Appendix B
Examples of COPE Successes

COPE has been widely successful since EngenderHealth* first introduced it in 1988. It has been used with great success in more than 45 countries around the world.

Many examples of COPE successes exist. The following stories, provided by our colleagues in the field, exemplify the extraordinary role that COPE has played in changing the quality of services provided, the environment, and staff motivation and satisfaction at sites that use it.

Following these examples, on the last page, you will find a guide for adding your own success stories, developed from your personal experiences with COPE.

Privacy and Information about HIV and STIs

The family planning staff at a hospital in Asia decided to use COPE to improve the accessibility and quality of their services. During a COPE exercise, the staff identified these and other problems: In the space in which counseling and physical examinations (including pelvic examinations) were conducted—behind a curtain in a corner of the small outpatient department—family planning clients experienced little auditory or visual privacy. In addition, most of the staff were not aware of how to prevent HIV and sexually transmitted infections (STIs).

By the end of the exercise, the staff developed solutions. As a result, the following changes were made:

- The hospital chief and a local health officer converted a room near the outpatient department into a family planning room, allowing clients to receive family planning services in a private area.
- The hospital chief arranged for a local health expert to orient the staff on HIV and STIs, and the site established a system for updating staff about HIV and STIs in monthly staff meetings.
- A sign clearly shows where family planning services are offered.
- The hospital chief and local health officer secured the equipment needed to provide family planning services.

These interventions led to improved services and increased awareness among clients and staff about the services available.

Keeping Clean

A rural health center in Africa had a serious problem with cleanliness and infection prevention. The center's public areas were never swept, the cleaner had no protective clothing or gloves, and waste and needles were scattered on the ground, exposing clients and staff to potential infections. After a COPE exercise, staff at the site implemented solutions to these problems, including supplying the cleaner with gloves, training all staff in proper infection prevention practices, providing receptacles for discarding waste and sharps, and sweeping the center's green spaces, walkways, and waiting areas. Staff believe that their heightened concern for their clients' comfort and safety contributed to an increase in clients seeking services at the center.

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* Before 2001, EngenderHealth was known as AVSC International.

More Motivation

In a hospital in Latin America, staff lacked motivation to perform their jobs efficiently, and the building was deteriorating. One observer said, "What the staff were feeling was demonstrated by the deteriorating condition of the buildings." After a COPE exercise, all staff in every ward and department felt empowered to improve what was within their reach. This motivated the hospital director to seek funding to renovate the building. Together, the staff and supervisors painted walls, posted signs about all services, and purchased basic equipment that had been lacking. The cleaning staff also became more motivated and began keeping the facility more orderly and clean. In the words of one external supervisor, "These days, staff are motivated, and the institution is clean and well-arranged—not luxurious, but very pleasing."

Creative Strategies for Supply Distribution

One site in Eastern Europe had inadequate supplies of contraceptives, but through a COPE exercise, staff identified several root causes and implemented the necessary solutions. First, an emergency order was placed. Next, expired commodities were discarded, and staff were trained in the "first expired, first out" (FEFO) system for storing and dispensing contraceptives. Finally, the site determined a better way to share supplies with other providers: The site had a low demand for certain contraceptives that were close to expiring, while other sites in the area had a low demand for other methods. Staff contacted the other sites and exchanged supplies with them, so that each site had a larger supply of the specific methods most in demand among clients at that facility and fewer supplies that would have to be discarded because they had expired.

Multiple Improvements and More Clients

Through a series of COPE exercises in one nongovernmental organization (NGO) clinic in Latin America, staff made several improvements in their facility. The site revised staff responsibilities to match site needs, trained all cadres of staff in national job performance standards, oriented staff about all of the NGO's programs and services throughout the region, and developed policies for communicating within the region and with other regions. All levels of staff were also trained in infection prevention, in HIV, AIDS, and other STIs, in how to inform clients about family planning services, and in management of client fees for services. As a boost to staff morale and team spirit, sports activities and birthday celebrations were organized. In addition, the site reorganized client flow between services, improved signs showing hours of services, provided a suggestion box for clients, and developed a strategy for promoting services among current clients and in the wider population. Since these improvements were implemented, the site has seen a 75% increase in the number of clients seeking services.

COPE's Impact on Quality of Care and Provider Performance

In an evaluation of COPE's effects on the quality of child health services, COPE was introduced at eight child health centers each in Kenya and Guinea over a 15-month period; results at these eight sites were compared with the status of eight sites in the two countries that were not using COPE. Even over a relatively short period of time, almost every sign of quality services (whether it was reported by staff, observed by evaluators, or reported by clients) was significantly better at the intervention sites than at the control sites. For example:

- Staff at the study sites found the process and tools to be easy to use and were gratified to have a venue in which they could communicate about problems that they already knew existed.
- COPE promoted participation and teamwork, helping to break down barriers between colleagues, between different administrative levels, and between providers and clients.
- Staff at the study sites reported having more positive attitudes toward management and supervisors and their support of the staff's work than did staff at the control sites.
- Staff confidence in their abilities (as measured by their own assessment of their knowledge) was significantly higher at the intervention sites than at the control sites, and this difference was statistically significant in the important areas of immunization, diarrhea management, and infection prevention.
- Providers at the intervention sites reported having reoriented their thinking about clients, helping them to become more reflective and to examine their own behaviors toward the clients they served, and to use suggestions from clients in developing their Action Plans. This reorientation showed itself in statistically significant improvements in adult clients' knowledge and on their perceptions of the quality of services and how they were treated by staff.
- External observations confirmed that staff performance had improved noticeably: They treated clients with more respect, demonstrated improved interpersonal communication skills, and provided clients with more information and privacy than they had before receiving their training.
- Most importantly, staff showed improved diagnostic skills (see Figure B-1), improved ability to give home care instructions (see Figure B-2, page 114), somewhat improved prescribing practices, and improved immunization practices. The consequences of these changes included more informed clients, better immunization coverage for first polio shots and tuberculosis vaccination, and more satisfied clients who acknowledged positive change had occurred over the past year (see Figure B-3, page 114) (Bradley, J., et al., 2002).

Figure B-1. Sick-Child Diagnostics: Issues or Questions Asked by Providers

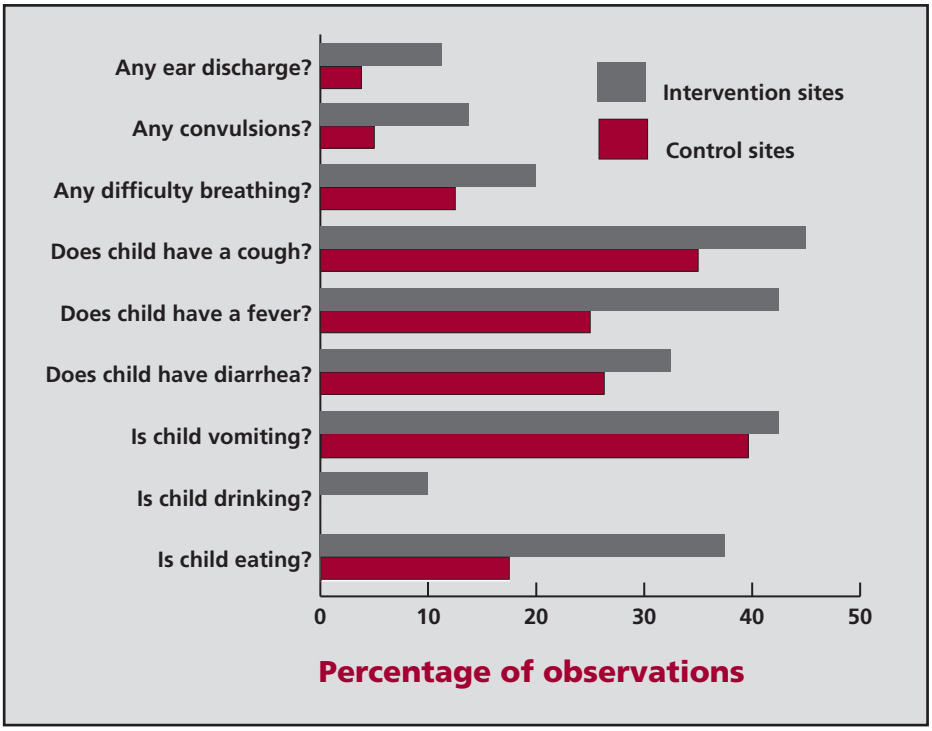


Figure B-2. Sick-Child Home Care: Instructions Given by Providers

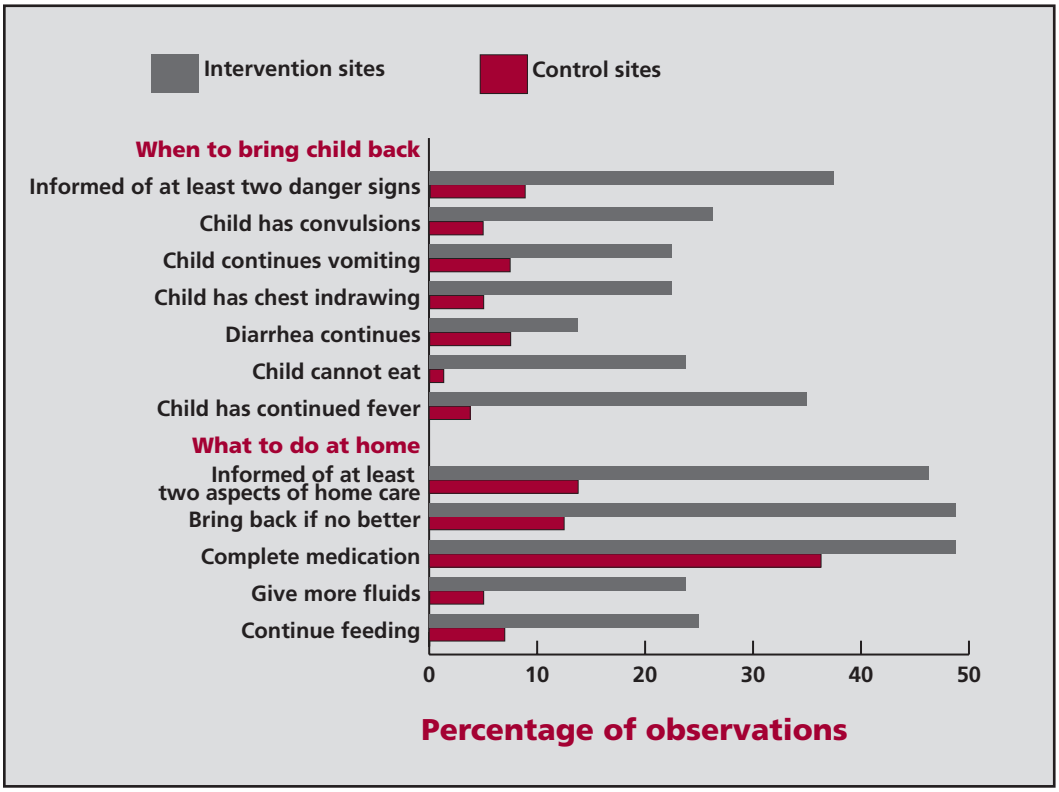
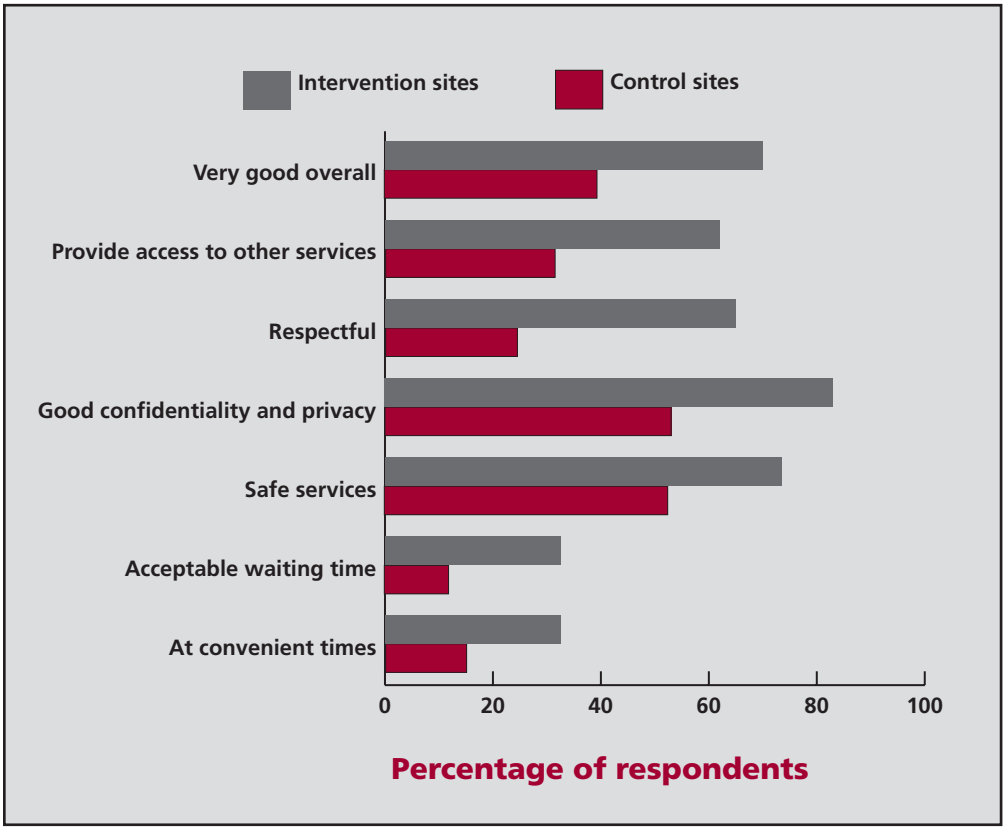


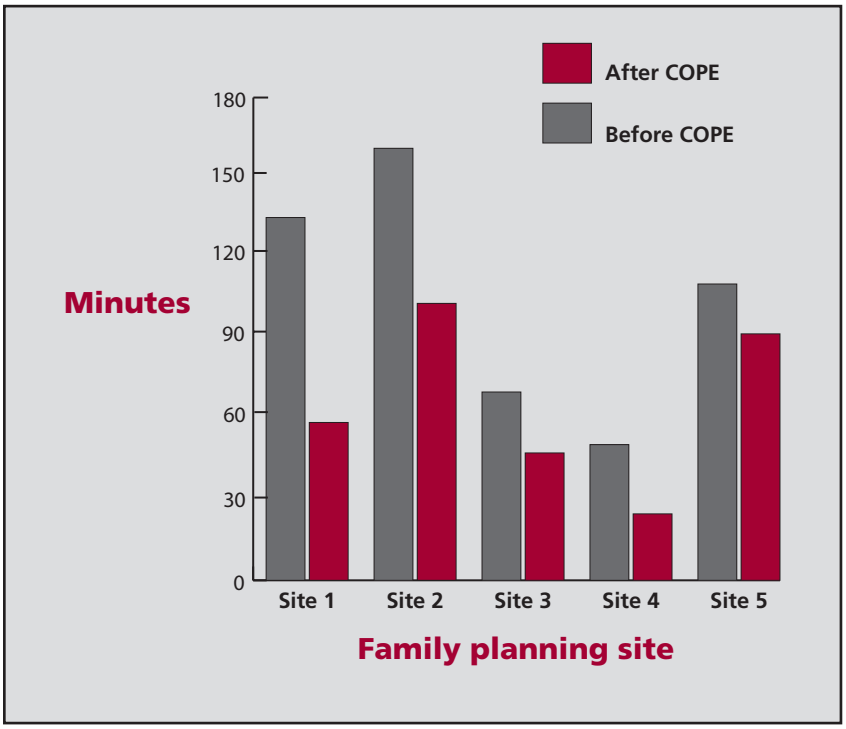
Figure B-3. Clients' Perspectives on Services in General: Percentage of Clients Who Agree Strongly with Statements about Services



Using CFA to Shorten Client Waiting Time

A study in four African countries looking at the proportion of problems solved versus the proportion of those identified showed that 109 problems were identified through COPE Action Plans over the course of 15 months (Lynam, Rabinovitz, & Shobowale, 1993). Of the 88 deemed potentially solvable (meaning that staff could act on them without outside intervention or funds), 73% were solved within the 15-month period. The same study examined outcomes of the use of CFA at five clinics that had identified client waiting time as a problem. At those five sites, waiting time declined by between 17% to 56%, with an overall average of 42% (see Figure B-4). As an example, at Site 1, where the average waiting time was 130 minutes before the introduction of COPE, the waiting time afterwards dropped to less than 60 minutes. These are significant changes in a problem often identified as a chief source of client dissatisfaction.

Figure B-4. Average Client Waiting Times: Before and After the Introduction of COPE at Five Family Planning Sites, Africa, 1990 to 1991



Adding Your Own Success Stories

The following are some questions to think about in describing your success stories:

- What type of site was it? (e.g., Was it a Ministry of Health regional hospital, a private clinic, or a health center?)
- What was the problem identified, and why was it a problem? (i.e., What was the negative impact on staff or clients?)
- What were the causes of the problem?
- What solutions were developed?
- Who was responsible for the solution? (e.g., Was the problem solved by site staff? By what

level of staff was it solved? Was there involvement from a site supervisor? Was there a need for external assistance? Were community members involved in the solution?)

- What was the time frame? Is the intervention finished or is it still ongoing? If it is finished, when did it begin and end?
- What were the results of the intervention? (i.e., In what ways were things better for clients and staff once the problem was solved?)
- Did the site manage to solve the problem entirely, or is there still a problem?

Appendix C
Talking Points for Orienting Key Managers

When introducing key managers to the COPE process, you may have a few hours to discuss the process comprehensively or you may have time for only a brief orientation. Below are some key "talking points" covering an overview of the quality improvement (QI) process. Each captures the main ideas to communicate within each subject; if you have time, you can expand on them as appropriate.

Topic areas covered include:

- Site strengths
- Quality
  - What is quality? (Clients' rights and staff needs, and staff as experts)
  - Why improve it? What are the costs of poor quality?
  - QI principles
- COPE overview
  - What is COPE?
  - The COPE tools
  - The QI process
  - Why use COPE? Examples of success
  - EngenderHealth's package of QI tools
- Stages and steps of the COPE process

The text boxes on the following pages are small exercises that may help illustrate a point and make the orientation as interactive as possible. This is especially useful if you are orienting a group of managers.

Note: With the exception of the first topic area, on site strengths, each topic in this section is also covered in Chapters 1 and 3. In addition, feel free to make use of the flipcharts in Appendix E (especially flipcharts 16 to 19), as appropriate.

Site Strengths

Facilitate a discussion about site strengths, explaining that you would like to find out what is working well in their site or institution.

Suggested Discussion Questions/Issues

- What has the site or institution done well in the past? What is it doing well now?
- What stories or examples of past and present strengths can you tell, including your own personal experiences in the site or institution?
- What factors made high performance or success possible?
- What strengths that you have identified would you like to build on in the future?

If you have time, one way to answer the questions above is to conduct the following short exercise:

- Ask the participants to imagine what they would like to see for their site or institution in the future. What goals do they envision?
- Ask them to describe one thing their site or institution could do to build on its existing strengths.
- Tell them to focus on what was *positive* in their site or institution's past that they can build on in the future.

Relationship between Site Strengths and the COPE Process

Managers and staff build the site or institution and decide what is needed to improve it (such as customer relations and leadership).

COPE is a process to help managers and staff identify and carry out these improvements.

COPE provides managers and staff with an opportunity to build the future; it involves continuous learning and change, and often leads to changes in management techniques, in training approaches, and in the handling of logistics (see Flipchart 16, Appendix E).

Quality

To discuss quality, elaborate on the concepts of:

- Clients' rights and staff needs
- Clients and staff as the experts on the services provided at a site

Clients' Rights and Staff Needs

Quality services are those that meet the needs of your clients (or customers) and are provided in a manner consistent with accepted standards and guidelines.

The concepts that clients have rights (to information; access; informed choice; safe services; privacy and confidentiality; dignity, comfort, and expression of opinion; and continuity of care) and that staff have needs (for facilitative supervision and management; information, training, and development; and supplies, equipment, and infrastructure) are internationally accepted as the basis for quality health care.

You can prompt an interactive discussion of the clients' rights–staff needs framework through the following exercise:

- Ask: "How would you want to be treated if you came to this facility for health care? What would you or your mother, father, sister, brother, spouse, or child expect from a high-quality health service?"
- When managers have no more responses, ask: "What do health care workers need if they are to be able to provide such quality services?"
- Explain clients' rights and staff needs, and compare them with the participants' responses, pointing out similarities. Explain that the list of rights and needs is based on internationally accepted standards of quality care.

If you do not have time for the exercise above, or if the setting is not appropriate, you can still make your point by describing this exercise to managers as something that is conducted during a COPE orientation for staff. It will give them a more concrete understanding of the meaning of the clients' rights framework.

Staff as Experts on Services

Underlying the COPE approach is the idea that staff experience has value—that staff can contribute their expertise and ideas to efforts to improve services.

- Make the point that the COPE process assumes that managers, staff, and clients are the experts on services provided at a site. Therefore, COPE involves asking *them, their staff,* and *their clients* how to improve services.
- You can make this point by asking: "Who are the experts on your services?" letting the managers acknowledge that *they, their staff,* and *their clients* are the experts.

Why Improve Quality?

Reasons to improve quality could include:

- Safeguarding the health of clients and staff
- Attracting additional customers/clients through the addition of new service features
- Maintaining existing strengths (which all organizations should do)
- Understanding that there is always room for improvement, no matter how good services are
- Saving money through more efficiency, less repeated work, and less waste

You can also discuss the costs of poor quality. For example:

- You can ask: "Can you think of examples from your own experience of the costs of poor quality?" "What would be the savings from QI in those examples?"
- You can give other examples, as needed (for example, misdiagnosis or ineffective treatment of STIs).

Quality Improvement Principles

Explain that the following are some of the principles underlying all QI efforts, and that they are applied in fields ranging from industry to health care. The COPE process helps staff put these principles into practice in service sites:

- A customer mindset
- Staff involvement in and ownership of quality and the process for improving it
- A focus on processes and systems
- Efficiency and cost-consciousness
- Continuous staff learning, development, and capacity-building
- Continuous QI

Refer to Chapter 1 for a more detailed explanation of QI principles.

If the topic arises, you can mention that COPE has some similarities to other QI approaches, such as performance improvement and appreciative inquiry. (See Appendix G for a brief description of these approaches.)

COPE Overview

What Is COPE?

COPE stands for "client-oriented, provider-efficient" services and is a process that helps health care staff continuously improve the quality and efficiency of the services provided at their site and helps them make services more responsive to clients' needs.

COPE provides staff with practical, easy-to-use tools with which to identify problems and develop solutions, using local resources. It encourages all levels of staff and supervisors to work together as a team and to involve clients in assessing services. Through COPE, staff develop a customer focus, learning to define quality in concrete terms by "putting themselves in their clients' shoes." The process also helps staff explore the site's strengths.

The COPE process emphasizes *self-assessment* and confirms that you are not there to judge them or the staff. COPE is not an assessment by outsiders: Site staff and supervisors assess themselves and the services they offer, identify problems and strengths, analyze shortcomings and bottlenecks, and, finally, decide for themselves what they need to do if they are to overcome problems and maintain strengths.

The COPE Tools

If sample COPE tools are available, it is helpful to show them to managers as you describe them.

Self-Assessment Guides

The Self-Assessment Guides are 10 guides, organized around the framework of clients' rights and staff needs. The guides contain discussion questions that help staff think about the way services are provided and whether supervision, training, and equipment and supplies are available at their site.

Participants use the guides in small groups, with each group containing staff having a mixture of levels and functions within the facility. While the guides are intended primarily to help staff analyze how services at their facility are provided, they also serve as educational aids: The questions in the Self-Assessment Guides are based on international standards of care, so these standards are communicated to the staff as they proceed through each guide.

Record-Review Checklist

The Record-Review Checklist is used to determine whether key information is being recorded accurately and completely in client records and whether clients are receiving care according to standards. It is considered a component of the Self-Assessment Guide entitled "Clients' Rights to Safe Services," as ensuring safety also means ensuring that client health information is up-to-date and accurate

Client-Interview Guide

Informal interviews can be conducted (using the client-interview form as a guide) with clients who have completed their clinic visit. (Interviewers should be providers who have *not* had contact with the client during that day.) Questions are designed for staff to learn their clients' views and opinions of the services provided at their site. Interviewers encourage each client to discuss the quality of his or her visit, what was good and bad about it, and how the quality of services could be improved.

Client-Flow Analysis (CFA)

A method of tracking clients through the site to detect any problems with client flow (e.g., "bottlenecks"), the CFA measures staff's contact time with clients and the time that clients spend waiting, and looks at staff utilization

Action Plan

The Action Plan is a written plan that staff develop to help resolve problems identified during a COPE exercise, after they have collected information using the other COPE tools. Staff identify problems and root causes and recommend solutions—all of them recorded in an Action Plan format (see Appendix A for a sample). In addition, staff convene at the Action Plan Meeting to discuss, prioritize, and consolidate the problems and recommendations they have recorded in their group's or team's Action Plans.

COPE and the QI Process

Explain that COPE fits within a four-step process of QI:

- **Step 1—Information-gathering and analysis:** identifying problems from self-assessments, client interviews, record review, and CFA
- **Step 2—Action Plan development and prioritization:** refining a problem, prioritizing, recommending solutions, and deciding by whom and by when the problem will be addressed
- **Step 3—Implementation of the Action Plan**
- **Step 4—Follow-up and evaluation:** gauging progress, including developing a new Action Plan, with new problems and solutions identified

These four steps are repeated, resulting in a continuous QI process.

Why Use COPE?

When discussing the benefits of COPE (see below), feel free to use examples from your own experience—or from among those provided after this section—for a concrete illustration of these benefits.

COPE:

- Develops a customer focus among staff and a sense of ownership
- Relies on the wisdom of the experts—staff and clients
- Empowers staff at all levels to participate in QI
- Builds teamwork and cooperation, providing a forum for staff and supervisors to exchange ideas
- Provides tools for local problem-identification and problem solving that are practical and relatively simple to understand and use
- Communicates standards and suggests good work behavior
- Presents concrete and immediate opportunities for action
- Responds to needs in a decentralized system, by helping site managers work more effectively
- Is cost-effective (and poor quality is costly)
- Can be transferred and adapted from one setting to another

Examples of Success Using COPE

As examples of COPE's successes, present the example below or any of those in Appendix B, or use examples from your own experience with COPE. If using examples from local sites, make sure not to reveal the names of individuals or institutions.

Getting Support from Headquarters

During the first COPE exercise in the clinics of one nongovernmental organization, poor supplies of equipment and commodities were mentioned frequently as a major problem. As a result, headquarters staff decided to conduct a modified COPE exercise in the central stores unit.

The staff at central stores revealed being just as frustrated with the logistics and supplies system as were the other clinic staff. "We were in the middle…," said one staff member. "Clinics were complaining, headquarters was complaining, and we could not see anything positive about our work. But when it was explained to us how important our job was and that we needed to serve our customers (the clinics) or else women would suffer, we set to work."

By listening to the constraints that the supply unit faced and by allowing changes in procedures, headquarters staff empowered the staff in this department. The staff designed new requisition forms and ledgers, agreed on minimum stock levels with the clinics, and provided on-the-job training to clinic staff in how to communicate with their unit. One staff member said, "Clinics had not been planning very well, but now it is better…. We helped them, they helped us, and everyone is much calmer."

Adapted from: Bradley, J., 1998.

EngenderHealth's QI Package

Explain that sites that introduce COPE often find the process to be a springboard for introducing complementary tools and approaches for improving service quality (see Flipchart 17, Appendix E), so they can sustain or increase the level of improvement over time. These other tools and approaches help sustain the QI process by addressing systems for supervision and training, by ensuring medical quality and informed choice, and by measuring QI over time. They include the following tools and approaches:

- **Facilitative supervision** is an approach to supervision emphasizing mentoring, joint problem solving, and two-way communication between a supervisor and those being supervised. To facilitate change and improvement and to encourage staff to solve problems, supervisors must have the solid technical knowledge and skills needed to perform tasks, must know how to access additional support, as needed, and must have time to meet with staff whom they supervise.
- **Medical monitoring** is an approach to medical QI that involves the objective and ongoing assessment of the readiness of and processes involved in service delivery. Readiness includes staffing, facility, equipment, and range of services available; processes include medical techniques, client-provider interaction, and infection prevention. The process of medical monitoring leads to recommendations for improvement.
- **Whole-site training** is aimed at meeting the learning needs of a site. It links facilitative supervision and training, and actively engages supervisors in identifying learning needs, planning and implementing required training (on the job, on-site, or off-site), and facilitating the implementation of newly acquired skills through coaching, mentoring, and teamwork. Types of training could include orientations to new services or concepts, knowledge updates, and skills training. Whole-site training also includes inreach—staff orientations, referrals, and linkages between departments.
- The **Quality Measuring Tool** is used annually to measure QI over time. It is based on the self-assessment tool used in COPE and is used by site staff and supervisors to determine whether clients' rights are being upheld and whether providers' needs are being met.
- The **Cost-Analysis Tool** is used to measure the direct costs of providing specific health services. It measures the cost of staff time spent directly providing a service or clinical procedure, as well as the costs of commodities, expendable supplies, and medications used to provide that particular service or procedure. This information can be used to improve the efficiency of staffing and the use of staff time and supplies at a site, and to set user fees for services that reflect the actual direct costs of these services.
- **Community COPE** is a participatory process and tool and an extension of COPE that can be used to build partnerships with community members so as to improve local health services by making them more responsive to local needs. It can also:
  - Result in increasing community "ownership" of health facilities and services and advocacy for resources for health
  - Be useful to sites in areas undergoing health reform, as a means of engaging the community in defining and supporting the quality of services that they want

Stages and Steps of the COPE Process

Review the "COPE at a Glance" flowchart and time frame (see Chapter 1) with the managers, to give them an overview of the process and a sense of the roles that the two types of facilitators (see Flipcharts 18 and 19, Appendix E) and that they themselves (see Flipchart 20, Appendix E) will play in it.

Appendix D
Facilitation Skills

Objectives

In this section, you will learn:

- How to begin meetings and close meetings
- Some general facilitation tips
- How to work with difficult group members

Although COPE is initially introduced by an external facilitator, the ultimate objective is for someone within the site to become proficient in leading the site staff through the COPE exercises. This requires having or developing a set of skills in working with groups.

To work effectively with groups, the facilitator needs to know how to:

- Foster a nonthreatening environment
- Encourage different levels of staff to work together
- Encourage full and balanced participation
- Encourage the group both to think broadly (e.g., while brainstorming) and to focus their thinking (e.g., when developing concrete next steps or generating solutions)
- Encourage different types of people and personalities to work together
- Manage and resolve conflict

The suggestions in this appendix are meant to help facilitators enhance their skills in these areas and to guide participants through the COPE exercises without dominating the discussions. It begins with some concrete "how-tos" of beginning and closing meetings, important for setting a tone and maintaining the unity of the group. These sections are followed by some general facilitation skills, as well as some tips on how to deal with difficult group members.

Suggestions for Beginning Meetings

The beginning of a meeting is important for setting the right tone. Through words and body language, you can communicate that you welcome people's opinions and will encourage them to participate. It is also the time to let people know what the structure of the meeting will be. (For more on establishing the right tone, see "Establish a Respectful Tone Right from the Beginning," in the "General Facilitation Skills" section.)

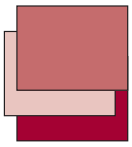
Welcome and Orient the Participants

Let the participants know that you are glad they have come. Briefly review the meeting's agenda with them so they will be oriented to the schedule.

Conduct a Warm-Up Exercise (If You Have Time)

In many settings, it is appropriate to begin the Introductory Meeting with a warm-up (ice-breaker) exercise. This type of exercise will set the stage for the staff's active participation in group discussions. (This is especially important in settings in which different levels of participants do not know each other or are not used to participating together in meetings.)

You or the site facilitator may lead one of the following warm-up exercises:



- Ask each participant to write his or her name on the left side of a piece of paper and his or her position on the right side of the paper. Collect the pieces of paper, tear them in half, and either set them aside or throw them out. (Do not throw out the papers if this would be considered offensive in your setting.) Explain that what you have done with the papers symbolizes that the group will set aside any differences in rank or position during the exercise, and emphasize that each person's contribution is important.
- Ask the participants to introduce themselves by name and title and to say one contribution or strength they bring to the site. Give an example: "My name is _____. As a security guard, I am the first person to greet clients when they arrive, and I direct them if they do not know where to go."

Take Attendance

Knowing the numbers and categories of staff is needed before you can form groups or teams to work on self-assessment and client interviews. Be sure to record the participants' names and titles or positions.

Establish Norms

Ask: "Under what conditions will you be able to freely speak your mind?" If you are aware that the group has experienced conflict in the past, ask: "What rules do we need to set today to ensure that we manage conflict at this meeting?" Write their responses on a flipchart. Add the following norms if they were not mentioned:

- Everyone should participate actively
- Participants should respect each other and everyone's opinions
- All ideas are good and will be listened to carefully
- Only one person may talk at a time
- Discussions should stay on track and on time
- The focus should be on processes and systems, not on individuals
- Participants should be supportive rather than judgmental

Ask the staff whether they agree to follow these norms for the duration of the exercise.

Review Meeting Objectives

It is important to be clear about what you intend to accomplish during the time the group will be together, and to check with participants to make sure you are in agreement about the goals of the meeting. You can show the objectives on a flipchart or read them aloud (or both), and ask:

- Are the objectives clear? Does everyone agree to this?
- Are there any objectives you would like to see that are not here?

You may not be able to accommodate everyone's wishes for additions or changes to the objectives. That is perfectly acceptable—just be clear about what you can or cannot do.

Suggestions for Closing Meetings

When closing meetings, your aims are to reinforce what people have learned during the meeting (or next steps) and to acknowledge their teamwork and contributions.

Ask participants to name five things they will remember about the meeting. This will help them retain what they have learned.

Thank the staff for their time, effort, and enthusiasm.

- If desired, conduct a plus/delta (+/Δ) exercise to close the meeting and get feedback from the staff, as follows:
  - Ask the staff what they think went well during the COPE exercise, and list their responses on a flipchart in the Plus column.
  - Ask the staff what they suggest be done differently in future meetings, and list these responses on a flipchart in the Delta (or change) column. These suggestions can be applied to future COPE exercises.

Plus (+)	Delta (Δ)
✓ Enjoyed a chance to meet with other staff ✓ Found problems that can be solved within a short time	✓ Schedule the next exercise as part of a regular staff meeting, to minimize time away from other duties

- Alternatively, ask the participants to write their feedback on a handout, by completing the following statements:
  - The one thing I learned today that I do not want to forget is…
  - The information or activity that I found most interesting and useful today was…
  - The one suggestion I have for improving today's session is…

Ask them to write in any additional comments they may have.

General Facilitation Skills

Establish a Respectful Tone Right from the Beginning

It is extremely important to set the right tone from the very beginning of the COPE exercises. Below are some additional tips especially important to consider for the initial meeting, to establish an atmosphere of openness, respect, and comfort. This sends a message that the facilitator will be attentive and responsive to the needs of participants.

To set the right tone for the meeting:

- Start the meeting on time.
- Establish a connection with the group: Communicate the message to participants, either verbally or nonverbally, that you empathize with them and are "on their side."
- Demonstrate respect and sensitivity to the participants: Encourage a quiet person's opinions, for example, but do not push someone to talk who seems truly uncomfortable.
- Demonstrate active listening skills. For example, by allowing people to speak without interrupting them and by showing that you are concentrating on what a speaker is saying, you both model good group skills and establish credibility with the group.
- Relax and be natural. Your being comfortable will help make the participants feel at ease.
- Walk around the room when appropriate; avoid staying at the front during the entire meeting.
- Check to make sure that the participants can see the visual aids and hear the discussion.
- If you do not know the answer to a question, do not be afraid to say so. But tell the questioner that you will try to find the answer and will get back to him or her—and then do so. (This sends two messages—that you are open with the group, and that you will follow through on promises. Both messages build trust.)

Encourage Participation

An essential part of COPE is participation. The facilitator's role is to start things off, but the more that staff participate, the better. Staff are more likely to accept suggestions and to feel ownership and responsibility for making improvements when the suggestions come from themselves rather than from the facilitator.

The facilitator needs to create a comfortable atmosphere and encourage questions and lively discussion, while preventing hostility and managing conflict. One key role of the facilitator is to *be particularly sensitive to gender, cultural, and socioeconomic differences between participants* and to encourage all participants to share equally in the discussions.

The facilitator should set ground rules with the staff:

- *Respect every speaker and all opinions.* A few participants should not dominate the discussions. The facilitator should try to support and encourage people who are shy or not used to participating in meetings where they are asked to express their ideas.
- *Everyone's participation is important in COPE.* No one is to tell any of the participants that they have given a wrong answer or imply that their comments are not worthwhile. There are no wrong answers or opinions.
- *Stay on track.* Encourage participants to keep the discussion focused and to avoid repetition of issues, where possible. The facilitator acts as a guide rather than as a director, but should maintain control.

Show Empathy

The facilitator should show participants that he or she understands how they feel about a situation. This helps participants feel as if the facilitator is part of the group and encourages them to share their feelings and ideas. Empathy statements can start with "I can understand that it must be difficult to…" or "I understand this is a difficult problem for you…." Empathy statements:

- *Help staff express and acknowledge strong emotions*. For example, the facilitator might respond to a strongly expressed opinion by saying: "It sounds as if you feel very strongly about this issue, and that you have had problems dealing with this before." Or when someone is showing anger, the facilitator may begin a reply with: "I can see that you are upset."
- *Encourage the participants to listen.* If the participants feel that the facilitator is genuinely recognizing their emotions, they are more likely to listen to what is being said.
- *Relieve anxiety about discussing a problem publicly*. For example, the facilitator may say: "I can understand why it would be very difficult for you to do effective infection prevention if you do not have the supplies."

Be Flexible

The facilitator should always bear in mind that each site has different needs, strengths, and weaknesses. For example, some of the questions in the Self-Assessment Guides may be appropriate for some sites but not others. COPE tools should be adapted for the circumstances and needs of an individual site; wherever possible, this should be discussed in advance with the site managers. COPE will be a different experience every time it is done.

Talk about Strengths as Well as about Problems

The facilitator should remind staff that improving service quality needs to go beyond identifying problems, to evaluating site strengths as well. The facilitator should ask, "How can we do this even better?" or "How can we further improve attendance?" Many people are too modest to mention their positive qualities themselves, but generally they will do so if asked.

The facilitator should also reinforce the positive and end the COPE exercise on a positive note. For example, he or she may explain, "COPE is done in good sites such as this one, where staff have demonstrated that they are interested in the welfare of their clients." This helps reassure staff members who may believe that the site has been singled out because it needs particular improvement.

Give Examples of Success Stories

It is important to give concrete examples of where COPE has been effective. People love to hear "true-life stories" about other institutions that have faced similar problems and resolved them. If possible, give local examples that are relevant to site staff, but remember not to name names of institutions or individuals. It is very important to maintain confidentiality and reassure participants that *their* problems will not be a subject of discussion at another site's COPE exercise.

Appendix B is a place to record such stories. Facilitators should remind the staff to make sure that this record does not contain specific names or places, only the problems identified and the solutions found.

Ask Open-Ended Questions and Probe for Root Causes

The COPE Self-Assessment Guides consist of yes-no questions. However, to encourage more discussion and to probe for the root cause of problems, facilitators should ask open-ended questions. These questions usually begin with "why," "what," "where," or "how," and will help encourage participation from the staff because participants need to think and respond at some length to answer them.

Open-ended questions can be used to:

- *Start a discussion or get a team member more involved.* For example, such a question might be: "What do you think about infection prevention practices at this hospital?"
- *Bring a conversation back on track.* For example, the facilitator might ask: "What other information do we need to solve this problem?"
- *Find the root causes.* This can be done using the multiple whys technique (discussed in Chapter 3, page 41).

Use Paraphrasing

Paraphrasing helps clarify what was said. It is a way of saying, "This is what I understood you to mean. Am I right?" A restatement of the speaker's message can be introduced by phrases like: "So, in other words…," "It sounds like…," or "Let me make sure I have this right…." Rephrasing can be used to:

- *Clarify what someone is saying.* For example, a statement can be rephrased as follows: "It sounds as if you think we are spending too much time discussing infection prevention."
- *Clarify different opinions and reach agreement.* For example, the facilitator might say: "It sounds as if Dr. Ndete thinks our infection prevention procedures are adequate, while Nurse Obare thinks there is still some room for improvement. What do others think?"
- *Get at deeper issues.* Some things are difficult to talk about. By rephrasing, the facilitator can help participants talk about the root causes of the problems by using statements like: "So in other words, there is more to this problem than meets the eye. Can you think of any other reasons for this problem?"

Working with Difficult Group Members

When groups of people come together, different personalities emerge. Personality differences can have a negative impact on the group if they are not managed well. It is important for the facilitator to recognize personality differences and take them into account so the group can operate at its most productive level.

Emphasizing the importance and value of the group's work to individuals and the site can often resolve any problems with conflicting personalities (Katzenbach & Smith, 1994). The chart on the opposite page shows some additional tips for working with difficult group members.

Figure D-1. Tips for Working with Difficult Group Members

If the participant:	Try this:
Is silent during discussions	■ Involve the person by directing a question to him or her ■ Use eye contact or other body language, as appropriate, to acknowledge the person
Is negative or complains	■ Ask for specifics about the complaint and address them ■ Refer the complaint to the group
Challenges the facilitator	■ Ask the participant for his or her solution or idea
Is disruptive or is having a separate, private conversation	■ Walk toward the person who is being disruptive; he or she may become quiet when attention is directed toward him or her ■ Address the person by name to involve him or her in the group discussion ■ Deal with the person individually, separately from the group
Interrupts when others are speaking	■ Return attention to the person who was speaking and let him or her finish, asking the person interrupting to hold his or her thought for a moment
Dominates the discussion or is too talkative	■ Interrupt and consider the points one by one ■ Ask others to react to what the person said

Remember: Good facilitation is a key to the successful introduction of COPE. If the facilitator shows enthusiasm, staff are more likely to become enthusiastic about COPE.