HIV/AIDS Group Education

Course Notebook for Trainers

CHART

CARIBBEAN HIV/AIDS REGIONAL TRAINING NETWORK

USAID

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HIV/AIDS GROUP EDUCATION
COURSE NOTEBOOK FOR TRAINERS

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OVERVIEW

BEFORE STARTING THIS TRAINING COURSE

This HIV/AIDS group education training course will be conducted in a way that is very different from traditional training courses. It is based on the assumption that people take part in training courses because they:

- are **interested** in the topic;
- wish to **improve** their knowledge or skills, and thus their job performance; and
- want to be **actively involved** in course activities.

The training approach used in this course is highly interactive and participatory.

MASTERY LEARNING

The **mastery learning** approach to clinical training assumes that all participants can master (learn) the knowledge, attitudes or skills they need, as long as enough time is given and the correct learning methods are used. The goal of mastery learning is that 100 percent of those being trained will "master" the knowledge and skills on which the course is based.

Although some participants are able to gain new knowledge or a new skill quickly, others may need more time or different ways of learning before they are able to show mastery. Not only do people have different abilities to learn new material, but different people learn best in different ways—through writing, speaking or seeing. Mastery learning allows for these differences and uses a variety of teaching and learning methods.

The mastery learning approach also lets participants be in charge of their own learning. This happens when the clinical trainer acts as facilitator, testing is done differently and the way testing results are used changes. In courses that use traditional testing methods, the trainer gives a test before and after training to show an increase in what the participants know, often without showing how this change affects how well they perform on the job.

By contrast, with mastery learning, there is a continual assessment of learning. With this kind of learning, the clinical trainer regularly tells participants how they are doing in learning new information and skills and does not allow it to be the trainer's secret.

With the mastery learning approach, assessment of learning is:

- Competency-based, which means assessment is built upon the course objectives and stresses learning the knowledge, attitudes and skills needed to perform a job, not simply gaining new knowledge;
- Dynamic, because it allows clinical trainers to give participants constant feedback on how well they are meeting the course objectives and, when it seems necessary, to change the course to meet learning needs; and
- Less stressful, because from the start, participants know what they are expected to learn and where to find that information, and have many chances to talk with the clinical trainer.

KEY FEATURES OF EFFECTIVE CLINICAL TRAINING

Effective clinical training is planned and carried out according to the way adults learn—they are actively involved in the learning, they can relate it to their work and they can use what they learn. This kind of training:

- Uses behaviour modelling,
- Is competency-based, and
- Uses humanistic training techniques.

Behaviour Modelling

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 modelling to be successful, the trainer must clearly show the skill or activity so that participants have a clear picture of how they are expected to perform.

Learning to perform a skill takes place in three stages. In the first stage, skill acquisition (gaining skills), participants see others perform the procedure and get a mental picture of the steps to be performed. Once the participants have that mental picture, they try to do the procedure, usually with supervision. Next, the participants practice until they reach skill competency and feel confident performing the procedure. The final stage, skill proficiency, occurs only with regular practice over time.

Skill Acquisition	Knows the steps and their correct order (if necessary) to perform the required skill lor activity but **needs help**
Skill Competency	Knows the steps and their correct order (if necessary) and **can perform** the required skill or activity
Skill Proficiency	Knows the steps and their correct order (if necessary) and **efficiently performs** the required skill or activity

Competency-Based Training

Competency-based training (CBT) is very different from the way training has usually been done. Competency-based training is learning by doing. It focuses on the specific knowledge, attitudes and skills needed to be able to do a procedure or activity. How the participant performs (a combination of knowledge, attitudes and, most important, skills) is stressed instead of just what information the participant has learned. Moreover, in CBT the trainer actively supports and encourages learning instead of taking the more traditional role of instructor or lecturer. The participant's competency in the new skill or activity is assessed objectively by the trainer's evaluation of the participant's overall performance.

For CBT to occur, the clinical skill or activity to be taught must first be broken down into its basic steps. Each step is then broken down to determine the safest and most efficient way to perform and learn it. This process is called standardization. Once a procedure, such as condom demonstration, has been standardized, tools to aid competency-based skill development (learning guides) and assessment (checklists) can be designed. These tools make learning the necessary steps or tasks easier and make evaluating the participant's performance more objective.

A key component of CBT is coaching, which uses positive feedback, active listening, questioning and problem-solving skills to make the learning climate a positive one. When coaching, the clinical trainer should first explain the skill or activity and then show how it should be done, using an anatomic model or other training aid such as a video. Once the procedure has been shown and the trainer/coach and participant have talked about it, the trainer/coach then observes, interacts with and guides the participant in learning the skill or activity, checks progress and helps the participant overcome problems.

With coaching, the participant receives feedback about performance at many different times:

- **Before practice**: The trainer and participant should meet briefly before each practice session to review the skill/activity, including the steps/tasks that will be stressed during the session.

- **During practice**: The clinical trainer watches, coaches and gives feedback as the participant performs the steps/tasks outlined in the learning guide.
- **After practice**: This feedback session should take place directly after practice. Using the learning guide, the clinical trainer discusses the strengths of the participant's performance and also gives the participant specific suggestions for making it better.

COMPONENTS OF THE HIV/AIDS GROUP EDUCATION LEARNING PACKAGE

This training course is built around the following materials:

- Need-to-know information contained in the reference manual *HIV/AIDS Group Education*
- A course handbook for participants containing a precourse questionnaire and a learning guide that breaks down the activities into their main components
- A trainer's notebook containing all of the items found in the course handbook for participants, along with answer keys to the questionnaires and detailed information for conducting the course
- Well-designed training aids, such as job aids and checklists
- Competency-based performance evaluation

USING THE HIV/AIDS GROUP EDUCATION LEARNING PACKAGE

In the design of the training materials for this course, particular attention has been paid to making them "user-friendly" and to allowing the participants and clinical trainer to adapt the training to the participants' (group and individual) learning needs as much as possible. For example, at the beginning of each course an assessment is made of each participant's knowledge. The results of this precourse assessment are then used jointly by the participants and the advanced or master trainer to adapt the course content as needed so that the training focuses on learning **new** information and skills.

A second feature relates to the use of the reference manual and participant's handbook. The **reference manual** is designed to provide all of the essential information needed to conduct the course in a logical way. Because it serves as the "text" for the participants and the "reference source" for the trainer, special handouts or extra materials are not needed. In addition, because the manual contains only information that is consistent with the course goals and objectives, it becomes a necessary part of all classroom exercises—such as giving an illustrated lecture or providing problem-solving information.

The **course handbook**, on the other hand, has two functions. First and foremost, it is the "road map" that guides the participant through each phase of the course. Second, it contains the course syllabus and course schedule, as well as all supplemental printed materials (precourse questionnaire, exercises, learning guide and course evaluation) needed during the course.

The **trainer's notebook** contains the same material as the course handbook for participants as well as material for the trainer. This includes the course outline, precourse questionnaire answer key, postcourse questionnaire and answer key, and competency-based qualification checklists.

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

In summary, the CBT approach used in this course has a number of important features. **First**, it is based on the way adults learn—they are actively involved in the learning, they can relate it to their work and they can use what they learn. Also, the trainer actively supports and encourages learning instead of taking the more traditional role of instructor or lecturer. **Second**, the CBT approach involves use of behaviour modelling, in which the trainer clearly shows the skill or activity so that participants learn a standardized way of performing it. **Third**, it is competency-based. This means that evaluation is based on **how well** the participant performs the procedure or activity, not just on **how much** the participant has learned. **Fourth**, where possible, it relies heavily on the use of anatomic models and other training aids (i.e., it is humanistic) to help participants to practice repeatedly the standardized way of performing the skill or activity **before** they work with clients. Thus, by the time the trainer evaluates each participant's performance using the checklist, **every** participant should be able to perform **every** skill or activity competently. **This is the ultimate measure of training.**

INTRODUCTION

COURSE DESIGN

This training course is designed for individuals interested and involved in group education (e.g., community peer educators, public health nurses, contact investigators, etc.). The course builds on each participant's past knowledge and experience and takes advantage of the individual's high motivation to accomplish the learning tasks in the shortest time. Training emphasizes doing, not just knowing, and uses competency-based evaluation of performance.

This training course differs from traditional courses in several ways:

- During the morning of the first day of the course, participants' knowledge is assessed using a Precourse Questionnaire to determine their individual and group knowledge of HIV/AIDS and group education.
- Classroom and practical sessions focus on providing practice in group education.
- Progress in knowledge-based learning is measured during the course using a standardized written assessment (Postcourse Questionnaire).
- Progress in learning is documented using checklists.
- Evaluation of each participant's performance is carried out by a trainer using competency-based skills checklists.

Successful completion of the course is based on mastery of both the content and skill components.

EVALUATION

This course is designed to produce individuals qualified to provide HIV/AIDS group education. Qualification is a statement by the training organization that the participant has met the requirements of the course in knowledge and skills. Qualification does **not** imply certification. Personnel can be certified only by an authorized organization or agency.

Qualification is based on the participant's achievement in two areas:

- Knowledge—A score of at least 85% on the Postcourse Questionnaire
- Skills—Satisfactory performance using the barrier method demonstration and group education checklists.

Responsibility for the participant's becoming qualified is shared by the participant and the trainer.

The evaluation methods used in the course are described briefly below:

- Postcourse Questionnaire. This knowledge assessment will be given at the time in the course when all subject areas have been presented. A score of 85% or more correct indicates knowledge-based mastery of the material presented in the reference manual. For those scoring less than 85% on their first attempt, the trainer should review the results with the participant individually and provide guidance on using the reference manual to learn the required information. Participants scoring less than 85% can take the Postcourse Questionnaire again at any time during the remainder of the course.
- Checklists for barrier method demonstration and group education. These checklists will be used to evaluate each participant as s/he demonstrates skills in the simulated clinical setting. In determining whether the participant is qualified, the clinical trainer(s) will observe for the key skills during a role play. The participant must be rated "satisfactory" in each skill or activity to be evaluated as qualified.

Within 3 to 6 months of qualification, it is recommended that graduates be observed and evaluated working in their institution by a course trainer or their supervisor using the same checklists. This postcourse evaluation is important for two reasons. First, it gives the graduate direct feedback on her/his performance and the opportunity to discuss any startup problems or constraints to service delivery. Second, and equally important, it provides the training centre, via the trainer, key information on the adequacy of the training and its appropriateness to local conditions. Without this type of feedback, training easily can become routine, stagnant and irrelevant to service delivery needs.

COURSE SYLLABUS

Course Description

This **4-day** training course is designed to prepare participants to effectively provide group education and to competently transfer knowledge, skills and attitudes related to HIV/AIDS.

Course Goals

- To provide participants with knowledge, skills and attitudes to effectively conduct HIV/AIDS group education sessions for diverse groups

Participant Learning Objectives

- Explain basic information on HIV/AIDS and related issues
- Explore issues surrounding stigma and discrimination
- Identify and explain risk behaviour and decision-making skills related to risk reduction
- Fully explain the voluntary counselling and testing (VCT) process and where to direct clients for further management
- Demonstrate effective group education
- Demonstrate effective demonstration skills
- Describe effective self-evaluation skills

Training/Learning Methods

- Illustrated lectures and group discussions
- Individual and group exercises
- Role plays

Participant Selection Criteria

Participants for this course should be health sector workers and volunteers responsible for providing group awareness sessions about HIV and sexually transmitted infections (STIs). Participants should have a good grasp of the English language.

Methods of Evaluation

Participant

- Pre- and Postcourse Questionnaires
- Learning Guide for Barrier Methods Demonstration
- Checklist for Barrier Methods Demonstration (to be completed by trainer)
- Checklist for Group Education (to be completed by trainer)

Course

- Course Evaluation (to be completed by each participant)

Number of Hours

- 28 or 35 hours

Suggested Course Composition

- 10–15 participants
- 2 trainers

COURSE SCHEDULE: HIV/AIDS GROUP EDUCATION			
DAY 1	**DAY 2**	**DAY 3**	**DAY 4**
AM (4 hours) Welcome and introduction Overview of the course Review course materials Identify participant expectations Establish group norms Precourse questionnaire Identify group and individual learning needs **Chapter 1: Introduction to HIV/AIDS** National situation and resources **Chapter 1: Introduction to HIV/AIDS** Presentation and discussion: Overview	**AM (4 hours)** Warmup and overview of day's activities **Chapter 3: Stigma and Discrimination** Activity and discussion **Chapter 4: Group Education Skills** Planning for a session Writing objectives	**AM (4 hours)** Warmup and overview of day's activities **Chapter 4: Group Education Skills** Develop plans for in-class and clinic presentations **Chapter 4: Group Education Skills** Trainer demonstration Participants prepare for presentations, including audio/visual materials, and receive feedback	**AM (4 hours)** Warmup and overview of day's activities **Chapter 4: Group Education Skills** Present presentations to clients at clinic **Chapter 4: Group Education Skills** Review videotaped presentations and give feedback
LUNCH	**LUNCH**	**LUNCH**	**LUNCH**
PM (3 hours) **Chapter 1: Introduction to HIV/AIDS** Condom negotiation and demonstration **Chapter 2: Voluntary Counselling and Testing for HIV** Presentation and discussion	**PM (3 hours)** **Chapter 4: Group Education Skills** Adult learning principles How to conduct group education **Chapter 4: Group Education Skills** How to use audiovisuals **Review of day's activities**	**PM (3 hours)** **Chapter 4: Group Education Skills** Participant in-class presentations (tape on video if possible) **Review of day's activities**	**PM (3 hours)** **Chapter 4: Group Education Skills** Review presentations and give feedback, continued **Chapter 4: Group Education Skills** How to facilitate small groups **Chapter 4: Group Education Skills** Evaluating sessions **Postcourse Questionnaire** **Group Discussion** **Course Evaluation**
Assignment: Read reference manual	**Assignment**: Read reference manual. Brainstorm ideas for individual presentation.		

PRECOURSE KNOWLEDGE QUESTIONNAIRE

HOW THE RESULTS WILL BE USED

The main objective of the **Precourse Knowledge Questionnaire** is to assist both the **trainer** and the **participant** as they begin their work together in the course by finding out what the participants, individually and as a group, know about the course topics. This allows the trainer to identify topics that may need to be stressed during the course. Providing the results of the precourse assessment to the participants helps them to focus on their individual learning needs. In addition, the questions show the participants the content that will be presented in the course.

The questions are given in the true/false format. A special form, the **Individual and Group Assessment Matrix**, is provided to record the scores of all course 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 best to use the course time to achieve the desired learning objectives.

For the trainer, the questionnaire results will show which topics may need more emphasis during the learning sessions. Conversely, for the categories in which 85% or more of participants answer the questions correctly, the trainer may choose to spend some of the allotted time on other content.

PRECOURSE QUESTIONNAIRE ANSWER SHEET

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

INTRODUCTION TO HIV/AIDS

1. People who have sexually transmitted infections (STIs) are more likely to become infected with HIV. _____

2. The window period is approximately 5 months. _____

3. Mother-to-child transmission of HIV most often occurs when the baby is in the womb. _____

4. Antiretroviral therapy is appropriate any time after HIV infection occurs. _____

5. HIV/AIDS can be transmitted by mosquito bites.

6. Even drug use using **clean**, **new** needles can increase the risk of HIV infection. _____

VOLUNTARY COUNSELLING AND TESTING FOR HIV

7. Using alcohol or drugs when having sex can put someone at increased risk. _____

8. Women who have one partner are at no risk of getting HIV or an STI. _____

9. There are four stages of the VCT process. _____

10. The window period lasts from 3 to 6 months. _____

11. Persons who receive pretest counselling have the right to decide if they want to be tested. _____

12. All persons who are post-test counselled are referred for medical followup, regardless of their status. _____

STIGMA AND DISCRIMINATION

13. When an HIV-positive individual is denied a job because of his HIV status, this is an example of HIV stigma. _____

14. Women and men get different types of HIV infection. _____

GROUP EDUCATION SKILLS

15. The most suitable way of doing group education sessions is using interactive methods. _____

16. When you are planning for a group education session, the age of your participants will not affect your content choices. _____

17. Group education works best when a guide or notes are used for the sessions. _____

18. It is not important for the group educator to evaluate the group education session. _____

19. It is important to ask questions during group education sessions. _____

20. Persons benefit more from group education when audiovisual aids are used. _____

LEARNING EXERCISES

CHAPTER TWO EXERCISE: HIV TESTING

1. List common issues that are addressed during the pretest session.

2. Describe the difference between opt-in and opt-out testing.

3. List some benefits of HIV rapid testing over traditional testing.

4. Describe the window period.

CHAPTER THREE EXERCISE:
EXPLORING STIGMA AND DISCRIMINATION

1. Distribute two cards to each participant, one entitled "positive example" and one entitled "negative example." Ask each participant to write down an example of a situation they know of where an HIV-positive individual was treated well, and an example of a situation in which an HIV-positive individual was treated poorly. Give the participants a few minutes to do this.

2. Collect the cards and then redistribute them so that each participant receives a positive and negative card. Ask people to reflect on these questions for a few minutes and then share their answers with a partner, first for the negative example, then for the positive one:
   - How would you feel if you were the HIV-positive person?
   - How would you react if you were the HIV-positive person?

Adapted with permission from: EngenderHealth. 2004. *Reducing Stigma and Discrimination Related to HIV and AIDS Training for Health Care Workers*, Trainer's Manual, Session 7. EngenderHealth: New York.

CHAPTER THREE EXERCISE:
EXPLORING VALUES, ATTITUDES AND PREJUDICES

Complete this table individually. Fill out a few points, both positive and negative, about how your values, attitudes and prejudices affect your professional performance. Take some time to reflect on how you really feel. You will have the opportunity to share a few of these points with the group if you wish, but will not hand in the table.

	VALUES	ATTITUDES	PREJUDICES
Positive			
Negative			

CHAPTER FOUR EXERCISE: PLAN FOR A PRESENTATION

Each small group will have a sample audience assigned. In your groups, based on your assigned audience, respond to the following questions. You will then share your responses for discussion with the larger group.

Sample Audiences:

a. You are doing a session for young adolescent men and women in a high school class at a private, Christian school. The principal has told you that you aren't allowed to talk about or promote condoms.

b. You will be doing a session in a large, busy STI clinic. There are usually 30–40 clients in the waiting room at one time. This clinic has a high volume of "repeat" clients and provides opt-out testing.

c. You are to present a session for a women's group in a progressive church. There are no restrictions on discussing condoms or family planning. Many of the women are married or in steady relationships. You were asked to speak because recently several of the church members have become HIV-positive and the pastor is concerned.

d. You were asked to conduct a session for prisoners. The prison provides free condoms. There are many HIV-positive individuals imprisoned, but their status is kept a secret for fear of violence.

e. You were asked to do a session in a busy antenatal clinic that provides opt-out testing as well as treatment for women who are HIV-positive. Due to the heavy client load, post-test counselling is usually provided but only to women who are positive; no pretest counselling is provided.

f. You are asked to facilitate a session for a group of persons living with HIV/AIDS. Most of the members are very aware of the facts about HIV and know something about healthy living already.

PLAN FOR A PRESENTATION (CONTINUED)

1. How will you revise the typical content for this audience?

2. Will you revise the approach or techniques you use for group education at all?

3. Of all the information you could provide, list two or three points that you would especially emphasize for your assigned audience, and explain why.

4. Are there any skills you will focus on for this audience? Which one(s), and why?

5. Write three to five objectives for your presentation, based on the assigned audience.

CHAPTER FOUR EXERCISE: PRESENTATION PLAN FORMAT

Use this as a guide for preparing your presentation plan for your session. For any specific activities, note the amount of time needed for the activity.

Objectives:

Introduction format:

Audiovisual aids:

Key points (if not using a guide) and any planned activities:

Summary format:

LEARNING GUIDE AND CHECKLISTS FOR HIV/AIDS GROUP EDUCATION

USING THE LEARNING GUIDE AND CHECKLISTS

The learning guide for barrier method demonstration contains the steps performed by the group educator during the group education session. The checklists for using the barrier method demonstration and group education contain the key tasks, skills and activities performed by the group educator during the complete session.

The participant is not expected to perform all of the steps or tasks correctly the first time s/he practices them. Instead, the learning guide and checklist are intended to:

- Help the participant in learning the correct steps and the order in which they should be performed (skill acquisition), and
- Measure progressive learning in small steps as the participant gains confidence and skill (skill competency).

Because the learning guide is used to help in developing skills, it is important that the rating (scoring) be done as carefully and objectively as possible. The participant's performance of each step is rated on a three-point scale as follows:

1	**Needs Improvement**: Step or task not performed correctly and/or out of order (if necessary) or is omitted
2	**Competently Performed**: Step or task performed correctly in correct order (if necessary), but participant does not progress from step to step efficiently
3	**Proficiently Performed**: Step or task efficiently and precisely performed in the correct order (if necessary)

The checklists focus only on the key tasks performed and key skills and activities used during HIV/AIDS group education. The checklists can be used during role play simulations by an observer, by the counsellor as a self-assessment form, or by the clinical trainer to evaluate the participant's performance at the end of the course. The rating scale used is described below:

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

LEARNING GUIDE FOR BARRIER METHOD DEMONSTRATION

Rate the performance of each task/activity observed using the following rating scale:

1 **Needs Improvement**: Step not performed correctly and/or out of sequence (if required) or is omitted.

2 **Competently Performed**: Step performed correctly in proper sequence (if required) but participant does not progress from step to step efficiently.

3 **Proficiently Performed**: Step efficiently and precisely performed in proper sequence (if required).

N/O: Not Observed

LEARNING GUIDE FOR BARRIER METHOD DEMONSTRATION				
TASK/ACTIVITY	**CASES**			
1. Assess what the group already knows about the condom and appropriately correct any misinformation.				
2. Briefly tell the group about condoms: • Effectiveness against pregnancy: effective when used with every act of intercourse failure rate is high when not used correctly • Provide protection against STIs and HIV/AIDS • Advantages and limitations • Negotiation for condom use				
3. Give instructions: • Condoms should be stored in a cool place. • Client should check the date on condom package; condoms are good for 5 years after manufacture date if stored properly. • Condom should not be used if package is broken or the condom appears damaged or brittle. • Put condom on before any sexual contact. • Use a spermicide with the condom for maximum protection. • Do not use any oil lubricant. Use saliva, vaginal secretions or spermicide for lubrication if needed. • If the condom breaks or leaks during intercourse, replace the condom with a new one immediately; the woman should go to a clinic within 72 hours for emergency contraception. • Each condom should be used only once and then discarded.				
4. Demonstrate with an anatomic model how to use a condom: • Open the condom package carefully so that the condom does not tear. Do not use scissors, teeth or other sharp objects to open the package. • Pinch the tip of the condom to squeeze out the air and position it over the condom model. • Holding the tip of the condom on the condom model, unroll it all the way down to the base. • After ejaculation, withdraw the penis while still erect, holding the base of the condom to prevent semen from spilling. • Tie the condom in a knot and dispose of it in the garbage.				

LEARNING GUIDE FOR BARRIER METHOD DEMONSTRATION				
TASK/ACTIVITY	**CASES**			
5. Demonstrate with an anatomic model how to use a female condom: • Check manufacturer's expiration date/integrity of the package. • Tear down from the arrow to open. • Remove from package. • Squeeze the inner, smaller ring into an oblique angle. • Insert into vagina model until outer, larger ring touches outside the vagina. • Tell the group to push the inner ring all the way in, making sure it sits behind the pubic bone and covers the cervix. • Tell the group to guide the penis into the condom and not the vagina. • Tell them to twist and pull gently to remove. • Discard by wrapping in tissue paper and dispose; do not flush.				
6. Demonstrate with model how to use a dental dam: • Check for integrity of the barrier. • When using, hold with both hands and place over orifice. • Keep the barrier over the opening during sexual activity. • Discard in an appropriate trash container.				

CHECKLIST FOR BARRIER METHOD DEMONSTRATION

Place a "•" in case box if step/task is performed **satisfactorily**, an "**X**" 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

CHECKLIST FOR BARRIER METHOD DEMONSTRATION					
KEY TASKS	**CASES**				
MALE CONDOM					
1. Present basic introduction on male condom use.					
2. Check the integrity of the condom package.					
3. Provide information about proper storage and use.					
4. Pinch the tip of the condom and place it on the model.					
5. Unroll the condom to the base of the penis.					
6. Explain the importance of withdrawal immediately after ejaculation.					
7. Hold base of condom when removing and explain why.					
8. Tie condom and discuss disposal concerns.					
SKILL/ACTIVITY PERFORMED SATISFACTORILY					
FEMALE CONDOM					
1. Present basic information on female condom use.					
2. Check the integrity of the package.					
3. Provide information about proper storage and use.					
4. Squeeze/twist inner ring and manipulate into an oblique angle.					
5. Discuss the appropriate positions for insertion into vagina and anus.					
6. Insert into the vagina model until outer ring touches outside of the vagina.					
7. Discuss the need for the condom to sit behind the pubic bone and cover the cervix.					
8. Explain the importance of guiding the penis into the condom and not into the vagina.					
9. Demonstrate and discuss the removal of the condom.					
10. Explain disposal procedures.					
SKILL/ACTIVITY PERFORMED SATISFACTORILY					
DENTAL DAM					
1. Present basic information on dental dam.					
2. Check the integrity of the barriers.					
3. Hold in place to ensure no direct contact with vagina/anus.					
4. Explain how to discard.					
SKILL/ACTIVITY PERFORMED SATISFACTORILY					

CHECKLIST FOR GROUP EDUCATION

Place a "•" in case box if step/task is performed **satisfactorily**, an "**X**" 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

CHECKLIST FOR GROUP EDUCATION					
KEY	**CASES**				
1. Present an effective introduction.					
2. State the objective(s) as part of the introduction.					
3. Encourage all clients to participate in the group education session.					
4. Use and cover core information in any group education guides provided.					
5. Use an interactive approach, ask and answer questions, and encourage group members to ask questions.					
6. Praise group members when they participate.					
7. Maintain eye contact.					
8. Project your voice so that all participants can hear.					
9. Move about the room.					
10. Use audiovisuals effectively.					
11. Provide a condom (or other barrier method) demonstration when appropriate.					
12. Manage time appropriately.					
13. Consider the local cultural needs; use appropriate topics and words that the group can understand.					
14. Present an effective summary.					
SKILL/ACTIVITY PERFORMED SATISFACTORILY					

GROUP EDUCATION SKILLS: SELF-ASSESSMENT GUIDE

To which degree are the following statements true of your actions or behaviour when providing group education?

GROUP EDUCATION SKILL	YES	SOMETIMES	NO
1. I consider my audience when planning for my session.			
2. I present an effective introduction.			
3. I use a presentation plan or other notes.			
4. I state the objective(s) for the session.			
5. I target questions to individuals.			
6. I ask both open-ended and closed questions.			
7. I ask questions of the entire group.			
8. I respond to questions.			
9. I provide positive feedback.			
10. I maintain eye contact with the group.			
11. I project my voice so that everyone can hear.			
12. I move about the room as appropriate.			
13. I use audiovisuals effectively.			
14. I display a positive use of humour.			
15. I present an effective summary.			
16. I find ways to evaluate my performance.			

Those group education skills I feel competent in using include:

Those group education skills I would like to improve include:

SAMPLE GROUP EDUCATION EVALUATION FORM

Date: _____

Please circle the answer you believe is most appropriate for each of the following aspects of the session, using the following rating scales:

5–Strongly Agree 4–Agree 3–No Opinion 2–Disagree 1 – Strongly Disagree

1. The group education session was interesting.	5	4	3	2	1
2. I knew what the objectives were.	5	4	3	2	1
3. I felt that questions were answered to my satisfaction.	5	4	3	2	1
4. The group educator made me feel comfortable.	5	4	3	2	1
5. The session was well organized.	5	4	3	2	1
6. I learned something new in this session.	5	4	3	2	1
7. If any aids were used, they made the presentation better.	5	4	3	2	1
8. The summary was clear and brought out key points.	5	4	3	2	1

Any other suggestions:

TRAINER EVALUATION

(To be completed by **Participants**)

Name of Trainer: _____ **Course Name:** _____

Instructions: Please circle the rating that reflects your opinion about the trainer's performance of each task/activity, using the following rating scale.

1–Agree **2–Disagree** **N/O–Not Observed** **N/A–Not Applicable**

THE TRAINER	RATING			
1. Made me feel welcome.	1	2	N/O	N/A
2. Was sensitive to any feelings of fear or anxiety that I may have exhibited when learning new skills.	1	2	N/O	N/A
3. Clearly stated the learning objectives.	1	2	N/O	N/A
4. Outlined clearly the standard of performance expected of me by the end of the course.	1	2	N/O	N/A
5. Demonstrated the skill through role play.	1	2	N/O	N/A
6. Used a skills checklist to give me feedback on my performance.	1	2	N/O	N/A
7. Gave constructive feedback on my performance, offering suggestions for improvement.	1	2	N/O	N/A
8. Provided me with adequate opportunity to practice and achieve competence in the new skills.	1	2	N/O	N/A
9. Encouraged interaction among participants.	1	2	N/O	N/A
10. Made it easy for me to ask questions/express my concerns.	1	2	N/O	N/A

Comments:

TRAINING COURSE EVALUATION

(To be completed by **Participants**)

Course Name: _____ **Course Dates:** _____

1. Please circle the answer you believe is most appropriate for each of the following aspects of the training course, using the following rating scale:

	5–Strongly Agree	**4–Agree**	**3–No Opinion**	**2–Disagree**	**1–Strongly Disagree**
Achievement of course objectives	5	4	3	2	1
Achievement of personal expectations	5	4	3	2	1
Relevance of course to your work	5	4	3	2	1
Usefulness of training materials	5	4	3	2	1
Organization of the course	5	4	3	2	1
Training facilities	5	4	3	2	1
Administrative support	5	4	3	2	1
Travel arrangements	5	4	3	2	1
Financial arrangements	5	4	3	2	1
Hotel accommodations	5	4	3	2	1

2. Course length: _____ Too Long _____ Too Short _____ Just Right

3. Which topics covered in this course do you think will be most useful to you in your work?

4. On which topics would you have liked more information or preferred to spend more time?

5. On which topics would you have liked less information or preferred to spend less time?

Additional Comments:

HIV/AIDS GROUP EDUCATION
COURSE NOTEBOOK FOR TRAINERS

SECTION TWO: GUIDE FOR TRAINERS

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MODEL 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, resources and materials needed. The trainer may develop other practice activities, case studies, role plays or other learning situations specific to the country or group of participants.

The course outline is divided into four columns:

Time. This section of the outline indicates the approximate amount of time to be devoted to each learning activity. The schedule allows for a 15-minute break each morning and afternoon, but the length and timing of any breaks is at the trainer's discretion based on how activities are progressing.

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 that the course schedule is based on the course outline and that changes to one should be reflected in the other.

COURSE OUTLINE: HIV/AIDS GROUP EDUCATION			
TIME	**OBJECTIVES/ACTIVITIES**	**TRAINING/LEARNING METHODS**	**RESOURCES/MATERIALS**
Session One: Day 1, AM (240 minutes)			
10 minutes	**Activity**: Welcome the participants.	Welcome by trainers and representatives from the organization(s) sponsoring the training course	
20 minutes	**Activity**: Introduce participants and trainers.	Participants and trainers divide into pairs and interview each other, asking their partners to share a message that they heard or were told about sex or sexuality in their childhood. Each participant will introduce her/his partner to the group, sharing the partner's name, position and childhood message.	
15 minutes	**Activity**: Provide an overview of the course and approach to clinical training.	Review the course syllabus and schedule. Discuss the goals of the course and the participant learning objectives.	Participant's Handbook: syllabus and schedule
15 minutes	**Activity**: Review course materials.	Distribute, review and discuss materials used in this course. Review the Table of Contents of the *HIV/AIDS Group Education* reference manual.	Reference Manual Participant's Handbook
15 minutes	**Activity**: Identify participant expectations and establish group norms.	Discuss participant expectations and group norms with the group and list them on flipcharts. Identify which participant expectations will be met in the course.	Flipcharts and markers
30 minutes	**Activity**: Assess participant knowledge.	Distribute precourse questionnaire and have participants complete it. Remind them that this will be used to focus the training. Complete the matrix during a break and post it.	Precourse Questionnaire in Participant's Handbook
BREAK			
45 minutes	**Chapter One: Introduction to HIV/AIDS** **Objectives**: • State national HIV/AIDS/STI statistics. • Discuss national response to HIV/AIDS/STIs. • List agencies involved in HIV/AIDS/STI programmes. • Describe services provided by agencies.	**Activity**: Present current national statistics on HIV using either PowerPoint or a handout. Share any key national strategies that group educators need to be aware of, and include key referral agencies. (20 minutes) **Activity**: Match agencies to services provided. Using colour-coded paper for services, participants will be required to match services to agencies. The trainer will display agencies on the board and participants will match as many services to agencies as they can. (25 minutes)	**Prepare a short summary of key statistics on HIV in your country, national strategies and key referral agencies. This will require advance preparation.**

COURSE OUTLINE: HIV/AIDS GROUP EDUCATION			
TIME	**OBJECTIVES/ACTIVITIES**	**TRAINING/LEARNING METHODS**	**RESOURCES/MATERIALS**
75 minutes	**Chapter One: Introduction to HIV/AIDS** **Objectives**: • Describe how HIV becomes AIDS. • Describe how HIV can and can't be transmitted. • Describe how to avoid HIV infection and reduce risk. • Describe key principles of ARV use • Describe key issues around youth, women and preventing mother to child transmission • Describe aspects of healthy living	**Activity**: Use Chapter One exercise to have a game or competition to see what the group already knows. Discuss the answers as a group and review information that people are not familiar with. **Only use presentation graphics if needed.** (45 minutes) **Brainstorm**: What other key information do group educators need to know? (30 minutes)	Reference Manual, Chapter One Chapter One Presentation Graphics are optional Trainer's Notebook Chapter One Exercise Sheet
LUNCH			

COURSE OUTLINE: HIV/AIDS GROUP EDUCATION			
TIME	**OBJECTIVES/ACTIVITIES**	**TRAINING/LEARNING METHODS**	**RESOURCES/MATERIALS**
Session Two: Day One, PM (180 minutes)			
120 minutes	**Chapter One: Introduction to HIV/AIDS** **Objectives**: • List situations that may increase risk of HIV infection • Describe proper condom use. • Demonstrate proper barrier use with models.	**Discussion**: Brainstorm with the group risk factors for HIV infection-which behaviours increase risks of becoming infected? Review the ABCs (Abstinence Be Faithful Condoms Use) and the tips for negotiation in Chapter One. Discuss with the participants ways to practice or introduce condom negotiation skills during group education. (20 minutes) **Demonstration**: Conduct group demonstrations of the male condom, female condom, and dental dam following the steps in the learning guide. (25 minutes) **Demonstration**: Set up three stations: one for male condom demonstration, one for female condom demonstration, and one for dental dam demonstration. Divide participants into three groups, and assign one to each station. At the station, subdivide into smaller groups according to how many models are available. Give each participant time to demonstrate the method while their partner(s) read the steps in the learning guide. Rotate the groups to different stations every 25 minutes. Circulate and provide feedback. (75 minutes)	Reference Manual, Chapter One Chapter One Presentation Graphics Barrier Method Learning Guides, Participant's Handbook
BREAK			
60 minutes	**Chapter Two: Voluntary Counselling and Testing for HIV** **Objectives**: • Describe the VCT process. • List principles of risk reduction. • Describe methods of testing. • List benefits of testing.	**Exercise**: Divide the group into pairs and assign the Chapter Two exercise "HIV Testing." Review the answers as a group and answer any questions. If needed, show presentation graphics to review key points.	Reference Manual, Chapter Two Chapter Two Presentation Graphics Chapter Two Exercise Sheet

COURSE OUTLINE: HIV/AIDS GROUP EDUCATION			
TIME	**OBJECTIVES/ACTIVITIES**	**TRAINING/LEARNING METHODS**	**RESOURCES/MATERIALS**
Session Three: Day Two, AM (240 minutes)			
105 minutes	**Chapter Three: Stigma and Discrimination** **Objectives**: • Define stigma and discrimination. • Describe how your values, attitudes and prejudices about HIV/AIDS may affect your professional work. • Identify ways to combat stigma and discrimination	**Activity**: Ask the group to do the Chapter Three exercise "Stigma and Discrimination" in their Participant's Handbook. Allow 30 minutes for this. Bring the large group together and discuss how it felt to imagine they were HIV-positive. What can we do as providers to make sure that people who are HIV-positive get treated fairly and with respect? (45 minutes) **Discussion**: Brainstorm the definitions of stigma and discrimination. Supplement information with the manual if needed. (30 minutes) **Activity**: Have everyone complete the "Exploring Values, Attitudes and Prejudices" exercise. Remind them that this is confidential and they will not need to hand it in. Facilitate a discussion afterwards and ask participants to share things they learned, both good and bad, during the exercise. (30 minutes)	Reference Manual, Chapter Three Chapter Three Presentation Graphics are optional Chapter Three Exercise Sheet: "Stigma and Discrimination" Chapter Three Exercise Sheet: "Exploring Values, Attitudes and Prejudices"
BREAK			

COURSE OUTLINE: HIV/AIDS GROUP EDUCATION			
TIME	**OBJECTIVES/ACTIVITIES**	**TRAINING/LEARNING METHODS**	**RESOURCES/MATERIALS**
120 minutes	**Chapter Four: Group Education Skills** **Objectives**: • Practice planning for group education. • Write sample objectives. • Describe how to prepare for a session.	**Discussion**: Brainstorm with participants how to plan presentations based on different audiences. Use presentation graphics if all the points from the manual aren't covered. Use presentation graphics to review how to write objectives. (30 minutes) **Activity**: Divide into small groups (3–4 participants each) for the "Plan for a Presentation" exercise. Assign each group a different case study and instruct them to describe how they will create a presentation based on their objectives and write five objectives for their presentation. They will be sharing these with the group. Allow the groups 25 minutes to work and 15 minutes for each group to present. Then discuss in the larger group and bring out key points. (70 minutes) **Discussion**: Discuss with the group what they need to do in order to prepare for their session. Highlight any points that may be missed with information from the manual. (20 minutes)	Reference Manual, Chapter Four Chapter Four Presentation Graphics Chapter Four Exercise Sheet: "Plan for a Presentation"
LUNCH			

COURSE OUTLINE: HIV/AIDS GROUP EDUCATION			
TIME	**OBJECTIVES/ACTIVITIES**	**TRAINING/LEARNING METHODS**	**RESOURCES/MATERIALS**
Session Four: Day Two, PM (180 minutes)			
75 minutes	**Chapter Four: Group Education Skills** **Objectives**: • List principles of adult learning. • Describe how to conduct a group education session.	**Discussion and Presentation**: Ask the participants to brainstorm principles of adult learning. Supplement any missing information with the presentation graphics. (30 minutes) **Activity**: Using the same groups as before, give each group 20 minutes to list tips for conducting group education. Then ask each group to share their tips, and have subsequent groups only supplement missing information. Summarize and highlight any missing information with the presentation graphics. (45 minutes)	Chapter Four Presentation Graphics
BREAK			
90 minutes	**Chapter Four: Group Education Skills** **Objectives**: • Describe how to use audiovisual aids. • Demonstrate how to use audiovisual aids.	**Activity**: Using the same groups as before, have each group develop a set of guidelines for using one of the following: 1. Writing board 2. Flipchart (paper) 3. Flipchart (laminated group education guide) 4. Transparency or PowerPoint presentations 5. Videos and DVD The guidelines will include description, advantages and disadvantages, and demonstration of the use of different audiovisuals. Participants present and the group discusses. (30 minutes) **Demonstration**: Set up three stations: one for overheads/transparencies, one for flipcharts, and one for PowerPoint. Divide participants by the number of trainers. Spend 20 minutes at each station, practicing using that type of audiovisual aid. (If three trainers, have one trainer stay at each station. If one or two trainers, have trainer rotate with group to each station.) (60 minutes)	Resource materials Writing board Flipchart paper and flipchart stand Markers, tape Laminated group education flipchart Transparencies Overhead projector Computer with PowerPoint software Screen projector

COURSE OUTLINE: HIV/AIDS GROUP EDUCATION			
TIME	**OBJECTIVES/ACTIVITIES**	**TRAINING/LEARNING METHODS**	**RESOURCES/MATERIALS**
Session Five: Day Three, AM (240 minutes)			
60 minutes	**Chapter Four: Group Education Skills** **Objective**: Develop a presentation plan for group education: • Develop objectives. • Plan an introduction. • Select appropriate AV materials. • Select appropriate content and approach. • Plan time allocation. • Plan a summary.	Refer participants to the Chapter Four presentation plan format in the Participant's Handbook. They can use this to document their plan. **Group work**: Using the same groups as before, each group will create an outline for a 45-minute group education session about the case study/topic they addressed in the earlier activity. Allow 30 minutes for planning. Groups will then present plans and receive feedback from group and trainers.	Chapter Four Exercise Sheet: "Presentation Plan Format" Reference materials on HIV/AIDS, or a laminated flipchart, etc.
BREAK			
165 minutes	**Chapter Four: Group Education Skills** **Objectives**: • Describe how to conduct group education. • List tips for conducting group education • Describe how to facilitate small group activities • Practice how to conduct group education.	**Trainer Presentation**: Trainer reviews effective presentation skills, questioning skills. Use presentation graphics 4c to review demonstration and group facilitation skills, and then discuss with the group. (60 minutes) **Practice and Demonstration**: Using the presentation outline they created, each group will develop audiovisual aids and prepare to present the first 7–10 minutes of their group education session to the class. Circulate and provide feedback. (105 minutes)	Audiovisual aids mentioned earlier Presentation graphics 4c Reference manual and any other materials needed
LUNCH			

COURSE OUTLINE: HIV/AIDS GROUP EDUCATION			
TIME	**OBJECTIVES/ACTIVITIES**	**TRAINING/LEARNING METHODS**	**RESOURCES/MATERIALS**
Session Six: Day Three, PM (180 minutes)			
90 minutes	**Chapter Four: Group Education Skills** **Objective**: • Demonstrate how to conduct group education.	**Participant Demonstrations**: Participants will take turns doing their 7–10 minute group education sessions, with the other participants acting as the "audience." Videotape the presentation so that the participant can watch it later. Ask the other participants to write down three things done well and three suggestions for improvement. Collect these and review main points with the participants and the group.	Means to record the presentations: video camera and tapes or digital video with playback capability
BREAK			
75 minutes	**Chapter Four: Group Education Skills** **Objective**: • Demonstrate how to conduct group education *(continued)*.	**Participant Demonstrations**: Continue participants group education sessions.	Same as previous
Session Seven: Day Four, AM (240 minutes)			
90 minutes	**Chapter Four: Group Education Skills** **Objective**: • Demonstrate how to conduct group education.	**Participant Demonstrations**: Participants will conduct their group education presentations at a local clinic or health facility. Observe presentations and review using checklists.	Audiovisual aids mentioned earlier
BREAK			
135 minutes	**Chapter Four: Group Education Skills** **Objective**: • Review group education sessions.	**Review and Discussion**: Play back videotaped in-class presentations. Discuss with participants the strengths and areas for improvement in each.	Video camera and tapes or digital video with playback capability Projection system and/or TV/VCR with adequate ability for audio playback
LUNCH			

COURSE OUTLINE: HIV/AIDS GROUP EDUCATION			
TIME	**OBJECTIVES/ACTIVITIES**	**TRAINING/LEARNING METHODS**	**RESOURCES/MATERIALS**
Session Eight: Day Four, PM (180 minutes)			
30 minutes	**Chapter Four: Group Education Skills** **Objective**: • Review group education sessions *(continued)*.	**Review and Discussion**: Play back videotaped in-class presentations. Discuss with participants the strengths and areas for improvement in each.	Same as previous
30 minutes	**Chapter Four: Group Education Skills** **Objective**: • Facilitate small group activities.	**Discussion**: Review key points in facilitating small group work. Ask participants to recall key points based on how you facilitated group work over the past few days. Supplement with information in the manual if needed.	Reference Manual, Chapter Four
30 minutes	**Chapter Four: Group Education Skills** **Objective**: • Evaluate your session.	**Presentation/Discussion**: Review how to self-evaluate group education sessions. Highlight different ways to evaluate the success of their session based on information in the manual.	Self-assessment guide and sample group education form in Participant's Handbook
45 minutes	**Assess postcourse knowledge with the postcourse questionnaire**	Participants complete the postcourse questionnaire.	Copies of the postcourse questionnaire and any answer sheets
30 minutes	**Trainer and Course Evaluation**	Participants evaluate the course and the trainer using the forms in their Participant's Handbook.	Trainer and course evaluation forms in the Participant's Handbook
15 minutes	**Course Closing**	Summarize course and get participant feedback on whether their expectations for the course were met.	
You may need the morning of Day 5 to finish up activities. Plan and allow for this once you know your total number of participants and total trainers. A fifth day may also be needed if participants have no prior background or knowledge of HIV/AIDS, which will require more Day 1 time to be dedicated to Chapter 1.			

PRECOURSE QUESTIONNAIRE

USING THE INDIVIDUAL AND GROUP ASSESSMENT MATRIX

The precourse questionnaire is not intended to be a test, but rather an assessment of what the participants, individually and as a group, know about the course topic. Participants, however, are often unaware of this and may become anxious and uncomfortable at the thought of being "tested" in front of their colleagues on the first day of a course. The trainer should be sensitive to this attitude and administer the questionnaire in a neutral and non-threatening way as the following guide illustrates:

- Participants draw numbers to assure anonymity (e.g., from 1 to 12 if there are 12 participants in the course).
- Participants complete the precourse questionnaire.
- The trainer gives the answers to each question.
- The trainer passes around the individual and group assessment matrix for each participant to complete according to her/his number.
- The trainer posts the completed matrix.

The trainer and participants discuss the results of the questionnaire as charted on the matrix and jointly decide how to allocate course time.

PRECOURSE QUESTIONNAIRE ANSWER KEY

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

INTRODUCTION TO HIV/AIDS

1.	People who have sexually transmitted infections (STIs) are more likely to become infected with HIV.	**TRUE**
2.	The window period is approximately 5 months.	**FALSE**
3.	Mother-to-child transmission of HIV most often occurs when the baby is in the womb.	**FALSE**
4.	Antiretroviral therapy is appropriate any time after HIV infection occurs.	**FALSE**
5.	HIV/AIDS can be transmitted by mosquito bites.	**FALSE**
6.	Even drug use using **clean**, **new** needles can increase the risk of HIV infection.	**TRUE**

VOLUNTARY COUNSELLING AND TESTING FOR HIV

7.	Using alcohol or drugs when having sex can put someone at increased risk.	**TRUE**
8.	Women who have one partner are at no risk of getting HIV or an STI.	**FALSE**
9.	There are four stages of the VCT process.	**FALSE**
10.	The window period lasts from 3 to 6 months.	**FALSE**
11.	Persons who receive pretest counselling have the right to decide if they want to be tested.	**TRUE**
12.	All persons who are post-test counselled are referred for medical followup, regardless of their status.	**FALSE**

STIGMA AND DISCRIMINATION

13.	When an HIV-positive individual is denied a job because of his HIV status, this is an example of HIV stigma.	**FALSE**
14.	Women and men get different types of HIV infection.	**FALSE**

GROUP EDUCATION SKILLS

15.	The most suitable way of doing group education sessions is using interactive methods.	**TRUE**
16.	When you are planning for a group education session, the age of your participants will not affect your content choices.	**FALSE**
17.	Group education works best when a guide or notes are used for the sessions.	**TRUE**
18.	It is not important for the group educator to evaluate the group education session.	**FALSE**
19.	It is important to ask questions during group education sessions.	**TRUE**
20.	Persons benefit more from group education when audiovisual aids are used.	**TRUE**

INDIVIDUAL AND GROUP ASSESSMENT MATRIX

COURSE: _____ DATES: _____ 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																					Introduction to HIV/AIDS
2																					
3																					
4																					
5																					
6																					
7																					Counselling and Testing for HIV
8																					
9																					
10																					
11																					
12																					
13																					Stigma and Discrimination
14																					

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	
15																					Group Education Skills
16																					
17																					
18																					
19																					
20																					

KEY TO LEARNING EXERCISES

CHAPTER ONE EXERCISE: BASICS OF HIV/AIDS

Directions: Use these questions as a quiz or game to find out what the group knows. Supplement weak areas by referring them to the manual. Only use the presentation graphics if needed.

1. HIV is transmitted through three main ways-what are they?
   Sexually, parenterally (through the bloodstream), and perinatally (from mother to baby).

2. What is the window period?
   The period between HIV infection and when a test will show positive.

3. How long is the window period?
   0–12 weeks

4. What does the HIV test measure?
   The antibodies in the blood

5. What does viral load measure?
   The amount of HIV in the blood

6. What are the implications of a high viral load?
   The person is more likely to infect others, the person is sicker/further along in disease progression

7. What are the three ways that an HIV-positive woman can pass the virus on to her baby?
   In the womb, during labour and delivery, and through breastfeeding

8. In which way do most mother-to-child transmissions occur?
   During labour and delivery (about 60%)

9. Describe the relationship between HIV and STIs.
   People with STIs have a 2–5 times greater risk of getting infected with HIV. Those with HIV are more likely to infect others.

10. What does "exchange" mean when talking about negotiation skills?
    That each person gets something from the agreement

11. What percentage of antiretroviral drugs must be taken to effectively fight HIV infection?
    95%

12. Why is it important not to start ARV therapy too early in the disease?
    Because treating too early may lead to unnecessary toxicity and quicker development of drug resistance.

13. Short-term provision of combined ARTs (or HAART) may reduce transmission of HIV from mother to baby to what percent?
    1–2%

CHAPTER TWO EXERCISE: HIV TESTING

1. List common issues that are addressed during the pretest session:
   Any of the following are correct: Description of testing process, discussion of risk factors, advantages of testing, informed consent.

2. Describe the difference between opt-in and opt-out testing.
   Opt-in provides counselling for everyone, and clients decide if they want to be tested. Opt-out provides routine HIV testing (such as for antenatal care or STI clinics) and clients can refuse the test.

3. List some benefits of HIV Rapid testing over traditional testing.
   - **Clients can get the results the same day and don't need to return.**
   - **It is cost-effective because more clients get their test results in a short amount of time.**
   - **HIV-positive individuals can quickly inform and refer partners for testing and access treatment.**

4. Describe the window period.
   The period of time between when HIV infection occurs and when antibodies are detected in the blood. It lasts about 3 months.

POSTCOURSE QUESTIONNAIRE

USING THE QUESTIONNAIRE

This knowledge assessment is designed to help the participants monitor their progress during the course. By the end of the course, **all** participants are expected to achieve a score of 85% or better.

The questionnaire should be given at the time in the course when all subject areas have been presented. A score of 85% or more correct indicates knowledge-based mastery of the material presented in the reference manual. For those scoring less than 85% on their first attempt, the clinical trainer should review the results with the participant individually and guide her/him on using the reference manual to learn the required information. Participants scoring less than 85% can retake the questionnaire at any time during the remainder of the course.

Repeat testing should be done only after the participant has had sufficient time to study the reference manual.

The postcourse questionnaire should be administered in a neutral and non-threatening way as the following guide illustrates:

- Make copies of the questionnaire and the questionnaire answer sheet.
- Ask each participant to print her/his name on the first page of the questionnaire answer sheet. Participants will fill out the answer sheet, not write on the questionnaire.
- Participants should be given sufficient time to answer all questions.
- The trainer must remain in the room until all the participants have finished.
- To minimize noise, participants should turn in their questionnaire and leave the room when finished.
- The trainer will score each questionnaire and meet individually with those participants scoring less than 85%.
- When all participants achieve a score of at least 85%, the trainer should review all answers with the participants.
- The trainer must keep copies of the participants' answers with the course records.

POSTCOURSE 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.

INTRODUCTION TO HIV/AIDS

1. People who have sexually transmitted diseases

   a. will always test positive for HIV.
   b. are more likely to become infected with HIV.
   c. do not ever need to be tested for HIV.
   d. should be treated for HIV.

2. A positive HIV test result means

   a. that the client has HIV antibodies in her/his blood.
   b. that the client will become sick very soon.
   c. that the client has AIDS.
   d. that the client is in the window period.

3. An HIV positive woman can pass HIV to her baby

   a. through breastfeeding only.
   b. during childbirth only.
   c. during childbirth and through breastfeeding.
   d. during pregnancy, during childbirth, and through breastfeeding.

4. The **main focus** of post-test counselling for HIV-negative clients is to

   a. help the clients develop a plan to reduce their risk of HIV infection.
   b. tell the clients to totally eliminate their risk of HIV infection by abstaining from sex.
   c. educate the clients to use condoms every time they have sex.
   d. help clients to always be monogamous.

5. HIV can be spread by

   a. hugging someone who has AIDS.
   b. mosquito bites.
   c. having unprotected sex with someone who is HIV-positive.
   d. having sex with someone who is HIV-negative.

6. Which of these does **NOT** put one at increased risk of getting infected with HIV?

   a. Wearing a tampon
   b. Having unprotected vaginal sex
   c. Having a sore on the genitals
   d. Having only one partner who refuses to test

VOLUNTARY COUNSELLING AND TESTING FOR HIV

7. Which of the following puts you at **greatest** risk of HIV/STI?

    a. Unprotected oral sex
    b. Unprotected vaginal sex
    c. Protected oral sex
    d. Mutual masturbation

8. Which of the following is **NOT** a correct step in using a condom to reduce HIV/STI risk?

    a. Check the pack for the expiry date
    b. Make sure penis is erect
    c. Role condom to the base of penis
    d. Put on two condoms to ensure safety

9. Counselling and testing services consist of

    a. the pretest counselling session, HIV testing, and sending the test result by mail.
    b. the pretest counselling session, HIV testing, and post-test counselling.
    c. the pretest counselling session, HIV testing, and post-test counselling only for those who test positive.
    d. group education, the pretest counselling session, and HIV testing.

10. In January, a woman has unprotected sex with a man who is HIV-positive. If she is infected with the virus, a test will definitely be positive if done after

    a. 1 week.
    b. 4 weeks.
    c. 8 weeks.
    d. 12 weeks.

11. Post-test counselling should be

    a. done in groups.
    b. mandatory for high-risk clients, such as those with sexually transmitted infections.
    c. offered to all clients, whether they have positive or negative test results.
    d. provided only to clients who had an ELISA test.

12. Reliable HIV testing methods include all of the following **EXCEPT**

    a. ELISA.
    b. rapid testing.
    c. Western blot.
    d. blood culture.

STIGMA AND DISCRIMINATION

13. Which of the following is **NOT** an example of stigma and discrimination of an HIV-infected person?

    a. Losing a job because of work performance
    b. Being unable to buy life insurance as a result of repeated hospitalizations and suspicion of HIV infection
    c. Not being admitted to school because of HIV status
    d. Losing a job as a result of HIV status

14. The level of risk of getting HIV by sharing eating utensils with an HIV-positive person is

    a. very risky.
    b. somewhat risky.
    c. a little risky.
    d. not risky.

GROUP EDUCATION SKILLS

15. Group education works best when

    a. the group educator does all of the talking.
    b. the group educator uses technical medical terms.
    c. when a clinic uses a guide or protocol for group education sessions.
    d. it replaces the pretest counselling session.

16. What is important in creating a good environment for learning?

    a. Whether there is adequate parking near the training facility
    b. What is being served for refreshments and lunch
    c. What you are most interested in speaking about
    d. That everyone can see all audio/video materials and learning aids

17. Learning occurs in the following areas:

    a. Knowledge, skills, and prejudices
    b. Knowledge, skills, and attitudes
    c. Values, knowledge, and prejudices
    d. Skills, prejudices, and values

18. When you are conducting a group education session, which is **NOT** essential?

    a. Maintaining eye contact
    b. Evaluating your session in some way
    c. Using technical language
    d. Presenting a strong introduction

19. One principle needed for adult learning is that

    a. content must be relevant.
    b. only one learning method should be used.
    c. feedback is not necessary.
    d. participants must take lots of notes.

20. Which of the following is **NOT** a recommended technique for using a flipchart?

    a. Print in large, block letters
    b. Print as much information on one page as possible to save paper
    c. Use headings and borders to improve page appearance
    d. Use bullets to indicate items on the page

POSTCOURSE QUESTIONNAIRE ANSWER SHEET

Instructions: Write in your answers below, using CAPITAL LETTERS.

INTRODUCTION TO HIV/AIDS

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

VOLUNTARY COUNSELLING AND TESTING FOR HIV

7. _____
8. _____
9. _____
10. _____
11. _____
12. _____

STIGMA AND DISCRIMINATION

13. _____
14. _____

GROUP EDUCATION SKILLS

15. _____
16. _____
17. _____
18. _____
19. _____
20. _____

COURSE QUESTIONNAIRE ANSWER KEY

INTRODUCTION TO HIV/AIDS

1. B
2. A
3. D
4. A
5. C
6. A

VOLUNTARY COUNSELLING AND TESTING FOR HIV

7. B
8. D
9. B
10. D
11. C
12. D

STIGMA AND DISCRIMINATION

13. A
14. D

GROUP EDUCATION SKILLS

15. C
16. D
17. B
18. C
19. A
20. B

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.

INTRODUCTION TO HIV/AIDS

1. People who have sexually transmitted diseases

   a. will always test positive for HIV.
   B. ARE MORE LIKELY TO BECOME INFECTED WITH HIV.
   c. do not ever need to be tested for HIV.
   d. should be treated for HIV.

2. A positive HIV test result means

   A. THAT THE CLIENT HAS HIV ANTIBODIES IN HER/HIS BLOOD.
   b. that the client will become sick very soon.
   c. that the client has AIDS.
   d. that the client is in the window period.

3. An HIV positive woman can pass HIV to her baby

   a. through breastfeeding only.
   b. during childbirth only.
   c. during childbirth and through breastfeeding.
   D. DURING PREGNANCY, DURING CHILDBIRTH, AND THROUGH BREASTFEEDING.

4. The **main focus** of post-test counselling for HIV-negative clients is to

   A. HELP THE CLIENTS DEVELOP A PLAN TO REDUCE THEIR RISK OF HIV INFECTION.
   b. tell the clients to totally eliminate their risk of HIV infection by abstaining from sex.
   c. educate the clients to use condoms every time they have sex.
   d. help clients to always be monogamous.

5. HIV can be spread by

   a. hugging someone who has AIDS.
   b. mosquito bites.
   C. HAVING UNPROTECTED SEX WITH SOMEONE WHO IS HIV-POSITIVE.
   d. having sex with someone who is HIV-negative.

6. Which of these does **NOT** put one at increased risk of getting infected with HIV?

   A. WEARING A TAMPON
   b. Having unprotected vaginal sex
   c. Having a sore on the genitals
   d. Having only one partner who refuses to test

VOLUNTARY COUNSELLING AND TESTING FOR HIV

7. Which of the following puts you at **greatest** risk of HIV/STI?

   a. Unprotected oral sex
   B. UNPROTECTED VAGINAL SEX
   c. Protected oral sex
   d. Mutual masturbation

8. Which of the following is **NOT** a correct step in using a condom to reduce HIV/STI risk?

   a. Check the pack for the expiry date
   b. Make sure penis is erect
   c. Role condom to the base of penis
   D. PUT ON TWO CONDOMS TO ENSURE SAFETY

9. Counselling and testing services consist of

   a. the pretest counselling session, HIV testing, and sending the test result by mail.
   B. THE PRETEST COUNSELLING SESSION, HIV TESTING, AND POST-TEST COUNSELLING.
   c. the pretest counselling session, HIV testing, and post-test counselling only for those who test positive.
   d. group education, the pretest counselling session, and HIV testing.

10. In January, a woman has unprotected sex with a man who is HIV-positive. If she is infected with the virus, a test will definitely be positive if done after

    a. 1 week.
    b. 4 weeks.
    c. 8 weeks.
    D. 12 WEEKS.

11. Post-test counselling should be

    a. done in groups.
    b. mandatory for high-risk clients, such as those with sexually transmitted infections.
    C. OFFERED TO ALL CLIENTS, WHETHER THEY HAVE POSITIVE OR NEGATIVE TEST RESULTS.
    d. provided only to clients who had an ELISA test.

12. Reliable HIV testing methods include all of the following **EXCEPT**

    a. ELISA.
    b. rapid testing.
    c. Western blot.
    D. BLOOD CULTURE.

STIGMA AND DISCRIMINATION

13. Which of the following is **NOT** an example of stigma and discrimination of an HIV-infected person?

    A. LOSING A JOB BECAUSE OF WORK PERFORMANCE
    b. Being unable to buy life insurance as a result of repeated hospitalizations and suspicion of HIV infection
    c. Not being admitted to school because of HIV status
    d. Losing a job as a result of HIV status

14. The level of risk of getting HIV by sharing eating utensils with an HIV-positive person is

    a. very risky.
    b. somewhat risky.
    c. a little risky.
    D. NOT RISKY.

GROUP EDUCATION SKILLS

15. Group education works best when

    a. the group educator does all of the talking.
    b. the group educator uses technical medical terms.
    C. WHEN A CLINIC USES A GUIDE OR PROTOCOL FOR GROUP EDUCATION SESSIONS.
    d. it replaces the pretest counselling session.

16. What is important in creating a good environment for learning?

    a. Whether there is adequate parking near the training facility
    b. What is being served for refreshments and lunch
    c. What you are most interested in speaking about
    D. THAT EVERYONE CAN SEE ALL AUDIO/VIDEO MATERIALS AND LEARNING AIDS

17. Learning occurs in the following areas:

    a. Knowledge, skills, and prejudices
    B. KNOWLEDGE, SKILLS, AND ATTITUDES
    c. Values, knowledge, and prejudices
    d. Skills, prejudices, and values

18. When you are conducting a group education session, which is **NOT** essential?

    a. Maintaining eye contact
    b. Evaluating your session in some way
    C. USING TECHNICAL LANGUAGE
    d. Presenting a strong introduction

19. One principle needed for adult learning is that

   A. CONTENT MUST BE RELEVANT.
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   c. feedback is not necessary.
   d. participants must take lots of notes.

20. Which of the following is **NOT** a recommended technique for using a flipchart?

   a. Print in large, block letters
   B. PRINT AS MUCH INFORMATION ON ONE PAGE AS POSSIBLE TO SAVE PAPER
   c. Use headings and borders to improve page appearance
   d. Use bullets to indicate items on the page

CHECKLISTS FOR HIV/AIDS GROUP EDUCATION

USING THE CHECKLISTS

The Checklist for Barrier Method Demonstration and the Checklist for Group Education are used by the trainer to assess each participant's competency in HIV/AIDS group education skills. The checklists are derived from the information provided in the reference manual *HIV/AIDS Group Education* and are used by the participants to provide feedback during practice.

Criteria for satisfactory performance by the participant are based on the knowledge, attitudes and skills set forth in the reference manual and practiced during training. In preparing for formal evaluation by the trainer(s), participants can familiarize themselves with the content of the checklist by critiquing each other's skills in barrier method demonstration and group education.

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

When determining competence, the judgement of a skilled trainer is the most important factor. Thus, in the final analysis, **competence** carries more weight than the **number** of key tasks, skills and activities that the participant carries out. Because the goal of this training is to enable **every** participant to achieve competency, additional training or practice in barrier method demonstration or group education skills may be necessary.

CHECKLIST FOR BARRIER METHOD DEMONSTRATION

Place a "•" in case box if step/task is performed **satisfactorily**, an "**X**" 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

CHECKLIST FOR BARRIER METHOD DEMONSTRATION					
KEY TASKS	**CASES**				
MALE CONDOMS					
1. Present basic introduction on male condom use.					
2. Check the integrity of the condom package.					
3. Provide information about proper storage and use.					
4. Pinch the tip of the condom and place it on the model.					
5. Unroll the condom to the base of the penis.					
6. Explain the importance of withdrawal immediately after ejaculation.					
7. Hold base of condom when removing and explain why.					
8. Tie condom and discuss disposal concerns.					
SKILL/ACTIVITY PERFORMED SATISFACTORILY					
FEMALE CONDOM					
e. Present basic information on female condom use.					
f. Check the integrity of the package.					
g. Provide information about proper storage and use.					
h. Squeeze/twist inner ring and manipulate into an oblique angle.					
i. Discuss the appropriate positions for insertion into vagina and anus.					
j. Insert into the vagina model until outer ring touches outside of the vagina.					
k. Discuss the need for the condom to sit behind the pubic bone and cover the cervix.					
l. Explain the importance of guiding the penis into the condom and not into the vagina.					
m. Demonstrate and discuss the removal of the condom.					
n. Explain disposal procedures.					
SKILL/ACTIVITY PERFORMED SATISFACTORILY					
DENTAL DAM					
1. Present basic information on dental dam.					
2. Check the integrity of the barriers.					
3. Hold in place to ensure no direct contact with vagina/anus.					
4. Explain how to discard.					
SKILL/ACTIVITY PERFORMED SATISFACTORILY					

CHECKLIST FOR GROUP EDUCATION

Place a "•" in case box if step/task is performed **satisfactorily**, an "**X**" 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

CHECKLIST FOR GROUP EDUCATION					
KEY TASKS	**CASES**				
1. Present an effective introduction.					
2. State the objective(s) as part of the introduction.					
3. Encourage all clients to participate in the group education session.					
4. Use and cover core information in any group education guides provided.					
5. Use an interactive approach, ask and answer questions, and encourage group members to ask questions.					
6. Praise group members when they participate.					
7. Maintain eye contact.					
8. Project your voice so that all participants can hear.					
9. Move about the room.					
10. Use audiovisuals effectively.					
11. Provide a condom (or other barrier method) demonstration when appropriate.					
12. Manage time appropriately.					
13. Consider the local cultural needs; use appropriate topics and words that the group can understand.					
14. Present an effective summary.					
SKILL/ACTIVITY PERFORMED SATISFACTORILY					

CERTIFICATES FOR HIV/AIDS GROUP EDUCATION

USING THE CERTIFICATES

Certificates are an important way for JHPIEGO and its partnering organizations to recognize the newly developed skills of participants during trainings, orientations, and other programmatic activities. In addition, they allow the broader community to understand the skills that a particular person can contribute to future projects and activities.

With capacity-building as a pillar of JHPIEGO's programs, the appropriate use of certificates is of utmost value, giving credibility to participants, as well as to sponsoring organizations, including JHPIEGO.

Here are some helpful points to include when developing certificates:

- **Co-sponsors** of the activity
- **Description of activity** (training, orientation, or field test, etc.)
- **Date and place**
- **New specific qualifications** (i.e., Advanced Trainer, Master Trainer, etc.)
- **Signatures** of sponsors and trainers

HIV/AIDS GROUP EDUCATION
COURSE NOTEBOOK FOR TRAINERS

SECTION THREE: PRESENTATION GRAPHICS

CHAPTER ONE: INTRODUCTION TO HIV/AIDS

CHAPTER TWO: COUNSELLING AND TESTING FOR HIV

CHAPTER THREE: STIGMA AND DISCRIMINATION

CHAPTER FOUR: GROUP EDUCATION SKILLS

CHAPTER FOUR: USING AUDIOVISUAL AIDS

CHAPTER FOUR: SMALL GROUP ACTIVITIES