Strengthening the Pre-Service Nursing and Midwifery Education in India

Learning Resource Package for ANM Faculty Training

Facilitators' Guide

March 2012

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INDIAN NURSING COUNCIL

MCHIP Maternal and Child Health Integrated Program

STRENGTHENING THE PRESERVICE NURSING AND MIDWIFERY EDUCATION IN INDIA

LEARNING RESOURCE PACKAGE FOR ANM FACULTY TRAINING

FACILITATORS' GUIDE

MARCH 2012

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First Edition 2012

Printed March 2012

PREFACE

Recent policies and programs of the Government of India focused on Maternal, Newborn and Child Health (MNCH) services including the Janani Suraksha Yojana (JSY scheme), Integrated Management of Newborn and Childhood Illnesses (IMNCI) and operationalization of 24/7 Primary Health Centers and First Referral Units. These efforts have put an increased emphasis on the role of the basic health worker in the provision of comprehensive Reproductive Health (RH) and MNCH services in the country, especially in rural areas. To respond to this need for development of a basic service provider who can provide quality RH and MNCH services at the grass root level, a comprehensive initiative to strengthen the foundation of pre-service education for ANMs (Auxiliary Nurse Midwife) is being undertaken by the Indian Nursing Council (INC).

This book is part of the learning resource package for, **'Strengthening the Pre-Service Nursing and Midwifery Education in India**' for ANM faculty training that is developed to prepare them to use the new Government of India guidelines for Skilled Birth Attendance, Integrated Management of Neonatal and Childhood Illness, Family Planning and Prevention and Management of Reproductive Tract Infections when teaching midwifery to ANM students.

The package includes a 'Facilitators' guide' and a 'Participants' Handbook' that includes materials and exercises needed for this course. In addition, there are several other resources available to support training, such as reference manuals, Hindi versions of participant notebooks and the presentation graphics. This resource package has been endorsed by the Indian Nursing Council (INC) for use during the training of ANM faculty and further in pre-service ANM education.

It is hoped that this learning resource package will help the ANM faculty to deliver quality competency-based clinical training that results in confident ANM's able to deliver appropriate maternal and newborn care in communities and healthcare facilities throughout India.

A. Sharma

Dr. Asha Sharma
Vice-President
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ACKNOWLEDGEMENT

The Indian Nursing Council (INC) is committed to improve and sustain quality in the pre-service nursing and midwifery education of India. In the national survey conducted by the INC, it was found that the quality of education in the ANM training schools was not up to the mark as the faculties of the schools were not updated in the recent advances in nursing and midwifery education and the guidelines of the Government of India. In order to fill this gap and to address the immediate need of the nursing faculty for updating their knowledge and skills, the INC embarked upon a national initiative to strengthen the pre-service nursing and midwifery education in the country. Through this initiative, five National Nodal Centers of excellence for Nursing and Midwifery Education have been established and the faculty of ANM schools from different regions of the country would be trained in these institutions for a period of 6 weeks.

The curriculum for the 6 weeks training has been launched by the Indian Nursing Council. This curriculum would provide comprehensive training and updates for the faculty of ANM schools on Effective Teaching Skills, Skilled Birth Attendance, Integrated Management of Neonatal and Childhood Illness, Prevention of STI, HIV and Parent to Child Transmission of HIV, Family Planning and the Performance Standards for Nursing and Midwifery Education for Quality Improvement. The learning resource package, which consists of a Facilitators' Guide and Participants' Handbook, was pilot tested at the first 6 weeks training and was found feasible to be implemented throughout the country.

It is envisioned that this learning resource package would help sharpen the skills of the faculty of ANM schools and that the quality of education at the ANM schools will improve dramatically and be maintained as per the international standards.

I would like to acknowledge Dr. Bulbul Sood, the Country Director of Jhpiego and her team from MCHIP Dr. Somesh Kumar, Ms. Julia Bluestone, Dr. Rashmi Asif, Dr. Neeta Bhatnagar, Dr. Vineet Srivastava, Mrs. Abra Pearl and Mrs. Celine Gomes who were instrumental in the preparation and publication of this Learning Resource Package. I would like to thank the Nursing Education Committee (NEC) of the Indian Nursing Council and Ms. Surekha Sama for their technical inputs in this curriculum. I gratefully acknowledge the tireless efforts of Ms. K. S. Bharati, Joint Secretary, Indian Nursing Council who has not only provided inputs to the content but contributed to the coordination and compilation of this document into a quality training manual for ANM faculty. I Hope that this curriculum and the learning resource package would help strengthen the capacity of the faculty of ANM schools and thereby improve the quality of pre-service nursing and midwifery education in the country.

Sh. T. Dileep Kumar
President

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LIST OF ABBREVIATIONS AND ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal Care
ANM	Auxiliary Nurse Midwife
BEOC	Basic Essential Obstetric Care
BEmONC	Basic Emergency Obstetric and Newborn Care
BP/CR	Birth Preparedness and Complications Readiness
CBT	Competency Based Training
CHV	Community Health Volunteer
CHW	Community Health Worker
DMPA	Depo Medroxy Progesterone Acetate
DOTS	Direct Observation Therapy Short course
ETS	Effective Teaching Skills
FP	Family Planning
FRU	First Referral Unit
GoI	Government of India
HBV	Hepatitis B Virus
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
HPV	Human Papilloma Virus
ICM	International Confederation of Midwives
ICTC	Integrated Counseling and Testing Center
IEC	Information, Education and Communication
IMNCI	Integrated Management of Neonatal and Childhood Illness
INC	Indian Nursing Council
IP	Infection Prevention
IUCD	Intra Uterine Contraceptive Device
JSY	Janani Suraksha Yojana
LHV	Lady Health Visitor
LRP	Learning Resource Package
MCHIP	Maternal and Child Health Integrated Program
MCPC	Managing Complications in Pregnancy & Childbirth
MEC	Medical Eligibility Criteria
MNC	Maternal and Newborn Care
MNCH	Maternal, Newborn and Child health
NVP	Nevirapine
PEP	Post Exposure Prophylaxis
PHC	Primary Health Center
PID	Pelvic Inflammatory Disease
PLHA	Person Living with HIV/AIDS
PNC	Postnatal Care

PPE	Personal Protective Equipment
PPFP	Postpartum Family Planning
PPIUCD	Postpartum Intra Uterine Contraceptive Device
RCH	Reproductive and Child Health
SBA	Skilled Birth Attendant
SBMR	Standards Based Management and Recognition
SHG	Self Help Group
TBA	Traditional Birth Attendant (dai)
TT	Tetanus Toxoid
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VCTC	Voluntary Counseling and Testing Center
VHC	Village Health Committee
WHO	World Health Organization

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TRAINING APPROACH OVERVIEW

WELCOME

Welcome – trainers and faculty members to the ANM faculty training course. You are indeed privileged to be a part of this exciting course which would refresh your knowledge and skills on a variety of subjects with a special focus on maternal, newborn child health and family planning. It would be a time of gaining, sharing and updating knowledge in the above mentioned critical areas which need special attention while teaching the ANM students.

This course has been designed with the assumption that you participate in this training course because you:

- Are interested in updating your knowledge and sharpening your skills
- Desire to be actively involved in course activities
- Are dedicated to provide high quality education to the ANM students

The training approach used in this course stresses the importance of the application of relevant educational technologies including the use of humane training

TRAINING APPROACH USED IN THIS COURSE

The mastery learning approach to training assumes that all learners can master (learn) the required knowledge, attitudes, or skills provided sufficient time is allowed and appropriate training methods are used. The goal of mastery learning is that 100 percent of those being trained will 'master' the knowledge and skills.

While some learners are able to acquire new knowledge or a new skill immediately, others may require additional time or alternative learning methods before they are able to demonstrate competency. Not only do people vary in their abilities to absorb new material, but individuals learn best in different ways—through written, spoken or visual means. Mastery learning takes these differences into account and uses a variety of teaching and training methods.

The mastery learning approach also enables the learner to have a self-directed learning experience. This is achieved by having the trainer serve as facilitator and by changing the concept of testing and how test results are used. In courses that use traditional testing methods, the trainer administers pre- and post-tests to document an increase in the learners' knowledge, often without regard for how this change affects performance.

By contrast, the philosophy underlying the mastery learning approach is one of a continual assessment of learners learning. With this approach, it is essential that the trainer regularly inform learners of their progress in learning new information and skills, and not allow this to remain the trainer's secret.

With the mastery learning approach, assessment of learning is:

- **Competency-based**, which means assessment is keyed to the course objectives and emphasizes acquiring the essential knowledge, attitudinal concepts and skills needed to provide quality education to the ANM students and not simply acquiring new knowledge

- **Dynamic**, because it enables trainers to provide learners with continual feedback on how successful they are in meeting the course objectives and, when appropriate, to adapt the course to meet learning needs
- **Less stressful**, because from the outset learners, both individually and as a group, know what they are expected to learn and where to find the information, and have ample opportunity for discussion with the trainer

KEY FEATURES OF MASTERY LEARNING

Training for the ANM faculty is designed and conducted according to adult learning principles—learning is participatory, relevant and practical—and:

- Uses behavior modeling
- Is competency-based
- Incorporates humanistic training techniques

Behavior Modeling

Social learning theory states that when conditions are ideal, a person learns most rapidly and effectively from watching someone perform (model) a skill or activity. For modeling to be successful, the trainer must clearly demonstrate the skills or activities so that learners have a clear picture of the performance expected of them.

Learning to perform a skill takes place in three stages. In the first stage, **skill acquisition**, the learner sees others perform the procedure and acquires a mental picture of the required steps. Once the mental image is acquired, the learner attempts to perform the procedure, usually with supervision. Next, the learner practices until **skill competency** is achieved and the individual feels confident performing the procedure. The final stage, **skill proficiency**, occurs only with repeated practice over time.

Skill Acquisition: Knows the steps and their sequence (if necessary) to perform the required skill or activity but needs assistance

Skill Competency: Knows the steps and their sequence (if necessary) and can perform the required skill or activity

Skill Proficiency: Knows the steps and their sequence (if necessary) and efficiently performs the required skill or activity

COMPETENCY-BASED TRAINING

Competency-based training (CBT) is distinctly different from traditional educational processes. Competency-based training is learning by doing. It focuses on the specific knowledge, attitudes and skills needed to carry out a specific task. How the learner performs (i.e. a combination of knowledge, attitudes and most important, skills) is emphasized rather than just what information the learner has acquired. CBT requires that the trainer facilitates and encourages learning rather than serve in the more traditional role of instructor or lecturer. Competency in the skill or activity is assessed objectively by evaluating overall performance. For CBT to occur, the clinical skill or activity to be taught first is broken down into its essential steps. Each step is then analyzed to determine the most efficient and safe way to perform and learn it. This process is called **standardization**. Once a procedure has been standardized, competency-based skill development and assessment instruments, such as checklists or algorithms,

can be designed. These instruments make learning the necessary steps or tasks easier and evaluating the learner's performance more objective.

An essential component of CBT is coaching; Coaching uses positive feedback, active listening, questioning and problem-solving skills to encourage a positive learning climate. To use coaching, the trainer should first explain the skill or activity and then demonstrate it using an anatomic model or other training aid such as a video or a job aid. Once the procedure has been demonstrated and discussed, the trainer/coach then observes and interacts with the learner to provide guidance in learning the skill or activity, monitors progress and helps the learner overcome problems.

The coaching process ensures that the learner receives feedback regarding performance:

- Before practice—The trainer and learner should meet briefly before each practice session, whether in classroom or in the clinic, to review the skill/activity, including the steps/tasks that will be emphasized during the session
- During practice—The trainer observes, coaches, and provides feedback as the learner performs the steps/tasks outlined in the learning guide
- After practice—The feedback session should take place immediately after practice. Using the learning guide, the trainer discusses the strengths of the learner's performance and also offers specific suggestions for improvement.

Humanistic Training Techniques

The use of more humane (humanistic) techniques also contributes to better clinical training. A major component of humanistic training is the use of anatomic models, which closely simulate the human body, and other learning aids such as videos. The effective use of models facilitates learning, shortens training time and minimizes risks to clients. For example, by using anatomic models initially, learners more easily reach the performance levels of skill competency and initial skill proficiency before they begin working in the clinic setting with clients.

Before a learner attempts a clinical procedure with a client, two learning activities should occur:

- The clinical trainer should demonstrate the required skills and client interactions several times using anatomic model and appropriate audiovisual aids (e.g. video or computer graphics)
- Under supervision, the learner should practice the required skills and client interactions using the model and actual instruments in a simulated setting that is as similar as possible to the real situation.

Only when skill competency and some degree of skill proficiency have been demonstrated with models should learners have their first contact with clients.

When mastery learning, which is based on adult learning principles and behavior modeling, is integrated with CBT, the result is a powerful and extremely effective method for providing training. And when humanistic training techniques, such as using anatomic models and other learning aids, are incorporated, training time and costs can be reduced significantly.

ROLE OF THE TRAINER IN THIS COURSE

This course is different from others. In this course, you are training ANM faculty, many who have years of experience in maternal and newborn care. Remember the goal of this course. It is to build on the facilitation and clinical skills of the faculty with regard to maternal, newborn, child health and family planning services. During the first week the participants would complete a course on 'Effective Teaching Skills' and from the second week they would co-facilitate a teaching and demonstration session along with the trainer. The trainer will provide feedback on their teaching skills and ensure the technical content is accurate.

In this course your primary roles as a trainer are to:

- **Facilitate** ANM faculty as they prepare lesson plans, facilitate sessions and demonstrations and complete clinical practice experiences
- **Coach** ANM faculty in teaching skills and ensure their skills are consistent with the GoI SBA guidelines
- **Ensure client safety** during clinical practice sessions to prevent adverse events
- **Assess** ANM faculty's skill at the beginning, during and towards the end of the training. As most ANM faculty are very experienced, the goal of this course is to standardize their clinical skills in critical areas to ensure they demonstrate and develop the desired skills in ANM students.

A few important tips

Link the course content to teaching ANM students: At the end of each session or each day, ask the faculty: 'How will you use what you learned today in teaching ANM students?' Encourage them to discuss practical next steps rather than just ideas. (For example, 'I will use this checklist to demonstrate these skills', or 'I will use these case studies when teaching in the classroom', etc.)

Highlight the importance of teaching students clinical decision-making skills: Throughout the course, discuss and emphasize ways they can help students develop clinical decision-making skills. There is a handout in the participants' handbook (handout 1.2) that outlines key strategies and tips for teaching clinical decision-making.

Highlight the importance of practice: While many faculties focuses on didactic, finding ways to increase student's time to practice and receive feedback is essential. Focus on the importance on increasing student's time to practice in simulation, and better communication with ward staff to ensure clinical practice provides 'hands-on' experience.

Demonstrate the use of formative assessment: Every few days, ask questions to reinforce key information that is covered. Ask questions that assess their ability to analyze, rather than only recall information. As you facilitate, use formative assessment to reinforce key points, assess understanding and help them learn. Prompt them to integrate the same into their participant practice sessions.

ROLE OF THE PARTICIPANT IN THE COURSE

In this course the participants are recipients as well as co-facilitators. During the first week, the participants undergo a course on effective teaching skills which elaborates on the methods of facilitation and demonstration. There are practice sessions for the participants to develop, refresh and demonstrate their facilitation skills. During the next

five weeks, the participants co-facilitate most of the sessions under the guidance of the trainers. Feedback for each session would be given by the group so that the participant can build on the skills. A final evaluation of the facilitation skills would be done at the end of the course.

COMPONENTS OF THE ANM FACULTY TRAINING PACKAGE

This course package contains the following components:

- A facilitators' guide for the trainers containing the instructions, questionnaires, exercises and answer keys of the course and the detailed information for conducting the course
- A participants' handbook for the participants which contains the course schedule, questionnaires, exercises, checklist and other handouts
- SBA training package of Government of India
- IMNCI training for basic health workers package of Government of India

The reference materials for this course are:

- Guidelines for Antenatal Care and Skilled Attendance at Birth by ANMs, LHVs and Staff Nurses (English & Hindi). April 2010, Government of India
- Skilled Birth Attendance – Trainer's Guide for conducting training of Auxiliary Nurse Midwives, Lady Health Visitors and Staff Nurses, 2010
- Skilled Birth Attendance – A Handbook for Auxiliary Nurse Midwives, Lady Health Visitors and Staff Nurses, 2010
- Integrated Management of Neonatal and Childhood Illness (IMNCI) training module for health workers, Government of India and its chart and photograph booklet
- Navjaat Shishu Suraksha Karyakram, Basic newborn care and resuscitation program, training manual and facilitators' guide
- Immunization Handbook for Health Workers, 2011, Government of India
- Family Planning: A Global Handbook for Providers. World Health Organization and Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs, 2011.
- Postpartum Family Planning – A Handbook for Service Providers, Family Planning Division, Government of India
- National Guideline On Prevention, Management and Control of Reproductive Tract Infections including Sexually Transmitted Infections, MOHFW, GoI, 2007
- Training of Nursing Personnel to Deliver STI/RTI services – Participants handout, May 2011
- Effective Teaching: A Guide for Educating Healthcare Providers. World Health Organization and Jhpiego, 2012

USING THE ANM FACULTY TRAINING PACKAGE

The ANM faculty training package is designed in a unique way to help in the maximal utilization of the Government of India materials so that the information spread is uniform and up-to-date.

The participants' handbook is the road map that guides the learner through each phase of the course. It contains all the information on the course. The handouts and exercises for the sections on ETS, family planning, HIV and performance standards are in the participants' hand book while the sections on SBA package and IMNCI use the GoI materials as a whole.

The facilitators' guide contains the same material as the participants' handbook as well as the material for the trainer. This includes the course outline, all knowledge assessments with answer keys and competency-based qualification checklists.

In keeping with the training philosophy on which this course is based, all training activities will be conducted in an interactive, participatory manner. To accomplish this, it requires that the role of the trainer continually change throughout the course. For example, the trainer is an instructor when presenting a classroom demonstration; a facilitator when conducting small group discussions or using role plays and shifts to the role of coach when helping learners practice a procedure. Finally, when objectively assessing performance, the trainer serves as an evaluator.

In summary, the CBT approach used in this course incorporates a number of key features. First, it is based on adult learning principles, which means that it is interactive, relevant, and practical. It requires that the trainer facilitate the learning experience rather than serve in the more traditional role of an instructor or lecturer. Second, it involves the use of behavior modeling to facilitate learning in a standardized way of performing a skill or activity. Third, it is competency based. This means that evaluation is based on how well the learner performs the procedure or activity, not just on how much has been learned. Fourth, where possible, it relies heavily on the use of anatomic models and other training aids (i.e. it is humanistic) to enable learners to practice repeatedly in the standardized way of performing the skill or activity before working with clients. Thus, by the time the trainer evaluates each learner's performance using the checklist, every learner should be able to perform every skill or activity competently. This is the ultimate measure of training.

Ground Rules

To help ensure that time spent at the training is both productive and enjoyable, there are some rules and procedures that we ask participants to follow. The following information includes details on general procedures for the course and requirements for completion of the course. These ground rules are not meant to constrain participants but to contribute to a quality learning environment for everyone.

It is important for course participants to establish and commit to their own group norms on the first morning of the course. The facilitator will lead a brainstorming exercise at the beginning of the course to establish group norms. The following are examples of group norms:

- Respect each other's confidentiality
- Respect each other's contributions, questions, and opinions
- Be on time
- Participate fully in discussions and exercises
- Turn off mobile phones
- Punctuality & time management
- Freely ask questions
- Respect everyone and their opinions
- No interruption when others are speaking

- Patience
- Group participation
- Flexibility

EVALUATION AND CERTIFICATION OF THE PARTICIPANTS

This training course is designed to produce competent ANM faculty capable of providing quality midwifery education to the ANM students. Certification is a statement given by the trainers that the learner has met the requirements of the course in knowledge, skills and practice.

ANM faculty can be certified only by an authorized organization or the Indian Nursing Council.

Evaluation of the knowledge component would be done at the end of each section of the course. There would be a final knowledge assessment covering all the areas of study. Clinical skills would be assessed through OSCE at the end of the SBA section and facilitation skills would be assessed by demonstration at the end of the course.

Participants should use annexure 4 in the GoI SBA handbook to track their completion of tasks both in simulation and with clients. The tracking sheet in annexure 6 in this facilitators' guide should be used to document each participant's demonstration of mastery for the required skills.

Certification is based on the learner's achievement in three areas:
- Knowledge: A score of at least 85% on the knowledge assessment
- Skills: Satisfactory performance of clinical skills evaluated by OSCE
- Practice: Demonstrated ability to provide quality services in the clinical setting and demonstrated good facilitation skills

A certificate would be provided at the end of the course on successful completion. It is recommended that, within one to two months of certification, the participants be observed and assessed working in their institution by a course trainer using the same checklist.

COURSE DESCRIPTION

COURSE DESIGN

The ANM faculty training course is designed for the ANM faculty who are involved in teaching midwifery in the ANM schools. The course builds on each participant's past knowledge and takes advantage of her/his high motivation to accomplish the learning tasks in the minimum time. Training emphasizes doing, not just knowing, and uses competency-based evaluation of performance.

COURSE STRUCTURE

Week 1	:	Introduction to the course, Effective Teaching Skills (ETS) to strengthen the facilitation skills of the ANMTC faculty (using the ET S reference manual and the 6 weeks learning resource package for ANM faculty training)
Week 2 – 4	:	Skilled Birth Attendance training with the faculty co-facilitating training in the classroom and clinical area (using the GoI SBA package-2010)
Week 5	:	Training on Integrated Management of Neonatal and Childhood Illness (IMNCI) with the participants co-facilitating the trainings (using the GoI package on IMNCI for basic health workers) and update on the family planning methods.
Week 6	:	Prevention of STI, HIV and Parent to Child Transmission of HIV. Orientation to the performance standards for nursing and midwifery education to be implemented at the ANM training centers and evaluation.

SPECIFIC CHARACTERISTICS OF THIS COURSE

- During the morning of the first day, participants demonstrate their midwifery knowledge by completing a written pre-course questionnaire and self-assess their learning needs
- After reviewing key teaching skills in the first week, participants will facilitate presentations and perform demonstrations using the Government of India SBA guidelines, the IMNCI and family planning materials. This will provide practical experience using the new learning materials and teaching methodologies they will later use during teaching
- Participants will be using materials as 'learners' that they will later use to teach students. The power point presentations, case studies, clinical simulations, checklists and other tools that are used in this course will later be used to teach students within the current midwifery course for ANMs
- Clinical practice is a key component of the course. A rotatory schedule will be used to maximize exposure to clients and increase clinical practice opportunities. Progress in learning new skills is documented using the clinical skills learning checklists and clinical logbook (Annexure 4 in SBA handbook and Annexure 6 in the facilitators guide)
- Teaching clinical decision-making is learned and evaluated through case studies and simulated exercises and during clinical practice with patients

- There is an emphasis on the intra partum period and life-threatening complications. There is also emphasis on practice in simulation and with clients
- Evaluation of the clinical skills will be done in simulation to determine the attainment of competence
- There is emphasis on Objective Structured Clinical Examination (OSCE) as an evaluation tool to be used during the training
- The faculty are oriented to the performance standards for nursing and midwifery education equipped to implement the standards in their training centers

COURSE SYLLABUS

This six-week course is designed to strengthen the teaching and facilitation skills of the ANM faculty in the areas of maternal, newborn, child health and family planning.

The faculty will be prepared to use these materials while teaching ANM students in their training centers and integrate them into the ANM curriculum.

COURSE GOALS

- To strengthen the facilitation skills of the ANM faculty and to provide an update on the effective teaching methods
- To provide an update and prepare faculty to use new Government of India learning resources on maternal, newborn, child health and family planning in existing ANM curriculum as mandated by the Indian Nursing Council
- To influence in a positive way the attitudes of faculty regarding the importance of adequate practice and feedback for students, first in simulation and later with clients
- To orient the faculty on the educational and clinical standards and help them in implementing the standards in their training centers and their clinical practice sites.

COURSE OBJECTIVES

By the end of the training course, the participant will be able to:

Teaching skills

1. Describe the foundations of educating healthcare providers
2. Develop objectives for learning
3. Plan for Teaching and prepare lesson plans
4. Demonstrate facilitation skills for a range of learning activities
5. Apply key principles of effective assessment in developing knowledge assessments
6. Describe key components for managing clinical practice
7. Demonstrate effective use of Government of India SBA guidelines and learning materials
8. Identify strategies for teaching students the use of evidence-based medicine in life-long learning

Skilled Birth Attendance

1. Describe the care and importance of the health of the woman and newborn during the antenatal period, labor and postnatal period
2. Explain the essential care of the newborn and its importance for the health of the baby
3. Describe the clinical features and initial management of common obstetric complications during the antenatal period, labor and postnatal period
4. Appreciate the importance of the quality of care provided by midwifery services, and the need for a client-centered approach, the use of infection prevention practices, community involvement and provision of a supportive environment for the mother and family
5. Demonstrate the measurement of blood pressure, pulse and fetal heart rate (FHR), checking for pallor and edema, and determining the fundal height, fetal lie and presentation accurately
6. Perform hemoglobin estimation and testing urine for proteins and sugar
7. Counsel on birth preparedness, complication readiness, diet and rest, infant feeding, sex during pregnancy, domestic violence and contraception
8. Conduct pelvic assessment to determine pelvic adequacy
9. Plot the partograph and know when to refer the woman
10. Conduct safe deliveries, with Active Management of the Third Stage of Labour (AMTSL), using infection prevention practices
11. Provide essential care and undertake resuscitation of the newborn
12. Insert an intravenous line for the management of shock and Post-Partum Hemorrhage (PPH)
13. Insert a catheter for the management of PPH and convulsions
14. Give deep intramuscular injection (Magnesium sulphate)
15. Prepare sterilized/high-level disinfected (HLD) gloves and instruments
16. Demonstrate infection prevention practices

Integrated Management of Neonatal and Childhood Illnesses

1. Assess young infants for possible bacterial infection and diarrhea
2. Check for a feeding problem
3. Check the young infant's immunization status
4. Provide treatment and refer when required
5. Correct breastfeeding problems
6. Advise the mother on home care for the sick young infant
7. Conduct home visits for all young infants
8. Identify strategies and tools for teaching IMNCI to ANM students

Family Planning

1. Describe the importance of healthy timing and spacing of pregnancy
2. Identify shifts in counseling approach and family planning themes
3. Explain the different family planning methods
4. Describe key points to address in counseling and education related to immediate postpartum family planning
5. Describe contraceptive use during the postpartum period
6. Demonstrate interval IUCD insertion and removal on a model
7. Identify changes to medical eligibility criteria for various family planning methods
8. Outline updated recommendations on when IUCD may be inserted

Prevention of STI/RTI, HIV and Parent-to-Child-Transmission of HIV

1. Describe the various STIs and their management in the sub center level
2. Explain the Prevention of Parent To Child Transmission (PPTCT) of HIV Program
3. List risk factors and appropriate interventions for:
   a. HIV transmission during pregnancy
   b. HIV transmission during labour and delivery
   c. HIV transmission during postpartum and during infancy
4. Describe the nurse's role in PPTCT of HIV

Performance Standards

1. Describe the SBMR process of standardization of educational infrastructure, process and the clinical practice sites of the ANM training centers
2. Identify strategies to implement the standards in the ANM training centers and their clinical practice sites
3. Explain the assessment and scoring of standards
4. Prepare action plan to address the gaps in meeting the standards

Training/Learning Methods

- Illustrated lectures and discussion
- Individual and group exercises
- Role plays and case studies
- Brain storming sessions
- Videos
- Simulated practice with anatomic models
- Guided clinical practice

Duration of the course

The duration of the course would be 6 weeks with 36 full working days.

Learner Selection Criteria

This course is designed for ANMTC faculty involved in teaching midwifery for ANM students.

Suggested course composition

15 participants

2 trainers (exclusively for the program)

1 trainer (from the nodal center)

COURSE SCHEDULE

ANM FACULTY TRAINING – TRAINING SCHEDULE

DAY 1 – Morning: 9 am – 1 pm	DAY 1 – Afternoon: 2-5 pm
Opening: (15 mins) ▪ Welcome ▪ Introduction of participants ▪ Participants expectation from the training ▪ Formulation of ground rules **Course overview and materials: (60 mins)** ▪ Goal and objectives of the training ▪ Distribution and review of training package & course materials ▪ Review of the course schedule, content and training approach **Pre course assessment: (45 mins)** ▪ Knowledge assessment ▪ Clinical experience questionnaire **Presentation/Discussion: (60 mins)** ▪ Maternal health scenario in India ▪ MMR status in India **Brainstorming: (20 mins)** ▪ Importance of strengthening ANMs capacity for improving maternal and child health **Illustrated lectures: (40 mins)** ▪ Key interventions and govt. schemes for improving maternal health ▪ Overview of the MCHIP program and its focus on supporting ANM faculty	**Warm–up** **Illustrated lectures: (60 mins)** ▪ Professional ethics and midwifery ▪ Review of the ICM code of ethics **Brainstorming: (30 mins)** ▪ Roles and responsibilities of ANMs. **Interactive presentation: (15 mins)** ▪ ANM professional responsibility and accountability **Activity: Role play and Discussion: (60 mins)** ▪ ANM in the community ▪ Partnership with TBAs **Review of the day's activity & reading assignments (15 mins)**

WEEK 1: DAY 2-6: EFFECTIVE TEACHING SKILLS

WEEK 1/DAY 2	WEEK 1/DAY 3	WEEK 1/DAY 4	WEEK 1/DAY 5	WEEK 1/DAY 6
Morning: 9 am – 1 pm				
Agenda & Warm-up: (15 mins) Illustrated Lecture: (30 min) ▪ Foundations of pre service education: Guiding principles of educating the health care providers ▪ Effective approaches to teaching and learning Brain storming: (60 mins) ▪ Analysis of core competency in the ANM program ▪ Compare with ICM core competencies Interactive presentation: (30 min) ▪ Developing learning objectives Small Group Activity: (45 mins) ▪ Critique of learning objectives Practice and Feedback: (60 mins) ▪ Write learning objectives	Agenda & Warm-up: (15 mins) Illustrated Lecture: (45mins) ▪ Plan for teaching – lesson planning Small Group Activity: (60mins) ▪ Prepare a lesson plan for the assigned topic Interactive presentation: (30 mins) ▪ Prepare for teaching Small Group Activity: (90mins) ▪ Preparation for teaching	Agenda & Warm-up: (15 mins) Illustrated Lecture: (30 mins) ▪ Facilitation skills for a range of learning activities Small Group Activity: (30mins) ▪ Review of effective facilitation skills Discussion: (15 mins) ▪ Effective facilitation skills and demonstration skills checklist Small group activity/ Demonstration: (150 mins) ▪ Facilitation skills for a range of learning activities	Agenda & Warm-up: (15 mins) Illustrated Lecture: (45 mins) ▪ Helping students develop competency in new knowledge and skills Interactive presentation: (30 mins) ▪ Facilitate group learning Small group activity: (75 mins) ▪ Develop group learning activities and critique them Discussion: (45 mins) ▪ Use of clinical simulations in teaching clinical decision making skills Demonstration: (30 mins) ▪ Use of clinical simulations in teaching clinical decision making skills	Agenda & Warm-up: (15 mins) Interactive presentation: (60 mins) ▪ Developing knowledge assessments Small group activity: (45 mins) ▪ Develop knowledge assessments Large group activity: (30 mins) ▪ Analysis of the small group activity Presentation: (60 mins) ▪ Prepare and use skills assessment Discussion: (30 mins) ▪ Summary of effective teaching skills ▪ Participants sign up for teaching assignments
LUNCH				

WEEK 1/DAY 2	WEEK 1/DAY 3	WEEK 1/DAY 4	WEEK 1/DAY 5	WEEK 1/DAY 6
Afternoon: 2-5pm				
Energizer. Discussion: (15 mins) ▪ Review of the key points in developing objectives for learning Interactive presentation: (60 min) ▪ Understanding general hardware/components and operation of computer/ printer and LCD projector Demonstration & Practice: (90 mins) ▪ Components of computers/ printer and LCD projector ▪ Operation of computers/ printer and LCD projector Review of day's activities and reading assignment: (15 mins)	Energizer. Brainstorming and Discussion: (15 mins) ▪ Preparation of Audio-visual aids Assign topics for presentation for the following day: (15 mins) Individual Activity: (45 mins) ▪ Preparation of lesson plans Small group activity: (30 mins) ▪ Preparation of Audio-visual aids Interactive presentation: (15 min) ▪ Understanding Computer Operating System, Application, Internet web browsing & Internet Search engine Demonstration & Practice: (45 mins) ▪ Computer OS/Application/ E-Mail /Internet Browsing ▪ Operation of e-mail & Internet Browsing with exercise Review of day's activities and reading assignment: (15 mins)	Energizer. Small Group Activity: (60 mins) ▪ Practice facilitation skills Discussion: (45 mins) ▪ Analysis of the performance during facilitation Interactive presentation: (15 min) ▪ Introduction to Microsoft Office and its components Word, Excel, PowerPoint) Demonstration: (45 mins) ▪ Use of Microsoft Word ▪ Operation of MS-Word Review of day's activities and reading assignment: (15 mins)	Energizer. Small group activity: (60 mins) ▪ Demonstrate effective demonstration and coaching skills Discussion: (15 mins) ▪ Observation during demonstration of a clinical skill Brainstorming: (15 mins) ▪ Making clinical practice successful Interactive presentation: (30 mins) ▪ Managing clinical practice Interactive presentation: (15 min) ▪ Introduction to Microsoft Excel Spreadsheet Demonstration & practice: (30 mins) ▪ Microsoft Excel spreadsheet Review of day's activities and reading assignment: (15 mins)	Energizer. Motivation: (60 mins) Interactive presentation: (30 min) ▪ Introduction to Microsoft PowerPoint Presentation Demonstration & practice: (30 mins) ▪ Microsoft PowerPoint Presentation and its operation Computer Practice: (45 mins) ▪ Microsoft applications Reading assignment and instructions regarding the next section: (15 mins)

WEEK 2: DAY 1-6 SKILLED BIRTH ATTENDANCE

WEEK 2/DAY 1	WEEK 2/DAY 2	WEEK 2/DAY 3
Morning: 9 am – 1 pm		
Agenda & Warm-up: (15 mins) Course Overview: (30 mins) ▪ Goals and objectives ▪ Pre course knowledge assessment ▪ Experience record of the trainees prior to the SBA training Illustrated lecture: (30 mins) ▪ Objective Structured Clinical Examination Activity: (2 hrs 45 mins) ▪ Pre course evaluation of clinical skills using objective structured clinical examination	Agenda & Warm-up: (15 mins) Illustrated lecture/discussion: (30 mins) ▪ Importance of Antenatal Care (ANC) and preparation for ANC Small Group Activity: (15 mins) ▪ Estimation of the number of pregnancies' and deliveries annually Demonstration: (15 mins) ▪ Detection of pregnancy Individual Activity: (15 mins) ▪ Tracking of pregnant women and maternal and child protection card Interactive presentation: (45 mins) ▪ ANC – History taking Exercise: (15 mins) ▪ Calculation of EDD Skill Demonstration: (30 mins) ▪ ANC – General examination Simulation exercise: (60 mins) ▪ ANC – general examination – skills practice	Agenda & Warm-up: (15 mins) Interactive presentation/Discussion: (45 mins) ▪ ANC – interventions Interactive presentation/Discussion: (30 mins) ▪ ANC counseling Discussion: (45 mins) ▪ Symptoms and signs during pregnancy ▪ Referral to PHC or FRU Role play: (45 mins) ▪ ANC counseling and care Illustrated lecture: (60 mins) ▪ Care during labour – assessment and care in labour
LUNCH		

WEEK 2/DAY 1	WEEK 2/DAY 2	WEEK 2/DAY 3
Afternoon: 2-5pm		
Energizer. Illustrated lecture: (40 mins) ▪ Infection prevention Skill Demonstration: (45 mins) ▪ Hand washing, Decontamination and high – level disinfection ▪ Processing of Instruments Simulation exercise: (20 mins) ▪ Segregation of hospital waste Small Group Activity: (60 mins) ▪ Skills practice on infection prevention procedures Review of day's activities and reading assignment: (15 mins)	Energizer. Skill Demonstration: (30 mins) ▪ ANC – abdominal examination Simulation exercise: (60 mins) ▪ ANC – abdominal examination Brainstorming: (15 mins) ▪ Laboratory investigation for the antenatal mother Demonstration: (15 mins) ▪ ANC – Laboratory investigation Skills practice session: (45 mins) ▪ ANC – Laboratory investigation Review of day's activities and reading assignment: (15 mins)	Energizer. Skill Demonstration: (45 mins) ▪ Assessment of woman in labour ▪ Vaginal examination during labour Skills practice session: (45 mins) ▪ Assessment of woman in labour ▪ Vaginal examination during labour Discussion: (30 mins) ▪ Partograph Exercise: (45 mins) ▪ Plotting of the partograph using case studies Review of day's activities and reading assignment: (15 mins)
Computer Practice: Participants to practice MS word, PowerPoint, Excel and internet surfing on structured exercises under guidance of facilitator as per individual participants need and time availability.		

WEEK 2: DAY 1-6 SKILLED BIRTH ATTENDANCE

WEEK 2/DAY 4	WEEK 2/DAY 5	WEEK 2/DAY 6
Morning: 9 am – 1 pm		
Agenda & Warm-up: (15 mins) Discussion: (15 mins) ▪ Second stage of labour Skill Demonstration: (45 mins) ▪ Management of first and second stage of labour Skills practice session: (60 mins) ▪ Management of first and second stage of labour Clinical visit: (1 hr 45 mins) ▪ Visit to the labour room for observation of the set-up and a normal delivery	Agenda & Warm-up: (15 mins) Illustrated lecture: (30 mins) ▪ Introduction to NSSK ▪ Resuscitation of Newborn Skill Demonstration: (60 mins) ▪ Resuscitation of newborn Skill Practice: (2 hrs 15 mins) ▪ Resuscitation of newborn	Agenda & Warm-up: (15 mins) Interactive presentation: (15 mins) ▪ Management of complications during pregnancy, labour and postpartum period Exercise: (45 mins) ▪ Vaginal bleeding during pregnancy Skill Demonstration: (15 mins) ▪ Setting up an IV line Discussion: (30 mins) ▪ Immediate PPH Simulation: (30 mins) ▪ Management of shock and PPH Discussion: (45 mins) ▪ Pregnancy induced hypertension Discussion: (30 mins) ▪ Convulsions – eclampsia Skill Demonstration: (15 mins) ▪ Giving deep intramuscular injections
LUNCH		

WEEK 2/DAY 4	WEEK 2/DAY 5	WEEK 2/DAY 6
Afternoon: 2-5 pm		
Energizer. Interactive Presentation: (30 mins) ▪ Monitoring the 3rd and 4th stage of labour Skill demonstraton: (30 mins) ▪ AMTSL & management during the 4th stage of labour Skill practice session: (30 mins) ▪ AMTSL & management during the 4th stage of labour Illustrated lecture: (15 mins) ▪ Postpartum care Skills practice session: (30 mins) ▪ Care after delivery, post postpartum care Discussion: (30 mins) ▪ Immunization Review of day's activities and reading assignment: (15 mins)	Energizer. Lecture and discussion: (60 mins) ▪ Keeping the newborn warm Skill Demonstration: (45 mins) ▪ Kangaroo care ▪ Mummifying the newborn Skill practice: (60 mins) ▪ Kangaroo care ▪ Mummifying the newborn Review of day's activities and reading assignment: (15 mins)	Energizer. Discussion: (60 mins) ▪ Complications during pregnancy, labour and postpartum Skill Demonstration: (15 mins) ▪ Catheterization Illustrated lecture: (45 mins) ▪ Ensuring quality of care Post course knowledge assessment: (30 mins) Preparation for clinical practice: (15 mins) ▪ Clinical rotation and log book discussion Review of the days' activities (15 mins)
Computer Practice: Participants to practice MS word, PowerPoint, Excel and internet surfing on structured exercises under guidance of facilitator		

WEEK 3 & 4: DAY 1-6 SKILLED BIRTH ATTENDANCE

Day 1 of Week 3: Practice in simulation. Participants would use the GoI Checklist, the log book, and practice all the skills in simulation. Multiple stations would be set for the procedures. Once the participants attain competency in models, they would be posted in the clinical area for performance on clients following a rotary schedule from day 2 of week 3.

CLINICAL PRACTICE

The participants will be posted in the following areas for supervised clinical practice in rotation (on off hours to increase client exposure):

- Maternity ward
- Labour room
- Antenatal OPD
- Postnatal OPD
- Newborn unit

The timings can be made flexible to provide 7 hrs. of clinical practice. The participants can be on call during the nights (if necessary).

Note:

1. The participants should complete the clinical log book (for the relevant skills, focusing on intrapartum and postpartum skills) (GoI)
2. A review of individual progress with the trainer should be done during the afternoon session of week 3/ day 6. The clinical rotation and plan should be planned for week 4 as per the requirements of the participants.
3. An OSCE for the evaluation of the clinical skills will be done during the afternoon session of week 4/ day 6.

WEEK 5: DAY 1- 4 INTEGRATED MANAGEMENT OF NEONATAL AND CHILDHOOD ILLNESS

WEEK 5/DAY 1	WEEK 5/DAY 2	WEEK 5/DAY 3	WEEK 5/DAY 4
Morning: 9 am-1pm			
Agenda & Warm-up: (15 mins) Course Overview: (15 mins) ▪ Goals and objectives of IMNCI ▪ Introduction of the course materials Pre course knowledge assessment: (30 mins) Illustrated lecture and group discussion: (30 mins) ▪ How to assess & classify the sick young infant and children ▪ Introduction and use of the recording form ▪ Introduction and use of the chart booklet and photographs booklet Group discussion, case study and demonstration: (90 mins) ▪ Assessment & Classification of the sick young infant for bacterial infections ▪ Case study, practice & video exercise Group discussion, case study & video demonstration: (60 mins) ▪ Assessment & classification of diarrhea in the young infant ▪ Video Exercise ▪ Case study- practice	Agenda & Warm-up: (15 mins) Recap day - 1 Clinical session (2hrs 45 mins) ▪ Assess, classify and treat sick young infant age up to 2 months Interactive lecture, group discussion & Video demonstration: (60 mins) ▪ Assessment and classification for cough and difficult breathing in a child 2 months to 5 years ▪ Video demonstration on assessment of the child for general danger signs and cough and difficult breathing ▪ Exercise on video case study-'Ben'	Agenda & Warm-up: (15 mins) Recap day – 2 Clinical session (2hrs 45 mins) ▪ Assess, classify and treat sick child age 2 months up to 5 years Interactive lecture and discussion: (60 mins) ▪ Management of the sick child ▪ Classify & check for - Malnutrition - Anaemia & its prevention in children. Iron and Folic acid supplementation	Agenda & Warm-up: (15 mins) Recap day - 3 Field visit nearest Anganwadi centre/Health sub centre (6 hrs)
LUNCH			

WEEK 5/DAY 1	WEEK 5/DAY 2	WEEK 5/DAY 3	WEEK 5/DAY 4
Afternoon: 2-5pm			
Energizer. Interactive discussion, video demonstration & photographic exercise: (60 min) ▪ Steps for classifying feeding problems ▪ Video Demonstration on correct positioning for breast feeding ▪ Group Discussion of example photographs to recognize signs of good attachment Interactive lecture, Role play and demonstration: (45 mins) ▪ Introduce: 'identify treatment' on the assessment and classification chart and how to use this classification for identifying treatment ▪ Demonstration on how to use the back of the infant recording form Interactive discussion & demonstration: (60 mins) ▪ Teaching the mother how to: - give co trimoxazole at home - keep the sick young infant warm - bathe the infant - treat local infection at home - treat diarrhea at home - correct positioning and attachment for breast feeding - express breast milk - feeding with a cup & spoon Review of the day's activities and reading assignment: (15 mins)	Energizer. Interactive discussion, video demonstration & photographic exercise: (1 hr 30 mins) ▪ Classification chart for diarrhea/dehydration in a child 2 months to 5 years ▪ Video demonstration on assessment of the child for diarrhea and recognizing sunken eyes and slow skin pinch ▪ Video case study 'Josh' ▪ Photographic exercise to recognize signs of dehydration Interactive lecture, group discussion & video demonstration: (1hr 15mins) ▪ Assessment of the child 2 months to 5 years for fever ▪ Classification chart for classifying fever ▪ Video demonstration on assessment of the child for fever and stiff neck. ▪ Video case study 'Pu'	Energizer. Interactive lecture and discussion (Cont…): (30 mins) ▪ Management of the sick child - Immunization schedule - Vit A supplementation - IFA recommendation Interactive lecture & group discussion: (1hr) ▪ Home based remedies for pneumonia, diarrhea, dehydration, preparation of ORS, high fever, cough Interactive lecture and discussion: (1 hr 15 mins) ▪ Complementary feeding in infants & children Review of the day's activities and reading assignment: (15 mins)	Energizer. Post course knowledge assessment: (45 mins) Review of the days' activities, clarification & wrap-up: (15 mins)
Computer Practice: Participants to practice MS word, PowerPoint, Excel and internet surfing on structured exercises under guidance of facilitator			

WEEK 5: DAY 5 & 6: FAMILY PLANNING AND CONTRACEPTIVE UPDATES

WEEK 5/DAY 5	WEEK 5/DAY6
Morning: 9 am-1pm	
Agenda & Warm-up: (15 mins) Course overview: (15 mins) ▪ Goals and objectives ▪ Pre course knowledge assessment Illustrated lecture: (45 mins) ▪ India National Family Planning program ▪ Overview of family planning service provision: GoI policy Brainstorming, presentation and Discussion: (45 mins) ▪ Benefits of family planning and spacing of pregnancies Discussion and exercise: (60 mins) ▪ Technical overview of modern Family Planning methods Exercise: (60 min) ▪ Who can use hormonal methods?	Agenda & Warm-up: (15 mins) Exercise: (15 min) ▪ Who can use an IUCD? Demonstration: (15 mins) ▪ Loading of IUCD in the sterile package Skills practice session: (30 mins) ▪ Loading of IUCD in the sterile package Discussion and Presentation: (45 mins) ▪ Infection prevention steps in IUCD insertion Demonstration: (30 mins) ▪ IUCD insertion & removal on model Skills practice session: (90 mins) ▪ IUCD Insertion and removal on model
LUNCH	
Afternoon: 2-5pm	
Energizer. Interactive presentation & discussion: (75 mins) ▪ Postpartum family planning and LAM Game: (30 mins) ▪ Condom race & demonstration Illustrated lecture and discussion: (60 mins) ▪ Discuss modern approaches to IUCD Review of the day's activities and reading assignment: (15 min)	Energizer. Interactive presentation: (60 mins) ▪ Elements of counseling and communication skills Discussion & interactive presentation: (30 mins) ▪ Elements of FP counseling & post-partum FP counseling Participant's practice: (60 mins) ▪ Role play Post course knowledge assessment: (15 mins) Review of the day's activities and reading assignment: (15 mins)
Computer Practice: Participants to practice MS word, PowerPoint, Excel and internet surfing on structured exercises under guidance of facilitator	

WEEK 6: DAY 1 & 2: INTRODUCTION TO STI, HIV AND PPTCT OF HIV

WEEK 6/ DAY 1	WEEK 6/ DAY 2
Morning: 9 am – 1 pm	
Agenda & Warm-up: (15 mins) Course overview: (30 mins) ▪ Goals and objectives ▪ Pre course knowledge assessment Group activity: (15 mins) ▪ Facts about HIV Illustrated lecture/Discussion: (60 mins) ▪ Magnitude of HIV ▪ What are HIV & AIDS? ▪ HIV transmission ▪ HIV testing and diagnosis ▪ HIV disease progression and clinical staging Group activity: (15 mins) ▪ Case scenarios Brainstorming: (30 mins) ▪ Role of the ANM in care of patient with HIV Presentation/Discussion: (45 mins) ▪ Role of ANM in addressing psychological issues ▪ Role in patient education and referral Illustrated lecture: (30 mins) ▪ Introduction to STIs ▪ Link between STI & HIV ▪ Common STIs	Agenda & Warm-up: (15 mins) Interactive presentation: (30 mins) ▪ Parent to child transmission of HIV Small group activity: (30 mins) ▪ PPTCT strategies Illustrated lecture /discussion: (45 mins) ▪ Primary prevention ▪ Secondary PPTCT strategies: during pregnancy, labour and delivery Illustrated lecture /discussion: (45 mins) ▪ Secondary PPTCT strategies: during postnatal period and infancy Group activity: (60 mins) ▪ ANMs role in PPTCT Discussion: (15 mins) ▪ Key points on PPTCT
LUNCH	

WEEK 6/ DAY 1	WEEK 6/ DAY 2
Afternoon: 2-5pm	
Energizer. Illustrated lecture: (60 mins) ▪ Syndromic case management Group activity: (30 mins) ▪ Syndromic case management Illustrated lecture: (40 mins) ▪ Standard precautions and hand hygiene ▪ Standard precautions: blood borne pathogens Group activity: (10 mins) ▪ Standard precautions: blood borne pathogens Illustrated lecture/Discussion: (25 mins) ▪ Post exposure prophylaxis for HIV Review of the day's activities and reading assignment: (15 mins)	Energizer. Interactive presentation: (15 mins) ▪ Elements of counseling in HIV Discussion: (60 mins) ▪ Pre and post-test counseling ▪ Ongoing counseling Role play and discussion: (60 mins) ▪ Counseling Brainstorming: (15 mins) ▪ Challenges in caring for mothers with HIV Post course knowledge assessment: (15 mins) Review of the day's activities and reading assignment: (15 mins)
Computer Practice: Participants to practice MS word, PowerPoint, Excel and internet surfing on structured exercises under guidance of facilitator	

WEEK 6: DAY 3 & 4: INTRODUCTION TO PERFORMANCE STANDARDS AND THEIR IMPLEMENTATION

WEEK 6/DAY 3	WEEK 6/DAY 4
Morning: 9 am-1pm	
Agenda & Warm-up: (15 mins) Illustrated lecture: (45 mins) ▪ Introduction to SBMR ▪ Steps in the SBMR process Large group activity: (15 mins) ▪ Identifications of elements in the change process Illustrated lecture: (15 mins) ▪ Change management Small group activity: (60 mins) ▪ Develop vision for each ANMTC Presentation: (45 mins) ▪ Setting the standards ▪ Qualities of performance standards. Small group activity: (45 mins) ▪ Performance standards for ANM Pre-Service Education	Agenda & Warm-up: (15 mins) Illustrated lecture: (15 mins) ▪ Feedback ▪ Preparation of operational plan Small group activity: (45 mins) ▪ Conducting feedback meetings Illustrated lecture: (30 mins) ▪ Roles of key implementing teams Illustrated lecture: (45 mins) ▪ Different methods for conducting a detailed cause analysis Group activity: (45 mins) ▪ Application of the methods of cause analysis Illustrated lecture: (20 mins) ▪ Selection of interventions Small group activity: (25 mins) ▪ Exercise on selection of interventions
LUNCH	

WEEK 6/DAY 3	WEEK 6/DAY 4
Afternoon: 2-5pm	
Energizer. Illustrated lecture: (20 mins) ▪ Implementing the standards ▪ Baseline assessment Small group activity: (60 mins) ▪ Implementing standards Discussion: (20 mins) ▪ Feedback of the small group activity ▪ Challenges in implementing the standards Illustrated lecture: (20 mins) ▪ Implementing the standards – scoring of performance standards Small group activity: (45 mins) ▪ Scoring of performance standards Review of the day's activities and reading assignment. (15 mins)	Energizer. Illustrated lecture: (30 mins) ▪ Team building ▪ Operational strategy and planning Small group activity: (45 mins) ▪ Expanding the SBMR teams Presentation and discussion: (60 mins) ▪ Measuring progress ▪ Networking and benchmarking Presentation and discussion: (30 mins) ▪ Recognize and reward achievements Review of the day's activities and Topic allotment for teaching skills evaluation. (15 mins)
Computer Practice: Participants to practice MS word, PowerPoint, Excel and internet surfing on structured exercises under guidance of facilitator	

WEEK 6: DAY 5 & 6: ANM CURRICULUM REVIEW AND EVALUATION OF THE TRAINING SKILLS

WEEK 6/DAY 5	WEEK 6/DAY 6
Morning: 9 am-1pm	
Agenda & Warm-up: (15 mins) Illustrated lecture: (30 mins) ▪ Resource mobilization ▪ Win-win strategy Discussion: (30 mins) ▪ Promotion and Agreement ▪ Orienting administration and co-workers Group activity and discussion: (30 mins) ▪ Plan for baseline assessment and next steps Computer Lab Activity: (75 mins) ▪ Identify strategies for teaching students the use of evidence-based medicine in life-long learning Group activity: (60 mins) ▪ Review of ANM curriculum and incorporation of the teaching aids into it	Agenda & Warm-up: (15 mins) Evaluation of the teaching skills of the participants: (2 hrs) Post course knowledge assessment: (30 mins) Review individual progress with the trainer: (1 hr 15 mins)
LUNCH	
Afternoon: 2-5pm	
Energizer. Evaluation of the teaching skills of the participants: (3 hrs) Review of the day's activities	Action planning: (1 hr) Course evaluation: (15 mins) Closing and distribution of certificates: (1 hr)
Computer Practice: Participants to practice MS word, PowerPoint, Excel and internet surfing on structured exercises under guidance of facilitator	

COURSE OUTLINE

The course outline presented here is a model plan of the training to be delivered. It presents enabling objectives needed to accomplish the participant learning objectives described in the course syllabus. For each enabling objective, there are suggestions regarding appropriate learning activities and needed resources and materials. The trainer may develop other practice activities and prepare case studies, role plays or other learning situations that are 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

Note:

Note that the course outline is based on the course schedule. The sections mentioned as 'Facilitators' guide' and 'Participants' handbook' in the course outline refers to the 'facilitators' guide' and 'participants' handbook' from the learning resource package prepared for the 6 weeks ANM faculty training.

ANM FACULTY TRAINING - INTRODUCTION			
TIME	TOPIC /ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
Session 1: Week 1: Day 1, Morning			
15 mins	**Activity:** **Opening** Welcome participants Introduction of the participants Participant's expectation from the training Formulation of ground rules	Open course with a welcome by organizers and lead trainers. An inaugural session can be arranged, if necessary. Facilitate the introductions of all participants and trainers. Have participants divide into pairs, interview and then introduce each other by name, position and any unique characteristics. Explore participants' expectations for the course. Ask participants to share their expectations of the course and write their responses on a flipchart. Attach the flipchart page to the wall for reference throughout the course. In the next session on review of the course objectives, address which expectations can be met and which cannot be met. Discuss and agree on the ground rules for the course. Brainstorming can be done. Identify a manager and coordinator for the week and elaborate their roles and responsibilities.	Flip charts or cards, markers and double sided sticky tapes Prepared flip chart with roles and responsibilities of manager and coordinator
60 mins	**Activity:** **Course overview** Goal and objectives of the training Distribution and review of training package Review of course schedule, content and training approach.	Present the goal of the course and the participant learning objectives. Review the plan and inform the participants that they will be expected to sign up and take turns facilitating different learning activities. Explain that the purpose of this is for them to be able to use the teaching methods and materials in teaching ANM students during their midwifery course at ANMTC. Distribute and review the materials to be used in the course and ensure that participants understand the use of the different materials. Review the course schedule, including starting and ending times and times for breaks and lunch. Explain the training approach used.	Flipchart with course goal and objectives Full set of the training package: for distribution to the participants Refer to the course schedule from the participants' handbook
45 mins	**Activity:** **Pre-course knowledge assessment** Assess participant's pre	Distribute the pre course knowledge assessment sheet to each participant. Ask them to answer each question and give the assessment sheet over when finished. Allow 30 mins for the pre course knowledge assessment. Distribute the clinical experience questionnaire and ask the participants to fill it	Copies of pre-course knowledge assessment sheets one for each participant

	course knowledge. Complete the clinical experience questionnaire	honestly. Allow 10 mins for the clinical experience questionnaire. Immediately review the correct responses—do not spend a long amount of time on any questions, but assure the participants that the material will be covered during the course. Have participants exchange and grade the papers while the trainer reviews the correct answers with them and collect the papers after reviewing all the answers. Use the assessment papers to prepare the group and individual knowledge matrix and then return the papers.	Copy of the clinical experience questionnaire Copy of group and individual knowledge matrix annexure 7 in the facilitators' guide
60 mins	**Presentation/Discussion:** Maternal health scenario in India MMR status in India	Show the PPT to illustrate the maternal health scenario in India. Discuss the concepts of safe motherhood, and the factors affecting maternal mortality in India. Ask questions of the participants and engage them in the presentation of the information.	SBA Presentation 1(a) on Maternal health in India
20 mins	**Brainstorming:** Importance of strengthening ANMs capacity for improving maternal and child health	Ask the participants to share their views on 'why it is important to strengthen the capacity of the ANMs for improving maternal and child health?' Write their responses on a flip chart without discussion. Refer to this list and then accept the relevant points and discuss on them.	Flip chart and markers
40 mins	**Illustrated Lecture:** Key interventions and govt. schemes for improving maternal health Overview of the MCHIP program and its focus on supporting ANM faculty	Use the presentation to elaborate on the key interventions and current government schemes particularly for MNCH/FP. Emphasize on the GoI SBA initiative. Use presentation to provide an overview of the MCHIP, its objective and its focus on supporting the ANM faculty through training.	Presentation on GoI SBA initiative Presentation on MCHIP – program overview.

ANM FACULTY TRAINING			
TIME	TOPIC /ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
Session 2: Week 1: Day 1, Afternoon			
60 mins	**Illustrated lecture:** Professional ethics and midwifery Review of the ICM code of ethics	Use the presentation on ICM code of ethics and discuss on abiding to the ethics while practicing midwifery. Discuss the code of ethics in relation to the scenario in India	Presentation on ICM code of ethics Handout 1.1 from the participants' handbook
30 mins	**Brainstorming:** Roles and responsibilities of ANMs	Brainstorm on 'roles and responsibilities of the ANMs'. Write their responses on a flip chart without discussion or qualification. Refer to this list and then accept the relevant points and discuss on them.	Flip chart and markers
15 mins	**Interactive presentation:** ANM Professional responsibility and accountability	Use the presentation on ANM professional responsibility and accountability and discuss with examples from the participants	Presentation on ANM professional responsibility and accountability Handout 1.4 from the participants' handbook
60 mins	**Activity: Role play and Discussion** ANM in the community Partnership with TBAs Supportive supervision Approaches to managing people	Identify 6 volunteers and group them in pairs. Give each group a role play and give them 10 mins to prepare. Ask the groups to enact their role plays on ANM in the community, partnership with TBAs, supportive supervision and approaches to managing people one after the other and discuss on the various roles of the ANM in the community.	Role play scenario from the participants' handbook - Role play 1.1, 1.2, 1.3, 1.4
15 mins	**Activity:** Review of the day's activities. Reading Assignment	Involve participants in review and discussion of the topics and activities covered during the day. Facilitate the manager/coordinator for conducting or having any other participant conduct the recap, agenda and a warm up activity for the next day. Give participants the reading assignment for the next day	Effective Teaching Skills reference manual – Pg. 1-1 to 2-11 (module 1 and 2)

ANM FACULTY TRAINING - EFFECTIVE TEACHING SKILLS			
TIME	TOPIC /ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
Session 3: Week 1: Day 2, Morning			
15 mins	Recap Agenda and Warm-up	Recap of the previous day's activities to be done by one of the participants Have the selected participant share and review the agenda and conduct the warm up.	Flip chart with agenda of the day
30 mins	Illustrated lecture: Foundations of pre service education: Guiding principles of educating the health care providers Effective approaches to teaching and learning	Use the presentation 1.1 and discuss on the guiding principles of educating health care providers with examples from the participants. Elaborate on the effective approaches to teaching and learning.	Effective Teaching Skills - Module 1, PPT No. 1.1 - Foundations of Pre-service Education. Presentation 1.1 from the facilitators' guide
60 mins	Brain storming: Analysis of core competency in the ANM program Compare with ICM core competencies	Prepare 5–10 flip charts with labeled competency areas around the room. Lead the large group in a brainstorming activity aimed at identifying the core competencies that ANM students as they graduate need to achieve in order to be safe, beginning-level providers. You can also use identified core competencies that relate to the technical content if they exist. If existing core competencies are available, i.e. ICM core competencies for midwifery, attempt to reconcile it with the results of the brainstorming session. Label the flip charts with the consensus list of target competencies. Give each learner 10 small 'post-It' notes, instructing them to place them on the competencies that they believe require the greatest attention in the curriculum. Note that they can distribute their notes equally between competencies or place all ten on one competency. Allow about 20 minutes for this. Discuss the distribution of the notes while counting and removing the flip chart paper; write the number of votes for each competency on the flip chart with a marker. Which competencies deserve the most attention? Why? Is it because of their complexity, difficulty to learn, distribution of knowledge, skills and attitudes?	Foundations of Education Activity, activity 1.1 from the facilitators' guide. Flip charts with labeled core competency areas Post its (stickies)

30 mins	**Interactive presentation:** Developing learning objectives	Review the presentation 1.2. Identify the knowledge, skills and attitudes to be learned in the course and elaborate on writing course objectives and supporting objectives.	Effective Teaching Skills - Module 2, PPT No. 1.2 - Learning Objectives Presentation 1.2 from the facilitators' guide
45 mins	**Small Group Activity:** Critique of learning objectives	Divide participants into small groups. Provide each group with sample objectives from the ANM curriculum and ask them to critique and improve the objectives. Each group has 30 minutes to work Each group has 5-minutes to report out and read the objective as it was and their improvements on it.	ANM curriculum/sample objectives Blank flip chart, markers Activity 1.2 – Critiquing learning objectives from the facilitators' guide
60 mins	**Practice and Feedback:** Writing learning objectives	Divide participants into small groups. Assign each group a course from another area of the curricula and ask participants to write the course objectives and supporting objectives Give each group 30 min minutes to work Each group has 10 minutes to report and read the objective as it was, and their improvements (if possible, copy their objectives so each group can see a hard copy during their review)	ANM Curriculum Blank Flip charts, Markers Exercise 1.1 – Write course and supporting objectives from the participants' handbook

ANM FACULTY TRAINING - EFFECTIVE TEACHING SKILLS			
TIME	TOPIC /ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
Session 4: Week 1: Day 2, Afternoon			
15 mins	**Energizer** **Discussion:** Review of the key points in develop objectives for learning	Summary/Reinforce key points: Note how objectives will determine activities-point out objectives that will only get to 'recall', versus those that will help learners 'apply' or 'analyze' information Note how objectives will determine if assessment is done via direct observation, via questions, in simulation or with a client Based on the objectives, point out how many skills will need to be observed and assessed using direct observation	
60mins	**Interactive presentation:** Understanding general hardware/components and operation of computer/printer and LCD projector	Using the PPT 'Computer systems overview', present on the parts of the computer and its function. Then, take the participants to the computer lab of the institution to familiarize them with the general hardware/components and operations of the computer/printer and LCD projector	Computer System Overview - PPT Equipped Computer Lab
90 mins	**Demonstration and Practice.** Components and operation of computers, printers and LCD projector	Demonstrate the various hardware components of the computer, printer and LCD projector. Allow participants to practice operating the computer, printer and LCD projector	Computer lab with printer and LCD projector
15 mins	**Activity:** Review of the day's activities Reading Assignment	Involve participants in review and discussion of the topics and activities covered during the day. Facilitate the manager/coordinator for conducting or having any other participant conduct the recap, agenda and a warm up activity for the next day. Give participants the reading assignment for the next day	Effective Teaching Skills reference manual – Pg. 3-1 to 5-17 (module 3, 4 and 5)

ANM FACULTY TRAINING - EFFECTIVE TEACHING SKILLS			
TIME	TOPIC /ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
Session 5: Week 1: Day 3, Morning			
15 mins	Recap Agenda and Warm-up	Recap of the previous day's activities to be done by one of the participants Review of the agenda with participants, as outlined on the flipchart. Have the participant(s) who volunteered for the opening activity or warm up conduct it.	Flip chart with agenda of the day prepared by the participants
45 mins	Illustrated Lecture: Plan for teaching – Lesson planning	Use the presentation 1.3 'Lesson planning' and discuss on making plans for teaching	Effective Teaching Skills Module 3, PPT 1.3- Plan for Teaching Presentation 1.3 from the facilitators' guide
60 mins	Small Group Activity: Prepare a lesson plan for the assigned topic	Give each participant a sample lesson plan, or refer them to the one in their participants' handbook. Each participant has 30 minutes to prepare a lesson plan for one of the participant assignments in this course. The purpose of this activity is to practice preparing lesson plans and receive feedback. Ask participants to share their lesson plans and discuss how they can be improved, alternatively, collect and provide general feedback on common things done well and things that need improvement the following day.	Participants' handbook -Handout 1.3: Sample Lesson Plan
30 mins	Interactive presentation: Prepare the teaching environment	Use the presentation 1.4 on preparation for the teaching environment and discuss on how the teacher has to be prepared before taking the class.	PPT 1.4 - Prepare the teaching environment Presentation 1.3 from the facilitators' guide
90 mins	Small Group Activity: Preparation for teaching	Refer to the 'Prepare for Teaching' Activity 1.3 in the facilitators' guide and conduct the activity following the given guidelines.	Activity 1.3 from the facilitators' guide

ANM FACULTY TRAINING - EFFECTIVE TEACHING SKILLS			
TIME	TOPIC /ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
Session 6: Week 1: Day 3, Afternoon			
15 mins	**Brainstorming and Discussion:** Preparation of Audio-visual aids	Brainstorm on what are the key tips for developing effective audio-visual aids and list on a flip chart. Ensure the key tips for developing audio-visual aids are all addressed.	Flip charts and markers
15 mins	**Assign topics for presentation for the following day**	Review the instructions for facilitation from the participants' handbook. Note that, starting the following day, they will be taking turns facilitating different sessions individually and receiving feedback on their performance. Remind the importance of preparing questions to ask to help ensure learners master the information. Each should prepare a lesson plan and hand it to the facilitator before the session for feedback.	Assign presentations and demonstrations Instructions for Facilitation – Annexure 1 from participants' handbook Lesson plan sample – Handout 1.3 from participants' handbook
45 mins	**Individual Activity:** Preparation of lesson plans	Participants are assigned or select a presentation or demonstration (at random) for next days small group work. Each participant should prepare a lesson plan for their activity, and can use the guidelines and other reference materials as needed. The trainers should circulate and provide feedback into lesson plans. Key Point: Participants should be sure to plan for questions they can ask to check understanding.	Instructions for facilitation Annexure 1 from participants' handbook Lesson plan sample - Handout 1.3 from participants' handbook Reference materials
30 mins	**Small group / individual activity:** Preparation of audio-visual aids	Ask the participants to design audio-visual aids (flipchart, PPT slides) they may use when teaching their specific presentation topic he next day. Ask them to refer to the ETS manual for tips.	Effective Teaching Skills reference manual Flip chart and markers Computer
15 mins	**Understanding Computers** Operational System, application/email/internet browsing and internet search engine	Use the computer connected to the internet and LCD projector to make participant understand the various operational systems, applications mail/internet browsing and internet search engine	Computer connected to LCD with internet connectivity
45 mins	**Demonstration and Practice:** Computer OS/application/ email/ internet browsing	Demonstrate the various operating systems / applications in the computer. Demonstrate how to open an email and perform internet browsing. Allow participants to practice operating the computer. Encourage all the participants to open an email account if they do not have one	Computer lab Computers with internet connection.

15 mins	**Activity:** Review of the day's activities Reading Assignment	Involve participants in review and discussion of the topics and activities covered during the day. The manager asks a participant to volunteer to write the agenda for the next day on a flipchart in preparation for the opening session and asks one or more of the other participants to plan an opening activity or warm-up for the next day. Inform the participants the topic and pages for reading and the resource material	Effective Teaching Skills Reference manual – Pg. 6-1 to 7-26. (module 6 and 7)

ANM FACULTY TRAINING - EFFECTIVE TEACHING SKILLS			
TIME	TOPIC /ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
Session 7: Week 1: Day 4, Morning			
15 mins	Agenda Agenda and Warm-up	Recap of the previous day to be done by one of the participants Review of the agenda with participants, as outlined on the flipchart. Have the participant(s) who volunteered for the opening activity or warm up conduct it.	Agenda of the day prepared by the participant
30 mins	Illustrated Lecture: Facilitation skills for a range of learning activities	Use the presentation 1.5 on facilitation skills and discuss the skills used for a range of learning activities. Discuss on how to prepare and deliver interactive presentations.	Effective Teaching Skills Module 6, PPT 1.5- Prepare and deliver interactive presentations Presentation 1.5 from the facilitators' guide
30 mins	Small Group Activity: Review of effective facilitation skills	Divide the participants into 3 groups. Use the guidelines and questions from effective facilitation skills review activity 1.4 from the facilitators' guide and conduct the game using the given guidelines.	Activity 1.4 – Effective facilitation skills review from the facilitators' guide
15 mins	Discussion: Effective facilitation skills and demonstration skills checklist	Review the effective facilitation skills and demonstration skills checklists. Remind them that these checklists will guide them as they practice demonstrating facilitation. Whether they are facilitating a presentation, group activity or doing a demonstration, the same skills apply.	Checklist 1.1 & 1.2 in the participants' handbook
150 min	Small group activity/ Demonstration: Facilitation skills for a range of learning activities	Divide the participants into two or three small groups, depending on the number of participants. Each group should not be larger than about 8 individuals. Each group should have a facilitator. Each participant will have 10 minutes to present the information and include the use of questions, discussion, case study or brainstorming, as well as use audiovisual aids appropriately. Each learner will demonstrate their effective facilitation skills for their small group—with one facilitator assigned to each group. Use the checklists to and instructions for feedback to guide feedback provision. Peer to peer and trainer feedback should be given after each presentation. Remind the learners that you will discuss this activity in plenary after all the presentations.	Two training rooms, two projection units, two power supply, etc. Facilitation Skills Checklist – 1.1 from the participants' handbook Cards with '2 min' and 'stop' written on it

ANM FACULTY TRAINING - EFFECTIVE TEACHING SKILLS			
TIME	TOPIC /ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
Session 8: Week 1: Day 4, Afternoon			
30 mins	**Small Group Activity:** Practice facilitation skills	Continue the practice of facilitation skills.	
45 mins	**Discussion:** Analysis of the performance during facilitation	Debrief about effective facilitation skills demonstrated. Identify common areas of strength and common areas that require improvement. In the plenary, ask each group to share common areas that were well-done and common areas that need improvement. Refer back to the key presentation skills needed.	
30 mins	**Interactive presentation:** Microsoft Office –Word	Introduce the Microsoft office and their components Word, Excel and PowerPoint. Use the presentation 'MS office- Word' for the introduction of the processing and feature of Microsoft word	MS Office - Word - PPT
60 mins	**Demonstration and practice:** MS word	Demonstrate and then allow the participants to practice on the various features of MS word using the exercise	MS word exercise from the computer handbook
15 mins	**Activity:** Review of the day's activities Reading Assignment	Involve participants in review and discussion of the topics and activities covered during the day. Ask a participant to volunteer to write the agenda for the next day on a flipchart in preparation for the opening session. Ask one or more of the other participants to plan an opening activity or warm-up for the next day. Inform the participants the topic and pages for reading and the resource material.	Effective Teaching Skills reference manual – Pg. 8-1 to 9-22 (module 8 and 9)

ANM FACULTY TRAINING - EFFECTIVE TEACHING SKILLS			
TIME	TOPIC /ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
Session 9: Week 1: Day 5, Morning			
15 mins	**Recap** **Agenda and Warm-up**	Recap of the previous day to be done by one of the participants Review of the agenda with participants, as outlined on the flipchart. Have the participant(s) who volunteered for the opening activity or warm up conduct it.	Agenda of the day prepared by the participant
45 mins	**Illustrated Lecture:** Helping students develop competency in new knowledge and skills	Reviews the presentation 1.6 on facilitate the development of health care delivery skills. Highlight the importance of the ANM faculty roles in helping students to learn to make clinical decisions-not just recall information.	Effective Teaching Skills Manual, PPT 1.6 -facilitate the development of healthcare delivery skills, Presentation 1.6 from the facilitators' guide
30 mins	**Interactive presentation:** Facilitate group learning	Use the presentation 1.7 to elaborate on facilitating group learning using various methods.	PPT 1.7 - facilitate group learning Presentation 1.7 from the facilitators' guide
75 mins	**Small group activity:** Develop group learning activities and critique them	Divide the group into threes. Assign each group a case study, role play or clinical simulation. The learners can use exercises 1.2, 1.3 and 1.4 from the participants' handbook to help guide their development. They will develop any one to meet one of their existing learning objectives. Each group has 30 minutes to work. In plenary, randomly select one case study, one role play and one clinical simulation and present it to the large group. No need to demonstrate, just read it. (Collect the others and provide written feedback for them the next day—you won't have time to review each one in plenary). As a group, provide feedback on each one based on these criteria: Does it meet the learning objective? Are the instructions clear enough? How might it be improved? Remind the group they will be facilitating these throughout the course and will receive feedback on their performance at that time.	Activity 1.5 from the facilitators' guide and exercise 1.2, 1.3 and 1.4 from the participants' handbook
45 mins	**Discussion:** Use of clinical simulations in teaching clinical decision making skills	Use the teaching clinical decision making skills handout from the participants' handbook. Small group activity: Ask four individuals to volunteer to demonstrate how they might 'teach' each step of clinical decision making using the job aid included in the handout. Each demonstration should be under 5 minutes.	Participants' handbook : handout 1.2: teaching clinical decision making skills

ANM FACULTY TRAINING - EFFECTIVE TEACHING SKILLS			
TIME	TOPIC /ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
30 mins	**Demonstration:** Use of clinical simulations in teaching clinical decision making skills	Use a clinical simulation from the SBA handbook (e.g. vaginal bleeding in early pregnancy) to help develop clinical decision making skills. This demonstration should be done by the trainers/facilitators	Case Study 4, SBA Trainers' Guide for Conducting Training of ANMs/LHVs/staff nurses pg. 92

ANM FACULTY TRAINING - EFFECTIVE TEACHING SKILLS			
TIME	TOPIC /ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
Session 10: Week 1: Day 5, Afternoon			
60 mins	**Small group activity:** Demonstrate effective demonstration and coaching skills	Remind learners that the purpose of this activity is to demonstrate their demonstration and coaching skills, not their technical skills. They will be acting as teachers demonstrating for their students, using the SBA materials. Demonstration and Coaching Skills: - Break into groups of 5–7 participants each - Each participant will perform about 5 minutes of a 'demonstration' of a clinical skill to demonstrate their demonstration or coaching skills - Peer-to-peer and trainer feedback after each performance Assign these skills: newborn resuscitation, AMTSL, sterile gloving, clinical simulation of managing preeclampsia	Demonstration and Coaching Skills Checklists – 1.2, 1.3 from the participants' handbook Clinical skill checklists from SBA handbook Related anatomic models and IP equipment
15 mins	**Discussion:** Observation during demonstration of a clinical skill	Bring the large group together again. A representative from each group should spend a few minutes sharing some of the common things done well and common suggestions for improvement. The trainer should facilitate the discussion. Ask the group how they can incorporate demonstration and coaching in their teaching.	
15 mins	**Brainstorming :** Making clinical practice successful	Brainstorm on 'Tips for making clinical practice successful'.	Flip chart and markers
30 mins	**Interactive presentation:** Managing clinical practice	Use the presentation 1.8 and elaborate on managing clinical practice	Effective Teaching Skills module PPT 1.8 - Manage Clinical Practice Presentation 1.8 from the facilitators' guide
15 mins	**Interactive presentation:** Introduction to Microsoft Excel Spread Sheet	Use presentation MS office- excel and introduce the Microsoft Excel Spread sheet.	MS office – Excel - PPT
30 mins	**Demonstration and Practice:** MS Excel	Demonstrate and practice of Microsoft Excel exercise and examples.	Computer booklet – MS excel exercise
15 mins	**Activity:** Review of the day's activities Reading Assignment	Involve participants in review and discussion of the topics and activities covered during the day. Ask a participant to volunteer to write the agenda for the next day on a flipchart in preparation for the opening session. Ask one or more of the other participants to plan an opening activity or warm-up for the next day. Inform the participants the topic and pages for reading and the resource material	Effective Teaching Skills reference manual – Pg. 10-1 to 12-16 (module 10, 11 and 12)

ANM FACULTY TRAINING - EFFECTIVE TEACHING SKILLS			
TIME	TOPIC /ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
Session 11: Week 1: Day 6, Morning			
15 mins	**Recap** **Agenda and Warm-up**	Recap of the previous day to be done by one of the participants. Review the agenda with participants, as outlined on the flipchart. Have the participant(s) who volunteered for the opening activity or warm up conduct it.	Agenda of the day prepared by the Participant
60 mins	**Interactive presentation:** Developing knowledge assessments	Use the presentation 1.9 on developing knowledge assessments and brief the key points. Use the activity 1.6 from the facilitators' guide and conduct the principles of assessment game to reinforce key points.	Effective Teaching Skills module PPT 1.9 - Prepare and Use Knowledge Assessments Presentation 1.9 from the facilitators' guide Activity 1.6 from facilitator's Guide
45 mins	**Small group activity:** Develop knowledge assessments	Each participant should select one presentation or topic from the SBA guidelines Each participant will write three to five multiple-choice questions, with 3-item choices for answering. Ask the participants to try to write questions that assess analysis or application, not only recall. (The evidence supports 3-item questions as more than 3 usually include poorly crafted distracters. We are promoting the use of 3-item, but if that is too controversial, leave it at 4) Questions should be written or typed Each person has 45 minutes to work	SBA guidelines Flip charts/markers
30 mins	**Large group activity:** Analysis of the small group activity	Collect all the questions and in plenary, randomly select, review and critique (anonymously) about 10–15 questions. For each question-ask if it is assessing recall or application or analysis. If only assessing recall-how could it be revised to assess analysis or application?	
60 mins	**Discussion:** Prepare and use skills assessment	Review the GoI SBA handbook and using the presentation 1.10 discuss how those checklists can be integrated into teaching the midwifery curriculum. Review the presentation on OSCE. Discuss key points with the group about how to integrate OSCE into teaching ANM students: What type of objective clinical exam is currently in use? What modifications or steps would they need to take to use this OSCE in their teaching?	PPT 1.10 - Prepare and use skills assessment PPT 1.11 - OSCE presentation Presentation 1.10 and 1.11 from the facilitators' guide
30 mins	**Discussion:** Summary of effective teaching	Discuss all the key points in effective teaching skills. Ask the participants in rotation to summarize the points and note it on a flip chart. Paste the chart in the	Flip chart and markers. Annexure 4 & 5 from facilitators' guide and

	skills Participants sign up for teaching assignments	wall to be placed throughout the course. Review the section of the syllabus that talks about the ANM faculty co-facilitating most of the course. Review the list of sessions, asking each participant to sign up for at least one learning activity and one demonstration or clinical simulation. Refer them to the teaching skills checklists and the materials needed for teaching in the SBA Trainers' guide. During the course they will have the opportunity to receive feedback on their teaching skills and get standardized in the latest GoI updates. Throughout the course the group will discuss how to integrate materials and approaches into teaching ANM students to improve their exposure to clinical practice and clinical decision-making.	annexure 2 & 3 from participants' handbook Checklists 1.1,1.2,1.3 from participants, handbook

ANM FACULTY TRAINING - EFFECTIVE TEACHING SKILLS			
TIME	TOPIC /ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
Session 12: Week 1: Day 6, Afternoon			
60 mins	**Motivation**	Introduce the topic using the story of frog presentation. Later use the presentation on motivation to explain the importance and types of motivation.	Power point presentation : Motivation Story of frog presentation.
30 mins	**Interactive Presentation:** Introduction to Microsoft PowerPoint	Use the presentation on MS office- power point and introduce the functions and application of Microsoft PowerPoint.	PPT- MS office- Power Point
30 mins	**Demonstration and Practice:** Microsoft PowerPoint presentation and its operation	Demonstrate and practice of processing and feature of Microsoft PowerPoint using exercise and examples.	Computer handbook- MS Power point exercise
45 mins	**Computer Practice**	The participants can use the computer lab to practice their computer skills. Facilitators to guide them and clear their doubts on any function of Microsoft.	Computer lab, computer exercises from the computer handbook
15 mins	**Activity:** Review of the day's activities. Reading Assignment	Involve participants in review and discussion of the topics and activities covered during the day. Ask a participant to volunteer to write the agenda for the next day on a flipchart in preparation for the opening session. Ask one or more of the other participants to plan an opening activity or warm-up for the next day. Inform the participants the topic and pages for reading and the resource material	GoI SBA guidelines Pg. 94 -103. Prevention of infection.

ANM FACULTY TRAINING – SKILLED BIRTH ATTENDANCE			
TIME	TOPIC /ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
Session 13: Week 2: Day 1, Morning			
15 mins	Recap Agenda and Warm-up	Have a warm-up activity to ensure that the participants are ready to learn and you have created a positive learning environment. Review agenda of the day.	Agenda of the day on a flipchart
30 mins	Activity: Goal and objectives of the SBA training package Assess participant's pre course knowledge Experience record of the trainees prior to the SBA training	Discuss the goals of the SBA training package and the participant learning objectives. Distribute the pre course knowledge assessment sheet to each participant. Ask them to answer each question. Allow 10 minutes for the pre course knowledge assessment. Immediately review the correct responses. Have participants grade the papers while the trainer reviews the correct answers with them and collect the papers after reviewing all the answers. Ask the participants to fill in the experience record prior to the SBA training in the GoI SBA handbook.	Flipchart with course objectives Copies of Pre course Knowledge Assessment Sheets one for each participant GoI SBA handbook page 100 – Annexure 3 Experience record of trainees prior to SBA training
30 mins	Review: Objective Structured Clinical Examination	Review on 'Objective Structured Clinical Examination' by asking questions and explain the advantages of using OSCE as a clinical evaluation tool. Describe how OSCE would be used to evaluate their clinical skills in the next activity.	Flip charts, markers PPT 1.11 - OSCE presentation
2 hrs 45 mins	Activity: Pre course evaluation of skills using Objective Structured Clinical Examination	Set up 8 stations for the SBA OSCE with guidance from the Facilitators' guide. Demonstrate an example of the exercise. Ask each participant to move around the stations and complete their pre course evaluation of skills. Each participant is given 5 minutes for each station. The moderator helps in time management and rotation of the participants in between the stations.	OSCE assessment sheets and answer keys from the facilitators' guide Skills lab set up as per the stations OSCE sheets for each participant

ANM FACULTY TRAINING – SKILLED BIRTH ATTENDANCE			
TIME	TOPIC /ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
Session 14: Week 2: Day 1, Afternoon			
40 mins	**Illustrated lecture:** Infection prevention	Use presentation session 1 b from SBA package – Infection prevention practices. Refer SBA Trainers guide – pg. 50, Session 1.b - step 1 & 2 and follow them.	Presentation session 1b from SBA package
45 mins	**Skill Demonstration:** Hand washing, decontamination and high – level disinfection, processing of Instruments	Set up the skills demonstration unit. Demonstrate the skills using the GoI Skills checklist 5.1 and 5.2 Refer SBA trainers guide – pg. 50, Session 1.b - step 3.	GoI SBA Trainers Guide - Pg. 50. Materials and supplies as per the GoI checklist 5.1 and 5.2 in GoI SBA handbook for ANMs - Pg. 87-91
20 mins	**Simulation exercise**: Segregation of hospital waste	Mix various types of wastes from hospital (in simulation) such as cotton, needles, syringes, blood-stained gauze and cotton, cigars and fruit peels. Give the trainees three color-coded bins (as per state policy). Ask the trainees to separate the waste into infected and non-infected waste. Refer SBA trainers guide pg. 51 Session 1.b - Step 4.	GoI SBA Trainers Guide - Pg. 51 – Step 4 Hospital wastes and color coded bins
60 mins	**Small Group Activity:** Skills practice on infection prevention procedures	Set up 3 stations and ask the trainees to perform and practice skills on infection prevention in simulation. The 3 stations are: - Hand washing - Segregation of hospital waste - Preparation of chlorine solution	Materials and supplies as per the GoI checklist 5.1 and 5.2. GoI handbook for ANMs- Pg. 87-91
15 mins	**Review of day's activities and reading assignment**	Involve participants in review and discussion of the topics and activities covered during the day. Ask a participant to volunteer to write the agenda for the next day on a flipchart in preparation for the opening session. Ask one or more of the other participants to plan an opening activity or warm-up for the next day. Inform the participants the topic and pages for reading and the resource material	GoI SBA guidelines Pg. 7-23. Antenatal care.

ANM FACULTY TRAINING – SKILLED BIRTH ATTENDANCE			
TIME	TOPIC/ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
Session 15: Week 2: Day 2, Morning			
15 mins	**Agenda and Warm-up**	Have a warm-up activity to ensure that the participants are ready to learn and you have created a positive learning environment. Review agenda of the day.	Agenda of the day on a flipchart
30 mins	**Illustrated lecture / Discussion:** Importance of Antenatal Care and preparation for ANC	Use presentation 2a from the SBA package and discuss on the importance of ANC, quality parameters during ANC and preparation for Antenatal checkup. SBA trainers guide – pg. 53, Session II a - step 2	Presentation session 2a from SBA package GoI SBA Trainers Guide - Pg. 53
15 mins	**Small Group Activity :** Estimation of the number of pregnancies' and deliveries annually	Divide the participants into two groups and then read the exercise in 2.a.2 to each group. Ask each group to solve the exercise on 'calculation of expected number of pregnant women in a given area'. Discuss the findings of the exercise and the method of estimation. SBA trainers guide – pg. 54, Session II a -step 3	GoI SBA Trainers Guide - Pg. 53 Flip chart and markers
15 mins	**Demonstration:** Detection of pregnancy	Show the pregnancy detection kit. Demonstrate the detection of pregnancy using the kit and urine samples of pregnant and non-pregnant women. Use checklist 1.4 of SBA handbook. SBA trainers guide – pg. 55, Session II a - step 4	GoI SBA Trainers Guide - Pg. 55. Pregnancy testing kits and urine samples GoI SBA handbook for ANMs- Pg. 24 Checklist 1.4.1
15 mins	**Individual Activity :** Tracking of pregnant women and maternal and child protection card	Explain about the Government of India's tracking system and the relevant registers used for it. SBA trainers guide – pg. 55, Session II a - step 5 & 6 Ask the participants to fill – up the maternal and child protection card in the SBA handbook (annexure 6) using any pregnant woman in their area that they can recall.	GoI SBA Trainers Guide - Pg. 55. GoI SBA handbook for ANMs- Annexure 6 and 7
45 mins	**Interactive presentation :** ANC – History taking	Use the presentation 2.b from the SBA package and discuss on history taking for an antenatal woman. Follow the steps 1-4 from Session II. b in the SBA trainers guide, pg. 56	GoI SBA Trainers Guide - Pg. 56-57. Presentation 2.b Flip chart and markers
15 mins	**Exercise:** Calculation of EDD	Read the exercise in box 2.b.1. pg. 57, SBA trainers guide. Ask the participants to calculate the EDD. Congratulate the participants who have got the answer right.	GoI SBA Trainers Guide - Pg. 57.
30 mins	**Skill Demonstration:** ANC – General examination	Set up a skills demonstration station for antenatal general examination. Use the GoI skills checklist 1.2 and demonstrate general examination for the antenatal mother. SBA trainers guide pg. 58, Session II c – step 2. Use presentation 2c as a guide	GoI SBA Trainers Guide - Pg. 58. GoI handbook for ANMs- Pg. 18-20 – Checklist 1.2. Presentation 2c
60 mins	**Simulation exercise:** ANC – general examination – skills practice	Set up 3 skills stations. Divide the participants into three groups and allow them to practice ANC general examination using the GoI skills checklist 1.2. SBA trainers guide pg. 58, Session II c - step 3.	GoI handbook for ANMs- Pg. 18-20 – Checklist 1.2

ANM FACULTY TRAINING – SKILLED BIRTH ATTENDANCE			
TIME	TOPIC /ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
Session 16: Week 2: Day 2, Afternoon			
30 mins	**Skill Demonstration:** ANC – abdominal examination	Set up a skills demonstration station for abdominal examination of antenatal mother. Use the GoI skills checklist 1.3 and demonstrate abdominal examination for the antenatal mother. Use presentation 2.d to emphasize the importance of abdominal examination. SBA trainers guide, pg. 59-60, Session II d- step 1-3	GoI SBA Trainers Guide - Pg. 59-60. GoI handbook for ANMs - Pg. 21-23 – Checklist 1.3
60 mins	**Simulation exercise:** ANC – abdominal examination	Set up 3 skills stations. Divide the participants into three groups and allow them to practice antenatal abdominal examination using the GoI skills checklist 1.3	GoI handbook for ANMs - Pg. 21-23 – Checklist 1.3
15 mins	**Brainstorming:** Laboratory investigations for the Antenatal mother.	Brainstorm on "what are some of the investigations to be done for an antenatal mother". Write their responses on a flip chart without discussion or qualification. Use presentation 3.a from the SBA package to explain the importance of each investigation	Flip chart and markers. Presentation 3.a GoI SBA Trainers Guide - Pg. 62
15 mins	**Demonstration:** ANC – Laboratory investigations	Set up a skills demonstration station for laboratory investigations. Use the GoI skills checklist 1.4 and demonstrate the procedure of urine testing for sugar and proteins and blood test for hemoglobin for the antenatal mother.	GoI SBA Trainers Guide - Pg. 62 GoI handbook for ANMs- Pg. 24-27 – Checklist 1.4
45 mins	**Skills practice session:** ANC – Laboratory investigations	Set up 3 skills stations. Divide the participants into three groups and allow them to practice antenatal laboratory investigations using the GoI skills checklist 1.4	GoI handbook for ANMs- Pg. 24-27 – Checklist 1.4
15 mins	**Review of day's activities and reading assignment.**	Involve participants in review and discussion of the topics and activities covered during the day. Ask a participant to volunteer to write the agenda for the next day on a flipchart in preparation for the opening session. Ask one or more of the other participants to plan an opening activity or warm-up for the next day. Inform the participants the topic and pages for reading and the resource material	GoI SBA guidelines Pg. 23- 46. Antenatal care and first stage of labour.

ANM FACULTY TRAINING – SKILLED BIRTH ATTENDANCE			
TIME	TOPIC /ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
Session 17: Week 2: Day 3, Morning			
15 mins	**Recap** **Agenda and Warm-up**	Recap of the previous day to be done by the participants. Have a warm-up activity to ensure that the participants are ready to learn and you have created a positive learning environment. Review the agenda of the day.	Agenda of the day on a flipchart to be prepared by the participants
45 mins	**Interactive presentation/ Discussion:** ANC – interventions	Use the presentation 3.b from the SBA package and discuss on ANC interventions including importance of IFA supplements, TT injections, malaria prophylaxis and their dosage. Follow the steps 1-2from Session III.b in the SBA trainers guide, pg. 63	GoI SBA Trainers Guide - Pg. 63 Presentation 3.b Flip chart and markers
30 mins	**Interactive presentation/ Discussion**: ANC counseling	Use the presentation 3.c (i) from the SBA package and discuss on ANC counseling including micro birth planning. Follow the step 1 from Session III.c in the SBA trainers guide, pg. 64	GoI SBA Trainers Guide - Pg. 64 Presentation 3.c (i)
45 mins	**Discussion:** Symptoms and signs during pregnancy Referral to PHC or FRU	Ask the usual complaints of the pregnant woman and note down their responses on a flip chart. Discuss probable diagnosis and the actions to be taken on it. Discuss on the conditions that need referral to a PHC or FRU. Use presentation 3 c (ii) and 2b. SBA trainers guide, pg. 64, step 2-3	GoI SBA Trainers Guide - Pg. 64 Presentation 3.c (ii), 2b Flip chart and markers SBA guidelines – Module 1-Table 2– Pg. 37-38
45 mins	**Role play:** ANC counseling and care	Use the instructions from session III.c, step 4 and facilitate role plays on antenatal counseling. SBA trainers guide, pg. 65-67. This can be done as a group activity.	GoI SBA Trainers Guide - Pg. 65-67
60 mins	**Illustrated lecture:** Care during labour–assessment and care during labor and delivery True and false labor pains	Use the presentation 3.d from the SBA package and discuss on care of the woman during labor. Follow the steps 1-2 from Session III.d in the SBA trainers guide. Discuss on true and false pains and the stages of labor. Use the presentation 4 from the SBA package and discuss on care of the woman during labour. Follow the steps 1- 3 from Session IV in the SBA trainers guide, pg. 71	GoI SBA Trainers Guide - Pg. 68, 71 Presentation 3.d Flip chart and markers

ANM FACULTY TRAINING – SKILLED BIRTH ATTENDANCE			
TIME	TOPIC /ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
Session 18: Week 2: Day 3, Afternoon			
45mins	**Skill Demonstration:** Assessment of woman in labor Vaginal examination during labor	Set up skills demonstration station for assessment of woman in labour and vaginal examination. Use the GoI skills checklists 2.1 and 2.2 for demonstration. SBA trainers guide, pg. 68, Session III d - step 4.	GoI SBA Trainers Guide - Pg. 68-69. GoI SBA handbook for ANMs- Pg. 33-38 – Checklist 2.1, 2.2
45 mins	**Skills practice session:** Assessment of woman in labor Vaginal examination during labor	Set up 4 skills stations. Divide the participants into four groups and allow them to practice assessment of woman in labor and vaginal examination using the GoI skills checklist 2.1, 2.2.	GoI handbook for ANMs- Pg. 33-38 – Checklist 2.1, 2.2
30 mins	**Discussion:** Partograph	Explain to the participants what is a partograph and its utility. Follow the steps 4 from Session IV in the SBA trainers guide, pg. 72-73. Show with examples on the enlarged partograph.	GOI SBA trainers guide, pg. 72-73 Enlarged Partograph
45 mins	**Exercise:** Plotting of the partograph using case studies	Give each participant three pantographs' and ask them to work on the case studies 1-3 from the GoI SBA handbook for ANMs to fill up the pantographs' individually. Review the filled up partographs and suggest improvements if any individually.	GoI SBA handbook for ANMs - pg. 41-43 – Case studies 1-3 Partograph sheets
15 mins	**Review of day's activities and reading assignment**	Involve participants in review and discussion of the topics and activities covered during the day. Ask a participant to volunteer to write the agenda for the next day on a flipchart in preparation for the opening session. Ask one or more of the other participants to plan an opening activity or warm-up for the next day. Inform the participants the topic and pages for reading and the resource material.	GoI SBA guidelines Pg. 47-54 Second, third and fourth stage of labour, newborn care.

ANM FACULTY TRAINING – SKILLED BIRTH ATTENDANCE			
TIME	TOPIC /ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
Session 19: Week 2: Day 4, Morning			
15 mins	Recap Agenda and Warm-up	Recap of the previous day to be done by the participants Have a warm-up activity to ensure that the participants are ready to learn and you have created a positive learning environment. Review agenda of the day.	Agenda of the day on a flipchart prepared by the participants
15 mins	Discussion: Second stage of labour	Discuss on monitoring and managing the second stage of labor. Use the presentation 4 (slides 24-29) from the SBA package and discuss on care of the woman during labor. Follow the step 6 from Session IV in the SBA trainers guide, pg. 80	GoI SBA Trainers Guide - Pg. 80
45 mins	Skill Demonstration: Management of first and second stage of labour	Set up skills demonstration station for demonstrating the steps of normal delivery. Use the GoI skills checklists 2.4 for demonstration. SBA trainers guide, pg. 80, Session IV- step 7	GoI SBA Trainers Guide - Pg. 80 GoI handbook for ANMs - Pg. 44-46 – Checklist 2.4
60 mins	Skills practice session: Management of first and second stage of labour	Set up 3 skills stations. Divide the participants into three groups and allow them to practice steps of normal delivery using the GoI skills checklist 2.4	GoI handbook for ANMs - Pg. 44-46 – Checklist 2.4
I hr 45 mins	Clinical Visit Visit to the labor room for observation of a normal delivery	Divide the participants into 3 groups. Orient them to the Labour room one group at a time. Depending on the availability of the cases, plan for observation of normal delivery. Review the observations made by the participants during the visit and clarify any doubts that they may have.	

ANM FACULTY TRAINING – SKILLED BIRTH ATTENDANCE			
TIME	TOPIC /ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
Session 20: Week 2: Day 4, Afternoon			
30 mins	**Interactive presentation**: Monitoring the 3rd and 4th stage of labor	Discuss on the steps in the management of third and fourth stage of labour. Use the presentation 5.a from the SBA package and discuss on AMTSL. Follow the steps 1- 2 from Session V.a in the SBA trainers guide, pg. 83	GoI SBA Trainers Guide - Pg. 83-84. Presentation V.a. Flip chart and markers
30 mins	**Skill Demonstration:** Active management of third stage of labor (AMTSL) Management during the fourth stage of labor	Set up skills demonstration station for demonstrating the steps of AMTSL. Use the GoI skills checklists 2.5 for demonstration. Set up skills demonstration station for demonstrating the management during the fourth stage of labor. Use the GoI skills checklists 2.6 for demonstration.	GoI SBA Trainers Guide - Pg. 84. GoI SBA handbook for ANMs- Pg. 47-49 – Checklist 2.5 GoI SBA handbook for ANMs- Pg. 50-51 – Checklist 2.6
30 mins	**Skills practice session:** AMTSL Management during the fourth stage of labor	Set up six skills stations – three stations for the AMTSL and three stations for management during the fourth stage of labor. Divide the participants into six groups and allow them to practice in rotation using the GoI skills checklist 2.5 and 2.6	GoI SBA handbook for ANMs- Pg. 47-49 – Checklist 2.5 GoI SBA handbook for ANMs- Pg. 50-51 – Checklist 2.6
15 mins	**Illustrated lecture:** Postpartum care	Use the presentation 5.c from the SBA package and discuss care after delivery. Follow the steps 1- 2 from Session V. c in the SBA trainers guide, pg. 84	GoI SBA Trainers guide - Pg. 87. Presentation V.c
30 mins	**Skills practice session**: Care after delivery - postpartum care Care during first, second and third postpartum visits	Set up three skills stations for care after delivery - postpartum care. Divide the participants into three groups and allow them to practice in rotation using the GoI skills checklist 3.1 and 3.2.	GoI handbook for ANMs- Pg. 52-63 – Checklist 3.1 and 3.2
30 mins	**Discussion** Immunization	Discuss the national immunization schedule and how to vaccinate a child – different vaccines and routes of administration. Elaborate on cold chain management of the vaccine.	Immunization handbook for health workers. SBA guidelines – Annexure I-A, pg. 107
15 mins	**Review of day's activities and reading assignment**	Involve participants in review and discussion of the topics and activities covered during the day. Ask a participant to volunteer to write the agenda for the next day on a flipchart in preparation for the opening session. Ask one or more of the other participants to plan an opening activity or warm-up for the next day. Inform the participants the topic and pages for reading and the resource material	GoI SBA guidelines Pg. 47-69. Second, third and fourth stage of labor, newborn care and postpartum care.

ANM FACULTY TRAINING – SKILLED BIRTH ATTENDANCE			
TIME	TOPIC /ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
Session 21: Week 2: Day 5, Morning			
15 mins	**Recap** **Agenda and Warm-up**	Recap of the previous day to be presented by the participants Have a warm-up activity to ensure that the participants are ready to learn and you have created a positive learning environment. Review agenda of the day.	Agenda of the day on a flipchart prepared by the participant
30 mins	**Illustrated lecture**: NSSK-Introduction to NSSK Resuscitation of newborn	Introduce the Navjat Shishu Suraksha Karyakram (NSSK) on the Basic New Born Care and Resuscitation program developed by the MoHFW and show the video on the steps of resuscitating an asphyxiated newborn.	NSSK training manual Video on basic newborn resuscitation
60 mins	**Skill Demonstration:** Resuscitation of newborn	Set up a station with all essential equipment required for resuscitation of the newborn. Show and discuss each item of resuscitation equipment bag, mask, suction device, clock, warm and folded cloths etc. Then demonstrate the steps of resuscitation of the newborn. Use the GoI skills checklists 2.7 for demonstration. Refer to the Newborn resuscitation chart and summarize the steps.	Items needed as per the checklist 2.7 from the SBA handbook New born resuscitation flow chart GoI SBA Trainers Guide - pg. 86. GoI handbook for ANMs- pg. 52-54 – Checklist 2.7
2hrs 15 mins	**Skill Practice:** Resuscitation of newborn	Set up skills demonstration stations as per the number of participants for practicing the steps of resuscitation of new born using the steps seen in video and chart and ask the participants to perform it one by one and give peer group feedback.	Same as above

ANM FACULTY TRAINING – SKILLED BIRTH ATTENDANCE			
TIME	TOPIC /ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
Session 22: Week 2: Day 5, Afternoon			
60 mins	**Lecture, demonstration and practice** Keeping the newborn warm	Tell the participants on the importance of keeping a baby warm and how to keep the baby warm. Conduct a demonstration on 'Measurement of axillary temperature using a thermometer' and 'Temperature regulation and warm chain'	Baby towels Digital thermometer NSSK training manual, pg. 41-58
45 mins	**Skill demonstration** Kangaroo Mother Care(KMC)	Show the video on Kangaroo mother care. Set up a station to demonstrate Kangaroo care	Video on kangaroo mother care Baby model/Child Simulator Towels
60 mins	**Skill Practice** Kangaroo Mother care Mummifying the newborn	Set up at least 4 stations and ask the participants to practice keeping the baby warm and Kangaroo care. Circulate amongst the stations and clarify any doubts that the participants may have.	Baby model, towels
15 mins	**Review of day's activities and reading assignment.**	Involve participants in review and discussion of the topics and activities covered during the day. Ask a participant to volunteer to write the agenda for the next day on a flipchart in preparation for the opening session. Ask one or more of the other participants to plan an opening activity or warm-up for the next day. Inform the participants the topic and pages for reading and the resource material.	GoI SBA guidelines Pg. 73-93. Complications during pregnancy, labor and postpartum period and ensuring quality of care.

ANM FACULTY TRAINING – SKILLED BIRTH ATTENDANCE			
TIME	TOPIC /ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
Session 23: Week 2: Day 6, Morning			
15 mins	Recap Agenda and Warm-up	Recap of the previous day to be presented by the participants Have a warm-up activity to ensure that the participants are ready to learn and you have created a positive learning environment. Review agenda of the day.	Agenda of the day on a flipchart
15 mins	**Interactive presentation:** Complications during pregnancy, labor and postpartum period	Use presentation 6.a. and list the complications during pregnancy, labor, delivery and the postpartum period. Follow the steps 1- 4 from Session VI.a in the SBA trainers guide, pg. 90	GoI SBA Trainers Guide - Pg. 90. Presentation 6.a. Flip chart and markers
45 mins	**Exercise:** Vaginal bleeding during pregnancy	Use presentation 6.a and checklist 4.1 and discuss on vaginal bleeding during pregnancy. Ask the participants to complete case study 4 and 5 in their handbook SBA trainers guide pg. 91-94, step 1-7	GoI SBA Trainers Guide - Pg. 91-92. Presentation 6.a. GoI SBA handbook for ANMs- Pg. 67-71 – Checklist 4.1. Case study 4 & 5.
15 mins	**Skill Demonstration:** Setting up an IV line	Set up skills demonstration station for demonstrating IV insertion. Use the GoI skills checklists 4.7 for demonstration.	GoI SBA Trainers Guide - Pg. 93. GoI SBA handbook for ANMs- Pg. 82 – Checklist 4.7
30 mins	**Discussion:** Immediate PPH	Use GoI skills checklists 4.2 and discuss on management of shock and postpartum hemorrhage. Follow the steps 8-9 from Session VI.a in the SBA trainers guide, pg. 95	GoI SBA Trainers Guide - Pg. 95. GoI SBA handbook for ANMs- Pg. 72-73 – Checklist 4.2
30 mins	**Simulation:** Initial management of shock and PPH	Demonstrate the management of shock and PPH in simulation. Use GoI skills checklist 4.2 for guidance. SBA trainers guide, pg. 95-97, step 10-12 Ask the participants to complete case study 6 from the GoI Handbook	GoI SBA Trainers Guide - Pg. 95. GoI handbook for ANMs- Pg. 72-74 – Checklist 4.2, Case study 6
45 mins	**Discussion:** Pregnancy induced hypertension	Discuss on PIH using the guidance from the trainers guide and the checklist 4.3. Ask the participants to complete case study 7 from the GoI Handbook SBA trainers guide pg. 98-99, step 1 & 2	GoI SBA Trainers Guide - Pg. 98. GoI handbook for ANMs- Pg. 75– Checklist 4.3. Case study 7
30 mins	**Discussion:** Convulsions – eclampsia	Discuss on Eclampsia using guidance from the trainers guide and the checklist 4.4 Ask the participants to complete case study 8 from the GoI Handbook SBA trainers guide pg. 100-101, step 1-3, 6	GoI SBA Trainers Guide - Pg. 100. GoI SBA handbook for ANMs- Pg. 76-77– Checklist 4.4, Case study 8
15 mins	**Skill Demonstration**: Giving deep intramuscular injections.	Set up skills demonstration station for demonstrating administration of Deep Intramuscular injections. Use the GoI skills checklists 4.6 for demonstration. SBA trainers guide, pg. 100, step 4, 5	GoI SBA Trainers Guide - Pg. 100. GoI handbook for ANMs- Pg. 81– Checklist 4.6

ANM FACULTY TRAINING – SKILLED BIRTH ATTENDANCE			
TIME	TOPIC /ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
Session 24: Week 2: Day 6, Afternoon			
60 mins	**Discussion:** Other complications during pregnancy, labor and postpartum	Discuss on the other complications such as anemia, urinary tract infection, pre-term labor, premature rupture of membranes, fetal distress, obstructed labor, prolapsed cord retained placenta, vaginal and perineal tears, puerperal sepsis and breast conditions. SBA trainers guide, pg. 102-106 Use presentation 6.a. of the SBA package.	Presentation 6.a. GoI SBA Trainers Guide - Pg. 102-106. GoI SBA handbook for ANMs- Pg. 79– Checklist 4.5
15 mins	**Skill Demonstration:** Catheterization	Set up skills demonstration station for demonstrating catheterization. Use the GoI skills checklists 4.8 for demonstration.	GoI handbook for ANMs- Pg. 83-84 – Checklist 4.8.
45 mins	**Illustrated lecture:** Ensuring quality of care	Use presentation VI. b. and discuss on ensuring quality care in the community. Follow the steps in session VI. b. from the GoI SBA trainers' guide, pg 107-108, step 1 & 2	GoI SBA Trainers Guide – Pg. 107-108.
30 mins	**Post course knowledge assessment**	Distribute the post course knowledge assessment sheet to each participant. Ask them to answer each question. Allow 15 mins for them to finish. Collect the completed assessment sheets. Review the correct responses and discuss.	Post course knowledge assessment questionnaires.
15 mins	**Preparation for clinical practice**	Inform the participants on the clinical practice sessions of the SBA package. The first day will be of practice in simulation. From the second day of week 3 to week 4, the participants should be posted in the maternity unit, labor room and new born unit in rotation. The timings should be preferably in the afternoons and evenings to avoid overcrowding in the wards. Night calls can be taken as per the availability and requirements. The participants are required to complete the clinical log book.	Clinical rotation plan. GoI SBA handbook for ANMs – Annexure 4
15 mins	**Review of days activities**	Review the day's activities and clarify any doubts that the participants may have.	

WEEK 3 & 4: DAY 1-6 SKILLED BIRTH ATTENDANCE

CLINICAL PRACTICE

Day 1 of Week 3: Practice in simulation. Participants would use the GoI Checklist, the log book, and practice all the skills in simulation. Multiple stations would be set for the procedures. Once the participants attain competency in models, they would be posted in the clinical area for performance on clients following a rotary schedule from day 2 of week 3.

CLINICAL PRACTICE

The participants will be posted in the following areas for supervised clinical practice in rotation (on off hours to increase client exposure):

- Maternity ward
- Labour room
- Antenatal OPD
- Postnatal OPD
- Newborn unit

The timings can be made flexible to provide 7 hours of clinical practice. The participants can be on call during the nights (if necessary).

Note:

1. The participants should complete the clinical log book (for the relevant skills, focusing on intrapartum and postpartum skills)
2. A review of individual progress with the trainer should be done during the afternoon session of week 3/ day 6. The clinical rotation should be planned for week 4 as per the requirements of the participants.
3. An OSCE for the evaluation of the clinical skills will be done during the afternoon session of week 4/ day 6.

ANM FACULTY TRAINING – IMNCI			
TIME	TOPIC /ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
Session 25: Week 5: Day 1, Morning			
15 mins	Agenda and warm up	Review the agenda with participants, as outlined on the flipchart. Have the participant(s) who volunteered for the warm up conduct it.	Flip Chart with agenda
15 mins	Activity: Introduction to the IMNCI course Goal and Objectives Methodology of the course	Briefly introduce the IMNCI course to the participants and emphasize on the importance of managing sick infants and children Review the goals and objectives of the session with the participants Discuss the training methodology. Tell the participants that they will learn through video demonstrations, exercises, photographic exercises, role plays & case studies	Flip Chart with session objectives IMNCI Facilitators' guide: pg. 1-12 PPT on the IMNCI training methodology
30 mins	Pre-course Assessment Activity: Assess the participants pre-course knowledge	Distribute the pre-course knowledge assessment sheet to each participant. Ask them to answer each question. Allow 20 minutes for the pre-course knowledge assessment. Have participants grade the papers while the trainer reviews the correct answers with them and collect the papers after reviewing all the answers. Assure the participants that the material will be covered during the course.	Copies of Pre-course knowledge assessment sheets one for each participant- Annexure 8 in facilitators' guide.
30 mins	Illustrative lecture and group discussion: Introduction to the module on 'Assessment and classification of the sick young infant' Introduction to the recording forms Introduction to the chart, photographs booklet	Introduce the session from the participants handbook and tell participants that they will learn how to assess and classify the sick young infant and children. Paste the enlarged recording forms on the wall so that participants can see them. Explain the sections and columns of the chart Paste the enlarged charts on the wall so that participants can see them. Explain the sections, columns and color coding of the chart for classifying and identifying the treatment for the sick young infant and children. Introduce the photographs booklet and tell the participants that they will use the photographs to exercise and understand the symptoms of sick young infant and children	Enlarged chart booklets, Enlarged blank recording forms Case management charts for young infants IMNCI facilitators guide, pg. 14-17

90 mins	**Group discussion, case study and video demonstration:** Assessment and classification of the sick and young infant for bacterial infection Case study, practice and video exercises	Introduce the session on 'assessment and classification of bacterial infection in the sick young Infant' from the IMNCI module for basic health workers. Tell the participants what questions to ask the mother, what to look, listen and feel for in the infant. Introduce and demonstrate the classification table for bacterial infections and explain the color codes. Divide the participants into 5 groups; give each group a case study on how to classify a young infant for bacterial infections. Each group has 10 minutes to work. When the exercise is complete compare the answers to the answer sheet in the IMNCI facilitators' guide and provide feedback, in the plenary. Introduce the video exercise. Emphasize on the key points to observe in the video exercise and show the video. Discuss on what was observed in the video.	Enlarged classification table for bacterial infections Exercise/case study from the IMNCI module Answer key from the IMNCI facilitators' guide IMNCI facilitators guide, pg. 17-25 Video tapes – Infant - 2:00 - 29:00
60 mins	**Group discussion, video demonstration and case study:** Assess and classify diarrhea/ dehydration in the young infant Video exercise and case study practice	Discuss how a young infant is assessed for diarrhea. What questions are asked and what to look for (lethargic or unconscious, restless or irritable, sunken eyes, skin turgor) Introduce the enlarged classification table for diarrhea and explain criteria to classify dehydration. Emphasize on the key messages. View the video on how to assess a young infant for diarrhea. Follow this with a discussion. Ask the participants to refer to the case study in the INMCI module for health workers and discuss the classification of diarrhea in young infant.	Enlarged blank recording form Enlarged classification table on dehydration. Video tape – Infant - 29:01-44:00, TV & LCD IMNCI facilitators guide, pg. 25-27

ANM FACULTY TRAINING – IMNCI			
TIME	TOPIC /ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
Session 26: Week 5: Day 1, Afternoon			
60 mins	**Discussion, video demonstration and photographic exercise:** Steps for classifying feeding problems Video demonstration on correct positioning for breast feeding Photographic exercise to recognize good attachment	Ask the participants what the common breast feeding problems are and their possible solutions. Support their answers and clarify ant doubts. View the video on breast feeding assessment. Emphasize that the video will show good and poor attachment and effective and ineffective suckling and correct positioning for breast feeding. Lead a short discussion and emphasize the important points and the four signs of good attachment. Show photographs 7-15 and ask participants to look for the signs of good attachment and discuss	Video tape – Infant - 44:01-1:29, TV, LCD IMNCI facilitators' guide, pg. 28-30 IMNCI module for health workers, pg 24 Photographs 7- 15
45 mins	**Interactive lecture, role play and demonstration:** Introduce 'identify treatment' on the assessment and classification chart. Demonstration on how to use the back of the infant recording form.	Display the classification chart and explain how to read across the chart. Explain severe classifications that need urgent referral to the hospital. Engage the participants in reading the treatment options aloud. Ask participants to open the pg. no: 26-27 of the IMNCI module for health workers and tick the appropriate answer under exercises on identify treatment. Follow this with a brief discussion. Demonstrate the use of the back of the sick young infant recording form for recording treatment	Classification chart with treatment options IMNCI module for health workers Copies of the recording form IMNCI facilitators' guide, pg. 31-34
60 mins	**Interactive discussion and demonstration:** Teaching the mother how to - give co-trimoxazole at home - keep the sick young infant warm - bathe the infant - treat local infection at home - treat diarrhea at home - correct positioning and attachment for breast feeding - express breast milk - feeding with a cup & spoon	Demonstrate and practice on teaching a mother to give oral drugs at home using good communication skills through the role play from the facilitators' guide. Ask the participants to perform the role play and follow it with a discussion. Ask the participants to open their IMNCI module for health workers and read the steps involved in giving drugs at home. Ask a participant to list the basic teaching steps that they have just read and observed in the role play. Discuss home care for common problems and procedures	Items for Demonstration – doll, bottle of tablets, pen, cup and spoon, drug envelope. Script of the role play from the IMNCI facilitators' guide IMNCI facilitators guide, pg 34-36, 41-44 IMNCI module for health workers, pg 28-36.

15 mins	**Review of days activities and reading assignment**	Ask a volunteer to review on the day's activities. Inform participants the topic and pages for reading and the resource material. Ask one of the participants to prepare the agenda for the next day and few volunteers prepare for the recap & warm up.	Training module for health workers 45-56 & 55-65 Flip Chart. Markers

ANM FACULTY TRAINING – IMNCI			
TIME	TOPIC /ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
Session 27: Week 5: Day 2, Morning			
15 mins	Recap Agenda and warm up	Ask a participant to do the recap of the previous days activities. fed Review the agenda with participants, as outlined on the flipchart. Have the participant(s) who volunteered for the warm up conduct it.	Flip Chart with agenda
2Hrs 45mins	Clinical session Assess, classify and treat sick young infant age up to 2 months	In clinical practice, participants practice using their skills with sick young infants age up to 2 months. Inform the objectives to the participants. The objectives are, during the clinical session, the participants will - Observe examples of signs of illness in children - Observe demonstrations of how to manage sick young infants according to the case management charts - Practice assessing, classifying and treating sick young infants and counseling mothers about food, fluids, and when to return - Receive feedback about how well they have performed the skill and guidance about how to strengthen particular skills	Copies of the recording form – Infant age up to 2 months IMNCI Chart Booklet
60 mins	Interactive lecture, group discussion and video demonstration: Assessment and classification for cough and difficult breathing in a child 2 months to 5 years. Video demonstration on assessment of the child for general danger signs, cough and difficult breathing. Exercise on video case study- 'Ben'	Introduce the session on assessment and classification of a child 2 months to 5 years. Discuss the minor differences from assessment and classification of a young infant (up to 2 months). Discuss the questions to be asked and signs to look for during the assessment of the child for cough and difficult breathing. Also discuss how to assess for danger signs like unable to drink or breast feed, vomiting, lethargy and unconsciousness and convulsions. Display the classification table for cough and difficult breathing View the video demonstration on how to assess a child for general danger signs, cough and difficult breathing. Follow this up with a question and answer session with emphasis on counting the breath in one minute and how to recognize signs of chest in drawing. Have the participants do the video case study "Ben". Lead a brief discussion.	Video tapes on assessment for general danger signs and cough and difficult breathing - Child I -1:42 - 45:00 mins, TV, LCD IMNCI facilitators guide, pg 45-48

ANM FACULTY TRAINING – IMNCI			
TIME	TOPIC /ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
Session 28: Week 5: Day 2, Afternoon			
1 hr 30 mins	**Interactive discussion, video demonstration and photographic exercise:** Classification chart for diarrhea/dehydration in a child 2 months to 5 years Video demonstration on assessment of child for diarrhea and recognizing sunken eyes and slow skin pinch Video Case study 'Josh' Photograph exercise to recognize signs of dehydration	Introduce the session to the participants. Discuss the questions to be asked if the child has diarrhea and what to look for during the assessment. Display the classification table for diarrhea. Emphasize that all cases of diarrhea should be classified for dehydration. View the video presentation which shows children with diarrhea. Follow this up with a question and answer session. During the session focus on signs like sunken eyes and skin pinch/ turgor Have the participants do the video case study "JOSH". Lead a brief discussion Conduct the photographic exercise to identify skin pinch/ turgor and sunken eyes	Classification table for diarrhea IMNCI facilitators' guide, pg 49-52 IMNCI module for health workers, Pg 53- 54 Video tape - Child I - 49:59 & Child II - 00:01-17:35, TV, LCD Photographs 24-30
1 hr 15 min	**Interactive lecture, group discussion and video demonstration:** Assessment of the child 2 months to 5 years for fever Classification chart for fever Video demonstration on assessment of the child for fever and stiff neck Video Case study 'Pu'	Introduce the session to the participants. Discuss the questions to be asked if the child has fever and what to look for during the assessment. Emphasize that fever could be a symptom of other diseases like malaria, meningitis or other viral infections Display the classification table for fever and explain the classification. Show the video presentation which shows children with fever. Follow this up with a question and answer session. During the session focus on signs for stiff neck. Have the participants do the video case study "Pu". Lead a brief discussion	Classification table for fever IMNCI facilitators guide pg. 52-53 IMNCI module for health workers, Pg 55- 57 Video tape - Child II-18:30-49:05, TV, LCD
15 mins	**Review of days activities, reading assignment**	Ask a participant to review the days activities. Inform participants the topic and pages for reading and the resource material. Ask one of the participants to prepare the agenda for the next day and few volunteers prepare for the recap & warm up.	Training module for health workers57-81 Flip Chart. Markers

ANM FACULTY TRAINING – IMNCI			
TIME	TOPIC /ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
Session 29: Week 5: Day 3, Morning			
15 mins	Recap Agenda & warm up	Ask a volunteer to do the recap of the previous days activities. Review the agenda with participants, as outlined on the flipchart. Have the participants who volunteered for the warm up and recap conduct it.	Flip Chart with agenda
2hrs 45 mins	Clinical session Assess, classify and treat sick child age 2 months up to 5 years	In clinical practice, participants practice using their skills with sick children age 2 months up to 5 years Inform the objectives to the participants. The objectives are, during the clinical session, the participants will - Observe examples of signs of illness in children - Observe demonstrations of how to manage sick child according to the case management charts. - Practice assessing, classifying and treating sick child and counseling mothers about food, fluids, and when to return. - Receive feedback about how well they have performed the skill and guidance about how to strengthen particular skills.	Copies of the recording form - children age 2 months up to 5 years IMNCI Chart Booklet
60 mins	Interactive lecture and discussion and video demonstration: Management of the sick child. Video demonstration on assessment of child for - Malnutrition - Anemia & its prevention in children. Iron and Folic acid supplementation.	Introduce the session. Tell the participants that all sick children should be checked for malnutrition, anemia. View video presentation which shows children with severe wasting. Discuss what to look and feel for malnutrition. Display the growth chart from birth to 5 years of age and explain how to determine the child's weight for age and grading of malnutrition Display the classification table for malnutrition and explain. Display photographs showing examples of severe wasting, edema and loss of fat and conduct the photographic exercise. Show video presentation which shows children with anemia. Discuss what to look for in anemia. Explain Palmar pallor. Display the classification table for anemia and explain. Display photographs showing examples different grades of palmar pallor.	Growth chart Video tape - Child II 53:26-55:50, TV, LCD IMNCI module for health workers, Pg 57- 67 Classification table for malnutrition. IMNCI facilitators' guide pg. 53-65 Photographs: 31-43 Video tape - Child II 55:51-58:00, TV, LCD Classification table for Anemia Photographs 44-52

ANM FACULTY TRAINING – IMNCI			
TIME	TOPIC /ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
Session 30: Week 5: Day 3, Afternoon			
30 mins	**Discussion:** Management of the sick child - Immunization schedule - VIT A supplementation - Iron Folic Acid recommendation	Tell the participants that the immunization schedule of all children should be checked. Walk them through the schedule Discuss the Vitamin A schedule. Discuss the Iron and Folic acid recommendation.	Enlarged copy of the Immunization schedule. SBA guidelines- Annexure I 'A' IMNCI chart booklet, Pg 6
1 hr	**Interactive lecture and group discussion:** Home based remedies for pneumonia, diarrhea, dehydration, preparation of ORS, fever, cough and cold	Introduce the session. Tell the participants that if a child has any of the danger signs or a red classification then refer the child immediately after giving appropriate pre referral treatment. Tell the participants that this session will deal with home based remedies for common ailments. Demonstrate how to give medicines at home for pneumonia, fever, diarrhea, cough and cold Demonstrate the preparation of ORS Discuss the importance of follow up care. Discuss when the mother has to bring the back the child for review. Also discuss the warning signs when the mother should take the child immediately to the hospital	IMNCI facilitators' guide pg. 66-76 Flip chart markers, IMNCI module for health workers, Pg 68 - 81 Samples of tablets, ORS powder, container, water.
1 hr 15 mins	**Interactive lecture & discussion:** Complementary feeding in infants & children	Introduce the session on complimentary feeding in Infants & young children. Explain the importance of complimentary feeding. Give examples of 1st food to infants and modified family food. Discuss the energy density of infant foods & frequency of feeding. Talk about the importance of growth monitoring. Ask the participants if a woman should continue to breast feed with complementary feeds? Follow this with a discussion. Discuss the importance of safety and hygiene while giving complimentary foods.	Flip chart, Markers IMNCI facilitators' guide pg. 77-89
15 mins	**Review of the day's activities and reading assignment**	Ask a participant to review the days activities. Inform participants the topic and pages for reading and the resource material. Ask one of the participants to prepare the agenda for the next day and one to prepare for the recap & warm up.	Participant Handbook 28-44 & 68-81 Flip Chart. Markers

ANM FACULTY TRAINING – IMNCI			
TIME	TOPIC /ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
Session 31: Week 5: Day 4, Morning			
15 mins	Recap Agenda & warm up	Ask a volunteer to do the recap of the previous days activities. Review the agenda with participants, as outlined on the flipchart. Have the participants who volunteered for the warm up and recap conduct it.	Flip Chart with agenda
6 hrs	Field visit to the nearest Anganwadi center/ health sub center on Village Health and Nutrition Day (VHND)	Divide the participants into two groups and plan a visit to two nearest anganwadi centers for VHND/Immunization session. Inform the participants the objectives of the field visit. The objectives are to - Observe the functions of the Village Health and Nutrition day (VHND) - Assess and classify sick young infant - Provide advice on Breast feeding, home care of infant with diarrhea, local bacterial infection, how to keep the infant warm - Demonstrate the use of recording forms - (0-2months & 2months to 5 years)	Inform the authorities and prepare in advance for the field visit. Carry the IMNCI chart booklet, immunization schedule and any other health education materials related to child health and family planning available at the nodal center.

ANM FACULTY TRAINING – IMNCI			
TIME	TOPIC /ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
Session 32: Week 5: Day 4, Afternoon			
45 mins	Post course knowledge assessment	Distribute the post course knowledge assessment questionnaire and ask the participants to complete it. Allow 20 mins for them to finish. Discuss the answers with the participants and ask them to correct the assessment sheets. Collect the completed assessment sheets.	Post course knowledge assessment questionnaire
15 mins	Review of the day's activities	Review the day's activities. Revise key messages Clarify any doubts that the participants may have in IMNCI. Inform about the activities for the next day.	

ANM FACULTY TRAINING – FAMILY PLANNING			
TIME	TOPIC /ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
Session 33: Week 5: Day 5, Morning			
15 mins	**Agenda and Warm-up**	Review the agenda with participants, as outlined on the flipchart. Have the participant(s) who volunteered for the warm up conduct it.	Flip Chart with agenda
15 mins	**Activity:** **Course Overview** Goals and Objectives Pre-course knowledge assessment	Review the goals and objectives of the session with the participants Distribute the pre-course knowledge assessment sheet to each participant. Ask them to answer each question. Allow 10 minutes for the pre-course knowledge assessment. Immediately review the correct responses—do not spend a long amount of time on any questions, but assure the participants that the material will be covered during the course. Have participants grade the papers while the trainer reviews the correct answers with them and collect the papers after reviewing all the answers. Use the papers to prepare the group and individual knowledge matrix and then return them.	Flip Chart with session objectives Copies of pre-course knowledge assessment sheets one for each participant Copy of group and individual knowledge matrix
45 mins	**Illustrated lecture:** India National Family Planning Program Overview of family planning service provision: GOI policy	Use the presentation on the family planning programs in India to elaborate on the GoI policies for family planning service provision.	Presentation on family planning programs in India
45 mins	**Brainstorming, presentation and discussion:** Benefits of family planning & spacing of pregnancies	Ask participants the importance of spacing pregnancies and benefits of Family planning both to the mother and child. Use activity 2.1 from the facilitators' guide. Use the presentation slides to present information on the impact of pregnancy spacing on maternal, newborn and child health. Ask questions to the participants and engage them in the presentation of the information.	Flip chart, markers PPT on: Pregnancy spacing and health benefits of family planning CTU Session 2 slides 1-6 Activity 2.1 from the facilitators' guide
60 mins	**Discussion and exercise:** Technical overview of modern family planning methods	Ask the participants how one can be reasonably sure that a woman is not pregnant before starting any family planning method. Write the responses on a flip chart. Broadly discuss the modern family planning methods. Conduct exercise 2.1 from the facilitators' guide.	Exercise 2.1: Technical overview of FP methods from the facilitators' guide. Copies of the blank exercise

		Divide the participants in pairs. Give each pair the blank exercise format listing the technical details of various family planning methods in the first column. For each statement listed in the 1st column ask the participants to place a check mark in the appropriate box, indicating the statement is correct for which method. Ask a few participants to present their responses. Display the format with the correct answers and discuss.	formats from the exercise 2.1 in participants' hand book.
60 mins	**Exercise:** Who can use hormonal methods?	Tell the participants that they will now learn which conditions may affect the choice of hormonal methods of FP. Conduct exercise 2.2 from the facilitators' guide. Divide learners into small groups of 3–4 and ask each group to work as a team. Give each group a copy of the blank chart on 'Who can and who cannot use hormonal methods of FP' in the participants' handbook and ask them to review carefully and complete by placing a check mark in the 'Provide' or 'Do Not Provide' column. Ask learners to give a reason for each answer and to note the appropriate WHO MEC category in the space provided. The participants can refer the global handbook for family planning during the exercise. Bring learners back together after 10 minutes and ask volunteers to share their answers one at a time. Project a completed MEC chart on the screen and reveal the answers one at a time. Reinforce and/or clarify issues raised during this discussion.	Exercise 2.2 - 'Who can and who cannot use hormonal methods of FP' from the Participants' handbook. Completed for Hormonal FP Methods chart as answer key – to be projected and revealed item by item during discussion. Global handbook for family planning

ANM FACULTY TRAINING – FAMILY PLANNING			
TIME	TOPIC /ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
Session 34: Week 5: Day 5, Afternoon			
75 mins	**Interactive Presentation and discussion:** Postpartum family planning and LAM	Use the presentation slides to review the general concepts of postpartum family planning (PPFP). Ensure that participants understand the different types of PPFP and the use of LAM.	PPT on PPFP: Session 3, CTU
30 mins	**Game:** Condom race & demonstration of condom use on a model	Tell the participants that they will now play a game the 'condom race.' Divide the participants into two groups. Tell them that they will each be given VIPP cards with the steps of condom use in a jumbled order. The groups have to place the cards on the table/ floor in the correct order of the condom use. Ask the group that finishes first to read the steps aloud. Then the other group. Follow this with a discussion & demonstration of the correct use of condom. Use the guidance of the activity 2.2 from the facilitators' guide	2 sets of VIPP cards with steps of condom use, Sufficient samples of condoms, penis model Activity 2.2 from the facilitators' guide
60 mins	**Illustrated lecture and discussion:** Discuss modern approaches to IUCD	View the presentation on IUCD followed by a discussion	PPT on IUCD : Session 7, CTU
15 mins	**Review of the day's activities and reading assignment**	Involve participants in review and discussion of the topics and activities covered during the day. Ask a participant to volunteer to write the agenda for the next day on a flipchart in preparation for the opening session. Ask one or more of the other participants to plan an opening activity or warm-up for the next day. Inform the participants the topic and pages for reading and the resource material	Family planning global handbook – Topics on IUCD

ANM FACULTY TRAINING – FAMILY PLANNING			
TIME	TOPIC /ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
Session 35: Week 5: Day 6, Morning			
15 mins	**Recap** **Agenda & warm up**	Ask a participant to recap the activities of the previous day Review the agenda with participants, as outlined on the flipchart. Have the participant(s) who volunteered for the warm up and recap and conduct it.	Flip chart with agenda
15 mins	**Exercise:** Who can use an IUCD?	Conduct exercise 2.3 from the facilitators' guide. Divide participants into small groups of 3–4. Give each group a copy of a blank chart on 'who can use an IUCD'. Ask them to review carefully and complete by placing a check mark in the 'Insert' or 'Do Not Insert' column. Ask them to give a reason for each answer and to note the appropriate WHO MEC category in the space provided. Ask volunteers to share their answers. Project a completed chart on the screen and reveal the answers one at a time. Reinforce and/or clarify issues raised during this discussion.	Copies of blank IUCD charts from the exercise 2.3 in the participants' handbook Completed MEC IUCD charts Exercise 2.3 in the facilitators' guide
15 mins	**Demonstration:** Loading the IUCD in the Sterile Package	Demonstrate loading of the IUCD in the sterile package using the guidance from handout 2.1 from the participants' handbook.	Adequate numbers of CuT 380A in the sterile package Handout 2.1 from the participants' handbook
30 mins	**Skill practice:** Loading the IUCD in the sterile package	Participants will practice loading of the IUCD in the sterile package.	Adequate numbers of CuT 380A in the sterile package Handout 2.1 from the participants' handbook
45 mins	**Discussion:** Infection prevention steps in IUCD Insertion	Conduct exercise 2.4 from the facilitators' guide. Discuss the importance of infection prevention steps in IUCD services using the IUCD insertion checklist as a guide. Ask participants to work in groups of 3-4 as a team. Have each team review the checklist for IUCD counseling and clinical skills and identify the infection prevention steps by marking on the relevant tasks/steps in the checklist. Discuss with participants the IP steps that they have marked and ensure that all IP steps for IUCD insertions are enumerated.	Exercise 2.4 from facilitators' guide Checklist 2.3 from participants' handbook
30 mins	**Demonstration** IUCD insertion & removal on model	Demonstrate the insertion and removal of the IUCD on the model. Ask one of the participants to read aloud the steps from the checklist and demonstrate in small groups so that all the participants are able to visualize and observe.	Zoe model, Speculum, Vulsellum/tenaculum, anterior vaginal wall retractor, sponge holder, cotton balls, bowl, uterine sound, scissors, CU- T 380A, gloves, 0.5% chlorine solution. Checklist 2.3
90 mins	**Skill practice:** IUCD insertion & removal on model	Divide participants in groups. Ask the participants to practice the insertion & removal of IUCD on the model using the checklist 2.3. Facilitate each group as they practice.	As above

ANM FACULTY TRAINING – FAMILY PLANNING			
TIME	TOPIC /ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
Session 36: Week 5: Day 6, Afternoon			
60 min	**Interactive presentation:** Elements of counseling and communication skills	Introduce the session on counseling. View the presentation on counseling and communication skills. Discuss informed choice, rights of a FP client, qualities & skills of a good FP counselor and communication skills for FP counseling.	PPT on family planning counseling
30 mins	**Discussion and Interactive presentation:** Elements of FP counseling & post-partum FP counseling,	View the presentation on FP counseling for postpartum women. Review the PPFP counseling checklist from the participants' handbook.	PPT on elements of counseling on PPFP. Participants' handbook – checklist 2.1 & 2.2
60 mins	**Participants practice:** Role play	Divide participants in small groups of 4. Give 2 case studies to each group and ask them to practice counseling in the small groups using all audio-visual job-aids for counseling. Every participant should get a chance to play the counselor.	Role play situations. Role play 2.1 from facilitators' handbook.
15 mins	**Post course knowledge assessment**	Distribute the post course knowledge assessment sheet to each participant. Ask them to answer each question. Review the correct responses and discuss. Collect the completed assessment sheets.	Copies of the post course knowledge assessment. One for each participant
15 mins	**Review of days activities and reading assignment**	Involve the participants in review and discussion of the topics and activities during the day. Ask a participant to write the agenda for the next day on the flip chart. Ask one volunteer to plan an opening activity or warm up for the next day. Inform the participants the topic and pages for reading and the resource material	GoI – STI/RTI participants handout

ANM FACULTY TRAINING – INTRODUCTION TO STI, HIV & PPTCT OF HIV			
TIME	TOPIC /ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
Session 37: Week 6: Day 1, Morning			
15 mins	**Agenda and Warm-up**	Have a warm-up activity to ensure that the participants are ready to learn and you have created a positive learning environment. Review agenda of the day.	Agenda of the day on a flipchart
30 mins	**Activity:** Goals and objectives Pre course knowledge assessment.	Discuss the goals of the STI/ HIV section of the course, the participant learning objectives and the schedule. Distribute the pre course knowledge assessment sheet to each participant. Ask them to answer each question. Allow 15 minutes for the pre course knowledge assessment. Immediately review the correct responses. Have participants grade the papers while the trainer reviews the correct answers with them and collect the papers after reviewing all the answers.	Flipchart with course objectives Copies of pre course knowledge assessment sheets one for each participant.
15 mins	**Group activity:** Facts about HIV	Conduct exercise 3.1 from facilitators' guide. Divide participants into 5 groups. Hand each group one set of cards (each group should get 1 'Yes' card, 1 'No' card, and 1 'Not sure' card). Project the questions on the screen. Follow the instructions from the facilitators' guide- exercise 3.1.	LCD projector, cards – PPT– exercise 3.1 Exercise 3.1 from facilitators' guide
1 hr	**Illustrated lecture/ Discussion:** Magnitude of HIV What are HIV & AIDS? HIV transmission HIV testing and diagnosis HIV disease progression and clinical staging	Use the presentation 3.1 on HIV and discuss the concepts of Magnitude of HIV, What are HIV & AIDS? HIV transmission, HIV testing and diagnosis, HIV disease progression and clinical staging. Ask the participants to refer to the handouts 3.1, 3.2 & 3.3 in the participants' handbook.	PPT on HIV – session 3.1 Session 3.1 from facilitators' guide Handout 3.1, 3.2, & 3.3 from participants' handbook
15 mins	**Group Activity:** Case scenarios	Project the case scenarios and the questions on the slides. Allow participants 2 minutes to read each case and answer the questions. Discuss each case as a large group as participants share their answers to the related questions. Encourage participants to use handouts 3.2 and 3.3 as references.	Slides with the case scenarios Exercise 3.2 from the facilitators' guide Handout 3.2 & 3.3 from the participants' handbook
30 mins	**Brainstorming:** Role of the ANM in care of patient with HIV	Brainstorm on the role of the ANM in care of patient with HIV. Use presentation 3.2 to reinforce on the points discussed.	Flip charts and markers PPT – session 3.2 Session 3.2 from facilitators' guide

45 mins	**Presentation/Discussion:** Role of ANM in addressing psychological issues Role in patient education and referral	Use presentation 3.3 and discuss the role of the ANM in addressing psychological issues and role in patient education and referral. Initiate discussions using questions such as 'Why is referral important?', 'Why must a nurse develop linkages and network?'' With whom can a nurse develop linkages or network?', 'What skills does a nurse need to develop to be able to effectively network?'	PPT – session 3.3 Session 3.3 and handout 3.4 from facilitators' guide
30 mins	**Illustrated lecture:** Introduction to STIs Link between STI & HIV Common STIs	Use presentation 3.4 to introduce on STIs and describe the link between STIs and HIV.	PPT on STI – session 3.4 Session 3.4 from facilitators' guide

ANM FACULTY TRAINING – INTRODUCTION TO STI, HIV & PPTCT OF HIV			
TIME	TOPIC /ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
Session 38: Week 6: Day 1, Afternoon			
60 mins	**Illustrated lecture:** Syndromic case management	Use presentation 3.5 to provide information on syndromic case management. Use handout 3.6 to elaborate on the history collection of a patient with STI. Annexures 3.1-3.8 from the participants' handbook can be introduced.	PPT – session 3.5 Session 3.5 from facilitators guide Handout 3.6 in the facilitators' guide and participants' handbook
30 mins	**Group Activity:** Syndromic case management	Conduct exercise 3.3. Divide participants into two groups and assign each one of the two cases given below. Ask them to go through the flow charts in the annexure 3.1-3.8. They can take turns in reading the flowcharts and discuss them. Then they have 10 minutes to read the case, discuss the question, and note down their answers. Inform groups to choose one person to read out the case to the class and another one to present their findings. Ask participants to listen closely when the other group presents their case and share any additional points they may have with the large group. Ensure that answers are correct by referring to the appropriate flowchart in the annexures 3.1-3.8	Exercise 3.3 and annexure 3.1 – 3.8 from participants' handbook Exercise 3.3 from facilitators' guide
40 mins	**Illustrated lecture:** Standard precautions and hand hygiene Standard precautions: blood borne pathogens	Use the presentation 3.6 and discuss on the standard precautions. Divide the participants into pairs and ask them to practice hand washing with the help of the checklist in exercise 3.4 Use presentation 3.7 to explain the standard precautions for blood borne pathogens.	PPT– session 3.6-3.7 Session 3.6, 3.7 & handout 3.7 from facilitators' guide Handout 3.7, exercise 3.4 from participants' handbook
10 mins	**Group activity:** Standard precautions: blood borne pathogens	Refer participants in exercise 3.5 in their participants' handbook. Refer to exercise 3.5 in facilitators' guide. Ask them to review the steps for cleaning up a blood spill on the floor. Spread the red substance on the floor. Ask for one volunteer to demonstrate the proper way to clean up a blood spill on the floor. Set all other items on a table for the volunteer to access/use. After the volunteer completes the task, ask participants, "What cleaning items used by staff are likely to contaminate other items in the environment?" Answer: Items frequently causing contamination include utility gloves, buckets, buckets, mops, and rags.	Exercise 3.5 from facilitators' guide Handout 3.5 from participants' handbook
25 mins	**Illustrated lecture/ Discussion:** Post exposure prophylaxis for HIV	Use presentation 3.8 and initiate discussion with the case scenarios. Elaborate on the immediate actions to be taken on occupational exposure and post exposure prophylaxis	PPT – session 3.8 Session 3.8 from facilitators guide
15 mins	**Review of the day's activities and reading assignment**	Involve participants in review and discussion of the topics and activities covered during the day. Ask a participant to volunteer to write the agenda for the next day on a flipchart in preparation for the opening session. Ask one or more of the other participants to plan an opening activity or warm-up for the next day. Inform the participants the topic and pages for reading and the resource material	HIV module for nurses

ANM FACULTY TRAINING – INTRODUCTION TO STI, HIV & PPTCT OF HIV			
TIME	TOPIC /ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
Session 39: Week 6: Day 2, Morning			
15 mins	**Recap** **Agenda and Warm-up**	Ask a volunteer to conduct the recap of the activities conducted in the previous day. Have a warm-up activity to ensure that the participants are ready to learn and you have created a positive learning environment. Recap previous day's learning. Review agenda of the day.	Agenda of the day on a flipchart
30 mins	**Interactive presentation:** Parent to child transmission of HIV	Use the presentation 3.9 on PPTCT and explain on parent to child transmission of HIV. Discuss on the statements regarding HIV transmission during pregnancy in handout 3.8	PPT – session 3.9 Handout 3.8 from participants' handbook Session 3.9 from facilitators' guide
30 mins	**Small group activity:** PPTCT strategies	Conduct the exercise in handout 3.9. Divide participants into 5 groups and assign each group one case. Give groups 5 minutes to discuss and write down main points they would consider in PPTCT of HIV for their particular case. Ask groups to select one representative who will come forward and present their main points to the large group (3-5 minutes). Other groups will be asked to provide feedback to the responses.	Handout 3.9 - Case scenarios from participants' handbook Handout 3.9 from facilitators' guide
45 mins	**Illustrated lecture / discussion:** Primary prevention Secondary PPTCT strategies: during pregnancy, labour and delivery	Use presentations 3.10 and the small group discussion findings to discuss on the primary prevention secondary prevention and ART during pregnancy.	PPT- session 3.10 Case scenarios
45 mins	**Illustrated lecture /discussion:** Secondary PPTCT strategies: during postnatal period and infancy.	Use presentation 3.10 and elaborate on secondary PPTCT strategies during the postnatal period and infancy. Discuss regarding feeding of the baby of a HIV infected mother. Discuss on replacement feeding checklist – handout 3.10 in facilitators' guide	PPT session 3.10 Handout 3.10 from facilitators' guide Handout 3.10 from participants' handbook
60 mins	**Group activity:** ANMs role in PPTCT	Conduct exercise 3.6 from facilitators' guide. Refer to the case scenario in the participants' handbook – exercise 3.6 Allow participants15 minutes to read the case study on their own and prepare their answers. Review the answers to questions as a large group	Exercise 3.6 - Case scenario from participants' handbook
15 mins	**Discussion:** Key points on PPTCT	Initiate discussion by asking questions such as "What are the main points you have learned from the session?", "what are your key responsibilities with regards to patient care?" Summarize the points on a flip chart	Flip chart and markers

ANM FACULTY TRAINING – INTRODUCTION TO STI, HIV & PPTCT OF HIV			
TIME	OBJECTIVES/ACTIVITY	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
Session 40: Week 6: Day 2, Afternoon			
15 mins	**Interactive presentation:** Elements of counseling in HIV	Use presentation 3.11 on elements of counseling and discuss on the various elements with examples	PPT- session 3.11 Session 3.11 from facilitators' guide
60 mins	**Discussion:** Pre and posttest counseling Ongoing counseling	Use the handout 3.11 and presentation 3.12 to discuss on the steps in counseling, pre and post-test counseling and ongoing counseling.	PPT- session 3.12 Session 3.12 from facilitators guide Handout 3.11 - steps in pretest counseling from participants' handbook
60 mins	**Role play and discussion:** Counseling	Conduct the role play exercises – role play 3.2 Divide participants into five small groups of 4 or 5. Assign each group a case. Ask groups to choose one person to play the role of the patient and another, the counselor. Remaining group members will be observers. Allow groups 10 minutes to plan and practice the role play using the guidelines provided under their case. Each group will be given 3 to 5 minutes to perform the role-play for the larger group Lead the discussion based on the instructions given in the facilitators' guide	Role play 3.2 - role play instructions from facilitators' guide Role play 3.2 from participants' handbook
15 mins	**Brainstorming:** Challenges in caring for mothers with HIV	Brainstorm on the challenges met while caring for mothers with HIV. Write the responses on a flip chart and then discuss on them	Flip chart and markers.
15 mins	**Post course knowledge assessment**	Distribute the post course knowledge assessment sheet to each participant. Ask them to answer each question. Allow 10 minutes for completion. Immediately review the correct responses. Have participants grade the papers while the trainer reviews the correct answers with them and collect the papers after reviewing all the answers.	Post course knowledge questionnaire sheets for all the participants.
15 mins	**Review of the day's activities and reading assignment**	Involve participants in review and discussion of the topics and activities covered during the day. Ask a participant to volunteer to write the agenda for the next day on a flipchart in preparation for the opening session. Ask one or more of the other participants to plan an opening activity or warm-up for the next day. Inform the participants the topic and pages for reading and the resource material	SBMR field guide Pg. 1-39

ANM FACULTY TRAINING – INTRODUCTION TO PERFORMANCE STANDARDS AND THEIR IMPLEMENTATION			
TIME	TOPIC /ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
Session 41: Week 6: Day 3, Morning			
15 mins	**Agenda and Warm-up**	Have a warm-up activity to ensure that the participants are ready to learn and you have created a positive learning environment. Review agenda of the day.	Agenda of the day on a flipchart
45 mins	**Illustrated lecture:** Introduction to SBMR Steps in the SBMR process.	Present "Standards-Based Management and Recognition of Health Service Delivery" – SBMR PPT-1 and elaborate on the SBMR process of quality improvement. Respond to participants' question on SBM-R.	Handout 4.1 from participants' handbook SBMR PPT-1
15 mins	**Large group activity:** Identifications of elements in the change process	Conduct exercise 4.1.Present the "Landscape" slide. Ask the large group what they think the landscape says about change. Follow instructions for the exercise 4.1 from the facilitators guide.	Exercise 4.1 from facilitators' guide SBMR PPT-2
15 mins	**Illustrated lecture:** Change management	Use the "Change Management" presentation SBMR PPT-3. Discuss different participants' experiences with change.	Handout 4.2 from participants' handbook SBMR PPT-3
60 mins	**Small group activity:** Develop vision for each facility	Divide into small groups by facility. Ask each group to draw the vision of what they want the facility to be. Ask them to use only drawings, no words. Give the groups 30 minutes to prepare a flipchart with their vision. Each group will have 3–5 minutes to present to the larger group. The facilitator will summarize the presentations by the groups. Tell the groups that their vision can change throughout the process. Keep the flipchart pages from each group for use/review later	Flipchart and markers for each group
45 mins	**Presentation:** Setting the standards Qualities of performance standards	Present "Setting Standards" - SBMR PPT-4 and elaborate on how standards are set. Explain about the process involved in setting up of the standards for ANM pre-service education. Respond to participants' questions on the presentation.	Handout 4.3 from participants handbook SBMR PPT-4
45 mins	**Small group activity:** Performance standards for ANM pre-service education	Divide the participants into 5 small groups and provide each group of different areas/sections of the assessment tool. Each group has 45 mins to review their area or areas of the standards. Each group will comment on format, different areas and standards, and verification criteria and familiarize with the standards. Participants' handbook – performance standards for ANM pre-service education	Performance standards for ANM pre-service education from Participants'' handbook

ANM FACULTY TRAINING – INTRODUCTION TO PERFORMANCE STANDARDS AND THEIR IMPLEMENTATION			
TIME	OBJECTIVES/ACTIVITY	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
Session 42: Week 6: Day 3, Afternoon			
20 mins	**Illustrated lecture:** Implementing the standards Baseline assessment	Present "Implementing Standards: Measurement of Actual Performance" - SBMR PPT-5. Discuss on conducting the baseline assessment. Respond to participants' questions on the presentation.	Handout 4.4 from participants' handbook SBMR PPT-5
60 mins	**Small group activity:** Implementing standards	Set up at least two different stations (one station per facilitator or some participants can help at the stations) for participants to practice observing in a simulated setting. Divide into small groups. Each station will have a master observer (usually, the facilitator or another person who knows the process) and one performer who can be volunteers from the group. Each group will have about 20–30 minutes to observe a "provider" performing tasks from the performance standards. Each person should mark "Y" or "N" or N/O for each verification criterion. Discuss the results and variations in results after each simulation, comparing them with the responses of the master observer. Repeat the exercise with the same group at the same station twice, and then rotate participants through the stations. Try to have different methods of data collection (direct observation, guided interview and/or clinical records review).	Performance standards for ANM pre-service education from participants' handbook Materials to set up the stations
20 mins	**Discussion:** Feedback of the small group activity Challenges in implementing the standards	Discuss the exercise in the large group. What was difficult? What did they like? What did they learn about observing performance? Review and consolidate the results obtained.	Flip chart and markers
20 mins	**Illustrated lecture:** Implementing the standards– scoring of performance standards	Present "Scoring and Summary of Results" - SBMR PPT-6. Elaborate on how to score the standards and take out the summary of the scores Respond to participants' questions on the presentation	Handout 4.5 from participants' handbook. Presentation Graphics, 'Scoring and Summary of SBMR PPT-6
45 mins	**Small group activity:** Scoring of performance standards.	Divide participants into small groups by facility. Distribute copies of the assessment tool and summary form to each group. Instruct them to score and complete the summary sheet for their sample performance standards. All groups have the same sample, so they should find the same results. They have 40 minutes to do this.	One copy of the assessment tool filled out with Y, N, N/O (all areas or selected areas) and the summary form for each group
15 mins	**Activity:** Review of the day's activities. Reading Assignment	Involve participants in review and discussion of the topics and activities covered during the day. Ask a participant to volunteer to write the agenda for the next day on a flipchart in preparation for the opening session. Ask one or more of the other participants to plan an opening activity or warm-up for the next day. Inform the participants the topic and pages for reading and the resource material.	SBMR field guide, pg. 40-58

ANM FACULTY TRAINING – INTRODUCTION TO PERFORMANCE STANDARDS AND THEIR IMPLEMENTATION			
TIME	TOPIC /ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
Session 43: Week 6: Day 4, Morning			
15 mins	**Recap** **Agenda and Warm-up**	Ask a volunteer to do the recap of the previous days activities. Have a warm-up activity to ensure that the participants are ready to learn and you have created a positive learning environment. Review agenda of the day.	Agenda of the day on a flipchart
15 mins	**Illustrated lecture:** Feedback Preparation of operational plan	Present "Feedback and Operational Action Plan."- SBMR PPT – 7. Explain how to give feedback after an assessment of the facility and preparation of an operational plan in the given format so that the gaps can be addressed. Respond to participants' questions on the presentation	handout 4.6 from participants' handbook SBMR PPT-7
45 mins	**Small group activity:** Conducting feedback meetings	Divide participants into three small groups. Give each group a copy of a summary form with baseline results (results can be the same or different). Ask each group to prepare a role play on how to give feedback about the results to the facility staff. The groups will have 20 minutes to prepare the role play and 7 minutes to present. Facilitate the discussion in the larger group after all groups have presented.	Copies of the summary form for each group with baseline results
30 mins	**Illustrated lecture:** Roles of key implementing teams	Present "Key Implementing Teams." - SBMR PPT-8. Brainstorm with participants about who should be part of each key implementing team in their SBM-R process. Help them to identify the important people who can be involved from their facility to successfully implement the process.	Handout 4.7 from participants' handbook SBMR PPT-8
45 mins	**Illustrated lecture:** Different methods for conducting a detailed cause analysis	Present "Cause Analysis" - SBMR PPT-9. Ask the group to identify which cause analysis methods discussed will be most useful for them. Ask questions to ensure a good understanding of the different methodologies. Have a flipchart prepared in advance with concrete examples of the following techniques: - Brainstorming - Fishbone diagram - Flowchart	Handout 4.8 from participants' handbook. SBMR PPT- 9 Flipcharts prepared with examples of selected cause analysis techniques

45 mins	**Group activity:** Application of the methods of cause analysis	Conduct exercise 4.2 from the facilitators' guide. Circulate and provide coaching/ assistance. Ask the participants to present in the large group and discuss.	Exercise – 4.2 from facilitators 'guide. Flipchart and markers for each group
20 mins	**Illustrated lecture:** Selection of interventions	Present "Selection of Interventions." - SBMR PPT-10 Respond to participants' questions. Refer the participants to the SBM-R field guide for more information on types of interventions (table with examples of intervention by cause).	Handout 4.9 from participants' handbook. SBMR PPT-10
25 mins	**Small group activity:** Exercise on selection of interventions	Participants will continue to work in their groups. Based on the cause identified, ask the participants to select one rapid intervention that requires immediate action, one important intervention and technical and administrative resources needed for each intervention.	Flipchart and markers for each group

ANM FACULTY TRAINING – INTRODUCTION TO PERFORMANCE STANDARDS AND THEIR IMPLEMENTATION			
TIME	OBJECTIVES/ACTIVITY	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
Session 44: Week 6: Day 4, Afternoon			
30 mins	**Illustrated lecture:** Team building Operational strategy and planning	Present "Team Building and Operational Strategy and Planning." – SBMR PPT-11. Respond to participants' questions.	Handout 4.10 from participants' handbook SBMR PPT-11
45 mins	**Small group activity:** Expanding the SBMR teams	Divide groups by facility again. Do the "Expanding the SBM-R Teams" Exercise – 4.3 from the facilitators' guide	Exercise 4.3 from facilitators' guide
60 mins	**Presentation and discussion:** Measuring progress Networking and benchmarking	Present "Measuring Progress: Networking and Benchmarking" - SBMR PPT-12. Explain on how the progress of the facility towards achievement of the standards can be identified through the conduction of internal assessments. Respond to participants' questions.	Handout 4.11 from participants' handbook SBMR PPT-12
30 mins	**Presentation and discussion:** Recognize and reward achievements	Present "Recognizing Achievements" SBMR PPT-13 and discuss on the measures that can be taken to motivate the champions and reward the good performers. Respond to participants' questions.	Handout 4.12 from participants' handbook SBMR PPT-13
15 mins	**Review of the day's activities** **Topic allotment for teaching skills evaluation**	Involve participants in review and discussion of the topics and activities covered during the day. Ask a participant to volunteer to write the agenda for the next day on a flipchart in preparation for the opening session. Ask one or more of the other participants to plan an opening activity or warm-up for the next day. Allot topics for the teaching skills evaluation session for the participants and enter in the sign-up sheet. The allotment of the topic can be done in lottery method. Ask the participants to prepare a lesson plan and audio-visual aids for the class.	SBMR field guide pg. 58- 69

ANM FACULTY TRAINING – INTRODUCTION TO PERFORMANCE STANDARDS AND THEIR IMPLEMENTATION			
TIME	TOPIC /ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
Session 45: Week 6: Day 5, Morning			
15 mins	**Recap** **Agenda and Warm-up**	Ask a volunteer to do the recap of the activities done the previous day. Have a warm-up activity to ensure that the participants are ready to learn and you have created a positive learning environment. Review agenda of the day.	Agenda of the day on a flipchart
30 mins	**Illustrated lecture:** Resource mobilization Win-win strategy	Present "Resource Mobilization: A 'Win-Win' Strategy" - SBMR PPT-14and discuss. Provide an opportunity for the group to share ways they have done this successfully, or ideas for how they might successfully do it in the future. Share stories of how it has been done successfully in other places.	Handout 4.13 from participants' handbook SBMR PPT-14
30 mins	**Discussion:** Promotion and Agreement Orienting administration and co- workers	Conduct exercise 4.4 from the facilitators' guide. Divide the participants into three small groups. Ask each group to prepare a role play on how to give feedback on assessment results to the facility. The groups will have 20 minutes to prepare the role play and 7 minutes to present. Facilitate the discussion in the larger group after all groups have presented.	Exercise 4.4 from facilitator's guide.
30 mins	**Group activity and discussion:** Plan for baseline assessment and next steps	In a large group discuss on the baseline assessment, the preparation and the persons to be involved. Agree on the dates of assessment if possible and the external support if necessary.	Flipchart and markers
75 mins	**Computer Lab Activity:** Identify strategies for teaching students the use of evidence-based medicine in life-long learning	Discuss the importance of life-long learning. Arrange for a time that you can use the computer lab for at least two hours. Demonstrate some links to open-access educational materials (several are listed to the right). Ask faculty to select a topic of interest related to any of the subjects addressed during the course and identify 3-5 points or discoveries they identified and the references for each. They will share these with the group the following day.	http://www.mchip.net/resources http://www.widernet.org/egranary/ http://www.hrhresourcecenter.org/tutorial_main http://www.thelancet.com/journals/lancet/issue/current http://apps.who.int/rhl/en/index.html www.internationalmidwives.org www.indiannursingcouncil.org www.whoindia.org www.globalhealthlearning.org
60 mins	**Group activity:** Review of ANM curriculum and incorporation of the teaching aids into it	Divide the participants in groups of 3. Ask the participants to take the INC ANM curriculum and the facilitators' guide and participant's handbook and fit in the materials in them for teaching into the ANM curriculum.	INC ANM curriculum. Participants' handbook Facilitators' guide

ANM FACULTY TRAINING – EVALUATION OF TEACHING SKILLS			
TIME	OBJECTIVES/ACTIVITY	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
Session 46: Week 6: Day 5, Afternoon			
3 hrs	**Evaluation of the teaching skills of the participants**	Allot a time of 30 minutes for the participants to present their topic one after the other. If the group is large, divide into two groups and evaluation can take place in two halls with two facilitators. Evaluation of the skills should be done by the facilitator using the relevant checklist	Copies of teaching skills evaluation checklists
15 mins	**Review of the day's activities**	Involve participants in review and discussion of the topics and activities covered during the day. Ask a participant to volunteer to write the agenda for the next day on a flipchart in preparation for the opening session. Ask one or more of the other participants to plan an opening activity or warm-up for the next day	

ANM FACULTY TRAINING – EVALUATION OF TEACHING SKILLS AND CLOSURE			
TIME	TOPIC /ACTIVITIES	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
Session 47: Week 6: Day 6, Morning			
15 mins	Recap Agenda and Warm-up	Ask a volunteer to do the recap of the Have a warm-up activity to ensure that the participants are ready to learn and you have created a positive learning environment. Review agenda of the day.	Agenda of the day on a flipchart
2 hrs	Evaluation of the teaching skills of the participants	Allot a time of 30 minutes for the participants to present their topic one after the other. If the group is large, divide into two groups and evaluation can take place in two halls with two facilitators. Evaluation of the skills should be done by the facilitator using the relevant checklist.	Fully equipped classroom, copies of effective facilitation skills checklists
30 mins	Post course knowledge assessment	Distribute the post course knowledge assessment sheet to each participant. Ask them to answer each question. Allow 20 minutes for the Post course Knowledge Assessment. Immediately review the correct responses. Have participants grade the papers while the trainer reviews the correct answers with them and collect the papers after reviewing all the answers. Enter the findings in the individual and group knowledge assessment matrix.	Post course knowledge questionnaire sheets for all the participants Annexure 7 from the facilitators' guide – Individual and group knowledge assessment matrix.
1 hr 15 mins	Review individual progress with the trainer	Trainers meet with participants individually to discuss their individual progress.	Clinical log book

ANM FACULTY TRAINING – EVALUATION OF TEACHING SKILLS			
TIME	OBJECTIVES/ACTIVITY	TRAINING/LEARNING METHODS	RESOURCE MATERIALS
Session 48: Week 6: Day 6, Afternoon			
1 hr	Action planning	Each group as per the facility should prepare an action plan based on the course. Refer to the action plan/ next steps format in the participants' handbook.	Participants handbook
15 mins	Course Evaluation	Have participants fill out and submit the course evaluation form.	Copies of course evaluation forms from the participants' handbook
1 hr	Closing and distribution of certificates	Closing remarks by training organizers. Congratulate the participants for the successful completion of the course. Get the participants feedback of the course and the changes that they will implement when they go back to their facility. A valedictory function can be organized inviting special guests. Distribute certificates to participants.	Completed certificates

PRECOURSE KNOWLEDGE ASSESSMENT

HOW THE RESULTS WILL BE USED

The main objective of the pre-course knowledge assessment questionnaire is to assist both the trainer and the participant as they begin their work together in the course by assessing what the participants, individually and as a group, know about the course topics. This allows the trainer to identify topics which may need additional emphasis during the course. Providing the results of the pre-course assessment to the participants enables them to focus on their individual learning needs. In addition, the questions alert participants to the content that will be presented in the course.

The questions are presented in the true-false format. A special form, (Annexure 7 in facilitators' guide) the individual and group assessment matrix, is provided to record the scores of all the participants. Using this form, the trainer and participants can quickly chart the number of correct answers for each of the questions. By examining the data in the matrix, the group members can easily determine their collective strengths and weaknesses and jointly plan with the trainer how to best use the course time to achieve the desired learning objectives.

For the trainer, the questionnaire results will identify particular topics that may need additional emphasis during the learning sessions. Conversely, for those categories where 85% or more of participants answer the questions correctly, the trainer may elect to use some of the allotted time for other purposes.

PRE-COURSE KNOWLEDGE ASSESSMENT QUESTIONNAIRE

Instructions: In the space provided, write a capital "T" if the statement is true or a capital "F" if the statement is false.

Effective Teaching Skills	
1. Competency based training is based on learning by doing rather than learning by acquiring new information.	
2. Moving about the room while facilitation is not good as it distracts the students.	
3. A clinical simulation helps in developing a good attitude than gaining good clinical skills.	
4. The first step in the clinical decision making process is to diagnose	
Management of Shock: Rapid Initial Assessment	
5. Rapid initial assessment should be carried out on all women of childbearing age who present with a problem.	
6. A woman who suffers shock as a result of an obstetric emergency may have a fast, weak pulse	
7. An atonic uterus is a common cause of immediate postpartum hemorrhage.	
Bleeding during Pregnancy and Labor	
8. The presenting symptoms for threatened abortion include light vaginal bleeding, closed cervix and uterus that correspond to dates.	
9. Assessment of a woman who presents with vaginal bleeding after 22 weeks of pregnancy should be limited to only abdominal examination and NO vaginal examination.	

10. Abruptio placentae is the detachment of a normally located placenta from the uterus before the fetus is delivered	
Bleeding after Childbirth	
11. Postpartum hemorrhage is defined as sudden bleeding after childbirth.	
12. Continuous slow bleeding or sudden bleeding after childbirth requires early and aggressive intervention.	
13. Absent fetal movements and fetal heart sounds, together with intra-abdominal and/or vaginal bleeding and severe abdominal pain, suggest ruptured uterus.	
Management of Third Stage of Labor	
14. Active management of the third stage of labor should be practiced only on women who have a history of postpartum hemorrhage.	
15. If a retained placenta is undelivered after 30 minutes of oxytocin administration and controlled cord traction and the uterus is contracted, controlled cord traction and fundal pressure should be attempted.	
16. Administering Tab. Misoprostol 600 mcg orally is the only step in active management of third stage of labor.	
Complications during pregnancy	
17. Hypertension in pregnancy can be associated with protein in the urine.	
18. The presenting signs and symptoms of eclampsia include convulsions, diastolic blood pressure of 90 mm Hg or more after 20 weeks gestation and proteinuria of 2+ or more.	
19. A pregnant woman who is convulsing should be protected from injury by moving objects away from her.	
20. The management of mild pre-eclampsia should include sedatives and tranquilizers.	
21. The drug of choice for preventing and treating convulsions in severe pre-eclampsia and eclampsia is diazepam.	
Partograph	
22. Cervical dilatation plotted to the right of the alert line on the partograph indicates unsatisfactory progress of labor.	
Normal Labor and Childbirth	
23. Relief measures for abdominal (or groin) pain during labor include having the women change position frequently.	
24. Vaginal examination should be conducted during labor at the initial assessment and then every 4 hours, unless otherwise indicated.	
25. A head that is felt in the flank on abdominal examination indicates a shoulder presentation or transverse lie.	
26. When the fetal head is well flexed with occiput anterior or occiput transverse (in early labor), normal childbirth should be anticipated.	
27. Examination of the vagina and perineum after delivery should be conducted only if the woman has excessive bleeding	
28. If the active phase of labor is prolonged, delivery should be a cesarean section.	
29. Breast pain and tenderness 3 to 5 days after childbirth is usually due to breast engorgement.	
Newborn Care	
30. When using a bag and mask to resuscitate a newborn, the newborn's neck must be slightly extended to open the airway.	
31. A baby should be exclusively breastfed for 3 months and then should begin receiving complimentary foods in addition to breast milk	

32. The newborn loses heat if the skin of the baby comes in contact with cold surfaces or is exposed to cold air	
Infection Prevention	
33. Infection can be transmitted from clients to health care workers through splashes in the health care worker's eye of contaminated blood or body fluids.	
34. Hands do not need to be washed before putting on examination gloves.	
STI, HIV and PPTCT of HIV	
35. STIs including HIV are more easily transmitted from men to women than from women to men.	
36. Pregnancy makes HIV disease worse	
37. If a woman is HIV positive, all her babies would be HIV positive as they share the same blood	
Family planning	
38. For health reasons the woman should wait for at least 1 year after delivering a baby before becoming pregnant again.	
39. Oral contraceptives offer some protection from ovarian and endometrial cancer	
40. Copper bearing IUCDs prevent pregnancy by preventing the sperm and ovum from meeting	

Pre-course knowledge assessment – Answer keys

Effective teaching Skills	
1.	TRUE
2.	FALSE
3.	FALSE
4.	FALSE
Management of Shock: Rapid Initial Assessment	
5.	TRUE
6.	TRUE
7.	TRUE
Bleeding during Pregnancy and Labor	
8.	TRUE
9.	TRUE
10.	TRUE
Bleeding after Childbirth	
11.	FALSE
12.	TRUE
13.	TRUE
Management of Third Stage of Labor	
14.	FALSE
15.	FALSE
16.	FALSE
Headaches, Blurred Vision, Convulsions, Loss of Consciousness or Elevated Blood Pressure	
17.	TRUE
18.	TRUE
19.	TRUE
20.	FALSE
21.	FALSE
Partograph	
22.	TRUE
Normal Labor and Childbirth	
23.	TRUE
24.	TRUE
25.	TRUE
26.	TRUE
27.	FALSE
28.	TRUE

29.	TRUE
Newborn Care	
30.	TRUE
31.	FALSE
32.	TRUE
Infection Prevention	
33.	TRUE
34.	FALSE
STI, HIV and PPTCT of HIV	
35.	TRUE
36.	FALSE
37.	FALSE
Family planning	
38.	FALSE
39.	TRUE
40.	TRUE

CLINICAL EXPERIENCE QUESTIONNAIRE AND PERSONAL LEARNING PLAN

Name: _____ **Date:**_____

Instructions: Review the list of skills, below, and please answer the questions honestly. This will help you and the course facilitators in addressing your learning needs.

CLINICAL EXPERIENCE QUESTIONNAIRE		
	DO YOU FEEL CONFIDENT AND COMPETENT IN THIS SKILL?	WHEN DID YOU LAST INDEPENDENTLY PERFORM THIS SKILL ON A CLIENT?
ANTENATAL CARE		
Antenatal care, identifying risk factors		
LABOR AND CHILDBIRTH CARE		
Initial assessment in labor		
Use of the partograph		
Ongoing assessment and care throughout labor		
Clean and safe childbirth, including active management of the third stage of labor and examination of placenta and birth canal		
Management of preeclampsia/ eclampsia		
Management of Post-partum Hemorrhage		
Episiotomy and repair		
POSTPARTUM CARE		
Postpartum history taking and examination		
Postpartum care, including breastfeeding support		
Management of vaginal bleeding after childbirth		
Bimanual compression of the uterus		
Fever after childbirth		
Inspection and repair of perineal and vaginal tears		
Family planning counseling and assessment		
NEWBORN CARE		
Immediate newborn care, including warmth, cord care, and breastfeeding		
Newborn resuscitation		
Newborn examination		
OTHER		
Inserting IUCDs		
Using IMNCI chart booklet to diagnose and treat newborns		N/A
Implementing PPTCT of HIV program		N/A
Teaching clinical-decision making skills		
Demonstrating hands-on procedural skills		

Review the list of skills and determine the five priority areas in which you wish to improve your knowledge and/or skills.

The **five priority** areas for my learning plan are:

1. _____

2. _____

3. _____

4. _____

5. _____

EXERCISES
AND
ANSWER KEYS

SECTION I

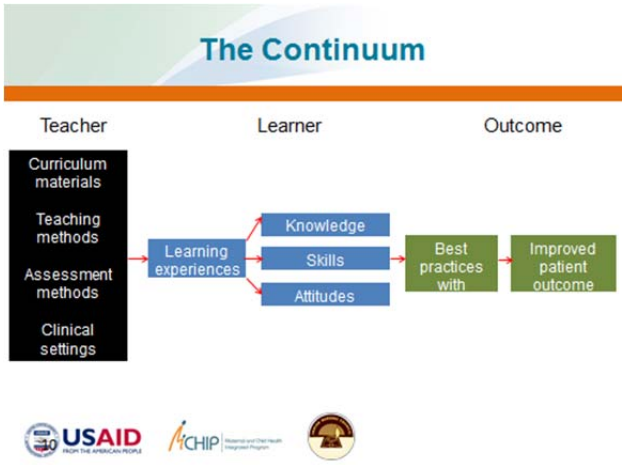
EFFECTIVE TEACHING SKILLS AND PROFESSIONAL RESPONSIBILITIES

PRESENTATION 1.1: FOUNDATIONS OF EDUCATING HEALTHCARE PROVIDERS

Slide 1	Foundations of Educating Healthcare Providers USAID 4CHIP	
Slide 2	Objectives • Describe the guiding principles of educating healthcare providers • Define core competencies and their role in curriculum development and design USAID 4CHIP	
Slide 3	Educational Guiding Principles Students Education improves clinical service Curriculum Health services communities Clinical service improves education USAID 4CHIP	The education of healthcare providers must: ▪ Address the priority health needs and problems within a society ▪ Identify national policies, guidelines, and standards that are relevant to those needs and problems, and ▪ Define the expected role of healthcare providers There should be consistency between the curriculum goals, the health services and communities and students. Education and clinical services should support and inform each other.

Slide 4	**Provider Roles** • Caregivers • Decision-makers • Communicators • Community leaders • Managers USAID FROM THE AMERICAN PEOPLE iCHIP	Health care providers serve in many roles Health professional career: ▪ Begins with undergraduate education ▪ Continues throughout professional practice ▪ Includes in-service training and/or continuing education ▪ Providers should be life-long learners
Slide 5	**Academic Program** • Courses designed to support overall program goals and desired core competencies • Core competencies reflect national health priorities, professional job responsibilities, community needs USAID FROM THE AMERICAN PEOPLE iCHIP	Refer to figure 1-2 on page 1-6 A series of courses that have both theoretical and practical components and are designed to prepare students as a specific category of healthcare provider. Core competencies are: Aspects of a subject or discipline that are common to all students, essential to practice, and essential to master in order to graduate from an academic program and enter into practice. Each core competency for an academic program may include cognitive (knowledge), psychomotor (skills) and affective (values and behaviors) domains.
Slide 6	**Sample Core Competencies** – Competency #2: Midwives provide high quality, culturally sensitive health education and services to all in the community in order to promote healthy family life, planned pregnancies and positive parenting. International Confederation of Midwives, 2011 USAID FROM THE AMERICAN PEOPLE iCHIP	Example One: Note that there is knowledge, skill and behavioral components. This is an International example. Note that competencies are very high-level and general…not detailed or specific.

Slide 7	**Sample Core Competencies** • Assumes responsibility for life-long learning and continuing competence, WHPA 2007 • The primary health-care team member/s provide high-quality sexually transmitted infection and reproductive tract infection care, WHO, Sexual and Reproductive Health, 2011 USAID 4CHIP	As '' from WHPA publication in 2007 on health consultant competencies or 'the primary health-care team member/s provide high-quality sexually transmitted infection and reproductive tract infection care' from WHO SRH competencies from 2011 or 'Apply the principles of the cellular and molecular basis of immune and nonimmune host defence mechanisms in health and disease to determine the etiology of disease, identify preventive measures, and predict response to therapies' from AAMC in 2009.
Slide 8	COMPETENCY Competent: Prepared to provide safe beginning level services A combination of tasks or responsibility USAID 4CHIP	We use the term 'competency' with different definitions *Animation one: an ability:* We often use the word "competent" as a description of ability. 'we train them to competency', or 'you will become **competent** before you become proficient' *Animation two:* we also use the tem "competency" to describe a set of job-related tasks. A "Competency" is something required to perform successfully in your job. *Animation three: Competencies* consist of a unique blend of knowledge, skills and attitudes. Knowledge, skills and attitudes are referred to as competency **domains**. To be specific, think about it like this-every competency requires certain skills (psychomotor, clinical decision making, and communication skills), the **knowledge** needed to perform those skills and the appropriate **attitudes** to provide quality services.
Slide 9	**Core Competencies Define Education** Desired outcomes (students will be able to...) → Content → Teaching Learning → Assessment → Evaluation Outcomes based curriculum (defining a curriculum "backwards" – that is, from the starting point of desired outcomes) USAID 4CHIP	Core competencies are defined by asking key questions: What is the job description for the position the student may hold after graduation? What knowledge, skills, and attitudes are experienced health professionals in that cadre applying in the workplace? What are the licensing requirements in the related field?

Slide 10		There is a continuum, or consistency between the curriculum and teaching and assessment methods The learning experiences used to help the learner master the new content, Resulting in best practices and better patient outcomes.
Slide 11		Refer to figure 1-2 on page 1-6 Keep the learning environment is realistic, relevant, and one of trust, mutual respect, relative calm, helpfulness, freedom of expression, and acceptance of different opinions and approaches.
Slide 12		.

ACTIVITIES

ACTIVITY 1.1: FOUNDATIONS OF EDUCATION ACTIVITY

- Prepare 5–10 flip charts around the room, each labeled competency
- Lead the large group in a brainstorming activity aimed at identifying the core competencies that graduates of their programs need to achieve in order to be safe, beginning-level providers. You can also use identified core competencies that relate to the technical content if they exist
- If existing core competencies are available, i.e. ICM core competencies for midwifery, attempt to reconcile it with the results of the brainstorming session
- Label the flip charts with the consensus list of target competencies
- Give each learner 10 small Post-it notes, instructing them to place them on the competencies that they believe require the greatest attention in the curriculum. (Note that they can distribute their notes equally between competencies or place all ten on one competency)

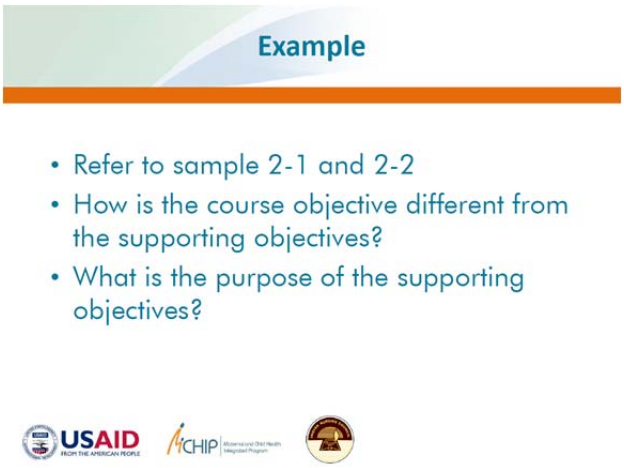
Allow about 20 minutes for this.

Discuss the distribution of the notes while counting and removing the flip chart paper; write the number of votes for each competency on the flip chart with a marker.

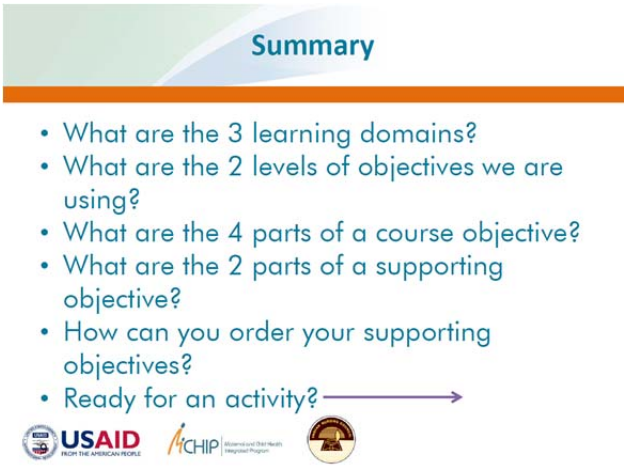
- Which competencies deserve the most attention?
- Why? Because of their complexity, difficulty to learn, distribution of knowledge, skills and attitudes
- Emphasize the importance of focussing on these competencies while teaching the ANM students

PRESENTATION 1.2: DEVELOP OBJECTIVES FOR LEARNING

Slide 1	Develop Objectives for Learning	
Slide 2	**Introduction** • What are learning objectives? • Have you ever written objectives? • Easy to write? • Look at Figure 2-1	Review Figure 2-1 in the Effective Teaching manual: How Objectives Guide Teaching
Slide 3	**Objectives** • Identify the knowledge, skills, and attitudes to be learned in your course • Write course objectives • Write supporting objectives	

Slide 4		Who is familiar w/ learning domains? Knowledge = what we know & is also known as the cognitive learning domain Skills = what we do or perform & is also known as the psychomotor learning domain Attitudes = how we feel about what we know and do & is also known as the affective learning domain. Every competency consists of either skills (psychomotor, communication, clinical decision making), knowledge (ability to analyze and make decisions), and attitudes (personal feelings). Note: attitudes are important to address, especially related to professional behavior and social accountability. They are often addressed by speaking to the desired **behaviors**, often observed during clinical skill performance.
Slide 5		Sample 2-1 is on page 2-9 of the Effective Teaching manual Sample 2-2 is on page 2-10 of the Effective Teaching manual Course objective (s) —also known as a main objective, primary objective, or course aim—describe in clear, measurable terms what students should know and be able to do after completing the entire course. A course may have one or several course objectives. Course objectives should directly support one or more of the core competencies for the overall academic program. Supporting objectives (also known as a secondary, specific, instructional, or enabling objective) support the main objective by describing the specific knowledge, skills, and attitudes that students must master to achieve the main objective.

Slide 6	**Sample Course Objective** • After completing this course, the student will assess, classify, and treat a sick child in an effective and integrated manner. • *Refer to action verbs in table 2-1*	Table 2-1 is on page 2-7 of the Effective Teaching manual. Course objectives relate directly to the core competencies required for an academic program. A course objective is fairly broad and may encompass knowledge, skill, and attitude components. Identify the: **When** to demonstrate the knowledge or perform the skill (After completing this course). **Who** will demonstrate competency (the student). **What** will be demonstrated (action verbs—assist, administer, insert). May also include **how well** or to what standard it must be demonstrated
Slide 7	**Supporting Objective Examples** • Label a diagram with the organs of the male and female reproductive systems • List the signs of correct positioning and attachment for breastfeeding • Describe how to counsel an adolescent about STIs • Demonstrate how to put a condom on a penis model • Identify the signs and symptoms for each severe classification in the Integrated Management of Childhood Illness (IMCI) clinical guidelines	Note each one includes: the **what** as an action verb, and the object of that action: ▪ **Label** a diagram with the organs of the male and female reproductive systems ▪ **List** the signs of correct positioning and attachment for breastfeeding ▪ **Describe** how to **counsel** an adolescent about STIs ▪ **Demonstrate** how to **put** a condom on a penis model ▪ **Identify** the signs and symptoms for each severe classification in the Integrated Management of Childhood Illness (IMCI) clinical guidelines
Slide 8	**Organize Supporting Objectives** • Simple to complex • Performance order • Related objectives • Look at Samples 2-1 and 2-2	Simple to complex – begin with simple objectives and move on to more complex Performance order – place the learning objectives in the order in which the skills would be performed on the job Related objectives – combine related objectives so that the information given builds on the previous sessions Sample 2-1 is on page 2-9 of the Effective Teaching manual Sample 2-2 is on page 2-10 of the Effective Teaching manual

Slide 9		
		3 learning domains: knowledge, attitude, skills 2 levels of objectives: main (course) objective & supporting (secondary) objective 4 parts of a course objective: when to demonstrate the knowledge or perform the skill, who will demonstrate competency, what will be demonstrated, and evaluation criterion (how well the performance must be demonstrated) 2 parts of a supporting objective: specific action to be taken & object of the action How to order supporting objectives: remember that the order of the objectives will be similar to the order that you use to teach the content during your course. Simple to complex, performance order, and related objectives should all be considered.

ACTIVITY 1.2: CRITIQUE OF LEARNING ACTIVITIES

- Divide the trainees into small groups
- Provide them with sample objectives
- Ask them to critique on the objectives and improve on them
- Each group has 30 minutes to work on
- A representative from each group can present the findings of the group in the large group

Sample course objectives

On completion of the course the student will be able to:

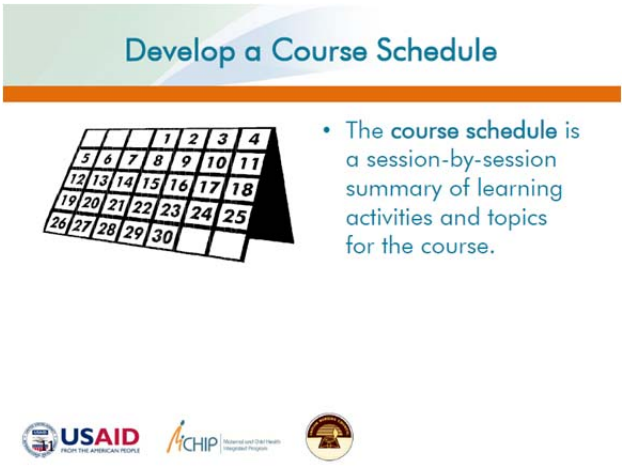
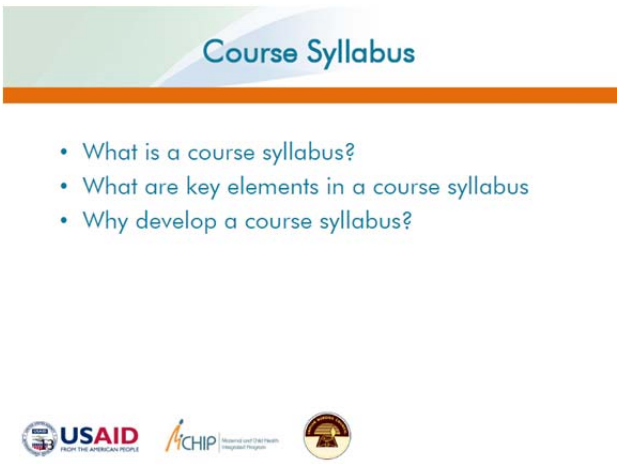
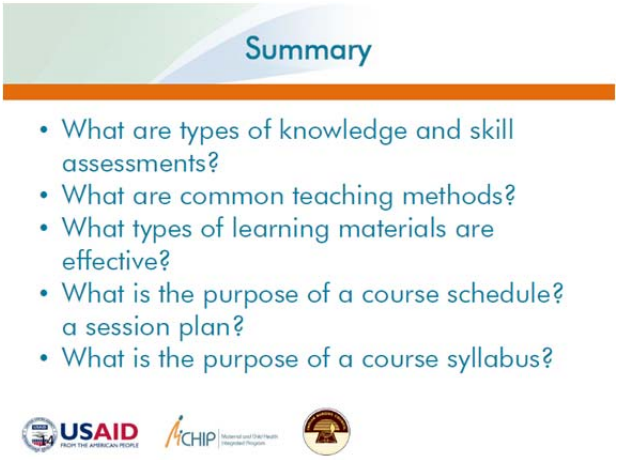
1. Describe the male and female reproductive organs
2. Explain the process of conception and foetal development
3. Describe the female pelvis and the muscles involved in delivery of the fetus
4. Conduct normal delivery and provide care to the newborn
5. Provide need based counseling to the mother and to her family during antenatal, intra natal and post natal period at home and hospital
6. Provide need based counseling to the mother and to her family during the antenatal, intranatal and postnatal period
7. Resuscitate the high risk newborn baby
8. Identify highrisk pregnancies and refer them immediately for safe motherhood
9. Identify deviation from normal labour in time and take necessary action
10. Provide adequate care identifying normal puerperium
11. Administer the drugs as per the protocol
12. Educate community for improving quality of life of the family
13. Provide care and guidance to women with reproductive health problems
14. Participate in reproductive health and family welfare programs

- The objectives in the ANM curriculum can be used for critiquing on the objective exercise (instead of the sample objectives given)

PRESENTATION 1.3: PLAN FOR TEACHING

Slide 1	Plan for Teaching	Effective teaching requires careful planning. As a teacher, you may be responsible for planning or adapting entire courses, or parts of courses. Plan carefully for teaching by developing a course syllabus, planning for student assessment, selecting teaching methods, identifying learning materials, and developing a course schedule.
Slide 2	Objectives • Indicate teaching methods relevant to course objectives • Describe learning materials used to meet course objectives • Describe the steps in developing a session plan • Develop a course syllabus	
Slide 3	Teaching Methods • Brainstorming • Case Study • Clinical Simulation • Demonstration • Discussion • Facilitated Practice • Game • Guest Speaker • Individual or Group Tutorial • Interactive Presentation • Panel Discussion • Role Play • Study Trip	Ask the participants what type of teaching methods they currently use. Have a participant write down the responses on a flip chart. Do not reveal the slide responses until discussed. When reviewing the methods, consider the following questions: ▪ Are the resources that this method requires available? ▪ Are special facilities required? ▪ What is the projected size of the class? ▪ Is a special room arrangement needed for this method?

Slide 4	**Importance of Practice** • Students need opportunities to practice or apply new knowledge, skills, and attitudes. • Practice activities have two essential features: practice and feedback. • Practice and feedback will also help students to develop appropriate attitudes. USAID 4CHIP	Throughout the course, schedule practice activities including reading, homework, or other assignments to help students apply new knowledge, skills, and attitudes. Practice opportunities can occur individually or in groups.
Slide 5	**Selecting Learning Materials** • Appropriate to the learning objective(s) • Up-to-date, unbiased, factual, consistent, and technically correct • Feasible (i.e. will visual aids work with the equipment that is already available?) • Relevant and culturally appropriate • At the appropriate reading level • Affordable USAID 4CHIP	Learning is more effective when a variety of appropriate materials are used. Ensure the materials are:
Slide 6	**Types of Materials** • Handouts (worksheets, notes) • Printed materials (textbooks, manuals, job aids, workbooks, exercises, checklists, schedule books) • Visual aids (videotapes, audiotapes, flipcharts) • Computer-based materials (CD-ROMs) USAID 4CHIP	Some materials are more effective for teaching and learning concepts and principles, while others are more effective for demonstrating and practicing skills. It is important to have a variety of learning materials to meet the learning needs of different students.

Slide 7		The course schedule is a session-by-session summary of learning activities and topics for the course. It should include the dates of the course sessions, as well as due dates for assignments, details on planned activities, and times scheduled for practice, activities, and tests. Refer to Sample 3-1 on pages 3-27 to 3-30 and sample 3-2 on pages 3-31 to 3-34 in the reference manual
Slide 8		The syllabus is a CONTRACT between you and the students Refer to the INC, ANM syllabus here
Slide 9		Knowledge assessment methods include quizzes, written exercises, project reports. Skill assessment methods include direct observation, logbooks, structured practical examinations Common teaching methods include brainstorming, case studies, facilitated practice, games, guest speakers, etc. Effective learning materials include handouts, visual aids, computer-based materials, textbooks, etc. The course schedule allows students to see the sequence of course and clinical activities. A session plan provides detailed information for the portion of a course. A course syllabus is the design document for a course, providing all of the basic information about a course.

ACTIVITY 1.3: PREPARE FOR TEACHING ACTIVITY

Instructions

- Divide the group into groups of four. Assign each group one of these topics to discuss and present upon. They have 45 minutes to work, and each group will have about 10 minutes to present. List 10 points regarding how they will prepare for teaching the various skills using the various methods of teaching

- Group 1: Describe how to demonstrate family planning counseling for your students. How will you prepare for this teaching activity?

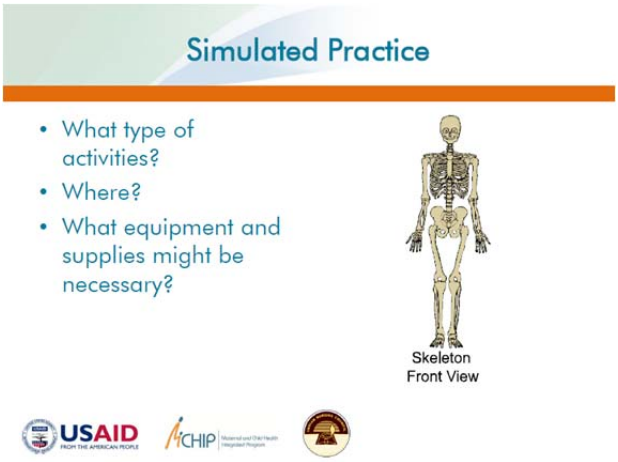
- Group 2: Describe how to teach the students on CuT insertion. How will you prepare for teaching this?

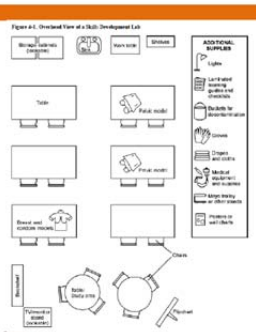
- Group 3: Describe how to teach the students on managing postpartum hemorrhage. How will you prepare yourself for this teaching activity

- Group 4: Describe on teaching your students to manage normal labour. How will you prepare yourself for this teaching activity?

PRESENTATION 1.4: PREPARE THE TEACHING ENVIRONMENT

Slide 1	Prepare the Teaching Environment	In addition to planning for your course, you will need to prepare the classroom and clinical teaching environment. You must be well prepared for the theoretical and practical aspects of teaching to ensure that students have adequate opportunities to learn theory and apply knowledge, skills, and attitudes in the classroom, practice skills in a simulated environment, and work with appropriate patients in clinical practice sessions.
Slide 2	Objectives • Review preparation of the classroom environment • Prepare for practice in a simulated environment • Review site selection for clinical practice • Review preparation of the clinical practice environment	
Slide 3	Introduction 	Ask the participants to describe the **worst** teaching environment they have ever experienced & why. Ask the participants to describe the **best** and why.

Slide 4		The classroom should provide a good environment for learning. Indicate to participants that for 20–25 trainees there should be 60–80 m^2 of floor area, appropriately shaped (square). Ideally, there should be space for students to work in small groups (if applicable) Ask participants what materials should be available in the teaching/learning space to ensure learning: ▪ There should be some form of writing board, flipchart stand, and ideally a screen for a projector ▪ If there is a projector, there should be means for darkening the room without stopping ventilation ▪ Ideally the furniture should include moveable desks and chairs so that the participants can: Face each other during discussion or Face the screen/writing board when material is presented there
Slide 5		1) Ask the participants for examples of simulated practice activities. Examples: Practice counseling during role plays; Learn to perform a pelvic examination using an anatomic model; Practice counting breathing rate using videos of children with acute respiratory infections; Practice assessing maternal nutrition using simulated patients 2) Ask participants where simulation can take place. Examples: in the classroom (supplies ready, room set up); in a skills development lab or clinical skills center; and at the clinical practice site (take supplies and equipment, practice with feedback, good when caseload is low). 3) Ask participants the types of equipment used for simulated practice. Examples: Anatomic models; Learning materials (manuals, books, checklists, charts, exercises, etc.); Physical supplies (chairs, tables, AV equipment, flipchart with markers, etc.); and/or Medical supplies (gloves, instruments, drapes, IP supplies, etc.)

Slide 6	**Skills Development Lab (SDL)** • Administrative support – introduction and management of the lab • Dedicated, secure, appropriate space • Relevant equipment and supplies  USAID FROM THE AMERICAN PEOPLE · MCHIP Maternal and Child Health Integrated Program	Emphasize that a room with lighting and space for students to work is required. Skills development lab refers to a simulated practice environment. Planning a SDL requires time, resources, and commitment. Review the points from the reference: Meet with administrative staff and reach consensus on establishing the SDL and how the SDL will be managed. Set up a small working group of "champions." Gather the group to achieve consensus regarding physical location and setup, supply management, faculty orientation to the SDL, SDL hours, and staffing
Slide 7	**Key SDL Management Points** • Ensure adequate staffing • Post SDL schedules • Delegate one individual to be responsible for keeping keys • Ensure all faculty are engaged in use of the SDL • Maintain supplies, resources, and equipment USAID FROM THE AMERICAN PEOPLE · MCHIP Maternal and Child Health Integrated Program	
Slide 8	**Clinical Practice Site Characteristics** **Physical environment** • Site accessibility • Technical standards • Space **Patients** • Volume • Flow • Appropriate to competencies being evaluated USAID FROM THE AMERICAN PEOPLE · MCHIP Maternal and Child Health Integrated Program	Ask participants: ▪ With whom do you need to coordinate clinical practice? ▪ Is the environment consistent with the skills being taught? ▪ Is there adequate space for the number of students? ▪ Is the site easily accessible for students and tutors? ▪ Is practice scheduled at a time when patients are available and that is convenient for clinical staff? ▪ Are there enough patients? Are they appropriate? Will you need to schedule to see patients?

Slide 9	**Clinical Practice Site Characteristics** **Clinical staff** • Adequate ratio • Receptive • Competency in preceptorship 	Ask participants: ▪ Is the staff receptive to supervising students? ▪ Do they know how to demonstrate procedures, supervise, and provide feedback to students?
Slide 10	**Summary** • What kinds of simulated and clinical practice experiences will you need to implement your curriculum? • What are the key elements required to introduce and manage a skills lab? • What are the key elements in selecting and preparing the clinical practice environment?	

ACTIVITY 1.4: EFFECTIVE FACILITATION SKILLS REVIEW

Instructions

Use a game or pose these questions to the large group. Reinforce key information after each question.

Game: Divide participants into three teams. Ask each team to decide on a team name. Give them 10 minutes to review Module 6 to prepare for the exercise.

Explain the rules for the exercise. You will ask 10 questions. Whoever thinks they can answer the question, claps (alternatively they can line up and 'grab' a marker or object). The first person to clap (or catch the marker or object) gets the first chance to answer the question. Five points are awarded to the team for the correct answer. If the team is not able to answer or if their answer is wrong, the question will pass to the next team. If this team answers correctly, they receive 3 points. If this team is not able to answer correctly, the question will pass to the third team. If this team answers correctly, they receive 1 point. Limit the activity to about 15-30 minutes.

1. Remember the basic facilitation process used for any activity from the Effective Facilitation Skills Module? Describe it:
   Answer should be similar to these steps: Introduce the activity, facilitate using questions, feedback, and audiovisual aids and summarize. All of this is based on a foundation of planning and organization.

2. What do you think is the most important part of INTRODUCING an activity?
   Answer:
   - Review the learning objectives-make sure the learner knows the expected outcome of the activity

3. These are basic tips that apply when using audiovisual aids, what are three of them?
   Answer can include any of these:
   - Make sure aids are visible
   - Make sure aids are easy to read and not crowded
   - Underline or emphasize important info
   - Prepare complicated materials before hand
   - Always face the learners
   - Always check equipment ahead of time before hand

4. There are many effective facilitation skills you can use when lecturing students or facilitating small group practice-list 5 of them.
   Answer can include any of these:
   - Project your voice
   - Maintain energy and enthusiasm
   - Communicate effectively
   - Use learners names
   - Provide feedback
   - Model behavior
   - Respect time limits
   - Ensure clear transitions

5. What is the most important thing to remember when providing feedback during learning?
   Answer should include something about feedback being specific. Whether it's positive feedback or suggestions for improvement-feedback is only as useful as it is specific.

6. There are many uses of questions or questioning during learning activities. As a teacher, what do you think are 3 important uses of questions when facilitating learning activities?
   Answer can include any of these. While all may be listed, the first three are the more critical uses of questions.
   - Assess learner understanding
   - Help learners analyze information or apply to situations
   - Evaluate the effectiveness of the learning activity
   - Engage your learners
   - Increase learner participation
   - Respond to learners needs at a variety of stages (help master basic knowledge, then move to more complex understanding and comprehension)

7. Here are two sample presentations. Which of them do you think is more effective and why?

   Teacher A is presenting on anatomy and physiology. She uses diagrams in a text book as audiovisual aids. She doesn't use transparencies or a presented presentation. She asks checking questions to help learners apply the information during a discussion of voluntary surgical contraception.

   Teacher B is presenting on family planning counseling. She uses well created transparencies to outline the key steps involved in counseling. She involves students by asking them to read different parts of the presentation.

   Answer: Teacher A's presentation is more effective. While she doesn't use transparencies, she uses a more appropriate visual aid for detailed diagrams-a textbook. She also uses questions effectively-to help students learn.

   Teacher B is using a presentation to teach about a skill-using demonstration would be a more effective learning activity for this objective. Also, asking students to read transparencies is not an effective way to transfer information or check understanding.

8. What is one way a discussion is different from a brainstorming session?

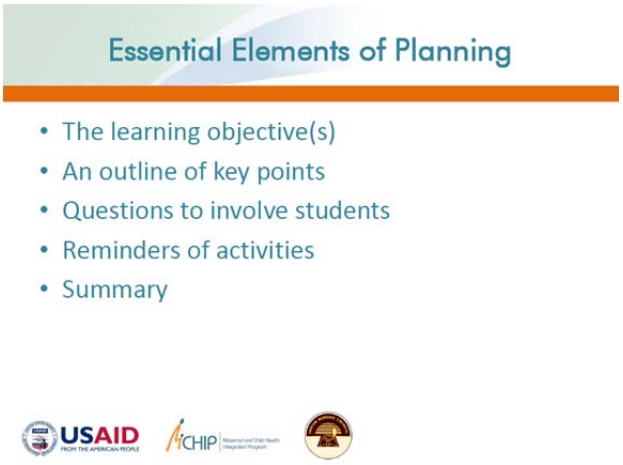
   Answer: Discussion is an opportunity for a group to discuss an issue, whereas brainstorming focuses on generating ideas but not discussing them at that time.

9. You have just done a demonstration of a psychomotor skill. List two important points about effective summaries to remember when summarizing this learning activity.

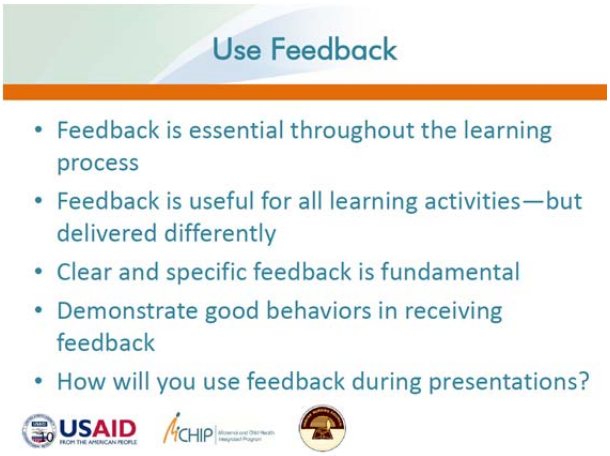
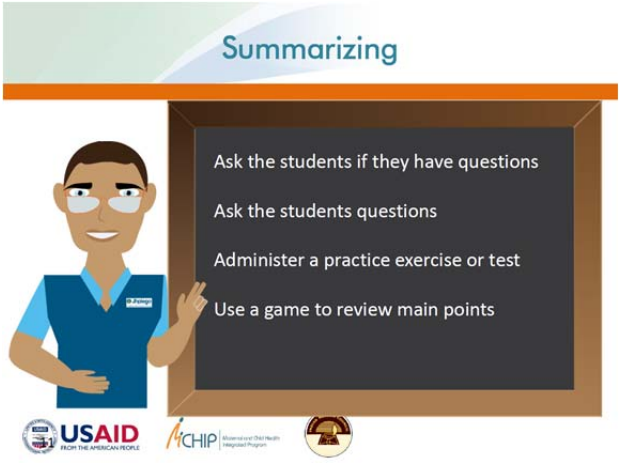
   Answer can include: Effective summaries should: reinforce understanding and review main points. The summary should also relate the content to other activities or topics and provide a clear transition.

PRESENTATION 1.5: PREPARE AND DELIVER INTERACTIVE PRESENTATIONS

Slide 1	Prepare and Deliver Interactive Presentations USAID iCHIP	Delivering information through an effective interactive presentation can be one of a teacher's most exciting and rewarding experiences. Please note that modules five and six in the Effective Teaching manual are covered in this presentation.
Slide 2	Introduction Brainstorming: • Worst teaching presentation you ever attended? • The best? USAID iCHIP	Review with the participants the best presentation they gave or attended and contrast with the worst presentation. Discuss why they considered presentations good or bad.
Slide 3	Objectives • Plan a presentation • Introduce a presentation • Describe how to prepare and use a variety of visual aids, i.e. flipchart, powerpoint, video, etc. • Use effective presentation skills • Use questioning techniques during a presentation • Summarize a presentation USAID iCHIP	This module focuses on introducing, planning, delivering, and summarizing interactive presentations.

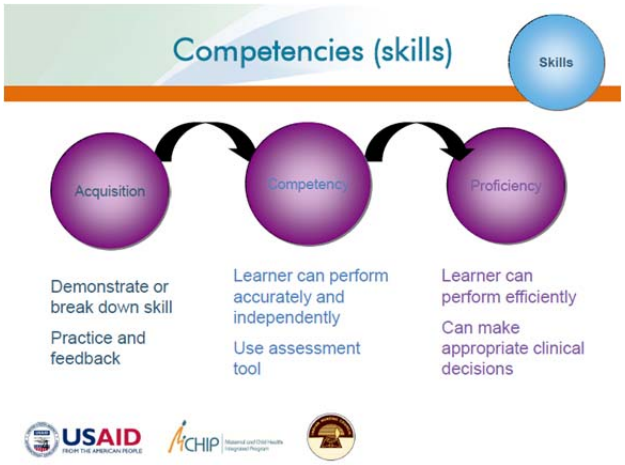
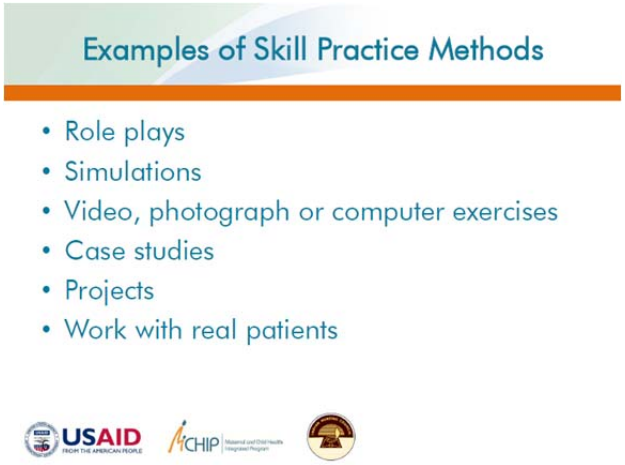
Slide 4		Discuss the use of the 5 items for developing a presentation plan: ▪ The learning objective = what students should know and be able to do after the presentation ▪ An outline of key points ▪ Key questions to engage students ▪ Reminders of activities during the presentation, i.e. use of visual aids or group learning activities ▪ Summary with questions, comments or activities
Slide 5		In addition to applying the basic facilitation skills, there is a basic process for all the learning activities you will conduct. It is is based on a foundation of good planning and organization. ▪ Introduction of the activity in a way that generates interest. Review the objective(s) of that learning activity ▪ Conduct, or facilitate the learning activity using questioning, audiovisuals aids, feedback, etc. ▪ Summarize effectively and creatively
Slide 6		▪ First step in the process of is providing a good introduction. The first few minutes are critical in stimulating student interest and providing clear information ▪ Every learning activity has an objective(s) and expected learning outcomes. The introduction is to ensure learners know the learning objectives ▪ **ALL** learning activities should be introduced

Slide 7	**Effective Facilitation** • Follow an outline • Communicate clearly • Display enthusiasm about everything! • Interact with students – Use appropriate audiovisual aids – Use feedback (positive) throughout – **Use questions**	Before showing the slide, ask the group what techniques can be used to make presentations more effective. Review the bullet point example After introducing an activity, you will facilitate it using questioning techniques, audiovisual aids and feedback to help develop competencies in learners
Slide 8	**Effective Use of Audiovisuals** • What are common tips for effective audiovisual use-no matter which format you use? • What are the uses of the audiovisuals? – Writing board – Flipchart – Overhead transparency – Slide – Video – Computer	Lead the group in a discussion about what makes a presentation effective, with regards to the audiovisuals used and brainstorm the use of the various audiovisuals – 10 mins ▪ Visible ▪ Easy to read ▪ Use highlighting or underlining ▪ Prepare ahead of time ▪ Keep graphics simple ▪ Don't turn your back ▪ Check equipment No matter which visual aids are used, remember to: ▪ Keep it simple ▪ Keep it relevant ▪ Keep it focused
Slide 9	**Using Questions Effectively** • Prepare questions in advance • Repeat correct answers • Address questions from the learners: • Use a variety of questioning techniques • If you don't know the answer, admit it! Find the answer for the next session Question 1	Emphasize with the learners that whenever possible, they should ask questions of the students during a presentation. Good questioning techniques include: ▪ Prepare your questions in advance ▪ Repeat correct answers so everyone can hear ▪ Address and answer questions from the learners. Consider using a 'Parking Lot' flipchart ▪ Use a variety of questioning techniques

Slide 10		Providing clear and specific feedback is fundamental for learning and performance. Feedback is only as useful as it is clear and specific. Emphasize to participants that feedback is an essential part of any learning activity, not just skills coaching. Feedback: ▪ May be written or oral ▪ Is not provided in front of clients ▪ Is short during discussions and presentations ▪ Is one-to-one and detailed during skills practice ▪ Should be modeled for learners
Slide 11		A good summary: ▪ Is brief and reinforces the main points ▪ Reminds learners of the relevance of the topic ▪ Relates the content to other activities and provides a clear transition If course topics are complex, use periodic summaries throughout the presentation to ensure students understand before moving ahead to new material.
Slide 12		Remember to 1) define learning objectives; 2) plan your presentation; 3) introduce each presentation; 4) use effective presentation skills; 5) use questioning techniques; and 6) summarize your presentation Review the facilitation skills checklist with participants as a review of the key points of the presentation. Ask the group how they can you use this to plan presentations, demonstrations, group activities?

PRESENTATION 1.6: FACILITATE THE DEVELOPMENT OF HEALTHCARE DELIVERY SKILLS

Slide 1	Facilitate the Development of Healthcare Delivery Skills USAID FROM THE AMERICAN PEOPLE / MCHIP	
Slide 2	Objectives • Describe the process of developing competency (knowledge, attitude and skills) in learners • List the steps of competency development • Use competency-based learning tools • List attributes of a good coach • Introduce and demonstrate a skill • Facilitate skills practice and give feedback USAID FROM THE AMERICAN PEOPLE / MCHIP	Review the objectives with the participants. Ask the group why we demonstrate competencies? Where are core competencies or skills demonstrated? How and when are students given opportunities to practice these skills?
Slide 3	Developing Skills, Knowledge and Attitude Skills: Described, demonstrated, practiced, assessed COMPETENCIES Knowledge: Presented, discussed, applied, reinforced, assessed Attitudes: Modeled, explored, revised, assessed USAID FROM THE AMERICAN PEOPLE / MCHIP	Review the competency domains When planning for teaching, one must think carefully about the skills students should master by the end of the course. Inform the participants that clinical decision making, a primary core competency, will be covered in the next presentation

Slide 4		The steps of skills development. There are three phases in the transfer and development of all types of skills. Acquisition: students are aware of the skill and know how it should be performed, but do not always perform it correctly Competency: students perform the skills correctly, but may not always progress from step to step efficiently Proficiency: last stage of skills development = consistently performing skills correctly and efficiently
Slide 5		Have participants turn to figure 8-2 on page 8-4 of the Effective Teaching manual.
Slide 6		

Slide 7	Skills For Every Competency (skill)… • Use and assessment tool • Demonstrate correct behaviors • Provide coaching and supportive feedback during practice USAID MCHIP	There are common steps when teaching all types of skills: ▪ Develop and review the assessment tools you plan to use ▪ Review and practice yourself to ensure proficiency ▪ Highlight the steps in the assessment tool ▪ Demonstrate correct behaviors ▪ Provide coaching and supportive feedback during practice
Slide 8	Competency-Based Learning Tools • Presents the individual steps in a standardized way • Aim to help students learn the correct steps and the correct sequence of steps • Helps to measure students' progress in learning as they gain confidence What are some examples of tools? USAID MCHIP	Tools include: Learning guides, Decision trees, Flowcharts, Algorithms, Posters, Charts Have participants refer to Figures 8-4 and 8-5 on pages 8-8 and 8-9, respectively, of the Effective Teaching manual.
Slide 9	How are Checklists Developed? USAID MCHIP	A group of healthcare providers who are proficient in performing the skill are identified ▪ Observe several of the healthcare providers as they perform the skill. Record each step that each healthcare provider performs ▪ Develop an initial list of steps ▪ Discuss the skill with the same group of healthcare providers ▪ Test the initial list of steps ▪ Test the final standard way of performing the skill

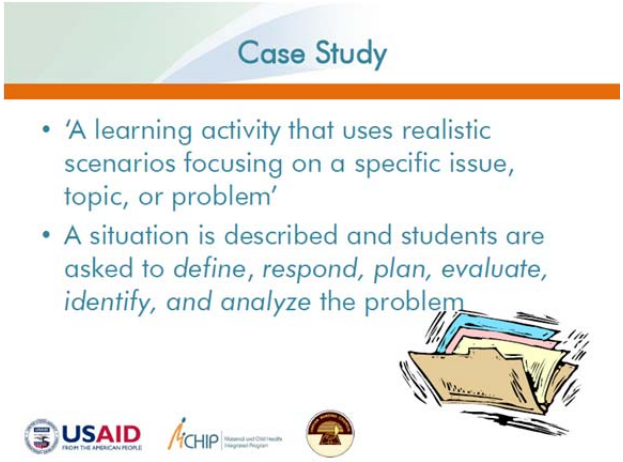
Slide 10	**How are the checklists used?** • Students can follow the steps while someone **demonstrates** • Pairs of students can work together to **practice** • Students can **observe** each other and give **feedback** • Before, during, and after clinical practice sessions, use as a **reference** • Students can **assess** themselves or peers	
Slide 11	**A Good Coach…** • Is **proficient** in the area being taught • **Supports** learners • **Facilitates** learning • Is **self-aware** • Provides **specific** feedback 	The most important step in teaching and learning skills is practice, performed by students in the presence of a clinical instructor or coach. The instructor must be proficient, preferably expert, in the skills being taught Good coaches: ▪ Introduce the practice session ▪ Facilitate the practice session ▪ promote open communication ▪ Actively listen ▪ provide feedback in a way that maintains learner self-esteem and encourages confidence ▪ are self-aware ▪ provide specific feedback in a timely manner
Slide 12	**Demonstration: Whole-Part-Whole Approach** • Demonstrate the whole procedure from beginning to end • Isolate or break down the procedure or activity into parts and allow practice of the individual parts of the procedure • Demonstrate the whole procedure again and then allow students to practice it from beginning to end	

Slide 13	**Remember to . . .** • Always demonstrate the skills correctly • Interact with the students • Use equipment and materials correctly • Use a learning tool for complicated skills	Starting with demonstrations that do not involve patients enables you to take time, stop and discuss key points, and repeat difficult steps without endangering the health or comfort of a patient.
Slide 14	**Psychomotor Skills** • Require repetition • Done step-by-step • Require use of some type of model for practice • Assessment tools provide guidance on step-by-step completion • *Clinical Decision Making Skills are addressed later*	Psychomotor, or hand skills, are appropriate for small group practice. Learners can help each other and provide feedback. Key points: ▪ Video or other means to show things over and over is helpful ▪ Checklists with detailed performance standards are important to outline steps ▪ Assess each learner for mastery of psychomotor skills with models before developing competency in clinic working with clients
Slide 15	**Communication Skills** • Pay attention to non-verbal communication during demonstrations • Build on basic communication skills – Active listening – Clear language – Concise information • Check understanding • Use role plays for demonstration • Use behavior modeling 	Communication skills are not as simple to demonstrate and teach as psychomotor skills, and much of communication is non-verbal. Role plays, especially when well-structured and used with assessment tools that outline key points, are very useful for demonstrating communication skills, including non-verbal communication.

Slide 16	**Addressing Attitudes** Attitudes • Teach attitudes through formal courses • Attitudes influenced through observation of role models & **behavior modeling** influences attitudes • **Values clarification exercises** (scenarios, discussions and role plays) help learners self-assess • Clinical practice provides excellent opportunities	Attitudes may be taught in formal courses on professional ethics and philosophy Provide opportunities learners to reflect on attitudes and compare them to professional ethics expected. Discussions, role plays and thought-provoking scenarios are useful for discussing attitudes. Use clinical practice as an opportunity for learners to compare observed attitudes with desired professional and ethical attitudes. Emphasize the importance of keeping a positive learning climate by asking questions to help learners evaluate their attitudes.
Slide 17	**Summary** • Skill development requires: demonstration, practice, feedback • Let's review the steps in the job aid on Page 8–21 paying attention to: – Step 1—Introduce and demonstrate – Step 2—Practice with feedback	Review the job aid in module 8 with participants - it covers the steps in the skills development process and may be found on pages 8-21 to 8-22

PRESENTATION 1.7: FACILITATE GROUP LEARNING

Slide 1	Facilitate Group Learning	Group learning activities can be used during classroom and practical sessions to help students build knowledge, skills, and appropriate attitudes.
Slide 2	Objectives • Select, plan, and facilitate group learning activities • Create and facilitate a role play • Create and facilitate a case study • Create and facilitate a clinical simulation • Facilitate a brainstorming session • Facilitate a discussion	In this module you will teach about five useful group learning activities: role plays, case studies, clinical simulations, brainstorming sessions, and discussions.
Slide 3	Facilitating Group Learning Activities Introduce Facilitate Summarize PLANNING & ORGANIZATION Facilitation process applies-introduce, facilitate well, summarize.	INTRODUCE: Describe the activity before dividing the students into small groups and explain how the group should record its decisions. Provide instructions on how each group will report back to the larger group. The activity is clearly described, stating **what** the students will do and the **time** they have to do it. Ask each group to select someone to act as the recorder.

Slide 4		Refer to Sample 7-1 on page 7-8 in the Effective Teaching reference manual. The three types of role plays are: ▪ **Informal**—acting it out with little or preparation time ▪ **Formal**—planned in advance with instructions ▪ **Demonstration**—of communication or other skills **Key points:** Provide clear instructions, explain what the other students should observe and what kind of feedback they should give, provide the students with questions or activities that will help them to focus on the main concepts being presented, keep the role play focused on the expected outcome, and summarize and link back to objectives.
Slide 5		A case study is a learning a learning activity. Students typically read, study, and react to the case study individually or in small groups. Refer to Sample 7-2 on Page 7-12 in the Effective Teaching reference manual. Students may be asked to do any of the following: Define the problem in the case study and develop suggestions for solutions; Respond to a clinical situation by suggesting appropriate interventions and discussing them; Evaluate clinical decisions and the process used to make the decision; Identify the possible impact of choices or decisions made; Analyze the causes of a problem; Identify attitudes that may influence the healthcare providers' behaviors described. When facilitating a case study, provide clear directions on how to complete the case study, how to present the answers, and the time limit or due date.

Slide 6	**Clinical Simulation** Presents the learner with a carefully planned, simulated patient management situation Types • Written • Role play • Mediated • Physical simulators • Live simulated patients	Clinical simulations are an excellent method for developing cognitive or clinical decision making skills and helping student practice responding to emergency situations. Clinical simulations can take a variety of forms, listed as 'types' on the slide. Refer to Sample 7-4 on page 7-23 in the Effective Teaching reference manual.
Slide 7	**Creating & Facilitating Clinical Simulations** • Define the objective and expected outcome • Prepare a case that relates to the objectives • Create a patient scenario • Have students prepare & present, asking questions of other students throughout – Reveal information in steps	Define the objective and expected outcome: Will it be used to help students practice responding to emergency situations? To walk them through a clinical problem that will also require a demonstration of skills? Prepare a case that relates to the objectives: You may ask students to share cases from their own clinical experiences. Create a list of questions to ask students about how they would chose to manage the case. Create a patient scenario that includes the problem, the related lab and diagnostic results, and possible outcomes for different interventions. Document this information so that you do not have to re-crease scenarios. Have students prepare & present, asking questions of other students throughout. This type of clinical simulation is more effective with senior-level students who have more experience with managing patients.
Slide 8	**Brainstorming** 'Generating a list of ideas or thoughts that focus on a specific topic' • Clearly state the objective & explain the ground rules: – All ideas are accepted – Discussions are delayed – No criticism • Record on a flipchart or writing board • Summarize and review 	If not reviewed in group discussions after the previous activity, discuss why brainstorming is useful: stimulates interest in a topic, allows students to share their ideas without criticism, allows for creative thinking, generates ideas, allows for expressing opinions, and encourage broad or creative thinking. The key to successful brainstorming is to separate the generation of ideas, or possible solutions to a problem, from the evaluation of these ideas or solutions.

Slide 9	**Discussion** 'An opportunity for students to share their ideas, thoughts, questions, and answers in a group setting with a facilitator' • Useful to support other teaching methods • 3 types: group, general, and panel	Discussions create interest and stimulate thinking about a topic and encourage active participation. Other teaching methods which group discussions are useful for include: concluding a presentation; summarizing the main points of a videotape; checking students' understanding of a clinical demonstration; examining alternative solutions to a case study; exploring attitudes exhibited during a role play; and analyzing the results of a brainstorming session. Group discussions focus on the learning objectives. General discussion addresses students' questions about a learning topic. For example, a student asks about a situation she observed in the clinic. You decide that this is an important question and therefore devote 5 minutes to a general discussion. Panel discussion in which a moderator conducts a question and answer session among panel members and students.
Slide 10	**Key Elements of Facilitating A Discussion** • State the topic as part of the introduction • Ensure that the group stays on the topic • Allow the group to direct the discussion • Use the contributions of each student and provide positive reinforcement • Ensure that no one student dominates • Periodically summarize key points	The role of the discussion facilitator is to keep the discussion focused, ensure that all the students have an equal opportunity to participate, and to intervene when the discussion moves away from the objectives. Conclude the discussion with a summary of the main ideas and how they relate to the objectives presented during the introduction.
Slide 11	**Summary** • We will practice developing and facilitating these in small groups-refer to manual for guidance on developing each type of activity • How can these teaching methods be used where there are large numbers of students?	Whenever possible, prepare group learning activities to be included in classroom and practical sessions

ACTIVITY 1.5: DEVELOP LEARNING ACTIVITIES AND CRITIQUE THEM

Use questions or discussion to review these key points about each of these learning activities just before starting the exercise [refer to exercise 1.2, 1.3 and 1.4 in the participants' handbook

Case Study

1. A case could be written type or narrated as a story, use a real client or a simulated one
2. Students should be provided with time to think critically on the information provided and analyze the situation before they are asked to respond to questions
3. Case description and posed questions should be clear

Role Play

1. It should be systematic and structured in a way and limited to 15 minutes
2. Must link to an objective-not just be a drama
3. Often used in demonstration and practice of counseling (and even clinical decision making skills)

Clinical Simulation

1. Assists the learner in critical thinking and clinical decision making
2. Use in combination with a structured assessment tool (checklist or other protocol)
3. Has structured answers and questions for the facilitator

PRESENTATION 1.8: MANAGE CLINICAL PRACTICE

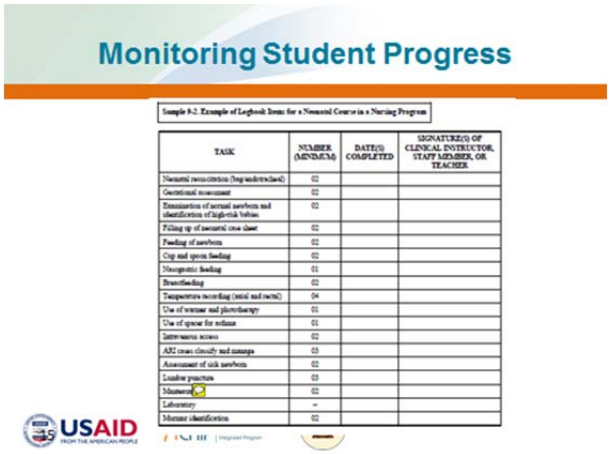
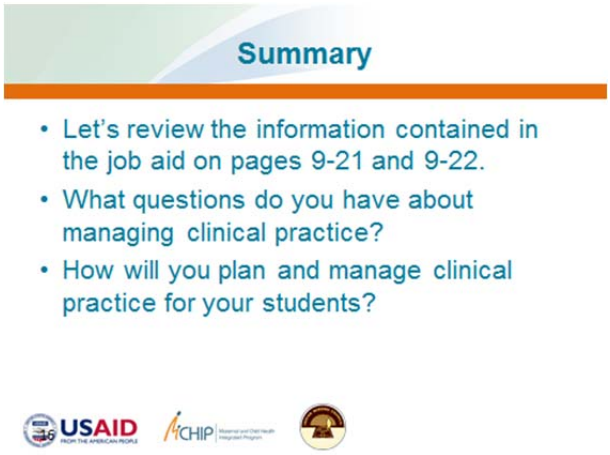
Slide 1	Manage Clinical Practice	
Slide 2	Objectives • Select and prepare clinical instructors and staff • Coordinate clinical practice • Conduct clinical practice sessions • Monitor students' progress	Review the objectives. Ask participants: ▪ What challenges do you face when students are working in the clinical area to practice their skills? ▪ Is the facility appropriate? ▪ Does the staff welcome your students?
Slide 3	Clinical Instructor Attributes Selection Criteria: • Time available • Desire to work with students • Up-to-date clinical expertise / proficiency Skills in: • Desired competencies • Communication • Organization • Teaching – Demonstration – Coaching – Feedback – Performing assessments	The clinical instructor coordinates students' activities in the clinical setting. S/he may also be the classroom teacher; most importantly s/he is proficient if not **expert** in the competencies s/he teaches.

Slide 4	**Prepare Clinical Instructors** • Discuss objectives and requirements for the clinical rotation • Detail the students' abilities and learning needs • Describe & provide tools to give feedback on student performance • Review expectations: including skills they will be responsible for observing	Ensure clinical instructors: ▪ Have up-to-date skills and clinical knowledge ▪ Have teaching skills (demonstration, coaching, feedback, assessments) ▪ Are fully aware of expectations
Slide 5	**Coordinate Clinical Teaching** • Work closely with all members of the team • Meet with clinical instructors in advance • Share copies of the syllabus, student performance report, and checklists with the clinical instructors • Discuss plans for student assessment	Review with participants that when coordinating clinic teaching, there are several important points to consider: ▪ Discuss student placement, preparation of the staff and student communication with clinical instructors ▪ Share relevant course materials and expected outcomes of the placement ▪ Clinical instructors should be involved in student assessment from the beginning, i.e. design of checklists of competencies to be assessed
Slide 6	**Student Responsibilities** • Review assignments • Take an active role in learning • Observe demonstrations of skills and perform skills • Health assessment, diagnosis, and management / treatment of patients • Coordinate and communicate patient management with the clinical instructor • Document findings and experiences in an organized, thorough manner • Evaluate clinical practice experience	Prior to showing the slide, ask participants what they believe are student responsibilities. Refer to the bulleted highlights.

Slide 7	**Clarify Roles & Responsibilities of Teachers & Clinical Instructors** • Maintain proficiency (expertise) in healthcare delivery • Review learning objectives & select appropriate patients • Review, distribute and utilize teaching materials: learning objectives, checklists, logbooks • Logistical arrangements for student experiences • Orientation of clinical staff & students • Communication • Demonstrate, observe, assess (monitor) performance and provide feedback USAID FROM THE AMERICAN PEOPLE / MCHIP Maternal and Child Health Integrated Program	Turn to pages 9-5 to 9-7 in the Effective Teaching Resource Manual to review the roles and responsibilities of the educators and students
Slide 8	**Use Objectives to Plan** • Review the learning objectives to assist in planning appropriate clinical practice activities • Determine which objectives can be met in the outpatient department and which in the inpatient ward. • External clinics, communities, and home visits are other sites used in clinical practice activities. USAID FROM THE AMERICAN PEOPLE / MCHIP Maternal and Child Health Integrated Program	Use objectives to plan clinical practice activities. Refer students to the module on developing objectives for learning if they would like to review.
Slide 9	**Meeting Objectives** Outpatient Department Inpatient Department …and the community USAID FROM THE AMERICAN PEOPLE / MCHIP Maternal and Child Health Integrated Program	OUTPATIENT: First point of contact for most patients, so most appropriate place to practice interviewing and interpersonal and counseling skills as well as clinical skills; Best place to develop an initial care plan and to teach patients how to implement the plan at home; The outpatient department also is an excellent interim step between simulated practice and working with very sick patients in the inpatient ward; see page 9-8 in Reference Manual for other examples INPATIENT: In inpatient settings, patients are usually seriously ill, and have already started a care plan and specific treatments; Inpatient wards are a good place to teach patient management, practice healthcare delivery skills, and demonstrate management of rarely seen conditions. Skills include: Assess clinical status;

		Perform specific clinical interventions such as administering an intravenous solution; Document information on the patient's plan of care, treatment, and changes in condition ; Communicate clearly with clinical staff and family (as appropriate) the findings about a patient; Review diagnostic test results and apply them to the patient's condition COMMUNITIES - Examples of External Clinics and Home Visit Skills: Assessment of environmental hazards, Group and individual education skills, Communication skills, History-taking skills, Infant and postpartum visit assessment skills
Slide 10		Refer to pages 9-9 to 9-10 in the Effective Teaching Reference Manual for detailed information regarding each of the bulleted points
Slide 11		Ask participants which teaching approaches should be utilized in outpatient and inpatient settings. Have them refer to pp. 9-10 and 9-11 in the reference manual. Have one student summarize each element found in the manual OUTPATIENT: Apprentice, Team member, Supervisor INPATIENT: Patient-centered teaching, Ward rounds

Slide 12	**Feedback in Clinical Practice** **Positive feedback** • Easy to give and can be provided in the presence of the patient • Keep it simple and relaxed **Constructive feedback** • Difficult to give, particularly when a patient is present • Keep it low-key and restrained • Avoid embarrassing the student • Give in area away from patients	Highlight the importance of providing feedback when conducting clinical practice sessions
Slide 13	**Constructive Feedback During Consultation** • Sometimes students make mistakes that may potentially harm the patient, so you must be prepared to step in and take over the procedure • Nonverbal communication can be effective • Make simple suggestions to facilitate the procedure • Ask a question about the procedure itself while student is performing it	Remember that safe and efficient provision of services must be the highest priority
Slide 14	**Protecting Patient's Rights** • Inform the patient • Obtain the patient's permission • Respect the right to bodily privacy • Strictly observe the confidentiality 	Recognizing and maintaining the rights of patients is essential. The practices listed on the slide help ensure patients' rights are protected.

Slide 15		Have participants look at the logbooks (also called a casebook) as seen in Samples 9-1 and 9-2 on pages 0-17 and 9-18 respectively. Ask the group what other tools are utilized to monitor student progress: student performance reports, field notebooks (often used during community or home visits)
Slide 16		Ask the questions of bullets 2 and 3 to the participants and allow for discussion among the group.

PRESENTATION 1.9: PREPARE AND USE KNOWLEDGE ASSESSMENTS

Slide 1	Prepare and Use Knowledge Assessments	Most tasks or skills have an important knowledge component and educators must ensure to assess students' knowledge in a valid, reliable, and feasible way.
Slide 2	Introduction • Why is knowledge assessed? • What problems did you have with tests as a student? • As a faculty member? 	Facilitate an open discussion with participants around perceptions and current implemented methods of knowledge assessment.
Slide 3	Objectives • Select methods for assessing students' knowledge • Prepare knowledge assessments • Develop questions for objective written examinations • Administer and score knowledge assessments • Use assessment results to improve performance	After completing this module, the participants will be able to prepare and use knowledge assessments.

Slide 4	**Knowledge Assessments** Formative • To help guide students toward meeting the learning objectives Summative • To ensure that students finish the course with the required knowledge How is knowledge assessed?	Review with participants the difference between formative and summative assessments. Review the various ways to assess knowledge, referring to pages 10-3 and 10-4 in the Effective Teaching Reference Manual: ▪ Drills, quizzes, and practice tests ▪ Written exercises ▪ Case studies, clinical scenarios, and patient management problems ▪ Project reports ▪ Essay examinations ▪ Objective written examinations ▪ Structured practical examinations ▪ Oral examinations
Slide 5	**Key Points in Preparing Knowledge Assessments** • Identify the learning objectives • Use simple and clear language & grammar • Provide clear directions for each type of item • Develop answer keys • Arrange test items by subject matter, type of question, or level of difficulty • Review the assembled test 	Refer participants to pg. 10-5 in the Effective Teaching Reference Manual and go over how to develop and assemble knowledge assessments. Indicate to the students that they will be using this information in the exercise following the presentation.
Slide 6	**Preparing a Test Bank** • Work in a group to develop questions. • Sort questions based on subject, category, level of knowledge, or type of test item. • Store the questions on a computer or cards. • Ensure that only authorized persons have access to the question bank.	Objective written examinations can cover a large number of learning objectives in one examination. Question banks provide a resource that teachers can use to easily prepare quizzes, exercises and tests. Review the important steps in preparing a question bank covered in the slide.

Slide 7	**True-False Question Tips** • Use clear, concise, and understandable language • Avoid negatively stated items & use statements that are either completely true or false • Avoid expressions that frequently identify a statement as true or false • Make true statements equivalent in length and number to false statements • Provide clear directions	True-false questions are one of the most commonly used question formats for objective written examinations. Review the tips with participants. Refer to page 10-9 in the Effective Teaching reference manual as needed. Ask participants which words often found in false statements: *only, never, all, every, always, none, and no*. Ask participants which words often found in true statements: *usually, generally, sometimes, customarily, often, may, could, and frequently*. Emphasize that True-false items should focus on one idea and should challenge, but not trick, the students.
Slide 8	**Multiple Choice Questions** Elements • Stem • Responses • Distractors 	Multiple choice questions are the most commonly used question formats for objective written examinations. They are preferable to true-false questions because they make guessing the correct answer more difficult. Review the elements with participants. Refer to page 10-10 in the Effective Teaching reference manual as needed. Stem: poses a question or problem situation that is followed by alternative answers Responses: one is correct while the others are incorrect Distractors: the incorrect responses
Slide 9	**Multiple-Choice Question Tips** • Write simple stems that state the problem and avoid using negative terms • Provide a coherent list of possible answers • Write reasonable distractors • Distractors should be of similar length to avoid giving clues to the correct response • Avoid use of "All" and "None of the above" in responses • Give clear directions	Refer to page 10-10 in the Effective Teaching reference manual as needed.

Slide 10	**Sample Scenario MCQ** Mrs. B. is 20 years old and had an IUD inserted a month ago. She came to the health center 2 days ago with vaginal discharge and abdominal and pelvic pain. She reports that she does not have any fevers or chills. What is your plan? A. Gather history, send vaginal cultures, remove the IUD. B. Gather history, send vaginal cultures, follow up in 3 days. C. Gather history, treat with antibiotics for presumptive PID. D. Gather history, send vaginal cultures, treat with antibiotics for PID, and remove the IUD if the woman wishes.	Another form of the MCQ is the scenario item. It presents a situation and asks the student a series of questions related to the situation. Review the sample scenario items with participants.
Slide 11	**Matching Questions** • Consists of two lists 1. Premise 2. Response • Imperfect matching items are more objective • Tips: • Focus on one subject • Keep statements brief • Arrange in logical order	Matching questions are commonly used question formats for objective written examinations. It consists of two lists of words and phrases to be matched. Review the tips with participants. Refer to pages 10-12 and 10-13 in the Effective Teaching reference manual as needed.
Slide 12	**Short-Answer Question Tips** • Make the questions clear and easy to understand • Prepare a structure marking sheet • Include questions that have possible multiple responses 	Short-answer questions require the student to provide one or several responses to a question or situation. Review tips for writing short-answer questions with participants. Refer to the Effective Teaching Reference Manual p. 10-14 as necessary.

Slide 13	**Test Administration** • Time allowed • How to select and record answers • Scoring system to be used • Physical environment • Remain in the room • Lighting and ventilation 	When giving directions for an examination, focus on HOW students should complete. Review with participants the key components of test administration as listed in the slide.
Slide 14	**Scoring the Knowledge Assessment** • Answers can be marked directly onto the test or onto a separate answer sheet • Use an answer key (or a computer with scanner) to score the tests • See the module for more information on scoring knowledge assessments	One of the advantages of a written objective examination is that it is easy for educators to score. Refer to pages 10-15 and 10-16 in the Effective Teaching reference manual for more detail.
Slide 15	**Using Assessment Results** • Formative assessments help students decide what content areas they need to spend more time studying • Summative assessments determine if students are meeting the learning objectives.	Knowledge is assessed to determine whether students are meeting the learning objectives and have acquired the required information base to become competent healthcare providers.

Slide 16	**Helping Students Learn** • Instruct them to review the material related to the questions they missed • Give them an opportunity to ask questions about any test item • When many students had trouble with the same question – The teaching methods or materials did not adequately address that learning objective OR – The question needs to be rewritten	Review how educators can use assessment results to improve performance. Refer to pages 10-16 and 10-17 in the Effective Teaching reference manual.
Slide 17	**Summary** • What questions do you have about developing, administering and scoring knowledge assessments? • How can we assist faculty members in developing, administering and scoring knowledge assessments to support implementation of curricula?	Remind participants to use results from knowledge assessments to help students identify areas in which they need to improve.

PRESENTATION 1.10: PREPARE AND USE SKILLS ASSESSMENTS

Slide 1	Prepare and Use Skills Assessments	
Slide 2	Three Steps in Skill Development 1. Introduce and demonstrate a skill. 2. Observe students as they practice the skill and give feedback to help them improve their performance. 3. Assess students for competency in the skill. 	Review the key components of module 8 *Facilitate the Development of Healthcare Delivery Skills*: introduce, observe, and assess.
Slide 3	Objectives • Select methods for assessing the skills of students • Prepare skills assessments • Develop structured practical examinations • Administer and score skills assessments • Use results to improve performance	As in the assessment of knowledge, clear learning objectives are essential to assess skills. After completing this module, you will be able to prepare and use skills assessments.

Slide 4	**Skill Assessment Methods** • Direct observation of students as they perform skills • Structured feedback reports on students' performance • Logbooks, learning journals, and care plans 	Review the skills assessment methods with participants, referring to pages 11-2 to 11-4 in the Effective Teaching reference manual. Key points: ▪ Direct observation is most valid way to assess students' skills ▪ Structured feedback: assesses sustained performance. Refer to sample 11-2 on page 11-14 and sample 11-3 on page 11-15 of the reference manual ▪ The logbook contains a list of skills or tasks that students should be able to perform. A learning journal is used to record learning experiences, particularly when the student has minimal supervision. A care plan is used to document the patient's problems, care required, and expected outcomes
Slide 5	**Checklists** • A list of steps needed to perform a skill correctly, listed in the correct sequence. • Assessor observes each step. • Well-constructed checklists should contain only sufficient detail to help the assessor evaluate and record the student's performance.	Preparing skills assessments: a checklist requires minimal judgment on part of the assessor.
Slide 6	**Designing a Checklist** • Identify the steps or tasks • Place the steps in the correct sequence. • Identify the standards or minimum level of performance • Include the key elements of a checklist • Field-test the checklist • Validate with subject matter experts	Review the steps in designing a checklist and refer to pages 11-5 and 11-6 in the Effective Teaching resource manual. Ask participants to turn to samples 11-4, 11-5, and 11-6 on pages 11-16 to 11-20 and review the key elements within these examples.

Slide 7	**Structured Practical Examinations** • Students rotate through a series of stations and is observed by an assessor • Students demonstrate a skill, interpret diagnostic materials, or respond to short questions or case studies during a limited time • All students are assessed according to the same standards • MSAT & OSCE	Structured practical examinations can be used to asses a wide range of knowledge, skills, and attitudes. Also known as multiple station assessment test (MSAT) or Objective Structured Clinical Examination (OSCE), structured practical examinations are not an assessment method but an administrative structure in which a variety of assessment methods are incorporated.
Slide 8	**Steps to Prepare for a Structured Practical Examination** • Select the learning objectives to be tested • Decide on an activity that addresses each learning objective • Map out a plan for the stations • Plan the details for each station	Review the steps in planning for a structured practical examination with students. Refer to the text on page 11-9, as well as the multiple station map, sample 11-1 on page 11-8 of the Effective Teaching reference manual. Review what is involved in planning the details for each station: ▪ Write the task/scenario to be completed ▪ Develop instructions ▪ Develop assessment tools ▪ List the resources needed
Slide 9	**Use Results to Improve Performance** • Give students an opportunity to ask questions • Instruct students to practice the steps that they performed incorrectly • The teaching methods did not adequately cover that learning objective, or the task needs to be redefined if many students had trouble with the same tasks 	Not only does skills assessment help determine whether students are competent in the core learning objectives, but they also help to improve student performance. Make every effort to help students achieve competency when assessing them.

Slide 10	**Summary** • Direct observation is the most valid method for assessing skills • This method can be improved by using standardized tools • Structured practical examinations require time for planning and preparing valid stations • Assessing students' skills is one of the keys to improving students' performance	Review what was covered in the module and highlight the fact that choosing a valid, reliable, and feasible method for assessing the competency of students requires careful thought, planning, and time– emphasizing the importance of direct observation.

PRESENTATION 1.11: ASSESSING COMPETENCY USING OSCE

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Assessing Competency using OSCE

Introduction

- Why do we assess student clinical skills?
- What is challenging about preparing and using skills assessments?

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Objectives

- Describe the process for planning and implementing an OSCE assessment
- Describe the steps in developing OSCE tools
- Demonstrate how to administer and score an OSCE
- Discuss the use of OSCE results to improve performance

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OSCE

Stands for Objective Structured Clinical Examination

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Advantage of OSCE Assessment

- Written tests can assess knowledge acquisition and reasoning ability but they cannot so easily measure skills
- OSCE assessments are designed to measure knowledge and skills required for competency in a given domain

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OSCE is Effective & Efficient

- Assessment of a broad sample of knowledge and skills that are logically linked to competency
- Input from multiple evaluators
- Can test many individuals at the same time
- Can be accomplished quickly
- Provide a reliable and valid assessment
- Rapid scoring and decision making

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OSCE Examinations

- Students rotate through a series of stations where they answer questions (orally or in writing), or perform tasks while being observed.
- Typically 10 – 20 stations
- All students receive identical assessments
- Students may demonstrate a skill, interpret diagnostic materials, or respond to short questions or case studies.

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Components of OSCE

- There is a time limit for each station (5-10 min)
- An evaluator at each station that requires observation.
- All students are assessed according to the same standards (checklists).
- Student may communicate with standardized patient via role play

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Standardized Patient

- Standardized patients (SPs) are well persons trained to simulate a medical condition in a standardized way or actual patients who are trained to present their condition in a standardized way.
- Instructors, lay-persons or students can be prepared for the role of standardized patient

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Training Standardized Patient

- Directions should use patient-based language
- Specify patient's perception of the problem
- Provide only relevant information
- Responses to all checklist items should be included
- Describe patient behavior and affect
- Describe symptoms to be simulated
- Provide training on signs to be simulated

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Steps to Prepare an OSCE

- Identify target competencies
- Decide on a problem, issue, or an activity that addresses each of the competencies
- Map out a plan for the stations

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Example

ICM Competency # 4.
Midwives provide high quality, culturally sensitive care during labour, conduct a clean and safe delivery, and handle selected emergency situations to maximize the health of women and their newborns.

4.5. Midwives understand normal progression of labour and how to use the partograph or similar tool

OSCE Station Assessing Ability to Correctly Use A Partograph

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Midwifery OSCE Stations

ICM Competency	OSCE Station
1.1 [midwives provide adult and newborn resuscitation]	Newborn Resuscitation
2.8 [midwives are able to provide barrier, steroidal...methods of contraceptive control]	IUD insertion
2.9 [midwives provide family planning counseling]	FP Methods Counseling
3.24 [recognize symptoms of life threatening antenatal conditions	Id, Tx and Referral of Prenatal Complications
4.15 midwives recognize indications for emergency measures during labor, e.g. shoulder dystocia, preeclampsia	Recognition, co-management or referral of complications during labor & birth
4.5 [midwives understand normal progression of labor	Use of partograph
4.34 midwives practice AMTSL	Manual removal of placenta
5.24 [midwives refer for selected postnatal complications	Id, Tx and Referral of Postnatal Complications
6.16 [midwives educate parents about infant danger signs	Parental counseling regarding newborn danger signs

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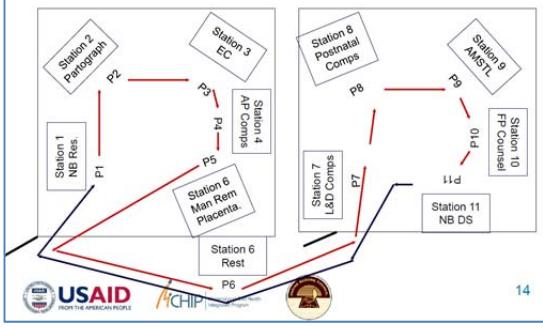
OSCE Station Map



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OSCE Station Requirements

- Task/scenario to be completed
- Instructions for student
- Instructions for the standardized patient
- Assessment tool (checklist)
- Resources needed for student to be able to perform –may simulate
- Uniform station time limit

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Checklist

- Checklists consist of essential or desired specific behaviors, activities, or steps that make up a more complex competency or competency component
- Typical response options
  - Check () or "yes"
  - Completeness: complete, partial, or absent
  - Correctness: total, partial, or incorrect
- For the purpose of making a judgment about the adequacy of the overall performance, standards need to be set that indicate, for example, pass/fail or excellent, good, fair, or poor performance.

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Sample Checklist For Abdominal Examination

Tasks	Attempted Satisfactorily	Attempted but not satisfactorily	Not attempted
Drapes patient appropriately			
Inspects abdomen			
Auscultates abdomen			
Percusses abdomen			
Lightly palpates each quadrant			
Deeply palpates each quadrant			

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Checklist Validation

- Are checklists consistent across more than one expert measuring the same student
- Do experts agree that the steps being measured are appropriate
- Are points assigned appropriate
- Ideally, experts set a criterion referenced pass score

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Determine Resources

- Equipment & Supplies
- Anatomic Models
- Documents (Medical Records, X-Rays, etc)
- Standardized Patient

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Before the OSCE

- Discuss previous practice sessions with the student.
- Ask if the student has any questions about the skill and is ready to be assessed.
- This is orientation – NOT coaching

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During the OSCE

- Observe and assess the student's performance
- Stand where you can see without intruding and let the student perform the skill
- Do not interfere (Dangerous acts can be discussed with student following the OSCE)
- Remember…Feedback MUST be delayed until completion of all stations in OSCE

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After the OSCE

- Review the performance of the student (student shares what she or he did well and what could be improved).
- Provide positive feedback and offer suggestions for improvement.
- Determine if the student is competent or needs additional practice.

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Use Results to Improve Performance #1

- Give students an opportunity to ask you questions about steps they did not understand or they performed incorrectly.
- Instruct students to practice the steps that they performed incorrectly.

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Use Results to Improve the OSCE Process

If many students had trouble with the same stations, either the teaching methods or materials did not adequately cover that learning objective.

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Summary

- OSCE provides a highly structured and reliable method for assessing knowledge and skills
- OSCE requires:
  - time for planning
  - preparation of valid stations
- Pilot OSCE before using for student evaluation
- OSCE has secondary instructional benefits

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ACTIVITY 1.6: PRINCIPLES OF ASSESSMENT GAME

Directions: Divide the group into two, or call out the questions and provide points for each correct answer.

- What is the primary difference between formative and summative assessment?

  Formative assessment is used help learners develop competency. It is used to provide feedback, assess learner progress and help them develop knowledge, skills and attitudes. Formative assessment has been described as 'assessment FOR learning'.

  Summative assessment is described as 'assessment OF learning' and is used to formally assess and document learner progress at specific times. For example, a quiz may be used as a formative assessment when it is used to provide feedback and identify weak areas. The same quiz may be used as a summative assessment when it is used to document if the learners have mastered the content and are ready to progress to new topics.

- List 2 key principles about effective assessment. Answer should include:
  - Assessment methods must match the learning objective
  - Assessment is structured and objective

  Here's an explanation: Among the many, these are important: assessment methods must match the learning objective. For example-To be sure a pilot is safe and that lives will not be lost, you would assess their ability using a standardized checklist and observing their skills both in simulation and in reality. For certain clinical skills, lives are also at stake and similar strict criteria should be used in assessment. Formal assessment is structured and objective. For example-an oral exam between the tutor and student will be more effective if it has structured questions and objective scoring criteria identified. If not, it's a subjective assessment and lacks validity.

  Your school uses many project reports and essay examinations-how can you make these methods more objective? Add scoring criteria or objective guidance on scoring. For example, you can outline grading criteria for project reports, or list key points to be scored during for an essay.

- Most assessment of skills requires what?
  Direct observation-using a structured assessment tool or other means to objectively assess performance

- What are three ways you can assess attitudes?
  - written assessment of knowledge of professional ethics
  - structured observation of attitudes during service delivery
  - structured feedback forms

SECTION II

FAMILY PLANNING

PRE & POST COURSE KNOWLEDGE ASSESSMENT QUESTIONNAIRE

Instructions: For every statement below please write 'T' if the statement is TRUE and 'F' if the statement is FALSE.

Q. No	Statement	True/False
1.	Woman should be fully breastfeeding her baby in order to practice LAM.	
2.	To avoid condom slippage after sex, penis should be removed from vagina when it is still hard.	
3.	Man should put on condom before penis comes in any contact with vagina.	
4.	Combined Oral Contraceptive pills prevent pregnancy by preventing release of ovum from the ovary.	
5.	A woman who has active jaundice or in past had jaundice while using COC can use COC pills.	
6.	It is okay for a woman to forget one or two active pills during the cycle. She does not require any actions	
7.	Taking COC pills at the same time every day helps reduce side effects of irregular bleeding	
8.	Motivation is making decision whether to use family planning, whereas counseling is making decision on what method to use.	
9.	A good counselor never tells clients about the side effects of contraceptive methods.	
10.	Counseling is providing women/couples with correct information on contraceptive methods and helping them choose a method they want to use.	
11.	Emergency Contraceptive Pills work the best when taken within 7 days of unprotected sex.	
12.	ECP provides protection against pregnancy from the acts of sex within 5 days before taking it but not for the sex act performed on second day of taking ECP.	
13.	IUCD Copper T 380A is effective for 10 years.	
14.	Bleeding disturbances are most common during the initial months of IUCD use.	
15.	IUCD can be inserted anytime during the menstrual cycle provided you are reasonably sure that the woman is not pregnant.	
16.	IUCD should not be provided to a woman who has current Pelvic Inflammatory Disease.	
17.	A woman who says that she wants female sterilization does not need any counseling.	
18.	There is no need to tell the woman that the female sterilization is a permanent method for all practical purposes and it is very difficult to reverse the procedure.	
19.	Following male sterilization the couple has to use condoms or other method of contraception for three months.	
20.	Healthcare worker should wash hands before and after every client contact	

ANSWER KEY: PRE & POST COURSE KNOWLEDGE ASSESSMENT

Q.No	Answer
1.	T
2.	T
3.	T
4.	T
5.	F
6.	F
7.	T
8.	T
9.	F
10.	T
11.	F
12.	T
13.	T
14.	T
15.	T
16.	T
17.	F
18.	F
19.	T
20.	T

ACTIVITIES

ACTIVITY 2.1: BRAINSTORMING: IMPORTANCE OF SPACING AND BENEFITS OF FAMILY PLANNING FOR THE MOTHER AND THE CHILD

Purpose:
Identify the understanding that the participants have on the importance of spacing and benefits of family planning for the mother and the child using participatory approach.

Instructions for the facilitator:

- Announce the topic. 'Now we are going to do brainstorming to have a better understanding on the importance of spacing and the benefits of family planning for the mother and the child'
- Review the ground rules. 'One participant speaks at a time, all ideas will be listed, please do not comment or criticize either verbally or nonverbally any idea being presented. There is nothing like a wrong idea or a right idea. We will continue for about 7 minutes. Once we have listed the idea we will do the quick review of the list and identify those that are looking very promising'
- List all ideas on the flip chart. Please invite your fellow trainer to help list the ideas
- Start the brainstorming and manage participation. If one participant is contributing too much move from one to the other asking everyone to contribute
- Thank the trainer who helped writing. Thank all participants for their contributions
- Review each idea very briefly and accept them as per their appropriateness
- Display the flipchart on the wall

ACTIVITY 2.2: CONDOM RACE AND DEMONSTRATION OF CONDOM USE ON MODEL

Condom race:

Instructions:

Divide the participants in two groups. Give each group VIPP cards (colored cards made of chart) with the steps of condom use in a jumbled order. The groups have to place them on the floor or table in the correct order. The group that finishes first wins. Ask a member from the group to read the steps aloud and the other group follows.

VIPP CARDS (make the cards and jumble them)

Check the condom package	Tear open the package carefully	place the condom on the erect penis
Pinch the tip of the condom to expel air	Place the condom on the tip of the erect penis with the rolled side out	Unroll the condom all the way to the base of the erect penis
Immediately after ejaculation hold the rim of the condom in place and withdraw penis while still erect	Check for tear or breakage	Tie a knot at the open end of the condom and dispose it

Demonstration of condom use on model

Purpose:
To demonstrate the correct steps of use of male condom using the penis model.

Instructions for the facilitator:

- Introduce the activity. 'Now I am going to demonstrate the use of condoms using the penis model'. Tell participants that most healthcare providers think that the clients know how to use condoms but that may not be true in every case and they should be prepared to demonstrate the steps of condom use if client requests
- Make sure that you have penis model and several condoms
- Review the steps of condoms use given on page 203 of the Family Planning Global Handbook 2011(English) and page 213 of the Global Hand book 2007 (Hindi)
- As you review the steps with participants have volunteer participant or the fellow trainer hold the penis model and demonstrate how each step is performed
- Once the demonstration is over, invite the volunteer participant to come and repeat the steps
- Summarize the demonstration by emphasizing main points from the handbook

EXERCISES

EXERCISE 2.1: TECHNICAL OVERVIEW OF THE FAMILY PLANNING METHODS

Instructions

Divide participants in pairs and ask each pair to act as a team

- Give each pair the blank exercise format listing the technical details of various family planning methods in the first column. For each statement listed in the 1st column ask the participants to place a check mark in the appropriate box, indicating the statement is correct for which method. Ask a few participants to present their responses.
- Bring participants back together after 30 minutes and ask volunteers to share their answers on following points for each family planning method
  - Mechanism of action
  - Contraceptive effectiveness
  - Benefits
  - Limitations
  - Who should not use the method

Technical Overview of FP Methods (Exercise format for participants)

Instructions: Below is a chart listing technical details of various family planning methods on the left side (first column). For each statement listed in the first column, place a check '√' mark in the appropriate box, indicating the statement is right for which method.

Technical Details	Condoms	Lactational Amenorrhea Method (LAM)	Combined Oral Contraceptive Pills (COCs)	Intrauterine Contraceptive Devices (IUCDs)	Inj. DMPA	Female Tubal Ligation	Vasectomy
Mechanism of Action							
Blocks the tubes carrying sperms (vas deferens) and prevents sperms from entering the semen							
Slow sperm movement in the uterus, so sperms cannot meet the eggs							
Temporary infertility after childbirth that may last as long as 6 months if women fully or nearly fully breastfeed and their menses have not returned							
Barrier method that physically prevent sperms from uniting with the egg as the method does not allow ejaculation and sperms to be deposited in direct contact with the vagina							
The hormones estrogen and progesterone suppress ovulation							
Blocks the fallopian tubes to prevent sperm and egg from uniting							
The hormone progesterone suppresses ovulation							

Technical Details	Condoms	Lactational Amenorrhea Method (LAM)	Combined Oral Contraceptive Pills (COCs)	Intrauterine Contraceptive Devices (IUCDs)	Inj. DMPA	Female Tubal Ligation	Vasectomy
Benefits							
Long term reversible method, no hormonal side effects, immediately reversible with no delay in return to fertility, does not require daily actions, does not interfere with sexual intercourse, no effect on breastfeeding							
Regulates the menstrual cycle, reduces menstrual flow, does not interfere with sexual intercourse, pelvic exam is not required before use							
Does not interfere with intercourse, no systemic side effects, no supplies required, promotes nutritional benefits to infant, helps mother's uterus return to normal size quicker, helps reduce the amount of bleeding by keeping the uterus contracted							
Only method that protects from STIs, including HIV/AIDS, no effect on breastfeeding, no hormonal side effects							
Does not interfere with sexual intercourse, given by inj. once every 12 weeks and no daily action required, pelvic exam is not required before use, for some women, may help prevent iron deficiency anemia							
Simple surgery performed on women, permanent procedure, no effect on breast milk production							
Permanent procedure, easier to perform than tubal ligation							

Technical Details	Condoms	Lactational Amenorrhea Method (LAM)	Combined Oral Contraceptive Pills (COCs)	Intrauterine Contraceptive Devices (IUCDs)	Inj. DMPA	Female Tubal Ligation	Vasectomy
Limitations							
Delayed effectiveness (requires at least 3 months for procedure to be effective), permanent method and reversal surgery is difficult, expensive.							
Minor side effects like longer and heavier bleeding, spotting between periods, more cramps and pain during periods- these disappear spontaneously after initial months, requires a trained provider for initiation of the method							
Uncommon complications of surgery – infection, bleeding; requires a trained provider and health facility providing the service, not reversible							
Must be taken every day, side effects in some women such as nausea, headache, weight gain, risk of developing cardiovascular disease in women over 35 years of age and who smoke							
May produce minor side effects such as light spotting, bleeding, amenorrhea, or weight gain; delayed return to fertility, currently not available in the public health facilities							
Supply must be readily available before intercourse begins, effectiveness depends on following instructions for correct use							
Effective only when all 3 criteria are met, such as baby is less than 6 months old, woman is fully or nearly fully breastfeeding her baby and her menses have not returned							

Technical Overview of FP Methods (with answers)

Technical Details	Condoms	Lactational Amenorrhea Method (LAM)	Combined Oral Contraceptive Pills (COCs)	Intrauterine Contraceptive Devices (IUCDs)	Inj. DMPA	Female Tubal Ligation	Vasectomy
Mechanism of Action							
Blocks the tubes carrying sperms (vas deferens) and prevents sperms from entering the semen							✓
Slow sperm movement in the uterus, so sperms cannot meet the eggs				✓			
Temporary infertility after childbirth that may last as long as 6 months if women fully or nearly fully breastfeed and their menses have not returned		✓					
Barrier method that physically prevent sperms from uniting with the egg as the method does not allow ejaculation and sperms to be deposited in direct contact with the vagina	✓						
The hormones estrogen and progesterone suppress ovulation			✓				
Blocks the fallopian tubes to prevent sperm and egg from uniting						✓	
The hormone progesterone suppresses ovulation					✓		

Technical Details	Condoms	Lactational Amenorrhea Method (LAM)	Combined Oral Contraceptive Pills (COCs)	Intrauterine Contraceptive Devices (IUCDs)	Inj. DMPA	Female Tubal Ligation	Vasectomy
Benefits							
Long or short-term reversible method, no hormonal side effects, immediately reversible with no delay in return to fertility, does not require daily actions, does not interfere with sexual intercourse, no effect on breastfeeding				✓			
Regulates the menstrual cycle, reduces menstrual flow, does not interfere with sexual intercourse, pelvic exam is not required before use			✓				
Does not interfere with intercourse, no systemic side effects, no supplies required, promotes nutritional benefits to infant, no cost to mother, helps mother's uterus return to normal size quicker		✓					
Only method that protects from STIs, including HIV/AIDS, no effect on breastfeeding, no hormonal side effects	✓						
Does not interfere with sexual intercourse, given by inj. once every 12 weeks and no daily action required, pelvic exam is not required before use, for some women, may help prevent iron deficiency anemia					✓		
Simple surgery performed on women, permanent procedure, no effect on breast milk production						✓	
Permanent procedure, easier to perform than tubal ligation							✓

Technical Details	Condoms	Lactational Amenorrhea Method (LAM)	Combined Oral Contraceptive Pills (COCs)	Intrauterine Contraceptive Devices (IUCDs)	Inj. DMPA	Female Tubal Ligation	Vasectomy
Limitations							
Delayed effectiveness (requires at least 3 months for procedure to be effective), permanent method							✓
Minor side effects like longer and heavier bleeding, spotting between periods, more cramps and pain during periods- these disappear spontaneously after initial months, requires a trained provider for initiation of the method				✓			
Uncommon complications of surgery – infection, bleeding; requires a trained provider and health facility providing the service, not reversible						✓	
Must be taken every day, side effects in some women such as nausea, headache, weight gain, risk of developing cardiovascular disease in women over 35 years of age and who smoke			✓				
May produce minor side effects such as light spotting, bleeding, amenorrhea, or weight gain; delayed return to fertility, currently not available in the public health facilities					✓		
Supply must be readily available before intercourse begins, effectiveness depends on following instructions for correct use	✓						
Effective only when all 3 criteria are met, such as baby is less than 6 months old, woman is fully breastfeeding her baby and her menses have not returned		✓					

EXERCISE 2.2: MEC CHART: HORMONAL METHODS

Instructions: Below is a chart listing various conditions which may affect choice of hormonal FP methods by clients. For each condition, place a check mark '√' in the appropriate column, indicate the WHO Category (1, 2, 3, 4) and give a reason in the space provided.

Client condition	Combined oral pills		Progestin only pills		DMPA		Reasons/Comments
	Provide	Do not provide	Provide	Do not provide	Provide	Do not provide	
21 years old and newly married							
Anemic, with haemoglobin 8 gms							
Immediately postpartum not breastfeeding							
2 month postpartum and using LAM							
8 months postpartum and breastfeeding							
History of blood clots in the legs							
Taking rifampicin for tuberculosis							
Current purulent cervical discharge							
History of high blood pressure, where BP cannot be measured							
Post abortion							
Menses started 6 days ago							
Using hormonal method and did not have menses this past month							

MEC CHART: HORMONAL METHODS (ANSWER KEY)

Client condition	Combined oral pills		Progestin only pills		DMPA		Reason/comment
	Provide	Do not provide	Provide	Do not provide	Provide	Do not provide	
21 years old and newly married	✓		✓		✓*		Category 1. *If planning a pregnancy in coming 6 months, DMPA might not be best choice
Anemic, with haemoglobin 8 gms	✓		✓		✓		Hormonal methods overall reduce the amount of monthly bleeding
Immediately postpartum not breastfeeding		✓(3)	✓		✓		Wait 3 weeks to start COCs
2 month postpartum and using LAM		✓(3)	✓		✓		Better to provide method when woman requests, rather than wait until after she finishes using LAM
8 months postpartum and breastfeeding	✓		✓		✓		Any hormonal method is safe after 6 months postpartum
History of blood clots in the legs		✓(3)	✓		✓		Estrogen increases risk of blood clots
Taking rifampicin for tuberculosis		✓(3)		✓(3)	✓(2)		The serum levels of DMPA remain adequate even with rifampicin
Current purulent cervical discharge	✓		✓		✓		Category 1 for all Hormonal Methods
History of high blood pressure, where BP cannot be measured		✓(3)	✓(2)		✓(2)		Category 2 for all Hormonal Methods. Category 3 for COCs
Post abortion	✓		✓		✓		Category 1 for 1st and 2nd trimester abortions
Menses started 6 days ago	✓+		✓*		✓		+ If starting COCs after day 5, use a backup method (condoms) for first 7 days of taking pills *If starting POPs after day 5, use a backup method (condoms) for first 2 days of taking pills
Using hormonal method and did not have menses this past month	✓		✓		✓		Give any method if reasonably sure she is not pregnant

EXERCISE 2.3: MEC FOR IUCD CHART

Objectives

The purpose of this activity is to

- Familiarize the participants with the use of medical eligibility criteria for IUCD to help them make decisions about using IUCD based on certain medical conditions
- Reinforce the identification of conditions that pose health risk to the woman with the use of IUCD for contraception

Instructions: In the following chart, different conditions of a client have been listed which influence her decision to use IUCD. For each condition, make a '✓' in the relevant column and mention the WHO category in the comments column and also write the reason for that category.

SN	Client's Condition	IUCD Inserted	IUCD Not Inserted	Reasons/Comments
1.	Age 18 years and has one child			
2.	Has high blood pressure			
3.	After a first or second trimester abortion			
4.	Soon after a delivery			
5.	Puerperal infection or infection in lower reproductive organs and lower abdomen			
6.	History of ectopic pregnancy			
7.	History of having Gonorrhea			
8.	Having fibroids in the uterus, having fibroids at the outer wall of the uterus			
9.	Anemia with haemoglobin 8 grams			
10.	HIV positive but clinically healthy			
11.	Has AIDS and has not started any ART yet			
12.	Is taking rifampicin for TB			
13.	Has vaginal bleeding whose cause is not known			
14.	Has had more than 5 pregnancies			
15.	Has cervical cancer			

MEC FOR IUCD CHART (ANSWER KEYS)

SN	Client's Condition	IUCD Inserted	IUCD Not Inserted	Reasons/Comments
1.	Age 18 years and has one child	✓		Category 1
2.	Has high blood pressure	✓		Category 1
3.	After a first or second trimester abortion	✓		Category 1
4.	Soon after a delivery	✓		Category 1
5.	Puerperal infection or infection in lower reproductive organs and lower abdomen		✓	Category 4, IUCD is not inserted in a client with puerperal sepsis
6.	History of ectopic pregnancy	✓		Category 1
7.	History of having Gonorrhea	✓		Category 1, Check for risk of STIs and counsel for condom use if required for dual protection
8.	Having fibroids in the uterus, having fibroids at the outer wall of the uterus	✓*	✓^	*Category 1, If fibroid is towards the outer wall of the uterus and not distorting the cavity ^Category 4, If fibroid is distorting the inner layer of the uterus so that the cavity is not normal
9.	Anemia with haemoglobin 8 grams	✓		Category 2
10.	HIV positive but clinically healthy	✓		Category 2
11.	Has AIDS and has not started any ART yet		✓	Category 3, IUCD may increase the risk of severe infection following insertion due to overall immuno-compromised state of the client. She can get IUCD inserted once she has started ART and her CD 4 cell count improves and she becomes symptom free
12.	Is taking rifampicin for TB	✓		Category 1
13.	Has vaginal bleeding whose cause is not known		✓	Category 4, First diagnose the cause of the bleeding, manage it and if it becomes normal, then may be inserted
14.	Has had more than 5 pregnancies	✓		Category 1
15.	Has cervical cancer		✓	Category 4, Refer for management and help client choose another appropriate contraceptive method

EXERCISE 2.4: INFECTION PREVENTION FOR IUCD INSERTION/REMOVAL (WITH ANSWER KEYS)

Purpose:
To familiarize participants with infection prevention steps during IUCD insertion/ removal.

Instructions

- Participants will work in groups of 3 – 4 people
- Each group will review the checklist for IUCD counseling and clinical skills in the participants' handbook checklist 2.3 and identify the infection prevention steps by marking on the relevant tasks/steps in the checklist
- The trainer will facilitate a discussion after 20 minutes to review the IP steps which the groups have marked and ensure that all IP steps for IUCD insertions are enumerated

The answer is marked as a '√' in the checklist below.

CHECKLIST FOR IUCD COUNSELING AND CLINICAL SKILLS

Place a '✓' in case box of step/task is performed satisfactorily, an '✗' if it is not performed satisfactorily, or **N/O** if not observed.
Satisfactory: Performs the step or task according to the standard procedure or guidelines
Unsatisfactory: Unable to perform the step or task according to the standard procedure or guidelines
Not Observed: Step, task or skill not performed by participant during evaluation by trainer

Participant_____ Course Dates _____

CHECKLIST FOR IUCD COUNSELING AND CLINICAL SKILLS (REGULAR COPPER T 380A)					
STEP/TASK	CASES				
METHOD-SPECIFIC COUNSELING					
1. Once the woman has chosen to use the IUCD, assess her knowledge of the method.					
2. Counsel her regarding the mechanism of action, how long can be used, effectiveness, advantages, limitations, common side effects, need for follow-up					
3. Ensure that she knows that menstrual changes are a common side effect among IUCD users, and that the IUCD does not protect against STIs.					
4. Describe the medical assessment required before IUCD insertion, as well as the procedures for IUCD insertion and removal.	√				
5. Encourage her to ask questions. Provide additional information and reassurance as needed.					
SKILL/ACTIVITY PERFORMED SATISFACTORILY					
IUCD INSERTION					
Client Assessment					
6. Review the client's medical and reproductive history.	√				
7. Ensure that equipment and supplies are available and ready to use.	√				

CHECKLIST FOR IUCD COUNSELING AND CLINICAL SKILLS (REGULAR COPPER T 380A)					
STEP/TASK	CASES				
8. Have the client empty her bladder and wash her perineal area.					
9. Help the client onto the examination table.					
10. Tell the client what is going to be done, and ask her if she has any questions.					
11. Wash hands thoroughly and dry them.	√				
12. Palpate the **abdomen**.					
13. Wash hands thoroughly and dry them again.	√				
14. Put clean or HLD gloves on both hands.	√				
15. Inspect the external genitalia.					
Note: ▪ **If findings are normal**, **perform the bimanual exam first** and the speculum exam second. ▪ **If there are potential problems**, **perform the speculum exam first** and a bimanual exam second.					
15a. Perform a **bimanual exam** (see **Note** above)					
15b. Perform rectovaginal exam only if indicated.					
15c. If rectovaginal exam is performed, change gloves before continuing.	√				
16. Perform a **speculum exam** (see **Note** above). (**Note:** If laboratory testing is indicated and available, take samples now.)					
SKILL/ACTIVITY PERFORMED SATISFACTORILY					
Pre-insertion and Insertion Steps (Using aseptic, 'no touch' technique throughout)					
17. Provide an overview of the insertion procedure. Remind her to let you know if she feels any pain.					
18. Gently insert the HLD (or sterile) speculum to visualize the cervix (if not already done), and cleanse the cervical os and vaginal wall with antiseptic swabs twice.	√				
19. Gently grasp the cervix with an HLD (or sterile) tenaculum and apply gentle traction.	√				
20. Insert the HLD (or sterile) sound using the 'no touch' technique.	√				
21. Load the IUCD in its sterile package.	√				
22. Set the blue depth-gauge to the measurement of the uterus.					
23. Carefully insert the loaded IUCD, and release it into the uterus using the 'withdrawal' technique.					
24. Take out the plunger. Gently push the insertion tube upward again until you feel a **slight** resistance to ensure fundal placement of the IUCD.					
25. Partially withdraw the insertion tube until the IUCD strings can be seen.					
26. Use HLD (or sterile) sharp Mayo scissors to cut the IUCD strings to 3–4 cm length in the vagina.	√				
27. Gently remove the tenaculum and speculum and place in 0.5% chlorine solution for 10 minutes for decontamination.	√				
28. Examine the cervix for bleeding.					
29. Ask how the client is feeling and begin performing the post-insertion steps.					
SKILL/ACTIVITY PERFORMED SATISFACTORILY					
Post Insertion Steps					

CHECKLIST FOR IUCD COUNSELING AND CLINICAL SKILLS (REGULAR COPPER T 380A)					
STEP/TASK	CASES				
30. Before removing the gloves, place all used instruments in 0.5% chlorine solution for 10 minutes for decontamination.	√				
31. Properly dispose of waste materials.	√				
32. Process gloves according to recommended IP practices.	√				
33. Wash hands thoroughly and dry them.	√				
34. Provide post-insertion instructions (key messages for IUCD users): ▪ Basic facts about her IUCD (e.g., type, how long effective, when to replace/remove can come anytime she has concern or query or problems or wants to remove the IUCD) ▪ No protection against STIs; need for condoms if at risk ▪ Possible side effects ▪ Warning signs (PAINS) ▪ Checking for possible IUCD expulsion ▪ When to return to clinic					
35. Complete the woman's records					
SKILL/ACTIVITY PERFORMED SATISFACTORILY					
IUCD REMOVAL					
Pre-removal Steps					
1. Ask the woman her reason for having the IUCD removed.					
2. Determine whether she will have another IUCD inserted immediately, start a different method, or neither.					
3. Review the client's reproductive goals and need for STI protection, and counsel as appropriate.					
4. Ensure that equipment and supplies are available and ready to use.	√				
5. Have the client empty her bladder and wash her perineal area.					
6. Help the client onto the examination table.					
7. Wash hands thoroughly and dry them.	√				
8. Put new or HLD gloves on both hands.	√				
SKILL/ACTIVITY PERFORMED SATISFACTORILY					
Removing the IUCD					
9. Provide an overview of the removal procedure. Remind her to let you know if she feels any pain.					
10. Gently insert the HLD (or sterile) speculum to visualize the strings, and cleanse the cervical os and vaginal wall with antiseptic swabs twice.	√				
11. Alert the client immediately before you remove the IUCD.					
12. Grasp the IUCD strings close to the cervix with an HLD (or sterile) hemostat or other narrow forceps.	√				
13. Apply steady but gentle traction, pulling the strings toward you, to remove the IUCD. **Do not use excessive force**.					
14. Show the IUCD to client.					
15. Place the IUCD in 0.5% chlorine solution for 10 minutes for decontamination. ✓	√				
16. If the woman is having a new IUCD inserted, insert it now if appropriate. [If she is not having a new IUCD inserted, gently remove the speculum and place it in 0.5% chlorine solution for 10 minutes for decontamination.]	√				

CHECKLIST FOR IUCD COUNSELING AND CLINICAL SKILLS (REGULAR COPPER T 380A)					
STEP/TASK	CASES				
17. Ask how the client is feeling and begin performing the post-removal steps.					
SKILL/ACTIVITY PERFORMED SATISFACTORILY					
Post-removal Steps					
18. Before removing the gloves, place all used instruments and the IUCD in 0.5% chlorine solution for 10 minutes for decontamination.	√				
19. Properly dispose of waste materials.	√				
20. Process gloves according to recommended IP practices.	√				
21. Wash hands thoroughly and dry them.	√				
22. If the woman has had a new IUCD inserted, review key messages for IUCD users. [If the woman is starting a different method, provide the information she needs to use it safely and effectively (and a back-up method, if needed)]					
23. Complete the woman's records					
SKILL/ACTIVITY PERFORMED SATISFACTORILY					

EXERCISE 2.5: DEMONSTRATION: LOADING IUCD IN A STERILE PACKAGE

Purpose: To demonstrate steps of loading of IUCD in a sterile package and the withdrawal technique for IUCD insertion and improve the skills of the participants. Refer to handout 2.1 in the participant's handbook.

Instructions for the facilitator

- Introduce the activity. 'Now I am going to show you the technique to load the IUCD CuT 380A in a sterile package. This will help ensure that you do not touch IUCD even with gloved hands before you insert it. It will help reduce the chances of infection'
- Ensure presence of the IUCDs in a sterile package as well as hand-held uterus model
- Ask participants to follow the guidelines given for loading the IUCD in sterile package
- Ask the participants to identify the following parts of the IUCD package, Copper T and its insertion kit – transparent front and white back flap of the package, arms and stem of the Copper T, inserter tube, blue depth gauge, ID card and plunger white rod of the insertion kit
- Complete the whole procedure ensuring all participants can see it. Divide participants into small groups so that more than one trainer can make the demonstration
- Once the IUCD is loaded in the sterile package using no-touch technique also demonstrate the steps of withdrawal technique using the hand held uterine model
- Invite participants to ask any question that they may have
- Encourage them to practice following the steps in the guidelines for loading IUCD in a sterile package

Materials:

- IUCDs Cu-T 380A in sterile package at least one for each participant and one to two for demonstration
- Hand held uterine model
- Handout 2.1 from participants' handbook

ROLE PLAYS

ROLE PLAY 2.1: DEMONSTRATION AND PRACTICE: FP COUNSELING USING GATHER APPROACH

Purpose:
To provide participants with an experience of counseling a client for family planning using GATHER approach.

Instructions for facilitators

- Divide the participants in groups of three (One counselor, One client, and an observer).Provide participants instruction on role play
  - Read the role play (5 mins)
  - Assign roles (One counselor, one client, one observer)
  - The observer uses the checklist for counseling observation guide to provide feedback
  - The counselor performs as per the guidance in role play
  - The client plays the role according to the situation in the role play
  - Get ready to change roles in the group when one provider/counselor has finished. Each provider/counselor will get 5-10 minutes to complete the role play
- The trainers/facilitators will float from group to group to ensure that the participants are not deviating from the theme of the role play. Announce when it is time to change the roles
- During the follow up discussion focus on quality of counselor and counseling skills. Invite suggestions for improvement. List them all on the flip chart.
- Summarize the session by drawing the main point

Role play #1

Mrs. Sitadevi is a 21 years old mother of two children. The older one is 2 year old male child and the younger one is 7 months old baby girl. Sitadevi lives in a small village about 3 kms from the PHC. It is a vaccination day today and Sitadevi and her mother-in-law have come for vaccination of both children. Sitadevi's husband, Mr. Ramkishan is a painter and stays with her. He makes money just enough to survive. Sitadevi and he talked several times about not having more babies for at least 2-3 years.

She has heard about several methods and is sure of not using condoms. A couple of friends told about oral pills. Her husband has agreed that she can use any method but he does not want to get involved. Mother-in-law says, 'Have as many babies as you want before your body starts to fail and you become weak.'

Roles:

Client: Even though you have been to this facility many times you are still worried today. You have several questions like, which method is good? What if I cannot get pregnant after stopping the method? What will the pills do in the body? And how effective these methods are?

Mother in Law: You are a little dominating and tell your daughter-in-law that IUCD is better than oral pills as well as keep on giving your opinion on several things.

Provider: You are an experienced FP service provider with 20 years services. You know the community well and people generally respect you. You have just returned from a Contraceptive Technology Update workshop. All information that you provide is very up to date and you follow the GATHER approach to counseling. You effectively manage the Mother-in-law who is a bit dominating.

Q. How will the provider counsel Sitadevi to address her concerns?

Role play # 2

Mrs. Mina is 21 years old. She is a teacher and is married with no babies. Her husband and she have plans to do higher studies together and will want to have babies only after they finish studies and have a job in the city.

They have been using condoms correctly and regularly but last night ended up having sex without condoms.

Now she is really worried. They do not want a baby now and is scared she may get pregnant. Someone told her that there is ECP but she thought it was only for those who are unmarried and she also thinks that the tablets will affect her future ability to get pregnant.

She is anxiously waiting for Ms. Meenakshi the ANM at MCH center so that she can talk to her.

Roles:

Client: Mina is looking very concerned and has several questions related to ECP before making decisions to take it. Most importantly she wants to know if it will be 100 percent effective in preventing pregnancy

Provider: Meenakshi is young ANM with three years of work experience. She had just returned from a Contraceptive Technology Update workshop and received very up to date information on Emergency Contraceptive Pills. Meenakshi is being very patient and answering all ECP related questions that Mina has.

Q. How will Meenakshi counsel Mina about ECPs?

Ask the participants to use the counseling observation guide below to see if the counselor uses good counseling behavior.

COUNSELING OBSERVATION GUIDE		
Good counseling behavior	**Observed** **'Yes' or 'No'**	**Remarks: If 'yes' what was good about it and if 'no' what suggestions you have for improvement**
Establish a supportive, trusting relationship		
Allow the woman to talk and listen to her		
Engage woman's family members (if present) with the woman's consent		
Ask about any previous experiences with family planning, and if she has a particular method in mind		
Assess partner/family attitude about family planning		
Ask about her reproductive goals, especially need for spacing or limiting		
Ask about her need for protection against STIs		
Ask whether she is interested in a particular family planning method		
Provide general information about benefits of birth spacing		
Provide information about postpartum birth spacing methods		
Help the woman to choose a method and describe the medical assessment		
Provide method specific information about the method chosen		
Ensure that the woman understands what was discussed		
Plan for next steps and arrange for follow up visit		

SECTION III

INTRODUCTION TO
SEXUALLY TRANSMITTED INFECTIONS, HIV
AND
PREVENTION OF PARENT TO CHILD TRANSMISSION OF HIV

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PRE AND POST-TEST KNOWLEDGE ASSESSMENT QUESTIONNAIRE

Participant No: Date: Score:

Instructions:

- Please read the questions carefully and circle the right answer. You can only choose ONE answer for each question
- For True or False questions, write 'T' or 'F' against each sub question

1. HIV is transmitted
   (a) By hugging an infected person
   (b) By sharing food, bath towels, toilet, and soaps with an infected person
   (c) Through mosquito and insect bites
   (d) Through unprotected sexual contact and by sharing needles with an infected person

2. Which of the following HIV +ve people has clearly progressed to AIDS
   (a) Mrs. K who has Tuberculosis
   (b) Mr. J whose CD4 count is 170 and has been admitted for Cryptococcal Meningitis
   (c) Mr. S who has an unexplained fever for more than one month
   (d) Mr. B who has had a persistent cough for more than three weeks

3. Which of the following body fluids contains high concentration of HIV?
   (a) Saliva
   (b) Vaginal secretions
   (c) Urine
   (d) Vomit

4. Mr. V comes to your clinic and says he had a sexual encounter 10 days ago. He suspects that his partner may have HIV. There is no counselor available, so you as the nurse need to counsel him about HIV testing. Keeping in mind the effect of the window period, what would you counsel him to do?
   (a) Do nothing now, but return in 6 weeks for an HIV test
   (b) Take an HIV rapid test now, and if the result is negative, you would inform him of his negative status, and send him home
   (c) Go straight away to an HIV clinic for treatment
   (d) Take an HIV rapid test now, and if the result is negative, you would counsel him on safe sex and ask him to return in 6 weeks to repeat testing

5. People with this condition should be referred for HIV testing. (write TRUE or FALSE against each)
   (a) Malaria _____
   (b) Tuberculosis _____
   (c) Gonorrhoea _____
   (d) Arthritis _____
   (e) Pregnant women _____

6. As a health care professional it is unethical to
   (a) Disclose the PLHAs status to his/her spouse against their wishes in cases where you have been unable to convince the patient to do so themselves despite intensive counseling

(b) Refer pregnant women for HIV testing
(c) Mark PLHA case sheets with labels such as 'HIV patient' or 'Biohazard'
(d) Teach the family simple care procedures to help the PLHA at home

7. Condoms are effective in preventing
   (a) Sexually transmitted infections i.e. syphilis
   (b) Reinfection of HIV in PLHAs (People Living with HIV/AIDS)
   (c) Sexual transmission of HIV
   (d) All of the above

8. Which of the following procedures would require a nurse to use all protective equipment (gloves, mask, eyewear, shoes, apron and gown)
   (a) Dressing a large open wound (not caused by burns)
   (b) Conducting a delivery
   (c) Doing a Pelvic/Vaginal exam
   (d) Assisting in a lumbar puncture

9. If you had accidental needle prick on your finger the first step you should take is
   (a) Squeeze the finger to allow the blood to flow, then wash hands
   (b) Do an HIV test on the patient on whom the needle was used
   (c) Wash the hands thoroughly with soap and running water
   (d) Self-medicate for PEP medicines

10. Tick TRUE or FALSE against each of the following statements
    (a) Biologically, men are at higher risk to get STI's than women _____
    (b) STI's can cause infertility _____
    (c) Reducing STI's among people will also reduce their risk HIV risk _____
    (d) For effective treatment of STI's the patient AND their partners need to be treated _____

11. An in-patient with HIV has diarrhoea for more than 1 month, is in severe dehydration, oral candidiasis, loss of weight (>10% body weight loss) and has a CD4 of 152. (write TRUE or FALSE)
    (a) The person should be started on ART immediately _____
    (b) The person is said to be in clinical stage II according to WHO _____
    (c) No medical treatment can be provided and the patient should be sent home _____
    (d) Treatment for diarrhoea and oral candidiasis should be started _____

12. Tick TRUE or FALSE against each of the following statements
    (a) Effective anti-retroviral treatment (ART) blocks the ability of HIV to reproduce or replicate _____
    (b) Effective anti-retroviral treatment (ART) can reduce the risk of sexual transmission of HIV but will not prevent it completely _____
    (c) Once a person is started on ART for HIV infection, it needs to be taken life long _____
    (d) A patient regularly skips doses of ART is more likely to develop resistance than one who takes their ART regularly as prescribe _____
    (e) The most important criteria for starting ART is the person must show readiness and commitment _____

13. Palliative care includes
    (a) Aggressive treatment management
    (b) Pain management
    (c) Slowing down the process of death

14. Case Study: Anita is a 31 year old single mother of a healthy 7 year old child. Anita has been on treatment of pulmonary TB during the last 4 months, and she is improving. In the past she has had one episode of herpes zoster and oral thrush – she recovered completely from these episodes but had troublesome itching of the skin. Anita has come to the clinic because she thinks she may be pregnant. Her pregnancy test is positive, and after pre-test counseling and a HIV test, the result shows she is HIV+ve. Her CD4 count is 250/mm3, and her hemoglobin is 9.6g.

    (A) Tick TRUE or FALSE against each of the following statements
        (i) Anita should be counseled to have an abortion _____
        (ii) Anita should be advised to have a hospital delivery _____
        (iii) Anita should be advised to have a caesarian delivery _____
        (iv) Anita should be advised to give both breast milk and powder milk to the baby after delivery _____
        (v) Transmission of HIV from Anita to her baby can be prevented 100% if she takes antiretroviral (ARVs) drugs _____
        (vi) Transmission of HIV from Anita to her baby is more likely to occur if Anita's viral load is high _____

    (B) Which of the following ARVs should be avoided during Anita's pregnancy?
        (i) Efavirenz (Sustiva)
        (ii) Stavudine (d4T, Zerit)
        (iii) Zidovudine (AZT, ZDV)
        (iv) Lamivudine (3TC, Epivir)
        (v) Nevirapine (Viramune)

    (C) Which of the following ARVs should be avoided in Anita's case due to the potential side effect of anemia?
        (i) Efavirenz (Sustiva)
        (ii) Stavudine (d4T, Zerit)
        (iii) Zidovudine (AZT, ZDV)
        (iv) Lamivudine (3TC, Epivir)
        (v) Nevirapine (Viramune)

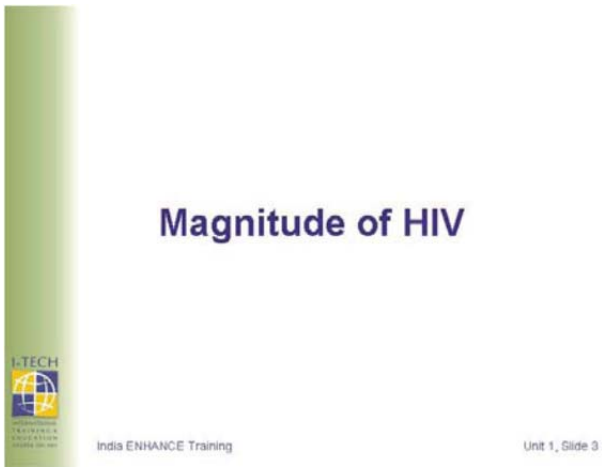
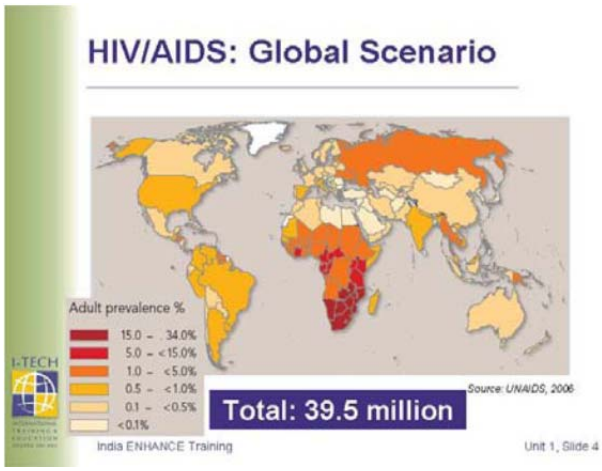
15. Tick TRUE or FALSE against each of the following statements
    (a) The HIV disease progression is the same in children and adults _____
    (b) Generally, HIV exposed children should be given immunizations as usual _____
    (c) HIV+ children are likely to get PCP at an earlier stage than adults _____
    (d) ART medication should be dosed the same in children as in adults _____

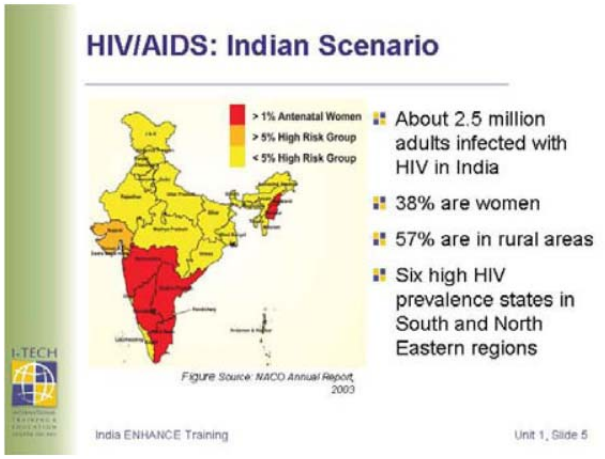
ANSWER KEY

Q.No	Answer
1.	d
2.	b
3.	b
4.	d
5.	a. F b. T c. T d. F e. T
6.	c
7.	d
8.	b
9.	c
10.	a. F b. T c. T d. T
11.	a. F b. F c. F d. T
12.	a. T b. T c. T d. T e. T
13.	b
14.	A). i. F ii. T iii. F iv. F v. F vi. T (B). a (C). c
15.	a. F b. T c. T d. F

TEACHING MATERIALS

SESSION 3.1: OVERVIEW OF HIV

	The following slides explain the magnitude of HIV infection globally and nationally.
 *Source: Joint United Nations Programme on HIV/AIDS (UNAIDS), 2006 Report on global AIDS epidemic.* *http://www.unaids.org/en/HIV_data/2006GlobalReport/defaul t.asp* *Graphic Source:* *http://www.unaids.org/en/HIV_data/Epidemiology/epi_slides.asp*	Explain that this map shows HIV prevalence in various countries across the globe. ▪ Prevalence means the percentage of the population that is affected with HIV at a given time ▪ Ask participants which areas in the globe are hardest hit by the HIV epidemic? ▪ Answer: Sub-Saharan Africa In 2006 approximately: ▪ 39.5 million people were living with HIV ▪ worldwide ▪ 4.3 million people became newly infected with HIV ▪ 2.9 million people died of AIDS-related illnesses ▪ By The year 2010 it is estimated that an additional 45 million people will become HIV infected in 126 low- and middle- income countries if current (2006) infection rates continue ▪ >40% of these 45 million will be in Asia and the Pacific ▪ As of the year 2006, Sub- Saharan Africa had the largest number of People Living with HIV/AIDS (PLHAs) but South & South East Asia is in danger of becoming region with the highest number of PLHAs in the world



This map shows the six high prevalence states: Maharashtra, Andhra Pradesh, Tamil Nadu, Karnataka, Manipur, and Nagaland.

Meaning of High, Medium and Low risk states:

- **High Prevalence (red on the map): When > 5% amongst high risk groups and > 1% amongst antenatal cases**
- **Medium Prevalence (orange): When > 5% amongst high risk groups and < 1% amongst antenatal cases**
- **Low Prevalence (yellow): When < 5% amongst high risk groups and < 1% amongst antenatal cases**

There are 111 high prevalence districts in India. There are regional differences in modes of transmission:

- Heterosexual routes is the most common in Tamil Nadu, Karnataka, Andhra Pradesh, and Maharashtra
- Through sharing needles of injection drug users in Nagaland and Manipur.

Source: National AIDS Control Organisation. 2006 Sentinel Surveillance.

Facilitators' Notes continued:

Ask participants which groups are considered high risk groups/populations?

Answer:

Commercial Sex Workers (CSWs)
Men who have Sex with Men (MSM)
IDU (Injection Drug Users)
Trafficked women

Graphic Source: National AIDS Control Organisation.
Annual Report 2002-2003 2003-2004 (up to July 2004). Page 18
http://www.nacoonline.org/annualreport/annualreport.pdf

Some interesting facts:

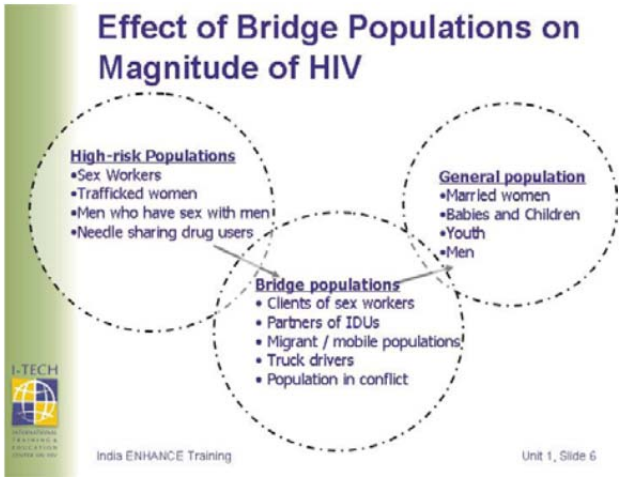
- 2005 estimate is 5.7 million PLWHA (adults and children) in India
- First HIV case in India was seen in 1986 in Tamil Nadu
- First full blown case of AIDS was in Mumbai (1987)
- HIV infection has been reported in all States
- HIV prevalence tends to be higher in the industrialized peninsular states

Ask participants how many patients are testing Positive for HIV every month at their local site, if known? Has this changed over time?

In 2006, 2-3.1 million adults infected with HIV in India. *Source: http://data.unaids.org/pub/PressRelease/2007/07 0706_indiapressrelease_en.pdf_26.10.07*

- **38% are women**
- **57% of these are in the rural areas**

Source: Joint United Nations Programme on HIV/AIDS (UNAIDS), 2006 Report on global AIDS epidemic.
http://www.unaids.org/en/HIV_data/2006GlobalRep ort/default.asp



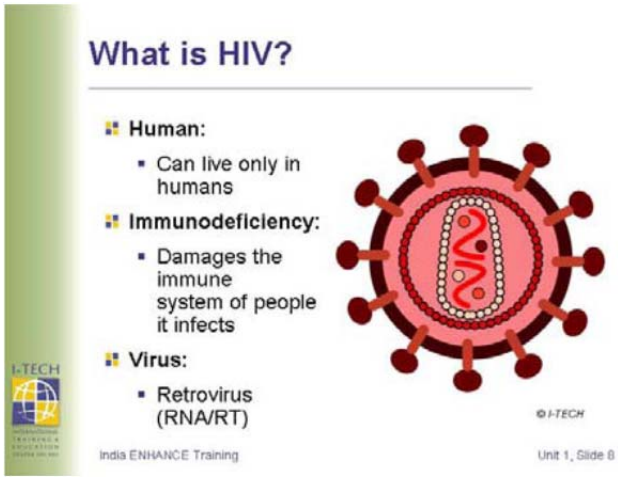
Facilitators' Notes:

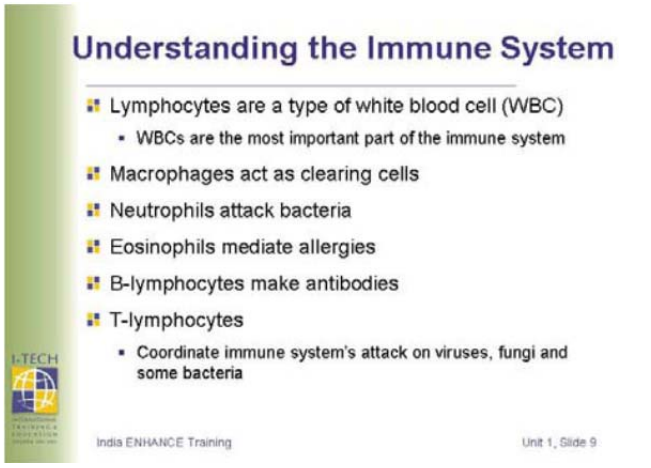
High-risk populations:

- Initially HIV infection was restricted to high risk populations namely the sex workers, women who were sold for sex work, or men having sex with men (MSM) and injection drug users (IDUs)

Bridge populations:

- These HIV-infected individuals can transmit
- HIV infection through unsafe contact (i.e. sexual, needle sharing, unprotected sex) to individuals who are termed the bridge population
- People who live in areas of conflict and war are often subject to violence or may be involved in unsafe practices that could result in increased spread of HIV

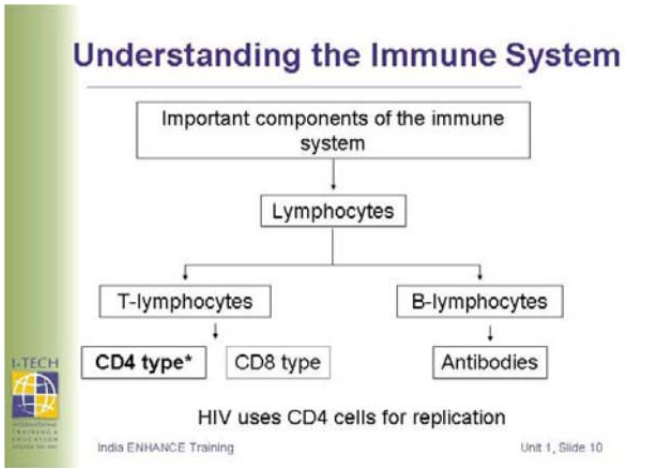
	General population: ▪ Once a member of the bridge population (e.g. truck drivers, clients of sex workers, migrants, etc.) is infected, they can infect their spouses and their babies, considered the general population. This is a very common scenario in India ▪ HIV today is no longer restricted to any particular group of individuals. It has reached the general population who has never had any high risk behaviour - this includes married women, babies and children, youth and men
	Ask participants, 'Are HIV and AIDS the same thing? If they say no, ask them 'How are they different?' **Wait for their answers and then project the next series of slides.**
	**Facilitators' Notes:** **Human** ▪ HIV, like all viruses, must enter other cells if it is to replicate and survive. HIV cannot stay alive outside the human body unless under laboratory conditions **Immunodeficiency:** ▪ HIV damages an individual's immune system and unlike most viruses, it cannot be destroyed by the body. After becoming infected, a person has HIV for the rest of his or her life **Virus:** ▪ HIV is a 'retrovirus' ▪ The genetic material of retro-viruses are carried in the form of RNA rather than DNA ▪ Retroviruses usually contain an enzyme reverse transcriptase that helps in converting RNA to DNA during the replication process



Discuss the basic components of the immune system in the human body using the points on the slide.

The body protects itself from infections in two ways:

- Skin and mucous membrane: prevent infection from physically entering the body
- The Immune System: fights infection inside the Body. The immune system protects the body by recognizing and destroying: infectious agents such as bacteria, viruses, and parasites, abnormal cells and foreign objects – anything from small objects like thorns, to transplanted organs

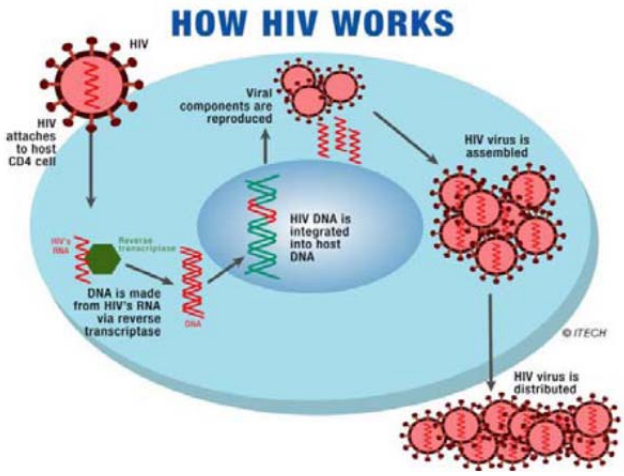


Lymphocytes are present in lymphoid organs which are found throughout the body. They help manufacture white blood cells (WBCs) that protect the body.

- B-lymphocytes are produced in the bone marrow
- T-lymphocytes are processed and stored in the thymus
- The most important of T-lymphocytes are CD4 type and CD8 type

The HIV virus is especially attracted to the CD4 type of lymphocytes. It enters the CD4 lymphocyte and multiplies in them thereby destroying the CD4 cells. Gradual loss of these CD4 cells results in the loss of immunity.

Ask participants to think about how they can give patients simple explanations about the immune system as part of ongoing patient education.

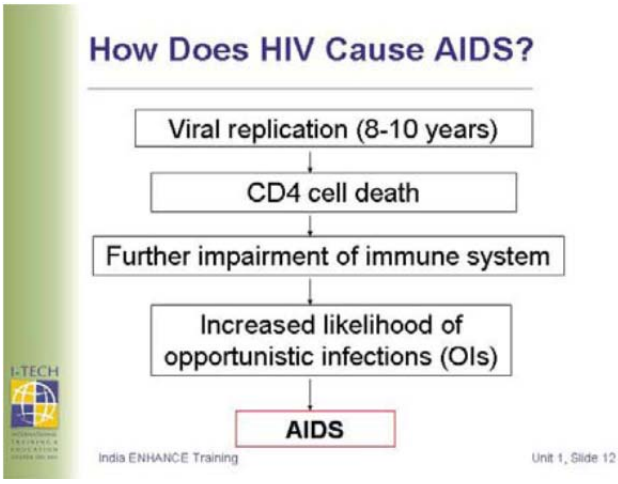


Review slide and explain the six stages of the HIV life cycle.

HIV uses the CD4 cell like a factory to reproduce more of itself:

- HIV attaches to the CD4 cell & releases RNA & enzymes on entry
- The enzyme 'Reverse Transcriptase' makes a DNA copy of the viral RNA
- New viral DNA is then integrated using the enzyme 'Integrase' into the CD4 cell nucleus
- New viral components are then produced, using the cell's machinery
- These are assembled together using the enzyme 'Protease'
- The new viruses are released

The host CD4 cell eventually gets destroyed by this process



The natural progression of infection in a PLHA who is not treated:

- As CD4 cells get destroyed, the immune system is weakened and the body's capacity to fight infections is reduced
- Person becomes susceptible to many infections including opportunistic infections (OIs) (caused by organisms that naturally reside in the body (i.e. PCP) or that are in the environment (i.e TB)
- Presence of major OIs indicates AIDS

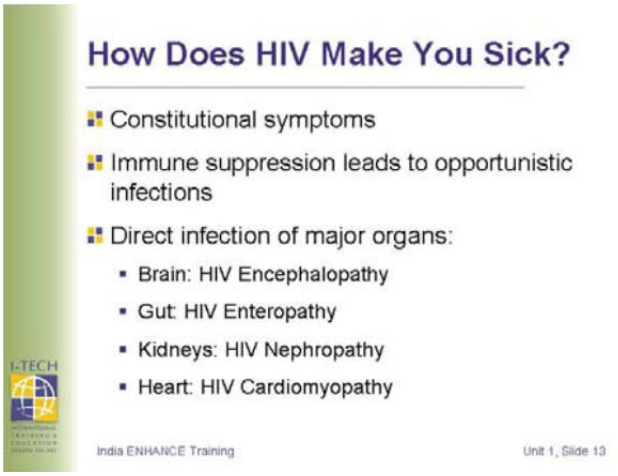
Ask participants 'What is an opportunistic infection (OI)?'

- **Answer:** An infection that occurs with a weakened immune system that a person with a strong immune system may be able to fight off

Then ask participants to give you examples of an OI.

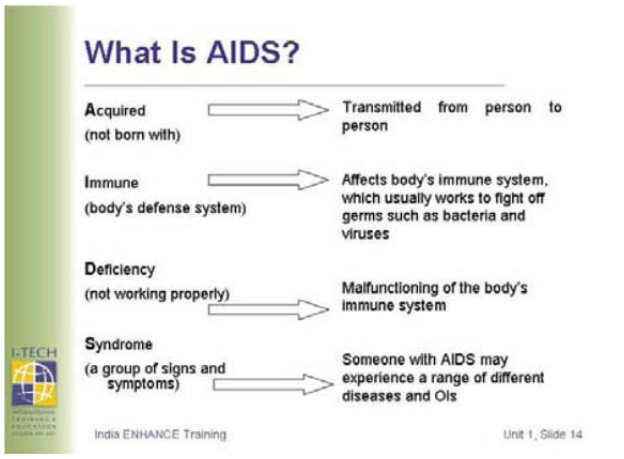
- Examples: PCP, oesophageal candidiasis, etc.

Ask participants if there are any questions or doubts so far, and if so, take a few minutes to clarify and summarize.



Patients can become sick from constitutional symptoms of HIV such as fever, night sweats, fatigue and rash, without an OI.

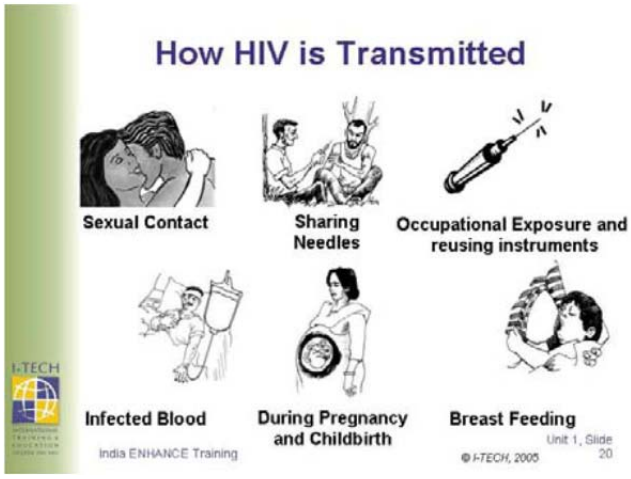
Patients with HIV can die from opportunistic infections such as TB, pneumonia, herpes, and meningitis. But HIV can also directly affect organs in the body as mentioned in the slide.



Someone may be infected with HIV for many years before their immune system is damaged sufficiently (CD4<200) to cause opportunistic infections and hence AIDS.

Ask participants, 'In summary, can you explain the difference between HIV and AIDS?'
Wait for their responses and then project the next slide.

Difference between HIV and AIDS - HIV is a virus and AIDS is a disease - HIV develops into AIDS - AIDS is the end stages of HIV infection - People with HIV infection may be asymptomatic, functional - People with AIDS have severe infections, and may not be able to carry out normal daily activities India ENHANCE Training Unit 1, Slide 15	**Review the differences between HIV and AIDS.** Some persons remain HIV-infected and never progress to AIDS, i.e. long term progressors, elite controllers.
HIV Transmission India ENHANCE Training Unit 1, Slide 18	**Ask participants 'How is HIV transmitted?'** **Write their responses on flipchart paper/board and then project the next few slides.**
Which Body Fluids Have Risk for HIV Transmission? **Considered "At Risk"** - Blood - Semen - Vaginal secretions - Cerebrospinal fluid - Synovial, Pleural, Pericardial, Peritoneal fluids - Amniotic fluid - Breast milk - Other body fluids visibly contaminated with blood **Considered "Not At Risk"** - Tears - Sweat - Urine and Faeces - Saliva *Unless they contain **visible blood*** India ENHANCE Training Unit 1, Slide 19	**This slide is animated.** Ask participants to call out which body fluids have risk of transmitting HIV and which do not. Wait for their responses and then click the mouse or press the down arrow button for each bullet to appear in the slide. Clarify that amniotic fluid does not contain HIV unless there is interruption in the integrity of the amniotic sac (i.e. rupture of membranes, invasive procedures such as amniocentesis or trauma). HIV has been found in saliva and tears in very low quantities from some AIDS patients. HIV has not been recovered from the sweat of HIV-infected persons. Contact with saliva, tears, or sweat has never been shown to result in transmission of HIV.



HIV infected body fluids are transmitted from one person to another through the routes mentioned in the slide.

Define each type of sexual contact/practice and risk of HIV transmission:

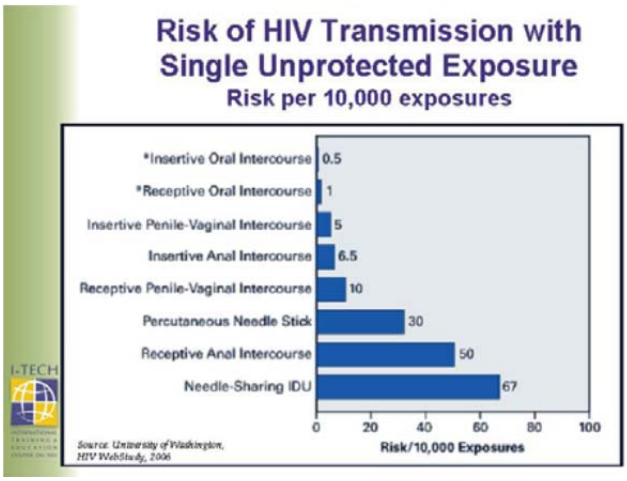
- **Anal sex**: insertion of the penis into the rectum of a man or a woman - high risk for recipient because the lining of the rectum is thin and can tear and semen can pass through the mucous membrane of the rectum
- **Vaginal sex**: insertion of the penis into the vagina – high risk because semen can pass through the mucous membrane lining of the vagina or the head of the penis, but higher risk for the woman
- **Oral sex**: stimulation of the genitals with the mouth – although less risky, HIV can be transmitted through contact with vaginal fluid or semen especially if there are open sores in the mouth or genital area

Sharing infected needles can lead to transmission of HIV. **Needle routes of HIV transmission are**:

- Injection drug use
- Reusing infected instruments (i.e. needles or surgical instruments) in the health care setting
- Getting a deep needle stick from a person infected by HIV during an occupational exposure

Receiving infected blood, blood products, or organs can allow transmission of HIV.

Mothers can transmit the virus to their babies during pregnancy, delivery, or breast feeding.



Sources:

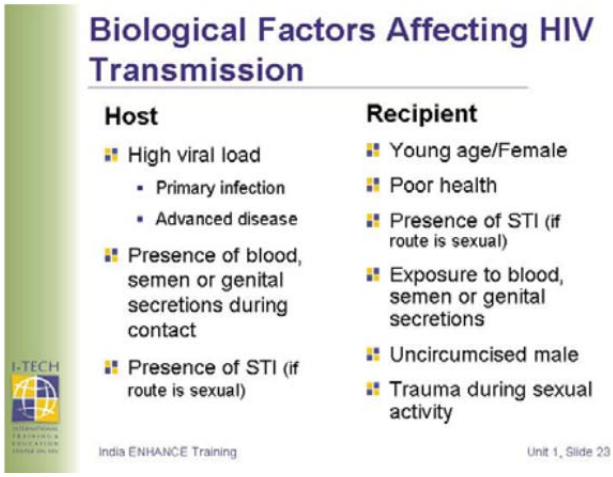
1. Rothenberg RB et al. AIDS 1998;12:2095-2105.
2. Am J Epidemiology 1999;150:306-11.
3. NEJM 336(15):1072-8. (rates in Europe & U.S.)
4. Am J Epidemiology 1999;150:306-11
5. CDC, MMWR 47; RR-17, 1998.
6. Bell DM. Am J Med 1997; 102 (suppl 5B): 9—15.

Tell participants that the risk of HIV transmission would be higher with multiple exposures or if the person who is exposed has an STI or has a weak immune system due to TB, malnutrition or other disease. All transmission risks assume an HIV-infected source partner/patient.

Interpretation of data presented in slide:

1) Approximately 0.5 out of 10,000 people will acquire HIV with a single exposure from an HIV infected source through unprotected insertive oral intercourse
2) Approximately 1 out of 10,000 people will acquire HIV with a single exposure from an HIV infected source through unprotected receptive oral intercourse
3) Approximately 5 out of 10,000 people will acquire HIV with a single exposure from an HIV infected source through unprotected insertive penile-vaginal intercourse. (female to male)
4) Approximately 6.5 out of 10,000 people will acquire HIV with a single exposure from an HIV infected source through unprotected insertive anal intercourse

7. Am J Epidemiology 1999;150:306-11 and CDC, MMWR 54; RR-2, 2005 (http://www.cdc.gov/mmwr/PDF/rr/rr5402.pdf). *8. CDC, MMWR 47; RR-17, 1998.*	5) Approximately 10 out of 10,000 people will acquire HIV with a single exposure from an HIV infected source through unprotected receptive penile-vaginal intercourse. (male to female) 6) Approximately 30 out of 10,000 people will acquire HIV with a single exposure from an HIV infected source through occupational percutaneous injury 7) Approximately 50 out of 10,000 people will acquire HIV with a single exposure from an HIV infected source through unprotected receptive anal intercourse 8) Approximately 67 out of 10,000 people will acquire HIV with a single exposure from an HIV infected source through needle sharing
	Brainstorm with participants why HIV cannot be transmitted as mentioned in the slide. **HIV is NOT transmitted by:** ▪ Kissing and hugging – contact with intact skin is not harmful ▪ Contact with sweat, tears, urine or faces – as long as none of these contain blood, they pose no risk for transmission of HIV ▪ Insect bites – HIV cannot be transmitted by insects – it is a human virus ▪ Swimming, sharing utensils, toilet seats, etc. – HIV cannot exist outside the human body, so there is no risk of transmission through these methods ▪ Eating food prepared by an infected person – will not lead to transmission of HIV. This is just a common myth and increases stigma towards HIV +ve people **Ask participants, 'What other myths have you heard about routes of transmission?' Clarify any doubts before moving on.** **Ask participants, 'Is it important to know how patients got infected with HIV?'** The answer should be **NO** – regardless of how the patient became infected, the nurse still needs to do a good current risk assessment to be able to counsel on safe behaviors in the present and future, and the care and treatment will be the same no matter how the person became infected. Ask participants what biological factors increase the risk of HIV transmission. After eliciting their responses, show the next slide.



(*CDC. Male circumcision and risk of HIV transmission: implications for US. March 2007. http://www.cdc.gov/hiv/resources/factsheets/circumcision.htm*)

Susceptibility of **recipient** is increased with the following factors (**women and HIV will be discussed in the next slide, so don't spend too much time on it here**):

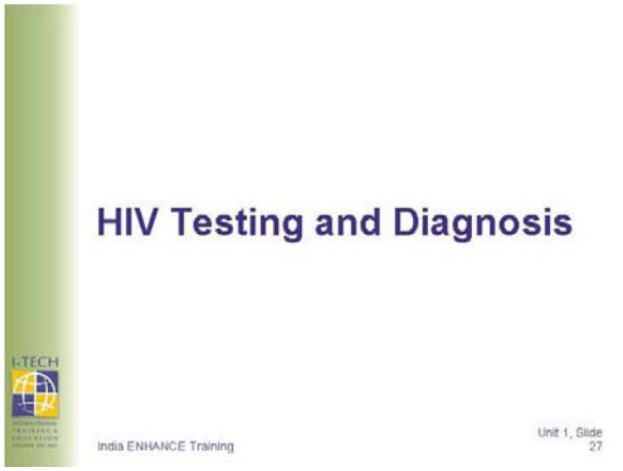
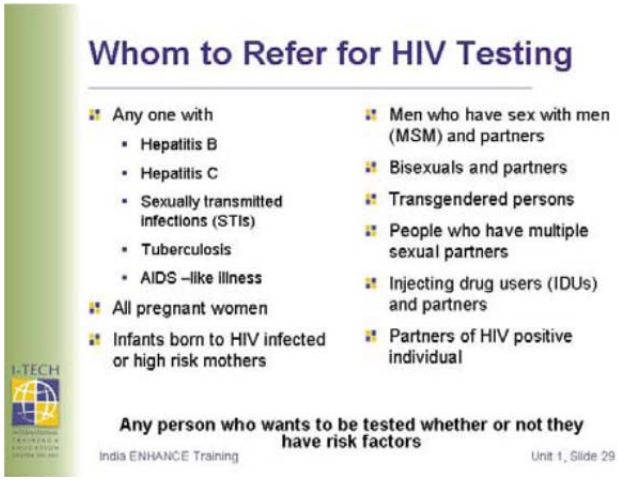
- **Age**, if female: The younger the girl, the greater the risk of trauma during sexual intercourse
- **Gender**: Women are more susceptible
- **Presence of STI**: Inflammation, lesions could increase entry of the virus into the body
- **Exposure** to infected blood, semen or other genital secretions which contain high volumes of the virus
- Uncircumcised men having unprotected sexual contact with an infected person
- Compared to the dry external skin surface of the penis, the inner mucosa of the foreskin has less keratinization (deposition of fibrous protein), a higher density of target cells for HIV infection, and is more susceptible to HIV infection in laboratory studies
- It has also been argued that the foreskin may have greater susceptibility to traumatic epithelial disruptions (tears) during intercourse, providing a portal of entry for pathogens including HIV
- In addition, the micro-environment in the preputial sac between the unretracted foreskin and the glans penis may be conducive to viral survival
- Finally, the higher rates of sexually transmitted genital ulcerative disease, such as syphilis, observed in uncircumcised men may also increase susceptibility to HIV infection
- Trauma during sexual activity could increase risk of transmission

Ask the participants 'Which of these factors in the slide could we change, so that the transmission of HIV is decreased?'

Answer: Everything except age and gender; infectiousness at various stages of disease can be decreased by practicing safer sex, healthy lifestyle, and counseling to empower vulnerable groups (young women or women exposed to domestic violence)

Women & Sexual Transmission of HIV
- Women are at higher risk of getting HIV through sexual contact than men
  - Large amount of mucosal surface area in vagina
  - Pooling of semen during intercourse
- Women are especially vulnerable when
  - Have STIs
  - Young: due to immature genital tract
  - Thinning of vagina (i.e. menopause, on progesterone)
India ENHANCE Training Unit 1, Slide 24
	Biologically, women are more prone to HIV than men.
	▪ Women have a larger mucosal surface area which allows pooling of semen therefore increasing risk of exposure to HIV
	▪ STIs are difficult to detect in women, and may be asymptomatic. Having an STI increases a person's risk of acquiring HIV through sex
	▪ Vaginal tract is fragile in women who are nearing menopause, on progesterone or very young girls. Rough vaginal sexual intercourse leading to chafing or tears may make them more susceptible to HIV infection
	▪ HIV-positive women's sexual partner(s) have a greater risk of getting HIV, if sexual contact occurs during menstruation

Socioeconomic Factors - Social Mobility - Gender - Poverty - Cultural Factors - Stigma and Denial - Drug Use and Alcohol Consumption - Domestic and Community Violence - People in Conflict India ENHANCE Training Unit 1, Slide 26	**With the large group, discuss each bullet with regards to:** ▪ **What it means** ▪ **How it can impact HIV transmission** **Social Mobility:** HIV/AIDS follows routes of commerce. Can be transmitted when urban and rural migrations occur, there is a mobile population in search of jobs (i.e. truck drivers) and when there is inadequate economic growth, unemployment. **Gender:** Cultural practices that support multi-partner relationships for men and lack of negotiating power of women enable transmission of HIV. Unequal distribution of power between men and women create barriers for women to negotiate precaution for HIV and other STIs. **Poverty:** Results in lack of access to information, care, and treatment thus enabling spread of HIV. Might also force a person into commercial sex work or trafficking as only means of financial support. **Cultural:** Traditions, beliefs, and practices affect understanding of health and disease and acceptance of conventional medical treatment. **Stigma and Denial:** Denial and silence about HIV is the norm. Stigma prevents people from getting tested and seeking care which enables the spread of HIV. **Drug Use and Alcohol Consumption:** Leads to impaired judgment. Encourages high risk behavior such as sharing needles and unsafe sex which contributes to the rapid spread of HIV not only in high risk groups but also in the general population. **Domestic and Community Violence:** People in trauma due to violence have little negotiating power and often are exposed to high risk behaviour. Can be physical or sexual violence in home or community which puts the victim at risk of acquiring HIV. **People in Conflict:** People who live in areas of conflict and war are often subject to violence or may get involved in unsafe practices that could result in increased spread of HIV.

	Nurses play an important role in HIV testing and diagnosis. They can: ▪ Identify and refer patients who need HIV testing ▪ Educate patients about tests and clarify need for repeat testing if necessary
	Brainstorm with participants the question on the slide and write their responses on a flipchart/ board. Advance to the next slide for answers.
	**Answer: Refer the following individuals to Integrated Counseling and Testing Centers (ITCTs) for testing:** ▪ Anyone with Hepatitis B, Hepatitis C, sexually transmitted infections (STIs), Tuberculosis ▪ AIDS –like illness or illness consistent with AIDS ▪ All pregnant women ▪ Infants born to HIV infected or high risk mothers ▪ Any person worried about the possibility of being exposed to HIV ▪ Men who have sex with men (MSM) ▪ Men who have sex with men AND women ▪ Transgendered persons ▪ People who have multiple sexual partners – for money, pleasure or drugs ▪ Injecting drug users (IDUs) ▪ Partners of MSMs, men who have sex with men AND women, and any HIV positive individual ▪ **Today any person can present for an HIV testing and the person need not have any risk factor or behaviour in order to be tested**

Prerequisites of HIV testing - Consent of patient - Confidentiality - Counselling: pre and post-test India ENHANCE Training — Unit 1, Slide 30	Stress the importance of the 3 'C's: Consent, Confidentiality and Counseling. They will be dealt with in detail in the unit on Stigma, Legal and Ethical Issues as well as in the Counseling unit – so just list them here and emphasize their importance.

Type of Tests used to Diagnose HIV
- Antibody Based Tests
  - Rapid test (e.g. TriDot; Immunocomb)
  - ELISA test
- Antigen Based Tests
  - P24 Antigen
- PCR Tests
India ENHANCE Training — Unit 1, Slide 31
	Ask participants if they can explain the meaning of antibody and antigen:
	
	- An antibody or immunoglobulin is produced and used by the immune system to identify and neutralize foreign objects like bacteria and viruses
	- An antigen is a molecule that stimulates an immune response (in this case – the HIV virus)
	- PCR tests look for particles of the virus itself

HIV Antibody Based Tests - Most commonly used tests for diagnosis (age > 18 months) - Economical - Rapid - Can be performed easily in most laboratories India ENHANCE Training — Unit 1, Slide 32	Review antibody based tests using the slide and asks participants if they have heard of this test before.

Interpretation of Antibody Test Results: Special Cases
- **HIV positive** individuals recently infected in the window period could get **negative** test results
  - Usually 2-6 weeks
  - Can be 2-12 weeks
  - Rarely up to 6 months after exposure
- **HIV negative** children <18 months born to HIV positive women can get **positive** test results
India ENHANCE Training Unit 1, Slide 33
	There are two special cases when antibody test results can be misleading. Explain these two scenarios to the participants:
	HIV positive people who test negative:
	▪ The 'window period' is the time when a person has HIV virus in the body and has not yet developed enough antibodies. During this time, commonly used HIV test kits are not able detect the antibodies to the virus
	▪ Seroconversion is the time when there is evidence in the blood (sero) that there is antibody response to HIV virus. This means that a person will have a positive HIV test
	▪ Seroconversion usually occurs within 2 to 6 weeks but can be 2 to 12 weeks and rarely up to 6 months after exposure
	▪ When positive individuals test negative it is probably because their blood has not yet seroconverted. This is why they are asked to come in for repeat tests later, so that their status can be confirmed
	HIV negative children born to HIV-positive mothers: misleading positive test results may occur up to 18 months of age because mothers pass HIV antibodies to their newborn children during antenatal period.

HIV Antigen Based Tests
- Detect HIV sooner than antibody test
- Usually used for
  - Diagnosis: age < 18 months
  - Monitoring HIV disease progression
  - Monitoring response to ARV therapy
- Expensive
- Require expertise to perform and interpret
India ENHANCE Training Unit 1, Slide 34
	Review antigen based tests using the slide and asks participants if they have heard of this test before.
	
	If testing is done at their facility, ask them which kind of test is usually used at their centre.

NACO Testing Strategies - **Strategy I** - all samples tested with one ELISA/Rapid (E/R) - **Strategy II** - all samples tested with one E/R, reactive samples tested again on different system (different antigen and principle) - **Strategy III** - all samples tested with one E/R, reactive samples from the first test tested with different antigen preparation, reactive samples from the second test again tested with third system (of different antigen and principle) India ENHANCE Training Unit 1, Slide 35	Although the participants may not be conducting tests, they need to know what NACO's testing strategies are in order to educate patients and advocate for appropriate HIV testing *Source: NACO, Ministry of Health and Family Welfare, GOI. Training Modules for Specialists on HIV Care and Treatment (including ART), May 2007. Page 30.*

NACO Testing Strategies

Testing Strategy	Objective of Testing
I	Transfusion/ Donation safety
I & II	Surveillance
II	Diagnosis of symptomatic patients
II & III	Diagnosis of asymptomatic patients

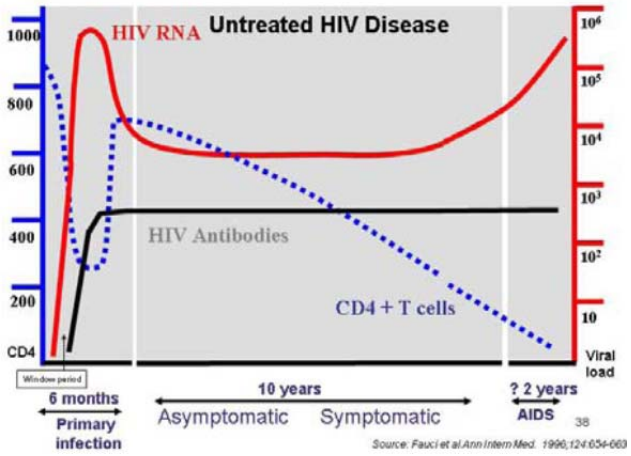
India ENHANCE Training — Unit 1, Slide 36

Source: NACO, Ministry of Health and Family Welfare, GOI. Training Modules for Specialists on HIV Care and Treatment (including ART), May 2007. Page 33.

HIV Disease Progression and Clinical Staging

India ENHANCE Training — Unit 1, Slide 34

HIV Disease Progression and Clinical Staging (Slides 37-41) - 15 minutes



Facilitators' Notes:

This slide is animated and has several frames. Explain concept of each phase:

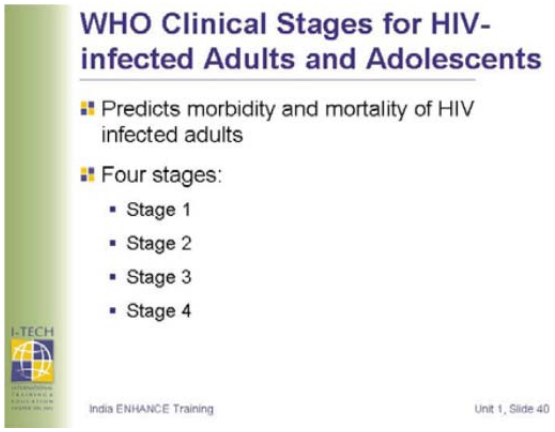
- Frame 1. 3 axes represent Time (at the bottom), CD4 count (on the extreme left) and viral load (10^2 =100, etc.) (on the extreme right)
- Frame 2. acute, primary infection: many critical events followed by seroconversion (anytime between 2 – 12 weeks)
- **Primary infection is when the body is first infected**

Explain the lab tests used to mark the progress of HIV using the next few frames.

- Frame 5: Red line = HIV RNA = quantity of virus in blood, very high during primary infection and AIDS
- Frame 6: Black=HIV antibodies persist after 'window period'
- Frame 7: Blue Dotted = CD4 + T cells -- decline with acute primary infection, recovers somewhat, then slow decline with HIV progression
- Frames 8, 9 & 10: Re-emphasize 3 phases of disease progression
- Frame 11: Last frame, entire graph

The title '? 2 years/AIDS' on the lower right side, under the graphic, indicates that in the absence of treatment, time until death varies for a person with AIDS. The example given here is '?', meaning unknown, or '2 years'.
Progression to AIDS among individuals is variable.

- Some PLHAs progress rapidly (within 1-2 years) to a low CD4 count, become ill and, without treatment, die
- Some may become infected and remain healthy with relatively normal CD4 counts for

with HIV, and at this time the viral load would be very high and the person is considered extremely infectious. ▪ There is usually a window period – a period of time between infection and seroconversion. This needs to be kept in mind when performing antibody tests for diagnosis ▪ 80% of those infected experience something called Acute Retroviral Syndrome which is a flu like illness occurs within 2 - 4 weeks of exposure. Symptoms include fever, headache, rash, pharyngitis, arthralgia, myalgia, lymphadenopathy and weight loss. Symptoms may be mild to severe and may last 1-2 days to several weeks and in rare cases, several months ▪ Frame 3: asymptomatic and symptomatic infection ▪ Frame 4: AIDS	many years (>10) Refer participants to *Handout 1: HIV Disease Progression* in the Participant Manual for concise information on HIV disease progression. Ask if there are any questions or doubts and clear them before moving on. Before projecting the next slide, ask participants if they can list some OIs at the various stages of HIV infection shown on the graph. *Graphic Source: Fauci AS, Pantaleo G, Stanley S, Weissman D. Immunopathogenic mechanisms of HIV infection. Ann Intern Med. 1996;124:654-663.*
 WHO has developed a staging system in which different stages of disease from beginning to end are characterized by certain signs and symptoms. These give us an idea of the severity of disease and prognosis. Briefly explain the main characteristics of each stage as provided below: **Stage 1 is usually asymptomatic and may go on for many years.** • However, swollen lymph nodes are commonly seen as this is where more and more lymphocytes are produced in an attempt to fight against the HIV. • Healthy lifestyle is important for maintaining good health for as long as possible **Stage 2** • CD4 count falls below 350, indicating that the immune system is weakening In turn; infections are seen more often than usual. • Medication may help the patient to fight these and it is possible to continue with daily life • Weight loss is common. Maintaining health is essential • Prophylaxis against Pneumocystis jiroveci Pneumonia (PCP) & Toxoplasmosis is started, using Cotrimoxazole (CTZ, Bactrim, Septra) • Early treatment of infections is essential as they are normally much more difficult to treat and any infection weakens any remaining immune cells	**Stage 3** • As CD4 count drops further, more advanced, debilitating Opportunistic Infections occur • Weight loss continues, along with a lack of energy and reduced ability to carry out daily activities • Again, primary health care, early treatment of infections and prophylaxis is all essential to promote health and preserve any remaining immune function for as long as possible • ARVs should be started now if available **Stage 4** • CD4 count may reach 0. With next to no immune function left, patients are often extremely sick and very serious opportunistic infections occur • Weight loss is considerable. Wasting syndrome is defined as unexplained weight loss greater than 10% of body weight and visible thinning of face, waist and extremities; plus either unexplained chronic diarrhoea (lasting one month) or unexplained, prolonged or intermittent fever for one month or more • Treatment of infections and symptom management is of paramount importance • Patients may be cared for in the home or a hospice • The need for prophylaxis continues as does the need for ARVs.

Nurse's Role in Clinical Staging
- Identify and refer patients who need HIV testing
- Provide acute and chronic clinical care
- Educate patients about:
  - Healthy life style practices
  - What to expect (i.e. OIs)
  - Adherence to treatment
- Counsel patients about:
  - Risk reduction strategies
  - Palliative care
- Provide ongoing care
India ENHANCE Training Unit 1, Slide 41
	participants how they would identify the clinical stage of a PLHA?
	There are three points that should be kept in mind when staging PLHAs:
	• Most recent clinical signs
	• Most recent clinical diagnosis if any made (ranks above individual signs and symptoms)
	• Level of activity of patient
	
	Educating patients about healthy lifestyles could help delay disease progression.
	
	Risk reduction strategies could include:
	• Condom use
	• Abstinence from alcohol and drug consumption

HANDOUT 3.1: HIV DISEASE PROGRESSION

Progression to AIDS among individuals is variable. Some individuals progress rapidly within 1 to 2 years; while others remain healthy for many years.

Stages of HIV Disease Progression

Primary HIV Infection Or Acute Retroviral Syndrome (ARS) 'Window period'	When HIV first enters the body, the immune system recognizes the 'antigen' and causes flu-like symptoms. During this time, HIV viral load is high and therefore infected person is highly infectious and can easily transmit virus to others during this time. ARS is symptomatic in 53% to 90% of people. Occurs 2 – 4 weeks after exposure and lasts 1 – 2 weeks Common Symptoms: Fever, rash, lymphadenopathy, pharyngitis, erythematous maculopapular with lesions on face/trunk and sometimes palms or soles, myalgia or arthralgia, Lethargy/malaise. Once infected with HIV it takes usually 2-12 weeks for antibodies to develop. This period is called the 'window period'. During this 'window period' the person although infected, tests negative for HIV antibodies.
Asymptomatic Chronic Infection	Early immune depletion - CD4>500. Level of virus is low. HIV replication takes place mostly within lymph nodes. Generally lasts 5 years or more. May be less for patients with malnutrition or co-infection. Generalized persistent lymphadenopathy. Usually no other symptoms.
Symptomatic HIV Infection	Intermediate immune depletion – CD4 between 500 – 200. Infections start and persist as CD4 count decreases. ART and OI prophylaxis considered.
Advanced HIV Infection/AIDS	Advanced immune depletion – CD4<200. Case definition of AIDS is having a CD4 count of <200. OIs develop.
Opportunistic infections (OIs) are the leading cause of morbidity and mortality in HIV-infected individuals. The most common OIs are preventable and treatable	

HANDOUT 3.2: WHO CLINICAL STAGING OF HIV/AIDS FOR ADULTS AND ADOLESCENTS WITH CONFIRMED HIV INFECTION

WHO has developed a staging system in which four clinical stages of disease are identified based on certain signs and symptoms. These stages give us an idea of the severity of disease and prognosis and facilitate planning for appropriate treatment and care.

Clinical Stage 1 ▪ Asymptomatic ▪ Persistent generalized lymphadenopathy
Clinical Stage 2 ▪ Unexplained moderate weight loss (<10% of presumed or measured body weight) ▪ Recurrent respiratory tract infections (sinusitis, tonsillitis, otitis media and pharyngitis) ▪ Herpes zoster ▪ Angular cheilitis ▪ Recurrent oral ulceration ▪ Papular pruritic eruptions ▪ Seborrhoeic dermatitis ▪ Fungal nail infections
Clinical Stage 3 ▪ Unexplained severe weight loss (>10% of presumed or measured body weight) ▪ Unexplained chronic diarrhoea for longer than one month ▪ Unexplained persistent fever (above 37.5°C intermittent or constant, .for longer than one month) ▪ Persistent oral candidiasis ▪ Oral hairy leukoplakia ▪ Pulmonary tuberculosis ▪ Severe bacterial infections (such as pneumonia, empyema, pyomyositis, bone or joint infection, meningitis or bacteraemia) ▪ Acute necrotizing ulcerative stomatitis, gingivitis or periodontitis ▪ Unexplained anemia (<8 g/dl), neutropaenia (<0.5 × 109 per litre) and/or chronic thrombocytopaenia (<50 × 109 per litre)
Clinical Stage 4 ▪ HIV wasting syndrome* ▪ Pneumocystis pneumonia ▪ Recurrent severe bacterial pneumonia ▪ Chronic herpes simplex infection (orolabial, genital or anorectal .of more than one month's duration or visceral at any site) ▪ Oesophageal candidiasis (or candidiasis of trachea, bronchi or lungs) ▪ Extrapulmonary tuberculosis ▪ Kaposi's sarcoma ▪ Cytomegalovirus infection (retinitis or infection of other organs) ▪ Central nervous system toxoplasmosis ▪ HIV encephalopathy ▪ Extrapulmonary cryptococcosis including meningitis ▪ Disseminated non-tuberculous mycobacterial infection ▪ Progressive multifocal leukoencephalopathy ▪ Chronic cryptosporidiosis ▪ Chronic isosporiasis ▪ Disseminated mycosis (extrapulmonary histoplasmosis or coccidiomycosis) ▪ Recurrent septicaemia (including non-typhoidal *Salmonella*) ▪ Lymphoma (cerebral or B-cell non-Hodgkin) ▪ Invasive cervical carcinoma ▪ A typical disseminated leishmaniasis ▪ Symptomatic HIV-associated nephropathy or symptomatic HIV-associated cardiomyopathy

Note:

- Assessment of body weight in pregnant woman needs to consider the expected weight gain of pregnancy
- Unexplained refers to where the condition is not explained by other causes
- Some additional specific conditions can also be included in regional classifications (such as reactivation of American trypanosomiasis [meningoencephalitis and/or myocarditis]) in the WHO Region of the Americas and penicilliosis in Asia)

*HIV wasting syndrome can be defined as profound involuntary weight loss greater than 10% baseline body weight, plus either diarrhea (at least two loose stools per day for more than 30 days) or chronic weakness and documented fever (for more than 30 days, intermittent or constant) in the absence of concurrent illness or condition other than HIV infection that could explain the findings (such as cancer, tuberculosis, cryptosporidiosis or other specific enteritis).

Source: Stedman's Medical Dictionary 28th Edition, Copyright©2006_Lippincott Williams & Wilkins.

HANDOUT 3.3: WHO CLINICAL STAGING SYSTEM OF HIV/AIDS FOR CHILDREN WITH CONFIRMED HIV INFECTION

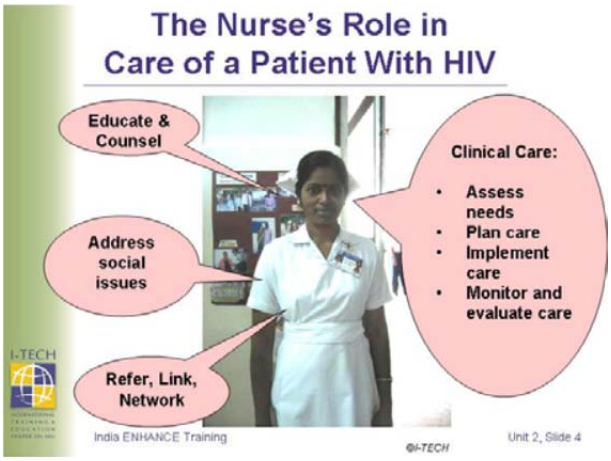
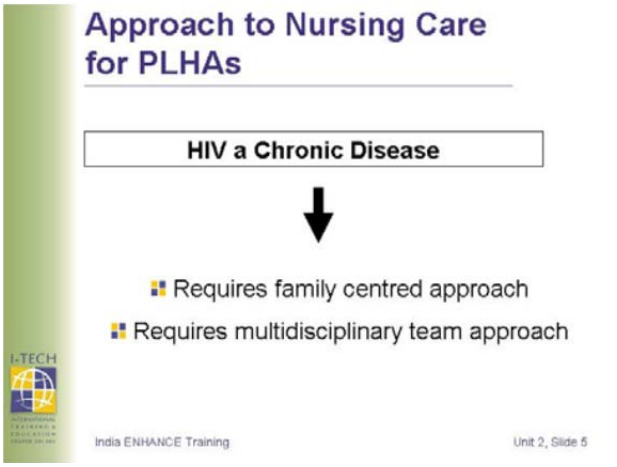
Clinical Stage 1 ▪ Asymptomatic ▪ Persistent generalized lymphadenopathy
Clinical Stage 2 ▪ Unexplained persistent hepatosplenomegaly ▪ Papular pruritic eruptions ▪ Fungal nail infection ▪ Angular cheilitis ▪ Lineal gingival erythema ▪ Extensive wart virus infection ▪ Extensive molluscum contagiosum ▪ Recurrent oral ulcerations ▪ Unexplained persistent parotid enlargement ▪ Herpes zoster ▪ Recurrent or chronic upper respiratory tract infections ▪ (otitis media, otorrhoea, sinusitis or tonsillitis)
Clinical Stage 3 ▪ Unexplained moderate malnutrition or wasting not adequately responding to standard therapy ▪ Unexplained persistent diarrhoea (14 days or more) ▪ Unexplained persistent fever (above 37.5°C intermittent or constant, for longer than one month) ▪ Persistent oral candidiasis (after first 6–8 weeks of life) ▪ Oral hairy leukoplakia ▪ Acute necrotizing ulcerative gingivitis or periodontitis ▪ Lymph node tuberculosis ▪ Pulmonary tuberculosis ▪ Severe recurrent bacterial pneumonia ▪ Symptomatic lymphoid interstitial pneumonitis ▪ Chronic HIV-associated lung disease including brochiectasis ▪ Unexplained anemia (<8 g/dl), neutropaenia (<0.5 × 109 per litre) ▪ And or chronic thrombocytopaenia (<50 × 109 per litre)
Clinical Stage 4 ▪ HIV wasting syndrome ▪ Pneumocystis pneumonia ▪ Recurrent severe bacterial pneumonia ▪ Chronic herpes simplex infection (orolabial, genital or anorectal of more than one month's duration or visceral at any site) ▪ Oesophageal candidiasis (or candidiasis of trachea, bronchi or lungs) ▪ Extrapulmonary tuberculosis ▪ Kaposi's sarcoma ▪ Cytomegalovirus infection (retinitis or infection of other organs) ▪ Central nervous system toxoplasmosis ▪ HIV encephalopathy ▪ Extrapulmonary cryptococcosis including meningitis ▪ Disseminated non-tuberculous mycobacterial infection ▪ Progressive multifocal leukoencephalopathy ▪ Chronic cryptosporidiosis ▪ Chronic isosporiasis ▪ Disseminated mycosis (extrapulmonary histoplasmosis or coccidiomycosis) ▪ Recurrent septicaemia (including non-typhoidal *Salmonella*)

- Lymphoma (cerebral or B-cell non-Hodgkin)
- Invasive cervical carcinoma
- Atypical disseminated leishmaniasis
- Symptomatic HIV-associated nephropathy or symptomatic HIV-associated cardiomyopathy

Note:

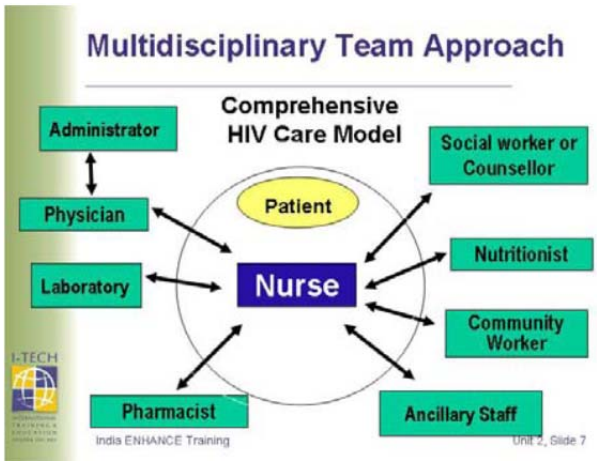
- Unexplained refers to where the condition is not explained by other causes
- Some additional specific conditions can also be included in regional classifications (such as reactivation of American trypanosomiasis [meningoencephalitis and/or myocarditis] in the WHO region of the Americas, disseminated penicilliosis in Asia and HIV-associated rectovaginal fistula in Africa)

SESSION 3.2: ROLE OF NURSE IN CARE OF PATIENT WITH HIV

	Ask participants to brainstorm what they think their role is in the care of HIV patients. ▪ **Ask a volunteer to write the responses on a flip chart/ board so that all participants can see**
	This slide is animated. Keep clicking on the down arrow button till all 4 bubbles appear one by one. These are just a few examples of a nurse's role in care of an HIV patient - participants will have different and/or more responsibilities according to their particular practice sites.
	The process of HIV progression to AIDS is similar to a chronic disease as discussed in the first unit. In order to manage HIV as a chronic disease: ▪ Patient and health providers must work as team ▪ A consistent relationship between patient and health care team members must be maintained ▪ Continuity of care through all stages of disease and life span of the patient must be provided **The concept of providing team based care may be new for nurses.** **Ask participants if they currently have a team model at the site where they practice. If not, ask them to think about how this might work with HIV patients in their setting as they learn more about this approach in the next few slides.**

The family plays an important role in an individual's life in terms of providing care, support, etc. It is important that health care providers recognize this and draw on the family in order to provide the best environment for the PLHA. If the family learns the best way to be involved with care, the patient will:

- Be more confident and increase ability to manage his/her health needs. Learn ways to live well with HIV and delay HIV disease progression
- Be more likely to adhere to treatment and access care
- Have increased capacity for home-based care



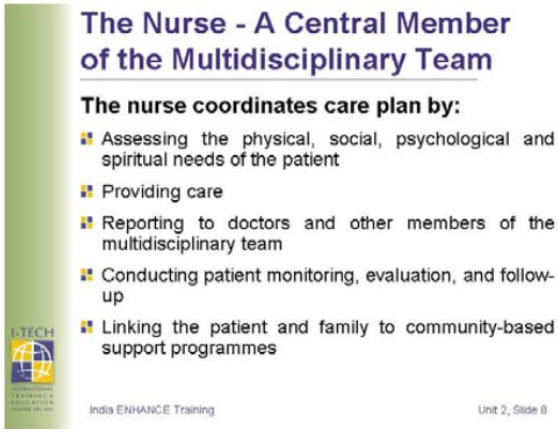
Explain the nature of multidisciplinary team approach to HIV care using the information below:

Highlight how the nurse plays a central role in communicating with all the members of the health care team as shown in the diagram.

Features of multidisciplinary team approach to care:

- Puts clinical issues into the context of medical and psychosocial needs, acknowledging the multiple needs of PLHA
- It links family and community to medical care thus ensuring that care is coordinated and decisions are made collaboratively
- It recognizes that all members of the health care team make important contributions which may not be possible when working alone
- The patient should be informed that members of this team respect the patient's privacy and confidentiality. For example, when staff and
- Patients live in the same community; patients may fear that others will find out about his/her HIV status.

Before moving onto the next slide asks participants– 'We have seen that the nurse plays a role in the multidisciplinary team, but why do you think the nurse is often the central member on a team caring for HIV patients?' Wait for their responses and then project the next slide.

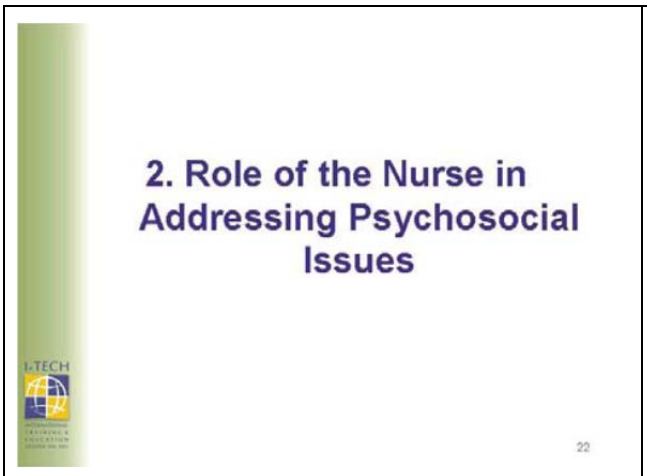


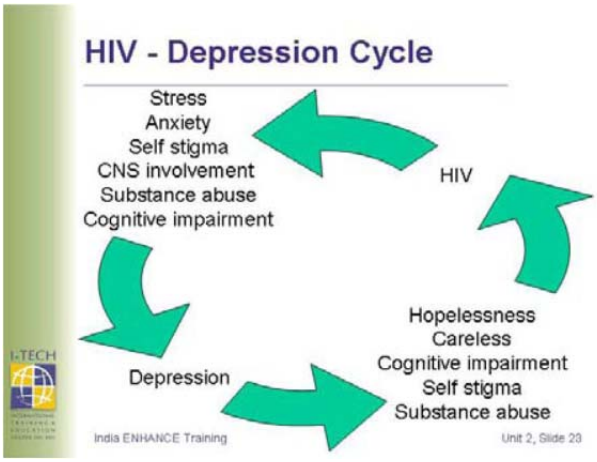
The nurse is in the ideal situation for this role as she/he is often the primary contact for the patient and the main connection between the patient/family and other members of the health care team.

Presently, in most settings, the social worker takes on this crucial role, but the nurse could take on this role because the nurse is:

- The person in the hospital who is in contact with the patient for the longest period
- Often the 'coordinator' of the care plan for the patient from start to finish
- Frequently the team member who implements the care plan or 'makes it all happen'

SESSION 3.3: ROLE OF THE NURSE IN ADDRESSING PSYCHOLOGICAL ISSUES





Depression is a significant problem in HIV because:

- It can increase the risk for HIV transmission persons with depression are likely to care less about their own safety, are hopeless, and are more impulsive
- It can result in poor compliance and adherence to effective treatment in patients

Moreover, HIV infection worsens depressive symptoms by creating an atmosphere of helplessness and stress. An advanced infection of HIV creates direct injuries to the subcortical regions of the brain.

Depression may be viewed as a self-perpetuating cycle with increasing morbidity in a single patient or it may be viewed on a societal level, increasing the epidemic spread of HIV. Studies show that depression has a negative effect on patients' adherence, quality of life, and treatment outcome.

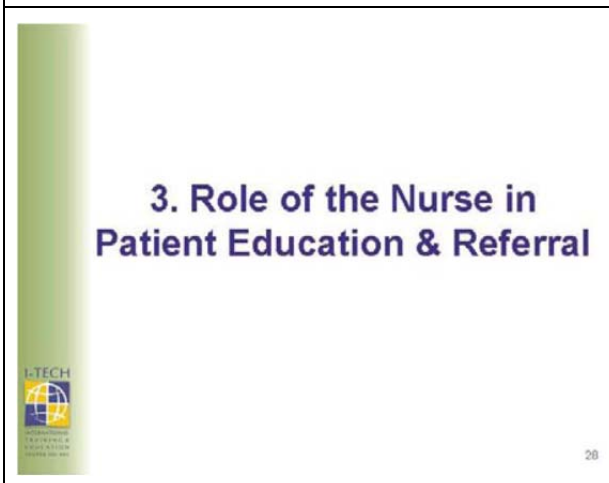
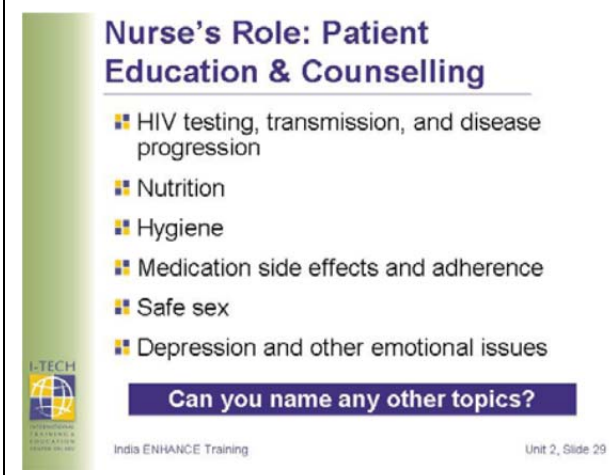
Despite this important evidence, depressive conditions remain under-recognized, under diagnosed and under-treated.

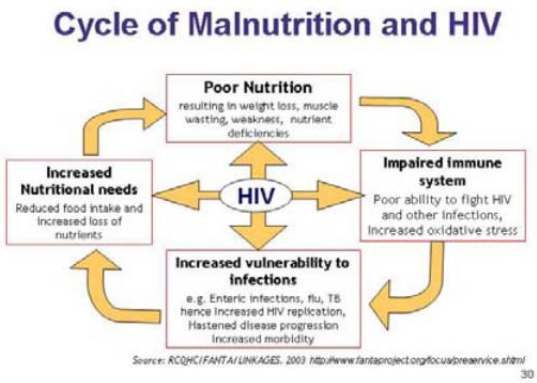
Reinforce to participants that it is important to recognize the signs of depression in a patient/PLHA and take appropriate measures to reduce it.

Nurse's Role: Assessment
Depression
- Depressed mood
- Loss of interest or pleasure
- Feelings of guilt
- Sleep disturbance
- Appetite/weight changes
- Attention/concentration changes
- Psychomotor disturbance/slowing
- Fatigue/Loss of energy
Suicidal Tendencies
- Signs similar to that of depression
  - Reports feeling empty or hopeless
  - Passive withdrawal from treatment
- Presence of
  - Ideation
  - Plan
  - Lethality of method
  - Ability to carry out plan
India ENHANCE Training Unit 2, Slide 25
	Depressive symptoms are the most common psychiatric complication of chronic medical illness.
	
	A person must have at least five of the symptoms listed in the slide under depression, one of which must be a depressed mood or loss of interest or pleasure
	
	Bereavement is not considered a mood disorder or psychiatric condition. Normal grief usually lasts no more than 6 months and is considered a self-limiting condition

Nurse's Role: Management
Depression
- Counsel and support
- Get family involved
- Refer for psychiatric treatment
  - Provide medication prescribed
- Refer to
  - Support groups
  - Positive networks etc.
Suicidal Tendencies
- Refer for immediate hospitalization
- Contract with patient not to harm self
- Counsel and support
- Get family involved
- Follow up
India ENHANCE Training Unit 2, Slide 26
	Ask participants, 'What is the practice for intervention, if any, at your facility when a patient expresses suicidal thoughts?'
	- Hospitalization with 24 hour watch?
	- At minimum, contract with patient not to harm self?
	- Get family involved in staying with patient and accompanying them to clinic?
	- Other?
	Ask participants if suicide is common among their HIV patients. Then ask them to think about any experiences they've had. Ask one or two volunteers to describe their experience(s).

Nurse's Role in Addressing Social Issues: Small Group Discussion - Low socioeconomic status - Lack of disclosure - Lack of positive social support - Barriers to medical care - Exposure to violence at home and in the community - Gender differences 1. Describe each issue 2. What may cause this issue? 3. What impact might it have on a PLHA? 4. What are the possible nursing interventions? India ENHANCE Training Unit 2, Slide 27	In order to provide comprehensive and family centered care to patients with HIV, which includes appropriate counseling, education and referral, nurses need to understand and be able to address many social issues. These issues may affect how they plan appropriate nursing interventions. **Conduct a small group exercise with the class (15 minutes).** **Divide the class into 6 groups. Assign each group one of the topics on the slide.** **Provide each group with chart paper and markers and allow them 5 minutes to discuss their issue and note key points on the chart with reference to the questions on the slide.** **At the end of 5 minutes, allow each group 2 minutes to present their responses to the class and receive feedback. Tape charts on the wall.** Suggested Answers: - **Low socioeconomic status**: Possible causes-caste system, lack of education and opportunities. Could impact PLHA negatively through lack of information, access to care and treatment - **Lack of disclosure:** May be due to self-stigma, fear of rejection, shame, fear of violence, etc. Could impact PLHA negatively as it would mean fewer opportunities for external sources of support

	▪ **Lack of positive social support:** May be due to abandonment by family, fear of disclosing to anyone, spouse or other family members have died, etc. Could cause depression, have impact on disease progression, lower adherence etc. ▪ **Barriers to medical care:** There may be many causes – living far from any facility, no money, too sick to travel, cannot take time off work, fear of stigma, lack of acceptance of medical treatment, etc. Impact – self-explanatory ▪ **Exposure to violence at home and in the community:** could be related to gender issues, lack of acceptance of various sexual relationships such as homosexuals, bisexuals etc. and stigma of PLHA. Impact – self-explanatory ▪ **Gender differences:** focus on women being the vulnerable group, male dominance, cultural practices that support multi-partner relationships for men and lack of negotiating power of women. Unequal distribution of power between men and women create barriers for women to negotiate safer sex and appropriate health care for themselves
	A nurse not only has clinical duties to take care of patients, but is also responsible for educating patients on various topics essential for healthy living - safe sex, nutrition, and hygiene. Nurses also play an important role in referring their patients to other appropriate sources of care and support.
	**Review the topics listed in this slide on nurse's role in patient education and counseling.** Inform participants that HIV testing, HIV transmission and disease progression have already been addressed in Unit 1. Depression was reviewed in the previous slides. Nutrition will be briefly addressed in this session and safe sex, and medication side effects will be addressed in further sessions



Source: Nutrition and HIV/AIDS: A Training Manual. 2003. Regional Centre for Quality Health Care, FANTA, LINKAGES, Kampala, Uganda. Online: http://www.fantaproject.org/focus/preservice.shtml

This represents the vicious cycle of malnutrition and HIV where poor nutrition leads to an impaired immune system, and in turn an increase in opportunistic infections and progression of HIV, leading to an increase in nutrient needs.

Malnutrition:

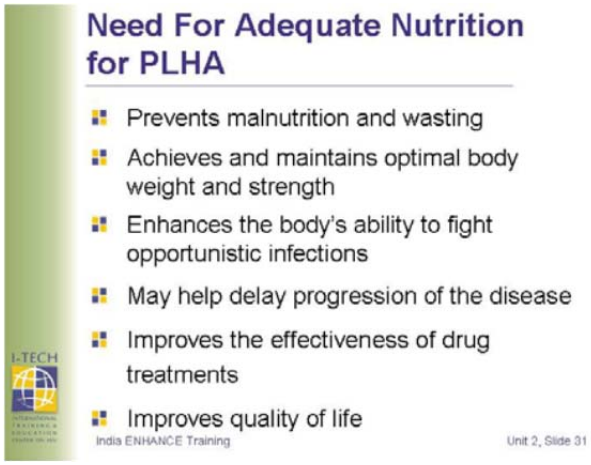
- Can be directly related to HIV infection Or due to symptoms manifested as a result of infections secondary to poor immune status
- Treat the underlying cause of malnutrition (i.e. diarrhoea, oral manifestations of HIV, side effect of medication, depression, decreased appetite, etc.)

The figure shows that due to HIV a person can have:

- Poor nutrition
- Impaired immune system
- Increased vulnerability to infections
- Increased nutrition needs

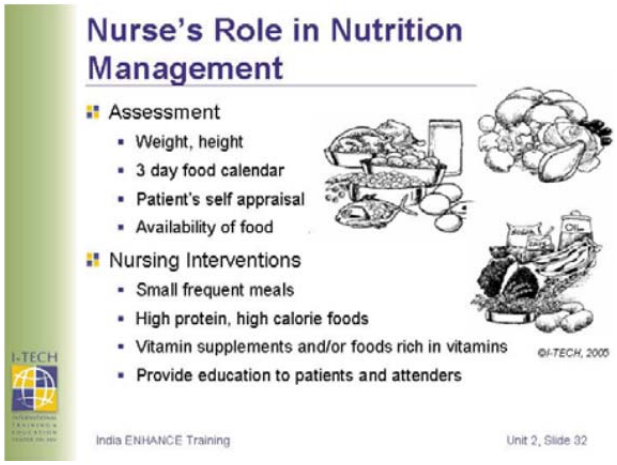
This cycle results in:

- Weight loss
- Loss of muscle tissue and body fat
- Vitamin and mineral deficiencies
- Reduced immune function and competence
- Increased susceptibility to secondary infections
- Continued rapid HIV disease progression



The relationship between nutrition and HIV/AIDS is complex. HIV progressively damages the immune system and malnutrition itself may further compromise it, thus also increasing the susceptibility to infection.

Evidence also suggests that malnourished adults and children initiating ART require adequate food to support nutritional recovery



Ask participants to name foods 1) high in protein, 2) high in calories, 3) rich in vitamin A, C and B and note these on a flip chart.

- High Protein Foods: Dhal, Grams, Eggs
- Protein drinks, Fish, Meat, Milk, Yoghurt
- High Calorie Foods: Nuts, Ground nuts, dried fruits, Custards, Ghee, Butter, Cooking oils
- Whole fat milk products
- Vitamin supplements and/or foods rich in vitamins A & C such as: sprouted foods, green leafs, carrots, citrus fruits, dark orange and green, fruits
- Vitamin B foods: cereals, pulses, nuts, milk products, eggs, meat and green leafy vegetables

Remember, no matter what treatment is implemented to address malnutrition, without access to an adequate

	diet and nutritional support, weight gain cannot be maintained.
Nurse's Role: Referral It is not always possible/necessary for an individual/one centre to take care of ALL needs of a PLHA Refer PLHAs to other health care centres such as PHCs, ART centres, STI clinics, PPTCT, ICTC, RNTCP centres, higher level hospitals etc. Refer PLHAs to other sources of support: • NGOs & CBOs • Positive networks • Financial resources • Religious groups India ENHANCE Training Unit 2, Slide 33	PHCs: Primary Health Care Centers ART: Antiretroviral Treatment Centers STI: Sexually Transmitted Infection Clinics PPTCT: Prevention of Parent to Child Transmission Centers ICTC: Integrated Counseling and Testing Centers NGOs: Non-Governmental Organizations CBOs: Community Based Organizations RNTCP: Revised National Tuberculosis Control Program Ask participants to name any other people or agencies they use for referral or collaboration. Encourage them to make a directory of all possible agencies in their respective State, to which they could refer PLHA to as mentioned in this slide.
Discussion: Referrals & Linkages How do you identify and establish linkages to NGOs and other groups? What organisations do you currently refer patients to and for what? Who on the team makes the referral and how do you make sure the patient followed through and received the services? How do you handle patient consent and confidentiality issues when making a referral? India ENHANCE Training Unit 2, Slide 34	Lead a group discussion on referrals and linkages using the questions in the slide. (5 minutes) Many trained nurses may have no experience with linkages and referrals. Refer participants to *Handout 1: Nurse's Role in Referrals, Linkages and Networking* in the participant manual for more details.

HANDOUT 3.4: NURSE'S ROLE IN REFERRAL, LINKAGES AND NETWORKING

It is not always possible for a particular health care worker/health center to provide ALL of the services a Person Living with HIV/AIDS (PLHA) might require. In order to ensure that PLHAs needs are met without duplicating or burdening health care services and personnel, PLHAs can be referred (directed to a source for help or information) to appropriate care givers (i.e. counsellors, social workers) and facilities (ICTCs, STI centres, DOTS centres, etc).

Why is referral important?

- Makes the patient feel he/she is important
- Avoids delay in getting treatment
- Makes the patient recognize the need for treatment compliance/adherence
- Prevents the spread of the infection
- Helps a partner/family member to seek medical services i.e. treatment of STI

Why must a nurse develop linkages and network?

- It avoids duplication of services
- It enhances optimal use of a service

How can a nurse develop linkages and network?

A nurse needs to be aware of all services/centers providing health services in the community, nearby locality, and in the State.

- It is preferable that in each institution a resource list of all Integrated Testing and Counseling Centers (ICTCs), Prevention of Parent to Child Transmission (PPTCT) Centers, Sexually Transmitted Infection (STI) clinics, Antiretroviral Therapy (ART) centers, Positive Networks, care and support center and other social support centers are made available, so that a nurse can make appropriate referrals when needed
- The head nurse can either do this directly or collaborate with the social worker/ counselor and doctor for this purpose
- A nurse must be able to assess and refer patients to appropriate services once discharged and/or whenever needed

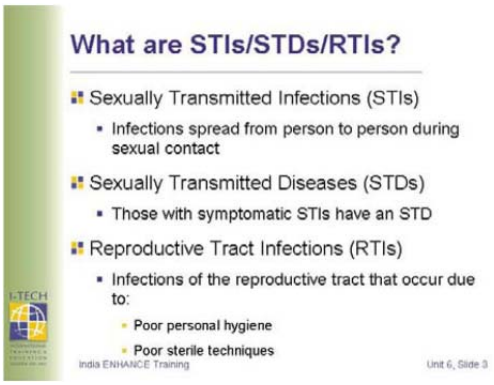
With whom can a nurse develop linkages or network?

Individuals	Groups	Institutions
Anganwadi workers Counsellors Community/social workers Doctors/physiotherapists Influential/political persons Religious persons School teachers	Non-Government Organizations (NGOs) Community Based Organizations (CBOs) Positive Network Support groups Other social organizations Village Panchayats	Hospitals- government, private ICTCs PPTCT programmes STI clinics ART centres Care and support centres

What skills does a nurse need to develop to be able to effectively network?

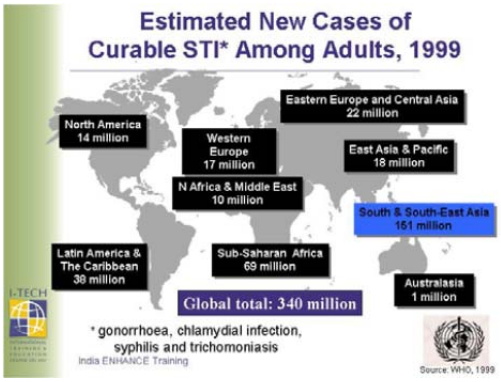
- Ability to recognize the needs of others
- Ability to get along with others
- Persuasiveness
- Commitment to help people in need
- Interpersonal communication skills
- Understanding and commitment to the rights of PLHAs

SESSION 3.4: SEXUALLY TRANSMITTED DISEASES



Clarify with participants that:
More than 50% of people with an STI do not present with any major sign or symptom that could make them suspects that they have an infection.
Hence it is preferable to use the term STIs rather than STDs, as STDs refer to symptomatic STIs, and we know that many are asymptomatic.

RTIs can be STIs, but can also occur:
due to poor personal hygiene of the genital tract where organisms are able to grow easily
when sterile techniques are not followed by health professionals during procedures such as an abortion, inserting a copper T, during a delivery, or any other invasive procedure in the reproductive tract



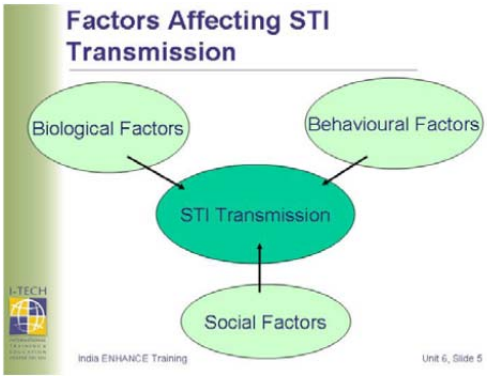
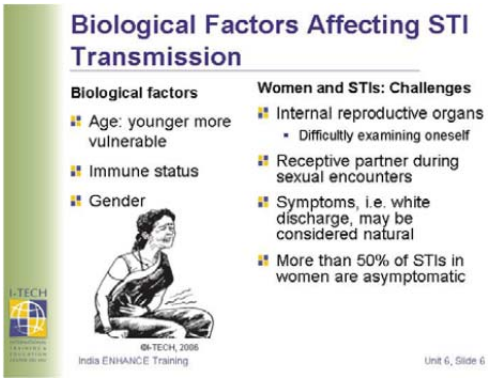
Source: World Health Organization. Global Prevalence and Incidence of Selected Curable Sexually Transmitted Infections Overview and Estimates. 2001.
(Graphic source: Figure 2: Estimated New Cases of Curable
STI Amoong Adults, 1999. Page 8.)
http://www.who.int/hiv/pub/sti/en/
who_hiv_aids_2001.02.pdf

According to the World Health Organisation (WHO) world prevalence is 340 million new treatable STIs in 1999.

1 million treatable STIs each year
The load burden of STIs in Asia is more than in any other part of the world and this may be another reason that this region has the highest number of people with HIV worldwide.

Globally, STIs constitute a huge health and economic burden, especially for developing countries where they account for 17% of economic loss.

- Untreated gonococcal and chlamydial infections in women will result in pelvic inflammatory disease in up to 40% of cases. One in four of these will result in infertility
- In pregnancy, untreated early syphilis will result in:
  - stillbirth rate of 25%
  - neonatal deaths of 14%
  - an overall perinatal mortality of about 40%
  - Worldwide, up to 4000 newborn babies become blind every year because of eye infections attributable to untreated maternal gonococcal and chlamydial infections
  - New vaccines against human papillomavirus infection could stop the untimely death of approximately 240 000 women from having cervical cancer every year in resource-poor settings

	We will discuss the three main factors affecting the transmission of STIs over the next few slides.
 Refer the participants to *Handout 1: Vaginal Discharge – What You Need to Know* in the Participant Manual.	**Biological Factors:** **Age** - The vaginal mucosa and cervical tissue in young women is immature which makes them more vulnerable to STIs than older women. Women are especially at risk in cultures where they marry or become sexually active during early adolescence. On average, women become infected at a younger age than men. **Immune status** - The immune status of the host and virulence of the infective agent affect transmission of STIs. Certain STIs increase the risk of transmission of HIV. HIV, in turn, facilitates the transmission of some STIs, and worsens the complications of STIs by weakening the immune system. **Gender** - Since the mucosal surface that comes into contact with the infective agent during vaginal sexual intercourse is much greater in women than in men, women can be more easily infected than men.

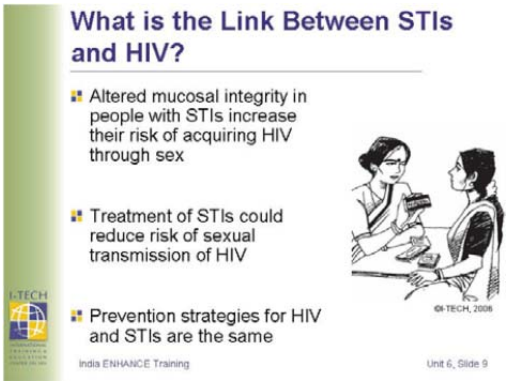
Social factors link both gender and behavioural issues and may affect a person's risk of getting an STI:

- Low status of women
  In most cultures women have very little power over sexual practices and choices, such as use of condoms.

  Women tend to be economically dependent on their male partners and are therefore more likely to tolerate men's risky behaviour, i.e. multiple sexual partners, thus putting them at risk of infections.

  In some societies the girl-child tends to be married off to an adult male at a very young age, thus potentially exposing the girl to STIs at a very young age.

  In some societies a permissive attitude is taken towards men, allowing them to have more than one sexual partner.
- There are many reasons why men may choose not to use condoms even when they know about the advantages. Remind participants to look through the unit on Prevention which provides them with information on condom use
- Sexual violence tends to be directed more towards women by men, making it difficult for women to discuss STI with their male counterparts
- Social factors such as poverty or living in remote areas could make it difficult and/or expensive for some people to access health care facilities
- Not very much is known about STIs in the general population. Many times symptoms are not recognized, or are be ignored. Asymptomatic STIs are even more dangerous and may remain unidentified for very long periods of time



Source: WHO. Prevention and control of sexually transmitted infections: draft global strategy: Report by the Secretariat. May 2006. http://www.who.int/reproductive-health/docs/stis_strategy.pdf

If STIs are left untreated they could lead to increased risk of HIV transmission during sexual intercourse.

- Syphilis increases the risk of sexual transmission of HIV by 3-9 times
- Gonorrhea by 3-5 times
- Chlamydia by 3-5 times
- Genital herpes by at least 2 times.
- Fifty-two percent of sexually transmitted HIV infections among people who also have herpes simplex virus type 2 can be attributed to infection with the herpes virus. In addition, up to 95% of HIV-positive patients are seropositive for HSV-1, HSV-2, or both

The presence of an STI in a PLHA increases the likelihood he/she will contract HIV, due to inflammation or lesions in the vagina or on the penis. The virus can more easily invade the mucosa.
Often STIs present before HIV and if managed appropriately, could reduce the risk of HIV - people are more likely to change their behaviour to prevent a problem which affects them now.

STIs in HIV-Infected Patients: The Need for Early Treatment PLHA ↓ Impaired immune system ↓ More susceptible to STIs ↓ Increase severity of STI India ENHANCE Training Unit 6, Slide 10	**HIV makes people more susceptible to getting STIs.** PLHAs with STIs may have increased severity of symptoms. If left untreated, STIs can also have other effects not directly related to HIV such as: ▪ May spread to other systems i.e. neuro syphillis ▪ Cause infertility in both men and women ▪ Be passed from a woman to her baby during pregnancy or during birth ▪ Spread into women's reproductive organs and cause pelvic inflammatory diseases (PID) or pain in the abdomen or ectopic pregnancies ▪ Cause miscarriages, abortions, or stillbirths
Common STIs India HIV Basics for Nurses Training Unit 6, Slide 11	**Ask participants to list the common STIs.** **See answers on next slide.**
What Are Some Common STIs? **Bacterial** ▪ Syphilis ▪ Gonorrhea ▪ Chancroid ▪ Nongonococcal Urethritis ▪ Chlamydial Infection ▪ Lymphogranuloma Venereum (LGV) **Protozoal** ▪ Trichomoniasis **Viral** ▪ Herpes ▪ HIV ▪ Genital Warts ▪ Anal Warts ▪ Hepatitis **Not always sexually transmitted:** ▪ Pubic Lice infestation ▪ Vaginitis ▪ Scabies ▪ Molluscum Contagiosum India ENHANCE Training Unit 6, Slide 12	**Inform participants that although more than 30 known STIs exist, the ones listed on the slide are the most common.** ▪ These STIs are commonly classified based on the causative organisms: bacterial, viral, and protozoal ▪ Common STIs under each category are listed ▪ Each STI will not be discussed but we will focus on assessment of symptoms ▪ **Nurse needs to know symptoms in order to recognize an STI, and refer patient for proper diagnosis, treatment and follow-up** **Brainstorm with participants, 'What are some common signs/symptoms of an STI in men? In women?'** **Write their responses on the board/flip chart and then project the next slide.**
Common Signs & Symptoms of STIs **Males** ▪ Ulcers / sores ▪ Discharges (urethral) ▪ Swellings/growths – warts (groin / scrotum) ▪ Pain / burning when voiding **Females** ▪ Ulcers/sores ▪ Vaginal discharge ▪ Swellings/ growths- warts (groin/labia) ▪ Burning when voiding ▪ Pain (low abdominal/back ache) India ENHANCE Training Unit 6, Slide 13	

HANDOUT 3.5: VAGINAL DISCHARGE – WHAT YOU NEED TO KNOW

Vaginal discharge - What You Need to Know

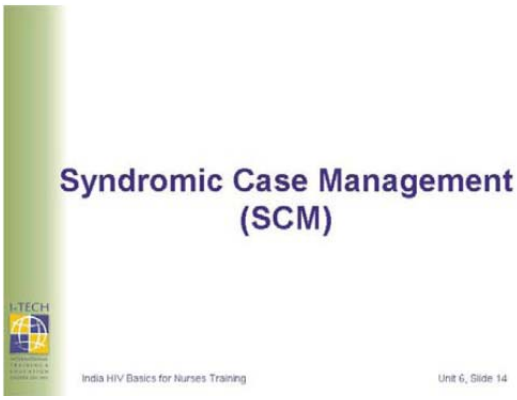
Vaginal discharge does not automatically mean that a woman has an STI. It is important that you know the many causes of vaginal discharge so that your patients receive appropriate care and treatment:

- Physiological
- Disturbance of normal flora due to:
  - Certain medications
  - Douching
  - Using tampons with light flow
- Infections that occur due to:
  - Unsafe sexual practices
  - Invasive procedures in the reproductive tract
  - Unsterile procedures during labour
  - Unsafe methods followed for termination of pregnancy

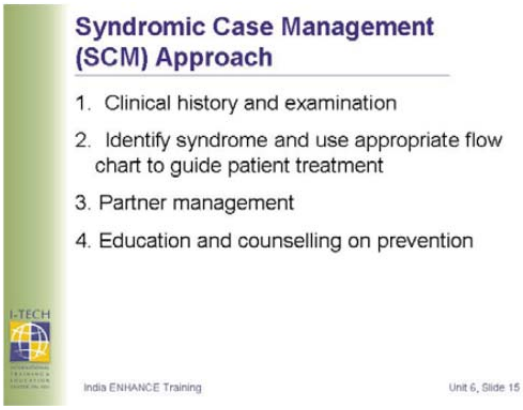
Features Associated with Causes of Vaginal Discharge:

Physiological	Mucoid, not blood strained or foul smelling and not associated with itching
Candidial infection (Thrush)	Curd like white patches/thick, curd white discharge/itching
Trichomonal vaginitis	Greenish yellow frothy foul smelling discharge/itching/redness of the genital area/may be asymptomatic
Gonorrhoea/Chlamydia	Purulent discharge from the cervix/may be unnoticed
Puerperal Sepsis	High fever/headache/low abdominal pain/foul smelling/purulent vaginal discharge
Following IUD insertion	Profuse, watery discharge usually subsides after the first menstrual period following insertion
Cancer cervix	Watery discharge, later it becomes blood stained and foul smelling
Bacterial Vaginosis	Thin/profuse/homogenous gray white discharge with a characteristic 'fishy' smell

SESSION 3.5: SYNDROMIC CASE MANAGEMENT



Syndromic Case Management (SCM)



Inform participants that SCM is recommended today in India (in national guidelines) and in resource limited settings all over the world.

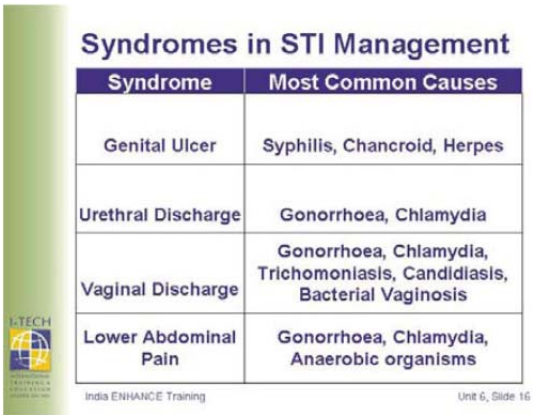
SCM is a systematic way of managing STIs. It consists of 4 main steps as given in the slide.

Syndromic case management is based on the assumptions that:

- Symptoms of STI maybe simple, and easily recognizable
- These symptoms may be the result of one or more infections
- Based on the chief complaint of the patient, a thorough history, and relevant clinical examination, an appropriate flow chart is determined
- Using the flow chart ensures accurate and complete treatment and management of the patient

The SCM approach guides in partner management and education on prevention.

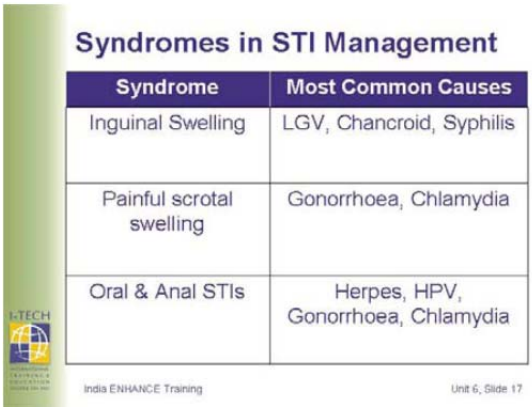
7 syndromes have been established through epidemiological studies. The next two slides show the 7 syndromes, as well as the possible causes for the syndromes.



Syndrome	Most Common Causes
Genital Ulcer	Syphilis, Chancroid, Herpes
Urethral Discharge	Gonorrhoea, Chlamydia
Vaginal Discharge	Gonorrhoea, Chlamydia, Trichomoniasis, Candidiasis, Bacterial Vaginosis
Lower Abdominal Pain	Gonorrhoea, Chlamydia, Anaerobic organisms

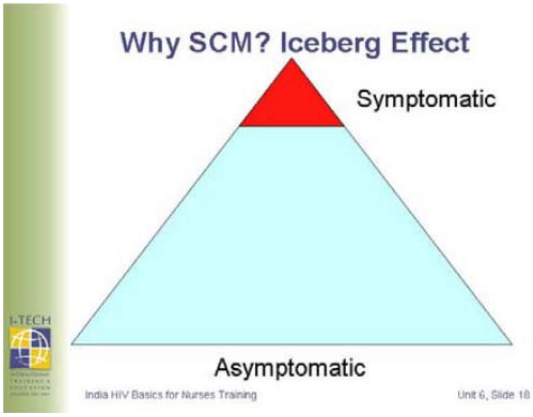
The most common STIs are grouped into 7 SYNDROMES to be approached as a group. Each of the 7 syndromes includes a group of common infections.

If a patient presents with any of the following symptoms and also has a suggestive history, then use the appropriate STI Syndrome Flow Chart.



Seven syndromes (continued)
Once the syndrome is accurately identified then the appropriate treatment is given.

Inform participants that there are many other infections but this is the consolidated list of most common infections presently available from scientific data/research.



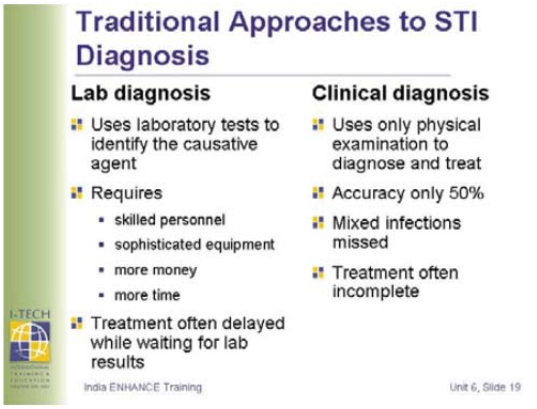
Majority of STIs are asymptomatic. The blue part of the triangle represents patients that are asymptomatic. The red part of the triangle represents patients that have symptoms and report to a clinic or hospital. It is important to realize that there are many people who have an STI yet are asymptomatic.

Ask participants 'How does a doctor at a hospital arrive at a diagnosis if, for example, a woman presents with excessive vaginal discharge?'

Write responses on a board/flip chart. (If you receive responses such as history, clinical examination, laboratory tests, tell participants they are right).
Answer: There are primarily two traditional methods for the diagnosis of STIs:

Etiological diagnosis
Clinical diagnosis

Tell participants you will be discussing the disadvantages of these two methods in the next slide.



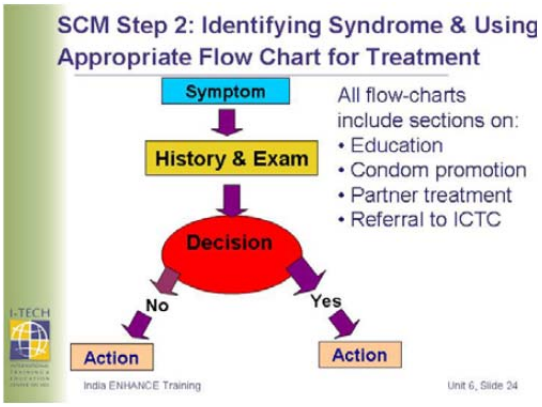
Based on all this information, and the fact that the government setting has limited resources for many lab tests, Syndromic Case Management of STIs is recommended and followed today in India.

Inform participants that SCM is a cost effective approach to a patient with STIs based on which treatment is given:

- does not depend on laboratory data
- based on symptoms with which the patient presents
- substantiated with a good clinical history and examination

Details of the steps involved will be reviewed in the following slides.

Advantages of SCM (1) **Diagnosis** ▪ Simple ▪ Accurate ▪ Based on scientific data **Treatment** ▪ Starts early ▪ Covers ALL common and important causes simultaneously ▪ Decreases transmission ▪ Simple and of short duration India ENHANCE Training Unit 6, Slide 20	The correct flow chart is identified based on the clinical history and examination findings, then is used to facilitate further action. Treatment is based on the guidance from the flow chart and is usually for mixed infections
Advantages of SCM (2) Ensures compliance Includes ▪ Education, condom promotion ▪ Partner treatment ▪ Referral to Integrated Counselling and Testing Centre (ICTC) India ENHANCE Training Unit 6, Slide 21	The simple diagnostic and treatment procedures increase the chance of compliance as well as follow-up treatment and partner treatment. It also advocates partner treatment – to avoid re-infection or transmission to others.
Steps in Syndromic Case Management (SCM) India HIV Basics for Nurses Training Unit 6, Slide 22	**Facilitators' Notes:** The following slides illustrate the four steps in Syndromic Case Management.
SCM Step 1: Clinical History and Examination Assure privacy, confidentiality, be non-judgmental ASK ▪ Details of presenting complaints ▪ Sexual history ▪ Clinical history ▪ Partner history Examine genitalia, perianal region, mouth, skin India ENHANCE Training Unit 6, Slide 23	**Clinical History: Ask participants, 'What questions would you ask if patient presents complaining of vaginal discharge?'** Answer: duration, colour, consistency, amount, odour, other symptoms like itching or burning or lesions (duration, number, size, colour, character, painful or other symptoms, new or recurrence, etc.) **Nurse's attitude and behaviour:** ▪ When taking the clinical history remember to greet the patient, provide privacy, be polite, and listen carefully ▪ Face and look at the patient during all communication and explain what you are doing and why ▪ Take consent from the patient or the person who accompanies them if they are minors, and reassure them that confidentiality will be maintained ▪ Ask appropriate questions and collect appropriate

	histories as listed in the slide **Examine and inspect:** ▪ Genitalia, perianal region, oral cavity ▪ Manual examination is also necessary (pulling back prepuce, massaging urethra, palpating nodes, etc.) ▪ Speculum examination is useful for female patients ▪ Use personal protective equipment (PPE) i.e. gloves, while examining patients ▪ All skin as many STIs can have rash (i.e. syphilis) **Refer participants to *Handout 2: Checklist – How and What of History Taking with Patients with STIs* in the Participant Manual.**
	**Review steps of SCM using diagram:** ▪ Symptom: Patient comes in with STI symptom ▪ History and exam: Health care provider performs history and physical exam ▪ Decision: Health care provider must answer a question (i.e. is discharge confirmed? do exam findings support symptoms?) ▪ Exit: Health care provider chooses a path depending on whether the answer to the question is YES or NO (i.e. treatment for discharge or if no discharge, further investigation)
	Discuss the benefits that are listed in this slide.
	It is preferable to treat all partners. Therefore, the patient must be encouraged to bring the partner/s for treatment. The benefit to the patient would be: ▪ Prevention of further infection ▪ Decreased risk for HIV transmission Abstinence from sex is preferred during treatment, but if unable to abstain, practice safer sex.

SCM Step 3: Partner Treatment Explore options to ensure partner treatment when patients feel they cannot refer partners: ▪ Give patient a duplicate course of treatment to give to partner ▪ Give a referral slip to the patient to give to the partner to reach a provider ▪ Use outreach services ▪ Check if partner has used other services India ENHANCE Training — Unit 6, Slide 27	Sometimes patients will not be able to convince their partner to come for treatment despite intensive counseling. In such cases, giving the patient a second dose for the partner to take is recommended. However, it is always best that the partner comes to the health care facility to receive more specific examination, education, and counseling.
SCM Step 4: Education & Counselling on Prevention Educate on importance of treatment for both partners Emphasize using ABC Approach Refer to ICTC for counselling on HIV testing India ENHANCE Training — Unit 6, Slide 28	Education especially ABCs of prevention are important. ▪ A =Abstinence or delay sexual intercourse ▪ B = Be faithful to one partner or reduce the number of partners ▪ C= Use and promote condoms It is essential that the patient who presents with an STI is counseled regarding safe sex: ▪ while on the full course of treatment ▪ for prevention of recurrences The benefit of counseling the patient is: ▪ reduce their risk of getting re-infected or infected with HIV ▪ refer to ICTC to get tested for HIV reinforce previous teaching

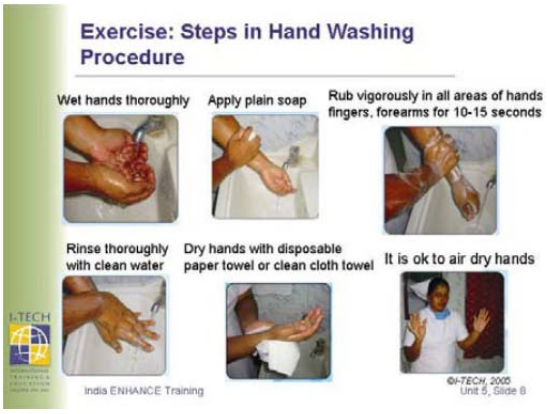
HANDOUT 3.6: CHECKLIST – HOW AND WHAT OF HISTORY TAKING WITH PATIENTS WITH STIs

Criteria	Done
How to take a history? ▪ Was polite	
▪ Patient greeted	
▪ Privacy provided	
▪ Faced and looked at patient	
▪ Explained why & what	
▪ Reassured confidentiality	
▪ Listened carefully and showed sensitivity	
▪ Took consent before any examination	
What information? ▪ Collected chief presenting complaints	
▪ Collected details of presenting complaints (how long/features/associated problems)	
▪ Obtained sexual history	
▪ Past history	
▪ Partner history	
What do you ask a woman with vaginal discharge? ▪ When did the discharge start?	
▪ What is the nature of the discharge? (colour/odour/etc)	
▪ Whether the woman is pregnant/has recently delivered?	
▪ Whether the woman is using Loop/IUD?	
▪ Whether she has burning urination or itching in the vulva?	
▪ Does she have any pain in the lower abdomen?	
Does she have any ulcer in the genital region?	
Whether the sexual partner has any sore on the genital organ or urethral discharge?	

SESSION 3.6: STANDARD PRECAUTIONS AND HAND HYGIENE

What are Standard Precautions?
▪ Work procedures used to reduce the risk of disease transmission
▪ Must be used with all patients regardless of known or presumed status
▪ Use when possibility of contact with:
  ▪ Blood
  ▪ All body fluids, substances and excretions (not sweat)
  ▪ Non-intact skin
  ▪ Mucous membranes
India ENHANCE Training Unit 5, Slide 3
	Facilitators' Notes:
	Standard precautions are: procedures and work practices used to reduce the risk of disease transmission because we cannot visually identify whether patients are infectious or not.
	Standard precautions must be used for all patients regardless of their diagnosis or presumed infectious status, and must be implemented when there is a possibility of contact with:
	▪ Blood
	▪ All other body fluids, substances, secretions and excretions (except sweat)
	▪ Non-intact skin
	▪ Mucous membranes

Basic Principles of Infection Control ▪ All patients are potentially infectious ▪ Follow Standard Precautions for all patients ▪ Use of personal protective equipment (PPE) is based on risk of the procedure **What are examples of PPE?** India ENHANCE Training Unit 5, Slide 4	All blood and body fluids, substances, secretions and excretions must be considered to be potentially infectious regardless of the perceived risk of the source. Following standard precautions is one of the basic principles of infection control. **Ask participants to name examples of PPE.** Answers include use of gloves, mask, eyewear, gowns, aprons and foot wear based on the risk of exposure to body fluids.
Standard Precaution Procedures ▪ Practice hand hygiene ▪ Use Protective Personal Equipment (PPE) when handling blood, body substances, excretions and secretions ▪ Disinfection and sterilisation ▪ Waste management India ENHANCE Training Unit 5, Slide 5	**We will now discuss hand hygiene. The other points on the slide will be discussed under specific pathogens.**
Hand Hygiene 1. When do we need to wash our hands? 2. What are the common hand hygiene techniques followed in health care settings? 3. Which kind of hand hygiene technique is used for the following procedures: ▪ Taking blood pressure, inserting a ryles tube, giving oral medication, conducting a delivery, cleaning a diabetic foot, before giving injection, giving a feed to a neonate India ENHANCE Training Unit 5, Slide 6	**Review questions on this slide with participants. Note responses on a flipchart and review responses participants have missed.** **Question 1: When do we need to wash hands?** Answer: Wash or decontaminate hands: ▪ After handling any blood, body fluids, secretions, excretions and contaminated items ▪ Between contact with different patients ▪ Between tasks and procedures on the same patient to prevent cross-contamination ▪ Between different body sites ▪ Immediately after removing gloves ▪ Remember to use the opportunity, to inform visitors

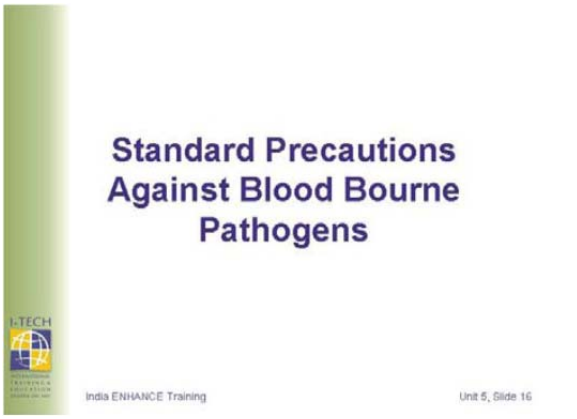
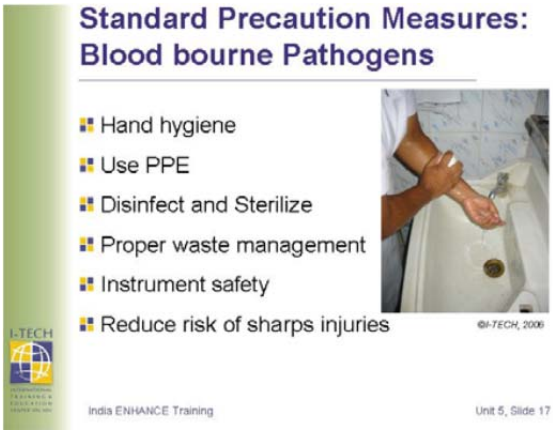
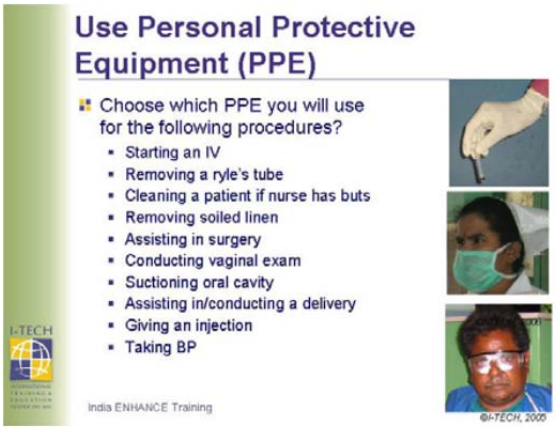
	and the general public about hygiene rules and hand washing **Question 2: What is the common hand hygiene techniques followed in health care settings?** Answer: ▪ Soap and water hand wash ▪ Alcohol rub ▪ Surgical hand scrub **Question 3: Discuss which type of hand wash is appropriate for the following procedures:** Answer: ▪ Taking blood pressure - Soap & water/alcohol rub ▪ Inserting a Ryle's tube - Soap & water/alcohol rub ▪ Giving oral medication - Soap & water/alcohol rub ▪ Assisting labour/performing a delivery - Surgical scrub ▪ Cleaning a diabetic foot - Soap & water/alcohol rub ▪ Before and after giving an injection - Soap & water/alcohol rub ▪ Giving a feed to a neonate – Soap and water/alcohol rub **Refer participants to *Handout 1: Hand Hygiene* in the Participant Manual for details of various hand hygiene techniques.**
	Ask participants how nurses dry their hands in their setting. **Suggest in the absence of towels, to air dry**
	**Exercise (5 minutes)** **Refer participants to *Exercise 1: Steps in Hand Washing - Checklist* in the Participant Manual.** **Divide participants into pairs. Ask each pair to act out the steps of soap and water hand washing technique using the checklist provided in the exercise.** **Be sure to observe whether participants remember to remove hand accessories like bangles, watches and rings before acting out steps in hand washing.** **Debrief the exercise. Reinstate that although this is a routine technique, it needs to be performed correctly, at short intervals to be effective.**

HANDOUT 3.7: HAND HYGIENE

Maintaining hand hygiene is one of the simplest, but often most overlooked procedures, that can be followed to prevent infection from spreading. Hand hygiene techniques can be classified under routine soap and water wash, alcohol hand scrub, and before surgery/surgical scrub.

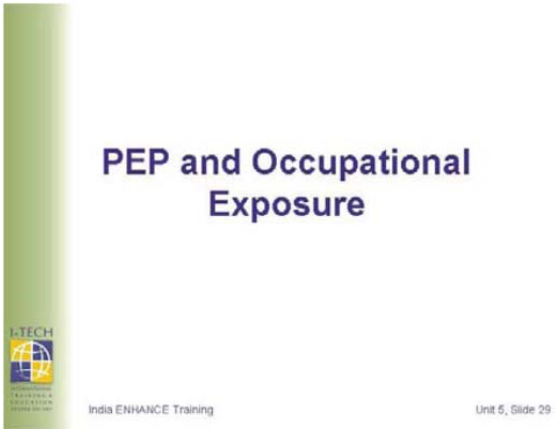
	Soap and water	Alcohol rub	Surgical scrub
When to use	Use this technique when hands have visible dirt	If no visible dirt on hands and before procedures needing aseptic technique	Done before surgery or procedures needing sterile technique
Effect on germs	Removes germs	Kills germs	Kills germs
How to use	Wet hands to wrist ▪ Apply soap on the palms, back of the hands, between fingers, around the thumb ▪ Clean the nails ▪ Rub for at least 15 seconds ▪ Rinse with running water ▪ Air dry or single use towel	Place 3-5 ml on dry hands ▪ Rub until dry ▪ No water or towels needed	Clean under nails with stick ▪ Wet up to elbow ▪ Use antiseptic ▪ long acting and rub all surfaces for 2-6 minutes ▪ Rinse with running water ▪ Dry with sterile towel

SESSION 3.7: STANDARD PRECAUTIONS: BLOOD BORNE PATHOGENS

	The following slides detail the role that nurses can take in implementing standard precautions against blood borne pathogens.
	The first point has already been discussed earlier in this unit - we will now cover the rest.
	Prepare to have 1 pair of sterile gloves for the exercise. Ask a participant to volunteer to demonstrate the proper technique of putting on and removing sterile gloves. Encourage constructive comments from the others. Thank the participant for the demonstration. State that it is acceptable but not necessary to use sterile technique to put on clean gloves. Read out loud the following procedures to participants and ask them to name all the PPE they would use for the procedures: ▪ Starting an IV (gloves) ▪ Removing a Ryle's tube (gloves) ▪ Cleaning the patient if the nurse has abrasions, cuts (gloves) ▪ Removing soiled linen (gloves) ▪ Assisting in surgery (gloves, mask, cap, gowns, eye wear, foot wear) ▪ Conducting a vaginal examination (gloves) ▪ Suctioning the oral cavity (gloves, mask) ▪ Assisting in/conducting a delivery (all) ▪ Giving an injection (gloves) ▪ Taking BP (none)

Dos and Don'ts for Use of PPE **Dos** ▪ Use PPE based on risk of the procedure ▪ Change PPE completely after each procedure ▪ Discard the used PPE in appropriate disposal bags, ▪ Dispose PPE as per the policy of the hospital ▪ Always wash hands after removing PPE **Don'ts** ▪ Share PPE ▪ Use same gloves between patients ▪ Wash hands with gloves on ▪ Reuse disposable gloves, eyewear, masks ▪ Use eye wear that restricts your vision ▪ Use masks when wet India ENHANCE Training Unit 5, Slide 19	Hands should not be washed with gloves on because this might allow infectious fluids on the gloves to come in direct contact with the hand through invisible microscopic tears in the material **Ask participants what they would do if PPE was not available at their place of work?** ▪ They should request administration to provide them with protective equipment – it is their right as health care workers to protect themselves from occupational exposure to infection ▪ They could use alternative material – i.e. plastic bags to protect themselves in the meanwhile
Disinfect and Sterilize: Agents Used in Disinfection **EFFECTIVE against HIV:** Household bleach / sodium hypochlorite Chlorhexidine 2-4% Glutaraldehyde 2% IPA, Ethanol 70% Formalin 4% Povidone iodine 2% **INEFFECTIVE against HIV:** Savlon - poor effect Dettol solution - no effect Lysol – poor effect India ENHANCE Training Unit 5, Slide 20	Disinfection of instruments/material/surfaces is to be encouraged to prevent transmission of diseases like bacteria, viruses and fungi to Immune compromised patients. Alcohol disinfection is fastest and most convenient disinfectant. Additional information on effectiveness of various disinfectants: ▪ Hypochlorite 1%: Contact time of minimum 20 minutes to disinfect surfaces contaminated with organic matter ▪ Chlorhexidine 4%: Hands scrubbed for 3-5 minutes (usually used as surgical hand scrub) ▪ Glutaraldehyde 2%: Contact time of minimum 20 minutes to kill TB and Hepatitis B ▪ Ethanol 70%: Contact time of min 10 minutes needed to be effective (however, it usually evaporates before that – so this is usually not used)
Nurse's Role in Disinfection and Sterilization Prepare bleach solution every day Keep a separate area for disinfection of patient care items Disinfect all patient care equipment contaminated with body fluids or secretions Maintain separate personal care items for patients i.e. razors, toothbrushes Clean daily, surfaces in close proximity to patient (bed side rails, tables) Disinfect all reusable articles before sending for sterilization Clean all patient area thoroughly on discharge India ENHANCE Training Unit 5, Slide 21	When using disinfectants, it is necessary to ensure: ▪ Correct concentration of solution is used ▪ Adequate contact time is provided with infectious surface Remember to wash metal equipment well if bleach solution is used to disinfect it, as bleach could cause the metal to corrode. **Ask participants, 'What is the correct proportion for a bleach solution mix?'** Answer: 1 part of bleach to 9 parts of water

SESSION 3.8: POST EXPOSURE PROPHYLAXIS FOR HIV



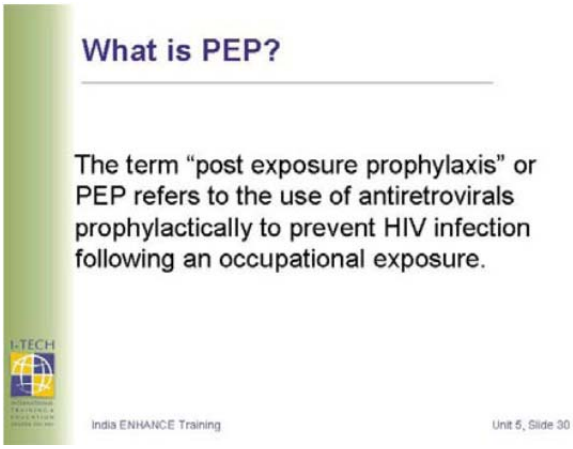
Facilitators' Notes:

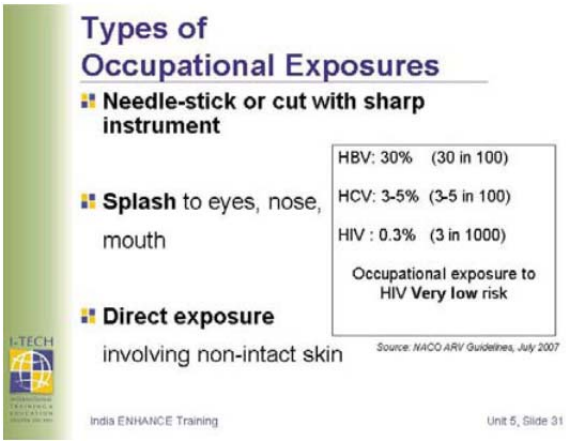
Ask the participants – 'What does PEP stand for?'

Post exposure Prophylaxis

Ask the participants 'What is the meaning of occupational exposure?'

- Exposure to harmful substances/material that occurs during the course of one's work
- It can place health care providers at risk for contracting HIV & other viruses including HBV and HCV





Source: NACO. Ministry of Health and Family Welfare .Antiretroviral Therapy Guidelines for HIV-infected Adults and Adolescents Including Post-exposure Prophylaxis. May 2007.

Give examples for each of the types of exposure and the risk of contracting HIV through it:

- Percutaneous exposure involving tissue under the skin (i.e., through a needle stick or a cut) (0.1-0.5% 1-5 in 1000)
- Mucocutaneous exposure involving mucous membranes (i.e., through a splash to the eyes, nose, or mouth): Direct exposure involving non-intact skin (i.e., when the skin is chapped, scraped, or afflicted with dermatitis) (0.09% 9 in 10000)
- Inform participants that transmission can occur through contact with a body fluid capable of transmitting a virus
- The statistics may be higher in places that do not have good infection control practices

Factors that Influence Risk for Acquiring HIV
- **Type and efficacy of exposure**
  – Depth of injury
  – Size and type of needle
  – Amount of blood
- **HIV status of source**
- **Amount of virus** present in the contaminated fluid
India ENHANCE Training Unit 5, Slide 32
	Type and efficacy of exposure affects transmission:
	▪ Percutaneous or mucocutaneous
	▪ Depth of injury
	▪ Size and type of Needle (hollow bore or solid instrument)
	▪ Amount of blood
	▪ The amount of virus present affects transmission:
	▪ Amount of blood
	▪ Stage of the patient in HIV cycle (primary infection, asymptomatic stage, and in the AIDS
	▪ Stage; the virus is present in higher numbers in
	▪ The first and third stage and therefore have a higher risk of transmission)

Factors that Influence Risk for Acquiring HIV
- Types of procedures that carry a higher risk of transmission:
  - Procedures involving a needle placed in artery or vein
  - Use of invasive devices visibly contaminated with blood
- Level of viral load of source patient
- Whether PEP is taken within the specified time or not
Most exposures do not result in infection!
India ENHANCE Training Unit 5, Slide 33
	Certain procedures in the health care setting can increase risk of occupational exposure including:
	▪ Placing IVs
	▪ Collecting blood
	▪ Working with uncooperative or disturbed patients during invasive procedures
	
	The risk of transmission increases with the frequency of performing higher risk procedures.
	
	During these high risk procedures more safety measures must be adhered to.
	
	PEP has to be taken on time as advised by the doctor for it to be effective.
	
	Other factors that affect transmission is the prevalence of infection in the specific population that is in your facility.
	
	Ask participants how many patients in their centers are being diagnosed with HIV per month.

Case Scenario: Questions 1. Is this appropriate management of needle stick injuries? 2. How should the situation have been handled? India ENHANCE Training Unit 5, Slide 35	**Answer:** **Question 1:** No. Once the injury occurs, Asha should place the contaminated needle into the sharps container **Question 2:** ▪ Asha should remove the gloves first ▪ Asha should not squeeze the wound: instead, she should wash her hands with soap and water ▪ Asha should report the needle stick injury to the appropriate administrative staff and follow protocols for post exposure prophylaxis

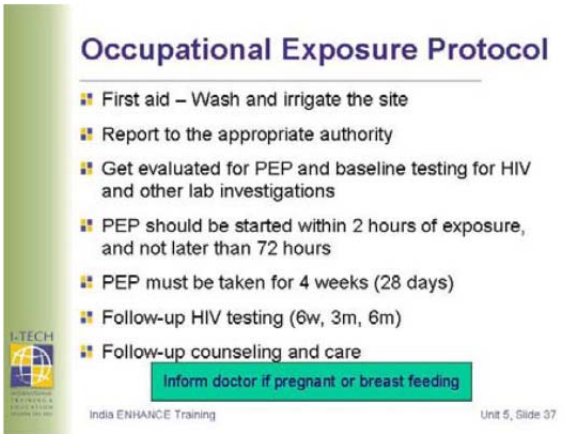
After exposure, immediately clean the wound under running water for 5 minutes allowing free flow of blood if any. Use the following procedures:

Do

- Wash with soap and water only

Don't:

- Do not squeeze or pinch the wound
- Do not pour any hypochlorite/strong disinfectant solution on the wound
- Do not put your injured area into the mouth



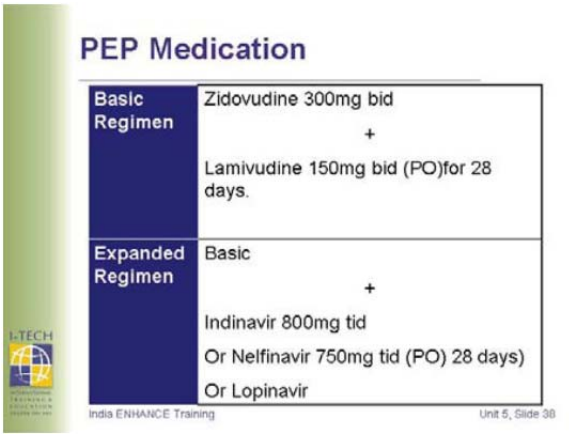
Source: NACO. Ministry of Health and Family Welfare. Antiretroviral Therapy Guidelines for HIV-infected Adults and Adolescents Including Post-exposure Prophylaxis. May 2007.

Baseline HIV testing to rule out previous exposure. If the staff is already positive, PEP will have no effect. Instead should advise follow up for possible initiation of ART treatment after evaluation and counseling.

Other lab investigations that need to be conducted are:

- Hemoglobin
- Platelet count
- Recticulocyte count
- WBC – Total and differential counts
- Renal function tests
- Liver function tests
- Random blood sugar

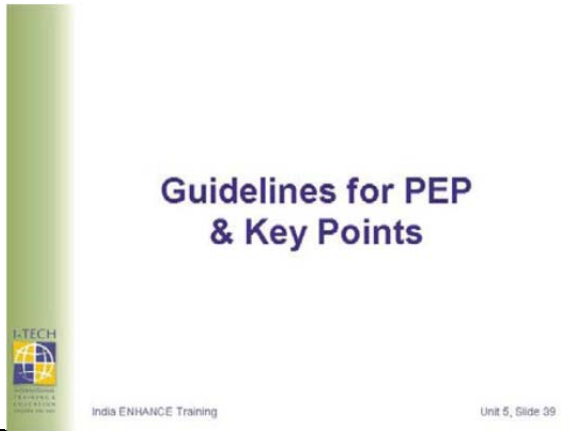
Follow up testing is recommended to detect occupational transmission as early as possible to start ART and counseling.
Pregnancy and breast feeding are not contraindications for PEP

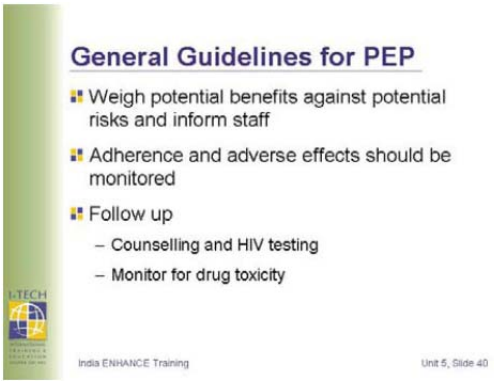


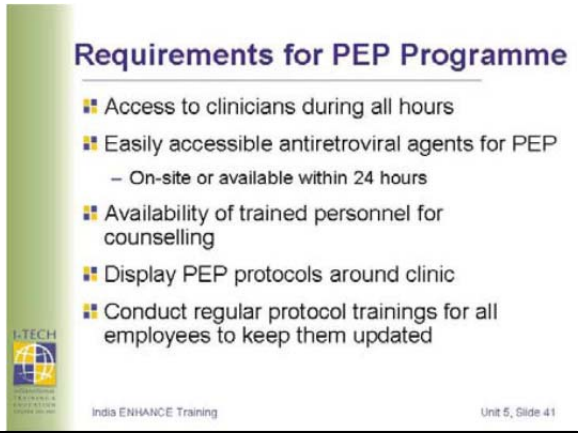
Depending on the severity of the exposure, and the status of the source, the PEP regimen is decided upon.

Source patient can be tested for HIV (with permission-if status is not known) to assist with decision making.

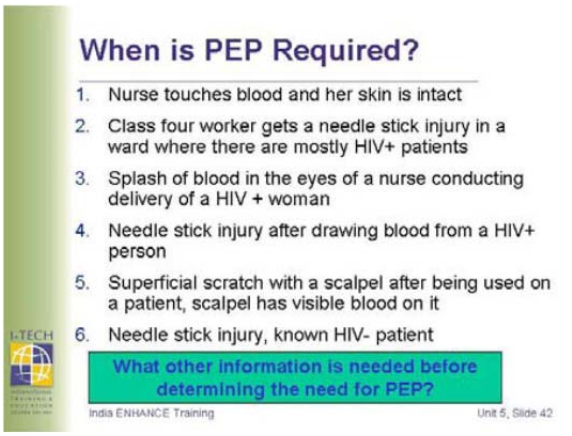
Source: NACO. Ministry of Health and Family Welfare. Antiretroviral Therapy Guidelines for HIV-infected Adults and Adolescents Including Post-exposure Prophylaxis. May 2007.







Source: NACO. Ministry of Health and Family Welfare. Antiretroviral Therapy Guidelines for HIV-infected Adults and Adolescents Including Post-exposure Prophylaxis. May 2007.



This slide is animated. Inform participants that they will be provided with certain situations for which they would have to determine whether or not PEP would be required. Advance the slide statement by statement allowing time for participant response.

Answers:

1. No
2. Yes
3. Yes
4. Yes
5. Yes
6. No

Remind participants: depth of injury, amount of body fluid exposed to, and many other factors need to be kept in mind when determining the need for PEP. There is strict protocol to be followed before PEP can be administered. This is why it is important that they report to the PEP-in-charge when they have been exposed rather than self-medicate or do nothing according to their risk perception.

Ask participants:

- **What are the main points you have learned from this session?**
- **What are your key responsibilities with regards to patient care from what you have learned from this session?**

Allow 5 minutes for a brief large group discussion.

Key Points

- Standard precautions must be followed for ALL patients
- Use of standard precautions could reduce the risk of Blood bourne and airbourne infections
- Nurse's have a key role in
  - Following standard precaution protocols
  - Educating other health care personnel
  - Preventing occupational exposure
  - Protecting self and others from Blood bourne pathogens including HIV

India ENHANCE Training Unit 5, Slide 43

Key Points

- PEP significantly reduces the risk of HIV transmission from occupational exposure
- Existing PEP protocols should be followed
- Exposed health care providers should be monitored for side effects and adherence

India ENHANCE Training Unit 5, Slide 44

SESSION 3.9: PARENT TO CHILD TRANSMISSION OF HIV

Parent to Child Transmission (PTCT) of HIV 4	
Exercise: True or False? 1. Pregnancy makes HIV disease worse 2. HIV infected sperm can directly infect the embryo even if the mother does not have HIV 3. If a woman is HIV+, there are medications she can take to reduce the likelihood of passing the virus to her infant 4. If both parents are HIV +, using condoms during pregnancy is not necessary India ENHANCE Training Unit 10, Slide 5	This exercise should take about 15 minutes. The goal of this exercise is to: ▪ Show participants how much they already know about HIV and pregnancy ▪ Identify areas where participants may need more information in order to be able to provide effective care to their patients Ask participants to close their manuals. Read out the statements in the slide and ask the participants to either stand or raise their hand if they believe the statement is true. Discuss participants' responses to each statement. *Handout 1: PPTCT True or False Statements* Answers to 1- 4: 1. FALSE 2. FALSE 3. TRUE 4. FALSE
Exercise: True or False? (continued) 5. If a woman is HIV+, all her babies will be HIV+ because they share the same blood 6. Procedures during delivery that may cause exposure of the newborn to maternal body fluids should be avoided whenever possible 7. If a HIV+ woman has a Caesarean section, the risk of having a baby with HIV is 0% 8. Giving nevirapine to babies after they are born is like giving a nurse PEP after a needle stick injury India ENHANCE Training Unit 10, Slide 6	Answers to 5-8: 5. FALSE 6. TRUE 7. FALSE 8. TRUE Refer participants to *Handout 1: PPTCT True or False Statements*

HANDOUT 3.8: PPTCT TRUE OR FALSE STATEMENTS AND ANSWERS

1. **Pregnancy makes HIV disease worse.**
   False - Pregnancy does not accelerate the progression of HIV disease.

2. **HIV-infected sperm can directly infect the infant even if the mother does not have HIV infection.**
   False- Although there is HIV in male semen, there is no HIV in the sperm. Therefore, the mother could get HIV infection from the male semen but the foetus could not get HIV infection from the male's sperm. The foetus can only acquire HIV infection from exposure to the mother's blood or vaginal/cervical secretions during pregnancy, birth, or breast milk during breast feeding. Remember that about 70% of time, the foetus will not get HIV infection at all.

3. **If a woman is HIV+, there are medications she can take to reduce the likelihood of passing the virus to her infant.**
   True- If a woman is HIV+, she can be prescribed ART depending on clinical criteria either during her pregnancy and/or during labour and delivery. She should be given ART during labour, and the baby must be given ART within 72 hours of birth. Details of ART to prevent mother to child transmission will be dealt with later in this unit. If she is on ART and her viral load is suppressed, her risk of transmission is very low, about 1 or 2%.

4. **If both parents are HIV +, using condoms during pregnancy isn't necessary.**
   False - One partner may transmit a resistant virus to the other through sexual intercourse so it is essential that the couple practice safe sex with use of condoms.

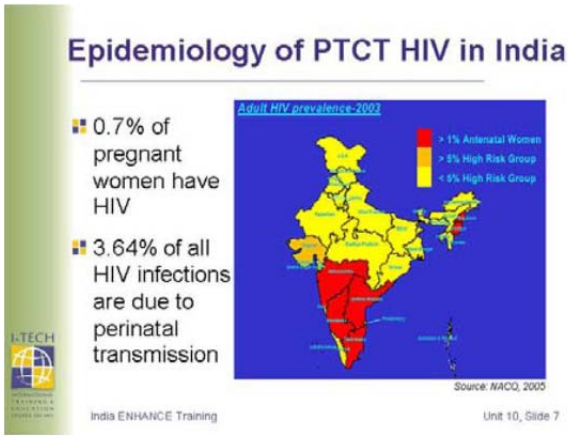
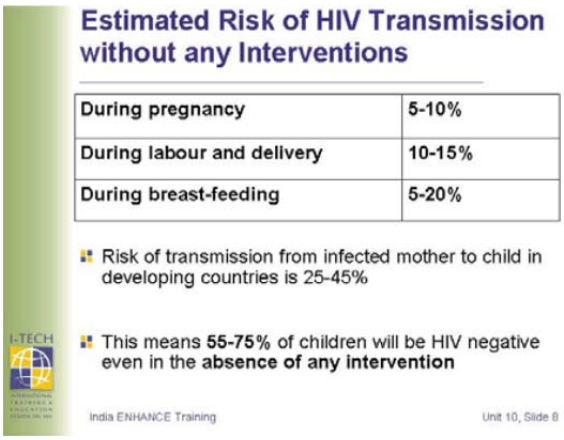
5. **If a woman is HIV positive, all her babies will be HIV infected because they share the same blood.**
   False - The mother and baby do not share the same blood. The mother's blood is filtered by the placenta so the baby gets oxygen and nutrients without exchange of blood. The baby can only become infected if she/he is exposed to the mother's blood. This may happen from an infection in the placenta, a maternal abruption or abdominal trauma causing bleeding into the amniotic sac, or during birth. It is also important to note that even with exposure the mother's blood during pregnancy and birth, there is only about a 30% chance of the baby becoming infected.

6. **Procedures during delivery that may cause exposure of the newborn to maternal body fluids should be avoided whenever possible.**
   True - This includes artificial rupture of membranes, forceps or vacuum delivery, episiotomy, or vigorous suctioning of the infant.

7. **If an HIV positive woman has a caesarean section (C/S), her risk of having a baby with HIV is 0%.**
   False - Although in some cases, when the woman's virus is not suppressed or she has advanced HIV disease, a C/S may reduce the risk of infection, it will never reduce it to 0%. The actual risk depends on the severity of disease and the actual viral load. When a woman is on ART and her viral load is fully suppressed, there does not appear to be an advantage to C/S. Also, there is a higher risk of maternal infection and mortality with C/S and the higher cost to consider.

8. **Giving nevirapine to babies after they are born is like giving a nurse post-exposure prophylaxis after a needle sticks injury.**
True. Giving nevirapine is like giving PEP to a nurse after a needle stick injury, although nevirapine should not be used for PEP following needle stick injuries.

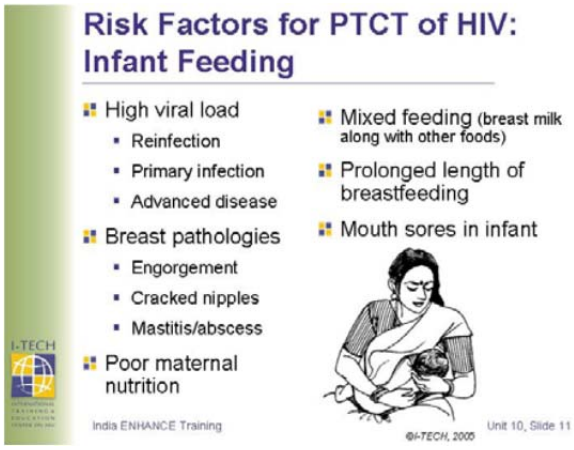
Cont….

 *Source: NACO. Indian Academy of Paediatrics. Guidelines for HIV Care and Treatment in Infants and Children. November 2006.*	Average HIV prevalence rate in pregnant women in cities such as Hyderabad, Mumbai, Pune, Sangli, and Manipur is 2-2.5%. **Ask participants: 'Why do you think the HIV prevalence rate in pregnant women is higher in cities such as Hyderabad, Mumbai, Pune, Sangli, and Manipur than in other cities?'** Answer: ▪ There are larger populations of high risk groups in these large cities, therefore the wives of people practicing high risk behaviours may be vulnerable to HIV infection brought home by their husbands ▪ Also in these larger cities there are larger numbers of Commercial Sex Workers (CSWs) and Injection Drug Users (IDUs), who may get pregnant
 *Source: NACO. Indian Academy of Paediatrics. Guidelines for HIV Care and Treatment in Infants and Children. November 2006.*	The statistics in this slide are crucial to understand where medical interventions can be put in place to reduce parent to child transmission of HIV. If we take 100 women with HIV we could expect 25-45 babies to be born with HIV if there was no intervention taken at all: ▪ Approximately 10-15% babies will be infected at the time of delivery which is the period of greatest risk of HIV transmission, through exposure to maternal blood and vaginal secretions - **here we can intervene** ▪ Approximately 11% babies will be infected in the first 6 months of life from breastfeeding depending on duration, viral load of mother, presence of mastitis and exclusivity of breastfeeding. An additional 6-8% of babies could become infected as mother breast feeds longer - **here we can intervene** ▪ Approximately 5-10% will be infected in utero. This may occur when a mother is newly infected during the pregnancy and has a high viral load, or due to internal complications where the foetus is exposed to infectious maternal fluids – **we can counsel about safer sex during pregnancy, but we cannot do anything about other factors yet** This slide illustrates that the majority of infants born to HIV positive mothers will NOT be HIV positive themselves. However it is important to emphasize, that even though most infants are not born HIV positive, they may lose one or both parents if treatment is not available, resulting in

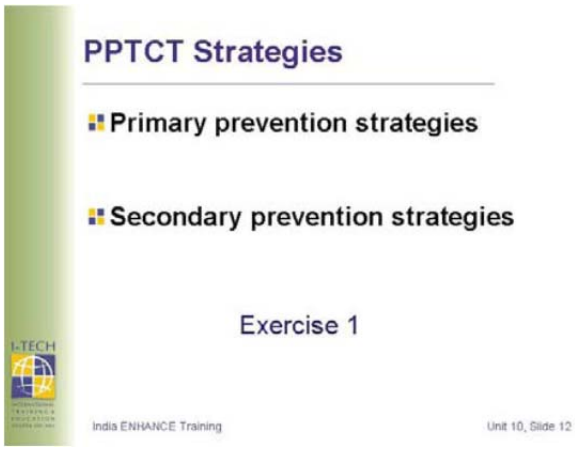
	potentially great challenges for the child as they mature. **In other words, such children are not immune to the hardships of HIV.** The most important thing to remember is that the numbers given in the pie chart are averages and that there are many factors that determine individual transmission risk.

Maternal Factors That Increase Risk for PTCT of HIV During Pregnancy
▪ High viral load
  ▪ Recent opportunistic infection (OI)
  ▪ Infected with HIV during pregnancy
  ▪ Advanced HIV disease
  ▪ Viral, bacterial, and parasitic (esp. malaria) placental infection
  ▪ Concurrent STI
▪ Malnourishment
▪ Drug use
▪ Alterations in the integrity of placenta, chorion
  ▪ Chorioamnionitis
  ▪ Invasive procedures on the uterus
India ENHANCE Training Source: WHO MTCT Unit 10, Slide 9
	Ask participants: 'Imagine that a woman becomes infected at about the same time she becomes pregnant. What do we know about her viral load? Would the viral load be high or low?'
	
	Answer: High. Reinforce that a high viral load could increase risk of transmission.
	Review the other factors that are listed in the slide that increase the risk of transmission from mother to foetus during pregnancy. Ask the participants to identify ways to explain this to mothers.
	
	Other factors that increase the risk of transmission from mother to foetus during pregnancy are:
	▪ Malnourishment of the mother during pregnancy could lead to further decrease in maternal immunity which could:
	▪ Lead to higher risk of HIV transmission to the foetus
	▪ Increase risk of having a low birth weight baby/preterm delivery. Both low birth weight and pre-term babies have a higher vulnerability to PTCT of HIV
	▪ Drug use could lead to high risk behavior leading to re-infection during pregnancy. It can also increase the risk of low birth weight/ premature babies
	▪ Anything that interferes with the integrity of the placenta such as placental infections can increase the risk of HIV transmission. An example would be chorioamnionitis (infection of the membranes (placental tissues) and amniotic fluid)

Risk Factors for PTCT of HIV: Labour and Delivery
Maternal factors
▪ High viral load
▪ Rupture of membranes > 4 hours
▪ Intrapartum haemorrhage
▪ Invasive procedures
  ▪ Invasive foetal monitoring
  ▪ ARM (artificial rupture of membranes)
  ▪ Episiotomy
  ▪ Vacuum cups
  ▪ Forceps deliveries
Newborn factors
▪ Preterm birth
▪ Low birth weight
▪ First infant of multiple birth
▪ Altered skin integrity
India ENHANCE Training Unit 10, Slide 10
	Maternal Factors:
	Viral load - the higher the viral load, the higher the risk of the baby being exposed to HIV during birth.
	
	Ruptured membranes - amniotic fluid is protected from HIV as HIV does not cross the placenta. Once the membranes are ruptured however, the infant could be exposed to HIV present in vaginal secretions of the mother.
	
	Intrapartum hemorrhage - infant will be exposed to mother's blood with HIV.
	
	Invasive procedures - small abrasions on the skin of the newborn or increased exposure of the newborn to maternal blood during these procedures (invasive foetal monitoring, ARM, episiotomy, vacuum cups or forceps deliveries).

	Newborn Factors: *Preterm birth* – skin of a premature baby is fragile and porous. *Low birth weight* - could mean lower resistance and therefore increased risk to HIV. *First infant of multiple births* - Twin A is first in the birth canal, and is exposed to higher levels of maternal fluids, bearing 'brunt' of contractions. Twin B, smaller, usually slips right through the 'cleaned' birth canal in minutes rather than hours. GI tract and mucous membranes are fragile- at increased risk of HIV infection from swallowing or exposure to infectious vaginal secretions.
	**With breastfeeding we are thinking about both mother and baby! Review points below with participants.** ▪ **High viral load** - With recent infection there is increased viral load (it will take 6-24 weeks for the body to make antibody to control the virus) The viral load may be in the millions, and transmission risk is increased by 15-30%. ▪ **Breast pathologies** - It increases the risk as both breast milk and blood may be swallowed by the baby ▪ **Mixed feeding** - Microscopic bleeds in baby's gut could occur from foods other than breast milk (i.e. kanji, cow's milk, etc.) This, when followed by ingestion of breast milk could increase the chance of the HIV to enter the infant's body ▪ Advanced disease in the mother, poor nutrition could increase the risk of transmission ▪ Prolonged breast feeding increases the risk of HIV transmission since the chance of the baby being exposed to the virus increase ▪ Mouth sores in infant – the virus could have direct access to the baby's blood through the sores

SESSION 3.10: PPTCT STRATEGIES



Facilitators' Notes:
Explain to participants that we will be discussing primary and secondary prevention strategies to reduce PTCT of HIV.

Explain the meaning of primary prevention and secondary prevention in the context of PPTCT:

- Primary prevention means preventing any woman of reproductive age from becoming infected with HIV. The goal of primary prevention is to decrease the chance of a woman getting infected
- Secondary prevention means taking measures to reduce the risk of HIV transmission to the baby, either during pregnancy, labour or in the postnatal period from an HIV positive mother

Refer participants to *Exercise 1: Small Group Exercise: Patient Education* in the Participant Manual.

This exercise will continue through the remaining steps of this session.

Divide participants into 5 groups; assign each group one case. Refer to Exercise 1 in the Facilitators' Guide for instructions on facilitating this exercise and answers to guide the discussion.

HANDOUT 3.9: SMALL GROUP EXERCISE: PATIENT EDUCATION

Instructions:
This exercise will continue through the remaining steps of this session.

- Divide participants into 5 groups; assign each group one case
- Give groups 5 minutes to discuss and write down main points they would consider in preventing PTCT of HIV for their particular case
- Ask groups to select one representative that will come forward and present their main points to the large group (3-5 minutes)
- Other groups will be asked to provide feedback to the responses
- Make sure to clarify any questions from participants

Case 1: An 18-year-old girl presents to you. She says she is likely to get married in a year's time but has fears about HIV. Her friend got married last year and discovered she was positive after her marriage, during her antenatal checkup. What points would you keep in mind when counseling her?

- *Educate ALL women before pregnancy on*
  - *Prevention and early treatment of STIs*
  - *Family planning methods (which offer dual protection)*
  - *HIV and importance of early testing*
- *Refer to appropriate centers for additional support*

Case 2: A 23 year old, HIV positive woman comes for her first antenatal checkup. She is 6 weeks pregnant and you are in the OPD. What key points would you keep in mind while counseling her to prevent MTCT?

Educate the woman on the importance of:

- *Antenatal visits*
- *Diet + Vitamin & Iron supplements*
- *Avoiding invasive procedures*
- *Practicing safer sex*
- *Treating ANY infection or STI*
- *Importance of hospital delivery*
- *Continuing to monitor the progress of her HIV: CD4 counts/presence of OIs*
- *Safe feeding options for the baby*

Case 3: A 24 year old, HIV positive woman, comes to the hospital with labour pains since half an hour. What will you assess and do for her, if you were present throughout her labour period to reduce MTCT?

Assessment

- *Regular obstetrical assessment*
  Assess whether tested for HIV
  - *If not, offer pretest counseling and testing during labour*
  - *May offer an opportunity to provide PPTCT*
- *If known HIV+, check whether she has*
  - *Already been put on ART*
  - *Already taken the single dose NVP (PPTCT program)*

Case 4: A 24 year old, HIV positive woman who just delivered her baby, asks you about feeding her baby. You have not seen her in the past, during her prenatal period. What points would you keep in mind while counseling her to reduce MTCT?

Educate mother on:

- *Exclusive breast feeding for 6 months*

- *Good hygiene*
- *Good position*
- *Giving colostrum*
- *Duration-shorter the better*
- *Not mixing feeds*
- *Express feed vs. direct BF*
- *How to stop abruptly*
- ***OR** Replacement feeding*
  – if affordable, safe, sustainable, feasible & acceptable
- *Inform about*
  – Routine postnatal care of mother
  – Evaluation to decide eligibility for ART
  – Need to report any signs of infections
- *Chest, urinary, puerperal, episiotomy or breast infections*
- *Assess risk factors for reinfection*

Case 5: A 24 year old, HIV positive woman has doubts about her and her baby's follow up care after delivery. What key points would you keep in mind while counseling her to reduce the risk of PTCT?

- *Reinforce safer sex*
- *Discuss family planning BEFORE discharge*
- *Review birth control and infection control – reinforce need for continued safer sex*
  – Dual protection to prevent and reduce further HIV infection, STIs and pregnancy
  – Data suggests hormonal contraception is less effective with ARVs
  – Access to emergency contraception
- *HIV testing for baby*
- *Routine well baby visits*
- *Need to follow standard immunization schedule for baby*
- *Need for immediate medical attention if signs and symptoms of any infection present*
- *Cotrimoxazole prophylaxis for infant*
  – All HIV exposed infants start at 4-6 weeks of age till detected as HIV

Case 1: Primary Prevention An 18-year-old girl presents to you She says she is likely to get married in a year's time but has fears about HIV Her friend got married last year and discovered she was positive after her marriage, during her antenatal check up **What points would you keep in mind when counselling her?** India ENHANCE Training Unit 10, Slide 13	Call Group 1 (Case 1) forward to present their case scenario and points of discussion, invite responses from other participants (5 min) and then present the next few slides which will contain details regarding Case 1.

Nurse's Role: Primary Prevention Educate ALL women *before* pregnancy on • Prevention and early treatment of STIs • Family planning methods (which offer dual protection) • HIV and importance of early testing Refer to appropriate centres for additional support India ENHANCE Training Unit 10, Slide 14	Educate women who are in the reproductive age group (15-45 years) and who have not yet been infected - the goal is to prevent them from getting infected. ▪ Provide family planning information with emphasis on methods which provide dual protection against BOTH pregnancy and STIs/HIV ▪ Provide general information on HIV transmission and encourage young women who have an increased vulnerability to contract HIV to go in for early testing ▪ Refer to ICTCs for additional support and information
Nurse's Role: Primary Prevention Educate and counsel *pregnant or lactating* HIV negative women on HIV & early testing **Why do you think this is necessary under PPTCT?** ©I-TECH, 2005 India ENHANCE Training Unit 10, Slide 15	**Explain to the participants that the government of India's PPTCT program, seeks out ALL pregnant women (urban, rural, rich, poor, married, unmarried to be delivered by obstetricians, midwives or traditional birth attendants) to provide them with PPTCT options.** **Question 1 Answers:** ▪ Women who are pregnant, in labour, or lactating need to be targeted for primary prevention because, if they contract HIV during these times, the chances of transmitting the virus to the foetus/baby increases sharply with the increased viral load associated with primary infection ▪ If a woman is found to be positive during these periods, she can be offered appropriate PPTCT services. More details are provided in the next slide ▪ In India all pregnant women are counseled in groups on HIV testing and are offered the IV test. They can choose to 'opt-out' of testing (that is, choosing not to be tested). This is different from mandatory testing ▪ Women who opt-out are given additional counseling to encourage them to eventually consent to being tested ▪ The goal is to test ALL women in order to reduce PTCT of HIV, using the interventions described in this module **Inform participants that from here on we will be dealing with secondary prevention strategies and how nurses can play a role.**
Case 2: Secondary Prevention-During Pregnancy A 23 yrs old, HIV+ woman comes for her first antenatal check up She is 6 weeks pregnant; you are there in the OPD **What key points would you keep in mind while counselling her to prevent MTCT?** India ENHANCE Training Unit 10, Slide 16	**Facilitators' Notes:** **Call Group 2 (Case 2) to come forward to present their case scenario and points of discussion and invite responses from other participants (5 min) and then present the next slides which contain details regarding Case 2.**

Nurse's Role: Secondary Prevention in Pregnancy

Educate her on the importance of:

- Antenatal visits
- Diet + Vitamin & Iron supplements
- Avoiding invasive procedures
- Practicing safer sex
- Treating ANY infection or STI
- Importance of hospital delivery
- Continuing to monitor the progress of her HIV: CD4 counts/presence of OIs
- Safe feeding options for the baby

India ENHANCE Training Unit 10, Slide 17

Remember that for pregnant HIV positive women: Similar care as for pregnant HIV negative women with same number of antenatal visits is required. Pregnancy is not necessarily considered high risk. Invasive antenatal test and procedures must be avoided. (i.e. amniocentesis)

Whether positive or negative, all women should recognize the risk of initial infection, re- infection if they are already infected, and sexually transmitted infections in terms of increased burden on the immune system. Emphasize need for safer sex practices and early treatment of STIs.

Monitor progress of HIV: CD4 counts/presence of infections to assess need for ART. Stress to participants the importance of taking a comprehensive history and physical assessment during pregnancy and monitoring of symptoms

When is ART Required During Pregnancy?

WHO stage	CD4 testing not available (or pending results)	CD4 testing available
1	Do not treat	Treat if CD4 < 200 cells/ mm^3
2	Do not treat	
3	Treat	Treat if CD4 < 350 cells/ mm^3
4	Treat	Treat irrespective of CD4

India ENHANCE Training Unit 10, Slide 18

Treatment should be started based on clinical criteria even if the woman is in the first trimester of pregnancy.

In some circumstances, delaying the start of treatment may be desirable for a woman in the first trimester of pregnancy, although, should her clinical or immune status suggest that she is severely ill, the benefits of early treatment clearly outweigh any potential risks to the foetus and therapy should not be delayed in such cases. Providing ART for all pregnant women who are eligible under NACO guidelines is ideal, however, this may not always be possible due to lack of resources.

Source: NACO. Indian Academy of Paediatrics. Guidelines for HIV Care and Treatment in Infants and Children. November2006.

ART During Pregnancy

HIV-infected pregnant women who need ART should receive it

Choice of ART regimens:

- ART should consist of **3 or more ARVs**
- NACO first line therapy includes AZT/3TC/NVP
- **Efavirenz (EFV) is associated with birth defects**

HIV-infected pregnant women who need ARV treatment (ART) should receive it. ART should not be withheld during pregnancy unless known adverse effects outweigh benefits. There may be instances where there are not resources for women who are eligible for ART. These women can still receive short course treatment which will be discussed in the next few slides.

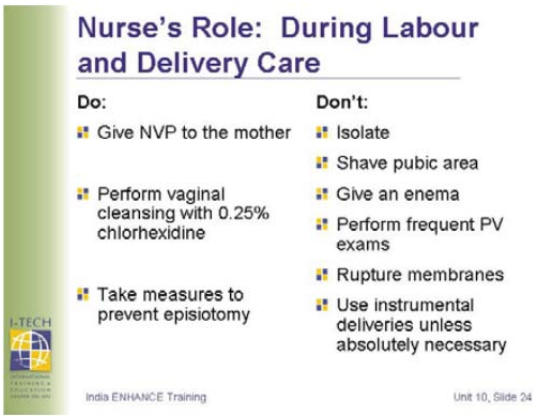
Choice of ARV treatment regimens:

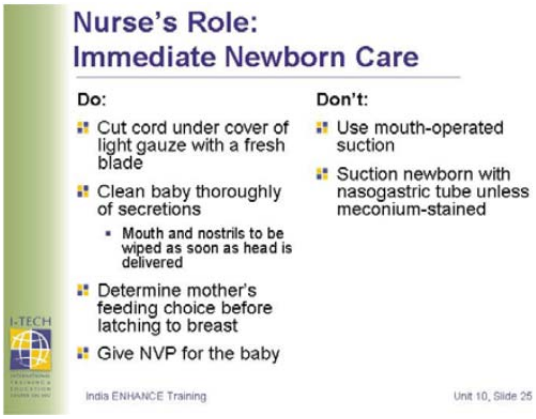
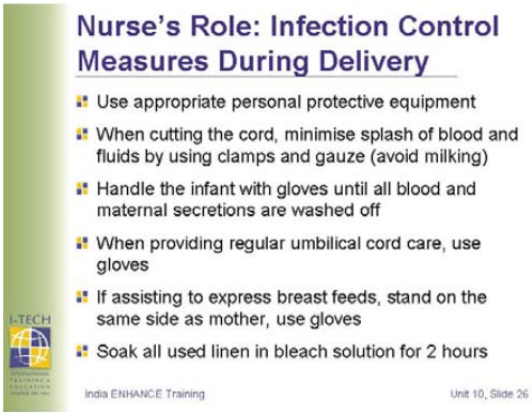
- ART should consist of **3 or more ARVs** to maximize control of HIV replication and minimize drug resistance
- **Zidovudine (AZT) should be included** if possible
- **Nevarapine (NVP) hepatotoxicity** occurs more commonly in women who have a CD4 count higher than 250. When NVP is used and the pregnant woman's CD4 count is >250/mm3, close monitoring of liver functions is required
- **Efavirenz (EFV) is associated with birth defects.** If an HIV-infected woman becomes pregnant while receiving this drug, she should be switched to NVP if she reports within the

	first trimester. However if she reports after 3 months then she could continue on EFV **The choice of ARVs may require modification** based on potential short- and long-term side effects.
Case 3: Secondary Prevention- During Labour & Delivery A 24 year old, HIV+ woman, comes to the hospital with labour pains since half an hour **What will you assess and do for her, if you were present through out her labour period to reduce MTCT?** India ENHANCE Training Unit 10, Slide 20	**Call Group 3 (Case 3) to come forward to present their case scenario and points of discussion and invite responses from other participants (5 min) and then present the next slides which contain details regarding Case 3.**

Nurse's Role: Secondary Prevention During Labour
 	
Assessment
- Regular obstetrical assessment
- Assess whether tested for HIV
  - If not, offer pretest counselling and testing during labour
  - May offer an opportunity to provide PPTCT
- If known HIV+, check whether she has:
  - Already been put on ART
  - Already taken the single dose NVP (PPTCT programme)
 	
India ENHANCE Training Unit 10, Slide 21
	Testing for HIV during labour is not mandated under India's PPTCT program. However, if unregistered cases of women present with labour pains, it is advisable to give them pre-test counseling and advise them to get tested.

Govt. of India PPTCT Programme *Short course regimens to prevent MTCT are used when long term combination ART is not available or feasible for the pregnant woman* - Single dose NVP 200 mg should be given to the pregnant woman 4 hours before the onset of labour - Single dose NVP 2mg/kg for baby within 72 hours of birth India ENHANCE Training Unit 10, Slide 22	If the woman presents with known HIV positive status – check whether she has either been put on regular ART or has already taken a single dose nevirapine (which may have been given to her at her 38 week antenatal visit to keep in a safe place until the onset of labour). Refer participants to Annexure 2 for information on WHO recommendations for prophylactic ARV regimens for pregnant women in situations where criteria for ART are not fulfilled *Source: NACO. Indian Academy of Paediatrics. Guidelines for HIV Care and Treatment in Infants and Children. November 2006.*
Nurse's Role: Address Critical issues in Labour Disclosure ☐ To women if HIV + status just diagnosed ☐ To delivery team ☐ To spouse and other family members Confidentiality Emotional support ARV Mode of delivery: Vaginal vs. C- Section	**Brainstorm the following with participants:** **Question 1:** If you learn through testing that the woman is positive only at the time of labour, when would you inform her of her positive status? **Question 2:** How would you handle the situation? **Remind participants that in India, women would normally be advised to put the baby to the breast soon after birth.** Delivery can be an emotional time for pregnant women. Be extremely sensitive and respectful. Disclosure:

	▪ This is an ethical issue and needs to be handled at the discretion of each delivery team. It is advisable however that the woman is not put under unnecessary duress during the time of labour and that she is the first person to be informed of her positive sero-status ▪ It is advisable that the delivery team be aware of the woman's HIV sero-status so that they provide her and the baby with single dose nevirapine, and do not perform any procedures that would increase the risk of PTCT ▪ Consult the woman before disclosing her serostatus to her spouse/family ▪ Be sure to administer ARV per PPTCT protocol at your site at the onset of labour or after the rupture of membranes and record the time of administration **Ask participants if they would advise HIV positive women to go for a caesarean section over vaginal delivery. Wait for their answers and then explain using notes below:** Caesarean section is not necessarily advised for HIV positive women. It is: ▪ NOT a standard PPTCT intervention ▪ Not available or safe in many settings ▪ Not routinely performed for women with HIV infection in developing countries Caesarean sections are only performed: ▪ Electively when viral load is very high ▪ As an emergency for obstetrical complications/foetal distress
	**Review this list with participants asking them the reasons behind these recommendations. Note that many nurses will not have experience working in labour and delivery.** DO: ▪ NVP: 200 mg single dose 4 hours before onset of labour can be given to the mother ▪ Vaginal cleansing with chlorhexidine has been shown to decrease the viral load in the vaginal canal and thus reduce the risk of HIV infection to the baby during natural (vaginal) child birth ▪ Avoid episiotomies as far as possible. However in the case of a primigravida (first pregnancy) it may be absolutely necessary to perform an episiotomy. In such cases, take measures such as good perineal support, and give a small episiotomy when the perineum is bulging to reduce the amount of blood the baby could be exposed to during delivery ▪ **If episiotomy is necessary, do not use same scissors for cutting umbilical cord** DON'T ▪ Give an enema – **Ask participants 'Why should you not give an enema to an HIV positive**

	woman at the time of labour'? Answer: An enema can cause rupture of membranes which would increase the risk of PTCT ▪ Instrumental deliveries could increase the risk of trauma to the skin of the baby. Secondly, it could also mean more exposure to maternal blood to the baby. This could further increase the risk of PTCT
	DO ▪ Prevent baby's contact with mother's blood and secretions as much as possible and handle baby carefully at bathing ▪ If baby bath is not given, dab the baby dry with a clean sterile towel to remove all maternal secretions. Clean the eyes with a sterile cotton swab soaked in normal saline ▪ Feeding choices are discussed in detail later in the unit ▪ Give single dose NVP 2 mg/kg within 72 hours of birth DON'T ▪ Suctioning can cause trauma and should be avoided via nasogastric tube unless indicated for medical reasons ▪ **Remind participants that blood, and vaginal secretions have high concentrations of HIV and that infants will have those secretions in his/her mouth - and make the connection between avoiding suctioning as the catheter may actually 'push' virus into the baby**
	Protect staff from contact with mother's and baby's secretions as much as possible to prevent occupational exposure to HIV; and follow standard procedures for care of umbilical stump

Case 4: Secondary Prevention- During Postnatal Period & Infancy ▪ A 24 year old, HIV positive woman who just delivered her baby, asks you about feeding her baby ▪ You have not seen her in the past, during her prenatal period **What points would you keep in mind when counselling her on feeding options to reduce MTCT?** India ENHANCE Training — Unit 10, Slide 27	Facilitators' Notes: Call Group 4 (Case 4) to come forward to present their case scenario and points of discussion and invite responses from other participants (5 min) and then present the next slides which contain details regarding Case 4.
Nurse's Role: Promote Safer Infant Feeding **Educate mother on:** ▪ Exclusive breast feeding for 6 months **OR** ▪ Replacement feeding ▪ if affordable, safe, sustainable, feasible & acceptable Avoid mixed feeding at all cost! India ENHANCE Training — Unit 10, Slide 28	Brainstorm the following with participants: Question 1: Why should nurses stress the importance of EXCLUSIVE breastfeeding to HIV positive mothers? Answer 1: Feeds apart from breast milk cause microscopic ulcers in a baby's gut. Once these ulcers form, HIV which might be present in breast milk can enter the baby's blood stream directly through them. This exponentially increases the risk of the baby acquiring HIV. Although breast milk may contain the virus, when given exclusively – the integrity of the baby's gut is preserved, thus reducing the risk of HIV acquisition when compared to mixed feeding. 'Mixed feeding i.e. breast milk and formula feeds combined is the most hazardous form of infant feeding'. (*Source: NACO. Indian Academy of Paediatrics. Guidelines for HIV Care and Treatment in Infants and Children. November 2006).* Question 2: What are cultural issues that may serve as barriers to male involvement? Answer 2: For an HIV positive mother, it is extremely important that she feel supported by others in her family including her husband when making decisions that could put the child at risk of acquiring HIV. However in India, traditionally, feeding options are decided by the women of the house – including grandmothers. There is often embarrassment amongst men when breastfeeding is brought up – as it is considered a 'woman's problem'. This could limit feeding decisions and burden of the responsibility of unfavourable outcomes solely on the mother. When replacement feeding is acceptable, feasible, affordable, sustainable and safe, avoidance of all breastfeeding by HIV-infected mothers is recommended. Otherwise, exclusive breastfeeding is recommended during the first months of life, with early abrupt stopping at 6 months of age. If breastfeeding exclusively, minimize HIV risk to baby through the following: Use only breast milk for the period of breastfeeding. Not even water, tea, or kanji to be given. The highest risk of HIV transmission during lactation occurs in women who acquire HIV while breastfeeding. Refer participants to *Handout 2: Replacement Feeding Checklist* in the Participant Manual.

HANDOUT 3.10: REPLACEMENT FEEDING CHECKLIST

	YES	NO
Can she afford to buy enough milk/milk powder?		
Does she have access to clean water?		
Can she prepare milk safely? Boil the water Make the correct concentration of milk if using the tin milk		
Can she clean and sterilize the feeding articles?		
Will she have enough support from significant others in the family?		
Does she know how much of milk the baby can be given ▪ each time ▪ for a day ▪ how often		

If answers are 'No', see what patient education/linkages can be provided to support replacement feeding OR advise safe breastfeeding.

Source: NACO. Indian Academy of Paediatrics. Guidelines for HIV Care and Treatment in Infants and Children. November 2006.

Inform participants on the importance of educating on the points listed in the slide if a mother opts to breast feed her baby.
The risks of HIV transmission especially if combined with ART may be less than 0.5% if exclusive breast feeding is done.

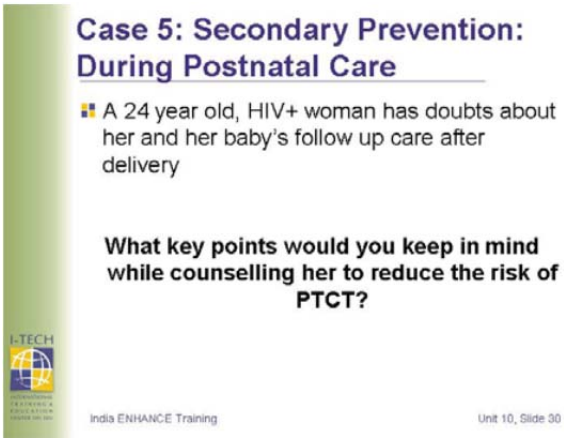
Good hygiene: it is important that the mother is told to have a daily bath, and a change of clothes especially the inner clothes. The mother need not clean the breasts every time she feeds the baby. This helps maintain the oily secretions and thus the integrity of the nipple.

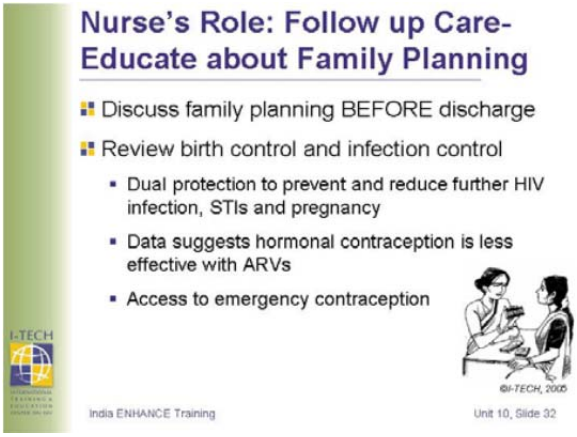
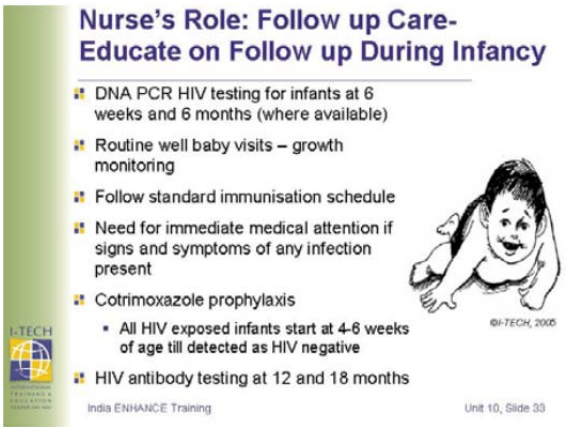
Good position: The correct position is leaning forward slightly, head of the baby must be slightly extended and the mouth of the baby completely grasping the areola of the breasts. This will help prevent cracked nipples.

Feeding colostrum: Although colostrum has a very high content of HIV, it can protect the baby from several infections. Thus it is safer to give it than not.

The shorter the duration of breast feeding, the lesser the risk of HIV transmission. However if a woman decides to breast feed, then she must be told it is better to feed exclusive breast milk till 6 months of age and then to move to weaning foods, rather than to continue to breast feed for longer periods.

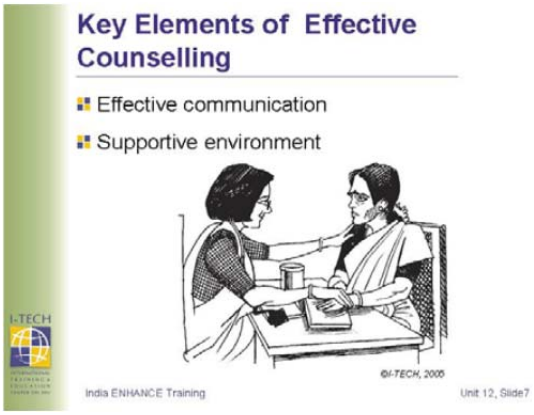
Exclusive breast feeding or exclusive replacement feeds are the only two options for feeding a baby

	born to a mother who is HIV positive. Mixing breast milk and replacement feeds increases the risk of transmission. **Express feed versus direct BF**: Options depend on the mothers' capacity to express breast feeds, give it safely to the baby (so as not to cause diarrhoea or even aspiration). The biggest risk of giving expressed breast milk is when it is not given in a hygienic manner thus increasing the risk for diarrhoeal episodes in the baby. On the other hand if DBF were given the risks of cracked nipples could occur, but with good position during feeding as well as maintenance of personal hygiene, this risk could be minimized. How to stops abruptly: The mother can be encourage to express breast feeds two weeks prior to stopping it (i.e. at 5 1/2 months) and to feed with a spoon or paladai or cup. This reduces the number of feeds and the letdown reflex. The amount of breast milk reduces, and the baby gets accustomed to feeding from a cup. Night feeds can be gradually stopped too.
	**Call Group 5 (Case 5), to come forward to present their case scenario and points of discussion, invite responses from other participants (5 min) and then present the next slides which contain details regarding Case 5.**
	Ask participants how discharge instructions may be different if women have HIV? (heightened awareness of infection; otherwise the same) ▪ Inform participants that they need to tell mothers to report to the doctor if they have any illnesses or infections ▪ Nurses should optimise health and medical evaluation ▪ Attention to possible increased risk for infections due to HIV (chest, urinary, puerperal, episiotomy or breast infections) ▪ Consider OI treatment and Prophylaxis - Cotrimoxazole for women with WHO Clinical ▪ Stage III and IV. Pneumonia is the most common opportunistic infection in the peripartum. Monitor carefully for PCP and community acquired pneumonia ▪ Continue on ART if patient is eligible (if on ART while pregnant) or commence on ART if patient is eligible (if ART was not started while pregnant)

	▪ It may be necessary to ask a woman to come in for follow-up more frequently if she has just started ARV, if it was a complicated or difficult delivery, or if an underlying illness such as diabetes, hypertension or severe anaemia is present
	This is the perfect time to discuss family planning. This may be challenging if cultural barriers exist, or depending on whether the pregnancy was planned or not. While it is essential to be respectful, this may represent an important opportunity to address the needs of the HIV infected woman one-on-one in a nonjudgmental atmosphere. Explain the term dual protection – 1) Protection from HIV through use of condom and 2) protection from getting pregnant through use of other contraceptives such as the pill, etc. Inform women about the facilities available for emergency contraception if needed (also called the morning after pill).
 *Source: NACO. Indian Academy of Paediatrics. Guidelines for HIV Care and Treatment in Infants and Children. November 2006*	**Diagnosis of HIV in infants:** HIV DNA PCR at 6 weeks and 6 months (where available) HIV antibody testing at 12 and 18 months The goal is to diagnose babies who are HIV positive in order to provide timely treatment. Give all standard immunizations as per schedule. **Tell parents that if the baby is sick, not to wait for the scheduled visit to bring them to the hospital.** **Sick children born to an HIV-positive mother should be evaluated immediately for diagnosis and treatment.** **Signs and symptoms of HIV infection in the infant:** ▪ Fever ▪ Failure to gain weight (may suggest HIV and/or malnutrition) ▪ Lymphadenopathy ▪ Loss of milestones ▪ Hepatosplenomegaly ▪ Recurrent/recalcitrant infections ▪ Otitis media ▪ Candidiasis (Most infants have thrush, so this is not a reliable indicator of HIV infection) ▪ Parotid enlargement **Cotrimoxazole prophylaxis:** Infants who may be HIV infected are at high risk of acquiring PCP. Cotrimoxazole prevents PCP, which has high morbidity and mortality for children with HIV. The highest incidence is 3 to 6 months of age before the baby is accurately diagnosed. Infants exposed to HIV should start cotrimoxazole at 4 to 6 weeks (starting earlier may interfere with bilirubin conjugation). Cotrimoxazole is continued until the baby is detected as HIV negative.

SESSION 3.11: ELEMENTS OF COUNSELING IN HIV

Counselling "**Confidential** dialogue between a **person and a care provider** aimed at enabling the person to **cope with stress** and **make personal decisions** related to HIV/AIDS." "The counselling process includes an **evaluation of personal risk** of HIV transmission and facilitation of preventive behaviour." India ENHANCE Training WHO/GPA, May 1994 Unit 12, Slide3	Brainstorm the following question with participants 'How is counseling different from patient education?' Write their responses on the board/flip chart, and then project the next slide.
Counselling & Education Patient education • Assesses understanding of health related information • Gives valuable information about disease and treatment • Facilitates confidence in self care Counselling • Includes patient education • Helps PLHA identify feelings, risky behaviours, readiness to change behaviour • Guides PLHA to establish a plan. • Facilitates clear thinking and decision making. India ENHANCE Training Unit 12, Slide4	Ask participants, 'Why do we need to counsel patients?' Wait for their responses and then project the next slide.
Why Counsel? Facilitate decision to undergo HIV test Provide psychological, social and emotional support Prevent transmission of HIV • Provide information about risk behaviours • Assist in development of personal skills needed for behaviour change • Adopt and negotiate safe sexual practices Motivate people to take good care of their health Support adherence to treatment goals India ENHANCE Training Unit 12, Slide5	This slide is animated. Ask participants to answer the question in the title and then click the 'down' arrow to advance the slide till all the points are displayed. Discuss the patient's attitudes, beliefs, and potential obstacles. Once we know the patient's point of view we can provide information, educate on the pertinent issues, and then counsel to facilitate patients to problem solve.
Elements of Counselling 6	

	**Inform participants that this section highlights key points to keep in mind with regards to the messages, the nonverbal messages, tone, and questioning techniques during counseling.**
	In order for communication to be effective, adhere to the concepts listed in the slide.
	Ask participants to give one or two examples of how a message could be given, or stated, in a positive vs. negative way: Example: Safer sex practices will help protect yourself as well as protect others. ***Versus,*** If you do not practice safe sex, you could get an STI and you could transmit HIV to others. Example: Taking your ART exactly as prescribed every day will prevent you from developing resistance to the medications and keep you healthy for a longer period of time. ***Versus,*** If you do not take your ART exactly as prescribed every day, you will get resistance to HIV, and the medications will not work for you.
	The key elements of a supportive environment: **Timing:** Patient's readiness for the information and counseling. Time of the day and its relation to the patient's physical state of mind. **Place**: Privacy, especially when sensitive and private matters are discussed. Choose a place where there is less distraction, i.e. just rearranging the position of the table and chair away from the door can reduce distraction from people passing by the door. **Acknowledge the feelings of the patient**: ▪ Assess the main concerns of the patient. ▪ Prioritize concerns according to the patient's view point. ▪ Deal with each of them based on PLHAs priority.

	▪ Remember that you do not have to complete all the concerns in one session unless the patient feels the need. **Begin with less intimidating/less sensitive issues:** Always begin a session with topics that the patient is comfortable with discussing, such as for his/her work rather than sexual history. Once the patient feels comfortable and has developed a trusting relationship, the nurse can address the more sensitive issues.
	Hospital based nurses will usually be involved in ongoing counseling. **Ask participants what topics might be included in healthy life style counseling. Write the points on the board/flip chart and acknowledge their contribution. Include the topics below if not brought up by participants:** ▪ Nutritious diet ▪ Personal hygiene ▪ Exercise ▪ Quit smoking, drugs or alcohol ▪ Participate in hobbies, family events, temple or church and other activities that promote joy and well being ▪ Find meaningful work or volunteer helping others **Ask participants what topics might be included in end of life counseling. Write the points on the board/flip chart and acknowledge their contribution. Include the topics below if not brought up by participants:** ▪ Identifying resources ▪ Pain management ▪ Symptom management ▪ Exploring emotions **Emphasis that once counseling skills are developed, counseling sessions can be brief and occur at bedside, during other encounters with patients and each time patient comes to ward.**

SESSION 3.12: PRE AND POST TEST COUNSELING, ONGOING COUNSELING

Facilitators' Notes:
Explain to participants that the aim of this step is to familiarize them with what happens during pre and post- test counseling, and give them an introduction to ongoing counseling which will be covered in detail in later in the presentation. Conduct a short role play (5 minutes) with another facilitator that models how to conduct pre-test counseling. One person plays the role of the nurse and the other, the client.

Use Handout 1:
Steps in Pre-Test Counseling to guide you in the steps of pre-test counseling.
You could make up a scenario or use the suggestions below for role of the patient:

- Sexually active unmarried woman
- Pregnant woman who does not think she is at risk of HIV

Debrief the role play. First ask participants to give feedback on what went well and suggestions on what could have been done differently, and then provide your own feedback (5 minutes). Inform participants that they will be doing similar role plays a later in the unit, as well as giving feedback to other participants.

HANDOUT 3.11: STEPS IN PRE-TEST COUNSELING

i. Identify need for being tested

Identify why the person has come for testing. Address the need. In the past, testing was advocated for persons who presented with the following risk behaviors/factors as listed in the box.

Persons who can be referred for HIV testing:
- Anyone who is concerned, or worried about the possibility of having HIV
- Anyone with STI, TB, HBV, HCV, AIDS –like illness or illness consistent with AIDS and their partners
- Pregnant women
- Injecting drug users (IDUs)
- Men having sex with men (MSM) or bisexual men
- Recipients of blood, blood products and or organs
- Donors - blood, sperm or organ
- Infants born to HIV infected or high risk mothers
- Anyone with multiple sexual partners –sex for money, pleasure or drugs
- Partners of homosexuals, bisexuals, IDUs or of any HIV positive individual
- Today any person can present for an HIV testing and the person need not have any risk factor or behavior in order to be tested

ii. Appraise the person's risk status

A list of some questions that you can ask the person to identify their risk status:
- Are you sexually active? If yes, when was your last sexual contact?
- Have you ever injected any drugs intravenously and if so, do you share needles?
- Do you have sex with more than one person?
- Do you have sex with men or women or both?
- Do you have oral, anal or vaginal sex without using a condom?
- Do you have any ulcers? Sores? Abnormal or excessive discharge from the vagina or urethra? Any swelling in your private parts?
- Does your partner have a history of having multiple sex partners? Injecting drug use? Taking other drugs? Receiving blood transfusion?

iii. Provide needed information during pretest counseling after assessment of the person's knowledge:

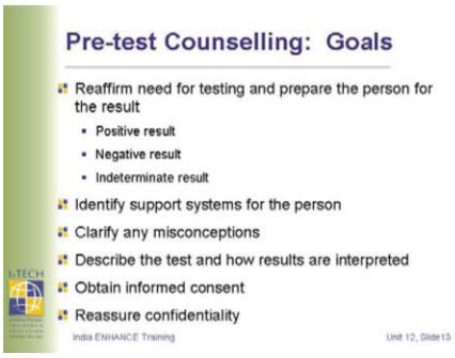
- The purpose of HIV testing
- The limitation of HIV testing
- Consequences of testing result
- Methods of prevention
- Importance of early medical intervention
- Causes, spread, treatment and prognosis of HIV and AIDS
- How confidentiality will be maintained: A PID (Patient Identification number) will be given to the person when he/she goes for testing in the laboratory. Only the counselor will be aware of the name

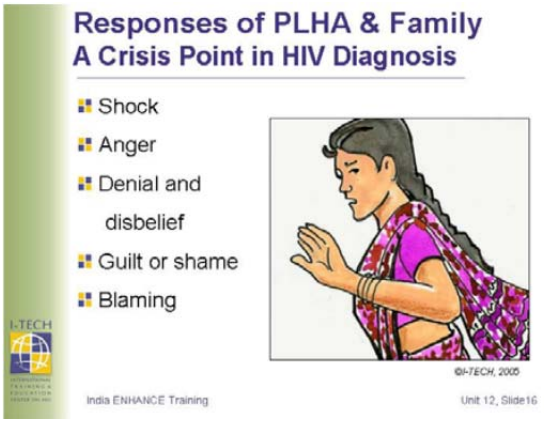
iv. Inform the person of the required tests and how the tests will take to be interpreted:

Inform that in ICTCs all the services that includes counseling and testing are free. Rapid tests are done here, and the person can get the result within 45 minutes.
- For symptomatic persons: the blood test should be reactive with two different kits
- For asymptomatic persons: the blood test should be reactive with three different kits

- For those with risk behaviors and no reactive blood test, they need to be asked to return for further testing after 3 months, 6 months

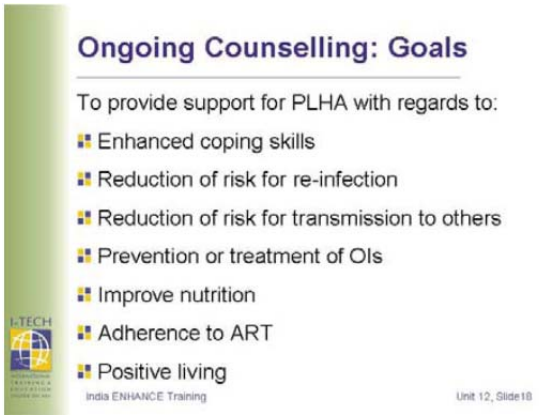
Get the consent form signed by the person if he/she is willing to do the test. Ask them to return on the same day for the test result.

	**Review the goals of pre-test counseling and recap those covered during the role play.**
	Highlight the goals of post-test counseling. Emphasis that a nurse may not have a role in immediate post-test counseling, as in India, this is usually handled by the counsellor at the ICTC. But, during the follow up period, the nurse will play a vital role in providing psychosocial support to PLHAs. Show video titled: *Sexually Transmitted Infection Care Trigger Scenarios (Botswana, 2005) HIV Post- Test Counseling.* This is provided on the supplementary DVD title: Clinical Mentoring Toolkit. ▪ Ask participants to pay close attention to how the nurse is interacting with her patient and the different techniques she employs to discuss sensitive issues ▪ After the video conduct a 2-3 minute debrief discussion: o Does the nurse clearly explain the test results? o Does the nurse address all of the patient's main concerns? o Does the nurse take steps to guide the patient towards proper management of his condition? o How could the nurse have done a better job/what would you have done differently?
	The slide lists critical points of HIV disease. These are times when a nurse would need to support and may need to counsel a PLHA or the family of a PLHA.



Explain to participants that, 'In the video we saw one person's reaction to a HIV positive diagnosis. People have different responses to crises. The time of diagnosis of HIV can be a crisis for any person'.

People may not respond to a HIV diagnosis in the sequence listed on the slide. PLHAs and their families can also feel these emotions during any time of the disease progression and not only at the time of diagnosis.



EXERCISES

EXERCISE 3.1: 'WE KNOW MORE THAN WE DO'

The purpose of this exercise is for trainers to find out how much the group knows about HIV and AIDS.

Instructions:

- Divide participants into 5 groups
- Hand each group one set of cards (each group should get 1 'Yes' card, 1 'No' card, and 1 'Not sure' card)
- Instruct them that statements will be projected on the screen in the following slides. Groups then have 2 minutes to discuss their response and will have to keep the corresponding card ready
- On signal, all groups will have to hold up the card that reflects their answer at the same time
- Ask groups to share the reason behind their answers, especially if there are different answers from different groups
- Give the class the correct answer. Use the Facilitators' Notes to help facilitate a short discussion, correcting any misinformation at this time, but do not attempt to teach the subject fully
- Proceed in this manner with all statements

Statement One STIs, including HIV, are more easily transmitted from men to women than from women to men. Yes? No? Not Sure? India ENHANCE Training Unit A, Slide 10	Answer: Yes ▪ HIV is 8-10 times more likely to be transmitted from male to female than female to male ▪ During sexual intercourse a larger surface area of vaginal mucosa is exposed to infected semen ▪ This increases women's susceptibility to HIV infection ▪ The presence of other STIs in women increases the risk of HIV transmission four-fold
Statement Two One can generally identify a person with HIV infection just by looking at him or her. Yes? No? Not Sure? India ENHANCE Training Unit A, Slide 11	Answer: No ▪ People with HIV can appear (and actually can be) very healthy ▪ They can also have illnesses opportunistic infections) that HIV negative individuals have, such as TB or pneumonia ▪ Thus, although there are certain infections and symptoms associated with HIV disease, it is impossible to tell just by looking at someone if they are HIV positive ▪ Confirmation can be got only through blood tests

Statement Three Once the immune system has been restored to normal function, antiretroviral therapy can be stopped. Yes? No? Not Sure? India ENHANCE Training Unit A, Slide 12	**Answer: No** ▪ Antiretroviral treatment should not be stopped unless issues of toxicity or poor adherence develop ▪ Once ART is started, it is for life
Statement Four Once a patient starts antiretroviral treatment, he or she can no longer transmit HIV infection to others. Yes? No? Not Sure? India ENHANCE Training Unit A, Slide 13	**Answer: No** ▪ This statement is a wrong and dangerous assumption ▪ Although viral loads in HIV positive individuals may become so low that they cannot be detected, this does not mean the virus cannot be passed to another person ▪ The virus still exists because there is no cure for HIV ▪ There is also the possibility that an individual can pass a resistant virus or a new strain of virus on to someone
Statement Five A woman who is HIV infected should not get pregnant? Yes? No? Not Sure? India ENHANCE Training Unit A, Slide 14	**Answer: It is debatable.** ▪ This statement may generate a lot of discussion because of people's assumptions about passing the virus on to an unborn child ▪ The goal is to find out what participants know about HIV and their assumptions about people who live with HIV, and NOT to judge them ▪ An HIV-positive woman who is pregnant will not necessarily pass the virus on to her child ▪ There are interventions available to further reduce the risk ▪ It is her and her family's choice whether or not she should get pregnant

EXERCISE 3.2: CLINICAL STAGING CASES

Instructions:

- Advance through the slides case by case
- Allow participants 2 minutes to read each case and answer the questions
- Discuss each case as a large group as participants share their answers to the related questions
- Encourage participants to use Handouts 2 and 3 as references

Case 1: Mr. Sunil, a 35-year-old HIV positive male is admitted to the ward with a history of persistent diarrhoea since five months. His stool exam reveals cryptosporidium.

Questions:
1. Which is Sunil's clinical stage of HIV infection?
   Stage 4
2. Why? What are your reasons for stating so?
   Due to diagnosis of the opportunistic infection cryptosporidiosis

Case 2: Ms. Rani, a 24-year-old student was raped. Two weeks later she went to the doctor complaining of fever, malaise, fatigue, and swollen lymph nodes. At that time, she was diagnosed with influenza. One month later, she is now asymptomatic and has come for an HIV test – her result is positive.

Questions:
1. Which clinical stage of HIV is Rani in NOW?
   Stage 1
2. Was the diagnosis made 6 weeks ago correct?
   No, she was misdiagnosed with influenza.
3. If not, what should the diagnosis have been?
   The correct diagnosis was primary HIV infection.
4. What type of HIV test should have been done when Rani came in first?
   Either an antigen based test or a PCR test.

Case 3: Ms. Susheela, a young woman comes to the clinic complaining of fever for 6 weeks. From her previous record, you see that six months ago she weighed 54 kg. She now weighs 46 kg. She has scars on her back that are due to herpes zoster. Her HIV test performed now comes out positive.

Question:
1. Which is Susheela's clinical stage of HIV infection?
   Stage 4
2. Why? What are your reasons for stating so?
   Due to fever for more than one month PLUS >10% body weight loss. This combination of factors leads to the diagnosis of HIV Wasting Syndrome which is classified under Stage 4. The herpes zoster scars are not considered in the staging – as only PRESENT clinical condition should be considered. (The presence of current herpes zoster alone would put her in stage 2).

Case 4: Mr. Ravi is a 29 year old male patient known to have HIV who was admitted to the hospital with complaints of fever and cough for 2 weeks and weight loss (he weighed

70 kg 6 months ago and now weighs 64 kg). Chest x-ray and sputum AFB results are not yet available.

Question:

1. Which is Ravi's clinical stage of HIV infection?

   Stage 2

2. Why? What are your reasons for stating so?

   Fever and cough for less than one month and weight loss < 10% of body weight put him in clinical stage 2. Symptoms are suggestive of TB but we do not have a definitive diagnosis.

3. If Ravi is diagnosed with TB, in what clinical stage would that put him?

   A diagnosis of TB would put him in clinical stage 3.

EXERCISE 3.3: CASE STUDIES: APPLYING SYNDROMIC CASE MANAGEMENT

Instructions:

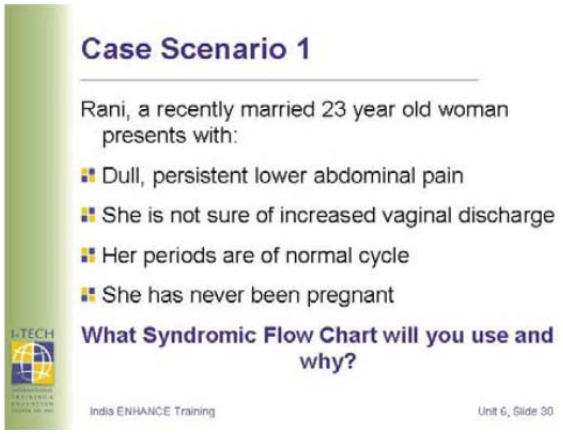
- Divide participants into two groups and assign each one of the two cases given below. Ask them to go through the flow charts in the annexure 3.1 – 3.8. They can take turns in reading the flowcharts and discuss them
- Then they have 10 minutes to read the case, discuss the question, and note down their answers
- Inform groups to choose one person to read out the case to the class and another one to present their findings
- Ask participants to listen closely when the other group presents their case and share any additional points they may have with the large group
- Ensure that answers are correct by referring to the appropriate flowchart in the annexures 3.1 – 3.8 from the participants' handbook.

Case 1: Ms. Rani, a recently married 23 year old woman presents with dull, persistent lower abdominal pain. She is not sure of increased vaginal discharge, and her periods are of normal cycle. She has never been pregnant.

Q: How would you apply the Syndromic Case Management approach to her case?
Refer to flowchart on Lower Abdominal Pain in Females: Annexure 3.1.

Case 2: Mr. Rajesh, a 32 yr male presents with swelling in right inguinal region of 1 week duration. He had an exposure 3 weeks ago. He has no ulcers or any other lesions on the genitalia and no previous history.

Q: How would you apply the Syndromic Case Management approach to his case?
Refer to flowchart on Inguinal Bubo: Annexure 3.2. India



Select 3 volunteers from the appropriate group to:

1) Read out the case study
2) Present which Syndromic Flow Chart they would suggest using and why
3) Review steps involved in the corresponding flow chart to the large group.

Ask the other group if they have any additional points to share.

Refer participants to *Annexure 1: Management of Lower Abdominal Pain in Females* in the Additional Resources section of the Participant Manual.

Common points in the flow chart are history, clinical examination, education on prevention, partner management and follow up. The only significant difference lies in the treatment section.

Case Scenario 2 Rajesh, a 32 yr male presents with: ▪ Swelling in right inguinal region of 1 week duration ▪ He had an exposure 3 weeks ago ▪ He has no ulcers or any other lesions on the genitalia and no previous history **What Syndromic Flow Chart will you use and why?** India ENHANCE Training Unit 6, Slide 31	Select 3 volunteers from the appropriate group to: ▪ read out the case study ▪ Present which Syndromic Flow Chart they would suggest using and why ▪ Review steps involved in the corresponding flow chart to the large group. Ask the other group if they have any additional points to share. Refer participants to *Annexure 2: Management of Inguinal Bubo* in the Additional Resources section of the Participant Manual. Common points in the flow chart are history, clinical examination, education on prevention, partner management and follow up. The only significant difference lies in the treatment section Ask participants: ▪ What are the main points you have learned from this session? ▪ What are your key responsibilities with regards to patient care from what you have learned from this session? Allow 1 minute for a brief large group discussion.
Nurse's Role: STI Management ▪ Understand the SCM approach to STIs ▪ Use appropriate approach to discuss sexual issues ▪ Assess the clinical syndrome through relevant history collection and clinical examination ▪ Educate and counsel on STIs and HIV link ▪ Refer patients and partner/s for treatment of STIs ▪ Refer people with STIs to ICTCs India ENHANCE Training Unit 6, Slide 32	Discuss nursing implications with participants.
Key Points ▪ STIs increase the risk of sexual transmission of HIV ▪ Effective treatment of STIs reduces HIV risk ▪ Syndromic Case Management (SCM) is recommended in India for STI management ▪ SCM is scientific, simple, safe, early and effective ▪ Nurses play a vital role in the care, treatment and prevention of STIs India ENHANCE Training Unit 6, Slide 33	Present key points and answer any remaining questions. Direct participants to Additional Reference Materials provided at the end of the Participant Manual. This is intended to be used as a reference material for participants to review on their own time.

EXERCISE 3.4: STEPS IN HAND WASHING - CHECKLIST

Procedure	Done
Ensure short finger nails	
Ensure water supply/alcohol hand - rub solution	
Remove accessories from hands	
Pour soap solution/alcohol rub into hand or apply soap uniformly on the hand	
Scrub both hands Scrub palms and fingers Scrub back of hands Scrub fingers and knuckles Scrub thumbs Scrub finger tips and nails Scrub wrists and up to elbows if needed	
Wash hands ensuring removal of soap from all applied areas/if using alcohol rub, rub all surfaces till dry (Do not wash with water)	
Air dry or dry using clean towels	

EXERCISE 3.5: SITUATIONAL GUIDE - CLEANING UP A BLOOD SPILL ON THE FLOOR

Facilitator Instructions:

1. You will need the following equipment for this exercise:
   - Tomato sauce/red paint
   - Plastic apron
   - Disposable shoe covers
   - Clean towel/gauze/cotton
   - Hypochlorite solution
   - Yellow bin
   - Mop
   - Water + Soap
   - Buckets
2. Refer participants to Exercise 3.5 in their participants' handbook.
3. Ask them to review the steps for cleaning up a blood spill on the floor.
4. Spread the red substance on the floor.
5. Ask for one volunteer to demonstrate the proper way to clean up a blood spill on the floor.
6. Set all other items on a table for the volunteer to access/use.
7. After the volunteer completes the task, ask participants, 'What cleaning items used by staff are likely to contaminate other items in the environment?' Answer: Items frequently causing contamination include utility gloves, buckets, buckets, mops, and rags.

Proper Technique

1. Wear appropriate personal protective equipment: plastic apron, shoes and disposable gloves
2. Put a towel/gauze/cotton over the spill area to cover it completely
3. Pour hypochlorite solution 1% over the covered cloth to soak it completely
4. Leave the solution on the cloth for another 30 minutes without disturbance
5. Carefully lift the cloth from the floor, mopping the whole spill onto the cloth and dispose into the yellow bin
6. Using a routine mop and soap water solution swipe the area and wash the mop and hang it out to dry
7. Remove gloves and dispose into red bin
8. Wash hands under running water with soap and dry hands

EXERCISE 3.6: HIV AND PREGNANCY CASE STUDY

Instructions:

- Allow participants 5 minutes to read the case study on their own and prepare their answers.
- Review the answers to questions as a large group

Case Scenario: Mrs. B has been on ART for just six months. She is feeling much better and would like to have another child. Her husband's HIV status is unknown. She approaches you for advice.

Questions:

1. What advice will you give Mrs. B?
   - *Discuss HER feelings and whether or not she wants another child, feels strong enough to care for another child, and if she getting pressure from others.*
   - *Does she have concerns about disclosure, stigma?*
   - *Will she be able to access good antenatal care and continue receiving ART and ART follow up care? Will she be able to stay on ART?*
   - *Will she be able to deliver in a hospital experienced with delivering HIV positive mothers?*

2. What are the medical implications?
   Remember that pregnancy does not appear to hasten HIV progression, and that as long as Mrs. B remains immunologically stable on ART, has few side effects from ART, her HIV positive status should not have a negative impact on the pregnancy.

3. How will you proceed with your counseling?
   - *Discuss benefits of referring her husband for testing*
   - *Review risk of sexual transmission and need for safe sex*
   - *Review risk of vertical transmission during pregnancy and birth if she stays on ART with excellent adherence and also if she does not stay on ART*
   - *Discuss infant feeding options and risk of transmission*

ROLE PLAYS

ROLE PLAY: 3.1: TYPICAL PATIENT QUESTIONS

Patients often have many questions about HIV/AIDS and nurses need to know how to answer these questions. Nurses will get better as they learn more and with experience. The purpose of this exercise is to help participants practice their knowledge and communication skills.

Instructions:

Part I of Activity:

- Break up the participants into pairs
- Ask one participant to play the role of a PLHA asking the nurse a common question as listed in the exercise
- The other participant will play the role of a nurse
- After question one, alternate roles for question two and again for each of the four questions
- Pairs should discuss and decide how best to respond to the patient's question
- Encourage participants to respond to the questions as they would to a real patient
- Walk around the classroom and ensure that pairs are working on the exercise – clarify any questions raised

Part II of the Activity:

- Ask 4 pairs of volunteers to come up one by one and role play one question each in front of the class. Use the corresponding slides in the presentation
- Give each pair 2 minutes to perform the role play and then spend 2 minutes debriefing each role play. Ask for feedback from:
    - Role players (i.e., How do you think it went? How did it feel playing these roles?)
    - Observers (i.e., What did you observe? What do you think went well? What else could the nurse have said or done differently?)
    - Remind the observers when giving feedback to:
        - Be respectful. Remember, it is hard to be in the nurse position
        - Emphasis the positive aspects of the patient education session. Use the 'masala dosa' method of giving feedback by giving constructive suggestions wrapped in positive feedback
    - Remind receivers of feedback not be defensive
- The answers provided below are just a guide for you to facilitate the discussion. Use information that has been given in this unit to supplement the points below. Remind participants that apart from providing facts, they should also provide emotional support to PLHAs when answering questions like these

Questions:

1. What is the difference between HIV and AIDS?
   HIV is a virus, AIDS is the end stage of the disease caused by HIV.

2. How could I have gotten HIV infection if I had sex with no one else but my wife?

Discuss all the routes of HIV transmission, how it is not transmitted, and the need for bringing the wife in for testing

3. I came here because of my TB, why are you asking me to go for an HIV test?
   Explain that often people have HIV without even knowing it. Someone with HIV picks up infections like TB more easily than others. As a precaution, it is necessary for people to get tested so that they can receive treatment and support if the result is positive. If results are negative, people still need to be educated about primary prevention strategies.

4. How much time do I have to live now that I have HIV infection?
   Provide a simplified explanation of HIV disease progression, emphasizing variability across PLHAs and the need for observing risk reduction strategies (e.g. safer sex), proper nutrition, and hygiene.

Role Play 3.2 (a): Counseling Role Plays

Instructions:

- Divide participants into five small groups of 4 or 5. Assign each group a case
- Ask groups to choose one person to play the role of the patient and another, the counselor. Remaining group members will be observers
- Tell groups that the patient and counselor will meet as if they were having a regular visit
- Allow groups 10 minutes to plan and practice the role play using the guidelines provided under their case. Remind participants that *all* the points listed *do not* need to be covered in one session and are simply a guide as to how to proceed
- Each group will be given 3 to 5 minutes to perform the role-play for the larger group
- Advance through the corresponding slides
- The observers in the group should use *Exercise 1 (b): Counseling Assessment Tool* - while the role play is being performed and conduct a debrief session where they will be asked to provide feedback. When giving feedback remind observers to:
  - Be respectful. Remember, it is hard to be in the counselor position
  - Emphasis the positive aspects of the counseling session
  - Offer gentle, constructive suggestions to improve what didn't work so well
  - Avoid being too critical since this is only a practice session
  - Avoid using terms like 'should have' 'must have', etc
- Ask each group to role play their case to the larger group in order. Case 1 will go first. Display the corresponding slides
- Stop the role play when you, as the facilitator, feel the important points have been covered.
- De-brief the role play and ask for feedback from:

  1) Role players (i.e., How do you think it went? How did it feel taking on the role?)

  2) Observers using assessment tool (i.e., What did you observe? What do you think went well? What else could the counselor have said or done differently?).
- Highlight important concepts for each counseling situation using the suggestions below and provide your feedback.

Case 1: Ms. Sita a 20 year old woman comes to the ART clinic. She received a positive HIV test result 2 weeks ago. You check her laboratory investigations, and find all are within normal limits. Her CD4 count is 475. She asks you. 'What should I do to stay healthy?'

Demonstrate how you would counsel her.

Important points to keep in mind when counseling:

- *Need for ongoing counseling and follow-up medical care*
- *Patient's knowledge related to HIV infection and progression of disease*
- *Counseling the partner and the family*
- *Personal, family, social implications*
- *Risk factors for re-infection or transmission to others*
- *Practicing safe sex*
- *Enhancing self-esteem*
- *Avoiding alcohol, drugs and smoking*
- *Use separate tooth brushes razors, blades etc.*
- *Patient's overall health and nutrition status*
- *Social support*
- *Legal advice*
- *Referral for screening and treatment of STIs*
- *Family planning counseling*
- *Special services for pregnant women - PPTCT*
- *Treatment plan and future plans*
- *Initiation of appropriate early treatment*
- *Reinforcement of the concept of hope*

Case 2: Mr. Ravi a 25 yr old HIV + man reports to the medicine outpatient department with white patches on his tongue, throat, pain on swallowing, and weight loss.

Demonstrate how you would counsel her.

Important points to keep in mind when counseling:

- *Eosophogeal candidiasis in immune compromised persons*
- *Patient's knowledge*
- *OI is a sign of advancing disease, need for treatment*
- *Whether the patient has been on ART or OI prophylaxis in past*
- *History of adherence to ART and/or prophylaxis*
- *If previously on ART, what was his adherence ability, any barriers to adherence*
- *Knowledge regarding benefits of ART, OI prophylaxis*
- *Source of food and fluids*
- *Nutritional assessment and intervention*
- *Importance of adequate hydration and calorie intake*
- *Soft, bland diet*
- *Measures to reduce mouth and throat pain*
- *Oral hygiene*
- *Dietary measures*
- *OI management and treatment options*
- *Educate and counsel on treatment for esophageal candidiasis*
- *OI prevention and prophylaxis*
- *HIV treatment and implications of no treatment*
- *Formulate plan for follow-up*

Case 3: Ms. Sofia, a 42 year old woman, diagnosed with HIV infection 5 years ago is admitted with one month history of poor appetite, diarrhea and weight loss. She pleads with you 'Please help me gain some weight and get my energy back'.

Demonstrate how you would counsel her.
Important points to keep in mind when counseling:
- *Patient's history of treatment for her HIV*
- *History of adherence to care and treatment*
- *Patient's knowledge of the causes and treatment of G.I. infections*
- *Knowledge related to safe food and nutrition*
- *Food hygiene*
- *Foods that must be avoided*
- *How to prevent diarrhoea, and care at home when she has diarrhea*
- *When to come to the doctor*
- *Ability to access safe food and fluids*
- *Check for available resources, i.e. support person, financial status, nutrition support and availability of good nutrition sources as well as portable water*

Case 4: Ms. Sundari, a 28 year old woman, was recently diagnosed with HIV and is admitted to the hospital with advanced HIV and wasting syndrome. She is depressed and suicidal. She has disclosed her status only to her husband, and really does not know much about HIV disease. She is sure she is going to die.

Demonstrate how you would counsel her.
Important points to keep in mind when counseling:
- *Possibility of self-harm*
- *Patient's need to express her fear, desperation and sense of loss*
- *Potential for recovery, in even severely immune-compromised patients*
- *Increase hope and optimism which can lead to more active involvement in care*
- *Establish a positive outlook, which can lead to improved immune response*
- *Extent of understanding and support from husband*
- *Need for intense and on-going counseling and education*
- *HIV disease progression, treatment options*
- *Appropriate coping and social skills training*
- *Refer for psychotherapy/pharmacological treatment for depression*
- *Encourage:*
  - *Balanced diet*
  - *Exercise*
  - *Traditional remedies*

Case 5: Mr. Ashish is a 22 year old driver who travels frequently. He is determined to be eligible for free ART. He comes to the ART center for counseling related to starting his medication.

Demonstrate how you would counsel him.
Important points to keep in mind when counseling:
- *Knowledge related to ARVs*
- *Particular regimen being prescribed*
- *Dosing*
  - *Side effects*
- *What to do if a dose is missed*
- *Possible barriers to adherence*

- *Unpredictable schedule and frequent travel*
- *Adherence readiness*
- *Need for further counseling*
- *Available resources*
- *Primary and other support persons, marital status*
- *Community, religious or other organizational support*
- *Financial status*
- *Disclosure status*
- *Transportation and ability for ongoing follow-up visits*
- *Importance of uninterrupted supply of medication*
- *Regular follow-up and monitoring*
- *Prevention of transmission or re-infection*
- *Understanding of HIV transmission, risk reduction, treatment options*
- *Attitudes regarding HIV care, including cultural impact*

3.2 (b): Counseling Assessment Checklist

Counseling Skills and Techniques	Done
Establishes therapeutic relationship	
▪ Creates comfortable external environment	
▪ Uses culturally appropriate greeting gestures that convey ▪ respect and caring	
▪ Offers seat (if available)	
▪ Uses appropriate body language and tone of voice	
▪ Makes eye contact	
Active Listening	
▪ Looks at client when speaking	
▪ Attentive body language and facial expression	
▪ Continuous eye contact	
▪ Occasional gestures, such as nods to acknowledge client	
Effective Questioning	
▪ Uses open ended questions to elicit information	
▪ Asks relevant questions	
▪ Reflects statements back to client for conformation	
Summarizing	
▪ Takes time to summarize information obtained from client	
▪ Checks with client to ensure understanding of important ▪ concerns and issues	

SECTION IV

INTRODUCTION TO PERFORMANCE STANDARDS FOR ANMTCs AND THEIR IMPLEMENTATION

EXERCISES

EXERCISE 4.1: THE LANDSCAPE

Objective

To stimulate participants to think about daily changes and the barriers and facilitating factors in the change management process

Materials

Landscape drawing on a flipchart, transparency or presentation graphic

Instructions for the Facilitator

Use this exercise to introduce the concept of a change management process. Using the sample landscape drawing provided, prepare in advance a flipchart page that contains the same elements; put the sample on a transparency or use the presentation graphic available on the CD. Have the drawing "hidden" (or covered) until the exercise begins.

Procedure

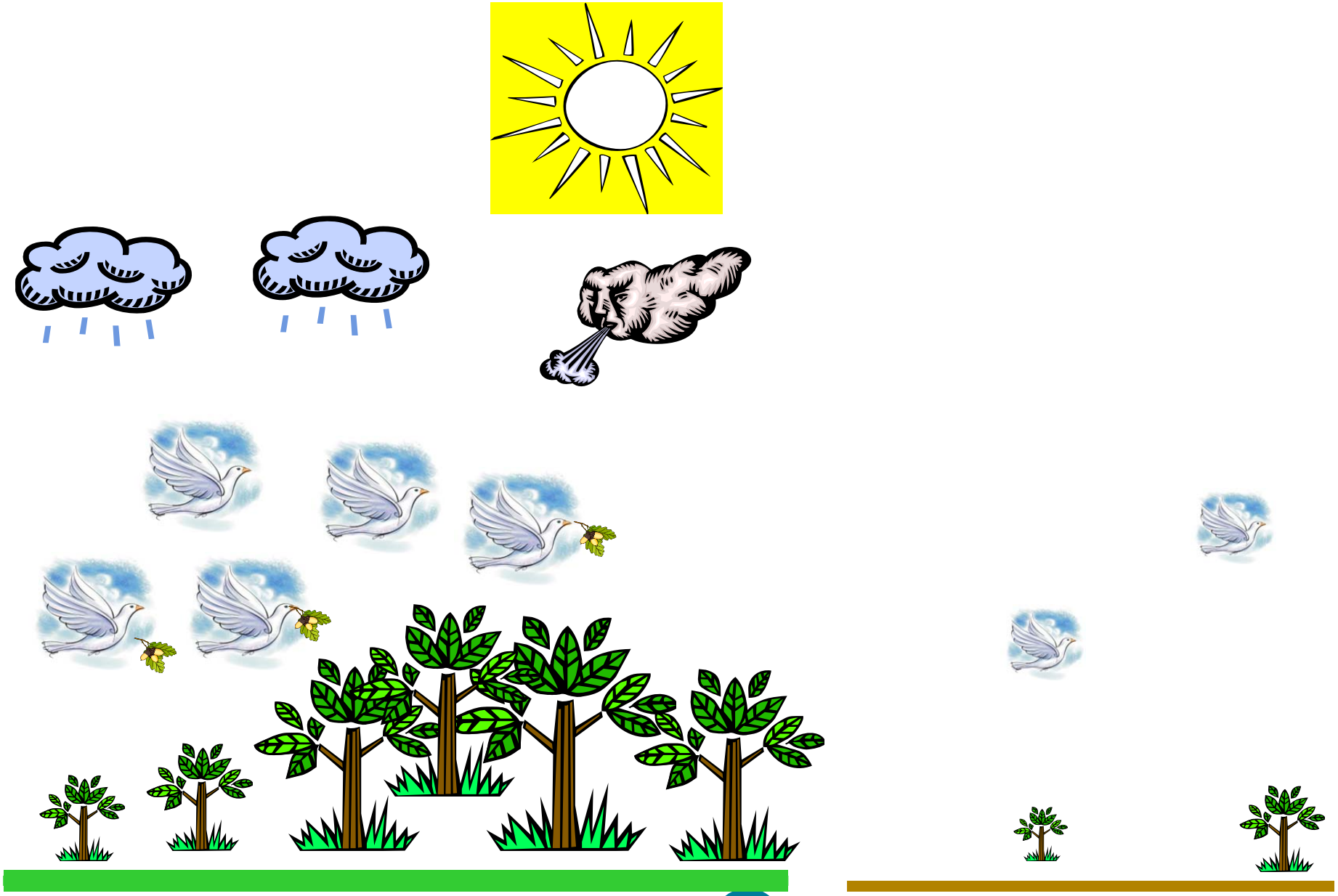
1. Show the drawing and ask the participants what they see in the drawing.
2. Allow time for the participants to look at the landscape and start telling what they see. They will probably say things like 'it is a landscape' or 'there are trees (birds, clouds, sun)' until they have described all the elements in the drawing.
3. Next, ask them what they think this landscape represents. They will probably give responses such as 'nature cycle' or 'there are areas where trees are growing better than the others.' Keep probing for additional ideas about the elements they describe.
4. Then discuss the drawing and make a comparison between changes in nature and the changes that they will need to implement in their facilities when they return.

Discussion Questions

1. How easy is it to make changes? How easy is it to change what we have been doing for years, and to replace old habits with new practices?
2. What are the obstacles to making changes? Can we anticipate some of them and strategize ways to overcome them? Are there obstacles that we cannot anticipate?
3. What are the factors that will help you in implementing new changes in infection prevention?
4. What are possible barriers to implementing changes in infection prevention practices?

Summarize the Main Points

It is important to keep in mind that changes occur every day in life and in nature. There are factors that facilitate change, such as team building and teamwork, knowledge and skills, leadership, standards and goals. There are also factors that make change difficult, such as people who are not trained, do not understand why changes are needed or do not feel they have a role in the process. Change is also difficult when the changes are not explained or when they are made by a few individuals rather than by a team. It is important to try to anticipate obstacles, have a clear goal, work in teams and be persistent. When we make small changes and see results, it creates momentum for other changes.



EXERCISE 4.2: CAUSE ANALYSIS

Objective:

The participants will understand the different types of cause analysis and will be able to apply them in their ANM schools.

Instructions:

- Divide the participants into 4 groups
- Ask each group to select a common problem that they face in their ANMTC
- Ask each group to do a detailed cause analysis using any one method eleborated earlier
- Draw the cause analysis process in the flip chart
- Each group gets 20 minutes for cause analysis and 5 minutes each for presentation in the large group

EXERCISE 4.3: EXPANDING THE SBMR TEAMS

Participants will be grouped by their facilities. Each group should do the following:

- Identify or review the members of the SBMR central team in the facility
- Identify or review the members of the SBMR sub-committees by area/section of the assessment tool (departments, services, units)
- Outline working procedures for these committees. These should address each of the following:
  - Key contact information for the central SBMR team (name, phone number, email address)
  - Frequency and logistics of the meetings
  - Frequency of monitoring assessments and action plans
  - Who will coordinate efforts
  - Strategies for mobilizing resources

Depending on the time available, the facilitator will decide whether the small groups will report to the larger group. In any case, they should hand one copy of their plan to the facilitator.

EXERCISE 4.4: PROMOTION AND AGREEMENT

Instructions

Divide the participants into small groups. Each group will perform a role play of the visit/meeting for the promotion and agreement on the SBMR process at their facility.

Keep in mind that you have to present:

- Information on the objectives and development of the process (steps, duration)
- Advantages for the facility
- Commitments from the facility
- Assessment tool and assessment results
- Identification of counterparts for the process

ANNEXURES

ANNEXURE 1: GUIDELINES FOR SUPERVISING CLINICAL PRACTICE

INTRODUCTION

Clinical practice with patients/clients is a critical component of training, during which learners must be adequately supervised by teachers or clinical preceptors who have been specifically trained for this purpose.

Adequate supervision means that teachers or clinical preceptors should be assigned a small group of learners (preferably not more than four to six learners per teacher and/or clinical preceptor) for whom they will be responsible during each visit to a clinical training site. This means that, while at the clinical training site, the teacher and/or clinical preceptor must not leave the learners unsupervised.

Teachers or clinical preceptors will spend time with learners at clinical training sites to guide and support the application of knowledge and development of skills. This will involve demonstrating particular skills with clients/patients, supervising learners to perform these skills and assessing competency using the relevant **skills checklists**.

When in the clinical area, teachers or clinical preceptors will also guide learners to:

- Be accountable for their actions
- Recognize and respect the privacy and dignity of the women for whom they provide care
- Use appropriate interpersonal communication skills when providing care
- Apply recommended infection prevention practices

To help ensure that learners gain as much as possible during their time at clinical training sites, it is suggested that the following structure be followed.

PRE AND POST CLINICAL PRACTICE MEETINGS

The teacher or clinical preceptor should meet with her group of learners at the beginning of each clinical practice session to:

- Review each learner's clinical experience log book (record of skills) to identify individual learning needs

- Determine which ward or area of the hospital/clinic the learners will be assigned. If, for example, all learners in the group require experience in a particular skill (e.g. use of the partograph) they should be assigned to the labor ward. Otherwise, learners should be assigned to a ward or area based on individual learning needs; for example, learners who require experience in managing pre-eclampsia/eclampsia should be assigned to care for women with this condition, and those requiring experience in postpartum examination and care to the postpartum ward. When learners from one group are assigned to different wards, the teacher and/or clinical preceptor must divide her time appropriately between them to ensure that they are adequately supervised

The teacher or clinical preceptor should also meet with her group of learners at the end of the clinical practice session. At least half an hour should be allowed for these meetings, the purpose of which should be to:

- Discuss clients/patients for whom learners have provided care, with emphasis on, when possible, the management of complications, including presenting symptom(s), assessment, diagnosis, treatment, and outcome
- Discuss factors that facilitated clinical practice and factors that made it difficult, including how to overcome difficulties
- Discuss other issues, as identified by both teacher and learners; and Have learners present weekly case studies

RECORDING CLINICAL EXPERIENCE

Each learner will have a clinical experience log book containing a "record of skills." Teachers or clinical preceptors will be responsible for rating the performance of learners, for each of the skills listed on the "Record of Skills", using the following criteria:

- **M** = performed competently with models
- **S** = performed with client/patient under supervision of teacher or clinical preceptor
- **C** = performed competently with client/patient

The teacher or clinical preceptor will use the relevant **skills checklist** to determine whether learners are competent in a particular skill. It is expected that all learners will achieve competency, either with clients/patients or using models (e.g. for skills that learners have not had an opportunity to perform with clients/patients). It is important for teachers or clinical preceptors to remember, however, that some learners may take longer than others to become competent in the required skills. Learners will be responsible for recording each birth that they attend on the log book.

ANNEXURE 2: MID AND POST-COURSE KNOWLEDGE ASSESSMENT QUESTIONNAIRE

Instructions:

Write the letter of the single **best** answer to each question in the blank next to the corresponding number on the attached answer sheet (the answer sheet is given in the CD).

FAMILY PLANNING AND COUNSELING

1. The World Health Organization recommends that women wait how long after a live birth to attempt pregnancy again?
   a. 18 months
   b. 24 months
   c. 36 months

2. What is the best contraception for a woman who is 4 months postpartum, only breastfeeding and her menses has not resumed?
   a. Combined oral contraception
   b. Lactation amenorrhea method
   c. Withdrawal method

3. Family planning improves the health of mothers and children because
   a. It helps limit population growth
   b. It decreases the risk of having a low birth weight baby
   c. Smaller families are easier to manage

4. During counseling using the GATHER method, it is important to:
   a. Tell the woman about every contraceptive method available
   b. Find out which method the woman is interested in
   c. Tell the woman not to worry about side effects

5. Of the following, the most important part of counseling is:
   a. Identifying the woman's concerns about using contraceptives and answering her questions
   b. Obtaining formal consent for the procedure from the client
   c. Describing adverse side effects to the client

6. The IUCD is the best choice for a woman who:
   a. Has AIDS and is not on antiretroviral therapy
   b. Has heavy menstrual flow and anemia
   c. Wants many years of contraceptive protection

7. Which of the following is TRUE about the IUCD?
   a. The IUCD itself does not increase the risk of pelvic infections
   b. The IUCD must be removed if a pelvic infection occurs
   c. The IUCD prevents pregnancy by causing abortion

MANAGEMENT OF SHOCK

8. Rapid initial assessment should be carried out
   a. Only on women who present with abdominal pain and vaginal bleeding

b. Only on women who present with vaginal bleeding
c. On all women of childbearing age who present with a problem

9. A woman who suffers shock as a result of an obstetric emergency may have
   a. A fast, weak pulse
   b. Low blood pressure
   c. All of the above

10. The cause of immediate postpartum hemorrhage is
    a. Hypertension and weakness
    b. Hypotension and hypovolemia
    c. Atonic uterus

BLEEDING DURING PREGNANCY AND LABOR

11. The presenting symptoms for threatened abortion include:
    a. Heavy vaginal bleeding, dilated cervix and uterus larger than dates
    b. Light vaginal bleeding, closed cervix and uterus that corresponds to dates
    c. Heavy vaginal bleeding, dilated cervix and uterus that corresponds to dates

12. Assessment of a woman who presents with vaginal bleeding after 22 weeks of pregnancy should
    a. Include immediate vaginal examination
    b. Exclude immediate vaginal examination
    c. Be asked to rest.

13. Abruption placentae are:
    a. The detachment of an abnormally located placenta from the uterus before the fetus is delivered
    b. The detachment of a normally located placenta from the uterus before the fetus is delivered
    c. The detachment of a normally located placenta from the uterus after the fetus is delivered

BLEEDING AFTER CHILDBIRTH

14. Postpartum hemorrhage is defined as
    a. Sudden slight bleeding after childbirth
    b. Vaginal bleeding in excess of 300 ml after childbirth
    c. Vaginal bleeding in excess of 500 ml after childbirth

15. Continuous slow bleeding or sudden bleeding after childbirth
    a. Requires early and aggressive intervention
    b. Should be monitored closely for 24 hours before treatment
    c. Should be measured accurately and treated when more than 500 ml of blood is lost

16. If the cervix is dilated in the case of delayed (secondary) postpartum hemorrhage
    a. Give Inj.Oxytocin 10 IU,IM stat and IV infusion (Inj.Oxytocin 20IU in 500ml RL, 40-60 drops/min), refer to FRU
    b. Perform manual vacuum aspiration and then refer to the FRU
    c. Refer immediately for Dilatation and curettage at the FRU.

MANAGEMENT OF THIRD STAGE OF LABOR

17. If a retained placenta is undelivered after 30 minutes of oxytocin administration and controlled cord traction and the uterus is contracted
    a. More aggressive controlled cord traction should be attempted
    b. Controlled cord traction and fundal pressure should be attempted
    c. Refer the woman to a facility which has emergency obstetric care services

HEADACHES, BLURRED VISION, CONVULSIONS, LOSS OF CONSCIOUSNESS OR ELEVATED BLOOD PRESSURE

18. Diastolic blood pressure 90 mm Hg or more before 20 weeks of gestation is symptomatic of
    a. Mild pre-eclampsia
    b. Chronic hypertension
    c. Pregnancy-induced hypertension

19. Elevated blood pressure and proteinuria in pregnancy define
    a. Pre-eclampsia
    b. Eclampsia
    c. Pyelonephritis

20. In a patient with hypertension and proteinuria, severe headache is a symptom of
    a. Mild pre-eclampsia
    b. Moderate pre-eclampsia
    c. Severe pre-eclampsia

21. Initial management of eclampsia by the ANM according to GoI guideline is
    a. Inj.MgSo4 50%, 5 g, IV over 5 minutes, followed by deep IM injection into each buttock
    b. Inj.MgSo4 50%, 5 g, deep IM injection into each buttock
    c. Inj.MgSo4 50%, 5 g, deep IM injection into one buttock

22. The presenting signs and symptoms of eclampsia include:
    a. Convulsions, diastolic blood pressure of 90 mm of Hg or more after 20 weeks gestation and proteinuria of 2+ or more
    b. Headache, stiff neck, blurred vision and diastolic blood pressure of 90 mm Hg or more
    c. Headache, stiff neck, photophobia and diastolic blood pressure of 90 mm Hg or more

23. The management of mild pre-eclampsia should include
    a. Anticonvulsive and antihypertensive therapy
    b. Sedatives and tranquilizers
    c. Close monitoring of BP and no medications

24. The drug of choice for preventing and treating convulsions in severe pre-eclampsia and eclampsia is
    a. Diazepam
    b. Magnesium sulfate
    c. Hydralazine

25. A pregnant woman who is convulsing should be
    a. Restrained to protect her from injury and left alone in a quiet room
    b. Placed on her back
    c. Protected from injury by moving objects away from her

NORMAL LABOR AND CHILDBIRTH

26. Plotting on the partograph should begin
    a. In the active phase of the first stage of labor
    b. In the latent phase of the first stage of labor
    c. When the woman is admitted to the labor ward

27. Unsatisfactory progress of labor should be suspected if
    a. The latent phase is longer than 4 hours
    b. Cervical dilatation is plotted to the right of the alert line on the partograph
    c. Cervical dilation is plotted to the left of the alert line on the partograph

28. A simplified partograph records
    a. Dilatation of the cervix from 4 cm until 10 cm
    b. Descent of fetal head and dilatation from 4 cm until 10 cm
    c. Dilatation and effacement of the cervix from 4 cm until 10 cm

29. Active management of the third stage of labor is
    a. Only for women who have a history of postpartum hemorrhage
    b. Only for women who experience bleeding
    c. For all women in labor

30. Vaginal examination should be conducted during labor:
    a. At the initial assessment and again when the woman is fully dilated
    b. At the initial assessment and then every 4 hours, unless otherwise indicated
    c. At the initial assessment and then every 2 hours, unless otherwise indicated

31. Contaminated instruments in the labor ward should immediately be
    a. Soaked in 0.5% chlorine solution for 10 minutes
    b. Soaked in 0.5% chlorine solution for 30 minutes
    c. Washed with soap and water and soaked in 0.5% chlorine solution for 10 minutes

32. Before applying controlled cord traction during active management of the third stage of labor
    a. Oxytocin is administered intramuscularly and the attendant waits for the uterus to contract
    b. The mother is asked to push as soon as she feels the urge to do so
    c. Pressure is applied to the fundus to push the placenta out.

33. Examination of the vagina and perineum after delivery:
    a. Should be conducted only if the woman has excessive bleeding
    b. Is an essential part of care for all women
    c. Should be conducted only if the woman suffered perineal trauma

34. Breast pain and tenderness 3 to 5 days after childbirth is usually due to
    a. Breast abscess

b. Mastitis
c. Breast engorgement

35. Signs of puerperal sepsis include the following
    a. Fever, abdominal tenderness, foul smelling lochia any time before the 42nd day following birth
    b. Fever, abdominal tenderness, foul smelling lochia at any time after the 42nd day following birth
    c. At any time between the onset of rupture of membranes or labor

NEWBORN CARE

36. The FIRST step in thermal protection for the newborn includes
    a. Drying the baby thoroughly immediately after birth
    b. Drying the baby thoroughly after the cord has been cut
    c. Covering the baby with a clean, dry cloth immediately after birth

37. When using a bag and mask to resuscitate a newborn:
    a. The baby's neck must be slightly extended to open the airway
    b. The mask must cover the mouth, nose and chin
    c. All of the above

38. The newborn loses heat:
    a. If the surface of the body is wet
    b. If the newborn is near a cold wall or window
    c. All of the above

39. Breastfeeding should be initiated within:
    a. 4 hours
    b. 1 hour
    c. Two hours

40. Which of the following is TRUE about newborns and resuscitation?
    a. Most babies do not have trouble, so there's no need to be vigilant
    b. Because the baby receives oxygenated blood from the umbilical cord, you need not immediately start respirations if the baby is not breathing
    c. A baby can die or become brain damaged if respirations are not initiated very quickly

INFECTION PREVENTION

41. When taking blood samples or establishing an intravenous line
    a. It is not necessary to wear gloves
    b. New examination gloves should be worn
    c. Sterile surgical gloves should be worn

42. Decontamination of surgical instruments by soaking in 0.5% chlorine solution for 10 minutes prior to cleaning
    a. Completely kills all microorganisms, including bacterial
    b. Rapidly kills viruses such as HIV and hepatitis B
    c. Does not need to done if instruments are thoroughly washed and rinsed

ANSWERS

FAMILY PLANNING AND COUNSELING

1. b
2. b
3. b
4. b
5. a
6. c
7. a

MANAGEMENT OF SHOCK

8. c
9. c
10. c

BLEEDING DURING PREGNANCY AND LABOR

11. b
12. b
13. b

BLEEDING AFTER CHILDBIRTH

14. c
15. a
16. a

MANAGEMENT OF THIRD STAGE OF LABOR

17. c

HEADACHES, BLURRED VISION, CONVULSIONS, LOSS OF CONSCIOUSNESS OR ELEVATED BLOOD PRESSURE

18. b
19. a
20. c
21. a
22. a
23. c
24. b
25. b

NORMAL LABOR AND CHILDBIRTH

26. a
27. b
28. c
29. c
30. b
31. a
32. a

33. b
34. c
35. a

NEWBORN CARE

36. a
37. c
38. c
39. b
40. c

INFECTION PREVENTION

41. b
42. b

ANNEXURE 3: OBJECTIVE STRUCTURED CLINICAL EXAMINATION (OSCE)

Station 1: Active management of third stage of labor

Participant # _____ Date _____

Situation: The second stage of labour is just over. Now deliver the placenta by performing Active Management of Third Stage of Labor (AMTSL)

Observation: Observe if the participant is performing the following steps of AMTSL in the right order, using the right technique:

S.NO	Steps	Yes/No/ score	Remarks
1.	Preliminary step--Rule out the presence of another baby by abdominal examination		
2.	Administer Uterotonic Drug—10 IU oxytocin IM OR Misoprostol 3 tablets (600ug) orally		
3.	Controlled Cord Traction		
4.	Uterine massage		
5.	Examination of the lower vagina and perineum		
6.	Examination of placenta, membranes and umbilical cord a. Maternal surface of placenta b. Foetal surface c. Membranes d. Umbilical cord		
7.	Place instruments in 0.5% chlorine solution for 10 minutes for decontamination		
8.	Decontaminate or dispose the syringe and needle		
9.	Immerse both your gloved hands in 0.5% chlorine solution		
10.	Wash your hands thoroughly with soap and water and dry with a clean, dry cloth/air dry.		

Pass Score = 8/10

Student Score = _____

Pass Yes No

Station 2: Management of Antenatal Complications

Instructions for Participant

- Read the case study
- Answer each of the given questions based on the information that was provided in the case study

Case Study

Ms. Radha, a 35 year old G2P1 is being seen by you today for a routine prenatal visit at 37 weeks gestation. Her previous prenatal records contain the following findings:

Initial Physical Examination at first prenatal visit

Gestation	14 weeks
Weight	75Kg
Height	160 cm
BP	110/70 mm of Hg
Urine	Trace glucose and proteinuria
Reflexes	2+
Edema	None

Examination at 36 weeks Gestation

Weight	95Kg
BP	120/82 mm of Hg
Urine	+1 proteinuria
Reflexes	2+
Edema	Trace pitting

Examination today

Weight	97Kg
BP	140/100 mm of Hg
Urine	+3proteinurea
Reflexes	3+
Edema	Generalized edema of hands, ankles and face

Questions

1. State the MOST LIKELY diagnosis as a result of these physical findings in the space below:

   _____

2. Which of the following questions will you ask Ms. Radha (Select all that apply)

a. Are you having Headaches? ☐
b. Are you having any pain in your abdomen? ☐
c. Are you having any blurred vision? ☐
d. Have you been eating lots of salt? ☐
e. Is your baby moving ☐

3. What will you do for Ms. Radha? (select the best action)
   a. Refer immediately to obstetrician ☐

b. Counsel and send home on low salt diet ☐
c. Send to lab for further studies. Advise bed rest at home ☐

4. If Ms. Radha has convulsion when she is in the clinic, what will you do immediately? (select the best action)
   a. Refer immediately to obstetrician ☐
   b. Administer Magnesium Sulfate IM ☐
   c. Call for help and start an IV line ☐

5. What is the loading dose of Magnesium sulphate as per the GoI SBA guidelines 2010?

_____

Pass Score = 8/10

Student Score = _____

Pass Yes No

Station 3: Essential New born care

Case: A full term newborn baby is just born. The baby is crying and looks pink. Demonstrate the immediate care you will provide for the baby.

Observation: Observe if the participant is performing the following tasks correctly and in the correct sequence.

S.No.	Task	Yes/No	Remarks
1.	Call out the time of birth		
2.	Deliver the baby on a warm clean towel on the mothers abdomen or chest		
3.	Immediately dry the baby with a warm clean towel		
4.	Remove the wet towel and wrap the baby in a warm dry towel.		
5.	Wipe both the eyes separately with sterile gauze from medial to lateral side.		
6.	Clamp and cut the umbilical cord in 1-3 minutes		
7.	Place an identity label on the baby.		
8.	Leave the baby in between the mothers breast to initiate skin to skin care		
9.	Cover the baby's head with a cap and cover the mother and baby with a warm cloth		
10.	Encourage initiation of breast feeding		

Pass Score = 8/10

Student Score = _____

Pass Yes No

Station 4: Newborn Resuscitation

Case: You are caring for a mother who is about to deliver a baby of 35 weeks gestation and the liquor is meconium stained. How will you prepare to receive the baby? When the baby is born he is not crying. Demonstrate how you will resuscitate him?

S.NO	Task	Yes/No	Remarks
1.	Getting ready with: Bag and mask Suction equipment Radiant warmer or other heat source 2 warm towels Clock with seconds hand Oxygen source Gloves Shoulder roll Cord tie Scissor		
2.	Look for meconium and suck mouth and nose at the mother's abdomen.		
3.	Dry the baby, remove wet towel and wrap in warm dry towel.		
4.	Assess breathing		
5.	Cut the cord immediately		
6.	Place the baby on a warm, firm flat surface		
7.	**P**osition the baby in slight neck extension using a shoulder roll **S**uction of mouth and nose **S**timulate the baby **R**eposition and reassess breathing		
8.	If not breathing provide bag and mask ventilation for 30 seconds, make sure that the chest rises.		
9.	Reassess the baby after 30 seconds of ventilation.		
10.	If still not breathing continue bag and mask ventilation, start oxygen and assess the heart rate.		
11.	If the baby is still not breathing, continue bag and mask ventilation and refer to higher center		
12.	At any point if baby starts breathing, provide observational care		

Pass Score *9/12*

*Student Score*_____

Pass *Yes/No*

Station 5: Plotting and interpretation of a Partograph

Instructions:

Please use the attached partograph to plot essential information for the client described in the case study.

Case Study:

Ms. Sheela, w/o Mr Raju is a 21 year old primi gravida who was admitted to the hospital in active labor on 12.2.2012 at **9:00 AM**. On admission, she states that she woke up at 3AM feeling contractions that she describes as cramps. The cramping became stronger at 6AM so she asked her husband to bring her to the hospital. Physical examination upon admission reveals the following:

Vital Signs

Temperature	37°C
Pulse	82 beats/min
BP	110/70 mm of Hg

On Vaginal examination,

Cervical Dilation	5cm
Membranes	Intact

On Abdominal examination,

Contractions	3 contractions in 10 minutes lasting 35 seconds
FHR	140 bpm

At **12 PM,** Ms. Sheela reports a gush of amniotic fluid. On inspection, you note clear fluid.

Vital Signs

Temperature	37°C
Pulse	90 beats/min
BP	110/70 mm of Hg

On Vaginal examination,

Cervical Dilation	6cm
Membranes	ruptured, clear liquor

On Abdominal examination,

Contractions	4 contractions in 10 minutes lasting 45 seconds
FHR	150 bpm

At **3PM**, Ms Sheela expresses an urge to bear down.

Vital Signs

Temperature	37°C
Pulse	100 beats/min
BP	110/70 mm of Hg

On Vaginal examination,

Cervical Dilation	9cm
Membranes	ruptured, clear liquor

On Abdominal examination,

Contractions	4 contractions in 10 minutes lasting 60 seconds
FHR	155 bpm

She goes on to deliver a healthy 3.5Kg baby girl an hour later.

Interpretation of the Partograph

Instructions:
From the partograph you have just filled up now, please identify each of the following findings as NORMAL, a cause for ALERT or immediate ACTION. Put a tick (√) mark in the appropriate column:

	TIME and CONDITION	NORMAL	ALERT	ACTION
A	The FHR at 12PM			
B	The dilation at 9AM			
C	The dilation at 12PM			
D	The dilation at 3 PM			
E	The maternal pulse at 9AM			

Pass Score *9/12*

*Student Score*_____

Pass *Yes/No*

THE SIMPLIFIED PARTOGRAPH

IDENTIFICATION DATA

Name: W/o: Age: Parity: Reg. No:

Date & Time of Admission: Date & Time of ROM:

A) Foetal Condition

Foetal heart rate: 200, 190, 180, 160, 150, 140, 130, 120, 110, 100, 90, 80

Amniotic fluid

B) Labour

Cervix (cm) [Plot X]: 10, 9, 8, 7, 6, 5, 4

Alert

Action

Hours: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12

Time

Contraction per 10 min: 5, 4, 3, 2, 1

C) Interventions

Drugs and IV fluids given

D) Maternal Condition

Pulse and BP: 180, 160, 150, 140, 130, 120, 110, 100, 90, 80, 70, 60

Temp (°C)

Station 6: Management of Intrapartum Complications

Instructions:
For each of the following scenarios involving laboring women, select whether you believe it to be NORMAL or ABNORMAL. For those that you believe are ABNORMAL, State WHY and describe the MOST appropriate response in one to two sentences.

	LABOR SCENARIO			
1.	A woman comes to the hospital 16 hours after her contractions have started. On Examination, Cervix is 2 cms dilated She has 3 uterine contractions in 10 minutes	NORMAL ABNORMAL	☐ ☐	WHY:
2.	A woman is admitted in labor at 4 cm dilation. Five hours later she is 6 cm dilated.	NORMAL ABNORMAL	☐ ☐	WHY:
3.	A woman, G_1P_0 progresses to 10 cm dilation. On abdominal examination, you can easily palpate the fetal occiput.	NORMAL ABNORMAL	☐ ☐	WHY:
4.	A woman is admitted in labour with a cervical dilatation of 4 cm. After 5 hours, her cervical dilatation is 9 cm.	NORMAL ABNORMAL	☐ ☐	WHY:

Pass Score *8/10*

*Student Score*_____

Pass *Yes/No*

Station 7: Management of Postnatal Complications

Instruction:
Read the following case study carefully and answer the questions:

Case Study

Ms. Reeta is a 29 year old G_7P_6 who delivered a 4.5 kg infant girl at 42 weeks gestation, 18 hours ago following an 18 hour labor with oxytocin augmentation for a secondary arrest in dilation. Ms Reeta did not require an episiotomy but had a second degree laceration which was repaired by the midwife.

Questions

1. Which of the following postnatal complications is Ms. Reeta at MOST risk? (Select only one)
   a. Postpartum hemorrhage ☐
   b. Prolapsed uterus ☐
   c. Delayed pre-eclampsia ☐

On examination, the findings are as follows. Which of them are of concern or indicate the need for further investigation? Tick on 'yes' or 'no' as per your judgment.

Q.NO	Observation	Finding	Concern
2.	Gestation at Delivery	42 Weeks	Yes ☐ No ☐
3	Maternal Height	162 cm	Yes ☐ No ☐
4	Maternal Weight	45 kg	Yes ☐ No ☐
5	BP	120/70 mm of Hg	Yes ☐ No ☐
6	Urine	Trace Protein	Yes ☐ No ☐
7	Edema in lower extremities	+ 2	Yes ☐ No ☐
8	Uterine fundus	3 fingers above umbilicus	Yes ☐ No ☐
9	Breasts	Soft, no milk expressed	Yes ☐ No ☐
10	Perineum	Tender, moderate edema, sutures intact	Yes ☐ No ☐
11	Lochea	Rubra- clots expressed	Yes ☐ No ☐
12	Hemoglobin	7.9 g/dl	Yes ☐ No ☐

Pass Score *9 / 12*

*Student Score*_____

Pass *Yes / No*

Station 8: Infection Prevention

I. Decontamination: Please write the appropriate responses for each question:

1. What is strength of chlorine solution used for decontamination?

   _____

2. How much bleaching powder is used to prepare 1 liter of bleaching solution?

   _____

3. For how long used instruments are kept in chlorine solution for decontamination? _____

4. How often this solution should be changed?_____

II. Demonstrate steps of Hand Washing:

	Steps	Yes/No	Remarks
1.	Palms, fingers and web spaces		
2.	Back of hands		
3.	Fingers and knuckles		
4.	Thumbs		
5.	Fingertips and creases		
6.	Wrist and forearm up to the elbow		

III. Segregation of biomedical waste

Identify and segregate the chits with the following wastes into their corresponding color coded bins:

Observation

	Items	Color of the bin	Remarks
1.	Placenta,		
2.	Food Waste		
3.	Plastic Syringe		
4.	Urinary Catheter		
5.	Newspaper		
6.	Soiled Dressings		
7.	Broken Ampoules		
8.	IV Sets		
9.	Vegetables Peelings		
10.	Needles		

Pass Score _16/20

*Student Score*_____

Pass Yes/No

OSCE Summary

Station	Activity	Pass score	Participant score	Pass/Fail
1.	AMTSL	8/10		
2.	Management of Antenatal Complications	8/10		
3.	Essential New born care	8/10		
4.	New Born Resuscitation	9/12		
5.	Plotting and interpretation of partograph	9/12		
6.	Management of Intrapartum Complications	8/10		
7.	Management of Postnatal Complications	9/12		
8.	Infection Prevention	16/20		

Total number of stations passed: _____

ANSWER KEYS – OSCE

Station 1: Active Management of Third Stage of Labor

Instruction: A score of 1 can be given to each step that the participant performs correctly and in the proper sequence. In remarks mention the sequence and the quality of the step (whether performed or not performed as per the standards).

S.NO	Steps	Yes/No/score	Remarks
1.	Preliminary step--Rule out the presence of another baby by abdominal examination	1	
2.	Administer Uterotonic Drug—10 IU oxytocin IM OR Misoprost 3 tablets (600ug) orally	1	
3.	Controlled Cord Traction	1	
4.	Uterine massage	1	
5.	Examination of the lower vagina and perineum	1	
6.	Examination of placenta, membranes and umbilical cord a. Maternal surface of placenta b. Foetal surface c. Membranes d. Umbilical cord	1	
7.	Place instruments in 0.5% chlorine solution for 10 minutes for decontamination	1	
8.	Decontaminate or dispose the syringe and needle	1	
9.	Immerse both your gloved hands in 0.5% chlorine solution	1	
10.	Wash your hands thoroughly with soap and water and dry with a clean, dry cloth/air dry	1	

Pass Score 8/10 = 80%

Station 2: Management of Antenatal Complications

Question number	Answer key	Score
1.	Pre eclampsia	3
2.	a,b,c & e	1 mark each = 4
3	a	1
4.	b	1
5.	5 g in each buttock.	1

Pass Score 8/10 = 80%

Station 3: Essential New born care

The participant gets a score of 1 if he/she is performing the following tasks correctly and in the correct sequence.

S.NO	Task	Yes/No	Score
1.	Call out the time of birth	Yes	1
2.	Deliver the baby on a warm clean towel on the mothers abdomen or chest	Yes	1
3.	Immediately dry the baby with a warm clean towel	Yes	1
4.	Remove the wet towel and wrap the baby in a warm dry towel.	Yes	1
5.	Wipe both the eyes separately with sterile gauze from medial to lateral side.	Yes	1
6.	Clamp and cut the umbilical cord in 1-3 minutes	Yes	1
7.	Place an identity label on the baby	Yes	1
8.	Leave the baby in between the mother's breast to initiate skin to skin care.	Yes	1
9.	Cover the baby's head with a cap and cover the mother and baby with a warm cloth	Yes	1
10.	Encourage initiation of breast feeding	Yes	1

Pass Score 8/10 = 80%

Station 4: Newborn Resuscitation

The participant gets a score of 1 if he/she is performing the following tasks correctly and in the correct sequence

S.No	Task	Score	Remarks
1.	Getting ready with: Bag and mask Suction equipment Radiant warmer or other heat source 2 warm towels Clock with seconds hand Oxygen source Gloves Shoulder roll Cord tie Scissor	1	
2.	Look for meconium and suck mouth and nose at the mother's abdomen.	1	
3.	Dry the baby, remove wet towel and wrap in warm dry towel.	1	
4.	Assess breathing	1	

5.	Cut the cord immediately	1	
6.	Place the baby on a warm, firm flat surface	1	
7.	Position the baby in slight neck extension using a shoulder roll Suction of mouth and nose Stimulate the baby Reposition and reassess breathing	1	
8.	If not breathing provide bag and mask ventilation for 30 seconds, make sure that the chest rises.	1	
9.	Reassess the baby after 30 seconds of ventilation.	1	
10.	If still not breathing continue bag and mask ventilation, start oxygen and assess the heart rate.	1	
11.	If the baby is still not breathing, continue bag and mask ventilation and refer to higher center	1	
12.	At any point if baby starts breathing, provide observational care	1	

Pass Score 9/12 = 75%

Station 5: Plotting and interpretation of a Partograph

Based on the guidance of the filled partograph below, the following scores may be given to the participants. If the participant has marked all the components of each observation correctly he/she gets a full score. No score is given for incomplete or wrong markings. In the remarks column, note your observations.

S.No	Step	Score	Remarks
1.	Identification data	1	
2.	9 am findings	2	
3.	12 pm findings	2	
4.	3 pm findings	2	
	TOTAL	7	

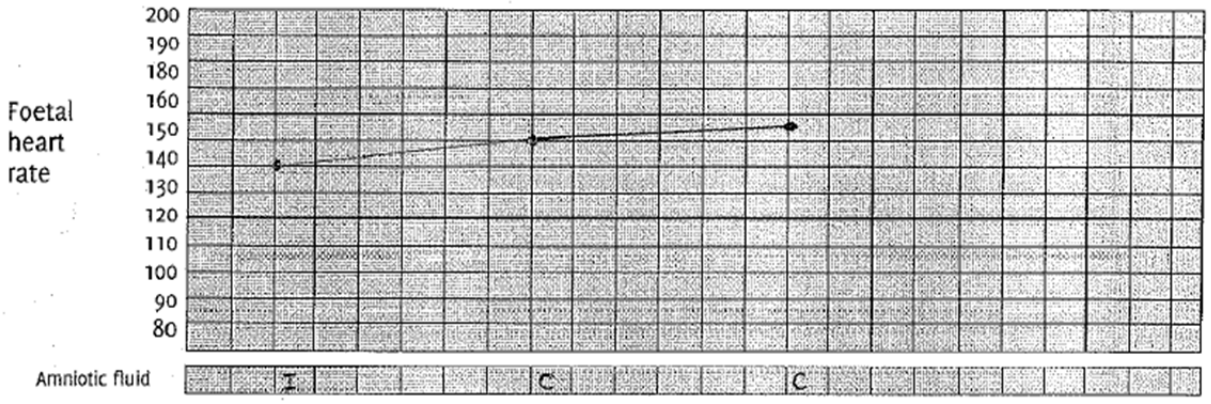
THE SIMPLIFIED PARTOGRAPH

IDENTIFICATION DATA

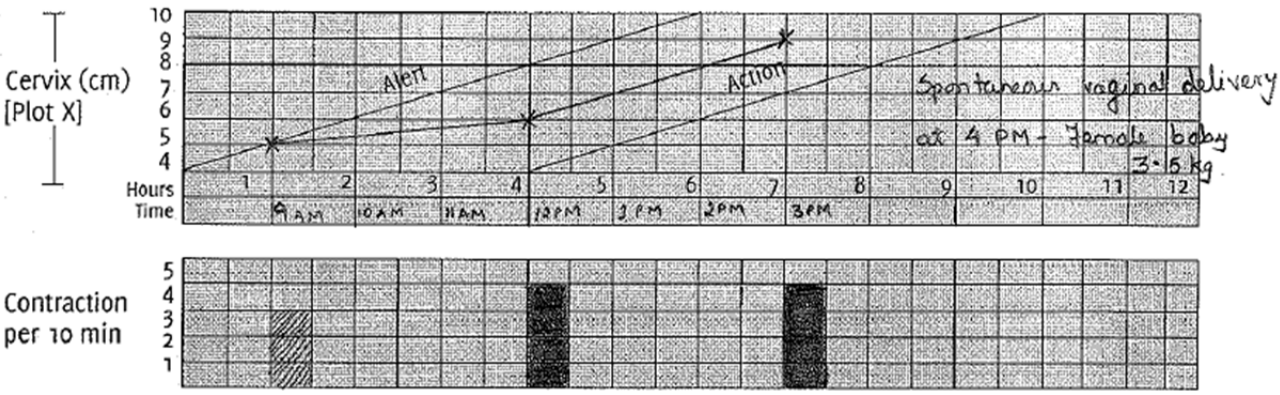
Name: Ms. SHEELA W/o: Mr. RAJU Age: 21 Parity: 1 Reg. No: —

Date & Time of Admission: 12.02.2012 at 9.00 AM Date & Time of ROM: 12.02.2012 at 12 PM.

A) Foetal Condition



B) Labour



C) Interventions

D) Maternal Condition

Interpretation of the Partograph

The participant gets a score of 1 for each correct response as given below

	TIME and CONDITION	NORMAL	ALERT	ACTION
A	The FHR at 12PM	√		
B	The dilation at 9AM	√		
C	The dilation at 12PM		√	
D	The dilation at 3 PM		√	
E	The maternal pulse at 9AM	√		
	TOTAL	5		

Pass Score 9/12 = 75%

Station 6: Management of Intrapartum Complications

For each of the scenarios, the participant gets a score of 1 if the answer is correct and a score of 2 if the reason is correct. No score is given for the reason if it is incomplete.

Q. No	Answer	Score	Reason	Score
1.	ABNORMAL	1	Prolonged latent phase of labor	2
2.	ABNORMAL	1	Protracted/Prolonged Labor	2
3.	ABNORMAL	1	Failure to descend/Cephalo pelvic disproportion.	2
4.	NORMAL	1		-

Pass Score 8/10 = 80%

Station 7: Management of Postnatal Complications

The participant gets a score of 1 for all correct responses.

Q. No	Answer	Score
1.	a. PPH	1
2.	No	1
3.	No	1
4.	Yes	1
5.	No	1
6.	No	1
7.	No	1
8.	Yes	1
9.	No	1
10.	No	1
11.	Yes	1
12.	Yes	1

Pass Score 9/12 = 75%

Station 8: Infection Prevention

I. Each correct answer gets a score of 1.

	Answer	Score
1.	0.5%	1
2.	3 teaspoon full/15 grams	1
3.	10 minutes	1
4.	Once in 24 hours or earlier if appears dirty/muddy.	1
	TOTAL	4

II. Demonstrate steps of Hand Washing:

Each step of hand washing done correctly and in the right sequence gets a score of 1. If incorrect, mention the modification needed in the remarks column.

	Steps	Score	Remarks
1.	Palms, fingers and web spaces	1	
2.	Back of hands	1	
3.	Fingers and knuckles	1	
4.	Thumbs	1	
5.	Fingertips and creases	1	
6.	Wrist and forearm up to the elbow	1	
	TOTAL	6	

III. Segregation of biomedical waste

If the participant places the named chit in the correct color coded bin, he/she gets a score of 1. (If the color coding system is different from the national standard, the hospital standard can be used to assess the participant)

	Items	Color of bin	Score
1.	Placenta,	Yellow	1
2.	Food Waste	Black	1
3.	Plastic Syringe	Red	1
4.	Urinary Catheter	Red	1
5.	Newspaper	Black	1
6.	Soiled Dressings	Yellow	1
7.	Broken Ampoules	Blue	1
8.	IV Sets	Red	1
9.	Vegetables Peelings	Black	1
10.	Needles	Blue/puncture proof container	1
	TOTAL		10

Pass Score 16/20 = 80%

ANNEXURE 4: PARTICIPANT ASSIGNMENT SIGNUP SHEET – FACILITATION SKILLS

S.No	Topic	Time	Placement	Participants name	Signature
1.	Infection prevention	40 mins	Session 14: Week 2: Day 1, Afternoon		
2.	Importance of Antenatal Care and preparation for ANC	30 mins	Session 15: Week 2: Day 2, Morning		
3.	ANC – History taking	45 mins	Session 15: Week 2: Day 2, Morning		
4.	ANC – interventions	45 mins	Session 17: Week 2: Day 3, Morning		
5.	ANC counseling	30 mins	Session 17: Week 2: Day 3, Morning		
6.	Care during labour – assessment and care in labour	60 mins	Session 17: Week 2: Day 3, Morning		
7.	Care during labor and delivery – Partograph	30 mins	Session 18: Week 2: Day 3, Afternoon		
8.	Monitoring and management of third and fourth stage of labour	30 mins	Session 20 : Week 2 : Day 4, Afternoon		
9.	Care after delivery - postpartum care Care during first, second and third postpartum visits	15 mins	Session 20: Week 2: Day 4, Afternoon		
10.	Pregnancy Induced Hypertension	45 mins	Session 23: Week 2: Day 6, Morning		
11.	Ensuring quality of care	45 mins	Session 24: Week 2: Day 6, Afternoon		
12.	India Family Planning Program and GOI policies for FP service provision	45 mins	Session 33: Week 5: Day 5, Morning		
13.	Technical overview of modern family planning methods	60 mins	Session 33: Week 5: Day 5, Morning		
14.	Hormonal methods of contraception	60 mins	Session 33: Week 5: Day 5, Morning		
15.	Condom use and demonstration of condom use on model	30 mins	Session 34 : Week 5: Day 5,		

			Afternoon		
16.	Postpartum Family Planning and LAM	75 mins	Session 34: Week 5: Day 5, Afternoon		
17.	Discuss modern approaches to IUCD	60 mins	Session 34: Week 5: Day 5, Afternoon		
18.	Elements of counseling and communication skills	60 mins	Session 36: Week 5: Day 6, Afternoon		
19.	Elements of FP counseling & postpartum FP counseling	30 mins	Session 36: Week 5: Day 6, Afternoon		
20.	Magnitude of HIV What are HIV & AIDS? HIV transmission HIV testing and diagnosis	40 mins	Session 37: Week 6: Day 1, Morning		

ANNEXURE 5: PARTICIPANT ASSIGNMENT SIGN-UP SHEET - DEMONSTRATION SKILLS

S.No	Topic	Time	Placement	Participants name	Signature
1.	Hand washing, Decontamination and high – level	25 mins	Session 14: Week 2: Day 1, Afternoon		
2.	Processing of Instruments	20 mins	Session 14: Week 2: Day 1, Afternoon		
3.	Detection of pregnancy	15 mins	Session 15: Week 2: Day 2, Morning		
4.	ANC – General examination	30 mins	Session 15: Week 2: Day 2, Morning		
5.	ANC – abdominal examination	30 mins	Session 16: Week 2: Day 2, Afternoon		
6.	ANC – Laboratory investigations	15 mins	Session 16: Week 2: Day 2, Afternoon		
7.	Assessment of woman in labour	20 mins	Session 18: Week 2: Day 3, Afternoon		
8.	Vaginal examination during labour	25 mins	Session 18: Week 2: Day 3, Afternoon		
9.	Management of first and second stage of labour	45 mins	Session 19: Week 2: Day 4, Morning		
10.	Active management of third stage of labour	30 mins	Session 20: Week 2: Day 4, Afternoon		
11.	Management during the fourth stage of labour	30 mins	Session 20: Week 2: Day 4, afternoon		
12.	Resuscitation of newborn	60 mins	Session 21: Week 2: Day 5, Morning		
13.	Setting up an IV line	15 mins	Session 23: Week 2: Day 6, Morning		
14.	Giving deep intramuscular injections.	15 mins	Session 23: Week 2: Day 6, Morning		
15.	Catheterization	15 mins	Session 24: Week 2: Day 6, Afternoon		

ANNEXURE 6: COMPETENCY TRACKING SHEET FOR PARTICIPANTS

Use to document summative assessment results for each participant in the course. Tick each skill after you observe it performed competently in practice.

S. NO	SKILL																		
	Participant Names																		
1.	Facilitation Skills																		
2.	Demonstration Skills																		
3.	Coaching Skills																		
4.	Antenatal assessment																		
5.	Management of normal delivery and AMTSL																		
6.	Essential Newborn Care																		
7.	Newborn resuscitation																		
8.	Immediate Postpartum Care																		
9.	Copper T insertion																		
10.	Family planning counseling																		
11.	Passing Score on OSCE Exam																		

ANNEXURE 7: ANM FACULTY TRAINING

INDIVIDUAL AND GROUP ASSESSMENT MATRIX (Pre Course Assessment)

DATE: _____ TRAINER(S): _____

Question number	CORRECT ANSWERS (Participants)																				Categories
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
1																					Effective teaching Skills
2																					
3																					
4																					
5																					Management of Shock: Rapid Initial Assessment
6																					
7																					
8																					Bleeding during Pregnancy and Labor
9																					
10																					
11																					Bleeding after Childbirth
12																					
13																					
14																					Management of Third Stage of Labor
15																					
16																					

17																					Headaches, Blurred Vision, Convulsions, Loss of Consciousness or Elevated Blood Pressure
18																					
19																					
20																					
21																					
22																					Partograph
23																					Normal Labor and Childbirth
24																					
25																					
26																					
27																					
28																					
29																					
30																					Newborn Care
31																					
32																					
33																					Infection Prevention
34																					
35																					STI, HIV and PPTCT of HIV
36																					
37																					

38																					Family planning
39																					
40																					

ANM FACULTY TRAINING

INDIVIDUAL AND GROUP ASSESSMENT MATRIX (MID and POST Course Assessment)

DATE: _____ TRAINER(S): _____

Question number	CORRECT ANSWERS (Participants)																				Categories
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
1																					Family Planning and Counseling
2																					
3																					
4																					
5																					
6																					
7																					
8																					Management of Shock
9																					
10																					
11																					Bleeding during pregnancy and labour
12																					

13																					
14																					Bleeding after childbirth
15																					
16																					
17																					Management of third stage of labour
18																					Headaches, Blurred Vision, Convulsions, Loss of Consciousness or Elevated Blood Pressure
19																					
20																					
21																					
22																					
23																					
24																					
25																					
26																					Normal Labor and Childbirth
27																					
28																					
29																					
30																					
31																					
32																					
33																					

34																					
35																					
36																					Newborn Care STI, HIV and PPTCT of HIV
37																					
38																					
39																					
40																					
41																					Infection Prevention
42																					

ANNEXURE 8: PRE AND POST COURSE KNOWLEDGE ASSESSMENT QUESTIONNAIRE FOR IMNCI

Choose the best answer for the following:

1. Which of the following sign in an infant less than 2 months of age indicate severe chest indrawing?
    a. The whole chest wall goes IN as the infant breathes IN
    b. The whole chest wall goes OUT as the infant breathes IN
    c. The lower chest wall goes IN as the infant breathes IN
    d. The lower chest wall goes OUT as the infant breathes IN

2. Which of the following indicate local bacterial infection in an infant less than 2 months of age?
    a. Skin pustules more than 20
    b. Umbilicus red and draining pus
    c. Nasal flaring and grunting
    d. Unconsciousness

3. Which of the following is a sign of severe dehydration?
    a. Very slow skin pinch – longer than 2 seconds
    b. Slow skin pinch – longer than 1 second
    c. Any of the above
    d. None of the above

4. Which of the following is a sign of severe dehydration?
    a. Sunken eyes and lethargy
    b. Sunken eyes and restlessness
    c. Skin pinch goes back slowly and restlessness
    d. Lethargy and blood in stool

5. What are the signs of good attachment of the baby to the breast?
    a. Chin touching the breast, mouth open, lower lip turned inward, more areola visible above than below the mouth.
    b. Chin touching the breast, mouth open, lower lip turned outward, more areola visible above than below the mouth.
    c. Chin touching the breast, mouth open, lower lip turned inward, more areola visible below than above the mouth.
    d. Chin not touching the breast, mouth open, lower lip turned inward, more areola visible above than below the mouth.

6. How many times should the infant be breast fed in 24 hours?
    a. Atleast 6 times
    b. Atleast 8 times
    c. Atleast 10 times
    d. Atleast 12 times

7. If the baby has oral thrush what will you advice the mother to do?
    a. Ignore as it is common in breast fed infants
    b. Clean it with a sterile white cloth.
    c. Apply 0.25% gentian violet paint
    d. Consult a medical officer at the district hospital

8. When will you visit a low birth weight baby for follow up care?
    a. 3,7,14,28 days
    b. 3,6,9,18 days

c. 3,7,14,21,28 days
d. 3,6,9,18,27 days

9. What does the yellow portion in the chart booklet indicate?
   a. Home care
   b. Treatment and follow up at home
   c. Referred to hospital
   d. None of the above

10. When will you classify the child as having grade 1 malnutrition by interpreting the growth chart?
   a. If the point is on or above the 1st curve
   b. If the point is between 1st and 2nd curve
   c. If the point is between 2nd and 3rd curve
   d. If the point is between 3rd and 4th curve

11. How many cups of ORS should be given to a child 6 months of age in 4 hours?
   a. 1
   b. 2
   c. 3
   d. 5

12. If a child, 3 & 1/2 years of age has a temperature of 38.5^{0}C, what will you advice?
   a. ¼ tablet of paracetamol 500 mg tablet
   b. ½ tablet of paracetamol 500 mg tablet
   c. 1 tablet of paracetamol 500 mg tablet
   d. Refer immediately.

13. Vitamin A is given to
   a. all children with persistent diarrhea
   b. all children with diphtheria
   c. all children with severe malnutrition
   d. all children with very low weight

14. In addition to assessing dehydration status, the mothers of ALL children with diarrhea should be asked all the following EXCEPT
   a. Did the child eat anything outside the home?
   b. Is the child sleeping well?
   c. How many times did the child have watery diarrhea?
   d. Is there blood in stools?

15. Prophylactic iron and folic acid is given to children
   a. 6 months or older
   b. 12 months or older
   c. 18 months or older
   d. 24 months or older

Answer keys for IMNCI:

Question number	Correct response
1.	c
2.	b
3.	a
4.	a
5.	b
6.	b
7.	c
8.	c
9.	b
10.	b
11.	c
12.	b
13.	c
14.	b
15.	b

ANNEXURE 9: LIST OF MATERIALS TO BE PRINTED AS HANDOUTS FOR ONE TRAINING

S.No	Material	Number
1.	Pre-course knowledge assessment questionnaire	1 for each participant
2.	Clinical experience questionnaire	1 for each participant
3.	Lesson plan sample	1 for each participant
4.	Checklist for facilitation, demonstration and coaching skills	2 for each participant
5.	OSCE assessment sheet	2 for each participant
6.	SBA pre and post course knowledge assessment questionnaire	2 for each participant
7.	IMNCI pre and post course knowledge assessment questionnaire	2 for each participant
8.	Family planning pre and post course knowledge assessment questionnaire	2 for each participant
9.	HIV and STIs pre and post course knowledge assessment questionnaire	2 for each participant
10.	Mid course knowledge assessment questionnaire	1 for each participant
11.	Post course knowledge assessment questionnaire	1 for each participant
12.	Course evaluation forms	1 for each participant
13.	Individual and group assessment matrix	6 for each course
14.	Attendance sheet	1 for each course
15.	Facilitation, demonstration and coaching skills checklists	4 for each participant

ANNEXURE 10: TRAINING MATERIALS NEEDED FOR ONE COURSE

1. The workshop kit – a workshop bag containing the following:

S.No	Material	Number
1.	Spiral Note book – 200 pages	1
2.	Ball pens	2
3.	Pencil with eraser	2
4.	Sharpener	1
5.	Foot scale	1
6.	Post –its (stikies)	1 pkt
7.	Name tags – Badge/ ID card	1
8.	Modules i. 6 weeks LRP – facilitators' guide ii. 6 weeks LRP- participants' handbook iii. INC, ANM syllabus iv. Effective teaching skills – reference manual v. SBA -2010 Government of India package 1. SBA guidelines 2. SBA trainers guide 3. SBA handbook for ANMs, LHVs and Staff nurses vi. NSSK – Government of India Package 1. Facilitators' guide 2. Training manual vii. IMNCI – package for health workers 1. IMNCI module for health workers 2. IMNCI chart booklet 3. IMNCI photo booklet 4. Facilitators' guide for training of health workers viii. Immunization handbook of health workers – GoI – 2011 ix. Postpartum family planning, a handbook for service providers x. Family planning a global handbook for providers xi. National guidelines on prevention, management and control of reproductive tract infections including sexually transmitted infections xii. Training of nursing personnel to deliver STI/RTI services, participants handout xiii. Infection management and environment plan- guidelines for health care workers xiv. SBMR field guide. xv. SBMR pre-service implementation guide xvi. Computer booklet	1 each

2. Other training materials for one 6- weeks training:

S.No	Material	Number
1.	Flip charts	5 nos
2.	Chistle bold markers – multicoloured	3 boxes
3.	White board markers	10 nos.
4.	VIPP cards	100 nos
5.	Double sided tapes	3 rolls
6.	Brown tapes	2 rolls
7.	Thumb pins	1 box
8.	Certificates in the given format	1

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