

PREParing PEERS FOR SUCCESS: DAY 5

PEER CORE COMPETENCY TRAINING

A curriculum for engaging out-of-care
or newly diagnosed people living with
HIV in care and treatment



DOCUMENTATION

CONFIDENTIALITY AND
BOUNDARIES

PEER-CASE MANAGER
SESSION

DAY 5: Documentation Confidentiality and Boundaries Peer-Case Manager Session

An Overview of Today's Sessions and Topics

Topic	Duration	Slides	Page
Icebreaker*	20 min		
Review of previous day*	5 min		204
Session XVIII: Documentation	50 min (total)	109-112	207-215
Topic: Documentation: Why It Matters	10 min	110	207-208
Topic: Documentation Tips	10 min	111	209
Topic: Documentation Exercise	30 min	112	210-216
Session XIX: Confidentiality & Boundaries	2 hr. 5 min (total)	113-118	217-231
Topic: What is Confidentiality?	10 min	114	217
Topic: Confidentiality - Questions to consider	10 min	115	218-219
Topic: Confidentiality & HIPAA	45 min	116-118	220-222
Topic: Breaking Confidentiality	15 min	119	223
Topic: Boundaries in Professional Relationships	10 min	120	224-225
Topic: Managing Workplace Boundaries	35 min	121	226-231
Energizer*	15 min		
Session XX: Peer-Case Manager Session	1 hr. 55 min (total)	122-127	232-237
Topic: Interdisciplinary Team	5 min	123	232
Topic: Interdisciplinary Approach to Care	10 min	124	233
Topic: Role of Team Members	30 min	125	234
Topic: Survival Team Exercise	40 min	126	235-236
Topic: Case Manager Q&A	30 min	127	237
Continuing education plan**	15 min		
Review, wrap-up and written evaluation*	30 min		238
Graduation Ceremony	15 min	128	239

*See pages 7-8 for an explanation of these climate-setting activities

**Use this time to discuss additional topics for training that you didn't have time to address in a 5-day training course. These could be offered at subsequent trainings, reunion meetings, or provided as part of orientation for newly hired peers. Ideas and curricula for continuing education topics can be found on the *Building Blocks to Peer Success* Continuing Education page at http://peer.hdwg.org/training_toolkit/continuing_education

Throughout this curriculum, *italicized words* are intended to be spoken directly to the class.

This publication is part of the online curriculum *PREParIng Peers for Success: Peer Core Competency Training*. For the complete curriculum, accompanying PowerPoint slides, and other curricula in the series, visit <http://www.hdwg.org/prep/curricula>

SESSION XVIII: DOCUMENTATION

Topic: Documentation: Why It Matters

TOTAL TIME FOR SESSION XVIII: 50 minutes

SLIDES: #109-112

▶ ABOUT THIS ACTIVITY

 **Time:** 10 minutes

 **Slides:** #110

 **Objectives:**

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

- Understand the importance of documentation

 **Training Methods:**

- Group discussion

 **In this activity you will:**

- Lead a group discussion

 **Materials:**

- None

 **Preparation:**

- None

Instructions

1. Turn to slide 110.



2. Ask participants: *What is documentation?* Allow responses. Expected answers: *Writing, recording, paperwork. It's synonymous with authentication, attestation, corroboration.*
3. Elaborate and facilitate discussion: *Documentation is writing about your meetings with patients. We do this because there has to be a record of your work with patients; otherwise, it's like your work never happened.*
4. *It's important to have a record of patients' progress, so that each member of the care team knows what's going on with them. It's also used to evaluate your performance on the job.*
5. Ask participants: *What may make documentation easier for you?* Allow responses and facilitate discussion.
6. *Some peers find it challenging because they may not have good writing skills or because they worry about compromising patient trust due to the sensitivity of the information that patients often share with peers. As discussed earlier, patients often share information with peers that they wouldn't necessarily share with other providers, such as the case manager or the doctor. They do this because they may*

SESSION XVIII: DOCUMENTATION

Topic: Documentation: Why it Matters

have a higher level of trust in the peer. Peers can feel that if they write down everything patients share, that somehow they may be violating trust.

- 7. Documentation represents yet another boundary area because if progress notes are not objective, the peer may be crossing the line in terms of how the patient is being characterized.*

Segue

The information in this session is designed to help you address some of these concerns.

SESSION XVIII: DOCUMENTATION

Topic: Documentation Tips

▶ ABOUT THIS ACTIVITY

 **Time:** 10 minutes

 **Slides:** #111

 **Objectives:**

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

- Complete documentation forms

 **Training Methods:**

- Group discussion

 **In this activity you will:**

- Explain documentation tips to participants
- Lead a group discussion about correctly documenting peer interaction sessions

 **Materials:**

- Documentation form for the program*

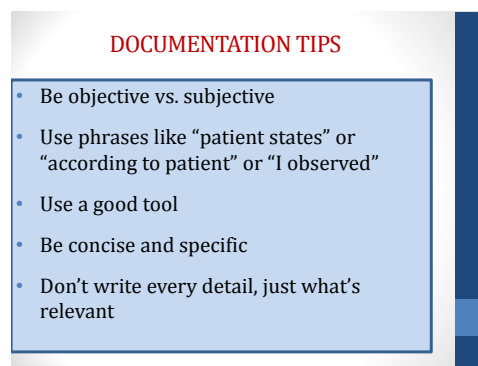
 **Preparation:**

- None

Instructions

Note: This session should be tailored to the specific documentation requirements of the agency or program.

1. Review slide 111 with participants and facilitate a discussion.



2. Define objective vs. subjective: *Objective means not influenced by personal feelings, interpretations, or prejudice; based on facts; unbiased; undistorted by emotion or personal bias. Subjective is the opposite of objective, it means belonging to, proceeding from, or relating to the mind of the thinking subject and not the nature of the object being considered; emanating from a person’s emotions, prejudices existing only as perceived and not as a thing in itself.*

3. Review a program-specific form* section by section and answer any questions that come up.

Segue

There will be times when you have to write a narrative of what the patient shared or what you observed. In the next exercise we are going to practice using the sample form as well as writing a narrative that captures relevant information.

*For this exercise, on page 212, actual form that will be used by the peer is recommended. We have provided the form used by the Peer Re-Engagement Project (PREP) as an example. Additional sample forms used by other peer programs can be found at http://peer.hdwg.org/program_dev/resources (Section 7, Evaluating Peer Programs).

SESSION XVIII: DOCUMENTATION

Topic: Documentation Exercise

▶ ABOUT THIS ACTIVITY

 **Time:** 30 minutes

 **Slides:** #112

 **Objectives:**

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

- Practice documentation skills

 **Training Methods:**

- Individual Exercise
- Group discussion

 **In this activity you will:**

- Explain documentation of case scenario activity
- Facilitate discussion after participants complete their documentation exercise

 **Materials:**

- Program documentation form*
- Documentation scenarios scripts 1 and 2

 **Preparation:**

- Make copies of the scenarios, enough for each participant to have a least one scenario

Instructions

1. Turn to slide 112.



2. Ask participants to find the "Program Documentation Form*" in their packets.
3. Give exercise instructions: *Each of you will receive a scenario about a peer interaction with a patient. Read your scenario and then document the interaction using the "Program Documentation Form." You will have 10 minutes to complete your form.*
4. Ask for volunteers to share their scenarios and what they checked on the form and notes they added. Allow several responses, and then ask: *What was easy and what was challenging?*
5. Tell participants that each scenario had information that could not be checked off and ask whether they wrote such information on the back of the form. Ask for volunteers to share what they wrote.

*For this exercise, on page 212, actual form that will be used by the peer is recommended. We have provided the form used by the Peer Re-Engagement Project (PREP) as an example. Additional sample forms used by other peer programs can be found at http://peer.hdwg.org/program_dev/resources (Section 7, Evaluating Peer Programs).

SESSION XVIII: DOCUMENTATION

Topic: Documentation Exercise

6. *Sometimes patients give us “too much information,” more than we need to know. With some patients, all you have to do is ask an open question like “how are you doing?” and they spill their guts. They do this because they trust you, and that’s a good thing. A peer has to listen attentively without interrupting because there are things embedded in the story that are important for the peer, and by extension, the team to know.*
7. *A peer has to sort through the story to find the things that are relevant to the person’s care and at the same time listen attentively and be empathetic!*
8. *One good way to sort through and find what’s relevant is to ask yourself the following questions: What exactly does the medical team need to know about what was shared by the patient? Would the team do anything different from knowing every detail?*

Summarize

- *If the patient asks the peer not to share the story with anyone in the team and there are health implications in the story, the peer should encourage the patient to talk with his or her doctor and even offer to attend the appointment. If the patient still refuses, then the peer’s duty is to tell the patient that he or she is required to share what’s going on in general terms, but that the private/intimate details will not be shared. In most situations the patient signed a consent form with the care team that allows the peer to share pertinent information regarding the patient’s health with the team.*
- *Writing clear progress notes takes practice. Ask members of the team to give you feedback on your progress notes and turn to your supervisor for support and additional training.*

SESSION XVIII: DOCUMENTATION

Topic: Documentation Exercise

SESSION HANDOUT #2



44290

PEER CONTACT FORM

Peer Re-Engagement Project (PREP)

Participant ID:

Date of Contact: / /

Peer ID:

Site: NY FL PR

Check here if attempted to locate but unable to contact.

Total duration of all encounters on this date (minutes):

Please mark all encounters for the entire day. "X" each encounter that occurred. "X" the type of contact.	Face-to-face	Telephone	Email / text msg / voicemail	Other *
	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<input type="checkbox"/> Find client/Outreach	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<input type="checkbox"/> Take client to a medical appointment/visit	1 <input type="checkbox"/>			
<input type="checkbox"/> Take client to a mental health appointment/visit	1 <input type="checkbox"/>			
<input type="checkbox"/> Take client to a substance use treatment appointment/visit	1 <input type="checkbox"/>			
<input type="checkbox"/> Take client to other social service appointment/visit	1 <input type="checkbox"/>			
<input type="checkbox"/> Remind client about a medical or social service appointment/visit	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<input type="checkbox"/> Provide education on the HIV viral life cycle	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<input type="checkbox"/> Discuss HIV medications/treatment readiness	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<input type="checkbox"/> Discuss lab values	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<input type="checkbox"/> Discuss drug resistance and adherence	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<input type="checkbox"/> Discuss safer sex	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<input type="checkbox"/> Discuss drug use/harm reduction	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<input type="checkbox"/> Talk with client about disclosure	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<input type="checkbox"/> Mentoring/coaching on provider interactions	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<input type="checkbox"/> Provide emotional support/counseling	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<input type="checkbox"/> Assist with making appointment/visit for other health care	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<input type="checkbox"/> Assist with making appointment/visit for mental health care	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<input type="checkbox"/> Assist with making appointment/visit for substance abuse treatment	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<input type="checkbox"/> Assist with housing services	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<input type="checkbox"/> Assist with making appointment/visit for other support services	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<input type="checkbox"/> Follow up with client about a service or referral	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
<input type="checkbox"/> Other (specify):				

* If "Type of Contact" = "Other", specify: _____

*****Please Write Progress Notes on Other Side of This Form*****

SESSION XVIII: DOCUMENTATION

Topic: Documentation Exercise

SESSION HANDOUT #2

SCRIPT 1 FOR DOCUMENTATION EXERCISE

Peer: “Thanks for coming in to see me today.”

Pam: “It’s been rough the last week or so since finding out that I’m HIV+.”

Peer: “I remember how difficult it was for me too. Who have you talked to since then?”

Pam: “Well I have my best friend, and she is trying to be there for me, but she is busy with her family.”

Peer: “What do you know about HIV?”

Pam: “I remember when Magic came out. I see bus signs telling people they should get tested, and I know you get it from sex. I didn’t think it would happen to me.”

Peer: “How about we focus our time today on the basics of HIV? Then, there are other components that we can talk about during our time in this project.”

Pam: “Okay.”

Peer: “HIV stands for Human Immunodeficiency Virus. It is the virus that causes AIDS which stands for Acquired Immune Deficiency Syndrome. When you break it down, HIV is a virus that is passed on from one person to another, that’s why H stands for human. The virus attacks the immune system, I think of the immune system as “my soldiers” because it tries to fight off any disease, germs that may come in contact with my body. So, HIV attacks my immune system or my soldiers, so the stronger my soldiers, the better they work for me.”

Pam: “So that makes sense to me. Is that why I was so sick last month? I thought I had the flu, you know its winter and all, but I just couldn’t shake it. I ended up going to the doctor and my doctor’s nurse was telling me about HIV testing being part of routine screening that they were doing with all patients. I thought, ah well, sure I’ll do the test.”

Peer: “It’s possible that the flu-like symptoms were your body’s response to the HIV infection. Other symptoms that a person may experience include night sweats, diarrhea, trouble sleeping or flu symptoms. Let’s talk about how HIV is transmitted. HIV is transmitted through unprotected anal, vaginal or oral sex with an HIV+ sex partner. It can also be transmitted from an HIV+ pregnant mother to her unborn child and from sharing of needles among IV drug users—I think of these as transmission routes. There are certain infectious fluids that are shared in the transmission routes we just talked about: infectious blood, breast milk from mother to child, semen and vaginal fluids.”

SESSION XVIII: DOCUMENTATION

Topic: Documentation Exercise

SESSION HANDOUT #1 (Cont.)

Pam: “Wow, yeah it’s all coming back to me. I remember learning about this before and didn’t think it would happen to me. I need to take time for all this to sink in. I’m glad I’m meeting with you because you know what I’m going through, you’ve been there.”

Peer: “Yes, I can relate and I’m here for you.”

SESSION XVIII: DOCUMENTATION

Topic: Documentation Exercise

SESSION HANDOUT #2

SCRIPT 2 FOR DOCUMENTATION EXERCISE

Peer: “Hi Mike, it’s good to see you again. How are you doing?”

Mike: “I’m feeling kinda bad today.”

Peer: “Well what’s going on?”

Mike: “You know my attendance at that substance abuse group at Vital Bridges has been hit or miss, but last Tuesday I went. It’s kind of embarrassing, but I hooked up with one of my old tricks.”

Peer: “I’m glad you went to the group because you’ve said that it helps you sometimes.”

Mike: “It didn’t help Tuesday, that’s for sure.”

Peer: “I hear you. What do you mean when you say hooked up?”

Mike: “We did some meth, lots of sex and some more meth.”

Peer: “You know, Mike, I’m glad you came by today because we can figure out some next steps. What do you want to do?”

Mike: “That’s why I came to you, Pappy, you help me figure things out and don’t judge me. If I went to someone else, I’d just get a lecture and I’ve gotten enough of that in my life.”

Peer: “Did you use any condoms?”

Mike: “What you think? Sorry man, no.”

Peer: “So let’s see if we can get you an appointment to checks for STDs/STIs.”

Peer: “I know you don’t like going to groups, what do you think about talking to a substance abuse counselor? Yeah, it’s one more person to see but you know what they say, ‘Don’t knock it till you try it, man.’”

Mike: “I’ve done this counseling thing before and didn’t mesh well with the guy.”

SESSION XVIII: DOCUMENTATION

Topic: Documentation Exercise

SESSION HANDOUT #2 (Cont.)

Peer: “You know there is a new substance abuse counselor who just got hired. Maybe we can see if your case manager can make a referral for you.”

Mike: “You mean I have to tell her, too.”

Peer: “Mike, you’re working with a team here, man. Let’s talk to her together. She’s on your side.”

SESSION XIX: CONFIDENTIALITY & BOUNDARIES

Topic: What Is Confidentiality?

TOTAL TIME FOR SESSION XIX: 1 hour 20 minutes

SLIDES: #113-118

▶ ABOUT THIS ACTIVITY

 **Time:** 10 minutes

 **Slides:** #114

 **Objectives:**

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

- Explain the meaning of confidentiality

 **Training Methods:**

- Lecture
- Group discussion

 **In this activity you will:**

- Facilitate a discussion about confidentiality

 **Materials:**

- None


 **Preparation:**

- None


Instructions

1. Ask group: *What is confidentiality?* Allow a few responses, then present slide 114 and elaborate.

WHAT IS CONFIDENTIALITY?



The ethical principle, or legal right, that a physician or other providers will hold secret all information relating to a patient unless the patient gives consent permitting disclosure.



Trusting another with information that will not be shared with others; strict privacy or secrecy.

- *Unauthorized viewers can vary from one organization to the other, but, generally, unauthorized users are people who are not employees of the organization.*
- *In many cases, even among employees, only those working directly with a patient and their supervisors have access to patient files.*
- *Patients trust us with their personal information and we have to honor that trust by not sharing this information with anyone not authorized.*

Summarize

As peers, it is important that you understand your employer's policy regarding access to patient information. When you start your new jobs, you will receive an orientation on employers' privacy and confidentiality policies.

SESSION XIX: CONFIDENTIALITY & BOUNDARIES

Topic: Confidentiality-Questions to Consider

▶ ABOUT THIS ACTIVITY

 **Time:** 10 minutes

 **Slides:** #115

 **Objectives:**

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

- More deeply understand confidentiality

 **Training Methods:**

- Lecture
- Brainstorm
- Group discussion

 **In this activity you will:**

- Facilitate a discussion around important considerations for confidentiality

 **Materials:**

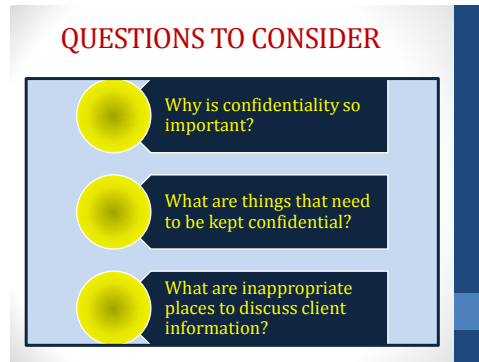
- None

 **Preparation:**

- None

Instructions

1. Pose questions on the slide 115



Question 1: Possible answers:

- *People need to be able to trust their peer and other providers.*
- *People need to feel safe.*
- *If patients don't trust us, we may lose them to follow up.*
- *It's the organization's policy.*
- *There are liability issues for you and the agency.*
- *Beyond file access, peers hold a lot of personal information about patients and have an ethical responsibility to guard that information from unauthorized users. This can be tricky because, as people with HIV, you may travel in some of the same circles as your patients, and when your patients see you in those circles, they may wonder if you will guard their information.*
- *Remember, because you travel in the same circles, any "leaks" will get back to your patients and, before you know it, other patients will know that you can't be trusted. This will render you an ineffective peer and can lead to negative consequences.*

SESSION XIX: CONFIDENTIALITY & BOUNDARIES

Topic: Confidentiality-Questions to Consider

Question 2: Quickly brainstorm with group specific things that should be kept confidential and document on newsprint; summarize by stating that everything about the patient is confidential.

Possible answers:

- *HIV status*
- *Substance use*
- *The relationship you have with the patient*
- *Patient's phone number, address, in other words personal information*

Question 3: Conduct another quick brainstorm on inappropriate places to discuss patient information and document on newsprint.

Possible answers:

- *Hallways of agency or clinic*
- *In public places*
- *Where others can hear your conversation*

SESSION XIX: CONFIDENTIALITY & BOUNDARIES

Topic: Confidentiality & HIPAA

▶ ABOUT THIS ACTIVITY

 **Time:** 45 minutes

 **Slides:** #116-118

 **Objectives:**

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

- Understand the importance of confidentiality and the Health Insurance Portability and Accountability Act
- State the reasons an organization can break confidentiality

 **Training Methods:**

- Didactic
- Large group

 **In this activity you will:**

- Elicit from the group responses to “What is confidentiality?”
- Affirm responses
- Follow talking points

 **Materials:**

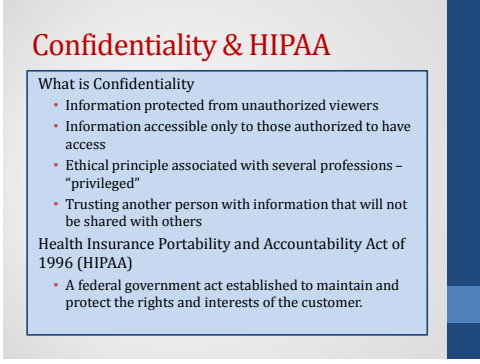
- Newsprint
- Markers
- Confidentiality and HIPAA Handout

 **Preparation:**

- None

Instructions

1. Ask participants to respond to question “What is confidentiality.” Document responses on newsprint. Review slide 116 below.



Confidentiality & HIPAA

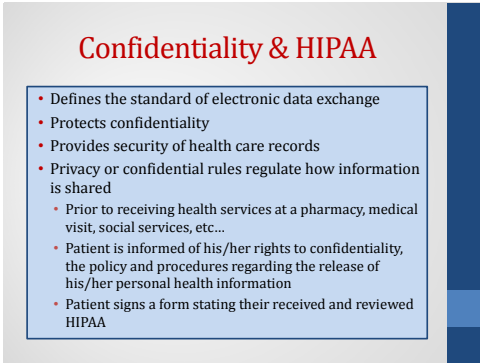
What is Confidentiality

- Information protected from unauthorized viewers
- Information accessible only to those authorized to have access
- Ethical principle associated with several professions – “privileged”
- Trusting another person with information that will not be shared with others

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

- A federal government act established to maintain and protect the rights and interests of the customer.

2. Review slide 117 with participants. Explain the Health Insurance Portability and Accountability Act (HIPAA): *The federal government established this act to maintain and protect the rights and interests of the customer. HIPAA defines the standard for electronic data exchange, protects confidentiality and security of healthcare records. The privacy or confidential rules regulate how information is shared. Upon engagement of health services—pharmacy, medical visit, social services, etc.—the patient is informed of his or her rights to confidentiality and the policy and procedures regarding the release of personal health information. The patient signs a form stating that he or she received and reviewed the HIPAA law.* Draw participant’s attention to the HIPAA handout.



Confidentiality & HIPAA

- Defines the standard of electronic data exchange
- Protects confidentiality
- Provides security of health care records
- Privacy or confidential rules regulate how information is shared
- Prior to receiving health services at a pharmacy, medical visit, social services, etc...
- Patient is informed of his/her rights to confidentiality, the policy and procedures regarding the release of his/her personal health information
- Patient signs a form stating their received and reviewed HIPAA

SESSION XIX: CONFIDENTIALITY & BOUNDARIES

Topic: Confidentiality & HIPAA

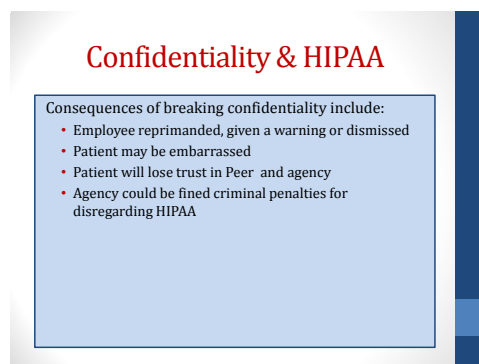
3. Offer to the group that there are times when the HIPAA law is broken. Solicit from group situations when this may occur. Review slide with participants that indicates situations when HIPAA is broken.

- *If a patient says they are going to commit suicide or gives you reason to believe that, you have an obligation to report this to your supervisor; the same holds true regarding a threat or actual homicide.*
- *Child and elderly neglect and abuse must also be reported to your supervisor.*
- *You should tell your patients at the onset of your relationship that this is the only time the agency must break confidentiality; however, this does not give the agency permission to reveal everything about the patient, including HIV status.*
- *The only thing that gets reported is why you believe the patient is suicidal/homicidal or suspect abuse/neglect of children/elderly.*

4. Important: Tell participants that not disclosing HIV status to a sexual partner or someone with whom you share needles does NOT constitute a threat of, or actual, homicide.

Summarize

- *Don't take it upon yourself to make a report to the proper authorities. Mandated reporting should be bumped up to your program director or manager who will ensure that the agency's policy is followed.*
- Review slide 118 that illuminates to the group that there are consequences to breaking confidentiality:



SESSION XIX: CONFIDENTIALITY & BOUNDARIES

Topic: Confidentiality & HIPAA

SESSION HANDOUT

CONFIDENTIALITY AND HIPAA

- **What is Confidentiality?**
 - › Keeping information protected from unauthorized viewers
 - › Ensuring that information is accessible only to those authorized to have access
 - › Refers to an ethical principle associated with several professions-“privileged”
 - › Trusting another person with information that will not be shared with others

- **Health Insurance Portability and Accountability Act (HIPAA):**

The federal government established this act to maintain and protect the rights and interest of the customer. HIPAA defines the standard for electronic data exchange, protects confidentiality and security of healthcare records. The privacy or confidential rules regulate how information is shared. Upon engagement of health services—pharmacy, medical visit, social services etc.—the patient is informed of his or her rights to confidentiality and the policy and procedures regarding the release of personal health information. The patient signs form stating that they received and reviewed the HIPAA law.

- **Situations when data can be released without the patient’s permission or consent:**
 - › For the purpose of reporting abuse, neglect or domestic violence to the proper social service or protective services agency
 - › To prevent serious threat to health and public safety
 - › To the department of public health for health reporting purposes
 - › Inform appropriate bureau during disaster relief
 - › Workers' compensation
 - › Food and drug administration for expected side effect to drugs or food product defects to enable product recall
 - › Correctional institution
 - › To medical examiners, coroners, procurement of organ, or certain research purposes.
 - › Notify family members, legal guardian involved in the patient’s care for notifying them of a person's location

- **Consequences of breaking confidentiality include:**
 - › Employee reprimanded, given a warning or dismissed from the agency.
 - › The patient/patient may be embarrassed
 - › The patient will lose trust in the peer and the agency
 - › The patient may file charges against the peer and the agency
 - › The agency could be fined criminal penalties for disregarding HIPAA

SESSION XIX: CONFIDENTIALITY & BOUNDARIES

Topic: Breaking Confidentiality

Instructions

1. Review slide 119 with the group and elaborate:

BREAKING CONFIDENTIALITY	
<p><u>Only reasons</u></p> <ul style="list-style-type: none"> • Threat of suicide • Threat of homicide • Abuse or neglect of an elderly person or a child 	<p><u>What to do</u></p> <ul style="list-style-type: none"> • Report the matter to your supervisor. • Follow your agency's policy. • HIV status or other personal information need not be reported, only the threat.

- *Can you recall from the last lesson some of the situations when you are obligated to break confidentiality? Answers include:*

If a patient says they are going to commit suicide or gives you reason to believe that, you have an obligation to report this to your supervisor; the same holds true regarding a threat or actual homicide.

Child and elderly neglect and abuse must also be reported to your supervisor.

You should tell your patients at the onset of your relationship that this is the only time the agency must break confidentiality; however, this does not give the agency permission to reveal everything about the patient, including HIV status.

The only thing that gets reported is why you believe the patient is suicidal/homicidal or suspect abuse/neglect of children/elderly.

Summarize

- a. *Not disclosing HIV status to a sexual partner or someone with whom you share needles does NOT constitute a threat of, or actual homicide. (Verify the laws of the place where the training is being conducted.)*
- b. *Don't take it upon yourself to make a report to the proper authorities. Mandated reporting should be bumped up to your program director or manager who will ensure that the agency's policy is followed.*

▶ ABOUT THIS ACTIVITY

 **Time:** 15 minutes

 **Slides:** #119

 **Objectives:**

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

- Learn the reasons an organization can break confidentiality

 **Training Methods:**

- Lecture
- Group discussion

 **In this activity you will:**

- Facilitate a discussion about when it is appropriate to break confidentiality

 **Materials:**

- None

 **Preparation:**

- None

SESSION XIX: CONFIDENTIALITY & BOUNDARIES

Topic: Boundaries in Professional Relationships

▶ ABOUT THIS ACTIVITY

 **Time:** 10 minutes

 **Slides:** #120

 **Objectives:**

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

- Understand the importance of boundaries

 **Training Methods:**

- Brainstorm
- Group discussion

 **In this activity you will:**

- Facilitate a conversation about boundaries and their importance

 **Materials:**

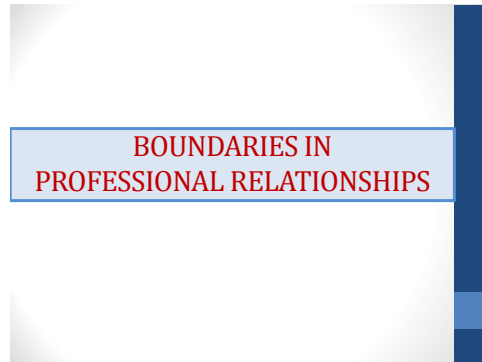
- Newsprint
- Markers

 **Preparation:**

- None

Instructions

1. Turn to slide 120.



2. Ask participants: *What are boundaries and why are they important?* Allow responses and document on newsprint. Possible responses: *a line that you can't cross, a limit; to prevent peer burnout, to prevent misinformation, to prevent liability, to keep patients engaged with the organization, etc.*
3. Tell participants that people have different needs and expectations around boundaries.
4. *Some boundaries are non-negotiable, as established by professional codes and agency policy, while others are more personal, and may be different from person to person or situation to situation.*
5. *Peer-related boundaries have always been a concern for service providers; there is often more concern about peer boundaries than with other employees—why do you think this is so?* Take a few responses. Possible responses: *higher level of intimacy, the sharing of personal information between peer and patient, lack of experience in the workplace, peers wanting to be all things to patients, not knowing the limits of the peer role.*

SESSION XIX: CONFIDENTIALITY & BOUNDARIES

Topic: Boundaries in Professional Relationships

6. Ask participants to consider:

- *What constitutes a professional relationship? Allow responses. Expected answer: a professional relationship is the kind you have that are associated with your job, i.e., coworkers, patients, supervisor, etc.*
- *What boundaries have you struggled with in the workplace? Allow responses and facilitate discussion.*
- Tell participants that in this module we will explore workplace boundaries for peers (although they are applicable to all employees).

SESSION XIX: CONFIDENTIALITY & BOUNDARIES

Topic: Managing Workplace Boundaries

▶ ABOUT THIS ACTIVITY

 **Time:** 35 minutes

 **Slides:** #121

 **Objectives:**

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

- Practice handling boundary dilemmas

 **Training Methods:**

- Role-play
- Group discussion

 **In this activity you will:**

- Facilitate group activity
- Debrief role-play activity

 **Materials:**

- Cards with boundary dilemmas
- Hat or bag

 **Preparation:**

- Cut the boundary dilemmas into a set of cards, place in a hat or bag.

Instructions

1. Turn to slide 121.



2. Exercise Part I

- Break out into two groups and have each group line up on either side of the room.
- Designate the two groups as lines A and B; Line A will play the peer and line B will play the patient.
- Each person in Line B will be given an index card containing a boundary dilemma raised by patients.
- The two people at the front of the lines sit facing each other in front of the room; the patient (line B) reads his/her boundary scenario to the peer and the peer has to respond; if the person in the peer role needs help s/he can ask for a lifeline.
- Once each pair finishes role-playing, the audience and trainers will give feedback on the peer's response before the next pair role-play.
- The two people in the role-play then go to the back of their line and the next two people in line repeat the role-play and so forth until the end of the lines.
- Ask everyone to be seated for Part II of the exercise.

SESSION XIX: CONFIDENTIALITY & BOUNDARIES

Topic: Managing Workplace Boundaries

3. Exercise Part II

- a. Use peer-initiated boundary dilemmas. Trainer reads boundary dilemmas out loud and the audience has to respond by saying how they would feel if they were the patient or coworker being propositioned by the peer.

Peer-initiated boundary dilemmas:

- I'm only supposed to give you one bus pass, but I'll give you two. Don't tell anyone.
- Call me any time, day or night, to tell me what happened.
- You have to tell your partner today that you have HIV.
- God has blessed me with good health since I've been positive. Go to my church and you'll see that you will be blessed too.
- I need a hug.
- Since you're not my patient any more, we can be partners, like you wanted.
- I'm going to help you pay the light bill, but don't tell anyone.
- Your case manager is a fool.

Debrief

- a. Ask: *How is this exercise helpful as you think about your role as a peer?*
- b. *What else would you like to know about boundaries?*

Summarize

- *When gray areas come up consult with your colleagues, clinical supervisor, other peers, etc. and then make the best possible decision for you, your patients and your organization.*
- *If you don't know what to do, don't do anything until you speak with your supervisor.*
- *Peer boundaries are not different from boundaries among other agency staff; the potential may be greater due to the sharing of intimate information, but the actual boundary principles are not.*

SESSION XIX: CONFIDENTIALITY & BOUNDARIES

Topic: Managing Workplace Boundaries

SESSION HANDOUT

PATIENT-INITIATED BOUNDARY DILEMMAS

I'm a little short on cash today and have no money for lunch, can I borrow \$5.00?

Would you like to go to the movies with me sometime?

Let me give you a ride home.

Listen, I don't like the open shower at the Shelter, can I take a shower at your place?

I really like that dress, can I borrow it for a wedding I've been invited to?

You've been so good to me; can I give you a wet one?

SESSION XIX: CONFIDENTIALITY & BOUNDARIES

Topic: Managing Workplace Boundaries

SESSION HANDOUT (cont.)

You look stressed out, let me give you a massage.

I brought you a gift for being so nice to me.

I brought you a cake for your birthday, I baked it myself.

How much money do you make doing this job?

Can I have your cell phone number in case I need to contact you at night?

Remember you told me that you use medical marijuana? I got some weed if you want to buy some.

SESSION XIX: CONFIDENTIALITY & BOUNDARIES

Topic: Managing Workplace Boundaries

SESSION HANDOUT (cont.)

It's really hard to come in to see you because I work until 5:00 p.m. and the office is closed. Can you meet with me at night?

Listen, I'm in a lot of pain, can you give me some pain killers?

I'd like to invite you to a 4th of July cookout.

My health has been so stable that I think I want to go back to work. Can you help connect me to training or employment programs?

My nurse did a TB test a couple of days ago and she told me to come back in a couple of days to measure it but I can't wait, can you measure it and let her know?

Can you take my blood pressure?

Since John is my new peer now and I'm no longer your patient, can we go out to dinner sometime?

SESSION XIX: CONFIDENTIALITY & BOUNDARIES

Topic: Managing Workplace Boundaries

SESSION HANDOUT (cont.)

Can you fill out this application for Medicaid for me?

I need you to give me a referral to housing.

I need you to get me into substance abuse treatment.

I need you to help me find a new doctor.

SESSION XX: PEER-CASE MANAGER SESSION

Topic: Interdisciplinary Team

TOTAL TIME FOR SESSION XX: 1 hour, 55 minutes

SLIDES: #122-127

▶ ABOUT THIS ACTIVITY

 **Time:** 5 minutes

 **Slides:** #123

 **Objectives:**

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

- Define the interdisciplinary team

 **Training Methods:**

- Discussion

 **In this activity you will:**

- Facilitate a dialogue on interdisciplinary teams

 **Materials:**

- None

 **Preparation:**

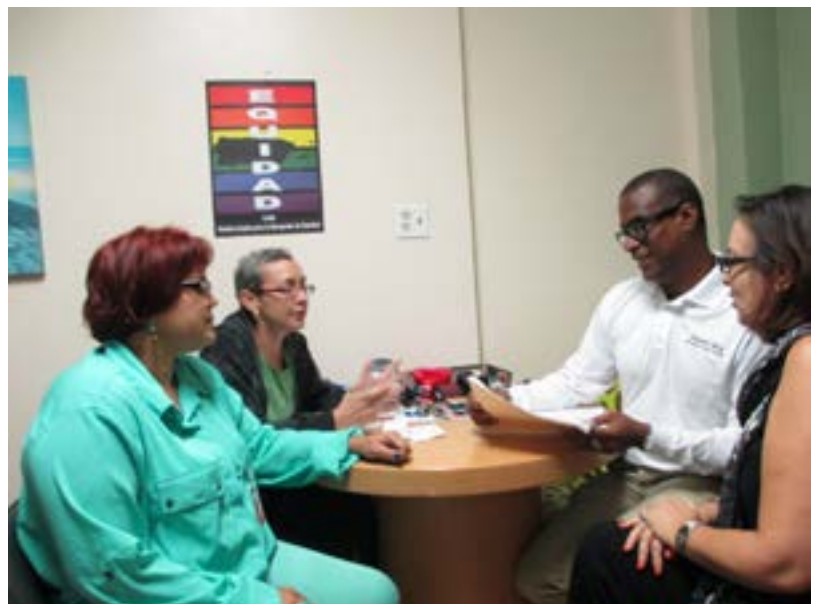
- None

Instructions

1. Review slide 123 with participants.



- *Team members are connected in the provision of services to the same patient.*



A peer participates in an interdisciplinary team meeting at PR CoNCRA.

SESSION XX: PEER-CASE MANAGER SESSION

Topic: Interdisciplinary Approach to Care

▶ ABOUT THIS ACTIVITY

 **Time:** 10 minutes

 **Slides:** #124

 **Objectives:**

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

- Describe the interdisciplinary team approach to care

 **Training Methods:**

- Lecture
- Discussion

 **In this activity you will:**

- Guide participants through the interdisciplinary approach to care

 **Materials:**

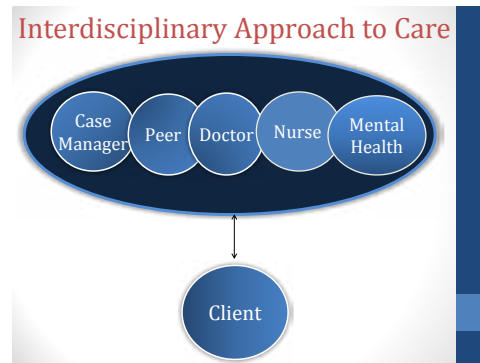
- None

 **Preparation:**

- None

Instructions

1. Tell participants that the illustration on slide 124 is how a team is structured.



2. *Communication is between the patient and the team. This doesn't mean the entire team communicates with the patient at the same time; it means that whenever there's a communication to and from patients, everyone in the team is informed.*
3. *Care teams meet on a regular basis, typically once a week, to discuss the patients currently being seen. The meetings are an opportunity to share important information, coordinate patient care, and plan for services.*
4. *None of the members try to assume anyone else's role; the individual in each role is an expert in his or her field. The peer is also an expert, an expert in living with and managing HIV.*

Segue

- *In the next exercise you will have an opportunity to define the roles of each member of the team.*

SESSION XX: PEER-CASE MANAGER SESSION

Topic: Role of Team Members

▶ ABOUT THIS ACTIVITY

 **Time:** 30 minutes

 **Slides:** #125

 **Objectives:**

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

- Delineate roles within the care team

 **Training Methods:**

- Small-group discussion
- Large-group discussion

 **In this activity you will:**

- Facilitate group activity about the roles of team members in an interdisciplinary team
- Debrief participants as one group

 **Materials:**

- Newsprint for small-group activity
- Markers

 **Preparation:**

- None

Instructions

1. Turn to slide 125.



2. Tell participants that we are going to do an exercise on defining the role of interdisciplinary team members. Explain that understanding the role of each member is essential for a team to work well together.
3. Break out into small groups; give each group a sheet of newsprint and markers. Each team should assign a recorder and a reporter.
4. Ask each group to brainstorm and write down the roles and responsibilities of each team member. Remind participants that we have already spent time on the peer role so they should do that quickly and then spend most of their time on the other team member roles.
5. After 15 minutes, ask the groups to stop, then ask each group to present their lists and facilitate discussion. Emphasize that there may be overlap in some tasks, particularly between peer and case manager; give some examples of overlap.

Segue

In the next exercise you'll have a chance to practice being in a team and appreciate what each member of the team brings to the work.

SESSION XX: PEER-CASE MANAGER SESSION

Topic: Survival Team Exercise

▶ ABOUT THIS ACTIVITY

 **Time:** 40 minutes

 **Slides:** #126

 **Objectives:**

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

- Understand the power of team work

 **Training Methods:**

- Small-group exercise
- Debriefing, group discussion

 **In this activity you will:**

- Introduce and guide participants through the survival team exercise
- Lead a debriefing discussion

 **Materials:**

- Cards with possessions and roles of team members
- Newsprint
- Markers

 **Preparation:**

- Prepare the cards
- Prepare newsprint and hang on wall

Instructions

1. Begin by explaining:

It's very important to work well with your team to achieve the goal of providing the best possible care to the patient. This next exercise will help us understand how much stronger a team is than its individual parts.

2. Show slide 126.

SURVIVAL TEAM EXERCISE INSTRUCTIONS

- Break up into four groups.
- Members of each group represent the survivors of each group.
- Each group will receive a set of cards that outline the role of each member and available resources.
- The objective is to create a plan of survival on the island.
- Answer 3 questions:
 - What do you need to survive?
 - What resources does your group have available?
 - What is your group's survival action plan?

3. *There are four different groups of people who became stranded in four different areas on a deserted island. The island is small enough to walk the entire circumference. The island has several different types of palm trees, including coconut trees, banana trees, and a volcano. They are illustrated on the 3 sheets of newsprint posted on the wall. Please assign a recorder and a reporter for your group.*

4. Have participants count off into groups: 1, 2, 3, 4. Assign a section of the room for each group to meet.

5. Go around the room and give each group the cards:

- Group 1: Chef, ship captain, licensed social worker, body builder, rope, flashlight, 3 blankets, bucket of coal, 6 pairs of shoes, skis;
- Group 2: Farmer, teacher, nurse practitioner, carpenter, magnifying glass, 4 pairs of pants, 2 long-sleeve shirts, screwdriver, 10 wire hangers, 6 pairs of shoes, 20 condoms;

SESSION XX: PEER-CASE MANAGER SESSION

Topic: Survival Team Exercise

- Group 3: Deep sea diver, plumber, eagle scout, gardener, lighter, 2 fleece sweaters, fishing pole, peanut butter, 3 pairs of shoes, nylons, 40 tampons, pencil, pad of paper;
 - Group 4: Boy or girl scout, policeman or woman, carpenter, lawyer, hatchet, guide to survival, flare gun, 3 towels, 3 pairs of shoes, 50 condoms, camera, 5 toothbrushes, compass.
6. Each group has to answer the 3 questions on the slide and document responses; you will have 20 minutes.
7. Go around and give each group newsprint and markers for recording their group's action plan.

Debrief

- Ask each group to report out their survival plan.
- Give each group a round of applause after each presentation; note how creative the groups were in terms of utilizing all of their resources to survive on the island.
- At the end of each presentation ask:
 - *What would happen if even a single team member did not perform his/her role?*
Expected responses: *We would not have survived, or we would have had to do without some basic necessities to survive, etc.* Allow responses and facilitate discussion.
- Note if any groups decided to find the other groups on the island in order to maximize their resources.
- Ask:
 - *How does this exercise apply to your work as peers working in a multidisciplinary team?*
What lessons did you learn? Allow responses.

- Expected responses: *as members of a multidisciplinary team everyone's role is essential and the person impacted most is the patient.*
 - *It's about creating a plan of action for the survival of whom?*
 - Answer: the patient.
- Other Important Lessons
- *Participate in case conferencing, communicate with members of your team about what's going on with the patient, take notes so you can remember what to share, don't be absent from work on team meeting days, listen attentively to what other team members share with you, and listen attentively to the patient to assure that you are accurately representing what's going on with them.*

Summarize

- *It's important to identify unique things you have to offer to other team members and what they can offer you.*
- *Learn to recognize things that are sharable and share them from the unique perspective of someone living with HIV.*
- *Don't be afraid to ask questions during team meetings.*

SESSION XX: PEER-CASE MANAGER SESSION

Topic: Case Manager Q&A

▶ ABOUT THIS ACTIVITY

 **Time:** 30 minutes

 **Slides:** #127

 **Objectives:**

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

- Increase understanding of the peer program services
- Understand the role of the peer as a part of the treatment team
- Express concerns and ask questions

 **Training Methods:**

- Large-group discussion
- Small-group work
- Brainstorm

 **In this activity you will:**

- Facilitate a group discussion

 **Materials:**

- Newsprint
- Markers
- Copies of peer job description (Use the actual peer job description from the program where the peer will be working. If none is available, use the job description found on page 43)

 **Preparation:**

- Invite one or more case managers to this part of the session
- Have copies of Job Description as handouts

Note: This topic is most effective if case managers are present.

- If peers are being introduced into the interdisciplinary team, having peers and case managers interact will facilitate communication between the two groups and help each group understand how the role of peer and case manager can complement each other to benefit the patient.
- If new peers are being included in an established interdisciplinary team, having an experienced case manager on hand to answer peers' questions and talk about how the two groups work together helps the peer understand his or her role as it relates to case management.
- In either case, this exercise introduces case managers and peers to each other and helps build the foundation for a working relationship.

For more about orienting non-peer staff, please refer to *Building Blocks to Peer Program Success*, Section 5 Read More: Orienting Non-Peer Employees on Peer Support, Philosophy, and Program Models at http://peer.hdwg.org/sites/default/files/C_ReadMore_OrientingNonPeerStaff.pdf

Instructions

1. Review the services the peer program provides to shared agency patients.
2. Distribute job descriptions if case managers are unclear of the role that peers will facilitate.
3. Facilitate an open forum for case managers to give them a chance to ask questions, express concerns about roles, etc.
4. Divide large group in 2 small groups.
5. Ask group to assign a scribe and a reporter for the small group.
6. Facilitate a brainstorm activity to respond to the questions.
 - a. What are the advantages of the program?
 - b. What are the fears with implementation of the program?
7. Ask reporter for each group to review answers to questions
8. Identify an avenue to resolve unanswered concerns from activity with agency management.



DAY 5: REVIEW

Review and remind participants how they will use their knowledge in working with patients. Refer to the Peer-Patient Educational Session Conversation Guide handout (pages 14-22) as you review.

This last day of training was devoted to topics related to peers working within the organization.

Session XVIII Review

*We started with **documenting peer work**.*

- *Why is documentation important?* (to have a record of patient's progress, helps team members know what's going on, provides a record of your work)
- *What are some tips for good documentation?* (be objective, be concise, only include what is relevant)

Session XIX Review

*Then we went on to talk about **confidentiality**.*

- *What are some examples of patient information that should be kept confidential?* (HIV status, substance use, your relationship with the patient, personal information)
- *What are some situations where we are obliged to break confidentiality?* (threat of suicide, threat of homicide, abuse or neglect of an elderly person or child)
- *What's HIPAA?* (Health Insurance Portability and Accountability Act, a federal law to protect confidentiality of patients' health information)

*After that we talked about **boundaries** in the workplace.*

- *What are some situations you should be careful about when working with patients?* (answers

depend on organization guidelines, refer back to boundaries exercise)

- *What about when working with colleagues?* (answers depend on organization guidelines)

Session XX Review

In the last session, we talked about the interdisciplinary team and especially how peers work with case managers.

- *What's special about the interdisciplinary approach to care?* (communication is between the patient and the whole team, everyone on the team knows what's going on, team meets regularly to discuss patient cases)
- *What are some things that came up when talking with case managers that you want to keep in mind?* (all members of the team are focused on helping the patient be well, everyone follows HIPAA guidelines, confidentiality is paramount and we all have individual responsibilities in working with patients).

GRADUATION CEREMONY

▶ ABOUT THIS ACTIVITY

 **Time:** 15 minutes

 **Slides:** #128

Objectives:

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

- Place closure on the training experience
- Express gratitude and share appreciation of others

Training Methods:

- Large group

In this activity you will:

- Hand out certificates and/or tokens of appreciation such as gift bag; water bottle; t-shirt
- Invite participants to share an appreciation of fellow peers

Materials:

- Certificates
- Tokens of appreciation for each participant

Preparation:

- Print certificates with participant names and have them signed by training team
- Have tokens of appreciation for all participants

Instructions

- Tell participants how much you have enjoyed working with them for the course of the training.
- Identify areas of growth observed.
- Ask participants to come together to form a circle. Ask that they hold their right hand palm up and the left hand palm down as they hold hands with each other.
- State: *It is time to think about what you have learned in the training and to offer gifts to each other as we end and continue on the journey of peer work.*
- Member of the training team goes first and looks in the eyes of the person to their right and by example says “Trainee’s name-I give the gift of compassion”; then that person looks to the next person on their right and says “Trainee’s name-I give the gift of.....” until the circle is complete and everyone has had a change to share gifts.

This publication is part of the online curriculum *PREParIng Peers for Success: Peer Core Competency Training*. For the complete curriculum, accompanying PowerPoint slides, and other curricula in the series, visit <http://www.hdwg.org/prep/curricula>

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