Ministry Of Health

Care for Child Development



Guide for Clinical Practice
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Care for Child Development

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Overview: Clinical practice

Clinical practice is an essential part of the course **Counsel the Family on Care for Child Development.**

Objectives

In clinical practice, participants use their new skills with children and their caregivers. Participants will be able to:

- Identify the characteristics of the interactions of caregivers and children.
- Counsel caregivers on recommended play and communication activities.
- Observe the responses of children and caregivers to recommended play and communication activities.
- Help caregivers recognize the child's cues and respond appropriately to them.
- Help caregivers solve problems with care at home.

The clinical sessions

The table below summarizes the specific objectives for each clinical session.

Clinical sessions: Specific objectives

Day	Inpatient session: Interacting with a child
Day 1	Participants will: • Approach a sick child. • Get the child's attention. • Follow the child's lead. • Play and communicate with the child, using activities and toy items appropriate to the child's age and condition. • Increase the child's level of activity and use of new skills. • Be sensitive to the child's cues and respond appropriately to them.
	Outpatient sessions: Counselling the caregiver
Day 2	Participants will: • Ask the caregiver questions to understand how the caregiver plays and communicates with the child at home. • Observe the interaction of the caregiver and child. • Praise the caregiver. • Advise the caregiver on play and communication activities to do with the child.
Day 3	Participants will: • Ask the caregiver questions to understand how the caregiver plays and communicates with the child at home. • Observe the interaction of the caregiver and child. • Praise the caregiver. • Advise the caregiver on play and communication activities to do with the child. • Identify problems with care at home, and help the caregiver solve problems. • Help caregivers be sensitive to the child's cues and respond appropriately to them.

A clinical instructor leads the clinical session, with the assistance of the other course facilitators. Each session begins with a **demonstration** of the skills to practise. The skills have been first introduced in the **Participant Manual.** The clinical instructor should read the **Participant Manual,** and be familiar with what participants have learned before coming to the clinical session.

Then participants **practise** these skills with children and their caregivers under the supervision of a facilitator. Facilitators let participants practise with minimal interference.

After the session, the group returns to the classroom for a **debriefing** to discuss and interpret the group experiences.

Note: An authority in the hospital or other facility may allow you to take photos or videos for educational purposes. These are useful illustrations during the discussion at the debriefing.

Ask the caregiver for permission before you take pictures. Tell the caregiver that the pictures will help the students learn how to care for children. Take the pictures as unobtrusively as possible. Do not disrupt the session as you take pictures.

Then, show the pictures during the debriefing to illustrate caregiver child activities and the skills that participants are learning. Display the images on a computer or project them on the wall.

The clinical instructor

Persons organizing the course should select a clinical instructor with the following qualifications:

- Trained as a clinical instructor for the course **Counsel the Family on Care for Child Development.**
- With demonstrated teaching skills, especially in teaching **Care for Child Development** in a clinical setting.
- Comfortable working with children and their caregivers.

The organization of training is similar to the clinical practice in the course Integrated Management of Childhood Illness for first-level health workers. An experienced IMCI clinical instructor (or course facilitator) will be familiar with the process.

If the clinical instructor does not speak the language spoken in the area, the instructor may need assistance with interpretation during the counselling demonstrations and supervision of participants. The clinical instructor will also need local assistance to secure permission to use the inpatient ward and outpatient facility for training.

Before each session, the clinical instructor should review the detailed instructions for the session presented below. Instructors who are familiar with the process may refer to Annex A and Annex B, which provide summaries for quick reference during the session.

At a meeting of facilitators at the end of the day, the clinical instructor summarizes the observations of participants during the clinical sessions. The facilitators discuss what can be done to improve the skills of participants during the remaining clinic and classroom sessions.

The inpatient session: Interacting with a child

The inpatient session takes place on the afternoon of Day 1, in a children's ward in the hospital.

Although participants may not usually work in a hospital, the children's ward gives them a chance to observe children and learn how to work more comfortably with them. Participants try out the recommended play and communication activities and use simple toys made from household items. They learn to look closely at the child's cues, follow a child's lead, and respond appropriately to the child's interests and needs. They see how children show interest and respond to the activities. They learn to select activities based on the child's age and response.

There is an added benefit of spending even a brief time on the hospital ward. It helps participants recognize the value of play and communication activities for sick children. These activities are often not available in the treatment of hospitalized children. Families may not play with children when they are sick at home; activity may be mistakenly viewed as disturbing or tiring for the sick child.

However, we now know that, without appropriate stimulation, sick children are at risk of developmental delays, especially during long periods of illness. Activities help the child continue to learn. Activities also contribute to the child's physical recovery and can shorten the duration of acute illness. While participants interact with hospitalized children, parents and hospital staff can observe the positive responses of children to the simple activities.



Although this child is too sick to leave the hospital bed, she is eager to interact and play. She reaches for the brightly coloured plastic cup and makes a game of passing the cup back and forth to the counsellor.
With play and social interaction, a sick child becomes more alert and active.

Preparation for the inpatient session

If you are the clinical instructor, start to prepare for the session by meeting with persons in charge of the hospital and the ward. Explain the needs for training and what to expect during the clinical session. Request their permission to conduct training in the hospital.

Then, on the day of the inpatient session, identify children who are appropriate for participants to see. The children must be conscious, although they might be weak from illness. Select a minimum of one child for each participant, plus one child for the demonstration.

Prepare the caregivers. Ask the caregivers whether they would mind if participants would play with their children. Mark the beds of the selected children with coloured paper. Write the child's first name and age on it, and tape the paper to the bed. The coloured paper helps participants find the selected children.

Review the tasks to be demonstrated during the session, which participants will practise with children, including the basic caregiving skills of sensitivity and responsiveness (see the box for background on the next page).

Background:

The importance of sensitivity and responsiveness in caring for the child

During the clinical sessions you will help participants understand the importance of sensitive and responsive caregiving. In the inpatient session, participants have an opportunity to practise with a child. In the outpatient setting, participants will help or coach a caregiver to be more aware of the child's movements, sounds, and moods, and to respond appropriately to them.

Studies have identified the critical contributions of these two basic caregiving skills to the child's healthy development.

Sensitivity is the capacity of the caregiver to be aware of the infant, and aware of the infant's acts and vocalizations that communicate needs and wants. Thus, the sensitive caregiver 1) is aware of the child's signals and 2) interprets them accurately. To be sensitive, the caregiver must be able to regard the child as a separate person and see things from the child's point of view.

Examples of ways to learn to be more sensitive are:

1) *Look closely into your child's eyes.*
2) *What do you think your child is thinking?*
3) *What is your child trying to do now?*

Responsiveness is the capacity of the caregiver to respond contingently and appropriately to the infant's signals. The contingent response is triggered by the child's signal. It is prompt and appropriately matched to the trigger signal. To be responsive, therefore, the caregiver must be sensitive.

For the caregiver, the ability to respond contingently to the child is a critical foundation for providing effective, nurturing care. The caregiver has greater capacity, for example, to feed the infant on demand, keep the child safe from imminent harm, comfort the distressed child, recognize and respond to signs of childhood illness, and respond to the child with a positive affect.

Examples of ways to learn to be more responsive to the child are:

1) *Copy your child's sounds and gestures.*
2) *Follow your child's lead.*
3) *Focus on, and encourage, what your child is interested in (don't change the child's focus).*
4) *Build on the child's experience (add complexity and make connections, e.g. by telling the name of an object the child shows an interest in).*

Ainsworth MDS, Bell SM, Stayton DJ. Infant-mother attachment and social development: “socialization” as a product of reciprocal responsiveness to signals. In M.P.M. Richards (Ed.), *The integration of a child into a social world.* Cambridge, UK: Cambridge University Press, 1974, 99-135.

Laundry SH, Smith KE, Swank PR, Guttentag C. A responsive parenting intervention: the optimal timing across early -childhood for impacting maternal behaviours and child outcomes. *Developmental Psychology,* 2008, 44(5):1335-1353.

Participants will be bringing toy items from the classroom. Find a place where the toys can be displayed for use by all participants. Identify a source of clean water where toys can be washed between uses.

Tasks during the inpatient session

At the beginning of the session, brief participants on the activities they will do on the ward.

Emphasize that the children are sick, but with gentle care participants can play and communicate with them. In fact, studies have shown that hospitalized children who are stimulated will improve more quickly than other children. Furthermore, the time children lose in the hospital without stimulation delays their development.

Demonstration. Demonstrate the new tasks for the clinical session.

1. **Approach a sick child.** Demonstrate ways to approach a sick child in a hospital bed so that the child will not be afraid. Consider that staff on the ward have been giving shots and in other ways have made the child uncomfortable. The child may be afraid of all strangers who approach. Some ideas:

- Move slowly and make sure that the child sees you. Observe whether the child is lethargic, interested, or fearful.
- Sit down near the child, if the child is not fearful.
- Wait patiently for the child to recognize that you are not going to hurt him. If the child reaches towards you, respond by reaching towards the child. Wait for the child to touch you first. Do not move forcefully or quickly towards the child.

2. **Get the child's attention.**

- Show the child a small item of interest, appropriate for the child's age. Move the item slowly in front of the child. See if the child grabs it. Give it to the child to hold.
- If the child is sleepy and unresponsive, touch the child with an item he can sense (e.g. a soft cloth, a dry sponge). If necessary, use a gentle "startle effect" to alert the child and draw the child's attention. Use toy items that are appropriate for the child's age and condition. For example, for a young child, make a soft, short noise with a rattle. For an older child, bang a spoon lightly against a metal pot.

3. **Follow the child's lead, copy the child's sounds and gestures.**

- Make sure that you have the child's attention and that you are looking at each other.
- Wait until the child moves or makes a sound. If the child is sick, the child's first movements may be small, for example, only closing and opening the eyes. Then copy the child's movements with an exaggerated response. Copy sounds in a happy, playful way.
- Repeat until you get a responsive "conversation" going with sounds and gestures. Ask participants to notice the rhythm – your copying comes after the child's response. You wait for the child to repeat it or make a new response, which you then copy again.

- If it is not possible to communicate with the child in this way, then move on to another activity (go to item 4, below).

4. Play and communicate with the child, using activities and toy items appropriate for the child's age and condition.

- Refer to the **Counselling Cards.** Select a play activity that is appropriate for the child. A sick, lethargic child may begin with an activity for a child in a younger group.
- Put only one item in front of the child at a time. Engage the child in playing with the item, if possible, before adding more items.

Note: A common mistake is to put several choices in front of the child. Multiple choices can overwhelm or distract the child from staying with a new activity until the child learns it.

- Increase the level of activity. For example, start with a small item. Add more items and ask the child to put the items into a bowl. Make a game of sorting the items and dropping them into the bowls to make a noise.
- Praise the child and show delight in the child's accomplishments.
- If the child loses interest, change the activity and toy items.

5. Increase the child's level of activity and use of new skills.

- When the child becomes more active and can do the activity, then select another, more difficult play or communication activity from the **Counselling Cards.**
- Assist the child in getting started. Observe how the child responds to the activity. Again, praise the child for what the child can do. Show your delight that the child is trying a new game.

Answer all the questions participants have on the demonstration.



Give the child one toy at a time. With too many items, the child will not focus well on learning a new activity.

Note: When you are finished with the demonstration, wash the toy items touched by the child. Instruct participants to wash items before they are used with another child, to minimize transmission of illness to other children on the ward.

Practice. To start the practice, divide the participants up to work with individual children. If there are enough children, each participant will have an opportunity to lead an activity with a child.

If there are few children, participants can work in pairs. One participant will lead the activity with a child, and the other will observe.

If the child is not responsive at all, the clinical instructor will find another child for the participant to work with. Facilitators should move among, and observe, the participants.

Summarize the tasks to be done:

1. Approach a child in a bed marked with coloured paper. (Facilitators will assign the child.)
2. Get the child's attention.
3. Follow the child's lead. Copy the child's sounds and gestures. See how the child responds.
4. Play and communicate with the child, using activities and toy items appropriate for the child's age and condition.
5. Increase the child's level of activity and introduce new activities that require new skills.
6. Praise the child for the effort to learn a new activity.

Before leaving the ward, the participants should find a way to take leave of the child. For example, involve the caregiver in playing with the child. Play “bye-bye”. Leave a toy for the child to play with.

Note: The toy does not need to be store-bought. Toy items could be, for example, the caregiver's cup and spoon, or an empty plastic container, or a cloth to play peek-a-boo.

Tell participants how long they have (usually one hour). Leave time (at least a half hour) at the end of the session to conduct grand rounds.

Grand rounds. Gather participants together to review some of their experiences working with children. Select two or three sample children. Ask the participant who worked with each child:

- What happened as you approached the child?
- How did you get the child's attention?
- How did you follow the child's lead?
- What play or communication activity did you decide to do with the child? For what reason?
- How did the child respond to the activity? What worked to engage the child?
- What did the child learn? How did the child's level of activity change?
- What was most difficult to do in working with the child?

Ask the participant to demonstrate one activity with the child so others in the group can see how the child responds.

Debriefing on the inpatient session

Return to the classroom for the debriefing. After the break, summarize the skills participants practised in this session, using examples you and participants have observed:

1. Approach sick child.
2. Get child's attention.
3. Follow child's lead (copy or focus, rather than distract, the child's interest).
4. Play and communicate with child.
5. Increase child's level of activity and use of new skills – physical (motor), social, cognitive, and/or emotional.

Through each of these examples, help the group identify ways participants were sensitive to the child's cues and responded appropriately.

If you have been able to take photos or videos of activities during the inpatient session, use them to illustrate good examples of these skills. Digital photos and videos can be viewed on a computer or projected onto the wall for discussion.

Finally, discuss which activities were most appropriate for the sick children.

The outpatient sessions: Counselling the caregiver

The outpatient sessions occur in the mornings of Day 2 and Day 3. They may take place in an outpatient clinic, a feeding programme, or another setting where children and their caregivers gather outside the hospital.

The outpatient sessions are quite different from the inpatient sessions. During the outpatient session, participants counsel caregivers. They assist or coach caregivers through play and communication activities with their children, rather than do the activities with the children.

In the outpatient setting, participants will counsel the caregivers. They will:

- Observe the interaction of children and their caregivers.
- Ask the caregiver questions to understand how the caregiver plays and communicates with the child at home.
- Use the **Checklist** and **Counselling Cards** to guide them as they counsel caregivers.
- Coach the caregiver as the caregiver tries out a new activity; help the caregiver be sensitive to the child's cues and respond appropriately to them during the activity.
- On Day 3, they will also help caregivers solve problems in providing care at home.

The aim is for participants, working in pairs, to see three to five children and their caregivers during each outpatient session. One participant interviews and counsels a caregiver, while the other participant observes. Both participants complete a **Checklist** for the counselling session.

> Discourage participants (and facilitators) from interacting with children directly, as the children will likely focus on and “attach to” the counsellor, rather than the caregiver.

Avoiding direct interactions with the child can be quite difficult, especially since participants played with children during the inpatient session. Facilitators should gently remind participants to assist or coach the caregiver, rather than play with the child.

Children come to the outpatient setting to seek care. If the outpatient setting is a clinic or feeding centre, facilitators also are responsible for seeing that the children receive the necessary treatment and/or supplies for treating the child at home.

After participants counsel caregivers and their children, facilitators should make sure that the children see a health worker, and receive their medicine, immunizations, and other services without delay. Children should not have to go to the end of the queue in order to receive these services after they have seen the course participants.

The flow of tasks during the first outpatient session on Day 2 can be confusing. Participants are usually more comfortable when they return to the outpatient setting on Day 3 to repeat the process.

Preparation for the outpatient sessions

The organization of the outpatient sessions is critical to the effectiveness of clinical practice. The clinical instructor should:

- Prepare the facility staff for the arrival and activities of course participants during a clinical session.
- Identify the place where participants can work in pairs to counsel caregivers and their children. Determine the flow of children and their caregivers from the entrance of the facility, to the counselling area, and back through the facility to receive treatments and other services.
- Prepare materials, including a display of toy items so that they are readily available and are in the same room as counsellors.
- Identify a caregiver and child who are willing to participate in a demonstration of a counselling session.

The clinical instructor also should prepare facilitators for their roles during the outpatient session. Facilitators will:

- Set up pairs of participants to work together.
- Prepare space and furniture for the counselling sessions.
- Identify caregivers and children who are appropriate for participants to see during the session, and bring them to the participant pairs for counselling. Appropriate children are those who are not severely ill and do not need to be referred to a hospital. A variety of children of different ages and a range of caregiver-child interactions will give participants a chance to practise different skills and activities.
- Display the toy items and make sure that they are washed and returned between counselling sessions.
- Observe participants and coach them through the first counselling sessions, as needed.
- Remind participants to focus on helping caregivers, rather than interacting directly with the children.
- Provide feedback to participants at the end of their counselling session.
- Make sure that children receive their treatments or other services without delay after a counselling session.

Tasks during the outpatient session

At the beginning of the outpatient session, introduce the purpose of the session and the activities:

- Participants will work in pairs.
- One participant will counsel the caregiver, the other will observe. They should both complete a **Checklist** for the child.

- A facilitator will observe and provide feedback to help participants improve their counselling skills.
- During the first outpatient session, on Day 2, participants practise greeting caregivers and children, asking questions, observing the caregivers and children together, praising the caregivers, and advising them.
- They will use the **Checklist** to guide the counselling process.
- They will use the **Counselling Cards** to help identify appropriate play and communication activities.
- On Day 3, participants will also help the caregiver solve problems in giving care at home.

Demonstration. Demonstrate a counselling session with a caregiver and child. During the demonstration, ask participants to record the information gathered during the session on the **Checklist.** Include the following steps in the demonstration:

1. **Greet the caregiver warmly.** Interview the caregiver to complete the top section of the **Checklist.**
2. **Observe the interaction of the caregiver and child.** *Note: Hold your comments on your observations until after the counselling session is over. Remind participants to complete the* **Checklist,** *noting their observations.*
    a. **How does the caregiver show he or she is aware of the child's movements?**
    b. **How does the caregiver comfort the child and show love?**
    c. **How does the caregiver correct the child?**
3. **Ask questions to identify how the caregiver plays and communicates with the child.** Also, ask how he or she thinks the child is developing. Listen to the answers.
    a. **How do you play with your child?**
    b. **How do you talk with your child?**
    c. **How do you get your child to smile?**
    d. **How do you think your child is learning?**
4. **Praise the caregiver.** Identify specific good things that the caregiver is doing for the child.
5. **Advise the caregiver on play and communication activities to do with the child at home.** Help or coach the caregiver to:
    a. **Get the child's attention.**
    b. **Identify the child's cues, and respond appropriately to the child.**
    c. **Do an activity appropriate for the child's age and skills.**

Then **state the recommendations** for play and communication for the caregiver's child. Tell the caregiver **how the activity will help the child grow well and learn.**

6. **Check the caregiver's understanding.** Observe the caregiver trying out the activity, and help the caregiver apply what she or he learned to activities at home.
7. On Day 3, **ask about any problems** the caregiver might have playing and communicating with the child at home, **and help the caregiver solve problems.**





Ask: How do you get your child to smile?
Parents who interact well and often with their children have learned how to get their children to respond with a smile, even at a very young age.

At the end of the demonstration, after the caregiver and child leave, discuss the counselling session.

- Review the counselling steps. All facilitators need to review the **Checklists** completed by the participants. (Make sure that participants can use the **Checklists** before they counsel a caregiver.)
- Ask: Which activities were selected? For what reason?
- How did the caregiver and child respond?
- Finally, ask how the counselling session could be improved.

At the end of the demonstration on Day 3, add these questions to help participants observe the caregiver-child interactions:

- Ask participants what they observed about the interactions between the caregiver and child.
- Was the caregiver sensitive to the child's cues?
- How appropriate were the caregiver's responses to the child?
- Were the caregiver and child connected to each other?
- Ask: What did the counsellor do to strengthen the caregiver-child interactions?
- Ask: How might these interactions affect the child's survival and learning?

Add your observations at the end, if necessary.

Practice. At the end of the discussion, move participants quickly to the place where they will be counselling caregivers. Ask facilitators to bring a caregiver and child to each pair of participants.

Observe the counselling and listen to the feedback facilitators give to participants to improve their skills.

Take notes on the counselling sessions in order to debrief participants on their experiences with caregivers and their children.

Debriefing on the outpatient session

At the end of the counselling session, go back to the classroom to conduct the debriefing. After the break, discuss four or five examples of caregiver-child interactions observed during the session, including:

- Good interactions (with caregiver aware of child and sensitive to child's cues, and child looking to caregiver).
- Poor interactions (with little connection between caregiver and child).
- Other characteristics of caregivers and children (e.g. high activity, happy, and responsive; or low activity, low affect, and lack of responsiveness).
- Responses of children and caregiver to the play and communication activities.
- Changes, if any, in the interactions of caregivers and children during the activities.

On Day 3, discuss problems caregivers thought they might have playing and communicating with their children at home. And how participants were able to help caregivers solve the problems.

Also, discuss what was easy for participants to do and what was difficult. If available, use photos or videos from the session to illustrate the discussion points.

The facilitator meeting

Participants demonstrate their skills during the clinical sessions. By observing them, the clinical instructor and other facilitators can monitor how well participants are progressing.

At the end of each day, facilitators meet to discuss how the day went and what needs to be prepared for the next day.

During the meeting, the clinical instructor also summarizes the progress of each participant. The facilitators discuss together:

- How well participants are doing in the classroom and in clinical practice.
- What difficulties they are having.
- What can be done to address any problems, for example:
  - Assign a facilitator to work closely with each participant having difficulty, to provide more direct coaching in the classroom and during clinical practice.
  - Change pairs in the clinical session, matching a strong participant with a weaker participant.
  - Review the skills in the classroom session before going to the next clinical practice session.
  - Improve the preparation for, and organization of, the clinical sessions to permit more supervised practice.

Annex A

Summary: Inpatient session

Summary: Inpatient session

Demonstration (15 minutes)

1. Approach a sick child.
2. Get the child's attention.
3. Follow the child's lead. Copy the child's sounds and gestures.
4. Play and communicate with the child, using activities and toy items appropriate for the child's age and condition.
5. Increase the child's level of activity and use of new skills.
6. Praise the child for the effort to learn a new activity.

Grand rounds (30 minutes, for presentation by counsellors of two or three sample children)

- What happened as you approached the child?
- How did you get the child's attention?
- How did you follow the child's lead?
- What play or communication activity did you decide to do with the child? For what reason?
- How did the child respond to the activity? What worked to engage the child?
- How did the child's level of activity change? What did the child learn?
- What was most difficult to do in working with the child?

[Ask the counsellor to demonstrate one activity.]

Debriefing (in classroom, discuss and summarize the following skills)

1. Approach sick child.
2. Get child's attention.
3. Follow child's lead (copy or focus, rather than distract, the child's interest).
4. Play and communicate with child.
5. Increase child's level of activity and use of new skills.
6. Praise the child.

Discuss: Which activities were appropriate for sick children? For what reason?

Annex B

Summary: Outpatient sessions

Summary: Inpatient session

Demonstration (15 minutes, participants observe and complete the **Checklist)**

1. Greet the caregiver warmly.
2. Observe the interaction of the caregiver and child.
   - How does the caregiver show he or she is aware of the child's movements?
   - How does the caregiver comfort the child and show love?
   - How does the caregiver correct the child?
3. Ask questions to identify how the caregiver plays and communicates with the child.
   - How do you play with your child?
   - How do you talk with your child?
   - How do you get your child to smile?
   - How do you think your child is learning?
4. Praise the caregiver.
5. Advise the caregiver on play and communication activities to do with the child at home. Tell the caregiver how the activity will help the child grow well and learn.
6. Check the caregiver's understanding. (Caregiver does activity with child and can apply it to activities at home.)
7. Ask about problems, and help to solve them.

Debriefing (in classroom, discuss and summarize examples of the following)

- Good interactions (caregiver aware of child, child looking at caregiver)
- Poor interactions (little connection between caregiver and child)
- Other characteristics (level of activity, happy, responsive?)
- Changes in the interactions of caregivers and children during the activities
- Day 3 – problems caregivers identified in doing activities at home, what helped

Also discuss:

- What was easy to do?
- What was difficult?