Introduction

In 2002, the Duke University Medical Center (DUMC) Adult Infectious Diseases (ID) Clinic and Partners in Caring (PIC), a program of the Pastoral Services Department of DUMC, were selected by the Health Resources Services Administration (HRSA) of the US Department of Health and Human Services to be one of four national demonstration Peer Education Training Sites (PETS). The project's primary target population was adult HIV+ African Americans and American Indians. The purpose of the three-year grant was to:

Create and implement a peer education training program for people living with HIV disease and AIDS (PLWHA) that embodies the principle of "*with*, not *for*."

1. Model the approach where trainers and PETS participants learn from each other
2 Train and educate PLWHA to work effectively with their peers.
3 Decrease health care disparities
4 Increase medical adherence and safer sex practices
5 Empower peer educators to act as a link between PLWHA and the health and human services systems.

In preliminary conversations with PLWHA from the African American, American Indian, MSM communities, families of PLWHA, populations identified as high risk for HIV infection and HIV service providers, the image of a bridge emerged as the symbol of what effective peer education accomplishes. Importantly, for the Duke PETS program, participants are all HIV-positive. Consistently, the bridge was identified as the symbol of an ideal HIV peer educator who could bridge the acknowledged gap between people living with HIV disease and those who provide human, medical and spiritual services to PLWHA and their loved ones. As a result, the bridge imagery is used throughout the curriculum to reinforce training concepts and is featured on the covers of training notebooks and other collateral materials generated through the PETS project.

If you choose to replicate or adapt the PETS curricula, we wish you the very best, knowing you and the PLWHA will discover many unanticipated surprises and be delighted and ultimately amazed at the beauty, wisdom and endurance of the human spirit when faced with the many challenges of HIV/AIDS. Several practices are integral to Duke PETS including:

- All participants are phoned at least four times before Level I and five or more times before Levels II and III in order to convey a welcoming environment
- All participants are phoned at least three times after each training to initiate mentoring
- At least one trainer or co-facilitator for each of five participants in Levels I and II; two trainers for the four participants in Level III
- The training room is set up to be physically comfortable and inviting
- Meals are hot (breakfast and lunch in Level I) in as much as possible
- The entire PETS experience, from its inception, was conceived holistically – meal times, breaks, evening activities, hospitality are important components of each curriculum.
- The curricula take into consideration the mix of training configurations (pairs, small groups, large group, individual).
- All trainers participate in Train the Trainer (TOT) and rehearse the modules for which they are responsible

First Things First: A Community Asset and Needs Assessment

A high priority for our project was to design a **"user friendly"** training that PLWHA and our community partners would find relevant and meaningful. We began by asking people how to design and implement an HIV peer education training program. We collected this information through a structured needs assessment from 1) HIV service providers, 2) community partners and 3) PLWHA. We gathered information about:

- how to structure the training
- what topics it should cover
- how to present a broad array of topics
- how to present the many topics in a way that would build skills and effectively teach adults living with HIV disease

Over four months we surveyed 133 PLWHA and conducted four focus groups with PLWHA and one with HIV service providers. A consultant analyzed the focus group sessions and survey results and generated a formal report with specific recommendation based on the bulleted interest areas above.

Checklist:

1) Determine geographic area and target population to train/assess.
2) Select a person experienced with needs assessments (staff, volunteer, outside consultant, local college or university student) to implement.
3) Designate a point person to supervise the needs assessment process if someone from outside the organization conducts it.
4) Decide what evaluation method to include in the needs assessment – i.e. 1:1 survey, telephone interviews, and focus groups.
5) Create a timeline for assessment components to be completed.
6) Develop written materials for the assessment process – i.e. survey tools, focus group discussion questions, ground rules, a demographic survey, and sign-up sheet.
7) Identify and recruit participants for each evaluation method chosen.
8) Develop, plan and hold trainings required to conduct needs assessment component parts – i.e. interviewer and/or focus group facilitator training.
9) Collect information – administer surveys, conduct focus groups.
10) Analyze information and draw conclusions from trends, statistical information.
11) Make recommendations for training content, structure, method of presentation, etc.

Teach to Learn: Writing and Using a Curriculum Based on Adult Learning Principles

We assembled a curriculum design team with experience writing "user friendly" training materials for the health education field The design team drew from the information gathered in the needs assessment and their own experience in the field of health education to create PETS curricula for three levels of training with specific topics and structure. These curricula have proven effective for people of various levels of literacy and education, including those who have experienced little success in previous learning situations.

Breakdown of PETS by Level

	Level I	Level II	Level III
Number of participants	12-20	12-20	4-6
Duration	1 day	5 days	5 days
Location	easy to access meeting room	Preferably a retreat center; a hotel is a second choice	Preferably a retreat center, a hotel is a second choice
Intention	focus on self	focus on peers	practice/refine skills

Level I is an introductory day-long workshop. Designed for 12-20 participants the entry-level workshop is designed to facilitate participants success in learning, increasing *individual awareness* about HIV in general, improved medical adherence, increased knowledge of and practice of risk reduction techniques, and baseline skills-building. Both trainer and participant are able to determine interest and aptitude for continued training.

Topics include: basics of HIV/AIDS, safer sex and STD education, HIV disclosure issues, communication skills building, medical appointment and medication adherence issues and self-care.

Level II is a five-day residential workshop series designed for 12-20 participants who have successfully completed Level I. Participants form an informal community at the training site over the course of the training and, for many it is a very powerful life altering experience of living with other PLWHA. The focus is on experiential learning opportunities to hone skills that will help peer educators focus on *helping others*.

Topics include: a review of HIV/AIDS basic information, an overview of peer educator roles and responsibilities, medical aspects of HIV/AIDS, communication skills building, safer sex education, setting personal and professional boundaries, mental health, substance abuse, HIV disclosure and legal issues, STD's and other infections, self-care and action planning.

Level II lasts for a week, including travel time on either end of the training, and can be challenging for people who have not traveled or spent time away from home, those with significant commitments at home (work, children, ailing family members) and physical disabilities (i.e. on dialysis) or significant unresolved emotional or mental health issues. Care should be taken in selecting participants for this level including informing them of the following: 1) rigors of day-long educational workshops, 2) participation in evening activities, 3) living on-site for 4 nights and 4) taking their meals with the group.

In Level II a number of issues such as, mental, emotional and/or behavioral issues and health problems come to light and can affect the ability of people to participate. The training team and especially staff who remain on site over night should be prepared to deal with a wide range of situations that might arise. We recommend having HIV-trained medical personnel on call to give advice in emergencies. Know where the nearest emergency room, HIV clinic and mental health facilities are located.

Examples of skills that are needed prior to Level III training include:

- ability to read

- ability to listen and hear other PLWHA
- willingness and ability to document information in medical charts
- ability to communicate effectively with other PLWHA.

Level III is a five-day residential workshop for 4-6 participants who have successfully completed Levels I and II as well as any learning objectives or skills building activities that were established as prerequisites for Level III participation. The focus on Level III is *practicing skills* learned so far in a "real life" clinical situation. Level III activities include two half days in the field at a clinical setting with professional supervision followed by two half days in a facilitated process group to practice skills, getting feedback from peers and understanding personal issues that may impact work place performance as a peer educator. There are also four half days of structured workshops offered.

Topics include: building communication skills, establishing and reinforcing professional boundaries, reviewing knowledge about HIV disease, defining and supporting medical adherence, navigating the human service system, working effectively with colleagues, handling death and grief issues and practicing self care. This final level of training brings together the skills taught and learned in the previous levels with opportunities for experiential learning and skill set application.

The curricula provide incremental learning skills and experiences in each level of the PETS training that build on what has been taught and learned in the previous level. Communication skills are addressed throughout all levels culminating in the Clinical Practicum component in Level III that occurs as an abbreviated field placement experience for each participant with a follow-up facilitated process group. The field placement and follow-up group have proven to be challenging aspects of the training because they bring all skills building and knowledge transfer covered in the curricula together in a real time supervised experience that has been consistently rewarding and powerful for participants.

The first unit of the Level III curriculum is an orientation that contains clear parameters for **Clinical Practicum** participation including appropriate conduct in clinical settings, attire and expectations. In addition, participants are given a checklist for what might be covered in a session with a peer and handouts on communication skills building. Orientation for Level III participants occurs on site before the Clinical Practicum and focuses primarily on the field experience. It is strongly recommended that the Clinical Guides (on-site supervisors) attend the orientation session where they can meet the peer educator(s) in training who they will supervise, spend focused one-on-one time and talk about the specifics of the clinical experience at their site. Choosing clinical practicum sites and Clinical Guides that are a good fit for the learning objectives of this section are critical to the success of Level III overall. This is truly the part of the curriculum where the "rubber hits the road."

Follow-up **Process Groups** are equally important to the richness and depth of the Level III experience. Level III participant and facilitator manuals contain materials that explain the Action-Reflection-Action (ARA) model used in the process groups. We adapted the ARA model from the Clinical Pastoral Education (CPE) program to help peer educators achieve maximum effectiveness in their peer encounters and to serve as a structure to process the clinical field experience with an emphasis on recognizing and/or limiting the "baggage" the Level III peer educator brings to the experience

ARA involves five focal areas:

1) Content of the clinical experience – literally a description or the clinical encounter,
2) Strategies and interventions used – exploration of the intervention(s) used, how it was chosen, and how it worked,
3) Focusing on the interaction – a chance to step outside the interaction and observe it,
4) Focusing on yourself as a peer educator – understanding the peer educator's internal process to allow for response rather that reaction and
5) The big picture – how the peer educator's experience of the clinical encounter aligns with professional behavior and organizational responsibilities and expectations.

It is very important that the group facilitator(s) have experience with this approach and be capable of introducing peer educator participants to ARA and help them use it to deconstruct and understand their clinical experience.

Level III can be stressful for participants as they are learning, refining and applying skills throughout the week. During the Level III orientation, participants are encouraged to model **appropriate peer educator behavior** for Level II participants including strong professional boundaries around their clinical and process group experiences and healthy personal boundaries by avoiding gossip and other pitfalls that can occur when adults live in close quarters for a number of days. Likewise, participation in evening activities is considered necessary to successfully complete Level II. Participants are urged to take responsibility for their behavior and learning including balance of socializing with practicing vigilant self-care.

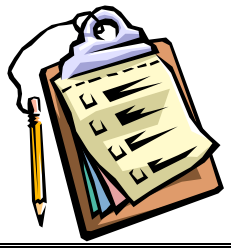
Selection of peers to participate in Levels II and III should be undertaken with care, forethought and attention to the impact on group cohesion. Early in the PETS training it is suggested that you establish a clear process for selecting participants for Levels II and III using input from:

- Level I and II de-brief notes
- Feedback from community partner agencies where peers volunteer, work or receive services
- Trainer notebook notes

Creating clear selection criteria at the beginning of PETS and convening a team to make selection decisions six to eight weeks in advance is strongly recommended. Care in making these choices dramatically impacts the quality of the trainings and the wisdom of the selection team can prevent disruption during trainings by identifying individuals with educational, emotional and behavioral issues who are not ready to participate in a rigorous residential workshop experience.

Suggested Selection Criteria for Peer Participation in Levels II and III:

- Peers in paid or volunteer positions in HIV service agencies, clinics, etc.
- Recommendation from supervisor at paid or volunteer work site.
- Recommendation from provider in partner agency if peer is not currently employed or volunteering as a peer educator.
- Demonstrated ability to listen and hear others



- A commitment to following PETS and site rules as a model to others
- Medical appointment and medication adherence.
- Commitment to risk reduction (safer sex)
- Demographic diversity including race, gender and sexual orientation for the Levels II or III group.
- Stable mental health.
- Not an active substance abuser.
- Issues at work or home do not prevent participation in residential training
- Physical health does not interfere with participation.
- Willingness to address educational challenges i.e. literacy, HIV basics and communication skills building.

All three levels of the PETS curricula are based on the **Principles of Adult Learning** in order to make the training accessible to participants with varying backgrounds, educational levels and different styles of learning. The Principles of Adult Learning are based on research that indicates that **learning occurs best when it is self-directed, participative, experiential and applied**.