimal for routine immunizations as well as other immunizations. Unfortunately, the vaccines themselves don't save lives. Vaccination is what saves lives.

Attitudes toward vaccines fall on a continuum; see the figure on this slide. While we have many effective and safe vaccines available, an increasing number of individuals can be classified as vaccine hesitant. Vaccine hesitant patients are those who may refuse some vaccines, agree to others, delay vaccines, or accept vaccines but are uncertain about this decision.

Vaccine refusal has been associated with increased risk of contracting vaccine-preventable disease, and vaccine hesitancy is troubling because of its effects on herd immunity at the population level.

## What contributes to vaccine hesitancy?

The 3Cs model for vaccine hesitancy

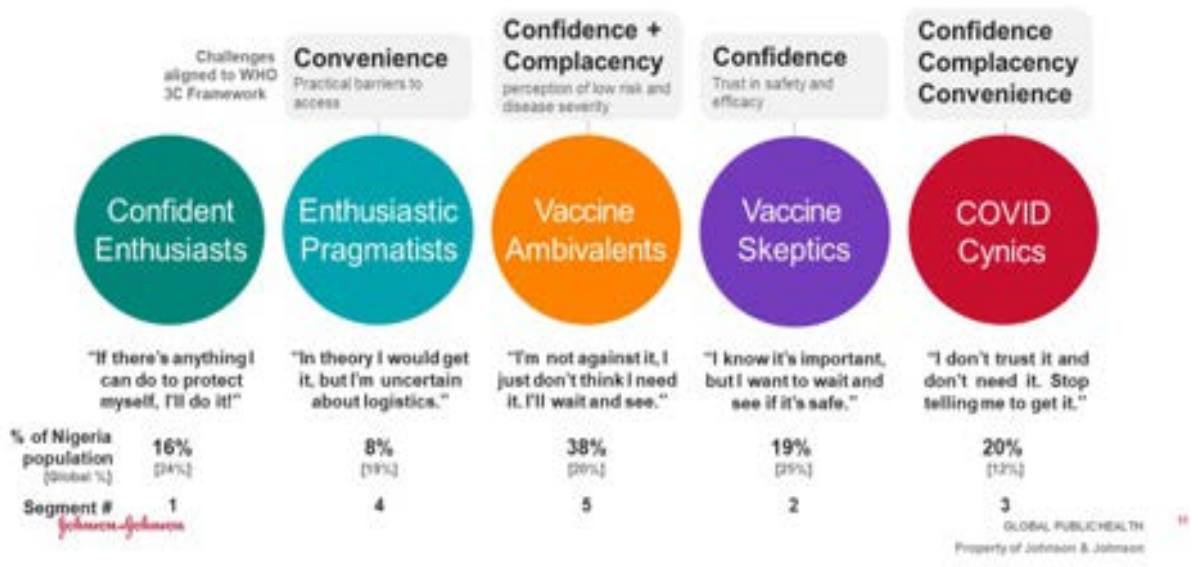


## A snapshot of the different vaccine hesitant groups

Here are the vaccine hesitancy groups based on Nigeria data.

Why are people generally hesitant to be vaccinated?

## A snapshot of the different vaccine hesitant groups



Determinants of vaccine hesitancy can be grouped into domains: contextual influences, individual and group influences including societal and peer norms, and vaccine-specific influences that are related to vaccine characteristics or the vaccination process.

Within the context of COVID-19, several drivers of vaccine hesitancy have been identified.

- Safety is the most pressing driver, including quality control and side effects, in part due to concerns related to the rapid development of vaccines.
- Vaccine effectiveness is another factor.
- Another issue is the sheer amount of misinformation, largely being disseminated via social media platforms.

Vaccine hesitancy is an issues of growing concerns and individuals each have their own reasons to be hesitant about vaccination. These are often related to:

- Misinformation
- Personal beliefs
- Bias
- Fear

Source: <https://coronavirus.jhu.edu/vaccines/report/building-trust-in-vaccination>

### **What are the reasons driving vaccine hesitancy in Nigeria?**

*54% are “concerned about side effects”, followed by “plan to wait to see if it’s safe.”*

Data source: <https://covidbehaviors.org/subnational>, March 2022

### **Reasons PLHIV are reluctant to be vaccinated**

People living with HIV are at a greater risk of becoming infected with COVID-19 as well as having more severe outcomes. However, many remain reluctant to get the vaccine. There are many reason why, including:

- Safety concerns—often regarding vaccine ingredients or worry over interaction with ARVs
- Misperceptions—conspiracy theories and false links between vaccines and severe adverse events
- Mistrust—PLHIV may be less confident in government and

the health system

- Risk perception—low perceived risk of being infected in the first place, and of the severity of the disease if infected
- Convenience—accessibility, affordability, and availability of the vaccine and vaccination services

\*Note should be updated to just list the main reasons without the descriptors related to PLHIV if the audience for the training is general health care providers and not just those who work with PLHIV because safety concerns, misperceptions, mistrust, risk perception, and convenience are all reasons cited by the general population about why they are vaccine hesitant as well.

### Address safety & side effects concerns

Ask for volunteers to read the slide aloud. Have someone read the text in the left-hand column and someone else read the explanation in the right-hand column.

If the person says...	Then explain...
“I worry about <b>short-term side effects</b> after getting the vaccine.”	The COVID-19 vaccines <b>stimulate your immune system</b> to protect you from the virus. Many people don’t experience any side effects; however, some common vaccine side effects include fever, headache, fatigue, soreness, or a lump under the skin where the shot was given. These <b>all are usually mild and temporary</b> .
“I’m <b>worried about the long-term effects</b> of the vaccines on my health. I <b>want to wait and see how safe the vaccine is</b> until others have taken it first.”	Vaccine <b>safety is an important concern</b> . Fortunately, there are protocols already in place requiring companies to investigate any reports of health problems post-vaccination. If any health issues are directly linked to a vaccine, it will immediately be suspended from being distributed while corrective measures are implemented. As of January 2022, <b>more than 9.2 billion vaccine doses have been administered around the world according to WHO</b> . So far, <b>no vaccines have demonstrated any serious safety concerns</b> .

# Addressing COVID-19 vaccine efficacy doubts

If the person says...	Then explain...
<p>“I don’t know enough about COVID-19 vaccines to make an informed decision.”</p>	<p>All COVID-19 vaccines work with the body’s natural defences to safely develop an immunity to the disease. That means that if you get exposed to the virus after being vaccinated, <b>your body is ready to fight the virus</b> and helps prevent you from getting severe illness or dying. Also, by being immunised, <b>you reduce the likelihood of transmitting COVID-19 to others.</b></p>
<p>“I’ve heard that vaccines don’t always work, and you can still get sick.”</p>	<p>It is still possible for someone to get infected with COVID-19 after being fully vaccinated. Once you are fully vaccinated, <b>you are less likely to have COVID-19 symptoms than someone who is not vaccinated.</b> Also, all of the approved vaccines have been shown to reduce the risk of becoming very sick, being hospitalised, dying from COVID-19, or spreading it to others.</p>



### Group Reflection & Discussion

Ask for volunteers to provide some specific examples of vaccine hesitancy that they have

come across in their communities and facilities.

- Have you encountered any examples of vaccine hesitancy?
- How has the hesitancy been expressed?

## Module Two ●●●

# Communicating about COVID-19 Vaccination

### Overall Goal

To enhance support for health care workers in discussing COVID-19 vaccination with clients

### Objectives

By the end of this session, participants will be able to:

1. Know the strategies to effectively communicate with clients who may be hesitant to get the COVID-19 vaccine
2. Reflect on and apply these strategies
3. Counsel clients who may be hesitant

### Module Overview

TOPIC	DURATION	METHOD	MATERIALS
<b>What are some evidence-based approaches to communicating about COVID-19?</b>	5 minutes	Brainstorming Discussion	<ul style="list-style-type: none"><li>• Facilitator's guide</li><li>• Flipchart</li><li>• Flipchart marker</li></ul>
<b>Presumptive Communication</b>	10 minutes	Presentation Group Discussion	<ul style="list-style-type: none"><li>• Facilitator's guide</li><li>• Flipchart</li><li>• Flipchart marker</li><li>• Printed scenarios</li></ul>
<b>Motivational Interviewing</b>	15 minutes	Presentation	<ul style="list-style-type: none"><li>• Facilitator's guide</li></ul>
<b>Pivoting</b>	25 minutes	Presentation Group Discussion Activity	<ul style="list-style-type: none"><li>• Presentation</li><li>• Group Discussion</li><li>• Activity</li></ul>



1 hour & 40 Minutes

TOPIC	DURATION	METHOD	MATERIALS
<b>Wrap-up</b>	5 minutes	Self-Reflection	<ul style="list-style-type: none"> <li>• Facilitator’s guide</li> <li>• Flipchart</li> <li>• Pens/markers</li> <li>• Sheets of paper for participants</li> </ul>
<b>Recognizing &amp; Managing Misinformation</b>	15 minutes	Presentation Activity Group Discussion Self-Reflection Activity	<ul style="list-style-type: none"> <li>• Facilitator’s guide</li> <li>• Flipchart</li> <li>• Flipchart marker</li> <li>• Printed scenarios</li> </ul>
<b>Recap: Communicating with Vaccine Hesitant Clients</b>	25 minutes	Presentation Group Reflection & Discussion	<ul style="list-style-type: none"> <li>• Presentation</li> <li>• Group Reflection</li> <li>• Discussion</li> </ul>

## Evidence-based Approaches to Communicating about COVID-19 Vaccination



### Presentation

- Use the facilitator’s notes below to introduce evidence-based approaches to communicating about COVID-19 vaccination, and to present more on each of those approaches.
- Before presenting on what each approach is, ask participants if they have ever heard of the approach.



### Facilitator’s Notes

#### Evidence-based Approaches to Communicating about COVID-19 Vaccinations

The following approaches help providers to communicate about COVID-19 vaccinations:

- Presumptive communication
- Motivational interviewing
- Pivoting



### Group Discussion

Lead the participants in a discussion to elicit if they are familiar with the approaches.

Ask the following questions:

- Have you ever heard of these approaches?
- Do you have any experience using any of them?
- How have you used these approaches with clients – even if not related to vaccinations?
- Write the participants' responses on a flipchart.
- Supplement those responses with additional elements listed below and allow participants to ask questions.

## What is Presumptive Communication and How Does it Work?



### Presentation

In this section you will be presenting information about the key elements of presumptive communication.



### Facilitator's Notes

#### What is presumptive communication?

Presumptive communication is a style of communication in which COVID-19 vaccination is initiated presuming the individual will be vaccinated.

Similar to HIV testing services, for example, providers may discuss getting vaccinated for COVID-19 as the assumed default or normative behavior.

#### How does presumptive communication work?

In presumptive styles of communication, the provider initiates the topic of vaccination presuming the patient will be vaccinated at the visit.

Examples of a presumptive introduction to the discussion are as follows: **“You need to get tested if you have symptoms of COVID-19”** or **“You need to get vaccinated for COVID-19 today to protect you, your family, friends, and the community around you. Do you have any questions?”**

This is in contrast to the participatory style, in which the provider may still be recommending vaccination, but it is done in a way that asks for client participation and may invite doubt into the discussion, for example, “So are you thinking about getting tested?” or “Have you thought about the shots your child needs today?”

Although it may seem awkward at first to use the presumptive style when it comes to vaccine conversations, this style mimics the communication used for introduction of many medical treatments where the provider assumes that the patient wants evidence-based care, like in the case of HIV counseling and testing.

### **Presumptive communication in action**

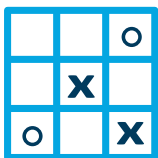
Start by explaining the vaccine can be given today.

Even if a patient has come for other reasons. You could say:

“Hello, it is great to see you. Today, we will be doing a general check-up and will give you the COVID-19 vaccine. Do you have any questions?”

This style helps to create a norm around receiving the COVID-19 vaccination and is more likely to lead to uptake. It also indicates your strong recommendation for the vaccine.

If the patient has questions or concerns about the proposed vaccination after the presumptive style is initially used, then the discussion moves into the second stage and switching communication styles becomes important.



### **OPTIONAL Activity: Role Play (10-minutes)**

Have participants split up into pairs.

Ask one member of the pair to pretend to be a client who is unvaccinated.

Then, ask the health care worker in the pair to practice presumptive communication, presuming acceptance of the vaccine.



### Group Discussion

Lead the participants in a discussion to debrief from the role play. Ask the following questions:

- **For the health care workers:** How did you feel the exercise went? What was comfortable and/or uncomfortable for you?
- **For the clients:** How did you feel the exercise went? What was comfortable and/or uncomfortable for you?
- **To all participants:** Have you encountered similar situations/instances? How did you manage those conversations? What worked well? What didn't?

## What is Motivational Interviewing and How Does it Work?



### Facilitator's Notes

#### Motivational interviewing

#### What is motivational interviewing?

As a health care worker, you may feel frustrated when working with patients that seem “resistant” or “non-compliant” when it comes to behavior change, especially related to the uptake of COVID-19 vaccination and testing. This can even affect your experience of connection, effectiveness, and job satisfaction. Motivational interviewing is a collaborative communication style that strengthens a person's own motivation and commitment to change by exploring and resolving ambivalence.

- Motivational interviewing is a collaborative communication style meant to **enhance a person's own motivation for change or behavioral action.**
- It strengthens the perception that the health worker and client are working together toward a common goal.

#### Key components of motivational interviewing

Motivational interviewing focuses on leveraging an individual's intrinsic motivation for engaging or not engaging in certain health behaviors and uses tools such as active listening, reflections, open-ended questions, asking permission to provide additional information, and acknowledging autonomy as a

means to strengthen the perception that the clinician and patient are working together toward a common goal.

**Key components are:**

- **Open questioning:** Provides the patient with the space to choose how they want to respond. Requires explanation beyond yes/no response.  
Example: "What questions do you have about the COVID-19 vaccine?"
- **Affirming:** Brings to the forefront the patient's strengths, positive attributes, and efforts. Affirms them.  
Example: "I know you want to stay healthy and getting vaccinated for COVID-19 will help you do that."
- **Reflecting:** Offers a short summary about what the patient has said. Allows for explanation and review.  
Example: "As we've discussed, getting vaccinated today is really important for you."
- **Summarizing:** Restates key points to confirm understanding and direct conversation.  
Example: "Thanks for explaining. I understand you have some fears about getting vaccinated which I understand. It is still the best thing you can do for your health today."

**Motivational interviewing in action**

**Step 1:** Ask the client to share their concerns by asking open-ended questions: "So you seem to have questions about the vaccine. I want to make sure I answer all your questions, so let's talk about it. What are your concerns?"

Other examples of open-ended questions include:

- "What have you heard about the COVID vaccines?" or "Why do you feel that way?"
- These questions elicit a response other than "yes" or "no" and can help you better understand their concerns and might also assist the other person in working through their thoughts.

If a client has concerns about the safety of the vaccine and how it might interfere with other medication/treatment, such as ARVs, respond to their specific concerns.

It is crucial that your tone is one of respect, not one of dismissal or annoyance. You need to establish rapport with the client that you are working on the same “team” with them.

**Step 2: Provide information to change a client’s perspective and address their specific concerns.**

- Affirm the efforts that the client is making to be healthy by seeking care in the first place.
- Reflect to the client what you have heard them say in terms of their concerns: “I can hear that you’re concerned about the safety of the COVID-19 vaccine. I’ve also heard some stories about this, but I follow vaccine safety closely. Is it okay if I go over what I know about this vaccine?”
- Share facts: “Well-conducted studies show that the COVID-19 vaccine does not interfere with your ARVs. I have seen how helpful vaccines can be to other clients. I’ve gotten it myself.”

**EVIDENCE-BASED Q&A:** You can visit the WHO website to find answers to common questions on [vaccination](#), [COVID-19 vaccines](#) and COVID-19 vaccine safety. CDC also offers guidance on [how to talk with patients who are immunocompromised](#), such as those living with HIV.

**Step 3:** Make a personalized recommendation to vaccinate. Health care workers are consistently ranked as the most trusted source for vaccine information. With this unique position, your strong recommendation is critical for vaccine acceptance.

Summarize key points from the conversation and end with a personalized recommendation for the COVID-19 vaccine. For

example: “I strongly believe in this vaccine, which is why I recommend it to all my patients.” I think you should get it today. Having said that, this is a decision that only you can make. What do you think?”

Remember that success comes in many forms.

- **IF AGREE TO VACCINATE:** Vaccinate and offer praise to affirm the positive decision.
- **IF REQUEST MORE TIME:** Schedule a new, follow-up appointment/discussion: “Let’s revisit this once you have had a chance to think more about vaccination. When could you come back?”
- **IF REFUSE:** Do not debate. Leave the door open: “I understand. Please know that if you change your mind and want to talk about vaccinating, we are always available.”

### **What research tells us: Clients’ trust in HCW**

The J&J vaccine acceptability study reported that health care workers are trusted sources of information:

- Doctors **(78%)**
- Nurses **(61%)**
- Community Healthcare Workers **(53%)**
- Pharmacists **(53%)**
- National Medical Association **(53%)**

This was further validated and supported in a March 2022 Qualitative Research conducted by BA-N across 4 states (Akwa-Ibom, Bauchi, Enugu and Lagos), respondents affirmed that HCW are their most trusted sources of information *“I prefer to hear it from health workers because some days I might not have time to listen to radio or watch TV”*- **[FGD Women, Bauchi]**

## What is Pivoting and How Does it Work?



### Facilitator's Notes

#### Pivoting

#### How does pivoting work?

Instead of providing correct information when presented with vaccine-related misinformation, focus on the disease itself. To effectively stimulate action, health care providers must be able to communicate in a way that an individual perceives themselves at risk for disease (risk perception), believes there is an effective action (response efficacy), and has confidence (self-efficacy) that they can take that action.

- Pivoting is especially useful when addressing misperceptions
- Instead of refuting a myth about vaccination, it is more productive to pivot the conversation back to the disease itself

#### Pivoting in action

If a patient says something like: “I don’t think I will get the COVID vaccine. I heard COVID is a hoax, and I will be fine without it.”

**It’s important to counter with the facts about the disease and how it can impact the patient and their situation.** For example, if someone is living with HIV, then you might want to respond with: “As a PLHIV, you’re at risk for developing complications from COVID-19. Fortunately, along with other precautions such as distancing and wearing a mask, we have effective vaccines to protect you. I can assure you they are completely safe. I work in medicine, I should know.”

**Optional example:** “As someone who is diabetic or over 70-years-old, you’re at risk for developing complications from COVID-19. Fortunately, along with other precautions such as distancing and wearing a mask, we have effective vaccines to protect you; I can assure you they are completely safe. I work in medicine, I should know.”



### **Activity: Group Discussion**

Have participants split up into three groups.

Each group should select a scenario:

1. Patient: “I know getting vaccinated will help me, but I am afraid of side effects.”
2. Mother: “I am not sure what to do because my community leader objects to vaccines.”
3. Father: “I am not convinced about vaccines, so it seems like too much effort to come all the way to get them.”

For each scenario, ask them for 3 volunteers. Each to walk through the steps of one of the communication approaches (presumptive communication, motivational interviewing, and pivoting).

Feel free to provide an illustrative example related to motivational interviewing below to get the groups started.

Patient scenario illustrative example questions :

- “I understand that you want to make the best choice for yourself. What side effects are you concerned about?”
- “So what do you already know about the vaccine?”
- “Can I provide you with some information, based on what you just shared?”

Mother scenario illustrative example questions:

- “I can see you may be questioning vaccines. How are other mothers you know dealing with vaccines?”
- “What are your concerns?”
- “Do you know what your community leader is concerned about?”

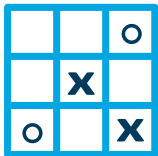
Father scenario illustrative example questions:

- “Vaccination may be difficult to consider. What do you know about vaccines?”
- “Could I offer you some information on why we vaccinate?”
- “What would it take in order for you to accept vaccination for your child?”

Other great examples of open-ended questions are:

- “What do you see as the pros and cons of getting the vaccine?”
- “What would make you feel more confident that getting the vaccine/shot is the right choice?”
- “What else is influencing your thinking?”

Come back to plenary and share each group’s favorite 2-3 brainstormed questions. Ask each group to share with you, the facilitator, the list of questions so that you can type them up and print or share electronically the list with them afterwards, so that they have a readily accessible list of useful questions.



### Activity: Self-Reflection

Ask the participants to spend 2-minutes in quiet reflection, thinking about how they can put these approaches in action.

Then, get a flipchart and place a vertical line directly in the middle and write Challenges in the left-hand column. As a group, discuss and note on the flipchart:

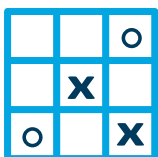
- What do you find challenging about putting these approaches into practice?
- Then, brainstorm how we might overcome these challenges and write participants’ responses in the right-hand column.

## Recognizing & Managing Misinformation



### Presentation

Use the facilitator’s notes below to introduce what misinformation and disinformation is, how to distinguish it from factual information, and how to respond to it.



### Activity: Which is Misinformation & Which is Disinformation?

Lead participants in a discussion to elicit their baseline understanding about misinformation and disinformation. Ask for a volunteer to determine which scenario is misinformation and which is disinformation:

- **Scenario 1:** Someone in your family forwards you a WhatsApp story about a new “cure” for COVID-19 - eating lots of garlic.

- **Scenario 2:** An anti-vaccine activist is intentionally spreading false information that COVID-19 vaccines will make you sick. Instead of getting vaccinated, you can buy his “miracle cure” vitamins.

Then, present the correct response on slide 126:

- Scenario 1: Someone in your family forwards you a WhatsApp story about a new “cure” for COVID-19 - eating lots of garlic. Your family member **does not realize** the information they are sharing is false or misleading. So, this is **misinformation**.
- Scenario 2: This anti-vaccine activist is intentionally spreading false information that COVID-19 vaccines will make you sick. Instead of getting vaccinated, you can buy his “miracle cure” vitamins. This person is **intentionally** speaking false information to sell a product. So, this is **disinformation**.

## What is Pivoting and How Does it Work?



### Facilitator’s Notes

#### How to distinguish true information from false information.

The following are 6 tips for spotting false information and ensuring that you don’t spread it:

- **Assess the source:** Is there an author? Investigate where it came from, its mission, and check out their credentials on relevant issues. Are there other supporting reputable sources, like World Health Organization (WHO) and NCDC, saying the same thing?
- **Read beyond the headlines:** Understand the context and the fact that headlines are often meant to ensure clicks by being more sensational.
- **Check the date:** When was it published? This is particularly relevant during a pandemic when information is constantly evolving as we learn more from science.
- **Examine the evidence:** Do sources, numbers, studies come from reputable sources, like World Health Organization (WHO) and NCDC?

- **Check your own biases:** Are you seeking out information to support your own judgements and beliefs?
- **Check before you share:** Don't share posts or stories or information that you haven't checked out first. Consult trusted experts and fact-checking sites, like NCDC.



### **How to respond to misinformation & myths**

Review the steps for responding to misinformation & myths

1. Emphasize facts. Don't repeat the myth as this can just reinforce it. Start with core facts and keep it simple.
2. Provide warnings. If you have to refer to the myth, explain that it is false.
3. Use nudges/defaults. Apply presumptive communication.
4. Focus on the disease. Pivot the conversation to the disease itself and provide correct explanations.



### **Group Discussion**

Ask for volunteers among the participants to share:

- What false information about COVID-19 vaccines is spreading in your community or facility?
- How can this false information cause harm? Why is it important to address misinformation/rumors?

Document on a flipchart responses to why it's important to address misinformation/rumors. Then, then share why it's critical to address misinformation/rumors because they:

- Can affect trust in the COVID response
- Can lead to risky behaviors
- Can also undermine accurate health information
- Can provide honest feedback on our work
- Can affect the safety of staff, volunteers, and the community



### **Self-Reflection**

Ask participants to reflect upon:

- What would help you feel more confident in addressing misinformation and myths with clients?

Then, see if there are any volunteers who are willing to share their responses.

## Recap: Communicating with Vaccine Hesitant Clients



### Presentation

- Use the facilitator’s notes below to introduce approaches to addressing vaccine hesitancy.



### Facilitator’s Notes

#### Goals for the conversation

Remind participants as to the goals of the conversation which are to:

- **Highlight the evidence** that vaccines are safe, effective, and the benefits far outweigh any potential risks.
- Talk about the **collective benefits** of high vaccination coverage — how vaccines help protect one’s family, friends and community.

#### How do I approach the conversation?

No single strategy can address all of the different dimensions of hesitancy. However, what health care workers say and how they interact with the patient can strongly influence vaccine acceptance. The following considerations are key:

- **Come from a place of empathy, compassion, and understanding.** Start by listening with empathy to those who have questions around vaccination. Don’t dismiss them, and acknowledge how they’re feeling (without necessarily agreeing, for example “it’s okay to have questions, or want more information before getting a vaccine”).
- **Keep a clear line of communication open—listen and be responsive to questions.** Ask open-ended questions, such as “What have you heard about the COVID vaccines?” or “Why do you feel that way?”. These questions elicit a response other than “yes” or “no” and can help you better understand their concerns, and might also assist the other person in working through their thoughts.
- **Establish and highlight social norms (accepted behavior) for vaccination.** When discussing vaccination, nothing works as well as getting personal. Share your own reasons for wanting to get vaccinated and already being vaccinated. Talk to them about how getting vaccinated against COVID-19 could offer a path back to normalcy. Explain the benefits of vaccination. If

you previously had concerns that you worked through, and ended up getting vaccinated against COVID-19, share what helped reassure you. Describe how vaccination will help protect you, your family and your community and bring back the activities and pleasures of life that we've gone without.

### **How to communicate with clients who are vaccine hesitant**

- **Listen.** Understand underlying concerns and questions.
- **Convey empathy** to build trust.
- **Focus on the disease.** Pivot the conversation to the disease itself.
- **Don't correct misperceptions.** This can backfire and instead reinforce the myth — called a “boomerang effect”.
- **Use effective communication strategies** like motivational interviewing, presumptive communication, and pivoting.
- **Don't be judgemental.** Don't shame people who are hesitant.

Using all of these skills together - listening, conveying empathy, focusing on the disease, not correcting misperceptions and practicing effective communication strategies is an effective counseling approach to communicating with vaccine hesitant clients.

### **How do I communicate with those who are very vaccine hesitant or vaccine refusers?**

While clients who have questions or concerns about COVID-19 may just need some discussion with you to feel comfortable, clients who are strongly anti-vaccine are not necessarily going to respond to counseling. Use the same techniques that you learned earlier, even though it may not lead to vaccine acceptance. Listen, be compassionate, and don't try to engage in a back and forth contradicting their deeply held beliefs. Show you care about them, and maybe they'll be open to vaccination sometime in the future.

<p><b>DOs</b></p> <ul style="list-style-type: none"> <li>• Listen and show you care about them.</li> <li>• Keep communication balanced</li> <li>• Be empathetic and compassionate.</li> <li>• Provide clear and transparent information about the vaccine.</li> <li>• Provide assurance of vaccine safety and efficacy.</li> </ul>	<p><b>DON'Ts</b></p> <ul style="list-style-type: none"> <li>• Listen and show you care about them.</li> <li>• Keep communication balanced</li> <li>• Be empathetic and compassionate.</li> <li>• Provide clear and transparent information about the vaccine.</li> <li>• Provide assurance of vaccine safety and efficacy.</li> </ul>
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### **What if I don't know the answer to their questions?**

What we know about COVID-19 is constantly evolving as we learn more about the science, so:

- Be humble and accept and acknowledge uncertainty
- Refer clients to credible, scientific sources
- Show them how to do research on their own by sharing with clients how to recognize misinformation and rumors and identify accurate information
- Convey uncertainty about vaccine safety in a way that will ensure informed decision-making. For example, "No vaccine is 100% safe or effective for everyone because each person's body reacts to vaccines differently. However, vaccines are the best defense we have against infectious diseases and the COVID-19 vaccine is one of the most effective."

Don't guess or make up an answer. This will erode trust between you and the client.

Don't be overconfident, over-reassuring or try to minimize risk. This can also reduce trust.



### **Group Reflection & Discussion**

Ask for volunteers to share:

- What remaining concerns do you have about putting these communications strategies into practice?
- How can you best remember these tips and practice them with clients?

## Module Three ●●●

# Addressing Health Care Worker Wellbeing

### Overall Goal

To enhance health care worker wellbeing

### Objectives

By the end of this session, participants will be able to:

1. Understand stress and fatigue
2. Reflect on strategies to cope with stress and fatigue during COVID-19 and beyond
3. Make a plan to cope with stress and fatigue

### Session Overview

TOPIC	DURATION	METHOD	MATERIALS
<b>Supporting Health Care Workers (HCWs)</b>	10 minutes	Group reflection exercise Presentation	<ul style="list-style-type: none"><li>• Facilitator's guide</li><li>• Flipchart</li><li>• Marker</li></ul>
<b>Coping with Stress and Fatigue</b>	10 minutes	Presentation	<ul style="list-style-type: none"><li>• Facilitator's guide</li></ul>
<b>Ways to support HCWs</b>	10 minutes	Presentation Group Reflection	<ul style="list-style-type: none"><li>• Facilitator's guide</li><li>• Flipchart</li><li>• Marker</li><li>• Printed WHO handout</li></ul>



1 hour & 30 Minutes

TOPIC	DURATION	METHOD	MATERIALS
<b>Wrap up and closing:</b> <ul style="list-style-type: none"> <li>• Benefits of practicing empathy</li> <li>• Motivational letter</li> <li>• Public commitment</li> <li>• Post-test survey</li> </ul>	60 minutes	Presentation Self-reflection Group activity	<ul style="list-style-type: none"> <li>• Facilitator’s guide</li> <li>• Pens, papers, envelopes</li> <li>• Large sheet of paper, markers, small copy of commitment</li> <li>• Printed copies of the post-test survey</li> </ul>

## Supporting Health Care Workers

In the same way that a car needs fuel to drive, you need to look after yourself and keep your tank ‘full’ so you can keep going. Helping in the COVID-19 response is a long-distance race, not a sprint, so pay attention daily to your well-being.



### Presentation

- Use the facilitator’s notes below to introduce the topic of stress and burnout and how health care workers can cope with them.



### Group Reflection

Lead participants in a 5-minute reflection to help them to start envisioning how they have or can support their wellbeing.

Tell them - It’s important to acknowledge how you are feeling and identify your signs of stress. Close your eyes and take three deep breaths.

As their eyes are closed, ask the following questions:

- When you think of a recent interaction that you had with someone where you felt supported, there were probably some things that they did that were helpful. Can you think of what they were?
- What do you do to look after your own wellbeing?

Now open your eyes, are there any volunteers that would like to share with us one or more ways that you can support your wellbeing in the future?

Document on a flipchart responses to form a list of possible solutions for dealing with stress.



### Facilitator's Notes

#### Supporting health care worker wellbeing and resilience during COVID-19

Looking after yourself and team members while working in the COVID-19 response **is not a luxury, it is a responsibility**. This session is about how you can best look after yourself, for your own well-being and to best help others.

The facts are:

- Healthcare workers are at high-risk of experiencing mental health problems
- COVID-19 has brought on additional stress and psychological trauma.
- Burnout/fatigue is a state of mental, emotional, or physical exhaustion resulting from various stressors.
- Consequences of fatigue can include
  - *Feelings of loneliness/disconnection/despair,*
  - *Feelings of energy depletion or exhaustion,*
  - *Increased mental distance from one's job, and*
  - *Feelings of negativism or cynicism related to one's job.*
- These can lead to increased absenteeism, clinical errors, reduced productivity, breaches in infection control, poorer quality of care and can affect personal/family relations.

## **Coping with stress and fatigue**

During times of uncertainty, the mental health of health care workers is often overlooked. The impact on those providing care amidst a pandemic can be severe. Fostering a supportive work environment is important.

- First know that it is normal to feel sad, stressed, or overwhelmed during a crisis: Acknowledge your feelings and know that it is likely a shared feeling and experience for you and many of your colleagues. It does not mean you cannot do your job or that you are weak.
- Talk to people you trust or a counselor.
- Maintain a healthy lifestyle: proper diet, sleep, exercise and social contacts with friends and family.
- Don't use alcohol, smoking or other drugs to deal with your emotions.
- If you have concerns, talk with your supervisor, and if you start feeling unwell tell your doctor immediately.

More practical tips include:

- Before you can look after others, you need to look after yourself
- Do an activity that you enjoy or find meaningful every day.
- Take 5 minutes to talk to a friend or family member every day about the way you are feeling
- At the end of each day make a short list of how you have helped or been successful
- Be realistic about what you can and can't control
- Try an activity to relax - see what works for you
- Accept all of your feelings
- Be flexible; go easy on yourself
- Practice self-care—it is necessary, not selfish

When stressed, think of something you can do to feel better:

- *What has helped you feel better previously when you felt this way?*
- *What do you currently do to make yourself feel better?*
- *Is there anyone who can help and support you?*
- *Are there activities that you used to enjoy doing that you could do now?*

Try as many of these suggested tips to help you manage stress on a daily basis. Choose those that work best for you personally. If you do not manage to do this one day, be kind to yourself and try again the next day.

### **Ways to support HCWs**

Consider that health care workers may be overwhelmed and at risk of burnout due to increasing work demands and due to the personal impact of the current outbreak. Adequate organisational support must be offered to ensure staff are protected physically and emotionally.

The way that managers support staff during stressful times and how they communicate can make a big difference to the way that their workers cope. Here are some ways managers can support HCWs:

- Build trust and approachability through informal meetings and catch-ups
- Have confidential discussions with your peers
- Listen without judging, making assumptions or giving advice
- Avoid conflict in the workplace as much as possible
- Watch out for signs of this and be as supportive as possible

If possible, print this handout from WHO on [Coping with stress during the 2019-nCoV outbreak](#) to be placed in the facility as a reminder to staff.



### **Group Reflection**

- Ask participants to share:
  - How can you better cope with stress and fatigue?
  - What concrete actions/steps will you take today?
- Provide a concluding summary of the following key takeaways:
  - Maintain your own self-care. Stay in touch with your personal networks of supportive people.
  - Nurture your personal spirituality to maintain your sense of meaning and purpose.

- Take care of your basic physical needs for sleep, nutrition, and exercise.
- Acknowledge and accept your feelings and concerns.
- Listen and validate others feelings and concerns. Their reactions are normal in this abnormal situation. Listen without judgment.

## Wrap Up



### Facilitator's Notes

Finish the training by emphasizing the benefits of applying their empathy skills to provide compassionate care to clients. Provide concrete examples of how clients have benefitted from high-quality interactions with their providers.

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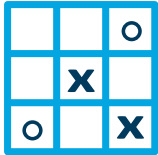
*Well, I felt loved. As in, someone cares that I shouldn't die and takes my matter personally, not just as a health care provider to patient. Tell me why I won't keep going back there...*

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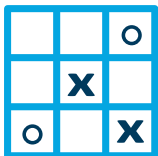
*Not only does my health matter to the nurse who saw me but so does my quality of life. She doesn't want me to live in constant fear of COVID-19. That is why she recommended the vaccine and I took it.*

”



### Activity: Motivational Letter

- Ask the participants to reflect on what they have felt and learned during these sessions. Ask them to think about how they would like to be treated if they were a client and/or how they hope their family members would be treated. Give them a few minutes to silently think about these questions.
- Tell the participants that they are going to write a motivational letter to themselves. Provide papers and envelopes to the participants. In this letter they will describe why providing quality services and practicing empathy around COVID-19 vaccination matters to them, any ways they want to change, and specifically what they plan to do once they get back to their facility. Encourage them to capitalize on the emotions they felt during the training.
- Have the participants seal their letters and take them home with them. Tell them to open the letter when they get back to their facilities. They may also choose to share with their supervisor or a peer upon their return. The letter should be referenced frequently, especially when they feel frustrated or overwhelmed.



### Activity: Public Commitment

- Write the commitment below on a large sheet of paper. Leave enough space for participants to sign below the commitment.
- Explain to participants that in order for them to successfully practice the new skills they have gained they will need the support of their peers. Another thing that will help them to practice empathy and quality communication and counselling is to be held accountable for doing so. To aid in that process, participants will now have a chance to publicly display their commitment to providing empathy in providing quality services.
- Display the commitment and read it out loud:
  - I promise to seek first to understand my clients. I will listen to my clients' words, emotions, and body language. I will provide care in a respectful and non-judgmental manner to all clients.

I will counsel my clients to enable them to make their own decisions.

Ask all participants to come up and sign the commitment one by one. When everybody has signed, display the signed commitment and invite participants to clap for each other. Hand each participant a small copy of the commitment. Ask them to sign it and keep it near their workstation to remind them of the promise they have made.

## Pre and Post Evaluation Questions for Trainees

Date: \_\_\_\_\_ Pre / Post Test

Name / Identity \_\_\_\_\_

### Answer all questions with the appropriate options

1. Which is an example of non-verbal communication?
  - a. Looking at your cell phone when a client is speaking
  - b. Nodding when a client speaks
  - c. Sitting forward to show your listening
  - d. All of the above
  
2. Are close-ended questions an effective IPC technique?
  - a. Yes
  - b. No
  
3. Which is a benefit of praise and encouragement?
  - a. Encourage client to give further information, clarify a point
  - b. Provide verbal and non-verbal feedback to show you are listening and paying attention. Observe non-verbal communication from the client.
  - c. Repeat back what you heard the client say in short form to ensure understanding and provide opportunity for clarification.
  - d. Build a client's sense of confidence and reinforce positive behaviours.
  
4. Which is not an example of a client barrier to good IPC?
  - a. Lack of interest or trust in the process
  - b. Negative impression of the provider
  - c. Eagerness to share and find a solution/diagnosis
  - d. Myths and misconceptions about their illness
  
5. Which are the qualities of a good counsellor?
  - a. Patience, clear and concise communication, good listener, observant, warmth
  - b. Patience, clear and concise communication, good listener, quick to judgement, warmth
  - c. Predictable, clear and concise communication, good listener, quick to judgement, warmth
  - d. Predictable, clear and concise communication, good listener, quick to judgement, professional

6. What are values influenced by?
  - a. Gender and social norms
  - b. Religion
  - c. Family
  - d. Life experiences
  - e. All of the above
  
7. Why do values matter?
  - a. Because we all share the same values
  - b. Because they identify what we consider important or of worth
  - c. Because they represent our judgements and therefore our perceptions
  - d. Because they impact how we behave and interact with others
  - e. A & B
  - f. B, C & D
  
8. Which is not one of the elements of empathy?
  - a. See their world
  - b. Pass judgment
  - c. Understand feelings
  - d. Communicate understanding
  
9. Select all that represent stages of empathic listening skills.
  - a. Selective listening
  - b. Attentive listening
  - c. Mimicking content
  - d. Rephrasing content
  - e. Reflecting feeling
  
10. Which is an evidence-based approach to communicating about COVID-19 vaccination? (Select all that apply)
  - a. Presumptive communication
  - b. Motivational interviewing
  - c. Pivoting
  - d. Dispelling conspiracy theories and misinformation
  
11. Presumptive communication assumes an opt-in approach to vaccination.
  - a. True
  - b. False

12. Motivational interviewing strengthens the perception that the health care worker knows best and will tell the client what to do.
  - a. True
  - b. False
13. Nudges are communication techniques that influence individuals' choices in a predictable direction to assist with complex decisions.
  - a. True
  - b. False
14. Pivoting refers to debunking the misperception.
  - a. True
  - b. False
15. What is misinformation?
  - a. False or misleading information that is shared by people who don't realize it is false and don't mean any harm
  - b. False information, purposely crafted and disseminated with the intent to mislead others
  - c. Both
  - d. Neither
16. How should one respond to misinformation?
  - a. Emphasize facts
  - b. Provide warnings
  - c. Use nudges/defaults
  - d. Focus on the disease
  - e. All of the above
17. What does vaccine hesitancy refer to? (Select all that apply)
  - a. Those who accept all vaccines
  - b. Those that accept all vaccine but are unsure
  - c. Those that accept some, refuse some, delay some
  - d. Those who refuse the vaccine but are unsure
  - e. Those who refuse all vaccines
18. What shouldn't you do in approaching or addressing vaccine hesitant clients?
  - a. Come from a place of empathy, compassion, and understanding
  - b. Listen and be responsive
  - c. Establish and highlight social norms for vaccinations
  - d. Highlight the evidence

19. What should I do if I don't know the answer to their question?
  - a. Guess or make up an answer
  - b. Accept and acknowledge uncertainty
  - c. Refer them to credible, scientific sources
  - d. Try to minimize risk
  - e. B & C
  - f. B, C, D
  
20. An approach to effectively communicate with clients who are vaccine hesitant is to correct misperceptions.
  - a. True
  - b. False

## Pre And Post Evaluation Answers

1. D
2. A
3. D
4. C
5. A
6. E
7. F
8. B
9. C, D&E
10. A, B&C
11. A
12. B
13. A
14. B
15. A
16. C
17. B, C&D
18. E
19. E
20. B

## Analysis of Training Evaluation

Date: \_\_\_\_\_

There are a total of 20 questions in the pre and post evaluation sheet.

Each trainee will be evaluated based on the number of correct responses out of a total possible score of 20.

Participant's score =  $\frac{\text{Number of correct responses}}{20} \times 100 = (x\%)$

For example, a participant who gets 15 correct responses will score:  $\frac{15}{20} \times 100 = 75\%$

Participant's scores will be calculated for both pre and post evaluation and inputted in an Excel sheet using formulas in the Excel sheet to automatically compute the percentage scores:

Participant	Pre-Test score	% Score	Post test score	% Score	% Change in knowledge
A	16	80%	15	75%	-5%
B	9	45%	9.5	48%	3%
C	11	55%	19	95%	40%
D	15	75%	16	80%	5%
E	15	75%	19	95%	20%
F	8	40%	17	85%	45%
G	7	35%	12	60%	25%
H	15	75%	12	60%	-15%
I	16	80%	14	70%	-10%
J	17	85%	18	90%	5%
K	14	70%	17	85%	15%
L	14	70%	19	95%	25%
M	15	75%	18	90%	15%
<b>AVERAGE score</b>	13	65%	16	80%	15%

The average score will be calculated as the total number of all scores divided by the total number of participants. A percentage of this will be the average score divided by 20 x 100. Percentage change in knowledge will be determined by subtracting the pre-evaluation score from the post evaluation score as indicated in the table above.

Trainees with negative knowledge percentage scores most likely did not understand some of the topics discussed and should be considered as having not improved in knowledge after the workshop.

## Evaluation Form for Training

Date: \_\_\_\_\_

Instructions: Please indicate your satisfaction using the ranking system where 1 = Poor, 2 = Fair, 3 = Good, 4 = Very Good, 5 = Excellent

No	Item	1	2	3	4	5
1.	To what level were the sessions achieved?					
2.	List the Topics covered and rank the relevance of content of Topics covered to the Session objectives:					
3.	Rank the Effectiveness of the learning methods used during the sessions					
4.	How do you rate your participation in training?					
5.	How do you rate the participation of other participants?					
6.	How do you rate the performance of the facilitators?					

7. List at least 3 new things that you learned during the training.

8. What do you like most during the training sessions?

9. What specific actions will you take to improve your empathy skills because of what you have learnt?
10. How would you rate time management?
11. Suggest ways to improve the training in terms of content, methodology used and time allocated.
12. Any other comments?.

## Criteria for Selection of Trainees

### 1. Training Duration: 2 Days

### 2. Selection for Training:

All participants to be selected for the 2-day Empathy training must:

- Be providing services in either public or private facilities as a permanent employee or volunteer.
- Be recommended by the relevant Health authority confirming willingness to share the knowledge and skills acquired with others at workplace.

### 3. Selection for Training Facilitator:

All participants to be selected as Facilitator for the 2-day Empathy training must:

- Meet the criteria for selection
- Be committed to prepare, submit and implement 'Back to Workplace Plan' on completion of training
- Be committed to ensure regular submission of certified reports on implementation of the 'Back to Workplace Plan' after training.
- Have more than 3 years to retirement from service at the time of attending the training
- Be willing to collaborate with Team at relevant level as appropriate

**Note:** Trainees with experience in facilitation of Training workshop(s) in health promotion/ health communication/ counselling or other health thematic areas will have added advantage

### 4. Certificate

The IPCC Training has 2 sets of Certificates to be issued as follows:

- Certificate of Attendance: On successful completion of the 2-day training, ALL trainees having 90% attendance will be issued Certificate of Participation
- Certificate of Facilitation: Trainees that have 'Certificate of Attendance' will be expected to meet the following criteria before issuance of 'Certificate of Facilitation':
  - Have a minimum post-test score of 80% on completion of the training
  - Certified reports of at least 5 trainings conducted (or co-facilitated) as contained in the submitted 'Back to Workplace Plan'

## Building Empathy and Trust Around COVID-19: A Client-centered Communication Approach

### Agenda Day One

TIME	ACTIVITY	FACILITATOR(S)
8:00 – 8:30 am (30 mins.)	Arrival and Registration	Secretariat
8:30 – 8:35 am (5 mins.)	<b>Opening Prayer:</b> 2nd Stanza of the National Anthem	All
8:35 – 8:55 am (20 mins.)	Self-Introduction	All
8:55 – 9:00 am (5 mins.)	Opening Remarks	Ministry of Health
9:00 – 9:05 am (5 mins.)	Logistics	Supporting Organization(s)
9:05 – 9:15 am (10 mins.)	<ul style="list-style-type: none"> <li>• Overview of Collaborative Learning Methodology</li> <li>• Introduction to Training/ Training Objectives</li> </ul>	Facilitator
9:15 – 9:30 am (15 mins.)	Pre-test	Facilitators

TIME	ACTIVITY	FACILITATOR(S)
9:30 – 11:30 am (2hrs.)	<b>Module 1: Interpersonal Communication</b> <ul style="list-style-type: none"> <li>• Module Objectives</li> <li>• Health Communication</li> <li>• Definition and Types of IPC</li> <li>• Elements/Techniques of IPC</li> <li>• Barriers to Quality IPC</li> <li>• Qualities of a Good Communicator</li> <li>• Group Work : Scenarios and Reflections</li> <li>• Wrap-Up of Module 1</li> </ul>	Facilitator
11:30 – 12:00 pm (30 mins.)	<b>TEA BREAK</b>	All
12:00 pm – 1:30 pm (1hr. 30mins.)	<b>Module 2: Counselling</b> <ul style="list-style-type: none"> <li>• Module Objective</li> <li>• What is Counselling?</li> <li>• Qualities of a Good Counsellor</li> <li>• The Counselling Process</li> <li>• Activity: Discussion</li> <li>• Wrap-up of Module 2</li> </ul>	Facilitator
1:30 – 2:30 pm (1 hr.)	<b>LUNCH BREAK</b>	All

TIME	ACTIVITY	FACILITATOR(S)
2:30 – 4:30 pm (2 hrs.)	<b>Module 3: Empathy in Practice</b> <ul style="list-style-type: none"> <li>• Module Objectives</li> <li>• Perception</li> <li>• Values</li> <li>• Value Clarification Activity</li> <li>• What is Empathy and how can it help build trust?</li> <li>• Why is Empathy important?</li> <li>• Tips for practicing Empathy</li> <li>• Listening</li> <li>• Wrap-up of Module 3</li> <li>• Why is IPC important?</li> </ul>	Facilitator
4:30 – 4:50 pm (30 mins.)	Feedback on day one activities	Trainees
4:50 – 5:00 pm (10 mins.)	<b>TEA BREAK and Closing</b>	All
5:00 – 5:30 pm (30 mins.)	Facilitators meeting	All Facilitators

## Agenda Day Two

TIME	ACTIVITY	FACILITATOR(S)
8:30 – 9:00 am (30 mins.)	Arrival and Registration	Secretariat
9:00 – 9:05 am (5 mins.)	Opening Prayer: 2nd Stanza of the National Anthem	All
9:05 – 9:30 am (25 mins.)	Recap of Day One Activities	Rapporteur(s)
9:30 – 11:30 am (2hrs.)	<p><b>Module 4: COVID-19 Prevention including Vaccination</b></p> <ul style="list-style-type: none"> <li>• Module Objectives</li> <li>• Overview of COVID-19</li> <li>• COVID-19 Vaccine Facts Vs Myths</li> <li>• Values Clarification about COVID-19</li> <li>• How Vaccines Work</li> <li>• Benefits of Vaccination</li> <li>• Vaccine Hesitancy</li> <li>• Wrap-up of Module 4</li> </ul>	Facilitator
11:30 – 12:00 am (30 mins.)	<b>TEA BREAK</b>	Facilitator

TIME	ACTIVITY	FACILITATOR(S)
12:00 am – 2:00 pm (2hrs.)	<p><b>Module 5: Communicating About COVID-19</b></p> <ul style="list-style-type: none"> <li>• Evidence-based approaches to communicating about COVID-19 Vaccination</li> <li>• Presumptive Communication</li> <li>• Motivational Interviewing</li> <li>• Pivoting</li> <li>• Recognizing and Managing Misinformation</li> <li>• Recap: Communicating with Vaccine Hesitant Clients</li> <li>• Group Discussions and Reflections</li> <li>• Wrap-up of Module 5</li> </ul>	Facilitator
2:00 – 3:00 pm (1 hr.)	<b>LUNCH BREAK</b>	All
3:00 – 4:00 pm (1 hr.)	<p><b>Module 6: Addressing Health Care Workers Wellbeing</b></p> <ul style="list-style-type: none"> <li>• Module Objectives</li> <li>• Health Care Workers Wellbeing and Resilience</li> <li>• Coping with Stress and Fatigue</li> <li>• Ways to Support other HCWs</li> <li>• Wrap-up of Module 6</li> </ul>	Rapporteur(s)

TIME	ACTIVITY	FACILITATOR(S)
4:00 – 4:15pm (10 mins.)	<b>Wrap-up of Training</b> <ul style="list-style-type: none"> <li>• Benefits of Empathy Training</li> <li>• Motivational Letter</li> <li>• Public Commitment</li> </ul>	Facilitator
4:15 – 4:30pm	<ul style="list-style-type: none"> <li>• Post Test</li> <li>• Post Training Evaluation</li> </ul>	Facilitator
4:30 – 5:00 pm	Next Steps	
5:00 – 5:05 pm	Vote of Thanks	
5:05 – 5:30 pm	Facilitators Meeting	

## Template for Report of Training Conducted

Name of Organization \_\_\_\_\_

Name of Facilitator \_\_\_\_\_

State \_\_\_\_\_

LGA/Ward \_\_\_\_\_

Name of Facility \_\_\_\_\_

Training Venue \_\_\_\_\_

Date \_\_\_\_\_ Start time \_\_\_\_\_ End time \_\_\_\_\_

Number and cadre of providers in attendance \_\_\_\_\_

Number in attendance: Males \_\_\_\_\_ Female \_\_\_\_\_

What topic(s) was stepped down? \_\_\_\_\_ Material(s) used \_\_\_\_\_

Minimum mark \_\_\_\_\_ Maximum mark \_\_\_\_\_

Pre test \_\_\_\_\_ Post test \_\_\_\_\_

Participants' comments and recommendation (Bullet point summary)

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Facilitator's comments and recommendation (Bullet point summary)

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Prepared by \_\_\_\_\_

Position/Cadre \_\_\_\_\_

Date \_\_\_\_\_

Return completed form to: (i). State Health Promotion Officer in your state  
(ii). [healthpromotionnigeria@gmail.com](mailto:healthpromotionnigeria@gmail.com) (**please send e-copy**)  
For more information or clarification, call +234803308789

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