

Open Society Institute
Law and Health Initiative
Expert Consultation:
*How Can Training of Health Providers Be Effectively
Used to Promote Human Rights in Patient Care?*

Dos

- Plan a training as a component of a broader intervention.
- Training should be framed as a process, rather than an event. It necessitates action when participants go back to their work.
- Training should be action-oriented and combined with the development of advocacy.
- Set out ambitious, but well-defined and narrow goals.
- The training can also serve as a leadership development workshop, increasing impact.
- Create prestige around an issue.

Who

- Identify leaders at different levels in the health system who can create incentives and mobilize people for change.
- Involve local opinion leaders.
- Provide key people a sense of public visibility as a leader on an issue.
- Use both a top-down and bottom-up strategy.
- Focus on faculty for systemic impact.
- Aim to create a culture of respect by influencing younger generations.
- Look across the continuum of care.
- Engage with family care physicians.
- Use a systems approach to change and harness multiple audiences on behalf of common goals.
- Form alliances with NGOs, professional organizations, and the medical and judicial establishment.

How

- Tailor strategies to the target audience.
- Recognize local peculiarities.
- Use peer-led trainings.
- Human rights should be made concrete. Trainings could be combined with an audit or rapid assessment.

- Bring the voices of patients and people whose rights have been violated into the room through guests, case studies, and film.
- Include marginalized groups as an integrated part of training.
- Doctors are also patients so it is possible to tap into their own experiences as patients.
- Connect to the reasons health providers decided to enter the health care profession.
- Cross role boundaries and disciplines. People do not work in a vacuum, but rather in relation to one another.
- Use interactive, participatory adult methodology.
- A technique that will work well in a large group is to show a film clip and then ask participants to discuss with their neighbour.
- Provide a brief introduction to the legal framework, followed by many practical examples.
- Include didactic framing at the beginning of the training and a didactic pulling out of key lessons at the end.
- Start the workshop with provider rights so that health workers feel invested and their concerns are addressed.
- Engage in values clarification. Recognize the difficult situations of health professionals and that human rights answers are not easy.
- Provide health workers a space to talk about their challenges.
- Identify needs, desired behaviours, and the reality.
- Tap into people's highest aspirations.
- Start with an assumption of alignment, and empower participants and mobilize them to effect change.
- Encourage participants to focus on their own sphere of influence so that they can make a difference.
- Respect participants as agents of their own destiny.

Evaluation and Impact

- May want to have pulse checks during the workshop and an independent exit interview of participants after a training.
- Always plan for follow up.
- Post-training, use checklists and "reminders" or visual re-enforcements, such as posters to integrate ideas in practice.
- Identify "enablers" to people acting in the best professional sense. These can then become outcome measures for evaluation.
- Training is about the actions afterwards. These actions can then become outcome measures.
- Potential benchmarks could include clinical guidelines and observational studies to measure adherence.
- Use both short term process indicators and measure long term impact through observational audits.

- Employ annual audits to check how participants are doing.
- Provide encouragement and award good behaviour.

Don'ts

- Do not engage in training with no buy-in from senior leaders. This will only lead to frustration.
- Do not proceed with training without the gatekeepers' buy-in and buy-in at all levels.
- Avoid one-offs and training with no follow-up.
- Do not hold trainings for health providers that are only led by lawyers.
- Do not rely on lectures and didactic learning.
- Do not envision training as the "pouring of expertise" from trainer to participants. Rather, training is an interactive process of mutual learning.
- Do not relay human rights as abstract principles.
- Do not preach about human rights, while not listening to health providers and paying attention to the barriers they encounter in their work.
- Do not attack participants.
- Do not take a confrontational approach and rely solely on external motivations, such as the avoidance of malpractice suits. This can lead to the practice of defensive medicine.

Questions to Consider

- When is it appropriate to train?
- What can training do or not do on an untouchable problem in a country?
- Who is best placed to train?
- If we train enough health managers, will this have an impact on policy?
- What is the role of medical students and professional associations?
- How general or specific should a training be?
- How do we make human rights practical and relevant to health providers?
- How explicit do we want to be about human rights? Do we want to use the quality and ethics approach?
- How can we monitor and know we achieved results?