

A TRAINERS GUIDE

FOR

A WORKSHOP ON TUBERCULOSIS

FOR PHARMACY STAFF IN CAMBODIA



2005 - 2011



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ACRONYMS AND ABBREVIATIONS

BCG	Bacille Calmette-Guérin – a vaccine for tuberculosis
DOTS	Directly Observed Therapy, Short-course, a strategy of treatment for tuberculosis that ensures clients take their required medication
IEC	Information, Education, Communication
MDR TB	Multi-Drug Resistant Tuberculosis
MHD	Municipal Health Department
NTP	National Tuberculosis Control Program
OD	Operational District
PAC	Pharmacist Association of Cambodia
PATH	Program for Appropriate Technology for Health
PPM	Public Private Mix, a strategy to strengthen linkages between public and private health providers
SS+	Sputum Smear positive
TB	Tuberculosis
USAID	United States Agency for International Development
WHO	World Health Organization

TABLE OF CONTENTS

INTRODUCTION	42
OVERVIEW OF WORKSHOP SESSIONS.....	45
DAY ONE	47
COMPONENT I: ATTITUDE - STRENGTHENING THE QUALITY OF SERVICE FROM PHARMACIES AND DEPOTS.....	47
SESSION 1: INTRODUCTIONS AND EXPECTATIONS	48
SESSION 2: THE ROLE OF PHARMACY AND DEPOT STAFF IN IMPROVING PEOPLE'S HEALTH.....	49
SESSION 3: CHALLENGES FOR PHARMACIES AND DEPOTS IN FULFILLING THEIR ROLES	53
DAY ONE SUMMARY	54
DAY TWO	55
COMPONENT II: TB TECHNICAL SKILLS - PUBLIC AND PRIVATE SECTOR PARTNERSHIPS IN THE IMPLEMENTATION OF DOTS.....	55
SESSION 1: TB BACKGROUND INFORMATION.....	56
SESSION 2: TB DIAGNOSIS, TRANSMISSION AND PREVENTION	57
SESSION 3: THE REFERRAL PROCESS	60
DAY TWO SUMMARY	62
DAY THREE.....	63
COMPONENT III: COMMUNICATION - APPLYING COMMUNICATION SKILLS TO IMPROVE COMMUNITY HEALTH	63
SESSION 1: EFFECTIVE COMMUNICATION SKILLS.....	64
SESSION 2: COMMUNICATING WITH CLIENTS	66
WORKSHOP SUMMARY	67
ANNEX I TB TECHNICAL INFORMATION FOR PRESENTATIONS.....	69
ANNEX II GLOSSARY OF TB TERMS	75
ANNEX III PRE AND POST TEST QUESTIONNAIRE	77
ANNEX IV DAILY EVALUATION FORMS	79

INTRODUCTION

Tuberculosis (TB) is an infectious bacterial disease caused by *Mycobacterium tuberculosis*, which most commonly affects the lungs. It is transmitted from person to person via droplets from the throat and lungs of people with the active respiratory disease. When infectious people cough, sneeze, talk or spit, they propel TB bacilli into the air. A person needs only to inhale a small number of these to be infected. Left untreated, each person with active TB disease will infect on average between 10 and 15 people every year. In healthy people, infection with *M. tuberculosis* often causes no symptoms, since the person's immune system helps to keep the bacteria dormant. When a TB infected person's immune system is weakened, as in people with HIV infection, the chances of becoming sick with active TB are greater².

Although globally TB kills more than 2 million people a year, it is preventable and curable by treatment with a six-month course of antibiotics. TB that is not resistant to medication is almost always cured if the person complies with the treatment regimens, and antibiotics are started early. Without proper treatment, more than half the people with active tuberculosis will die within five years³.

Cambodia is among 22 countries that jointly account for 80% of the world's TB burden. The current incidence of TB is 500 per 100,000 population and that of new smear positive pulmonary (lung) TB is 220 per 100,000.

The number of new TB cases has tripled over the past decade. The estimated adult HIV prevalence rate (aged 15-49) for 2005 is 1.6% and HIV prevalence among TB clients has increased from 2.5% (1995) to 10% (2006)⁴.

Private providers play an important role in health care service delivery, and a substantial proportion of people in Cambodia seek care in the private sector for simple as well as serious health problems. However, often the private sector is unregulated, has limited knowledge and skills, and there is little collaboration with the public sector.

The development and introduction of a public private mix (PPM) model will greatly increase TB detection rates and improve diagnosis and treatment. Because the majority of people first seek treatment in the private sector, strengthening the skills of private providers for an appropriate role in TB assessment and management, and developing linkages from the private sector to public DOTS services will have an immediate impact on:

- Reducing the diagnostic delay for appropriate TB treatment, thus increasing case detection
- Strengthening private and public linkages and partnerships in TB management and control through a referral system to public DOTS services

² World Health Organization <http://www.who.int/tb/en/>

³ *ibid* and <http://www.intelihealth.com/IH/ihitIH/WSIH/W000/9339/10903.html> reviewed by Harvard Medical School

⁴ Global Tuberculosis Control: surveillance, planning, financing: WHO report 2008

WHO IS THIS GUIDE FOR?

This guide is based on widely used global training curricula for pharmacy staff developed and tested by PATH. In Cambodia its adaptation evolved from training workshops held for pharmacy and depot staff to promote case detection of suspected TB cases within the private sector for referral to public DOTS services. This is part of the PPM strategy of the National TB Control Program (NTP) and is supported by funds from USAID with technical assistance from PATH. The guide is intended for distribution to the TB trainers of the Municipal Health Departments, Provincial Health Departments, Operational Districts, and the Pharmacy Association of Cambodia (PAC) who have attended a trainer of trainers' course. The guide contains instructions for trainers to conduct a 3 day workshop entitled "How to manage possible TB clients" for pharmacists and also includes communication skills for pharmacy and depot staff. Other trainers may also use this guide, provided they too have attended an initial training.

OBJECTIVES OF THE WORKSHOP

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

1. Better understand the situation of the TB client, create a positive atmosphere for behavior change communication, demonstrate effective communication skills for client education, and thereby promote the benefit of access to TB testing and adherence to TB treatment
2. Demonstrate knowledge about the TB situation and the National TB Program in Cambodia, and understand the role of the pharmacy and depot staff in TB control and prevention

THIS TB TRAINER'S GUIDE CONTAINS:

- An overview of the contents of the workshop
- A list of all the materials needed for the workshop
- The session outlines for each day of the workshop
- Additional notes for the trainers, which provide details on the content and how to approach each specific session

KEY POINTS TO REMEMBER

- Plan the workshop using this guide. Included in each session are trainer's notes for that session
- Be prepared to use flip charts and other methods not dependent on electricity and the availability of projectors and computers
- You will need 2 trainers who can take it in turns to lead the sessions, facilitate the process and keep notes on outputs during the day
- Allow 5 minutes at the end of each day to summarize the key points
- Allow 5 to 10 minutes at the beginning of day two and three to present a summary of the previous day's participant feedback
- Negotiate with participants if you need more time than allocated
- Arrange the room so that participants sit in a semi-circle and not in rows
- All the training flip charts used during the workshop should be taped onto the walls of the training room throughout the workshop

- The workshop uses a participatory approach. Do not give lectures - the participants all have experiences to share. Ask open-ended questions and encourage the sharing of opinions
- Every participant should have the opportunity to practice new skills and knowledge
- **Most important point to remember:**
Do not teach all you know – teach only what providers need to know to do their job well

MATERIALS REQUIRED

- Flip chart paper
- Marker pens
- Tape
- Registration forms
- Training packages (agenda, handouts, information for participants)
- Folders
- Notebooks
- Pens for each participant
- Name badges for each participant
- Overhead projector or Power Point projector (when possible)
- Referral forms
- TB DOTS health services list
- See the “Preparation” section at the beginning of every session for information on the materials needed to prepare for individual session activities

CHECKLIST FOR TRAINERS

1. Estimate budget needs for the workshop
2. Invite participants - no more than 20 participants per workshop
3. Book a training room. It should be quiet and spacious
4. Review the workshop guide and be familiar with the schedule and session plans
5. Check training equipment before starting, especially electronic equipment
6. Order training supplies
7. Prepare training materials (see “Materials” above)
8. Invite guests to opening and closing ceremonies
9. Order snacks and drinks. Ensure that there is enough for trainers and facilitators
10. Plan the closing ceremony
11. Prepare certificates of participation to hand out to participants who have completed the workshop (whenever applicable)
12. Have a camera available to take photographs of the workshop

OVERVIEW OF WORKSHOP SESSIONS

DAY ONE

Component I: Attitude

Strengthening the Quality of Pharmacies and Depots

Opening Ceremony	45 minutes
<i>Session 1: Introductions, Expectations and Pre-test</i>	1 hour 30 minutes
<i>Session 2: The Role of Pharmacy and Depot Staff in Improving People's Health</i>	2 hours 15 minutes
<i>Session 3: Challenges of Pharmacies and Depots in Fulfilling Their Roles</i>	1 hour 30 minutes
Total time without breaks	6 hours

DAY TWO

Component II: TB Technical Information

Public and Private Sector Partnerships in Implementation of DOTS

Opening Ceremony	45 minutes
<i>Session 1: TB Background Information</i>	1 hour 30 minutes
<i>Session 2: TB Diagnosis, Transmission and Prevention, and the Relationship between TB and HIV</i>	3 hours
<i>Session 3: The Referral Process</i>	1 hour 15 minutes
Total time without breaks	5 hours 45 minutes

DAY THREE

Component III: Communication

Applying Communication Skills to Improve Client Health

<i>Session 1: Effective Communication Skill</i>	3 hour
<i>Session 2: Communicating with Clients</i>	1 hour 45 minutes
<i>Session 3: Closing ceremony and presentation of certificates</i>	45 minutes
Total time without breaks	5 hours 30 minutes



DAY 1 WORKSHOP FOR PHARMACISTS ON 'HOW TO MANAGE POSSIBLE TB CLIENTS'

COMPONENT I: ATTITUDE - STRENGTHENING THE QUALITY OF SERVICE FROM PHARMACIES AND DEPOTS

SESSION 1: INTRODUCTIONS AND EXPECTATIONS

SESSION 2: THE ROLE OF PHARMACY AND DEPOT STAFF
IN IMPROVING PEOPLE'S HEALTH

SESSION 3: CHALLENGES FOR PHARMACIES AND DEPOTS
IN FULFILLING THEIR ROLES

COMPONENT I: ATTITUDE - STRENGTHENING THE QUALITY OF SERVICE FROM PHARMACIES AND DEPOTS

Summary of Day One sessions

Session 1: Introductions and Expectations

In this session participants will have the opportunity to get to know each other and to discuss their expectations from the workshop.

Session 2: The Role of Pharmacy and Depot Staff in Improving People's Health

Participants will discuss pharmacy and depot roles and responsibilities as well as the communities' expectations.

Session 3: Challenges of Pharmacies and Depots in Fulfilling Their Roles

Participants will learn about the main reasons why pharmacies and depots do not fulfill their roles. They will also learn about the possible impact on client health when this happens.

SESSION 1: INTRODUCTIONS AND EXPECTATIONS

LEARNING OBJECTIVES

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

1. Know the names of co-participants
2. Understand their expectations from the workshop
3. Understand their personal concerns and/or experiences in dealing with the health problems of Cambodian people

 *Total: 1 hour 30 minutes*

PREPARATION

1. Bring flip charts, markers, and tape
2. Prepare instructions and materials for the "Lock and Key" activity
3. Make copies of the pre-test form to be handed out to each participant

METHOD

STEP1: *Welcome participants and introduce the "Lock and Key" icebreaker activity*

 *20 minutes*

- Give participants the Lock and Key activity instructions and ask them to go and find their partner by matching the "locks" with the "keys." Once participants have found their partners they need to find out the following information about each other:
 - Name
 - One activity they like to do in their free time
 - One expectation they have from this workshop
 - Ask participants to come back and introduce each other to the larger group
 - Record each participant's expectations on a flip chart. Do not yet comment on the expectations. You will address these at the end of the session

STEP 2: Review the learning objectives for the workshop

🕒 25 minutes

- Facilitate group discussions on the participants understanding of the three overall learning objectives of the workshop

STEP 3: Introduce the workshop agenda

🕒 15 minutes

- Compare the agenda with the list of participant expectations. You may find that some of the participants' expectations will not be addressed in this workshop.
 - Review the training objectives, if needed, and express regret that because of the limited time it will not be possible to address everyone's expectations. However, reassure the participants that you will try to address these issues during other workshops in the future.

STEP 4: Introduce the pre-test and give participants instructions on how to fill them out.

🕒 30 minutes

- It is very important to tell participants that the pre-test is not only to test their current knowledge of tuberculosis but most importantly to provide feedback for improving the workshop sessions.

SESSION 2: THE ROLE OF PHARMACY AND DEPOT STAFF IN IMPROVING PEOPLE'S HEALTH

LEARNING OBJECTIVES:

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

1. Acknowledge and appreciate the public's expectations of pharmacies and drug stores in terms of the quality of services
2. Better understand the roles and responsibilities of pharmacies and depots as defined by the Ministry of Health

🕒 **Total: 2 hours 15 minutes**

PREPARATION

1. Bring flip charts, markers, and tape
2. Prepare flip charts for the "Reflections of Me" activity, with the following categories:
 - (a) "How my clients perceive me"
 - (b) "What my clients expect from me"
3. Prepare the "What do you think of your pharmacy/depot?" video for viewing. Try playing the video once beforehand to ensure that you can operate the equipment
4. Prepare envelopes with 3 topics for the "Group Discussion" activity

METHOD

STEP1: Guide participants through the "Reflections of Me" activity.

🕒 30 minutes

- Introduce the session. Ask participants "Why and how are pharmacy staff important in the community's health?" Record their responses on a flip chart and post it on a wall. Acknowledge that the client is the most important person in the pharmacy/depot business, and as pharmacy and depot staff, they would be most interested in knowing how their clients see them and what their clients expect from them. Tell the participants that in a short while they will be watching a video with a number of pharmacy clients, but first explain to the participants that they will take a short time in small groups (5 people per group) to brainstorm the following questions:
 1. Who am I?
 2. What is my job and what do I do?
 3. How do I do this job?
 4. Why do I do this job?
 5. How do my clients perceive me?
 6. What do my clients expect of me?
- Record participants responses on the flip chart in two columns
 - How do my clients perceive me?

- What do my clients expect of me?
- Post these up; you will need to match their responses to the clients' statements after the video.

Some examples of pharmacy staff perceptions

*How do clients' perceive me?
They perceive that I...*

- ☞ Have knowledge about drugs and medicines
- ☞ Have a professional appearance
- ☞ Pay attention to clients
- ☞ Sell drugs and medicines at an appropriate price
- ☞ Am welcoming and helpful to clients

*What do the clients expect from me?
They expect to ...*

- ☞ Receive effective drugs and medicines
- ☞ Feel better after taking drugs and medicines
- ☞ Receive a quality service
- ☞ Receive information regarding drugs and medicines

STEP 2: Play the "What do you think of your pharmacy/depot?" video. The 10-minute video will present brief statements from various clients. Ask participants to pay close attention to what the clients are saying.

🕒 40 minutes including discussion

- After watching the video direct the participants through the video discussion. Discuss the clients' feedback with the participants
- On the second flip chart record clients' responses and post it up for the group discussion

Some examples of clients' perceptions

*How do clients perceive me?
They perceive that I...*

- ☞ Am a member of the health staff
- ☞ Am a cooperative person
- ☞ Am someone with a license
- ☞ Am a helpful person

*What do clients expect from me?
They expect to...*

- ☞ Receive accurate information
- ☞ Receive a clear explanation of how to use drugs and medicines
- ☞ Be helped to improve their health
- ☞ Receive quality drugs
- ☞ Receive a quality service

- Ask the participants to look at the two sets of statements (theirs and their clients). Ask participants to see whether the two sets of responses match each other. You do not have to discuss these in detail.
- Ask participants to organize their clients' feedback into subject groups. Encourage the participants to think about the following categories:
 - Behaviors of staff
 - Quality of products
 - Facilities
 - Cost
 - Advice, information and education
- Determine and record which of the areas clients have most expectations or comments.

STEP 3: Guide the participants through two "Group Discussions".

🕒 55 minutes

The first group discussion: public expectations of pharmacies and drugs stores

- Divide the participants into 3 groups. Ask them to identify a reporter. Give each group one envelope containing the topic for discussion. Ask the reporter of each group to open the envelope and read out their groups' topic. Explain to the groups that they need to work within their group to discuss their topic and answer the following questions:

- **Topic 1:** What are your reactions to what clients expect from you?
- **Topic 2:** How can pharmacy and depot staff become more active as primary health care providers in their communities?
- **Topic 3:** What kind of support do pharmacy and depot staff need in order to fulfill their community service role?

- Inform each group that they will have to present their groups' discussion to the larger group. Following each group's presentation, encourage comments from the participants by asking the following questions:

- Do you agree? Why or why not? Do you have any additional comments?
- Would this kind of action be a realistic one for you to do?
- What obstacles or problems might you encounter?

Some examples of possible responses

What are your reactions to what clients expect from you?

- ☞ *Apologize to clients if late*
- ☞ *Provide clear instruction on using drugs properly*
- ☞ *Have sufficient number of staff/drugs to respond to the needs of clients*

How can pharmacy and depot staff become more active as primary health care providers in their communities?

- ☞ *Increase their knowledge and skills*
- ☞ *Have positive communication with people in the communities*

- ☞ *Spend time to provide clear, correct and accurate information to clients*
- ☞ *Sell drugs at an appropriate cost*
- ☞ *Think that "saving life is the best action"*

What kind of support do the pharmacy and depot staff need in order to fulfill their community service role?

- ☞ *Supportive guidelines and a license from the Ministry of Health*
- ☞ *Regular training to improve their knowledge and skills*
- ☞ *Feedback from clients on behavior of pharmacy staff and quality of service*

The second group discussion: roles and responsibilities of pharmacy/depot staff

- Prepare four flip charts and post them on the wall. Title the flip charts as follows:
 - **Flip chart 1:** Roles of pharmacy and depot staff
 - **Flip chart 2:** Characteristics and services of quality pharmacy and depot staff
 - **Flip chart 3:** Possible impact as a result of substandard pharmacies and unqualified pharmacy and depot staff
 - **Flip chart 4:** Ideal pharmacies/depots
- **Roles of pharmacy and depot staff:** Make this discussion a group effort; ask the participants to review and list the roles that their clients (the community) and they themselves believe pharmacies, depots and their staff play in improving the health of the Cambodian people. Record the answers on the flip chart with the corresponding title
- **The characteristics and services of quality pharmacy and depot staff:** With the entire group, ask participants to complete the following statement: "To perform this role, pharmacies and depots must be or do....." Remind the participants to refer to the clients'

statements and their own answers in the group discussion. Record their comments on the appropriate flip chart.

- **Possible impact as a result of substandard pharmacy service:** Again as a group, ask the participants to answer: "What happens if staff at pharmacies and depots do not provide a quality service?" Direct the discussion towards the possible (negative) impact on the health of the people in their communities, as well as the impact on their business. Record the responses on the flip chart.
- **Ideal pharmacies/depots:** Again as a group, ask the participants: "How would you describe an ideal pharmacy or depot?" Direct the discussion towards the possible (positive) impact on the health of the people in their communities, as well as the impact on their business. Record the responses on the flip chart.

Some examples of responses

The roles of pharmacy and depot staff are to:

- ☞ Provide correct and appropriate information
- ☞ Provide accurate and helpful advice
- ☞ Provide a friendly and quick service
- ☞ Refer clients to public sector as necessary

Characteristics of quality pharmacies and depots

- ☞ Staff act with friendliness to clients
- ☞ Staff have knowledge and experience in providing drugs
- ☞ The store is clean and well-maintained
- ☞ The staff regularly participate in training to increase awareness, knowledge and skills
- ☞ The pharmacy is registered
- ☞ Drugs and medicines are managed properly

☞ *Drugs and medicines are of good quality and are sold at an appropriate cost*

☞ *Pharmacists and staff wear uniforms while at work*

Possible impact as a result of substandard pharmacies and depots

☞ *No improvement in clients/communities health*

☞ *Acquisition of a negative reputation*

☞ *Loss of clients*

☞ *Loss of income*

☞ *Closing of pharmacies/drug stores*

Ideal pharmacies/depots

☞ *Are licensed and registered*

☞ *Are clean and well-maintained*

☞ *Have pharmacy staff that wear clean, white uniforms*

☞ *Staff have knowledge and skills*

☞ *Provide correct and accurate information*

☞ *Sell quality drugs and medicines*

☞ *Manage drugs and medicines properly*

STEP 4: Guide the participants through the "Quality Pyramid" activity

🕒 10 minutes

- On a flip chart, draw a large triangle divided by three equally spaced horizontal lines. Post this "Quality Pyramid" on a wall, and give each participant a small square of colored paper. Ask them to go up and stick their paper on the level they feel that their pharmacy business is at today. Let participants know that the goal is to reach "full quality" which is represented here at the tip of the pyramid.

- Participants who believe that they have reached the level of “full quality” should stick their paper on the top of the pyramid
 - Participants who believe that they are close to reaching the goal should stick their paper on the first line from the top of the pyramid
 - Participants who believe they are quite near the “goal” should stick their paper on the second line from the top of the pyramid
 - Participants who believe they are far from the “goal” should stick their paper on the first line from the bottom of the pyramid
- Note the numbers on each line of the pyramid and keep this flip chart posted throughout the workshop. You will perform this same activity at the end of the workshop.

SESSION 3: CHALLENGES FOR PHARMACIES AND DEPOTS IN FULFILLING THEIR ROLES

LEARNING OBJECTIVES:

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

1. Identify circumstances in the pharmacy/depot that prevent staff from responsibly fulfilling their role
2. Understand the serious impact on the health of communities when staff of pharmacies/depots can not or do not fulfill their roles

🕒 *Total: 1 hour 30 minutes*

PREPARATION

1. Bring flip charts, markers, and tape
2. Prepare two envelopes with topic cards for the “Group Work” activity
3. Prepare the classroom for the PAC Presentation.

METHOD

STEP 1: *Guide the participants through the “Group Work” activity*

🕒 *45 minutes*

- Divide the participants into 2 groups. Ask each group to assign a reporter. Give each group one card containing their assignment. You should have one group representing pharmacy/depot staff and one group representing possible TB clients.
- Ask the pharmacy group to come up with a list of behaviors among pharmacy staff that leads to inappropriate drug dispensing.
 - Ask the possible TB client group to come up with a list of behaviors among possible TB clients that could lead to inappropriate drug use.
 - Ask each group to present their assignment, and following each presentation, ask the group whether they agree or disagree. Ask participants to add to the lists.

STEP 2: *Introduce the speaker from PAC who will give a presentation on “Policies, Regulations, and Guidelines related to TB and pharmacies”.*

🕒 *45 minutes*

- Allow some time at the end of the presentation for questions
- Thank the speaker

DAY ONE SUMMARY

Using the notes kept on the outputs of activities during the day summarize the day's proceedings in no more than 5 or 6 key points. This will also serve as a mental reinforcement for participants. Use the box below as a guide.

Day One summary of what we have learnt

- *To recognize both the expectations and the needs of the community, specifically in regard to the promotion and improvement of health*
- *To understand the roles and responsibilities of pharmacists and depot staff in providing a quality service*
- *To identify what constitutes a quality pharmacy, and in contrast, what defines a substandard pharmacy*
- *To understand how substandard care from pharmacies and depots can negatively affect the health of the community and pharmacists livelihoods*

CLOSE

Thank participants for their contributions throughout the day. Distribute the daily evaluation forms and let participants fill them in while you tidy the training room. Ask participants to give you the completed forms.



DAY 2 WORKSHOP FOR PHARMACISTS ON 'HOW TO MANAGE POSSIBLE TB CLIENTS'

**COMPONENT II: TB TECHNICAL SKILLS - PUBLIC AND PRIVATE SECTOR
PARTNERSHIPS IN THE IMPLEMENTATION OF DOTS**

SESSION 1: TB BACKGROUND INFORMATION

SESSION 2: TB DIAGNOSIS, TRANSMISSION AND PREVENTION

SESSION 3: THE REFERRAL PROCESS

COMPONENT II: TB TECHNICAL SKILLS - PUBLIC AND PRIVATE SECTOR PARTNERSHIPS IN THE IMPLEMENTATION OF DOTS

Summary of Day Two sessions

Session 1: TB Background Information

This session provides participants with information on the definition of TB, the TB situation in Cambodia, and the National TB Program.

Session 2: TB Diagnosis, Transmission and Prevention

Participants will learn what symptoms accompany a TB infection, how TB is transmitted, tips to prevent transmission, and the relationship between TB and HIV.

Session 3: The Referral Process

In this session, participants will learn how the referral process works and how to fill out referral forms.

SESSION 1: TB BACKGROUND INFORMATION

LEARNING OBJECTIVES

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

1. Define what tuberculosis is
2. Understand the current TB situation in Cambodia
3. Understand the main objectives and goals of the National TB Program including the DOTS TB control strategy

 *Total: 1 hour 30 minutes*

PREPARATION

1. Bring flip charts, markers, and tape
2. Prepare presentations on overheads or Power Point slides

OPEN

- Welcome the participants to Day Two and give them a brief summary of their Day One feedback collated from the daily evaluation forms

METHOD

STEP 1: *Brief the participants on the current status of TB in Cambodia*

 *30 minutes*

- Give a presentation on the current status of TB in Cambodia, prepared using the information in Annex I
 - Ask participants if they have any questions or need clarification

STEP 2: *Give participants an overview of the National TB Control Program and discuss its main objectives and goals*

 *30 minutes*

- Give a presentation on the National TB Control Program, prepared using the information in Annex I
 - Explain the main objectives and goals and discuss with participants

STEP 3: Guide participants through the “What is TB?” brainstorming activity

🕒 30 minutes

- Divide the participants into 3 groups. Ask each group to assign a reporter. Ask the group to brainstorm answers to the following question: “What is TB?”
- After they have finished brainstorming, participants of each group will present their answers
- Finish the activity by providing the participants with the correct definition of TB

What is TB

☞ **TB is an infectious bacterial disease** caused by *Mycobacterium tuberculosis*, which most commonly affects the lungs (pulmonary TB) (WHO definition)

☞ **It is a communicable disease** – a disease that can be transferred from an infected person to another by a specific kind of contact

☞ **Active TB** (TB disease) is when the body’s immune system is unable to fight off the TB bacteria, therefore causing infection in the lungs or other parts of the body like the kidneys, spine, or brain

☞ **Latent TB** (TB infection) means the person is infected with the TB bacteria, but the bacteria are inactive. People with latent TB are not infectious - it is not possible to catch TB from someone with latent TB – and they have no symptoms. Approximately 10% will go on to develop active TB at a later stage if they do not receive treatment for latent TB

SESSION 2: TB DIAGNOSIS, TRANSMISSION AND PREVENTION

LEARNING OBJECTIVES:

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

1. Describe the symptoms of TB
2. Describe how TB is transmitted
3. Describe steps that can be taken to prevent transmission of TB
4. Understand TB case detection methods and influencing factors
5. Describe the relationship between TB and HIV

🕒 Total: 3 hours

PREPARATION

1. Bring flip charts, markers, and tape
2. Prepare presentation on overheads or Power Point slides on TB case detection and factors associated with low TB detection rates

STEP 1: Guide participants through the “What are the Symptoms of TB?” brainstorming activity

🕒 30 minutes

- Divide the participants into 3 groups. Ask each group to assign a reporter. Ask the group to brainstorm answers to the following question: “What are the Symptoms of TB?”
- After they have finished brainstorming, participants of each group will present their answers.
 - Finish the activity by providing the participants with correct information on TB symptoms

The symptoms of TB

- ☞ *In healthy people, infection with *Mycobacterium tuberculosis* often causes no symptoms (latent TB)*
- ☞ *The symptoms of active TB of the lung are:*
 - *Coughing, sometimes with sputum or blood*
 - *Chest pains*
 - *Shortness of breath*
 - *Weight loss*
 - *Cannot taste food well*
 - *Loss of appetite*
 - *Fatigue, tiredness*
 - *High fever in the evenings*
 - *Night sweats*
- ☞ *A chronic cough of more than 2 weeks is the main symptom of lung TB. Usually the chronic cough will appear with one or more of the above symptoms, particularly weight loss and night sweats*

STEP 2: Give participants an overview of the different case detection methods and facilitate a group discussion on factors associated with low TB detection rates

🕒 45 minutes

- Give a presentation on TB case detection and factors associated with TB detection rates prepared using the information in Annex I.
 - Discuss with participants their real life experiences of factors associated with low TB detection rates

STEP 3: Guide participants through the “How is TB Transmitted and “How can it be Prevented?” brainstorming activity

🕒 45 minutes

- Divide the participants into the same 3 groups as under Step 1. Ask each group to assign a

reporter. Ask the groups to brainstorm answers to the following questions: “How is TB transmitted? How do you prevent TB transmission?”

- After the participants have finished brainstorming, participants of each group will present their answers.
 - Finish the activity by providing the participants with correct information on TB transmission and how to prevent it

TB transmission

- ☞ *TB is transmitted from person to person through the air during coughing, sneezing, speaking or spitting*
- ☞ *When a person infected with active TB coughs, sneezes, talks or spits droplets containing the TB bacteria enter the air where they can be inhaled by those around them*
- ☞ *When the droplets with the TB bacteria are inhaled, the larger droplets become lodged in the upper respiratory tract and begin infection. Some droplets may reach the lungs and begin infection there*

Preventing TB

- ☞ *Single dose BCG vaccination following negative Mantoux test gives 70-80% protection*
- ☞ *Open windows and doors at home and in crowded places, such as factories, schools, hospitals to ensure adequate ventilation*
- ☞ *Keep healthy and eat nutritional foods*
- ☞ *Encourage utilization of public health services by people with TB symptoms*
- ☞ *Involve communities and clients in TB care and prevention*
- ☞ *Encourage completion of correct treatment regimen*
- ☞ *People with active TB should cover their mouth and nose with a handkerchief every time they cough, sneeze or speak*

- ☞ Cover your mouth and nose if you are a caregiver for someone with active TB

Many people in Cambodia have latent TB and are at risk of developing active TB if they have any of the following conditions:

- ☞ a disease such as HIV or AIDS which weakens the immune system
- ☞ a long-term user of medications containing corticosteroids
- ☞ a weakened immune system because of recent pregnancy or age (elderly and infancy)
- ☞ more than 10% underweight

STEP 4: Guide participants through the “How is HIV Transmitted and “What is the Relationship between TB and HIV?” brainstorming activity

🕒 45 minutes

- Divide the participants into the same 3 groups as before. Ask each group to assign a reporter. Ask the groups to brainstorm answers to the following questions: “How is HIV transmitted?” and “What is the relationship between TB and HIV?”
- After the participants have finished brainstorming, participants of each group will present their answers.
- Finish the activity by providing the participants with correct information on HIV transmission and its relationship with TB

HIV is transmitted by:

- ☞ sexual contact (intercourse) with an infected person
- ☞ sharing needles and/or syringes with someone who is infected
- ☞ transfusion of infected blood or blood clotting factors
- ☞ Mother-to-child: babies born to HIV-infected women may become infected before or during birth or through breastfeeding after birth

HIV cannot be transmitted by:

Kissing, sneezing, coughing, sharing cups, or by bites from insects such as mosquitoes

Relationship between TB and HIV

- ☞ Latent TB is much more likely to become active TB in someone with HIV. This is because HIV weakens the immune system, which makes it harder for the body to fight off diseases like TB
- ☞ TB is an HIV related opportunistic infection – TB infection takes advantage of the weakened immune system
- ☞ In HIV infected people, TB infection of the lungs or anywhere else in the body is considered an AIDS-defining condition. In other words, a person with both HIV and active TB has AIDS
- ☞ People who are co-infected with both HIV and latent TB have an up to 800 times greater risk of developing active TB disease (Centers for Disease Control and Prevention, Division of TB Elimination, USA)

STEP 5: Guide participants on advising a TB client who is undergoing treatment

🕒 15 minutes

- Facilitate a short group discussion on “What to do for the TB client in the pharmacy/depot”
 - Finish the activity by providing the participants with the list of key points on what to do for the TB client in the pharmacy/depot.

Key points for advising a TB client undergoing treatment

- ☞ Explain to the client it is important to keep taking the TB drugs regularly as instructed by the health staff even if the client feels better
- ☞ If it is hard for the client to swallow the tablets (some are big), tell them to go back to the DOTS facility and discuss it with the health staff (alternatives may be possible)
- ☞ If the client experiences nausea because of taking the TB drugs on an empty stomach, advise them to have a cup of black coffee or piece of bread (but no fat or oils)
- ☞ Remind the client how important it is to take the TB drugs regularly, to complete the treatment and to go back to the DOTS facility if they have any problems

SESSION 3:

THE REFERRAL PROCESS

LEARNING OBJECTIVES:

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

1. Understand the process for referring a TB suspect
2. Fill out TB referral forms

🕒 *Total: 1 hour 15 minutes***PREPARATION**

1. Bring flip charts, markers, and tape
2. Prepare presentation on overheads or Power Point slides of the referral process
3. Bring copies of the TB referral forms to show participants in Step 1 and to give participants to fill out in “Case Study 1” and “Case Study 2”
4. Prepare a map with the names and locations of health centers and hospitals in the area that provide DOTS services

METHOD

STEP 1: Guide participants through the process of referring a client with suspected TB

🕒 30 minutes

- Give a presentation on the referral process prepared using information in Annex I

STEP 2: Show participants where they should refer suspected TB patients

🕒 15 minutes

- Give them a list of names and use a map to explain the locations of health centers and hospitals that provide DOTS services. Most health centers and almost all public hospitals have TB services

STEP 3: Show participants how to fill out the TB referral form and explain all the necessary steps.

🕒 15 minutes

STEP 4: Guide participants through “Case Study 1” and “Case Study 2”

 15 minutes

- Assist them to fill out referral forms if necessary. Provide the correct answers to the questions in the case studies after participants have completed the activity (the correct answers are in bold)

MCase Study 1

Mr. Keo Samath, 25 years old, is now living at house number 18 on road 374 in Toul Svay Prey 1 of Chamkarmon district in Phnom Penh city. He is not well; he has had a cough for 1 month. He sweats at night with fever, is losing weight, and cannot eat. He has never seen a doctor or used medicines before.

1. *Is it possible that Mr. Keo Samath may have TB?*
 - a. Yes
 - b. No
2. *If he is suspected of having TB, what should you do?*
 - a. Give him drugs
 - b. Refer him to a traditional healer
 - c. Refer him to a public health service provider that has TB services
3. *Which hospital or health center should you refer him to? Refer to the map*
4. *Fill out the referral form Check it is done correctly*

Case Study 2

Mrs. Vorn Cheata, 40 years old, is living at house number 16 on road 374 in Toul Svay Prey 1 of Chamkarmon district in Phnom Penh city. She is not well. She has had a chronic cough for one month, fever, pain in her chest, weight loss, and loss of appetite.

She has had her chest x-rayed and has taken all the drugs prescribed; however, her condition has not yet improved.

1. *Is it possible that Mrs. Vorn Cheata may have TB?*
 - a. Yes
 - b. No
2. *If yes, what should you do?*
 - a. Give her drugs
 - b. Refer her to a traditional physician
 - c. Refer her to a public health service provider that has TB services
3. *Which hospital or health center should you refer her to? Refer to the map*
4. *Fill out the referral form Check it is done correctly*

DAY TWO SUMMARY

Using the notes kept on the outputs of activities during the day summarize the day's proceedings in no more than 5 or 6 key points. This will also serve as a mental reinforcement for participants. Use the box below as a guide.

Day Two summary of what we have learnt

- *The definition of tuberculosis and its symptoms*
- *How TB is transmitted and can be prevented*
- *Understanding of the current trend of TB in Cambodia, recognizing the role of the National TB Program*
- *Understanding of the link between TB and HIV*
- *To be comfortable with the process of referring a suspected TB client and to be adept at filling out referral forms*

CLOSE

Thank participants for their contributions throughout the day. Distribute the daily evaluation forms and let participants fill them in while you tidy the training room. Ask participants to give you the completed forms.



SESSION 2: COMMUNICATING WITH CLIENTS

COMPONENT III: COMMUNICATION - APPLYING COMMUNICATION SKILLS TO IMPROVE COMMUNITY HEALTH

Summary of Day Three sessions

Session 1: Effective Communication Skills

In this session, participants learn about effective communication skills that will help them better serve their clients and develop their business, as well as barriers to communication.

Session 2: Communicating with Challenging Clients

This session helps participants to know how to deal with clients who present challenges to clear communication.

SESSION 1: EFFECTIVE COMMUNICATION SKILLS

LEARNING OBJECTIVES

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

1. Describe factors necessary for effective communication
2. Identify barriers to effective communication
3. Demonstrate active listening skills

 **Total: 3 hours**

PREPARATION

1. Bring flip charts, markers, and tape
2. DVD 'Pharmacists and Client Interactions' and DVD equipment
3. Prepare two messages for "Lines of communication" exercise
4. Prepare presentation on overheads or Power Point slides of communication approaches prepared using information in Annex I
5. Print out copies of the scenario from "What Questions to Ask" to give to each of two groups

OPEN

- Welcome the participants to Day Three and give them a brief summary of their Day Two feedback collated from the daily evaluation forms

METHOD

STEP 1: Ask participants the question, "What is communication?"

 **10 minutes**

- Encourage everyone's participation. Write ideas on a flip chart and post
- Show overhead slide of definition: Communication is an exchange of information or feelings (ideas, opinions, skills, knowledge) between people

STEP 2: Ask the participants to think about what the role of pharmacy and depot staff is in client communication and elicit their responses

 **10 minutes**

- Record participants' responses on a flip chart

Examples of responses

- ☞ to listen to the clients problem or request
- ☞ to provide advice and information
- ☞ to help identify possible TB clients and refer them to a health center

STEP 3: Guide participants through the “Communication Successes and Barriers to Communication” activity.

🕒 1 hour

- Divide participants into 4 groups. Ask each group to assign a reporter to summarize key points. Give each group one topic and explain the task: two groups will discuss and record what made a communication successful in their work areas concerning health communication with a possible TB client and two groups will discuss and record what were the barriers in their health communication with a possible TB client
- After they have finished their discussion, ask the reporters to present their group’s responses

Sample Responses:

👉 **Successes:**

- Speaking clearly and slowly
- Using words that are easy to understand
- Using local words
- Keeping eye contact
- Showing respect to the client

👉 **Barriers:**

- Speaking too quickly and not being clear
- Being disrespectful to the client
- Being discriminatory
- Not being friendly

Show the DVD ‘Pharmacists and Client Interactions’. Summarize the ideas and develop a conclusion concerning the role of pharmacy staff in communicating with clients. Explain to the participants that when people communicate, sometimes the communication is successful, sometimes the communication fails but we can learn how to be better communicators.

STEP 4: Guide participants through the “Lines of Communication” activity

🕒 20 minutes

- Divide participants into 2 groups. Ask participants in each group to form a long line. The first person at the head of the line will be shown a message written on a piece of paper. The message must be passed from one person to another in the line by whispering in the next persons’ ear. The last person to receive the message should write the message on the board.
 - **Group 1:** Participants are not allowed to ask for clarification of the message
 - **Group 2:** Participants are allowed to ask for clarification of the message
- After each group has completed the task and written the message on the board, present the original message and compare it with each groups’ message. Discuss what happened in each group. Discuss why the group 2 message is most likely to be closer to the original message.

STEP5: Present slides on effective communication approaches and discuss fully in the large group.

🕒 35 minutes

- Present slides of communication approaches and discuss the following topics:
 - Speaking skills
 - Verbal communication skills
 - Listening skills
 - Non-verbal communication skills

STEP 6: Guide participants through the “What Questions to Ask” activity

🕒 45 minutes

- Ask participants to form 2 groups. Ask each group to assign a reporter. Read out the following scenario.

Sophy is a 40-year-old widow with three teenage children.
Sophy sells rice soup to children at a local school.
She has had a cough for the last six months.

- Ask participants to discuss this scenario in their groups and come up with a list of questions that they need to ask Sophy in order to appropriately and correctly manage her condition.
- Ask the reporter of each group to state the questions suggested by their group. The facilitator will write down the questions both groups came up with on a flip chart and categorize them as either (1) open-ended or (2) close-ended questions.
- At the end of the exercise, ask participants to change all closed-ended questions to open-ended questions. Emphasize how important it is for pharmacy/depot staff to ask open-ended questions when assessing a client's condition in order to better understand the problem and provide correct information and advice.

SESSION 2: COMMUNICATING WITH CLIENTS

LEARNING OBJECTIVE

By the end of this session, the participants should have:

1. Improved their ability to communicate with challenging clients

🕒 *Total: 1 hour 45 minutes*

PREPARATION

1. Bring flip charts, markers, and tape
2. Print out copies of the scenario in "Turning Problem Situations into Opportunities" to hand out to the two groups
3. On a flip chart, draw a large table with the columns, "Responsibilities/Tasks, Can Do, Cannot Do, Why Cannot Do" as described in Step 3
4. Make copies of the post-test to be handed out to all the participants

METHOD

STEP 1: *Lead a discussion about the challenges pharmacy and depot staff face when clients come in asking for specific treatments, do not provide symptoms or the duration of the symptoms, and are often unwilling to follow the staff's advice.*

🕒 *10 minutes*

- Explain to the participants that this session will focus on how to handle challenging situations with clients and how to turn these situations into opportunities for clients to learn about TB

STEP 2: *Guide participants through the "Turning Problem Situations into Opportunities" activity. The objective of this activity is to show how meaningful communication will help clients, improve pharmacy services, and in turn will lead to better business.*

🕒 *45 minutes*

- Divide the class into two groups; one group will be pharmacists and the other group clients

Group 1: Review the following scenario: if you were the pharmacy/depot staff, how would you manage this client?

Sarin is a 32-year-old married man with a six month old baby.

He migrated to work as a construction worker in Phnom Penh.

He has had a cough for the last month and has been feeling very tired.

He comes to your pharmacy asking for medicine.

He is in a hurry to go off to work and doesn't want to listen to or answer your questions.

Group 2: Review the following scenario: if you were the client, would you come back to the same seller in the future if you had other health problems?

Sok Sam is a 32-year-old married man with 2 small children.

He runs a pharmacy in a busy town.

He also helps his family with their business so is always in a hurry.

You are a migrant worker who comes to Sok Sam's pharmacy to ask for medicine for a cough.

Your clothes are dirty as you are working on a construction site.

Sok Sam pays you little attention, hardly looking at you.

He sells you a bottle of cough syrup before rushing off to lunch.

- Ask each group to assign a reporter, to discuss their assignment and record their responses on the flip chart. Each group will present the

results of their discussion. Following each presentation, ask the rest of the participants: "Do you agree? Why or why not? How could the communication improve?"

STEP 3: *Wrap up the session by asking the participants to list all the pharmacy/depot staff responsibilities discussed from the different sessions in the workshop.*

🕒 10 minutes

- Ask them to check what they can do and cannot do using the table format as in the examples of responses below.

Examples of responses

Responsibilities/Tasks	Can Do	Cannot Do	If you cannot do, explain why
Provide education, information and advice	✓		
Provide information on free TB diagnosis, treatment	✓		
Provide information on networking		X	Not aware of any network in my community
Attempt to identify TB suspects	✓		
Motivate TB suspects to visit the health center	✓		
Refer clients to the health center	✓		
Distribute appropriate IEC materials		X	We have no IEC materials

STEP 4: *End the session by going back to the "Quality Pyramid" activity.*

🕒 10 minutes

- Ask participants to post the pieces of paper according to how far they feel they are from the goal after going through this training workshop. Compare these results with the first "Quality Pyramid" exercise they did at the beginning of the workshop.

WORKSHOP SUMMARY

Using the notes kept on the outputs of activities during all three days summarize the workshop proceedings in no more than 5 or 6 key points. This will also serve as a mental reinforcement for participants. Use the box below as a guide.

Summary of what we have learnt in the last 3 days

- *Knowledge and understanding of TB, its symptoms, transmission, and prevention*
- *Knowledge of the current state of TB in Cambodia and the role of the National TB Program*
- *Knowledge and understanding of the role of pharmacy and depot staff in contributing to reducing TB infection and disease*
- *How to communicate effectively with TB suspects and clients*
- *How to serve our communities and enjoy a prosperous business*

STEP 5: *Distribute feedback forms and post-tests to the participants for them to fill out*

 *30 minutes*

- Collect the forms and thank participants for their participation and hard work
- Present completion certificates if appropriate
- Close the workshop

ANNEX I: TB TECHNICAL INFORMATION FOR PRESENTATIONS

DAY TWO: TB BACKGROUND INFORMATION

SESSION 1:

INFORMATION FOR A PRESENTATION ON THE CURRENT STATUS OF TB IN CAMBODIA

Tuberculosis continues to be a significant public health concern in Cambodia. The World Health Organization's (WHO) Global TB Report 2008, states that Cambodia has one of the highest rates of TB worldwide, ranked 21 among the 22 high burden countries. Almost two-thirds of all Cambodians carry the tuberculosis bacterium, and approximately 13,000 Cambodians die per year from the disease. In 2006, the estimated incidence of TB in Cambodia was 500 cases per 100,000 people, and the TB mortality rate was 92 deaths per 100,000 people.

Less than half of the estimated 70,949 TB cases in Cambodia are diagnosed. When undiagnosed, and therefore untreated, TB is often fatal. To assist in TB treatment, the National TB Control Program began Directly Observed Therapy, Short-Course (DOTS) implementation in 1994. DOTS is now available in all of Cambodia's 68 referral hospitals, 853 health centers, and 40 health posts. The country has maintained a TB treatment cure rate of more than 90% and a case detection rate of over 60%.

TB is one of the biggest killers of people living with HIV. The estimated prevalence rate of HIV in Cambodia among those 15-49 years is 1.6% [0.9-2.6] % in 2007. WHO estimates the HIV prevalence among TB cases to be 10%.

Cambodia

Country population	14,197,000
Global rank out of 22 high burden countries	21
Estimated number of new TB cases	70,949
Estimated incidence (all new cases per 100,000 population)	500
DOTS population coverage	100%
Estimated incidence (new sputum smear positive [ss+] per 100,000 population)	220
DOTS detection rate (new ss+)	62%
DOTS treatment success (new ss+ cases, 2005 cohort)	93%
HIV prevalence in incident TB cases	10%
Of previously treated TB cases, % MDR-TB (2005)	3.1%

Data source: Global Tuberculosis Control: surveillance, planning, financing: WHO report 2008 based on data from 2006 unless otherwise stated

INFORMATION FOR A PRESENTATION ON THE NATIONAL TB CONTROL PROGRAM

Cambodia's National TB Control Program (NTP) operates under the responsibility of the National Center for Tuberculosis and Leprosy Control (CENAT). It comprises TB referral hospitals, provincial TB centers and district TB units. In 1994, TB control was decentralized from provincial hospitals to district hospitals and in 1999 to health centers. As of 2003, more than 145 TB units and 700 health centers are implementing the DOTS strategy.

There are 180 laboratories in the country including the TB reference laboratory of CENAT, which is responsible for the development of training materials, training of laboratory technicians, and supervision and quality assurance of the provincial laboratories. There are 24 provincial laboratories with responsibility for the supervision and training of health center staff in sputum smear microscopy and reporting to CENAT.

THE CAMBODIA NTP HAS THE FOLLOWING GOAL, OBJECTIVES AND STRATEGIES:

- Contributing to socio-economic development and poverty reduction in Cambodia by reducing the morbidity and the mortality rates due to tuberculosis
- Providing TB diagnosis and treatment free of charge
- Maintaining a high cure rate of more than 85% and high case detection of at least 70%
- OD pharmacies will be responsible for proper storage and timely distribution to the TB units and Health Centers providing DOTS; and responsible for maintaining the buffer and security stocks and monitoring expiry dates of drugs.

- Health personnel will ensure that TB drugs are used according to the national protocol and should adhere to the rational use of drugs.
- Build staff capacity giving emphasis on continuing training according to identified needs.

THE EXPANDED DOTS FRAMEWORK OF THE NATIONAL TB PROGRAM REINFORCES THE FIVE ESSENTIAL COMPONENTS OF A DOTS STRATEGY:

1. Sustained political commitment to increase human and financial resources and make TB control a nationwide priority integral to the national health system
2. Access to quality-assured TB sputum microscopy for case detection among persons presenting with, or found through screening to have, symptoms of TB (most importantly, prolonged cough). Special attention is necessary for case detection among HIV-infected people and other high-risk groups, such as household contacts of infectious cases and people in institutions
3. Standardized short-course chemotherapy for all cases of TB under proper case management conditions, including direct observation of treatment. Proper case management conditions imply technically sound and socially supportive treatment services
4. Uninterrupted supply of quality-assured drugs with reliable drug procurement and distribution systems
5. Recording and reporting system enabling outcome assessment of all patients and assessment of overall programme performance. This is the basis for systematic programme monitoring and correction of identified problems.

SESSION 2:

INFORMATION FOR A PRESENTATION ON TB CASE DETECTION AND FACTORS ASSOCIATED WITH TB DETECTION RATES

TB case detection methods

- The medical history includes facts about the social, family, medical, and occupational aspects of the client's life.
- Sputum Smear Microscopy (SSM) The simplest laboratory test is the examination of sputum (matter coughed up from the lungs) for the detection of a certain type of bacteria. It is cheap and is performed in minutes.
- Culture testing is not available in many areas. Although smear microscopy is an effective way to detect TB, bacteriologic culture is a more sensitive method for confirming TB diagnosis. Culture testing is usually performed by specialized bacteriological TB laboratory services.
- The Tuberculin Skin Test is widely used as a supportive second line test to identify patients actively infected with tuberculosis and mostly used with children

Trends in DOTS detection rates and treatment success 1994-2006 in Cambodia		
Year	DOTS new smear-positive case detection rate (%)	DOTS new smear-positive treatment success (%)
1995	40	91
1996	34	94
1997	44	91
1998	47	95
1999	53	93
2000	51	91
2001	48	92
2002	57	92
2003	59	?
2006	65%	93%

Factors associated with TB case detection rates in Cambodia

- Detecting active TB cases is critical in TB control. Early detection of active TB disease reduces the pool of infectious individuals in the community and therefore limits transmission. Under DOTS, TB programs rely on clients to present themselves to TB clinics for evaluation of their symptoms but there are a variety of reasons why TB suspects may not attend TB services which influence case detection rates.

Some examples of constraints or obstacles to accessing TB services

- **Economic**
 - complexity of pathway to access care (e.g. financial dependence)
 - costs of seeking care (transport, subsistence)
 - ability to pay for services
 - mobile and migrant populations
- **Geographic**
 - distance from TB services (and too sick to travel)
 - climate (floods, heat)
- **Social and cultural**
 - stigma and fear of being ostracized
 - fear of losing work
 - low level of knowledge and awareness of TB
 - lack of information about the availability of services and free treatment
 - myths and misconceptions about transmission, treatment, side effects
- **Health system**
 - accurate data as current TB numbers rely heavily on estimates
 - unfavorable staff attitudes towards clients
 - poor perception of services by clients and communities
 - lack of availability of integrated comprehensive services (e.g. TB and HIV)
 - lack of effective peripheral services

Chun Ratana, 53, who has TB symptoms and lives in cramped conditions in a Phnom Penh slum, says "I don't know where to get free treatment, because I can't afford drugs," she said. A free tuberculosis treatment centre is situated near her house, but she fears being hospitalized because she could lose too many months of work.

Integrated Regional Information Networks (IRIN), Phnom Penh UN Office for the Coordination of Humanitarian Affairs, 7 August 2008

Efforts are needed to:

- develop new case finding and management methods to bridge the gap between current and target case detection
- improve the accuracy of national estimates of TB incidence by reinforcing and expanding routine surveillance
- TB control programs work with HIV/AIDS programs to ensure prompt and effective diagnosis and treatment
- active case-finding interventions for specific target groups, such as family members of HIV positive TB clients, confined populations and people living in overcrowded settlements

Remember that community-based TB detection still does not catch carriers of TB infection (latent TB) who show no symptoms.

SESSION 3:

INFORMATION FOR A PRESENTATION ON THE REFERRAL PROCESS

1. If a client at a pharmacy/depot is suspected of having TB, staff should:

- Give the client background information on TB
- Explain to the client that TB can be treated
- Give information about the referral process from private to public health service providers

- Advise the client to seek medical help at the nearest public health service facility that provides DOTS services

2. If the client wishes to attend the TB services at a public health service facility, pharmacy/depot staff should:

- Take a TB referral form and fill out all the information in the box located in the upper section of the form on the first page (the referral form must be filled out by the private health service provider, not the client)
- Tear off the bottom two sheets (they are pink and green) and tell the client to give them to the public health service provider when he/she goes to the public DOTS facility
- Pharmacy/depot staff should keep the upper white sheet for their own records

3. When the client goes to the public health service provider:

- The client will give the health staff the pink and green sheets of the referral form
- Health staff will ask the client about their medical history, do a physical examination, and ask the client to provide a sputum sample. They may have a chest X-ray too
- The sample of the client's sputum will be tested for TB
- The health staff will give the pink referral form back to the client for the client to keep
- The client will keep this form and bring it back to the public health service provider as instructed by the health staff
- After TB diagnostic tests are completed, the health staff will give the client back the pink referral form along with any necessary prescriptions

4. If there has been no improvement in the client's symptoms:

- The pharmacy/depot staff should advise the TB client to return to the same public health service provider and give the health staff the pink referral form

5. If the client is positive for TB:

- The client will be provided with DOTS treatment at the public health facility

DAY THREE: COMMUNICATION SKILLS

SESSION 1:

INFORMATION FOR A PRESENTATION ON THE REFERRAL PROCESS

1. Information for a presentation on effective communication

- Face to face (direct or indirect)
- Verbal or non-verba
- Between 2 persons or more

2. Speaking skills

In all communication, there is a sender and a receiver. The role of the sender should be to:

- Be clear about the message
- Know the listener, what is the background and experience of the listener?
- Adapt the message to the listener
- Present the message clearly and use clear language
- Avoid interruptions, noise
- Check the listener's understanding and seek feedback
- Observe the listener's facial expression and other non-verbal signs
- Ask questions to check understanding of message

3. Verbal communication skills

- Use open-ended questions that encourage responses:
"What do you think about.....?"
"Why...", "How...", "What if..?"
- Ask, "Why do you say so?", if clients respond with a simple "yes" or "no"
- Be aware of your tone of voice, and speak slowly and clearly
- Be sure the receiver talks more than you do

- Paraphrase by repeating statements in your own words. You can check understanding by reinforcing statements.
- Summarize the discussion to check that both sender and receiver agree

4. Listening skills

For effective communication always practice active listening. Active listening is when the listener is listening carefully to what the speaker is saying and repeats what she/he said back to her/him to make sure that the listener has understood the message correctly.

Techniques to use for active listening:

- Restating: the listener repeats what the speaker said using the same words
- Paraphrasing: the listener reflects back what the speaker said using her/his own words, not the same words
- Summarizing: the listener reflects back the major points of the discussion
- Reflecting feeling: the listener reflects back the feelings he/she believes the speaker is experiencing
- Asking for clarification/confirmation: the listener asks a question to clarify or confirm what the speaker said

Tips to improve your ability to listen well:

- Tell yourself "I'm going to let myself listen well"
- Pay attention to the way the speaker looks and acts
- Use actions to let the speaker know you are interested and pay attention by maintaining eye contact, nodding, etc
- Do not interrupt the speaker. Listen to the whole idea
- Ask questions to clarify when you do not understand
- Develop active listening skills, restating, paraphrasing/summarizing

- Do your best to avoid judging or evaluating what the speaker said
- Avoid showing disapproval (verbal or non-verbal)
- Avoid day dreaming (thinking about something else while you should be listening)

5. Non-verbal communication skills

- Maintain eye contact with the person you are speaking to. If a group, maintain eye contact with everyone in the group as you speak. Don't appear to favor certain people in the group
- Don't move around while you are speaking. It is distracting
- Acknowledge what people say by nodding, smiling, or other actions that show you are listening
- It's important to appear relaxed and at the same time to be direct and confident

ANNEX II: ANNEX II GLOSSARY OF TB TERMS

Active TB disease – an illness in which TB bacteria multiply and attack different parts of the body. There are two forms of TB: 1) TB infection (latent TB) and 2) TB disease (active TB). People with TB infection have no symptoms and cannot spread TB to others. People with TB disease (active TB) have symptoms and can spread TB to others. The symptoms of active TB disease include weakness, weight loss, fever, loss of appetite, chills, and sweating at night. Other symptoms of active TB disease depend on where in the body the bacteria are growing. If active TB disease is in the lungs (pulmonary TB), the symptoms may include a persistent cough, pain in the chest and coughing up of blood.

BCG – a vaccine for TB named after the French scientists who developed it, Calmette and Guérin. BCG is not widely used in the United States, but it is often given to infants and small children in other countries where TB is common.

Chest x-ray – a picture of the inside of the chest. A chest x-ray is made by exposing a film to x-rays that pass through the chest. A doctor can look at this film to see whether TB bacteria have damaged the lungs.

Contact – a person who has spent time with a with active TB.

Culture – a test in the laboratory to see whether there are TB bacteria in a sputum specimen or other body fluids. TB bacteria grow very slowly so it can take up to 4 weeks to confirm a TB diagnosis.

Directly observed therapy short-course (DOTS) – this is a way of helping clients take their medicine for TB. The client will meet with a health care worker every day or several times a week at a convenient place. This may be the TB clinic, the client's home or work, or any other convenient location. The client takes their TB medicine while the health care worker watches.

Drugs used to treat TB - all first-line anti-tuberculosis drug names have a standard three-letter and a single-letter abbreviation:

- ethambutol is EMB or E
- isoniazid is INH or H
- pyrazinamide is PZA or Z
- rifampicin is RMP or R
- streptomycin is STM or S

The USA commonly uses abbreviations and names that are not internationally recognized: rifampicin is called rifampin and abbreviated RIF; streptomycin is commonly abbreviated SM.

Extra-pulmonary TB – is active TB disease in any part of the body other than the lungs (for example, the kidney, spine, brain, or lymph nodes).

HIV infection – infection with the human immunodeficiency virus, the virus that causes AIDS (acquired immunodeficiency syndrome). A person with both latent TB infection and HIV infection is at high risk for active TB disease.

INH or isoniazid – a medicine used to prevent active TB disease in people who have latent TB infection. INH is also one of the four medicines often used to treat active TB disease.

Latent TB infection – a condition in which TB bacteria are alive but inactive in the body. People with latent TB infection have no symptoms, don't feel sick, can't spread TB to others, and usually have a positive skin test reaction. But they may develop active TB disease if they do not receive treatment for latent TB infection.

Multi-drug resistant TB (MDR TB) – active TB disease caused by bacteria that are resistant to two or more of the most important medicines: INH and RMP.

Mycobacterium tuberculosis – the bacteria that cause latent TB infection and active TB disease.

Negative – usually refers to a test result. If a TB skin test reaction is negative, the client probably does not have TB infection.

Positive – usually refers to a test result. If a TB skin test reaction is positive, the client probably has TB infection.

Pulmonary TB – this is active TB disease that occurs in the lungs, usually producing a cough that lasts 3 weeks or longer. Most active TB disease is pulmonary.

QuantiFERON-TB® Gold (QFT) – a blood test used to find out if a client is infected with TB bacteria. The QFT measures the response to TB proteins when they are mixed with a small amount of blood.

Resistant bacteria – these are bacteria that can no longer be killed by a certain medicine.

Smear – a rapid screening test for TB to see whether there are TB bacteria in a sputum specimen. To do this test, lab workers smear the sputum on a glass slide, stain the slide with a special stain (acid fast stain) and look for any TB bacteria on the slide under a microscope. This test allows the health staff to receive a preliminary report within 24 hours.

Sputum – is phlegm coughed up from deep inside the lungs. Sputum is examined for TB bacteria using a smear; part of the sputum can also be used to do a culture.

TB skin test – a test that is often used to detect latent TB infection. A liquid called tuberculin (or PPD) is injected under the skin on the lower part of the arm. If there is a positive reaction to this test, it means the client probably has latent TB infection.

Transmission – the way a disease is spread from one person to another. Tuberculosis is spread through the air, when people who have active pulmonary TB cough, sneeze, speak, or spit, they expel infectious droplets. People with prolonged, frequent, or intense contact with a person with active TB are at particularly high risk of becoming infected, and a person with active but untreated TB can infect 10–15 other people per year.

ANNEX III: PRE AND POST TEST QUESTIONNAIRE

PLEASE CHECK THE APPROPRIATE BOXES REGARDING YOUR BACKGROUND:

Male ☐ Pharmacy Staff ☐
 Female ☐ Pharmacist ☐
 Other, please specify ☐.....

No.	Mark the following statements as true or false	True	False
1	TB is a hereditary disease (family disease) that passes down from one person to another in the family		
2	A person that coughs for a long time (more than two weeks) maybe has lung TB		
3	Only elderly people get TB		
4	A person who has TB should not share the same food and clothes with other people		
5	TB treatment (DOTS) is free at the government health centers		
6	TB germs can pass from one person with active TB to others when that person talks or coughs without covering his/her mouth		
7	To prevent TB from spreading to others in the family/community, people receiving treatment for TB must be isolated		
8	Pharmacy staff can be an important health resource to TB clients and their families		
9	TB is a serious but curable disease		
10	TB clients can stop their medicine once their symptoms are gone		
11	Pharmacy staff can play a major role in finding possible TB clients and referring them for evaluation and treatment		
12	Early detection stops TB from spreading among communities		

PLEASE CHECK THE APPROPRIATE BOXES REGARDING YOUR BACKGROUND:Male ☐Pharmacy Staff ☐Female ☐Pharmacist ☐Other, please specify ☐.....

No.	Mark the following statements as true or false	True	False
1	TB is a hereditary disease (family disease) that passes down from one person to another in the family		X
2	A person that coughs for a long time (more than two weeks) maybe has lung TB	X	
3	Only older people get TB		X
4	A person who has TB should not share the same food and clothes with other people		X
5	TB treatment (DOTS) is free at the government health centers	X	
6	TB germs can pass from one person with active TB to others when that person talks or coughs without covering his/her mouth	X	
7	To prevent TB from spreading to others in the family/community, people receiving treatment for TB must be isolated		X
8	Pharmacy staff can be an important health resource to TB clients and their families	X	
9	TB is a serious but curable disease	X	
10	TB clients can stop their medicine once their symptoms are gone		X
11	Pharmacy staff can play a major role in finding possible TB clients and referring them for evaluation and treatment	X	
12	Early detection stops TB from spreading among communities	X	

ANNEX IV: DAILY EVALUATION FORMS

TB WORKSHOP FOR PHARMACY/DEPOT STAFF

DAILY EVALUATION (DAY ONE)

	Not Helpful	Helpful	Very Helpful
Games			
The role of pharmacy/depot staff in improving people's health			
Exercise: Reflection of ME			
What do you think of the video on your pharmacy?			
Group work			
Law-Policies Guidelines			

	Needs Improvement	Good	Very Good
Knowledge of facilitator on topic			
Facilitator managed and prepared properly			
Facilitator provided appropriate explanations			
Facilitator was welcoming			
Facilitator was punctual			

Venue	Yes	No
Room was comfortable		
Room was spacious		
Time was appropriate for each session		
Refreshments offered were satisfactory		

If you have any additional comments, please provide them below:

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TB WORKSHOP FOR PHARMACY/DEPOT STAFF

DAILY EVALUATION (DAY TWO)

	Not Helpful	Helpful	Very Helpful
Games			
Recap of day one			
State of health in Cambodia			
TB status in Cambodia			
Goal and objectives of National TB Control Program			
Group discussion on TB definition, symptoms, transmission, prevention and TB/HIV			
The importance of DOTS			

Facilitation	Needs Improvement	Good	Very Good
Knowledge of facilitator on topic			
Facilitator managed and prepared properly			
Facilitator provided appropriate explanations			
Facilitator was welcoming			
Facilitator was punctual			

Venue	Yes	No
Room was comfortable		
Room was spacious		
Time was appropriate for each session		

If you have any additional comments, please provide them below:

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TB WORKSHOP FOR PHARMACY/DEPOT STAFF

DAILY EVALUATION (DAY THREE)

	Not Helpful	Helpful	Very Helpful
Games			
Recap of day one			
Factors for effective communication			
Barriers to effective communication			
Active listening skills			
Activity: What questions to ask			

Facilitation	Needs Improvement	Good	Very Good
Knowledge of facilitator on topic			
Facilitator managed and prepared properly			
Facilitator provided appropriate explanations			
Facilitator was welcoming			
Facilitator was punctual			

Venue	Yes	No
Room was comfortable		
Room was spacious		
Time was appropriate for each session		

If you have any additional comments, please provide them below:

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