

Training Manual for IPC

TRINDAD AND TOBAGO



Training Manual

**Interpersonal Communication (IPC)
Skills for Primary Health
Care Providers**

Trinidad and Tobago

1995



Quality Assurance Project

Center for Human Services

in collaboration with

The Academy for Educational Development

and

The Johns Hopkins University

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Abbreviation List

AED	The Academy for Education Development
CHS	Center for Human Services
IEC	Information Education Communication
IPC	Interpersonal Communication
JHU	Johns Hopkins University
QAP	Quality Assurance Project
USAID	United States Agency for International Development

INTERPERSONAL COMMUNICATION (IPC) SKILLS FOR PRIMARY CARE PROVIDERS

Introduction

The curriculum for improved interpersonal communication skills has been developed by the Quality Assurance Project of the Center for Human Services (CHS) in collaboration with The Johns Hopkins University (JHU) and The Academy for Educational Development (AED) to be adapted and applied to the needs of the Trinidadian health system. The principal training objective is to enhance the communication skills of health providers and improve their interpersonal interactions with patients, so that health outcomes will improve. The training is designed so that Trinidadian training experts can easily replicate the course throughout the country as appropriate.

The training activity will employ a variety of training methods to ensure that participants develop new skills, enhance their sense of self-efficacy and apply state-of-the-art interpersonal communication methods, building on their existing skills and strengths. The methods to be used will include:

- ◆ Participatory plenary sessions that employ brainstorming and question and answer sessions so that participants can “discover” the new skills for themselves. Skills are discussed in terms of importance, changeability, current level of skill, and ideal level of skill.
- ◆ Dynamic role plays which will demonstrate the various communication strategies and allow participants to practice these methods.
- ◆ Videotapes will be used as instructional tools as appropriate.
- ◆ Mental rehearsal techniques will also be used to allow participants to explore what aspects of the new interpersonal communication skills will be most easy or difficult for them, and how they as individuals will overcome these difficulties.
- ◆ Transcripts and analysis of actual Trinidadian medical visits will be used to reinforce and demonstrate IPC skills.

Objectives of the Training

- ◆ To enhance the communication skills of health providers and improve their interpersonal interactions with patients, so that patient's satisfaction, compliance, and health outcomes will improve.
- ◆ To enhance the communication skills of health providers and improve their interpersonal interactions with patients, so that their own satisfaction, efficiency, and efficacy will improve.
- ◆ To focus on the interpersonal communication skills that are recognized by the Trinidadian health providers as the most useful within the Trinidadian context.
- ◆ To enable Trinidadian training experts to replicate the course throughout the country as appropriate.

Agenda of the Course

DAY 1: Interpersonal Communication (IPC) Skills

I. Introduction

- A. Introductions of trainer and participants (*30 min.*)
- B. Orientation to IPC training: overview of the research (*30 min.*) and teaching literature linking IPC training and patient outcomes
- C. Trinidad Baseline Study: Lessons learned at home (*30 min.*)
- D. The three-function model of medical interviewing: (*30 min.*)
(A) Data Gathering (B) Responding to Emotions (C) Educating and Motivating Patients

Coffee Break—30 Minutes

II. Skills Needed for Effective Communication: Skills Practice (transcripts, role-play, mini-case studies)

- A. Data Gathering (*1 hour, 15 min.*)
 - ◆ Effective listening, or attentive/active listening
 - ◆ Encourage dialogue with open-ended questions
 - ◆ Avoid interruption
 - ◆ Resist immediate follow-up
 - ◆ Probing/checking information
 - ◆ Ask patient what seems to cause the problems.
- B. Responding to Emotions (*1 hour, 15 min.*)
 - ◆ Appropriate non-verbal communication
 - ◆ Compliment patient efforts
 - ◆ Legitimation
 - ◆ Empathy
 - ◆ Reflection
 - ◆ Support
 - ◆ Statement of reassurance.

Break for Lunch

Home Practice: Audiotape a Medical Encounter and Listen to it!

DAY 2: Interpersonal Communication (IPC) Skills

II. Skills Needed for Effective Communication, continued

C. Educating and Motivating Patients

- 1. Educating the patient about illness (1 hour)
 - ◆ Explore client's perception of the illness
 - ◆ Provide a basic diagnosis
 - ◆ Use appropriate vocabulary
 - ◆ Determine patient's prior knowledge about illness

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- ◆ Provide details of diagnosis
 - ◆ Check client's understanding—correct misconceptions
 - ◆ Present/explain what client needs to know/do to get better
 - ◆ Repeat, summarize key information.
2. Negotiating and maintaining the treatment plan (*1 hour*)
- ◆ Check baseline information about treatment
 - ◆ Describe treatment plans and goals
 - ◆ Check patient's understanding
 - ◆ Elicit patient's preferences
 - ◆ Negotiate a treatment plan together.

Coffee Break—30 Minutes

3. Probing for patient compliance (*1 hour*)
- ◆ Detecting and improving low rates of compliance.
4. Motivating for patient compliance (*1 hour*)
- ◆ Respond to emotions
 - ◆ Discuss/give concrete behavioral changes that client can accomplish
 - ◆ Elicit statement of commitment
 - ◆ Negotiate solutions.

How to keep alive these skills—Job aid use (*15 min.*)

Participants' evaluation of course and recommendations about future IPC training in Trinidad.

Training Content

DAY 1

This first day of the course is divided into four parts:

- (1) A plenary session including: (a) introduction of trainers and participants, (b) an overview of the basic research regarding Interpersonal Communication and both patient and physician outcomes
- (2) Presentation of Trinidad Baseline Study Results
- (3) Description of the Three-Function Model of Medical Interviewing
- (4) A skill-building and practice session targeting effective communication behaviors. Participants will work by pairs or be divided into small groups of 4-5. The groups will be guided by the trainer(s).

Flip charts or transparencies, slides, and video films will be used. Skills will be learned through role plays and simulation carried by participants and/or trainers. Findings/comments will be presented in plenary.

NOTE: We encourage participants to use their manual as a living document, adding their personal notes and comments on the right side of each page.

I. Orientation and Overview (1 hour)

1. Introductions
 - A. Participants and trainer(s) introduce themselves.
 - B. Participants' expectations: Participants are asked to list/state their expectations and goals for the course.
 - C. Trainer presents training objectives (annex #1). Objectives participants have stated are summarized and integrated.
2. Research literature relating Interpersonal Communications (IPC) and patient outcomes of satisfaction, recall understanding, compliance, and functional status
3. Presentation of Trinidad Baseline Study results based on questionnaire and audiotape analysis
 - A. Brainstorming with participants on the importance and changeability of IPC behaviors (verbal and non-verbal) integrating research and training results and behaviors identified by participants.
4. The Three-Function Model of Medical Interviewing

II. Specific Skills for Effective Communication

- A. Gathering Data to Understand the Client's Situation and Problems (1 hour, 15 min.)

An accurate diagnosis depends largely on the provider's ability to obtain the necessary information from a patient. While most providers are very skilled in processes related to gathering data, interrupting the patient and jumping too quickly to diagnostic conclusions based on the first presented symptom are common. By using data-gathering skills in a more systematic manner, the providers can become more efficient and effective interviewers.

Skills—Techniques

Notes

Active listening entails both verbal and non-verbal communication that helps put patients at ease. The provider shows interest by appearing attentive and not interrupting the patient.

Active listening is demonstrated both verbally and through body language. Verbal skills include use of encouragers such as “mm-hmm, I see, go on, tell me more.” Non-verbally, body language such as head nods, forward body lean, smiles, eye contact communicates interest and openness.

Open-Ended Questions

Dialogue is encouraged by asking open-ended questions that require more than simply “yes” or “no”. They offer the patient an opportunity to disclose problems more freely. Open-ended questions as opposed to the much more common close-ended questions allow the patient to set the agenda and take the initiative in describing symptoms and relevant history. Once the patient has provided a history of the problem, the provider can gradually narrow the focus to investigate a specific diagnosis and finish the dialogue by a few close-ended questions.

Open-ended questions about patient complaint: “What can you tell when you noticed your first symptoms of discomfort?” “What can you tell me about when your child started to eat less?” as opposed to closed-ended questions “When did the symptoms start?”

The provider will use “open-ended” questions to investigate the causes of the problem and make a diagnosis: “Why do you think....Are there any problems at home?...” The questions might become close-ended to help to focus after the patient has been the opportunity to tell their story.

Many physicians fear that asking open-ended questions takes too much time. However, when used correctly, it can save time and improve efficiency of diagnosis by uncovering important information early in the history process.

Surveying Patient Problems
(Resist immediate follow-up)**Notes**

Specialists in the medical interview consider the most important question to be “What else is bothering you?”.

A study conducted in 1984 in the US by Beckman & Frankel on the effect of physician behavior on the collection of data found that most patients were interrupted within 18 seconds of their initial presentation of complaints, as the physician directed questions toward the first presented concern. These complaints, however, were not necessarily the most significant to the patient nor the most clinically significant. The same researchers found that no patient used more than 150 seconds to complete an entire opening statement.

A study by Levinson, White, and Roter (1994) found that 20% of medical visits had a new medical complaint presented at the close of the visit. These complaints are much less likely to arise if the patient’s full list of concerns were discussed early in the visit.

Exercise

Participants form pairs “A and B” to role play a scenario. The script instructs the patients (“participants A”) to only tell the doctor what he asks for. The providers (“participants B”) are to find out all they can using new skills in 5 minutes. Then the members of the pair switch roles with a new script. In plenary the participants discuss their experience and relate it to their actual practice. The principal skills are listed once more on the board. Participants write on their notebook their preferred examples.

B. Building Rapport and Responding to Patients' Emotions (1 hour, 15 min.)

The following behaviors will help the health provider to achieve this goal, reinforcing the interpersonal contact between him/her and the patient.

Skills—Techniques

Notes

Appropriate Non-verbal Communication

Participants discuss/list non-verbal behaviors, including eye contact, facial expressions, body lean, seating position. Non-verbal behaviors and body postures communicate interest, concern, attentiveness, and conscientiousness.

Reflection and empathy

One experiences empathy when one can feel another's feelings or understand problems from a perspective other than his/her own. Provider should let clients know that he/she accepts the client's emotions. Empathy is demonstrated by putting into words the patient's emotions that the physician observes. For instance, "I can tell that this is upsetting for you"... "I can see you are worried (unhappy, concerned) by all of this".

An expression of empathy in a simple, non-judgmental way helps assure the patient that his/her feelings have been communicated and accepted.

It is important to respond to a patient's feelings as soon as they are displayed and not to overstate the depth or extent of the patient's emotions: It is better to say "You seem a bit upset with this" as opposed to "I can see this makes you very angry".

Legitimation

Reassure the client that his/her feelings and reactions are normal and to be expected. Legitimation validates and normalizes the patient's experience: "This would be difficult for anyone." "Under these circumstances, anyone would be upset."

Personal Support

Explicit statements of support can solidify the client's relationship with the provider. It emphasizes the provider's personal commitment to help the client and uses the word "I". For example, "I want to help you however I can".

Partnership

Patients react more positively and are more successful in cooperating with treatment when they feel that something is being done “with” them, rather than “to” them. When patients do not feel involved with their treatment, they may be skeptical or lax in following the doctor’s plan. For example: “Let’s see what we can come up with together,” “Let’s talk about what treatment choices there are and what you think would work for you”.

Respect and Compliment

These statements make the client feel respected, valued or approved of. Compliments approving of patient efforts to cope with illness or conscientiousness in following a plan are appreciated by patients and signal regard. There is often some aspect of patient behavior which can be complimented, even if it is simply keeping the appointment. For example “I’m impressed by how hard you’re working on your diet,” “You are doing a great job juggling all the pressures you are under”.

Exercise

Each participant selects 3 behaviors that would improve his/her communication and interpretation of emotions. This might include active listening, avoiding distractions, maintaining eye contact, sitting forward, avoiding separation by a table, use of facial expressions, etc. It should also include the use of rapport-building verbal skills.

Simulation: Participants form pairs and identify themselves as A and B. All A’s talk for 2 minutes; B’s pay attention to what is said by A’s and respond only non-verbally. The exercise is repeated with both verbal and non-verbal responses. After 2 minutes, switch, now B’s will talk and A’s will complete the exercise.

Discuss the simulation from different participants points of view: cultural aspects of communication—differences related to gender, age, ethnicity, educational level.

Homework Assignment: Tape record yourself with a patient and listen to the tape. Identify a 5-minute segment in which targeted skills were used.

DAY 2

3. Educating the Patient

Explore client's understanding of illness.

Before the patient hears the provider's diagnosis, the provider will find it useful to listen to the client's own thoughts on the cause of the illness. Clients may reveal information and emotions that can help providers determine the clinical diagnosis, or give the patients better understanding of their discomfort. For example, "Tell me what you know about your condition?" "What do you think causes it?" "How do you think it can be cured?"

Notes

Provide a basic diagnosis.

Diagnoses can be complicated and confusing for the patient when unfamiliar terms are used. Diagnosis should be delivered in short, easily grasped messages. For example: "You have a sexually transmitted disease. It's called gonorrhea. It is a curable disease and there are things you can do to prevent this from happening again". You will want to provide more details regarding the diagnosis after you determine the patient's prior knowledge and correct misconceptions.

Exercise: Language Efficiency

Exercise: translation—the use of simple language. Too often we complicate language, using words that people do not understand. This exercise will help us to "translate" difficult terminology by simple words that our clients will understand. Show transparency example of language too difficult, and its "translation." Participants propose a simple text.

Language efficiency: "Translate the medical information." Individual work (5 min). Volunteers read their "translation."

Determine the patient's prior knowledge about the illness.

Physicians can save valuable time by accurately gauging what patients already know about their illness. Time is saved by addressing knowledge gaps rather than covering material patients already know.

For example “Before we get into how this can affect you and how we can treat it, I’d like to know what you already know about sexually transmitted diseases.”

Correct misconception of facts and provide information, education about important related issues. “From what we know about diarrhea, it is not likely that it was caused by running too fast, more likely it was...”

Check client’s understanding of illness

When the provider is satisfied with the scope and depth of information presented, (s)he should check the patient’s understanding. Only the client can confirm what is understood. This is best done with open-ended questions. For example: “I would like to make sure that I have made everything clear. Would you tell me what are the most important things that you will do when you get back home...”

Patient Education Strategies

Recall can be improved by the use of:

- Summarize and ask for feedback
- Organize information in blocks
- Use short sentences
- Pause frequently
- Repeat key details.

Since only some proportion of all information given to the patient will be remembered, it is important to:

- Present information early rather than late in the visit
- Disclose the most important information first.

4. Negotiating and Maintaining the Treatment Plan

Negotiate a treatment plan cooperatively.

A physician may offer a prescription or recommend a lifestyle change, but that does not ensure that the patient will follow through with it. Only the patient has the power to change his/her behavior. The treatment plan is more likely to work if the physician first discovers the patient’s true desires and intentions.

“You really need to begin to exercise,” “What ideas do you have about how you can work this into a regular routine?” “You need to cut down on salt and fats.. let’s try to think through what you eat and what you’re willing to give up.”

Discuss/give concrete behavioral changes that client can accomplish

The provider does not ask the client to do something that (s)he finds impossible to accomplish. For example: “I want you to go for a walk for 20 minutes each day.” (NOT: “Please try to exercise every day.”)

It’s important to follow the steps outlined earlier in educating the patient, including checking the patient’s baseline information, correcting misconceptions, and verifying accurate recall.

Use Patient Education Strategies! For example: “When you get home, give one small spoon of the medication to your child, and again, another one tonight before bedtime. Tomorrow be sure that he does not eat anything before going to the laboratory for the blood test. Come back to see me for your appointment on Monday at 9:00am.”

Elicit patient’s intent

Having the patient make a commitment to the plan you have negotiated greatly enhances the likelihood that they will stick to it. For example “We’ve talked about ways for you to start regular exercise. Can you tell me what you think you will do?”

Planning to prevent relapses

A good plan is still only a plan and the patient needs to follow through. Making the treatment regimen as simple and easy to follow will improve compliance. Research indicates that most patients do not comply with all aspects of a complicated regimen—they are likely to select those aspects that are the least difficult. Patient compliance is inversely related to the complexity of the drug regimen—fewer drugs are complied with better than many drugs. Changes in health habits and lifestyle behaviors are the hardest aspect of a treatment regimen to follow.

5. Probing for Patient Compliance

Detecting and improving low rates of compliance is absolutely critical for effective treatment. It is estimated that almost half of the patients in care do not fully benefit from prescribed regimens. Most doctors, however, cannot identify which of their patients are not complying. It is absolutely necessary to probe patient compliance on an ongoing basis. How compliance questions are asked are critical to truthful answers. Use of open-ended, nonjudgmental questions are most likely to produce an honest and open answer. Researchers have found that compliance probes are most effective when prefaced with a statement such as “Many patients have trouble always remembering to take their medication at the right time. What kind of problems have you been having?”

6. Motivating for Patient Compliance

When compliance problems are uncovered, it is necessary to renegotiate the treatment plan and to engage in problem solving.

**“How can these problems be best handled?
What do you think would work?”**

Notes

**Discuss/give concrete behavioral changes
that client can accomplish.**

It is preferable to start with small incremental steps that are more likely to lead to success than an overly ambitious goal. It is better to aim at a 2 pound weekly weight loss for 10 weeks than to simply set a 20 pound goal.

Participant's Evaluation of Course (10 minutes)

Recommendations about Future IPC Training in Trinidad

Closing Session

Evaluation

Each participant completes an evaluation.

Discussion and Feedback

List of Annexes

<i>Annex # 1</i>	Objectives of the Training
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<i>Annex # 6</i>	Problem Solving Skills: gathering data to understand the clients situation and problems (Simulation)
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<i>Annex # 10</i>	Evaluation of the Course

NNEX # 1

Objectives of the Training

- ◆ To enhance the communication skills of health providers and improve their interpersonal interactions with patients, so that patient's satisfaction, compliance, and health outcomes will improve
- ◆ To enhance the communication skills of health providers and improve their interpersonal interactions with patients, so that their own satisfaction, efficiency, and efficacy will improve
- ◆ To focus on the interpersonal communication skills that are recognized by the Trinidadian health providers as the most useful within the Trinidadian context
- ◆ To enable Trinidadian training experts to replicate the course throughout the country as appropriate.

ANNEX #2

Learner Needs Assessment

Individual Skill Assessment

Please list 10 communication behaviors used in patient care on the far left of the form. For each skill, rate its importance to patient outcomes on a scale of 1 to 5 (1 is least important and 5 most important). Again using a scale of 1 to 5 (1 is lowest skill level and 5 highest skill level) please rate your current level of skill and your ideal level of skill for each of the behaviors listed.

Communication Behaviors	Importance	Current Level of Skill
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		
7. _____		
8. _____		
9. _____		
10. _____		

The Three Function Model of Medical Interviewing

(A) Data Gathering

(B) Responding to Emotions

(C) Educating and Motivating Patients

Language Efficiency

“Translate” the Medical Information

Read the following examples of medical terminology and write against each phrase the way health workers should communicate the information to the client:

A. The most serious side effects related to the use of oral contraceptives are: cardiovascular problems (high blood pressure, blood clot, strokes). These can occur with women suffering from a disease and to which pills are contraindicated.

(A)

B. The medical notes related to pregnancy are more important with adolescents, that is women under 20. Of concern are premature babies with inadequate weight at birth, maternal and infant mortality, anaemia and vascular-renal syndrome of pregnancy.

(B)

C. Other medical explanations you've heard or read:

(C)

D. How could you rephrase your medical example in words that the average client would understand?

(D)

NNEX #5

Give Clients Clear Information in a Way They Understand

Organize information in blocks;

Use short words and short sentences;

Use words that your clients understand;

Use pictures and print materials, if available;

Pause frequently;

Stop from time to time to summarize;

Stop from time to time to ask if client understands and if they have questions;

When you mention a part of the body, point to it;

Repeat instructions and key details;

Ask clients to repeat instructions;

Present important information early rather than late in the visit;

Present the most important information first.

ANNEX # 6

Guide for a Simulation

Problem Solving Skills: Gathering Data to Understand the Client's Situation and Problems

Please read the following. Answer ONLY what the health provider asks you (5 minutes of simulation)

Instructions: To participant "A" (the client)

You are sick, with a terrible headache; you feel tired, and weak; you sweat, urinate a lot, and your urine is discolored. You eat well and you are always thirsty, but you notice that you are losing weight. You take aspirin for your headache, but it does not help! You don't know what to eat; your friend told you that you should drink orange juice and eat bananas. Your mother and her brother have diabetes, but since they are both overweight and you are not, you don't think that is your problem. You have heard that symptoms like the ones you are experiencing are sometimes associated with cancer.



Instructions: To participant "B" (the health provider)

You are the medical doctor (or the health provider). They have never seen this patient before. Using the skills in interpersonal communication that we reviewed today, try to gather a complete medical history and respond to the patient's emotions.

ANNEX # 7

Guide for a Simulation

Problem Solving Skills: Gathering Data to Understand the Client's Situation and Problems

Please read the following. Answer ONLY what the health provider asks you (5 minutes of simulation)

Instructions: To participant "A" (the client)

Two weeks ago you started giving supplementary food to your four month old baby because you believe that you don't have enough milk. Unfortunately, for a week your baby has not slept well because he got a cold (runny nose). He does not seem to like the food you are giving him, and since yesterday he has had diarrhea. You are very nervous and you don't know what to do. You know that your milk is diminishing. You do not work, and your mother is at home with you.



Instructions: To participant "B" (the health provider)

You are the medical doctor (or the health provider). Using the skills in interpersonal communication that we reviewed today, gather as much information you can about the patient and respond to her emotions.

NNEX # 8

Guide for a Simulation

Counseling and Information/Education Giving “Mental Rehearsal”

Read the following script, and imagine that you have to give counseling and information to the patient. Please write how you would use the revised counseling skills.

A young woman arrives, quite nervous, at the hospital with a 4 year old little boy. She said that, since yesterday, he has had a fever of 39.5C, his throat hurts, and he vomited twice and does not want to eat anymore. When you examine the child, you notice that he has a red throat with white spots, the respiratory sounds are normal, although the child has some light respiratory difficulty (30 breathing frequency). The young mother is agitated; she said that her husband is also sick, and she does not know what to do when the baby cries at night.

Guide for a Simulation: Patient-Centered Interviewing Skills

To Enhance Patient Compliance

OBJECTIVE

KEY STRATEGY

The patient's perspective should be considered and respected.

Have a diagnostic and treatment rationale and provide it to the patient using simple, direct language.

negotiate a plan and anticipate problems. Discuss any concerns or reservations the patient may have concerning the plan, including their ability to follow through—physically, emotionally, and financially.

Check the patient's knowledge, beliefs, and expectations about treatment so that misunderstandings and misinformation may be discussed.

Respond to the patient's emotions and provide emotional support, partnership and respect.

Have the patient make a commitment to following the treatment regimen.

If the patient shows any reluctance to commit to the plan, negotiate treatment options and modifications until you are both comfortable with a workable solution to which the patient can make a commitment.

Check understanding of the treatment plan and goals by asking the patient to repeat it back to you in their

“Patients often have ideas about their condition. What do you think caused your problem? What do you think would help?”

“Your blood pressure continues to be very high. In cases like this anti-hypertensive drugs can help. I want you to start taking medication right away and be sure to continue on your weight reduction and salt restricted diet”.

“Does this make sense to you? Do you have any questions or concerns about following these recommendations?”

“Tell me what you know about your condition and treatment.”

“Let's work it out together. I know how difficult this can be. I'm here for you.”

“I need to know if you can live with what we discussed? Do you think you will have any trouble with anything we talked about—anything at all?”

“What do you think would work for you? Any ideas? What else could we try?”

“Let me make sure you have it right. Tell me what you are going to do.”

“Most people have trouble remembering to take their medicine ...”

“How can these problems be best handled? What do you think would work?”

wn words and the close of the visit.

Probe for nonadherence at every visit, using a nonjudgemental open approach.

Renegotiate the plan and problem solve.

ANNEX # 10

Evaluation Form of the Interpersonal Communication Workshop — Trinidad

The following questions will help us evaluate the workshop that you attended. Please respond to each question. This evaluation is anonymous.

1. Please indicate what you liked most during this workshop, and why.

2. Please indicate what you liked least during this workshop, and why.

3. Please grade the individual aspects of training as to the degree you believe the skills will be used in your routine practice, using a 5-point scale (1= not at all to 5 = a great deal).

1	2	3	4	5	Overview and basic concepts of Interpersonal communication (IPC)
---	---	---	---	---	--

1	2	3	4	5	Data gathering
---	---	---	---	---	----------------

1	2	3	4	5	Responding to emotions
---	---	---	---	---	------------------------

1	2	3	4	5	Educating the patient
---	---	---	---	---	-----------------------

1 2 3 4 5 Negotiating and maintaining the treatment plan

1 2 3 4 5 Probing for patient compliance

1 2 3 4 5 Motivating for patient compliance

4. Please grade each method used according to the degree you felt it contributed to effective learning on a 5-point scale (1= not at all to 5 =helped a great deal).

1 2 3 4 5 Training manual

1 2 3 4 5 Job aid

1 2 3 4 5 Role-play/simulation exercises

1 2 3 4 5 Video use

1 2 3 4 5 Exercise with transcripts of encounter

1 2 3 4 5 Taping practice

1 2 3 4 5 Slides/overhead presentation

1 2 3 4 5 Group discussion in plenary

1 2 3 4 5 Small group work

5. Would you recommend this workshop to your colleagues? Why or why not? Yes: ___ No: ___

6. Please grade each skill according to the degree you believe you will use in the future: (1) for not at all (only rarely); (2) sometimes (as before training); (3) sometimes (but more than before training); (4) often (as before training); (5) often (but more than before training).

1 2 3 4 5 Welcome patient

1 2 3 4 5 Compliment client's effort

1 2 3 4 5 Use of non-verbal communication

1 2 3 4 5 Reflect/repeat what client said

1 2 3 4 5 Listening skills

1	2	3	4	5	Show empathy
1	2	3	4	5	Listen effectively
1	2	3	4	5	Encourage dialogue (open questions)
1	2	3	4	5	Avoid interruption
1	2	3	4	5	Avoid premature diagnosis
1	2	3	4	5	Resist immediate follow-up
1	2	3	4	5	Explore for more information
1	2	3	4	5	Find out how client perceives illness
1	2	3	4	5	Correct misconception of facts
1	2	3	4	5	Use appropriate vocabulary
1	2	3	4	5	Explain information in organized way
1	2	3	4	5	Check client's understanding about illness
1	2	3	4	5	Make sure client knows when to come back
1	2	3	4	5	Recommend concrete behaviors to client
1	2	3	4	5	Motivate client to follow treatment

7. Do you believe that the same training course should be given to more people, such as: nurses, midwives, social workers, others (specify)?

Yes: ___ No: ___

8. Please comment or give suggestions on how we could increase the quality of this workshop (be specific).

9. Any other comments?

Tape Transcriptions of Patient-Provider Encounters *Trinidad, August 1994*

Tape 1

D: Spell your surname.
P: [Spells out name]
D: How old are you?
P: 77
D: How you feeling?
P: Well, I not feeling so bad today...but see if I lie down and get up... a giddiness...yeh. If I bend down... a giddiness.
D: Hm mmm. So you get a giddiness when you change your position from lying down to standing and that sort of thing.
P: Yes. Right.
D: How long this started? You always had them?
P: It's a few weeks now. [Interruption here; someone enters and says Good morning; doctor responds "Good morning, son"]
D: Let me just listen to your chest.... Let me see your tongue... all right... You suffer from blood pressure. You are taking your pressure tablets all the time?
P: No, doctor.
D: So what do you do? You are taking any tablets right now?
P: No, I have to take two a day; to make to stretch I have to take one to make it last.
D: You'd like to change your tablet? Or you'd want to continue with the same tablets?

P: If I can get it I'll continue with the same tablet.
D: I can letdoctor says...they can get it here...that depends on the supply... hmm... but you have to take it...because...
P: I'll have to try and buy it.
D: All right. We might get some sometime on Monday ...that is the problem. Sometimes if they don't have it. Ah...so I'll stop changing your tablets then.
P: No I will try and buy...
D: Well you get possibly some, you know.
P: All right. I'll try and buy it.
D: Now your pressure is not so bad. OK but you have to cut down on salt very well much. No salty foods and continue the tablets the same way...you taking twice a day?
P: Twice a day, morning and evening.
D: I will recommend a blood test..I will recommend a blood test as you are feeling giddiness from time to time...I will recommend a blood test to see if there is any other problem. So the next time when you come you ask for the blood test from the clerk so that before you come to the doctor you will have the blood test results.
P: Right, yes.
D: Remember avoid the salty food, eh.
P: Yeh.
D: When you go for the test you tell the clerk you have a blood test to do so you have to talk to the Head Nurse.
P: Yes, I'll tell her.
D: All right. OK have a nice day.
P: OK thanks bye.

Tape 2

D: We're gonna be on the air honey. Yes, Mrs. Morn-

ing. Well Miss. OK, weight remaining constant, BP 140 over 90, that's fine. Your urine is OK for the moment. You're complaining of what...rash?

P: Yes, yes, rash.

D: [Reading] In the hip? Which appears after...after what?

P: I used some... I had an itch and I put some Limacol on it.

D: Hmmm

P: ..but ahm...I had pain on this leg...and it leave....so a friend gave me this...so I took some of it and he tell me to bring it and show you.

D: No, well, this is for arthritis. You took Olfem.

P: ..so I don't know if it is that.

D: Nah P: ...He say to bring it and show you and then a set of...

D: But that helped you with the pain, right?

P: Yes... a set of buttons here...

D: You getting any itching or scratching in the passage?

P: No, nothing like that.

D: Appetite all right?

P: Yes...Urine going out OK.

D: You following your diet all right?

P: Yes...excuse me, are you Dr.____?

D: No..I'm Dr. ____

P: OK because I was telling my son what a nice doctor the last doctor here... He tell me probably it's ____ from St. Mary's College with him and it's a Chinese...so I say let me come....

D: No well you didn't meet me the last time. Who you met the last time was Dr. _____

P: Oh oh.

D: ...another Chinese doctor. So you're quite satisfied with how you're taking the sugar tablets and how they're working?

P: Everything, yes. Everything OK.

D: OK, right..and the Brenerdin for the BP?

P: Yes, alright...but ahm...

D: You sleeping all right?

P: Yes, well that...

D: I want to see the rash.

P: Yes, doctor, when I tell you....

D: You want to lie down for me to see the rash?

P: ...all over here hurting me...all here...

D: OK sweetheart you just lie down let me have a look. [a long pause]

P: Here..it turned red here.

D: Now this rash if you notice, watch me, if you notice carefully the rash is only on one side of your body

P: Yes.

D: ...and it's a kind of blistry kind of rash...

P: Yes.

D: ..that is what they call....er...shingles

P: Oh ho...

D: ...you must have heard of shingles

P: Oh yes...

D: It has nothing to do with the medicine. It's related to chicken pox.

P: Oh.

D: ...but it's what they call shingles. It's alright and we'll give you medication.

P: I hear if that goes around you, you dead.

D: ...You can get up. It's nothing to worry about. There's no cure for it but it's nothing to worry about...It will be itching you so I'll give you some Piriton, OK? I don't think we have Piriton at the moment, OK, so what I'll do I'll give you a prescription to buy some in the drugstore and ..er...when the heads come off you can always put a little cream on it...you know... a little petroleum jelly or zinc and castor oil and some painkillers because it does pain...

P: I got something...Jergen's Cream...

D: Jergen's cream? You could afford expensive cream, sweetheart.

P: No someone gave me as a present.

D: I only making joke with you, love. Don't go yet...don't go yet..That is shingles [writing] S H I N G L E S right? Now I'm also going to give you..... 91.5 it's the same as the last time. _____, DNL once a day, Brenerdin once a day two months. So we'll see you in two months, eh

love? Have a good day.

P: OK thanks. What is the weight there, please.

D: Same weight as last time, 91.5 kg and your BP is 140 over 90 and the name of the thing in case you want to tell your son is shingles.

P: Thank you. Have a nice day. God bless you. And I'll pray for you.

D: All right. Have a nice day.

Tape 3

D: Look how your pressure high

P: I can't understand it. I can't understand how the pressure so high.

D: Yes, Miss _____. Why is your pressure so high today—240 over 110. You want me to take it again. No, well, I don't have a blood pressure machine in here but the nurse wouldn't ..er... make a mistake like that.

P: I find it strange.

D: Yes, 240 over 110 is very high because that is not your kind of figure at all, at all.

P: No. That is why I say she make a mistake.

D: Have you been eating a lot of salt recently?

P: No.

D: Have you been under stress recently? Anything bothering you?

P: Yes. My niece dead and is I alone home.

D: You alone home. You have to cook and everything for yourself?

P: Yes, everything.

D: And then you not so young again. What about the appetite?

P: The appetite is alright.

D: How the bowels going off?

P: Good.

D: I see you have a corn on the toe. Let me see it.

P: Yes.

D: You still have on all these stocking and thing.

You'll have to take it off for me, please.

P: Is that what bring me because I don't understand it.

D: Aaaargh [Pulling off something?]

P: Oooh oooh [cry of pain]

D:you?

P: Yes.

D: Yes, well it dropping off, it dropping off. Alright, alright, _____Your bowels go off alright?

P: Yes.

D: You passing water alright?

P: Yes.

D: Are you sleeping alright?

P: Well not so alright. Cause when I turn at night I have a long time to catch back my sleep.

D: Yes, well you know ..er..the young people when they turn in the night they can't go back to sleep. What I'll do, I'll give you a little bit of ..er.. a little bit of Valium to take. You'll only take it like for a few nights in a row, just to settle yourself, you know.

P: Yes.

D: And then you'll try to sleep normally for yourself. If after three nights you say, [setups] God, I can't sleep normally again, then you'll try it for a few more nights again. I don't want you to take it as a vice every night.

P: No, no.

D: OK, now I'm also going to give you a tablet to drop your blood pressure a little bit and I want you to come back next Monday. Next Monday shouldn't be for your regular visit.

P: No, no.

D: ...but I want you to come back next Monday because I want to check your blood pressure and see how it is.

P: Yes.

D: If it goes down we'll say OK. If it doesn't we'll have to find out why. OK? Brenerdin.. one per day [writing] let's say for 2 weeks because I'm not accustomed to use as a pressure case. I'll give

you some Panadol for the pain in the corn. Try not to wear anything too tight on that corn, eh. So it will get a chance to heal. And the Valium only at nights.

P: This is what I put on the corn.

D: Colamine. That's very good. OK, honey, have a good day. Don't forget I want to see you next week Monday. Alright. Here you are darling, give them back this.

P: OK thanks.

Tape 4

D: Hello, good morning

P: Morning

D: Sit down. Alright, how you feeling this morning?

P: Don't feel too bad. I find...about five weeks ago when I go to urinate, the urine like when I want to urine together with stool the same time as urine ...

D: Hmm mmm

P: But no stool ain't coming, for at least 8 days I can't go off. So I had to go to Casualty...and then they didn't have anything there so then they give me a prescription to go by the drugstore to get some fine little tablets....

D: Fine yellow tablets?

P: Yes, reddish-like...

D: Hm mmmm

P: Wednesday I went up by St. George there he tell me when I come to see if I could get a paper from you to get a X-ray to see if it's anything developing there.

D: Yes, but are you taking your tablets?

P: Yes, I take the tablets regularly.

D: And what about the sugar tablets, are you taking that regularly?

P: Yes, I taking the sugar tablets.

D: How much are you taking?

P: Taking two.

D: Two every day. You didn't see the dietician yet?

P: Yes, I see the dietician and I have to go..... the weekend.

D: You start to see her? You start to see the dieti-

cian?

P: Yeh.

D: Oh. So you are on the diet?

P: Yeh, well you ..er.. know how the thing is, sometimes you have to eat a little rice...you can't...

D: The sugar in the urine still reading high this morning, you know.

P: Yes, well...

D: So how many sugar tablets you taking? Two?

P: Yes.

D: Well, what you have to do is stay on the diet, take these two and I'll add on another for you to take for the sugar and the pressure reading normal so you could continue with the same pressure tablets. One a day.. OK? So...and the constipation problem, you still having it? Right now?

P: No, well still to go off, it takes me some days before I go off.

D: No vomiting, no diarrhoea?

P: No, it's only when I did take the ... I had the diarrhoea.

D: No belly pain?

P: No.

D: What about eating an' thing, you eating OK?

P: Yes, the eating is OK.

D: You eating all right. OK. Well what you got to do is take these tablets and see how you feel with this. The sugar is a little high and the pressure is reading normal so you increase the sugar tablets and stay on the diet, OK.

P: Yes.

D: I gave you something for the constipation also... OK. Alright.

Tape 5

D: Morning Mr. _____

P: Morning, morning.

D: How things with you today?

P: Doc, things gone worse with me. The whole belly for the whole week ...but last night in the morning now is pains till the evening time.

D: Mmmm...

P: So when I go to eat....but now the whole chest start to bust and the belly, well you know...last year they sent me to the hospital well the same thing happen now. Well last night was the worse night now.

D: But what happened when you went to the hospital?

P: Well, I remain for three days...the same tablet you give me here they gave me that there and they send me home.

D: Hmm mmm...

P: But the night they ask me...well the whole night I wake out the first night

D: Hmm mm

P: The second night I sleep but when I get up I get up with pain but when they ask me the next day "How you feel?" I say, " Well slight little pain". They sound me, all kinda things, they take X-ray, do everything...well did make one or two visits you know they call me back. Well the same thing happening now and what happening now is a kind of rash coming out on my body and a set of lota and I watching some... look here have a scratching when I bathing.

D: Hmm mmm...

P: ...plaks plaks all over my skin and as soon as I perspire it come back... a set of lota. So I don't know...I say I'll use some wild senna some bush medicine, I shoulda use that before.

D: Well the lotal don't worry too much about that, that we could give you some medicine for that. Now your diabetes. I see the urine is down. You following the diet and taking the tablets and thing?

P: Well let me explain to you. Twice I was here the last time I didn't get most of the tablets. Next time I come back they didn't have I went and buy some. But I went Chaguanas I get some there and some gas tablets. I buy gas tablets.

D: All right...

P: and I buy the ...how they call it...the ... for the....

D: Trental...

P: Me eh working nowhere.

D: But I want to know when you say you buying the tablets you taking them everyday at the dosage we tell you to take it or you taking it now and then?

P: No, no just how you say it..

D: You taking it everyday...

P: Yes, well it have certain medicine if I not have pain they tell me to take half....

D: Yes, the aspirin is half, the GTN an' thing is when necessary.

P: Yes.

D: Yes, but all the other ones is to take regularly.

P: Like the sugar tablet.

D: Regular, every day.

P: Every morning I take it.

D: You ain't miss out no day at all?

P: No, I miss out the two days I was outside

D: But most days you take it.

P: Yes.

D: And the Isodil everyday?

P: Everyday

D: You ain't miss out no days at all?

P: Yes I tell you two days.

D: Those two days but otherwise you taking them straight?

P: Yes.

D: Alright. So the problem here now is this belly pain.

P: Is the belly pain right on the

D: So the sugar seems to be well controlled, the BP is reasonably well controlled...

P: the sugar now.. let me tell you...if I eat a little sugar cane now...

D: What you doing that for?

P: Well I just telling younext I eat a piece of dasheen and check the sugar it right up... [bits missed here]..it check normal you understand everything what I saying...I observe that...

D: Only when you go off the diet...

P: I eh working nowhere, doc, and now things hard and 4 children to mind and my wife....

D: Well it's not so much to buy anything different, you know. It's the same things you eating...it's just to eat the right amount and well, you don't put in the sugar...you cut down the starch an'

- thing little bit...
- P: Me eh have nothing...when I was..
- D: But you know for yourself the things that does raise it up and does help keep it down.
- P: Yeh.
- D: Alright...
- P: This pain, this pain...
- D: Alright, the sugar you have nothing to worry about. Now the heart seems to be going alright too. How often you have to put the tablet below the tongue?
- P: Well not so often eh doc, but when I get all this pain I does try and put it...
- D: Umm mmmWell when you get that pain and you put it below you tongue what does happen?
- P: Nothing. Same thing.
- D: It don't change that pain at all?
- P: No change, no, no, no. I put in two tablets. A family say put two.
- D: But it don't change that one there at all?
- P: No change.
- D: So you get the X-rays and thing in the hospital for that now?
- P: Yes, I get everything.
- D: So what is the last thing the hospital tell you about this now?
- P: I tell them instead of paying passage I coming back here. They say it's alright.
- D: Yes but you see the problem I have with you and this pain is i am not sure what is causing it.
- P: Yes, look it's a whole year...Yesterday morning I get the pain about 5 o'clock it take me but not so heavy..
- D: So you're not going back to their clinic, then?
- P: No, well...I come here. I mean if you have to go back...it's the passage.
- D: Well you see the thing with you and this pain is I don't know what causing the pain, you know that. Now we not sure what is really happening in there.
- P: Now I saying is gas...now I want to explain you something. When this pain take me I take some Andrews...the peppermint kind. Two drops and you know the ..two drops...and I start to belch and thing...the pain pass out. I go and take some Andrews and Milk of Magnesia and you know and I get a l'il operation...pain pass. But then after all it's not everyday I'll use that. But this whole week I have only a slight l'il pain. But I saying is a gas. I mean between me and you, eh.
- D: Well, you shouldn't really get severe pain like that with gas, you know. I mean it'll come now and then and go away.
- P: But it still going and coming. Same thing happening when I come and see you...the tablets you gave me the same tablets the hospital gave me...
- D: But one time before when I saw you outside I gave you some very expensive tablets to buy, remember? Prepulsin...to take three times a day half hour before you eat...That one didn't help you at all with this thing?
- P: All the tablets you gave me...I buy all, I take all...no help. I come back here...and no help. I go in the hospital. I think the only thing help me is the Magnesia and Andrews, understand, everything to operate the belly. A little help...and you know when I sleeping in the night what the help is? [bits missing here] about one, two when I gas up and food coming up you know when you [bits missing here] like if you drink a rum? Coming out your nose?
- D: What is the [reading] the stomach thing running back up in the tube up here? All right. Hold on to this...this is the prescription for your sugar tablets and your heart tablets. This is for the circulation, right?
- P: I don't think they have the circulation tablets at all.
- D: Well they may have some now. I think they got new stocks there right.
- P: For the whole year I ain't get nothing.
- D: I am going to give you an additional prescription now. I want you to go to the pharmacy and buy some of these ones right and try these for the next week. Come in next week and tell me what happened. Well you won't come for the regular medicine you'll just come to tell me what happened to this pain. But if this is helping you, you'll want to continue it for a little while, right? [pause, writing prescription] OK, here we go...So

everything clear with you there now?

P: The cramps, the cramps....

D: No, I gave you the one there for that...

P: You know long time I could walk and do this...at home I going to cutlass some land there...after 15 minutes I can't stand up, my waist and feet hurting me.

D: What is happening there you see this diabetes and thing over the years it damages the veins and the circulation in the foot so the veins after you move a li'l bit enough blood can't come to supply the thing...so that tablet that you taking there if you take it regularly all the time it will improve it...it would not go away completely but you'll find you could do a little more before you start to get the cramps.

P: Cause I want to cutlass around the house or go get an axe to bust some wood...I feel my chest start to pain me a little bit..

D: You can't do these things again..

P: Well...I just.. my wife call me...

D: Well, you know the heart circulation not good...

P: So I say well I must perspire.

D: Yes, alright...Let me tell you the way you do...you could do a little work and thing but the minute you start to feel a short breath or feel anything you stop. Don't try to push yourself beyond that, right?

P: Well sometimes I am sharpening a saw and while I sharpening I start [bits missed out here] I get a kind of nervous ...You just sit down...

D: You have to stop. You have to stop, you can't do those things too much. Take your time; li'l bit, li'l bit.

P: So I'll be steady sitting and pushing a file.... I mean I used to work hard. It used to take me 20 minutes to walk from the junction to here and it take hours now.

D: Well the systems not working like how they were working before.

P: [mutter, mutter]

D: Alright, well next week you'll let me know how it's going, nah.

P: Alright.

Tape 6

D: Yes, _____, How are you today?

P: I'm well but at night I wheeze.

D: You have your tablets?

P: No, I have no tablets.

D: No tablets? How often you getting the attacks now?

P: Partly every night but when...

D: Every night? Even when you take the medication?

P: No, when I take the medication...

D: It's alright...

P: I feel alright and when I get up in the morning I get a slight wheeze again I take the medication again and I'm OK for the day.

D: And you're alright. OK. And you'll continue with your Ventolin.

P: I'd like to get some Panadol, please.

D: [writing]...inhaler

P: I'm getting some Panadol?

D: Yes, I've put it here. OK, dear.

Tape 7

D: Hello, good morning.

P: Morning.

D: What's your name?

P: _____

D: _____. How old are you?

P: 65

D: How are you doing today?

P: Well, I am getting a lot of pain here.

D: A lot of pain?

P: Yes

D: Where you getting the pain?

P: Getting it in the back here.

D: Backache? How many days this backache started?

P: The whole week now.

D: OK. Let me have a look at your back. It's here?

P: Yes

D: Umm. It's hurting when I'm pressing?
P: Yes.
D: let me listen to your chest. Can you open your mouth let me have a look at your tongue? OK. The legs are not swollen, eh? Your sugar is reading very high today, you know?
P: Yes, so they say.
D: Why you think so? Are you taking your tablets every day or it finished?
P: Taking. ...buy some.
D: You bought some tablets?
P: Yes.
D: Umm. But you are taking it every day?
P: Every day.
D: Because your sugar is reading very high. Did you take any sweet food?
P: No.
D: OK. Then I have to change your tablet and see...
P: Change the tablets?
D: Yeh. See how the sugar is...the sugar is reading very high today. I don't know why...I will recommend a blood test, eh? [raises voice] I will recommend a blood test..
P: A blood test?
D: Yes. Go back to the nurse and find out when to come for the blood test.
P: OK. [a long pause]
D: The pressure tablet you are taking every day?
P: Yeh.
D: So this time we'll see you in 6 weeks' time, right? Because your sugar is reading a little high. So we'll check back earlier than before. Usually we see you every 3 months but this time we'll see you in 6 weeks' time. But before that you get the blood test done.
P: OK.
D: Yes, you have some pain tablets, two times a day. One tablet two times a day for 10 days.
P: Thanks
D: That will help the backache, OK. Have a nice day.
P: Thanks very much.

Tape 8

D: How you going?
P: OK.
D: Dear, what's happening with your sugar today?
P: Well the sugar a little high this morning.
D: Not a little high; it's very high.
P: Very high. I don't know what is the cause.
D: Have you run out of tablets?
P: Not really, I have tablets.
D: So you have been taking it every day?
P: Yes, every day.
D: This morning?
P: No I didn't take it this morning.
D: Why?
P: Because I was hurry to come down here. But as soon as I go home I will take it.
D: You took it yesterday?
P: Yes.
D: Did you test the sugar at home?
P: No I didn't test it this morning.
D: Normally do you test it?
P: Yes, I test it.
D: Everyday?
P: Not everyday.
D: How often?
P: Like two days, three days..
D: Hmm. And what has it been doing recently?
P: Well sometimes the colour change to different colours.
D: What are you using?
P: The er...
D: The stick?
P: Yeh.
D: And when you say it changes to different colours, how high it gets?
P: Well that is where I don't know...I don't know about reading it..
D: Oh ho
P: I ain't know about reading.
D: Have you ever brought it here for the nurses to explain to you?

P: No.

D: Well what I think you should do is for them for you to come here, bring it here and let them explain what is high and what is low and what you should be doing alright.. Because just looking at it and you....

P: Yes, I ain't know...

D: Don't know what it's doing. But most of the time it's what colour? Like, OK, you know it'll have the colour that it starts off with..

P: yes, I know.

D: Right? And then it has different colours as it goes down?

P: yes, on the bottle....

D: It stays the same colour most of the time? Or it doesn't change? Or it changes most of the time?

P: No sometimes it is the same colour that the bottle have. Sometimes it remain like that. And sometimes again it change like a little like different colours you know.

D: Well, you'll have to ..er.. bring it in and let them explain it to you....what it is. OK. Well we really will have no idea of what is going on here with this.

P: Oh oh...yes.

D: Alright you're taking one sugar tablet... two sugar tablets and a pressure tablet in the morning.

P: Take two sugar tablets? Or...

D: You're taking....how many sugar tablets you taking in the morning?

P: One.

D: just one?

P: Yes.

D: What happened to the glucophate?

P: I take....

D: Aren't you getting two sets of sugar tablets?

P: One. A little white one.

D: When was the last time you came here? You haven't been here for a while?

P: Yes, like every three months, then they call me.

D: Alright...So you just taking one sugar tablet in the morning now?

P: Yes.

D: Right. What about the pressure tablets?

P: These days they ain't giving me no pressure tablets but my neck does hurt me a lot.

D: Who's not giving you any?

P: Well er..the nurse didn't give me any this last time?

D: The nurse or the pharmacist or the doctor.

P: Well if it ain't mark there the pharmacy don't give you. But if it mark they give it to you.

D: And suppose the pharmacy doesn't have it?

P: Well if they don't have it you have to get it, you have to buy it.

D: So when was the last time you took any pressure tablets?

P: Well, about tow or three weeks I ain't take none.

D: Well alright we'll have to bring you in for some blood test as well, OK?

P: OK.

D: To see what is happening with your sugar. Have you .erm..ever seen the dietician here?

P: No the nurse tell me next month the 20th I have to come in to see the

D: Dietician.

P: Yes.

D: How old are you now?

P: I is 62, 15th November.

D: You have an idea of what you're supposed to be eating?

P: Yes. I eat like...sometimes I eat like wheat bread or wheat flour roti, a little rice, sometimes...

D: How much sugar you eat for the day?

P: Sugar, no. I don't eat no sugar for the day.

D: You don't sweeten anything?

P: Yes, sometimes you know, like the body want a little bit of sweet tea or something.

D: How you know the body wants it?

P: 'Cause I can't do without it. Yes, sometimes I can't do without it.

D: How do you know that? I am asking you.

P: Sometimes I feel as if I am losing something.

D: Hmmm. How you mean?

P: Like if I don't drink anything sweet I feel I like if I getting mad and when I drink a little sweet I feel good. The body like it need it.

D: How often does that happen?
P: Well, that always happen to me. Yes, I have to drink a little sweet. If I can't drink sweet I feel like I can't like. True. Must drink a little sweet.
D: Well more than likely then you wouldn't. 'Cause it doesn't make sense giving you these tablets if you drinking that..
P: Yes, I know.
D: You know and you still do it...
P: Yes, the officer....
D: That is for the Welfare People. You think...this thing about drinking sweet stuff...
P: Yes, I don't always drink it, you know. I know it's not good for the body. I know that....
D: OK [sighs]
P: I know it's not good for the body.
D: As long as you say you know that I hope you will decide to continue..
P: OK
D: And you will see the dietician, OK?
P: All right.

Tape 9

D: Good afternoon. How you keeping today?
P: Not too bad.
D: All right. I had recommended some tonic for you to get the last time.
P: Well, I really didn't...
D: You didn't bother...your appetite came back?
P: Yes
D: All right. Good.
P: Get some[a lot very unclear here]
D: You just never used it? OK.
P: You could see from the prescription if there's any....
D: If there's any that you can get it? OK? Let me just check your pulse make sure it's OK? [pause] OK, your pulse is nice and steady today. You ever feel it bothering you? The heart beat...you ever feel it bothering you?

P: No, if I do anything..
D: ..Strenuous...
P: Strenuous...
D: Well, it's just a matter of keeping you on the tablet Digoxin until....[laughs a little] OK this is your prescription...And you'll get your new appointment at the desk outside. Alright?
P: [Mumble] OK.

Tape 10

D: Now what's your name?
P: ..
D: How old are you?
P: 45.
D: How you feeling this afternoon?
P: I'm feeling a little sick.
D: A little sick.
P: Yes.
D: You're using your medication?
P: Yes.
D: Cut down on your salt?
P: Yes.
D: you're doing your little exercise and so?
P: Well sometimes I does can't keep up with the exercise. When I start to take the exercise I feel a pain in the chest and back. My whole back does pain me.
D: Anytime you do this exercise you get pain?
P: If I do anything.... for two, three days I does feel sick.
D: Any short breath?
P: Well erm..when I get a pain I get short breath...if I do anything...if I clean the house I have to go and rest a li'l bit. After I rest I have to go and do something else and continue like that for the whole day.
D: So if you keep on doing something you still get the pain?
P: Yes.
D: Does the pain come up to the shoulder?
P: Yes, right through on the shoulder right here.

D: Uh huh. All there too. What about the side of the arm?

P: Yes, but I does have the pain on this side. Sometimes I does feel a kind of numbness all round here so. Sometimes if I doing anything I does can't hold the knife for too long or any object for too long...

D: Uh huh.

P: I does can't do it.

D: All right. Anybody in your family has a history of heart problem or high blood pressure?

P: Well my mother in law say she have heart problem but I really don't know because she never go by a doctor.

D: What about your mother, father, brother, sisters?

P: My father he does suffer from heart.

D: Uh huh...All right...OK.. Well in April your pressure was fairly high...in May it came down a bit, it had improved a bit. Today it has gone up again. What happened, eh?

P: Well, this...[unclear]

D: What you mean?

P: I was having a little problem.

D: What, neighbours?

P: It's not neighbours...is my husband's brother and sister.

D: What. You're having a little domestic problem?

P: Yes.

D: So this is worrying you a bit.

P: Well I was frightened to leave home and come out because one of his brothers wanted to chop my daughter...this one wanted to chop her.

D: And you are still frightened a bit.

P: Yes.

D: You know this little problem could carry up the pressure somewhat. And probably this is what is happening.

P: Right.

D: It's a little high— 140 over 100.

P: I using a special tablet really more than the one you recommend me.

D: Which one have you been using than the one I recommend?

P: I wanted to bring the tablet. The first time I

came here I showed the doctor the tablet what _____ recommend me...

D: Oh.

P: And that is the tablet that does help me a lot, eh.

D: Yes, in the past you've been using one called Isotopin and Vasoretic.

P: Yes.

D: Well this is very expensive and we don't have them here.

P: Yes it is expensive.

D: Can you afford to buy them? I mean they are very good if you can afford them but if you cannot...

P: I don't always have the money to buy because my husband is an alcoholic.

D: Oh I am sorry to hear that. So how you feel when you use the pink one—the Brenerdin—I've been giving you.

P: It don't help me at all. I don't feel well with it.

D: Do you want to try something else that we have?

P: Yes...well.

D: You could probably try another one. But I want you to do your exercise as usual. I want you to cut down on the salt, cut down on the heavy spices.

P: When you have people...I have to say... my husband is an alcoholic...If I cook something with no salt and his mother say "This thing have less salt". He says he will eat just how I eating but when he drink he will say "this thing have less salt".

D: But you must explain to him what is happening. He can always take more salt after you cook.

P: Well, he makes that a problem.

D: And where is he working?

P: He working WASA...for a while.

D: You ever talk to him about attending AA meetings?

P: I talk to him but...

D: He has friends who in the meeting who can advise him or encourage him?

P: Nobody can advise him...because I talk to him so much and he don't want to listen.

D: Well a lot of them have this problem—they don't like to listen.

P: He just don't want to listen.

D: Alright {interrupted by nurse} What I'll do I'll put you on another tablet, eh, one twice a day. Cut down on your salt, do your exercise as usual, OK. You're resting well?

P: Well you know when you have problems sometimes you wake up you can't sleep sometimes in the day you go to take a rest and with the problem when you wake up you can't sleep.

D: Alright. This tablet you take one in the morning and one after your dinner. This will also help you rest. And I hope the next time you return we get a normal reading. [pause. writes prescription] All right. You go back to the Clerk, you get your next appointment, you use your medication as recommended. We'll see you again, OK.

P: Thanks.

D: Right.