Module 15 Supervised Clinical Practicum

Session 15.1: Practicum Planning and Preparation

Session 15.2: Supervised Clinical Practicum and Debrief

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



Session Objective

After completing this session, participants will be able to:

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

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.

Session 15.2 Supervised Clinical Practicum and Debrief

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

| 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 | | | | | |
| See Appendix 15B: Practicum Checklist. | | | | | |

Exercise 2: Final Practicum Debrief : Small and large group discussion

 Purpose
 To share experiences and lessons learned during the multi-day practicum

This exercise consists of 2 parts:

- Part 1: Small Group Discussion
- Part 2: Large Group Discussion

For part 1, discuss the following questions in your small groups and write down your responses on flip chart:

- What was your overall experience during the practicum?
- What skills did you find the most difficult to perform?
- What skills did you find the least difficult?
- In which areas would you like more mentoring in the future?
- What did you learn during the practicum that you did not expect to learn?
- What was your most memorable experience during the practicum?
- Once the training is over, how can participants and preceptors continue to support each other in building their skills?

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) | | ING | 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 | | | | |

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| 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 | | | | |

ADOLESCENT HIV CARE AND TREATMENT – PARTICIPANT MANUAL

| 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 | | | | |

ADOLESCENT HIV CARE AND TREATMENT – PARTICIPANT MANUAL

| CORE COMPETENCIES | PRECEPTOR or SELF-RATING (TICK ONE) | | ING E) | 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:

ADOLESCENT HIV CARE AND TREATMENT – PARTICIPANT MANUAL

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.