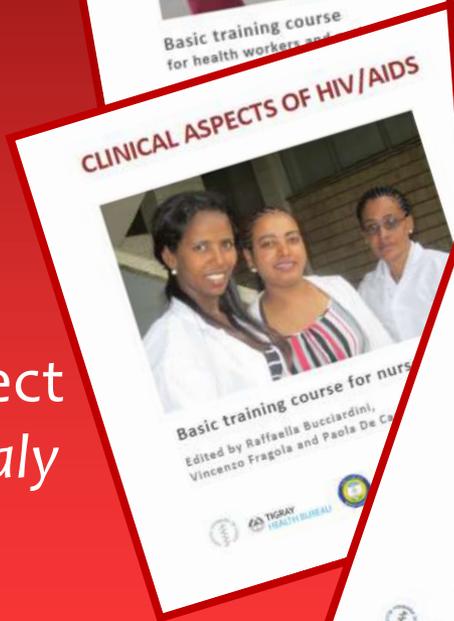




TRAINING ACTIVITIES

Paola De Castro • CASA Project
Istituto Superiore di Sanità, Italy



Workshop • Ethiopia and Partners

The Response to HIV/AIDS • Addis Ababa, January 25, 2017

Introducing CASA training: an interdisciplinary and co-creative approach

A LONG STORY SHORT

We joined expertise from a **variety of disciplines** and perspectives

We gathered the enthusiasm and concerns of **different stakeholders**,
from scientists, to policy makers, health officers and communities

We **moved beyond** merely asking questions and providing answers
into a realm of **connecting the dots** between the most up-dated knowledge on HIV/AIDS,
tradition, financial constraints, insights, perceptions, fears...



in a global health perspective

“ I Hear and I Forget, I See and I Remember,
I Do and I Understand ”

Confucius, Chinese philosopher and reformer (551 BC to 479 BC)

Training in brief



TOPICS

COMMUNICATION CLINICAL ASPECTS OF HIV/AIDS

Objective

- * Improve retention in care of HIV patients
 - increase awareness among different stakeholders
 - create a network of collaboration

Target groups

- * Community Health Workers (CHW)
- * Nurses

It's not enough to test for HIV and treat it, **social factors** matter too

Basic steps of training strategy

2014-2015

1

study of the **local scenario**

- informal meetings, focus groups, workshops to
 - **analyse information needs of target groups**
 - gather information
 - define ad hoc training programs

2016

2

training program **implementation**
continuous **adjustments** according to feedback

3

evaluation of results achieved
consideration of **sustainability** issues

MORE → → →

Details of the training strategy

All decisions taken in accordance with ISS, THB and MU

ad hoc training programs for each target group
ad hoc training material (including local pictures)
translation whenever necessary

tested before implementation
and then adjusted according
to the feedback received

a facilitator was appointed for training
implementation at local level in collaboration
with the local coordinator and data managers

distribute booklets in
hospitals and HFs , monitor
program, collect feedback

written and oral examinations

Overwhole evaluation and certificates

workshops and informal meetings

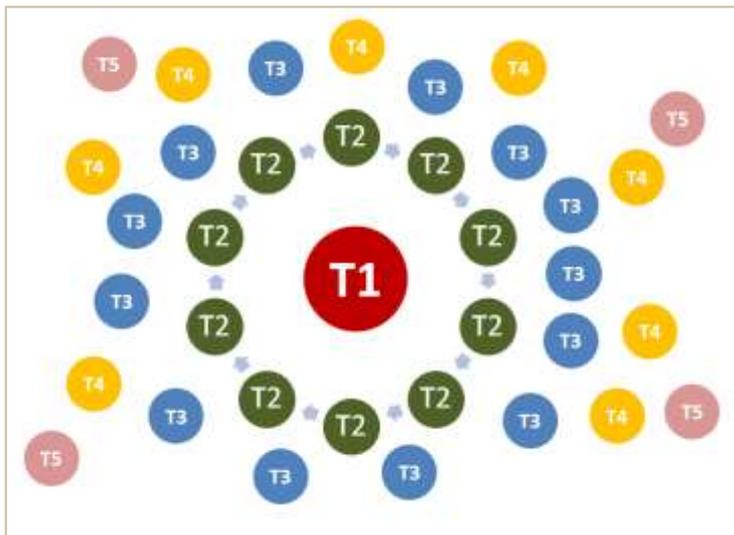
Clinical issues and topics of general interest

Train-the-trainer approach as final goal

AKA: Cascade training – peer education

In a few words

You first learn (participate in **T1** courses) **then you teach** (organize **T2** courses)
The model is explained in Tookit 1 on communication, page 52-53



Main advantages

- Create awareness
- Increase motivation to learn
- Maximise return on investment

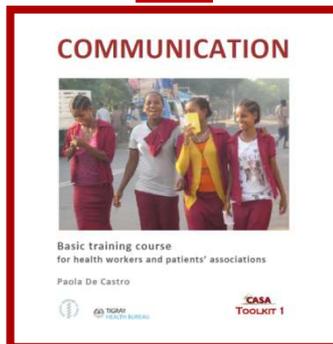
Challenges

- Selection of participants (**T1**)
- Selection of future trainers (**T2**)
- Support for replication activities

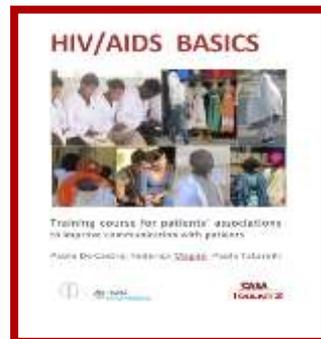
Teaching material: CASA toolkits

Community health workers

1

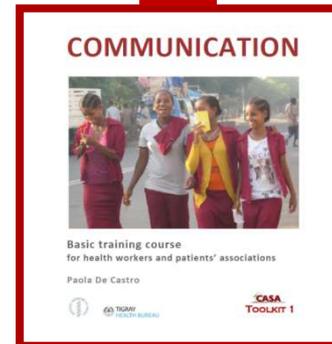


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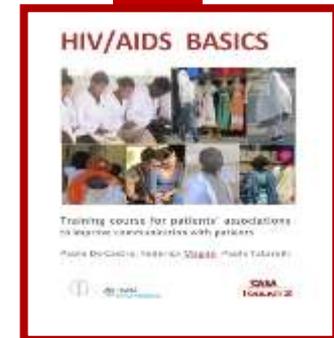


Nurses

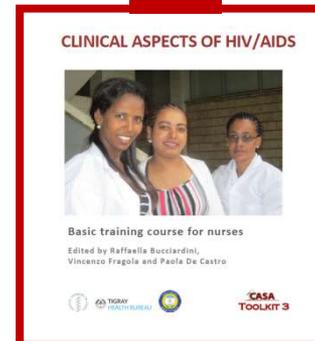
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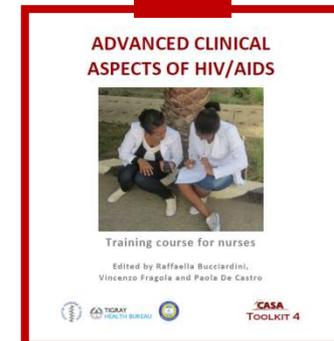
2



3



4



COMMUNICATION



Basic training course
for health workers and patients' associations

Paola De Castro



- Lesson 1.** Why communication is important
- Lesson 2.** Basic knowledge on communication
- Lesson 3.** Sharing, networking and training
- Lesson 4.** Activity planning and SMART goals
- Lesson 5.** Communication and evaluation

Targets

Patients' associations, case managers & nurses

Easy to read and memorize

- Take home messages
- Questions



CASA Toolkit 2

HIV/AIDS BASICS



Training course for patients' associations to improve communication with patients

Paola De Castro, Federica Magné, Paola Tatarelli



CASA
TOOLKIT 2

Targets

Patients' associations,
case managers & nurses

Easy to read and memorize

- Take home messages
- Questions

- Lesson 1.** What is HIV, how it is transmitted and how it can be prevented
- Lesson 2.** Why starting antiretroviral therapy (ART) Lesson 3. Adherence to ART
- Lesson 4.** Information on ART drugs
- Lesson 5.** Why taking cotrimossazole
- Lesson 6.** Living with HIV/AIDS
- Lesson 7.** Main concerns for men and women

Translations in Tigrinya

CASA Toolkit 1



CASA Toolkit 2



Two booklets were translated in Tigrinya

Translation will help to fully understand and use the contents of the booklets

CASA Toolkit 3

CLINICAL ASPECTS OF HIV/AIDS



Basic training course for nurses

Edited by Raffaella Bucciardini,
Vincenzo Fragola and Paola De Castro



TIGRAY
HEALTH BUREAU



CASA
TOOLKIT 3

Target → nurses

Clinical aspects of HIV / AIDS

Questions

Lesson 1. The natural history of untreated HIV infection: from acute phase to opportunistic infections.....	1
Lesson 2. What should your patients know about HIV and antiretroviral therapy?	9
Lesson 3. How to visit patients: collecting clinical history and performing physical examination	19
Lesson 4. HIV testing	31
Lesson 5. Antiretroviral therapy of HIV infection, and the WHO guidelines (2013).....	41
Lesson 6. Clinical management of antiretroviral drugs side effects	55
Lesson 7. Clinical management of opportunistic infections	68
Lesson 8. Viral hepatitis.....	81
Lesson 9. Comorbidities in HIV patients.....	92
Lesson 10. A closer look at tuberculosis	102

CASA Toolkit 4

ADVANCED CLINICAL ASPECTS OF HIV/AIDS



Training course for nurses

Edited by Raffaella Bucciardini,
Vincenzo Fragola and Paola De Castro



TIGRAY HEALTH BUREAU



CASA
TOOLKIT 4

Target → nurses

Advanced information on
on clinical aspects of HIV / AIDS

Questions

¶

Lesson-1.¶

HIV-post-exposure-prophylaxis¶

¶

Lesson-2.¶

Isoniazid-preventive-therapy-in-people-with-HIV¶

¶

Lesson-3.¶

Prevention-of-mother-to-child-HIV-transmission¶

¶

Lesson-4.¶

Drug-resistant-Tuberculosis¶

USER- FRIENDLY MATERIAL

From Toolkit 1

All lessons included

- Take home messages
- Suggested tasks for discussion
- Pictures from local settings

TAKE HOME MESSAGES FROM LESSON 2

Basic knowledge on communication

- Communication involves different activities, not only speaking
- Effective communication involves listening to the other person
- Non-verbal communication provides useful feedback to evaluate the effectiveness of communication

Task: A case manager will have to input all data collected by nurses in the appropriate files and regularly provide data to data managers.

Now, considering what you learnt in this lesson, reflect on the following questions to see how the task of case managers could be carried out more efficiently.



USER-FRIENDLY MATERIAL: Examples From Toolkit 2

Basic information

- ART is the best weapon against HIV.
- As any other treatment, ART can cause side effects (bad reactions after taking it).
- Usually side effects are mild and last few weeks after starting ART.
- The most frequent side effects are: headache, abnormal dreams, insomnia and diarrhea.
- In presence of these symptoms, patients should not stop ART. They should talk about those problems with nurses or doctors.
- Rarely, severe side effects may happen (for example acute skin reactions). In these cases, patients should quickly refer to the health service.
- Before taking other drugs, patients on ART should ask to nurses. Indeed, antiretroviral drugs and other medications can interact (influence each other), making the treatment ineffective or toxic.

Real life situations

4.2. Communication with patients

Now we report a possible situation where you can establish a positive communication with a patient on the basis of the newly acquired scientific knowledge on ART side effects and their management.

The situation is followed by a dialogue that may take place between a patient and you.



A patient has developed an ART-related side effect, so he/she wants to stop it. You have to explain him/her how to manage this situation.

Patient Since I started ART, two weeks ago, I have had strange dreams, I am worried!

You I see, but do not be scared. This is a common side effect of ART. It is not dangerous. Continue with your therapy. It is not dangerous.

Patient OK, but I am still worried.

You I understand your concern. I will help you manage this situation.

Multiple choice questions

1. Why is it so important for HIV patients to adhere to therapy?
 - a. To control the infection and have a longer and healthier life
 - b. Adherence is not important and patients can take pills only when they are sick
 - c. To make nurses happy
2. How often should ART be taken?
 - a. Once a week
 - b. Every day, at the same time
 - c. Once a month

Additional training material

FOR NURSES ONLY

- Selected articles on HIV
- Videos of the lessons of **Toolkit 3 & 4** lessons



available on USB to complete training

Training duration

6 months
for both Nurses and CHWs



CHW → Toolkit 1 and 2 + workshops, informal meetings

Nurses → Toolkit 1, 2, 3, 4
+ additional reading of scientific articles
+ workshops and informal meetings

Training started in April 2016 (workshop)
Terminated in October 2016 (workshop)

Support for training

Participants in training activities received continuous support from ISS and local staff



- * **A facilitator** (contact person between ISS and course participants) collected questions and suggestions arising during the course implementation.
- * **ISS provided answers** to course participants through the facilitator
- * **Continuous contacts** between ISS staff and facilitator contributed to the success of the training program

Two types of certificates



Certificate of Attendance
for all those who took part in training

Certificate of Accomplishment
for those who passed the exam
answered correctly
70% of questions



Training Figures

Community Health Workers

April-October 2016

ALL PARTICIPANTS	49
Completing the course	42
Passing written examination	29
Admitted to oral examination	14*
FINAL SELECTION	14

* Only participants with highest scores were admitted



Exams at Mekelle, October 2016

Training Figures

Nurses

April-October 2016

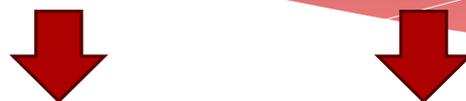
ALL PARTICIPANTS	73
Completing the course	50
Passing written examination	48
Admitted to oral examination	45*
FINAL SELECTION	21



Exams at Mekelle, October 2016

* Only participants with highest scores were admitted

CASA training 2015-16



Participants	CHW	%	Nurses	%	TOTAL	%
Registered for training	49		73		122	
Completing the training	42	85.7	50	68.5	92	75.4
Passing the written exam	29	59.2	48	65.8	77	63.1
Admitted to oral exam	14	28.6	45	61.6	59	48.4
Passing the final exam	14	28.6	20	27.4	34	27.9

A very selective process to focus on future trainers

From training to intervention

CHW WERE ASSIGNED SPECIFIC TASKS

closely associated with what they learned about communication & clinical aspects of HIV

EXAMPLES

- 1) Go and Search patients missing to follow up**
(based on a list (paper format) received by case managers on Monday, each week)
- 2) Report on the same paper form why patients did not show**
(Return the same. the duly filled, format, to case managers, on Friday, each week)



Supporting CHW intervention activity



www.casaproject.info

Your Home for Global Health Research and Training

MEMO CARD for Patients' Associations

Memo cards were designed to help CHW memorize their tasks



3 THINGS to remember

Monday	1	<i>Take Missing Form from Case Managers</i>
Following days	2	<i>Look for missing patients and Fill in the Missing Form</i>
Friday	3	<i>Return the Missing Form to Case Managers</i>

ISS 2015

Who will become future trainer? (train-the-trainer approach)

Initial requisites

- * Participate in training activity (Booklets)
- * Take part in discussions
- * Pass the written /oral examination (questionnaire)
- * **Receive certificate of accomplishment (by THB)**

- * Be able to explain other nurses what they learned
- * Demonstrate organizational ability
- * Be able to organize training for CHW

To receive a certificate of **CASA** trainer (by THB)

- * **Additional 3-year training (CHW and Nurses)
on both communication and clinical aspects of HIV**



Cost efficacy
sustainability

Workshops

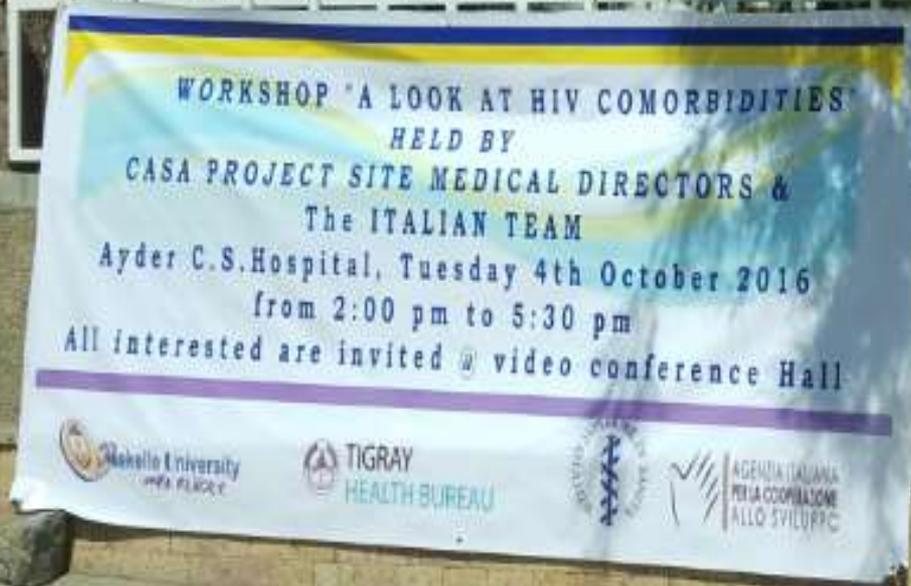
as part of the training program (2015-2017)

- 1. State of the art** (Mehoni, 23 November 2015) (all groups: activity and results)
- 2. Training in communication & health information literacy**
(Mekelle, 28 March 2016) (patients' associations and case managers)
(Mehoni, 1 April, 2016) (all groups)
- 3. A Look at co-morbidities** (Mekelle, 4 October 2016)

Already done

- 4. Train the trainer: selection of future trainers** (nurses & patients' associations)
- 5. Gender differences in the approach to therapy** (to be defined)
- 6. Clinical aspects of HIV/AIDS**
- 7. Why and how write a scientific article**
- 8. Final workshop** (results from training, workshops and future issues)

Date and place to be defined



Ayder Hospital, Mekelle, October 2016 CASA Workshop on HIV Co-Morbidities

Course attendants as speakers at CASA workshops

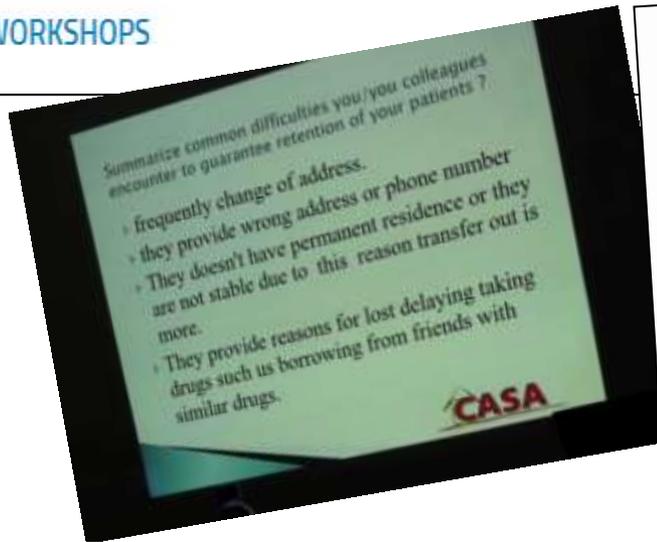
See and listen to them at
www.casaproject.info



CASA A Training and Operational Research Project

Home About CASA – Ethiopia ▾ Publications Contacts Link

WORKSHOPS



CASA Training at International conferences

EAHIL, European Association of Health Information and Libraries,
15th Conference, Seville 2016

EAHIL 2016
Knowledge, Research, Innovation ... **eHealth**
15th EAHIL 2016 Conference 6-11 June, Seville, Spain

15th EAHIL Conference - Seville, Spain - 6-11 June 2016

Training in communication and health information literacy to improve the quality of care of HIV patients in Ethiopia

CASA PROJECT HOLISTIC APPROACH

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INTRODUCTION

CASA is an operational research and training project financed by the Italian Ministry of Health (2014-2015) and Italian Development Cooperation (2015-2016) to improve the quality of care of HIV/AIDS patients in the Tigray Region (Ethiopia). Research is mainly focused on the improvement of retention in care of HIV patients (Bucciardini et al. PLoS One 2013; e0136117) and is closely associated with training in communication and health information literacy.

OBJECTIVES

Developing communication skills and basic knowledge on clinical aspects of HIV to contribute improving retention of HIV patients and show the value of a multidisciplinary approach.

METHODS

A multidisciplinary team including scientists, librarians, and experts in communication and IT was involved in all the phases of the process leading to the definition of the training strategy which was developed according to the following steps:

- Informal meetings, discussion groups, and workshops to evaluate the local scenario and information needs of different targets
- Definition of the training target (health workers and patients associations)
- Acquisition of local needs (on-site assistance of CASA project team and local experts)
- Definition of training tools (workshops, booklets, power-point presentations, videos, online resources)
- Production of booklets, questionnaires, presentations, selection of online resources
- Preliminary evaluation of the booklets by small groups
- Translation of selected information in local language
- Definition of local training schedule (duration, start and final dates, administration of evaluation questionnaires, distribution of training tools, active participation in local workshops, etc.)
- Training implementation (in loco and distance support)
- Certification of accomplishment
- Feasibility study of the train-the-trainer implementation
- Selection of future trainers
- Definition, implementation and evaluation to local training replication activity

RESULTS AND DISCUSSION

The improvement of retention in care is expected through operational research and training in communication and health information literacy. Results from the training questionnaires will provide evidence of newly acquired knowledge, but the effectiveness of the overall training strategy will be shown one year after training implementation through the overall analysis of the project data.

CASA TOOLKITS

TIGRAY (ETHIOPIA)

CASA

Final considerations

Lessons learnt

- * Be flexible, be SMART
- * Think globally, act locally
- * Teach & learn
- * Sustainability
- * System thinking



Picture from Toolkit 1 - Communication

CASA, your home for global health research and training

* **C**ollaborative framework for

* **A**ccountable and

* **S**ustainable

* **A**dvancement of HIV care in a global health perspective

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Thank you

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