EMT Just In Time Training Modules, COVID-19

Module E: Risk Communications and Community Engagement

LEARNING OUTCOMES

1. Outline the role of EMT staff in communicating health messages to the COVID-19 affected communities with which they are working, including messaging that encourages health seeking behaviors.
2. Apply skills for effectively communicating with COVID-19 patients and their families appropriate to the clinical context
3. Integrate relevant health education communication materials into daily operations to successfully reach both individuals and whole communities.

MODULE LENGTH

60 mins

MATERIAL & EQUIPMENT

Flip charts and pens

Audio-visual equipment

Printed handouts of patient scenarios (see first training activity)

SUPPORT DOCUMENTS

https://iris.wpro.who.int/bitstream/handle/10665.1/14482/COVID-19-022020.pdf

https://apps.who.int/iris/bitstream/handle/10665/331492/WHO-2019-nCoV-HCF_operations-2020.1-eng.pdf?sequence=1&isAllowed=y

https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public

MODULE OVERVIEW

	Topic	Method	Time
1	Understanding the role and importance of EMT staff in delivering MOH public health messaging and response	Presentation	3 min
2	Building Trust	Plenary discussion	10 min
3	Identify common public health messages, modalities and skills relevant to each category of COVID severity	Group Brainstorming	25 min
4	Compassionate phone communication	Mini role-play	20 min
5	Wrap up	Presentation	2 min

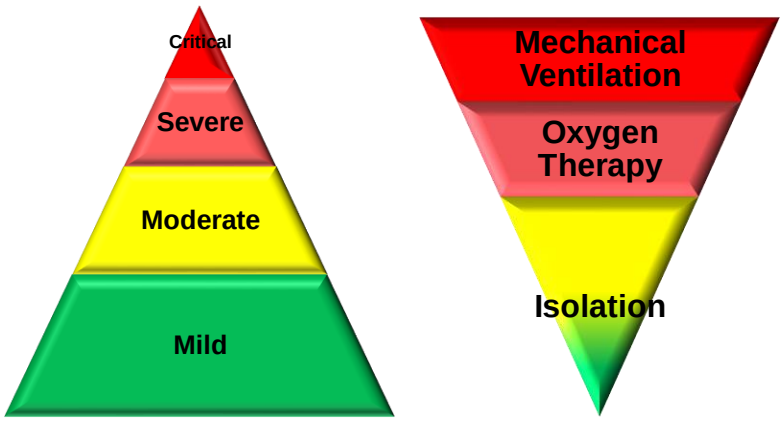
MODULE PURPOSE

This session is aimed at all members of an EMT workforce who have an interface with the public. It highlights the importance of EMTs delivering appropriate and proactive public health messaging directly to communities and individuals during the pandemic, and ensuring that such messaging is aligned with the affected Ministry of Health.

MODULE ACTIVITIES

Topic	Method	Notes for delivery
Understanding the role and importance of EMT staff in delivering MOH public health messaging and response (3 mins)	Presentation	Slides 1-2. Introduce the session and objectives As part of its operations, an EMT workforce has a duty to use every available opportunity to educate the affected population on topics that help prevent and alleviate the impact of COVID-19. This applies whether team members are co-located in a single facility or distributed as surge staffing across multiple points of service provision. Emphasize the opportunity for health promotion every time patients and families encounter EMT staff —either with COVID symptoms or other issues. Without a coordinated approach on public health, the level of mistrust, fear and confusion can escalate within communities and undermine the clinical management services that an EMT is brought in to provide. EMTs should proactively consider the appropriate use of media and social media tools when communicating with target populations on public health issues. Being consistent with messages, adapting the latest technical guidance to fit the community profile, and using local languages/dialects wherever possible, are key.

Building trust
(10 mins)
	Plenary discussion	Slides 3-4. When the public has low knowledge about the risks at hand, trust plays an important part in public perceptions about the severity of that risk. EMT team members responding as surge support to COVID response are in a prime position to raise risk perceptions and encourage health seeking behaviors given that health care professionals are often allotted a higher level of trust than other stakeholders in public health emergencies. However, what you say and how you say it will significantly impact whether that trust is maintained.
		
		Successful message delivery = BUILDING AND MAINTAINING TRUST
		
		HIGH TRUST=HIGHER ADOPTION OF HEALTH ADVICE
		LOW TRUST= LOWER ADOPTION OF HEALTH ADVICE
		
		Ask participants to consider the factors that influence and/or encourage desired behaviours. Discussion points might include:
		• Perceived Risk:
		  ○ Does this patient or their loved ones see the risk in not adhering to public health advice?
		  ○ What is the impact on trust of PPE and other measures applied in the facility?
		• Confidence in public health measure or advice:
		  ○ Does this patient or their loved ones have confidence in the suggested treatment and/or have

		confidence in the ability to complete or adhere to these measures? ○ What are the other information sources available to patients/families, and what is the impact of these – e.g. information overload from media, perpetuation of misinformation etc. • Cultures, norms traditions, beliefs: ○ Are there social norms or pressure that affect this?
Identify common public health messages, modalities and skills relevant to each category of COVID severity (25 mins)	Group brainstorming	Slides 5 – 6. The trainer introduces the activity instructions: On screen, show the left pyramid with the different categories of severity for COVID patients. Remind participants that the moderate (yellow) category can be further sub-divided into patients with risk factors versus patients with no risk factors.  Now introduce the right (inverted) pyramid with the operational considerations. Separate the participants into 4 groups. Each group is given a handout with a mini scenario. The scenarios present variable challenges, different for each group. The trainer then asks participants to discuss the following prompt questions in their groups, and list ideas on a flip chart: 1. Identify which point in the right hand triangle their scenario is in 2. Provide three to five key public messages for patients and relatives in the scenario, based on the operational considerations 3. Identify tools and techniques which might be used to achieve a higher success rate in delivery of these key messages

		During the exercise: After a few minutes, the trainer should circulate around the room and check each group has identified the correct answer to the first question . Discuss with the group briefly, and correct where necessary. Then allow the group to continue with the second and third questions. To debrief: After approx 12 mins of group work, come together in plenary to compare the similarities and differences between the groups. Before presenting, each group should read aloud its scenario for the benefit of the others. The trainer should try to synthesize the discussion following the group presentations, facilitating further discussion amongst the participant For question 2, trainer can refer to organisational, national and/or international guidance on public key messages (see those listed in 'Support Materials' at the top of this Session Plan). If any local documentation or public education materials are available for the area the EMT are going to operate in, introduce these to the group. For question 3, the following can be used as a checklist: • Focus on appropriate and culturally relevant messaging • Transparency in communications • Modality of communications (pictorial/written/audio) – consider literacy levels • Effective interpersonal skills (body language, effective listening to demonstrate respect and identify underlying concerns, tone of voice and choice of words) • Demystifying PPE for patients and families • Use of community members and/or technologies to help with messaging • What information is needed to be known about now, versus what can wait • What information from other sources may negatively impact community fears and behaviours Slide 7. Finally, link the discussion back to self-care measures required to ensure the continued wellbeing of health care workers. Basic stress management techniques should be actively included within team operations, such as:

		• Taking control over personal work routines (e.g. shift allocations, time-outs) • Having healthy daily habits (e.g. sleep, exercise, non-work activities, avoid drug or substance abuse) • Buddy-buddy support system • Finding ways to communicate • Relaxation techniques • Positive re-framing • Easy access to organisational support systems
Compassionate Phone Communication (20 mins)	Mini role play	Slide 8. Slides Intro (3 minutes): Trainer begins with a short presentation on the role of phone communication in times of COVID-19, as an important modality for EMT staff interacting with family members of inpatients. Brainstorming (8 minutes): The trainer writes three headings on separate charts: “cognitive”, “emotional”, and “personal”. Provide a brief definition of what is meant by each heading in this context: • Cognitive aspects – Concerns around the clinical management and ICU environment such as information about progress, details on treatment etc. • Emotional aspects – Concerns around the contact with and contribution to the patients’ care • Personal aspects – Practical concerns of the relative The trainer now asks participants to identify the main considerations under each heading in relation to phone communications with relatives of patients being treated by the EMT. In pairs, participants visit each chart and add new ideas, 1 idea per card. Review briefly in plenary. The trainer can point to various cards and ask for clarification on the ideas presented. Note: Studies have shown that personal needs are often seen as least important by both nurses and relative, while cognitive needs are viewed as the top priority. In practice, the categories overlap and effective communication of information is essential in addressing all of these areas of need. Slide 9. Skills practice (9 minutes): On screen, show a summary of three different conversations with relatives of patients in the ICU. Each conversation involves a different patient scenario: • Call 1: A call from a relative of a patient who is severe but not critical, e.g. receiving oxygen to help breathing

		• Call 2: A call from a relative of a patient who is critical on a ventilator with no clear indication that he is getting better or worse • Call 3: A call from a relative of a patient who is in critical condition and has a possibility of dying within hours or days The trainer then asks for three volunteers and simulates each of the calls in turn. Volunteer participants play the role of health worker and the trainer (or another member of the group) plays the role of family member. The remainder of the group should act as observers and then provide constructive feedback on the techniques used for each case. Slide 10. The trainer can supplement with further tips on basic communication, making reference to the three priority areas that have been identified in studies for consideration when dealing with this topic: • Need to feel hope • Need to feel that staff care about the patient • Need to be kept informed about progress etc Tips • Remember to start by introducing yourself, establish clearly who you are talking to, what relation the person has with the patient, and what they already know • Speak slowly • Share information in small amounts and in simple language • Comfort but also allow silence (listen, empathise, acknowledge) • Provide practical next steps for the patient
Wrap up (2 mins)	Presentation	Slide 11. Conclude and wrap-up the discussion.