

Caring

for Those with HIV

Course Notebook for Trainers



JHPIEGO, an affiliate of The Johns Hopkins University, builds global and local partnerships to enhance the quality of health care services for women and families around the world. JHPIEGO is a global leader in the creation of innovative and effective approaches to developing human resources for health.

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COURSE DESIGN

This training programme is designed for health care workers at all levels (nurses, doctors, laboratory personnel, medical records staff, porters, ward assistants, security personnel, volunteers, etc.). The course builds on each participant's past knowledge and experience and takes advantage of the individual's high motivation to accomplish the learning tasks in the shortest time.

Trainers will use interactive teaching-learning methods to deliver the course. Each module takes approximately 2.5–3 hours.

COURSE SYLLABUS

Course Description

This course is designed to be used in a modular fashion. The material can be used in any order and over varying time spans. Each module contains activities that may be used according to the audience and the occasion. The course may be used as part of regular training sessions in which the trainer is allocated a segment of time, or as part of a stand-alone training session made up of several modules. Trainers are encouraged to select activities based on the mix of participants and the time available for the training session.

Course Goals

- To provide participants with the knowledge and skills needed to safely care for all patients without transmitting infection to themselves or others.
- To provide participants with the knowledge and skills needed to effectively provide high-quality care for clients with HIV and AIDS.
- To influence in a positive way participants' attitudes and behaviours when caring for clients with HIV and AIDS.
- To provide participants with the knowledge and skills to protect themselves and their families from HIV infection.

Participant Learning Objectives

- Outline providers' rights and responsibilities within the health care situation.
- Outline clients' rights and responsibilities within the health care situation.
- Explain basic information on HIV and AIDS and other sexually transmitted infections.
- Identify and explain risk behaviour and decision-making skills related to risk reduction.
- Describe the options available for treatment and care of HIV and other STIs.
- Describe issues surrounding HIV- and AIDS-related stigma and discrimination.
- Describe ways to combat HIV- and AIDS-related stigma and discrimination.

- Describe infection prevention practices expected of KPH employees in the health care setting.

MODULE ONE: CLIENTS' AND PROVIDERS' RIGHTS AND RESPONSIBILITIES

- List the rights of clients in the health care situation.
- List the rights of health care workers within the health care situation.
- Describe the responsibilities of clients within the health care situation.
- Describe the responsibilities of health care workers within the health care situation.
- Explain issues of confidentiality and privacy in the health care situation.
- Outline the matters involved in obtaining informed consent.
- Identify situations that are reportable to other authorities, including the police.

MODULE TWO: HIV/AIDS AND OTHER SEXUALLY TRANSMITTED INFECTIONS

- Describe signs and symptoms of common STIs.
- Describe the link between human papillomavirus and cervical cancer.
- Describe the basics of HIV/AIDS transmission and progression.
- Illustrate situations or conditions that may increase chances of HIV and STI infection.
- Identify ways of avoiding HIV and other STI infection.
- Describe safer sex behaviours.

MODULE THREE: PROTECTING YOURSELF AND OTHERS: INFECTION PREVENTION

- Explain the importance of infection prevention.
- Describe Standard Precautions.
- Identify the components of Standard Precautions.
- Describe the steps involved in:
 - Handwashing
 - Use of gloves, masks, gowns and other protective materials
 - Safe handling and disposal of sharps
 - Safe waste management
- List statistical risks of infection based on method of exposure.
- Explain the measures to be implemented or the steps to be taken in the event of accidental exposure.
- Describe the Centers for Disease Control and Prevention (CDC) protocol for employees exposed to blood or body fluids.

MODULE FOUR: HIV CONTINUUM OF CARE

- Describe the options available for treatment and care of HIV.
- Recognize that care and support services include:
 - Palliative care
 - Community care
 - Psychological care
 - Referrals services
 - Bereavement counselling, which includes death and dying, issues other than medical care
- Identify the way in which some diseases are stigmatized.
- Describe how HIV and AIDS-related stigma and discrimination affect people with HIV and AIDS or groups linked with HIV and AIDS.
- Recognize instances of stigma and discrimination.
- Describe how attitudes, values and prejudices might affect quality of care.
- Identify duties in providing health services (professional ethics).

HOW TO USE THE LEARNING RESOURCE PACKAGE ON CARING FOR THOSE WITH HIV/AIDS

The Learning Resource Package on “Caring for Those with HIV/AIDS” includes the following components:

- *Caring for Those with HIV/AIDS: Reference Manual* with Participant Handouts and Exercises for each module
- *Caring for Those with HIV/AIDS: Course Notebook for Trainers*

The Caring for Those with HIV Reference Manual contain four modules and materials for participants. Each module includes key, need to know reference information as well as materials or exercises for participants to complete. The modules are divided as follows:

1. Clients’ and Providers’ Rights and Responsibilities
2. HIV/AIDS and Other Sexually Transmitted Infections
3. Protecting Yourself and Others: Infection Prevention
4. HIV Continuum of Care

The Course Notebook for Trainers on Caring for Those with HIV/AIDS contains training tips for trainers, the course syllabus and outline of training activities, pre- and post-assessments, and answers to exercises. Below are some key points about training delivery:

- Each module requires approximately 2 hours to complete.
- Modules may be completed individually or all at once.
- Each module includes its own objectives, exercises, pre- and post-assessment, and evaluation.
- Each module has a course outline, which outlines training activities, how to deliver the training and the time each activity should take.

USING THE LEARNING RESOURCE PACKAGE

This Learning Resource Package can be used in a variety of ways, depending on the needs and available resources of the health care facility.

In-Service Training

- Selected modules may be used for the orientation or updating of health care workers and/or other stakeholders. The trainer can select modules and activities depending on the specific audience, time availability and objectives, with the goal being that each employee completes all four modules.
- Selected modules may also be used as part of other in-service training programmes (e.g., HIV/AIDS, maternal and neonatal health, reproductive health and family planning). The trainer can select modules related to the

main content of the course to introduce specific areas related to HIV/AIDS basics and continuum of care, client and worker rights, and AIDS-related stigma and discrimination, depending on participants' needs and the time allocated.

Community Outreach

Selected modules may be used during outreach campaigns directed at the community, for example, during Nurses' Week or during school visits.

Planning for the Training Event

The trainer should decide on:

- Which module(s) are appropriate, based on the objectives of the training event
- The participants who should attend

The trainer then needs to decide on which modules would be used and select the appropriate activities, bearing in mind the factors above (i.e., objectives, participants and time).

Incentives

Some incentives might be helpful, such as provision of refreshments at training sessions and certificates of participation if participants attend all four modules.

Record-keeping

The trainer should keep a record of those who attend the modules training sessions. This will be useful not only for the issuing of certificates, but also so that the training unit can build a database of health care workers who have been trained on different modules, so that training schedules can be developed. The training unit also needs to record and analyze the anonymous attitude surveys and final pre- and post-test questionnaires by participant, which can be a valuable resource for monitoring and evaluation of the training programme.

Delivering the Training Event

Venue

The ideal venue will allow for participants to be seated in a semicircle, so that there can be communication among participants as well as with the trainer. However, **all** venues must have sufficient ventilation and lighting, as well as access to lavatories, and be where participants can hear adequately.

Registration

It is important that a register, with the following information, be kept of all training events:

- Training event—module(s) conducted
- Date

- Trainers
- Participants' names, job titles and contact information, including phone and email address, if available

The trainer needs this participant registration information—even if the training event is one segment of a larger activity, for example, a 40-minute slot during a monthly meeting for senior nurses—to track and monitor participants who have attended the course module training.

Evaluation

Pre- and post-test questionnaires; attitudinal surveys

Each module includes a pre- and post-assessment or confidential attitudinal surveys. These are used to identify whether participant knowledge and attitudes have changed.

Evaluation forms

Each module includes an evaluation form to assess participant responses to the training. Particular attention should be paid to participants' requests for other training topics.

Equipment

Flipchart paper and markers are always useful. A computer, multimedia projector and PowerPoint presentations may be very helpful, but are not essential. Models of the penis and vagina and male and female condoms are useful for condom demonstrations.

TIPS FOR TRAINERS

It is important to deliver these modules in an interesting and highly participatory manner. Health care workers will more than likely come to the sessions believing that they already know all the information to be presented and that they are bound to be bored. It is up to the trainer to make sure that all participants are so excited by the presentation that they beg to be enrolled in the next session.

Tips for providing effective training sessions:

- Encourage everyone to participate in the session.
- Introduce the topic clearly and state the objectives.
- Consider the local cultural needs. Use appropriate topics and choose words that the group can understand.
- Ask questions to find out what the group knows before providing all of the information. There is no need to give information the group already knows.
- Use an interactive approach. Ask and answer questions and encourage group members to ask questions.
- Use individuals' names and involve participants by posing questions and asking participants to restate their understanding at appropriate points.
- Praise participants when they participate.

- Maintain eye contact with the group.
- Speak loudly enough so that everyone can hear.
- Summarize key points periodically, or ask a participant to summarize for you to check understanding.

People learn information best when they:

- Are actively involved in the session. They should be involved in all discussions. Dividing into small groups to discuss or role play a part of the training information is very useful, because people usually participate more freely in small groups.
- Can build on existing knowledge. The trainer should build on examples from the participants' everyday experience. It is important to ensure that all groups of participants are called upon to share their insights.
- Can apply new learning by doing something. Activities should be varied. People should not be expected to listen to a monologue for more than 15 to 20 minutes.
- Have something to take home that they can refer to later. Participants should be given handouts to refer to after the session.

Course Outline (2-hour session)

There is a course outline for each module. It presents enabling objectives needed to accomplish the participant learning objectives described in the course syllabus. For each objective there are suggestions regarding appropriate learning activities, resources and materials needed. The trainer may develop other practice activities, case studies, role plays or other learning situations specific to the country or group of participants.

The course outline is divided into four columns:

- **Time.** This section of the outline indicates the approximate amount of time to be devoted to each learning activity.
- **Objectives/Activities.** This column lists the enabling objectives and learning activities. Because the objectives outline the sequence of training, the objectives are presented here in order. The combination of the objectives and activities (introductory activities, small-group exercises, clinical practice, breaks, etc.) outlines the **flow** of training.
- **Training/Learning Methods.** This column describes the various methods, activities and strategies to be used to deliver the content and skills related to each enabling objective.
- **Resources/Materials.** The fourth column in the course outline lists the resources and materials needed to support the learning activities.

COURSE OUTLINE—MODULE ONE

CLIENTS' AND PROVIDERS' RIGHTS AND RESPONSIBILITIES

MODULE ONE: 3 HOURS			
TIME	OBJECTIVES/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
10 minutes	Activity: Welcome the participants and introduce participants and trainers.	Welcome by trainers and representatives from the organization(s) sponsoring the training course. Introduce trainer(s) and allow time for participants to introduce themselves.	
10 minutes	Activity: Review course materials and objectives of Module One.	Distribute, review and discuss materials used in this course. Review objectives of Module One and describe the contents of the Reference Manual including the participant exercises and handouts section.	<i>Module One of Reference Manual</i>
15 minutes	Activity: Assess participants' pre-course knowledge.	Participants use a piece of paper to write their name and correct answers for the Pre-Course Knowledge Questionnaire in their Reference Manual. Ask participants to close the manual or turn the questionnaire over when finished.	<i>Module One of Reference Manual</i> Pre-Course/Post-Course Knowledge Questionnaire, answer sheets or paper on which to write answers
10 minutes	Activity: Identify individual and group learning needs.	Trainer leads discussion of answers to the Pre-Course Knowledge Questionnaire. Participants grade their own questionnaires.	<i>Module One of Reference Manual</i>
60 minutes	Objectives: <ul style="list-style-type: none"> • List the rights of clients in the health care situation. • List the rights of health care workers within the health care situation. • Describe the responsibilities of clients within the health care situation. • Describe the responsibilities of health care workers within the health care situation. 	Activity: Use Module One: Exercise One in the exercise and handout section. Divide the group into four; each group will be assigned discussion questions. After the discussion, summarize and fill in any missing information using the Reference Manual.	<i>Module One of Reference Manual</i> Flipchart paper and markers, Module One: Exercise One

MODULE ONE: 3 HOURS			
TIME	OBJECTIVES/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
30 minutes	Objective: Explain issues of confidentiality and privacy in the health care situation.	Use Module One: Exercise Two for this role play. Summarize and use the Reference Manual to supplement any specific information needed.	<i>Module One of Reference Manual</i> Module One: Exercise Two Other materials: Nurse's cap, stethoscope, three patient gowns, porter's shirt. Large labels to be pinned to the front of the players: NURSE, DOCTOR, PORTER, PATIENT
15 minutes	Objective: Outline the matters involved in obtaining informed consent.	Brainstorm with participants situations that require informed consent. Use Module One of Reference Manual to supplement missing information or clarify questions.	<i>Module One of Reference Manual</i>
10 minutes	Objective: Identify situations that are reportable to other authorities, including the police.	Use Module One: Exercise Three and have each participant spend 10 minutes answering the questions. Review the correct answers from the Trainer's Notebook and use the Reference Manual to fill in any missing key details on situations that are reportable to the authorities.	<i>Module One of Reference Manual</i> Module One: Exercise Three
20 minutes	Administer post-course questionnaire.		<i>Module One of Reference Manual</i> Pre-Course/Post-Course Knowledge Questionnaire, answer sheets or paper on which to write answers

COURSE OUTLINE—MODULE TWO

HIV/AIDS AND OTHER SEXUALLY TRANSMITTED INFECTIONS

MODULE TWO: 3 HOURS			
TIME	OBJECTIVES/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
10 minutes	Activity: Welcome the participants and introduce participants and trainers.	Welcome by trainers and representatives from the organization(s) sponsoring the training course. Introduce trainer(s) and allow time for participants to introduce themselves.	
10 minutes	Activity: Review course materials and objectives of Module Two.	Distribute, review and discuss materials used in this course. Review objectives of Module Two and describe the contents of the Reference Manual including the participant exercises and handouts section.	<i>Module Two of Reference Manual</i>
15 minutes	Activity: Assess participants' pre-course knowledge.	Participants use a piece of paper to write their names and correct answers for the Pre-Course Knowledge Questionnaire in their Reference Manual. Ask participants to close their Reference Manual or turn the questionnaire over when finished.	<i>Module Two of Reference Manual</i> Pre-Course/Post-Course Knowledge Questionnaire, answer sheets or paper on which to write answers
10 minutes	Activity: Identify individual and group learning needs.	Trainer leads discussion of answers to the Pre-Course Knowledge Questionnaire. Participants grade their own questionnaires.	<i>Module Two of Reference Manual</i>
30 minutes	Objective: Describe signs and symptoms of common STIs.	Administer Exercise One to the group. You can divide the group into teams, small groups or pairs. Each should complete the exercise. Review as a group and supplement or correct any misinformation using the Reference Manual.	<i>Module Two of Reference Manual</i> Module Two: Exercise One—Common Sexually Transmitted Infections
10 minutes	Objective: Describe the link between human papillomavirus (HPV) and cervical cancer.	Ask participants what they know about HPV. Review the information on HPV in the Reference Manual and respond to any questions.	<i>Module Two of Reference Manual</i>
45 minutes	Objectives: <ul style="list-style-type: none"> • Describe the basics of HIV/AIDS transmission and progression. • List statistical risks of infection based on method of exposure. • Illustrate situations or conditions that may increase chances of HIV and STI infection. • Describe safer sex behaviours. 	Use Exercise Two—Discussion Guide to facilitate a discussion of what the participants already know about HIV transmission, progression and risks of exposure. Use the Reference Manual to supplement any wrong or missing information. Depending on the knowledge of the group, you may be able move through the content quickly.	Module Two: Discussion Guide

MODULE TWO: 3 HOURS			
TIME	OBJECTIVES/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
45 minutes	Objective: Identify ways of avoiding HIV and other STI infection.	In the larger group, go through the Module Two Case Study. Discuss with the group and review correct answers. Then use Module Two: Exercise Two—Personal Risk Assessment. Each participant should complete this exercise to assess her/his personal risk of HIV infection.	Module Two: Case Study and Exercise Two: Self-Risk Assessment
20 minutes	Administer Post-Course Questionnaire.		Module Two: Pre-Course/Post-Course Knowledge Questionnaire, answer sheets or paper on which to write answers

COURSE OUTLINE—MODULE THREE

PROTECTING YOURSELF AND OTHERS: INFECTION PREVENTION

MODULE THREE: 3 HOURS			
TIME	OBJECTIVES/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
10 minutes	Activity: Welcome the participants and introduce participants and trainers.	Welcome by trainers and representatives from the organization(s) sponsoring the training course. Introduce trainer(s) and allow time for participants to introduce themselves.	
10 minutes	Activity: Review course materials and objectives of Module Three.	Distribute, review and discuss materials used in this course. Review objectives of Module Three and describe the contents of the Reference Manual including the participant exercises and handouts section.	<i>Module Three of Reference Manual</i>
15 minutes	Activity: Assess participants' pre-course knowledge.	Participants use a piece of paper to write their name and correct answers for the Pre-Course Knowledge Questionnaire in their reference manual. Ask participants to close their Reference Manual or turn the questionnaire over when finished.	<i>Module Three of Reference Manual</i> Pre-Course/Post-Course Knowledge Questionnaire, answer sheets or paper on which to write answers
10 minutes	Activity: Identify individual and group learning needs.	Trainer leads discussion of answers to the Pre-Course Knowledge Questionnaire. Participants grade their own questionnaires.	<i>Module Three of Reference Manual</i>
30 minutes	Objective: Assess attitudes about infection prevention and caring for those with HIV.	Activity: Have participants work individually or in small groups to complete Module Three: Exercise One—Attitudes Related to Health Care Delivery. Collect when complete and discuss responses in the larger group. Clarify incorrect assumptions and use the Reference Manual to provide missing information.	<i>Module Three of Reference Manual</i> Module Three: Exercise One—Attitudes Related To Health Care Delivery
60 minutes	Objectives: <ul style="list-style-type: none"> • Explain the importance of infection prevention. • Describe Standard Precautions. • Identify components of Standard Precautions. 	Brainstorm with participants why infection prevention is important. Stress that regular application of infection prevention practices helps keep them and others safe. Highlight and discuss with them the variety of ways to prevent infections outlined in the Reference Manual. Assign Module Three: Exercise Two—Standard Precautions to small groups. Discuss answers with the larger group. Use the Reference Manual to ensure that key points related to handwashing, use of protective personal equipment and safe handling of sharps are well understood.	<i>Module Three of Reference Manual</i> Module Three: Exercise Two—Standard Precautions
20 minutes	Objective: Discuss appropriate use of gloves.	Have participants complete or have a group discussion using Module Three: Case Study—The Careful Ward Assistant. Use the Reference Manual as needed to reinforce proper glove usage.	<i>Module Three of Reference Manual</i> Module Three: Case Study—The Careful Ward Assistant

MODULE THREE: 3 HOURS			
TIME	OBJECTIVES/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
20 minutes	<p>Objectives:</p> <ul style="list-style-type: none"> Describe statistical risks of infection based on method of exposure. Explain measures to implement or steps to be taken in event of accidental exposure. 	<p>Ask participants what they think the risks are for the following:</p> <ul style="list-style-type: none"> Splash in the eye of HIV-infected blood Needlestick with HIV infected blood HIV-infected saliva in a break in your skin <p>Use the Reference Manual to provide correct statistics. Ask participants to list factors that increase the risks of transmission and then correct or supply additional information using the Reference Manual. Highlight the steps recommended by CDC for managing an occupational exposure. Note that ARV prophylaxis is indicated only when the risk is considered high enough.</p>	<i>Module Three of Reference Manual</i>
20 minutes	Administer Post-Course Questionnaire.		<i>Module Three of Reference Manual Pre-Course/Post-Course Knowledge Questionnaire, answer sheets or paper on which to write answers</i>

COURSE OUTLINE—MODULE FOUR

HIV CONTINUUM OF CARE

MODULE FOUR: 3 HOURS			
TIME	OBJECTIVES/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
10 minutes	Activity: Welcome the participants and introduce participants and trainers.	Welcome by trainers and representatives from the organization(s) sponsoring the training course. Introduce trainer(s) and allow time for participants to introduce themselves.	
10 minutes	Activity: Review course materials and objectives of Module Four.	Distribute, review and discuss materials used in this course. Review objectives of Module Four and describe the contents of the Reference Manual including the participant exercises and handouts section.	<i>Module Four of Reference Manual</i>
15 minutes	Activity: Assess participants' pre-course knowledge.	Participants use a piece of paper to write their names and correct answers for the Pre-Course Knowledge Questionnaire in their Reference Manual. Ask participants to close their reference manual or turn the questionnaire over when finished.	<i>Module Four of Reference Manual</i> Pre-Course/Post-Course Knowledge Questionnaire, answer sheets or paper on which to write answers
10 minutes	Activity: Identify individual and group learning needs.	Trainer leads discussion of answers to the Pre-Course Knowledge Questionnaire. Participants grade their own questionnaires.	<i>Module Four of Reference Manual</i>
45 minutes	Objectives: <ul style="list-style-type: none"> • Describe the options available for treatment and care of HIV. • Recognize that care and support services include a variety of services. 	Have participants complete Module Four: Exercise One—Treatment and Care. Discuss answers in the broader group and provide missing or additional information using the Reference Manual.	<i>Module Four of Reference Manual</i> Module Four: Exercise One—Treatment and Care
45 minutes	Objectives: <ul style="list-style-type: none"> • Identify the way in which some diseases are stigmatized. • Describe how HIV and AIDS stigma and discrimination affect people with HIV and AIDS or groups linked with HIV and AIDS. 	Have participants define stigma and discrimination and share some examples of each. Ask participants to discuss these questions: <ol style="list-style-type: none"> 1. What fears might someone with HIV have in your community? 2. What fears might an HIV-positive individual have about coming to this facility? <p>Follow up with Module Four: Exercise Two—Self-Assessment. Invite individuals to share their responses to the self assessment and discuss. Point out that none of these activities, in reality, have a high risk of transmitting HIV.</p>	<i>Module Four of Reference Manual</i> Module Four: Exercise Two—Self-Assessment

MODULE FOUR: 3 HOURS			
TIME	OBJECTIVES/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
20 minutes	<p>Objectives:</p> <ul style="list-style-type: none"> • Recognize instances of stigma and discrimination. • Describe how attitudes, values and prejudices might affect quality of care. • Identify duties in providing health services (professional ethics). 	Use Module Four: Exercise Three to identify and discuss examples of stigma and discrimination. Highlight the difference between these two terms. Ask the group to define attitudes, values and prejudices and give examples of how they've observed them affecting care. Review the information in the Reference Manual on professional ethics.	Module Four: Exercise Three—Case Study
20 minutes	Administer Post-Course Questionnaire.		<i>Module Four of Reference Manual</i> Pre-Course/Post-Course Knowledge Questionnaire, answer sheets or paper on which to write answers

MODULE ONE: PRE-TEST/POST-TEST QUESTIONNAIRE

INSTRUCTIONS

PRE-TEST: Write your name on a separate piece of paper, write the numbers 1 through 9 on the paper, read each question and select “True” or “False” as the correct answer. When you have answered all of the questions, hand in your answer sheet to the trainer for grading.

QUESTIONS	TRUE	FALSE
1. It is important to inform all members of the health care team of a client’s HIV status.		X
2. Confidentiality is NOT breached if someone overhears a health care worker discussing information about a client, if that health care worker was not speaking directly to that person.		X
3. In order to protect all clients, health care workers need to treat someone infected with HIV in a special section of the hospital.		X
4. If a client does not seem to be mentally capable, there is no need to get consent to perform an HIV test on that person.		X
5. A health care worker should make a report that a child is being abused only if she/he is absolutely certain that the abuse is happening.		X
6. A client has the responsibility to report any reactions to medical treatment; she/he should not wait for the physician to ask.	X	
7. Health care workers should use Standard Precautions on ALL clients whether or not they are suspected to be infected with HIV or hepatitis B.	X	
8. Clients in a health care situation need to be informed that they have to give up all rights to privacy in order to get effective and efficient treatment.		X
9. Clients must consent to treatment that is recommended by the attending physician or else they must leave the health care facility.		X

MODULE ONE: EXERCISE ONE—CLIENTS' AND PROVIDERS' RIGHTS AND RESPONSIBILITIES

INSTRUCTIONS

In your groups, you will be discussing the following topics:

- Clients' rights in the health care setting
- Clients' responsibilities in the health care setting
- Providers' rights in the health care setting
- Providers' responsibilities in the health care setting

In your groups, discuss the following questions:

1. Based on the information in the reference manual, what are some examples of ways that client's rights are supported in your facility?
2. Based on the information in the reference manual, what are some examples of ways that client's rights are **not** supported in your facility?
3. What do you think are additional provider rights?
4. What do you think are additional provider responsibilities?

Identify someone to report to the group. On a piece of flipchart paper, list 3-6 key points from your discussion to share with the group.

Each group will have 20 minutes to brainstorm and 5 minutes to report out to the larger group.

MODULE ONE: EXERCISE TWO— CONFIDENTIALITY ROLE PLAY

INSTRUCTIONS

1. Invite three participants to volunteer for a role play. Either trainers or volunteer participants can play the roles.
2. Orient volunteers to the scene of the role play and assign roles.
3. Perform the role play.
4. Discuss the Discussion Questions below.

ROLE PLAY #1

Enter nurse and doctor talking with each other. Porter is close behind.

Nurse: (loudly) Well, Dr. Brown, I don't know how much we can do for the HIV case in Bed 13. It seems that he was up to all kinds of carrying on and his wife left him when she found out he had AIDS. And him a pastor at that!

Porter: (to himself) Wait. We have an AIDS victim on the ward. Bed 13 (looks around). Let me see who it is. Mercy! It's Pastor Smith. Wait till I tell them at church. What a wicked man!

DISCUSSION QUESTIONS

1. What breaches of confidentiality happened or were about to happen in this scene?
2. What could be the result of these breaches?
3. What advice could you give to the nurse to help her [him] avoid this breach of confidentiality?
4. What advice could you give to the porter to help her [him] avoid this breach of confidentiality?

ROLE PLAY #2

Nurse, doctor and porter are all sitting apart from each other. Each is wearing a patient's gown but still has on a stethoscope or nurse's or porter's cap. Each is "talking out loud" to herself/himself.

Nurse: Boy, you have to share so much of your private information when you come for treatment. I wonder if the nurse I spoke to will be careful not to let people find out that I have a boyfriend as well as my husband, and that I had to get tested when the boyfriend became HIV-positive.

Porter: I hope Glenroy from my community doesn't pass by the nurse's desk and glimpse my chart to see that I am HIV-positive.

Doctor: But how did the other members of my group find out that I was HIV-positive? I didn't tell anybody. I wonder if somebody got a look at my records.

DISCUSSION QUESTION

What could you tell the nurse, the doctor and the porter about the confidentiality of patient information expected from health care workers in order to reassure them that their situation will remain confidential?

MODULE ONE: EXERCISE THREE— EMERGENCY CONSENT CASE STUDY

INSTRUCTIONS

Read the case study and answer the questions below. The answers will be discussed as a group.

THE CASE OF EMERGENCY CONSENT

Dr. LX and Sr. TH are in the emergency room examining MS, a 10-year-old girl. She is fully alert, but seems to have been beaten and sexually assaulted. Dr. LX wants to order an immediate HIV test for MS. Sr. TH suggests that it might be better to deal with the other injuries and wait to see if consent can be obtained from a parent or guardian before doing the HIV test. Dr. LX is unwilling to wait on the grounds that HIV is an emergency. Dr. LX also wants to make an immediate report to the authorities about the suspected sexual assault.

DISCUSSION QUESTIONS

1. What advice could you give Dr. LX and Sr. TH about doing the HIV test on MS?

Sr. TH is correct. It is important to wait to try to obtain consent from her parent or guardian before doing an HIV test on MS, who is a minor. HIV, while serious, is not a life-threatening emergency in this case.

2. What advice could you give Dr. LX and Sr. TH about making the report to the authorities about the suspected sexual assault?

Dr. LX and Sr. TH need to document the case and make a report to the authorities about the suspected assault as soon as possible.

MODULE TWO ACTIVITIES: HIV/AIDS BASICS

PRE-TEST/POST-TEST QUESTIONNAIRE

INSTRUCTIONS

PRE-TEST: Write your name on a separate piece of paper, write the numbers 1 through 10 on the paper, read each question and select “True” or “False” as the correct answer. When you have answered all of the questions, hand in your answer sheet to the trainer for grading.

QUESTIONS	TRUE	FALSE
1. Many people can live with HIV for 10 years and more without showing symptoms.	X	
2. The transmission of HIV from an infected mother to her child can be prevented.	X	
3. A woman with gonorrhoea will always have symptoms.		X
4. Chlamydia can lead to sterility.	X	
5. Human papillomavirus can increase a woman’s chances of getting cervical cancer.	X	
6. If someone has a rash from syphilis and it goes away without the person being treated, it means that the person is cured.		X
7. Not knowing your sexual partner’s HIV status increases your risk of becoming infected.	X	
8. Using the same toilet as someone infected with HIV can put one at risk of HIV infection.		X
9. Injecting drugs with HIV-contaminated needles is riskier than having unprotected vaginal sex with someone who is HIV-infected.	X	
10. Deep cuts with HIV-contaminated sharps pose greater risks to health care workers than small-size needlestick injuries.	X	

MODULE TWO: EXERCISE ONE— COMMON SEXUALLY TRANSMITTED INFECTIONS

INSTRUCTIONS

In your groups or in pairs, match each of the following terms with the appropriate description. You will have 15 minutes to work and then will discuss the exercise in the larger group.

STI	MATCHING DESCRIPTION
HIV	B. May have no signs or symptoms for 10 years
Syphilis	E. Can lead to serious conditions such as blindness or mental illness
Gonorrhoea	C. Men may or may not have a penile discharge; women may have no symptoms
Human papillomavirus (HPV)	F. Increases the chances of getting cervical cancer
Genital herpes	A. Associated with painful blisters like cold sores on the genitals
Hepatitis B or C	D. Transmitted in the same ways as HIV, no current cure

MATCHING DESCRIPTIONS

- A. Associated with painful blisters like cold sores on the genitals
- B. May have no signs or symptoms for 10 years
- C. Men may or may not have a penile discharge, women may have no symptoms
- D. Transmitted in the same ways as HIV, no current cure
- E. Can lead to serious conditions such as blindness or mental illness
- F. Increase the chances of getting cervical cancer

MODULE TWO: DISCUSSION GUIDE— THE BASICS OF HIV/AIDS

INSTRUCTIONS

Use these questions to guide a discussion and ensure that the group understands the basics of HIV/AIDS.

1. What are the three ways that HIV can be transmitted?
Sexually, through exposure to contaminated blood, and from mother to baby (in the womb, during childbirth, or through breast milk).
2. Which activities are the most risky?
Using HIV-contaminated needles for injecting drugs, and receptive anal sex
3. Without treatment, what percentage of HIV-infected women will pass the virus to their babies?
25–35%
4. Explain different factors that may make transmission of HIV more likely.
The more virus you are exposed to, the greater your risks of becoming infected. For example, those who are recently infected or who have AIDS have great amounts of virus in their bloodstream, so the risk of becoming infected from these individuals is higher. This also applies with occupational exposure; deep wounds or large-size needlesticks introduce more of the virus and are more dangerous than slight wounds or small-size needlesticks.
5. List some ways of reducing your own personal risks of becoming infected with HIV.
Use the section of the Reference Manual titled “Preventing HIV and Other STI Infections” for this discussion. Stress that in the workplace, using infection prevention practices and consistently applying Standard Precautions are the most effective way to prevent occupational exposure.
6. List some examples of “safer sex.”
Abstinence, non-penetrative sex, knowing the partner’s HIV status, mutual monogamy, use of barrier methods

MODULE TWO: CASE STUDY— THE CASE OF THE CAREFREE STUDENT

INSTRUCTIONS

Read aloud and refer the participants to this case study in their Reference Manual. Review the discussion questions with them.

CASE STUDY

JG is a second-year nursing student. During a counselling session, she declares that she is sure she is not at risk for HIV or any STI for the following reasons. She has never even met someone who is HIV-positive. Although she is sexually active and does not use condoms, she has had only two sexual partners in her life. The first was a medical student who, by virtue of his profession, she believes, would never allow himself to get infected, and the current boyfriend is studying to become a minister in the U.S. They have had sex only twice, when he has been out on holiday, and she is sure that he would never be unfaithful. She has never discussed their HIV status or their sexual histories with either boyfriend.

DISCUSSION QUESTIONS

1. State at least four assumptions JG has made about her risk of contracting HIV or other STIs.
 - **JG believes that she has never met anyone who is HIV-positive.**
 - **She assumes that her former boyfriend, the medical student, would not allow himself to become infected.**
 - **She believes that her current boyfriend, the student minister, would never be unfaithful.**
 - **She assumes that her boyfriends are HIV-negative.**
2. What is wrong about these assumptions?
 - **JG cannot know whether or not she has ever met anyone who is HIV-positive; you cannot tell if someone is HIV-infected by looking at the person.**
 - **She ought not to assume that just because her former boyfriend is a medical student that he would automatically be careful not to become infected.**
 - **She ought not to assume that her current boyfriend is faithful. They have never discussed this.**
 - **She ought not to assume that her boyfriends are HIV-negative, when she has never discussed this with them.**
3. How would you advise JG to reduce her risk of HIV and STI infection?
 - **She should get an HIV test to learn her current status.**
 - **She could discuss the issues of testing, sexual history and faithfulness with her current boyfriend.**

- **She and her current boyfriend should plan for safer sex, such as: they could abstain from sexual intercourse; they could both get tested and remain faithful to each other; and not do anything that might put them at risk of getting infected with HIV, such as using dirty needles for injectable drugs; or she could decide to use condoms correctly and consistently.**

MODULE TWO: EXERCISE TWO— RISK SELF-ASSESSMENT

INSTRUCTIONS

Use this risk self-assessment questionnaire to assess your own personal risks. You can fill in the answers or just answer the questions in your head. For every “NO” you answer, you are at increased risk of HIV infection.

SELF-ASSESSMENT QUESTIONNAIRE	YES	NO
1. I know whether my sex partner has ever been tested for HIV or an STI.		
2. I have only one sex partner.		
3. I always use a condom for sexual intercourse.		
4. I have been tested for HIV.		
5. I am aware of whether or not my sex partner is having sex with anyone else.		
6. I consistently use infection prevention practices and/or Standard Precautions in the workplace.		

MODULE THREE ACTIVITIES: INFECTION PREVENTION

PRE-TEST/POST-TEST QUESTIONNAIRE

INSTRUCTIONS

Write your name on a separate piece of paper, write the numbers 1 through 15 on the paper, read each question and select “True” or “False” as the correct answer. When you have answered all of the questions, hand in your answer sheet to the trainer for grading.

QUESTIONS	TRUE	FALSE
1. Most infection prevention practices prevent infection either by killing the infectious agent or blocking the transmission of it to others.	X	
2. Standard Precautions are to be used with all clients at all times.	X	
3. Health care workers should wear gloves at all times when on the ward.		X
4. Needles should be recapped to prevent needle stick injuries.		X
5. Contaminated instruments should be immediately cleaned after use.		X
6. If a health care worker is exposed to contaminated blood, she/he should not wash away the blood until after being examined by a physician.		X
7. Masks and protective eyewear must be worn during procedures that may generate splashes of blood or body fluids.	X	
8. Health care workers should use double gloves on clients who are suspected to be infected with HIV or hepatitis B.		X
9. It is appropriate to ask clients and/or family members to remind health care workers to wash their hands between patient contacts.	X	
10. The risk of being infected with HIV if one has been stuck with a contaminated needle is extremely high.		X
11. HIV is transmitted more easily than hepatitis B.		X
12. The more virus one is exposed to, the greater the risk of transmission.	X	
13. The risk of HIV infection if splashed in the eye, nose or mouth with HIV-infected blood is approximately 1%.		X
14. The average risk of HIV infection if exposed via needlestick or cut exposure is around 2%.		X
15. If you have occupational exposure to HIV, you must always receive antiretroviral prophylaxis.		X

MODULE THREE: EXERCISE ONE— ATTITUDES RELATED TO HEALTH CARE DELIVERY

INSTRUCTIONS

1. Write the numbers 1 to 5 vertically down the blank sheet of paper. Do not write your name or otherwise identify yourself on the paper.
2. Write either “YES” or “NO” beside the appropriate number as the following statements are read out.
3. The papers will be collected and discussed in the larger group.

STATEMENTS	YES	NO
1. I use Standard Precautions for all clients all of the time.		
2. I take special precautions, in addition to Standard Precautions, for HIV-infected patients (e.g., double gloving).		
3. I believe that persons who are HIV-infected should be isolated.		
4. I would disclose a patient’s HIV status to a close relative if I thought that person needed to know.		
5. I think that all the members of the health care team should know a client’s HIV status.		

ANSWERS

1. **It is important to protect oneself and other clients by using Standard Precautions with all clients, as it is impossible to be sure just who may have an infectious disease just by looking at the person. This practice minimizes the spread of disease and ensures that both health care workers and clients are protected from infection.**
2. **If one is using Standard Precautions with all clients, there is no need to take special precautions with clients who are HIV-infected.**
3. **There is no need to isolate clients who are HIV-infected because HIV is not passed on by casual contact.**
4. **Unless one is given special permission by the client, one ought not to inform anyone else of the client’s HIV status. This is a breach of confidentiality and not ethical.**
5. **Only the members of the health team directly involved in the client’s care need to know her/his HIV status. To inform other people is a breach of confidentiality and not ethical.**

MODULE THREE: EXERCISE TWO— STANDARD PRECAUTIONS

INSTRUCTIONS

In pairs, individually or in small groups, answer the following questions. Your responses will be discussed in the larger group. You have 20 minutes to work on the exercise.

1. Mrs. JB, a nurse, has to check some patients' blood sugar or Hgb by doing a fingerstick. She does not use gloves for this but washes her hands in between each patient. One of the patients is very thin and has a high fever; she uses gloves for this patient because she believes the person might be infected with HIV. Is this an appropriate infection prevention practice? Why or why not?

No, gloves should always be used if one will be exposed to blood or body fluids. The person may have no signs or symptoms of hepatitis B, C or of HIV.

2. The risk of acquiring HIV after being stuck with a needle used for an HIV-infected patient is
 - a. 27–37%
 - b. 3–10%
 - c. **0.2–0.4%**
 - d. 0.01%
3. Standard Precautions are intended for use with which kinds of patients?
 - a. **ALL PATIENTS, REGARDLESS OF WHETHER OR NOT THEY ARE INFECTED**
 - b. Only patients with HIV/AIDS
 - c. Only patients with HIV/AIDS or hepatitis B
 - d. Only patients who are hospitalized
4. Which of the following actions create a protective barrier for preventing infections in clients, patients and health care workers?
 - a. Wearing gloves before touching anything wet
 - b. Using antiseptic agents for cleansing the skin or mucous membranes
 - c. Processing instruments, gloves and other items after use
 - d. **ALL OF THE ABOVE**

5. Which infection prevention practice is the most important for blocking the transmission of infection in the health care setting?
 - a. Proper waste disposal
 - b. HANDWASHING**
 - c. Use of protective barriers
 - d. Use of antiseptic agents

6. Proper handling of sharp instruments includes
 - a. Never bending or breaking needles
 - b. Keeping sharps disposal containers at point of use
 - c. Using care when passing or handling sharps during procedures
 - d. ALL OF THE ABOVE**

7. In your ward there's a sharps disposal container centrally located. However, occasionally patients receive injections in a small treatment room located off the ward. Many of the other workers recap needles and bring them back to the ward to dispose of them. How would you suggest changing this practice, and why?

Sharps injuries are the number-one cause of occupational injury. It is very dangerous to recap needles. A sharps container must be placed in the treatment room as well.

MODULE THREE: CASE STUDY— THE CAREFUL WARD ASSISTANT

Ms. RW, the ward assistant, is very careful in her use of gloves. As soon as she comes on duty on the ward, she puts on a pair of surgical gloves, and wears them for whatever task she is performing. If she sees that they are soiled or torn, she may take them off and wash them or change them, but otherwise, she does not take them off until she goes off duty.

QUESTIONS

1. Describe three ways in which Ms. RW is not adhering to Standard Precautions in her use of gloves.
 - **Ms. RW should wear gloves only if she is doing procedures that involve blood or body fluids.**
 - **She should not use the same gloves for different tasks.**
 - **She should never take off gloves and reuse them.**
2. How could she be putting herself and others in danger of infection by these practices?
She could be transferring micro-organisms from one client to another and to other surfaces in the ward by not changing her gloves. She is also increasing her own risk of infection by not washing her hands in between patients or changing gloves.
3. List four ways you can advise her to improve her behaviour:
 - **Ms. RW should use gloves only for touching blood and body substances, mucous membranes or non-intact skin of all patients, for example, handling items or surfaces soiled with blood and body substances; performing venipuncture or other procedures involving blood-letting.**
 - **She should change gloves between patient contacts or between procedures on the same patient if it is likely that disease microbes might be transferred from one part of the patient to another.**
 - **She should not wash or disinfect surgical or examination gloves for reuse.**
 - **She should wash her hands in between each patient contact, even if gloves were used.**

MODULE FOUR ACTIVITIES: HIV CARE AND SUPPORT

PRE- TEST/POST-TEST QUESTIONNAIRE

INSTRUCTIONS

Write your name on a separate piece of paper, write the numbers 1 through 10 on the paper, read each question and select “True” or “False” as the correct answer. When you have answered all of the questions, hand in your answer sheet to the trainer for grading.

QUESTIONS	TRUE	FALSE
1. Health care workers who test positive for HIV have usually become infected on the job.		X
2. A healthy health care worker who is infected with HIV should not be directly involved in giving care to clients.		X
3. HIV care and support services are generally limited to spiritual and medical help.		X
4. One of the most important parts of antiretroviral therapy is adherence, or taking the medications exactly as prescribed on a consistent basis.	X	
5. An example of stigma is assuming that only those who are sexually promiscuous get infected with HIV.	X	
6. When someone is denied a job because he/she is thought to have HIV, this is an example of discrimination.	X	
7. Children who are infected with HIV are too delicate to go to school.		X
8. It is possible to disagree with a client's lifestyle choices and still provide respectful, quality care.	X	
9. Separate bathrooms should be provided for clients who are infected with HIV.		X
10. Professional ethics require that health care workers treat all clients with respect, whether or not they like them.	X	

MODULE FOUR: EXERCISE ONE— TREATMENT AND CARE OPTIONS

INSTRUCTIONS

In pairs or small groups, work together to answer these questions. You have 20 minutes to work and a few minutes to report out. You will take turns reporting out your responses, question-by-question.

If you have a close friend who is pregnant and who fears that she may be infected with HIV:

1. Where could she go to get voluntary counselling and testing (VCT)?
2. If she tests positive, what can she do to protect her baby from getting infected with HIV?
3. What should she do about feeding her baby after it is born?
4. Suppose she needs antiretroviral medication to prevent transmission to her baby; how could she get it?
5. What could she say to her partner about his need for testing?
6. How can she protect other people from getting infected with HIV?

MODULE FOUR: EXERCISE TWO— SELF ASSESSMENT

INSTRUCTIONS

Fill out the following questionnaire. For each question, circle the response that **best** indicates your level of comfort in doing the following things. You will have the opportunity to share and discuss as a group.

RATING SCALE

C = Comfortable; **M** = Moderately Comfortable; **U** = Uncomfortable; **N** = Not Sure

SITUATION	RATING			
1. Talking with someone infected with HIV.	C	M	U	N
2. Hugging someone infected with HIV.	C	M	U	N
3. Giving a kiss on the cheek to someone infected with HIV.	C	M	U	N
4. Sitting beside someone infected with HIV.	C	M	U	N
5. Sending my child to school with someone infected with HIV.	C	M	U	N
6. Going to a dentist who is infected with HIV.	C	M	U	N
7. Going to a minister of religion who is infected with HIV.	C	M	U	N
8. Using a condom to have sex with my partner, who is infected with HIV.	C	M	U	N
9. Asking my sexual partner(s) to use a condom.	C	M	U	N
10. Asking my sexual partner(s) to get tested for HIV.	C	M	U	N
11. Getting tested for HIV.	C	M	U	N
12. Providing physical care for someone infected with HIV.	C	M	U	N

MODULE FOUR: EXERCISE THREE—CASE STUDY

THE CASE OF THE DISABLED CLIENT

Mr. YF, the new contact investigator, is giving a talk on HIV awareness to the clients in the clinic. Sitting in a wheelchair in the front of the group is an older man, Mr. BR, who is also visually disabled. As Mr. YF is handing out condoms, he touches Mr. BR and says with a smile, “Well, at least you don’t have to worry about needing any of these condoms, eh Pops?” “You’re quite right,” replies Mr. BR. “My wife and I stopped using condoms years ago!”

QUESTIONS

1. What assumptions is Mr. YF making about Mr. BR’s sexual behaviour?

He probably assumes that Mr BR is not sexually active.

2. Why do you think he feels this way about Mr. BR?

Mr. BR is an older man. He is visually and physically impaired.

3. In what way is Mr. YF displaying prejudice towards Mr. BR?

Mr. YF is making assumptions about Mr. BR’s sexual behaviour, based on his appearance, without really knowing anything about him.

4. How could this kind of prejudice by health care workers jeopardize Mr. BR’s treatment and care?

If health care workers fail to accept that Mr. BR is likely to be a sexually active man, they may not offer him counselling and diagnostic opportunities related to reproductive health, such as HIV testing.