NHS
National Institute for
Health and Clinical Excellence

Pregnancy and complex social factors

Raising sensitive issues with pregnant women

Training plan for maternity settings

Developed in collaboration with the University of Leeds

2011

NICE clinical guideline 110

Clinical Guideline Implementation Tools

This training plan accompanies the clinical guideline: 'Pregnancy and complex social factors: A model for service provision for pregnant women with complex social factors' (available online at: www.nice.org.uk/guidance/CG110).

Issue date: 2011

It is not NICE guidance.

Promoting equality

Implementation of this guideline is the responsibility of local commissioners and/or providers. Commissioners and providers are reminded that it is their responsibility to implement the guideline, in their local context, in light of their duties to avoid unlawful discrimination and to have regard to promoting equality of opportunity. Nothing in this guideline should be interpreted in a way which would be inconsistent with compliance with those duties.

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Introduction

NICE provides a range of educational resources to help health professionals to put NICE guidance into practice. NICE has commissioned the University of Leeds to develop this new training resource, building on its innovative and validated work in the area of domestic abuse which it has developed in conjunction with voluntary sector partners.

This training package is designed to be used to help train staff to support the implementation of NICE guidance in maternity care with particular reference to NICE clinical guideline 110 Pregnancy and complex social factors: A model for service provision for pregnant women with complex social factors. It is also intended to have wider applicability to NICE guidance which requires health and social care professionals to raise sensitive issues. This package contains this training plan, a slide set and video resource (see 'Using the video resource'), and a link to a self-directed online training session.

The learning objectives of the training package are:

- To promote and reinforce awareness and understanding of the issues involved in raising sensitive issues with pregnant women.
- To increase and reinforce knowledge of best practice on how to raise sensitive issues with pregnant women.
- To provide an opportunity to develop local solutions to help overcome obstacles to raising sensitive issues with pregnant women.
- To complement and facilitate good practice in domestic abuse training for practitioners working with pregnant women

This resource may support you in incorporating the guidance into mandatory training within your organisation and is designed to be flexible to suit local needs. Incorporate relevant policies, procedures and local guidance into the training, adjusting the slides and supporting materials as required.

NICE has published a complete suite of evidence-based guidance on maternity care, available online. In addition to commissioning this training resource, NICE has

produced a range of additional support tools to help health and social care professionals implement this guidance.
Further information is available online at http://www.nice.org.uk/usingguidance/implementationtools/thematicguidancesupport/supportantenatalcare.jsp

Rationale

In September 2010 NICE published a clinical guideline Pregnancy and complex social factors: A model for service provision for pregnant women with complex social factors (NICE 2010). The guideline sets out recommendations, based upon the best available evidence of effectiveness, on what healthcare professionals as individuals, and antenatal services as a whole, can do to address the needs of and improve pregnancy outcomes for this group of women. The guidance makes recommendations for all women with complex social factors and identifies four groups of women as exemplar populations:

1. Women who misuse substances
2. Women who are recent migrants, asylum seekers or refugees, or who have difficulty reading or speaking English
3. Young women aged under 20
4. Women who experience domestic abuse.

The evidence reviewed in the guideline suggested that women facing complex social problems are deterred from attending antenatal appointments including booking appointments, because of the perceived negative attitude of healthcare staff. Facilitating engagement of these women with maternity services is critical so that appropriate care pathways and support can be provided.

It is expected that education and training for staff will help them understand the issues faced by women with complex social factors; and how their own behaviour can affect these women, and will reduce negative behaviour and language.

By developing and delivering training sessions using this package, organisations can address recommendations, or elements of recommendations, from NICE CG110 Pregnancy and complex social factors.

Relevant recommendations:

1.5.1 Women who experience domestic abuse should be supported in their use of antenatal care services by:

- Training healthcare professionals in the identification and care of women who experience domestic abuse
- Making available information and support tailored to women who experience or are suspected to be experiencing domestic abuse
- Providing a more flexible series of appointments if needed
- Addressing women's fears about the involvement of children's services by providing information tailored to their needs

1.5.6 Commissioners of healthcare services and social care services should consider commissioning joint training for health and social care professionals to facilitate greater understanding between the two agencies of each other's roles, and enable healthcare professionals to inform and reassure women who are apprehensive about the involvement of social services.

1.5.7 Healthcare professionals need to be alert to features suggesting domestic abuse and offer women the opportunity to disclose it in an environment in which the woman feels secure. Healthcare professionals should be given training on the care of women known or suspected to be experiencing domestic abuse that includes:

- Local protocols
- Local resources for both the woman and the healthcare professional
- Features suggesting domestic abuse
- How to discuss domestic abuse with women experiencing it
- How to respond to the disclosure of domestic abuse.

Who is it for?

This resource is primarily aimed at healthcare professionals with responsibility for training, but also includes a component for practitioners on how to raise sensitive issues.

It can be used to support the development of training with an emphasis on experiential learning and the encouragement of reflective practice. The resource can be used in its entirety, or individual components can be selected to plan, develop and enhance training. The video resource is for the use of trainers to brief simulated patients.

Elements can also be used for individual study by health professionals such as midwives and health visitors to enhance their communication skills and build confidence in raising sensitive issues with pregnant women.

The training plan is intended for use by any member of staff involved in providing access to antenatal care, or directly providing care to pregnant women. This includes health and social care professionals, and non-clinical members of staff, for example receptionists.

Structure of training

Two formats for training are proposed: a full session (for up to 3 hours) and a self-directed online session (for up to 1.5 hours). Where resources allow, staff are encouraged to take part in both sessions. The self-directed online session works well as a follow-up revision session once staff have attended the full session. The slide set is intended for use at the full 3 hour session. You may wish to adapt the slide set to your own local needs (for instance, to include information on local guidance, protocols and sources for further information).

This resource includes advice on how to raise sensitive issues with pregnant women; a lesson plan, a case scenario, pre- and post-workshop questionnaires and evaluation templates to support trainers.

The case scenarios used in both sessions focus on pregnant women experiencing domestic abuse, one of the exemplar populations identified in NICE clinical guideline 110. While this exemplar population has been chosen as the focus of the case studies in this training package, the principles of the training can be applied with any sensitive issue or any population with complex needs. The trainer may consider asking the group to reflect on how the training session could be used in other settings or situations to ensure that the learning is transferable. If you have any feedback related to this that you would like to share with other organisations, please contact the implementation team at NICE at implementation@nice.org.uk. We value your opinion and are looking for ways to improve our tools. Please complete a short evaluation form by clicking here. We may develop additional resources in the future, and such input would be welcomed.

Definitions

Learner – any participant attending the training session.

Simulated patient – a person who takes on the role of a patient and role-plays a case scenario. Simulated patients are traditionally (and should ideally be played by) people from acting backgrounds, who are trained to depict a specific patient role. This is because staff may not have the expertise and may inadvertently reinforce stereotypes or misinform. However, if you are unable to recruit a simulated patient it will be important to discuss the potential for stereotyping and misinforming participants and to ensure that they are fully aware of these issues before taking on the role. Additional information on recruiting simulated patients is included in the further information section of this training plan.

Using the video resource

In all cases the video resource in this training package should be viewed by the trainer with the simulated patients before carrying out any training. This is to provide an insight into how the roles could be portrayed effectively. There are four video clips: example 1 (6.36 minutes) portrays Peter and Sharon seeking contraceptive advice; examples 2a (8.30 minutes) and 2b (7.44 minutes) portray Peter and Sharon

receiving a visit from a social care officer and then a follow up visit. The final clip shows the actors talking about their experience of being a simulated patient.

The video resource does not represent the simulated patient interactions described in this training plan and is not intended for use with the participants in either session.

Preparation for trainers

The video resource that supports this training plan is intended to support trainers in portraying the proposed case scenario. It should be viewed by both trainers and simulated patients before the full 3 hour training session.

Trainers need to be confident in their knowledge of domestic abuse and abuse statistics, particularly the differing impact on women experiencing domestic abuse, as compared with men experiencing domestic abuse.

- Healthcare professionals need to be alert to features suggesting domestic abuse and offer women the opportunity to disclose it in an environment in which the woman feels secure.
- A woman who is experiencing domestic abuse may have particular difficulties using antenatal care services. For example, the perpetrator of the abuse may try to prevent her from attending appointments.
- A woman who is experiencing domestic abuse may be afraid that disclosure of the abuse to a healthcare professional will worsen her situation, or anxious about their reaction.
- Healthcare professionals need to be aware of local protocols and support agencies that can provide additional support and advice to women experiencing domestic abuse.
- Healthcare professionals should ensure that when a woman discloses information relating to violence and abuse it is treated confidentially and shared appropriately.

Further information is available to trainers in the accompanying slide set and in the reading resources section of this training plan.

Trainers should ensure they have a working knowledge of:

- Local protocols
- Local services available for women and how practitioners can make referrals to them
- The importance of confidentiality, and when details should be passed on to other agencies
- Record keeping and appropriate information sharing.

The trainer should also have a good understanding of NICE clinical guideline 110 Pregnancy and complex social factors, and how the recommendations in the guideline relate to the training package. For example, NICE makes recommendations about the type of information that is given to women who are experiencing domestic abuse, and to whom they should be referred for further support and these can be used to plan the session.

Where scenarios refer to women in early pregnancy or in a non-maternity setting, the trainer may also include information on referring all pregnant women to antenatal care. The earlier antenatal care is accessed, the more opportunity there is for women to receive appropriate assessment, support and referrals.

Relevant NICE recommendations:

1.1.8 Respect the woman's right to confidentiality and sensitively discuss her fears in a non-judgemental manner.

1.1.9 Tell the woman why and when information about her pregnancy may need to be shared with other agencies.

1.1.11 For women who do not have a booking appointment at the first contact with any healthcare professional:

- Discuss the need for antenatal care
- Offer the woman a booking appointment in the first trimester, ideally before 10 weeks if she wishes to continue the pregnancy, or offer referral to sexual health services if she is considering termination of the pregnancy.

1.1.14 In order to facilitate discussion of sensitive issues, provide each woman with a one-to-one consultation, without her partner, a family member or a legal guardian present, on at least one occasion.

1.5.8 Tell the woman that the information she discloses will be kept in a confidential record and will not be included in her hand-held record.

1.5.9 Offer the woman information about other agencies, including third-sector agencies, which provide support for women who experience domestic abuse.

1.5.10 Give the woman a credit-card sized information card that includes local and national helpline numbers.

1.5.11 Consider offering the woman referral to a domestic abuse support worker.

Pre-workshop tasks

All session types

Send participants:

- a copy of the 'Pregnancy and complex social factors' quick reference guide (QRG) and the pre-workshop questionnaire
- any protocols for raising sensitive issues with pregnant women or guidance used locally.

Ask participants to read these prior to the workshop.

Prepare handout of local services for women experiencing domestic abuse. Information on how to contact local and national services should be given to women on a credit-card sized information card. You may wish to give learners information in this format that they can share with service users. Alternatively, encourage learners, or those responsible in your local area, to develop their own resource in a suitable format.

Self-directed online session

Practicalities

- Timing: allow up to 1.5 hours.

- Recommended number of participants: unlimited.
- Send out details of the self-directed training to participants to complete in their own time online.

The website www.seeabuse.com provides a free, open access, online training resource for health and social care professionals who wish to develop their skills in identifying and responding to domestic abuse. This resource is intended for self-directed use and not as part of a formal training session.

The resource is an example of good practice, but as it was developed in Leeds it is specifically tailored to their local circumstances. Content can be amended to suit local circumstances of other trusts or organisations. To adapt this or to develop similar resources which are locally appropriate please contact Arwen Strudwick at arwen.strudwick@leeds.gov.uk for advice. Alternatively, contact Women's Aid at www.womensaid.org.uk or the White Ribbon campaign at www.whiteribboncampaign.co.uk.

The resource comprises two modules, the first module 'Domestic violence – a programme designed to raise awareness' is directed at all health and social care professionals and non-clinical staff, for example receptionists. The second module, 'Identifying and responding to abuse – for ambulance and accident and emergency staff' is directed specifically at staff working in emergency settings.

Each module presents a case scenario relating to domestic abuse and prompts the learner to select from a list of multiple choice options a response to the action on screen. The module provides practical examples of how to raise domestic abuse with the client and offers further information on domestic abuse and risk assessment.

Full session

Practicalities

- Timing: allow 3 hours (with 15 minute break).
- Recommended number of participants (multidisciplinary): 8–12.
- Send out relevant materials prior to scheduled training.

- Trainers should familiarise themselves with the slide set.
- Decide how the role of the simulated patient will be filled and book the people concerned including time for preparation and briefing.
- Print copies of the evaluation form for distribution at the end of the session.
- Print handout of local services for distribution.
- Send out post-workshop questionnaire (timing to be determined locally).

Introduction

This session adopts an experiential learning approach. A case scenario is presented to the group and one or more of the learners work with a simulated patient (SP) to explore the situation. Learners are directed to behave as they would in that clinical situation and are not expected to act or undertake tasks beyond their capabilities and level of training. As part of the ground rules at the start of the session, the trainer or learner agrees to periodically stop the process and the learners discuss what has happened beginning with the perceptions of the learner who worked with the SP.

The case scenario can be adapted to accommodate a range of different case scenarios based on local priorities and resources. These could include female genital mutilation, sexual violence, forced marriage and issues around safeguarding children, in addition to those identified in NICE clinical guideline 110.

Structure

Section	**Timing and slides**
Welcome, introductions, aims and objectives, format	15 minutes; slides 1–3
Establish learning needs of the participants: working in small multi-disciplinary groups, share experiences of raising sensitive issues with clients, what subjects are difficult, what strategies are helpful? What strategies are unhelpful?	15 minutes; slide 4
Review the rules of feedback	5 minutes; slide 5
Case scenario 1	45 minutes; slide 6
Break	15 minutes
Case scenario 2	45 minutes; slide 6

Discussion and questions – review key learning points	20 minutes; slide 7
Action planning: what is your action as a result of today's session? General advice on raising sensitive issues	15 minutes; slide 8–9
Close session with how participants can find out more, distribute information regarding local services and invite participants to complete evaluation form	5 minutes; slide 10–11

Case scenario

For the purposes of this training plan, the case scenario focuses on a pregnant woman experiencing domestic abuse. To provide a realistic experience, the nature of the scenario is not exposed to participants prior to the session. Participants are expected to address the following during the session:

- Identify features suggesting domestic abuse.
- Develop strategies for discussing domestic abuse with women experiencing it.
- Develop strategies to respond to disclosure of domestic abuse.
    - Tell the woman that the information she discloses will be kept in a confidential record and will not be included in her hand-held antenatal record.
    - Respect the woman's right to confidentiality and respond to her in a non-judgemental way. Explain how and why information may be shared with other agencies.
- Discuss local protocols and resources for the woman and the health professional
    - Consider when initiating a multi-agency needs assessment may be appropriate.
    - Offer information about other agencies, including third-sector agencies, which provide support for women who experience domestic abuse.
    - Give the woman a credit-card sized information card that includes local and national helpline numbers (available locally).
    - Consider offering the woman referral to a domestic abuse support worker.

- Offer the woman at least one consultation where she and the healthcare professional can talk alone.

Simulated patient roles

Female partner

Sharon McCoughlin aged 36, professional career (teacher/police officer), unmarried, no children. She is intelligent and successful and has no history of previous abuse.

Her demeanour: timid, withdrawn, fearful of partner, looking to him before speaking, allowing him to answer for her, echoing his comments. When he is not present, Sharon remains fearful of betraying him but more relaxed and articulate. If asked directly about abuse she dismisses it claiming any incident is a one-off, an argument that got out of hand. In the first interaction she is not yet experiencing physical violence; in the second he has recently pushed her down the stairs.

Male partner

Peter Sharp aged 48, professional career (accountant/police officer), divorced with two school-age children resident with his ex-wife.

His demeanour: controlling, answers for his partner, attempts to silence her ("we've already talked about this" or "we can talk about that later"), subtly threatening her, protective (legs crossed towards her/arm around her shoulder). Never overtly aggressive, he is very subtle as he wishes to appear supportive, measured and plausible. As a professional he must appear reasonable, understanding of a professional's role ("I'm a professional too; I know you have procedures, you have to cover your back"). Privately he may control her medication, encourage alcohol/drug misuse, isolate her and will encourage a closed intimate relationship which creates dependency on him. He is also likely to indulge her and confuse her with both affection and undermining criticisms.

Simulated patient interaction 1

This could be in a health centre where Sharon has an appointment with a health professional (nurse practitioner/general practitioner) for contraceptive advice. She is uneasy about no longer using condoms and unsure of what contraception to use and

the possible impact on her future fertility. (She wants to keep her options to have a child open). Peter is clear he wants her to have a coil fitted ("she won't remember to take the pill; she doesn't even remember where she puts her keys"; "we don't want her gaining any more weight, do we?") as he says they do not want children.

An alternative setting could be an antenatal appointment when Sharon is less than 12 weeks pregnant. Peter is seeking a termination whereas Sharon appears unsure. He says they really don't want children whereas she is considering continuing the pregnancy as this may be her last chance to have a child.

As this scenario relates to a woman in the early stages of pregnancy, the trainer may wish to include information on referring all pregnant women to antenatal care. The earlier antenatal care is accessed the more opportunity there is for women to receive appropriate assessment, support and referrals.

Simulated patient interaction 2

This could be in a health centre, an antenatal or a physiotherapy appointment or in the accident and emergency department. The learners are told this is some months later. Sharon is now 12 or more weeks pregnant and arrives at the consultation alone. She is happy about the pregnancy which resulted from failed contraception and Peter's refusal to use condoms, possibly forcing sex on Sharon when she knew she was not protected. Early in the interaction Sharon shows the practitioner her swollen ankle and claims to have tripped on the stairs. She appears confused about what happened. She expresses concern for the baby due to her fall.

Peter bursts into the consultation after about 3 minutes, having been parking the car. He is angry with Sharon for proceeding into the consultation without him. "I told you to wait in Reception"; perhaps a barbed comment to the healthcare professional "the first time an NHS appointment started on time". He tries to appear reasonable but is quite aggressive in his manner. Again he intends to show himself as solicitous towards Sharon, sitting close with his hand fiddling with the back of her neck (controlling with pinching) and whispering in her ear (reminding her of what to say). Peter is happy about the pregnancy as he can see this will make Sharon more dependent on him. However, he is anxious to quickly explain that she slipped on wet

leaves on the patio. He is also anxious that the practitioner not talk with Sharon alone and not reveal bruising on her arms and torso.

Further information

Developing case scenarios

Service users and carers, relevant professionals and voluntary sector service providers and groups have all been involved in the development of this resource. Clinical realism is not solely dependent on service user perspectives but also depends on the perspectives of relevant professionals and services. Also, an objective of the case scenario outlined in this training plan is to develop understanding about multi-professional working; therefore the perspectives of service providers are as important as the perspectives of service users and carers. If you wish to develop alternative case scenarios to those outlined in this training plan ensure you involve as many stakeholders as possible.

Practically, it is important to select content for which there is suitable local expertise and to establish appropriate links. Your local Patient and Public Involvement Forum within the local healthcare trust may help. Alternatively, there will be established links with local service user groups, statutory and voluntary sector agencies at local universities where there are schools of healthcare, medicine and/or social work.

Simulated patients

Simulated patients are commonly used in health and social care undergraduate and postgraduate training. Simulated patients should be provided with a copy of the training plan in its entirety to enable them to understand the purpose of the training session, and to ensure they have all of the information available to prepare for the role. There is also further information within the PowerPoint presentation that may be useful for simulated patients to consider when planning their character, particularly in the notes accompanying slide 7. For example, the simulated patients should consider the use of body language, including how the potential abuser uses glares and caresses, how the client looks to him for permission to speak and incongruence in body language and speech.

To find out more about how to book simulated patients, and local role play agencies contact the following organisations in the first instance:

- Schools of medicine
- Schools of healthcare.

Additionally, there are a number of acting agencies in the UK that can provide role-player actors for simulated patient work.
While we do not endorse any one agency, and accept there will be others across the UK, the agency listed below is familiar with the case scenario used in this training plan:
Daphne Franks
Direct Personal Management
www.directpm.co.uk Tel: 07790 002540

Daphne has worked as a simulated patient for over 25 years, working with healthcare professionals at all levels. In addition to working as a simulated patient, Daphne manages the Direct Personal Management acting agency, working with actors nationally. Many of the actors are also experienced simulated patients and work across the UK.

Reading resources

- Antenatal care. NICE clinical guideline 62 (2008). Available from www.nice.org.uk/guidance/CG62
- Pregnancy and complex social factors: A model for service provision for pregnant women with complex social factors. NICE clinical guideline 110. Available from www.nice.org.uk/guidance/CG110
- Department of Health (2010) Improvising services for women and child victims of violence: the Department of Health Action Plan. London: Department of Health. Available from www.dh.gov.uk
- Department of Health (2010) Responding to violence against women and children – the role of the NHS. London: Department of Health. Available from www.dh.gov.uk

- Department of Health (2005) Responding to domestic abuse. A handbook for healthcare professionals. London: Department of Health. Available from www.dh.gov.uk

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- LIAP (Women & Violence) Trust
- West Yorkshire Police
- Royal College of Midwives

Handouts

Raising sensitive issues with pregnant women: tips

Healthcare professionals need to develop advanced communication skills to enable them to raise sensitive issues with women and to support them effectively. Detailed below are ten tips for raising sensitive issues with clients.

- Preparation. Ensure that surroundings are private and that the consultation will remain free of interruptions (for example, close the door, put a do not disturb sign on the door, divert telephone).
- Pick up clues. Be perceptive to what the client is saying, the words she chooses (for example, using negative, disempowered language “he goes out, I don’t go out” and witness how she interacts with her partner/family if present (for example, does she seem nervous, is she at ease?)
- Listen to concerns. Ask “What are your main concerns at the moment?” and then create space (for example, by pausing and allowing some silence for her to respond, maintaining eye contact) for the client to express their feelings.
- Be sensitive. Appreciate how difficult it can be for a client to disclose information of a sensitive nature and respect that there may be some things that they are unable to tell you (for example, don’t probe unless you feel they do want to talk more).
- Empathy. Phrases such as “This must be very difficult for you”, “You sound worried”, “It sounds like this upsets you” help validate worries, feelings and concerns and can help establish trust and rapport.

- Avoid making assumptions and being judgemental. Do not make assumptions about a client due to their appearance and/or personal circumstances.
- Confidentiality. Be very clear about the limits of your confidentiality and who will be informed about the situation. You may want to refer to NICE guidance as a way of depersonalising your approach.
- Summarise. Summarise concerns, reflecting back to the client what you have heard, use similar language to check understanding and help establish rapport.
- Future plans. With the client, plan the way forward (treatment, management, support) over the short- and long-term. Refer to NICE guidance for care pathways.
- Offer availability and flexibility in line with the NICE guidance. Some clients will need further explanation (the details will not have been remembered) and support (adjustment may take weeks or months). Further information, for example leaflets, or a follow-up phone call or meeting are helpful.

Raising sensitive issues with pregnant women

Pre-workshop questionnaire

Give four examples of women who may be vulnerable owing to complex social factors which may affect their pregnancy?

1. ……..
2. ……..
3. ……..
4. ……..

Why might pregnant women with complex social factors be less likely to access antenatal services?

1. ……..
2. ……..
3. ……..
4. ……..
5. ……..

How can these problems be addressed?

1. ……..
2. ……..
3. ……..

What skills and knowledge would you like to gain from the training session ‘Raising sensitive issues with pregnant women’?

……..
……..
……..
……..

Raising sensitive issues with pregnant women

Post-workshop questionnaire

Give four examples of women who may be vulnerable owing to complex social factors which may affect their pregnancy?

1. ……..
2. ……..
3. ……..
4. ……..

Why might pregnant women with complex social factors be less likely to access antenatal services?

1. ……..
2. ……..
3. ……..
4. ……..
5. ……..

How can these problems be addressed?

1. ……..
2. ……..
3. ……..

What changes have you made to your practice as a result of the training session?

……..
……..
……..
……..

Raising sensitive issues with pregnant women

Evaluation form

[INSERT DATE AND TIME OF WORKSHOP]

Administration

Was the information you received prior to the workshop

[ ] Too much

[ ] Just right

[ ] Not enough

[ ] Don't know

Did you have enough time to complete the pre-workshop tasks?

[ ] Too much

[ ] Just right

[ ] Not enough

[ ] Don't know

Workshop

Has the session improved your knowledge of how to raise sensitive issues with pregnant women?

[ ] Yes

[ ] Partly

[ ] No

[ ] Don't know

Did the session explain how the NICE guidance should be used?

[ ] Yes

[ ] Partly

[ ] No

[ ] Don't know

Was the case scenario helpful?

[ ] Yes

[ ] Partly

[ ] No

[ ] Don't know

Will areas of your practice change as a result of this session? If so, how?

……..

……..

……..

……..

Any other comments or suggestions for improvement?

……..

……..

……..

……..

Thank you for your feedback.