MANAGING VIOLENCE IN HEALTH CARE SETTINGS

TRAINER'S MANUAL FOR MEDICAL STUDENTS, HOUSE OFFICERS AND RESIDENTS

VIOLENCE AGAINST HEALTH CARE MUST END

IT'S A MATTER OF LIFE & DEATH

INDUS HOSPITAL

ICRC

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LIST OF ABBREVIATIONS

AIPH	APPNA Institute of Public Health
DSM	Diagnostic and Statistical Manual of Mental disorders
HC	Healthcare
HCF	Healthcare Facility
HCiD	Healthcare in danger
HCP	Healthcare professional
ICRC	International Committee of the Red Cross
IFRC	International Federation of the Red Cross
JPMC	Jinnah Postgraduate Medical Centre
PTSD	Post Traumatic Stress Disorder
SOP	Standard Operating procedure
WHO	World Health Organization

FOREWORD

Why a curriculum on violence prevention and management?
Violence is a common feature of mega-city environments, and health care providers (HCPs) are not immune to it. This creates hindrances to the delivery of health care to the sick and needy. The International Committee of the Red Cross (ICRC), within the framework of its global project Health Care in Danger (HCiD), seeks to improve the protection of all health care personnel from violence through humanitarian diplomacy, advocacy, the promotion of law and practical interventions.

In this context, the safe delivery of health care services is challenged by the lack of respect for health care personnel who face insults, threats and violence. This training intends to complement the students' handbook and is aimed at supporting health care personnel to cope with stress and violent experiences, including how they can protect themselves by de-escalating potentially violent situations.

Specific scope of this trainers' manual
This manual focuses on individual behaviors, challenging the health care personnel to recognize their responsibility and role in situations of interpersonal tension and conflict. The curriculum seeks to empower these personnel to act pro-actively through a self-protective but still empathetic and caring attitude in order to reduce conflict situations in the health care facility. The training is designed to actively involve participants in the learning process and to extract practical measures for context-specific situations using a participatory approach.

Our goals
The overall and long-term objective of this curriculum (training + handbook) is to contribute to a reduction of violent incidents in health care settings and strengthen the capacity of health care providers to deal with violence and the emotional impact of "helplessness" after violent incidents.

The aim is to sensitize healthcare personnel in the active role they can play in de-escalating or preventing tense and violent situations from occurring in health care settings.

BACKGROUND

The curriculum has been developed on the basis of the need identified by the study carried out in Karachi as part of the Health Care in Danger (HCiD) project of the International Committee of the Red Cross (ICRC) by the Institute of Public Health (IPH), Jinnah Sindh Medical University (JSMU) in collaboration with Jinnah Postgraduate Medical Centre (JPMC) and other medical institutions. Consultations with stakeholders including students, service providers and academicians have helped in enriching the content and in making it more contextually relevant. The findings of other studies and handbooks developed by the ICRC, WHO and OSHA have also informed the development of this curriculum.

Initially this curriculum will be piloted in few medical institutions and then based on experience and utility of the curriculum, relevant accreditation bodies will be approached to incorporate this into the curriculum of respective health care professions.

PURPOSE OF THIS COURSE

The purpose of developing this course is to build capacity of healthcare professionals to respond to the situations of violence and harassment directed towards them and the health care facilities. The curriculum provides information that should be readily available to all health care providers for preventing, de-escalating and managing violent situations that arise in the course of health delivery. It is important that the undergraduate students, house officers and residents are aware of the typology of violence in different healthcare settings, competent to prevent potentially violent situations and also deal with such situations when they do occur. In addition, they should be able to ensure their own, and their institution's safety at all times being aware of their own rights and responsibilities, institutional policies and procedures and relevant legal protection that is available.

The curriculum is divided into two sections. Section A is the Facilitator's Guide and focuses on skills and tips to best facilitate, motivate and involve the participants. It also highlights the important points to remember while facilitating and presenting in front of a group.

Section B is subdivided in four modules. Each module is complete in itself and it is recommended that the learning in a module be revisited in a subsequent module. The modules can be part of a one day workshop or conducted for brief periods over a prolonged time. The overall objectives are given below while the specific objectives of each module are provided in the respective module.

OVERALL OBJECTIVES OF THE COURSE

The objectives of the curriculum are that by the end of the training the participants should be able to:

1. Demonstrate an understanding of background and rationale of the training in the light of findings of the research on violence against health care conducted in Karachi;
2. Demonstrate an understanding of violence in health care setting by
   a. discussing types of violence and its effect on health care professionals;
   b. identifying factors that could lead to violence in different health care settings;
3. Demonstrate strategies to dissipate violent situations including
   a. recognition of warning signs that have the potential of flaring into a violent situation;
   b. institution of strategies to prevent violence from erupting;
   c. taking actions for de-escalating stress and tension;
4. Recognize the role of communication in health care;
5. Demonstrate strategies to mange post traumatic stress Disorder (PTSD)
6. Discuss the rights and responsibilities of HCP vis-à-vis violence;
7. Identify measures for improved safety of staff, patients and the facility.

Adil Shahryar-MT/ICRC

GUIDELINES FOR FACILITATORS

SECTION A: GUIDELINES FOR FACILITATORS

The material included in this section is intended to serve as a guide for the facilitator as she/he prepares for facilitating the different modules. This section is divided into three subsections. The first provides a pedagogic frame highlighting the important points to remember when facilitating and presenting in front of a group. The second provides tips for planning, conducting and evaluating the sessions while the third informs on dealing with difficult participants.

The objectives of this section are that the facilitators will be able to:

- Use instructional techniques appropriately to facilitate achievement of learning objectives;
- Apply the principles of adult learning to enhance learning of the participants;
- Effectively handle difficult participants.

Participants of this training program will be medical and nursing students/house officers/residents working in health care facilities where interpersonal violent incidents are reported more frequently. In order for training to be successful, it must respond to the needs and preferences of participants. Hence, the facilitators should keep in mind the following principles of adult learning throughout the training:

- Participants are motivated to learn if the content is relevant to their professional or personal needs. Therefore, it is important to identify the participants' learning needs and to explain how the training content will be of benefit to them.
- Participants relate new information to what they already know and appreciate having an opportunity to apply what they have learned as soon as possible.
- Learning is enhanced when participants are able to practically apply new knowledge, attitudes and skills. It is important that they are provided opportunities to take part in a variety of activities such as discussions, games, problem solving or brain storming.
- Repetition increases the retention of new knowledge; hence encourage participants to summarize newly acquired knowledge.
- Adults prefer a learning environment where they feel valued and respected for their experiences. Ask participants to share their stories and make sure to give positive reinforcement when they contribute by acknowledging and thanking.
- People have varied learning styles; some learn best visually others by listening and others by knowledge with analogies or stories. Use a variety of instructional strategies.
- Adults are motivated by encouragement. Be sure to reward participants with positive feedback and express appreciation when they participate.
- The adult's attention span is between 8 to 12 minutes. Follow the “90-20-8” rule. Take a break every 90 minutes, change the activity every 20-30 minutes, and change the pace of the activity every 8 minutes.

ROLE OF THE FACILITATOR

It is expected that the facilitators will become "Content Competent" and committed to the delivery of the course. Your role as a facilitator will be essentially to facilitate group processes, ask open ended questions and summarize reflections. The more the participants contribute and the more the knowledge comes from the participants themselves, the more all learn. The quality of the course depends a lot on how you as a facilitator facilitate and regulate this process. As an experienced facilitator you will develop the ability to balance between structure and flexibility of the processes.

As a facilitator of learning you need to:

- Be a patient and active listener;
- Observe nonverbal cues and be responsive to individual and group needs;
- Encourage participation and facilitate interaction amongst participants;
- Allow participants time to think and do not provide all information;
- Summarize discussions /reflections and get participants to elaborate on important topics;
- Appreciate input from participants;
- Share your own knowledge and thoughts only when essential.

DO's AND DON'Ts OF FACILITATING

The following "do's and don'ts" should ALWAYS be kept in mind by the facilitator during a session.

DO's	DON'Ts
Come at least 5 minutes before the time scheduled	Be late for the session
Maintain good eye contact	Talk to the flip chart
Encourage questions and involve participants	Read from the training manual
Position visuals so everyone can see them	Block the visual aids
Speak clearly and loud enough	Shout at the participants
Avoid distracting mannerisms and distractions in the room	Ignore the participants' comments and feedback (verbal and non-verbal)
Show connections between different sessions	Stand in one spot
Give feedback	
Keep the group focused on the task	
Summarize at the end of each session	
Check to see If your instructions are understood	
Manage time	

INSTRUCTIONAL METHODS

There are many methods of instruction that are utilized for learning. This curriculum emphasizes active learner engagement and hence majorly utilizes the four instructional methods including brainstorming, small group discussions, video based discussion and role plays. These are briefly explained below.

Brainstorming

A group of people with or without conscious knowledge of the subject contribute any suggestion or idea that they can think of on the topic under discussion. All suggestions are encouraged and criticism is not allowed at this stage, although contributors may be invited to explain their ideas. Subsequently, all the ideas submitted are discussed and assessed.

Steps in conducting a brainstorming session

1. Inform the group of the topic for brainstorming.
2. Give time for group members to collect their thoughts.
3. Have a flip chart, board and marker or a chalk board and chalk ready.
4. It is good to have an assistant to note down the participants' responses.
5. Explain that all responses are correct and none will be critiqued or discarded. You may ask a participant to clarify his/her response, if required.
6. Start from one end of the room and ask each participant to state one response which should be clear and short. If anyone wants to state more than one, politely refuse and request them to keep their response in mind as you will come back to them once everyone's responses have been taken.
7. Write down all the participants' responses in their own words.
8. Do not engage in discussion, otherwise time management will be difficult.
9. If a response is repeated, do not write it again; place a tick mark on the one already written down.
10. Once everyone has given their input, ask if there is anything anyone has to add (do not forget if there was someone waiting for you to come back to him/her).
11. Summarize the discussion in a few words and see if you can classify or categorize the responses (if required).

Small Group Discussion

Small group discussions (SGDs) are best used when the facilitator wants to develop deeper understanding, motivate the sharing of experiences, encourage problem solving and develop interpersonal communication and team working skills among the participants. A task, problem or question is given to each group. The learners accomplish the task and arrive at new knowledge and insights on the basis of their past experiences, attitudes and values. Each small group should present its discussions to the larger group, and working principles should be evolved on the basis of their presentations.

Steps in conducting SGD

1. Give clear instructions for the task to the group, especially concerning the time and the manner of presentation.
2. Give a specific time duration for task completion.
3. Divide the large group into smaller groups and have them sit in a semicircle or circle so that all members can see each other.
4. Different groups may be given the same or a different task depending on the learning needs.
5. Ask one member from each group to present the final task/discussions that took place in their group.
6. Summarize the important points presented by all groups.

Video (scenario)-based learning

In this method, a real-life problem or situation is shown to the learners for analysis and consideration of possible solutions. It is used for learning problem-solving and reasoning skills, gaining confidence in decision-making, introducing and consolidating learning and team work.

Steps to conduct a video-based discussion session:

1. Divide the particiants into small groups of 4-5.
2. Show the video (ensure that the video is clear and audible at the back).
3. Put forward a question and clarify if they have understood the task/question.
4. Let them know how they should present the results to the large group.
5. Give them enough time to complete the task.
6. Remind them of the time left.
7. When time is up, ask each group to present their results to the larger group.
8. When all the groups have presented, acknowledge those who gave the right answers and correct any remaining misconceptions in a respectful manner.
9. Summarize the learning that has taken place.

Role play

This is a learning technique in which participants are presented with a situation which they are required to explore by acting out the roles of those represented in the situation. It is mainly used for changing/modifying attitudes and developing interactive knowledge and skills.

Steps in conducting a role play

1. Inform the participants that there will be a role play in the session.
2. Share the scenario with the group and invite volunteers.
3. Distribute the roles to the acting participants and ask them not to share it with others.
4. Inform the rest of the participants of the situation and the roles that are going to be played.
5. Ask them to take notes of what went well and what did not, and why?
6. Once the role play is over, first ask each player for feedback on how they felt about the roles.
7. Request comments from the observers on the way the situation was handled. Should it be handled in this manner? Is there an alternate way? How would

they feel if they were in these roles?

8. Summarize yourself or ask the participants to summarize the learning that has taken place.

THINGS TO REVIEW BEFORE THE SESSION

The Room

Depending upon the number of participants, set up the room in such a way that it should have enough tables with the capacity to seat 5 participants on each table. There must be enough space to allow participants to work on the given tasks (e.g. role plays, group activities).

Materials and Supplies

- Computer, multimedia projector/overhead projector
- Flip charts/transparencies
- Permanent markers /transparency markers (different colors)
- Flip chart stands (one for each table)
- Paper tape
- Participants handbook (one for each participant)
- Videos/roles for role plays
- Name tags (for each participants)
- Pens/pencils, writing pads or loose paper sheets (if required)
- Water and disposable glasses

MAINTAINING POSITIVE GROUP DYNAMICS DURING TRAINING

Group Dynamics

"Group dynamics" refers to the interactions between people who interact together in a group setting and describes the effects of the roles and behaviors of group members in relation to one another and the group as a whole.[1] Every group goes through different stages of development, and an expert facilitator utilizes effective strategies in order to ensure positive group dynamics. The table below shows the different stages of group development with the behaviors that are exhibited by the members and provides some advice on what activities to use at each stage.[2]

Stage	Behaviors/ attributes	Activities to be undertaken by the facilitator
Forming	• The participants are unclear about their own role and the roles of others • On a non-verbal level the participants are demonstrating a reserved mannerism • Verbally, participants are polite with each other	• Explain the goals of the training • If the participants do not know each other - conduct an introduction session • Establish ground rules and expectations from participants
Storming	• A leader or leaders appears from within the group • The participants start manifesting their attitude towards what's going on • Conflict arises "Difficult" participants emerge	• Ask participants about their expectations • Oversee the task being done and provide feedback • Make sure that the group environment is positive
Norming (getting normal)	• The participants clearly understand the assignment, take part in discussion, openly express their opinions and learn • The group functions efficiently without the trainer's moderating; a facilitator may arise from	• Secure an efficient workflow and the flow of the training process • Summarize the work of the group, moderate the training • Gather feedback information from the participants

1 Diehl, M. and Stroebe, W. (1987) 'Productivity Loss in Brainstorming Groups: Toward the Solution of a Riddle,' Journal of Personality and Social Psychology, Vol. 53, No. 3, September 1987. [Accessed March 19, 2016.]

2 Adapted from http://www.unep.org/ieacp/iea/training/guide/default.aspx?id=1202 (accessed March 20, 2016]

	among the members of the group • Cooperation, mutual support and mutual perception	
Performing	• The group starts functioning effectively • The members of the group take part in doing the assignments, bringing in their ideas, analyzing the ideas of the others	• Compare the group's activity with the goals and assess their capability to apply the knowledge they receive in exercises and assignments • Evaluate the work of the group against established criteria and give constructive feedback
Parting	• Summarize the results of the work • Determine the prospects of cooperation • Exchange contact information	• Compare the results of the group process with the tasks of the training • Stimulate the preparation of individual plans • Express gratitude for the creative work

It is important for a facilitator to foster positive group dynamics during the sessions because, in such groups, the team members trust one another, they work towards a collective decision, and they hold one another accountable for making things happen.

A main cause of poor group dynamics is the presence of disruptive participants. It is important for a facilitator to know how to manage these difficult members of the group. When confronted with any difficult behavior, we need to be able to step back and objectively assess what might be the root cause of the behavior. Under no circumstances should the facilitator humiliate the person or be disrespectful to him/her. It is best to be firm in a polite and respectful manner. In the section below some tips are given that will be useful in dealing with such participants and maintaining "positive group dynamics."[3]

3 Laurel and Associates. http://www.hse.ie/eng/about/Who/qualityandpatientsafety/nau/Open_Disclosure/opendiscFiles/Guidetomanagingdifficultparticipants.pdf [Accessed March 19, 2016.]

DEALING WITH DIFFICULT PARTICIPANTS

There are different kinds of difficult participants; he/she may be a talker or a know-it-all, a fighter or an arguer, a quiet or withdrawn person, a complainer, an unconsciously incompetent person, a distracter or a rambler. The facilitator needs to know what to do and what not to do when handling the behavior, and how to avoid taking the behavior personally. In all cases, addressing the individual and discussing the behavior with respect, so that he/she can retain his or her dignity.

The Talker

The Talker or Know-It-All has opinions on every subject and states them in a very authoritative manner. He /she may be more knowledgeable than the others and hence may feel that he/she is not being appreciated.

What a trainer can do

In front of the group:

- Thank the person and indicate it is time to hear from others or move on to the next subject.
- Deliberately turn to others and ask for their opinions.
- Tactfully ask the person to give someone else a chance.
- Acknowledge the person's expertise or experience.
- Pretend to not hear the person and call on someone else.
- Cut across the person's flow of talk with a summarizing statement.
- Avoid looking at the person.

In private:

- Request the person prepare a portion of the content or offer an example to support the content.
- Provide constructive feedback about the impact of the behavior on the session, the participants and/or the trainer.

The Quiet One

The Quiet One does not make an effort to become part of the discussion. This person may be shy and uncomfortable speaking up in large groups; perhaps the person is depressed, afraid, tired or has a negative attitude towards the group, instructor or the process. This behavior may be difficult for a trainer who seeks interaction and responses from all participants. It would be useful for all involved to build in time at the beginning of each interactive exercise for participants to read and work independently before they begin their group discussions.

What a trainer can do

In front of the group:

- Engage the participant by posing a question that directly relates to his/her situation or concern.
- Have participants pair off rather than working immediately in large or small

groups.
- Call this individual by name and ask for an opinion.
- Ask an easy question that he/she is sure to answer well and then praise him/her.

In private:
- Ask the person whether the training is meeting his/her needs or simply engage in small talk. Sometimes, personal interaction creates sufficient comfort for the person to begin speaking up in class.
- Ask if there is anything that if done differently will encourage the participant to speak up.
- Provide feedback about the impact of the behavior on the session, the participants, and/or the trainer.

The Fighter/Arguer

The person may resent having to come to the training session, particularly if attendance at the session is mandatory or even last minute. The person may disagree with the content, have difficulty with authority figures (yes, that means the trainer!) or simply be having a very bad day. The person may dislike the trainer, be angry about the quality of the coffee or the lack of refreshments or be troubled by some issue at home. Since learning will not happen while anger persists, you will have to defuse, deflect or reframe the anger.

What a trainer can do

In front of the group:
- Keep your cool; you will never win the argument.
- Avoid getting personal.
- Refer the question to the group and then to him.
- Agree to disagree.
- If nothing else works, suggest that your differences be cleared up later.
- Set rules: criticism is acceptable, as long as it is constructive and offers viable alternatives.

In private:
- Provide constructive feedback about the impact of the behavior on the learning of others.
- Coach the person to select more constructive behavior.
- Acknowledge the level of passion and ask for the reason behind it.
- If necessary, indicate that the person is free to leave the session.

The Distracter

The Distracter asks questions or raises issues that are not related to the topic which is being discussed and talks about unrelated things while the group is trying to work. S/he jumps into the discussion without raising a hand or using other courtesies for obtaining permission to speak. Patience and firm but respectful facilitation are both key to handling the distracter. At any cost do not

get distracted by them, nor get angry but keep focused on the topic of discussion.

What a trainer can do
In front of the group:
- In the initial session, create ground rules for basic classroom courtesies and post it on the wall.
- Provide Post-Its on the participant tables and encourage them to post their questions on a flip chart "parking lot."
- Quietly monitor small group activities so that you can intervene when necessary.
- Use physical proximity to prompt him/her to stop talking.
- Say, "Thank you, but let's see what others have to say, now."
- Try comments such as, "Interesting, but could you hold it until later?"
- Stay focused by saying, e.g., "I'd like to discuss that, but we really have to get back to our topic."
- If the distracter is conducting a side conversation while someone else has been recognized to speak, make a general statement: "Could I ask everyone to give their attention to [the speaker]? Thank you." or "I'm not sure that everyone can hear what [the speaker] is saying."

In private:
- Thank the person for his/her energy and involvement; then explain your time or agenda constraints.

The Rambler

The Rambler has difficulty making simple, concise statements and complicates simple ideas with tangential ideas. The Rambler often confuses most or all of the rest of the group with his statements. The facilitator should not show impatience, interrupt rudely or allow the person's monologue to confuse the group. At all costs, avoid engaging in a lengthy discussion of the tangent raised by the person.

What a trainer can do
In front of the group:
- Summarize and recap the content points that were covered prior to the person's statement.
- Try to distill the key points from the person's statement.
- When the person pauses for a breath, ask which part of the question s/he is discussing.
- Say, "Thank you, but let's see what others have to say, now."

AFTER THE SESSION

Distribute evaluation forms and then collect the filled forms and thank the participants. Record your own reflections on the session immediately and also any changes that you felt should be made.
Thank the participants.

SECTION B: TRAINING MODULES

Overview of the Curriculum and Training Schedule

Module	Topic	Purpose	Duration
	Introduction of trainers and participants, and ground rules		10min
	Pre-training assessment (Pre-Test)		10min
1	Introduction to the Health Care in Danger Project and the research on Violence against Health Care study conducted in Karachi	Understand the rationale for the training, involve participants and create contextual relevance	20min
	Understanding violence, its types and consequences on HCP	Discuss types of violence and the effects on HCP	20min
2	De-escalating violent situations	Identify warning signs in a situation with a potential to turn violent; Demonstrate behaviors that are helpful in preventing violence; Suggest ways of dealing with situations that have become violent	50min
3	Importance of communication in health care	Realize the role of communication and demonstration of compassion in preventing violent situations; Demonstration of breaking bad news in health care settings	50min
4	Stress and Post Traumatic Stress Disorder (PTSD)	To develop an understanding about one's own mental processes in a time of threat and to recover from PTSD associated with violence in healthcare	20min
5	Rights and responsibilities of health care providers	Awareness of the rights and responsibilities of health care providers in situations of conflict or violence; Increased awareness of local laws and steps to take in difficult situations; Suggest policies and standard protocols to improve the safety of staff, patients and the facility	20min
	Summarization of key learning points, Feedback and Post-test		40min
	Total Time		**240min**

WELCOME THE PARTICIPANTS AND INTRODUCTION

The facilitator should

1. Welcome the participants and introduce her/ him self. (2 Minutes).

2. Ask the participants to introduce themselves one by one. Ask if all can clearly hear, if not request to speak aloud so that all can hear.

- Name
- Designation
- Affiliation (Institute)
- Reason to attend this workshop

OR

- Give 10 minutes for participants around a table to gather information about one another and ask one person from each table to introduce all the members on that table.

3. Ask the participants to list ground rules for the course. List the rules on a flip chart as they are stated. Add any important rule that has not been said (review the list below) and paste the flip chart on a prominent wall of the room. Inform of the lunch and tea breaks (if any) and the direction of the rest rooms

Ground Rules

- Be respectful
- Manage time (start and finish on time)
- Cell phones are off / in silent mode
- Open Communication
  - Ask questions whenever required
  - Participate in all activities
  - Share experiences and ideas
- Do not interrupt one another
- Let everyone participate
- Team work
- Raise your hand before speaking

- Reinforce: Please come back from breaks and lunch on time. *(If necessary ask for a volunteer to be the time keeper for the entire workshop.)
- Show the slide of the course overview
- Briefly explain the introduction to the training and the learning obejectives.
- Share the slide of the objectives of the course
- Introduce the ICRC and HCiD project
- Inform participants about the research "Violence against Health Care" and its salient findings (refer to the published book and the material in the student handbook)

NOTES

Adil Shahryar-MT/ICRC

MODULE 1

UNDERSTANDING VIOLENCE, ITS TYPES, CAUSES & EFFECTS

MODULE 1: UNDERSTANDING VIOLENCE, ITS TYPES, CAUSES & EFFECTS

Learning Objectives

By the end of the module the students will:

- Have developed an understanding of the role of the ICRC and the HCiD project;
- Have been introduced to the research findings regarding violence against health care;
- Be able to discuss types of violence in health care settings;
- Identify factors that lead to violence in different health care settings;
- Be able to discuss the effect of violence on health care professionals.

Session Outline

No.	Topic	Content	Time
1	Introducing the participants, facilitator, training, ICRC and Health Care in Danger Project Setting ground rules	Explaining the concept behind Health Care in Danger	10 min
2	Introduction to the Health Care in Danger Project and the Research on Violence against health care conducted in Karachi	Develop an understanding of the people's perceptions regarding causes of violence; Explaining the setting, respondents and main findings of the study	
3	Define Violence	Understand the different concepts of violence	5 min
4	Types of Violence in health care settings	Identify the types of violence reported in health care settings	10 min
5	Causes of violence in healthcare settings	Discuss the causes of violence and categorize the factors that instigate violence in health care settings	10 min
6	Summarize	Group understanding of HCiD challenges and the issues at stake	5 min
Total Module Time			**40 min**

- Share the learning objectives with the participants (slide 9).
- Facilitator briefly Introduces the 'healthcare in danger project' (slides 10 & 11).

INFORMATION FOR THE FACILITATOR

The Health Care in Danger project is an initiative of the International Red Cross and Red Crescent Movement aimed at addressing the issue of violence against patients, healthcare workers, facilities and vehicles, and ensuring safe access to and delivery of health care in situations affected by the presence of violence. Providing an overview for the participants on the Health Care in Danger project can take many forms and it is up to the facilitator to introduce this the way she or he deems most effective. As violence against health care is a complex problem which affects health systems all over the world, there is a need for the response to take into account all of its aspects.

Since there is no sufficient recognition of the extent to which violence affects healthcare workers and facilities both in conflict and non-conflict areas, there is a need to increase awareness among the general public and the medical professionals themselves. Civil society organizations, academics, medical associations and individual doctors and their well-wishers should all work together to stop the violence and minimize its consequences. There is also a need to carry out research and document the dynamics of violence against health care, as it takes many shapes and often takes place away from the scrutiny of the media and in ways that are not obvious to the casual observer. Data gathering also helps to strengthen advocacy and build coherent arguments in favor of protecting health care.

Many effective systems and methods to protect health care already exist and are being implemented in several countries by various institutions. It is necessary to promote the most successful ones and learn from each other's practices. Physical protection of facilities is important, but increased protection can often be achieved through cost-effective and simple soft measures like training and improved SOPs. It is also necessary to engage with governments, law enforcement authorities and armed forces, as cooperation with authorities, improving legal frameworks and institutionalizing successful approaches cannot happen without them. Coordination between emergency medical services, the police and other elements of emergency services is especially important to assure safety of first responders.

The International Committee of the Red Cross has been working on all the above components through international humanitarian diplomacy, convening expert workshops and operational engagement at national level in countries where it works. It is however the engagement of local medical communities that can bring lasting solutions to each country's specific problems.

- Ask participants to describe how they define violence. Ask a volunteer to act as scribe and write the responses on white board. Encourage the participants by saying that you all are correct. Then show the slide of definition of violence (slide # 12).

- Divide the participants into group with five members in each (slide # 13). Ask them to list different types of violence (time allowed 5-7 Minutes). Distribute cards of different colours and ask them to write one type on one card. Ask them to paste the card on the white board with the help of tack or paper tape. Align the cards according to types (slide # 14).

- Ask the participants to reflect individually on personal experiences of violence in daily life including workplace violence identifying causes of violence. Then to share their thoughts with the person sitting next and collate their ideas. Ask them after 5 min to share with the next pair of participants and consolidate the list. Ask each group of 4 to present their list on a flip chart to the larger group. Compile a master list. Seek the help of the participants to name the categories (these could be communication, compassion, ethics, cultural insensitivities and social inequities, equipment etc.) (slide # 15).

- Ask the participants to identify those causes that can be dealt with at personal, institutional, community and governmental levels. Of the personal and institutional ask them to identify those that are under the control of the HCP.

INFORMATION FOR THE FACILITATOR

Causes of violence as reported in the ICRC study:
The top five reasons for violence reported by the participants included unreasonable expectations (56.1%), communication failure (55%), human error (53.7%), unexpected outcome (42.6%) and sub-standard care (35%).

Other important reasons that were reported by almost one-third of the respondents included financial pressure, management failure, facility failure and inadequate staffing.

- Ask the participants to identify who were the people that were involved in causing violence in healthcare settings. Let them discuss and then share slide # 16.

- Ask the participants to reflect on what could be instrumental in avoiding violence and in small group come up with list of action that can be taken at the level of healthcare providers, administrative staff of healthcare facilities, policy makers at institutional level and governmental level. Ask each group to present the actions listed by them and discuss the list that has been developed as a result of the survey.

INFORMATION FOR THE FACILITATOR

Facilitator can emphasize by saying that while the existence of personal physical violence at the workplace has always been recognized, the existence of psychological violence has been long under-estimated and only now receives due attention. Psychological violence is currently emerging as a priority concern at the workplace.

It is also increasingly recognized that personal psychological violence is often executed through repeated behavior, of a type which may be relatively minor but which cumulatively can become a very serious form of violence. Although a single incident can suffice, psychological violence often consists of repeated, unwelcome, unreciprocated and imposed upon action which may have a devastating effect on the victim.

- Then ask them what could be the effect of violence on effected HCP. The participants will give many responses which can be noted on white board. Share with them the responses reported in the ICRC study in Karachi (slide # 17).

INFORMATION FOR THE FACILITATOR

Reinforce with the effect of violence on victim (From study)

- 45.70% victims felt as whatever they are doing and will do, is going to be an effort.
- 50.30%felt that nothing will change
- 50.40% wanted to avoid thinking and talking about the incident
- 58.70% are suffering from repeated disturbing memories/thoughts /images
- Whereas 74%are getting super alert and watchful

Now share with them the statistics from the report"Violence against health care".

- Summarize the session showing slide # 18 that the results of the study indicate that health care providers are working in an environment characterized by a multitude of conflicts and types of violence; these conditions might lead to stress or Post Traumatic Stress Disorder.

NOTES

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MODULE 2

DE-ESCALATING VIOLENCE IN HEALTH CARE

MODULE 2: DE-ESCALATING VIOLENCE IN HEALTH CARE

Learning Objectives

By the end of the session/module the students will be able to:

- Identify the warning signs of impending violence;
- Identify elements in given situations that lead to violence;
- Discuss strategies that would help de-escalate situations with a potential to become violent;
- Practice behaviors that would prevent violent situations from happening or aid in de-escalating them.

Session Outline

No.	Topic	Purpose	Time
1	Introduction to the module	Escalation and de-escalation occur in crisis situations. There should be a regular protocol to communicate with the attendants.	10 min
2	Warning signs of escalation	Critically analyze situations that became violent for causes; identify warning signs of escalation of tension.	20 min
3	Strategies for de-escalating a potentially violent situation	Understand and demonstrate strategies to de-escalate tense situations.	15 min
4	Summarizing	Give the participants time to write down their own patient protocol in groups of 4.	5 min
Total Module Time			**50 min**

Session Plan

- Share the objectives of the module with the participants (slide # 20).
- Show the slide showing classification of violence (slide # 21).
- Explain that this training only covers response to and prevention of reactive violence (slide # 22)
- The facilitator should conduct the exercises given below to help participants identify the factors for escalation and suggest strategies for de-escalation.

Exercise: (slide # 23)
Objective of the exercise: is to create a simulation (close to real life situation) and help the participants learn how escalation happens

Activity 1

Instructions for everyone for the exercise:

1. The exercise will go on for 10-15 minutes. Two voluntary groups will be selected. Each will comprise of four participants.
2. Participants will be assigned specific roles to act on provided scenario such as medical staff, patients and attendants.
3. If a problematic situation arises then they have to try to manage it in the best possible way. Act as close to reality as you can. Facilitator will observe the ward situation and then debrief in the end.

Scenario 1
A young lady came to your clinic with her husband and brother. The lady is crying due to acute abdominal pain.

Doctor assessed the patient and identified immediate need of surgery for ruptured appendicitis. However, your hospital currently does not have enough resources to carry out that surgery so you give them a referral.

Her brother was very distressed by his sister's crying and remained in close proximity to you throughout your assessment. He was not listening to you and was not even ready to leave assessment room.

When you discuss the final assessment and the current situation of the hospital with the patient's brother and offer an emergency referral for this patient to a hospital with needed facilities, her brother just insists on admission to your hospital. When you refuse, her brother threatened you.

Her husband is also anxious and continues to enquire about her condition from the doctor and nurses, but he does not show any signs of aggression.

Characters: Doctor, Brother of patient, Husband of patient, Female Nurse
Task: How you will manage this situation?

Scenario 2
An elderly patient is admitted to your hospital. He has diabetes mellitus. The patient is on insulin to control his high level of blood sugars. He is prescribed pre-meal insulin doses during this hospital stay. Today the nursing staff forgot to administer the insulin which resulted in a rise in post-meal or random sugar levels.

The daughter of the patient is staying with her father as his attendant. She is very concerned and upset about this sudden rise in sugar levels and is anxiously asking for the senior doctor/ consultant because she wants to

complain about the nurse`s negligence regarding her father`s medications. The daughter has abused a nursing assistant as well. You are the on call doctor and have just been informed by nurses about this incidence.
Characters: Doctor, Nurse, Nurse Attendant, Daughter of patient,
Task: How you will manage this situation?

The role of the facilitator
The facilitator will silently note how each situation is transpiring and how the medical staff is handling it. Some important points for the facilitator to observe about the medical staff are:

1. Their body language
2. Their listening skills
3. Their level of reactivity
4. If they are acting or being realistic
5. What were the helpful things they did? (Note exactly what they said or did that was helpful.)
6. What were the not-so-helpful things that happened in the room? (Note exactly what happened so that when you debrief you have some examples to share)
7. What was the role of the bystander as things were escalating?

The role of the observer
Assign observers for each group of participants. Give each observer a piece of paper and ask them to note the important points in conversation to help map the cycle of escalation later. The objective would be for them to see and identify behaviors that lead to escalation.

Mapping Cycle of Escalation (slide # 24)

- All the observers will chart papers and explain the cycle of escalation after 15 min. Facilitator then asks the entire group to reflect on what they saw as a trigger? Where did the conversation start to become tense?
- Also facilitator makes them notice that in none of the examples aggression happened out of the blue. Things develop through interactions and the earlier we pick up the easier to de-escalate. Discuss and show slide # 25.
- Discuss the early signs of escalation that they should be able to observe (slide # 26)

INFORMATION FOR THE FACILITATOR

Warning signs of escalation
Early signs

- Tense body language (yours or the other person's)
- Moving very close (taking up personal space)
- Touching or grabbing to emphasize one's point
- Raised voice
- Rapid speech

- Excessive sweating
- Excessive hand gestures; balled fists, hands on the hips etc.

Tips for De-escalating a Potentially Violent Situation

- Give your attention: Attention makes the other person feel he/she is being heard and understood, and this decreases stress.

Demonstrate attention by:

- Directing all your faculties and senses towards a stimulus
- Listening to what the patient/attendant is saying, noticing physical gestures
- Making frequent eye contact, as opposed to staring
- Showing interest in what they have to tell you
- Paraphrasing what you have heard
- Reflecting back what you noticed, e.g. "You look really stressed; please sit down."

Empathize with the patient

Empathy encompasses:

- The ability to feel other's pain and happiness
- Refraining from judging
- Perspective taking (seeing things from other person's point of view)
- Recognizing emotion and communicating that (e.g. "You look really devastated.")
- Offering help rather than solutions (instead of saying, "Stop crying," say, for example, "How can I make you feel better?")

Activity 2

Ask the participants what can they do differently and keep making those changes on their charts accordingly. Follow this activity by showing the slides on de-escalation.

Activity 3

Show the slide on don'ts of de-escalation and ask them to give an example for each point on the slide.

Activity 4

Preventing situations from getting tense

- Show the video with scenario vignette 1.
- Stop the video as the attendant gets angry and ask participants to identify the warning signs and cause(s) of violence in this situation.
- List the warning signs and causes separately on flip charts. Show and discuss slides on signals of aggression and escalation (slide # 27 & 28),
- Discuss how this situation could have been avoided and list the response.
- Ask volunteers to demonstrate handling of such a situation by role playing.

- Show the second video and repeat the same process as in the first scenario.

In summary, ask them to identify why the HCPs in the video behaved in the way he did and is it justified?

What can be done to reinforce positive behaviours and reduce incidence of violence. Jot down the points and ask them also to note it down. Show slide # 29 & 30 and discuss.

INFORMATION FOR THE FACILITATOR

Tips for De-escalating a Verbal Discussion

- Do not be defensive even if you have a point to defend (e.g. "magar meri baat pehley sunien.").
- Do not be reactive (phrases such as "aapko mujh se behtar patahai" are reactive in nature).
- Listen carefully; listening will give you the necessary time to regulate yourself, relax and focus on the situation. This will also help you understand the situation better. Once you understand the situation better, you feel more empowered to deal with it.
- Do not argue or try to convince another person even if you are right; remember, when someone is dysregulated (angry), he/she is in no position to learn, analyze, reflect or problem-solve.
- Find something in their narrative to agree with.
- When we are too focused on ourselves and getting our needs met. we can be aggressive.
- Reflect his/her feelings back by saying, for example, "I see that you are getting really angry right now."
- Acknowledge that the agitated person(s) are frustrated and there might be something that is bothering them. This would help them feel heard and help them to regulate themselves. Because you are not attacking, they will perhaps not continue to defend either.
- Do not use sarcasm (e.g., "aap nawabsahb hain kiya kea apka patient pehley dekhon?")
- Control your tone of voice. We tend to not notice when we raise our voices.
- Do not be judgmental (e.g.,"aap zara apna bolney ka tareeqa dekhien").
- State consequences of rude behavior, if any, in a non-threatening manner.

- Summarize the session by asking the participants to identify what they will do when they are dysregulated? (slide # 31)

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MODULE 3

THE IMPORTANCE OF EFFECTIVE COMMUNICATION IN HEALTH CARE

MODULE 3: THE IMPORTANCE OF EFFECTIVE COMMUNICATION IN HEALTH CARE

"Extensive research has shown that no matter how knowledgeable a clinician [health care provider] might be, if he or she is not able to open good communication with the patient, he or she may be of no help".[4]

Learning Objectives

By the end of the module the students will be able to:

- Realize the importance of communication and professional behaviour in averting/de-escalating violent situations
- Demonstrate effective communication skills with patients, health care teams and peers
- Demonstrate breaking bad news

Session Outline

	Topic	Purpose	Time
1	Inform the participants about the session objectives; relate the overall objectives of the curriculum and share the schedule	Identify the learning that is going to take place, Schema formation	5 min
2	Role of communication in health care Tips for effective communication Normal protocol for communication	Discuss the importance of communication in health care Discuss normal communication protocol	15 min
3	Breaking bad news	Develop an understanding of the effect of bad news and the importance of breaking bad news in a compassionate and empathic manner	15 min

4 Asnani MR. (2009). Patient-physician communication. West Indian Med J, 58(4):357-61

4	Preventing situations from becoming violent	Critically analyze situations that became violent for causes and suggest measures so that such situations can be prevented	10 min
5	Summarize key learning points	Re-enforce the topics covered	5 min
Total Module Time			**50 min**

Role of Communication

- Inform the participants of the objectives and schedule of the module. (slide # 33)
- Ask the participants to identify the different types of communication they have during a normal day and the people they have it with.
- Develop a consolidated list of their responses and make categories.
- Ask them to rate the importance of communication on a scale from 1 – 10. Ask in a round robin manner to say their rating aloud. Write down the ratings and discuss why they have given these ratings.
- Ask them to read the tips for effective communication & normal protocol from the Participants Handbook individually and give their input.
- Share and discuss the slides # 34 - 40

INFORMATION FOR THE FACILITATOR

Tips for Effective Communication

- **Use clear language:** Avoid jargon and tailor your language to the patient's understanding & information needs.
- **Be conscious of non-verbal communication:** It is important to maintain eye contact, reading notes or looking at the computer screen may convey negative messages.
- **Negotiate an agenda:** Ask patients what they expect from the health care provider and explain what can be done for the patient's condition with the resources available.
- **Establish a dialogue:** Ascertain whether your patient/attendant agrees with your diagnosis and management plan. Patients who disagree probably won't adhere to the treatment.
- **Be flexible in your consultation style:** Tailor your approach to the individual patient. A more directive style may be appropriate for patients who want less involvement in decision making. A supportive style, e.g. listening attentively and asking questions about psychosocial issues, helps facilitate the disclosure of sensitive information.
- **Provide the information that patients want:** Doctors tend to talk too much about drug treatment, whereas patients want to know about causes and the likely diagnosis and prognosis. They want more openness about side effects and advice on how to relieve pain and emotional

distress and what they can do for themselves. Providing this information helps their symptoms, reduces distress, improves physiological status and improves the quality of interaction.

- **Reflect on the outcomes of your interactions with others:** Communication difficulties are one of the main reasons that patients complain about health care staff. The most common criticism is not about the doctors' competence but that health care staff failed to listen or offer sufficient explanation.
- **Apologize when mistakes occur:** Apologizing and expressing regret at the suffering experienced by a patient is very highly appreciated and will convince the patient that you care.
- **Empathize and listen:** Empathy is the ability to understand what another person is experiencing and to communicate that understanding to the person. As the patient begins to relate his or her story, it is necessary to silence our own internal discussion, including the diagnostic reasoning process, which can interfere with our ability to listen.
- **Mindful practice:** This is the ability to observe not only the patient but your own performance during the interaction as well because your conduct is easily identified by patients and colleagues.
- **Establish rapport:** Recognition and explicit acknowledgment of the emotional content in your patient's story is particularly important in establishing rapport. Do not dismiss or downplay their emotions.

Normal Protocol of Communication

It has been reported that, most often. violence is caused by the patients' attendants and not the patients themselves. Hence, when communicating with attendants make sure to:

1. Greet the patient and the attendant; then introduce yourself and what you do.
2. Tell attendants that you will talk to them right after you have examined the patient.
3. Be attentive and listen to the patient's history.
4. Verbalize what you have understood. For example, “So you have been having these symptoms off and on for 2 months.”
5. Do not use medical jargon.
6. Examine the patient with respect and empathy. Maintain privacy when examining.
7. Give clear and adequate explanations to the patient and the attendant about the patient's condition.
8. Go through important information slowly; especially do not rush through negative information. If you have to repeat yourself, that is fine.
9. Tell them what treatment options are available.
10. Help them decide; do not decide for them right away. This will make them feel more empowered.
11. Keep the patients and their attendants in the loop regarding further management and prognosis

BREAKING BAD NEWS

Role Play exercise: (slide # 42)

- Conduct a role play for breaking bad news. Ask one of the participants to be an attendant and another to be a nurse/doctor as required. Give them any of the following situations:

Scenario 1
A young road traffic accident victim brought into the hospital has died. His family is very anxious and is not ready to hear any bad news. His younger brother is already showing signs of aggression and has abused the ambulance driver who brought his brother to the emergency department. However, his father is a peaceful person and is continuously asks for the possibility of the survival of his son.
Characters: Doctor, Brother of patient, Father of patient
Task: How you will break this bad news in this situation?

Scenario 2
A young lady with a precious pregnancy was brought in for delivery with fits and other maternal complications. Somehow doctors managed to save her after a lot of effort, but they failed to save the baby. The family is already in a panic and now you have to break the news of the stillbirth.
Characters: Doctor, Father and grandmother of the baby
Task: How you will break this bad news in this situation?

- Ask the role players about how they felt while breaking/receiving the bad news. What was the effect on the receiver and how did he/she handle it. Then ask the other members of the group to critique the role play, identifying the strengths and weaknesses and suggesting how things could have been done differently.

- Summarize the discussion by showing slides on model of breaking bad news (This model is developed using general directions from the Buckman's model of breaking bad news which offers 6-step approach to break the bad news in healthcare settings in routine). This model was specifically developed to provide guiding principles for breaking bad news particularly in emergency departments/panic situations. The model we have developed is a five step model that has incorporated the suggestions from the Health Care in Danger[5] study. The ultimate goal of this model is to help in breaking bad news in high risk settings in a manner that there is minimal risk of reactive violence on health care worker in response to bad news (slides # 43-50)

5 Baig L, Shaikh S, Polkowski M, et al. Violence against Health Care: Results from a Multi-Centre study in Karachi. 2015

INFORMATION FOR THE FACILITATOR

Model of breaking bad news

Step 1: Setting up the meeting

- If the news is serious or the patient is dead, identify a sensible person among the attendants and take him/her to a separate room.
- Delay the bad news and first tell the attendant(s) to pray as the patient's condition is serious (even if the patient is dead). This will divert their attention and you will get time to organize security to be able to deal with the consequences.
- Arrange for important family members to be present; try to get a separate, private place (select a place with no access to sharp instruments or any hazardous material which can be used against you in case of escalation of aggression or violent behavior). Ideally, you should have another health care team member with you (if that is not possible, let the other doctors / nurses / receptionist / guard know that you are with the patient/attendant to break the bad news).
- In case of a high risk situation with a higher probability of reactive violence as a response to bad news, such as the death of a public figure / celebrity / politician or religious leader always call security forces/ guards to the location before you break the bad news.
- Be respectful; use appropriate names, keep a comfortable distance, pay attention to your own body language, make eye contact. Be conscious of patient's/attendant's body language and be watchful for signs of escalation of aggression or signs of violent behavior. (Make sure that you are sitting/standing at a place with easy and safe access to an exit (so you will be able to take leave quickly if a patient/attendant becomes violent).
- Some examples to initiate the talk with are: "I'm sorry to have to tell you this"; "I know this is not good news for you"; "Unfortunately, I have some (unexpected) (bad) news to tell you."; "I'm sorry, but the test results are not what you were hoping for…"

Step 2: Discuss the patient`s/attendant`s understanding of the disease and its probable outcome

- Utilize your full concentration and listening skills to get to know their (patient/attendant) understanding of the situation. Let the patient/attendant know that you are trying to listen and that you are interested in what s/he thinks is going on.

Be alert for signs of escalation or aggressive behavior such as:

I- Recurrent or frequent queries
II- Shoulders squared and dominating
III- Tight jaw with clenched teeth
IV- Clenched fist or pointing fingers
V- Staring
VI- Assaulting personal space
VII- Using offensiveness or cynicism

VIII- Shouting
IX- Wandering
X- Hasty breathing
XI- abrupt or NO reply

Step 3: Sharing the Information

- Align the information that you are going to provide with what the patient or attendant already knows. This gives them the confidence that you have heard them and understand their concerns.
- While delivering bad news, make sure you use small sentences and pause frequently while talking. Do not use medical jargon and difficult words.
- Allow time for silence; this often means that the patient/attendant is thinking or feeling something which is bothering him/her (so be receptive to their concerns). Allow time for tears; offer tissues to convey the message that crying is allowed. Touch the shoulder/arm (if culturally appropriate) or move closer to imply that it is OK to show emotion.

Step 4: Identify and Acknowledge the Patient's Reaction

- Offer realistic hope but avoid trying to be overly reassuring. Remember! "The success or failure of the breaking bad news ultimately depends on how the patient reacts and how you respond to those reactions and feelings."
- If the patient/attendant gets violent or tries to harm you, immediately exit the room (push the panic button or safety alarms if available).

Step 5: Demonstrate an Understanding of the Patient's/Attendant's Problems

Arrange for all possible help and assistance in the case the patient has not survived. Provide comfort, a place to sit, water, connect to an ambulance service and see if paper work can be moved quickly. At all times, demonstrate compassion and respect for their loss.

INFORMATION FOR THE FACILITATOR

Effect of receiving bad news

Hearing bad news results in a cognitive, behavioral or emotional impact that persists for some time after the news is received. The news may be perceived as bad from the perspective of the giver, the receiver, or both. While the perception of severity varies for each person, the impact of bad news cannot be estimated prior to determining the recipient's expectations and understanding.

The emotional reactions to traumatic news or events may take the form of any one or more of the feelings listed below:

- Shock and disbelief
- Fear
- Sadness

- Helplessness
- Guilt
- Anger
- Shame

How bad news is given is important

"… some unhappiness is caused by what the client is hearing, but dissatisfaction with the way they hear it is most commonly caused by:

- The doctor not listening or not appearing to listen
- The doctor using jargon
- The doctor talking down to the patient"

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MODULE 4

STRESS AND POST TRAUMATIC STRESS DISORDER

MODULE 4: STRESS AND POST TRAUMATIC STRESS DISORDER

Learning Objectives

By the end of the session the HCP should be able to:

- Identify signs and symptoms of stress and Post-Traumatic Stress Disorder (PTSD) resulting from violence;
- Identify effective recovery mechanisms and to manage PTSD.

Session Outline

	Topic	Purpose	Time
1	Introduction to stress and the body`s physical responses to stress	Defining stress; Identifying and explaining physical responses to traumatic events	10 min
2	Introduction to Post Traumatic Stress Disorder (PTSD)	Defining PTSD and understanding common signs and symptoms of PTSD	
3	Introduction to Relational Trauma	Understanding Relational Trauma	5 min
4	Introduction to the body`s emotional response to stress	Identifying and explaining emotional reactions to traumatic events	10 min
5	Managing Traumatic Stress	Learning strategies for recovery from traumatic events	
6	Summary of module	Summarization of all topics with emphasis on key learning points	5 min
Total Time			**30 min**

- Share the learning objectives with the participants (slide # 52)
- Ask the participants to discuss amongst themselves "How does being exposed to violence affect them?" slide # 53.
- Take their response and then share the slide # 54 - 59

Introduction to stress and the body`s physical response to stress

What is stress?
Stress is your body's way of responding to any kind of demand or threat.

"Fight or flight" stress response

- When you feel threatened, your nervous system responds by releasing a flood of stress hormones, including adrenaline and cortisol, which rouse the body for emergency action.
- Your heart pounds faster, muscles tighten, blood pressure rises, breath quickens, and your senses become sharper. These physical changes increase your strength and stamina, speed up your reaction time and enhance your focus.
- This is known as the "fight or flight" stress response and is your body's way of protecting you. When working properly, stress helps you stay focused, energetic, and alert. In emergency situations, stress can save your life — giving you extra strength to defend yourself or, for example, spurring you to slam on the brakes to avoid an accident.
- Critical thinking and judgment is impaired during situations of high stress, and higher mental processes (rational thinking, analysis) are hijacked by the limbic system (your emotional brain).
- When the threat has passed, the body tries to regain its natural balance. However, the excessive energy that is released in that situation stays in the body and later appears as symptoms of stress, PTSD, body aches/pains and, at times, chronic illnesses such as heart diseases and minimized functioning of the immune system due to prolonged stress. That is why most animals shrug their bodies have managed to avoid a threat.

Trauma can get stored in your body;
WHAT THE MIND FORGETS, THE BODY REMEMBERS
Babette Rothschild

Introduction to Post Traumatic Stress Disorder (PTSD)

- Ask the participants about their understanding about Post Traumatic Stress Disorder? (slides 60 & 61)
- Discuss the symptoms of PTSD and the normal reactions to traumatic conditions (slide # 62& 63)
- Ask the participants to look at the graph (slide # 64) "effects of violence on HC staff" and tell us if they think that health care professionals in Karachi might be experiencing PTSD
- Inform them that you will notice classic symptoms of PTSD. These symptoms are also mentioned in the research study (Page 23 paragraph 2), where participants mention hopelessness and helplessness; a classic example of negative cognitions as a result of repeated experience of traumatic event.

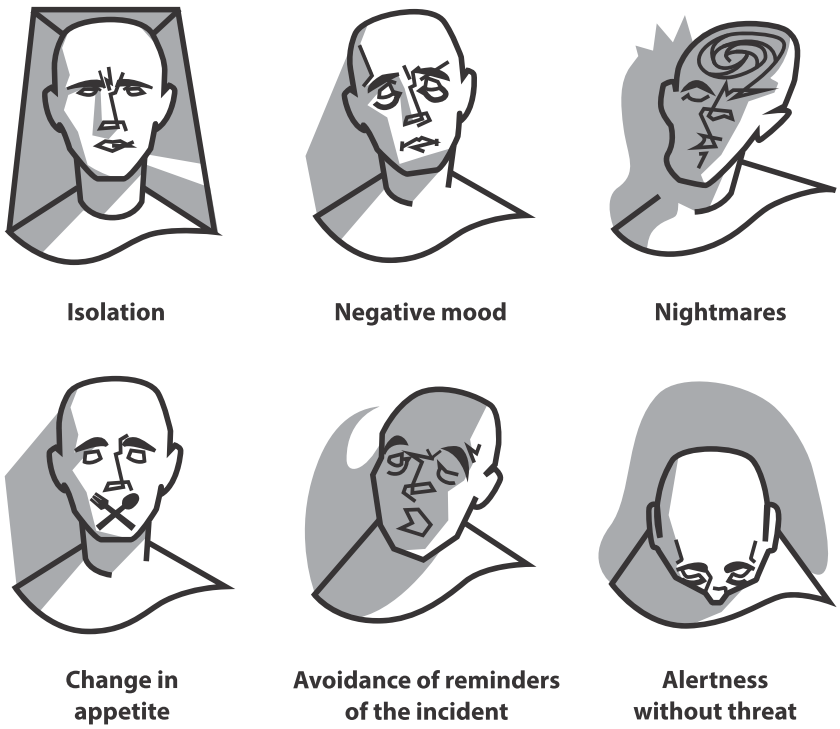
What is Post Traumatic Stress Disorder?

Trauma or traumatic stress: Any psychological, emotional or physical distress experienced as a result of a traumatic effect, e.g.. failing of a normal coping mechanism, feeling overwhelmed (refer to figure 4.1).

Post-Traumatic Stress Disorder: any physical, emotional, or psychological anxiety continued to be experienced after safety has resumed. (Please see the PTSD fact sheet attached for DSM symptoms). Some symptoms include, but are not limited to, hyper arousal in the absence of threat, negative mood and cognitions, avoidance behavior, and re-experiencing.

Signs and symptoms of traumatic stress: The symptoms of traumatic stress can arise suddenly, gradually, or come and go over time. The most common signs and symptoms of traumatic stress are:

Figure 4.1 Effects of violence



- Mental and physical discomfort when reminded of the traumatic event
- Negative thought patterns
- Periodically occurring painful dreams
- Bad memories of the traumatic event
- Reduced interest or participation in significant activities

- Feeling disconnected from others or reality
- Prolonged psychological distress
- Sleep disturbances

Activity 1

- How many of these symptoms you have experienced as a result of violence? (slide #65)
- Explain using slides #66 & 67

Introduction to Relational Trauma

Relational Trauma

When your trauma is not understood by others, it can bring further distress. When people around you say things such as, "Oh, get over it already"; "This is part of your job"; "Why are you even bothered by what happened? Let it go." it makes you feel misunderstood and may lead to isolation and/or not sharing your feelings.

Emotional Reactions to Traumatic Events

Emotional Reactions to Traumatic Events:

- Shock and disbelief
- Fear
- Sadness
- Helplessness
- Guilt
- Anger
- Shame
- Racing thoughts

After a traumatic experience, it's normal to feel frightened, sad, anxious, and disconnected. But if the distress doesn't fade and you feel stuck with a constant sense of danger and painful memories, you may be suffering from post-traumatic stress disorder (PTSD). It may seem like you'll never get over what happened or feel normal again. However, by seeking treatment, reaching out for support and developing new coping skills, you can overcome PTSD and move on with your life.

PTSD can affect those who personally experience the catastrophe, those who witness it and those who pick up the pieces afterwards, including emergency workers and law enforcement officers. It can even occur in the friends or family members of those who went through the actual trauma.

Managing Traumatic Stress: Tips for Recovering from Traumatic Events

Activity 2

Start with an exercise involving all the participants and let them experience the relaxing effect of a mindful exercise or activity. (Slide# 68)

Exercise Instructions

- Ask all participants to walk with their eyes closed for five minutes as slowly as possible.
- Ask them to share their feelings after this walk, e.g. a relaxed feeling, etc.

Tips for recovery from PTSD

Discuss tips for recovery from post traumatic stress disorder (slide # 69)

Recovery Tip 1:

- Spend time with loved ones.
- Connect with other survivors of the traumatic event or disaster.
- Do "normal" things with other people, things that have nothing to do with the disaster.
- Participate in memorials, events, and other public rituals.
- Take advantage of existing support groups: your worship place, community organizations and tight-knit groups of family and friends.

Recovery Tip 2:

- Limit your media exposure to the disaster. Do not watch the news just before bed. Take a complete break if the coverage is making you feel overwhelmed.
- Information gathering is healthy, but try to avoid morbid preoccupation with distressing images and video clips. Read the newspaper or magazines rather than watching television.
- Protect yourself from seeing or hearing unnecessary reminders of the disaster or traumatic event.
- After viewing disaster coverage, talk with your loved ones about the footage and what you're feeling.

Recovery Tip 3:

- Give yourself time to heal and to mourn the losses you have experienced.
- Don't try to force the healing process.
- Be patient with the pace of recovery.
- Be prepared for difficult and volatile emotions.
- Allow yourself to feel whatever you're feeling without judgment or guilt.
- Talk to someone you trust about what you're feeling.

Recovery Tip 4:

- Do relaxing activities such as meditating, listening to soothing music, walking in a beautiful place or visualizing a favorite spot.
- Exercise (Trauma- and stress-releasing exercise is demonstrated in the video. Other forms of exercise are also helpful, such as a gym routine, running, yoga)
- Mindfulness training: to help strengthen the frontal lobe which helps regain judgment and composure; mindful eating is suggested as an exercise to practice.
- For example: When you take a bite of an apple, look at it first, be aware of the smell, the sensation of holding it in your hand, then biting into it, chewing it and then swallowing it. If you perform this entire process with attention and awareness, you are strengthening your frontal lobe, thereby protecting

yourself against stress.
- Schedule time for activities that bring you joy such as, a favorite hobby or pastime, a chat with a cherished friend.
- Use your downtime to relax. Savor a good meal, read a bestseller, take a bath or enjoy an uplifting or funny movie.

Recovery Tip 5:
- Go to sleep and get up at the same time each day.
- Do something relaxing before bed, like listening to soothing music, reading a book, or meditating.
- Avoid products containing caffeine in the afternoon or evening; especially tea, coffee, Coca-Cola/Pepsi, etc.
- Get regular exercise, but not too close to bedtime.

Activity 3

Give the participants 5 minutes to individually write down a minimum of three personal measures to reduce stress at workplace (Slide# 70).

NOTES

MODULE 5

RIGHTS AND RESPONSIBILITIES OF HEALTH CARE PROVIDERS IN VIOLENT SITUATIONS

MODULE 5: RIGHTS AND RESPONSIBILITIES OF HEALTH CARE PROVIDERS IN VIOLENT SITUATIONS

Learning Objective

By the end of the session the HCP should be able to:

1. Discuss his/her rights and responsibilities in violent situations.
2. Identify provisions available in the constitution of Pakistan to protect health care providers from acts of violence.
3. Discuss interventions for preventing violence that should be implemented at the institutional level .

Session Outline

	Topic	Purpose	Time
1	Introduction to the module	Understand the relationship of this module with the overall curriculum.	5 min
2	Rights and responsibilities in the face of violence	Discuss the rights and responsibilities of HCPs in situations of violence.	10 min
3	Legal provisions	Create awareness of the legal provisions in the Pakistani context (the Sindh Provincial Health Commission Act).	5 min
4	Institutional interventions to reduce instances of violence in health care	Suggest interventions and be able to advocate for the implementation of these interventions in the work place.	5 min
5	Summary	Consolidate what has been learned.	5 min
Total Module Time			**30 min**

Session Plan

- Show the objectives of the module and share the rationale (slide # 72)
- Ask the participants what rights they think health care personnel have in situations of conflict or other emergencies.
- Note down their points and the shows the slide on rights of health care providers (slide # 73).
- Then ask them to list their responsibilities towards the patient, self, other

health care personnel, institution and the community at large in cases of violence, conflict or other emergencies. Ask them to work in groups then ask them to read the list given in their handbooks and identify any that they have thought are not included and should be (slide # 74).

- Discuss the points given with the participants and get their views about it
- Share with the Provincial Health Commission Act. Discuss and ask them to identify gaps that they would want to be addressed in the Act

INFORMATION FOR THE FACILITATOR

The following aspects of the Sindh Provincial Health Commission Act relate to harassment of health care providers:

- (7) The Commission shall take cognizance of any case of harassment of healthcare service provider or damage to healthcare establishment property and may refer such a case to the competent forum.
- (10) The Commission may authorize members of the staff to administer oaths and to attest various affidavits, affirmations or declarations, which shall be admitted in evidence in all proceedings under this Act without proof of the signature or seal or official character of such person.
- (13) The Commission shall frame the guidelines to save health service provider from harassment, undue pressure and damage to property in performing their professional duties.
- (14) The Security and protection while on duty of the Health Care Worker should be the responsibility of the organization availing their services.
- (15) The organizations, public or private, government, local, provincial or federal for which the doctors and Health Care Workers are working must provide them full protection, both physical and legal.
- (16) In case of physical injury incurred while performing the duties, the *Doctors and health care workers should be fully compensated. *Doctors and healthcare workers should have legal protection and in case of litigation, the administration must own the responsibility of legal cover and provide full financial and legal help accordingly.

- Ask the group to list the interventions that should be implemented at the institutional level to reduce the instances of violence while providing health care. Make a master list and compare this with the interventions that are listed in the curriculum.

INFORMATION FOR THE FACILITATOR

Interventions to Reduce Instances of Violence in Health Care

Successful interventions to reduce and manage violence against health care workers will need to incorporate a multi-component, collaborative approach.[6,7] Some proposed interventions are:

i) Developing an environment based on the culture of safety and dignity, non-discrimination, tolerance, equal opportunity and cooperation.
ii) Issuing an institutional policy that clearly states the following:

- A definition of violence so that people know exactly what is being referred to.
- A caution stating that no violent behavior or behavior intentionally generating violence will be tolerated.
- Identification of individuals or teams responsible for the implementation of this policy.
- Raising awareness among the management, health care staff, patients, clients, suppliers and local communities of the harmful effects of violence and of the advantages of undertaking immediate action to eliminate or reduce violence.

i) Adequate presence of staff, in terms of number and qualification. This includes arranging an efficient system of triage and clear specifications for patients who will be dealt on priority.

ii) Provision of timely information to patients and their attendants in situations involving distress and long waiting periods.

iii) Insallation of alarm systems/panic buttons and surveillance cameras in potentially dangerous areas such as emergency departments, labor rooms, operation theaters, blood banks and laboratories.
iv) A reliable response system when an alarm is triggered.
v) The effective presence of guards is a deterrent to violence.
vi) Effective communication channels such as providing emergency codes so that staff can request help without having to explain the situation and, therefore, without alerting an assailant.
vii) Maintaining links with the local police to acquire up-to-date information on problem locations or patients known to be violent.
viii) The staff should not be overworked; long working hours should be avoided.
ix) Training of health care providers to cope with workplace violence.

6 http://nursing.uc.edu/content/dam/nursing/docs/edviolence/Intervention.pdf
7 Rio de Janeiro, ICRC (2013) Building safer access: a guide for health care professional. ICRC

SUMMARIZATION OF KEY LEARNING POINTS, FEEDBACK AND POST-TEST (40 minutes)

- Summarize or ask the participants to summarize what they have learned.
- Ask for their feedback on the training and distribute the module evaluation form. Ask them to complete and return the form after 5 minutes.
- Conduct the post-test.
- Thank the participants and inform them that they should report any act of violence that they notice immediately so that prompt action should be taken (Slide# 75).

NOTES

Adil Shahryar-MT/ICRC

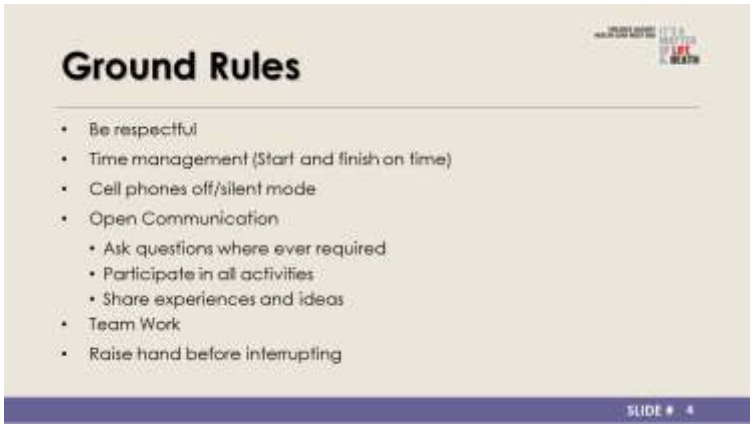
PRESENTATION SLIDES

Slide # 1

Slide # 2

Slide # 3

Slide # 4



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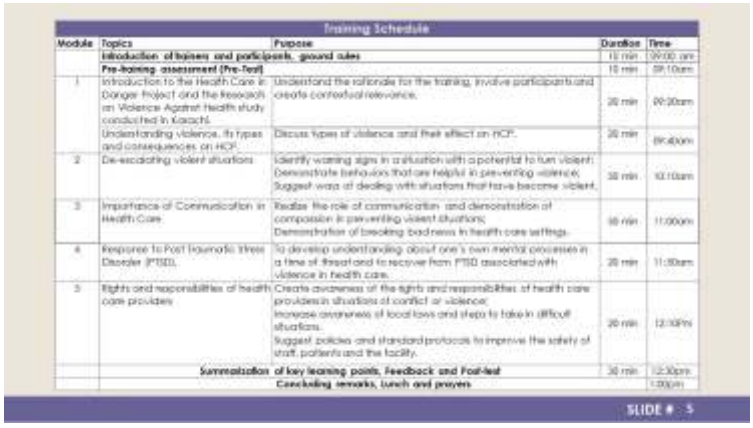

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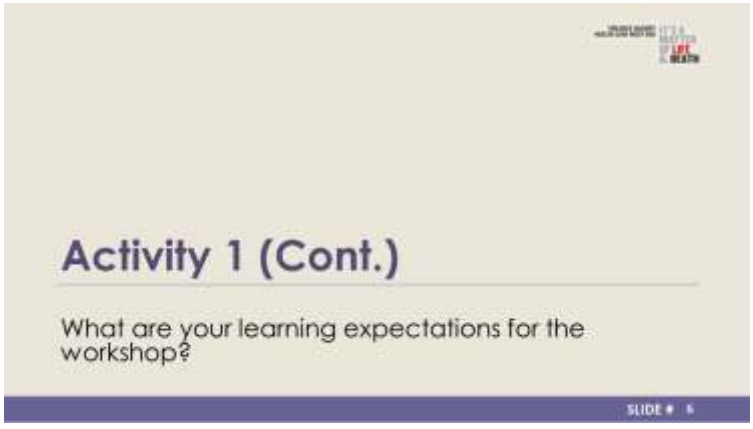


Slide # 7

Training Objectives

The objective of the workshop is to help medical personnel:

1. in understanding the impact of trauma on their bodies and hence to better equip them to deal with the aftermath of violence at an individual and institutional level;
2. understand what leads to escalation and the process of de-escalation which would improve their efficacy in dealing with violence;
3. deal with a patient's attendants in a more empathic manner.

SLIDE # 7

Slide # 8

MODULE 1

Understanding Violence & Stress

SLIDE # 8

Slide # 9

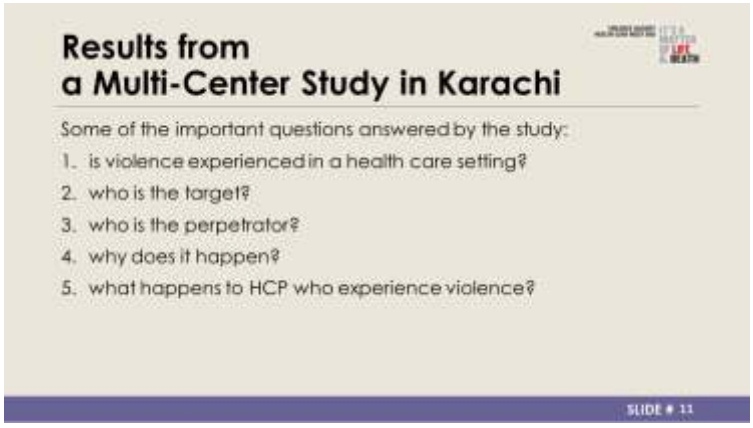
Learning Objectives

- To develop an understanding of the role of ICRC and the HCiD project
- To introduce the research findings regarding the Violence against Health Care study
- To discuss types of violence in health care settings
- To Identify factors that lead to violence in different health care settings
- To discuss the effects of violence on health care professionals

SLIDE # 9

Slide # 10

Slide # 11



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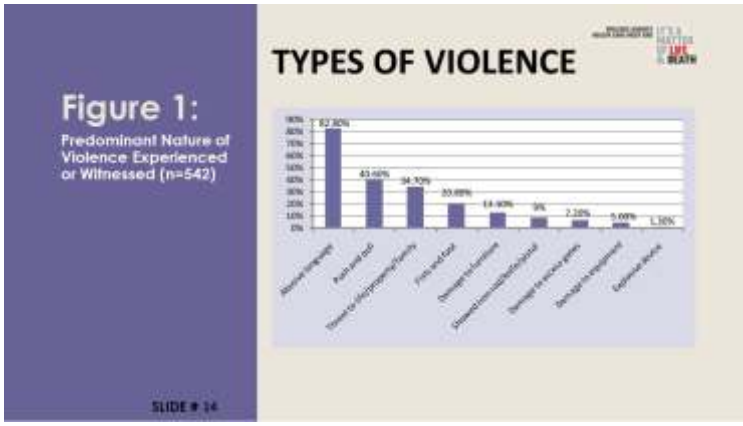

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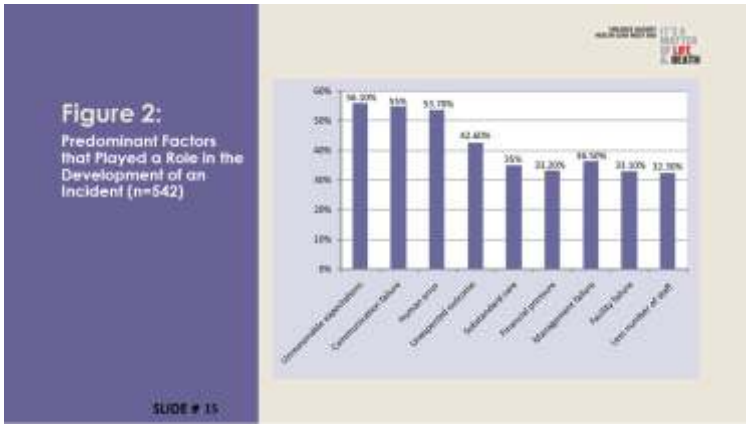

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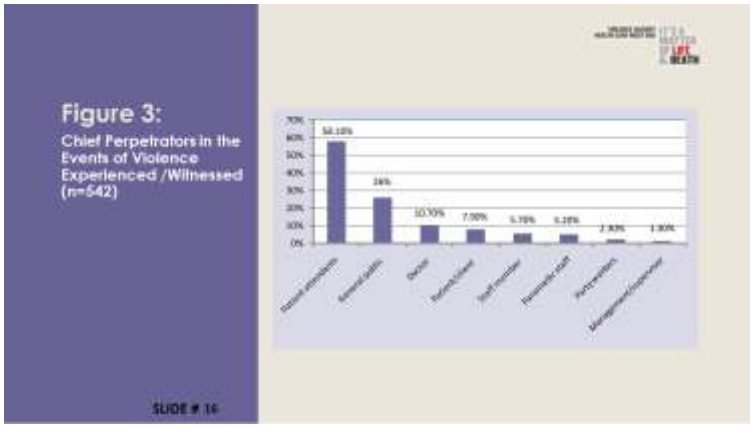

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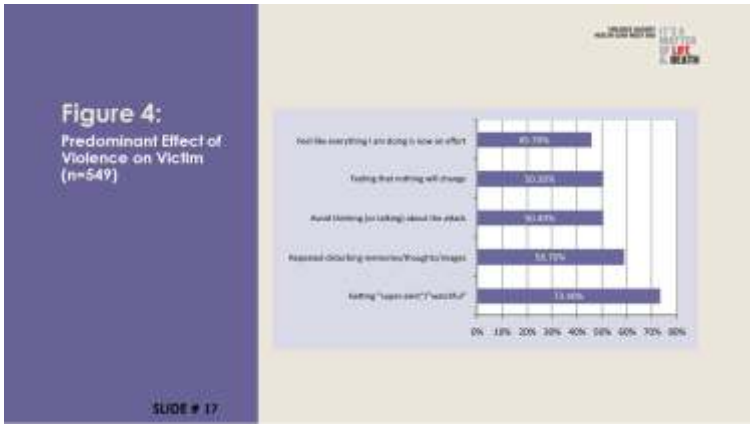

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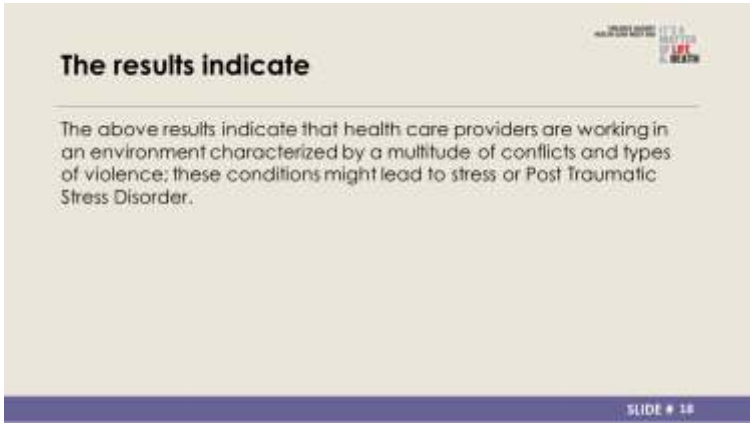

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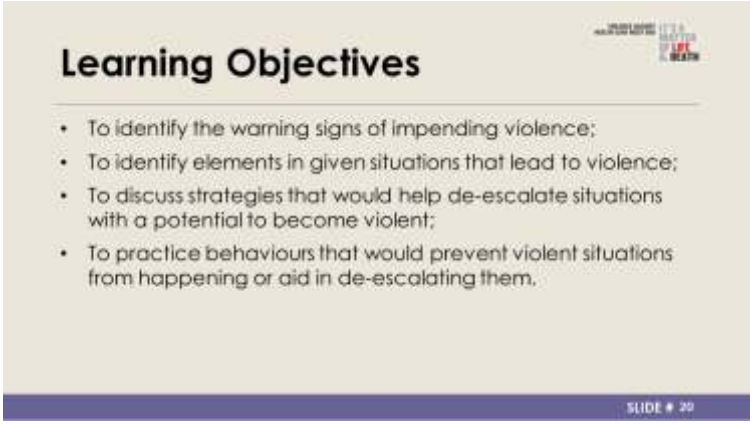

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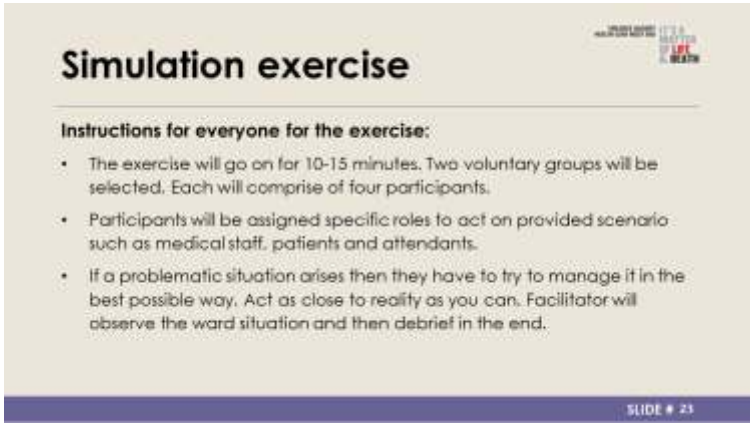

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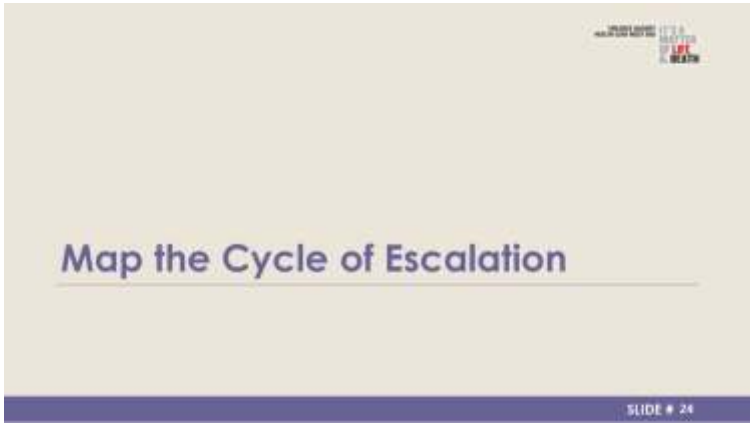

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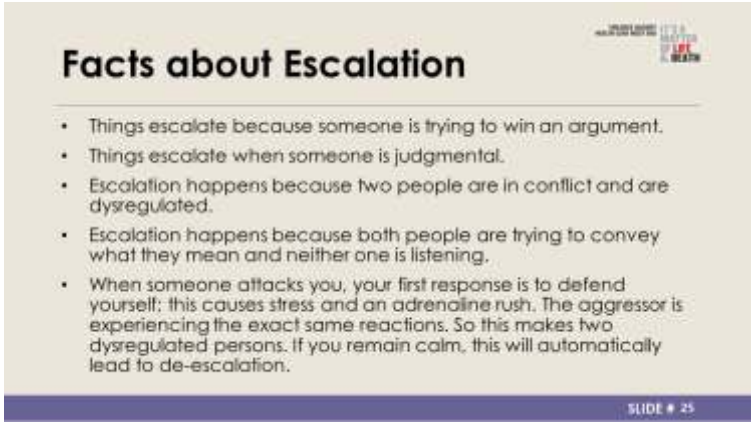

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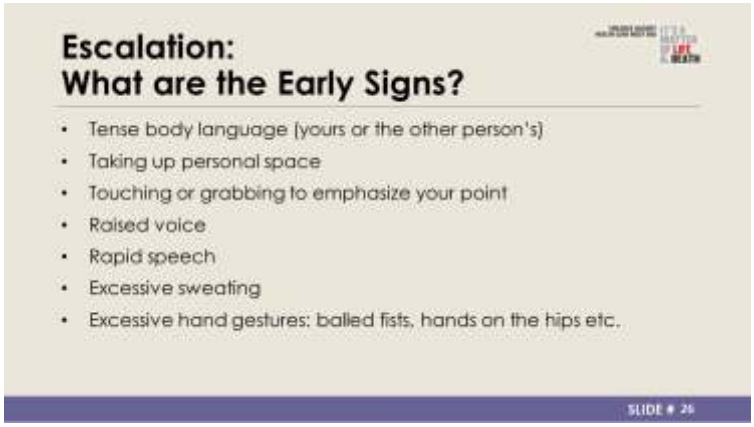

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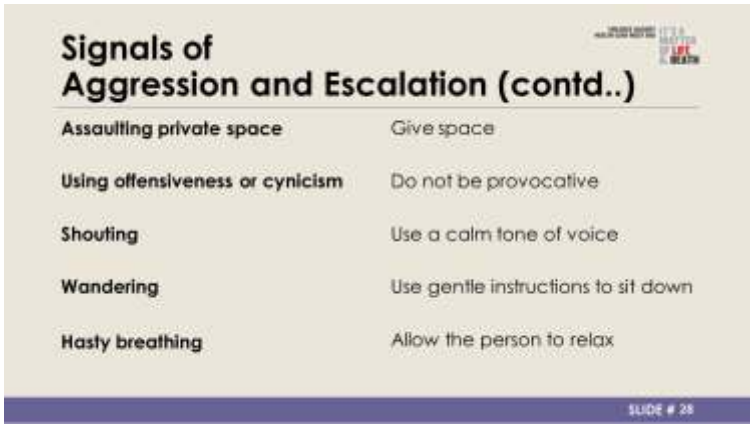

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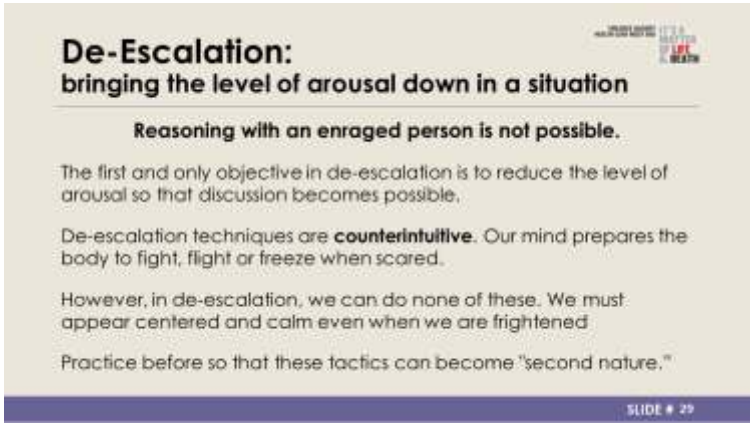

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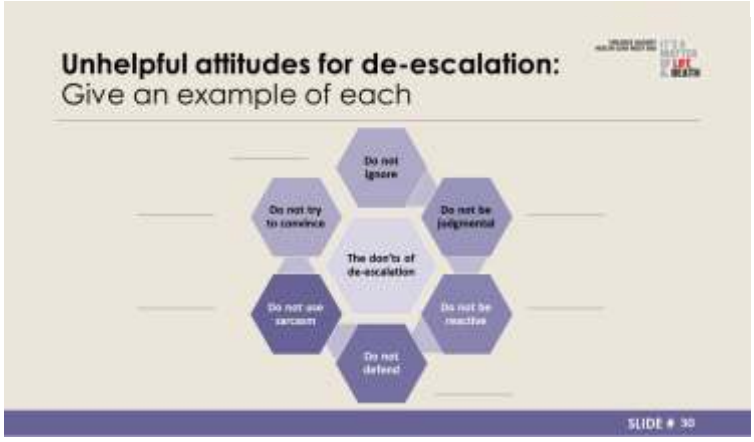

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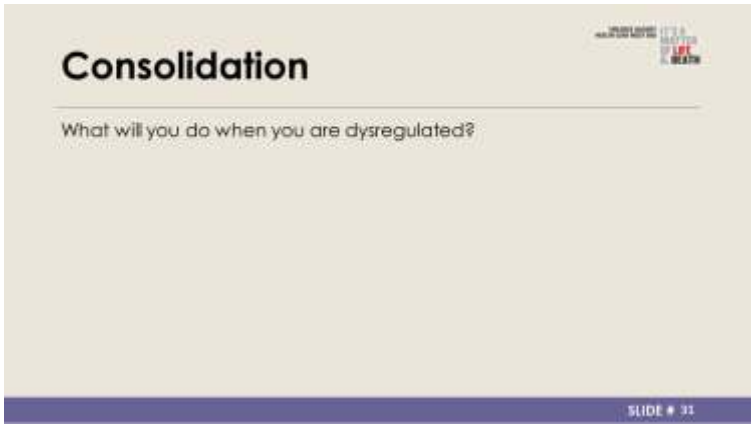

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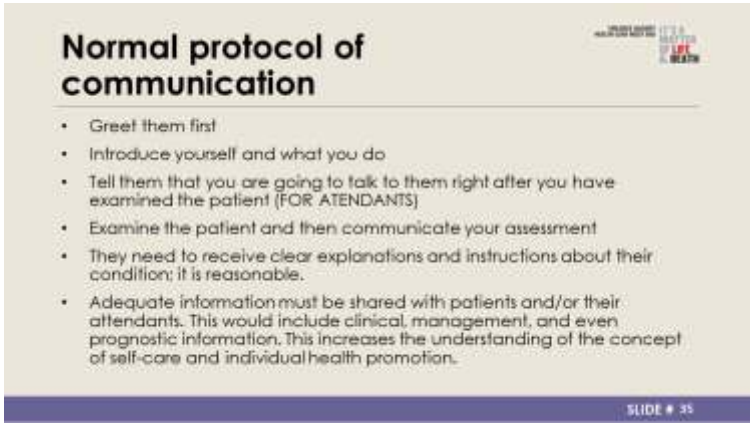

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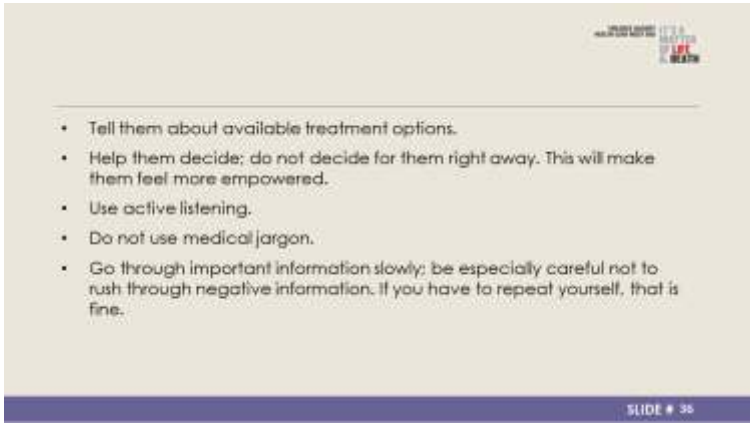

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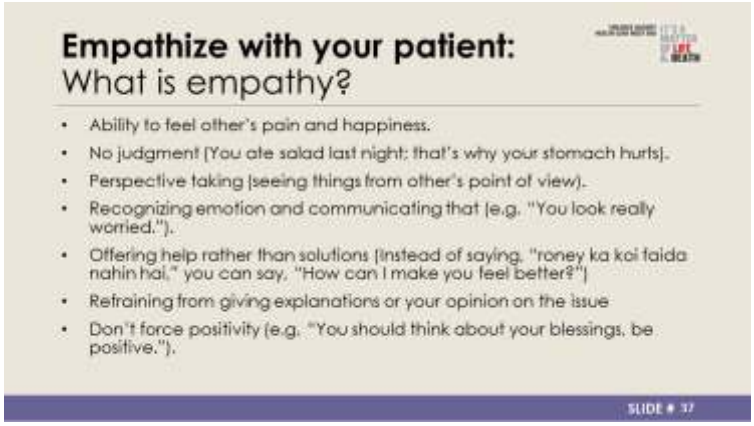

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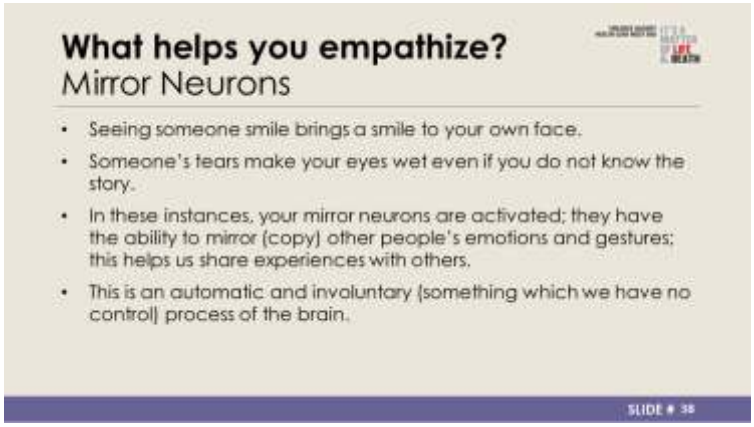

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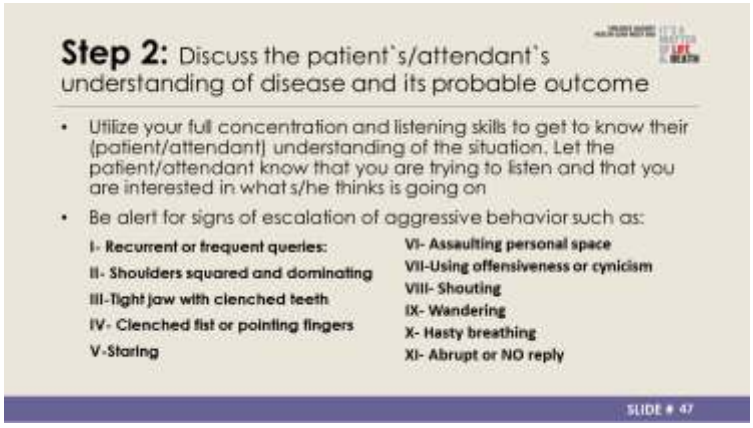

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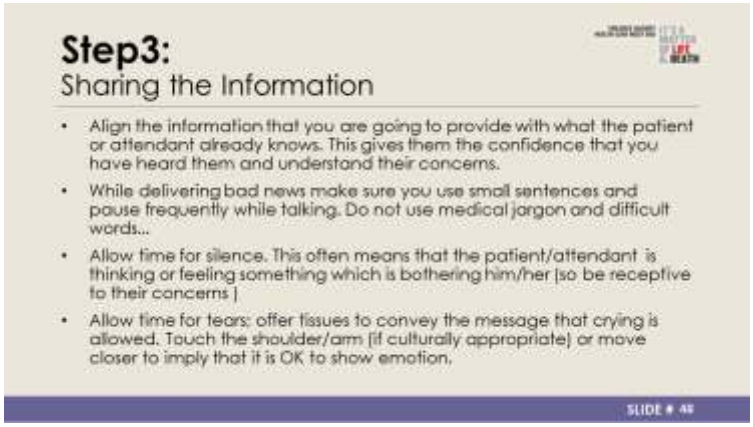


Slide # 49

Step 4:
Identify and acknowledge the patient's reaction.

- Offer realistic hopes but avoid trying to be overly reassuring. Remember: "The success or failure of the breaking bad news ultimately depends on how the patient reacts and how you respond to those reactions and feelings."
- If the patient/attendant becomes violent or tries to harm you, immediately exit the room (push the panic button or safety alarms if available).

SLIDE # 49

Slide # 50

Step 5: Demonstrate an understanding of the patient's/attendant's problems.

- Arrange for all possible help and assistance in the case the patient has not survived
- Provide comfort, a place to sit, water, connect with an ambulance service and see if paper work can be moved quickly.
- At all times, demonstrate compassion and respect for the attendants' loss.

SLIDE # 50

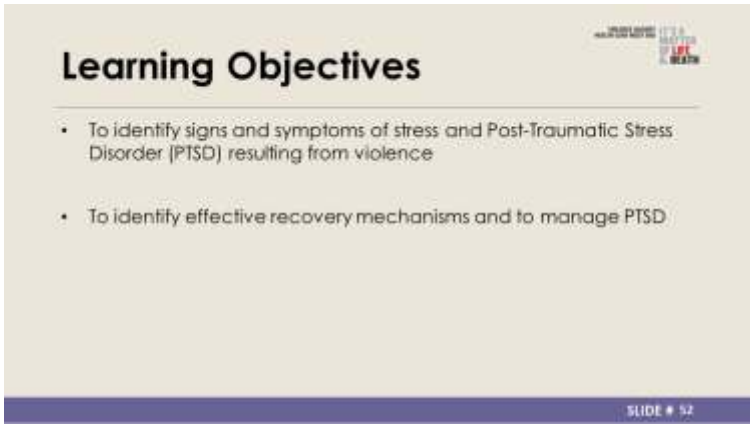
Slide # 51

MODULE 4

POST TRAUMATIC STRESS DISORDER (PTSD)

SLIDE # 51

Slide # 52



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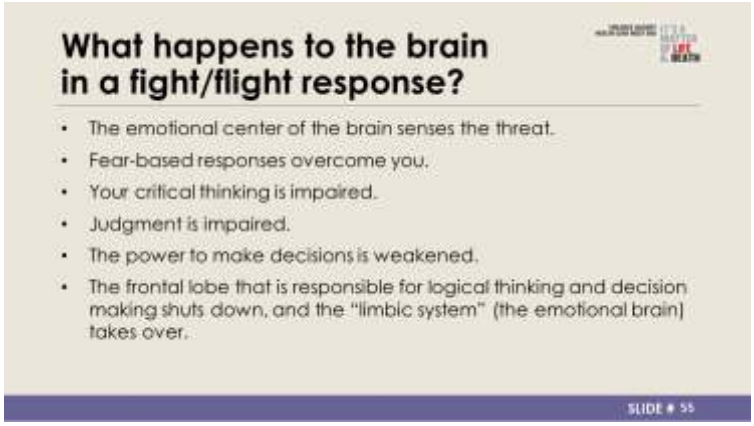

Slide # 56

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Slide # 58

What happens when the balance is not restored?

- The excessive energy that is released in the threatening situation often stays in the body and later appears as symptoms of stress.
- Your blood pressure still stays high even if the threat has gone.
- You stay alert without any reason (cannot sleep or relax).
- The body experiences aches and pains for no reason.
- The immune system is compromised.

SLIDE # 58

Slide # 59

If the exposure to violence continues and threat is present: you might develop stress or Post Traumatic Stress Disorder depending on the extent of the impact on you.

SLIDE # 59

Slide # 60

Post-Traumatic Stress Disorder

Any physical, emotional, or psychological anxiety continued to be experienced after safety has resumed.

SLIDE # 60

Slide # 61

Trauma can get stored in your body;

WHAT THE MIND FORGETS THE BODY REMEMBERS

Babette Rothschild

SLIDE # 61

Slide # 62

What are the symptoms of PTSD?

- Isolation
- Negative mood
- Negative thoughts
- Alertness without threat
- Avoidance of reminders of the incident
- Bad memories
- Nightmares

SLIDE # 62

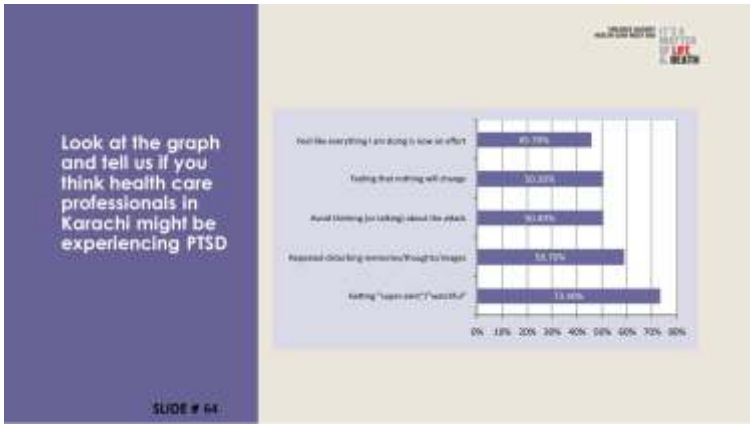
Slide # 63

Normal Emotional Reactions to Traumatic Events

- Shock and disbelief
- Fear
- Sadness
- Helplessness
- Guilt
- Anger
- Shame
- Racing thoughts

SLIDE # 63

Slide # 64



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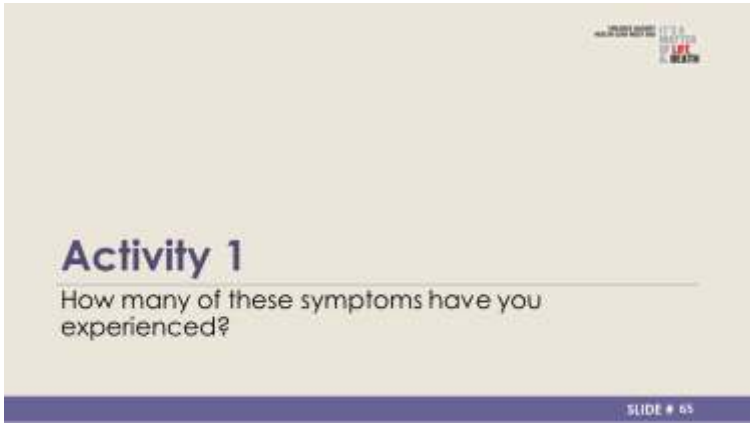

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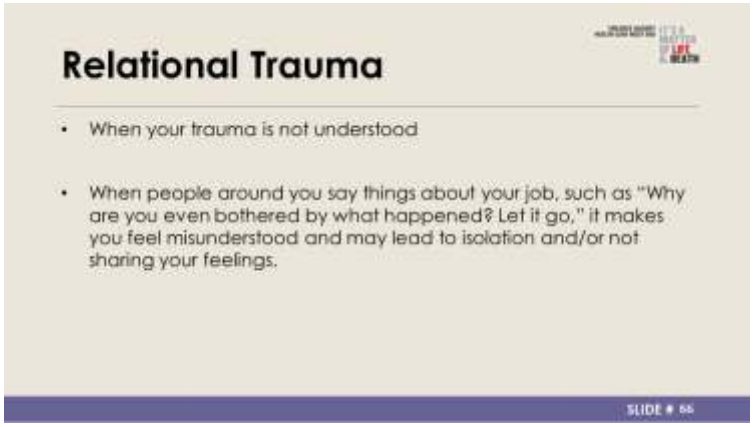


Slide # 67

Slide # 68

Slide # 69

Slide # 70

Activity 3

Develop your own coping strategy: please write down two ways that you can reduce stress and the effects of violence on yourself and at the workplace.

SLIDE # 70

Slide # 71

MODULE 5

Rights and Responsibilities of Health Care Providers in Violent Situations)

SLIDE # 71

Slide # 72

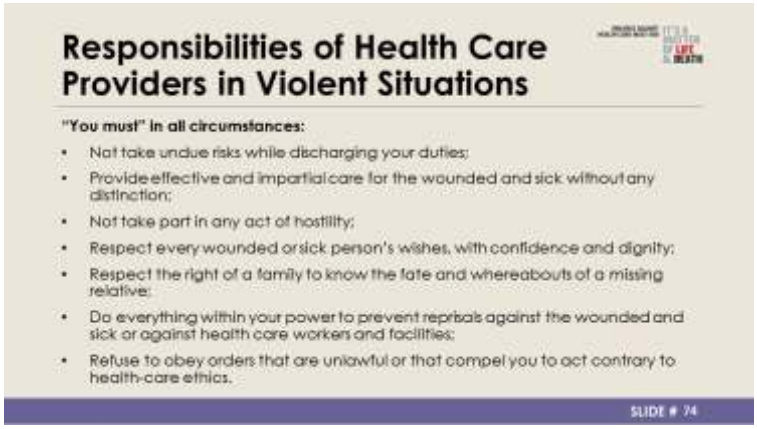
Learning Objectives

- To discuss his/her rights and responsibilities in violent situations.
- To identify provisions available in the constitution of Pakistan to protect health care providers from acts of violence.
- To discuss interventions that should be implemented at the institutional level for preventing violence.

SLIDE # 72

Slide # 73

Slide # 74



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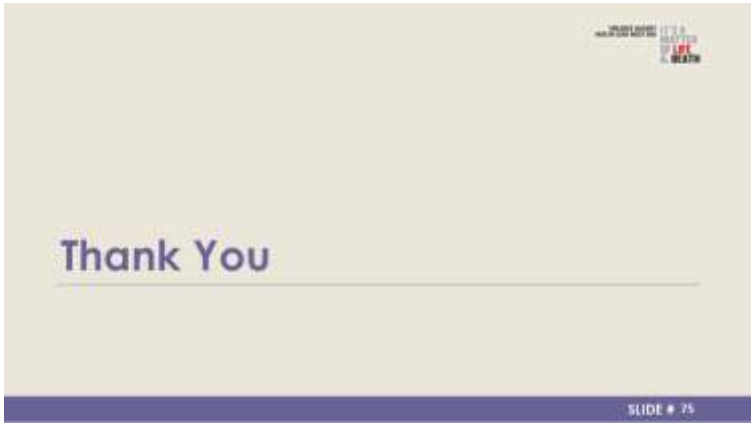

NOTES

NOTES

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Cover photo: Adil Shahryar-MT/ICRC