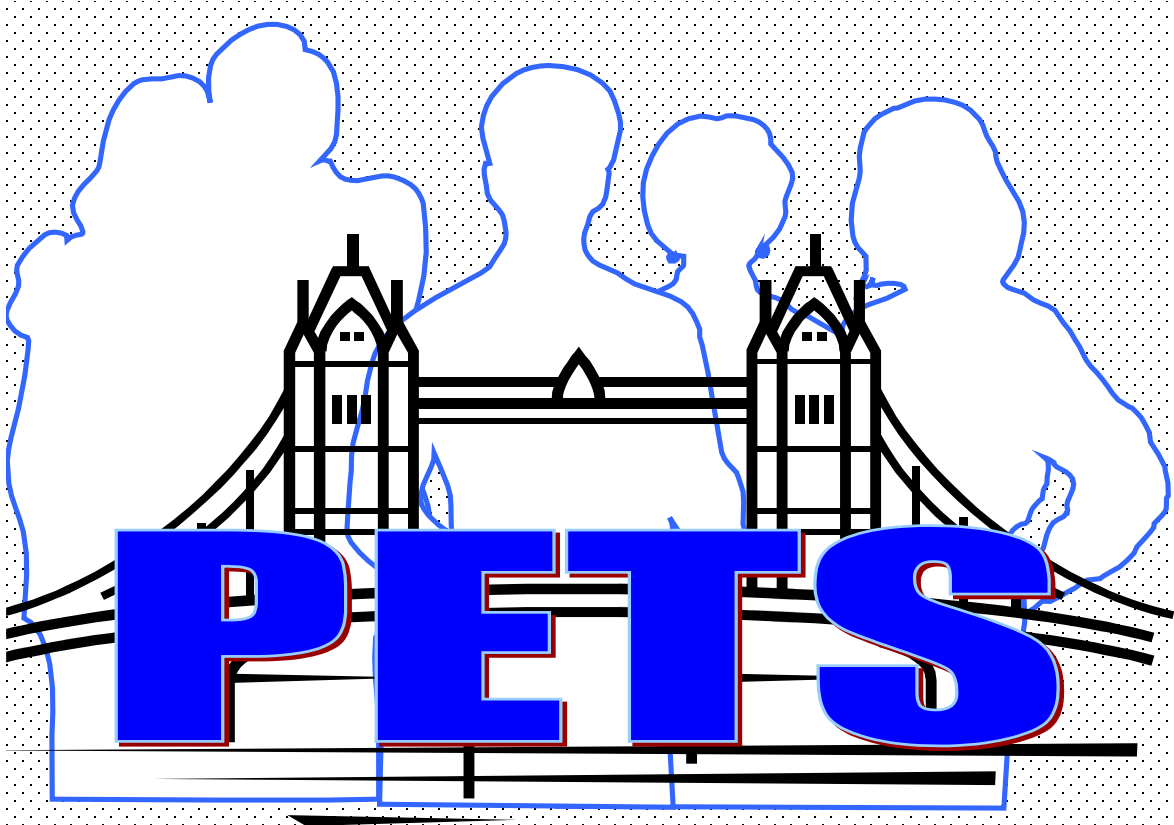


Duke University Medical Center
Pastoral Services-Partners in Caring
Peer Education Training Sites

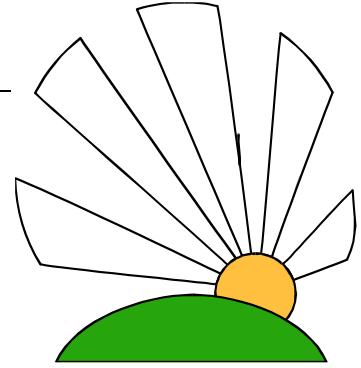


Level Three Curriculum
Training Manual

Prepared by the staff of the Center for Creative Education, North Carolina HIV/AIDS Training Center-Minority Outreach Program, Partners in Caring, DUKE Infectious Disease Clinic, Starfire Consulting, Inc. and the PETS Community Advisory Board for the PETS project, at DUKE University Medical Center.

Lessons We Have Learned:
Helpful Tips for Trainers before Your Program Begins

1. It is important to have all activity materials (cards, animals, etc.) in labeled boxes for each day.
2. Trainers should check boxes the day before a session to make sure all materials are present.
3. Rehearse your training session. Avoid reading curriculum but understand the details and relate them to learners—make the curriculum your own.
4. Review entire curriculum, not just your section. This way you can link your session to earlier or later sessions for best results. Also, cite when something was covered in level I or II or whether it will be covered in a later session.
5. Specify facilitator roles early so trainers will have time to become familiar with his or her section.
6. Lead trainer should brief facilitators daily. Clock times may be added to each session on the day of training to help facilitators.
7. Speakers should arrive at least one hour ahead of their section to feel the flow of the program and group dynamics. If this isn't possible, they should be debriefed quickly about the group and helped to avoid pitfalls.
8. Have plenty of drinks on hand like sodas and bottled water.
9. Ground rules should be in plain view each day and reviewed before each session. Never take them down.



10. Watch for anger developing and try to defuse. If a guest speaker walks in on anger, other trainers need to be ready to step in and help the guest speaker. The same is true for other trainers. If anger is developing, co-trainers who aren't active may step in.
11. If possible, trainers and speakers should have handouts ahead of time. Encourage guest speakers to send handouts prior to the training.
12. Go over the curriculum with main trainers before the opening session to ensure no missing pieces.
13. Make sure all speakers are confirmed and remind them of their sessions one week before they are scheduled.
14. Be ready to assist others.
15. Always have two facilitators available and one who is prepared to write.
16. Have a laptop and printer at the training site so flip chart pages generated during training may be typed up and printed at the end of each day.
17. Certificates should be ready before the training begins. If people drop out or don't complete the training, these certificates can just be put away.
18. Although many peers are Christians, it is important to be cognizant of the people who aren't. Try to pick up on those people, and be sensitive to their wishes also.

Walking the Labyrinth

The labyrinth is a symbol found in various forms in all religious traditions around the world. It is an ancient symbol that combines the imagery of the circle (wholeness) and the spiral (growth and transformation). A labyrinth has only one path so there are no tricks to it and no dead ends. The path winds and meanders yet forms a purposeful path throughout; as such it is a metaphor for life's journey. By walking the labyrinth, you are rediscovering a forgotten mystical tradition of healing, focusing and wholeness.



long

There are no rules or "right" ways to walk a labyrinth. Simply honor the labyrinth as a sacred space and have an intention to experience your feelings and inner thoughts without judgment. Below are some suggested guidelines to help with your journey.

1. Before entering the labyrinth, take a moment to quiet your mind. Be aware of your breath. Allow your eyes to have a "soft" focus.
2. As you enter the labyrinth, focus your thoughts on things you would like to let go of—like anger, sorrow or greed.
3. When you reach the center, spend time thinking about what you would like to "call" or bring into your life. Stay in the center as long as you'd like.
4. As you walk from the center, focus your thoughts on all the ways you can bring into your life the things you thought about in the center.

Move as you wish through the labyrinth. Some people walk slowly; some saunter; some skip or dance. Allow yourself to find the pace your body wants to go. If you need to pass someone ahead of you, simply step to the side and move around them. The path is two ways so those going in will meet those coming out.

After you finish walking the labyrinth, take some time to think about the experience.

PETS Level III Training.Overall Agenda

| Sunday Evening | Activity | Methods |
|-----------------------|--|--|
| 2:00-4:00 | Registration and Snacks | |
| 90 minutes | Orientation to Level III Training Overview and Q&A Peers Meet with Clinical Guides | Lecture, group discussion, 1:1 meeting, review |
| 30 minutes | Dinner | |
| 240 minutes | | |

| Day 1 | Activity | Methods |
|------------------|---|---|
| 12:00-1:00 Lunch | | |
| 25 minutes | Welcome and Setting the Stage | Lecture Brainstorm Group participation |
| 10 minutes | Found Objects | Ice breaker |
| 45 minutes | Strengths and Needs | Group discussion Posting self-assessment activity |
| 15 minutes | Break with snacks | |
| 15 minutes | Communication Skills: Desensitizing Language | Group participation Group discussion Brainstorm |
| 40 minutes | Communication Skills: Questioning | Group discussion Names on back activity |
| 50 minutes | Communication Skills: Asking Tough Questions | Role plays |
| 15 minutes | Closing and Evaluation: <i>Pluses and Wishes</i> | Evaluation |
| 215 minutes | | |

| Day 2 | Activity | Methods |
|--------------------|---|--------------------------|
| 12:00-1:00 | Lunch | |
| 15 minutes | Review/Preview | Lecture |
| 5 minutes | Reflections | Meditation |
| 20 minutes | Warm-up: Back to Back Drawings | Group participation |
| 50 minutes | Role Plays: Discussing HIV Information with Peers | Role plays |
| 15 minutes | Break with snacks | |
| 60 minutes | Adherence Barriers | Case studies |
| 25 minutes | Self-care | Group breathing exercise |
| 15 minutes | Closing and Evaluation: <i>Feedback cards</i> | Evaluation |
| 220 minutes | | |

| Day 3 | Activity | Methods |
|--------------------|--|--|
| 12:00-1:00 | Lunch | |
| 15 minutes | Review/Preview | Lecture |
| 5 minutes | Reflections | Meditation |
| 20 minutes | Check-in | Group discussion |
| 60 minutes | MDOT | Role plays Group discussion |
| 15 minutes | Break with snacks | |
| 40 minutes | Effective Outreach Strategies | Small group break-outs Group discussion |
| 35 minutes | Developing Health Plans | Action planning |
| 15 minutes | Self-care | Group work |
| 15 minutes | Closing and Evaluation: <i>Head, Heart and Feet</i> | Evaluation |
| 220 minutes | | |

| Day 4 | Activity | Methods |
|--------------------|--|--|
| 12:00-1:00 | Lunch | |
| 15 minutes | Review/Preview | Lecture |
| 5 minutes | Reflections | Meditation |
| 15 minutes | Ice breaker | Ice breaker |
| 40 minutes | Documenting our Efforts | Group discussion |
| 15 minutes | Break with snacks | |
| 100 minutes | Coping with Loss and Grief | Group discussion Creative work Self care |
| 15 minutes | Parking Lot | Lecture Brainstorm |
| 15 minutes | Closing and Evaluation: <i>Closing Statements</i> | Evaluation |
| 220 minutes | | |

| Day 5 | Activity | Methods |
|-------------------|-----------------------------------|---|
| 8:00-9:00 | Breakfast | |
| 5 minutes | Reflections | Meditation |
| 20 minutes | Appreciations | Group participation Group discussion |
| 20 minutes | Key Points | Group discussion |
| 20 minutes | Transitioning to the Real World | Brainstorm Group discussion |
| 15 minutes | Evaluations | Evaluation |
| 15 minutes | Closing Thoughts and Certificates | Group participation |
| 95 minutes | | |

PETS Pre-Level III Meeting Agenda

Sunday, 4:00 – 6:30

(Dinner included)

1. **Welcome** – *Dagney Jochem* 5 minutes
2. **Training Overview** – *Paige Layno* 30 minutes
 - Introductions
 - Participants, trainers and clinical guides
 - Pairings of peer educators and guides
 - Review schedule for week – morning/afternoon/evening
 - Discuss maintaining confidentiality at Avila and during field work
 - Emphasize group/peer diversity & residential setting
 - Explain PETS III methodology
 - Classroom
 - Process group
 - Field work
 - Explain process group – ARA overview & group purpose
 - Discuss Avila guidelines, bathroom locations, etc.
 - Explain logistics/transportation
 - Acknowledge intensity of the experience and encourage self-care
3. **Clinical Guidelines** – *Stephanie Bouis and Trish Bartlett* 40 minutes
 - Reinforce importance of confidentiality
 - Review dress code (no perfumes & strong scents)
 - Explain clinical protocols/rules; discuss professional behavior
 - Review clinical practicum section of curriculum
 - Communication skills review handouts
 - Peer educator clinical practicum checklist
 - Discuss importance of building rapport with peers in clinic (smile; shake hands)
 - Perform role plays for establishing rapport (trainers will demonstrate)
4. **Peers meet with Clinical Guides** 60 minutes
 - Review unique aspects of clinical setting
 - Prepare for clinical experience
 - Enjoy dinner and get to know one another
5. **Wrap-up** – *Paige Layno* 5 minutes

Training Overview Welcome

Time: 30 minutes

Materials:

- Blank flip chart
- Flip chart markers
- Prepared flipcharts:
 - Evening activities
 - Clinical guide-peer educator pairings
 - Overall agenda for the week
- Thin markers
- Pens and pencils
- Name tags
- Portable stereo
- Music

Objectives:

By the end of this session, participants will:

- ✓ Feel welcome;
- ✓ Learn about what to expect in the upcoming week;
- ✓ Build an atmosphere where everyone is valued.

Take Home Messages:

- ⇒ It is important to bridge the gap between persons living with HIV or AIDS and the medical and social service systems.

| | |
|--|--|
| | <ol style="list-style-type: none"> 1. Have trainers and other staff available to greet participants, distribute welcome bags and help them find their bedroom assignments. 2. Create a relaxed environment by having the training room(s) set up two hours before the starting time. Use decorations, including posters and pictures hung on walls (if possible). 3. Provide the following: <ul style="list-style-type: none"> • Music-- appropriate for the setting and audience. • All materials: such as notebooks, handouts pens, and pencils. • Signs, with arrows directing people to bathrooms, smoking areas, training rooms, etc. 4. Trainers should call the group to order at starting time. Introduce all trainers and explain the format of today's session. Ask all present, participants, trainers, clinical guides |
|--|--|

| | |
|--|--|
| | <p>and PETS staff, to go around and introduce themselves, say where they're from and tell a little about their involvement with PETS.</p> <p>5. Give a brief review of PETS and the levels of training.</p> <ul style="list-style-type: none"> ❖ <i>PETS is a three- level training that prepares persons living with HIV disease (PLWH) to serve as peer educators. Peer educators help others living with HIV disease get the care and services they need for a better quality of life.</i> ❖ <i>Our mission is to offer valuable training to those who desire to become peer educators. The PETS project is also a research study and part of the Duke University Medical Center, Adult Infectious Disease Clinic and the Partners In Caring Program, a program of the Pastoral Services Department at the Medical Center. It is funded by the U.S. Department of Health and Human Services, Health Resources and Services Administration, HIV/AIDS Bureau, sometimes called HRSA.</i> ❖ <i>As you know, there are three levels of PETS training. Each builds on the knowledge and skills gained during the previous training.</i> ❖ <i>During this level, you'll have a chance to practice your skills in a clinic setting, where you'll receive feedback from a health care provider.</i> ❖ <i>At the end of this training, everyone will get a mentor who will check in with them every couple of weeks and see how things are going and offer help and support.</i> <p>6. Discuss the weekly agenda, including training times, clinic times and processing group times. Discuss evening activities and encourage everyone to participate. Also cover the following topics:</p> <ul style="list-style-type: none"> • Maintaining confidentiality at Avila and during field work • Group/peer diversity & residential setting • PETS III methodology • ARA overview & group purpose • Logistic and transportation • Intensity of the experience • Self-care |
|--|--|

| | |
|--|--|
| | <p>7. Wrap up and link to overview of clinical guidelines and communications review.</p> <p>❖ <i>What questions do you have? In a little while you will meet with your clinical guide to discuss tomorrow's experience. First, let's talk discuss some issues that will make your clinic experience a success.</i></p> |
|--|--|

Clinical Guidelines..... Orientation and Clinical Practicum

Time: 40 minutes (and ongoing throughout week)

Materials:

- Communication skills handouts
- Peer educator clinical practicum checklist
- Clinic and training agenda handouts
- Action-Reflection-Action handouts
- Trainer rapport building role play scenarios

Objectives:

By the end of this session and practicum, participants will:

- ✓ Have had an opportunity to practice two to three peer educator clinical encounters focused on improving adherence.

Take Home Messages:

- ⇒ It is important to have an opportunity to practice the skills we have learned in training.
- ⇒ It is important to assist patients in a helpful and non-directive manner.

| | |
|--|---|
| Handouts: communication skills; peer educator clinical practicum checklist | 1. Begin with a discussion on communication skills. Review the communication skills handouts participants received in level II. |
| Rapport role play scenarios for trainers | <p>2. Discuss the importance of building rapport with peers. Trainers and PETS staff should demonstrate how to start a peer session by performing the two role plays at the end of this section.</p> <p>3. Give an overview of what participants should expect in their clinical visits Monday and Wednesday. Be sure to discuss confidentiality, ways to be professional, dress code, etc.</p> <p>❖ <i>We're meeting today to discuss your clinic sessions starting _____. This is a chance for you to ask questions and for us to let you know what you can expect.</i></p> <p>❖ <i>After each of your clinical sessions, you'll be debriefing with a clinician. You will have an opportunity to discuss your session in much greater detail in small groups at the Avila Center.</i></p> <p>❖ <i>Before the clinical practicum, <u>the peer educator</u> should:</i></p> |

| | |
|--|---|
| | <ul style="list-style-type: none"> • Review <i>Communication Skills</i> handouts from Level 2; • Read <i>Peer Educator Clinical Practicum Checklist</i>; • Understand “non-directive” peer education practices. <p>❖ <i>Before peer educator begins the clinical practicum, <u>the clinician</u> should:</i></p> <ul style="list-style-type: none"> • Review <i>Communication Skills</i> handouts from Level 2; • Review <i>Peer Educator Clinical Practicum Checklist</i>; • Select appropriate patients for peer education. <p>4. After each clinical visit, process the following questions with the peer educator:</p> <ul style="list-style-type: none"> • What was your assessment of this patient? • What did you learn about the patient? <ul style="list-style-type: none"> ▪ Their strengths? ▪ Their needs? • What communication skills did you observe or use that were particularly effective. • What might you have done differently? • What other questions do you have about the session? |
|--|---|

Peer Educator Clinical Practicum Checklist

Name: _____

Date: _____

Before session begins, clinician should give input on what peer educator should discuss with the patient.

Establishes Rapport

_____ Greets patient (shakes hand, smiles, etc.).

_____ Introduces self and explains role.

_____ Explains purpose of session.

_____ Explains confidentiality and privacy.

Assess Patient (one or two issues, as time allows)

_____ Checks in with patient by asking how things are going in general.

_____ Asks patient if s/he has a treatment plan (a plan that patient and provider agreed upon in order to manage HIV infection).

- If no, asks what his/her provider discussed about medications.
- If yes, asks what's been going well and what's been challenging.

_____ Asks patient how s/he has been doing in regards to adhering to medical appointments.

_____ Asks patient how s/he has been doing taking care of self:

- Exercise: "What are you doing for exercise?"
- Nutrition: "How's your diet?"
- Rest: "Are you getting enough rest?"
- Recreation or play: "What do you for fun?"

- Social support: “Who can you talk to when you need support?”

_____ Asks patient how s/he has been doing with safer sex practices.

_____ Asks patient how s/he has been doing with avoiding substances that are harmful (e.g., drugs, tobacco).

_____ Assess patient’s strengths: “What’s going really well in your life?”

_____ Asks patient what other concerns s/he has at this time.

Assists Patient

_____ Briefly summarizes information in session

_____ **Selects one or two issues peer can help patient with (e.g., adherence, referrals, safer sex issues, etc.)**

_____ Assists peer in developing an action plan in a nondirective manner.

_____ Offers assistance if appropriate.

_____ Works with clinician to make necessary referrals.

Reports Back to Clinical Guide after Patient Leaves

_____ “What was your assessment of this patient?”

_____ What did you learn about the patient?

- Their strengths?
- Their needs?

_____ What communication skills did you observe or use that were particularly effective.

_____ What might you have done differently?

_____ What other questions do you have about the session?

Clinic and Training Agenda

| | Friday or Sunday | Monday | Tuesday | Wednesday | Thursday | Friday |
|------|------------------------------|---|--------------------------------------|---------------------------------------|--------------------------------------|-------------------------------|
| A.M. | | Clinical Work 8:30- noon | Process Group 9 – noon | Clinical Work 8:30-noon | Process Group 9 – noon | Wrap- up 9 – 11 |
| | | Lunch noon – 1:00 | | | | |
| P.M. | Overview 4-6 p.m. | Class 1 – 4:45 | Class 1 – 4:45 | Class 1 – 4:45 | Class 1 – 4:45 | |

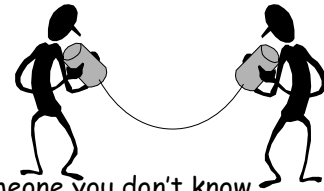
There will be five participants in PETS Level III training. They will work in a clinic with a mentor and participate in a facilitated small group discussion (following the CPE module) on alternating days in the mornings. In the afternoon, the peers will come together for classroom work.

Helpful Communication Techniques

1. Using silence

2. Accepting

Yes.
Um Humm.



3. Giving recognition

It is difficult to talk with someone you don't know.
Hello Jane, we've talked before.

4. Offering self

I'll be here till 3:00.
I'm interested in what you have to say.

5. Giving broad openings

Is there something you'd like to talk about?
Where would you like to begin?

6. Offering general leads

Go on.
And then?
Tell me about it.

7. Placing the event in time
or in sequence

When did this happen?
Was this before or after...?

8. Making observations

Your voice sounds shaky when you talk about...
It makes me feel uncomfortable when you...

9. Encouraging descriptions
of perceptions

Tell me when you feel anxious.
What does he do when he "gets ugly"?

10. Encouraging comparison

Was this something like...?
Have you had similar experiences?

11. Restating
(especially useful when you
can't identify the feeling)

"My lawyer doesn't believe me when I say he hit
me when I was pregnant."
Your lawyer doesn't believe your story.

12. Focusing

This point seems worth looking into.

13. Exploring

Tell me more about...

14. Giving information

This line is answered 24 hours a day.
My purpose in being here is...

15. Seeking clarification

I'm not sure I follow. What would you say is the main
point of what you've said?

Roadblocks to Communication: Communication Stoppers

1. Directing, ordering: To tell someone to do something in a manner that gives the other person little or no choice.
2. Warning, threatening: To tell the other person that if the behavior continues, then certain consequences will happen.
3. Moralizing, preaching: To tell someone things they ought to do.
4. Persuading, arguing: To try to influence another person with facts, information, and logic.
5. Advising, recommending: To provide answers to a problem.
6. Evaluating, criticizing: To make a negative interpretation of someone's behavior.
7. Praising: To make a positive evaluation of someone's behavior.
8. Supporting, sympathizing: To try to talk the other person out of his or her feelings, or to deny someone's feelings.
9. Diagnosing: To analyze the other person's behavior and communicate that you have their behavior figured out.
10. Diverting, bypassing: To change the subject or not talk about the problem presented by the other person.
11. Kidding, teasing: To try to avoid talking about the problem by laughing or by distracting the other person.
12. One-upmanship: To try to "top" the person's problems by telling a worse one.
13. Killer Phrases: For example, "Don't worry, things could be worse." "Cheer up." "What do you have to feel sorry about?"



Rapport-building/Clinic Introduction Role Plays (#1—Poor Communication)

Roles:

Peer Educator: Mary Brown

Patient/Peer: Carmen Baker

Facilitator: Mary Brown works as a peer educator at the Mountain AIDS Alliance Clinic. Carmen Baker is an HIV + peer, making her first visit to the clinic. Carmen enters the clinic consultation room.

Mary: *(Mary is wearing a baseball cap or is dressed in another inappropriate manner. She speaks without making eye contact or smiling; doesn't shake hands or greet Carmen). So, what can we do for you today?*

Carmen: Umm, well, I came in to talk to someone about some problems I've been having.

Mary: Lord I know about problems! My phone was turned off this morning and I got a flat tire on the way to work! But what's going on with you?

Carmen: Well, I'm in this new relationship and things have gotten serious, and I just wanted to talk about...umm...you know, my options?

Mary: Are you using condoms?

Carmen: Well, no...I actually wanted to talk about other options. You see----

Mary: *(interrupts)* There really are no other options. For safer sex, you really should use condoms every time you have sex to protect your partner.

Carmen: You don't understand—my partner is a woman.

Mary: Oh. Well I guess that does change things. Sorry about that. There are some things you can use for safe sex like dental dams and---

Carmen: Umm, well...have to go. I have to be at work soon.

Mary: Well thanks for coming in. I'm sorry you had to cut your visit short. Hey, I'll walk out with you. I need a smoke anyway.

Facilitator: What are some things you noticed about this interaction?

Responses may include one or more of the following:

- No handshake
- No smile, eye contact
- Doesn't introduce herself
- Doesn't explain the peer educator's role
- Peer educator assumed peer was having sex with a man
- PE immediately jumped into "safer" sex talk instead of listening to peer's needs
- Peer educator had on a baseball cap—she could have looked more professional
- PE mentioned "going out for a smoke"
 - Why would this be bad? (setting a poor example, unprofessional, etc.)

Rapport-building/Clinic Introduction Role Plays (#2—Effective Communication)

Mary: *(Mary is dressed professionally. She walks up to Carmen; shakes her hand; smiles; touches her arm, etc.).* Hi Carmen. I'm Mary Brown, a peer educator at the clinic. We are so glad you came in today. How are things going?

Carmen: Pretty good.

Mary: Glad to hear it! I've really been looking forward to talking with you and trying to help out anyway that I am able. As I mentioned, I'm a peer educator. This means, that like you, I'm HIV +. I'm here to listen to your issues and answer questions you have about the disease, services you may need, staying adherent to your medications and other issues related to HIV. If I am unable to answer your questions, I will find someone who can help us.

Carmen: That sounds interesting. Usually, I talk to my doctor or case manager when I have a problem, but my case manager has moved to another state and my doctor is so busy all the time.

Mary: Well, you came to the right place then. Let's talk about what's going on and see what we can do to help. You mentioned your case manager has moved—is that one of the things you need help with?

Carmen: Yes, actually. I am without a case manager now and I'm having trouble with some of my social services. She always helped me sort through all the paper work—I can't read very well.

Mary: We can certainly help you with that. We'll help you get set up with a new case manager, but in the mean time, maybe I can help you read through your paper work if you brought that with you.

Carmen: That would be great.

Mary: What other things did you want to talk about today?

Facilitator: For the purposes of our demonstration, we'll stop here. Later this week, you'll work with role plays in more detail.

What were some things you noticed about the interaction this time?

Responses may include one or more of the following:

- PE greeted peer with a smile, handshake (or touched her on the arm)
 - What do people think about "touching" a peer on the arm or back? (take responses and facilitate a brief discussion on how touch isn't always a good thing—refer to different cultures.)
- PE introduced herself
- PE explained her role in detail
- PE explained that if she couldn't help peer accomplish, she'd find someone who could

PETS Level III Training Action-Reflection-Action Model

The Action-Reflection-Action (ARA) Model has been adapted from the Clinical Pastoral Education (CPE) program at Duke University Medical Center for use with Peer Educators in the PETS Level III training. The ARA Model is intended to help Peer Educators be more effective in their direct peer contact and will serve as guidance to process your clinical field experience.

Areas of Focus for Action-Reflection-Action:

1. Content of the Clinical Experience

Literally a description NOT an interpretation of your clinical encounter with a peer.

- How was the clinical experience initiated?
- What was the setting? (who sat where, proximity to one another, describe the lighting, noise, temperature levels)
- Describe the peer's physical appearance.
- What did you notice about body language (breathing, voice volume, rate of speech, eye contact, gestures, posture)
- How did the Peer use verbal language (language used, images used)
- Story told/information shared (**as Peer told it**)

2. Strategies and Intervention Used

A chance to explore the interventions you used, why you chose them and how they worked.

- What interventions were used? How many?
- When in the encounter did you use specific interventions?
- Why did you choose this intervention?
- Where did the intervention lead? Did it get you where you intended to go?
- Are there other interventions you could have used? Which ones?
- Do you notice a pattern developing around what interventions you use and when?

3. Focusing on the Interaction

Stepping outside the relationship to see what the interaction looked like.

- How did you meet the Peer?
- What was the first thing you noticed about your contact with the Peer?
- Tell the story of how your interaction unfolded.
- What did you determine the Peer's need(s) to be?
- Find an image or metaphor to represent the interaction.
- Imagine what sort of encounter you would have had with this Peer if you'd met in other circumstances.

4. Focusing on Yourself as a Peer Educator

Understanding your internal processes (body, mind, emotions and reactions (thoughts, feelings attitudes) towards the Peer so you can respond rather than react to the Peer.

- What is your view of the Peer?
- How did the Peer's socio-economic status, cultural background, religious traditions and beliefs, etc. impact you?
- Does the Peer remind you of someone else?
- Describe all the ways the Peer is like the person s/he reminds you of.
- How do you think the Peer views you in this role of Educator?
- What feeling(s) does the Peer's perceived perception create in you?

5. The Big Picture

How your experience of the clinical encounter fits with your what you know about professional behavior and organizational responsibilities and expectations.

- How does your handling of this situation fit with what you've learned through the PETS training?
- What professional codes and ethics were you aware of during this clinical experience?
- What organizational requirements came to mind and how did they free or inhibit you?
- How do other organizations and agencies with whom you are involved inform your work and the way you work with Peers?

Setting the Stage.....Goals, Roles and Norms

Time: 25 minutes

Materials:

- Flipchart
- Prepared flipcharts:
 - Parking lot
 - Today's agenda
 - Overall agenda
- Markers
- Photo release forms
- Travel reimbursement forms

Objectives:

By the end of this session, participants will be able to:

- ✓ Understand the role of the focus groups in determining the content of the training;
- ✓ Agree on the ground rules under which the training will operate;
- ✓ Set the foundation of trust among workshop members;
- ✓ Create and agree on group norms;
- ✓ Build an atmosphere where everyone is valued.

Take Home Messages:

- ⇒ Peer educators are experts in living with HIV.
- ⇒ Structure, in the form of group agreements, helps people feel safer.
- ⇒ People learn better when they feel safe around the other learners.

| Trainer's notes | STEPS |
|-----------------|--|
| | <ol style="list-style-type: none"> 1. Welcome the group to the first full day of training. Ask how the clinic experience was but remind participants that they will be discussing the clinic in detail during the process group tomorrow. 2. Acknowledge the value of the experiences that everyone has to share. <ul style="list-style-type: none"> ❖ <i>There is a lot of experience in the room and we are counting on the participation of everyone. We all have a great deal to share. We are here today because, as peers, we care about our health and the well-being of others' with HIV.</i> ❖ <i>By the end of the training we will have a chance to use the information you've gained during all three levels in a clinical setting.</i> |

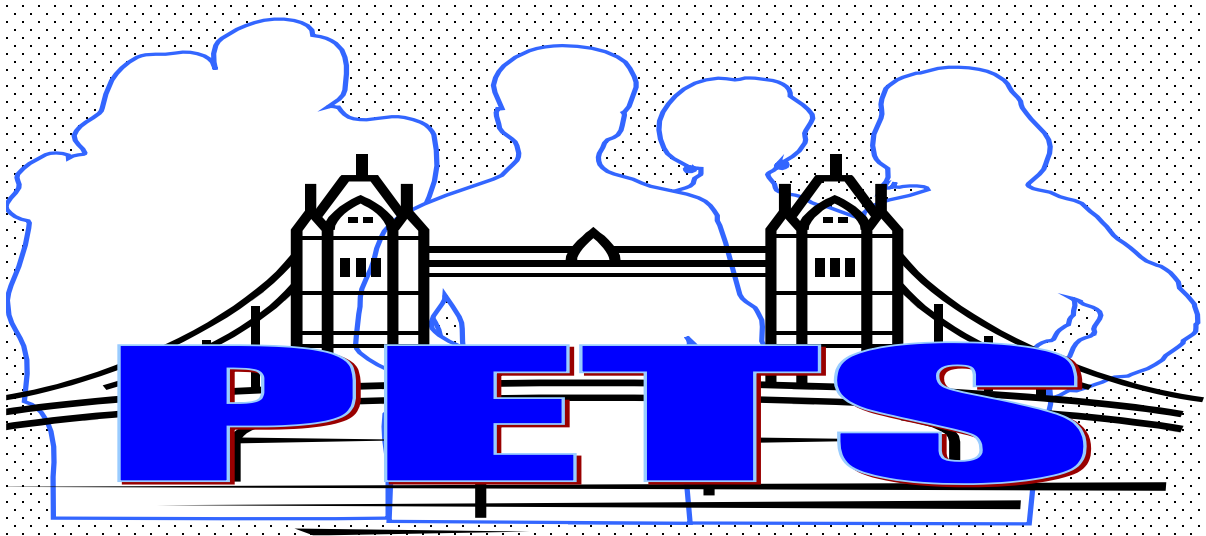
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| <p>Flipchart for parking lot</p> | <p>3. Go through today's agenda. Review the overall agenda in detail and paraphrase key topics for the next four days.</p> <ul style="list-style-type: none"> ❖ <i>The agenda for the week is as follows:</i> ❖ <i>Today we will go over the goals of training and become better acquainted. We'll build on the communication skills we worked on in levels 1 and 2. We will also share our wishes and hopes for this week.</i> ❖ <i>On Tuesday, we'll be learning more about HIV and how to prevent transmitting the virus. We'll also work through adherence barriers.</i> ❖ <i>On day 3, we'll continue working with issues related to adherence. We'll look at strategies such as outreach and modified directly observed therapy and learn more about these. We will talk about health plans—how to develop these for ourselves as well as helping peers create plans.</i> ❖ <i>Then on our last full afternoon session, you'll have an opportunity to practice documenting a clinical visit with a peer. We'll also spend a good deal of time talking about grief and loss that afternoon.</i> ❖ <i>On Friday we'll meet for a short time in the morning. We'll say goodbye to new friends and talk about where we go from here.</i> ❖ <i>Are there any questions about the week-long agenda?</i> ❖ <i>Also, if you should become ill or need "emergency" supplies (aspirin, sanitary products, etc.), please see a trainer so that arrangements can be made. We have some supplies here and will do all we can to help you. Remember to take care of yourselves while you're here!</i> <p>4. Introduce the parking lot.</p> <ul style="list-style-type: none"> ❖ <i>The agenda shows that we will be talking about many different topics throughout the workshop. Each day is filled with a variety of activities and we'll be covering a lot of information. However, there may not be time to discuss</i> |
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| | <p><i>everything that you want to discuss. And in some cases, we might be covering the topic later in the workshop.</i></p> <ul style="list-style-type: none"> ❖ <i>You may remember we have a “parking lot” to help solve the problem of topics that we are not able to immediately cover. The parking lot is a place to write down questions and/or issues that come up that we cannot address adequately during the session.</i> ❖ <i>It is also a place to write down topics that are related to, but don’t exactly fit, what we are discussing. By writing down such ideas in a parking lot, we can keep track of them and refer back to them later.</i> ❖ <i>The parking lot will be posted throughout the whole training. We will keep track of the parking lot and make sure each point is addressed to the best of our ability within the time and scope of the workshop.</i> ❖ <i>The parking lot is a forum for you. While the trainers may post topics that we aren’t able to discuss at a given time, we’d like to invite you to post your own questions on the parking lot during breaks, or you may ask a trainer to make sure your point is recorded on the flip chart. We’ll have markers available on the training table.</i> ❖ <i>If we cannot address it during Level three, we may have to get the information to you after the workshop.</i> ❖ <i>Please remember: if we place something in the parking lot, we will move on with the discussion, so we won’t take up too much time on something that we’ll cover later in this training or during a break.</i> <p>5. It is the trainers’ responsibility to delegate items to the parking lot before too much time is lost on something that cannot be immediately addressed or is outside the scope of the workshop. Trainers should clarify why the topic should be put in the parking lot (i.e., will be discussed later) and ask participants whether an item could be put in the parking lot.</p> <p>6. Topics that can’t be addressed (i.e., because they are not closely related to the curriculum) should be dealt with by saying that they “are outside the scope of this workshop, but there are other resources in the community.” You may talk with a participant individually if appropriate.” If possible,</p> |
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| <p>Prepared flipchart for ground rules</p> | <p>trainers should gather information about the resources and bring it to the next session.</p> <ul style="list-style-type: none"> ❖ <i>Your role in this training is to participate. The training is designed to get you involved in the activities and interact with the other learners in the group.</i> ❖ <i>By participating and sharing your knowledge and experiences, we will all learn a lot from each other over the course of the training.</i> ❖ <i>As we go through the training, please feel free to let us know if the experience could be improved. Not only is this training for you to participate in and learn something new from, it is also an opportunity for you to tell us ways to make it better for the next group.</i> ❖ <i>We value what you have to say because we want to make PETS trainings great for everyone.</i> <p>7. Move into ground rules; introduce activity as a way to create a safe learning environment.</p> <ul style="list-style-type: none"> ❖ <i>You may remember ground rules from level two. We will come up with our own group ground rules for this week of training in level three.</i> ❖ <i>Ground rules (also called group norms) help create a safe environment promoting respect. They also help us stay on task to efficiently accomplish what we planned to do.</i> ❖ <i>Let's take some time now to come up with group agreements that will help contribute to a good learning environment?</i> <p>8. Compile group's suggestions on a flipchart. Trainers may give the examples of ground rules from previous groups include:</p> <ul style="list-style-type: none"> • Start and end on time. • Step up/Step back: This means if you usually prefer to sit quietly and listen, take some risks and speak up. If you're someone who usually contributes a lot during training, make an effort to step back some to allow those who are quieter to contribute. • Place pagers and cell phones on vibrate or turn them off. If you need to make a call or answer a call please do so outside of the room so you do not disrupt |
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| | <p>the training.</p> <ul style="list-style-type: none"> • Allow each person time to talk and don't interrupt. • Speak for yourself, not other people ("I" statements rather than "everybody" or "other people"). • Keep personal comments said during the workshop confidential. • Stay on the topic. • Be open-minded. There are different people in the room. For example, we might use the word "partner" as well as husband/boyfriend or wife/girlfriend. Also understand that peers must be able to work with everyone. • Don't be afraid to ask for help. If you need assistance with ANYTHING please ask for it from a trainer or another peer. We are here to help each other. • Give positive feedback. • Listen. It is hard to hear when you are speaking, and we need to respect what each person has to say. • Value each person's unique opinions and experiences. We all have had experiences that may be different and we all need to value each others. • Discuss ideas, not individuals. • No comment is stupid. • It's okay to disagree, but do so respectfully, and don't take things personally. • Each person is in charge of his/her own learning (i.e., take breaks, ask for clarification, have the right to pass). • If you need to leave the grounds for any reason, let the PETS staff know. This is important for your safety and our liability. We don't anticipate the need for anyone to leave the grounds, but if you leave, be sure to let us know and do not take anyone with you. • If you have a medical emergency please contact a trainer if during the day or Dagny in her room during the night. • Please don't have sex, use drugs or alcohol while you are here. Smoking is permitted in designated areas only. <p>9. It is important that the ground rules be clearly written and visibly posted throughout the workshop. Suggest using the posted ground rules and recommend additions or revisions. Ground rules should be typed up and available for day 2.</p> <p>❖ <i>These rules were created to give us a guide; we can accept</i></p> |
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| <p>Photo release forms; travel reimbursement forms</p> | <p><i>these rules, or make changes and additions based on what you want as a group. They will be posted all week and we will give you a copy for your notebook/folder.</i></p> <p>❖ <i>If you have a medical emergency or problem please contact _____. They will assist you with those issues. After training hours, _____ is available in Room _____ or at (phone number).</i></p> <p>10. Read the ground rules to the group; ask for changes and revisions of the rules.</p> <p>11. Ask participants to sign (if they choose) the photo release forms and complete travel reimbursements, if applicable.</p> <p>❖ <i>We offer releases of information for those who are willing to have their pictures taken for PETS' national publicity and also for others to take their pictures for personal remembrances. You may sign these releases if you choose to have your photos taken, but you are not required to.</i></p> <p>❖ <i>There is also a form for travel reimbursement in your notebooks. If you need to be reimbursed for your mileage to Avila, please complete this and turn it in to one of the trainers.</i></p> <p>12. Introduce daily reflections.</p> <p>❖ <i>During level II training, there were requests to include reflections each day. There were also requests that we recognize the diversity among our group and feature reflections that are inclusive of all religions and beliefs.</i></p> <p>❖ <i>So we can honor individual beliefs, we've set aside five minutes at the beginning of each day's training for meditation or reflection. We've also compiled a list of reflections and inspirations from different faiths, which are in the back of your handbooks. We'll ask for a volunteer to lead reflections each day.</i></p> <p>13. Allow five minutes for reflection. Link to next activity.</p> <p>❖ <i>Thank you for your attention to training details. Now, let's do an ice breaker.</i></p> |
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Confidentiality Agreement

I shall protect the privacy and confidentiality of all participants and trainers I encounter because of my participation in the PETS Program.

I will not share any confidential information

I will not misuse or be careless with confidential information.

By signing this, I agree that I have read, understand and will comply with this agreement.

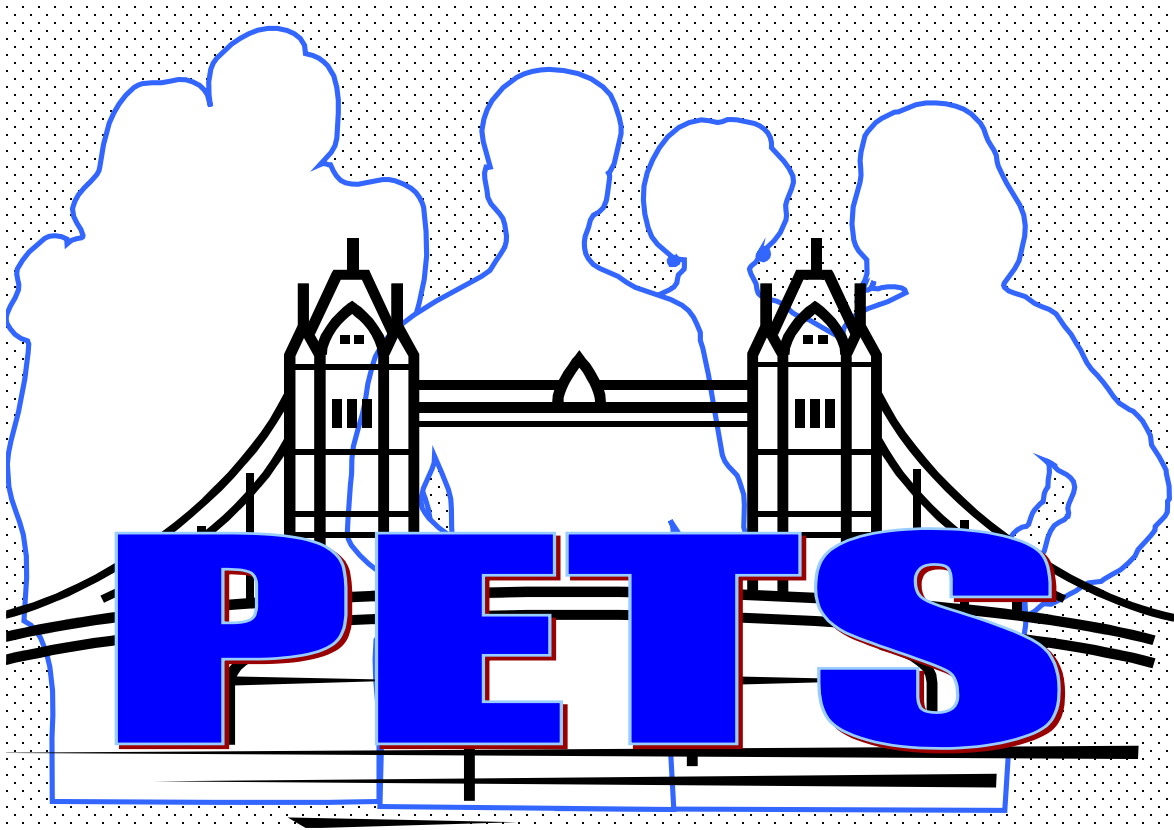
Signature: _____ Date: _____

Release of Information For Personal Distribution

I agree to have my picture taken for sharing with other friends and peers at the Peer Education Training Sites, a program that is connected with the Duke University Medical Centers' Partners-In-Caring and the Duke University Infectious Diseases Clinic.

Signature of Participant

Date



Release for Photographs for Possible Publication and Distribution

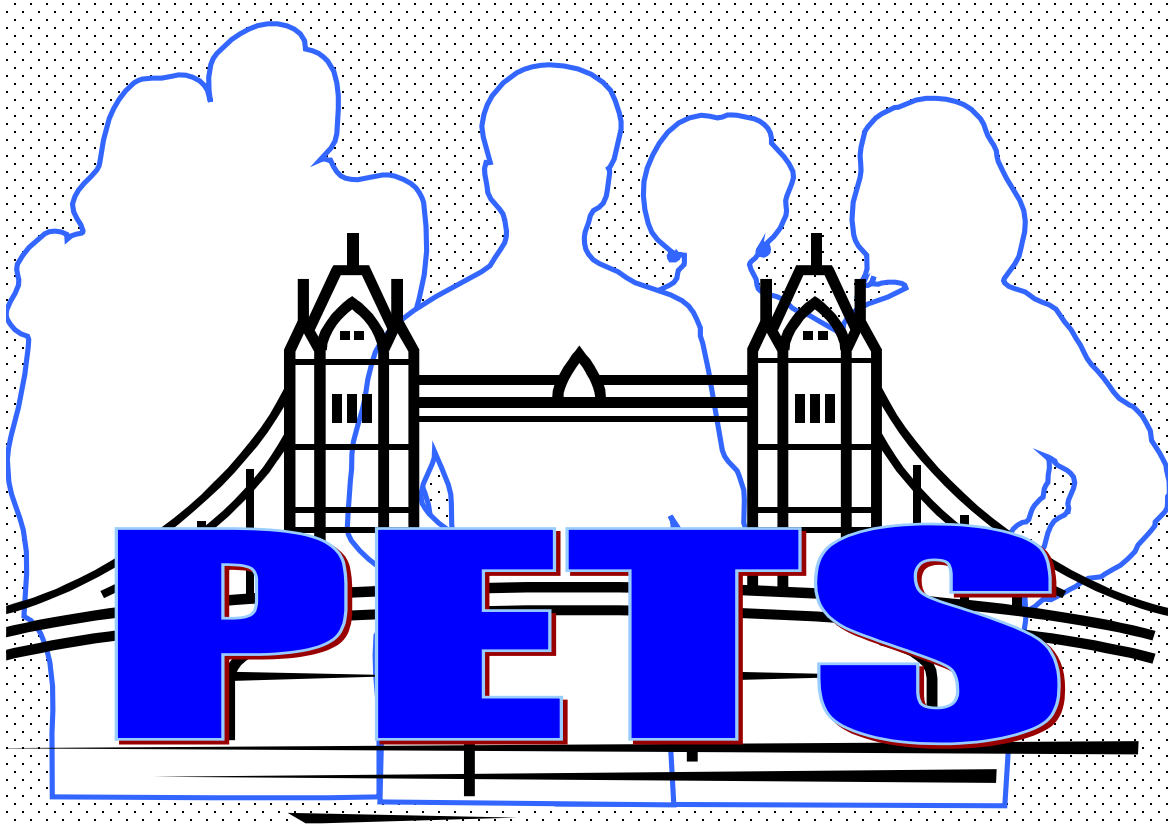
I give permission to allow pictures to be taken of me for a Peer Education Training Site (PETS) poster and other presentations related to PETS through Duke University Medical Center.

Signature Participant

Date

Signature of Trainer

Date



Avila Retreat Center Rules and Announcements

- Cars should be parked on the lower lot after unloading passengers and baggage.
- Keep all doors closed for summer and winter comfort, as well as for keeping out birds.
- Absolutely no smoking in the bedrooms. Ash trays are located on the outside patios.
- Incoming phone messages will be posted on the meeting room door.
- Front office will be locked at 10:00 p.m. each night.
- Emergency incoming calls after 10:00 p.m. will be delivered to guests personally.
- Turn off all lights and water urn when leaving to retire for the evening.
- Before leaving Avila, please strip your bed, remake it and carry sheets and towels to the laundry room. Extra linens are in the rooms (cottages C-G in closet; cottages A-B in desk drawer).
- Thermostats in Room 3, cottages C-G.
- Restrooms are located next to kitchen and between meetings 1 and 2.
- Bedroom check-out time is 11:00 a.m.
- Will you help us? If you are sharing a room with someone, would you agree for one person to shower at night and the other in the morning?
Thank you for your consideration.
- Please be prompt for meals.
- There will be coffee available at 7:00 a.m. outside the dining room.

Reflections for PETS Training

We join with the earth and with each other

To bring new life to the land

To restore the waters

To refresh the air

We join with the earth and with each other

To renew the forests

To care for the plants

To protect the creatures

We join with the earth and with each other

To celebrate the seas

To rejoice in the sunlight

To sing the song of the stars

We join with the earth and with each other

To recreate the human community

To promote justice and peace

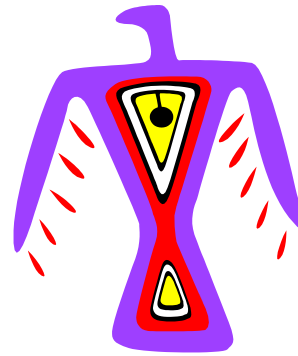
To remember our children

We join with the earth and with each other

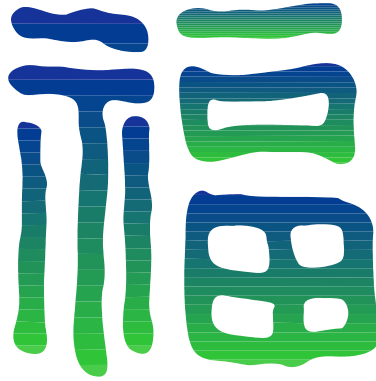
We join together as many and diverse expressions

of one loving memory; for the healing of the
earth and the renewal of all life.

--U.N. Environmental Sabbath Program



May beings all live happily and safe
And may their hearts rejoice within themselves.
Whatever there may be with breath of life,
Whether they be frail or very strong,
Without exception, be they long or short
Or middle-sized, or be they big or small,
Or thick, or visible, or invisible,
Or whether they dwell far or they dwell near,
Those that are here, those seeking to exist—
May beings all rejoice within themselves.
Let no one bring about another's ruin
And not despise in any way or place,
Let them not wish each other any ill
From provocation or from enmity.



--The Buddha, Sutta Nipata

May I reach
That purest heaven, be to other souls
The cup of strength in some great agony,
Enkindle generous ardour, feed pure love,
Be the sweet presence of a good diffused,
And in diffusion ever more intense!
So shall I join the choir invisible
Whose music is the gladness of the world.

--George Eliot

I remember with gratitude the fruits of the labors of others, which I have shared as a part of the normal experience of daily living.

I remember the beautiful things that I have seen, heard, and felt—some, as a result of definite seeking on my part, and many that came unheralded into my path, warming my heart and rejoicing my spirit.

I remember the moments of distress that proved to be groundless and those that taught me profoundly about the evilness of evil and the goodness of good.

I remember the new people I have met, from whom I have caught glimpses of the meaning of my own life and the true character of human dignity.

I remember the dreams that haunted me during the year, keeping me ever mindful of goals and hopes which I did not realize but from which I drew inspiration to sustain my life and keep steady my purposes.

I remember the awareness of the spirit of God that sought me out in my aloneness and gave to me a sense of assurance that undercut my despair and confirmed my life with new courage and abiding hope.

--Howard Thurman, "Blessings at Year End"



Do not fear the truth,
hard as it may appear,
grievously as it may hurt,
it is still right
and you were born for it.
If you go out to meet
and love it,
let it exercise your mind,
it is your best friend
and closest sister.

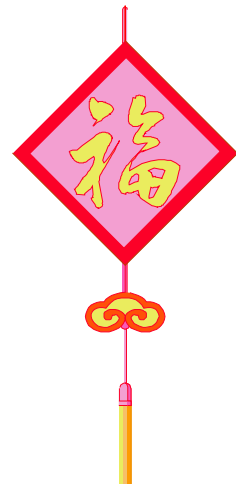
--Dom Helder Camara, "The Desert is Fertile"

I am grateful for and bless the act of creation and all
My loving creators. To be alive is the greatest gift one
Can receive. Life, with its mystery, joy, love, pain,
Difficulties and opportunities. I bless them all as I bless
The wonder of our existence and I bless all who use the
Gift of life to increase the quantity of love and healing
We all require to survive. Peace.

--Bernie Siegel, M.D.

If I am not concerned for myself, who will be for me?
But if I am only concerned for myself, what good am I?
And if now is not the time to act, when will it be?

--Hillel



I hear Great Grandmother singing,
singing as she always has and always will
for she is the sound of all that lives:
she is the breath of the Earth.
She is the weeping of sadness, sorrow,
 Betrayal, treachery.
She is the voice of hope, joy, justice,
thunder of the ocean morning
of the river silence
of the cave wisdom
of the other shore.
I hear Great Grandmother singing,
singing through me.

--From *Jewels on a String*

The sun is the light of our lives. It is the sustenance of
life, the mirror of our joy, the source of the light that we
are inhabited by.

When the sun is shining our spirits are lifted,
exalted by seeing the light. When the sun hides its face,
our hearts are exhausted. We need, we feed on the light.
Today, give thanks for the sun: the life, the joy, the
power, the source, the eye of God beholding us, in
whose light we shine.

--Daphne Rose Kingma



To the good I am good;
to the non-good I am also good,
for Life is goodness.
To the faithful I am faithful;
to the unfaithful I am also faithful,
for Life is faithfulness...
the person of calling accepts them all as his or her
children.

--Tao Te Ching

How happy are the poor in spirit;
theirs is the kingdom of heaven.
Happy the gentle;
they shall have the earth for their heritage.



Happy those who mourn:
they shall be comforted.
Happy those who hunger and thirst
for what is right:
they shall be satisfied.
Happy the merciful:
they shall have mercy shown them.
Happy the pure in heart:
They shall see God.
Happy the peacemakers:
they shall be called children of God.
Happy those who are persecuted
in the cause of right:
theirs is the kingdom of heaven.

--Matthew 5:3 – 10

GLORY be to God for dappled things—
 For skies of couple-color as a brindled cow;
 For rose-moles all in stipple upon trout that swim;
 Fresh-firecoal chestnut-falls; finches' wings;
 Landscape plotted and pieced—fold, fallow, and plough;
 And all trades, their gear and tackle and trim.

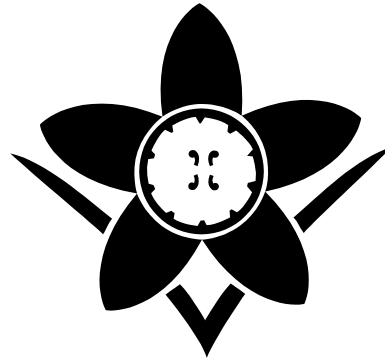
All things counter, original, spare, strange;
 Whatever is fickle, freckled (who knows how?)
 With swift, slow; sweet, sour; a-dazzle, dim;
 He fathers-forth whose beauty is past change:
 Praise him.

--Gerard Manley Hopkins



I WANDERED lonely as a cloud
 That floats on high o'er vales and hills,
 When all at once I saw a crowd,
 A host, of golden daffodils;
 Beside the lake, beneath the trees,
 Fluttering and dancing in the breeze.

Continuous as the stars that shine
 And twinkle on the milky way,
 They stretched in never-ending line
 Along the margin of a bay:
 Ten thousand saw I at a glance,
 Tossing their heads in sprightly dance.



The waves beside them danced; but they
Out-did the sparkling waves in glee:
A poet could not but be gay,
In such a jocund company:
I gazed--and gazed--but little thought
What wealth the show to me had brought:

For oft, when on my couch I lie
In vacant or in pensive mood,
They flash upon that inward eye
Which is the bliss of solitude;
And then my heart with pleasure fills,
And dances with the daffodils.

--William Wordsworth

Ice Breaker.....Found Objects

Time: 10 minutes

Materials:

- A variety of objects displayed on the table (there should be around 25 items). Some examples of objects include, but certainly are not limited to: candle, rope, mirror, feather, ruler, paper money, rock, rubber ball, flowers, paper clip, pair of glasses, bell, pen, plastic toy animals or other toys, angel figure, seashell, puzzle piece, sponge, battery, flower, etc.

Purpose:

Icebreakers are an important way of establishing a comfortable learning environment. This icebreaker provides an opportunity for learners to get to know one another better and to get oriented to the content of the training. Furthermore, it is designed so that each learner has the opportunity to have his or her voice heard in the room. Participating in this way helps create an atmosphere in which contributions are validated and participation is encouraged.

Objectives:

At the end of this activity, trainers will have:

- ✓ Contributed to establishing a safe and comfortable learning environment by valuing the experiences and voices of everyone in the room;
- ✓ Enabled learners and trainers to learn more about each other;
- ✓ Encouraged learners to reflect on the qualities of a good peer educator.

| Trainer's notes | STEPS |
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| | <ol style="list-style-type: none"> 1. Introduce this activity as an exercise to get to know each other better and a fun way to start thinking about becoming a better peer educator. 2. Explain objects on table. <ul style="list-style-type: none"> ❖ <i>As you can see I have placed a variety of objects on the table.</i> ❖ <i>I would like for you to choose an object that speaks to you in some way about what it means to be a good peer educator. It might not seem obvious at first how these objects might relate to your upcoming work so please think creatively! For example, you might pick a pipe cleaner because it is important for a peer educator to be flexible.</i> ❖ <i>After you have picked the object that speaks to you, please take it with you back to your seat. [Note: trainer should select an item also.]</i> |

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| | <ol style="list-style-type: none">3. After learners have chosen their objects and returned to their seats, explain the rest of the activity.<ul style="list-style-type: none">❖ <i>We are going to go around the room and each person will say how his/her object speaks to him/her about the qualities of a good peer educator. You can link your object to any aspect of being a peer educator you want. You can speak from personal experience or anything else.</i>4. Ask for a volunteer to go first. Ask each person to say his or her name and talk about the chosen object. Go around the room until everyone has talked about their object.5. Link to next activity.<ul style="list-style-type: none">❖ <i>Thank you for your creative responses. Hopefully, this training will help you work towards becoming the kind of peer educator you envision. Now, let's move on to discuss an important element of this training: your strengths and needs.</i> |
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Group Discussion..... Strengths and Needs

Time: 45 minutes

Materials:

- Half sheets of blue paper (3 for each participant)
- Half sheets of yellow paper (3 for each participant)
- Bold markers
- Sticky wall
- Two signs: “Strengths” and “Needs”

Objectives:

At the end of this activity, trainers will have:

- ✓ Encouraged participants to note three strengths and three needs;
- ✓ Identified ways for participants to assist each other.

Take Home Messages:

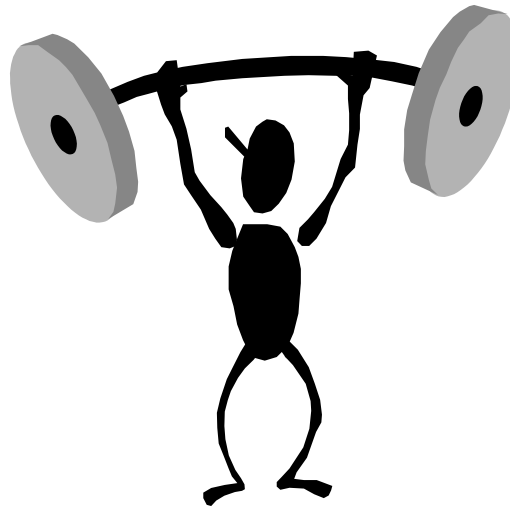
- ⇒ We all have strengths that can help others;
- ⇒ Our peers are excellent resources.

| Trainer's notes | STEPS |
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| Strengths and Needs signs, sticky wall | <ol style="list-style-type: none"> 1. Explain to participants the importance of identifying strengths and needs. <ul style="list-style-type: none"> ❖ <i>Take a moment and think about your experience this morning. Think about areas where you were strong—some strengths you brought to the session. Then, take a moment and think of some areas where you could improve—an area where you need support.</i> ❖ <i>There may be ways we can help each other when building information or skills. We're going to do an activity now to identify our strengths and needs.</i> 2. Put two signs on the sticky wall: one in blue titled, “strengths,” and one in yellow titled, “needs.” |
| Blue and yellow half-sheets of paper (3 of each color for each participant) | <ol style="list-style-type: none"> 3. Give each participant six half sheets of paper, 3 should be one color (blue) and three another color (yellow). 4. Ask participants to write their names in the corner, then write three things they feel they are good at doing on the blue sheets (one item per sheet). Encourage them to be brief, for example, to use two-four words and think of things related to their role as peer educators. |

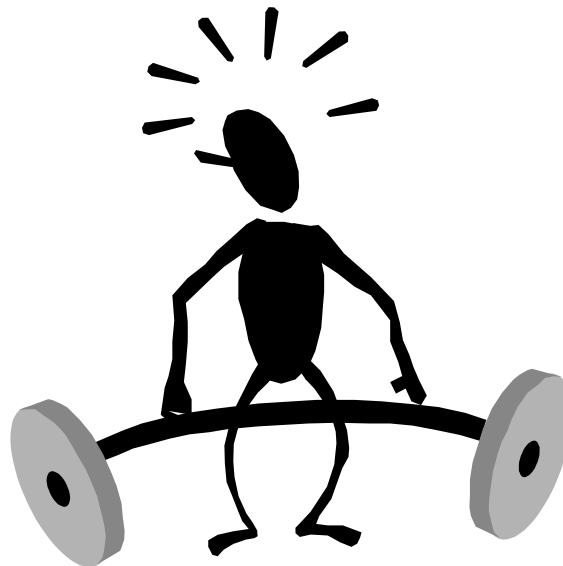
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| | <ol style="list-style-type: none"> 5. Trainer should demonstrate that the paper should be held horizontally. 6. Suggest that participants write their initials up in the right hand corner to keep track of whose papers they are. 7. After all participants have had a chance to write down three things they're good at and three things they would like to get better at doing, ask one person at a time to put their blue sheets up, reading them as they put them on the sticky wall. 8. After all blue sheets are posted, acknowledge everyone's strengths. Re-read each of the blue sheets with the strengths. <ul style="list-style-type: none"> ❖ <i>There is a lot of talent in the room. We all have things to offer others, and there are things we can get help from others to do better. Next, let's look at some areas where we would like to improve.</i> 9. Ask participants to come up one at a time and put their yellow sheets under "needs," reading them as they place them on the sticky wall. 10. Then, ask participants to write down three things they would like to get better at doing on the yellow sheets (again, one item per sheet.) Ask participants to write in large letters so we'll be able to see their responses. Ask them to star the item they need the most help with. 11. While participants are writing down their needs for improvement, try to group papers with strengths that are similar so steps 13 and 14 will be easier. 12. Summarize the areas where people need help. 13. Ask the group if there are any "matches," between the strengths and needs. For example, Pam may need help with listening to others and Tim may have stated he is a good listener. In this case, Tim could possibly help Pam. Put the yellow sheets next to the blue sheets and encourage the participants to come up and make matches between needs and strengths. 14. Make as many matches as possible. Ask people who else might be able to help them with the things they'd like to |
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| | <p>improve. Some possible answers include:</p> <ul style="list-style-type: none">• Mentors• Trainers• Other peer educators• Social workers• Staff at their clinics <p>15. Encourage people to identify those they can help as well as the peers who can help them. Let the group know we will be checking in with them on Wednesday to see how they helped others and how they were helped.</p> <p>16. Link to next activity.</p> <p>❖ <i>Thank you for sharing your strengths and needs. Now we'll do some activities to build communication skills.</i></p> |
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Strengths



Needs



Communication Skills.....Desensitizing Language

Time: 15 minutes

Materials:

- Sexual activities papers
- Prize for winning pair

Objectives:

By the end of this session, participants will be able to:

- ✓ Identify their comfort level in talking to callers about sex using a variety of sexual terms.

Take Home Messages:

- ⇒ Peer educators need to model comfort with talking to peers.
- ⇒ Peer educators need to use language their peers will understand;
- ⇒ Peers can assist health care providers in understanding “slang” or street terms.

| Trainer's notes | STEPS |
|--------------------------|--|
| | <ol style="list-style-type: none"> 1. Explain the necessity for being able to talk more explicitly about sex and sexual activities. <ul style="list-style-type: none"> ❖ <i>We have a tendency to bleach or to “sanitize” language, making its meaningless to most of the people to whom we are speaking. For instance, even in the schools, we are asked to use the words “bodily fluids” (when referring to vaginal secretions or semen) or “penetrative sex” (when we are talking about vaginal or anal sex).</i> ❖ <i>It is important that we communicate clearly in language that our peers understand. It could be that slang terms or “street” talk are the only words a patient will know or be comfortable using. What do you think might happen if you’re explaining something like vaginal secretions to a peer who has a limited understanding of female anatomy?</i> ❖ <i>Or, what could happen if you find yourself talking to a patient who practices behaviors that you don’t agree with?</i> ❖ <i>Your judgment could affect the quality of the peer education session. Be objective, flexible and patient; the most accurate information is useless if the peer misunderstands it.</i> |
| Papers with sexual terms | 2. Provide instructions for the desensitizing language activity. |

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| <p>Prizes</p> | <ul style="list-style-type: none"> ❖ <i>In a moment we'll get into pairs. Each pair will need to select a note taker.</i> ❖ <i>Each group will receive two papers with a sexual term on it. We are going to have a contest to see who can come up with the most slang words for specific sexual terms. Please do not turn the paper over until I give the signal.</i> <ol style="list-style-type: none"> 3. Pair participants and distribute facedown to each note taker two sheets of paper on which is written one of the following terms: <ul style="list-style-type: none"> • Vagina • Intercourse (vaginal or anal) • Penis • Oral sex 4. Allow 3 - 5 minutes for brainstorming. 5. After time is up, find out how many words each pair has listed and ask the group with the highest number to read their list aloud. Next, ask the other groups, in descending order, to share their lists of words. 6. Give prizes to the winning team. 7. Instruct participants to write down the following on scrap paper: <ul style="list-style-type: none"> ❖ <i>Which of the terms made you feel uncomfortable?</i> ❖ <i>Which terms, if any, were offensive? [Note: The trainer may need to disclose their feelings to get participants to acknowledge their own.]</i> 8. Ask participants: <ul style="list-style-type: none"> ❖ <i>What are you going to do when/if a patient uses one of these words during a session, or if you find yourself having to use this word?</i> ❖ <i>Which listening skill would be helpful when you are faced with a term you have never heard before? (A possible answer: "request for clarification:" peers should make sure that both they and the patient have a clear understanding of what is being said.)</i> |
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| | <p>9. Link to next activity.</p> <ul style="list-style-type: none">❖ <i>You did a great job. One way to handle “street” language is to use it but pair it with the term health care providers might know. For example, you might say, “the female condom needs to be inserted in your birth canal, or what health care workers call the vaginal canal or vagina.” This offers peers a chance to learn ways to communicate with both their peers and those they interact with in the health arena.</i>❖ <i>Remember, health care providers get caught up in a language all their own. While most health care providers who have worked in STDs or HIV for a long time are familiar with most street language, you may have a medical student, resident, or new provider who really needs a lot of training with this language. As you become more familiar with the team in which you may some day be working (or are currently working), help them out!</i>❖ <i>Now we’ll move to a related topic: questioning skills.</i> |
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Penis

Intercourse (vaginal or anal)

Vagina

Oral sex

Communication Skills..... Questioning

Time: 40 minutes

Materials:

- Papers with famous names (two different names per participant) [**Note: see suggested names at the end of the end of this section.**]
- Masking tape
- Handout with open-ended questions

Objectives:

By the end of this session, participants will be able to:

- ✓ Demonstrate the importance of communicating clearly with others;
- ✓ Demonstrate how questioning skills are effective ways to find out information.

Take Home Messages:

- ⇒ It is important for peer educators to develop good listening skills;
- ⇒ Mistakes in communicating clearly are easy to make.

| Trainer's notes | STEPS |
|--|--|
| 20 minutes | 1. Explain directions for activity. |
| 10 papers with names on them, masking tape | <p>❖ <i>We're going to do an activity now that will show the importance of questioning. In a moment, we're going to place a piece of paper on your back. There will be a famous person's name on this paper. You'll need to find out who your person is by asking only questions that can be answered by "yes" or "no," such as, "Am I a woman?" "Am I famous?" etc.</i></p> <p>2. Tape a different name on each participant's back so s/he can't see what's on it.</p> <p>3. Instruct participants to circulate around the room with names on their backs. They need to discover who they "are" by asking only questions that can be answered by "yes" or "no." [Note: see suggestions for names in resources.]</p> <p>4. After everyone has figured out their person or when 10 minutes is up, bring group back together and process with the following questions:</p> <ul style="list-style-type: none"> • How easy or difficult was it to discover who you were? • What made it difficult? • How did you feel while doing this activity? |

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| <p>10 minutes Papers with 10 different names on them, masking tape</p> <p>10 minutes</p> | <p>5. Refer to handout and review what open-ended questions are.</p> <p>❖ <i>What's an example of an open-ended question?</i> [Questions that can't be answered by "yes" or "no" or one word.]</p> <p>6. Using the additional sheets of famous people, put new names on participants' backs and have them circulate again.</p> <p>❖ <i>This time you should only ask questions that are open-ended to find out who you are. If someone asks you a "yes" or "no" question, do not answer him/her.</i></p> <p>7. After time is up or everyone has discovered who they are this time, bring group back together and process.</p> <ul style="list-style-type: none"> • How was this time different from the last time? • What made it easier? • What made it harder? • How many people found themselves asking closed-ended questions? • How did you feel while you were doing this activity this time? • How does this activity relate to interviewing peers? <p>8. Link to next activity.</p> <p>❖ <i>These questioning skills are not only useful when working with your peers, but also when talking to your health care provider, case manager and others.</i></p> <p>❖ <i>Now that we've talked about some difficult words and different ways to ask questions, let's use this information and practice asking some tough questions.</i></p> |
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Open-ended Questions

Open-ended questions are helpful for getting details about issues. The following words will help you get specific information from peers

Where...

When...

Who...

What...

How...



*Although "why" is certainly an open-ended questions, it's better to avoid using it in a peer education setting since it can sometimes sound judgmental or make people defensive.

Suggestions for names to put on participants' backs in
Communication Skills: Questioning activity.

- Aretha Franklin
- L'il Kim
- Queen Latifah
- Oprah
- Michael Jordan
- Billy Graham
- Pope John Paul
- Bill Clinton
- Bill Cosby
- Martin Luther King
- Tiger Woods
- Princess Di
- Michael Jackson
- Marilyn Monroe
- Elvis Presley
- Eddie Murphy
- Halle Berry
- Patti LaBelle
- Denzel Washington
- Elizabeth Taylor
- Serena Williams
- Venus Williams
- O.J. Simpson
- Whitney Houston

Communication Skills..... Asking Tough Questions

Time: 50 minutes

Materials:

- Difficult topic scenarios, cut into individual strips (each group will receive a set)

Objectives:

By the end of this session, participants will be able to:

- ✓ Demonstrate the importance of communicating clearly with others;
- ✓ Demonstrate how easy it is to miss exactly what others are saying and discuss what that means for communication.

Take Home Messages:

- ⇒ It is important for peer educators to develop good listening skills;
- ⇒ It is important for peers to remain professional and non-judgmental during peer education;
- ⇒ Questioning skills can help peer educators get information from patients;
- ⇒ Modeling comfort with difficult topics contributes to effective peer education.

| Trainer's notes | STEPS |
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| 15 minutes | <p>1. Explain the purpose of this activity.</p> <p>❖ <i>There are some topics that it's hard to ask someone you don't know well. What are some of these topics that you might have trouble bringing up with a peer?</i> [Note: some responses might include the following:]</p> <ul style="list-style-type: none"> • Sex • Sexual orientation • Religion • Drugs • Alcohol use • Feelings—depression, anger, etc. • Death and dying • Anger with provider <p>❖ <i>How might a peer feel if you appear uncomfortable discussing these issues?</i> [Note: some responses might include the following:]</p> <ul style="list-style-type: none"> • Alienated • Judged • Angry • Alone |

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| <p>20 minutes Scenario strips</p> | <ul style="list-style-type: none"> • Shameful • Guilty <p>❖ <i>And how might this affect the outcome of your peer education session? [Note: some responses might include the following:]</i></p> <ul style="list-style-type: none"> • Peer might not come back • S/he might not get important information • S/he might not follow recommendations from peer and mentor • S/he might shut down during session <p>❖ <i>What are some things we need to keep in mind when we ask tough questions? [Note: some responses might include the following:]</i></p> <ul style="list-style-type: none"> • What words we use • How we say the words • Timing is important • Need to know why you are asking each question <p>2. Provide instructions for activity.</p> <p>❖ <i>We're going to do an activity where you can practice asking some of these difficult topics as well as experience what it's like to be on the receiving end of hearing potentially offensive or embarrassing terms. The trainers will demonstrate by going first.</i></p> <p>3. Break up larger group into pairs and distribute scenarios.</p> <p>❖ <i>For this exercise, the taller person will be the peer educator and other person will be the peer. In a moment, I'll distribute three scenarios to the peer educator. You'll have 6 minutes to role-play these scenarios.</i></p> <p>❖ <i>After 6 minutes, you'll switch roles and I'll distribute a scenario to the other person. You might want to use the questioning handout as a reminder to ask open-ended questions.</i></p> <p>❖ <i>You'll have 6 more minutes to practice these situations. Notice your own feelings, thought and sensations when asking the tough questions as well as when answering. [Note: trainers should be available to help those with limited literacy skills.]</i></p> |
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| 15 minutes | <ol style="list-style-type: none"> 4. Trainers should choose one of the scenarios and perform their skit. 5. Allow both “peer” and “peer educator” to review the scenarios. After ten minutes, distribute three different scenarios and signal that they should switch roles. 6. After time is up (12-15 minutes), call larger group back together and process with the following questions: <ul style="list-style-type: none"> • How was your experience? • What was difficult about it? • What are some ideas you have about making this experience easier with peers in the future? 7. Summarize and link to closing. <ul style="list-style-type: none"> ❖ <i>A large part of being an effective peer educator is being able to listen without jumping in—letting the patient do the speaking. But sometimes you have to ask questions to get to a peer’s underlying concern or behavior. Modeling comfort and professionalism encourages peers to be open and honest.</i> ❖ <i>Thanks for your work today. Let’s wrap up and now and talk about the plan for tomorrow</i> |
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Questioning Scenarios

Your peer is a single mother whose main issue is safer-sex practices. Your goal is to find out what sort of activities she's concerned about and what kind of barriers she has been using or will use.

Your peer is a heroin addict. Your goal is to find out whether s/he has been practicing harm reduction.

Your peer is a gay male who has told you he's been "bare-backing." Your goal is to discuss how to practice safer sex and disclose his HIV status to partner/s.

Your peer is an HIV+ woman who has just found out she is pregnant. Your goal is to discuss treatment options and whether her partner/s are aware of her HIV infection.

Your peer is a 17-year old sex worker. Your goal is to find out how she's been practicing safer sex.

Your peer is a bi-sexual woman who is currently having sex with only women. She doesn't think she can pass HIV to another woman so she hasn't been using protection. Your goal is to discuss safer sex options with her.

Closing and Evaluation..... Pluses and Wishes

Time: 15 minutes

Materials:

- Flip chart
- Markers

Objectives:

By the end of this session, participants will be able to:

- ✓ Verbalize objectives and take home messages from the day's sessions.

Take Home Messages:

- ⇒ Processing and sharing observations and feelings about training experiences are important components of adult learning.

| Trainer's notes | STEPS |
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| <p>Agenda and objectives flipcharts; flipchart for pluses and wishes; markers</p> | <ol style="list-style-type: none"> 1. Introduce evaluation. Summarize the objectives. Ask participants to review the activities for the session and give two or three important take home messages. <ul style="list-style-type: none"> ❖ <i>We did a lot today. It is important to briefly think about today's session along with what worked and what did not. Today's closing is the activity called Pluses and Wishes, which you are familiar with from levels I and II. First, let us review what we wanted to do and how we planned to do it. (Summarize objectives)</i> ❖ <i>Today we found out what peer education really is about. Can someone review the activities that we did and what the important messages were?</i> 2. Allow participants to share and then move to Pluses and Wishes. Draw a line down the middle of the flipchart. Write "Pluses" on one side of the line and "Wishes" on the other side. Explain the process of Pluses and Wishes. <ul style="list-style-type: none"> ❖ <i>Pluses are things that you liked about the session. Wishes are things that you would like to be done differently at future sessions. Pluses and wishes can be about any part of the training (i.e., content covered, noise level or temperature of room, refreshments, distractions, comfort of seating, etc). After the list is complete, the workshop planners will meet to make changes that are possible and appropriate.</i> |

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| | <p>3. Ask the group to call out some “pluses” and “wishes.” Participants can name pluses and wishes back-to-back; trainer should be sure to record comments in the appropriate category.</p> <p>❖ <i>Thank you for all of your input. We appreciate your acknowledgment of the pluses and will try to address the wishes as best we can.</i></p> <p>4. Review parking lot. Cross off items that were addressed.</p> <p>❖ <i>Were any of the parking lot items addressed? If so, they can be taken off the list. [Note to trainer: put a check by each item that was addressed]. We will try to address some of these other items tomorrow.</i></p> <p>❖ <i>Reminders:</i></p> <ul style="list-style-type: none">• <i>Dinner begins promptly at 5:00.</i>• <i>Tonight’s evening activity will begin at 6:30.</i>• <i>Have a great evening!</i> |
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Day 2.....Review/Preview

Time: 15 minutes

Materials:

- Prepared flipchart with agenda
- Ground rules posted on the walls
- Parking lot
- Pluses and wishes
- Key messages handout from day one
- Typed ground rules to be distributed
- Flipchart, markers and tape

Objectives:

By the end of this session, participants will be able to:

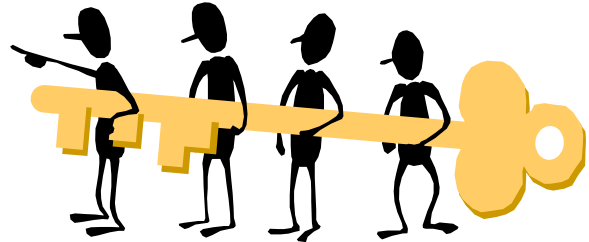
- ✓ Resolve any issues from the previous day;
- ✓ Focus on today's activities.

| Trainer's notes | STEPS |
|--------------------------------|---|
| Pluses and Wishes from day one | <ol style="list-style-type: none"> 1. Welcome everyone to day two. Acknowledge any new observers, guest trainers, etc. Mention the ground rules from the previous day, which should be posted where everyone can see them. Ask participants how the evening activity went for everyone last night. <ul style="list-style-type: none"> ❖ <i>Welcome to day two! Thanks to everyone who participated in last night's activity. How did that go? Was it valuable to do something fun after your hard work yesterday?</i> ❖ <i>After being together for one session, is there anything you wish to change about the Ground Rules before we start with day 2?</i> 2. Post "Pluses and Wishes" from previous day. Acknowledge pluses. <ul style="list-style-type: none"> ❖ <i>I really appreciate your feedback. People had positive comments about...(list a few pluses).</i> 3. Review wishes from day one. Explain how and why they were or were not addressed. <ul style="list-style-type: none"> ❖ <i>Some suggestions that you made were... (list wishes). We could accommodate these requests (list) by doing (...). However, these requests (...) are beyond the scope of this</i> |

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| <p>Handout: key messages from day one</p> | <p><i>workshop.</i></p> <p>❖ <i>Thank you once again for expressing both your pluses and wishes. We will try to address as many as possible to meet your needs.</i></p> <p>4. Review agenda and key messages from day one. Refer to handouts.</p> <p>❖ <i>These are the key messages we should have received on yesterday (day one):</i></p> <ul style="list-style-type: none"> • It is important to bridge the gap between persons living with HIV or AIDS and the medical and social service systems; • We all have strengths that can help others; • Our peers are excellent resources; • Peer educators need to model comfort with talking to peers; • Peer educators need to use language their peers will understand; • It is important for peer educators to develop good listening skills; • It is important for peers to remain professional and non-judgmental when assisting peers; • Questioning skills can help peer educators get information from patients; • Modeling comfort with difficult topics contributes to effective peer education. <p>❖ <i>Does anyone have any questions about information or activities from yesterday?</i></p> <p>❖ <i>Now let's look at what we are going to do today.</i></p> |
| <p>Flipchart with day two agenda and learning objectives</p> | <p>5. Show today's agenda and objectives and discuss the day's activities.</p> <p>6. Move to the next activity.</p> <p>❖ <i>Let's start today with some time for reflection.</i></p> |

Key Messages from Day 1, PETS Level III

- It is important to bridge the gap between persons living with HIV or AIDS and the medical and social service systems;
- We all have strengths that can help others;
- Our peers are excellent resources;
- Peer educators need to model comfort with talking to peers;
- Peer educators need to use language their peers will understand;
- It is important for peer educators to develop good listening skills;
- It is important for peers to remain professional and non-judgmental when assisting peers;
- Questioning skills can help peer educators get information from peers;
- Modeling comfort with difficult topics contributes to effective peer education.



Opening Reflections

Time: 5 minutes

Materials:

- Handouts with typed reflections.

Purpose:

Starting the day with a few moments of reflection is a way to honor various spiritual beliefs and values.

Objectives:

At the end of this activity, trainers will have:

- ✓ Provided participants with an opportunity to reflect and meditate.

| Trainer's notes | STEPS |
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| | <ol style="list-style-type: none"> <li data-bbox="625 793 1474 1165"> <p>1. Explain the purpose for a daily reflection.</p> <p>❖ <i>We know from last time that people like to start our sessions with a blessing, reflection or meditation. We also know that there are a variety of ways people express their beliefs. We'd like to use this time for quiet reflection. You may also choose to look through the inspirations found on page ____ in your participant handbook. These reflections are from the book, A Grateful Heart. They are inclusive and come from many different traditions.</i></p> <li data-bbox="625 1192 1430 1260"> <p>2. Allow a few minutes of silence for people to say their own reflections or to meditate.</p> |

Warm-up..... Back-to-Back Drawings

Time: 20 minutes

Materials:

- Paper (enough for each dyad to have one sheet)
- Thin markers (enough for each dyad to have one)
- Pairing method (plastic farm animals—five different animals, two of each type)
- Handouts with activity image (enough for each dyad to have one)

Objectives:

By the end of this session, participants will be able to:

- ✓ Present basic principles for communication;
- ✓ Demonstrate verbal & non-verbal facilitation skills

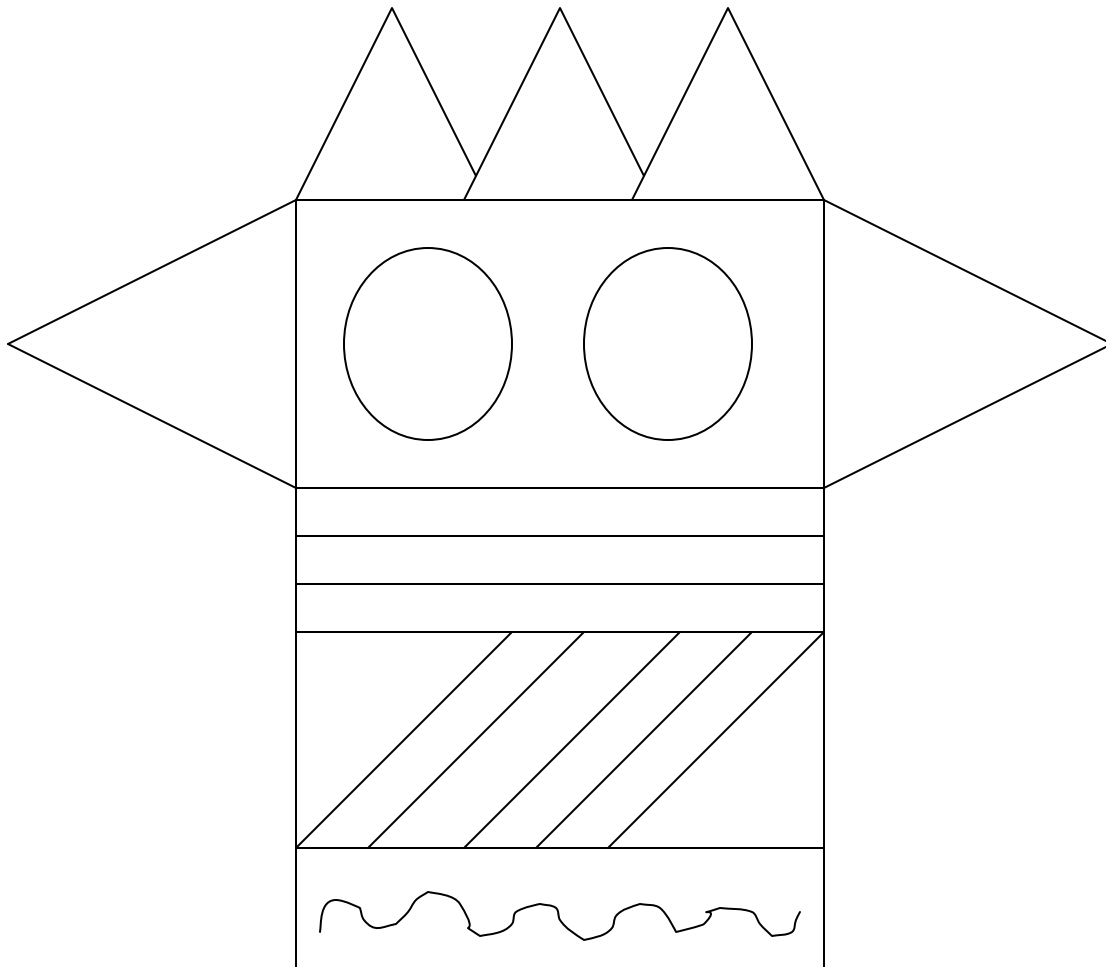
Take home messages:

- ⇒ Communication needs to be specific;
- ⇒ Don't assume people know what you're talking about;
- ⇒ Body language helps check for understanding;
- ⇒ It's important to break the big picture into "smaller" pieces so people have successes;
- ⇒ Questions help both parties—it's helpful to ask and allow questions.

| Trainer's notes | STEPS |
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| Plastic farm animals, plain paper, thin markers, handouts with activity image | <ol style="list-style-type: none"> 1. Explain the exercise. <ul style="list-style-type: none"> ❖ <i>We're going to get into pairs in a few minutes, then do an activity where Partner #1 will describe an image to Partner #2. Partner #2 will then need to reproduce this image.</i> ❖ <i>There are three rules: Partner #1 and #2 cannot face each other; Partner #1 can give the rules only <u>once</u>; and Partner #2 cannot ask for any clarification.</i> 2. Divide the group into pairs with plastic farm animals (5 different animals, 2 of each type). Ask participants to get a book or something to write on and find their partners by matching farm animals. 3. Once everyone is in pairs, instruct the group to form a line, back to back: Partner #1 facing one wall and Partner #2 facing the other wall. [Note: participants may sit or stand in this line. If chairs are used, facilitator will need to provide |

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| | <p>additional instructions for participants to bring chairs to the area.]</p> <ol style="list-style-type: none">4. Hand the people facing one wall (partner #1) a handout with the image. Emphasize that the other person (partner #2) cannot view this sheet.5. Hand Partner #2 a blank sheet of paper and a marker.6. Ask Partner #1 to describe the picture to Partner #2 so that she/he can reproduce the drawing on his/her sheet of paper.7. Repeat the three rules:<ul style="list-style-type: none">• Partner #1 and #2 cannot face each other;• Partner #1 can give the rules only once;• Partner #2 cannot ask for any clarification.8. Allow 10 minutes for this activity. Circulate to be sure people are following the instructions.9. After 10 minutes, ask the group to come back together and discuss what they observed.10. Summarize the discussion and process with the following questions:<ul style="list-style-type: none">• Who was successful?• How did participants feel in their respective roles?• What was the most frustrating aspect?• What were the specific methods you used to accomplish the task?• How does this exercise relate to interviewing peers? |
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Image for Back to Back Drawing



Role Plays.....Discussing HIV with Peers

Time: 50 minutes

Materials:

- Method for breaking people into small groups (colored gems or craft sticks—three different colors)
- Role plays (one for each person in the small groups)
- HIV key points reference handout (one for each participant)
- Prepared flipchart with processing questions

Purpose:

As peer educators, PETS participants need to have a basic understanding of HIV and how the virus works. Each phase of PETS training builds upon participants knowledge of the disease.

Objectives:

At the end of this activity, trainers will have:

- ✓ Provided continuing education about HIV and how the virus works;
- ✓ Offered an opportunity for participants to clarify HIV information.

Take Home Messages:

- ⇒ It is important for peer educators to understand HIV;
- ⇒ It is important for peer educators to be able to give peers accurate information about HIV.

| Trainer's notes | STEPS |
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| 10 minutes | <ol style="list-style-type: none"> 1. Explain that this is an exercise to practice discussing HIV issues with peers while maintaining a supportive and nonjudgmental attitude. <ul style="list-style-type: none"> ❖ <i>An important role of being a peer educator is to provide basic HIV information to the peers you'll be working with. You will build HIV information skills as part of the mentoring process: your mentor will discuss with you ways to do this. Today we're going to practice talking about HIV with peers. We'll also receive feedback about our strengths and areas for growth.</i> |
| Method for breaking people into small groups, HIV scenarios, HIV basics handout | <ol style="list-style-type: none"> 2. Break participants into triads using different colored objects (plastic gems, colored sticks, etc.). One group will have four participants. Explain directions for the role plays. <ul style="list-style-type: none"> ❖ <i>In a moment we're going to pass out some scenarios that involve an issue related to HIV. There are three roles involved: the peer, the peer educator and the observer.</i> |

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| | <ul style="list-style-type: none"> ❖ <i>The peer's job is to play the character on their half sheet. The peer educator's job is to use what s/he has learned in the workshop while counseling the peer. Please remember to use open-ended questions. The observer's job is to give the peer educator honest feedback about strengths and areas for growth. Peer educators should take in the feedback without dismissing compliments or making excuses.</i> ❖ <i>Each of you will have a chance to play each role.</i> |
| <p>30 minutes</p> | <ol style="list-style-type: none"> 3. Have the participant with the brightest colored shirt be the first peer; the person with the birthday nearest to today's date be the peer educator and the other person be the observer. Pass out role-play scenarios to the "peers" in each triad, and ask them not to share. Give them five minutes to prepare their roles; then, they can act out the discussion for the group. 4. Allow 10 minutes for each role-play—six minutes to role-play and four minutes for feedback. Cue participants to switch. Trainers should check in with all groups. Also, some groups might need help reading cards, so trainers should be available to assist. |
| <p>15 minutes</p> <p>Flipchart with questions</p> | <ol style="list-style-type: none"> 5. After groups have finished their role plays, process with the following questions: <ul style="list-style-type: none"> • Ask how it felt to be the peer. • Ask what was difficult about being the peer educator. • Ask the observers what was successful. • Ask the group, <i>what will you do the same way or differently when talking to peers in the future?</i> |
| <p>5 minutes</p> | <ol style="list-style-type: none"> 6. Ask if participants have any other questions related to HIV at this time. 7. Link to next activity. |

HIV Role Play Peer Characters

Irene/Izzy Immune System

You haven't been getting enough sleep or exercise.

You have been eating a poor diet.

You have had many exposures to other illnesses recently.

Carlotta/Charles Cell-count

You have been recently diagnosed with HIV.

Your health care provider keeps talking about something called a CD4 count. You don't know what this means.

Nancy/Nate New Kid on the Block

You have been recently diagnosed with HIV. Ask your peer educator what the difference between HIV and AIDS is. Ask your peer educator what HIV stands for.

Vickie/Vinnie Viral Load

You have been recently diagnosed with HIV. You don't understand the term "viral load" and are embarrassed to ask your health care provider. Ask your peer educator what AIDS stands for.

Annie/Artie Antiviral

You are taking antivirals for HIV infection. Ask your peer educator whether these drugs will kill the virus.

Mary/Marvin Missed-A-Dose

You have missed a dose of your HIV medication. You want to know whether it matters if you occasionally miss a dose of your medication.

Teresa/Thomas Too-late-Now

You've had unsafe sex a couple of times with your new partner. Tell your peer educator that you don't see why you should have safe sex now—if you are going to catch something you would have already and it's too late to do anything about it.

Sally/Sammy Sex-Worker

You are a prostitute and sometimes your Johns don't want to use condoms, or they offer to pay you a lot more to go without. Tell your peer educator that you really need the money.

Geraldine/George Go-Down

You are HIV+, heterosexual or bisexual and date a lot.
You've had several sexual partners in the last year.
You use condoms for vaginal/anal sex, but not for oral sex. Ask your peer educator if s/he thinks that's okay.

Maria/Martin Mood-Saver

You are a single person who has dated several people in the last year. Sometimes you have unsafe sex because it feels like dragging out the latex will ruin the mood. Tell your peer educator that you just don't like condoms. (Make your peer educator find out why you're not using condoms.)

HIV Basics for HIV Role Plays

- Our immune systems are necessary to keep us healthy. Our immune systems defend our body against infections and other diseases that we come in contact with throughout our lifetime. The immune system is very complex. There is a lot that we do not know about how it works.
- HIV infection is an infection caused by the human immunodeficiency virus. As the name says, HIV infects humans and over time knocks out the body's immune system, making it unable to protect against infections and other diseases.
- CD4 lymphocyte cells are an important part of our immune system. CD4 cells try to rid the body of HIV by attaching to the virus and starting a series of specialized immune functions. HIV targets the very cells that are meant to destroy it and turns them into HIV-producing factories, making millions to billions of copies a day. New copies of HIV are constantly being made as virus copies live only a few days.
- HIV can lead to AIDS over a long period of time. HIV destroys CD4 cells. The body tries to keep up by making new CD4 cells but over time cannot make enough new CD4 cells to protect the body. When the CD4 cell count drops below 200, a person is said to have Acquired Immunodeficiency Syndrome (AIDS).
- HIV viral load measures the amount or copies of active (reproducing) HIV in the body. The higher the viral load, the faster the virus is reproducing, and the faster the CD4 cells and immune system will be destroyed.

- HIV antiretroviral medications interfere with HIV's ability to make new copies of itself. HIV medications do not kill HIV but keep it from completing all the steps necessary for it to reproduce and infect more CD4 immune cells.
- Missed doses of medications allow HIV to complete the reproduction cycle. HIV, like other living things, is constantly adapting to its surroundings in order to stay alive. Missed doses of medications allow HIV to change so it can continue to reproduce in spite of the medication(s) in the body.
- Not all HIV makes new copies of itself. Some of the virus lies inactive throughout the body waiting for when it may need to become active in order to keep HIV alive. HIV antiretroviral medications cannot work unless the virus is actively reproducing. For this reason, current HIV antiretroviral medications cannot eliminate all of the virus particles in someone's body. This is one of the reasons why there still is no cure.
- HIV is spread mainly through unprotected sex (without a condom or barrier) or blood exposure from contaminated needles or syringes, but can also be transmitted from a mother to her baby during pregnancy, childbirth or breastfeeding.

Case Studies..... Adherence Barriers

Time: 60 minutes

Materials:

- Colored paper clips (3 different colors, enough for breaking all participants into three groups)
- Case studies (one different study for each group)
- Prepared flipchart listing the importance of being adherent

Objectives:

At the end of this activity, participants will have:

- ✓ Reviewed the importance of adhering to HIV treatment plans;
- ✓ Practiced ways to help peers overcome adherence barriers.

Take Home Messages:

- ⇒ It is important for people living with HIV to adhere to treatment plans;
- ⇒ It is important to offer assistance to peers who are struggling with adherence issues.

| Trainer's notes | STEPS |
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| <p>10 minutes</p> <p>Flip chart with reasons for being adherent</p> | <ol style="list-style-type: none"> 1. Show flip chart and review list of reasons to be adherent generated in PETS levels I and II. <ul style="list-style-type: none"> ❖ <i>In levels I and II you generated a list of reasons why it's important for people living with HIV to be adherent to their health plans. Here's what you came up with:</i> <ul style="list-style-type: none"> • Medications keep us healthy • Missing doses of medications over time can cause your immune system to build up drug resistance which means the HIV medication you're taking doesn't work • Attending regularly scheduled appointments makes it easier to continue to get and keep health and social services • To better tolerate the side effects of HIV medications • To learn and recognize the difference between "normal" side effects and life threatening ones • Keeps relationships (with providers) healthy • Helps us be guilt-free • Helps us live long • Helps life be as normal as possible 2. Ask participants if they'd like to add to this list, then introduce case studies. |

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| <p>Colored paper clips</p> <p>15 minutes</p> <p>Adherence case studies</p> <p>20 minutes</p> | <ul style="list-style-type: none"> ❖ <i>Next we're going to practice ways of overcoming adherence barriers with peers. In levels I and II, you listed some things that might make it difficult for people to be adherent to an HIV treatment plan. We're going to build on those activities now.</i> ❖ <i>You will need to divide into groups for this activity based on the color of your paper clip. Each group will read and analyze a case study. Then you will discuss the special circumstances in the scenario as well as come up with ways to overcome the issues that might prevent someone from being adherent.</i> <ol style="list-style-type: none"> 3. Divide the participants into 3 groups using colored paper clips. 4. Distribute one case study to each group. Trainers may be assigned to each group to read scenarios. Inform the groups that they will have 15 minutes to discuss. <ul style="list-style-type: none"> ❖ <i>Refer to the questions listed on your case studies as you discuss the situation. You will have 15 minutes to discuss your scenario and your strategies. Then we will report back to the larger group</i> 5. Reconvene as a large group and have each group report their scenario and their strategies to overcome barriers. <ul style="list-style-type: none"> ❖ <i>Now we will have each group report back on their scenario. Each group will have five minutes.</i> 6. Allow five minutes for each group's report and give other groups an opportunity to comment on the strategies reported. 7. Link to self-care exercise. <ul style="list-style-type: none"> ❖ <i>Thanks for your hard work today. Let's take some time to take care of ourselves.</i> |
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Case Studies—Adherence

Angela is a single mother living with HIV. She has not been taking her medications because she does not have insurance and her pills cost too much. She has other bills to pay and has two children to support.

- What are Angela's barriers to adherence?
- What is your goal?
- What motivates her to be adherent?
- How do you help her?
 - Motivation?
 - Referrals?
 - Support?
 - Tools?
 - Etc.?

Case Studies—Adherence

Steve is HIV+ and in a mutually monogamous relationship with Ed who is negative. They always use condoms when having sex. Steve hasn't been taking his medications because he hasn't felt sick in over a year. He's also tired of hiding his pills from his co-workers.

- What are Steve's barriers to adherence?
- What is your goal?
- What motivates him to be adherent?
- How do you help him?
 - Motivation?
 - Referrals?
 - Support?
 - Tools?
 - Etc.?

Case Studies—Adherence

Darren is a 42-year old former drug user. He isn't being adherent because he doesn't like the way the medicines taste and he says that the pills make him feel bad. He also doesn't understand the complicated regiment.

- What are Darren's barriers to adherence?
- What is your goal?
- What motivates him to be adherent?
- How do you help him?
 - Motivation?
 - Referrals?
 - Support?
 - Tools?
 - Etc.?

Case Studies—Adherence

Amanda is 19 and homeless. She doesn't have transportation to make her medical appointments. She takes her medication when she can get it but sometimes she misses a dose or two because she can't get a ride to the clinic.

- What are Amanda's barriers to adherence?
- What is your goal?
- What motivates her to be adherent?
- How do you help her?
 - Motivation?
 - Referrals?
 - Support?
 - Tools?
 - Etc.?

Self Care.....Body Scan

Time: 25 minutes

Materials:

- Comfortable quiet space
- A blanket and pillow
- Mediation tape (for example, “Progressive Relaxation,” Richard S. Surwit, Ph.D., Duke University Medical Center, 1983)

Objectives: By the end of this session, participants will:

- ✓ Practice relaxation techniques of conscious breathing and simple meditation, which were reviewed on Day One;
- ✓ Introduce exercise to increase awareness of body and breath. Introduce other relaxation techniques.

Take Home Messages:

- ⇒ Gaining a deeper awareness of the body and its strengths and limitations is a cornerstone of self-healing;
- ⇒ The “body scan” is a technique for deepening awareness of the body, breath, and mind.

| Trainer’s Notes | STEPS |
|-----------------|---|
| | <ol style="list-style-type: none"> 1. Introduce “body scan.” Participants will be invited to lie on the floor on a blanket, but may also choose to remain seated in chair. <ul style="list-style-type: none"> ❖ <i>If you’re comfortable lying on the floor, get a pillow and find a spot on the floor. Make sure you move any glasses, drinks, etc. out of your way.</i> ❖ <i>Lie down on your back. Take a deep breath and let it out. Put your hands on your belly and breath in, then push out the air.</i> ❖ <i>It’s been a busy week already, and we’re going to take some time to do something very important—taking care of ourselves.</i> ❖ <i>Notice where you’re feeling tight—is it in your shoulder, jaw, neck? Keep breathing. Concentrate: pay attention to your muscles.</i> 2. Play the mediation tape. |

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| | <p>3. After the tape ends, discuss the group's experience with relaxation.</p> <ul style="list-style-type: none"> ❖ <i>Take a moment to open your eyes, then roll to your side and get up from your side.</i> ❖ <i>What did you notice during this exercise? How was it to relax like this?</i> <p>4. Link to closing.</p> |
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Feedback Cards.....Closing and Evaluation

Time: 15 minutes

Materials:

- 3x5 index cards 2 different colors per participant
- Pens, markers

Objectives:

By the end of this session, participants will be able to:

- ✓ Verbalize objectives and take home messages from the day's sessions.

Take Home Messages:

- ⇒ For adult learning, it is important to process and share-learning experiences in order to review what has been learned and identify unresolved issues or questions.

| Trainer's notes | STEPS |
|------------------------------|--|
| 5 minutes 3x5 index cards | <ol style="list-style-type: none"> 1. Introduce evaluation. Summarize objectives. Ask participants to review the session's activities and note 2 or 3 important take home messages. <ul style="list-style-type: none"> ❖ <i>We did a lot today. What were key things you took from today's session?</i> 2. Remind participants know that we'll be conducting different closing and evaluation exercises throughout the week. <ul style="list-style-type: none"> ❖ <i>As always we are interested in what you think about the trainings. The closing is an opportunity to reflect on what was covered in the session, gather feedback from the group about the session, and prepare for the next session.</i> ❖ <i>These daily check-ins help the trainers know whether participants' needs are being met and whether accommodations to the curriculum should be made. Yesterday we did "Pluses and Wishes," and we'll be conducting different closing and evaluation exercises throughout the week.</i> 3. Pass around two stacks of 3 x 5 index cards. Each stack should be a different color (best to use colors that are easily distinguishable from each other, e.g., blue and yellow rather than pink and orange). Ask each participant to take one card of each color. |

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| | <p>❖ <i>Please take one card of each color.</i></p> <p>4. Ask participants to write, “One thing you really liked or appreciated about this day of training” on the ____ color card.”</p> <p>❖ <i>Please write one thing you really liked or appreciated about this day of training on the ____ color card.</i></p> <p>5. Ask participants to write, “One thing you wished had been different about this day of training or 1 suggestion for an improvement” on the ____ color card.</p> <p>❖ <i>Please write one thing you wished had been different about this day of training on the ____ color card.</i></p> <p>6. When participants have completed the cards, ask that they pass both cards to the front.</p> <p>7. Thank participants for their input and assure participants that the trainers will carefully consider their feedback.</p> <p>❖ <i>Thank your feedback. It will make us aware of which activities worked well and which didn't.</i></p> <p>8. Review parking lot. Cross off items that were addressed. Close the session and remind participants about the evening activity and times for tomorrow's session.</p> <p>❖ <i>I am glad that all of you are here today to learn more about PETS and interested in becoming a peer educator.</i></p> <p>❖ <i>Tonight's evening activity will begin at _____. Everyone is welcome and encouraged to participate.</i></p> |
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Review/Preview..... Day 3

Time: 15 minutes

Materials:

- Ground rules posted around the room
- Parking lot
- Prepared flipchart with agenda
- Prepared flipchart with objectives
- Flipchart, markers and tape

Objectives:

By the end of this session, participants will be able to:

- ✓ Resolve any issues from the previous day;
- ✓ Focus on today's activities.

| Trainer's notes | STEPS |
|---|---|
| Prepared flipchart with agenda and objectives | <ol style="list-style-type: none"> 1. After all are seated, welcome everyone. <ul style="list-style-type: none"> ❖ <i>Good afternoon, everyone. I hope you all had a wonderful night.</i> 2. Review evaluation from previous day. <ul style="list-style-type: none"> ❖ <i>Thank you for your feedback in yesterday's session. We need feedback from you to know whether we are doing a good job providing you with information you need to be the best peer educator you can be.</i> 3. Summarize some of the feedback themes from day 2—both positive and negative. Ask if anyone has any questions or concerns from the previous session. <ul style="list-style-type: none"> ❖ <i>Does anyone have any questions about information or activities from yesterday?</i> 4. Review Day 3 learning objectives. Tape the “Day 3 Objectives” on the wall. <ul style="list-style-type: none"> ❖ <i>Now let us look at what we are going to do today.</i> 5. Move to today's reflection time. |

Opening Reflections

Time: 5 minutes

Materials:

- Handouts with typed blessings.

Purpose:

Starting the day with a few moments of reflection is a way to honor various spiritual beliefs and values.

Objectives:

At the end of this activity, trainers will have:

- ✓ Provided participants with an opportunity to reflect and meditate.

| Trainer's notes | STEPS |
|-----------------|---|
| | 1. Allow a few minutes of silence for people to say their own reflections or to meditate. |

Group Discussion..... Check-in

Time: 15 minutes

Materials:

- Key Messages from Day 2 handouts
- Prepared flipchart with printed questions:
 - How is training going for you?
 - What do you need to be an effective PE that you're not getting?
 - What is one thing that is working really well?
 - What's one thing you'd still like to learn?

Purpose:

It is important to check for learner understanding during training. This check-in session gives participants a chance to share what's going well and what they need in training.

Objectives:

At the end of this activity, trainers will have:

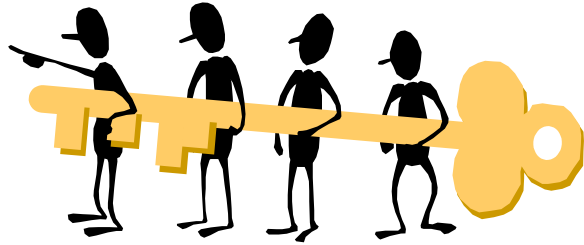
- ✓ Provided participants with the opportunity to assess their training experience so far;
- ✓ Reviewed key points from day two;
- ✓ Offered participants a chance to state their needs in training.

| Trainer's notes | STEPS |
|---------------------|--|
| Prepared flip chart | <ol style="list-style-type: none"> 1. Explain to participants that their needs are very important to the success of this training. <ul style="list-style-type: none"> ❖ <i>We'd like to take some time today to see how PETS level III is meeting your needs to becoming a peer educator.</i> 2. Direct participants' attention to the flipchart printed with the questions listed below. Go around and let participants respond to each question, one question at a time. <ul style="list-style-type: none"> • How is training going for you? • What is one thing that is working really well? • What do you need to be an effective PE that you're not getting? • How are you helping each other with your strengths and needs that we identified on the first day? 3. Ask participants to locate the handout, <i>Key Messages from Day 2</i>, in their notebooks. Ask for a volunteer to read the messages. |

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| | <p>4. Thank participants for their thoughts and link to next activity.</p> <p>❖ <i>Thank you for sharing. We will try to address your needs during the rest of training. Now let's start with our first topic of today, Modified Directly Observed Therapy.</i></p> |
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Key Messages from Day 2, PETS Level III

- Communication needs to be specific;
- Don't assume people know what you're talking about;
- Body language helps check for understanding;
- It's important to break the big picture into "smaller" pieces so people have successes;
- Questions help both parties—it's helpful to ask and allow questions;
- It is important for peer educators to understand HIV;
- It is important for peer educators to be able to give peers accurate information about HIV;
- It is important for people living with HIV to adhere to treatment plans;
- It is important to offer assistance to peers who are struggling with adherence issues.



Role Plays Peer Educators' Roles in MDOT

Time: 60 minutes

Materials:

- Flip chart
- Markers
- Prepared flip chart (Peer educator principles from Levels I, II, III)
- Handout: Peer Educator Principles
- Handout: MDOT Strategies
- Method for breaking people into small groups
- Hats for role plays (6-9 different kinds)
- MDOT scenario for trainer
- Role play scenarios for participants

Purpose:

To develop an understanding of Modified Directly Observed Therapy (MDOT) and to underscore the need to help peers plan when they are having difficulty adhering to their HIV treatment regimens.

Objectives:

At the end of this activity, participants will have:

- ✓ Provided participants with some of the tools to develop an individualized MDOT plan;
- ✓ Observed and participated in role plays designed to improve problem-solving skills around adherence and MDOT;
- ✓ Linked MDOT to medication adherence.

Take Home Messages:

- ⇒ MDOT is highly individualized;
- ⇒ MDOT can improve adherence to medications and clinic appointments, as well as ultimately improve peers' quality and quantity of life;
- ⇒ MDOT can be an option that helps peers learn to differentiate between medication side effects and other health issues;
- ⇒ MDOT must involve others; such as, case managers, peer educators, family, significant others, friends.

| Trainer's notes | STEPS |
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| 20 minutes | <p>1. Explain that peer educators will be meeting with peers who are having trouble with adherence. These peers may be self-referred or referred by a provider or case manager. One of the roles of a peer educator is to help peers become more adherent to their treatment plans.</p> <p>❖ <i>We now know that taking your HIV medications as</i></p> |

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| MDOT Strategies handouts | <p><i>prescribed and taking every dose is crucial to keep your medications working properly and to avoid resistance to medications.</i></p> <ul style="list-style-type: none"> ❖ <i>New studies show that HIV positive persons who do not take their medications correctly at least 88% of the time correctly are at high risk for developing resistance to medications much more quickly than those who always take their medications on time. In fact, there are indications that people who take their HIV medications correctly only half of the time actually “do worse” than those who don’t take their medications at all. Usually, drug regimens become more difficult and complicated each time they are changed. [Note: it may be helpful to draw an image of these percentages. See example at the end of this section.]</i> ❖ <i>In PETS I and II we talked about resistance to medications. Who can tell us what resistance means? [Allow a few moments for responses.] Resistance to medications means that the medications no longer work for you. Health care providers are struggling with ways to improve adherence—to medications, to health care plans and to clinic appointments.</i> ❖ <i>How can peer educators be valuable in improving adherence? [Allow responses and add if not offered:] Peer educators may provide new ways to improve adherence because they can be role models for patients who are having difficulties with adherence. In addition, peer educators may be perceived as being more understanding of complicated social situations and more able to help make individualized plans for adherence.</i> ❖ <i>Because they share some of the same health challenges, peer educators may recognize that peers are lumping all their health symptoms into problems with taking their medications.</i> <p>2. Refer to participant handouts and tell the participants how the concept of MDOT was developed. [Note: A box surrounded by a squiggly line should either be prepared, or you should draw this as you are explaining the concept of DOT and MDOT. See example at the end of this session.]</p> <ul style="list-style-type: none"> ❖ <i>When TB was a very bad problem, public health nurses</i> |
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| | <p><i>used to go out to patients' homes and watch them take their TB medications. This was called "directly observed therapy." Sometimes, patients' went to clinics and took their medications under the watch of nurses or other health care providers. In fact, this practice continues today. Either someone goes out to the home (less commonly) or the patient comes to the clinics (more commonly) where a provider watches the patient take the medication.</i></p> <p>❖ <i>With TB, if the patient is unable to be found, or does not come to the clinic for the medications, then quarantine orders can be enforced. This is not common but has occurred even recently (a patient might be incarcerated or placed in a hospital until the treatment is completed). What are some other examples of DOT? [Some responses might be—giving medications to your child, nurses giving medications to patients in the hospital or nursing home.] Of course, taking HIV medications is more complicated and often requires more than once a day dosing, so DOT is not practical in most cases. (In Haiti, DOT has actually become a more common practice and is used as support for gaining access to HIV medications in that country).</i></p> <p>❖ <i>Modified DOT, then is working with patients to help them take their medications, but the observations are done less frequently, and involves creative ways to keep patient adherent to their treatment plans.</i></p> <p>❖ <i>Think of DOT and MDOT as a box. (Point to or draw a box on the flip chart). DOT is inside the box where the strict monitoring of medications is employed. Everything outside the box that is used to improve adherence for that individual can be considered MDOT. (Draw a box and a squiggle line around the box.) What might be some strategies for MDOT? [Note: write responses on a flip chart and make sure to include the following:]</i></p> <ul style="list-style-type: none"> • Doing home visits. • Asking why appointments were missed and how the peer educator can help overcome barriers. • Having peers describe their procedure for taking each of their meds. • Observing peer taking a dose and comparing this to the instructions given them for taking the medications. • Observing peer fill their medications boxes for the |
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| <p>5 minutes Flip chart and handout with peer educator principles</p> | <p>week.</p> <ul style="list-style-type: none"> • Calling 3-4 days later and asking peer to describe what is left in their medications box (compare that to what they should have taken). • Providing illustrated diagrams so peer has a visual aid. • Determining patterns in taking medications and advising peers to improve if needed. • Identifying family, caregivers, friends, significant others who may be able to help in MDOT success. <p>3. Refer to handout with additional strategies.</p> <p>❖ <i>Thank you for your suggestions. There are additional strategies listed on the handout.</i></p> <p>4. Share flip chart with previously learned principles in PETS I, II, III.</p> <p>❖ <i>Shortly, we will divide into groups for a series of role plays. However, before we do, let's review some of the principles that we have learned in PETS levels I, II, & III.</i></p> <ul style="list-style-type: none"> • Use open ended questions; • Encourage communication between peer and health care provider; • Observe unspoken signs of stress with peer or other family members; • Observe living conditions that might hamper medication adherence; • Be prepared to discuss issues of safer sex; • Be sensitive to street talk or "slang"; • Establish boundaries with peer early in the interaction (what can/can't peer educator do?); • Remember the team approach and plan to report important issues to case manager or health care provider. <p>❖ <i>Our first role play will involve a peer educator and two peers and will illustrate some of the ways to begin to establish a model for MDOT in a very difficult situation. After we complete this role play, we will have you participate in the role plays using different scenarios.</i></p> |
| <p>10 minutes Trainer role play scenarios</p> | <p>5. Have one trainer play the peer educator and two other trainers play the husband and wife in the Jane Doe role play. Ask a peer to read the scenario.</p> |

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| <p>25 minutes role play scenarios, colored hats, prepared flipchart with processing questions</p> | <p>6. Read the outline of the scenario (participants may follow along in their notebooks):</p> <p>[In this demonstration, it will be important to stress the principles of MDOT—that there needs to be someone the peer trusts to help with the medication adherence. MDOT means that someone else is involved. It is also important to move the peer towards the care system ASAP because she is pregnant and you want to avoid the risk of transmission from mother to child. Critical pieces of this role play are: 1.) Making a concrete plan to meet again. 2.) Offering to take peer to care &/or to a safe house for domestic violence. 3.) Trying to find other people in the close sphere for Jane to trust.]</p> <p>7. After trainers perform the scenario, it will be important to explain that there is a difference in these role plays and the ones done previously.</p> <p>❖ <i>In these role plays, the peer educator is required to come up with their own plans for the ending of the session. There will be unknowns because the person playing the peer will also be able to respond spontaneously. The peer educator will need to use acquired skills to move the peer towards adherence and initiating MDOT.</i></p> <p>8. Divide participants into two groups of three and provide instructions for peers to do their own role-plays. During these role-plays, it will be important to have trainers available to help out if the role play seems to be getting off track.</p> <p>❖ <i>We are now going to do a series of role-plays that will offer you the opportunity to play a peer, a peer educator and to be an observer of this role-play. Please take out your handout entitled “Peer Educator Clinical Practicum Checklist” and use it as a guide for the role-plays.</i></p> <p>❖ <i>Each group will receive a role play, and if time allows, each of you will have a chance to play a peer educator, the peer and an observer. If you are the observer, take care to watch the interactions of the peer educator and peer so you can provide feedback following each role play.</i></p> <p>❖ <i>Feel free to use your handout with MDOT strategies and the explanation of the differences between MDOT and DOT. You will have 6-7 minutes for the first role-play;</i></p> |
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| | <p><i>then we will discuss it and move to the next role play.</i></p> <p>❖ <i>Please be aware that due to time, you will not be able to get as deep into the role as you would if you were conducting a real peer interview. Plus, it may not be possible for each person to play both the peer educator, observer and peer roles.</i></p> <p>[Trainer note: monitor time to keep role-plays moving along. Be aware that this activity occurs right after lunch so keep the group energized. This is also the halfway point in the training so individual and/or group energy may be low, as well.]</p> <p>9. At the end of each set of role plays process the activity by asking the following questions:</p> <ul style="list-style-type: none"> • What was easy about the activity? What was hard? • What support did you need to be able to help others with MDOT? • What are some of the differences between what you can and can't do as a peer educator? • How do these restrictions affect communication between the peer educator and the peer? <p>10. Remind the peers that these situations are real, and that they are not expected solve all the problems of the peers they work with on their own.</p> <p>❖ <i>Sometimes when a situation seems most overwhelming, if you can break it down into small parts that you can accomplish, you can make headway.</i></p> <p>❖ <i>It is always important to remember that you are part of a team and to process your visits with a supervisor.</i></p> <p>❖ <i>Take one problem at a time. You cannot rush a peer when s/he is focusing on other issues, but you can stress that part of your role is to help peers become better at taking their medications on time and as prescribed.</i></p> <p>❖ <i>You have all worked really hard this afternoon and dealt with some very difficult questions. Next we'll move on to some brainstorming about how to make effective outreach plans.</i></p> |
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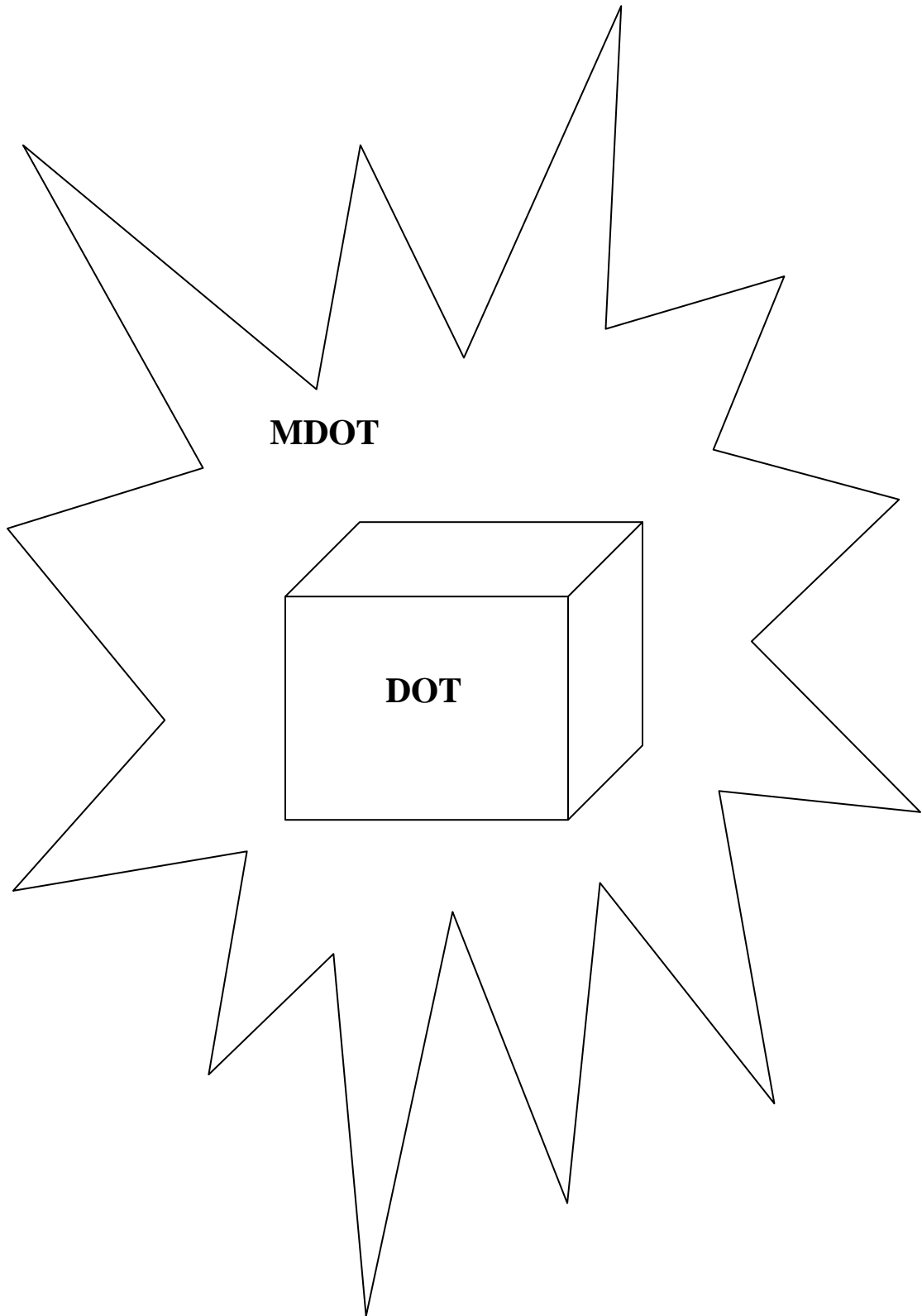
Strategies for Modified Directly Observed Therapy

- ✧ Make home visits.
- ✧ Observe home setting: is it clean, stable? Are pills hidden? Do other members in the household know about HIV? Are neighbors watching?
- ✧ Explain the reason for the visit-or the clinic appointment.
- ✧ Ask peer to describe how s/he takes the medications. Does s/he take the medications with food or without? How does s/he feel when taking the medications? Where are medications stored?
- ✧ Ask the peer if s/he was aware of missed appointments and ask what made it difficult to keep the appointments.
- ✧ Ask the peer where s/he get their medications and what it is like to pick them up. Provide mediplanners, written information or guides, or pill boxes for peers and offer to help load the boxes by going to the pharmacist or clinic with the patient.
- ✧ Ask peer how the pharmacist gives him/her the medications, and what questions s/he asks the pharmacist.
- ✧ Look at the pill box and note whether they are filled. If the day in the pill box doesn't correspond with the day you are there, definitely ask why, what happened, etc.(Legally, you cannot load pillboxes for peers, nor can you hand pills to them.)

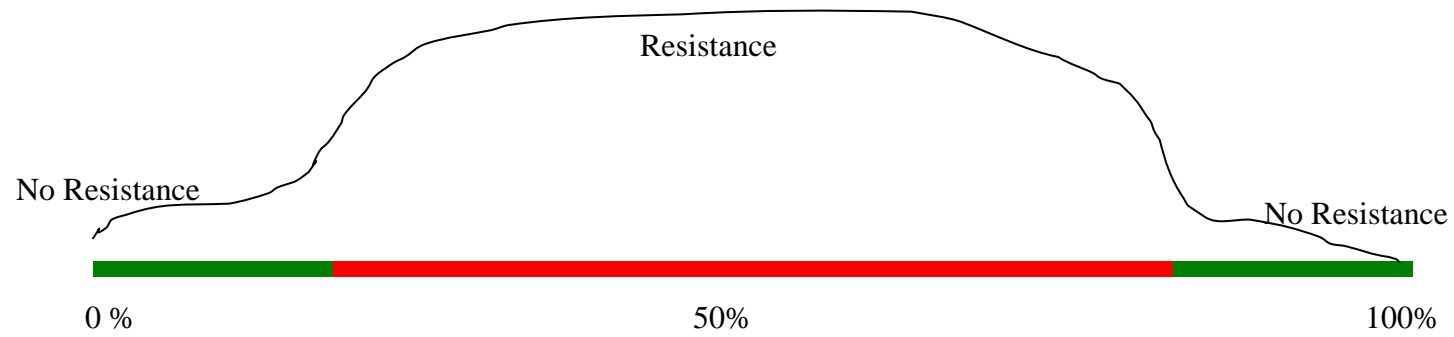


- ✧ Ask to see the bottles of medications (if they don't use pill boxes) and try to get a sense as to whether the medicines are being taken.
- ✧ Ask the peer if there are any family members or close friends who could be helpful in providing reminders to take their medicines.
- ✧ Be creative: bedside tables, illustrated diagrams, notes, alarm clocks, can all be helpful.
- ✧ Make a schedule for calls. Call between clinic and home visits (but remember confidentiality if you get an answering machine.)
- ✧ Ask about things that seem to get in the way of taking medications—
“What things might happen that would prevent you from taking your medications? What do you do to try to avoid those things? How can you take your medications even if these things happen?”
- ✧ Provide a contact number where the peer can reach you during working hours and can leave a message if they call when you aren't there.
- ✧ Try to be consistent with calls, visits.
- ✧ Enlist the case managers if possible to make home visits when you are unable to. In addition, enlist the case managers to monitor clinic appointment adherence or barriers (such as appointments changed without patient knowledge) changes of address, phone numbers etc., significant changes in life events).

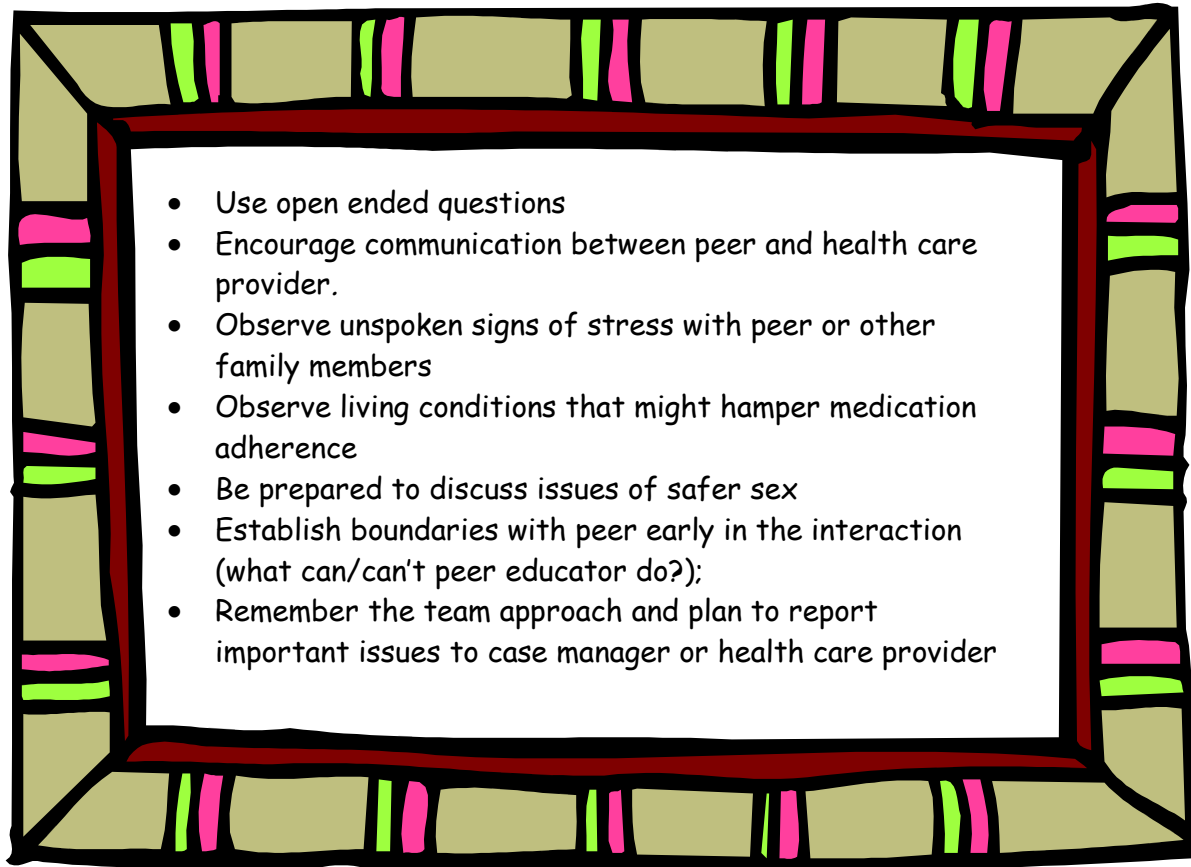
Sample image for flip chart



Sample image for adherence percentages



Peer Educator Skills from PETS I, II, III



MDOT Scenario for Trainer Demonstration

Jane Doe has come to the clinic only twice but seems eager to follow a medication regimen. She had a high viral load at the first visit and was started on her first regimen after her second visit. She has now missed two appointments and her health care provider is concerned that she may be lost to follow up at a time when her viral load was already high. He also tells you that Jane has a history of drug use, and that he suspects that she may be using at this time.

You contact Ms. Doe and she agrees to meet you at her home which, at the time, is a motel. When you are invited in, she tells you that she is living with her husband in the motel because they have not been able to find housing or afford the initial deposits. You notice that Ms. Doe has a bruise over her cheek and that she seems withdrawn. After you have introduced yourself and asked Ms. Doe if you can talk about her health, she agrees and tells you that her husband wants to be a part of her health care decisions. During your conversation, Ms. Doe says that her husband questions why she has to take all her medicines when they make her sick. She also tells you she is now pregnant and that she and her husband think that the medicines will hurt the baby.

There are a number of knocks on the door as you are talking to Ms. Doe. As you talk to her, you recognize that Ms. Doe seems to like you. When you tell her that you are a peer and are also HIV+, she tries to talk more.

Role Play 1

Mary Ann comes sporadically to her clinic appointments. She has been referred to you because her viral load is going up, and her health care team is worried that she may not be taking her medicines. They are worried that she may have some problems in her life.

When you reach Mary Ann, you find that she has taken a job at Hardee's and works very odd hours. She expresses that she is anxious about taking her medicines to her job for fear of discovery, and she is also worried that her daughter might find the medicines at home when she is at work. (Her daughter is 12 and does not know about her mother's diagnosis.) She is frustrated because the clinic times change frequently and some of her appointments have been cancelled and rescheduled at times that she has been scheduled to work.

Role Play 2

Armand Smith has returned to the clinic after a year's absence. He is clearly uncomfortable in the waiting room, and the health care team asks you to see him due to his long absence. You determine that Armand has had many changes during the past year: he has changed addresses several times; his partner broke up with him; he feels his confidentiality was broken at his old pharmacy and he stopped going there. He definitely does not want a medi-planner because he doesn't know who will come through his house now that he has moved back in with his uncle and aunt. His aunt knows about his HIV status but his uncle does not. He is uncertain about your making a home visit unless he knows that his uncle will not be there. You do have access to an 800 number where he can call to you and your goal is to work out ways to make and keep contact.

Role Play 3

John Smith has missed three patient appointments. He was diagnosed with HIV four years ago and since that time has had his medications changed twice. During that time there would be a period of time when his viral load and CD4 count would be steady, and then his viral load would begin to rise and his CD4 count fall. He has missed appointments in the past, but never three in a row. His health care provider is concerned that he may be running out of options, and has asked you to make a home visit or to contact Mr. Smith.

You find that Mr. Smith's phone number has been disconnected, but you contact the case manager who knows that Mr. Smith is always at his mother's house on Tuesdays, and that is the way that she contacts him when his phone is disconnected.

Role Play 4

James and Joan Jenkins are both HIV positive. They have been together for several years and have been coming to the clinic for most of the time. Both of their viral loads have been increasing for the past year, and their health care providers are concerned that they are not taking their medications properly. Both James and Joan state that they take all their medicines at least once a day. They have experienced some nausea and diarrhea lately, but try to take their medicines at the same time anyway.

Neither James nor Joan are exactly thrilled about the home visit, but agree because they like their provider. You make an arrangement for the home visit and they are home when you arrive. The first thing they show you are their bottles of medicine, and you discover that they have poured all their medicines into two bottles (one for each).

Role Play 5

Maurice and Ritchie have been coming to the clinic for 4 years and 2 years. Maurice brought Ritchie to the clinic after they met. Maurice has a stable viral load and CD4 count, but Ritchie's has changed drastically over the past 6 months. Although both peers state that they are taking their medication regularly, the health care team is concerned that Ritchie may not be adherent. You have been asked to begin working with the two.

You ask to see how the two take their medicines, and you find that they do not take their medicines at the same time, and that they really don't talk about their medicines or their HIV to one another when they are home.

Small Group/Brainstorm..... Effective Outreach Strategies

Time: 40 minutes

Materials:

- Flipchart paper
- Markers
- Different candies for breaking people into groups (three different kinds)
- *Ways to be Safe When Working in the Field* handout

Purpose:

Peer educators may from time to time be called upon to do outreach for people who haven't been keeping their appointments.

Objectives:

At the end of this activity, participants will have:

- ✓ Generated ideas for reaching HIV+ peers who are missing medical and social appointments;
- ✓ Identified outreach strategies that comply with confidentiality;
- ✓ Discussed ways to be safe when doing outreach.

Take Home Messages:

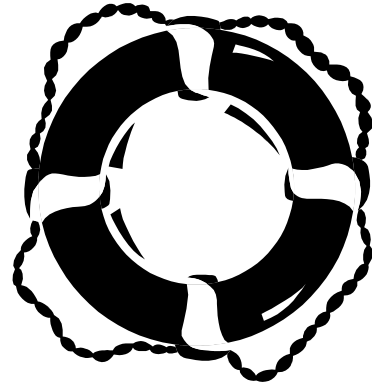
- ⇒ It is important to provide assistance to HIV+ who need help keeping their medical and social appointments;
- ⇒ Safety and confidentiality should not be compromised when helping HIV+ peers be adherent.

| Trainer's notes | STEPS |
|---------------------|---|
| 5 minutes | 1. Explain peer educators' roles in outreach strategies. ❖ <i>Your job as a peer educator isn't to be an outreach worker, but from time to time you may be asked to do outreach for HIV+ peers who have missed medical and social service appointments. This is part of helping people be more adherent.</i> |
| 3 different candies | 2. Distribute three different kinds of candy to participants and ask them to form three small groups according to their candies. 3. Ask participants to brainstorm ways to do outreach for people who have missed their medical and social appointments. |
| 10 minutes | ❖ <i>In your small groups, brainstorm ways to find people who have missed their medical and social appointments. Keep</i> |

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| 25 minutes | <p><i>in mind confidentiality as well as safety precautions. You'll have 10 minutes to come up with some strategies and then we'll report back to the larger group. There is flipchart paper available, and you might want to assign a note taker and reporter.</i></p> <p>4. After 10 minutes, bring groups back together and let each group report on their strategies. Some possible answers include:</p> <ul style="list-style-type: none"> • Get multiple contact names and number where HIV positive peer can be reached should we need to get in touch with them. • Get signed consent on first meeting with them in order to contact them. • Establish a trusting relationship with HIV positive peers. • Offer to see them in a home setting. <ul style="list-style-type: none"> ○ Get their permission to do so. ○ Get detailed directions to peer's home. ○ Start with those most recently lost to follow-up and with those who have missed 1 or 2 appointments rather than those not seen for a year or more. ○ Check with case manager and other care providers in your agency to gain ideas for locating peers. • Observe safety precautions: [Note: Ask Ps for suggestions about how to be safe.] Some possible answers include: <ul style="list-style-type: none"> ○ Never go to unknown homes or places after dark. ○ Don't accept alcohol or drugs. ○ Notify someone where you will be. ○ Go in pairs if you sense there might be problems or there might be a scary situation. ○ Make sure door is not blocked so you can get out if there is a threatening situation. <p>5. Link to next topic.</p> <p>❖ <i>Thanks for your great ideas. Next we'll talk about developing health plans.</i></p> |
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Ways to be Safe When Working in the Field

- Never go to unknown homes or places after dark.
- Don't accept alcohol or drugs.
- Notify someone where you will be.
- Go in pairs if you sense there might be problems or there might be a scary situation.
- Make sure door is not blocked so you can get out if there is a threatening situation.
- Avoid wearing or carrying articles that look valuable.
- Find ways of making yourself inaccessible to people with whom you're not working. For example, roll the car window down only a few inches when asking directions from strangers on the street.
- Avoid looking at maps or documenting visits in your car at the same place you parked when you made the last visit.
- Never leave the keys in your car or doors unlocked.
- When practical, plan your visits to these areas in the mornings.
- Avoid arguments. Leave and come back rather than incite someone to anger.
- Think ahead. When you arrive at a person's house, turn your car to face the direction you want to leave.
- Notice how many people are around the neighborhood you're visiting.
- Know the neighborhood before you go in. Find out where the trouble spots are.
- Keep coworkers and supervisors informed.
- Be aware of dogs in the neighborhood.



Action Plans..... Developing Useable Health Plans

Time: 35 minutes

Materials:

- Flipchart
- Markers
- *Developing a Health Plan* handout

Objectives:

By the end of this session, participants will be able to:

- ✓ Identify the benefits of having a health plan;
- ✓ Develop strategies for developing health plans.

Take home messages:

- ⇒ Having a health plan will make it easier to be adherent to HIV treatment;
- ⇒ Modeling a health plan is important when encouraging peers to develop personal plans.

| Trainer's notes | STEPS |
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| <p>Flip chart, markers</p> | <ol style="list-style-type: none"> 1. Discuss reasons for having a health plan. Brainstorm some benefits of planning and record answers on a flipchart. <ul style="list-style-type: none"> ❖ <i>What are the benefits of planning?</i> ❖ <i>When you got ready to come away for this week, what did you do? If you didn't do these—for example, if you just got in the car and went—what could happen? [Some possible answers include:]</i> <ul style="list-style-type: none"> • Arrive late • Arrive at the wrong place • Forget to pack important items ❖ <i>Just as it's important to plan your trip here, it's important to plan for living well with HIV. A health plan is a written plan that explains what you need to do to live healthfully with HIV. Who here has a health plan?</i> ❖ <i>When developing a useable health plan, it's important to keep certain points in mind.</i> 2. Identify the issues. <ul style="list-style-type: none"> ❖ <i>What are some of the important things that should go into a health plan for HIV? [Note: record responses on a</i> |

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| <p>Developing a Health Plan handout</p> | <p>flipchart. Some possible answers include:]</p> <ul style="list-style-type: none"> • Appointment time and ways to get there • Ways to get medicines • Where and how to take medicine • Ways to maintain health • Ways to avoid substance use, misuse • Ways to stop or reduce tobacco use • Ways to minimize OIs • Ways to avoid other infections, especially STDS • Tips for good nutrition/diet/exercise/oral hygiene <p>3. Make sure participants understand why these issues are important.</p> <p>❖ <i>Why are these issues important for people living with HIV? For example, why is minimizing other STDs an important issue? Why would planning how to get medications be a factor? [Note: trainer can go through each issue or choose 3-5.]</i></p> <p>4. Refer to the <i>Developing a Health Plan</i> handout with list of issues for participants to prioritize.</p> <p>❖ <i>Take a moment to look at this list. Which issues are most important to you?</i></p> <p>5. Once everyone has reviewed the list, brainstorm factors for creating a health plan. Record answers on a flipchart.</p> <ul style="list-style-type: none"> • What will make it easy to develop a health plan? • What will make it hard? • What are 2-3 specific ways to address these challenges? • Identify one or two issues that are most important to you now. <p>6. Next, ask participants to write down their strategies on the handout.</p> <p>7. After everyone has finished developing a plan, close with the following tips.</p> <p>❖ <i>Now that you have a health plan, develop a routine to check-in with your plan. What are some ways to do this?</i></p> <p>❖ <i>Also, routinely update your health plan as your needs and priorities change. And share your plan with your</i></p> |
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| | <p><i>provider.</i></p> <p>❖ <i>How will having your own health plan help you as you're working with peers? [Note: allow participants to answer.]</i></p> <p>8. Link to next activity.</p> <p>❖ <i>Now let's take some time for a self-care exercise.</i></p> |
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Developing a Health Plan

| Issue | Strategies and Action Items |
|--|-----------------------------|
| Appointment times and ways to get there | |
| Ways to get medicines | |
| Where and how to take medicine | |
| Ways to maintain health | |
| Ways to avoid substance use, misuse | |
| Ways to stop or reduce tobacco use | |
| Ways to minimize OIs | |
| Ways to avoid other infections, especially STDs | |
| Tips for good nutrition, diet, exercise and oral hygiene | |

Closing and Evaluation.....Head, Heart and Feet

Time: 15 minutes

Materials:

- Evaluation sheets

Objectives:

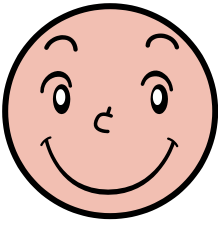
By the end of this session, participants will be able to:

- ✓ Verbalize objectives and take home messages from the day's sessions.

Take Home Messages:

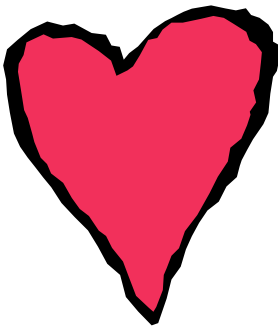
- ⇒ Processing and sharing observations and feelings about training experiences are important components of adult learning.

| Trainer's notes | STEPS |
|-------------------|--|
| Evaluation sheets | <ol style="list-style-type: none"> 1. Refer to the evaluation found in participant notebooks and explain directions. <ul style="list-style-type: none"> ❖ <i>To complete today's evaluation, you will need to write responses in the space under the different pictures.</i> ❖ <i>The first picture is of a head. In this space please write what you have learned today. Think of about two things that really stuck with you.</i> ❖ <i>The next picture is of a heart. In this space place write the way the training made you feel today. You may have felt welcome, nervous, at ease, helpful, or happy. If there is a specific activity that made you feel a certain way, you may want to write the activity beside that.</i> ❖ <i>Finally, the feet represent what you are going to do as a result of the training today.</i> 2. Collect forms and review parking lot. Cross off items that were addressed. <ul style="list-style-type: none"> ❖ <i>Were any of the parking lot items addressed? If so, they can be taken off the list. We will try to address some of these other items tomorrow.</i> 3. Provide details about tonight and tomorrow's session and thank participants for their hard work today. |



*Head: What did you **learn** today?*

*Heart: How did today's workshop **feel** to you?*



*Feet: What will you **do** as a result of the workshop today?*



Day FourReview/Preview

Time: 15 minutes

Materials:

- Flipchart, markers and tape
- Prepared flipchart with agenda
- Prepared flipchart with objectives

Objectives:

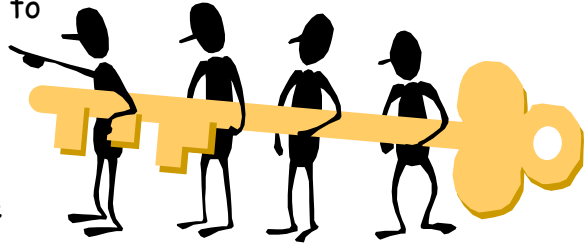
By the end of this session, participants will be able to:

- ✓ Get feedback on overall training;
- ✓ Focus on today's activities.

| Trainer's notes | STEPS |
|--|---|
| <p>Prepared flip charts with agenda and objectives, evaluations from day 3</p> | <ol style="list-style-type: none"> 1. Welcome participants to today's session. <ul style="list-style-type: none"> ❖ <i>Welcome to our last full afternoon of training—we're almost at the end! How's everybody doing?</i> 2. Highlight today's activities. Discuss evaluations from day three. Acknowledge participants' feedback. <ul style="list-style-type: none"> ❖ <i>Thank you once again for expressing your feelings about the training activities over the past few days.</i> 3. Ask if anyone has any questions or concerns from the previous session. Have participants to locate the handout, <i>Key Messages from Day 3</i>, in their notebooks. Ask for a volunteer to read the messages. <ul style="list-style-type: none"> ❖ <i>Does anyone have questions about information or activities from yesterday? [Allow for responses and address any questions.] Could we have a volunteer to read some key messages from Day 3?</i> 4. Move to the next activity. |

Key Messages from Day 3, PETS Level III

- MDOT is highly individualized;
- MDOT can improve adherence to medications and clinic appointments;
- MDOT may help peers tell the difference between medication side effects and other health issues;
- It is important to provide assistance to HIV+ peers who need help keeping their medical and social appointments;
- Safety and confidentiality should not be compromised when helping HIV+ peers be adherent;
- Having a health plan will make it easier to be adherent to HIV treatment;
- Modeling a health plan is important when encouraging peers to develop personal plans.



Opening Reflections

Time: 5 minutes

Materials:

- Handouts with typed reflections.

Purpose:

Starting the day with a few moments of reflection is a way to honor various spiritual beliefs and values.

Objectives:

At the end of this activity, trainers will have:

- ✓ Provided participants with an opportunity to reflect and meditate.

| Trainer's notes | STEPS |
|-----------------|---|
| | 1. Allow a few minutes of silence for people to say their own reflections or to meditate. |

Ice Breaker.....Go-rounds

Time: 15 minutes

Materials:

- Go-round topics

Purpose:

Icebreakers are an important way of establishing a comfortable learning environment and providing a change for participants to get acquainted.

Objectives:

At the end of this activity, trainers will have:

- ✓ Contributed to establishing a safe and comfortable learning environment by valuing the experiences and voices of everyone in the room;
- ✓ Enabled learners and trainers to learn more about each other;

| Trainer's notes | STEPS |
|-----------------|--|
| | <ol style="list-style-type: none"> 1. Explain today's ice breaker. <ul style="list-style-type: none"> ❖ <i>In a moment, I'll read a statement. We'll then go around the room and each person will say something about the statement read.</i> 2. Read one of the topics from page ____ and allow each participant to say something about it. 3. Link to next activity. <ul style="list-style-type: none"> ❖ <i>Now we'll get started with this afternoon's first topic, evaluation tools.</i> |

Topics for Go-rounds

Going around the group, ask participants to say something about:

- One thing you'd like to change about the world
- Something pleasant that happened to you in the last week
- A color that describes how you feel right now
- A characteristic that you look for in a friend
- A value you'd like to teach the world
- A book or movie you'd like to recommend
- One thing you'd like the group to know about you
- If you were a type of weather, what would it be?
- One word that comes to your mind when you think of change
- Something that makes you feel happy
- If you had a million dollars you would...
- Something you're good at that ends in ...ing (for example, swimming, talking, etc.)



Adapted from *Dealing with Differences*,
Center for Peace Education, Chapel Hill, NC

Documenting our EffortsGroup Discussion and Lecture

Time: 40 minutes

Materials:

- Educator Clinical Notes (one for each participant)
- Blank flipchart
- Markers
- Peer

Objectives:

At the end of this activity, participants will have:

- ✓ Defined reasons for documenting our efforts;
- ✓ Discussed ways to communicate interactions with outreach peers;
- ✓ Reviewed PETS documentation forms.

Take Home Messages:

⇒ It is important to create and maintain good records of peer interactions.

| Trainer's notes | STEPS |
|-----------------|---|
| | <ol style="list-style-type: none"> 1. Ask what the purpose of documentation is. <ul style="list-style-type: none"> ❖ <i>What is the purpose of documentation?</i> 2. Record responses on the flipchart sheet. Make sure the list includes the following: <ul style="list-style-type: none"> • To communicate with team members • To record and evaluate progress • To determine what works and what doesn't • For billing purposes • To remember what is being worked on • To document that it happened <ul style="list-style-type: none"> ❖ <i>Documentation is very important. You have mentioned some positive things about it, and also some problems.</i> 3. Explain the importance of documentation for PETS purposes. <ul style="list-style-type: none"> ❖ <i>PETS a research project, which is looking at whether Peer Educators can improve outcomes for people living with HIV/AIDS. PETS also works closely with other health care providers to provide the best care. As Peer Educators, you will be responsible for documenting each contact you have with the peers you work with.</i> |

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| <p>Peer Educator Clinical Notes</p> | <ul style="list-style-type: none"> ❖ <i>In many health care disciplines, they say, “if you didn’t write it down, it didn’t happen.” It is very important to make a brief note every time you have an interaction with a peer for future reference.</i> <p>4. Discuss the essential components of documentation, record on a flipchart sheet.</p> <ul style="list-style-type: none"> ❖ <i>Documentation is different from other kinds of writing, like journals or letters. What are your ideas about how a chart or clinical notes should be written? [Make sure the list includes the following:]</i> <ul style="list-style-type: none"> • Include “just the facts” (objective) • Describe behaviors, not opinions • Keep it simple and succinct (K.I.S.S.) • Note critical information, like the person has thoughts of suicide or death. • Avoid judgmental terms • Avoid descriptions of illegal or other activities that could affect insurance coverage • Write notes immediately after seeing patient • Record what is necessary to know as opposed to “nice to know” <p>5. Introduce the key “rules” for documentation</p> <ul style="list-style-type: none"> ❖ <i>Unless your clinic says otherwise, there are some general guidelines about documentation. [Elicit group feedback about this. Record on a flipchart. The list should include the following:]</i> <ul style="list-style-type: none"> • Write neatly, legibly • Use black ink • If there is an error, don’t use white out. Write a single line through the error and add your initials and the date above. • Use only agency approved abbreviations • Except for professionals, no other person’s name should be included. You can use. “Joe’s boyfriend.” • Complete the records in a timely manner <p>6. Introduce PETS documentation forms.</p> <ul style="list-style-type: none"> ❖ <i>Clinics often have their own forms and protocol for filling them out. If the clinic or organization where you’re working has their own form, then you should use those. However, many organizations don’t have specific forms, so let’s create a good sample note together that might be</i> |
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| | <p><i>helpful to you in the future. Please take out your peer educator clinical notes handouts.</i></p> <p>❖ <i>Let's use yesterday's MDOT case to practice writing a note. Will someone be willing to read the scenario yesterday? Using our PETS documentation, let's write a progress note together.</i></p> <p>7. Following the peer educator clinical notes handout, go through the scenario with participants. Record details from the scenario on a flipchart.</p> <p>8. Wrap up and move to next activity.</p> |
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MDOT Scenario for Trainer Demonstration

Jane Doe has come to the clinic only twice but seems eager to follow a medication regimen. She had a high viral load at the first visit and was started on her first regimen after her second visit. She has now missed two appointments and her health care provider is concerned that she may be lost to follow up at a time when her viral load was already high. He also tells you that Jane has a history of drug use, and that he suspects that she may be using at this time.

You contact Ms. Doe and she agrees to meet you at her home which, at the time, is a motel. When you are invited in, she tells you that she is living with her husband in the motel because they have not been able to find housing or afford the initial deposits. You notice that Ms. Doe has a bruise over her cheek and that she seems withdrawn. After you have introduced yourself and asked Ms. Doe if you can talk about her health, she agrees and tells you that her husband wants to be a part of her health care decisions. During your conversation, Ms. Doe says that her husband questions why she has to take all her medicines when they make her sick. She also tells you she is now pregnant and that she and her husband think that the medicines will hurt the baby.

There are a number of knocks on the door as you are talking to Ms. Doe. As you talk to her, you recognize that Ms. Doe seems to like you. When you tell her that you are a peer and are also HIV+, she tries to talk more.

Patient Name: _____

Medical Record Number: _____

Peer Educator Clinical Notes

Date: _____ **Length of session:** _____ minutes

Setting: _____ (i.e. home, clinic, other)

Referred by: _____

Reason: _____

Today we discussed the following issues (check all that apply):

_____ How things are going in general.

_____ Treatment plan (a plan that patient and provider agreed upon to manage HIV infection).

_____ How patient has been taking care of self (check all that apply):

| | Adequate Self Care | Area of Concern | Addressed in Session |
|---|---------------------------|------------------------|-----------------------------|
| Exercise | | | |
| Nutrition | | | |
| Body image | | | |
| Rest | | | |
| Faith or spirituality | | | |
| Disclosure | | | |
| Relaxation or recreation | | | |
| Social support | | | |
| Substance abuse (ex: drugs, alcohol, tobacco) | | | |
| Safer sex practices. | | | |
| Keeping appointments | | | |
| Medication adherence | | | |

Patient Name: _____

Medical Record Number: _____

The patient identified the following strengths s/he can draw on _____

I assisted the patient in developing the following action plan:

Actions to take:

I made the following referrals for assistance:

Suggested topics/issues to address during the next session with the patient:

Signature of Peer Educator: _____ **Date:** _____

Processing Grief Coping with Death and Loss

Time: 100 minutes

Materials:

- Flipchart
- Prepared flipchart with four squares (Physical, Behavioral, Emotional and Social—write one term in each square)
- Handout: Effects of Grief
- Handout: Help through Grief
- Handout: Some Resources on Grief
- Mandalas (one for each participant)
- Markers, colored pencils, crayons, etc.

Objectives:

At the end of this activity, participants will have:

- ✓ Shared a part of their stories with the group;
- ✓ Discussed the relationship of personal stories to coping with grief and loss;
- ✓ Generated ideas to support peers who are struggling with grief and loss.

Take Home Messages:

- ⇒ It is important to process grief and loss;
- ⇒ Everyone has different experiences with loss.

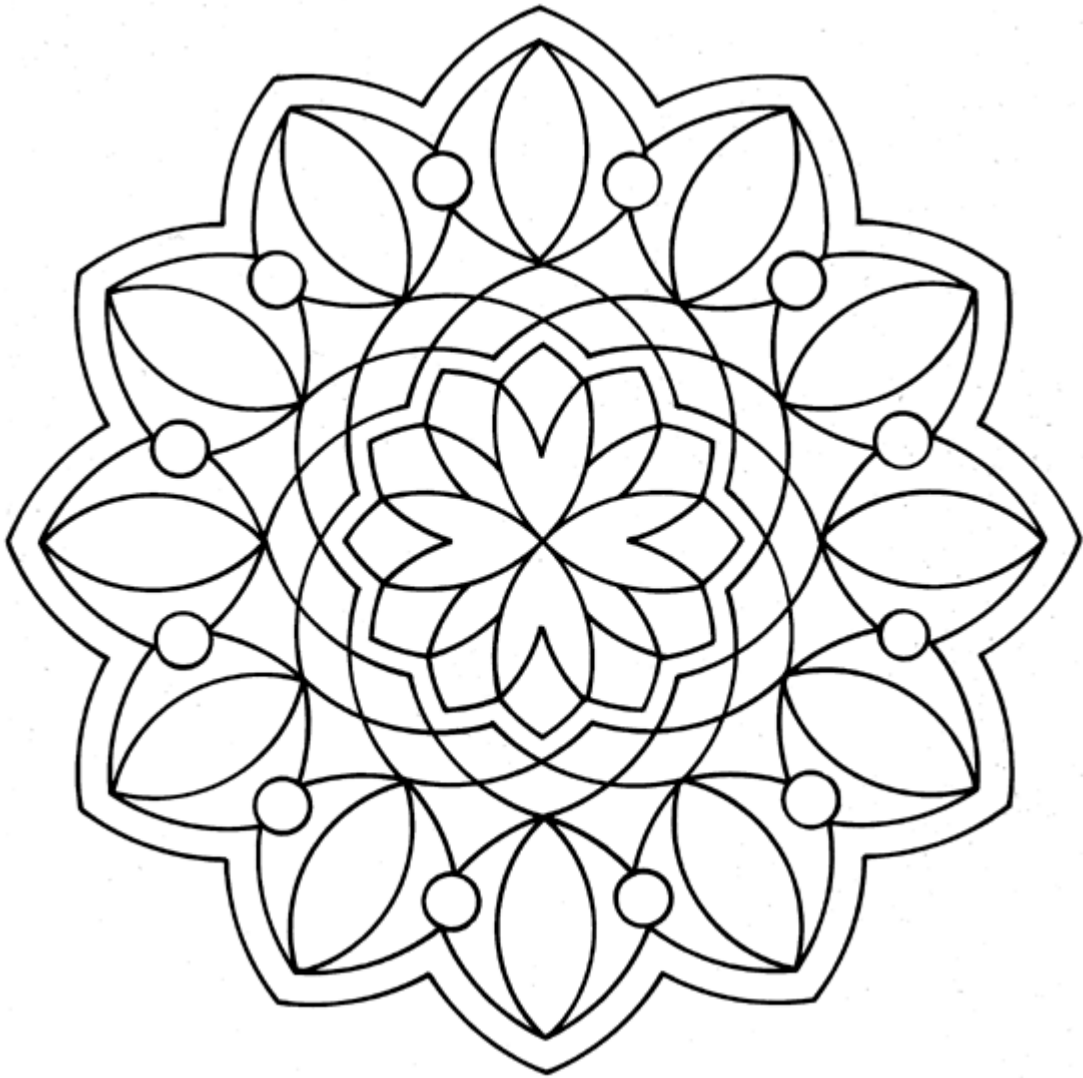
| Trainer's notes | STEPS |
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| 15 minutes | 1. Ask participants to share, in the form of a story, a brief fact about themselves that not many people know. Trainer should start. For example, tell about a brush with fame, a visit to another city, a time you felt especially successful, something unusual that you have done, etc. [The “Names” activity may be done here instead: go around and have each person share his/her full name, how s/he came to be named that (i.e., after a grandparent, celebrity, etc.), and other feelings about his/her name.] |
| 30 minutes | 2. After everyone has had a turn to share, summarize and link to coping with loss. <ul style="list-style-type: none"> ❖ <i>We learned something new about each other by sharing some part of our stories. When we talk about loss, death and bereavement, it's the stories that are important—the peer's story and your story in relation to them.</i> ❖ <i>Other cultures are more accepting of death as a natural part of life. Rituals around death and dying, as well as celebrations, integrate grief and keep the deceased person</i> |

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| | <p><i>honored and remembered.</i></p> <ul style="list-style-type: none"> ❖ <i>Loss isn't associated with death only. It's important to acknowledge that grief comes with losing something or someone. Everyone has different experiences with loss, and everyone experiences loss.</i> <p>3. Give participants a few minutes to think about some losses in their lives.</p> <ul style="list-style-type: none"> ❖ <i>It can be helpful to review the early and significant losses you have had in order to discover patterns of grieving you have learned, mostly unconsciously. Very likely you are still repeating these same patterns to deal with your most recent losses.</i> ❖ <i>It's important to understand your own loss before you can help others. If not, it can get in the way of being available to a peer.</i> ❖ <i>Take a moment and think of significant losses in your life. They could be people, pets, important possessions, loss of health, divorce, moving, or a death.</i> ❖ <i>Think of how you felt at the time of your loss(es). Remember who was there for you talk to about the loss. Remember how other persons close to you dealt with their feelings. Think back to what you were told about the loss and the message you received. What beliefs did you form from that experience?</i> <p>4. Thank participants for sharing and continue with the following question:</p> <ul style="list-style-type: none"> • What are some of the feelings you experienced with loss in your life? [Write responses on a flip chart and be sure to include the following: <ul style="list-style-type: none"> ○ Shock ○ Denial ○ Bargaining ○ Guilt ○ Anger ○ Depression ○ Acceptance <p>5. Link participants' personal feelings of grief and loss to supporting others with similar feelings.</p> |
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| <p>25 minutes Prepared flipchart with four squares; Handout: The Effects of Grief Handouts: Help through Grief; Some Resources on Grief</p> | <ul style="list-style-type: none"> ❖ <i>Thanks for sharing your own stories. Why are we talking about loss today? [Allow participants to respond, then continue.]</i> ❖ <i>As peer educators, one of your roles will be to support peers who are coping with grief.</i> ❖ <i>An HIV diagnosis can cause feelings of loss on many levels: fear of losing health, personal relationships, control over life, etc. There's a psychological term you may be familiar with—"projection." This is when you have a certain feeling about an issue and "project" it onto someone else. It's important to recognize your own triggers to grief and how you'll respond to peers; otherwise, you could project your pain onto the peer with whom you work.</i> ❖ <i>Feelings of grief and loss can last for years. Let's talk about how grief affects us and some ways to help people who are experiencing grief.</i> <p>6. Ask participants for their ideas of how grief affects people. Record responses on the flip chart.</p> <p>7. Generate a list of things to say to and do with peers when they're experiencing feelings of grief or loss.</p> <ul style="list-style-type: none"> ❖ <i>What are some ways you can help a peer who is struggling with a death or grief? [Possible answers include:]</i> <ul style="list-style-type: none"> • Say "I'm sorry" • Encourage peer to tell his/her story • Ask peer what is most difficult about the loss • Ask peer what s/he misses most and least • Help peer acknowledge the finality of death as well as celebrate the life of his/her loved one • Encourage peer to continue to integrate the loss in life-affirming ways—death ends a life but not the relationship • Help peer preserve memories (scrapbooks, pictures, art work, etc.) <p>8. Refer to handouts that have additional strategies for helping people cope with grief.</p> <p>9. Wrap up with the following questions:</p> |
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| <p>30 minutes Mandalas, markers, crayons, colored pencils, etc.</p> | <ul style="list-style-type: none"> • What was this experience like? • What feelings do you have right now discussing your loss? <p>10. Thank group for their participation and link to the next part of the topic.</p> <p>❖ <i>Thank you for sharing your thoughts and experiences during this difficult topic. Now let's take some time to engage in some creative work, which is another form of self care.</i></p> <p>11. Ask participants what they do in terms of "creative work." Responses might include painting, music, needlework, cooking, gardening, etc. Introduce creative therapy.</p> <p>❖ <i>The state of consciousness that occurs when an hour passes when it only seems like ten minutes is an example of what can happen when we engage in some kind of creative work. During these creative activities, we are freed from all sorts of things, like what?</i></p> <ul style="list-style-type: none"> • <i>Burdens (bills, car problems, etc.)</i> • <i>Stressful thoughts</i> • <i>Habitual urges</i> • <i>Emotional issues (sadness, anger, anxiety...)</i> <p>❖ <i>Psychologists suggest that people worldwide have ongoing dialogues with themselves of between 150 and 300 words a minute; this works out to be 45-51,000 thoughts a day.</i></p> <p>❖ <i>This is sometimes called "inner dialogue," how we talk to ourselves on the inside, and it can really affect our self-esteem, healing processes and other emotional health issues.</i></p> <p>❖ <i>What are some things a newly diagnosed peer might be inner dialoguing about?</i></p> <p>❖ <i>In creative work, the attention or focus you give to creative work suspends the inner dialogue, and during this state of awareness we can review thoughts as we have them.</i></p> <p>❖ <i>We'd like you to use the next 20 minutes to engage in some creative work. We have provided mandalas for you. Mandalas are artistic designs used for focusing and are symbols of healing and well-being. They represent both</i></p> |
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| | <p><i>the journey (process of coloring) and the destination (the finished result). They're a fun way of helping people achieve a meditative state.</i></p> <p>❖ <i>Each object within the mandala has significance as either a guiding principle or an aspect of wisdom. Many ancient religions treated mandalas as sacred objects and they are used today as a part of alternative therapy. So have fun with your mandala, and notice whether your worries, stresses or thoughts change at all during this time.</i></p> <p>12. Give participants 20 minutes to create their mandalas. When participants have finished, go around the room and share—as long as the group is comfortable with this. Some participants may choose to pass. Ask how participants are feeling after this creative work.</p> <p>13. Thank the group for their participation to link to the next topic.</p> |
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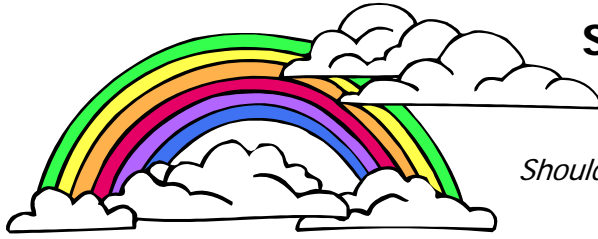
The Effects of Grief

| | |
|---|---|
| EMOTIONAL Sadness Anger Anxiety Guilt Loneliness Resentfulness Denial Fear Flash-backs Relief | PHYSICAL Fatigue Flare-ups of chronic conditions Crying Feelings of emptiness Sleeping problems Eating problems |
| SOCIAL Feeling like a "fifth wheel" Declining invitations Self-conscious Loss Of companionship Avoiding people and places | BEHAVIORAL Withdrawn Staying in bed Lost life-style Not taking care of self Lethargy Overworking Restlessness Bargaining |

HELP THROUGH GRIEF

From *Bereavement and Support*, by Marylou Hughes

1. Be patient with yourself. Do not compare yourself to others. Go through the mourning process at your own pace.
2. Admit you are hurting and go with the pain.
3. Apply cold or heat to your body, whichever feels best.
4. Ask for and accept help.
5. Talk to others.
6. Face the loss.
7. Stop asking "Why?" and ask, "What will I do now?"
8. Recognize that a bad day does not mean that all is lost.
9. Rest.
10. Exercise.
11. Keep to a routine.
12. Introduce pleasant changes into your life.
13. Know that you will survive.
14. Take care of something alive, such as a plant or a pet.
15. Schedule activities to help you get through weekends and holidays.
16. Find someone who needs your help.
17. Accept your feelings as part of the normal grief reaction.
18. Postpone major decisions whenever possible.
19. Do something you enjoy doing.
20. Write in a journal.
21. Be around people.
22. Schedule time alone.
23. Do not overdo.
24. Eat regularly.



Some Resources on Grief and Loss

Should you shield the canyons from the windstorms, you would never see the beauty of their carvings.

~ Elisabeth Kubler Ross

A Grief Observed, C.S.Lewis, 1995. Reprint Edition, Harper, San Francisco, CA. Written in the moments of sadness after his wife's death, this book is an honest reflection on the fundamental issues of life, death, and faith. Summons those who grieve to honest mourning and courageous hope.

Chicken Soup for the Grieving Soul: Stories about Life, Death and Overcoming the Loss of a Loved One, Jack Canfield, August 2001.

Comforting One Another: In Life's Sorrows, Karen Burton Mains, 1997. Thomas Nelson Press.

Comforting Those Who Grieve, Doug Manning. In-Sight Books, Inc., PO Box 42467, Oklahoma City, OK 73123, (405) 810-9501. This practical book offers caring ways to help those in mourning.

Concerning Death: A Practical Guide for the Living, Earl A. Grollman, et al. Beacon Press, Boston, MA. An excellent overview of death. Chapters on Jewish way in death, the Protestant way in death and Roman Catholic way in death add many insights into various support customs. Other chapters include funerals, insurance, the coroner and the law.

Cry Until You Laugh: Comfort & Guidance for Coping With Grief, Richard J. Obershaw, MSW, LICSW, 1998. Fairview Press, Minneapolis MN. Available from A Place To Remember, (800) 631-0973. Confronts the expectations, myths, attitudes and prejudices about grief that pervade our society. Blending gentle humor with down-to-earth common sense, the author helps the reader come to see grief as a friend and ally as well as a reminder of the need to change and redefine oneself at every stage of life.

Death: The Final State of Growth, Elizabeth Kubler-Ross, 1975. Prentice-Hall, Inc. Englewood Cliffs. Essays presenting different views on death and dying. Makes you stop and look at your own feelings about life and death. Easy to read, interesting and very informative.

Don't Take My Grief Away From Me: How to Walk Through Grief and Learn to Live Again, Doug Manning, 1979. In-Sight Books, Inc., PO Box 42467, Oklahoma City, OK 73123, (405) 810-9501. A classic with over 250,000 in print. A practical, supportive and informative book for grieving family members. Starts with questions surrounding a funeral, and carries through with discussions about understanding death and grief and changes that they bring.

Everything You Need To Know About Grieving, Karen Bornemann Spies, 1997. Rosen Publishing Group. A Need To Know Library Series book, it is written for younger readers 12-18.

Footsteps Through The Valley, Darcie Sims. Available from Centering Corp., (402) 553-1200. From the author of "Why Are The Casseroles Always Tuna" comes a book with a meditation per page with a strong message to take you through the valley of grief with tenderness.

Giving Sorrow Words - How To Cope And Get On With Your Life, Candy Lightner (founder MADD) and Nancy Hathaway, 1990. Warner Books, 666 7th Ave., New York, NY 10103. This book explores all aspects of the grieving process, including the significance of religious and cultural traditions. It explores what to expect, how to get support and coping techniques.

Good Grief: Healing Through the Shadow of Loss, Deborah Morris Coryell, 1997. The Shiva Foundation. Easily read in an evening, this book is practical and well written, stressing the importance of relationships, centering images, breath, journaling, ritual, and the gift of time.

Good Grief: Rituals for Dealing With Grief, Elaine Childs-Gowell, 1989. Gowell Publications, Seattle, WA. Available from Centering Corp., (402) 553-1200. Healing some of the negative feelings we all want to deny during the grief process, the author clearly explains various rituals (including new age and Native American rituals).

Grief: A Natural Reaction to Loss, Marge Eaton Heegard. Available from Centering Corporation, (402) 553-1200. Looks at the whole process of grief, reducing fears, expressing anger and resolving guilt. Exercises and examples are sprinkled throughout.

Grief—The Mourning After, Catherine M. Sanders, 1969. John Wiley and Sons, New York, NY. This book presents the phases that comprise the experiences of grief after the death of a loved one and provides the caregivers with basic ways to intervene that are appropriate to various situations. This book also emphasizes the fact that each individual has a need to express his or her own grief in a distinctly characteristic way and includes tasks that grieving individuals must undertake during the course of bereavement. (reviewed by Diana Towner, bereaved parent).

HeartPeace: Healing Help for Grieving Folks, Richard Gilbert, 1996. Abbey Press, St. Meinrad. It is a very gentle book for the bereaved, and for caregivers, that carefully weaves the interdependence of spirituality and grief.

Helping People Through Grief: When a Friend Needs You, Delores Kuenning, 1987. Bethany House Pub., 6820 Auto Club Rd, Bloomington, MN 55438, (612) 829-2500. A book dealing with all types of grief, written with a spiritual perspective.

I Know Just How You Feel: Avoiding the Cliches of Grief, Erin Linn, 1986. The Publisher's Mark, PO Box 3969, Incline Village, NV 89450. A light-hearted, yet serious book designed to help people know what to do and say to bereaved families. Excellent for the counselors and the consoled.

More Than Surviving - caring for yourself while you grieve, Kelly Osmont, 1990. Centering Corp., 1531 N. Saddle Creek Rd., Omaha, NE 68104-5064, (402) 553-1200. Written by a bereaved Mom to help other parents heal in a loving, healthy way. This book deals with grief and stress, exercise, touch, food and tears. The author stresses being gentle with yourself and taking care of your health as a way to honor the person you loved.

On Death and Dying, Elisabeth Kübler Ross.

Swallowed By A Snake: Masculine Approach to Healing Grief, Tom Golden, 1997. Available from publisher, (888) 870-1785. Explains how men are likely to grieve using the metaphor of an old folk tale. Grief is all-consuming, must be dealt with a little at a time, and must be driven from the inside out. Compares methods of grieving in several cultures, including historical glimpses.

The Grief Recovery Handbook: The Action Program for Moving Beyond Death, Divorce, and Other Losses, John W. James and Russell Friedman, 1998. Harper Collins. Illustrates what grief is and how it is possible to recover and regain energy, spontaneity, and sense of aliveness.

The Human Encounter with Death, Stanislove Grof.

Minding the Body, Mending the Mind, Joan Boreysenko.

The Mourning Handbook: The Most Comprehensive Resource Offering Practical and Compassionate Advice on Coping With All Aspects of Death and Dying, Helen Fitzgerald, 1994. Simon & Schuster, New York, NY. "Fitzgerald's book is one of the most readable and useful compendiums of material about grief and for the bereaved.

Peace, Love and Healing, Bernie Siegel.

To Live until We Say Goodbye, Elisabeth Kübler Ross.

Questions about Death and Dying, Elisabeth Kübler Ross.

When Bad Things Happen to Good People, Harold S. Kushner, 1981. Beacon Press, Boston, Mass. Available from Centering Corp., (402) 553-1200. A Rabbi reflects upon the "why" of suffering following his son's illness and death.

Who Dies? Stephen and Andrea Levine.

Why Are the Casseroles Always Tuna? Darcy D. Sims, 1990. Bereavement Publishing, 8133 Telegraph Rd., Colorado Springs, CO 80920. A loving look at the lighter side of grief.

The Giving Tree, Shel Silverstein.

The Velveteen Rabbit, Marjorie Williams

On the Web:

http://dukehealth1.org/dhcc/bereavement_aboutgrief.asp#mourner

<http://www.elisabethkublerross.com>

<http://carolinasendoflifecare.org/hospice>

Create a grief memorial at <http://rivendell.org/memcard.html>.

Wrap-up.....Parking Lot**Time:** 15 minutes**Materials:**

- Parking Lot
- Markers

Purpose:

To ensure participants' questions were addressed, this session will review items on the parking lot. All questions will be answered or arrangements will be made to get participants the necessary information.

Objectives:

At the end of this activity, trainers will have:

- ✓ Addressed participants' questions from PETS level III;
- ✓ Acknowledged questions that couldn't be answered and made arrangements to provide information at a later time.

| Trainer's notes | STEPS |
|------------------------|---|
| Parking Lot flip chart | <ol style="list-style-type: none"> 1. Refer to parking lot and address participants' questions. <ul style="list-style-type: none"> ❖ <i>You've all had some great input during this training. Let's take a few moments now and address the questions that have come up during this week's training.</i> 2. Prior to today's session, trainer should have found answers to parking lot questions or made arrangements to provide information later. 3. Trainers should go through each question and mark off as issues are addressed. 4. Link to key points. <ul style="list-style-type: none"> ❖ <i>Now that we've resolved the parking lot issues, wrap up for day four.</i> |

Closing and Evaluation.....Closing Statements

Time: 15 minutes

Materials:

- Closing statements handouts

Objectives:

By the end of this session, participants will be able to:

- ✓ Verbalize objectives and take home messages from the day's sessions.

Take Home Messages:

- ⇒ Processing and sharing observations and feelings about training experiences are important components of adult learning.

| Trainer's notes | STEPS |
|-----------------------------|---|
| Closing statements handouts | <ol style="list-style-type: none"> 1. Explain today's evaluation. <ul style="list-style-type: none"> ❖ <i>Please locate the closing statements worksheet in your notebooks. Please complete any or all of the statements on the handout to summarize your experience of today's training. You will be asked to share one with the group when everyone has finished.</i> 2. Give participants 5 minutes to complete their worksheets. 3. After everyone has finished, go around the room and let each participant share one item. 4. Thank participants for their feedback and provide details about tonight and tomorrow's session. |

Closing Statements

Please complete any or all of these statements to summarize your experience of this training event so far. You will be asked to share one with the group.

I learned...

I feel...

I was surprised...

I'm wondering...

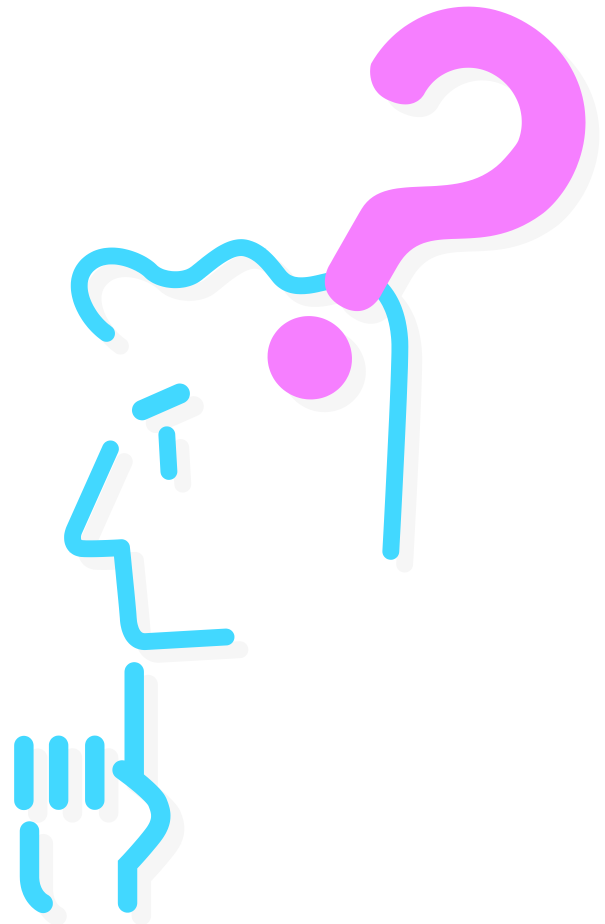
I've re-discovered...

I figured out...

I appreciated...

I felt challenged...

I'm clearer about...



Opening Reflections

Time: 5 minutes

Materials:

- Handouts with typed reflections.

Purpose:

Starting the day with a few moments of reflection is a way to honor various spiritual beliefs and values.

Objectives:

At the end of this activity, trainers will have:

- ✓ Provided participants with an opportunity to reflect and meditate.

| Trainer's notes | STEPS |
|-----------------|---|
| | 1. Allow a few minutes of silence for people to say their own reflections or to meditate. |

Day 5..... Group Appreciations

Time: 20 minutes

Materials:

- Paper
- Markers
- Tape

Objectives:

At the end of this activity, participants will have:

- ✓ Acknowledge their contributions to this workshop.

Take Home Messages:

⇒ People like to feel appreciated.

| Trainer's notes | STEPS |
|-----------------|---|
| | <ol style="list-style-type: none"> 1. Provide instructions for the group appreciation activity. ❖ <i>We're going to do a quick activity to celebrate the peers in this room. Please take a piece of tape and tape the paper we're handing out on your back. In a moment, we'll go around the room and write positive comments about each other on these papers. Think about the time you've been together for this training or at other times. Use words that describe what you appreciate about your peers, for example, I might write on Mary's back, "cheerful," because I really appreciate her cheerful attitude.</i> 2. Allow 3-5 minutes for participants to write appreciations on each other's backs then call them back to their seats. Trainers should write appreciations, too. 3. Give participants an opportunity to read their appreciations. Process with the following questions. <ul style="list-style-type: none"> • How did it feel to get positive support from your peers? • What happens when people do not tell us we are appreciated? (Allow responses.) 4. Link to next activity. ❖ <i>Now let's look at what's left on the parking lot.</i> |

Review Key Points

Time: 20 minutes

Materials:

- Handout with key points

Purpose:

Reviewing key points is an important part of adult learning.

Objectives:

At the end of this activity, trainers will have:

- ✓ Reviewed key points covered in level III of PETS.

| Trainer's notes | STEPS |
|-----------------------|--|
| Handout of key points | <ol style="list-style-type: none"> 1. Refer to handouts and encourage participants to read over them. Tell participants that we will go around the room and read the key points and have a brief discussion on the activities that support the main ideas stated in the handout. <ul style="list-style-type: none"> ❖ <i>Before we close for the week, let's take some time to review the key points covered in this training. Please take a moment to review the handout. Let's have some volunteers read the key points aloud and make sure everyone agrees with them. As you read the key points, think back on the activities we did this week that support the message.</i> 2. Ask if anyone has questions or comments about the key points covered this week. Link to next topic. <ul style="list-style-type: none"> ❖ <i>Does anyone have any questions about information or activities from this week? If not, we'll take some time to talk about transitioning from our training experience back to the real world.</i> |

Key Points from PETS Level III

- ✂ It is important to assist patients in a helpful and non-directive manner
- ✂ It is important to bridge the gap between persons living with HIV or AIDS and the medical and social service systems
- ✂ Peer educators are experts in living with HIV
- ✂ We all have strengths that can help others
- ✂ Peer educators need to model comfort with talking to peers
- ✂ Peer educators need to use language their peers will understand
- ✂ It is important for peer educators to develop good listening skills
- ✂ Questioning skills can help peer educators get information from peers
- ✂ Questions help both parties—it's helpful to ask and allow questions
- ✂ Mistakes in communicating clearly are easy to make
- ✂ Modeling comfort with difficult topics contributes to effective peer education
- ✂ Communication needs to be specific
- ✂ Body language helps check for understanding
- ✂ There are many ways that one can cope with the various negative aspects of living with a chronic illness
- ✂ Peer educators can encourage peers to engage in activities that promote health and wellness
- ✂ Peer educators are human and have their own needs
- ✂ It is important to provide assistance to HIV+ peers who need help keeping their medical and social appointments

- ⌘ Safety and confidentiality should not be compromised when helping HIV+ peers be adherent
- ⌘ It is important for peer educators to be able to give peers accurate information about HIV
- ⌘ It is important to identify strategies to get help
- ⌘ It is important to create and maintain good records of peer interactions
- ⌘ Everyone has different experiences with grief and loss
- ⌘ It is important to deal with personal grief and loss before helping peers deal with their grief and loss

What Now?.....Transitioning to the Real World

Time: 20 minutes

Materials:

- Flipchart
- Markers
- Transitioning to the Real World handouts (one for each participant)

Purpose:

After spending a week together in training, participants need an opportunity to transition back to their regular schedules and their roles in the workplace.

Objectives:

At the end of this activity, participants will have:

- ✓ Recorded needs to be met prior to working with peers;
- ✓ Identified challenges of working with peers;
- ✓ Recognized people who can offer support;
- ✓ Discussed ways to act professionally in the workplace;
- ✓ Arranged ways to keep in contact with peers and mentors.

Take Home Messages:

- ⇒ It is important that peer educators have resources to help them with their new responsibilities;
- ⇒ It is important to identify strategies to get help;
- ⇒ It is important to know the expected ways of being professional in the workplace.

| Trainer's notes | STEPS |
|---|---|
| Flip chart and markers; "Transitioning to the Real World" handouts | <p>1. Thank participants for their great work. Refer participants to "Transitioning to the Real World" handouts.</p> <p>❖ <i>You've done a great job. We've covered a lot of information, and you have several new responsibilities. Let's take some time to talk about what comes next. You may want to take notes on your "Transitioning to the Real World" handouts.</i></p> <p>❖ <i>Now that you're about to go back to your lives, what do you feel you still need? [Allow responses and record on a flipchart.]</i></p> <p>❖ <i>What challenges do you anticipate? [Allow responses and record on a flipchart.]</i></p> <p>❖ <i>Who can call upon to help you? [Allow responses and</i></p> |

| | |
|--|---|
| | <p>record on a flipchart.]</p> <ul style="list-style-type: none"> ❖ <i>How can we use the strengths of the people in this room?</i> [Allow responses and record on a flipchart.] ❖ <i>What are some ways we can be professional in the workplace?</i> <p>Possible answers include:</p> <ul style="list-style-type: none"> • Being on time for work. • Dressing appropriately. • Getting paper work in on time. • Calling in when unable to be at the clinic. • Maintaining boundaries. • Observing confidentiality. <p>2. Review next steps.</p> <ul style="list-style-type: none"> • Inform participants how frequently and by what method they will be contacted by their mentors. • Tell them how this group will be getting back together in the future. • Ask the group for suggestions on how they can communicate between in-person meetings? <p>3. Link to assessment.</p> <ul style="list-style-type: none"> ❖ <i>Now let's see how much you've learned this week with a post-training assessment and training evaluation.</i> |
|--|---|

Transitioning to the Real World

What skills/resources do you feel you still need to develop?

What challenges do you anticipate?

Who can you call upon to help you?

How can you use the strength of the people in this room?

What are some ways we can be professional in the workplace?

- Be on time for work
- Dress appropriately
- Get paper work in on time
- Call in when you are unable to be at work
- Maintain professional boundaries
- Observe confidentiality



Wrap-up.....Final Assessments

Time: 15 minutes

Materials:

- Post-training assessment forms
- Pens and pencils

Purpose:

The final assessment offers participants an opportunity to demonstrate the skills and ideas they learned during training.

Objectives:

At the end of this activity, participants will have:

- ✓ Summarized the training activities from this week;
- ✓ Completed final assessments.

| Trainer's notes | STEPS |
|-----------------|---|
| | <ol style="list-style-type: none"> 1. Inform participants that they will be taking a short assessment to see how much information they retained from the week of training and clinical work. 2. Distribute post-training assessment. Trainers should be available to help participants with limited literacy skills. 3. Link to closing circle. <p style="text-align: center;">❖ <i>Thank you for completing the assessment. Before we close for the week, let's have some closing thoughts.</i></p> |

Name: _____

PETS Level III Post-training Assessment**True or False—Circle One**

1. It isn't important for peer educators to be adherent to drug regimens as long as they help peers with adherence issues.

TRUE or FALSE

2. HIV destroys CD4 cells.

TRUE or FALSE

3. Open-ended questions can be answered with "yes" or "no."

TRUE or FALSE

4. HIV viral load measures the amount or copies of active HIV in the body.

TRUE or FALSE

5. One peer educator role is to fix all the problems or challenges a peer is having.

TRUE or FALSE

6. Documentation is an important part of meeting with peers.

TRUE or FALSE

7. When working with patients, peer educators should do most of the talking while the peer listens.

TRUE or FALSE

Multiple Choice—Circle the one best answer

8. Working with patients to help them take their medications, including occasional observation and creative ways to keep patients adherent to their treatment plans, is called:
 - a. DOT
 - b. MDOT
 - c. Useable health plan
 - d. Clinical practicum
9. What could you as a peer educator do for a peer who is not adhering to a treatment plan?
 - a. Share your own personal challenges and struggles
 - b. Scold the peer
 - c. Listen to peer and counsel in a non-directive manner
10. Which of the following words should be avoided when asking patients open-ended questions about issues?
 - a. Who
 - b. Where
 - c. Why
 - d. When
11. It is important to consider which of the following when doing outreach visits to locate those peers who have missed medical appointments:
 - a. How long it has been since the last appointment
 - b. Your own personal safety
 - c. Confidentiality concerns
 - d. All of the above

Short Answer

12. Peer educators may assist peers who are having trouble with substance use, diet or other health issues by helping them develop a _____.
13. List two ways to be professional in the workplace.
 - 1.
 - 2.
14. The letters MDOT stand for:

KEY--PETS Level III Post-training Assessment—KEY**True or False—Circle One**

1. It isn't important for peer educators to be adherent to drug regimens as long as they help peers with adherence issues.

TRUE or **FALSE**

2. HIV destroys CD4 cells.

TRUE or **FALSE**

3. Open-ended questions can be answered with "yes" or "no."

TRUE or **FALSE**

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TRUE or **FALSE**

Multiple Choice—Circle the one BEST answer

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 - c. Useable health plan
 - d. Clinical practicum
9. What could you as a peer educator do for a peer who is not adhering to a treatment plan?
- a. Share your own personal challenges and struggles
 - b. Scold the peer
 - ☒ c. Listen to peer and counsel in a non-directive manner
10. Which of the following words should be avoided when asking patients open-ended questions about issues?
- a. Who
 - b. Where
 - ☒ c. Why
 - d. When
11. It is important to consider which of the following when doing outreach visits to locate those peers who have missed medical appointments:
- a. How long it has been since the last appointment
 - b. Your own personal safety
 - c. Confidentiality concerns
 - ☒ d. All of the above

Short Answer

12. Peer educators may assist peers who are having trouble with substance use, diet or other health issues by helping them develop a health plan.
13. List two ways to be professional in the workplace.
- Be on time for work
 - Dress appropriately
 - Get paper work in on time
 - Call in when you are unable to be at work
 - Maintain professional boundaries
 - Observe confidentiality
14. The letters MDOT stand for: ☒ Modified Directly Observed Therapy

Wrap-up.....Closing Thoughts and Certificates

Time: 30 minutes

Materials:

- Flipchart
- Markers
- Certificates

Purpose:

The closing is an opportunity to celebrate the group's achievements and put closure on the week of training.

Objectives:

At the end of this activity, participants will be able to:

- ✓ Be aware of strengths and weakness they have as peer educators;
- ✓ Celebrate their work together this week.

Take Home Messages:

⇒ It is important to have closure in training experiences.

| Trainer's notes | STEPS |
|-----------------|--|
| | <ol style="list-style-type: none"> 1. Ask people to think about what this time together has meant for them. <ul style="list-style-type: none"> ❖ <i>This has been an amazing experience. We are a dynamic group of people. Please take a few moments and think about what this time has meant for you. Then, we'll go around and each person should share some last thoughts. Who'd like to start? [Notes to facilitator:]</i> <ul style="list-style-type: none"> • Be sure participants will be able to see and hear each other. • Don't respond to what is shared; model respectful, quiet acceptance of what's offered. • End by thanking everyone for sharing 2. Trainers will pass out TOT completion certificates, calling one participant at a time. 3. Wish participants a safe journey home and remind them to take care of themselves and each other. |