

Module 15 Supervised Clinical Practicum



Total Module Time: Approximately 2.5 days (depending on training and practicum site/clinic schedules)

Learning Objectives

After completing this module, participants will be able to:

- Describe the core competencies required to provide adolescent HIV care and treatment services
- Demonstrate core adolescent HIV care and treatment competencies in a clinical setting
- Identify their own strengths and weaknesses in providing adolescent HIV care and treatment services

Methodologies



- Interactive trainer presentation
- Large group discussion
- Supervised practicum sessions
- Small group work

Materials Needed



- Slide set for Module 15
- Flip chart and markers
- Tape or Bostik (adhesive putty)
- Extra copies of *Appendix 15B: Practicum Checklist*
- Participants should have their Participant Manuals. The Participant Manual contains background technical content and information for the exercises.

Resources



- George, J.H., & Doto, F.X. (2001). *A simple five-step method for teaching clinical skills*. *Family Medicine*, 33, 577-8.

Advance Preparation



General preparation

- Read through the entire module and ensure that all trainers are prepared and comfortable with the content and methodologies for the practicum.

Select practicum site and preceptors

- Select a clinic for the practicum sessions — ideally, this should be a setting where there are many ALHIV who need services. This could be either at a pediatric clinic or an adult clinic where young people receive services; the most important thing is that there are ALHIV clients present during the practicum times.
- Get a sense of the daily activities at the site and the adolescent client flow and number. Discuss with site leadership the best way for participants to observe and practice applying the skills from this training with adolescent clients.
- The curriculum suggests 2.5 days for the practicum, but this can be adjusted as needed based on the clinic schedule, on preceptor and participant availability, and on the amount of time available. The practicum sessions should take place when there are adolescents at the clinic (for example, if there is an adolescent clinic on Monday and Thursday mornings, the practicum should be scheduled at those times). If the training modules are taught over a period of time, for example 2-3 training days/modules per month for 6 months (instead of consecutively), the practicum sessions can be broken up accordingly and participants can use the time between trainings to apply knowledge and skills taught in the classroom.
- During the meeting with site leadership, discuss the training and the supervised practicum sessions. Also:
 - Discuss the possibility of some of the facility staff taking on roles as preceptors during the practicum sessions (this is in addition to the trainers, who will also be preceptors).
 - If agreed, work with site leadership to identify facility staff who are experienced and able to support participant learning.

Prepare clinic staff

- Ideally, advance preparation for the practicum should be initiated at least 1 month in advance and should include at least 3 meetings.
- 2 of the 3 meetings should take place in the health facility — 1 should be with leadership and the other should be with clinical staff who have agreed to assist as preceptors.
- The 3rd meeting should be with the preceptors alone, so they can be oriented on what will happen during the practicum (see below).

Orient preceptors

- Plan for the role of the adolescent co-trainer(s) during the practicum. If the co-trainers are clients and/or Peer Educators at the practicum site, they could, for example, assist in introducing the practicum and the participants to clinic staff. Adolescent co-trainers may also be paired with adult preceptors during the practicum session so they can give their insights and represent the adolescent perspective. This should only be done, however, if it would be acceptable to adolescent clients in the clinic.

- All adolescent co-trainers should be reminded of confidentiality and should be briefed on their specific role in the practicum, before it begins.
- If preceptors are new to this type of training, orient them on methods of coaching, mentoring, and giving feedback. Review with them *Appendix 15A: Tips on Mentoring and Coaching with Preceptors*.
- Discuss the key skills that were taught during the training. Also discuss what participants will get out of the practicum and how the preceptors' role can facilitate the learning of new skills during the practicum.
- Review the practicum checklist in *Appendix 15B: Practicum Checklist* and decide how participants will practice the key skills. For example, if participants are to practice leading group education sessions with adolescents, this must be arranged in advance, adolescent clients must be present, a space for the talk must be identified, etc.
- Photocopy *Appendix 15B: Practicum Checklist*. Preceptors should have 1 checklist for each participant in their group (plus a few extra copies, just in case). Preceptors will fill in 1 checklist throughout the course of the supervised practicum for each participant.
- Let preceptors know if they will be responsible for evaluating participant performance. Discuss how to fill in the Practicum Checklist with examples of "Good," "Fair," and "Poor" performance for several of the competencies.
- Discuss with preceptors the possibility of debriefing with the participant(s) assigned to them on a daily basis during the practicum.
- If time allows, role play with preceptors various scenarios that could occur during the practicum so that they learn how to deal with difficult situations with participants.

Arrange logistics

- Arrange for transport to and from the practicum site(s) and for lunch for participants and preceptors.
- Plan for participants to have lunch together during each of the practicum days.
- Organize a room for the daily debriefing. Inform participants where and when the group will come together each day for the daily practicum debriefing. Adolescent co-trainers may also take place in the debriefing sessions — this should be decided in advance and co-trainers should be briefed on their expected role.
- Gather a summary of lessons and accomplishments from preceptors to share during Exercise 2. Remember that this information must be generally applicable to the group instead of just to a single individual.

Session 15.1: Practicum Planning and Preparation

| Activity/Method | Time |
|---|-------------|
| Interactive trainer presentation and large group discussion | 40 minutes |
| Questions and answers | 10 minutes |
| Total Session Time | 50 minutes |


Session 15.2: Supervised Clinical Practicum and Debrief

| Activity/Method | Time |
|---|------------------------|
| Interactive trainer presentation | 5 minutes |
| Exercise 1: Supervised Clinical Practicum and Daily Practicum Debrief | 2 days |
| Exercise 2: Final Practicum Debrief: Small and large group discussion | 60 minutes |
| Questions and answers | 5 minutes |
| Total Session Time | Approximately 2.5 days |

Session 15.1 Practicum Planning and Preparation




Total Session Time: 50 minutes

| | |
|---|---|
|  | Trainer Instructions Slides 1-4 |
| Step 1: | Begin by reviewing the Module 15 learning objectives and the session objective, listed below. |
| Step 2: | Ask participants if there are any questions before moving on. |

Session Objective

After completing this session, participants will be able to:

- Describe the core competencies required to provide adolescent HIV care and treatment services

| | |
|---|--|
|  | Trainer Instructions Slide 5 |
| Step 3: | Introduce the practicum to participants and explain that this is their chance to practice in a clinical setting the skills they have learned during the past several weeks. Introduce any new preceptors that are joining the group. |
| Step 4: | Ask participants the following questions: <ul style="list-style-type: none">• <i>Have you participated in practicum sessions as part of other trainings?</i>• <i>If so, what was helpful about these practicum sessions? What could have been done better?</i>• <i>What are your expectations for this practicum session on adolescent HIV care and treatment?</i> |



Make These Points

- The supervised practicum is a chance for participants to apply what they have learned during the training in a clinical setting.
- The practicum is a chance for health workers to ask questions and to get the experience that will allow them to feel more comfortable initiating activities for ALHIV at their sites.



Trainer Instructions

Slides 6-8

Step 5:

Review the practicum logistics, the assignment of participants to preceptors, and the role of the adolescent co-trainer(s) during the practicum session. Discuss plans for the daily practicum debrief sessions and for the final practicum debrief (on the last day of the training).

Allow time for questions.

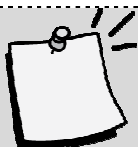
Step 6:

Refer participants to *Appendix 15B: Practicum Checklist*. Go over the key skills participants will be asked to demonstrate during the practicum, using the checklist as a guide. Remind participants that they may not have an opportunity to practice all of these skills during the formal practicum session, but that they will continue to receive mentorship and support after the training.

Ask participants if there are skills or areas on the practicum checklist that they do not feel comfortable with or that they would like to review. Take the needed time to review content areas and skills, pulling in lessons learned from case studies and reviewing key content information as needed.

Step 7:

Lead a discussion about conduct, confidentiality, and client consent during the practicum. Answer any remaining questions.



Make These Points

- During the practicum session(s), participants will be asked to demonstrate knowledge, skills, and ability related to core competencies in the area of adolescent HIV care and treatment.
- It is important to be kind, friendly, and courteous when interacting with clients, caregivers, health workers, and managers at the health facility.

- Remember that confidentiality is of extreme importance. Discussions and observations made during the practicum should only be shared with other participants, trainers, or preceptors in your practicum group. If there is need to discuss a case with the wider group for learning purposes, always maintain patient confidentiality by changing client names and any other identifying information.

Core Competencies

Participants will be asked to practice and demonstrate a number of skills learned during the training. Refer to *Appendix 15B: Practicum Checklist* for more information on these core competencies.

Preceptors will be available to help and mentor participants as they master the skills learned during training.

Conduct During the Practicum Session

- Remember that we are guests at the health facility and must respect the wishes of the health workers and managers who work at the facility.
- Keep all discussions and observations during the practicum confidential. Only share with other participants, trainers, or preceptors, and *only* for learning purposes. When discussing cases after the practicum, change any identifying information about specific clients so that no one will be able to guess who is being described.
- *Always* inform the preceptor if you need to take a break or leave the facility for any reason during the practicum.
- *Always* introduce yourself to other health workers and clients. Tell them that you are currently completing a course about HIV care and treatment services for adolescents and that the training includes observation and practice in the health facility.
- *Always* ask adolescent clients and their caregivers for their verbal consent for you to observe or practice skills. Keep in mind that clients have the right to refuse to give consent or to withdraw their consent at any time. Participants and preceptors are obligated to concede to the client's request.
- *Always* ask the preceptor if you have a question or concern.

Preceptors will be using *Appendix 15B: Practicum Checklist* to assess participant performance during the practicum. Become familiar with the content of this form, including how preceptors will make their final evaluations.



Trainer Instructions

Slide 9

Step 8:

Allow 5 minutes for questions and answers on this session.

Session 15.2

Supervised Clinical Practicum and Debrief



Total Session Time: Approximately 2.5 days (depending on training and practicum site/clinic schedules)



Trainer Instructions

Slides 10-11

- Step 1:** Begin by reviewing the session objectives listed below.
- Step 2:** Ask participants if they have any questions before moving on.

Session Objectives

After completing this session, participants will be able to:

- Demonstrate core adolescent HIV care and treatment competencies in a clinical setting
- Identify their own strengths and weaknesses in providing adolescent HIV care and treatment services



Trainer Instructions


Slides 12-13

- Step 3:** Lead participants through Exercise 1, which will take place over 2.5 days (or more, depending on how the practicum is structured and when adolescents are attending the clinic) in a health facility serving adolescent clients.

Exercise 1: Supervised Clinical Practicum and Daily Practicum Debrief

| | |
|----------------------------|---|
| Purpose | To practice core competencies needed to provide adolescent HIV care and treatment services in a clinical setting |
| Duration | Approximately 2.5 days (adjust as needed, based on training and clinic schedule) |
| Advance Preparation | See the “Advance Preparation” section, which starts on page 15–1. |
| Introduction | The supervised clinical practicum will allow participants the chance to practice and apply skills learned during the training. |
| Activities | <ol style="list-style-type: none">1. Assign each participant to a preceptor. There should be no more than 4–5 participants assigned to each preceptor.2. During the course of the practicum session, participants should practice as many of the core competencies as possible listed in <i>Appendix 15B: Practicum Checklist</i>. |

| | |
|-------------------------|---|
| | <p>3. Preceptors should observe and mentor participants to help them conduct each skill correctly. Preceptors should note on the Practicum Checklist which skills each participant was able to practice during the day (one checklist should be completed for EACH participant). They should also note any comments or areas where improvement is needed.</p> <p>4. Suggest that participants complete the Practicum Checklist for themselves, noting which core competencies were conducted and any comments they may have. Extra copies of the checklist should be made available.</p> <p>Optional: At the discretion of the trainer, participants may rotate so that they have at least one session with a different preceptor. In this case, new preceptors can use each participant’s Practicum Checklists to see which skills have been practiced so far and which skills need more work.</p> |
| Daily Debriefing | <p>At the end of each practicum day, participants should reconvene as a large group. During the daily practicum debrief, ask participants:</p> <ul style="list-style-type: none"> • <i>What core competencies did you practice during the day?</i> • <i>Which competencies were the most comfortable for you to conduct? Which were the most challenging?</i> • <i>Are there areas in which you feel you need more practice? Which ones?</i> • <i>Were there any unexpected or new things that you observed during the practicum session today?</i> • <i>Do you have suggestions to improve tomorrow’s practicum session?</i> <p>Optional: If previously discussed and agreed upon with preceptors, participants may also discuss these questions individually with their preceptors or as a small group (as time allows at the end of each day).</p> |



Trainer Instructions
Slides 14-17

Step 4: When the practicum is completed, reconvene participants and lead Exercise 2, which provides an opportunity to debrief the supervised clinical practicum session.

| Exercise 2: Final Practicum Debrief : Small and large group discussion | |
|--|---|
| Purpose | To share experiences and lessons learned during the multi-day practicum |
| Duration | 60 minutes |
| Advance Preparation | See the “Advance Preparation” section starting on page 15–1. |
| Introduction | This debrief will provide you with an opportunity to discuss your practicum experiences and to learn from each other. |

| | |
|--------------------------|--|
| <p>Activities</p> | <p>Small Group Discussion:</p> <ol style="list-style-type: none"> 1. Break participants into small groups. Mix participants so that they are NOT with people who were in their practicum group (if possible). The objective of this exercise is to encourage participants from different practicum groups to interact and share with one another. 2. Give each group a flip chart and markers. Ask participants to discuss and write down responses to the following questions: <ul style="list-style-type: none"> • <i>What was your overall experience during the practicum?</i> • <i>What skills did you find the most difficult to perform?</i> • <i>What skills did you find the least difficult?</i> • <i>In which areas would you like more mentoring in the future?</i> • <i>What did you learn during the practicum that you did not expect to learn?</i> • <i>What was your most memorable experience during the practicum?</i> • <i>Once the training is over, how can participants and preceptors continue to support each other in building their skills?</i> 3. Give the small groups about 30 minutes to discuss. <p>Large Group Discussion:</p> <ol style="list-style-type: none"> 4. Bring the large group back together and ask each of the small groups to briefly present the key points of their discussion back to the large group. The facilitator should note on flip chart and discuss: <ul style="list-style-type: none"> • Areas where participants want more mentoring • How participants and preceptors can continue to support each another 5. If possible, allow preceptors to present a summary of their overall experience during the clinical practicum session. This may also include feedback from the adolescent co-trainer(s), if they participated in the practicum session. Note that individual participant performance should not be discussed in the large group. Instead, preceptors should present key observations made during the practicum, including participant strengths and areas where they still need improvement. Preceptors can also suggest ways for participants to continue building their skills after returning to their sites. |
| <p>Debriefing</p> | <ul style="list-style-type: none"> • Congratulate participants on a job well done during the practicum session. • Remind participants that they will need to continue practicing the skills they learned during the training after they return to their health facilities and as they actually work with adolescent clients. • Encourage participants to help mentor each other as well as other health workers at their facility to ensure that quality, youth-friendly HIV care and treatment services are provided to all adolescent clients and their family members. |



Trainer Instructions

Slide 18

Step 5:

Allow 5 minutes for questions and answers on this session.

Appendix 15A: Tips on Mentoring and Coaching with Preceptors¹

What Are the Qualities of a Good Preceptor?

- Has strong knowledge, skills, and experience related to adolescent HIV care and treatment
- Professional
- Understands the importance of skill sharing and capacity building and is willing to teach and mentor others
- Respects others
- Conscientious and trustworthy
- Accountable for his or her work and responsive to feedback
- Upholds confidentiality at all times
- Makes decisions that are ethically sound
- Has leadership skills

Preceptor Do's and Don'ts

Do:

- Make participants feel welcome and valued.
- Set shared achievable goals.
- Put yourself in the participant's shoes.
- Ask questions that show an interest in developing participants' skills.
- Monitor progress and give feedback frequently.
- Provide guidance, encouragement, and support.

Don't:

- Arrive unprepared.
- Be vague about your expectations.
- Confine participants to passive roles.
- Wait to give feedback until the final assessment.
- Embarrass or humiliate participants.
- Accept behavior that is unethical or unsafe.
- Judge if a participant does not know something.

Five-step method for teaching clinical skills

1. Provide an overview of the skill and how it is used in patient care.
2. Demonstrate exactly how the skill is carried out, without giving commentary.
3. Repeat the demonstration, this time describing each step.
4. Have the participant "talk through the skill" by describing each step.
5. Observe and provide feedback to the participant as he or she performs the skill.

Appendix 15B: Practicum Checklist

This checklist includes many of the core competencies taught during this training. The checklist can be used during the practical sessions of the training and can also be a useful tool after the training for supervisors and health workers in the adolescent clinic. It is unlikely that participants will be able to demonstrate and practice all of the competencies included on this checklist during the 2-day practicum, but the checklist can also be used as part of supportive supervision and mentoring activities when participants return to their sites after the training.

Preceptor instructions: Use 1 checklist per participant in your group. As you observe the participant using a specific skill, tick your rating as GOOD, FAIR, or POOR. Record any comments or recommendations in the “Comments” column and be prepared to share these comments with the participant. Then use this checklist to complete the final evaluation for each participant. **Participant instructions:** Complete this checklist during the practicum, assessing your own performance. In the “Comments” column, record areas where you feel you need improvement or further study.

Name of Participant: _____ **Dates of Practicum:** _____

Name of Preceptor(s): _____ **Name of Health Facility:** _____

| CORE COMPETENCIES | PRECEPTOR or SELF-RATING (TICK ONE) | | | COMMENTS |
|---|---|------|------|----------|
| | GOOD | FAIR | POOR | |
| Clinical care of ALHIV skills | | | | |
| Observes at least 1 baseline clinical assessment | | | | |
| Observes at least 1 follow-up clinical assessment | | | | |
| Conducts at least 1 baseline medical and social history | | | | |
| Conducts at least 1 follow-up medical and social history | | | | |
| Demonstrates familiarity with national HIV guidelines; identifies criteria for ART initiation/failure/prophylaxis i | | | | |
| Assesses growth (weight, height) for at least 1 client | | | | |
| Assesses WHO clinical stage of at least 1 client | | | | |

| CORE COMPETENCIES | PRECEPTOR or SELF-RATING (TICK ONE) | | | COMMENTS |
|--|---|------|------|----------|
| | GOOD | FAIR | POOR | |
| Performs at least 1 general physical examination on each of the following: 1. Pre-pubertal female 2. Pre-pubertal male 3. Post-pubertal female 4. Post-pubertal male | | | | |
| Performs at least 1 SRH examination on each of the following: 1. Post-pubertal female 2. Post-pubertal male | | | | |
| Prescribes CTX correctly to at least 1 eligible client | | | | |
| Conducts at least 1 screening for tuberculosis | | | | |
| Prescribes isoniazid preventive therapy (IPT) correctly to at least 1 eligible client | | | | |
| Demonstrates knowledge of which laboratory tests to request and the timing of those requests | | | | |
| Communication and counseling skills | | | | |
| Effectively presents a health education session/health talk to a group of clients or caregivers | | | | |
| Ensures privacy and explains confidentiality to adolescent clients | | | | |
| Uses active listening skills when speaking with adolescent clients | | | | |
| Uses gestures and responses to show interest when talking with adolescent clients | | | | |
| Uses open-ended questions when communicating with and counseling adolescent clients | | | | |
| Empathizes with the adolescent client and shows understanding | | | | |

| CORE COMPETENCIES | PRECEPTOR or SELF-RATING (TICK ONE) | | | COMMENTS |
|---|---|------|------|----------|
| | GOOD | FAIR | POOR | |
| Avoids words that sound judging when communicating with adolescent clients | | | | |
| Uses reflection skills during counseling sessions | | | | |
| Summarizes main points of a counseling session and helps the adolescent client set goals | | | | |
| Tailors counseling according to age and developmental stage of the adolescent | | | | |
| Psychosocial support for ALHIV | | | | |
| Conducts at least 1 psychosocial assessment and completes a psychosocial assessment form (<i>Appendix 5A</i>) | | | | |
| Suggests positive and practical ways to cope when a client expresses psychosocial concerns | | | | |
| Offers practical suggestions to clients to cope with and fight stigma and discrimination | | | | |
| Mental health and ALHIV | | | | |
| Uses patient history, clinical observation, and information from client/caregiver to evaluate for possible mental illness | | | | |
| Recognizes signs of depression and uses screening tools | | | | |
| Identifies potentially serious mental health problems, provides support, and refers appropriately | | | | |
| Applies standard operating procedures to provide immediate management and referral for psych emergencies | | | | |
| Recognizes signs of alcohol and other substance use, uses screening tools, and provides counseling and referrals | | | | |
| Disclosure support | | | | |
| Assesses caregiver's readiness for disclosure to child and counsels caregiver on the importance of disclosure | | | | |
| Conducts at least 1 disclosure support session with caregiver on disclosing to the child/adolescent | | | | |

| CORE COMPETENCIES | PRECEPTOR or SELF-RATING (TICK ONE) | | | COMMENTS |
|--|---|------|------|----------|
| | GOOD | FAIR | POOR | |
| Conducts at least 1 disclosure support session with ALHIV on disclosing his or her status to others | | | | |
| Offers follow-up disclosure support to adolescent clients and caregivers throughout the disclosure process | | | | |
| Adherence support | | | | |
| Explains the importance of adherence to adolescent clients in understandable terms | | | | |
| Conducts at least 1 ART readiness assessment with adolescent who is starting ART and his or her caregiver | | | | |
| Conducts all components of the standard adherence preparation visits with adolescent and/or caregiver | | | | |
| Provides individualized counseling to make an adherence plan with client and caregiver | | | | |
| Provides follow-up adherence support and counseling to at least 1 client on ART and to at least 1 caregiver | | | | |
| Positive living | | | | |
| Provides accurate, age-appropriate, and comprehensive positive living counseling to ALHIV | | | | |
| Provides accurate information and counseling on positive prevention | | | | |
| Provides practical nutrition counseling and support to at least 1 adolescent client (and caregiver, if available) | | | | |
| Provides accurate information and counseling on alcohol and substance use prevention to at least 1 adolescent client | | | | |
| Sexual and reproductive health | | | | |
| Provides non-judgmental counseling about adolescent sexuality and SRH issues | | | | |
| Conducts an SRH risk assessment and provides non-judgmental, accurate sexual risk reduction counseling | | | | |
| Provides accurate, non-judgmental counseling and information on ways to practice safer sex | | | | |

| CORE COMPETENCIES | PRECEPTOR or SELF-RATING (TICK ONE) | | | COMMENTS |
|---|---|------|------|----------|
| | GOOD | FAIR | POOR | |
| Provides condoms to clients and accurately demonstrates male and female condom use | | | | |
| Provides adolescent-friendly STI counseling, screening, and treatment for male and female clients | | | | |
| Childbearing choices, contraception, and PMTCT | | | | |
| Discusses childbearing choices and safe childbearing with adolescent clients | | | | |
| Provides accurate, non-judgmental contraceptive counseling and supplies (and/or referrals) | | | | |
| Provides accurate, non-judgmental PMTCT counseling and services, including referrals for pregnant ALHIV | | | | |
| Community linkages | | | | |
| Understands how to establish linkages with other agencies, including community-based organizations | | | | |
| Uses a community resources directory to make referrals for adolescent client and family members | | | | |
| Provides appropriate referrals to adolescent Peer Educators, if available | | | | |
| Transition to adult care | | | | |
| Provides counseling and support to ALHIV to prepare them to take on a greater role in their self-care in preparation for their transition to adult care | | | | |
| Monitoring and evaluation | | | | |
| Correctly completes essential registers and forms | | | | |
| Understands how monitoring data can be used to identify strengths and weaknesses of services | | | | |

FINAL EVALUATION BY PRECEPTORS:

Name of participant: _____

Tick one:

- Demonstrated a majority of core competencies effectively and is ready to start providing adolescent HIV care and treatment services in a clinical setting
- Demonstrated some core competencies effectively, but still needs more practice before providing adolescent HIV care and treatment services in a clinical setting
- Unable to demonstrate most skills and should participate in the training course again before providing adolescent HIV care and treatment services in a clinical setting

Additional comments:

Preceptor(s) signature(s): _____

Date: _____

References

¹ Adapted from: George, J.H., & Doto, F.X. (2001). *A simple five-step method for teaching clinical skills*. Family Medicine, 33, 577-8.