ADOLESCENT HIV CARE AND TREATMENT

A Training Curriculum for Health Workers

Trainer Manual

2012

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Foreword

"Give young people a greater voice. They are the future and they are much wiser than we give them credit for."
- Archbishop Desmond Tutu

Thinking back to the turn of the century, it was unimaginable that the global pediatric HIV epidemic would be so dramatically transformed over the course of a single decade. Images of severely ill, malnourished infants filling hospital wards remain vivid depictions of the most dramatic manifestations of this infection in pediatric populations. However, with the success of the global scale-up of HIV prevention and treatment services, a new paradigm for pediatric HIV is emerging, representing a slow shift from a fatal infection threatening the lives of infants and young children to a manageable, chronic disease affecting adolescents and young adults.

Multiple factors have contributed to this remarkable transformation. Effective antiretroviral treatment (ART) has enabled increasingly large numbers of children with perinatal HIV infection to survive the vulnerable periods of infancy and early childhood. In addition, the scale up of prevention of mother-to-child transmission (PMTCT) services has resulted in more women being reached with ever-more potent antiretroviral regimens and a reduced number of babies being born with HIV infection. Finally, improved access to testing has facilitated the identification of older children and adolescents with perinatal infection, as well as those with behaviorally acquired disease. By 2009, there were an estimated 4.3 to 5.9 million youth aged 15-24 years living with HIV and, currently, an estimated 2,500 new infections occur among youth each day. These figures reflect not only the successful treatment of those with perinatal infection, but also the existing (and growing) HIV burden among youth.

As the number of adolescents (defined as those aged 10-19 years) with HIV increases, doctors, nurses, program managers, parents, caregivers, and communities are beginning to recognize the distinct health, psychological, and social needs of this population. Adolescents living with HIV face considerable challenges and have unique needs and vulnerabilities, as compared with both young children and adults. As a result, questions are rapidly emerging as to how best to address these needs while also ensuring successful treatment, long-term retention, and optimal outcomes during the complex and often difficult transition from childhood to adulthood. Programs are responding by incorporating attributes of youth-friendly services into HIV care, including reproductive and sexual health care, peer-based activities, mental health and psychosocial support services, and other features appealing to young people, such as flexible clinic hours, specific clinic times for adolescents, and the availability of drop-in services. At the same time, health workers — who often play critical roles in the lives of young people — are anxious to enhance their skills to ensure that they are well-equipped to provide optimal health care services to the growing population of adolescents living with HIV.

This training package was developed with health workers in mind and aims to support them in meeting the evolving needs of adolescents with HIV infection. The materials cover a broad range of subjects, including youth-friendly services, HIV clinical care, counseling, psychosocial support, mental health, adherence and disclosure support, sexual and reproductive health, the transition to adult care, and monitoring and evaluation. The curriculum was built with the understanding that services for adolescents must be youth-friendly, comprehensive (including biomedical and psychosocial care and support), multidisciplinary, and integrated to include as many different services and providers under one roof as possible. Adolescent HIV care services should aim to become the medical home for adolescents living with HIV, and health workers should be able to

attend to the broad set of needs that are likely to emerge when providing services to this population. Central to the philosophy of this curriculum is the premise that health workers need to interact with adolescents, both as individuals with unique needs, wants, and hopes for the future, and as parts of families, peer groups, and communities.

In developing this training package, the authors relied on lessons learned by centers of excellence, public health programs, and individuals in the United States and Africa, specifically the Family Care Center in Harlem, New York and the University Teaching Hospital's Department of Paediatrics HIV Centre of Excellence (PCOE), and Dr. Chipepo Kankasa in Lusaka, Zambia. We pilot tested portions of the curriculum at the Centre Hospitalier Universitaire de Kigali (CHUK) Pediatric Center of Excellence in Kigali, Rwanda and are forever indebted to the staff of ICAP-Rwanda, RBC/TRAC-Plus, and the Centre Hospitalier Universitaire de Butare (CHUB) for both their attendance during the pilot sessions and their feedback on our training methods and course content. Additionally, this training package borrowed from other areas of public health that have successfully engaged young people, in particular sexual and reproductive health and HIV prevention programs.

Providing comprehensive adolescent HIV services depends on a commitment to scaling up medical and psychosocial services that meet the unique needs of adolescents, as well as continuously improving the knowledge and skills of health workers so they are equipped to address the specific needs of clients. *Adolescent HIV Care and Treatment: A Training Curriculum for Health Workers* represents a key step in ensuring the rollout of HIV-related services that truly serve the needs of adolescents living with HIV.

I am hopeful that this training package will help individuals, multidisciplinary health care teams, agencies, governments, and organizations in their efforts to provide high-quality health services to adolescents living with HIV, and that these materials will help all of us engage, listen to, learn from, and support adolescents as they travel down the path from childhood to adulthood.

"Guard your light and protect it. Move it forward into the world and be fully confident that if we connect light to light to light, and join the lights together of the one billion young people in our world today, we will be enough to set our whole planet aglow." -Hafsat Abiola

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Acknowledgements

Between 2010 and early 2011, ICAP at Columbia University's Mailman School of Public Health developed *Adolescent HIV Care and Treatment: A Training Curriculum for Multidisciplinary Healthcare Teams* with the Ministry of Health in Zambia. Subsequently, in mid-2011, Dr. Elaine Abrams responded to increasing interest and focus on adolescents in ICAP country programs and initiated a process to revise the Zambia training package into this generic curriculum. The principle aim was to facilitate easy adaptation of the curriculum by any country or program wishing to establish or improve adolescent HIV services.

ICAP would like to acknowledge a number of contributors to this generic adolescent HIV care and treatment training package, including independent consultant Tayla Colton and ICAP team members Anne Schoeneborn, Dr. Beatriz Thome, Dr. Ruby Fayorsey, Dr. Francine Cournos, Dr. Rosalind Carter, Leah Westra, and Tesmerelna Atsbeha. ICAP would also like to thank the François-Xavier Bagnoud (FXB) Center, School of Nursing, University of Medicine and Dentistry of New Jersey for their contributions to the original and generic training packages, including Virginia Allread, Beth Hurley, Aliya Jiwani, Karen Forgash, Deborah Hunte, Anne Reilly, and Mary Jo Hoyt. Thanks also go to Petra Röhr-Rouendaal for the illustrations used throughout these materials.

Several modules of this generic curriculum were piloted in Kigali, Rwanda in December 2011 at the Centre Hospitalier Universitaire de Kigali (CHUK). ICAP would like to thank the following people for their assistance with this pilot activity, their inputs into the materials, and their active participation in and co-facilitation of this first adolescent HIV care and treatment training held in Rwanda — from ICAP-Rwanda: Dr. Veronicah Mugisha, Dr. Tene Gilbert, Odette Mukansoro, and Didine Munezero; from ICAP-Rwanda/CHUK: Dr. Jean Leonard Hakizimana, Beata Sangwayire, Angeline Ingabire, and Verdiane Umutesi; from Rwanda Biomedical Center (RBC)/TRAC *Plus* Clinic: Sister Marie Josee Maliboli, Malanie Muhizi, and Chantal Umurungi; from Centre Hospitalier Universitaire de Butare (CHUB): Pascasie Mukeshimana and Elisabeth Mukankaka; and special thanks to our three adolescent co-trainers for their active participation in the training and invaluable inputs: Elyse Igihozo, Diane Uwimana, and Romeo Manzi.

The original version of this training package that was developed for Zambia would not have been possible without the technical expertise and contributions of Dr. Chipepo Kankasa and the staff at the University Teaching Hospital's Department of Paediatrics HIV Centre of Excellence (PCOE) in Lusaka, Zambia — in particular, Dr. Mwiya Mwiya, Sylvia Mwanza, Dr. Tomas Rachael, and the adolescent clients and Peer Educators that inspired and informed this work. This generic training package is based on their insights and experiences with adolescent HIV care and treatment. Thanks also go to independent consultant Anne Schley for her contributions to the Zambia training package. Development of the original Zambia training materials was supported by funding from the U.S. Centers for Disease Control and Prevention (CDC) Global AIDS Program through the President's Emergency Plan for AIDS Relief (PEPFAR).

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Acronyms

3TC	Lamivudine
ABC	Abacavir
ADHD	Attention deficit hyperactivity disorder
AIDS	Acquired immune deficiency syndrome
ALHIV	Adolescent(s) living with HIV
ALT	Alaninaminotransferase, a liver enzyme
ANC	Antenatal care
ART	Antiretroviral therapy
ARV	Antiretroviral
ATV/r	Atazanavir/ritonavir
AZT	Zidovudine
BMI	Body mass index
CAB	Client/consumer/community advisory board
CD4	T-lymphocyte CD4 cell count
CHUB	Centre Hospitalier Universitaire de Butare
CHUK	Centre Hospitalier Universitaire de Kigali
COCs	Combined oral contraceptives
CTX	Cotrimoxazole
d4T	Stavudine
ddI	Didanosine
DOT	Directly observed therapy
ECP	Emergency contraceptive pills
EFV	Efavirenz
ETV	Etravirine
FTC	Emtricitabine
HBsAg	Hepatitis B surface antigen
HIV	Human immunodeficiency virus
HPV	Human papillomavirus
IMAI	Integrated Management of Adolescent and Adult Illness
INH	Isoniazid
IPT	Isoniazid preventive therapy
IRIS	Immune reconstitution inflammatory syndrome
IUD	Intra-uterine device
LAM	Lactational amenorrhea method
LFT	Liver function test
LPV/r	Lopinavir/ritonavir
M&E	Monitoring and evaluation
MDR TB	Multi-drug resistant tuberculosis
MTCT	Mother-to-child transmission (of HIV)
NGO	Non-governmental organization
NNRTI	Non-nucleoside reverse transcriptase inhibitor
NRTI	Nucleoside reverse transcriptase inhibitor
NVP	Nevirapine
OI	Opportunistic infection
PEP	Post-exposure prophylaxis
PI	Protease inhibitor
PITC	Provider-initiated HIV testing and counseling
PLHIV	Person (or people) living with HIV
PMTCT	Prevention of mother-to-child transmission (of HIV)
POPs	Progestin-only oral contraceptive pills
QA	Quality assurance
QI	Quality improvement
sdNVP	Single-dose nevirapine

SGBV	Sexual and gender-based violence
SMS	Short message service
SOCs	Standards of care
SOP	Standard operating procedure
SQV/r	Saquinavir/ritonavir
SRH	Sexual and reproductive health
STI	Sexually transmitted infection
TB	Tuberculosis
TDF	Tenofovir
TST	Tuberculin skin test
TWG	Technical Working Group
VCT	Voluntary counseling and testing
UNAIDS	Joint United Nations Program on HIV/AIDS
UNICEF	United Nations Children's Fund
WHO	World Health Organization
XDR TB	Extremely drug-resistant tuberculosis

Trainer Manual Introduction
Section 1: Overview of the Training and Trainer Manual

About this Training Curriculum

Adolescent HIV Care and Treatment: A Training Curriculum for Health Workers is intended to review and address the clinical, social, and psychological manifestations of HIV disease in adolescents, as well as the comprehensive health care needs of ALHIV. Specifically, this curriculum covers the critical components of care for ALHIV:

- **HIV disease manifestations in adolescents and the treatment of adolescents with HIV**
  - The clinical presentation of HIV and HIV-related conditions and prescribing ARVs and other medications to treat HIV and HIV-related conditions
- **Care of adolescents with HIV infection**
  - The psychosocial aspects of care, with topics ranging from counseling and communication skills, psychosocial support, adherence counseling, disclosure counseling, and positive living to sexual and reproductive health
- **Provision of youth-friendly services**
  - Ensuring that HIV care, treatment, and support services meet the needs of adolescents and that they are youth-friendly

When working with adolescents, health workers must recognize that adolescents are neither "little adults" nor "big children." Instead, they have special and distinct needs that must be addressed to successfully engage them in lifelong care and treatment. This training curriculum emphasizes that the package of care for adolescents must address the needs of each young person as a whole, rather than focusing on his or her physical needs alone.

The target population for this course includes members of multidisciplinary health care teams based in governmental and non-governmental clinics, hospitals, and other health facilities that serve ALHIV, including:

- Physicians
- Medical Officers
- Nurses
- Nurse midwives
- Social workers
- Counselors
- Peer educators
- Pharmacists

Generic Training Curriculum and Adaptation Process

This training curriculum is generic. It was developed for adaption at the country, state/provincial, or facility-level. The recommendations that form the technical content in this document are based primarily on those from global organizations such as WHO, CDC, and UNICEF. Much of the content on psychosocial, mental health, and adherence support is based on research from the United States or Europe and adapted for resource limited settings by reputable global partners — such as ICAP at Columbia University's Mailman School of Public Health (New York); the François-Xavier Bagnoud (FXB) Center at the School of Nursing, University of Medicine and Dentistry of New Jersey; the South to South Partnership for Comprehensive Family HIV Care and Treatment Program (S2S); and Pathfinder International. All of these tools, whether clinical or psychosocial, need local review and adaptation to ensure they meet local needs and have the support of key stakeholders and health workers. All of the technical content requires review in light of national guidelines and policy. Where available, generic tools should be replaced by locally developed and tested tools.

Given a document as detailed and lengthy as this, the adaptation process is often more complex and time consuming than it might appear initially. The following process for adaptation is recommended:

- Convene a technical working group (TWG) with multidisciplinary experience and expertise in the range of services needed by ALHIV (as reflected in the continuum of topics covered in this training package).
- Assign modules to sub-groups of the TWG. These sub-groups will be responsible for reviewing technical content in a limited number of modules within their areas of expertise. They will compare module content with country guidelines and ensure content in the curriculum reflects national policy. The sub-groups should also review appropriateness of language and ensure that exercises are relevant.
- Each of the sub-groups should present their suggested edits to the entire TWG to ensure TWG consensus and approval.
- Each of the sub-groups should have 1 person (ideally a full-time curriculum development specialist/writer) responsible for revising content based on the recommendations of the sub-group. The curriculum development specialist will probably serve all the sub-groups, but a team should be assigned to provide him or her with support in the research, editing, and proofreading process.
- The curriculum development specialist should be responsible for developing a first draft of the country adaptation, based on the sub-group meetings and the consensus of the TWG. This first draft should then be returned to the TWG for review. When reviewing the first draft, TWG members typically work on their own, but some TWGs may prefer to re-convene to ensure consensus. The curriculum development specialist should then make the requested revisions and develop a 2nd draft, ready for pilot testing.
- No matter how carefully materials are adapted, pilot testing always reveals areas of weakness that need further revision. Pilot testing is also a unique time to test the exercises, which may need revising based on trainer or participant feedback. The curriculum development specialist should collate the findings of the pilot test and develop a third draft of the adapted curriculum, which requires approval by the TWG and possibly an authority in the ministry of health, before it can be finalized.

- Depending on the availability of the TWG and the level of commitment of the sub-groups, the entire adaptation process will typically take 1–3 months, not including time required for approval by key stakeholders. If the final document needs to be translated, another 2–3 months should be budgeted.

Goal of Trainer Manual

The goal of this training is to equip health workers with the knowledge and skills to plan, implement, monitor, and evaluate youth-friendly HIV care and treatment services for adolescents. The training is primarily classroom-based and content-focused, but also includes a supervised clinical practicum.

Course Schedule

Adolescent HIV Care and Treatment: A Training Curriculum for Health Workers was developed as a 16-module course that should take about 10 days to complete. It is recommended that the course be taught 2–3 days per month over the course of 4–6 months. Conducting the training over a matter of months (rather than 2 weeks) allows participants the opportunity to learn new information and skills, and to apply these skills before trying to master new ones. It also avoids the inconvenience of extended staff absences.

Modules 1–4 should be taught sequentially. After that, modules 5–16 can be taught in any order, based on priority or convenience. An illustrative training agenda is included as *Appendix 1A: Sample Training Agenda* (at the end of Module 1).

Scheduling the practicum

The supervised clinical practicum, which is described further in Module 15, is an opportunity for participants to practice the skills they learned during the classroom component of the training. Participants will be divided into small groups and placed in clinical settings, where they will work side-by-side with a health worker(s) experienced in the care, treatment, and support of ALHIV. Although participants will initially be observing patient-health worker consultations, they should eventually be given time to practice and be supervised providing care and support themselves.

The practicum can and probably should be scheduled to take place during ½ - 1 day per month, rather than being conducted in a 2 - 2 ½ day block. This way, the practicum for the clinical component, for example, can be scheduled any time after the clinical module (Module 3) has been taught. Similarly, the practicum sessions for the other modules can be conducted any time after these specific modules have been taught in the classroom.

Components of this Training Package

You — the trainers or co-trainers — should familiarize yourselves with all components of this training package well in advance of the training. Key components include: the Trainer Manual, the Participant Manual, and the accompanying PowerPoint slides/Presentation Booklet.

Trainer Manual

The Trainer Manual was developed to support trainers and co-trainers to plan and implement the course. Each of the 16 modules provides technical content and also guidance on how to teach that content. In each module, you will find *Learning Objectives, Methodologies, Materials Needed, Resources, Advance Preparation, Module/Session Time, Trainer Instructions, Make These Points, Key Points*, and *References* (see icon table below). Each session and exercise also lists the estimated amount of time required for that activity.

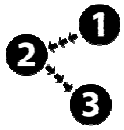
Before facilitating the training, you should read through this introductory module carefully. Review "Section 2: Trainer Toolkit" for a summary of the principles of adult learning, suggestions for trainers, a description of the role of the trainer, a trainer checklist, tips on managing time, managing difficult participants, and communicating effectively. Then, study each of the modules, read the technical content to ensure you understand it (including appendices), review the exercises closely, take note of exercises that require advance preparation, and try to anticipate participant questions.

- Within each of the 16 modules, *Trainer's Instructions* and *Make These Points* always refer to the content immediately following the gray instructions box and preceding the next instructions box.
- Suggested questions are often provided to help you engage and draw responses from participants. These questions are bulleted and in italics, so that they are easier to see.

Advance preparation and practice will increase trainer confidence and will also help keep sessions to the recommended time.

- The exercises in each module include large group discussion, brainstorming, case studies, small group work, pair work, games, and role plays. Instructions, including recommended time frames, for each exercise can be found in the exercise instructions. In preparing to facilitate these exercises, review "Section 3: Tips on Training Methods," which starts on page 22 of the introduction.
- Be flexible — be ready to change exercises or the order of the agenda to adapt to the needs of participants and the amount of time available.
- Become familiar with the PowerPoint slides prior to the training by reviewing them several times and comparing them with the module content. You may even want to practice using the slides by presenting a session, or even a module, to colleagues or just on your own. The better you know the content, understand the learning methods, and master the computer equipment and projector, the more confident you will feel!

The Trainer Manual includes the following symbols (icons):



Methodologies:
Training methods used in the module, for example, large group discussion or role play

Materials needed:
Materials needed to teach the module, for example, flip chart and markers

Resources:
A listing of guidelines, books, journals, websites, and other documents that may be useful to trainers or participants who want more information on particular topics or issues related to a specific module's content

Advance preparation:
Planning and preparation for a session or exercise that should be undertaken in advance

Total session/module time:
Estimated time needed for each module or session. All times listed are suggested and subject to change depending on participant learning needs

Trainer instructions:
Step-by-step guidance for the trainer

Adolescent co-trainer (optional):
Points in the training course when it may be appropriate for the adolescent trainer to lead or contribute to the discussion

Make these points:
Key concepts to emphasize

Key points:
A summary of the material presented in a particular module. The key points for each module should be reviewed with participants at the end of that module.

Note: The blocks of shaded text in the Trainer Manual that are surrounded by a *dashed border* do NOT appear in the Participant Manual.

PowerPoint Slides/Presentation Booklet
The PowerPoint slide sets were developed to facilitate presentations and discussions throughout the training. When presenting, have the Presentation Booklet nearby for reference. This Booklet contains all of the slides for all modules, 6 slides per page. If printing the slides on your own, you may choose whether to print 3 slides per page (thus leaving rooms for notes) or 6 slides per page, as in the Presentation Booklet. When printing, make sure to select the "handout" setting, rather than the "print full slides" setting.

In addition to a printout of the slide set, you should always have your Trainer Manual available for reference. Never rely solely on the slide sets! The content in the slide sets is a summary of that included in the Trainer Manual and is, in many ways, incomplete.

Participant Manual
The Participant Manual contains the same technical content as the Trainer Manual. However, the Participant Manual includes neither the detailed instruction for each exercise (instead, it includes abbreviated instructions for each), nor the *Methodologies, Materials Needed, Resources, Advance Preparation, Modules/Session Time, Trainer Instructions, Make These Points*, or *References.*

Pre-test/Post-test
Module 1 contains the pre-test and Module 16 contains the post-test. The pre-test/post-test is designed to assess knowledge gained as a result of the training. Both tests are exactly the same, except that the pre-test is administered before the start of the training and the post-test at the end of the training.

Participants do not need to write their names on either the pre- or post-test (in other words, it can be completed anonymously). However, as you will need to compare each participant's post-test score with his or her pre-test score, ask that each participant put a 3 or 4 digit number or code at the top of the pre-test. This can be any number or code, such as a favorite number (e.g. 777), year of birth (1962), or code (ABC*). It is very important that participants remember this number or code, as they will need to record the exact same number/code at the top of their post-test. When taking the pre-test, suggest that they write their number/code on the inside front cover of their Participant Manual — this way they will not forget it. The answers to the pre-test/post-test appear in both Modules 1 and 16. The pre-test/post-test is discussed further in Session 1.3 (in Module 1).

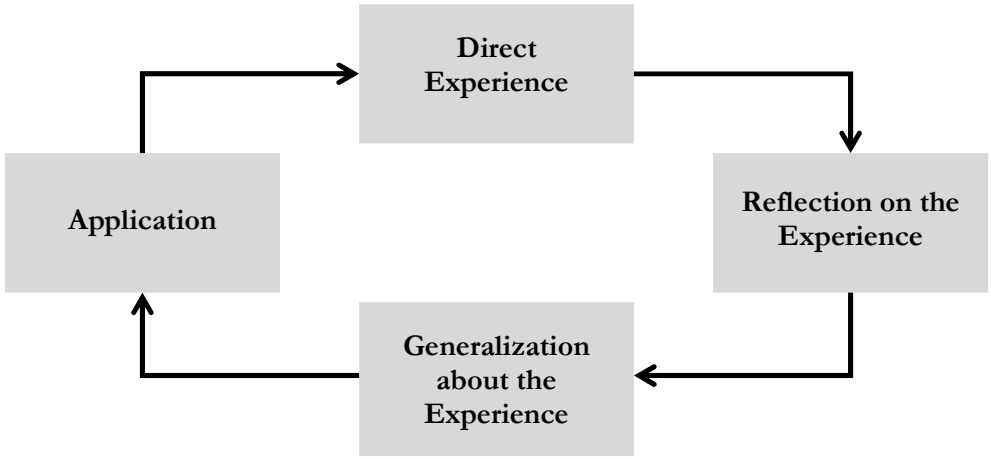
Trainer Manual Introduction
Section 2: Trainer Toolkit

Adult Learning and Experiential Learning Cycle

Adults learn differently from children, as they bring both their abilities and life experiences to trainings. The key to successful training sessions is the active participation of the whole group. By asking participants to share their life experiences, insights, and perspectives, and by recognizing that they are a good resource, you — the trainers or co-trainers — show respect for the experience participants already have.

The premise of adult learning is presented in "Figure 1: The Experiential learning cycle." In experiential learning, participants are encouraged to experiment with or try new and different ways of thinking and behaving and, thereby, to explore more effective ways of solving problems and applying solutions. It is important to encourage discussion among participants throughout this process, as interactive communication underpins all stages of experiential learning and allows participants to share the responsibility of learning with the trainer.

Figure 1: The Experiential learning cycle



Adapted from: Gormly,W. & McCaffery, J. (1982). *Design components of an experiential training session.* Available at: http://www.icarzcu3.gov.in/kvk/technical/4.pdf

The 4 stages of the experiential learning cycle are:

Direct experience: During this training, direct experience is provided by activities, including exercises and small group activities. It is important that trainers encourage participants to become involved in these activities by seeing, observing, and speaking. This "experience" provides the foundation of the learning process — but it is only the beginning.

Reflection on the experience: This stage is often marked by the trainer posing questions that focus participants on what happened during the "direct experience." Trainers ask participants to think back and reflect on the activity, identifying what they thought, what they felt, or how they behaved. The focus of these discussions should stay on what occurred as opposed to why it occurred.

Generalization about the experience: Whereas the reflection stage examines what happened, the generalization stage is concerned with why it happened. The trainer will ask questions like *"What was learned?"* or *"Of what we learned from this activity, what can be transferred to other situations?"* In this manual, this stage usually takes place during the "debrief" portion of each exercise. Debriefing is crucial because it helps solidify what was learned and makes it more likely that participants will think critically and gain as much as they can from each activity.

Application: The final stage in the cycle is often difficult to realize fully during a training, but progress can be made by helping participants identify areas where they can apply what they have learned. It should be emphasized that the goal of experiential learning — and this training in particular — is the actual application of skills and knowledge.

Experiential education, through the implementation of the experiential learning cycle, is a more effective model than the traditional or didactic classroom approach. Experiential education responds to the needs of the adult learner, guides adults in their learning and thinking, and makes continued personal growth and development possible. This is reason why the hands-on, clinic-based practicum is a central part of this training — the application of classroom-based skills during the practicum experience solidifies learning and facilitates the continued practice of adolescent-specific services once participants have returned to their home facilities.

Principles of Adult Learning[1]

Adults need to feel comfortable and may be reluctant to take risks.

- Create a comfortable and safe learning environment and utilize facilitation methods that will reassure participants that contributions will be received respectfully.
- Respect participants who are reluctant to speak in large groups or take an active role in learning activities. Support them in sharing their experiences in other ways during the training, such as within small group activities.
- Build the relationship between you and participants by sharing experiences and commitment. Trainers should be willing to take similar risks to those being asked of the participants.
- As the trainer, you should be accountable — meaning that you are willing to state how you know something. If you do not know something, you should say so and make a commitment to find the answer.

Adults need to actively participate in their learning.

- Give participants opportunities to identify learning objectives and to participate in planning their education. Ask them what they hope to learn and take away from the training.
- Involve participants in interactive activities early in each session.
- Build a sense of belonging to a team by encouraging participation.

Adults have a wealth of life and work experiences.

- Provide opportunities for participants to share their knowledge and experiences with the group and to solve problems with others.
- Encourage participants to share personal experiences. Sharing your own experiences and stories indirectly gives permission for others to do so as well.

Adults value practical information that they can use.

- Develop content that will provide knowledge and skills that participants can make use of right away and point out the immediate usefulness of information presented.
- Provide opportunities for participants to practice what they are learning and to address their feelings, ideas, and actions.

Principles for Trainers[2]

Given the principles of adult learning, your role as the trainer (or co-trainer) is to assist or facilitate the learning experience. The good trainer creates a winning situation in which both trainers and participants can successfully accomplish the training objectives. Your role is to identify and use participants' professional and personal life experiences as resources for learning. You may be the content expert, but you are actually there more to clarify and fill in the gaps in participants' knowledge rather than to lecture on a body of information. The goal is to facilitate learning and to create an environment where participants are comfortable asking questions. It is essential to identify participants' needs and goals and to incorporate them into the training objectives. The pre-test will aid in this process, as will "Exercise 1: Getting to know each other," in Module 1.

You are also responsible for organizing and pacing the content so that it meets the participants' needs and understanding. In addition, you should:

- Accept each participant as a person of worth and respect his or her feelings and ideas.
- Seek to build relationships of mutual trust and helpfulness by encouraging cooperative activities.
- In the spirit of mutual learning, express your own feelings and contribute resources as a co-participant and member of the group.
- Encourage spontaneous questions, comments, and rebuttals.
- Show respect for differing opinions and values, and for repetitive questions.
- Respond to the expression of thoughts and feelings by participants in the classroom.
- Motivate participants by creating conditions that help them recognize their need to know.
- Organize and make available a wide range of resources for learning.
- Bring to the classroom a sense of humor and enthusiasm about the subject and the teaching methods.

Roles of the Trainer

1. ***Trainers and co-trainers are the standard-setters for the discussion***. As the trainer, you must stay focused, alert, and interested in the discussion and learning that is taking place. You create the standards of communication by looking around the room at all participants, listening closely, and encouraging contributions from everyone.
2. ***Trainers make the training environment a priority.*** You are in charge of deciding everything — how the tables and chairs are set up, where small group exercises will take place, and all other logistical issues. You are also responsible for judging how the physical environment of the training affects the atmosphere and for making changes as needed.
3. ***Trainers are mindful of timing issue*s.** It is easy to over-schedule activities and not incorporate enough "down time" for participants. Avoid planning emotionally intensive activities directly before or after a meal. Always allow for activities to take longer than expected.
4. ***Trainers are responsible for explaining the purpose of the exercise or discussion and its significance to the group.*** It is important to clearly state the goal and function of each activity. Also, let the group know the expected time that will be spent on each activity.
5. ***Trainers make use of various techniques and tools to keep the discussion moving when tension arises or discussion comes to a halt.*** You must be prepared with tools to keep participants engaged and learning.
6. ***Trainers are responsible for paying attention to group behaviors.*** You should be observant of verbal and non-verbal cues from the group and take appropriate actions to meet both spoken and unspoken needs.[3]
7. ***Trainers are responsible for ensuring confidentiality in the learning environment.*** During the training, participants will share patient case studies as well as stories of how they, their colleagues, or managers have handled different scenarios in the workplace setting. Adolescent co-trainers may also share stories about themselves or their friends — stories that are personal and not meant to be discussed outside of the classroom. Typically, these stories are brought up to illustrate a lesson learned or as an example of current practice. Encourage participants and co-trainers to feel safe sharing by explaining to them that this body of knowledge needs to remain confidential. Also, ensure that you, as a trainer, role model this confidentiality.

Trainer Preparation Checklist

Table 1: Trainer checklist

✓	Complete the following before starting each module
	Read manual objectives, technical content, and teaching exercises.
	Prepare for each of the exercises according to the *Trainer Instructions*.
	Obtain or develop and organize the materials needed.
	Read the content and the suggestions for facilitating group discussion. Add your own questions or tips that will help you engage participants and ensure that key messages are discussed.
	Review the PowerPoint slides and become familiar with their content. Practice using the computer and LCD projector and also practice presenting technical content using the slides. Practice on your own or find friends or colleagues who are willing to be "participants."
	Practice! It is not always easy to explain group exercises or to draw responses from an audience. Be prepared by thinking ahead and developing strategies. For complicated exercises or discussions, consider co-facilitation.
	Have a plan for monitoring time and keeping to the schedule.
	Have a plan for coping with difficult or disruptive participants.
	Choose a technique for creating small groups. If this is done multiple times during the day, choose a different method for each instance, unless it is specified that groups should remain the same.
	Learn what you can about participants before the training (for example, their worksite, roles, responsibilities, skills, and experience). This effort should continue throughout the training.

Tips when Training as a Team

When planning a module presentation with another trainer or co-trainer, discuss the following questions to help clarify your roles:

- *Which parts of the module would you like to be responsible for?*
- *Which parts would you like your colleague to handle?*
- *What is your teaching style? How does your teaching style differ from that of your colleague? What challenges might arise? How can you and your colleague ensure that you will work well together?*
- *What signal could be used by you and your colleague for interrupting when the other person is presenting?*
- *How will you handle staying on task?*
- *How will you field participant questions?*
- *How will you make transitions between each of your presentations?*
- *How will you get participants back from breaks in a timely manner?*

Team Training Checklist

Table 2: Team training checklist

✓	**Preparation**
	Decide who will lead and teach each session of each module, including who will lead each exercise within each session.
	Decide on a plan for staying on schedule, including how you and your colleague will signal each other when time is up.
	Decide together how to arrange the room.
✓	**During training**
	Support your colleague while he or she is presenting by paying attention. Never correct your colleague in front of the group.
	Ask for help from your training colleague when you need it, such as when you do not know the answer to a question or if you are not sure of something.
	Sit somewhere so that you and your colleague can make eye contact, but also in such a way that the person presenting has the spotlight.
✓	**After training**
	Discuss what you thought went well and what could have been done better. Take notes so that you will remember the next time.
	Discuss ways to help support one other during future trainings.

Adolescent Co-trainers

Throughout this training, you will notice that there are references to the adolescent co-trainer(s). The role of the adolescent co-trainer(s) is to provide an adolescent perspective on the technical content presented throughout the course and during exercises, including during the discussion of case studies. The adolescent co-trainer is not necessarily expected to be a content expert. Instead, he or she is there to provide insights into adolescent "realities" and to comment, from the perspective of an adolescent client, on issues related to services provision. During the training, trainers and adolescent co-trainers will form a professional team; the manner in which trainers engage and work with the adolescent co-trainers can also provide a helpful model for how health workers should interact with adolescents in the clinic (e.g. adolescent clients, Adolescent Peer Educators, etc.)

Adolescent co-trainers

Although the adolescent co-trainer is considered an "optional" member of the training team, the authors of this curriculum found adolescent co-trainers to be extremely important assets to the classroom training experience. Adolescent co-trainers not only provide an adolescent perspective to the technical content, but they also help to explain adolescent culture, behaviors, and ways of thinking. They remind us why we are in the classroom and motivate us to become better health workers to meet their unique needs. Where possible to recruit, train, and mentor adolescents to take this role, it is important to make the effort!

The adolescent co-trainer can contribute to training sessions by sharing the "adolescent experience," based on his or her own experiences as well as those of friends and other adolescent clients. In cases where the adolescent co-trainer has the background, information, and skills, encourage him or her to take a more active role in the training and team teach a session or 2 together (choose sessions that fall within his or her areas of expertise).

Where possible, aim to have a team of 2–4 adolescent co-trainers. Ideally, the team should include both a male and female, as well as at least 1 person with perinatally acquired HIV and 1 person with behaviorally acquired HIV. Of course, such a mix may not always be possible**.**

Keep in mind that all adolescent co-trainers, like any people living with HIV, have personal histories that they may or may not yet have come to terms with. For example, adolescents who acquired HIV through rape or sexual abuse may have difficulty dealing with certain training topics. This is why trainers need to be aware that course content may elicit strong emotional responses from adolescent co-trainers and that they may need additional support, may need to skip some sessions, or may simply need extra time to debrief. It is important to set aside about 15 minutes at the end of each training day to debrief with adolescent co-trainers, discussing strengths and weaknesses of the training as well as personal experiences.

Recruiting adolescent co-trainers
Sites that have an established Adolescent Peer Educator program will be able to recruit adolescent co-trainers from this group of young people.

In the absence of an Adolescent Peer Educator program, adolescent co-trainers can be recruited from other volunteer groups (if the clinic has a cadre of volunteers), support groups, or associations of youth living with HIV. Alternatively, the multidisciplinary team may be involved in selecting adolescent role models from their own client rolls. It may also be possible to engage Adolescent Peer Educators from other clinics to take on the role of adolescent co-trainer. Remember that all adolescents who are minors will need parental consent to engage in this work.

Adolescent co-trainer qualities
The adolescent co-trainer is someone who is living with HIV and who is also enrolled in HIV care and treatment. In most cases, the adolescent co-trainer is a young person who is at least 16 years of age. The adolescent co-trainer must be someone who has demonstrated good adherence to his or her own care and treatment and who is mature, articulate, and able to speak comfortably with adults.

Because adolescents have many of their own responsibilities, the role of the adolescent co-trainer may need to be scheduled around these responsibilities — especially in the case of adolescents who are still in school or who work during the day. Recruiting a team of 4 adolescent co-trainers ensures a maximum level of support and also provides adolescents with flexibility to balance the time needed for the training with their other commitments.

Training adolescent co-trainers
All adolescent co-trainers will need a ½ – 1 day training before they can be expected to function in their role as a co-trainer. This training should include a summary of the course, a description of the adolescent co-trainer's role, and role plays (on, for example, how to assist participants with exercises, how to respond to discussion questions from the trainers, how to respond appropriately in the unlikely event that a participant says something that the adolescent co-trainer finds upsetting, etc.). The training should also include a discussion about confidentiality and the expectation that all discussions that take place during the course be kept confidential. Finally, adolescent co-trainers should understand that they are also obligated to follow the ground rules decided on by training participants.

Expectations for adolescent co-trainers should be negotiated in advance of their initial work assignment. Work-related goals and expectations should be set modestly initially and then expanded as the adolescent co-trainer gains experience, skills, knowledge, and confidence.

Providing feedback to adolescent co-trainers
Make sure to give all adolescent co-trainers support and feedback after each training day. Consider setting aside 10 minutes after every training day to meet. During that meeting, start by asking:

- *What went well?*
- *What do you think should have been done differently?*
- *What questions do you have for me?*

During these meetings, your role will be to ask questions, to encourage the adolescent co-trainers to talk, to keep the meeting focused, and to end the meeting on time. When providing feedback, make sure you provide specific comments on things that co-trainers did or said (for example, "*I found it really helpful when you talked about what it was like for you the first time you attended the clinic*" or "*Thank you so much for assisting the small group work in Exercise 2 — I could see that your input really helped them.*"). Also mention any issues that need to be addressed.

When providing this feedback, consider yourself more a "coach" or "mentor" than a supervisor. For example, if an adolescent co-trainer gave a response during a session that suggested a lack of understanding of the technical content, pull him or her aside during a break or after the training to discuss and to provide the background technical content that he or she may need. Always give negative feedback on a 1-to-1 basis.

Whether meeting with an adolescent co-trainer individually or in a group, ensure that for every constructive comment you give at least 3 positive comments! Remember — this is probably your adolescent trainers' first job, which means they are just starting to learn the skills needed in the workplace.

Payment of adolescent co-trainers
Ideally, adolescent co-trainers should be paid for their work in line with their experiences and skills. However, this is not always possible and many adolescents will be willing to undertake this work on a voluntary basis. Keep in mind that even volunteers need to be reimbursed for travel and other expenses.

Climate Setting[4]

To create a climate that supports participants, it is important to ensure that participants feel safe, supported, and respected. Make sure you take the time to carefully plan the first 20 minutes of the training in a way that creates a psychologically safe and supportive environment.

Three strategies for reducing early group discomfort and for fostering trust are:

- Arrange the seats so that participants can see each other as well as the trainer.
- Establish rapport with participants by greeting them warmly and being pleasant and knowledgeable.
- Use "Exercise 2: Setting ground rules and introducing daily activities" (in Module 1) to discuss and set ground rules for the training. Remember that ground rules need to reflect respect and are intended to build a climate of trust. Ground rules on which the group might agree include starting each day on time, keeping all information shared confidential, that it is acceptable to disagree with one another as long as it is done constructively, and that there are no stupid questions. Trainers should ensure that they also abide by all of the ground rules.

Know Your Audience

One of the most important resources that you, as trainer or co-trainer, can have is "knowing your audience." This means knowing something about the individuals who will be participants in the training so you can tailor content and exercises to their learning needs.

For example, you may want to know the following about the participants of an upcoming training:

Participant demographics (for example, age, sex, place of employment) — This will help with planning logistics (venue and timing of the training) and with adapting role plays and case studies.

Education — Knowing the educational background of participants can help you gauge the level of language to use.

Job/position — Knowing participants' jobs or positions will help you relate training content to their work.

Knowledge, experience, and skills in adolescent HIV care and treatment — Knowing the incoming knowledge, experience, and skill level of participants will help determine the level at which content should be taught, the time and methods needed to teach content, and the best types of exercises or learning methods for the group. Consider inviting participants with more experience to contribute to the discussion, to model role plays, and — during small group work — to pair up with participants who have less experience.

You can get some indication of participant baseline knowledge, experience, and skill by finding out where participants work, their job positions, how long they are been in those positions, and whether they currently see adolescent clients. The pre-test will also help determine participant knowledge level.

Attitudes — Knowing participant attitudes toward the training can give you a sense of issues that will need to be addressed. Ask what participants are saying about the training. Are they looking forward to it? Or do they see it as a waste of time? What is their attitude toward the topics to be presented?

Ways to get to know your audience

There are many ways to learn about your audience, including:

- Asking participants to complete a training registration form that includes questions on current job title, number of years in this position, educational background, number of months/years working in HIV and in pediatrics/adolescent/adult HIV services, reservations they have about the training, and anything else they would like the trainer to know.
- Having participants complete the pre-test
- During the training, facilitating "Exercise 1: Getting to know each other" (in Module 1)
- Talking with participants before the start of the training, during breaks and meals, and at the end of the day

8 Ways to Manage Time

1. Know the content to be taught. Well in advance of the training, study the content to ensure you understand it. If you need help, seek support from an expert. Find out how the content can be shortened or lengthened, depending on participant learning needs. Consider how the timetable can be adjusted to create time if it is needed. For example:
   - Shorten breaks or lunch
   - Lengthen the day (for example, start 30 minutes earlier or end 15 minutes later)
   - Shorten or skip presentations or activities in areas that participants know well
2. Practice before the training. Practice exercise introductions, general content, and instructions out loud, using the material that will be used for the actual presentation. Practice co-facilitating technical content and training exercises using the Trainer Manual and slides.
3. Be flexible, but also use and follow the agenda. The agenda will let participants know how long activities are expected to last. Reiterate time expectations every few minutes during exercises/activities.
4. Keep time. Place a clock or watch in a place where you can see it and where it will not distract participants. Use signs ("5 minutes," "1 minute," and "stop") that tell presenters how much time they have left.
5. Keep the training focused on the objectives.
6. Use the "car park" for discussions that take too much time or are related, but not critical, to the topic under discussion (see box below).

Car park

The "car park" is a sheet of flip chart paper posted on the training room wall. The purpose is to provide a place to put important, but currently tangential topics. For example, when a discussion strays too far from a particular session's objectives or when a discussion runs over time, the trainer can record the topic or question being discussed on the "car park" flip chart. The topic or question then remains in the "car park" until an agreed upon time, such as at the end of the training, during a break, or during an upcoming, relevant module. At this time, the group should revisit the topic or question and remove it from the "cark park."

Dealing with Difficult Participants

Table 3: Solutions to problems with difficult participants

Problem characteristic	Potential solutions
Noisy audience	• Speak more slowly. • Lower the volume of your voice.
Silence	• Ask open-ended questions. • Be patient — after you ask a question, wait and give participants time to answer. Do not be afraid to use silence to encourage participation. • Use prompts.
Hostile audience	• Put participants at ease by acknowledging their concerns. • When the cause of hostility is misinformation or misunderstanding, be willing to listen to concerns and clarify issues as needed. • Identify the cause of the hostility, find points of agreement, state your position fairly and sincerely, and demonstrate the merits of your position.
"The talker"	• Thank the person for his or her comment and ask if others in the audience have any input. • Avoid eye contact. • Touch the person on the arm or shoulder.
"The class clown," "know-it-all," or "asks lots of questions"	• Keep him or her busy. • Turn him or her into an ally or group leader. • Avoid arguing — save the discussion for break time. • In the case of irrelevant questions, agree to discuss the issue later.
Whisperers	• Pause and make eye contact. • Continue your presentation and casually move closer to them.
Hecklers	• Stop and acknowledge their comment(s). • Offer to talk with them at the next break. • Invite them to come up front to speak (in a large group setting). • Give the group permission to respond. (Let the group help you.)

Adapted from: Edelman, L. (2004). *An overview of adult learning.* Institute of Family Centered Care.

Communicating Effectively

Being a good trainer requires good communication skills.

Ways to communicate:		
Facial expression	Ears	Feet
Voice	Nose	Mind
Eyes	Hands	Heart

Table 4: Ways to communicate as a trainer

Use your….	To…..
Facial expression…	• Set the tone of the training (friendly and supportive). If your expression is friendly and approachable, it will encourage participants to engage throughout the training. • Convey a friendly expression. Smiles are contagious. If you smile, participants tend to smile back. This is one way to create a friendly and supportive environment. • Provide positive reinforcement. Smiling when people respond makes them more likely to respond again. • Show enthusiasm. If you show enthusiasm for the training, it encourages participants to be enthusiastic as well.
Voice…	• Communicate content to participants Your voice sets the tone of the training (friendly and supportive), conveys most of the content, shows enthusiasm, encourages participation, provides positive reinforcement, and can be used to help manage the training.
	• Use a trainer's voice. What you have to say is important — project your voice so everyone can hear you. • Vary your pitch so you sound interesting and provide emphasis to the things that are important. • Use a comfortable and varied pace. • Speak at the right technical level. • Use a friendly tone.
Eyes…	• Communicate with participants. • Show enthusiasm. • Encourage participation. • Provide positive reinforcement. • Manage the training.
	Observe. It is important to observe what is happening to determine: ◦ Are participants engaged? ◦ Do participants understand? ◦ What is the energy level? ◦ What are the group dynamics? ◦ Who is not participating?

Use your….	To…..
Ears…	• Listen to participants. This is a very important skill for a trainer, especially when creating a participatory learning environment. • Listen and wait for participants to finish what they are saying. • Use pauses to allow participants to respond. • Use silence to manage the training.

	• Hear.
	  ◦ Do participants understand?
	  ◦ Are there concerns?
	  ◦ What are the participants' needs?

Nose…	• "Sniff" out problems. If there is trouble in the air, try to find out what is going on. • Pick up on other types of problems, such as issues between participants or related to people not understanding the content, frustration with the venue, lunch, or per diem payments.
Hands…	• Show expression. Be natural about using your hands — they are a great way to show expression and emphasis. • Encourage participation. An open hand is a non-verbal signal to encourage people to comment. • Provide positive reinforcement. Sometimes a pat on the shoulder can be comforting. • Demonstrate procedures and processes.
Feet…	• Encourage participation. Moving towards participants when they comment can encourage them to contribute. This makes you more accessible to participants. • Ease nervousness. Walking around can help ease nervousness and make you feel more relaxed in front of participants. • Provide variety. If you walk around, participants are looking in various places. • Manage the training. Standing in front of a difficult person with your back to them can convey the message that you want to hear from other people. Standing by people who do not respond can encourage them to contribute. Moving around the room is beneficial to both participants and trainers. However, be cautious — although moving around is good, moving around too much can be distracting.
Mind…	• Be adaptable and resourceful. If problems arise, adapt to the situation and use your resourcefulness to handle it. • Be creative. Training sessions can be fun or boring. It is up to you to bring the content to life. Think of new and participatory ways to teach the content. • Anticipate problems. Think ahead to what problems might occur and think of possible solutions. This is part of having a back-up plan. • Make positive situations out of negative ones. When problems occur, turn them into learning situations.

Use your….	To…..
Heart…	• Show respect. Participants come from many backgrounds and, as a trainer, it is important that you show respect for all. Even if you do not agree with someone, you need to respect his or her point of view. If you set the tone of showing respect for all participants, it will help participants show respect for each other. • Recognize that everyone has his or her own style. Not everyone will do things the same way or at the same pace. As a trainer, it is important to show acceptance for different ways of doing things. • Show support when people make mistakes. As adults, we all get embarrassed when we make mistakes. By showing support for individuals in these situations, you create a positive and safe learning environment. • Show compassion. We all have to deal with problems and difficult situations, so it is important to treat participants with compassion at all times.

Trainer Manual Introduction
Section 3: Tips on Training Methods

Day 1: Participant Registration

Set up a registration table at least 30 minutes before the course is scheduled to start. The registration table is where participants will stop before they enter the training room for the first time. This is where they will:

- Register for the training or sign in, if already registered. The sign in sheet may include spaces for the following information: name, job title, place of employment, address of employer, work phone number, cell phone number, and e-mail address.
- Collect their Participant Manuals, pens, and notebooks.
- Fill in their name tags. Trainers and participants should wear their name tags throughout the training to facilitate the learning of names and long-term networking.

Depending on the size of the group, it is probably sufficient if 1 trainer and 1 support person staff the registration table. However, trainers should be available at this time to not only meet and greet participants but also to troubleshoot any problems. Their presence will help ensure a positive first impression and learning environment.

Starting Each Day, "*Morning Rounds*"

It is recommended that each training day begin with "*Morning Rounds*," a time to summarize key points from the previous day, to answer any questions, and to review the agenda for that day. You can also use this time to chat about topics unrelated to training, such as participants' morning commute to the training venue or what they did the previous evening. The "*Morning Round*s" should take 5–15 minutes.

Strategies for reviewing the previous day's key points include:

- Write key points on flip chart before participants arrive in the morning.
- Present key points using a large group discussion format, asking the group, for example: "*What were the most important points from yesterday's presentation?"* You, as the trainer or co-trainer, should then add any additional key points that the group has missed. (The adolescent co-trainer's input on the key points from the previous day might be particularly insightful.)
- Alternatively, divide participants into small groups or pairs and give them about 5 minutes to write down the 3 most important points from the previous day's presentations. Then bring the large group back together and ask each small group/pair to summarize their 3 points.

Once the key points have been summarized, ask participants if they have any questions about the material covered the previous day.

"Anonymous Question Bowl"

Some questions are difficult to ask in a group. One method to encourage participants to ask questions is to set up a question bowl, basket, or envelope somewhere away from the center of the room, along with paper and a pen or pencil. This way, when participants have a question that they do not want to ask in a group setting, they can write it down and place it in the bowl or envelope at any time throughout the day.

At the end of each training day, review all questions in the *"Anonymous Question Bowl"* so that you can provide responses the next morning.

- **Logistical questions** (for example, *At what time are we breaking for lunch? Can we finish early on Thursday?)*: Respond to all logistical questions as soon as is convenient.
- **Technical questions**: Questions on course content can be read aloud to the group. Give the group some time to think about the question and then encourage those who know the answer to respond. It is important to address all such questions and to ensure that participants leave the session knowing the correct answers. If a participant offers an incorrect or misinformed response, provide the correct answer in a tactful way. If there is no clear answer, tell the group that you will find out the answer and get back to them. Take care to ensure the questioner remains anonymous.
- **Personal questions:** Respond to more personal questions as appropriate, for example, by embedding the response into that day's presentation or one of the case studies, by facilitating discussion on the topic, or by asking someone who has expertise in that area to respond, based on his or her experience. Again, take care to ensure the questioner remains anonymous.

The *"Anonymous Question Bowl"* will be introduced in Module 1, "Exercise 2: Setting ground rules and introducing daily activities."

Daily Evaluation — *"How did it Go?"*

At the end of each training day, you should give each participant a sheet of paper:

1. On 1 side of the paper, participants should draw a smiley face (☺) and write 1 thing that was good about the day.
2. On the other side of the paper, participants should draw a sad face (☹) and write 1 thing they did not like about the day.

Tell participants that you will be collecting their responses, but that they should not record their names on their papers. Explain that this is so they can feel comfortable responding honestly.

Ask participants to put their completed "*How did it Go*?" evaluations into a large envelope before they leave the training each day. Then, review participants' comments and suggestions and make improvements during following days. The daily evaluation is further discussed in Module 1, Session 1.2.

Training Evaluation Form

On the last day of training, as part of Module 16, you will ask participants to complete a training evaluation form. This form appears as *Appendix 16C: Training Evaluation Form,* at the end of the module. This evaluation form is an important source of feedback and provides much information on how the course should be improved in the future so as to better meet participant training needs. Remember to only distribute course completion certificates to participants after they have handed in their evaluation forms!

Note that the 2nd part of the evaluation form is a table that lists each of the modules in this training package. The instructions read, *"How helpful were each of the training modules to you and your work? If you have specific comments, please write them on the next page."* Participants may find it helpful to complete this section on a daily basis, rather than at the end of the training (especially if the training takes place over the course of several months). Therefore, take about 3–4 minutes at the end of each day and ask them to turn to *Appendix 16C: Training Evaluation Form* so that they can record their feedback on the modules completed that day. Emphasize that they should write down any comments they have while they are still fresh, rather than waiting until the last day of the training.

Reviewing the evaluation forms

Upon completion of the training, take at last a half hour to read through the training evaluation forms. If you have access to a database into which the data from the evaluation forms can be input, you can use it to get an average score for each of the questions in the first 2 sections. If such a database is not available to you, then tally up the number of participants who rated that question with a "1," the number who rated it with a "2," etc. Focus in on the questions where the ratings were relatively low and think through how these areas can be strengthened in the future.

Look at the ratings for each of the modules. For those modules that received a relatively low rating, take time to think through the exercises and other teaching methods that were used. *Could you make changes to the exercises to improve the module? What else could be done to better address learning needs?* Closely review the last 3 questions — the open-ended questions. Think of ways to address suggestions offered in response to *"How can we improve this training?,"* particularly if mentioned by multiple participants. Also, use the aggregate results of the evaluation forms as evidence to advocate for improvements in the training, in cases where you need manager approval.

Facilitating Group Discussion

Group discussions allow participants to share their experiences and ideas, to come up with solutions to a problem, or to apply content information to different situations.

Step 1: Prepare for the group discussion.
As a trainer, it is very important to prepare ahead of time. Being prepared can prevent many problems from occurring, will relieve stress, and is likely to make the exercise more successful. Preparation includes:

- Determining what participants will discuss and what they should get out of the discussion (in other words, the objectives)
- Preparing any necessary materials or visuals

Step 2: Introduce the group discussion.

- If specific instructions are required, provide them verbally and in a clear manner.

Step 3: Conduct the discussion.

- Facilitate the discussion:
  - You, as the trainer or co-trainer, should talk only about 20% of the time, whereas participants should talk about 80% of the time.
  - Use questions (open-ended, probing, and close-ended) to help guide the discussion.
  - Provide positive feedback when participants contribute to the discussion.
  - Keep the discussion focused on the objectives. If the discussion starts to get off track, remind the group of the objectives and bring them back to topic.
- Manage group dynamics:
  - Ensure that only 1 person talks at a time and that there is only 1 conversation happening at a time.
  - Encourage all participants to contribute.
  - Encourage mutual respect, especially when participants disagree.
  - If participants start to argue, continue to act as trainer — maintain control and do not take sides in subjective discussions. State that, in this case, we should all agree to disagree and that it is important to show respect for different points of view.
- Ensure participation of the adolescent co-trainers:
  - Use the discussion questions for the co-trainers that are listed in the Trainer Manual.

Step 4: Summarize the discussion and debrief.

- State the purpose of the discussion.
- Review key points.
- Come to a conclusion about disagreements.
- Clarify questions and concerns.
- Ask participants what they learned from the group discussion.
- Ask participants how they can use what they have learned.

Facilitating Brainstorming Activities

Brainstorming in large or small groups is helpful when the trainer has limited time and wants participants to explore different possible answers or wants to start a discussion about a specific topic. Brainstorming can be done in large or small groups, or in pairs.

- Ask an open-ended question to start the brainstorming process. Ask participants to quickly suggest as many answers as possible, explaining that they should say whatever comes to mind.
- Write all of the suggestions on flip chart or ask a co-trainer to do so.
- Have a time limit for brainstorming — 5 minutes is usually adequate to start the discussion and to seek several inputs from participants.
- Review the answers, circling those that are most important/appropriate.
- Remember, there are no wrong answers in brainstorming — the idea is to get participants thinking about an issue.
- At the end of the brainstorming, correct any misinformation and fill in as needed with additional information.

Facilitating a Small Group Exercise

A small group exercise is an activity that allows participants to share their experiences and ideas, to come up with solutions to a problem, or to apply content information to different situations. Participants are first divided into small groups or pairs. Then they conduct the exercise task — and it is the participants who do most of the talking. Finally, each small group or pair reports back to the large group. Small groups are an excellent way to get all participants involved, as people are often more comfortable and willing to talk in smaller group settings.

Adolescent co-trainers and small group exercises

For each exercise, the trainer should think about how to best utilize the adolescent co-trainers. This will depend on the exercise, the willingness of the participants to accept adolescent participation, and the skills and preferences of the adolescent co-trainers themselves. For a particular exercise, for example, you may decide that you want each of the adolescent co-trainers to join one of the small groups and to participate as members, or you may prefer that they wander from group to group, providing guidance and advice as requested.

Step 1: Prepare for the small group exercise.

- See "Table 5: Small group exercise preparation checklist" on the next page.

Step 2: Introduce the small group exercise.

- Provide instructions verbally and in a clear manner. This is one of the most important steps in any group exercise. Refer participants to the description of the exercise in their Participant Manuals and describe the following:
  - The purpose
  - Who will do what
  - The role of the adolescent co-trainers
  - What the tasks are
  - When the tasks should be completed (state both the number of minutes and the clock time)
  - Where the exercise will take place

- How the exercise will be conducted
- How the groups will be divided

Finally, ask participants what questions they have and provide any needed clarifications.

Step 3: Conduct the small group exercise.

- Move around from group to group. Check to see that the groups understand the activity and the timeframe, and that they are following the instructions.
- Keep participants on task and follow the timeframe allotted for each portion of the exercise. Stay on time! For ideas on how to manage time see the section entitled, "8 Ways to Manage Time" on page15 of this introduction.
- Bring participants back to the large group to report on their small group work and to discuss their findings. Wait to start the small group presentations until everyone has stopped working and has rejoined the large group. Remind each group how much time they have to present.

Step 4: Summarize the small group exercise and debrief.

- State the purpose of the exercise.
- Review key points.
- Come to a conclusion about disagreements.
- Clarify questions and concerns.
- Identify common themes that emerged from the small presentations.
- Ask participants what they learned from the exercise.
- Ask participants how they can use what they have learned.

Table 5: Small group exercise preparation checklist

✓	Step
	Review the small group exercise to make sure you understand it.
	Determine how you will divide the large group into small groups. • There are many different ways to divide participants into groups — the method you choose should depend on the specific exercise. For ideas on how to divide the group, see the box entitled, "Tips on dividing participants into small groups" on the next page.
	Map out the time for each part of the exercise. Divide the allotted time amongst each activity within the exercise. Follow suggested timeframes where available or estimate based on the total exercise time. A small group exercise can generally be divided into the following: • Introducing the exercise. • Conducting the exercise. • Summarizing the key points of the exercise and debrief.
	Prepare materials. • Collect all needed materials, equipment, and supplies and have them readily available before the small group exercise begins.
	Set up the room, equipment, flip charts, markers, and other materials ahead of time.
	Practice giving the instructions and leading the exercise.

Tips on dividing participants into small groups

There are many different ways to divide participants into groups. Throughout the training, it is helpful to vary the way participants are assigned to small groups, so they are not divided into the same groups each time. This helps manage group dynamics and encourages participants to interact with as many other participants as possible. The method chosen for dividing participants into small groups should depend on the particular exercise. Examples include:

Counting: This is good for randomly assigning participants to groups. Have participants count out loud, according to the number of groups needed. For example, to divide participants into 4 groups, start at the front of the room and have each participant count off one number. The first person says 1, the second person says 2, the third 3, the fourth 4, the fifth 1, the sixth 2, etc., until all participants have been assigned to a group.

Table: Have participants work with those sitting at their table or nearby. Two or more tables that are next to each other can work together.

Job/position: Sometimes participants represent many different disciplines (nurses, doctors, laboratory personnel, etc.). For certain exercises, it can be advantageous to have groups divided by job title and, for other exercises, it may be preferable to ensure that each group has a representative from each discipline.

Agency or district teams: Some exercises, such as action planning, are designed for health facility-, agency-, or district-specific teams. Such exercises provide the members of these "real-life" teams with an opportunity to interact, discuss specific scenarios, and share ideas.

Topic: For exercises where each small group is discussing a different topic, encourage participants to self-select which group they want to work in.

In pairs: Have participants work with the person seated next to them or with another participant of their choice.

Cards: Distribute cards with a different word, color, or symbol (representing the different groups), either before the exercise or as participants enter the room.

Facilitating Role Plays

A role play or drama is a simulation or demonstration during which a real-life situation is presented to the group, as a skit, by 2 or more volunteer participants (or by the trainers). The role play dramatizes different scenarios, characters, and perspectives — not only for those playing the roles (the actors), but for those watching (the observers).

Why use role plays?

- They demonstrate real-life situations and allow participants to react to those situations.
- They also demonstrate:
  - Personal interactions
  - Attitudes
  - Processes or procedures
  - Emotions
  - Behaviors (good, bad, controversial, etc.)

Step 1: Prepare for the role play.

- Refer to "Table 6: Role play checklist" on page 31 of this introduction.

Step 2: Introduce the role play.

- Provide instructions verbally and in a clear manner. Refer participants to the description of the role play in their Participant Manuals.
- Your instructions should explain the following:
  - The purpose of the role play
  - The situation/scenario
  - Who will do what — what the actors will do, who each character is, who will play each character, what the observers (the other participants) will do, and the role of the adolescent co-trainers
  - That the actors are acting out roles and the attitudes they express are not necessarily their own
  - What tasks are to be completed
  - How long the role play will last (state both the number of minutes and the clock time)
  - That role plays rarely last more than 5 minutes, particularly when being presented to a large group. This is because longer role plays tend to lose the interest of those watching.
- Ask actors to speak loud enough so everyone to hear.
- Check for clarification, asking participants what questions they have.

Step 3: Conduct the role play.

- ***Begin the role play.*** Make sure that all participants understand the exercise. Explain that the actors are representing roles or perspectives that are not necessarily their own. Encourage the actors to let themselves feel and act like the characters.
- ***Facilitate the role play.***
  - Watch to see if the actors are raising issues appropriate to the main problem. If they are not, wait until the debrief to discuss issues that should have been raised.
  - Watch to see if participants are engaged. If they are losing interest, consider ending the role play.
  - Keep the role play on time. Give signals to the actors to indicate when they have 1 minute left and when to stop.

- ***End the role play.*** Stop the role play when:
  - The time is up
  - The actors have demonstrated the main feelings and ideas important for the given scenario
  - Others become restless
  - The role play is not working
- ***Debrief and de-role the actors.*** Thank the actors for their help and good work. Ask the actors:
  - *How do you think it went?*
  - *How did it feel taking on the role?*
  - "*What if, instead, the actor had done…?*"

  De-role (relieve) the actors of their roles — especially for role plays with strong emotional content. This is critical in role plays dealing with HIV. It can be quite emotional to role play someone with HIV or someone counseling a client with HIV, so it helps to bring people back to reality after the role play has finished. One technique that can be used to de-role is to ask the actors several questions about themselves, such as:
  - *What is your name?*
  - *Where do you work?*
- ***Manage problems. If the role play did not go as planned:***
  - Discuss what went wrong without blaming or singling out participants.
  - Make positive situations out of negative ones.
  - Turn the problem into a learning situation.

Step 4: Summarize and debrief the role play.

- Ask observers:
  - *What did you observe?*
  - *What went well?*
  - *What did you learn from the role play?*
  - *How might you apply what you learned to your job?*
- If observers were given a specific task, review it with them.
- Address any questions or concerns.

Table 6: Role play checklist

✓	Steps:
	Review the role play to understand it.
	Determine what the actors and other participants will do throughout the role play.
	Prepare any materials. • Collect all materials, equipment, and supplies and have them readily available before the role play begins.
	Map out the time for each part of the role play. Determine how much time is needed for each part of the role play. A role play can generally be divided into the following: • Selecting and preparing actors • Introducing the role play • Conducting the role play • Ending the role play • Summarizing the role play **The role play should not last more than 5–10 minutes.**
	Choose and prepare the actors. Choose the actors or ask for volunteers (sometimes, the trainers can be the actors). It is helpful to choose the actors ahead of time, so they can prepare for their roles. Describe to them: • The purpose of the role play • The situation/scenario/problem • Each role and how it should be acted out (what the characteristics of each role are, etc.) • How much time the role play should take and what signals you will give them during the role play to let them know how much time is left • What the observers will do Provide actors with scripts and props. Encourage the actors to let themselves feel and act like the characters. Emphasize that they will need to speak loudly enough for everyone to hear. If possible, give them an opportunity to practice ahead of time.
	Set up the room ahead of time. The actors should be positioned where everyone can see and hear them — probably in the center of the room, rather than in the front of the room.
	Practice giving the instructions and leading the follow-up discussion.

Tips for Amending or Replacing Exercises

There are many reasons you may wish to adapt an exercise. For example:

- If you have simplified a session to suit the target group, the exercise(s) may also have to be changed.
- You may want to substitute a certain exercise with one that is more relevant to the particular context. However, make sure that all the points that the original exercise was supposed to illustrate are included in the replacement exercise.

If the trainer chooses to adapt, amend, or replace an exercise, he or she should ask the following questions:

1. *Is the task in the new exercise clearly defined?*
2. *Is the new exercise consistent with the content of the module?*
3. *Does the new exercise achieve the same objective(s) as the original exercise?*
4. *Does the new exercise fit in the time allotted?*
5. *Does the new exercise contribute to the variety of exercises?*
6. *Will the new exercise make participants think?*
7. *What advantages does the replacement exercise have over the original exercise?*
8. *What materials will be needed?*
9. *Do new PowerPoint slides need to be created for the exercise?*

References

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[3] Bonner Curriculum (updated). *Facilitation 202: More techniques and strategies.* Available at: http://bonnernetwork.pbworks.com/w/page/13112080/Bonner-Training-Modules-(with-Descriptions)

[4] Health and Disability Working Group, BU School of Public Health. (2003). *A kaleidoscope of care: Responding to the challenges of HIV and substance use* (2nd edition). Available at: http://www.hdwg.org/resources/curricula/kaleidoscope-care-training-curriculum-module-i-introduction