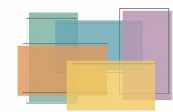




Federal Democratic Republic of Ethiopia
Ministry of Health

Ethiopian Primary Health Care Clinical Guidelines



PACK
Practical Approach to Care Kit

Facility Trainers Manual with Cases

Name:

Addis Ababa

2010 (EC)

2018 (GC)

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Introduction

Welcome to the training workshop for the PHCG for Adults and Children above the age of 5.

We look forward to introducing you to our training!

Here you will find information on the training approach, and your role as a PHCG Facility Trainer. This document also contains the materials needed to facilitate onsite training sessions, designed to introduce clinicians to the PHCG and to equip them to use it efficiently. The waiting room scene and the cases that follow will illustrate various aspects of PHCG use and the clinical content.

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What to know about the PHCG training

In this section, you will find information about your role and responsibilities in the PHCG programme, including educational outreach and onsite training.

Roles, responsibilities, selection and training

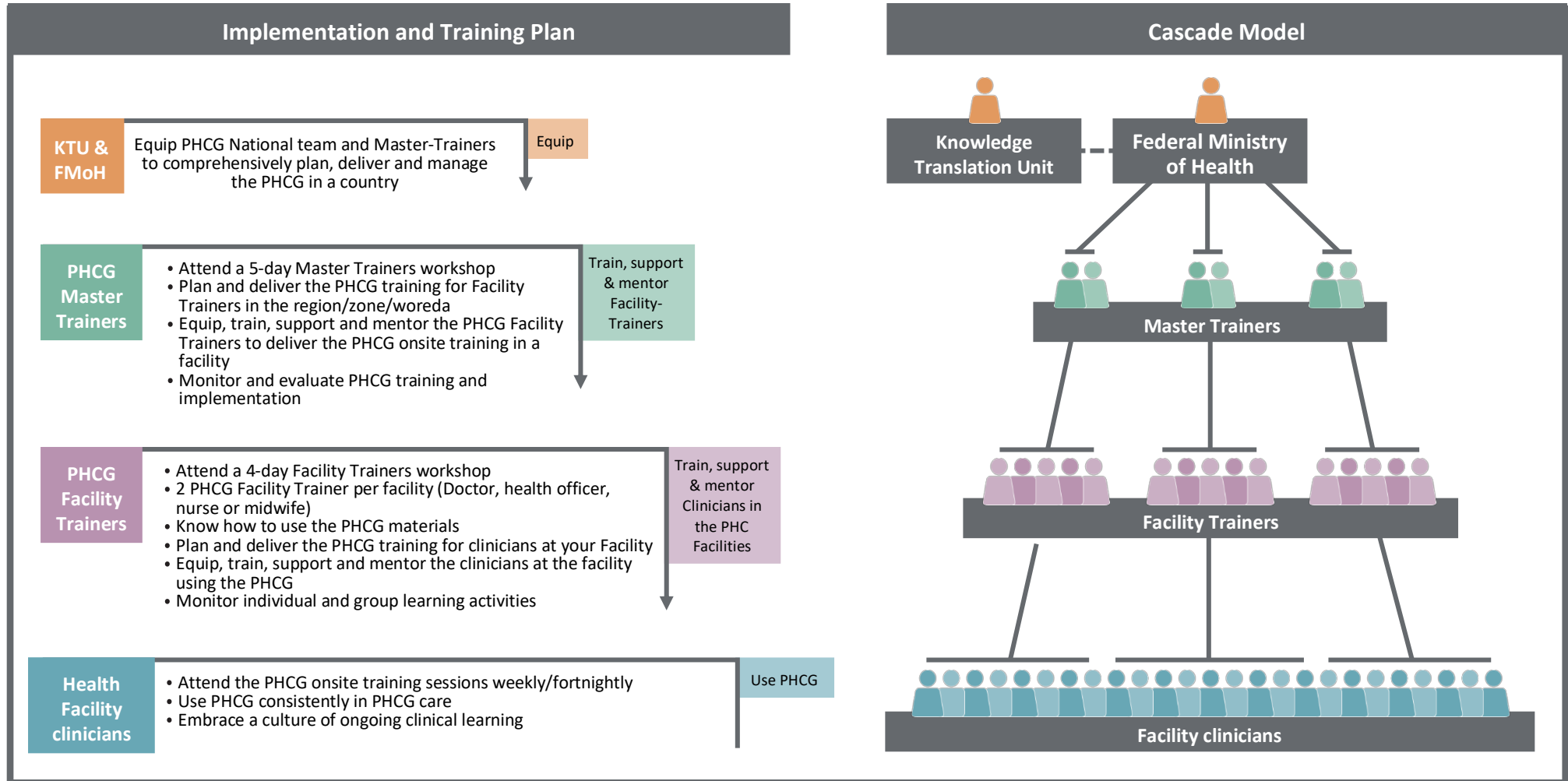
	PHCG Master trainers	PHCG Facility Trainers
Level	National/regional level – middle management level	Facility level – clinical
Ratio	1 PHCG Master trainer per Woreda	2 PHCG Facility Trainers per facility
Key role	<p>Co-ordinate, deliver and monitor PHCG training at regional/zonal/woreda level:</p> <ul style="list-style-type: none"> • Schedule, plan and deliver the PHCG Facility Trainers training sessions • Equip and Train the onsite PHCG Facility trainers to deliver onsite PHCG training • Support and mentor Facility trainers • Gather training attendance figures and training feedback for all Facilities within the region / zone / woreda • Contact person for co-ordination of the PHCG training at a regional/ zonal/ woreda level 	<p>Co-ordinate, deliver and monitor PHCG modules in a facility:</p> <ul style="list-style-type: none"> • Schedule, plan and deliver the PHCG Clinicians training sessions at the facility • Equip and Train all clinicians who will be using the PHCG at a facility, during which staff will work together through the module 1 cases initially, and through additional/own cases subsequently • Support and mentor clinicians using the PHCG at the Facility. • Gather training attendance figures and training feedback from the clinicians in the facility level training sessions • Manage own learning of PHCG materials and processes to be able to co-ordinate that of individuals and group learning opportunities at the facility
Activities	<ul style="list-style-type: none"> • Understand the PHCG initiative by using the PHCG Master Trainer manual • Liaise with relevant departments/ governing bodies to ensure smooth rollout of PHCG • Equip the onsite PHCG Facility Trainers with necessary materials • Train the PHCG Facility Trainers • Support the PHCG Facility Trainers when they have queries • Mentor the Facility Trainers • Monitor the progress of PHCG training, including gathering Training attendance figures and feedback • Ensure quality assurance of PHCG Facility Trainers and individual users 	<ul style="list-style-type: none"> • Understand the PHCG initiative by using the PHCG Facility Trainers manual • Liaise with relevant departments/governing bodies/PHCG Master Trainers to ensure smooth rollout of PHCG in your Facility. • Devise an onsite training plan/ and ensure it remains updated and active • Make all the PHCG training materials available • Train the clinicians at your Facility to use the PHCG, and encourage team learning during these small group training sessions • Support and mentor clinical colleagues to use the PHCG • Monitor individual and group progress of PHCG in your facility, including completing the training attendance registers and feedback forms after each training session • Be available to solve problems raised by facility staff and escalate as needed • Give feedback about PHCG at facility meetings • Act as the link between facility and the PHCG Master Trainer or relevant co-ordinator

	PHCG Master trainers	PHCG Facility Trainers
Selection criteria	<ul style="list-style-type: none"> • Clinician (doctor, health officer, nurse or midwife) working at regional / zonal / woreda level • Sound clinical knowledge • Clinical experience in primary health care (PHC) • Experience in health management structure and systems • Recognised by management with the ability to make decisions at regional / zonal / woreda level • Sound interpersonal skills • Communicates effectively • Warm/empathetic • Engender passion for quality care • Willing/enthusiastic • Leadership - organisational, communication, motivational • Mentoring • Computer - MS word in particular, PowerPoint and Excel • Monitoring and evaluation - ability to interpret outcomes of indicators • Report writing 	<ul style="list-style-type: none"> • Clinician (doctor, health officer, nurse, or midwifery) working in the health facility (or directly linked to the facility) • Sound clinical knowledge • Clinical experience in primary health care (PHC) • Recognised by management with the ability to make decisions at facility level • Sound interpersonal skills • Communicates effectively • Warm/empathetic • Engender passion for quality care • Willing/enthusiastic • Leadership - organisational, communication, motivational • Mentoring • Monitoring and evaluation - ability to gather and prepare data for analysis • Report writing

Cascade model

How you fit into the big picture

The PHCG training programme uses a cascade module to implement PHCG in the health system, with PHCG master trainers and PHCG Facility Trainers training all the facility staff.



Onsite training/Clinical forum sessions

Educational outreach is an implementation strategy proven to enhance the use of guideline recommendations in clinical care. In the PHCG programme this takes the form of onsite training sessions.

We have all seen guidelines being distributed, only to have them land in a drawer or shelves and never be used. One way to prevent this from happening is to ensure that staff are engaged and supported in using the guideline. Educational outreach is used to promote the use of the PHCG.

Onsite training comprises:

- **Short** (1-1 ½ hours) training sessions
- Held **onsite at an agreed time at the facility** - ensuring minimal disruption to clinical services.
- **In-service** training at the facility - so that staff can be trained together and can apply what they have learnt in practice.
- The set curriculum “module 1” - this module is designed to embed use of the PHCG in practice.
- Ongoing training - this will continue after the set curriculum “module 1” has been completed, using additional optional case studies or case studies which clinicians bring to the training sessions
- Weekly - allowing for **alternating of learning with practice**. The sooner one uses what one learns the better one can apply the new knowledge.
- A team **approach** - targeting all clinical staff working across clinical areas within a facility, increasing coverage and creating opportunities to discuss care coordination.

You will be trained in both the content of the PHCG, as well as the skills of group facilitation to provide educational outreach. What we do during this Facility Trainers workshop will be exactly the same as what you will be required to do in your facility. No surprises!

The more you understand regarding how to train during this workshop, the easier it will be for you when you go back to your facility to train the clinicians to use the PHCG.

Who must be trained?

When the PHCG is first introduced to your Facility, arrange an orientation session for all staff in the facility including managers, non-clinical professional staff and other supporting/administrative staff, before the PHCG training for the clinical staff begins. Every staff member will play a role in the implementation of PHCG into your facility and the initiative impacts all systems in the facility. For the PHCG initiative to be effective you need to ensure that all staff members understand and buy-in.

Thereafter you will need to train all clinical staff in the facility (Doctors, Health officers, Nurses and Midwives), together as a team, so that they can get to know each other in the interactive learning space of an onsite training session and use the PHCG with confidence.



How often should the training happen?

Onsite training should occur preferably weekly, to allow for the alternating of learning with practice. The sooner the clinicians use what they learn the better they can apply the new knowledge.

In the training the cases are organised “scaffolded” in such a way that they introduce new/updated information step by step in a manageable way. This ensures that the building of information is steady, giving clinicians time to digest and use the information between each onsite training session.

When a topic is trained during an onsite training session, clinicians are advised to use the relevant pages during a few consultations until they feel familiar with the pages and the information becomes easy to follow and use.

Clinicians are encouraged to bring any queries and concerns related to the topic or the PHCG to the following training session. After clarifying these issues, you can train the next set of pages and these can be used during clinical consultations.

Overview of onsite training

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Overview of onsite training session

In this section we will explain the format for each onsite training session and the resources you will need during training: e.g. the PHCG Board game, the Waiting room scene, the Case template and the Cases.

Format for onsite training

The table below explains the structure for each onsite training session. Your training sessions should always comprise a welcome, a recap and problem solving from the previous session, training the new case/topic and closure. This table guides you as to how long each training session should be and what to cover. During the facility trainers training workshop we will practice using this template to prepare you for what you are going to be doing onsite.

	Follow steps	Time	What to do	What you're aiming to achieve
STEP 1	Welcome	10min	<ul style="list-style-type: none"> • Ask how the participants are doing since you last met. • Remind about commitment to group norms, e.g. Mobile phone off, stay the duration, contribute cases, have fun, etc. • Introduce topic for the session using an icebreaker/relevant piece of information, etc. • Choose a time-keeper for the session. 	<ul style="list-style-type: none"> • Participants feel involved and that they own the training. • Get everyone focused on being in the training session.
STEP 2	<ul style="list-style-type: none"> • Recap • Problem-solve 	20min	<ul style="list-style-type: none"> • Ask about PHCG – what's working/not working? • Are there clinical questions or systems problems? • Record problems on training record, address them where possible and escalate where needed to the facility manager or the Master Trainer. 	<ul style="list-style-type: none"> • Identify problems with systems or use of PHCG and try to solve them. • Establish whether the PHCG is being used with ease in clinical practice. • A sense that clinical practice has become more satisfying.
STEP 3	Train new topic	55min	Use case format: be systematic, following the case template.	Cover the PHCG content planned for the session.
STEP 4	<ul style="list-style-type: none"> • Prepare for next session • Closure • Fill in onsite training record 	5min	<ul style="list-style-type: none"> • Get group to summarise session. • Get everyone to complete the onsite training record (attendance register) • Plan next session: • Ask staff to bring problems and new cases. • Set date and time. • Thank the participants and close the session. 	<ul style="list-style-type: none"> • Celebrate the use of PHCG • Ensure continuity of and commitment to training sessions. • Keep a record of who attended the session

The Waiting room scene explained

The waiting room scene depicts the people whose stories underpin the set of case studies. A waiting room is familiar to all staff working in a primary health care setting. Bringing the waiting room into an onsite training helps to make the PHCGs real and prompts those participating in onsite training to tell the stories of their own case studies.

The participants typically also identify with the feelings the scene evokes: those difficult days when one walks into a clinic and the queues are endless. Using discussion in training encourages staff to build on prior knowledge.

Looking at the scene on the right, each character tells a story through their expressions and body language. For example, the gentleman holding his head or the woman sitting next to him looking depressed, or the woman coming in being supported. The volume of PHCGs in the waiting room evokes feelings faced by health care workers working in high volume clinics. A waiting room scene is presented as a black and white drawing rather than using colour and real life photographs of a typical clinic. Once a character is used for training during an onsite training you might want to colour them in. As cases are trained, so the waiting room fills up with colour and can be used as a teaching tool



Example from South Africa

Why do we use it?

The waiting room scene is a key training tool. By making the characters in the cases realistic and tangible, they will help discussion. This tool is at the heart of the training programme because it provides the visual recognition that this programme is about local people who have a life and a story.

PHCG Board game (introductory activity) explained

You can find a copy of the Board game in the training resource section of this manual. The aim of this activity is to introduce and familiarise staff and managers working in your facility with the contents of PHCG by having some fun playing a boardgame in groups.

There are clear instructions located in the resource section of this training manual.

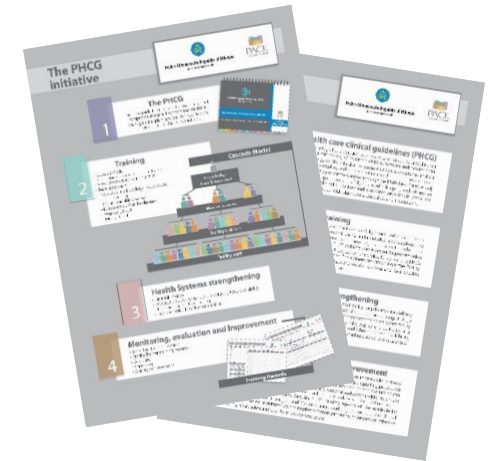


1) board game 2) instruction sheet 3) answer sheet

Training infographics explained:

The PHCG Programme infographic

This infographic has been designed to be used in training or engagement meetings as a brief overview of the 4 pillars that constitute the PHCG initiative. This information is given as part of the introduction session to PHCG training. See the full page version under the training resources section of this manual.



PHCG programme infographic



PHCG infographic

'How to use the PHCG infographic

This infographic has been designed to be used by the Facility trainer when explaining the features of the PHCG. It covers all features in a simple, illustrated summary. It is used as part of the introduction session to PHCG training, when summarising the Boardgame. See the full page version under the resources section of this training manual.

Training Videos:

The PHCG Guide Video

The PHCG Guide video aims to explain what the Guide is, as well as some of its essential features and how it has been developed. It is designed to be used in engagement meetings and training workshops.

The PHCG training video

The training video is a demonstration of an onsite training session. It includes the four steps to onsite training, Facilitation skills and the principles of Adult Education, which also apply to the PHCG and can be used in the introduction to the PHCG training. It is used by Master trainers at the Facility Trainers' Workshop and to showcase the PHCG training approach.



Training video

What are onsite training attendance and feedback records?

There are two types of training records:

- Individual record: kept by the person being trained to keep track of their attendance. These should be kept by the individual clinicians at the Facility for their own records. They could be used to support CPD (continuing professional development) in future if PHCG training becomes accredited in Ethiopia.
- Trainers record: onsite attendance and feedback training records, completed by the Facility trainer after each training session to keep track of attendance, the cases which the participants have completed and participants feedback. These records should be kept by the Facility trainer, and collated sheets should be submitted to the Facility manager and to the Master Trainer when requested.

See the full page version under the training resources section of this training manual.



The image shows a 'PHCG Facility Trainers record' form from the Federal Democratic Republic of Ethiopia, Ministry of Health. The form is titled 'PHCG Facility Trainers record' and includes the following sections:

- Instructions:** 'Please ensure that all criteria are filled in neatly and accurately. After each training session please send this form to...'
- Trainer information:** Trainer name, Region, Zone, Words.
- Date and Duration:** Date (dd/mm/yyyy), Duration (minutes).
- Professional Category:** MD (Medical doctor), M/NW (Midwife), HO (Health officer), N (Nurse), OTH (Other, specify).
- Facility Type:** HC (Health Centre), PH (Primary Hospital), OTHER (Other Facility).
- Gender:** F (Female), M (Male).
- Session number (1 to 8):** A grid for recording cases completed in this session, with columns for 1-8 and rows for 1-8.
- Optional cases:** 13. Dawa, 14. Lemal.
- Number of people in session:** A field for recording the number of participants.
- Table:** A table with columns for S. No., First name, Father's name, Gender, Profession, Role, and Signature. The table has 6 rows for recording individual participants.

Training records

Training Resources

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The PHCG initiative



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1

The PHCG

It aims to guide the clinician to assess a patient's symptoms, make a diagnosis and devise a management plan, *and* deliver routine care for one or more chronic conditions.

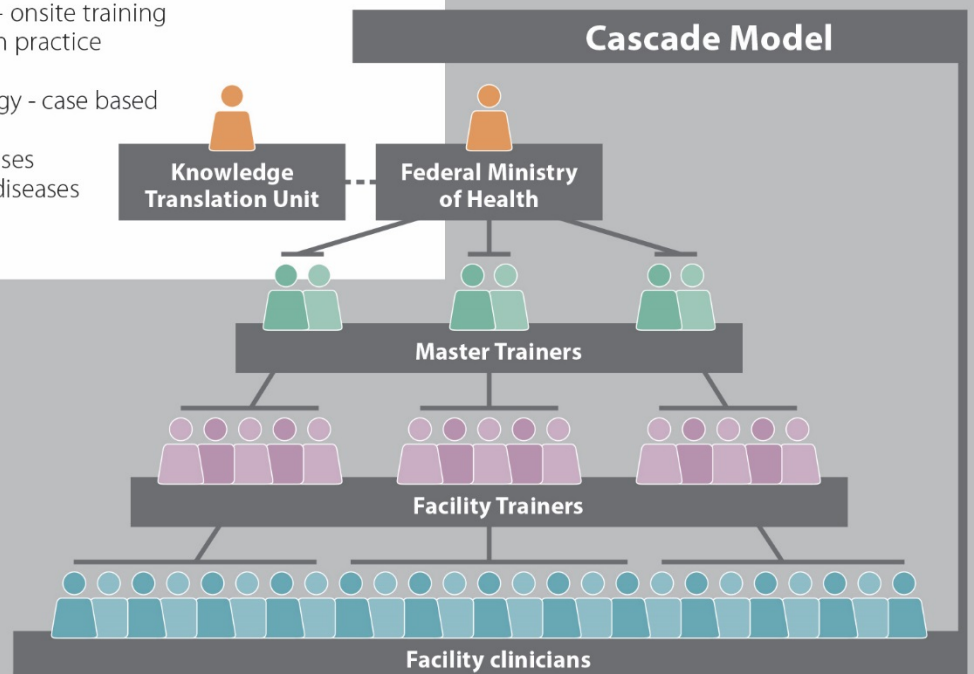


2

Training

- Cascade Model
- Educational outreach - onsite training
- Alternate learning with practice
- Team approach
- Interactive methodology - case based
- Cases covering:
 - Communicable diseases
 - Non-communicable diseases
 - Women's health
 - Mental health

Cascade Model



3

Health Systems strengthening

- Referral linkage
- Medications, equipment and laboratory tests availability
- Task shifting and task sharing
- Implementing Health centre reform

4

Monitoring, evaluation and Improvement

- Individual training records
- Facility Trainer training records
- Database
- Reporting
- Quality improvement



Training Records

The PHCG initiative



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1

The Primary health care clinical guidelines (PHCG)

The PHCG is a comprehensive, integrated approach to primary care for adults and children that includes 98 common adult symptoms, 37 common child symptoms and greater than 25 chronic conditions. It aims to guide the clinician to assess a patient's symptoms, make a diagnosis and devise a management plan, and deliver routine care for one or more chronic conditions. The content is informed by evidence sourced through the BMJ's Best Practice tool, WHO guidelines and other sentinel guidelines. It is fully localised in keeping with Ethiopian national health strategies, existing clinical guidelines and is updated on a regular basis. It is designed to be practical and easy to use, with algorithms, checklists and illustrations.

2

Training

The PHCG training curriculum comprises cases that are carefully structured to explore the features of the guideline and its clinical content. Using an interactive methodology, the training draws on clinicians' existing experience and knowledge, and aims to embed the use of the guide in every day clinical practice. PHCG training uses a proven implementation strategy, educational outreach alongside adult education principles, to deliver the PHCG to clinicians as teams in their health care facilities. The trainers are drawn from the Facility and are trained using a cascade model to facilitate the on-site sessions and then provide ongoing training and support for the PHCG initiative.

3

Health Systems strengthening

The PHCG is designed to integrate and reflect existing local policy for primary care delivery while providing a comprehensive approach to the individual patient. The training strategy involves many of the role-players in primary care delivery and targets the primary care facility team as a unit. It thus offers the opportunity to strengthen the way care is delivered in a primary care facility – addressing medication, equipment and laboratory test availability, streamlining onward referral linkage, task-shifting and task-sharing care between cadres of staff and implementing the "Health Centre reform" strategy.

4

Monitoring, evaluation and Improvement

The PHCG initiative is designed to enable the "Transforming Primary Health care units" strategy. Monitoring and evaluation of the PHCG initiative will align with standard reporting procedures and support the vision for robust Information Management. Monitoring and evaluation can occur at several levels – the individual clinician, facility, regional and system-wide - to ensure that the initiative is being implemented effectively. Indicator data is obtained from trainer and clinician onsite training records. Regular PHCG training reports will be available for Facility managers, Regional managers and Master-Trainers. Auditing of processes and clinical outcomes will also be monitored as the implementation proceeds, to ensure an effective monitoring, evaluation and quality improvement cycle.

How to use the PHCG



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Always start on the Adult or Child contents page – as appropriate:

Symptoms

Chronic conditions

Use the red box to determine if the patient needs **urgent attention** and manage them appropriately.

If the patient does not need urgent attention, follow the algorithmic approach to either a management plan or to consider a chronic condition.

Does the patient need:

This or

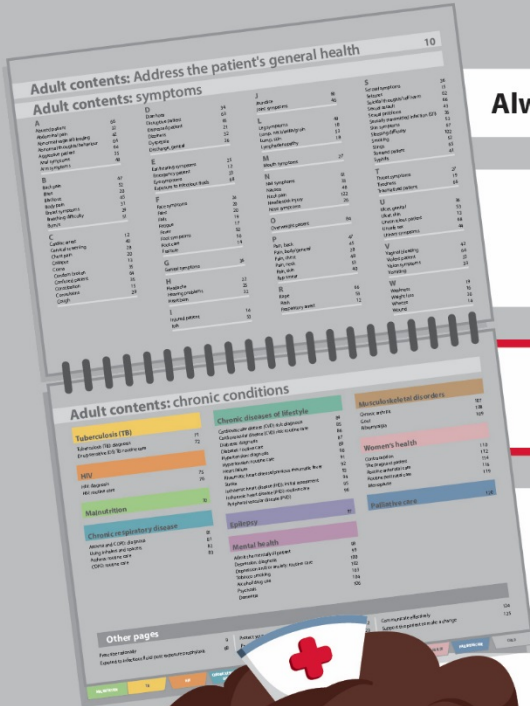
That

The guide refers you to relevant pages during patient evaluation or routine care with arrows:

• The return arrow (↶)

guides you to a new page but suggests that you return and continue on the original page.

• The direct arrow (→) guides you to continue on another page.



A 3-step framework of **Assess, Advise** and **Treat** standardises the approach to the patient with a chronic condition.

The 'Assess' table is divided into different greys to indicate 3 assessment areas:

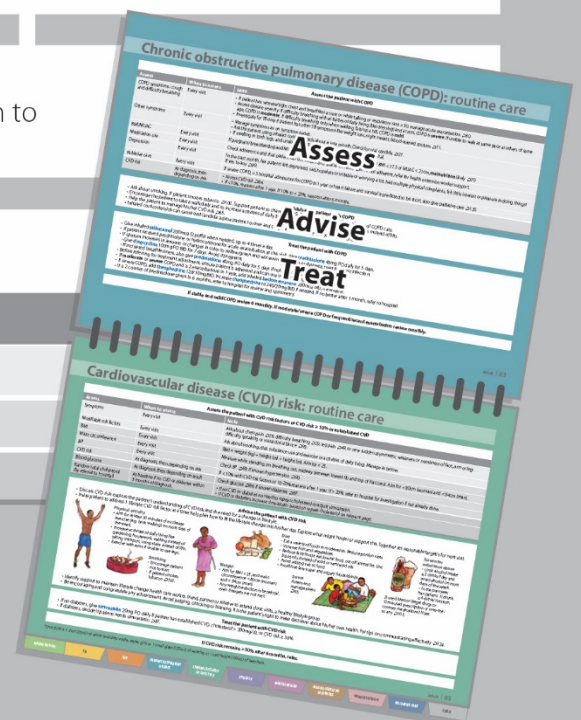
Assess

History (what to ask)


Examination (what to look for)

Investigations (what tests to do)

See front of PHCG for more information on "How to use this Guide"



29 **TB**
Urge adherence to prevent resistance. How do you check the TB patient's adherence?



30 Where in the **PHCG** will you manage a heart attack?

31 On what policies/guidelines is the **PHCG** content based?

32 Where in the **PHCG** will you know how to protect yourself when working in the TB room?

33 **STROKE**
Which drug can be prescribed to treat a patient with stroke/TIA?

34 **HIV ROUTINE CARE**
HIV patients should be screened for IPT. When and in what dose should IPT be given and for what duration?

35 **CONGRATULATIONS!**
You have completed the **PHCG** journey!



28 Find 3 pages that mention malaria.

27 Where in the **PHCG** might you identify risky alcohol use?




26 What page in the **PHCG** helps you decide if a child's blood pressure is normal?

25 **MANAGE CVD RISK**
Which lifestyle CVD risk factor would you tackle first in your life?!

24 In the **EPHCG** what treatment is given to the patient with malnutrition?

23 **ASTHMA**
Control asthma with inhaled steroids. When is asthma uncontrolled?



22 What tests would you do first in the patient losing weight?

15 If a patient happens to have any of the symptoms and signs listed in the box with red border, what does it mean?

16 **DIABETES:** Control glucose to save eyes, kidneys, feet. What is the fasting glucose target for the patient on insulin?

17 Where in the **PHCG** are you going to manage a patient who has fractured his/her arm?

18 When should you consider giving your patient palliative care?

19 **HIV**
When can you stop co-trimoxazole prophylaxis in HIV?



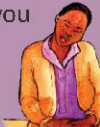
20 Where in the **PHCG** will you find how to treat a patient with sudden sore big toe joint known with gout and not needing urgent referral?

21 What is the standard 3-step approach for the routine care of a patient with a chronic disease?

14 Find 5 symptom pages that prompt the diagnosis of a chronic condition.

13 Assess the patient's family planning needs. Where in the **EPHCG** will you find family planning methods?


12 **DEPRESSION**
Name 1 symptom & 1 routine care page that will lead you to diagnosing depression?



11 Pallor: At what Hb level is anaemia diagnosed in a child?

10 Where in the **PHCG** will you find how to treat your STI patient's partner?

9 **HYPERTENSION**
Control BP to prevent stroke/heart attack. What is the target BP?



8 Where in the **PHCG** will you find how to give a patient CPR?

1 **START HERE**
Where is the best place to start using the **PHCG**?



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2 Where in the **PHCG** will you treat a patient who is dizzy?


3 **TB**
If coughing for > 2 weeks, exclude TB. What other test should you do for the patient not needing urgent attention?

4 Where in the **PHCG** will you treat a child who is convulsing?

5 Which page provides advice that the clinician should give to a patient needing a prescription?

6 Where in the **PHCG** will you manage a patient who has taken an intentional overdose?

7 **PREGNANCY**
Start routine antenatal care early. Who should get antenatal care in a PHC facility?



PHCG Board game



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1 Aim:

Introduce and familiarise the users and managers working in your facility with the contents of the PHCG.

2 Group size

3-4 people per group

3 Materials required

- Training manual for facilitators for instructions and answers/PHCG
- 1x board game, 1x dice and 1x answer sheet per group of 3–4 participants

4 Time management

Estimate about 45-60 minutes:

- Settling in and introducing activity \pm 5 minutes
- Playing the game \pm 45 minutes
- Discussion \pm 5 minutes

5 Instructions

- 1 Divide the participants into teams of 3-4 people.
- 2 Ask each participant to find their own player piece or symbol. For example: a coin, bottle top(KORKI), or a piece of jewelry like an earring or a ring to represent themselves as a player on the board.
- 3 Only one participant in each group should have the instructions and answers to the questions.
- 4 In their groups, each participant should throw the dice, or pick-a-lot, or draw a number – the highest number starts the game.
- 5 Begin on the START block and answer the question.
- 6 Throw the dice (or pick-a-lot, or draw-a-number) to move.
- 7 The participant must answer what is asked on the block on which he or she lands.
- 8 If unsure of the answer, the participant who has the answers can read the answers provided to confirm.
- 9 Follow the directions of the numbers on the board.
- 10 Everyone must participate.
- 11 If a participant lands on a block that has been discussed already, move forward to the next block and discuss that one.
- 12 Have fun!

6 Discussion

- 1 Ask if the aim of the activity has been achieved: is everyone now familiar with the PHCG and training?
- 2 Clarify what the participants have learnt.
- 3 Use the “How to use the guide” infographic - Get the group to open to the pages in the guide as you go through the features: the contents page, a symptom page and a routine care page, to see exactly what you are referring to as you explain.

Answers to EPHCG Board game

No	Question	Answer
1	Where is the best place to start using PHCG?	The contents pages: symptoms and chronic/long term health condition pages
2	Where in PHCG will you find how to treat a patient who is dizzy?	Dizziness page (page 21)
3	TB: If coughing for > 2 weeks, exclude TB. What other test should you do for the patient not needing urgent attention?	Test for HIV, sputum for AFB (page 71)
4	Where in the PCHG will you treat a child who is convulsing?	Seizures/convulsions page – child contents [page 130]
5	Which page provides advice that the clinician should give to a patient needing a prescription?	Prescribe rationally page - Other (page 9)
6	Where in PHCG will you find how to manage a patient who has taken an intentional overdose?	Suicidal thoughts/Self-harm (Self-harm or suicide) page (page 62)
7	Pregnancy: Start routine antenatal care early. Who should get antenatal care in a health centre?	All pregnant women who do not require referral level/hospital care (page 113)
8	Where in PHCG will you find how to give a patient CPR?	The emergency patient page (page 12)
9	Hypertension: Control BP to prevent stroke/heart attack. What is the target BP?	BP is controlled if it is < 140/90 (or < 150/90 if ≥ 60 years) (Hypertension: routine care, page 90)
10	Where in PHCG will you find how to treat your STI patient's partner?	On the Genital symptoms page (page 36): • Treat the patient's partner/s according to the patient's diagnosis as well as the partners' symptoms (if any)
11	Pallor: At what Hb level is anaemia diagnosed in a child?	Hb of 11g/dL –Child contents-Pallor (page 137)
12	Depression: Name 1 symptom and 1 routine care page that will lead you to diagnosing depression	Address the patient's general health Symptom pages: Weight loss, weakness or tiredness, headache, sexual problems, self-harm or suicide, stressed or distressed patient, traumatised/abused patient, difficulty sleeping Routine care pages: HIV, COPD, heart failure, rheumatic heart disease, stroke, ischaemic heart disease, alcohol/drug use, chronic arthritis, fibromyalgia, contraception, antenatal and postnatal, menopause, palliative care.
13	Assess the patient's family planning needs. Where in PHCG will you find family planning methods?	Contraception pages (pages 110-111)
14	Find 5 symptom pages that prompt the diagnosis of a chronic condition	Almost all symptom pages prompt the clinician to diagnose a chronic condition, where appropriate Exceptions are: the unconscious patient, burns, bites and stings pages
15	If a patient happens to have any of the symptoms and signs listed in the box with red border, what does it mean?	That the patient needs urgent attention

16	Diabetes: Control glucose to save eyes, kidneys, feet. What is the fasting glucose target for the patient on insulin?	Between 90 and 130mg/dL (Diabetes: routine page, pages 87-88)
17	Where in PHCG are you going to manage a patient who has fractured his/her arm?	The injured patient page (page 14)
18	When should you consider giving your patient palliative care?	<ul style="list-style-type: none"> • If the patient is terminally sick and survival is predicted to be short and/or • If a patient with advanced disease chooses palliative care only and refuses curative care and/or • If a patient with advanced disease is not responding to treatment. (Life-limiting illness: routine palliative care page/ page 120)
19	HIV: When can you stop co-trimoxazole prophylaxis in HIV?	Stop after 1 year on ART and 2 consecutive CD4 counts of > 350cells/mm ³ or viral load < 1000copies/mL. (HIV: routine care page/Pages 76-80)
20	Where in PHCG will you find how to treat a patient with sudden sore big toe joint known with gout and not needing urgent referral?	Gout: diagnosis and routine care page (page 108)
21	What is the standard 3-step approach for the routine care of a patient with a chronic disease?	Assess, Advise and Treat
22	What investigations would you do first in the patient losing weight?	Exclude TB, test for HIV, check for diabetes (weight loss page 16)
23	Asthma: Control asthma with inhaled corticosteroids. When is asthma not controlled?	<p>Routine asthma care:</p> <ul style="list-style-type: none"> • Daytime cough, difficulty breathing, tight chest or wheezing >2 times a week • night time or early morning waking due to asthma symptoms • Limitation of daily activities due to asthma symptoms • Need to use salbutamol inhaler > 2 times a week • frequent exacerbations > 2 in past 12 months (Asthma: routine care page 82)
24	In the PHCG what treatment is given to the patient with malnutrition?	<ul style="list-style-type: none"> • Single dose mebendazole 500mg PO or single dose albendazole 400mg PO. • Ready to Use Therapeutic Food (RUTF) (Plumpy nut®) two 100g sachets three times a day (Malnutrition: routine care page/Page 70)
25	Manage CVD risk: Which lifestyle CVD risk factor would you tackle first in your life?!	<ul style="list-style-type: none"> • Personalise this • Refer to the “Support the patient to make a change” page (page 125)
26	What page in the PHCG helps you decide if a child’s blood pressure is normal?	Quick reference chart – (Child contents – page 155)
27	Where in PHCG might you identify risky alcohol use?	Alcohol/drug use page (page 103)
28	Find 3 pages that mention malaria.	<ul style="list-style-type: none"> • The unconscious patient (page 13) • Seizures/convulsions (page 15) • Fever (page 17) • Pallor (Child page 137) • Weakness or tiredness (page 19) • Headache (page 22) • Abnormal thoughts of behaviour (page 64) • Advise and treat the pregnant patient (page 115) • Advise the mother on the routine postnatal care page (page 117)

29	TB: Urge adherence to prevent resistance. How do you check the TB patient's adherence?	Drug-sensitive (DS) TB: routine care page-Review adherence on the TB treatment card (page 72)
30	Where in PHCG will you find how to manage a heart attack?	Chest pain (page 28); ischaemic heart disease (IHD: initial assessment (page 94)
31	On what policies/guidelines is the PHCG content based?	<ul style="list-style-type: none"> • Standard Treatment Guidelines for Health Centre (2014), • List of Medicine for Health Centers (2012), • Guidelines on Clinical and Programmatic Management of Major Non Communicable Diseases (2016) , • National guidelines for comprehensive HIV prevention, care and treatment (2014), • Guidelines for clinical and programmatic management of TB/HIV and leprosy in Ethiopia (2016), • Guidelines for the management of acute malnutrition (2016), • National guidelines for the management of sexually transmitted infections using syndromic approach (2015), • National malaria guidelines, • National guidelines for family planning, • Ethiopian paediatric hospital care (2016) and others.
32	Where in the PHCG will you find how to protect yourself when working in the TB room?	Protect yourself from occupational infection page (page 122)
33	Stroke: Which drug can be prescribed to treat a patient with stroke/TIA?	Routine stroke care: simvastatin for life (page 93)
34	HIV: routine care: HIV patients should be screened for IPT. When and in what dose should IPT be given and for what duration?	<p>When to give:</p> <ul style="list-style-type: none"> • No TB symptoms. If also starting ART, start IPT once tolerating ART. • Avoid if TB symptoms, on TB treatment, peripheral neuropathy, liver disease, alcohol abuse. <p>What to give:</p> <ul style="list-style-type: none"> • Isoniazid 300mg daily • Pyridoxine 25mg daily <p>When to stop:</p> <ul style="list-style-type: none"> • After 36 months (page 78)

Case template explained

Case 12: Lubaba (1 visit)

1 The case is numbered and the name of the patient is given.



2 The picture of the patient is shown on the waiting room scene.

Outline of case for facilitator preparation:

Symptom/content/point of entry	Clinical case	Case complexity
Mental Health		
Abdominal pain	<ul style="list-style-type: none"> Dyspepsia Risky alcohol use - alcohol dependence 	Complex

3 The outline of the case is presented in a table for easy overview and preparation.

4 Instructions for the facilitator:

- Show the group the waiting room scene. Ask them to find Lubaba and ask them what they think about what they see.
- Before you read the case scenario to the participants, explain that they will need to use the statements in the guide as prompts to ask you questions about the case.
- Once you have read the case scenario out, use column **A** to ask the participants where they will go in the guide, and to prompt what they should be looking for.
- Only give the required information from column **B** as the participants ask you questions from the guide.
- Follow in the guides with the participants using column **C** to ensure you are on the right page.

5 Introduce the patient with the story that he/she presents with.

- **Lubaba** is a 50 year old woman who is next in the queue at the clinic. Discuss how you would initiate the consultation in a way that is appropriate to the patient.
- She has entered your consultation room, how would you initiate the consultation in a way that is appropriate to the patient?
- How would you ask her why she has come to the clinic today using the **why** of PRY?
- She tells you she has had pain in her abdomen for 3 days.

Clinical communication Skill Stamp as a reminder to integrate into the case

PRY

7 Use the questions and answers in the table to begin helping the participants navigate the Guide.

How will you use the PHCG to manage Lubaba?

A FACILITATOR to ask these questions to prompt using the guide:	B As the PARTICIPANTS use the PHCG, give these details to help answer their questions about the case:	C Page/s to follow in the PHCG:
SYMPTOM -Abdominal pain	8 Symptom: This is the approach to assessing and managing a patient's symptom.	Abdominal pain (no diarrhoea).
1 Does the patient need urgent attention?	Lubaba has no signs that she needs urgent attention.	
2 How do you manage this symptom?	<ul style="list-style-type: none"> Lubaba has no abnormal vaginal discharge. Her pain has no relation to her menses. She has no urinary symptoms. She is not constipated. Her stool microscopy test was negative. Her pain is in the upper abdomen and is worse after eating. 	

ICE *Question: How would you use the clinical communication skill of ICE to find out*

	<i>what Lubaba's ideas, concerns and expectations are?</i>	<ul style="list-style-type: none"> • She does not smoke but admits to drinking 6 bottles of beer per day. • Her waist circumference is 80cm. • You assess her CVD risk and it is < 10%. • She is not taking any medication. 	
3	Can you identify a possible chronic condition?	She drinks 6 bottles beer per day.	
4	Do you need to refer the patient?		
DIAGNOSING A CHRONIC CONDITION - Alcohol/drug use			
5	Does the patient need urgent attention?		
6	What is the next step to diagnose the chronic condition?	She drinks illicit drugs or misuse prescription drugs.	
ROUTINE CARE - Alcohol/drug use			
7	Assess What must you ask this patient?	<p>9 Diagnosing a chronic condition: Diagnosing a chronic condition is usually a stepwise process that can involve history, examination, investigations and referral. Use this section to plan and complete the diagnostic process.</p> <p>10 Routine care: This section outlines the 'assess, advise and treat' structure of the routine care approach.</p> <ul style="list-style-type: none"> • She is not aggressive or violent currently. • She has no suicidal thoughts. • She admits that she has had many previous bumps to her head while she has been drunk in the past. She denies depressive symptoms and is not in a relationship. • She says that if she does not drink beer every day she experiences restlessness, nausea, headache and tremor. • She describes an uncontrollable urge to drink alcohol - she says she just can't help herself. She often has to borrow money or sell something to buy the beer. She continues to drink despite acknowledging that it often results in harm. • She denies any trauma or abuse and has no chronic illness. • She denies a low mood and has not lost interest in daily activities. • She has no dementia symptoms. 	Alcohol/drug use
8	Advise What advice must you give this patient?		
9	Treat What drug treatment do you give this patient?		
10	Referral Do you need to refer the patient?		
DISCUSSION			
11	What did you need to discuss with the patient?	The discussion points are there to highlight other important aspects of health care that have relevance to the care of patients and health care workers.	(see "rely" page)
SUMMARY			
12	Summarise the key points of the case.	The case summary is a reminder to highlight the key points of the pages you used to navigate the guideline to manage the patient.	

PHCG Facility Trainers record (sample)



Federal Democratic Republic of Ethiopia
Ministry of Health



Please ensure that all criteria are filled in neatly and accurately.

After each training session please send this form to

Trainer name: *Genet Terefe* Region: *SNMPR* Zone: *Guragi*

Date (dd/mm/yyyy): *07/02/2011* Woreda: *Ezha*

Duration (minutes): *60min* Facility: *Agena Health Center*

Session number (1 to 8): **5**

Circle cases completed in this session:

1. Elias	5. Ayantu	9. Hewan
2. Haga	6. Kedija	10. Liya
3. Kebede	7. Lemlem	11. Taytu
4. Anane	8. Aryat	12. Lubaba
Optional cases	13. Dawit	14. Jemal

Rank / Professional category		Facility type		Gender			
MD	Medical Doctor	M/WH	Midwife	HC	Health Centre	F	Female
HO	Health officer	OTH	Other, specify	PH	Primary Hospital	M	Male
N	Nurse			OTHER	Other Facility		

Number of people in session: **4**

SZ	First name	Fathers name	Gender	Profession	Role	Signature
1	<i>Askal</i>	<i>Desalegn</i>	<i>female</i>	<i>midwife</i>	<i>MCH</i>	<i>[Signature]</i>
2	<i>Zebiba</i>	<i>Mohammed</i>	<i>female</i>	<i>health Officer</i>	<i>OPD</i>	<i>[Signature]</i>
3	<i>Melkamu</i>	<i>Alamerew</i>	<i>Male</i>	<i>Nurse</i>	<i>ART clinic</i>	<i>[Signature]</i>
4	<i>Binyam</i>	<i>Kebede</i>	<i>male</i>	<i>nurse</i>	<i>OPD</i>	<i>[Signature]</i>
5						
6						
7						
8						

Comments:

PHCG individual training record (sample)



Federal Democratic Republic of Ethiopia
Ministry of Health



To complete PHCG training you will need to complete this training record for all cases.
Please ensure that ALL information is filled in neatly and accurately.

Full name: *Askal Desalegn*

Region: *SNNPR*

Zone: *Guragi*

Woreda: *Ezha*

Facility name: *Agena Health Center*

Circle the appropriate codes

Rank			
MD	Medical doctor	M/W	Midwife
HO	Health officer	OTH	Other, specify
N	Nurse		
Facility type			
C	Clinic	CHC	Health Centre
H	Primary Hospital	MOU	Midwives Obstetrics Unit
Gender			
F	Female	M	Male

To complete this Module, please complete the cases below.

Case	Date	Duration (minutes)	Trainer name	Trainer signature
1. Elias	<i>5/2/2011</i>	<i>70 minutes</i>	<i>Erstu Tadesse</i>	<i>[Signature]</i>
2. Haga				
3. Kebede				
4. Anane				
5. Ayantu				
6. Kedija				
7. Lemlem				
8. Aryat				
9. Hewan				
10. Liya				
11. Taytu				
12. Lubaba				
13. Dawit				
14. Jemal				

Cases

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Summary of Cases

This Case Summary table outlines the clinical components and PHCG usage principles of each case:

Session	Case	Name	Symptom/content/point of entry	Clinical content	Structure and features used in the PHCG	Case complexity
Session 1						
Introductory cases: symptom-based approach						
	1	Elias	Cough/difficulty breathing	Severe chest infection	<ul style="list-style-type: none"> • Contents page • Symptoms page • Red box 	Introductory
	2	Hagos	Face pain	Gum infection	Introduction to using an algorithm	Introductory
Session 2						
STIs: introduction to 'Assess, advise and treat' framework						
	3	Kebede	Genital ulcer Urethral discharge	<ul style="list-style-type: none"> • Genital ulcer • Male urethritis syndrome 	<ul style="list-style-type: none"> • Moving from one symptom page to another symptom page • Intro to Assess Advise Treat 	Mid-level
Session 3						
Women's Health						
	4	Anane	NA	Pregnancy	Navigating the routine care pages	Mid-level
	5	Ayant	Urinary symptoms (emergency contraception)	<ul style="list-style-type: none"> • UTI • Risk of Pregnancy • Emergency contraception 	Symptom page indirectly leading to a routine care page	Mid-level
Session 4						
Asthma routine care						
	6	Kedija	<ul style="list-style-type: none"> • Breathing Difficulty • Wheezing and tight chest • Asthma 	Difficulty breathing/routine care for asthma and use of inhalers and spacers	<ul style="list-style-type: none"> • Management of the patient needing urgent attention • Moving from a symptom page to a routine care page • Introduction to routine care using "assess, advise and treat" structure 	Mid-level
Hypertension: diagnosis and routine care						
	7	Lemlem	Back pain	<ul style="list-style-type: none"> • Back pain • CVD risk • Hypertension • Diabetes screen 	<ul style="list-style-type: none"> • Moving from a symptom page to a diagnosis page • Moving from a diagnosis page on to the routine care page • Screening for other chronic conditions according to routine care and moving to the relevant diagnosis page 	Complex

Session	Case	Name	Symptom/content/point of entry	Clinical content	Structure and features used in the PHCG	Case complexity
Session 5	HIV: routine care					
	8	Aryat (Child case)	Diarrhoea	<ul style="list-style-type: none"> • Diarrheal Disease: moderate dehydration • Amebiasis 	<ul style="list-style-type: none"> • Moving from a symptom page to a routine care page • Symptom pages and red boxes 	Mid-level
Session 6 + PRY	Exposed to infectious fluid: post-exposure prophylaxis					
	9	Hewan	Needle-stick injury	Post exposure prophylaxis	<ul style="list-style-type: none"> • Moving from a symptom page to a diagnosis page • Introduction to new pages 	Mid-level
	HIV: routine care					
	10	Liyu	Rash	<ul style="list-style-type: none"> • Papular pruritic eruption • Routine HIV care 	<ul style="list-style-type: none"> • Moving from symptom page to a diagnosis page • Navigating routine care pages 	Complex
Session 7 + ICE	Mental Health					
	11	Taytu	Hypertension	<ul style="list-style-type: none"> • Hypertension routine care • Diagnosis of and routine care of depression 	<ul style="list-style-type: none"> • Moving from routine care to a symptom page to a diagnosis page • Moving from a diagnosis page to a routine care page 	Complex
Session 8 + ICE	Mental Health					
	12	Lubaba	Abdominal pain	<ul style="list-style-type: none"> • Dyspepsia • Risky alcohol use - alcohol dependence 	<ul style="list-style-type: none"> • Moving from a symptom page to a diagnosis page • Moving from a diagnosis page to a routine care page 	Complex

Additional cases:

Case	Name	Symptom/content/point of entry	Clinical content	Clinical learning aim	Structure and features used in the PHCG	Case complexity
13	Dawit	Ear pain	Acute otitis media	Ear symptoms in older children.	<ul style="list-style-type: none"> • Find Symptom page • Practice using the algorithm 	Introductory
14	Jemal	Sore throat	Viral tonsillo-pharyngitis	<ul style="list-style-type: none"> • Supportive care • Rational Antibiotic Use 	Practice using the algorithm	Introductory

Onsite session 1: Introduction session programme

	Follow steps	Time	What to do	Learning Aim
Step 1	Welcome	10min	<ul style="list-style-type: none"> • Welcome the group and thank them for coming. • Establish group norms e.g. mobile phones off, stay the duration, contribute cases, have fun, etc. • Introduce topic for the session using an icebreaker/relevant piece of information, etc. • Choose a time-keeper for the session • Fill in the training register 	<ul style="list-style-type: none"> • Participants feel involved and that they own the training. • Get everyone focused on being in the training session. • Create a fun, relaxed learning environment.
Step 2	Introduction	15min	Show the group the infographic page in the resources section of your manual to help them understand where they are in the big picture.	Ensure the participants understand the purpose of the programme and the training model
Step 3	Introductory Activity	30min	Play the introductory board game, the instructions and answers are in the resource section of your file. Summarise the game by using the infographic that explains the features of the guide and how to navigate the pages. Get the group to open to the pages in the Guide as you go through the features: the contents page, a symptom page and a routine care page, to see exactly what you are referring to as you explain.	Participants engage with the Guide in a fun, non-threatening way, that introduces them to the features of the Guide.
	Train case	30min	You are going to cover Elias and Hagos in this session. Using the waiting room scene and following the case format, take the group through the relevant pages in the guideline. On completion of the cases, let the group colour in the characters on the waiting room scene.	Cover the guideline content planned for the session. Use the learning aims set out for the cases to guide the session's content.
Step 4	<ul style="list-style-type: none"> • Fill in onsite training record • Prepare for next session • Closure 	5min	<ul style="list-style-type: none"> • Get group to summarise session. • Get everyone to complete the onsite training record (attendance register) • Plan next session: • Ask staff to bring patient folders/chart, problems. • Set date and time. • Close the session by thanking the participants. 	<ul style="list-style-type: none"> • Celebrate use of PHCG as a tool to help us serve well. • Ensure continuity of and commitment to training sessions. • Keep a record of who attended the session

Case 1: Elias (1 visit)



Outline of case for facilitator preparation:

Symptom/content/point of entry	Clinical content	Structure and features used in the PHCG	Case complexity
Introductory cases: symptom-based approach			
Cough/difficulty breathing	Severe chest infection	<ul style="list-style-type: none"> • Contents page and Symptoms page • Red box 	Introductory

Instructions for the facilitator:

- Show the group the waiting room scene. Ask them to find Elias and ask them what they think about what they see.
- Before you read the case scenario to the participants, explain that they will need to use the statements in the guide as prompts to ask you questions about the case.
- Once you have read the case scenario out, use column **A** to ask the participants where they will go in the guide, and to prompt what they should be looking for.
- Only give the required information from column **B** as the participants ask you questions from the guide.
- Follow in the guides with the participants using column **C** to ensure you are on the right page.

Elias is a 24 year old man. He arrives at the clinic complaining of a cough and difficulty breathing of 3 days duration

How will you use the PHCG to manage Elias?

A FACILITATOR to ask these questions to prompt using the guide:	B As the PARTICIPANTS use the PHCG, give these details to help answer their questions about the case:	C Page/s to follow in the PHCG:
SYMPTOM – Cough and/or breathing difficulty		Cough and/or difficulty breathing
1 Does the patient need urgent attention?	<ul style="list-style-type: none"> • He does not have a wheeze or a rash or face/tongue swelling • He is short of breath when talking. • His difficulty breathing does not worsen when lying flat. He has no leg swelling. • His glucose is 90mg/dL. • His temperature is 38.3°C. • He has a respiratory rate of 32 breaths per minute. • He is not coughing up blood. • He is not confused or agitated. • His BP is 122/87 • He has no swelling or pain in his calf 	

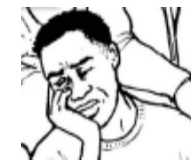
TIP: don't give away all this information at once. Follow in the guide and respond to the questions of the participants.

2	How do you manage this symptom?	<ul style="list-style-type: none"> • He does not have COPD • He has no facial swelling or rash. • His trachea is midline. 	
3	Do you need to refer the patient?		

SUMMARY

4	Summarise the pathway of the pages/points you used through the guide in order to manage the patient.		
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Case 2: Hagos (1 visit)



Outline of case for facilitator preparation:

Symptom/content/point of entry	Clinical content	Structure and features used in the PHCG	Case complexity
Introductory cases: symptom-based approach			
Face pain	Gum infection	Introduction to using an algorithm	Introductory

Instructions for the facilitator:

- Show the group the waiting room scene. Ask them to find Hagos and ask them what they think about what they see.
- Before you read the case scenario to the participants, explain that they will need to use the statements in the guide as prompts to ask you questions about the case.
- Once you have read the case scenario out, use column **A** to ask the participants where they will go in the guide, and to prompt what they should be looking for.
- Only give the required information from column **B** as the participants ask you questions from the guide.
- Follow in the guides with the participants using column **C** to ensure you are on the right page.

Hagos is a 28 year old man who complains of worsening face pain for the past 3 days...

How will you use the PHCG to manage Hagos?

A FACILITATOR to ask these questions to prompt using the guide:	B As the PARTICIPANTS use the PHCG, give these details to help answer their questions about the case:	C Page/s to follow in the PHCG:
SYMPTOM – Face pain		Face symptoms
1 Does the patient need urgent attention?	He has no signs or symptoms that indicate he requires urgent attention.	
2 How do you manage this symptom?	<ul style="list-style-type: none"> • He has face pain but no obvious facial swelling or weakness. • He has no rash on his face • He has no pain when pushing on his forehead • His gums are red, painful and swollen on the right side of this jaw. • His temperature is 38.5°C. 	
3 Do you need to refer the patient?		
4 When does the patient need to return?		
SUMMARY		
5 Summarise the pathway of the pages/points you used through the guide in order to manage the patient		

Onsite session 2

	Follow steps	Time	What to do	Learning Aim
Step 1	Welcome	10min	<ul style="list-style-type: none"> • Welcome the group and thank them for coming. • Establish group norms e.g. Mobile phones off, stay the duration, contribute cases, have fun, etc. • Introduce topic for the session using an icebreaker/relevant piece of information, etc. • Choose a time-keeper for the session • Fill in the training register 	<ul style="list-style-type: none"> • Participants feel involved and that they own the training. • Get everyone focused on being in the training session. • Create a fun, relaxed learning environment.
Step 2	<ul style="list-style-type: none"> • Recap • Problem solve • Pre-training assessment forms 	10min	<ul style="list-style-type: none"> • Ask about the current use of PHCG- what's working/not working? Are there clinical questions or systems problems? Current referral pathways? • Record problems on training record which you will send to: _____. 	<ul style="list-style-type: none"> • Identify problems with systems or use of PHCG and try to solve them. • Establish whether the guideline is being used with ease in clinical practice. • Allow the health care workers to feel listened to and acknowledge their frustrations and questions.
Step 3	Train new topic	55min	<p>You are going to cover Kebede in this session. Using the waiting room scene and following the case format, take the group through the relevant pages in the guideline.</p> <p>On completion of the case, let the group colour in the character on the waiting room scene.</p>	<ul style="list-style-type: none"> • Cover the guideline content planned for the session. Use the learning aims set out for the cases to guide the session's content. • Link the content to the referral pathways in the clinic.
Step 4	<ul style="list-style-type: none"> • Prepare for next session • Fill in onsite training record • Closure 	5min	<ul style="list-style-type: none"> • Get group to summarise session. • Get everyone to complete the onsite training record (attendance register) • Plan next session: • Close the session by thanking the participants. 	<ul style="list-style-type: none"> • Celebrate use of PHCG as a tool to help us serve well. • Ensure continuity of and commitment to training sessions. • Keep a record of who attended the session.

Case 3: Kebede (1 visit)



Outline of case for facilitator preparation:

Symptom/content/point of entry	Clinical content	Structure and features used in the PHCG	Case complexity
STIs: introduction to 'Assess, advise and treat' framework			
<ul style="list-style-type: none"> Urethral discharge Genital ulcer 	<ul style="list-style-type: none"> Genital ulcer Male urethritis syndrome 	Moving from one symptom page to another symptom page	Mid-level

Instructions for the facilitator:

- Show the group the waiting room scene. Ask them to find Kebede and ask them what they think about what they see.
- Before you give the participants the case scenario, explain that they will need to use the statements in the guide as prompts to ask you questions about the case.
- Once you have read the case scenario out, use column **A** to ask the participants where they will go in the guide, and to prompt what they should be looking for.
- Only give the required information from column **B** as the participants ask you questions from the guide.
- Follow in the guides with the participants using column **C** to ensure you are on the right page.

Kebede came to the clinic today complaining of a painful genital ulcer...

How will you use the PHCG to manage Kebede?

A	FACILITATOR to ask these questions to prompt using the guide:		B	As the PARTICIPANTS use the PHCG, give these details to help answer their questions about the case:	C	Page/s to follow in the PHCG:
APPROACH TO THE PATIENT WITH GENITAL SYMPTOM						Genital symptoms
1	Assess	What must you ask this patient?	<ul style="list-style-type: none"> He doesn't mention any other symptoms. He reports that he has multiple partners. He denies any abuse or assault. He states he is happy in his relationship. His one girlfriend is on an oral contraceptive. 			
		What must you look for on examination?	<ul style="list-style-type: none"> On examination he has an ulcer under the foreskin and a discharge on milking the urethra. He has no palpable inguinal lymph nodes, scrotal swelling or masses. 			
		What investigations must you do for this patient?	<ul style="list-style-type: none"> He is HIV negative. A rapid syphilis test is negative. 			
2	Advise	What advice must you give this patient?				

3	Treat	Which page do you turn to, to treat this patient?		<ul style="list-style-type: none"> • Genital sore/ulcer or • Genital symptoms in man (Male Urethritis)
SYMPTOM - Genital ulcer or Male Urethritis				<ul style="list-style-type: none"> • Genital sore/ulcer or • Genital symptoms in man (Male Urethritis)
4		How do you manage this symptom?	<ul style="list-style-type: none"> • This is his first episode • He is in pain • He is not allergic to penicillin. • He also has a urethral discharge. • He does not have swollen lymph nodes. 	
5		When does the patient need to return?		
6		Do you need to refer the patient?		
SUMMARY				
7		Summarise the pathway of the pages/points you used through the guide in order to manage the patient.		

Onsite session 3

	Follow steps	Time	What to do	Learning Aim
Step 1	Welcome	10min	<ul style="list-style-type: none"> • Welcome the group and thank them for coming. • Establish group norms e.g. cell phones off, stay the duration, contribute cases/active participation, respect each other's opinions, minimize side talk, have fun, etc. • Introduce topic for the session using an icebreaker/relevant piece of information, etc. • Choose a time-keeper for the session • Fill in the training register 	<ul style="list-style-type: none"> • Participants feel involved and that they own the training. • Get everyone focused on being in the training session. • Create a fun, relaxed learning environment.
Step 2	<ul style="list-style-type: none"> • Recap • Problem solve 	15min	<ul style="list-style-type: none"> • Ask about the current use of PHCG- what's working/not working? • Are there clinical questions or systems problems? Current referral pathways? • Record problems on training record which you will send to: <hr/> <ul style="list-style-type: none"> • Ask the health professionals how they feel about partner identification and treatment of patients with STIs. 	<ul style="list-style-type: none"> • Identify problems with systems or use of PHCG and try to solve them. • Establish whether the guideline is being used with ease in clinical practice. • Allow the health professionals to feel listened to and acknowledge their frustrations and questions.
Step 3	Train new topic	60min	<ul style="list-style-type: none"> • You are going to cover Anane and Ayantu in this session. • Using the waiting room scene and following the case format, take the group through the relevant pages in the guideline. • On completion of the cases, let the group colour in the characters on the waiting room scene. 	<ul style="list-style-type: none"> • Cover the guideline content planned for the session. • Use the learning aims set out for the cases to guide the session's content. • Link the content to the referral pathways in the clinic.
Step 4	<ul style="list-style-type: none"> • Prepare for next session • Fill in onsite training record • Closure 	5min	<ul style="list-style-type: none"> • Get group to summarise session. • Get everyone to complete the onsite training record (attendance register) • Plan next session: Session 4 • Ask staff to bring patient folders, problems. • Set date and time. • Close the session. 	<ul style="list-style-type: none"> • Celebrate use of PHCG as a tool to help us serve well. • Ensure continuity of and commitment to training sessions. • Keep a record of who attended the session.

Case 4: Anane (2 visits)



Outline of case for facilitator preparation:

Symptom/content/point of entry	Clinical content	Structure and features used in the PHCG	Case complexity
Women's Health			
The pregnant patient	Pregnancy	Navigating the routine care pages	Mid-level

Show the group the waiting room scene. Ask them to find Anane and ask them what they think about what they see.

VISIT 1: Anane is a 26 years old lady who has recently discovered that she is pregnant and attends the clinic today for her first ANC visit...

How will you use the PHCG to manage Anane?

A	FACILITATOR: ask these questions to prompt using the PHCG:	B	As the PARTICIPANTS use the PHCG, give these details to help answer their questions about the case:	C	Page/s to follow in the PHCG:
The pregnant patient				The pregnant patient	
1	Does the client need urgent attention?	<ul style="list-style-type: none"> Anane has no convulsion. She has no hypertension. She has no fever. She has no difficulty of breathing. She has no swollen painful calf. She has no vaginal bleeding. She feels no fetal movement (not expected to feel fetal movement as the GA < 20 weeks). She has no painful contractions. She has no gush of fluids from vagina. 			
2	How do you manage this situation?	<ul style="list-style-type: none"> Anane does want to keep the pregnancy. She has no current medical problems. She has no known current pregnancy problems. She has no previous pregnancy problems as this is her first pregnancy. She has no previous reproductive tract surgery. 		The pregnant patient	

ROUTINE CARE - Routine antenatal care			Routine antenatal care	
3	Assess	What must you ask this patient?	<ul style="list-style-type: none"> • She has no symptoms at the moment. • You have calculated her estimated date of delivery and GA and found out that the GA is 16 weeks. • She has no cough, weight loss, night sweats or fever/no TB symptoms. • She does not have any symptoms of depression. • She tells you she has completely stopped drinking alcohol and does not use any drugs. 	
		What must you look for on physical examination?	<ul style="list-style-type: none"> • Her BMI is 23. • Her MUAC is 26 cm. • There are no other masses on examination and her SFH is 15 cm. It is too early to tell the presentation. • She has no abnormal vaginal discharge. • Her BP is 110/70 	
		What investigations must you do for this patient?	<ul style="list-style-type: none"> • Her urine dipstick is normal. • Her Hb is 11g/dl. • Her Rh status is positive. • Her syphilis test is negative • Her HIV test is negative 	
4	Advise	What advice must you give this patient?	<ul style="list-style-type: none"> • She has no history of depression/anxiety and has had no difficult life experiences in the past year. • She seems happy with the pregnancy. • She has a supportive husband and there is no reported violence at home. 	
5	Treat	Which page do you turn to, to treat this patient?		
6		When does the patient need to return?		
DISCUSSION				
7		When should Anane have her next follow up? (Answer according to the PHCG: Next visit at 24-26 weeks. Book ultrasound before 24 weeks.)		

VISIT 2: Anane was seen again at the ANC at 24 weeks (her ultrasound scan was normal), 32 weeks, and 38 weeks. She had an uneventful pregnancy and her repeat HIV tests were negative.
 She has normal vaginal delivery at term with no complications and delivered a healthy baby boy.
 She is 6 weeks post-delivery and is here for her routine postnatal follow up...

How will you use the PHCG to manage Anane?

A	FACILITATOR: ask these questions to prompt using the PHCG:	B	As the PARTICIPANTS use the PHCG, give these details to help answer their questions about the case:	C	Page/s to follow in the PHCG:
ROUTINE CARE – Routine postnatal care				Routine postnatal care	
1	Does the patient need urgent attention?	She has no signs or symptoms that require urgent attention.			
2	Assess What must you ask this patient? (History taking)	<ul style="list-style-type: none"> Anane reports she and the baby both have no symptoms. Her mental health screen is negative for depression/anxiety and abuse. She is still not drinking any alcohol and is not using any drugs. She chooses subdermal implants as contraceptive. Anane’s baby is exclusively breastfeeding and there seem to be no problems. 			
		What must you look for on physical examination? <ul style="list-style-type: none"> You assess and manage baby according to IMNCI. Baby’s weight is normal for age. Her abdominal examination is normal. She has no abnormal vaginal discharge or bleeding. Her perineal wound has healed well and she has no incontinence problems. Her BP is 120/75. 			
		What investigations must you do for this patient? <ul style="list-style-type: none"> Her repeat HIV test is negative. She is not pale. Syphilis test was negative 			
		Can you identify another chronic condition?			
3	Advise What advice must you give this patient?				
4	Treat What drug treatment do you give this patient?				
SUMMARY					
5	Summarise the pathway of the pages/points you used through the guide in order to manage the patient.				

Case 5: Ayantu (1 visit)



Outline of case for facilitator preparation:

Symptom/content/point of entry	Clinical content	Structure and features used in the PHCG	Case complexity
Women's Health			
Urinary symptoms (emergency contraception)	<ul style="list-style-type: none"> • UTI • Risk of Pregnancy • Emergency contraception 	Symptom page indirectly leading to a routine care page	Mid-level

Show the group the waiting room scene. Ask them to find Ayantu and ask them what they think about her general appearance.

Ayantu is 17 years old girl and comes in complaining of burning urine and frequency of urination.

How will you use the PHCG to manage Ayantu?

A	FACILITATOR: ask these questions to prompt using the PHCG:	B	As the PARTICIPANTS use the PHCG, give these details to help answer their questions about the case:	C	Page/s to follow in the PHCG:
SYMPTOM - Urinary symptoms				Urinary symptoms	
1	Does the patient need urgent attention?	<ul style="list-style-type: none"> • She is able to pass urine alright and has no lower abdominal pain. • She has no flank pain or vomiting, BP 110/60, pulse 78, temperature 37°C, pregnancy test is negative. 			
2	How do you manage this symptom?	<ul style="list-style-type: none"> • She doesn't have blood in her urine or flow problems. • She has burning urine and nitrites on her urine dipstick. • She is not a diabetic and has no known urinary tract problems before this complaint. • Her pregnancy test is negative now but when you ask her about being pregnant, she looks worried and admits that the condoms broke 2days ago and she is worried she might fall pregnant as she is not on any contraception. • She would like to start on contraception. • This is her first urinary tract infection 			
3	Do you need to refer the patient?				

ROUTINE CARE – Contraception			Contraception
4	Does the patient need urgent attention?	She has had unprotected intercourse 2 days ago and does not want to be pregnant.	
5	Assess	What must you ask this patient? (History taking)	<ul style="list-style-type: none"> • She has no other symptoms other than burning urine. • She uses condoms reliably. • She says she has a regular partner who is faithful. • She is not on any other medication. She has no vaginal bleeding.
		What must you look for on physical examination?	<ul style="list-style-type: none"> • Her BMI is 22. • Her BP is 110/60. • She has no lumps in breast or axillae.
		What investigations must you do for this patient?	<ul style="list-style-type: none"> • Her pregnancy test is negative. • Her HIV test is negative.
6	Advise	What advice must you give this patient?	
7	Treat	What drug treatment do you give this patient?	
		Do you need to refer this patient?	
SUMMARY			
8	Summarise the pathway of the pages/points you used through the guide in order to manage the patient.		

Onsite session 4

	Follow steps	Time	What to do	Learning Aim
Step 1	Welcome	10min	<ul style="list-style-type: none"> • Welcome the group and thank them for coming. • Establish group norms e.g. Mobile phones off, stay the duration, contribute cases, have fun, etc. • Introduce topic for the session using an icebreaker/relevant piece of information, etc. • Choose a time-keeper for the session • Fill in the training register 	<ul style="list-style-type: none"> • Participants feel involved and that they own the training. • Get everyone focused on being in the training session. • Create a fun, relaxed learning environment.
Step 2	<ul style="list-style-type: none"> • Recap • Problem solve • Pre-training assessment forms 	10min	<ul style="list-style-type: none"> • Ask about the current use of PHCG- what's working/not working? Are there clinical questions or systems problems? Current referral pathways? • Record problems on training record which you will send to: <hr/>	<ul style="list-style-type: none"> • Identify problems with systems or use of PHCG and try to solve them. • Establish whether the guideline is being used with ease in clinical practice. • Allow the nurses to feel listened to and acknowledge their frustrations and questions.
Step 3	Train new topic	55min	<ul style="list-style-type: none"> • You are going to cover Kedija and Lemlem in this session. Using the waiting room scene and following the case format, take the group through the relevant pages in the guideline. • On completion of the cases, let the group colour in the characters on the waiting room scene. 	<ul style="list-style-type: none"> • Cover the guideline content planned for the session. • Use the learning aims set out for the cases to guide the session's content. • Link the content to the referral pathways in the clinic.
Step 4	<ul style="list-style-type: none"> • Prepare for next session • Fill in onsite training record • Closure 	5min	<ul style="list-style-type: none"> • Get group to summarise session. • Get everyone to complete the onsite training record (attendance register) • Plan next session: • Ask staff to bring patient folders, problems. • Set date and time. • Close session by thanking participants. 	<ul style="list-style-type: none"> • Celebrate use of PHCG as a tool to help us serve well. • Ensure continuity of and commitment to training sessions. • Keep a record of who attended the session.

Case 6: Kedija (1 visit)



Outline of case for facilitator preparation:

Symptom/content/point of entry	Clinical content	Structure and features used in the EPHCG	Case complexity
Diabetes routine care			
Asthma	<ul style="list-style-type: none"> Breathing Difficulty Wheezing and tight chest Asthma 	<ul style="list-style-type: none"> Management of the patient needing urgent attention Moving from a symptom page to a routine care page Introduction to routine care using “assess, advise and treat” structure 	Mid-level

Show the group the waiting room scene. Ask them to find Kedija and ask them what they think about what they see...

Kedija is a 40-year-old lady known with asthma, but she stopped taking her treatment 4 months ago. She has come in complaining of a recent onset of difficulty breathing and tight chest. She was hospitalized overnight 2 months ago.

How will you use the PHCG to manage Kedija?

A	FACILITATOR to ask these questions to prompt using the guide:	B	As the PARTICIPANTS use the PHCG, give these details to help answer their questions about the case:	C	Page/s to follow in the PHCG:
SYMPTOM - Difficulty breathing				Cough and/or difficulty breathing	
1	Does the patient need urgent attention?	Kedija’s chest is very tight and she has a wheeze, she doesn’t have a rash or face/tongue swelling			
SYMPTOM – Wheeze and tight chest				Wheeze/tight chest	
2	Does the patient need urgent attention?	<ul style="list-style-type: none"> She has no rash or facial swelling Breathing is not worse on lying flat and she has no leg swelling. 			
3	How do you manage this symptom?	<ul style="list-style-type: none"> Her respiratory rate is 28 and pulse is 100. She can talk in sentences, she is not using accessory muscles, nor does she have a silent chest and is not agitated, drowsy or confused. She is able to take oral medication. Kedija responds to management of a wheeze/tight chest. After 1 hour, she can talk normally, her respiratory rate is 16 and she no longer has symptoms. She is known with asthma 			
4	Do you need to refer the patient?				

ROUTINE CARE – Asthma			<ul style="list-style-type: none"> • Asthma: routine care. • Using inhalers and spacers. 	
5	Assess	What must you ask this patient?	<ul style="list-style-type: none"> • She is now breathing easily • Kedija says she gets a night-time cough and wheeze once or twice a week. • She reports no other symptoms. • 4 months ago, she was given a beclomethasone inhaler 200mcg BID, but after a week of using it she stopped as she felt better. Kedija uses a salbutamol inhaler when she feels her chest is tight, although her last one ran out 2 weeks ago. • On observation you note she struggles to use an inhaler and spacer. 	
		What investigations must you do for this patient?	N/A	
6	Advise	What advice must you give this patient?	She does not smoke and does not take medication other than for her asthma.	
7	Treat	What drug treatment do you give this patient?		
		Do you need to refer the patient?		
8		When does the patient need to return?		
ACTION				
9	Demonstration of inhaler and spacer technique is vital to successful treatment outcomes.			
SUMMARY				
10	Summarise the pathway of the pages/points you used through the guide in order to manage the patient.			

Case 7: Lemlem (3 visits)



Outline of case for facilitator preparation:

Symptom/content/point of entry	Clinical content	Structure and features used in the PHCG	Case complexity
Hypertension: diagnosis and routine care			
Back pain	<ul style="list-style-type: none"> • Back pain • CVD risk • Hypertension • Diabetes screen 	<ul style="list-style-type: none"> • Moving from a symptom page to a diagnosis page • Moving from a diagnosis page on to the routine care page • Screening for other chronic conditions according to routine care and moving to the relevant diagnosis page 	Complex

Show the group the waiting room scene. Ask them to find Lemlem and ask them what they think about what they see...

VISIT 1: Lemlem is a 48-year-old woman who has had Low back pain for 1 month.

How will you use the PHCG to manage Lemlem?

A	FACILITATOR to ask these questions to prompt using the guide:	B	As the PARTICIPANTS use the PHCG, give these details to help answer their questions about the case:	C	Page/s to follow in the PHCG:
SYMPTOM -Back pain				Back pain	
1	Does the patient need urgent attention?	She has no signs that indicate that she needs urgent attention.			
2	How do you manage this symptom?	<ul style="list-style-type: none"> • Urine microscopy and dipstick is normal. • She has no TB symptoms • She has no indications for X-Ray or referral to hospital. • She sleeps well, and the pain gets worse with activity. 			
3	Can you identify a possible chronic condition?	<ul style="list-style-type: none"> • Her waist circumference is 110cm. • She says she is not feeling stressed. 		CVD Risk Diagnosis	
4	Do you need to refer the patient?				
DIAGNOSING A CHRONIC CONDITION - CVD risk				CVD risk: diagnosis	
5	What is the next step to diagnose the chronic condition?	<ul style="list-style-type: none"> • She has no symptoms of cardiovascular disease. She has had no previous CVD. • She does smoke. • Her mother has had a stroke. • Her height is 1.5m and her weight is 90kg. • Her waist circumference is 110cm. 			

		<ul style="list-style-type: none"> • Her BP is 161/90. • Her blood glucose is 80mg/dL. • Though the CVD risk is < 10% for she has multiple risk factors manage her CVD risk 		
6	Do you need to refer the patient?			
ROUTINE CARE - CVD risk			CVD risk: routine care	
7	Assess	What must you ask this patient?	<ul style="list-style-type: none"> • She has no symptoms of cardiovascular disease. • She does smoke. • She likes to eat chicken every day. She generally has bread and tea with sugar for breakfast. • She does not drink alcohol or use illegal drugs or misuse prescription drugs. • She spends about 4 hours a day watching TV. 	
		What must you look for on examination?	<ul style="list-style-type: none"> • Her height is 1.5m and weight is 90kg. Her waist circumference is 110cm. • Her BP is 161/90. 	
		What investigations must you do for this patient?	<ul style="list-style-type: none"> • Her blood glucose is 80mg/dL. • Her total cholesterol is 320mg/dL. 	
		Can you identify another chronic condition?		
8	Advise	What advice must you give this patient?	The patient chooses to address her weight by increasing her physical activity and changing her diet. Together you set the targets of walking briskly 30 minutes a day 5 days a week. She will get off at an earlier bus stop and walk the remainder of the way to work. She is going to try sticking to the dietary advice you gave her. You set the target of losing 0.5-1kg per week. You set a target weight of 75kgs.	Tobacco smoking
9	Treat	What drug treatment do you give this patient?		
		Do you need to refer the patient?		
DIAGNOSING A CHRONIC CONDITION - hypertension			Hypertension: diagnosis	
10	Does the patient need urgent attention?	She has no signs or symptoms needing urgent attention.		
11	What is the next step to diagnose the chronic condition?	<ul style="list-style-type: none"> • Her BP today is 160/90. • You refer her to the nearest health post or HC to get it checked after 2 days. 		
12	When does the patient need to return?			

VISIT 2: Lemlem returns 1 week later for review and to have a fasting glucose taken.

How will you use the PHCG to manage Lemlem?

A	FACILITATOR to ask these questions to prompt using the guide:	B	As the PARTICIPANTS use the PHCG, give these details to help answer their questions about the case:	C	Page/s to follow in the PHCG:
SYMPTOM -Back pain				Back pain	
1	Does the patient need urgent attention?	She has no signs that indicate that she needs urgent attention.			
2	How do you manage this symptom?	She says her back pain is improving			
3	Can you identify a possible chronic condition?				
4	Do you need to refer the patient?				
DIAGNOSING A CHRONIC CONDITION - Hypertension				Hypertension: diagnosis	
5	Does the patient need urgent attention?				
6	What is the next step to diagnose the chronic condition?	She brings you a letter from the health post where she had her BP repeated 3 days ago - it was 155/105. Her repeat BP measurement today is 145/95.			
7	Do you need to refer the patient?				
ROUTINE CARE - Hypertension				Hypertension: routine care	
8	Assess	What must you ask this patient?	She has not had symptoms of heart failure, ischaemic heart disease, TIA or stroke. Her back pain is improving.		
		What must you look for on examination?	<ul style="list-style-type: none"> • Her BP today is 145/95. • Her CVD risk remains the same. • She reports no problems with her eyes and vision. 		
		What investigations must you do for this patient?	<ul style="list-style-type: none"> • Her glucose screened at last visit was normal, but she has a fasting glucose taken today as she has risk factors for diabetes. • Urine dipstick is normal • Cholesterol screened last visit = 320mg/dL. 		
		Can you identify another chronic condition?			
9	Advise	What advice must you give this patient?			

10	Treat	What drug treatment do you give this patient?		
		Do you need to refer the patient?		

VISIT 3: Last 3 month she was on lifestyle changes for her hypertension and simvastatin for CVD risk. Lemlem returns today for her 3rd month review.

How will you use the PHCG to manage Lemlem?

A	FACILITATOR to ask these questions to prompt using the guide:		B	As the PARTICIPANTS use the PHCG, give these details to help answer their questions about the case:		C	Page/s to follow in the PHCG:	
ROUTINE CARE – Hypertension							Hypertension: routine care	
1	Assess	What must you ask this patient?	<ul style="list-style-type: none"> • Her back pain has resolved. • She has had no symptoms of stroke/TIA/heart failure/Ischaemic heart disease 					
		What must you look for on examination?	Her BP is 145/90.					
		What investigations must you do for this patient?	<ul style="list-style-type: none"> • Her eye test was normal at diagnosis • Her fasting glucose is 100mg/dL • Her eGFR is 80. 					
2	Advise	What advice must you give this patient?	<ul style="list-style-type: none"> • Lemlem’s diet has improved. She no longer has sugar in her tea and she has been eating smaller portions and cutting the fat off meat. • She is sticking to her walking plan. • She is feeling motivated. 					
3	Treat	What drug treatment do you give this patient?	She has adhered to Life Style Changes. Start HCTZ 25 mg PO/Day today.					
		Do you need to refer the patient?						
SUMMARY								
4	Summarise the pathway of the pages/points you used through the guide in order to manage the patient.							

Onsite session 5

	Follow steps	Time	What to do	Learning Aim
Step 1	Welcome	10min	<ul style="list-style-type: none"> • Welcome the group and thank them for coming. • Establish group norms e.g. mobile phones off, stay the duration, contribute cases, have fun, etc. • Introduce topic for the session using an icebreaker/relevant piece of information, etc. • Choose a time-keeper for the session • Fill in the training register 	<ul style="list-style-type: none"> • Participants feel involved and that they own the training. • Get everyone focused on being in the training session. • Create a fun, relaxed learning environment.
Step 2	<ul style="list-style-type: none"> • Recap • Problem solve • Pre-training assessment forms 	15min	<ul style="list-style-type: none"> • Ask about the current use of PHCG- what's working/not working? Are there clinical questions or systems problems? Current referral pathways? • Record problems on training record which you will send to: <hr/>	<ul style="list-style-type: none"> • Identify problems with systems or use of PHCG and try to solve them. • Establish whether the guideline is being used with ease in clinical practice. • Allow the health workers to feel listened to and acknowledge their frustrations and questions.
Step 3	Train the new topic	55min	<ul style="list-style-type: none"> • You are going to cover Aryat, a child case, in this session. Using the waiting room scene and following the case format, take the group through the relevant pages in the guideline. • On completion of the case, let the group colour in the character on the waiting room scene. 	<ul style="list-style-type: none"> • Cover the guideline content planned for the session. Use the learning aims set out for the cases to guide the session's content. • Link the content to the referral pathways in the clinic.
Step 4	<ul style="list-style-type: none"> • Prepare for next session • Fill in onsite training record • Closure 	5min	<ul style="list-style-type: none"> • Together with the group, summarise the session. • Get everyone to complete the onsite training record (attendance register). • Collect feed back • Plan next session: • Ask staff to bring patient folders, problems. • Set date and time. • Close with a round of applause 	<ul style="list-style-type: none"> • Celebrate use of PHCG as a tool to help us serve well. • Ensure continuity of and commitment to training sessions. • Keep a record of who attended the session.

Case 8: Aryat (2 visits)



Outline of case for facilitator preparation:

Symptom/content/point of entry	Clinical content	Clinical learning aim	Structure and features used in the PHCG	Case complexity
Symptom-based approach				
Diarrhoea	Diarrheal Disease: moderate dehydration	Diagnosing and managing ameobiasis with moderate dehydration	<ul style="list-style-type: none"> • Moving from a symptom page to a routine care page • Symptom pages and red boxes 	Mid-level

Show the group the waiting room scene. Ask them to find Aryat and ask them what they think about what they see...

Aryat is a 7-year-old girl brought in by her mother with 4 day history of diarrhoea. She is able to drink and is not vomiting

How will you use the PHCG to manage Aryat?

A	FACILITATOR to ask these questions to prompt using the guide:	B	As the PARTICIPANTS use the PHCG, give these details to help answer their questions about the case:	C	Page/s to follow in the PHCG:
SYMPTOM: Diarrhoea					Diarrhoea
1	What does the 'Redbox' recommend you do first?				
ASSESS AND MANAGE CHILD'S FLUID NEEDS					Assess and manage child's fluids needs
2	How do you assess and manage her fluid needs?	<ul style="list-style-type: none"> • She has warm hands/feet, strong pulse, capillary refill time of 2 seconds and normal level of consciousness, and a normal urine output. • She's not lethargic. • Her eyes have recent sunkening, but she is drinking well, not lethargic and has a normal skin pinch, and a normal urine output. • She is thirsty and eager to drink, she is not restless/irritable, skin pinch goes back normally. • She does not have severe acute malnutrition, difficulty breathing or suspected meningitis. • You give her ORS 20ml/kg/hour using small frequent sips, for 4 hours. • Her weight is 23kg, so you work out that she needs 460mL/hour. • She drinks well and her glucose is 90mg/dL. • After 4 hours, she has improved – she seems brighter and her eyes are no longer as sunken as before. 			

SYMPTOM: Diarrhoea			
3	Does she need urgent attention?	<ul style="list-style-type: none"> • She has no guarding, rebound tenderness or rigidity of the abdomen • She is able to drink • She is not in shock, and has moderate dehydration • Her abdomen is not distended • Her legs are not swollen and she has no signs of wasting • Her stool is not rice coloured • She has no symptoms or signs that indicate she needs urgent attention. 	Diarrhoea
4	How do you manage this symptom?	<ul style="list-style-type: none"> • She has been having about 4 watery stools/day. • She has been having diarrhoea for the past 4 days. • Send stool examination 	Diarrhoea
5	Advise What advice must you give this carer?		
6	Treat What treatment do you give this patient?		
	When should you tell the carer to return?		


Aryat is brought back to the OPD with her Stool Microscopy results. She is feeling slightly better.

How will you use the PHCG to manage Aryat?

A	FACILITATOR to ask these questions to prompt using the guide:	B	As the PARTICIPANTS use the PHCG, give these details to help answer their questions about the case:	C	Page/s to follow in the PHCG:
SYMPTOM: Diarrhoea					Diarrhoea
1	What does the 'Redbox' recommend you do first?				
ASSESS AND MANAGE CHILD'S FLUID NEEDS					Assess and manage child's fluids needs
2	Assess and manage her fluid needs	<ul style="list-style-type: none"> • She has warm hands/feet, strong pulse, capillary refill time of 1 second, normal level of consciousness and a normal urine output. • She's not lethargic. • Her eyes are no longer sunken, she is drinking well, not lethargic and has a normal skin pinch and a normal urine output. • She is not thirsty or eager to drink, she is not restless/irritable, skin pinch goes back normally. 			
SYMPTOM: Diarrhoea					Diarrhoea
3	How do you manage this symptom?	<ul style="list-style-type: none"> • Her symptoms have improved with the ORS. • Her microscopy result shows amoeba trophozoite only. 			

4	Advise	What advice must you give this carer?	
5	Treat	What treatment do you give this patient?	
		When should you tell the carer to return?	
SUMMARY			
6	Summarise the pathway of the pages/points you used through the guide in order to manage the patient.		

Onsite session 6

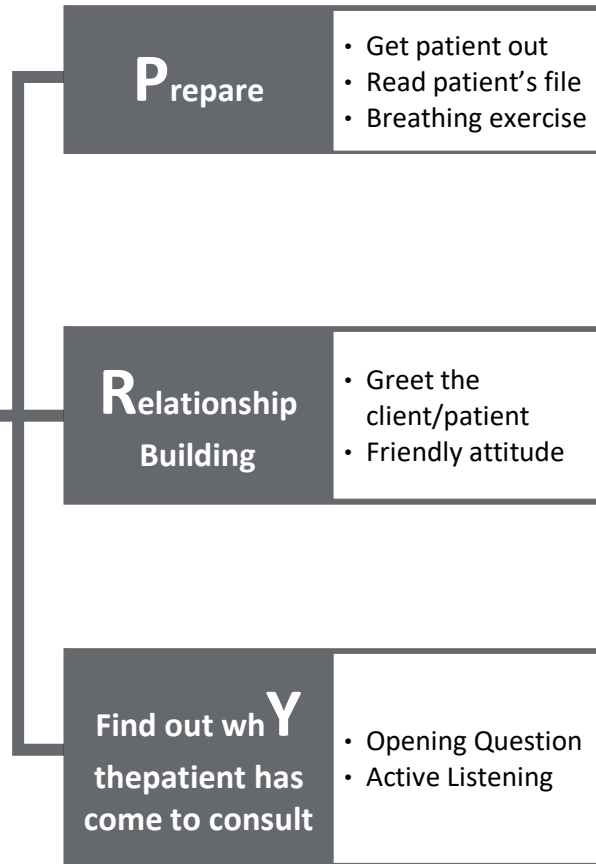
	Follow steps	Time	What to do	Learning Aim
Step 1	Welcome	10min	<ul style="list-style-type: none"> • Welcome the group and thank them for coming. • Establish group norms e.g. mobile phones off, stay the duration, contribute cases, have fun, etc. • Introduce topic for the session using an icebreaker/relevant piece of information, etc. • Choose a time-keeper for the session • Fill in the training register 	<ul style="list-style-type: none"> • Participants feel involved and that they own the training. • Get everyone focused on being in the training session. • Create a fun, relaxed learning environment.
Step 2	<ul style="list-style-type: none"> • Recap • Problem solve • Pre training assessment forms 	10min	<ul style="list-style-type: none"> • Ask about the current use of PHCG - what's working/not working? Are there clinical questions or systems problems? Current referral pathways? • Record problems on training record which you will send to: <hr/>	<ul style="list-style-type: none"> • Identify problems with systems or use of PHCG and try to solve them. • Establish whether the guideline is being used with ease in clinical practice. • Allow the nurses to feel listened to and acknowledge their frustrations and questions.
Step 3	Train new topic	70min	<ul style="list-style-type: none"> • You are going to cover Hawe and Liyu in this session. Using the waiting room scene and following the case format, take the group through the relevant pages in the guideline. • On completion of the cases, let the group colour in the characters on the waiting room scene. • This session will also focus on the PRY - a clinical communication skill which we use right in the beginning of a consultation.  <p><i>Note: The learning aims and clinical communication skills for these cases are very important to discuss, not just the pages in the guidelines.</i></p>	<ul style="list-style-type: none"> • Cover the guideline content planned for the session. Use the learning aims set out for the cases to guide the session's content. • Link the content to the referral pathways in the clinic. • Apply PRY
Step 4	<ul style="list-style-type: none"> • Prepare for next session • Fill in onsite training record • Closure 	5min	<ul style="list-style-type: none"> • Get group to summarise session. • Get everyone to complete the onsite training record (attendance register) • Plan next session: <ul style="list-style-type: none"> - Ask staff to bring patient folders, problems. - Set date and time. - Close after thanking the participants 	<ul style="list-style-type: none"> • Celebrate use of PHCG as a tool to help us serve well. • Ensure continuity of and commitment to training sessions. • Keep a record of who attended the session.

PRY is a clinical communication skill used in the first golden minutes of a consultation. The goal is to prepare for the patient and to build a relationship with the patient in order to get a comprehensive problem list through the use of therapeutic interviewing skills (open questions, pausing, and active listening, summarising).

Please refer to pages 124 & 125 in PHCG and read 'Communicating Effectively' and 'supporting the patient to make changes' which are very useful resources for health workers to refer to for suggestions on communication skills.



Golden Minutes



P-Prepare – how do you centre yourself for your next patient?

- Clear mind
- Make sure your space is clear
- Read history of the patient if possible
- Breathing exercise
- Periodic bathroom break

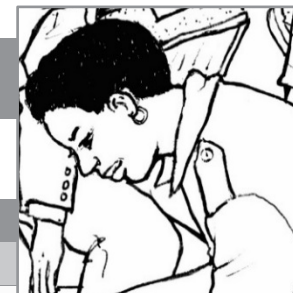
R- Relationship Building – how do you build the patient/clinician relationship?

- How are you doing today?
- Use patients name
- Make sure the patient is comfortable
- Introduce yourself to the patient

Y- Find out wh**Y** the patient has come to the clinic. What are some ways to find out the wh**Y**?

- What brings you to the clinic today?
- Is there anything else you would like to discuss today?
- Practicing active listening
 - Pauses
 - Non-verbals
 - Checking

Case 9: Hewan (2 visits)



Outline of case for facilitator preparation:

Symptom/content/point of entry	Clinical content	Structure and features used in the PHCG	Case complexity
Exposed to infectious fluid: post-exposure prophylaxis			
Needle-stick injury	Post exposure prophylaxis	<ul style="list-style-type: none"> Moving from a symptom page to a diagnosis page Introduction to new pages 	Mid-level

Show the group the waiting room scene. Ask them to find Hewan and ask them what they think about what they see...

- VISIT 1:**
- Hewan** is 26 years old and has recently qualified as a nurse. She is finishing taking blood from a patient in the emergency room (Tolla) when another patient collapses and bumps her. She pricks herself in the hand with the needle she has just used to take blood from Tolla. She comes to you immediately for help.
 - How would you prepare yourself for your consultation with her using the 'P' of PRY?
 - How would you manage her as a colleague to ensure that you build a patient-clinician relationship with her using the 'R' of PRY?
 - How would you find out why Hewan needs your help using the 'why' of PRY?

PRY

How will you use the PHCG to manage Hewan?

A	FACILITATOR to ask these questions to prompt using the guide:	B	As the PARTICIPANTS use the PHCG, give these details to help answer their questions about the case:	C	Page/s to follow in the PHCG:
PROTECT YOURSELF FROM OCCUPATIONAL INFECTION					Protect yourself from occupational infection
1	Does the patient need urgent attention?	<ul style="list-style-type: none"> Hewan pricked herself with a needle after taking blood from a patient Her finger is bleeding slightly 			
2	How do you manage this symptom?				
EXPOSED TO INFECTIOUS FLUID: POST-EXPOSURE PROPHYLAXIS					Exposed to infectious fluid: post-exposure prophylaxis
3	Does the client need urgent attention?				
4	How do you manage this situation? What investigations would you do?	<ul style="list-style-type: none"> You check Tolla's folder and see that he was recently diagnosed as HIV positive but has not yet started his ART. Hewan says she is HIV negative but her last test was 2 years ago. Her rapid HIV test today is negative. She has no known medical conditions and is not on any medications. Hewan completed the hepatitis B vaccine (3 injections) while she was a nursing student. 			

		• Tolla agrees for you to take his blood for hepatitis.	
5	Do you need to refer the client?		
6	When does the patient need to return?		

- VISIT 2:**
- Immediately after the incident, you started **Hewan** on tenofovir/lamivudine (TDF/3TC) and efavirenz (EFV). You sent off blood tests and completed the necessary paperwork for her occupational injury. As Hewan was very upset after the incident, you also referred her for counselling. Hewan returns to see you after 3 days.
 - How would you prepare yourself for your consultation with her using the ‘P’ of PRY?
 - How would you manage her as a colleague to ensure that you continue building a PHCG-clinician relationship with her using the ‘R’ of PRY?
 - How would you find out why Hewan needs your help using the ‘why’ of PRY?
 - She is coming for a review and her blood results.

PRY

How will you use the PHCG to manage Hewan?

A FACILITATOR to ask these questions to prompt using the guide:	B As the PARTICIPANTS use the PHCG give these details to help answer their questions about the case:	C Page/s to follow in the PHCG
REVIEW THE PATIENT ON POST-EXPOSURE PROPHYLAXIS		Review the patient on post-exposure prophylaxis
1 Does the client need urgent attention?	Hewan has already been started on HIV post-exposure prophylaxis.	
2 How do you manage this situation?	<ul style="list-style-type: none"> • She has been taking her PEP reliably and does not have any current side effects. • Her HBsAg is negative. • Hewan completed the hepatitis B vaccine (3 injections) while she was a nursing student. • Her hepatitis C antibody is negative. • Her eGfr is 85. • Tolla’s results are: HIV positive, HBsAg negative, hepatitis C antibody negative, syphilis negative? 	
3 Does the client need any other treatment today?		
4 When does the client need to return?		
DISCUSSION		
5	<ul style="list-style-type: none"> • How would you have treated Hewan if Tolla was HBsAg positive? • How would you have treated Hewan if Tolla was HIV negative? • How would you have handled the situation if Hewan had refused the initial HIV rapid test? • What measures could all the clinic staff take to reduce the risk of occupational infection? 	
SUMMARY		
6	Summarise the pathway of the pages/points you used through the guide in order to manage the patient.	

Case 10: Liyu (1 visit)



Outline of case for facilitator preparation:

Symptom/content/point of entry	Clinical content	Structure and features used in the PHCG	Case complexity
HIV: routine care			
Rash	<ul style="list-style-type: none"> • Papular pruritic eruption • Routine HIV care • HIV treatment failure 	<ul style="list-style-type: none"> • Moving from symptom page to a diagnosis page • Navigating routine care pages 	Complex

Show the group the waiting room scene. Ask them to find Liyu and ask them what they think about what they see...

- VISIT 1:**
- **Liyu** is a 24 year old woman who came to the clinic. How would you prepare yourself for your consultation with her using the 'P' of PRY? (Page 124)
 - She was diagnosed as having HIV 2 days ago. She had a number of investigations done following this diagnosis and she is attending today for her test results.
How would you manage her as you continue building a PHCG-clinician relationship with her using the 'R' of PRY?
 - How would you find out why Liyu has come to the clinic today using the 'why' of PRY?
 - She complains of a very itchy rash.



How will you use the PHCG to manage Liyu?

A FACILITATOR to ask these questions to prompt using the guide:	B As the PARTICIPANTS use the PHCG, give these details to help answer their questions about the case:	C Page/s to follow in the PHCG
SYMPTOM – Skin symptoms		<ul style="list-style-type: none"> • Skin symptoms • Generalised itchy rash
1 Does the patient need urgent attention?	There are no signs that she needs urgent attention.	
2 How do you manage this symptom?	<ul style="list-style-type: none"> • The rash is on her chest, face and limbs. Examination reveals diffuse bumps which are heavily pigmented. • She did not recently start any new medication. 	
3 Can you identify a possible chronic condition?	She is known with HIV.	
4 Do you need to refer the patient?		

ROUTINE CARE – HIV			HIV routine care (page 76-80)	
5	Assess	What must you ask this patient?	<ul style="list-style-type: none"> • Her skin is her only problem. • She has no symptoms of TB. • She has no genital symptoms. • She is attending today on her appointment date. • She is coping well and does not use substances. • Her CVD risk was < 10% • She does not exhibit any risky behaviour. • She is not pregnant and using the injection and condoms. 	
		What must you look for on examination? What is the WHO staging of this case?	<ul style="list-style-type: none"> • Her weight is 60kg and her height is 165cm. She has not lost any weight. (calculate BMI) • Her mouth is normal, and she has had no other problems apart from her rash. • Ask participants expected to answer 'stage 2' 	
		What investigations must you do for this patient?	<ul style="list-style-type: none"> • Cervical screen is pending. • Hepatitis results are negative. • Her CD4 is 256. • Her eFGR is 90 	
6	Advise	What advice must you give this patient?		
7	Treat	What drug treatment do you give this patient?	<ul style="list-style-type: none"> • She has never been on ART before. • No evidence of peripheral neuropathy, or liver disease • She has no history of, kidney disease or uncontrolled hypertension. • She is on no other medication besides injectable contraception 	
		Do you need to refer the patient?		

VISIT 2: Liyu is taking TDF/3TC/EFV and had her Viral Load (VL) and CD4 done at her 1 year follow up. She attends the clinic today for results. Discuss how you would use the clinical communication skills of PRY (Prepare, Relationship building, and finding out why she has come to the clinic) in the golden minutes of your consultation.

How will you use the PHCG to manage Liyu?


A FACILITATOR to ask these questions to prompt using the guide:		B As the PARTICIPANTS use the PHCG give these details to help answer their questions about the case:	C Page/s to follow in the PHCG:
ROUTINE CARE – HIV			HIV: routine care
1	Assess	What must you ask this patient?	
		<ul style="list-style-type: none"> • She is well and has no TB or genital symptoms. • She started a new job 4 months ago and admits she has found it difficult to be adherent to her ART. • She has had no side effects. . • She has no symptoms of depression or substance abuse. • She uses condoms and attends reliably for her injectable contraception. 	
		What must you look for on examination?	
		What investigations must you do for this patient?	<ul style="list-style-type: none"> • She completed her IPT. • Cervical screen (VIA) is normal. • Her CD4 is now 245. • Her eGFR is 90. • Her viral load is 1500 (It was suppressed at 6 months routine follow-up).
2	Advise	What advice must you give this patient?	
3	Treat	What drug treatment do you give this patient?	
		Do you need to refer the patient?	

VISIT 3: **Liyu** had her VL repeated after 3 months and now attends today for the results. Her previous viral load was 1500. She is still on TDF/3TC/EFV. Now that you are getting to know Liyu, how would you use the clinical communication skills of PRY (Prepare, Relationship building, and finding out why she has come to the clinic) in the golden minutes of your consultation.

How will you use the PHCG to manage Liyu?

A FACILITATOR to ask these questions to prompt using the guide:		B As the PARTICIPANTS use the PHCG, give these details to help answer their questions about the case:	C Page/s to follow in the PHCG:
ROUTINE CARE - HIV			HIV: routine care
1	Assess	What must you ask this patient?	<ul style="list-style-type: none"> • She is well and has no TB symptoms. • You saw her weekly for a month, then monthly. She attended reliably with excellent pill counts. • She denies having had any side effects. • She uses condoms and injectable contraception. • No signs of depression/substance abuse.
		What must you look for on examination?	Her weight and stage are stable.
		What investigations must you do for this patient?	Her viral load is 20 000.
		What is your final assessment?	
2	Advise	What advice must you give this patient?	
3	Treat	What drug treatment do you give this patient?	
		Do you need to refer the patient?	
SUMMARY			
4	Summarise the pathway of the pages/points you used through the guide in order to manage the patient		

Onsite session 7

	Follow steps	Time	What to do	Learning Aim
Step 1	Welcome	10min	<ul style="list-style-type: none"> • Welcome the group and thank them for coming. • Establish group norms e.g. cell phones off, stay the duration stay for the whole duration, contribute cases, have fun, etc. • Introduce topic for the session using an ice breaker/relevant piece of information, etc. • Choose a time-keeper for the session • Fill in the training register 	<ul style="list-style-type: none"> • Participants feel involved and that they own the training. • Get everyone focused on being in the training session. • Create a fun, relaxed learning environment.
Step 2	<ul style="list-style-type: none"> • Recap • Problem solve • Pre training assessment form 	15min	<ul style="list-style-type: none"> • Ask about the current use of PHCG- what's working/not working? Are there clinical questions or systems problems? Current referral pathways? • Record problems on training record which you will send to: <hr/>	<ul style="list-style-type: none"> • Identify problems with systems or use of PHCG and try to solve them. • Establish whether the guideline is being used with ease in clinical practice. • Allow the nurses to feel listened to and acknowledge their frustrations and questions.
Step 3	Train new topic	55min	<ul style="list-style-type: none"> • You are going to cover Taytu in this session. Using the waiting room scene and following the case format, take the group through the relevant pages in the guideline. • On completion of the case, let the group colour in the character on the waiting room scene. • The next clinical communication skill of ICE will be added in this session, so the group will practice both PRY and ICE in this case study. <div style="text-align: center;">  </div>	<ul style="list-style-type: none"> • Cover the guideline content planned for the session. Use the learning aims set out for the cases to guide the session's content. • Apply PRY and ICE
Step 4	<ul style="list-style-type: none"> • Prepare for next session • Fill in onsite training record • Closure 	5min	<ul style="list-style-type: none"> • Get group to summarise session. • Get everyone to complete the onsite training record (attendance register) • Plan next session: • Ask staff to bring patient folders, problems. • Set date and time. 	<ul style="list-style-type: none"> • Celebrate use of PHCG as a tool to help us serve well. • Ensure continuity of and commitment to training sessions. • Keep a record of who attended the session.

ICE is a clinical communication skill used to gather information which combines the biomedical with the patient perspective. It allows for one to hear the patients Ideas Concerns and Expectations in order to improve diagnostic accuracy.

ICE is useful when gathering information from patients and supports patient centeredness and collaboration and developing an effective self-management plan with our patients at the end of a consultation.

Patients come to consult having ideas and beliefs about what is wrong with them, they come with more than one concern or worry and they come with certain expectations and hopes about what is going to happen in the consultation. Your role as a nurse is to facilitate the conversation in such a way that meets the expectations of the patient and fulfils your obligation as a clinician. The questions you ask, the way you listen and the content you gather during a consultation is key to meeting these objectives.



Be aware of the potential difference between the ICE of nurses and patients

Case 11: Taytu (1 visit)



Outline of case for facilitator preparation:

Symptom/content/point of entry	Clinical content	Structure and features used in the PHCG	Case complexity
Mental Health			
Hypertension	<ul style="list-style-type: none"> Hypertension routine care Diagnosis of and routine care of depression 	<ul style="list-style-type: none"> Moving from routine care to a symptom page to a diagnosis page Moving from a diagnosis page to a routine care page 	Complex

Show the group the waiting room scene. Ask them to find Taytu and ask them what they think about what they see...

- Taytu is a 40 year old lady who is attending the clinic.
- How would you use the 'P' of PRY to prepare for her consultation?
- She comes into your consultation room, how would you use the 'R' of PRY to initiate the consult?
- How would you use the why of PRY to find out what brings Taytu to the clinic?
- She tells you she has come for her routine 6 month hypertension review.

PRY

How will you use the PHCG to manage Taytu?

A	FACILITATOR to ask these questions to prompt using the guide:		B	As the PARTICIPANTS use the PHCG, give these details to help answer their questions about the case:		C	Page/s to follow in the PHCG:
ROUTINE CARE – hypertension							Hypertension routine care
1	Assess	What must you ask this patient?	<ul style="list-style-type: none"> Taytu has no symptoms of heart failure, stroke/TIA. She looks rather tearful and tells you that her husband has lost his job recently and that he has been spending more and more time in the bar. He has been spending whatever money she gets from her income. She reported that she is constantly worrying about how she is going to feed her children and that she is sure her BP will be high as she has been very stressed because of this. 	<ul style="list-style-type: none"> Her BP is 125/70 and 120/70 Her CVD risk assessment is 15%. Eyes were normal at last visit 			
		<p><i>Question: How would you use the clinical communication skill of ICE to find out what Taytu's ideas, concerns and expectations are?</i></p> <p>What must you look for on examination?</p>					

ICE

		What investigations must you do for this patient?	<ul style="list-style-type: none"> • Her glucose was 90 mg/diat her last visit • eGFR:100 • Urine dipstick is normal 	
		Can you identify another chronic condition?		Stressed or miserable patient
2	Advise	What advice must you give this patient?		
3	Treat	What drug treatment do you give this patient?	She has adhered to her hydrochlorothiazide, and simvastatin.	
		Do you need to refer the patient?		
SYMPTOM – stressed or distressed patient				Stressed or miserable patient
4		Does the patient need urgent attention?	She denies any suicidal thoughts.	
5		How do you manage this symptom?	<ul style="list-style-type: none"> • She denies any symptoms. • She is feeling angry with her husband about the way he is handling himself. • She is HIV negative and is known with hypertension. • She does not report any past experiences that were difficult to handle • She has not experienced any trauma or abuse. • She says she does not have any fear, apprehension or excessive worry. Taytu has poor eye contact and begins to cry when you bring up the topic of her stress and her husband’s drinking. She has been struggling with difficulty sleeping for the past 2 months. She tells you that she feels sad all the time and nothing gives her pleasure anymore. • She does not drink or use drugs • She has not recently given birth • The only medication she is taking is hydrochlorothiazide and simvastatin. 	
6		What advice must you give this patient?		
7		Can you identify a possible chronic condition?		
DIAGNOSING A CHRONIC CONDITION –depression				Depression diagnosis
8		What is the next step to diagnose the chronic condition?	<ul style="list-style-type: none"> • She says she feels depressed and tired all the time and no longer enjoys anything. She has been feeling like this for over a month. • She says she feels like she has become worthless and hopeless. She no longer has an appetite for food and is constantly waking up earlier than usual and can’t go back to sleep. • She no longer meets, communicates or sees any of her friends and often stays in bed all day. She says some days she can’t even find the energy to take bath. • She is not managing to look after her children and has been unable to do her usual daily activities She worries about money all the time and how she is going to feed her 	

		children and believes this is making her blood pressure worse. She decided to come to the clinic today because she sees she needs help.	
9	Can you identify a possible chronic condition?	<ul style="list-style-type: none"> • She is not pale • She has no symptoms of thyroid disease • She does not abuse substances • The only medication she is taking is her antihypertensive medications 	
10	What is the next step to diagnose the chronic condition?	<ul style="list-style-type: none"> • She has had no psychotic symptoms recently or in the past • She has no symptoms of bipolar disorder • She has had no major loss or bereavement in the last 6 months 	
11	What is the likely diagnosis?		
ROUTINE CARE –depression			Depression and/or anxiety: routine care
12	Assess What must you ask this patient?	<ul style="list-style-type: none"> • She denies any suicidal thoughts or ideas of self-harm • She has no manic symptoms. • She does not have any fear, apprehension or excessive worry. • She has no symptoms of dementia. • She does not drink or use drugs. • She has had a tubal ligation. 	
13	Advise What advice must you give this patient?		
14	Treat What drug treatment do you give this patient?	<ul style="list-style-type: none"> • She does not have phobia. • She does not have generalized anxiety disorder • She is having difficulty sleeping; she does not have suicidal thoughts 	
15	When does the patient need to return?		
DISCUSSION			
16	<ul style="list-style-type: none"> • In your busy hypertension clinic, what did you need to do to acknowledge Taytu’s comment about being stressed? <ul style="list-style-type: none"> - See “Communicating Effectively” - Dealing with a patient’s depression can be stressful for the health care worker. See “Protect yourself from occupational stress” (page 123). • Discuss how to establish the difference between psychosocial stress and depression that requires medication ion. • Discuss the logistics around referring Taytu for depression counselling when it is indicated. • It is important to assist Taytu with developing coping strategies to aid her in managing her ongoing stressors. 		
SUMMARY			
17	Summarise the pathway of the pages/points you used through the guide in order to manage the patient.		

Onsite session 8

	Follow steps	Time	What to do	Learning Aim
Step 1	Welcome	10min	<ul style="list-style-type: none"> • Welcome the group and thank them for coming. • Establish group norms e.g. cell phones off, stay the duration, contribute cases, have fun, etc. • Introduce topic for the session using an icebreaker/relevant piece of information, etc. • Choose a time-keeper for the session • Fill in the training register 	<ul style="list-style-type: none"> • Participants feel involved and that they own the training. • Get everyone focused on being in the training session. • Create a fun, relaxed learning environment.
Step 2	<ul style="list-style-type: none"> • Recap • Problem solve 	15min	<ul style="list-style-type: none"> • Ask about the current use of PHCG- what's working/not working? Are there clinical questions or systems problems? Current referral pathways? • Record problems on training record which you will send to: _____ 	<ul style="list-style-type: none"> • Identify problems with systems or use of PHCG and try to solve them. • Establish whether the guideline is being used with ease in clinical practice. • Allow the nurses to feel listened to and acknowledge their frustrations and questions.
Step 3	Train new topic	55min	<ul style="list-style-type: none"> • You are going to cover Lubaba in this session. Using the waiting room scene and following the case format, take the group through the relevant pages in the guideline. • On completion of the case, let the group colour in the character on the waiting room scene. • The group will continue to practice both PRY and ICE in this case study. <div style="display: flex; justify-content: center; gap: 20px; margin-top: 20px;"> <div style="border: 2px solid #007bff; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; background-color: #d6d8db;"> PRY </div> <div style="border: 2px solid #007bff; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; background-color: #d6d8db;"> ICE </div> </div>	<ul style="list-style-type: none"> • Cover the guideline content planned for the session. Use the learning aims set out for the cases to guide the session's content. • Apply PRY and ICE
Step 4	<ul style="list-style-type: none"> • Prepare for next session • Fill in onsite training record • Closure 	5min	<ul style="list-style-type: none"> • Get group to summarise session. • Get everyone to complete the onsite training record (attendance register) • Plan next session: • Ask staff to bring patient folders, problems. • Set date and time. • Close with song, prayer – whatever the norm is for your group. 	<ul style="list-style-type: none"> • Celebrate use of PHCG as a tool to help us serve well. • Ensure continuity of and commitment to training sessions. • Keep a record of who attended the session.

Case 12: Lubaba (1 visit)



Outline of case for facilitator preparation:

Symptom/content/point of entry	Clinical content	Structure and features used in the PHCG	Case complexity
Mental Health			
Abdominal pain	<ul style="list-style-type: none"> Dyspepsia Risky alcohol use - alcohol dependence 	<ul style="list-style-type: none"> Moving from a symptom page to a diagnosis page Moving from a diagnosis page to a routine care page 	Complex

Show the group the waiting room scene. Ask them to find Lubaba and ask them what they think about what they see...

- Lubaba** is a 50 year old woman who is next in the queue at the clinic. Discuss how you would prepare for her using the 'P' of PRY.
- She has entered your consultation room, how would you initiate the consultation in a way that will build relationship using the 'R' of PRY?
- How would you ask her why she has come to the clinic today using the **why** of PRY?
- She tells you she has had pain in her abdomen for 3 days.

How will you use the PHCG to manage Lubaba?

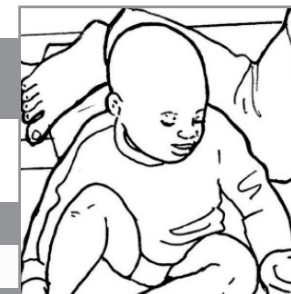
A	FACILITATOR to ask these questions to prompt using the guide:	B	As the PARTICIPANTS use the PHCG, give these details to help answer their questions about the case:	C	Page/s to follow in the PHCG:
SYMPTOM -Abdominal pain					Abdominal pain (no diarrhoea).
1	Does the patient need urgent attention?	Lubaba has no signs that she needs urgent attention.			
2	How do you manage this symptom?	<ul style="list-style-type: none"> Lubaba has no abnormal vaginal discharge. Her pain has no relation to her menses. She has no urinary symptoms. She is not constipated. Her stool microscopy test was negative. Her pain is in the upper abdomen and is worse after eating. She does not smoke but admits to drinking 6 bottles of beer per day. Her waist circumference is 80cm. You assess her CVD risk and it is < 10%. She is not taking any medication. 			
<div style="background-color: #0070c0; color: white; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin-bottom: 5px;">ICE</div> <p><i>Question: How would you use the clinical communication skill of ICE to find out what Lubaba's ideas, concerns and expectations are?</i></p>					

3	Can you identify a possible chronic condition?	She drinks 6 bottles beer per day.	
4	Do you need to refer the patient?		
DIAGNOSING A CHRONIC CONDITION - Alcohol/drug use			Alcohol/drug use
5	Does the patient need urgent attention?		
6	What is the next step to diagnose the chronic condition?	She drinks beer daily, about 6 bottles at a time, mostly in the evenings. She does not use illicit drugs or misuse prescription drugs.	
ROUTINE CARE - Alcohol/drug use			Alcohol/drug use
7	Assess	What must you ask this patient?	<ul style="list-style-type: none"> • She doesn't have signs of withdrawal at the moment • She is not aggressive or violent currently • She has no suicidal thoughts. • She admits that she has had many previous bumps to her head while she has been drunk in the past. She denies depressive symptoms and is not in a relationship. • She says that if she does not drink beer every day she experiences restlessness, nausea, headache and tremor. • She describes an uncontrollable urge to drink alcohol - she says she just can't help herself. She often has to borrow money or sell something to buy the beer. She continues to drink despite acknowledging that it often results in harm. • She denies any trauma or abuse and has no chronic illness. • She denies a low mood and has not lost interest in daily activities. • She has no dementia symptoms.
8	Advise	What advice must you give this patient?	
9	Treat	What drug treatment do you give this patient?	
10	Referral	Do you need to refer the patient?	
DISCUSSION			
11	What did you need to assess and manage Lubaba's drinking problem in a non-judgmental way? (See "Communicating Effectively" page)		
SUMMARY			
12	Summarise the pathway of the pages/points you used through the guide in order to manage the patient.		

Additional Cases

These cases are only additional if needed and do not form part of the 8 sessions.

Case 13: Dawit (1 visit)



Outline of case for facilitator preparation:

Symptom/content/point of entry	Clinical content	Structure and features used in the PHCG	Case complexity
Ear pain	Acute otitis media	Find Symptom page and working through the algorithm.	Introductory

Show the group the waiting room scene. Ask them to find Dawit and ask them what they think about what they see.

Dawit is a 5 ½ year old boy brought to the clinic by his mother for right-sided ear pain for the past 3 days.

How will you use the PHCG to manage Dawit?

A	FACILITATOR: ask these questions to prompt using the PHCG:	B	As the PARTICIPANTS use the PHCG, give these details to help answer their questions about the case:	C	Page/s to follow in the PHCG:
SYMPTOM-Ear symptoms				Ear symptoms/ difficulty hearing	
1	Does the patient need urgent attention?				
2	How do manage this symptom	<ul style="list-style-type: none"> • Caretaker says her son has had a painful ear for 3 days. Dawit is not obviously unwell. • His ear is not itchy, no discharge or difficulty of hearing • Ear canal not red or swollen • Ear drum is visible and it is red and bulging (otoscopic examination) • Ear drum not visualized: he had ear pain for the past three days • This is the first episode 			
3	Do you need to refer the child?				
SUMMARY					
4	Summarise the pathway of the pages/points you used through the guide in order to manage the patient.				

Case 14: Jemal (1 visit)



Outline of case for facilitator preparation:

Symptom/content/point of entry	Clinical content	Structure and features used in the PHCG	Case complexity
Throat Symptoms	Viral tonsilo-pharyngitis	Children content page	Introductory

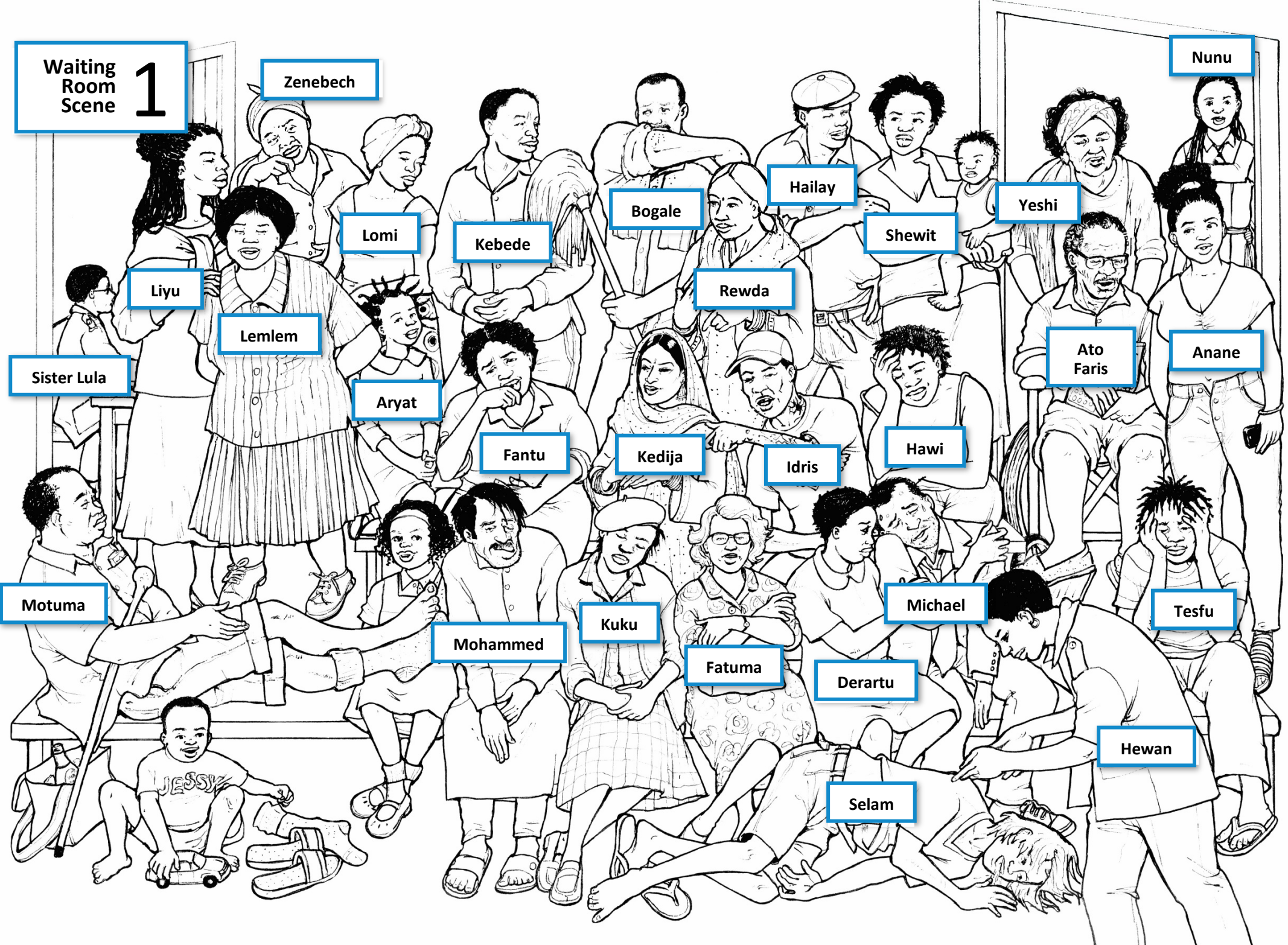
Show the group the waiting room scene. Ask them to find Jemal and ask them what they think about what they see.

Jemal is a 9 year old boy brought to the clinic by his mother for a sore throat and runny nose for the past 3 days.

How will you use the PHCG to manage Jemal?

A	B	C
FACILITATOR: ask these questions to prompt using the PHCG:	As the PARTICIPANTS use the PHCG, give these details to help answer their questions about the case:	Page/s to follow in the PHCG:
Symptom: Throat symptoms		Throat symptoms
1	Does the patient need urgent attention? <ul style="list-style-type: none"> • He is able to open his mouth and swallow • There is no red swelling blocking the airway upon examination of the throat • His throat is red • He has no white patches, blisters , ulcers or pus 	
2	How do you manage this symptom?	
3	Do you need to refer the child?	
SUMMARY		
4	Summarise the pathway of the pages/points you used through the guide in order to manage the patient.	

Waiting Room Scene 1



Zenebech

Nunu

Liyu

Lomi

Kebede

Bogale

Hailay

Yeshi

Shewit

Lemlem

Rewda

Sister Lula

Aryat

Ato Faris

Anane

Fantu

Kedija

Idris

Hawi

Motuma

Mariam

Mohammed

Kuku

Fatuma

Michael

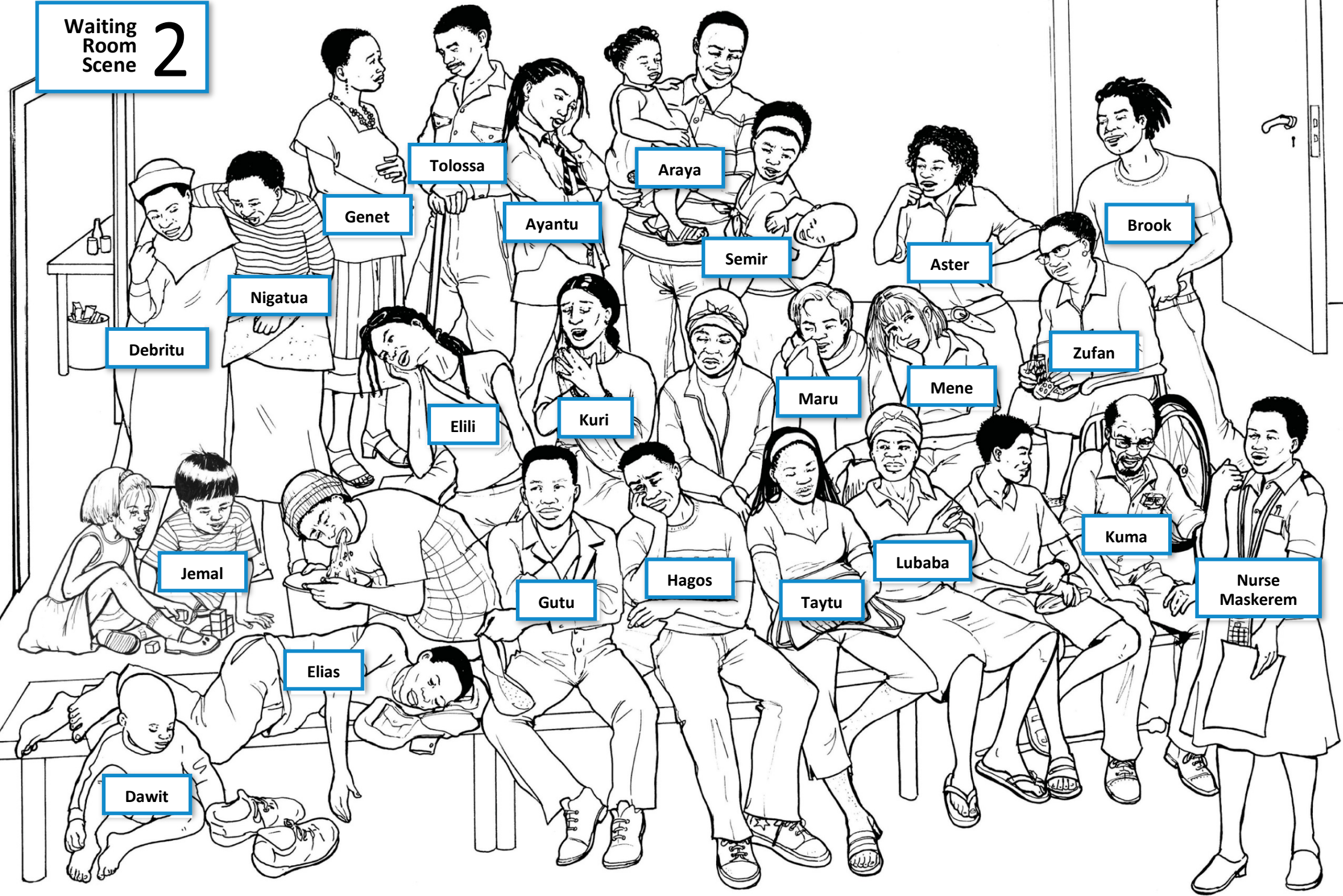
Tesfu

Derartu

Hewan

Selam

Waiting Room Scene 2



Tolossa

Araya

Genet

Ayantu

Semir

Aster

Brook

Nigatua

Debritu

Zufan

Elili

Kuri

Maru

Mene

Jemal

Hagos

Lubaba

Kuma

Nurse Maskerem

Gutu

Taytu

Elias

Dawit

About PACK Global

The Ethiopian Primary Health Care Clinical Guidelines were developed by localizing the PACK Global Adult (2017) and PACK Western Cape Child (2017) guides developed by the Knowledge Translation Unit of the University of Cape Town Lung Institute, South Africa. The Practical Approach to Care Kit (PACK) was developed, tested and refined since 1999 by the Knowledge Translation Unit (KTU) of the University of Cape Town Lung Institute in collaboration with clinicians, health managers and policy makers in South Africa, and expanded upon through research and localization throughout the world. The guide is a comprehensive tool to the commonest symptoms and conditions seen in primary care in low and middle-income countries. It integrates content on communicable diseases, non-communicable diseases, mental illness and women and child health. Each of the almost 3000 screening, diagnostic and management recommendations is informed by evidence and guidance in the BMJ's (British Medical Journal) clinical decision support tool, Best Practice, as well as the latest World Health Organization guidelines, including the 2015 WHO Model List of Essential Medicines. The content has been carefully localised for health workers in Ethiopia and is, as of October 2017, believed to comprise best practice and comply with local guidelines and policies. This Master Trainers' manual is designed for use by all Master Trainers at National, Regional and Woreda level to guide them on how to train Facility Trainers, who in turn will facilitate the regular, onsite, team based, interactive PHCG training sessions which take place at Primary Healthcare facility level.

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PACK is also being implemented in South Africa, Brazil and Nigeria, and the content is revised annually in line with latest evidence and WHO guidelines. For access to the most up-to-date templates, tools, associated training materials and a mentorship programme for countries wishing to localise it for their health systems visit:

www.knowledgetranslation.co.za or contact ktu@uct.ac.za



