Trainer Handbook

Participatory Approach to Learning in Systems (PALS)

For IPC Improvement in Nigerian Health Facilities

IPC for a Better Patient and Healthcare Worker Safety

PALS

Participatory Approach to Learning in Systems

... every voice counts

Trainer Handbook

Participatory Approach to Learning in Systems (PALS)

Imprint

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“We decided to keep it complex but simple.” (Change Agents, Abuja, 2022)

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Abbreviations

CA	Change Agent
PALS	Participatory Approach to Learning in Systems
MD	Medical Director
CMD	Chief Medical Director
IPC	Infection Prevention and Control
NCDC	Nigeria Centre for Disease Control and Prevention
RKI	Robert Koch Institute
TCI	Theme-Centered Interaction
PA	Participatory Approach
SV	Systemic View
4FS	Four Factor Structure

Foreword

The **P**articipatory **A**pproach to **L**earning in **S**ystems (PALS) is an innovative approach that was applied in Nigerian healthcare settings to improve infection prevention and control (IPC) practices by mobilising, enabling and empowering healthcare workers at the facility level to become Change Agents. The approach recognises IPC improvement not only as a clinical matter that requires biomedical IPC knowledge, but also as a complex social practice of quality development. PALS acknowledges the local conditions and situation of a health facility and its personnel as the starting point of tailored IPC improvement processes of the organisation as a physical as well as a cultural system.

This handbook for PALS Trainers is the first in a sequence of PALS materials which will be followed by a Trainer Workbook and a Change Agent Practice Book. It is the fruit of the interprofessional work of collaboration between colleagues at and the partnership of two national public health institutions, the Nigeria Centre for Disease Control and Prevention (NCDC) and the Robert Koch Institute (RKI). Over the past seven years, this effort has involved Nigerian and German educationalists, public health experts, clinicians, and IPC practitioners. It is an outstanding example of what it means to participatorily develop and co-create knowledge and programmes in an international technical cooperation, together with the people who will use this knowledge in their very own work context.

The publication of the *Trainer Handbook: Participatory Approach to Learning in Systems for IPC Improvement in Nigerian Health Facilities* is a milestone because it represents a different way of approaching public health challenges, especially in infection prevention and control because it recognises the power and role of the social perspective and not just the biomedical angle. The efforts to strengthen the Nigerian health system through improved IPC practices in Nigerian health facilities by means of the collaboration between NCDC and RKI go back to 2017 when the first pilot project was undertaken in a few hospitals in Lagos to include a social dimension in IPC training of health workers.

PALS can only be experienced; it cannot be taught. This manual helps to guide practitioners in this experiential endeavour and creates curiosity in other actors in the field of health system strengthening and organisational development.

We hope that you find it useful as you approach organisational development efforts in your health facility. In addition, it is our collective wish that it stimulates further participatory project management and teamwork in national and international public health collaboration.

Dr Ifedayo Adetifa
Director General
Nigeria Centre for Disease Control and Prevention

Prof. Lars Schaade
President
Robert Koch Institute

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The PALS Trainer handbook reflects the intensive work of the last five years, in which many colleagues from different countries and in different roles actively participated. We are proud to stand on their shoulders:

We are grateful for the contributions of the public health experts and PALS visionaries of the MAURICE project (2017–2018) from Nigeria and Germany (Dr Yahya Disu, Dr Ita Okokon Ita, Dr Thairu Yunusa, Dr M. M Saleh, Dr Gaby Poggensee, Mr Abiodun Ogunniyi, Mr Steven Onimisi, Ms Chioma Dan-Nwafor, Dr Winifred Sandra Ukponu).

We acknowledge the first cohort of PALS trainers (2019–2022) from Ebonyi, Edo, Ondo, and FCT for their commitment, enthusiasm and willingness to join us in this exciting PALS journey and share their practical experiences of PALS with us (Professor Steve Abah, Dr Abejegah Chuckwuyem, Dr Alfred Friday Una, Dr Airefetalor Amanda Ivie, Dr Chiedozie Kingsley Ojide, Dr Juliet Sebastine, Dr Nelson Adedosu, Dr Maero Origho, Dr Mercy Aiguomodu, Dr Olubunmi Ojji, Dr Usman Abdurahman, Mr Benson Agwu, Mr Johnson Joseph Ojo, Mr Michael Aluu, Mr Simeon Chubiyor Usman, Mrs Blessing Onyia, Mrs Florence Isuh, and Mrs Olaseigbe Olasimbo Banke).

We would like to pay homage to Dr Alfred Friday Una, a trainer with the Ebonyi Team who passed away just as this handbook was about to go to press. Dr Una was a diligent and dedicated PALS practitioner. He was conscientious and thorough. He was a loving husband and father. The PALS family will miss him dearly, not just for his insightful contributions, but above all, for his amiable disposition and friendship.

In addition, we thank the Change Agents and their Chief Medical Directors and Medical Directors from Ebonyi, Edo, Ondo, and FCT for their trustful cooperation, tremendous efforts, and the extra miles they went not only in the PALS training but also in their daily patient care.

Last but not the least, we are grateful for the institutional trust and support that the NiCaDe-IPC project team received from the former and current Directors General of NCDC, Dr Chikwe Ihekweazu and Dr Ifedayo Adetifa, the former and current Presidents of RKI, Prof Lother Wieler and Prof Lars Schaade; Dr Chinwe Lucia Ochu of NCDC, Prof Johanna Hanefeld and Dr Iris Hunger of RKI's Centre for International Health Protection.

We would also like to pay tribute to Dr Karin Ernst, who passed away in October 2023. Karin was a German educationalist and pioneer of an inquiry-based understanding of learning and teaching, which is fundamental to our training approach in PALS.

a short story of an innovative approach to improve infection prevention and control

Introduction

Participatory Approach to Learning in Systems: a Short Story of an Innovative Practice and Training Approach for Infection Prevention and Control

In 2014, a diplomat from Liberia was diagnosed with Ebola Virus Disease in Nigeria and became the index case for this Ebola outbreak in Nigeria. At the time of confirmation of the diagnosis, he already has had contact with doctors, nurses and other health workers as well as with patients in the facility where he was admitted. The diplomat's colleague who had close contact with him travelled to Port Harcourt to seek treatment from a medical doctor. Subsequently, twenty contacts, mostly health workers and some patients both in Lagos and Port Harcourt got infected with Ebola virus and six of them died from the disease. At that time, it became clear again that there was a big need to reduce healthcare associated infections by improving standards of infection prevention and control (IPC), a fact that was already widely known and requested by national policy.

In mid-2017, an interprofessional group of epidemiologists, IPC practitioners, health workers and an educationalist affiliated to different health institutions in Nigeria and Germany, started working to develop a new training concept for health workers regarding infection prevention and control[1]. Their idea was to move away from outbreak-related and disease-specific IPC trainings, but instead to aim at improving IPC standards in routine care and strengthen the general IPC infrastructure, as this would help health facilities to be prepared in case of an outbreak. IPC was now primarily interpreted as a challenge of interaction and organisational development in everyday health facility practice: the project team focussed on social perspectives, collaboration, organisational patterns of relationship, and process design as essential for improving IPC standard. Thus, the whole health facility and its work culture became the target of the intervention rather than the individual professional. The content of IPC trainings shifted from pure technical knowledge to social and enabling skills.

This newly developed IPC training programme for health workers was implemented during a pilot project in Lagos in 2017–2018. The implementation showed promising results: it empowered health facility staff, called Change Agents (CA), to start and support locally tailored IPC improvement activities in their health facilities (Zocher et al., 2019).

After that promising pilot, the Nigeria Centre for Disease Control and Prevention (NCDC) decided to roll out the training programme to include more health facilities in

1 The Nigeria Centre for Disease Control and Prevention (NCDC) and the Robert Koch Institute (RKI) collaborated on the project "MAURICE – Manual on Universal and Outbreak Infection Prevention Control" that was funded by the German "Gesellschaft für Internationale Zusammenarbeit" (GIZ) in 2017–2018.

Nigeria and support them in improving IPC standards. This training for health workers needs to be facilitated and implemented by Trainers who are not only IPC experts but also experienced in the social-interactive and systemic perspective and its didactic implication for IPC trainings. Therefore, a multi-module training programme for Trainers was developed[2]. The consolidated training and practice approach for IPC improvement was named: *Participatory Approach to Learning in Systems – PALS* (Okwor et al., soon to be published).

From 2019–2022, a total of 23 highly motivated Nigerian health workers and educationalists from different professional cadres of secondary and tertiary health facilities participated in the first Training of PALS IPC Trainers in Nigeria. (Due to the COVID 19 pandemic, the training duration was extended.) The evaluation of the Training of Trainers implementation highlighted its successes on different levels:

1. **The PALS Training of Trainers programme worked:** through the training modules the PALS Trainers had enhanced their IPC knowledge, learned about PALS and about didactics. Trainers then facilitated IPC PALS trainings for Change Agents and mentored them in their local working routines as part of their training programme. All Change Agent teams have been enabled to initiate important IPC activities in their health facilities.
2. **PALS as a practice approach worked:** 92 Change Agents of 23 health facilities were trained and mentored for six months. This mentoring phase offered both Trainers and the project team deep insights into the translation process of PALS from the training venue into practice in the health facility and revealed how PALS supports IPC improvement. We saw unique change processes, tailored bottom-up IPC improvement activities which stimulated ownership and commitment amongst all actors. Senior management stepped in and supported these processes; various IPC topics were taken up related to the needs and priorities on ground. Achievements were reported on strengthening the function of already existing IPC committees and teams, growing a new IPC training culture in health facilities, and improving basic water, sanitation and hygiene infrastructure. The Change Agents teams and representatives from the health facility management board pointed out that PALS brought along a new quality of teamwork and interprofessional collaboration: an appreciative and respectful working culture amongst different status groups which led to unexpected and significant outcomes.
3. Last but not least, **the training programme for CA could be improved:** the challenges we noticed during the early pilot phase (MAURICE, Lagos, 2018) didn't occur again or could be mitigated. For example, the training was adapted to avoid creating parallel IPC structures in the health facility, to foster the CA team philosophy, and to better integrate senior management into the training programme.

Encouraged by these results, the NCDC in collaboration with other stakeholders, continues working to consolidate PALS as a training and practice approach for IPC in Nigeria[3].

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2 2019–2022, NCDC and RKI received a grant from the German Ministry of Health through its Global Health Protection Programme to build up training capacities for infection prevention and control in Nigeria at national and state level. This project is called "NiCaDe IPC".

3 2023–2025, NCDC and RKI collaborate in the project "NiCaDe IPC II" with the aim to consolidate training capacities for IPC at national and state levels in Nigeria. The project is funded by the German Ministry of Health through its Global Health Protection Programme.

What Does the Handbook Provide?

The Trainer Handbook is designed to stimulate and help participants of the PALS IPC Training of Trainers to deepen their understanding of the "Participatory Approach to Learning in Systems" and the didactic competences required to train and mentor others in the translation of PALS into practice. It therefore provides an overview of the PALS concept, communication and cooperation skills and didactic outlines. Further context and in-depth insights are provided in the face-to-face training workshops and in mentoring meetings.

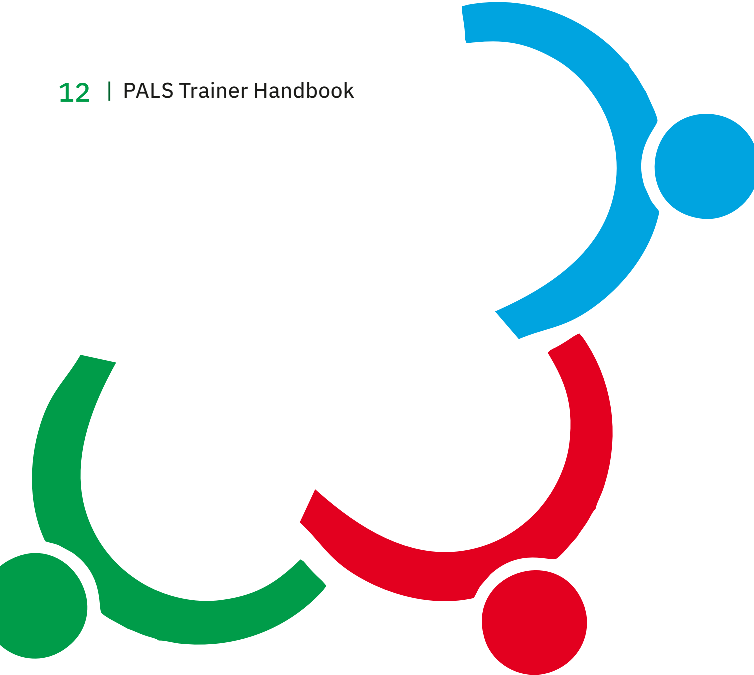
The PALS project team (Obiora Okafor, Flora Haderer, Jerome Terpase Dooga, Ute Zocher, Tochi Okwor, Chinedu Okoroafor)

PALS cannot be internalised through reading or teaching alone, but must be experienced in order to question, discuss, and understand it and build the corresponding competencies and attitudes. The multimodule training programme for PALS Trainers follows this need and is characterised by a specific didactic format.

The handbook is complemented by a workbook that provides PALS Trainers with the necessary didactic material to successfully train Change Agents in PALS, both in theory and practice (such as the training agenda, workflow documents, evaluation sheets, mentoring templates).

The handbook is first and foremost a didactic resource that supports the learning and reflection process of participants, rather than a textbook that lays out basic theoretical arguments or describes preliminary conceptual assumptions. The articles referenced provide further reading.

The PALS Trainer Certification Ceremony, Abuja, July 2022.



PALS is the catalyst that gets IPC working smoothly in the hospital

1. The PALS Vision

This chapter describes the challenges in improving IPC in health facilities. PALS interprets those challenges not only as a matter of IPC knowledge and infrastructure but adds a social and cultural perspectives on implementing and improving IPC change processes in health facilities. We want to shed light on the concrete experiences with PALS in change processes in Nigerian health facilities to give an idea of how PALS participants improve IPC standards by starting and owning an organisational development process.

1.1 The IPC Challenges in Health Facilities

The level of risk of healthcare associated infections depends on the infection control practices in the health facility amongst other factors (Puro et al., 2022). A further unbundling of the IPC factors shows that lack of IPC knowledge, lack of formal training of health workers and insufficient IPC infrastructure in health facilities are certainly the main reasons for the high rates of healthcare associated infections. Compliance with IPC has also been a major challenge during healthcare delivery especially in resource constrained settings like Nigeria. It has also been shown that IPC knowledge does not always translate to practice, also required IPC equipment may be available but may not be utilized indicating that many factors influence the IPC routines of health workers.

The working reality in health facilities can be further described by a social and relationship-oriented perspective.

Health facilities are mainly characterised by hierarchical organisation of staff, which create barriers in communication and hinder the development of an appreciative working culture. Literature study confirms that “important team concepts underlying effective collaboration may include perceptions of psychological safety and power distance” (Applebaum et al., 2020). Therefore, IPC Trainings that focus on transfer of technical knowledge and practice alone fail to address this kind of social and interactive challenges or reflect on the organisational barriers.

Different professional groups struggle to find the strategies for more productive teamwork in the implementation of complex IPC procedures. Staff are often not involved in decision-making processes and not even well informed about changes: As a result, health workers may seem to have little motivation to integrate new IPC standards into work routines or seem to be unwilling to follow already established IPC rules (Applebaum et al., 2020, Martimianakis et al., 2020; Houghton et al., 2020).

Sometimes, health workers do not feel sufficiently supported and enabled by their management to follow IPC standards and suffer from high workloads in poor working conditions (Houghton et al., 2020). Management in turn, has to juggle many organisational bottlenecks at the same time, so that IPC is not always given priority. Literature

underpins that "health workers overall are strongly guided by their professional conscience and similar aspects related to professional ethos that keep them going. Many health workers are demotivated and frustrated precisely because they are unable to satisfy their professional conscience and are impeded in the pursuit of their vocation due to lack of means and supplies at work and due to inadequate or inappropriately applied human resources management tools." (Mathauer & Imhoff, 2006, p. 3).

The challenges to practice high IPC standards in health facilities are manyfold which makes improvement processes complex and difficult. Again, this complexity in terms of the social and relation-oriented side of IPC is often not considered by the common IPC trainings, which disregard the concrete reality of the participants' working conditions in the health facility (Collins et al., 2022). Often the participants of these IPC trainings are able to reproduce the taught IPC knowledge at the end of the course, but are not prepared to apply it successfully to improve the IPC practice in their health facility, for the above-mentioned reasons. This describes an ineffective training practice that finally frustrates all stakeholders: the participants, who now know what the best IPC practice is, but who, back in the "unchanged" daily work routine, do not succeed in modifying their health care routines accordingly; and the organisers of IPC training programmes, who patiently explain and train fact-based IPC knowledge and demonstrate correct practice, without seeing their training efforts translated into improved IPC practice in health facilities.

IPC is influenced by organisational decisions or circumstances

- Workload
- Equipment
- Infrastructure
- Quality of leadership
- Community, surroundings

Qualitative research with health professionals identified different human and contextual factors that are crucial for successfully improving IPC standards and achieving sustainable change in working routines in health facilities. (Gould et al., 2017; Shah et al., 2015; Gammon et al., 2007).

The evidence clearly shows that the IPC science is embedded in an IPC work culture consisting of processes of collaboration, patterns of relationship, management and ownership. When we step into a health facility we step into a social world of interaction, communication and attitudes based on values. Enabling skills are necessary to address these social interactions and improve a sustainable IPC quality development in health facilities and have to be trained by IPC training programmes.

Thus, the PALS approach primarily defines IPC improvement processes as social negotiation processes in a system. We developed a training approach and programme for IPC in order to match this understanding and to marry technical IPC knowledge with

IPC is influenced by working culture based on human attitude

- Error friendly working environment (or "correction friendly working environment")
- Collective action, teamwork
- Ownership (taking responsibility)
- Coherence (it has to make sense)
- Cognitive participation (being engaged)
- Commitment (being fully involved)
- Reflexive monitoring
- Shared decision making
- Prioritization of risk and other patient needs (balance)
- Social norms (hierarchy of influence), conventions

scientific based concepts of interaction and systemic change in local work and care realities of health facilities.

PALS focuses on the IPC improvement in a health facility under a social lens: We step into a social world of interaction, communication and attitudes based on values. Enabling skills are necessary to address these social interactions and improve a sustainable IPC quality development in health facilities.

The Participatory Approach to Learning in Systems, promotes and sustains the development of individual and organisational change processes towards a vital IPC culture where every voice counts.

1.2 PALS as a Practice Approach for IPC Improvement: PALS at a Glance

How does PALS work? How does the IPC reality in a health facility change when health workers are trained and mentored on PALS and they act accordingly?

A Change Agent team in a health facility is composed by colleagues from different cadres e.g. a nurse, a doctor, a lab technician, an environmentalist. The CAs team is supposed to regularly meet, discuss and act on a defined IPC challenge in their health facility. They work together with the IPC committee or IPC team on ground, with head of units and leadership representatives as well as all with colleagues involved in the respective challenge.

During the implementation of the CA training programme in 2022, all CAs submitted reports about their PALS IPC activities and experiences at the middle and end of the mentoring phase. The following excerpt of one of these reports was submitted by a CA team that focused their activities on improving the quality of clean linen and the working conditions of health facility laundry staff. They identified this area as a local IPC challenge that had existed for years without being resolved satisfactorily. The paragraph of the report shows how the new PALS skills and models stimulated Change Agents to select a specific IPC challenge and to plan and implement corresponding activities in their health facility. Furthermore, it illuminates the CAs' perspective on their own efforts and the feedback they got on their preliminary results: It reveals their interpretation of reality not as PALS participants but as professionals and protagonists in their hospital.

„We, the Change Agents decided to *keep it complex, but simple*
Our activities between April and June, were quite remarkable. Remarkable in the sense that we had a number of practical and visible activities during the period (3 months).

Achievements:
Our project in the laundry attained a laudable stage. Having been able to refurbish five carts (laundry trolleys) and colour-coding them (one is not coloured and is dedicated for transfer of washed linen to the spinning and drying machine) to help identify for which item they are dedicated (whether for transporting dirty or clean linen).

It was at this period also, that the laundry was delineated. This demarcation will help the laundry staff understand and clearly be reminded of the flow of laundry materials from various units of the health facility to dirty area, then washing, spinning, drying and segregation to different units after the laundering process. This is a temporary measure, though, as the CAs hope the health facility management (Globe), will in due time rectify the distortion of the original plan in the laundry.

Moreover, the laundry staff were given training during the last months, on the need to adhere properly to standards in order to reduce transmission of infections either to themselves or to patients using the facility. We also reminded the staff in a PALSy way, of the need to get vaccinated against Hepatitis B.

We also had a series of meetings as Change Agents, also with our able and ever-available mentor and with part of the Globe. In fact, the CMAC (Chairman of the Medical Advisory Committee) of the health facility has been so welcoming to us and has made laying our complaints to him seamless. Due to these interactions, we had an additional washing machine bought and repairs effected on the spinning machine and dryer. Work on the calendar ironing machine is on-going. Again, the roof of the laundry has been scheduled for repairs too. As a matter of fact, the laundry staff themselves confirmed that the roof of the laundry has been cleaned of debris and water no longer stagnates on the roof. The stagnant water on the roof has been identified as the primary cause of leakage and inability to connect the laundry to the power plant of the health facility, and the continuous dependence on the epileptic public source of power.

We were recommended for incorporation into the IPC Committee of the health facility, to enable everyone achieve more in IPC. Since they have now been incorporated in the IPC, one can hardly separate the CAs from the IPC Committee members, as there is very good and friendly atmosphere between them."

(Second Report of a Change Agent Team during the Mentoring Phase, February 2022)

In this excerpt, the CA team reports on remarkable change processes in the laundry unit. These improvements are reached by their complex and systemic understanding of the IPC challenges and their competences in addressing the related staff members and colleagues in a participatory and collaborative manner. Known from monitoring and evaluation data and from field visits, the CAs created an impressive team cohesion and working culture. They frequently reached out to the IPC committee and the management board of their health facility to coordinate perspectives and activities and in this way continuously spread the PALS working culture.

Furthermore, the CAs were very committed to the laundry staff: they regularly stopped by the laundry department, chatted with the staff even when concrete results were still pending, discussed the all-day challenges, listened carefully to their complaints, worked together even after hours (e.g. when demarcating the laundry space), etc. They acted effectively in advocating their objectives and approaching the management board: they presented their activities on various occasions in-house, and activated heads of units.

"What is different with this project from other similar projects is taking ownership and also the use of the Participatory Approach and Systemic View for decision making. The Participatory Approach has changed my orientation in terms of managing human beings. It involves everybody and makes them feel important, when they do so, they feel they are the owners of the project."

(Change Agent, Lagos 2018)

All actors went the extra mile to get things done, that is the laundry staff, the Change Agents, their management and the Trainer. The PALS Trainer who mentored the CAs in this health facility was in constant contact with the CAs and provided the needed support.

PALS – an Organisational Development Process

PALS primarily describes a vision for an IPC improvement culture in health facilities: Health workers, regardless of their status, working together in an IPC improvement process, supported by facility management. Interprofessional teams negotiate the best solutions to local IPC challenges under current working conditions. Improvisation and tailored next steps for urgent problems are welcome and feasible and necessary actions are initiated rather than waiting for better/perfect circumstances.

PALS invites and empowers people to voice their opinions and contribute to defining problems and finding solutions. Only in such an appreciative, correction-friendly and non-threatening work culture can real learning and improvement take place.

In this perspective, IPC is seen as a long-term improvement process of the organisation, which is defined as a learning system. To enable sustainable change, ongoing commitment, and support from local health facility leadership is required. Therefore, the bottom-up approach of the PALS implementation strategy is accompanied by a top-down component. Strong and reliable cooperation with health facility management and other local stakeholders is established at all levels of the programme.

"PALS is a transformer and a changer. Learning had been so participatory that everything sinks into the brain: what you see and do you will be always remember, hence everything about PALS cannot be dumped or forgotten." *(PALS Trainer, Abuja 2022)*

PALS-IPC improvement processes in health facilities are always unique and tailored to local challenges and working conditions as well as to the strengths and resources of the system: there is no standardised blueprint or "one size fits all" philosophy. The only thing PALS processes in different health facilities might have in common is that they challenge the well-established but often unproductive patterns of thinking and behaviour in the health system and stimulates new, more fruitful and satisfying ways of communicating and collaboration.

On a conceptual level, PALS reflects this vision through the combination of three pillars: the Participatory Approach (Robert Chambers), the systemic understanding – represented in PALS mainly by the Theme-Centred Interaction (Ruth Cohn) – and thirdly, a strong emphasis on the team approach. These concepts offer a bundle of methods, models and practices. *(See chapter 2.)*

Consequently, PALS training programmes differ in content and didactics from traditional IPC training.

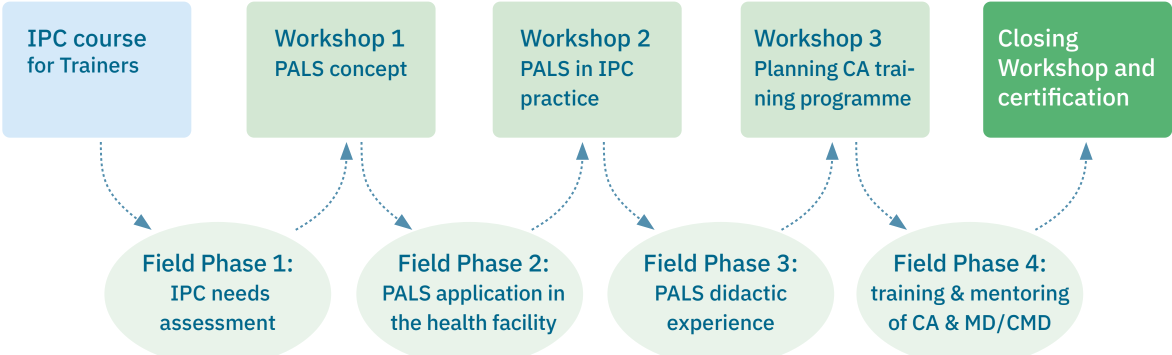
1.3. Becoming a PALS IPC Trainer: What the Training Programme Offers

The PALS IPC Training of Trainers offers the participants the avenue to get to know and understand PALS as a concept and to develop the didactic competences needed to train and mentor others in PALS.

The PALS Training of Trainers programme provides different training modules and interweaves practice field phases and training workshops:

Module 1: IPC Course and Field Phase 1 – IPC needs assessment (2 weeks + 4 weeks)
Module 2: PALS Introductory Workshop 1 – PALS concept (5 days)
Module 3: Field Phase 2 – PALS application in the health facility (4–6 weeks, mentored by PALS experts)
Module 4: PALS Intensive Workshop 2 – PALS in IPC practice (3–5 days)
Module 5: Field Phase 3 – PALS as training approach, didactic experience (4–6 weeks)
Module 6: PALS Didactic Workshop 3 – Planning the CA training programme (3 days)
Module 7: Field Phase 4 – Training and mentoring of CAs and MDs/CMDs (6 months, mentored by PALS experts)
Module 8: Closing workshop and certification event

Figure 1: **PALS Multi-Module Training Programme for Trainers**



During the training of trainers, the participants are expected to fully participate in the different workshops and field phases which provide a deeper understanding of the PALS approach in theory and practice. As part of the training, the participants apply their new trainer competences and train a group of health workers and health facility leadership (Module 7: Implementation of the multi-module training programme for Change Agents). The CA training is organised and administered by NCDC.

> "Yes, the programme has impacted me positively in almost all areas of my life. In my profession, family, communication, reflection, and visualization and conceptualisation of sessions." *(PALS Trainer, Abuja 2022)*

As part of the CA training, PALS Trainers mentor CAs during the exciting phase of translation of PALS into their health facility practice (a 6-month mentoring phase with monthly meetings). Each Trainer mentors a team of CAs and a representative from the health facility leadership. During the mentoring period the Trainers are supported and mentored by PALS experts (experienced colleagues of the NCDC or "PALS multiplicators"). All training materials are shared in advance (Trainer Handbook, Trainer Workbook, Change Agent Handbook). The Trainers' acti-

vities also include the assessment of the Change Agents. The assessment and certification of PALS Trainers happens through a "Learning Portfolio" and frequent feedback talks with the PALS experts who mentor the Trainers.

At the end of the multi-module training programme, a PALS Trainer has improved in and possesses:

- IPC basic knowledge
- Understanding of PALS as a spirit, method and process design
- Competences in participatory communication and collaboration
- Competences in feedback and teamwork
- Enabling skills to organize and support the transfer of knowledge into working routines
- Didactic skills to organise and train CAs in the PALS approach.
- Skills and tools to mentor CAs to apply PALS principles in IPC practice
- Skills to collaborate with management of the participating HF and other stakeholders

"Every moment was superb for me. PALS is a learning process… A lubricant to IPC success! I have found my own path." *(PALS Trainer, Abuja 2022)*

Welcome to PALS!

We are looking forward to know you and work together with you!

"I feel capable…: I can boldly practice PALS everywhere I find myself because I have turned to PALS (rebirth)." *(PALS Trainer, Abuja 2022)*

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the three pillars of PALS: participatory approach, systemic view and team approach

2. The PALS Concept in Theory and Practice

Chapter 2 delves deeper into the theoretical underpinnings of PALS to enhance understanding and stimulate profound reflection on practical experiences and prevailing mindsets within the field of IPC. We describe three essential building blocks of PALS that are closely interwoven: the Participatory Approach, the Systemic View and the importance of a team approach. The chapter concludes with an outlook on PALS in practice as a "theory-practice concept" and presents a model and two tools that promote working with PALS in practice.

2.1 The Participatory Approach

Robert Chambers, one of the fathers of the Participatory Approach (PA), describes PA as an "empowering process, to enable people to take command and do things themselves. Its new popularity is part of changes in development rhetoric, thinking and practice. These have been shifting from a standardised, top-down paradigm of things towards a diversified, bottom-up paradigm of people. This implies a transfer of power from "uppers" – people, institutions and disciplines which have been dominant, to "lowers" – people, institutions and disciplines which have been subordinate." (Chambers, 1994).

Chambers' words describe the simplicity and complexity of the Participatory Approach: supporting people to decide and act by themselves seems to be answering a normal request that probably stems from many people's everyday experiences. This thinking unfolds its complexity when we place it in the structure of an organisational context. It immediately emerges that empowering people to reflect and act independently and to feel responsible changes relationship patterns, roles and functions, the existing balance of power and many other aspects of organisational culture.

How does that work, how can it be applied without creating chaos but sustainably improve on conditions, working culture and everybody' wellbeing?

The Participatory Approach aims on emphasising ownership and responsibility of people by making them actively involved in change processes and take command.

Based on these ideas, Michael Wright and colleagues formulated principles of the Participatory Approach for quality development (Wright et al., without year). In PALS, this is applied as follows:

- **Equitable collaboration:** people work respectfully together, based on their competences and experiences; collaboration takes place on eye-level when experts meet experts and every voice counts.
- **"Local" is the starting point of any process:** PA emphasizes the local knowledge, local context and the local needs as starting point of activities; PA takes into consideration that standardized solution or programmes might fail because they ignore the specific character of places and conditions, significance of challenges, time, people involved etc.

- **Participation should happen at all steps of an intervention or solution process (at all steps of the Public Health Action Cycle):** active participation of all people involved starts with posing the question or identifying the problem or need and (temporarily) concludes with the reflection of the process and shared decision making for next steps.
- **Activities should be resource- and solution-oriented:** actors should respect the resources in place and strive for realistic change processes; that means acknowledge small improvements and successes instead of waiting for the final solution - so as not to get stuck in a problem trance.
- **Change, solutions, improvements have to suit the context/setting:** the local need is the starting point of the process and the local fit is the scope of participatory quality improvement; this focus enhances the chance for best practice and sustainability of processes or solution; what presents a solution in place A might not work for the same challenge in place B.
- **Respectful, non-threatening communication among actors and an appreciative and correction friendly working culture:** PA needs and creates a specific communication and collaboration culture; only in a safe and trustful space people feel comfortable to share their ideas and opinions and to start active participation; at the same time, acting in a participatory way generates a collaborative and appreciative working culture.

The Participatory Approach in IPC practice means that the health workers – who are trained to become "Change Agents" – themselves decide on, start and work on the process of IPC improvement in their health facility on the basis of their perspectives of needs, their resources and their interaction with colleagues in their specific local context of health service, supported by their health facility leadership. The health workers become the main actors!

Different qualities of participation: from information to empowerment

Participation happens in different phases of a process and in many different ways. Very often we confuse "interaction" with "participation".

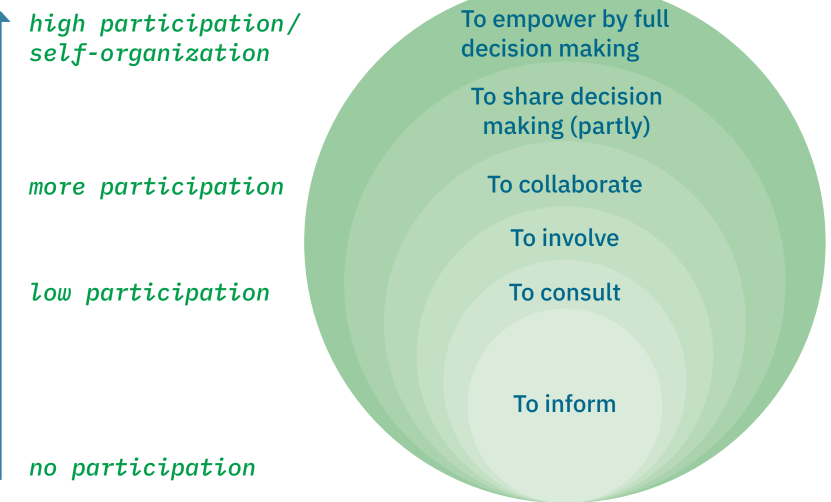
Interaction always happens when two or more person engage with each other, but participation is characterized not only by inter-acting but by shifting the decision-making power to the target group. If participants involved in a project or process do not have any meaningful opportunity to contribute to decision making (in its planning as well as in its implementation), then there is "no participation" or only "preliminary stages of participation". It is important to develop a clear understanding of the quality of interaction and participatory processes.

There are different representations on this idea, like the scale of participation (M. Wright et al., without year) or the spectrum of participation. Both differentiate levels of involvement of a target group in a continuum of "no", "some" or "high" participation or empowerment.

In the context of PALS, it is important for Trainers and Change Agents to understand the differences between the qualities of participation, reflect on the action taken and make consciously decisions going forward.

The freedom and responsibility of the involved group to be part of the decision-making is essential to the Participatory Approach.

Figure 2: **Spectrum of Participation**



Source: adapted from International Association for Public Participation, 2007

No or low participation describes situations where people are only informed about changes or ongoing processes in their organization or in their community and might be able to comment on them. Often, they are consulted, their opinion might be heard but is not necessarily considered or respected in the decision-making processes or next steps of the planned activity. This reflects no or only low participation which might lead to low motivation and low willingness of participants to collaborate, especially if the announced changes or activities are challenging or inconvenient for them.

More and high participation invites people to be part of all steps of a project or process and to take responsibility in decision making. Their voices are heard, respected and reflected in the activities. The target group can determine certain or all essential aspects of a project or programme. If decision making regarding all essential aspects is shared, then it can be said that there is "equal partnership" and/or "self-organisation". Other actors outside the main target group (leadership of an organization, funder of a programme, project coordinator or other experts/institutions in the field) can be still involved in essential decisions and play an accompanying or supportive role, but not a determining role.

With high participation, discussions become broader because manifold perspectives enter a decision-making process and a democratic, and solution-oriented negotiation of the next steps starts. All participants who are involved in the process, feel appreciated in their competences and experiences, their perspectives are shared and valued, they become empowered and are an active part of change.

In this continuum, it is important to be aware of the different stages of participation at different moments in a process. Sometimes, activities are restricted by frames that limit the decision-making space for a target group. Such limitations may be due to policy or institutional structures, traditions, temporary conditions: it is important to openly address these limits in order to work together with as much participation as possible under the given conditions.

Why we should practice IPC participatorily

Health workers know about the IPC problems they face every day in their work context. For most situations, they know what the "ideal" IPC standard should be. They have professional competence and determine the best way to act in specific situations. They have theories underpinning their actions. Very often they know the enabling and hindering factors for better IPC practice in their local setting. In order to improve IPC standards in health facilities, it is necessary to get the perspectives of health workers and to actively integrate those local perspectives and knowledge into the improvement process, instead of telling and teaching them what to do in general. The decision-making power on how to address the IPC improvement challenge in

their own workspace has to be given to the health workers. Such active involvement creates a higher sense of responsibility and ownership. Someone who is not participating in decision-making processes, easily loses interest in what happens and might comment on it in a pessimistic way.

Change is challenging – almost always, even if it is from worse to better. "Change" disturbs routines and patterns, it leads to unknown situations, unexpected outcomes, critical moments, questions to power relation and collaboration patterns, etc.

The PALS IPC practice approach invites health workers to become "Change Agents", to collaborate with colleagues of different cadres and status groups and with the health facility leadership, to inquire together into the local needs and to participatorily start an IPC improvement process for whatever they think it is needed.

The Change Agent themselves will guide the process in collaboration with their colleagues, the IPC team and committee and the leadership in their health facilities.

They actively translate PALS into their practice context, and adapt and reinvent the approach under the local conditions.

The PALS IPC Change Agent training is not training health workers in the usual, established ways of IPC trainings. Instead, the PA in PALS suggests that the health workers already know and understand how to best translate IPC into practice in their workspace; therefore, first and foremost the training supports them to participatorily act on their own expertise and knowledge.

During the Change Agent training programme participants will inquire into:

- how to start a process of participatory quality development in their health facility (engaging colleagues, asking, inquiring, visibility of needs etc.).
- how to communicate to invite colleagues to join the process.
- how to create relationships on "eye-level" with all status groups and to make people feel seen and heard.
- how to manage these processes effectively without losing openness and creativity.
- how to carry out monitoring and evaluation which fits the process and the local working conditions.

Trainers have to experience the Participatory Approach in their own training as well: in the "Training of Trainers" the PALS experts will model the approach, like Trainer will model it during the training and mentoring of Change Agents (see chapter 3). Trainers themselves will inquire into the Participatory Approach during the field phases, trying out elements of the approach in their work reality and reflect on their participatory experiences. The experience of PALS, even if it is a small and humble one, can lead to important insights and understanding of the approach and may bring about changes in working routines and attitudes.

The Participatory Approach is complemented and enhanced in PALS by a systemic understanding.

2.2 The Systemic View: Theme-Centred Interaction

The Systemic Theory assumes that an organization (that could be a unit or an institution) consists of patterns of relationships and roles of the individuals who are part of it. According to this theory, the type of hierarchical structures and the rules of behaviour and collaboration are defined by the institution itself and follow the objective of this system: relationship, rules and roles are not stagnant, but are constantly re-negotiated, confirmed or questioned.

Consequently, in the Systemic Theory, an organization is described as an interactive and changeable construction of relationships. The behaviour of single individuals is only understandable if it is seen in its context. All processes in an organization depend on the dynamics of these relationships which are constantly evolving and on the interdependent quality of interaction.

To bring this understanding into action and into relevance for IPC practice in health facilities, we choose an approach called Theme-Centred Interaction (TCI), that was developed by Ruth Cohn in the 1960s (Schneider-Landolf et al., 2017). TCI describes the systemic perspective more concretely regarding learning and change processes.

> *"Cohn generally promotes "living learning" in various contexts, as it makes teamwork more constructive and efficient. TCI is a "comprehensive, holistic action concept that has the goal of shaping situations in which humans interact, work, live, and learn together such that they consciously experience each other as humane and humanizing. The focus lies on taking action in groups, teams, and organizations. TCI represents a differentiated method of observing situations as well as controlling and accompanying social processes. This includes the tasks such as planning, leading, intervening, reflecting, analysing, and diagnosis. The overall goal is to create professional learning processes producing optimal results that reflect the common goals, the interactions between the various parties involved, and the individual interests and their circumstances."* (Spielmann in Spielmann et al., 2017, p. 15)

Cohn assumes that a group usually comes together in order to accomplish a task. This task (or topic) should be the focus of attention for the group. Furthermore, she underpins that other aspects, like the condition of the individual group member and his/her understanding of the topic, the relationships among the team, and the environmental conditions under which the work takes place are of equal importance. She argues that if these factors are neglected and attention is only paid to the topic or task, the results won't be satisfactory, particularly for the single team member and in the long run, motivation will decrease, not all competences will be brought into the process, the members will not improve their knowledge or competences and won't grow personally.

> *"One night I (Ruth Cohn) dreamt of an equilateral pyramid. When I woke up I immediately realised that I had "dreamed" the basis of my work. The dream pyramid meant to me: four points determine my group work. They are all four interconnected and equally important. (...) What was important to me, however, was the equilateral nature of the pyramid conceived in the dream, which meant that the four points were equally important. And with this balance of I,*

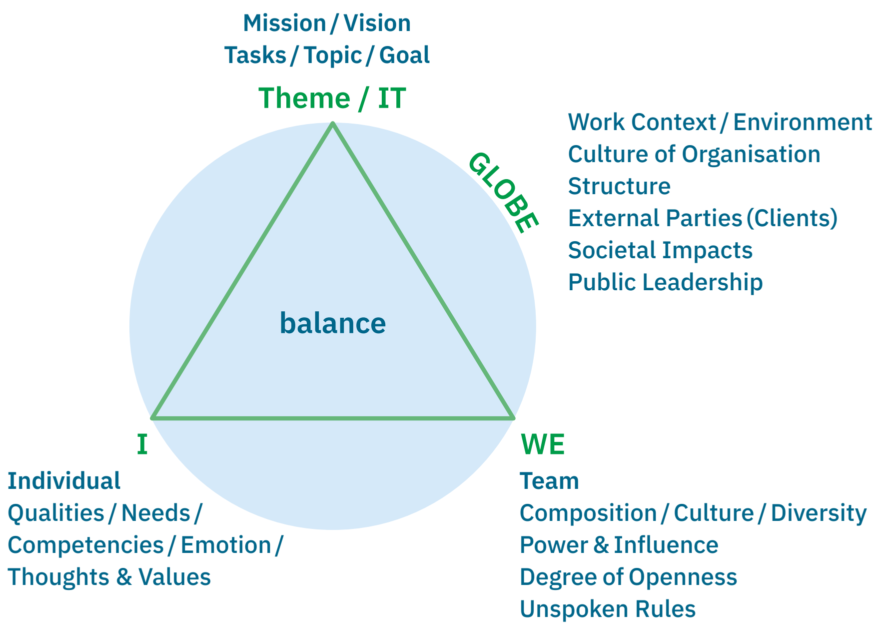
> *We, It and Globe, group leadership with TCI was defined; I then changed the symbol of the pyramid to a triangle in the sphere because this figure is visually clearer."* *(Cohn and Farau, 1984, translated by the author.)*

Central to the TCI concept is the **Four Factor Structure** (4FS), which derives from the four points of R. Cohn's dream and defines the four influencing factors for a successful topic and task-oriented collaboration in a team. The four factors are:

1. **Theme / It:** The characteristics or elements of the task or theme in question.
2. **I:** Individual factors including knowledge, skill, attitude, belief, perception, values etc.
3. **We:** The relational aspect between the group members including shared goals, complementary roles, effective communication, supportive relationships etc.
4. **Globe:** The environment and context that influence the performance of the individual, relational aspects and the topic / task itself.

The following graphic shows the interplay of the 4FS:

Figure 3: **Four Factor Structure (4FS)**



Source: adapted from Schneider-Landolf, 2017

All four factors constantly interact and have to be considered in order to serve the task. This holistic model reflects perfectly what has been said before regarding a system build out of relationships: That context matters to behaviour of individual, groups and processes; and that processes are circular which means that surroundings influence activities and people, but people and their activities also shape and change surroundings.

The 4FS can be used to understand the complexity of a task and a group work which seems to be easy but depends on many factors. It can also be used to identify barriers and enabling aspects (resources) in each of the factors regarding a given task, which are later considered in planning for improvement. Furthermore, the 4FS can be used to plan a complex task or challenge, being aware of all influencing factors without getting lost in chaos and non-transparency.

The balance of the four factors for learning described by R. Cohn can provide important insights for planning, implementing, and analysing change processes. All factors have to be reflected before starting the process and also during the process. If problems occur (like when motivation goes down, or when people get stuck) it is helpful to check the four factors:

- Is the Theme, the It or the activity clear to everybody? Are we still on the same page?
- Is the We, the group in contact or are there any tensions or need for clarification?
- Are the resources and competencies of the individual members, the I, included and stimulated?
- Is the working context, the Globe, supportive? How are the working conditions? What is needed to better proceed?

The importance of considering the Globe

Ruth Cohn underpins the importance of the Globe factor which is often overlooked. The graphic shows that the Globe factor touches all other factors.

> *"We must pay attention to how the Globe affects us and to how we affect the Globe. Otherwise, we are like the captain at sea who knows his own ship but pays no heed to the conditions of the ocean, the wind, and the geographical circumstances. If you don't know the Globe, the Globe will eat you up."* (Cohn and Farau, 1984, p. 355, cited by the Ruth Cohn Institute for TCI international)

The Globe factor very often points towards environmental factors such as working conditions or infrastructure. The examination of these factors, however, leads to the question: How can IPC be improved when IPC infrastructure is inadequate (like a lack of IPC consumables or irregular water supply)? To address Globe factors and to change surroundings, the health facility management is directly approached and involved in the PALS training programme.

Discussing the IPC situation in health facilities with the management level (Medical Directors, Chief Medical Directors), you will quickly discover that even they are suffering by Globe conditions that prohibit certain decisions or action or plans they would love to put in place. Behind the direct Globe of IPC activities in the health facility, we find yet other Globe scenarios.

These wider Globe factors (that are relevant for the IPC change process) are complex and mostly out of our sphere of influence. For example, the surrounding community and its specific needs is a Globe condition as well as the general political and social situation (infectious disease outbreak situation, social tension, prosperous economy of a country or region). Globe conditions can also constitute a window of opportunity: for instance, when after an infectious disease outbreak there is widespread commitment to strengthen IPC systematically.

When planning a project or an activity, we should identify and pay attention to the most important Globe factors that might frame or limit in this particular moment the chosen topic and target. We need to clarify which factors we are able to influence and which not and how to cope with the given framework.

As R. Cohn says mentioned in this context, "I am neither all-powerful nor powerless. I am partially powerful." (Cohn and Farau, 1984, p. 359, translated by the author.) The key for successful change processes is to discover our power and to juggle with the current limitations!

Why we should practice IPC with a Systemic View

The Systemic View ensures that the complexity of IPC practice in a health facility is understood and addressed. Particularly the 4FS with its emphasize on the meaningfulness of group work, fosters a participatory working culture. The Systemic View ensures that behaviour of individuals or groups is always contextualised. IPC challenges as well as in IPC improvement processes are defined in the perspective of the four factors. All factors need to be balanced and are equally important for IPC improvement, particularly for sustainable improvement.

Health workers (clinicians, IPC focal persons, IPC committee members) who are trained in PALS understand and acknowledge:

- the complexity of IPC in the system like a health facility,
- the need to deal with IPC practice in a process of participatory quality development in their health facility,
- the need to understand the sphere of influence and develop strategies to deal with a given framework,
- the meaningfulness of relationship and the power of group work,
- to communicate with the management / leadership and constantly invite them to support the process,
- the need to understand that a system can be changed by changing the way of communication or the way people relate to one another,
- the need to reflect the complexity of monitoring and evaluation in the broader picture of the system (IPC annual plan, IPC committee etc.).

The 4FS and the idea of the health facility as an organisation of relationships resonates with health worker’s practice knowledge and everyday experiences. The PALS IPC practice approach assumes that IPC improvement processes are complex. This complexity needs to be understood, acknowledged, and organized to remain manageable. Make it simple but keep it complex. PALS offers concepts and tools to manage this complexity and enables health workers to plan and initiate the intended change processes.

2.3 The PALS Team Approach

With the Systemic View and the Participatory Approach, we already emphasise the importance of relationship and appreciative collaboration for IPC practice and for the improvement of IPC practice. The evaluation of the training implementation 2019–2022 underscored the crucial importance of team work for a successful translation of PALS in the reality of a health facility. Consequently, we added the team approach – or better, in the terms of Ruth Cohn, the We – as a third pillar to the PALS concept.

The power of teamwork reflects a basic anthropological condition of humans. There is no I without a We. Human beings have a strong need for mutual recognition, appreciation, respect and belonging to a larger community. This understanding stems from humanistic concepts on the physical and psychological linkage of autonomy and interdependence.

Particularly in these days, teamwork is on everyone's lips; teams should be put together effectively and are essential for sustainable quality of any task. In the world of work, in sports and in research, we rely on teams. Even in the field of health and in IPC, we see that colleagues can’t work in isolation.

> *"The coordination and delivery of safe, high-quality care demands reliable teamwork and collaboration within, as well as across organizational, disciplinary, technical, and cultural boundaries."* (Rosen, M. et al., 2018)

Ruth Cohn defines the group or the team as a factor in the 4FS as follows:

> *"The 'We' is … a gestalt that emerges through the respective 'I's and their interaction and, like any gestalt, is more than the sum of its parts. In a narrower sense, the 'We' is a number of people in the same space and time who relate to each other and to a common theme."* (Cohn and Farau, 1984, p. 354, translated by the author.)

In Theme-Centred Interaction we pay high attention to the We-factor. We are aware of the importance of collaboration for successful work and the other way around: how success and the solution of a problem can be obstructed by tension and conflicts amongst members of a group or a team.

Research on teams in health care environments describes different characteristics of effective teams (Mickan and Rodger, 2000). Creating such features in CA teams might help us to stimulate teamwork among Change Agents:

- A small, manageable number of members,
- who have the right mix of skills and expertise,
- who are all committed to a meaningful purpose,
- with specific and achievable performance goals for which they are collectively responsible,
- who regularly communicate, solve problems, make decisions and manage conflict,
- while adopting a common approach in economic, administrative, and social functioning.

In PALS trainings we work with teams of participants: four colleagues with different competences in health and IPC from one health facility make up the CA team. The CA team is assembled by the Medical Director / Chief Medical Director of the health facility and nominated to participate the training. Working with teams has manifold advantages:

- Team members bring different competences and perspectives to the problem or IPC topic in focus.
- A team can discuss plans and improve the quality of content and process.
- Team members can motivate each other and improve their consistency.
- Replacement of colleagues can be compensated for: even if a colleague is posted to another health facility, the work of the Change Agents is not at risk.

The focus on a common task and common spirit, in our case IPC PALS, helps group members to develop a sense of belonging beyond their affiliation to the same organisation. Very often Change Agents only start to work together in the training scenario and hardly knew each other before. By working together in a team on a task, trust grows and stabilizes the communication.

Change Agents not only share and discuss their ideas in the team, but use the team configuration as a rehearsal space to try out new communication skills like active listening and to discuss challenges in a participatory way. The team creates a mini-system in which relationship and communication is defined differently from the way it

is generally defined in the health facility. The CA team sets up a new “reality” in the organisation, a “bubble” for experimenting and experiencing the new learned PALS pattern.

The CA team offers a protective space in which Change Agents try out new techniques in a very concrete way, but also in which people can experiment with a new professional attitude and perspective. Throughout the IPC improvement processes in the health facility, this protective space allows CAs to reassure each other of the PALS ideas and re-experience the PALS culture – a PALS island in the working culture of the health facility. The PALS team approach therefore supports the translation of PALS into practice, empowers CAs and increases their well-being.

The quality of the teamwork of Change Agents becomes almost a synonym for PALS successes in health facilities: PALS unfolds its power and potential as a We approach. In order to develop this fruitful protective space, attention and mentoring from the PALS Trainers is needed in the training sessions and particularly during the mentoring phase.

Exercises and techniques help to foster teamwork by developing a climate of openness and a group culture characterised by trust and respect. It is only then that team members benefit from each other’s perspectives and find solutions to any simmering conflict. Ruth Cohn speaks of the "passionate involvement" that can be experienced in group work. She invites participants, in the spirit of collective growth, to openly bring “disturbances” and uncomfortable feelings into the process as learning opportunities.

The PALS practice stimulates Change Agents to expand the PALS team spirit to more colleagues in the health facility (e.g. to the IPC committee), to “infect” them with this spirit of trustful collaboration. A feedback culture is part of this safeguarding framework of teamwork.

In order to take care of the We, feedback and a feedback culture in the health facility is crucial.

2.4 PALS in Practice

PALS integrates the Participatory Approach, the Systemic View and emphasizes a collective We-approach by Change Agents. PALS envisions IPC practice and improvement processes in health facilities as:

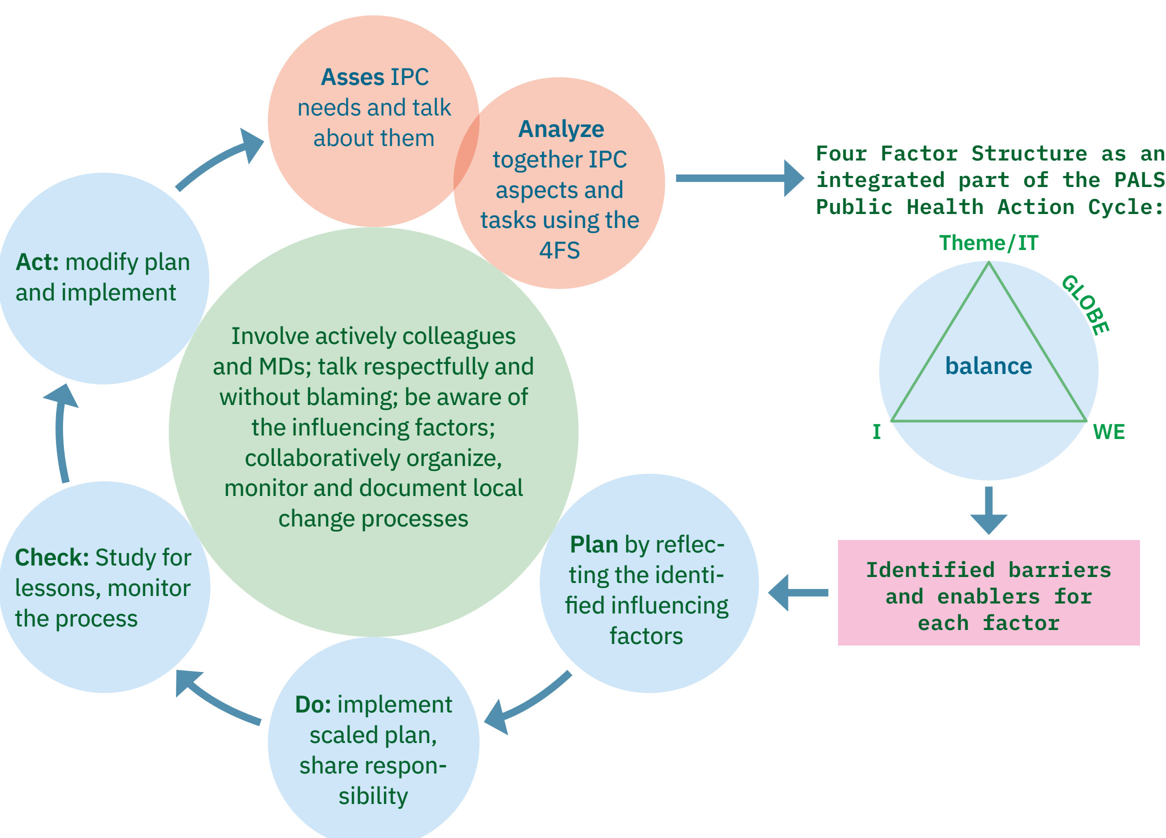
- An organisational learning-process of all stakeholders in the health facility.
- Where issues are discussed locally and participatory, planned and implemented as well as monitored and evaluated.
- No-standard improvement processes for all health facilities, but assessing, planning and implementing based on the local conditions, necessities and resources.
- Improvement processes are unique in terms of the chosen IPC topic, the variety of processes and objectives.
- Collective IPC action always reflects on concrete working relationships and the re-building of relational structures.
- A system where processes need the commitment of all and can’t be a burden on the shoulders of a few: Management is integrated and supports.

- Colleagues of all professional cadres are invited to start a new and inspiring collaboration.
- A reflective process in which IPC standards are focused by feasible and empowering steps of collective improvement.
- A system where teamwork is prioritised and acknowledged on all levels of taking action.
- A system where change is seen as personal, professional and organisational growth.
- A process learning of an organisation which needs continuous mentoring and support from PALS IPC experts.

The PALS Public Health Action Cycle

The following graphic shows a process model of how PALS might be translated into an effective practice process and how PALS becomes fruitful for the implementation of concrete IPC improvement activities. The graphic combines the pillars of the PALS concepts and the Public Health Action Cycle (PHAC) as an effective planning tool. All phases of the PALS PHAC – plan, do, check, act – are grounded in a participatory working culture and reflect the complexity of the system (4FS).

Figure 4: **The PALS Public Health Action Cycle**



Create a correction friendly working atmosphere!

Every voice counts!

Figure 5: **PALS Slogans**

Authentic and respectful communication

Life is a draft- from illusion to clarity

… go local – go concrete …

IPC-PALS: Know it – own it!

We need to create an open & correction friendly working atmosphere where everybody feels welcome …

Feedback Culture: Don't tell the other who he is but tell him what you experience through him!

Tackling disturbances takes priority!

No Wrong Questions! Every Question matters

Focus on solutions and human resources NOT on problems and deficiencies.

PALS
Participatory Approach to Learning in Systems
… every voice counts

We are as strong as our weakest link …

No Judgement! No Blaming!

Keep it complex but simple!

Together we achieve more as a team

Every concern counts!

Transparency: All team members have a right to know all (exceptions should be rare and explained)

Equality NOT hierarchy: Leave your title at the door!

If you want to go fast, go alone; if you want to go far, go together!

PALS is a process …: *"From the bush back to reality!"* (Yunusa Tahir)

Non-threatening communication: Avoid saying: *"This is wrong…"* or *"But this is not what I meant…"* Try instead saying: *"This is interesting, do I understand this correctly …?"* or *"Thank you, how do we find a compromise?"*

"Who ignores the Globe will be eaten up by the Globe." (Ruth Cohn)

What else?

The PALS Slogans

The PALS slogans express the spirit of this approach. They highlight elements of the PALS concept translated in experiences and practice. The creation of slogans is an ongoing process and every team, each Change Agent and each Trainer can contribute and develop more PALS slogans.

What comes to your mind?

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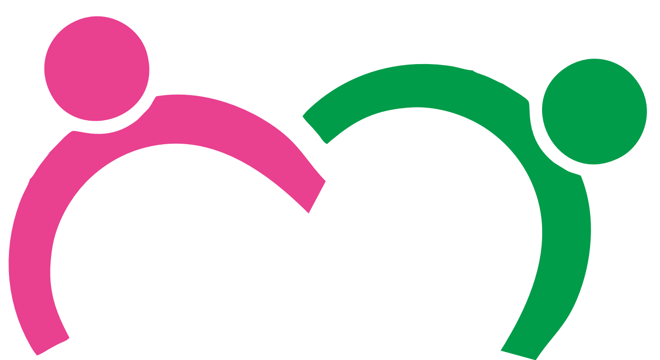
trustful and respectful relationships are the backbone of participatory processes



3. Translating PALS into Practice

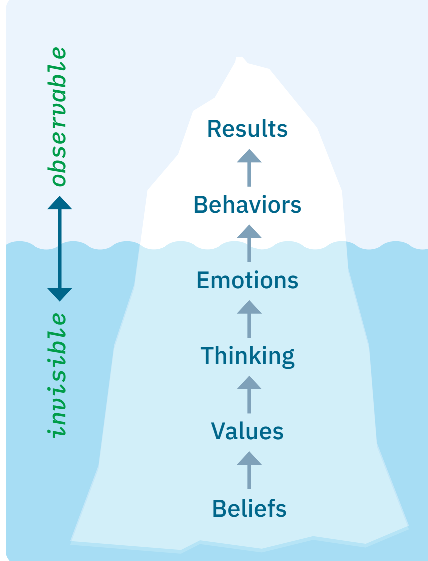
This chapter focuses on instruments, methods and models which help to translate PALS into various practice contexts: in the training venue, in the laundry unit of an hospital or in a stakeholder meeting with the management board. In this chapter, we talk about communication, mentoring and didactics – three important aspects on the way "from knowing to doing".

3.1 Communication: How to Communicate in a PALSy Way

As a facilitator you can tell people and hold lessons about the Participatory Approach. But if you want to convey the spirit of PALS, you have to work in a participatory way, with a participatory attitude and offer hands-on-experiences according to the principles of this approach. Attitude, methods, communication style and types of questions play a key role in the training and mentoring settings – and the same applies to the participatory IPC change processes in health facilities: Change Agents also need to reflect on their way of communication to collaborate with colleagues on eye-level and to engage and inspire people to respectfully work together.

To better understand daily interactions between people and to develop an idea of how to improve mutual understanding and constructive cooperation, the "Behavior Iceberg" is a useful model.

Figure 6: **The Behavior Iceberg**



The iceberg model shows that the visible behavior of a person is carried by a variety of elements that are deeply rooted within the person: feelings, ideas about one self, values, thought patterns, beliefs. These are driving forces that are hidden and not visible, even mostly unconsciously buried for the actor himself. The visible part makes up about 20 % of the person, the invisible part makes up 80 %.

Emotional needs, and the strong wish to fulfill them, shape our patterns of behavior and motivate our personal and professional growing. Acting and behaving are always connected to these underlying layers of ourselves which represent an expression of our complex identity.

Communication is mostly driven by these invisible forces. With trained communication skills we can address the invisible parts, get more insight on why and how a person acts and consequently enable real understanding, mediate conflicts and overcome challenges.

Below you find more models, statements and methods of communication that can be used with a participatory attitude. They can be helpful to shed some light on parts of the "invisible iceberg" and to increase mutual understanding and collaboration.

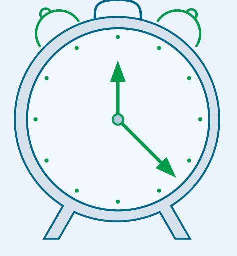
The following is extracted from different communication concepts such as the Systemic Theory, the Theme-Centered-Interaction of Ruth Cohn, the Non-Violent Communication of Marshall Rosenberg and the inquiry tools of Jos Elstgeest. Those concepts are based on humanistic communication theory and recognize Niklas Luhmann's "Alter-Ego principle": The intention with which one person ("alter", the sender) communicates, meets the perception, understanding and mindset of the other person ("ego", the receiver). The other ("ego", the receiver) decides how the message is understood. Communication is seen as a two-sided construction process.

> The basic understanding of communication is very important for PALS in practice, as well as for training and mentoring processes. However, the presented communication methods only work on the basis of a corresponding set of values such as: curiosity, appreciation, open mindedness, and a competence and solution-oriented perspective. Trustful and confidential relationships are fundamental for initiating and accompanying participatory.

3.1.1 Non-Violent Communication

Marshall Rosenberg developed the concept of Non-Violent Communication for a more peaceful and constructive way of daily communication. The approach takes into consideration that underneath every communication are strong feelings and needs, even and particularly if communication degenerates into conflict and anger. According to Rosenberg, the overall goal of interacting with others is twofold: on the one side, to satisfy our own needs, and on the other side to give others the same opportunity. Needs such as the need for recognition, appreciation, love, autonomy, control, safety, security, etc. are universal, along with basic physiological needs such as the need for food and sleep.

> ***"Use anger as a wake-up call for unmet needs"***
> *(M. Rosenberg)*



Rosenberg is convinced that people are not only interested in their own growth, but also in supporting the growth of others. The prerequisite for this co-anthropic attitude is that people feel respected and valued and that the satisfaction of one's own needs is not threatened by the satisfaction of the needs of the other person.

Rosenberg's Non-Violent Communication derives its strength by strictly distinguishing between observations, feelings, needs and requests. In our everyday communication we often mix up these different aspects and levels. In a conversation, person A's statement is usually not only perceived by person B in purely linguistic terms (derived only from the definitions of its words), but person B immediately attributes a meaning to it. This meaning is charged by B's feelings or previous experiences. The original message of the statement now becomes unclear: what did A say, what did B understand? B's answer is then perceived and interpreted by A in turn, etc. A conversation

thus often quickly moves away from the original topic into other content-related or relational spheres.

Rosenberg invites us to slow down the communication process, to recognise this mixture and to consciously separate all the different components. He asks us to express ourselves clearly without blaming or criticising others, and to receive messages empathically without blaming or criticising.

Marshall Rosenberg describes four steps of Non-Violent Communication:

Observe: The first step is simply to describe what we hear, see, remember, imagine without any evaluation or interpretation - just what we noticed.

Then, step two, we add what this makes us **feel** like: no arguing, no justification – only the description of feelings related to the observation.

The third step means to explain what causes our feelings. Here we are talking about our **needs**. It gives us the opportunity to clarify what the issue is about: why do I get irritated or sad? What is my unfulfilled need behind?

Request: And as step four, we might gently ask the other person, if s/he would be willing to take a concrete action in order to address my needs and create a mutually beneficial situation.

Consciously reflecting on and following the four steps of communication slows down the interaction. In the beginning, it may seem ridiculous and unnatural, but it helps to disconnect observation from feelings and interpretation. Normally we deliver our conviction and judgment immediately and automatically when responding to a message and our counterparts in turn react with agreement or rejection, with their feelings and interpretations. The situation easily gets stuck or escalates into a conflict; solutions won't be found and personal needs remain unfulfilled.

Particularly at work, where we often interact under pressure by workload and conditions, untrained communicators finish easily in uncomfortable conversations far away from appreciation and personal growth as well as from high professional quality.

3.1.2 Three Basic Competences for Effective and Participatory Communication: Active Listening, Paraphrasing and Productive Questions

Diving even deeper into the world of communication we realise that there are three basic competences at the core of productive communication that we can train: active listening, paraphrasing and productive or solution-oriented questions. Activating these three competences means to create a communication which is based on real understanding and collaborative attitude.

Active listening

Listening is one of the most important skills in communication. We need to learn and acquire the skill to really listen to what the other person is saying. Try to pay full attention to her or his words. Pay attention to the body language which accompanies the words. Very often we already start interpreting a message or reacting emotionally while the conversational partner is still formulating his or her information. We often assume that we know how the other one will end his or her thoughts and already prepared our response.

Instead of assuming to know already and interpreting, listen carefully, look at your partner and concentrate on what he or she says. Do not pay attention to your smart phone or engage in other activities of your environment. If something disturbs your attention, please ask your partner to pause until the disturbance is over or find another place to continue your conversation.

Paraphrasing

Paraphrasing helps you to understand exactly what your partner wants to express. You try to mirror, to repeat what you heard with your own words: "Did I get you right that...", "Let me try to rephrase to check if I got you right...". It slows down the speed of the conversation and guarantees that you and your partner are on the same page.

Productive questions

Understanding the message could lead you to "productive questions" that will further illuminate the message and help you to gather more concrete information. Productive questions are real questions and not "rhetorical questions" where the answer is already known or a hidden message is passed on.

Here are some examples of concrete questions for encouraging and accompanying reflexive processes.[4] The questions can also be asked in a group to reveal the variety of opinions and hypotheses present. As a trainer, mentor and participatory leader you can try them all and see what works well for you:

→ Questions to gather information about the context of a situation or a challenging moment

- What / when / where did it happen ...
- Could you please describe the situation in a more detailed/concrete way ...?
- Could you give an example ...?

→ Questions to make sure that you fully understood the facts the colleague was reporting (to support the paraphrasing)

- Did I get you right ...?
- Could we do a little drawing to see the situation more clearly and to make sure that I understood ...?
- Could you take a photo of the situation ...?

→ Questions to get into a process (see also "Systemic View")

- Considering the behaviour you want to change: Could you think about an exceptional moment when you acted differently? Please describe.
- What was the situation like, when the behaviour X was different? What resources were needed to change behaviour X in this exception ...?

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4 Adapted from Jos Elstgeest's article on "The right question at the right time" (1985).

- Ok, that's really an exhausting situation / difficult situation / ... How did you manage so far to get along?
- Ok, that's the status quo. What could be a first step towards change (that you can control) to create a better situation?
- Assuming that the situation will improve, what do you expect to happen thereafter? (Which new barriers, new resources or unexpected side effects might turn up?)

→ Questions to address the difference between facts and interpretation
- If you say that "nobody uses the hand hygiene solution", how do you know? What does it mean to you? Why do you think it is like this?
- Could it be possible to interpret the observation differently, for example ...?
- What are your hypotheses to explain this behaviour of your colleagues? What do others think?
- How could you engage with your colleagues to learn directly from them why they are behaving in this way?

Those three basic competences for communication resonate with Ruth Cohn's practical "Auxiliary Rules" of Theme-Centered Interaction for communication in groups.[5]

3.1.3 Two Glasses of Communication

In one of our workshops, health care workers described their experiences with "PALS communication" and how this is different from the usual way of communicating IPC in their hospitals:

Table 1: Two Glasses of Communication

Normal way of IPC-communication is very often ...	PALS communication
IPC police-attitude	Equality attitude: expert meets expert
Always addressing faults	Applauds good work; positive feedback for good intentions behind wrong IPC behavior and shifting attention to the unintended negative IPC consequences
Telling what's right and wrong; no interest in hearing "excuses"	Active listening and paraphrasing; asking concrete questions to understand better
Perception of "IPC has to improve now and it's your fault when not"	Perception of a process without judging: only description
Judgmental	Respectful, appreciative
Blaming and accusing	Try to understand the behavior observed (the good reasons behind it; inquiry into way of behavior)

5 For further information on Ruth Cohn's "Auxiliary Rules" see Keel, D. (2017) https://www.vr-elibrary.de/doi/pdf/10.13109/9783666451904.182

Normal way of IPC-communication is very often …	PALS communication
Condemning	Showing authentic interest and attention for a process of improvement
Creating and manifesting hierarchy	Invitation to join the club: we can improve IPC together, Systemic View; protection of the health care worker and his or her family and of the patients
Receiver of this type of communication very often feels: • attacked and the need to defend him- or herself, • not acknowledged and perceived in all the efforts he/she already does, • injustice, not supported. Receiver of this type of communication very often reacts with: • ignoring or attacking you, • starting to hide other IPC information or lack of knowledge, • avoiding you or refusing to talk to you, • building resistance.	Receiver of this type of communication very often feels: • relaxed and start to think and to listen and to talk, • recognized / perceived and valued, • motivated. Receiver of this type of communication very often reacts with: • starting to talk about his / her view and perspective, • showing his/her personal and professional resources and the, resources in their work environment • starting to cooperate and to be more interested, • building commitment.

(This comparison has been developed together with two PALS Trainers after a group discussion during the PALS Training of Trainer Workshop 1 in Abuja, November 2019.)

In practice, effective PALS communication looks like this:

- People start to appreciate each other and to listen to each other.
- People can bring in their thinking and contribute with their good ideas.
- People can confidently talk about their lack of knowledge.
- People start to look for improvement of situations and are eager to participate.
- Communication remains in constant flow and feedback loops are organized.
- Infrastructure supports this way of communication and exchange of perspectives (e.g. by regular team meetings, round tables with representatives of different professions, reduced workload for added IPC duties).

3.2 Mentoring: a Special Format of PALS Collaboration in the Work Context

The word "mentor" comes from the ancient Greek language. Often, the term "mentor" stands for an older, wise, and well-disposed advisor to a younger person. More generally, "mentoring" means to support somebody to grow. The elements of mentorship and of the mentoring process itself depend much on the circumstances and on the relationship between mentor and mentee.

In PALS, a mentor is a fellow professional and friend who is interested and engaged in supporting a colleague to accomplish a task. The relationship between a mentor and a mentee is not comparable to the relationship between a superior and a subordinate.

Mentors and mentees are both learners and both should benefit from the mentorship. It is very important that mentor and mentee reflect on their mutual understanding of their roles and on their expectations in the beginning of a mentorship process. Michelle Wright describes three different roles of a mentor. She calls them the three “C’s”: Counselor, Consultant and Cheerleader. Each role has a slightly different focus and way of interaction. In PALS mentoring, we interpret these roles as follows:

1. Counselor: Mentors are **stimulating reflection on the mentee’s experiences to support learning processes.** They are carefully listening to the mentee’s reports and try to understand the reason behind certain behavior, concepts, and interpretation by using open questions. The mentor doesn’t judge activities or reasoning of mentees but can shift attention to important topics and issues.
2. Consultant: Mentors can **offer their knowledge and experiences** to create new ideas and develop together tailored solutions for challenges and next steps. They can support by suggesting concrete tools and methods. The mentor offers constructive feedback based on his competences and knowledge. Mentors do not have to know always the “right” answer to questions and problems: Let’s find out together!
3. Cheerleader: In addition to all of the constructive feedback and advice that mentors can give, they should also **provide authentic interest, curiosity and enthusiasm**: to change working routines or to try to implement a new approach can be scary or might cause unexpected challenges. It is encouraging to know that your mentor has your back and appreciates your efforts. Mentors should celebrate a mentee’s successes – no matter how big or small they are.

Important skills for supportive mentoring are:

- **Active listening:** Be fully attentive and listen carefully without assuming that you already know.
- **Paraphrasing and mirroring:** repeat with your own words what you understood.
- **Productive/open questions:** open up and deepen the reports or discussions by questioning.
- **Positive feedback:** let the mentee know that you see their efforts, appreciate and encourage them.
- **Constructive confrontation:** talk about critical and maybe difficult consequences of a certain behavior or thinking of the mentee.
- **I-messages:** talk about your vision, thinking, perception, ideas, feelings and ask the mentees about theirs – there is no right and wrong.
- **Problem solving:** offer your creative ideas as suggestion and as proposal not as the right solution; stimulate your mentees to brainstorm.
- **Resource-oriented:** emphasize and reflect on the resources that have been activated in the team of CAs and in their collaborations with other actors.

3.2.1 PALSy Mentorship: How to Support Change Agents in Translating PALS in Practice

The philosophy of PALS is not part of the usual all-day working culture in a hospital. When introducing PALS, mental mind-sets, behavior patterns and routines become modified and further developed. Consequently, the translation of PALS into the real IPC practice in the hospital is a very complex process which needs special attention. This kind of attention and PALSy support are given during the mentorship.

In the context of the PALS, we understand mentorship **as a process of participatory collaboration and interaction** of colleagues, where one is a bit more experienced in the Participatory Approach to Learning in Systems than others.

During the mentoring phase, CAs actively translate PALS into new and improved IPC practices in their work context. This phase represents the central learning process in the training programme and needs to be accompanied by trainers. In the words of one PALS trainer, Dr Alfred Friday Una: "Mentoring is the epitome of PALS".

In PALS, mentoring is based on the attitude and communication principles of PALS: expert meets expert, local solutions and resources are prioritized, every voice counts, Systemic View, correction-friendly working culture, and so on. This approach links easily with the above-mentioned general roles of mentors (counsellor, consultant, and cheerleader).

The mentorship is successful when:

- A relationship between mentors and mentees is established, which is based on mutual respect, trust and openness regarding the process.
- The way of mentoring is discussed and the "when" and "how" is negotiated together.
- The CAs get a clearer idea on PALS during the mentoring process.
- The CAs become more and more able and competent to independently act and reflect in a PALSy way.
- The CAs modify their way of communicating with colleagues.
- The CAs address IPC topics as a systemic challenge.
- The CAs emphasize teamwork, they are open minded and they emphasize shared decision making and shared responsibilities.
- The CAs stimulate and facilitate change processes in the hospital in a PALSy way.

The mentoring of CAs during the transfer of PALS into practice normally takes place as team mentoring rather than one-to-one counselling. This leads to a certain dynamic and complexity in the mentoring situation. The team of CAs serves as a rehearsal platform for CAs to try out new ways of communication and to experience a PALSy collaboration first-hand. PALS mentors need to pay attention to these processes and use the opportunity of this trusted space to address PALS principles in a concrete and direct way.

Mentorship can be done in different ways e.g.:

- Onsite mentorship (to meet mentees in their work environment)
- Video conferences (zoom calls, or WhatsApp video calls with mentees)
- Phone calls, WhatsApp groups, messages, emails
- Exchange of documents

The mentees are encouraged to keep a simple way of process documentation of their PALS IPC activities during the whole field phase. This documentation can be shared before or during the mentoring contact.

The process of mentoring should be constant, transparent and reliable but never forced or stressful for the mentees or the mentors. Change Agents and Trainers are already carrying a heavy workload. In order to avoid overload and frustration the mentoring process should be well "time-tempered". What this means for the concrete planning and documentation of mentoring has to be negotiated by mentors and mentees.

"The CA team has organized various trainings for hand hygiene and waste segregations. The PALSy part of it is in participatory roles which involved the cleaners and security personnel. The meetings equally helped me to know them and connect with them individually." (PALS Trainer / Mentor, Abuja 2022)

The following sequence "Five steps of a mentoring contact" shows a general structure for a mentoring contact and might be helpful to guide an onsite visit or WhatsApp / zoom meeting or a online meeting / video call – particularly in the beginning of mentorship activities. This is only an orientation, a suggestion and must be adapted to the concrete local conditions and the people involved in order to become fruitful. These steps cannot be strictly separated from each other but flow into each other.

3.2.2 Five Steps of PALS Mentoring

The project team developed the five steps of PALS mentoring to be more specific about how a mentoring process of Change Agents in the health facility might look like. The sequence of steps supports the mentor to prepare mentally and to structure the encounter with the Change Agents in the workplace

Step 1 | Understanding what's going on

The mentor tries to understand what the CAs want or wanted to do, which objectives they try to achieve, what they did, what happened so far etc. The mentor asks questions which stimulate reporting on concrete actions and situations. The mentor takes notes and checks whether s/he has understood it correctly or not.

- What happened? (To stimulate the narration of what happened, check together the documents / documentation of activities and process if available.)
- Why did you do so? (Which objectives did the mentees aim on? What were the ideas and good reasons behind?)
- Mentors pay attention and / or ask questions on the Participatory Approach, considering: the participation of the target group in decision making, the target group's motivation, respectful communication with the target group, if the local context is taken into account, etc.
- Mentors pay attention and / or ask questions related to the system: the four factors of the Systemic View (theme, me, we, globe); relationship and collaboration.
- Mentors check the IPC quality of the activities following the non-judgmental approach of PALS.
- Mentors encourage mentees to express their needs and what they would like to further discuss with their mentors.

The mentor acknowledges and appreciates the activities done by the CAs, all the information gathered and reported and the willingness of the CAs to share their thoughts with him / her.

Step 2 | Understanding how the mentees experienced what happened

Next to learning what the mentees did (Step 1), it is important to understand how they experienced the situation. When mentorship takes place with the whole CA team, the mentor has to pay attention to different perceptions about what happened: there might be one "leading interpretation", but the mentor should try to encourage a discussion about different ways of looking at the same issue – every voice counts!

The mentor tries to support reflection on how the mentees experienced the IPC and the PALS activities.

- How did the mentees experience the situation?
- Did the mentees see things that worked well? What was helpful?
- Have there been any challenges? If so, how did they try to overcome them?
- Are there different interpretations of and perspectives on the same situation within the team? What insights can we gain from the different perspectives?
- What would the mentees like to discuss further?

It is important to get the full picture of the mentees' understanding of the situation. The mentor shows interest for the efforts done and appreciates the details of the narrations.

Step 3 | Quality feedback

The mentor invites the mentees to talk about the magic and surprising moments, challenges, or whatever became important to them during the field phase. During the discussion, the mentor can pick out some relevant aspects and comment on them from the PALS perspective and give a feedback *(See chapter 4, Toolbox)*.

The following questions are guiding this feedback:

- I liked, what / how you did … because …
- I noted that you….
- I had difficulties to understand why / when …
- I appreciate very much and I learned from you …
- For me that came a bit short or I wished …

Feedback Hand ©Ute Zocher

The palm of the hand offers space to give a feedback on a very personal note.

In PALS, giving feedback is seen as a mutual learning process for both the mentor and the mentees. Feedback should initiate a self-reflection about what happened and the actions that lead to it and stimulate productive thinking about next steps.

In the discussion the mentor also is attentive to irritating moments, unanswered questions, PALS simplifications and IPC challenges. The mentor comments on these aspects in a PALSy way in order to stimulate further learning and to support the process of transferring PALS into practice. The feedback emphasizes positive aspects and resources in the process, and the way of communication generates a PALSy discussion – no blaming, but mutual learning!

PALS mentors know and underline that there are always good reasons for what we do: even when the result doesn't mirror the intention.

Step 4 | Planning the next steps

The mentees start to develop their **next step in the IPC improvement process**.

The following questions can support the CA in their planning:

- What seems to be important now (based on what the reflection / discussion did so far)?
- Which step could be next?
- Which challenge has to be addressed?
- Who has to be contacted first? Who are the partners of interaction?

Together, CAs look for the next activities and relevant objectives. The knowledge and experience of the mentor might be valuable and appreciated by the CAs. Nevertheless, mentors emphasize and encourage mentees to come up with their own thinking and discussions in the form of a brainstorming. Mentors seek to facilitate a discussion among the CA team that involves all team members.
The mentees decide which idea or activity they want to follow and start planning. The entire planning process might not be concluded during the mentoring contact, but the main planning aspects should be discussed together.

- Use all PALS planning aids *(such as One Pager, Pop-Up Flyer, 4FS, and other tools).*
- Is it a realistic idea?

- Which support or internal and external resources would be helpful for the mentees during the next phase or activity? *(Check of resources and enablers based on the 4FS.)*

Mentors don't have to know the solution for problems or to bring in the genial and PALSy idea for the next step. They rather facilitate the thinking and reflecting process of the CAs and emphasize the CA's own expertise in dealing with the local conditions and the resources (human and technical resources) in place.

Step 5 | Wrap up, appointments and closing

The mentor clearly understood what the CAs decided to do next and how to plan for it. The following questions can help to clarify this closing moment:

- Are there any questions left?
- Are the individual roles of the CAs and responsibilities for the activities planned clear?
- Feedback on the mentoring contact: what was helpful, what not? What has to be adapted? What do we expect for the next meeting?

The mentor might suggest an observational task ("During the next to pay special attention on…") for the CA to deepen their understanding of a special topic if suitable and feasible. Mentor and mentees make an appointment for the next mentorship contact.

3.3 Training: Creating PALSy Learning Processes

To train PALS requires a certain attention to the didactic setting. The training curriculum has been planned accordingly and offers the interplay of rather theoretical workshop modules and practice phases. The same has been considered for the facilitation of single training modules: short inputs on concepts are interweaved with group activities, exercises etc. The "workflow documents" serve PALS Trainers as guiding didactic tools which provide orientation and at the same time encourage the Trainer to re-interpret the facilitation of workshops and sessions in the light of the specific learning situation and his / her understanding. *(See the Trainer Workbook for the "workflow documents".)*

3.3.1 Understanding Learning as an Active Process

Learning, and particularly practice-related learning like change of attitude, of behavior patterns or collaboration and values in a hospital, rarely happens by telling people what to do best or what they should know.

According to modern learning theory (described by authors such as Arnold, Bruner, Schön and Dewey), learning is an active process undertaken by the learner himself. "Active" means that the learner is interested and deeply involved in the subject matter and has sufficient opportunities to explore new ways of thinking and to engage in discussions. Many factors influence this quality of activity, such as the learner's motivation, meaningfulness of content, social and physical context and the likeliness of success as well as the learning arrangement itself.

> *"Learning takes place exclusively through independent acquisition of the learner. As a result, what is taught is not what is learnt. Rather, under this perspective the focus shifts away from the mediation of learning content by the teacher to an active appropriation by the learner. The teacher must prepare the learning content methodically in such a way that the activity of learning is transferred to the learner."* (R. Arnold, 2016, p. 43)

How does a learning setting that stimulates active learning look like?

A learner never starts from scratch – learners already have knowledge and experience. The existing knowledge, concepts and experiences – that make up the pre-existing mindset-need to be acknowledged and valued in order to resonate with new learning contents.

We developed a specific training didactic accordingly, to foster the participant's understanding of PALS and the translation of PALS into IPC improvement processes in the hospitals.

PALS facilitators create a trustful space that allows participants to speak out loud and literally share their thoughts. The facilitators organize learning as an interactive playground.

Passive learning: when accumulation of knowledge does not translate to practice change

If already existing knowledge and new concepts are not actively linked by the learner, the new learning content will not be connected but maybe stored or archived in a reservoir in the participant's mind and remain passive. It can be "awakened" by a quiz or test. This type of learning can be called "passive learning".

The old ways of thinking and behaving still exist, unquestioned, unchanged and function like comfortable highways: they are already solidly established, almost automated and socially adapted to the environment. They make us act effortlessly and quickly, especially in situations under pressure to perform.

This type of passive learning takes place very often: many IPC trainings for example are based on imparting information and facts through lectures and slide shows and on demonstrating important IPC techniques like hand washing. The learner remains very receptive and does not actively question the input. This then often leads to an accumulation of IPC knowledge which, however, does not translate into the desired change in working practice and of the necessary organizational conditions: The desired improvement in IPC practice in the hospital is not being achieved – although the IPC knowledge might be temporarily increased after the course.

This implies …

- discussing the participant's pre-existing ideas, beliefs and experiences without judging them,
- to invite participants to new concepts and perspectives by short and stimulating inputs,
- trying out new content in real practice focusing on what fits best in the participants' context,
- reflecting on and discussing these new experiences again with colleagues and PALS experts,
- consolidate or further develop and modify insights in ongoing practice-reflection-loops.

Learning becomes a circular process of negotiation of old and new ideas, concrete practice experiences, meanings, perspectives, scientific facts etc. If the learning content does not make sense to the learner, it is unlikely to become part of the learner's active knowledge or relevant to his/her practice. Learners are active decision makers in this learning arrangement. Active and meaningful learning, which implies the modification of behavior patterns, attitude and contexts, is a long-term processes.

Based on the Systemic View, individual and group learning cannot be separated from the social environment and the general contextual conditions in which the gained knowledge is to be activated. Thus, in order for the newly acquired competences to be put into practice, we have to simultaneously address the conditions under which they will become relevant. Accordingly, the PALS training programme equally enables, addresses and supports organisational change processes and not only aims at improving IPC knowledge or IPC compliance of single health care workers.

Hence, organizational change processes are directly connected with the participants' learning process and cannot be omitted or disconnected from it. Mostly, these connected processes are particularly challenging and require courage, support and patience. To change settings implies questioning the status quo. For this reason, change is not necessarily welcomed by all actors of a setting: it might challenge and threaten the established understanding of roles in a system and its underlying power-relations. *(See chapter 2.2 "The Systemic View".)*

Conceptual learning assumptions of the PALS training approach

1. The learner is always seen, acknowledged and respected as a person and not only as a participant of a course and health care worker or IPC expert.
2. The individual is in the focus of attention during all steps of planning and implementing a PALS training.
3. The learner is understood as an active constructor of knowledge and of understanding with experiences, competences and "good reasons" for acting (or not acting).
4. Consequently, learning is understood as an active inquiry process based on and in connection with the learners' pre-concepts.
5. Learners are invited to show and share their ideas and solution-finding-capacity in order to build up on already existing competences; and to confront pre-existing mindsets with new perspectives and contents in order to modify existing patterns.
6. Understanding the "contextuality" of people's behaviour: people may behave differently depending on different contextual conditions and relationships. Context and relationship are crucial for the understanding of personal and professional procedures and improvement processes.
7. Learning in a training situation as well as change processes in a health facility take place as negotiation between real people and in a concrete and specific environment.
8. Communication skills and a PALSy attitude are central to support ownership and authentic motivation: appreciation and respect are key for a successful communication and trustful relationship.
9. Empowerment of people happens in a bottom-up planned process supported by top-down trust and engagement; we are aiming at organisational development.
10. PALS facilitators act and facilitate accordingly and provide active learning arrangements as safe, trustful and stimulating spaces.

3.3.2 PALS: Congruence of Content and Format

In line with the above roughly sketched understanding of learning, PALS has to be experienced. Therefore, the PALS IPC training programme offers wide space for the creation of active learning settings and the PALS facilitators always try to model what PALS, change and learning is all about.

Following the Participatory Approach …

- PALS facilitators organize space for experiences wherever possible: in group discussions, exchange of ideas and exercises, and further more through field trips, field phases and mentored IPC improvement projects in practice
- PALS facilitators are interested in the pre-existing mindsets of participants and the resources and solutions they already demonstrated in their professional campus.
- PALS facilitators support the co-construction of content and shape the learning arrangements of all modules following the participants' needs.
- The decision-making-processes regarding next steps in the programme is shared whenever possible.

The Systemic View helps to organize the complexity of the learning engagement. PALS facilitators focus and pay attention to the relational aspects and the globe factors during the training:

- Facilitators and participants discuss and negotiate on the purpose of a session to reach a shared understanding.
- PALS facilitators relate to participants at eye-level and invite them to be key players in the training.
- Facilitator constantly inquire into what is meaningful to participants and try to adapt plans and programmes according to the participants' interests and needs.
- Personal experiences of participants are important to PALS facilitators, not only their function as IPC expert or health care worker.
- Facilitators understand participants' thinking always as context-related.
- Interaction takes place in a non-threatening and appreciative atmosphere which is created by the PALS facilitator.
- The learning venue and working conditions in the training reflect in any respect PALS and the underlaying understanding of learning.

> PALS overcomes the well-known and unproductive gap between theory and practice – old and new concepts: with this innovative process approach and didactic format PALS makes concepts fruitful for practice and practice fruitful for further concept development.

Knowing about the challenge of change of professional routines within complex systems, we organize the participation of CAs in the PALS training as teams. The teamwork supports social learning and the ongoing circular negotiation process. A trustworthy team becomes a central and protected learning space for CAs and their activities. The team configuration can bridge the "training situation" to the everyday practice in the hospital: therefore, the CA team is fundamental for the translation of PALS into complex activities and stimulating IPC improvements in real work context. It is the team approach which stimulates and enables the work of the "reflective practitioners" (D. Schön, 1987).

Acting as a Trainer Team: Train Together

We invite Trainers to act and facilitate as a trainer team. Organizing and implementing a training together supports the quality of sessions and workshops and helps to understand facilitating as ongoing learning process.

Trainers should plan for sufficient preparation and adaptation time, before the workshop starts (at least one day) and also during the workshop: each day needs to be reviewed under the perspective of the above stated ideas, considering the overall training objectives and the concrete objectives for each session and each day. The reflection of the previous workshop day is the basis for planning and adapting the next day.

If the facilitation of a training should be done at eye level with the participants, the Trainers need to observe and explore quite well where the participants have reached with their understanding about PALS, what might still be unclear, when they are ready for the next step., etc. A team of Trainers can divide the necessary tasks: one Trainer conducts a session, another one observes how the participants react, a third might support the group work part, etc. Reflecting on what is happening in the training venue helps to constantly adapt and question the programme. This is the essence of "rolling planning".

> *We did a training, and we wanted to figure out what they did with the knowledge acquired. From what we saw in practice we tried to figure out what the participants understood (and which competences they have)."* (Change Agent, Abuja 2022)

PALS invites participants of a training to co-design the sessions, for example through giving feedback on how they feel and what they understood so far. Feedback and evaluation tools at the end of a training module support this participant-oriented focus.

3.3.3 Didactic Suggestion: Practicing PALS in a Training Venue

Based on the understanding outlined above, we can deduct certain didactic decisions for training format, setting and facilitation which support to practice and experience PALS in a training venue.

General Suggestions

An important characteristic of a PALS training is:

> Less content – more time for interaction and the creation of meaning.

- Reduce the content and focus on critical information: What's the key message of the session? The content should be in bits and not chunky!
- Consider: What do the participants already know on this matter?
- Think about the "how": What method serves best to bring the message across (slides, discussion, group work, exercise ...)?
- Let participants experience the training matter: Make sure that the training matter connects with already existing experiences of participants, or that participants can make experiences in the training

Slide Presentations

- It is best to use few slides. In a half-hour presentation, use no more than 5–8 slides. Follow the 5/5/5 rule. That means allowing no more than five words per text line, having no more than five lines of text per slide, and never having more than five text-heavy slides in a row. More than anything, you want your slides to be as stimulating, interesting, and readable as possible.
- Illustrate the slides with concrete examples, which help the audience to understand the content. Ask if participants would like to add other examples from their own experience.
- Ask the participants concrete questions related to the slides in order to engage them and interact with them.
- Stimulate questions among participants: emphasize that there is no right or wrong question or ask them to comment: How do you understand this approach? What do you think about this approach? Does the approach remind you of something?
- Keep your eyes on the audience and interact as much as possible with them or change your approach when attention goes down. Tactfully break side talks among participants.

Exercises, Role Plays, Demonstration

- Explain the outlines of the exercise in a clear and understandable way: what are the participants expected to do, what is the timeline, what is the expected outcome.
- If needed you can choose participants to step into the role of “observers” to get more information about the process (e.g. like we did at the Bridge Building exercise).
- Think about the debriefing and the reflection phase of the exercise/role play/demonstration which is central in the learning process. There are different ways to facilitate this: plenary discussion or group discussions? Flipchart or cards? Open discussion or guided discussion? You can suggest questions to initiate the reflection in participants.

Group Work

- The composition of the groups always depends on the objectives of the session.
- Give clear and simple tasks and make sure that all understand them.
- Give a timeline (but be flexible with time and give more when needed).
- The type of presentation of the group results in the plenary depends on the objective of the session and can take different forms: poster presentation, cards, creative feedback …
- You as a trainer can support the groups with mentoring: walk around from group to group, listen, ask questions, clarify issues, give positive feedback.
- Provide all materials needed for the group work (paper, pens, cards …).

Organisation of the Venue

Teachers and trainers often underestimate the importance of the organization of the training venue: they step into the classroom together with participants or even after participants have arrived and don’t care so much on preparation of the space.

The venue is the place where learning and working takes place. It can support or hinder effective learning. It is part of the Trainer’s job to organize it according to the needs and objectives of the training. A well-prepared venue reflects the whole learning arrangement, the approach and facilitates the flow of the session or day.

When implementing a PALS training, take care of the following aspects:

- Make sure that the venue fulfils the requirements of the PALS training and the size of the group of participants: Is it big enough? Are there sufficient seats, tables …? Is the arrangement flexible in order to do different seating configurations? Can you stick papers onto the wall?
- Is it well-ventilated or is there functional air-conditioning?
- Check if all necessary materials are there: Flipcharts? Cards? Computers? Books? Handouts? Anything else needed …?

Particularly when, following such a vital didactical approach with changes in seating and didactic formats, different methods and tools, it is one of the core tasks of a Trainer to be on top of the learning arrangements: the venue has to be arranged according to the methods you use. A presentation of slides needs another organization of seats and tables than group work or a discussion round.

The products of work groups should be visible for everybody during the workshop: check that you have the materials to do so (tape, pins), or find other ways to display the products. Visible traces of discussions reflect and support the learning process. People start owning the learning arrangement by seeing their written thoughts populating the walls.

Think about the opening arrangement and when and how you have to change it.

To arrange and check everything, the Trainers have to be at the venue at least 40 minutes before participants arrive.

The following chapter *(chapter 4, Toolbox)* compiles methods and essential tools for facilitating PALS. In the Training Programme of Change Agents, Change Agents will practice these methods and tools and later apply them in their work, to collaborate with their colleagues in the hospital and address IPC issues in a PALSy way.

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doing a PALS training in a PALSy way: methods, tools and exercises

4. PALS Toolbox

The Trainer Handbook concludes with a toolbox. We compiled methods, tools and exercises in this chapter which are experienced during the training programme; they are relevant for facilitating the Change Agents training and translating PALS into practice. The toolbox will continue to grow in future as PALS is applied in different contexts and has to match the needs of other target groups. The toolbox in this handbook is complemented by a workbook for Trainers, where you will find more specific information on when to use these methods, tools and exercises in a PALS training workshop. *(See PALS Trainer Workbook, 2023.)*

4.1 Systemic View on IPC: the Four Factor Structure

The "Four Factor Structure" (4FS) presents a simple but complex (or nuanced) model to organize and manage the Systemic View in practice: The behaviour of individuals related to a certain topic is always understood in relationship to others and in a specific contextual situation. The 4FS and its application as a group work exercise is thoroughly explained, as they are important for understanding the systemic perspective in IPC practice contexts. *(For more information about the Systemic View see chapter 2.)*

THEME or IT: refers to a specific goal or task a group or team share.

I: refers to each individual in the team or group related to the common theme or task

WE: refers to the group or team and focuses on the relationship as aspect; it changes with the change of participants, including time and space; the WE needs to become productive related to the common theme or task

GLOBE: means the surrounding circumstances of the individual, the group and the theme as a whole; the GLOBE might support or hinder the successful elaboration of the theme or task.

Adapted to IPC development, we put specific IPC issues as the common tasks (THEME or IT) of teams of health care professionals (I and WE), in a special unit like a ward in a health facility, at a certain time (GLOBE).

This 4FS has to be explained to participants, using examples of IPC challenges and discussing such examples of challenges with them. Each factor has to be thoroughly discussed to help participants understand the influencing dynamics between them. Doing so engages the participants in reflecting on the all-day working practice and encourages them to share their work experiences in the training session. Take care about presenting the GLOBE factor: The GLOBE represents everything which influences the work situation in its complexity – from the IPC equipment and consumables, to infrastructure, workload, the timetable for team meetings to IPC leadership / management and the community frequenting the hospital. It makes sense to keep it as concrete as possible *(see also Trainer Workbook, Workflow CA Workshop 1)*.

Working with the 4FS

After the general introduction, the group spilt up into small groups choosing an IPC issue and working with the 4FS. Their task is to look for supportive and hindering factors in each dimension regarding their work experience and their knowledge. The results are documented (flipchart) and shared in a plenary session and discussed.

Facilitation of group work:

The Trainer listens to the discussion process in the small groups; she/he supports the application of the 4FS on a real IPC scenario and enhances the understanding of the systemic thinking.
It is also important to observe the character of the discussion in the groups: Do they listen to each other? Are they open-minded to accept different points of view? How do colleagues relate to one another?
These communication aspects are important for the overall objective of the training and should be modelled and practiced by the trainer *(see chapter 3)*.

Time management:

The presentation of the 4FS in plenary (about 20 minutes), the group work (about 45 – 60 minutes) and the presentation of group work (about 20 – 30 minutes) as well as the plenary discussion (about 20 minutes) of the results in the end will take up to 2.5 hours. It might be helpful to stick the flipchart documentation of the different group work to the walls of the venue and invite participants to look at them further and informally discuss the different work realities of the participants (small marketplace).

Materials:

- graphic of 4FS
- Flipchart paper
- Pencils
- Masking tape

Template: **Systemic View on IPC: Four Factor Structure**

THEME / IT (your concrete IPC topic/ task):

What IPC topic do we want to work on?

Is it clear to everybody?

What does it mean? How does it work? What do I already know about it?

Does everybody (in the unit or health facilities) agree on the importance of this topic for IPC improvement?

What type of competences and concrete working steps are needed?

→ Supportive factors / hindering factors

GLOBE (environmental effects for all factors):

How does the concrete working environment affect our task (THEME, ME, WE)?

How does leadership/management affect our task (THEME, ME, WE)?

How does the concrete neighborhood, community affect our task (THEME, ME, WE)?

Is the time right to start with this topic?

→ Supportive factors / hindering factors

THEME / IT

GLOBE

balance

I

WE

I (as a person and a professional regarding the topic):

What are my competences regarding the IPC task?

What do I already know about it?

What do I want to learn about it?

Where are my strengths / weaknesses regarding the topic?

What are my personal beliefs and experiences regarding the topic?

Can I do more to improve the IPC task?

Which advantage / disadvantage do I have when the IPC task will be improved?

→ Supportive factors / hindering factors

WE (relational aspects regarding the topic):

With whom do I work together for better understanding and improvement on the IPC task?

Can we split up in working groups?

How do we communicate?

Are there hierarchical factors and interprofessional factors to keep in mind?

Have we already created an error friendly communication and working culture?

Do I feel comfortable with my colleagues?

Unspoken Rules

→ Supportive factors / hindering factors

Source: Theme-Centered-Interaction developed by Ruth Cohn

4.2 Think Tank

The Think Tank presents a method for self-introduction in a group organized by questions of interest. In the frame of the participatory work the Think Tank is a strong signal of a resource oriented and respectful working approach. The participants get time and attention to present themselves and to get focused on the common workshop task. Everybody gets on stage. It also supports networking between the participants and makes it easier to talk to one another about common themes. The quality and meaningfulness of the exercise depends on the questions and on the moderation.

You can use the Think Tank to show and share all the experiences, competences, backgrounds of the participants. These are the "human resources" brought into the training programme.

A PALS Trainer is moderating the Think Tank

Facilitating a Think Tank Session

All participants are invited to present themselves using different questions about their work experiences, the role / function, their specific knowledge in IPC or other interesting items and questions! Think about 4 or 5 questions: What do you want to know about the participants? What is helpful to know for the training situation and the objective of the training? What should they know from one another? Which question allows a person to add a specific personal competence? Don't forget a kind of ice-breaker question, like: what would have been your alternative carrier pathway?

Facilitation:

The participants get 10 minutes time to write down the answers on coloured cards. During their presentation, the cards get stuck on the wall. In the end you see the colourful Think Tank, the Resource Pool of the group!
During the presentation the PALS Trainer moderates the situation carefully. S/he can add a question to deepen the understanding of a single person or relate him/her to another: Maybe there are interesting differences or common aspects amongst the group.
Explain, why you take all the time to do the Think Tank: How is this method related to the Participatory Approach and Systemic View? Rules and principles of communication can be introduced.

Time management:

When concentration goes down, have a 5-minute break, a short physical exercise, control presentation time and avoid story telling.
A Think Tank with 15 people might take at least 60 – 90 minutes.

Materials:
- Plenty of cards (number of participants x questions)
- Pencils
- Masking tape
- Large sheets as background against which to fix the cards (if possible)

Comment:
Make sure that the Think Tank-cards will stick properly on the wall for the next few days.
If you have more than 15 participants think about two parallel Think Tanks or plan for a 10 minutes break.

The Think Tank gives the Trainer the opportunity to get to know the participants, to immediately establish the basic ideas of PALS: Every voice counts!

4.3 Quick Dating

Quick dating is a tool the Trainer can use to achieve a variety of specific objectives in a training: To get people in the beginning of a course into contact, to let them talk about personal topics, to let them raise questions to a specific topic of discussion or to do a recap of the previous day. In other moments the Quick Dating can stimulate questions, for re-energizing a group, for smoothing difficult topics or basically to socialise the group and so on.

Colleagues dance and talk informally to each other

According to your objective think about three to five questions you want the participants to talk about. The group walks around in the venue – you can play some music to make it more playful and engaging. After a while, when people are dancing you give a sign to stop the music. Everybody has to turn to his/her nearest participant to have a "Quick Dating". At this point the facilitator will provide the first question, and the couple has to talk about the raised topic: each has one or two minutes to talk. After this chat the Quick Dating of this couple is over, people again walk or dance around in the venue and a new round of Quick Dating with a new couple and a new question starts.

A Quick Dating for doing a recap might finish with the question: What is unclear from yesterday's work or on which question would you like to delve deeper into during the plenary session?

You will experience a lively and engaged group discussion after this exercise. This tool supports even shy people to get their voices heard.

4.4 Brainstorming

Brainstorming is a creative method for problem solving. It is especially useful for looking for solutions for a defined problem or for opening up a broad view on a topic. It is a relaxed and informal way to include people in a process from the beginning. Everybody who takes part in the brainstorming has the same right to speak! This method promotes the exchange of thoughts, opinions, feelings, ideas, and questions. This happens in a spontaneous manner – no judgement, no long speeches!

Facilitating a Brainstorming Session

Starting point:
The opening question for the brainstorming needs to be a productive, interesting and catchy question which invites and stimulates creative thinking. The atmosphere should be relaxed and the groups should be familiar with the scope, rules and procedure of the brainstorming session.

Phase 1:
During the first phase of a brainstorming session, it's absolutely forbidden to comment on or criticize the comments and inputs of others, even if they seem crazy or unsuitable. Somebody or better two persons should simply write down all inputs in no particular order. Any contribution will be heard and written down. No exceptions! The facilitator stands ensures that the rules are followed and invites participants to be appreciative and not judgmental.
The first round of brainstorming will be considered concluded when there are no more additions from anyone, or when the agreed time has been exhausted. The group that does the brainstorming should not be larger than 4–7 members.

Phase 2:
In a second step the facilitator can deepen the topic by clustering the inputs looking for relations between different inputs. Prioritization of inputs (time, importance, more realistic… "first things first") is needed. Brainstorming of different groups on the same topic can be compared and discussed.

Phase 3:
The brainstorming, is finally followed by a third round, a discussion and systemization that might become the take-off for planning an intervention as a solution for a problem or the beginning of a change process or simply open up a broad horizon of a complex theme.

Time management:
The facilitator gives sufficient time that people get into the brainstorming mood (first round). The following steps can take 10–20 minutes.

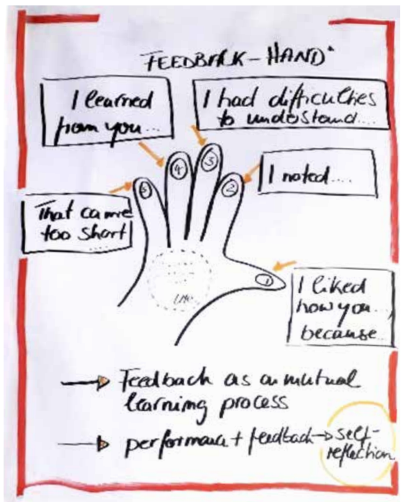
Materials:
- Flipchart paper or another big paper sheet
- pencils

4.5 Feedback Hand

Giving and receiving feedback is a necessity in many work and training situations. The feedback hand-model supports structured feedback that focuses on mutual learning and the process character of the situation without ignoring critical points or sensitive aspects.

Furthermore, the perspectives of the feedback hand sheds light on the relationship between the feedback giver and the feedback receiver. Constructive feedback not only mutually improves competences and performance but also strengthens the relationship between the person who gives and the one who receives the feedback.

- I liked, what / how you did … because …
- I noted that you …
- I had difficulties understanding why / when …
- I appreciate very much and I learned from you …
- For me that came a bit short or I wished …



Feedback Hand ©Ute Zocher

The palm of the hand offers space to give feedback on a very personal note.

The feedback emphasizes positive aspects and resources in the process.

4.6 Buzz Groups

To start a discussion the facilitator invites the participants e.g. after a presentation to take 5 minutes to talk to someone sitting next to him / her or two other participants seating close to him / her about the topic the presentation dealt with, or the question raised. In these small chats it is easier to come up with questions or comments and see what colleagues think about the topic in focus. A following plenary discussion will be more engaged and more colleagues will actively participate.

The “small chats”-tool or buzz-groups can be applied whenever a discussion gets stuck, or the group shows poor engagement in plenary.

4.7 Planning, Doing and Presenting a Field Excursion

The mini field phase is an eye-opener in the training because participants leave the classroom and step back into practice. Fortunately, it isn’t their own working context, so it enables more distant observation and reflection. It offers different possibilities to experience the role as an “IPC Change Agent” later on in their actual health facility. Using different tools and instruments to explore IPC realities support a constructive distance to understand the complexity of IPC practice in health facilities and to look for solutions. This kind of understanding seems to be very motivating because it is based on real situations and well incorporated experiences.

The trainers have to prepare and facilitate each phase of this exercise carefully. The contact with the MD / CMD of the health facility to be visited for the mini field phase has to be made in advance and appointments booked with the hosting hospital, particularly regarding ethical rules and commitments (observing, photos etc.). The hosting health facility should be informed about the visiting colleagues and the objectives of this "open research" (no control, no blaming, no undercover observation …). All the organizational issues have to be prepared: transport to the hospital, distribution of the groups to different wards (guides to bring them there), timetable etc.

The very interesting aspects of this "going practice" are:

- The colleagues approach and assess IPC realities differently in role and function as observers in a foreign context.
- The concepts discussed in the workshop, e.g. no judgmental approach, resource-oriented get proven by practice.
- The colleagues can discover not only hindering factors but also resources and solutions.
- The mix of theory and practice is stimulating, creative, and provides participants with the opportunity to observe how their acquired knowledge would work in reality.

The participants pass through different phases of work. All the phases are prepared and accompanied by trainers, who act in a collaborative way and leave maximum space to accommodate the discussions and decisions of participants.

a. The preparation of the mini field phase by the participants means

- Using the Systemic View to investigate a key IPC issue.
- Getting familiar with the complexity of a key IPC issue and the interrelationship of the four factors.
- Working together and listening to different points of view.
- Getting to know at least four IPC tools / instruments to explore a work reality regarding a specific IPC topic.
- Adapting instruments, anticipating situations, sharing roles and making commitments for the field phase.

Trainers have to structure this process, stimulating with questions where necessary, clarifying positions where needed, emphasizing non-judgmental discussions, being interested to hear about the concrete experiences of the participants.

b. Role and activity of the training participants (Change Agents) in the ward

- Being an observer in the workspace (instead of acting under pressure).
- Taking a distant view and seeing different things.
- Getting into contact with the colleagues who work in this ward to interact regarding the IPC theme.
- Capturing experiences during this interaction using tools in a participatory way.
- Gathering data, raising new questions, and finding answers.

c. Reflection of the experiences

- Trying to make sense of the collected data.
- Discussing the experiences in the light of the IPC theme.
- Discussing the experiences in the context of inter-professional interaction.
- Discussing the experiences from the perspective of "how to bring change about". (What could be the next step?)

d. Presentation

- What insights did participants gain regarding the IPC topic?
- What insights did participants gain regarding the social interaction?
- What insights did participants gain regarding the starting point for "change"?

4.7.1 Tools for Inquiry in the Field Excursion

Photo Voice

Photo Voice is an important method and is often used for participatory needs assessment in community development processes (*see Wang and Burris, 1997*). It encourages documenting and reflecting reality. We can adapt this method to document and reflect on work realities in the process of IPC quality development. Colleagues get encouraged to take photos of IPC work realities to bring up important facts, circumstances, barriers or resources and examples of good practice of IPC. A photo can easily open up a discussion. It is important that the author of the photo:

A Change Agent takes a picture in a health facility

1. explains what is visible in the photo, describing the situation documented and
2. in a second step explains why it seems meaningful and important to him/her,
3. contextualizes the photo in broader themes. For example, a photo of a rotten soap dispenser on the ward doesn't only talk about the fact that it is broken now but also about the engagement which has been taking place a couple of months before: when someone fixed the soap dispensers on the wall without talking and creating awareness for the hand hygiene issue. Now the soap dispensers are mostly broken or empty. This might be the starting point of a reflection.
4. At last, the audience can add what they can see in the photo, what is of interest for them.

If many people take lots of photos, you can share and discuss them, doing clusters of themes and topics.

Photo voice can be used e.g.

- as a method to encourage colleagues to take IPC related photos in the work context and share them with colleagues and start a change process,
- as a documentation to bring real working situations in photos to the workshop or training situation to get authentic, realistic, and concrete starting points for discussions,
- by the IPC committee to collect data.

Taking photos during the field phase has to be announced in the observed context. Everybody has to be informed about what is happening and why. The ethical rules have to be respected.

Doing a Blitz Interview on an IPC topic (rapid appraisal)

A rapid appraisal can consist of three or four questions about an interesting IPC topic which colleagues will be asked in work settings. This method can help to get into contact with colleagues and to prove your own ideas and appraisals. Maybe your colleagues see other priorities of change from what you see as an observer, or, maybe they have other explanations for the circumstances or situations you observed. This method is a good instrument to explore and open up your mindset.

You have to put down the questions and start interviewing. Maybe you can record the answers with your smart phone or take some notes during the interview. Please, don't forget to introduce yourself in a friendly way and explain what you are doing and why.

IPC Observation Tools

For the field phase during the workshop, we can use WHO observation tools for IPC structures and practices[6] to look more closely, to discipline our perception, to train our knowledge in practice. It is not a hidden observation to confront the observed colleagues with our findings, but it is open, transparent observation of well-informed colleagues. Observation findings will be shared in a respectful and constructive way to get more insights into the working routine, to understand them better and to explore solutions and alternatives.

4.8 Starfish Tool

The Starfish tool is a process tool that supports the reflection on an ongoing process and the already achieved results in order to develop next steps.

It takes into account that in agile change processes the next step does not start from scratch: the starfish tool invites the reflective practitioner to evaluate the activities done so far and assess their effectiveness in relation to the set-out goal; subsequently it is possible to take conscious and appreciative decisions on what worked well and what not, what should be done further and what should stop etc. It stimulates and structures a group reflection for a smooth change process: think back and step forward! To start the starfish tool, a concrete overarching question needs to be carefully defined. Here are some examples of questions:

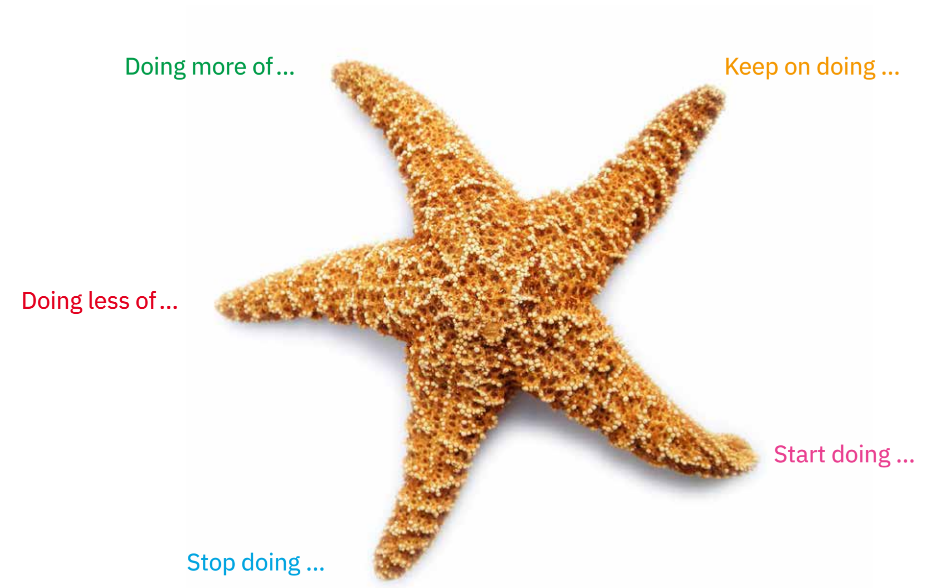
- How should we get organised to enhance the sustainability of the already achieved quality?
- How can we improve the quality of the process we have achieved?
- How can we spend less time without compromising the quality of our process or result?

6 Such as, for example, the WHO hand hygiene observation form that can be accessed via https://www.who.int/teams/integrated-health-services/infection-prevention-control/hand-hygiene/monitoring-tools or tools developed by the NCDC that can be accessed via https://www.ncdc.gov.ng/diseases/guidelines

In order to find the answer to questions like these the starfish focuses on different perspectives:

- What should we do **more**?
- What should we do **less**?
- What should we **keep on doing**?
- What should we **stop doing**?
- What should we **start doing**?

Figure 7: **Starfish Tool**



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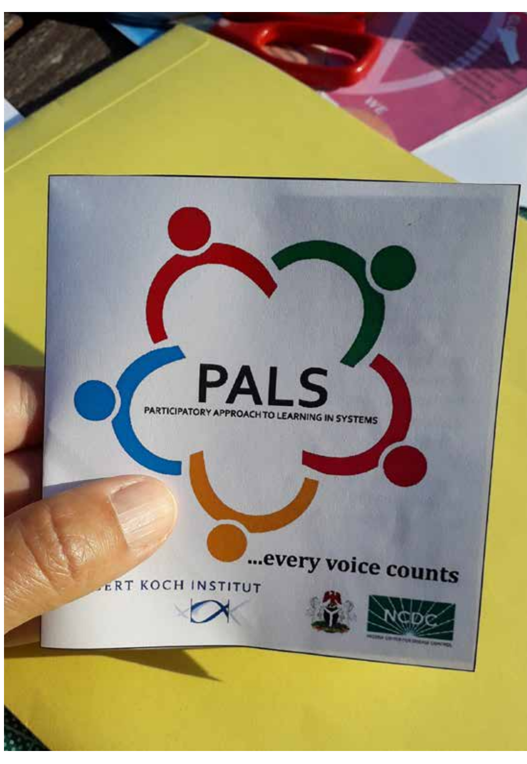
4.9 Planning and Doing: Public Health Action Cycle

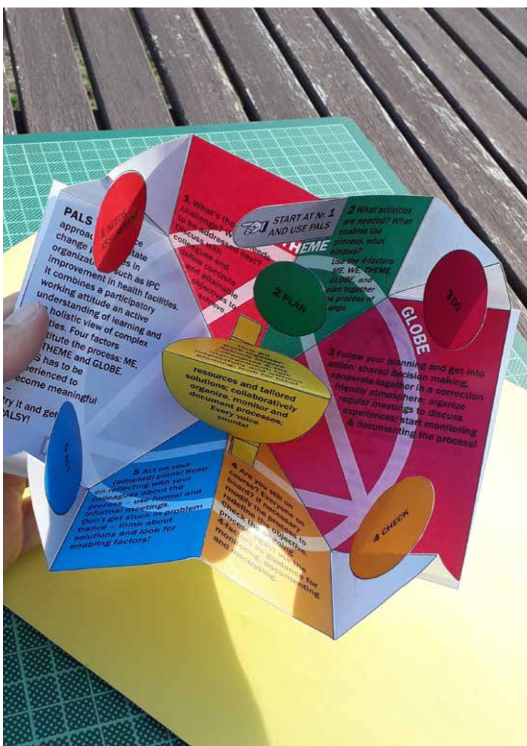
The Public Health Action Cycle (PHAC) is applicable at all levels of planned and non-spontaneous action – as an individual programme of action, for structuring a health protection project, and for the implementation of improvement processes at micro, meso and macro levels. The PALS Action Cycle integrates the PHAC and the PALS approach. *(See chapter 2.4, p. 31)*

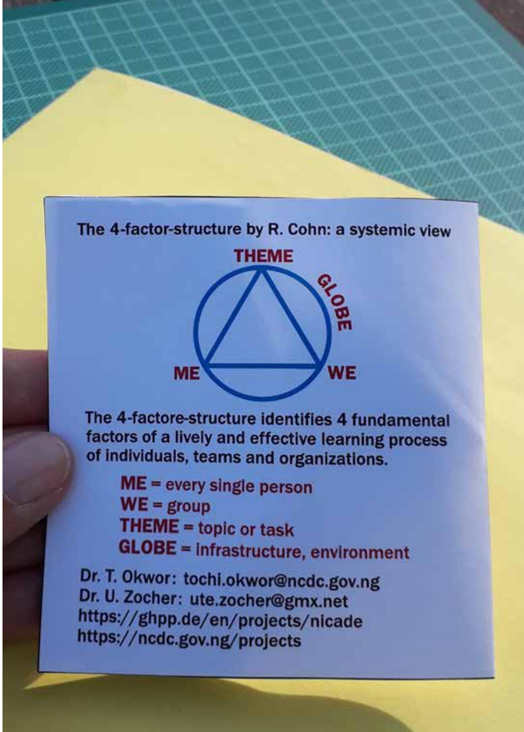
Figure 8: **Public Health Action Cycle**

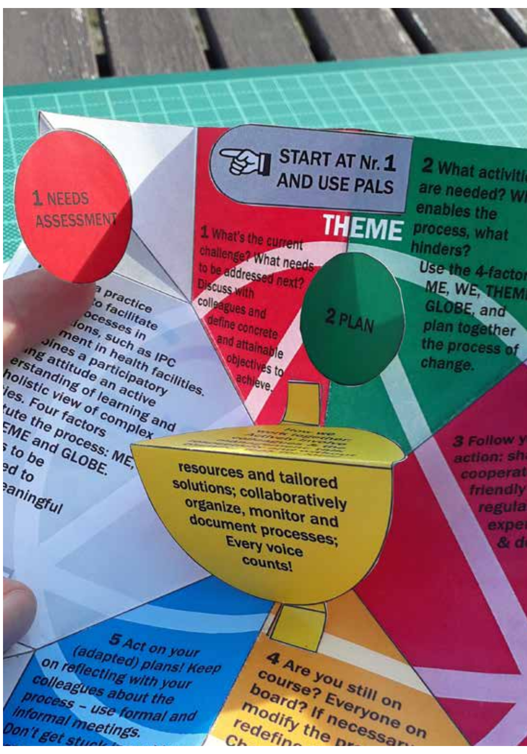
4.10 The PALS Pop-Up Flyer

The PALS Pop-Up Flyer is a translation of the PALS Public Health Action Cycle into a handy practice tool. It might support people in the practice context to practice PALS, to explain it to others or to promote it. The PALS Pop-Up Flyer needs to be printed, its elements need to be cut out and composed like shown in the pictures.









1

THEME

1 What is the current challenge? What needs to be addressed next? Discuss with colleagues and define concrete and attainable objectives to achieve.

2

2 What activities are needed? What enables the process, what hinders? Use the 4-factors ME, WE, THEME and GLOBE, and plan the process of change together.

3

GLOBE

PALS is a training and working approach to facilitate change processes such as IPC improvement. It is grounded in a participatory attitude and a systemic view. PALS empowers local action for change, based on four factors that must be considered together: the task (Theme), the individuals in charge (Me), the team and their relationship (We), and the working environment and management (Globe).
Try it and get PALSY!

ME

3 Follow your plan and get into action: share decision making, work together in a correction friendly atmosphere, organize regular meetings to discuss experiences, monitor and document the process!

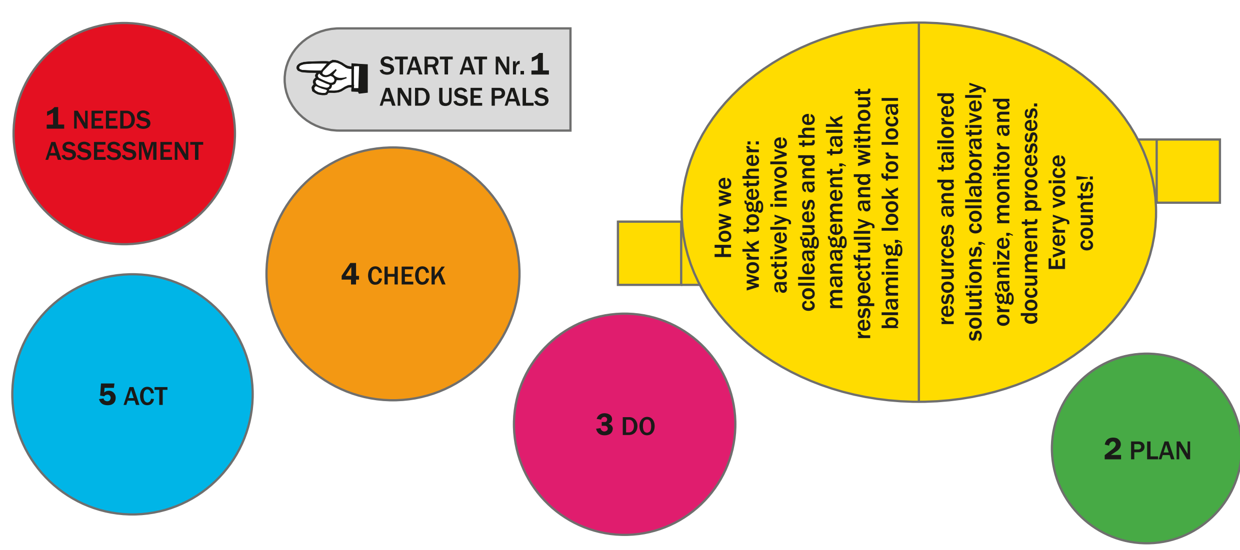
WE

5 Act on your (adapted) plans! Keep on reflecting with your colleagues about the process – use formal and informal meetings.
Don't get stuck in a problem trance – think about solutions and look for enabling factors!

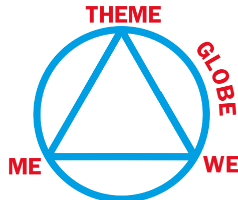
4 Are you still on course? Everyone on board? If necessary, modify the process or redefine the objective. Check the ongoing process: again, use the 4-factors as a guide for monitoring, documenting and discussing.

5

4



The 4-factor-model by R. Cohn: a systemic view

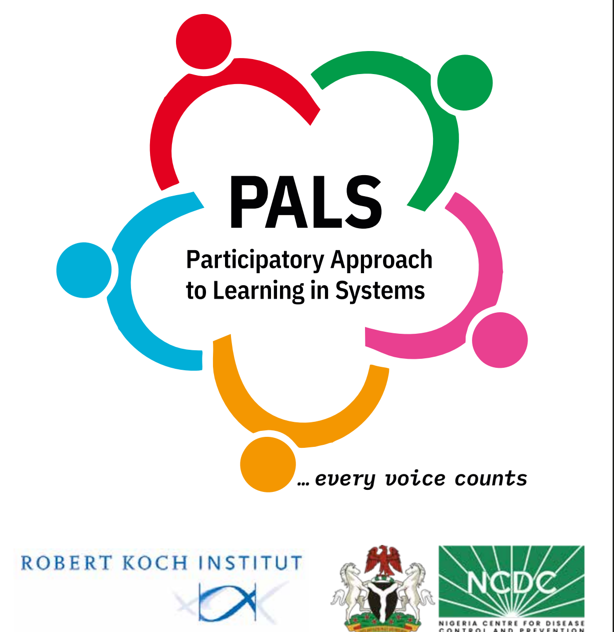


The structure identifies 4 factors of a lively and effective change process of individuals, teams and organizations.

ME = every single person
WE = team, partners
THEME = task, topic
GLOBE = environment, management

If you want to know more or to become a PALS trainer please contact: Dr. T. Okwor: tochi.okwor@ncdc.gov.ng
Dr. U. Zocher: ute.zocher@gmx.net
https://ghpp.de/en/projects/nicade
https://ncdc.gov.ng/projects

Funded by the GHP Programme of the German Ministry of Health



NCDC
NIGERIA CENTRE FOR DISEASE CONTROL AND PREVENTION

4.11 Guidelines for Communication Exercises

4.11.1 Active Listening, Paraphrasing and Productive Questions

This exercise offers the possibility to try out different roles in a communication sequence respecting active listening, paraphrasing and productive questions as well as observing such a sequence of communication. *(For a detailed explanation of these three communication activities please refer to chapter 3.)*

Material: none.

Purpose: To ensure mutual understanding, an appreciative communication atmosphere and a productive exchange of thoughts and ideas regarding the described situation

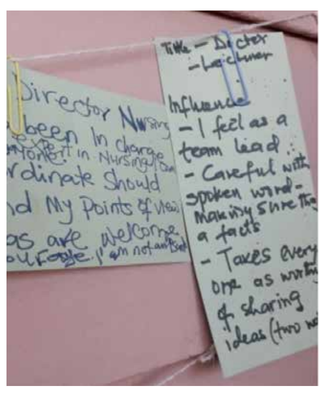
Process: It is a basic but efficient communication exercise, which takes around 45 minutes and is performed in groups of three people.
First, the three communication activities are clearly explained and related to the basic ideas of PALS. They can also be demonstrated by the facilitator using an example (role play).
The participants are divided into groups of three. The roles of narrator, listener and observer are assigned. The narrator talks about a situation that is thematically appropriate and presents a certain challenge or irritation. The listener tries to apply the three communicative activities of active listening, paraphrasing and productive questioning. The observer first follows the sequence in silence.
After 10 – 15 minutes the participants stop the communication exercise and reflect on their experience. The observer can share his observations and sustain the further reflection on the communication behavior (meta-reflection).
Useful questions for reflection are: How did communication work using the three activities? How did the narrator feel about it? How did the listener feel? What did everyone notice during the exercise? How did this differ from similar interaction you are used to?
Then the roles are changed, and the process repeated until everyone in the group has had their turn.

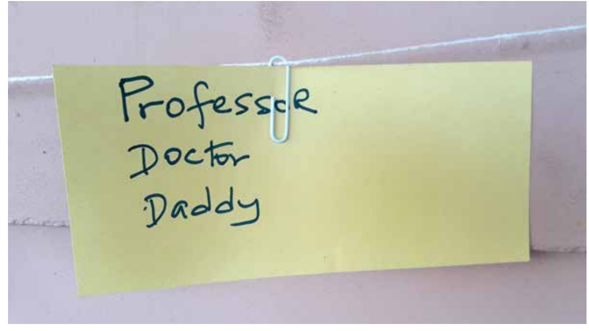
Debriefing: At the end, the experiences with this exercise are shared in a plenary session and the three communication activities are discussed.

Please Note: In the beginning, this exercise might feel a bit silly for the 'listener' but encourage participants to try out and observe how they feel in both roles.

Listening to hear not listening to speak

4.11.2 Leave your Title at the Door!





The exercise is introduced by the Trainer to invite the participants to reflect on titles and how they influence the communication and behavior. This exercise has to be done with care and facilitator should pay attention to the group: it touches sensitive topics on culture, values, tradition.

Task: Participants are invited to write down their academic, professional, religious or traditional titles and stick them on the wall outside the training venue.

Materials: cards, markers, a string (4 meters) and paper clips.

Duration: depending on the number of participants, approx. 20 min + 2 min/participant.

Purpose: This exercise invites participants to reflect on their professional titles and on how titles influence communication.

Process: The facilitator explains the exercise and creates an inviting and friendly atmosphere. The participants are asked to write their titles on a card and what the titles mean to them as well as how the titles influence their way of communication and interaction.
In a short exchange with the person sitting next to them (5 minutes) they are invited to share their thoughts and experiences. This chatting leads into a plenary discussion about how a title might influence one's behavior and also the behavior and understanding of others.

Debriefing: At the end the participants are invited to leave their titles on the designated clothesline or on the wall by the entrance door and experiment how it feels to leave the title behind when entering the venue.
After the exercise, it is best to take a break from work and relax a bit. Perhaps the conversation continuous informally during tea break or the people may have a look at all the titles on the clothesline.

Comment: This exercise might be in conflict with strongly hierarchically organized institutions / societies and / or culturally shaped role understanding. Therefore, it is important to understand this exercise as an invitation and to deal sensitively with this topic: There are good reasons to keep titles and just by hanging the title on a clothesline you won't change your communication style; but just thinking about it and sharing ideas and experiences creates sensitivity for communication, expectations and counter-expectations and creates an authentic and productive working atmosphere.

4.11.3 Bridge Building

The bridge building exercise promotes communication and collaboration within the team and shows the challenges of mutual understanding.

Task: One team has to construct one half of a bridge which fits and matches well with its second half which is built by another team; both teams can communicate with each other but can't see each other or what they do.

Materials: old newspapers, 25 straws, one meter of tape, one meter of string and a measuring rod (you can also use other materials); you might need additional materials for creating the working scenario (e.g. bed sheets, tables, whiteboards).

Duration: approx. 60 min.

Purpose: This in an exercise to enhance team communication; it shows the necessity of communication to reach an objective and discussion as the way of effective communication and related challenges.

Preparation: Before you start this collaboration exercise, divide the participants into groups of six to twelve persons. Divide each group into two teams (3–6 participants each). Each team will focus on building one side of the bridge (left or right). Create a scenario that the teams CAN'T see what their partners are doing but they can talk to each other (use whatever is available to create such an environment).
Every team gets exactly the same amount and type of materials.

Process: Let all teams start at the same time. Give them 30–40 minutes for building their bridge. Don't assign time for planning or design. Let them figure it out. Nominate one participant for each group as observer, who observes the two teams of one bridge, but does not participate in the construction. The observer takes notes of the communication process.
Once time is up, remove the visual separation between the teams, and each group need to bring their parts together to form a bridge. They can't modify anything at this point. Take pictures of the finished bridges.

Debrief: Discussion on how the teams approached the challenge.

- What did the team focus on first? On defining collaboration, approach, and roles? Or on designing the bridge itself?
- How did they approach the bridge-building exercise? How did the limitation (not seeing) improve or hinder communication?
- What insights did the exercises give them about communication and collaboration? How can they apply the findings to deal with everyday challenges?

Comment: The objective of the exercise is not the bridge but improving collaboration. Make sure people don't get distracted with who built a better bridge. Of course, a little bit of competition always energizes people

4.11.4 Spaghetti Tower

This exercise serves to reflect on communication within the team and is easy to carry out. Only a few readily available materials are required.

Task: Construct the tallest possible tower using only spaghetti and marshmallow.

Materials: 20 Spaghetti sticks, 1 m of masking tape, 1 m of string, 1 marshmallow per team; a measuring tape for the facilitator to measure the towers, one table for each group.

Duration: approx. 45 minutes.

Purpose: The Spaghetti Tower is a team building exercise; the team must find a solution for a clearly defined task.

Preparation: Preparation of group tables with sets of materials.

Process: Group the larger house into teams of 3–5 and invite them to the worktables. Give the teams the task and a set of materials. It might be helpful to write the rules somewhere: The teams have to build a tall tower. It must be free-standing and can't lean on anything. The marshmallow must stick on top of the tower. The team can use as much or as little of the materials as they want. The teams can break or cut the spaghetti, tape and string.
The groups have 18 minutes to build the spaghetti tower.
It is possible to add an observer to each team. His or her task is to observe how the team brainstorms and takes decisions, how different competences become visible, how tasks are distributed etc. The observer is not allowed to speak or to support the team. The observer should take an appreciative perspective and should focus on what s/he observed (without any judgement) and what seemed to work well in this team.

Debrief: Discussion and reflection in the team (10 minutes):
- What worked well? How did we arrive at decision making?
- The observer adds his/her appreciative observations on what worked well in the team.
- The team and the observer share their insights in the plenary session with the other groups;
- "Surprising moments" during the exercise will be mentioned too
- If conflicts in team work occur, they might be addressed by using one of the already known models (Behavior Iceberg, Feedback Hand, Productive Question etc.): how can we improve on that aspect?

Comment: The competition between the teams might be high during this exercise. All teams want to find out which group wins the challenge. Take time for this part of the exercise, joyfully celebrate winners (there might be more than one according to different criteria) and think how to deal with exaggerated competition.

The Trainer Handbook is designed to stimulate and help participants of the PALS IPC Training of Trainers to deepen their understanding of the “Participatory Approach to Learning in Systems (PALS)” and of the didactic competences required to train and mentor others in the translation of PALS into practice.

It presents the PALS concept for improvement in infection prevention and control in health facilities and describes its theoretical underpinnings, gives an overview on communication and collaboration methods and models which help to translate PALS into various practice contexts and offers Trainers a practical toolbox with tools and exercises that are used in PALS trainings.

PALS cannot be taught, it has to be experienced!

… every voice counts