BUILDING BLOCKS TO PEER SUCCESS

A toolkit for training HIV-positive peers

This toolkit is a collaboration among the following organizations:

Boston University School of Public Health, Health & Disability Working Group | Center for Creative Education | Center for Health Training | Duke University Medical Center, Partners in Caring | Harlem Hospital | Justice Resource Institute | Kansas City Free Health Clinic | Midwest AIDS Training and Education Center of Missouri | St. Louis Area Chapter of the American Red Cross | Women Organized to Respond to Life-Threatening Disease (WORLD)

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"I think the most important thing my patients get from working with peer advocates is hope for the future. No matter how much I talk to them about the potential for them to live long and healthy lives, seeing someone living that promise is more powerful."

Dr. Kathleen Clanon, Physician, Alameda County Medical Center, Oakland, CA

Purpose of this Toolkit

The purpose of this toolkit is to support the training of HIV-positive peers who work to engage and retain people living with HIV in the health care system. This toolkit evolved out of Minority AIDS Initiative (MAI) and HRSA-funded initiatives to expand the number of trained peer educators in order to "improve HIV-related health outcomes for communities of color and reduce existing health disparities." Peer programs are viewed as an opportunity to help bridge the divide between people living with HIV and the health care system, in recognition of two important aspects of the HIV/AIDS epidemic in the U.S.:

1. The HIV/AIDS epidemic is growing rapidly among traditionally underserved, minority, and marginalized segments of American society.
2. Antiretroviral therapy can have a dramatic impact on health outcomes of people living with HIV infection, yet a significant proportion of underserved individuals living with HIV are not accessing this care.

Through MAI and HRSA funding, a number of organizations have developed, implemented and refined peer training curricula. The purpose of this toolkit is to provide broad access to these materials, along with instructions about how to use them to create your own curriculum to train peers in your community.

What is a peer?

The HRSA- and MAI-funded initiatives define peers as "individuals who are affected by or infected with HIV, share similar background characteristics with the clients being served, and are not clinically trained health care professionals." They may have the title of peer counselors, community health workers, promoters, outreach workers, treatment educators, peer educators, consumer trainers, and/or peer advocates.

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> *I have realized that I can live with HIV and taking care of myself is extremely important. The instructors communicate and work well with each other.*
>
> Graduate of PTP Peer Training Program

Who should use this toolkit?

This toolkit can be used by a variety of individuals and organizations. The primary audiences are experienced trainers and training organizations who can use this toolkit to design, enhance or refine their own training of peers. A second audience, peer supervisors or program directors and the organizations that host peer programs, can use this toolkit to plan a peer training program for newly hired peers or to provide continuing education for existing peers. A third audience is policy makers, planners and funders who can use the toolkit to help plan or fund peer training activities in their community/state.

Underlying Principles

Two core principles underlie the structure and content of this tool kit.

1. An interactive learning style. Peer training draws upon the principles of adult learning rather than lecture-style instruction. Researchers point out that learning occurs best when it is self-directed, participative, experiential and applied. People will remember:

   10% of what they read
   20% of what they hear
   30% of what they see
   50% of what they see and hear
   70% of what they see, hear and say
   90% of what they see, hear, say, and do

   Adapted from Dale's Cone of Experience, Wiman & Meirhenry, Educational Media, 1960.

   The training modules in this toolkit try to achieve a successful balance between what people see, hear and do to maximize the learning that can happen. For more information on Principles of Adult Learning and how trainers can incorporate them into a training, see Appendix C.

2. No two trainings are ever the same. Every trainer will adapt these curricula to suit their own training style and experience, and the needs of their peers.

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Therefore, certain sections of the curricula – such as case studies and scenarios – are included both in their original training module and in a stand-alone document. This is because many of these scenarios can be used for training in multiple content areas and trainers can use the stand-alone document to look for other scenarios. Similarly we have taken apart four complete curricula in order to group training modules by topic area so that trainers can pick and choose from among multiple options. At the same time, each training curriculum is also offered in its entirety, because in breaking up the modules, the flow and continuity of the training program is lost.

Quick Tips for Developing and Implementing a Training

Assess Your Community

Conducting a needs assessment is the first step to developing and implementing an effective peer training program. A needs assessment allows you to collect information on both the needs of the target client population and the organizational needs that must be met to successfully implement a peer program. A needs assessment also helps you to determine which topics to cover in training, how long the training program should be, and what resources are available.

There are two types of needs assessments:

1. For organizations: Those who already have programs and those who are in the development phase.
2. For peers: Those who are already working as peers and those who are interested in learning more about the role of a peer.

Sample needs assessments can be found in Appendix B of the Toolkit Guide.

Design a Training

Based on your completed needs assessment, identify how much time you have to conduct the training program, and plan your agenda accordingly. Be sure to take into account the resources you have to fund and support the training. This will affect how long your training can be.

Use the needs assessment to develop specific, measurable training objectives. These training objectives will help structure your training evaluation.

When determining the core content for your training, focus on the following criteria:

- The expectations you have for your peers, and what they expect from you.
- The experience and knowledge of the peers.
- The characteristics of the client population that your peers will serve.
- The experience and knowledge of the trainers.

Integrate introductions, icebreakers, energizers, summaries and closures into your agenda. Also, it is important to choose an appropriate location to hold your training. Sample training agendas can be found in Appendix A of the Toolkit Guide.

Outreach and Recruit Participants

Before you begin the recruitment process, take the time to think about the following questions:

- How, where and when will I recruit my peers?
- How many peers do I need?
- Who is the target population for outreach?
- What resources and mechanisms do I have to recruit peers? (ex. budget, outreach coordinators, etc.)

Once you have identified the answers to these questions, think about ways in which your community can help in the outreach and recruitment process. For example, communities can help publicize the training, recommend participants for training, and provide mail or email lists of potential participants.

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Screen and Select Participants

It is important to develop screening and selection criteria for your peers before the beginning of the process. These criteria may be based on the needs of the target client population or the needs of your organization. If you do not have a large pool of potential peers in your community, you may want to use less strict selection criteria.

There are two ways to approach screening and selection. First, you can conduct a one day training during which you introduce potential peers to basic training. Following this brief training, potential peers are screened via telephone or in-person follow-up interviews. On the other hand, you can implement screening and selection prior to any training. This type of screening and selection involves an initial application process and a follow-up screening conducted in person or by telephone.

Implement and Facilitate the Training

When implementing and facilitating your training, keep in mind the following training tips:

- Carefully explain each activity and review the instructions with the group.
- Ask the group open-ended questions to stimulate discussion.
- Narrow and close a discussion when a topic has been exhausted.
- Break participants into small groups to work on activities and share ideas.
- Relate the key messages and lessons of each activity to the peers' work.
- Tie the activities to previously learned skills.
- Pay attention to the needs of the participants and take breaks when necessary.
- Debrief with participants at the end of each activity and at the end of each day.

Evaluate the Training

To determine if the training has met the objectives stated in the design phase, it is important to conduct a training evaluation at the end of training. This evaluation will help determine if the training met the needs of the participants and if any improvements or changes are needed for future trainings.

There are several types of evaluations. Some evaluation techniques are structured on the measurable objectives that are outlined before the beginning of the training. For this type of evaluation, an evaluation instrument or tool is often used. Other evaluations are "softer" or more qualitative and pose open-ended questions to the training participants to capture their feelings, ideas, concerns and suggestions surrounding the training. You can combine different evaluation methods to get a full picture of the training experience. In addition, you can conduct an evaluation at the midpoint of the training and again at the end.

Please see the Toolkit Guide for a more in-depth discussion of various evaluation methods. Sample evaluation instruments can be found in Appendix E.

USING THE TOOLKIT TO DESIGN A TRAINING

Determining the Core Content

This toolkit is designed to permit trainers to craft their own peer training program based on answers to the following five questions:

1. What are the expectations of the peers who will be trained? What are they expected to do?
2. What is the experience and knowledge of the peers who will participate in the training?
3. What are the characteristics of the client population that the peers will serve?
4. How much time do you have to conduct the training?
5. What is the experience and skill set of the trainers?

The toolkit is drawn primarily from four peer training programs that have "stood the test of time," and have been successfully implemented in the field over the course of 2 - 6 years. All of these programs share some common assumptions, yet have different designs based on answers to the five questions above and the amount of funds available for training. For example, some training programs use different "levels" of training which progress from a one-day Level 1 introduction to the role of a peer to a longer 3-5 day Level 2 training that covers core competencies for peers. Following the Level 2 training, one program offers individualized shadowing experience for peers while another program offers a Level 3 clinical practicum for a small group of 3-4 peers to participate in client interactions with classroom time for processing the experience, reflection and additional training.

Other training programs are designed as a single 1-2 week long Level 2 training that covers the core competencies, which are then supplemented with continuing education classes or peer reunions with aditional training sessions. Below we describe the common components and variations across these four training programs in order to provide examples of how a training program might be crafted based on different circumstances. Each of the four training curricula can be viewed in its entirety in the Full Curriculum section of the toolkit.

What are the expectations of the peers who will be trained?

All of the training curricula were designed to train peers who will work or volunteer to help engage and retain people living with HIV in health care, with a strong focus on supporting individuals from underserved communities of color. All expect peers to form a supportive relationship with their clients and help them manage some of the daily stresses that accompany an HIV diagnosis, such as understanding the health care system, understanding the purpose of different lab tests and treatments, how HIV works in the body, handling relationships with friends, families and partners, and coping with stigma. From these four training programs we identify three areas of "core competency" for peers who work or volunteer to engage and retain people in HIV health care:

1. HIV knowledge (including HIV life cycle, medications and resistance, risk and harm reduction)
2. Communication skills (including listening skills, open-ended questions, styles of communication, cultural awareness, non-judgmental behaviors)

USING THE TOOLKIT TO DESIGN A TRAINING

The most important thing you do as a peer is to connect with the client; and to build trust. Because unless you build trust, the client is not going to speak to you or believe any of what you say.

Jackie Howell, peer at Harlem Hospital for seven years

3. The role of a peer (including workplace expectations, boundaries, confidentiality, counseling, navigating the health care system, working as part of a clinical team, communicating with providers, readiness to be a peer, and self-care).

In addition to training modules that address these competencies, we have included a section called "Continuing Education" that provides additional training materials to reinforce or supplement the core competencies.

While the four peer training programs share enough in common to identify three core training competencies, they still vary in their design based on nuances in the expectations for peers. For example, some of the peer programs expect peers to play a specific role in supporting medication adherence, while others do not; some peer programs expect peers to focus on risk reduction, while others do not; some are based in clinics where peers work as part of a multidisciplinary team, while others are based in community-based organizations and work with a variety of clinics. More often than not, a program that trains peers from more than one organization will have to address the needs of organizations with different expectations.

What is the experience and level of knowledge of the peers who will participate in the training?

The experience and knowledge levels of the peers who participate in a training are likely to vary. Thus, the training design has to accommodate individuals with no prior peer experience, as well as those with several years of experience, and address a wide range of knowledge levels. The four programs that contributed to this toolkit handled this differently, and the differences were driven in part by the nature of the communities they worked in and in part by the amount of time and resources available for training. This is worth considering in more detail as you plan your own program.

Two of the training programs, People to People (PTP) and Duke, offer a one-day Level I training, open to a broad audience of people living with HIV who are interested in learning more about what a peer does before making a decision to engage in a more intensive training program. These trainings focus on living well with HIV, before a peer works with and becomes a role model for others.

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These introductory one-day training programs can be viewed in Full Curriculum section the toolkit, and the individual training models are included as part of the core competencies with a special notation that they can be used in a Level 1 training. Both Level I trainings offer three main topics in their one-day training:

1. An introduction to HIV and the HIV life cycle
2. An introduction to the role of a peer
3. An explanation of the more extensive peer training program and the process for selection to participate in this program.

The advantage of this model is that it permits a training program to open its doors wide and recruit a broad range of individuals, who come away from the training with increased HIV knowledge and a basic understanding of the peer role, even if they do not continue with the second level of training. It also permits individuals to self-select for ongoing training, based on some understanding of what is involved. Finally, this model permits the trainers to conduct their own screening to assess who is most likely to be an effective peer educator.

> *I have been taking my medications a lot better. I have been to 6 HIV trainings since the September 2006 Lotus Training. I have been a peer advocate for some of my friends/clients.*
>
> Graduate of Lotus Peer Training Program

The other two training programs, Lotus and Peer Advanced Competency Training Program (PACT), did not offer a separate Level I training, but instead incorporated introductory material into a longer, more advanced Level II training. The Lotus curriculum was offered nationally; given the travel involved to conduct the training, it was not practical financially to travel twice, once for the Level I training and once for the Level II training. The PACT program operated in a different environment, primarily training peers from NYC, most of whom had been working in the field for months or years. Thus, the issue of "What is a peer and do you really want to do this work?" was not as relevant to their participants, although every training also included a few individuals with no prior experience. Both Lotus and PACT implemented a more extensive screening process before the training begins in order to select participants and understand their level of knowledge and experience, while for Duke and PTP this screening occured after the Level I training. The screening tools can be found in Appendix B.

USING THE TOOLKIT TO DESIGN A TRAINING

What are the characteristics of the client population that the peers will serve?

Client characteristics influence the choice of training modules and the program design. The Lotus program, for example, is designed for HIV-positive female peers who work mostly, though not exclusively, with other women. The design and flow of the training reflect the needs of this target population, working to build the confidence and strength of women to serve their peers. Some of the training content is also specifically targeted to women, such as the focus on the female reproductive system, the case study selections, and partner relationship issues. The PACT program, on the other hand, trains many peers who work with current or former injection drug users and thus places more emphasis on substance use, harm reduction and mental health. If the peers you train will be serving transgender individuals, recently incarcerated individuals, people with low/limited literacy, people whose primary language is not English, or youth, these are all factors to consider when choosing modules, selecting case studies and designing the program.

How much time do you have to conduct the training?

A basic rule of peer training is that there is never enough time to provide all the training a peer needs or wants. Each of the four training programs started out with at least 50% more material than is included in their program now. Although the programs vary in length – the Level 2 training at PTP is 3 days, the Duke and Lotus Level 2 trainings are 5 days, and the PACT Level 2 training is 9 days – the most common participant evaluation comment for all of the trainings is "I wish we had more time…"

A trainer is not always in control of the amount of time available for training. However, if you are in the planning stages of a training and/or have control over the duration of the training, a minimum of five days will allow you to cover the basics that a peer with no or limited prior experience needs to begin working, as long as the peer has a strong supervisor or mentor who can continue the training at the workplace. The Duke training program includes a Level III clinical practicum, which can be found in Full Curriculum section of the toolkit. This is an ideal next step, because it provides an opportunity for both practical experience under supervision and group debriefing and continuing education.

What is the experience and skill set of the trainers?

Most peer training programs use a training team of at least 2-3 people rather than a single individual to provide a training. The team usually consists of 1-2 experienced trainers and a peer who is either an experienced trainer or a trainer in training. Sometimes content experts are brought in for specific sessions, such as medications and resistance, legal or confidentiality issues, mental health or employee benefits.

Peers are invaluable members of the training team; they have an experiential connection with participants that case managers or other trainers may not have. Experienced peer trainers can use their own stories as a tool to help people connect with and adhere to care. Peer trainers are also role models and can model different skills that are invaluable for participants.

Some of the modules and case studies require the skills of a highly experienced trainer who is equipped to handle transference (painful memories that may be triggered by a particular training exercise or experience shared by another participant), and this is noted in the trainer tips for the module. Others require more extensive preparation and practice to

ensure smooth sequencing. Some trainers have a natural gift for facilitation, while others have to work hard to learn these skills. A brief guide to facilitation skills is provided in Section 3, but less experienced trainers should consider taking a Train the Trainer course or class in facilitation skills.

Some trainers have a natural gift for facilitation, while others have to work hard to learn these skills. A brief guide to facilitation skills is provided in Section III, but less experienced trainers should consider taking a Train-the-Trainer course or class in facilitation skills.

The best trainers are those with practical, first-hand knowledge and experience with peer work who also have excellent relationship-building and group-facilitation skills. We highly recommend working with experienced peers to co-facilitate some of the training as both a capacity-building activity to continue peer training and because peers add credibility by drawing on their first-hand knowledge and experience to address questions and issues as they arise. For more information about the specific roles and responsibilities of members of the training team, see the Duke manual on the Peer Center Website.

Prerequisities for Trainers:

- **HIV 101**
- **Facilitation skills**
- **Knowledge of peer work**
- **Ability to take advanced materials and adapt them for a training audience**
- **Experience working with a curriculum**

Assessment, Recruitment and Screening

Building and sustaining relationships is the cornerstone of any training program. These include relationships with both the peers themselves and the organizations that you partner with to provide training. It means staying in touch with both parties consistently and, to the degree possible, assigning the same staff person to make calls and be available to meet and greet participants when they attend trainings. For many of the peer participants who are either physically or emotionally isolated, regular phone contact is a lifeline. Regular phone contact also improves attendance at trainings and is useful in identifying and addressing barriers to attendance such as child care, work schedules, health issues and transportation difficulties.

Involving your community partners and peer participants in all aspects of introducing and offering training ensures their commitment, support and participation. Community partners are asked to:

- Publicize the training opportunity
- Recommend participants for training
- Participate in a pre-training needs assessment
- Provide work or volunteer opportunities to training "graduates"

You may also ask your community partners to provide space, refreshments and support staff for the training.

Needs Assessment

The key to a successful training is ensuring that the goals and objectives meet the needs of participants. A first step toward understanding the needs of participants is to conduct a brief needs assessment at least 1-2 weeks prior to the actual training. Trainers can ask a few questions that help identify key content areas as well as the participants' styles of learning.

USING THE TOOLKIT TO DESIGN A TRAINING

I love the idea of being able to reach out to people who are newly diagnosed and show them that no, this is not a death sentence. Maybe it is a chronic illness but at the same time it is very manageable and you can live such a beautiful life if you choose to.

Lionel Biggins, peer educator at Truman Medical Center, Kansas City, MO

These questions can be conducted by telephone or through email if time and resources permit. If time is limited, a brief needs assessment can also be conducted at the beginning of the training. Another option is to conduct an icebreaker exercise that provides the trainer with some sense of the participants' level of knowledge and experience.

For some trainings, it is important to conduct a needs assessment of the organizations that employ or will hire your peers in order to understand the role of peers within the organizations and what their supervisors/managers want the peers to learn. Sample needs and asset assessment tools can be found in Appendix B.

Sample Screening Tools

Most peer training programs have an initial application process, and follow up with a screening that is conducted in person or by telephone to select peers to participate in a training. The Lotus and PACT training programs operate in this manner and samples of their forms and screening questions are provided in Appendix B.

The People to People instruments are used after a Level 1 training to select participants for the Level 2 training. Thus, potential participants have already heard once what the training will involve and have experienced a small part of it. In addition, the trainers have already met and interacted with potential participants. The People to People instrument and protocol is also provided in Appendix B.

FACILITATION SKILLS

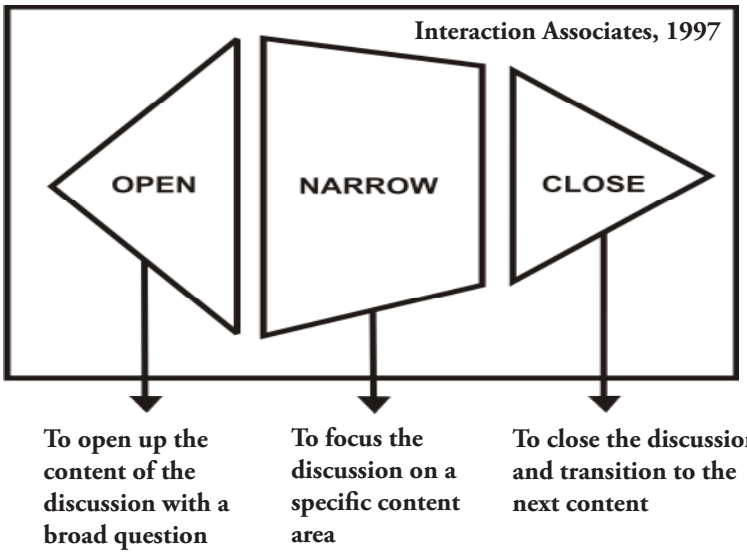
> *I learned that there are others ways to ask questions to someone in a way that is loving and caring, to be open, because everyone is different, my way is not always correct and people have different opinions.*
>
> Graduate of Duke Peer Training Program

Training facilitators need a variety of skills and abilities to fulfill their role. Knowing the content and structure of the curriculum is simply not enough. Training requires facilitators to pay attention to multiple things simultaneously, such as listening, observing, and remembering points of discussion. They must communicate clearly, analyze and synthesize key points, diagnose issues and intervene effectively. They must provide feedback without creating defensive reactions and accept feedback without reacting defensively. And they must develop participant trust, provide support and encouragement, and have a whole lot of patience.

This section provides training tips, ideas, and principles along with specific facilitation skills that will make the job of the facilitator easier. It is intended for new trainers or trainers with little experience.

Stages of Leading a Discussion: Open, Narrow and Close

One of the biggest trainer challenges is to lead discussions in a way that yields content, process, and relationship satisfaction for the participants. In order to maximize this, a good training facilitator makes conscious choices about when to open, narrow, and close a discussion.



> *I know what I should do. I have been talking to people in my neighborhood. I've been disclosing to people--"I'm HIV positive." I don't care what people think. I made a decision to move from my neighborhood with lots of drugs in May.*
>
> Graduate of Lotus Peer Training Program

An **opening question** is a broad question that gets participant involvement in the content of the training and generates a number of different ideas or points of view. They are questions that require more than just a yes-or-no answer. Opening questions start with the words *what, why*, and *how.* Appropriate times for opening questions are:

- When you want to open a new topic to generate interest, discover what the participants' experience is with a particular topic, or find an example from the group to illustrate a particular point.
- When you want to shift energy in the room and get the participants to participate more.
- When you sense that you have been talking too much and need to get more participant involvement.

A **narrowing question or statement** is one that focuses on a specific aspect of the content in order to make the discussion more understandable to the whole group, make a key point, or make it relevant to participants' work. Appropriate times for narrowing questions or statements are:

- Immediately following two to three participant responses to an opening question.
- When a participant comment leads the trainer to a specific aspect of upcoming material.
- When a participant's story is wanted to exemplify a specific part of the content.

A **closing question, statement, or transition** is one that brings a discussion to a close in order to summarize key points and move on, transition to new content, or acknowledge a participant's statement without opening up a larger discussion. Appropriate times for closing questions or statements are:

- When the discussion is no longer yielding content, process, or relationship satisfaction.
- When key points have been made.
- When the participants make a statement that leads to the next content.
- When it is time to take a break.
- When you have run out of time.

How to Set Up, Conduct, and Debrief Exercises

Training exercises are designed to help participants assimilate and then begin to integrate key learning. To maximize their use, it is important to set up, conduct, and debrief them effectively.

Setup: Key Steps for Giving Instructions

- Stand in the middle of the room to command undivided attention.
- If breaking out into small groups, give instructions before the breakout; it is difficult to get participants to listen once they are out of their chairs and moving around.
- Set the context: tell participants what the exercise is about.
- Promote interest in the activity.
- Review clearly instructions with the group.
- Check frequently for understanding.
- Give timeframes.
- Break up into small groups or pairs.
- Give small groups a location to meet.

Conduct key activities during exercise:

- Move throughout the groups to keep them focused. Give time checks as appropriate.
- Listen to be sure they are doing the exercise properly.
- Answer questions as needed.
- Reconvene the group for debriefing.

Types of Questions Needed to Generate a Debrief Discussion:

- Ask how each group did the exercise.
- Ask what problems were encountered.
- Assess whether or not participants got it.
- Ask how it relates to their work.
- Close the debriefing and transition to the next content.

Other Facilitation Skills

While no list can capture the complexity of the training facilitator role, there are a number of core facilitation skills that every training facilitator should have good command of. These include:

Room Set-up

While there are many different ways in which training facilitators set up the training room, the most effective way is a U-shape. A U-shape allows all participants to see the trainer as well as each other, and allows the trainer to physically move closer toward participants to make eye contact and better hear what they are saying.

Standing

By standing in the middle of the room the trainer commands undivided attention. This technique is used when reconvening the group after breaks and lunch, when giving instructions for an activity, when an important point needs to be made and when summarizing to bring a discussion to a close.

Sitting

By sitting in a chair in the middle of the room, the facilitator is leveling the playing field between participants and himself or herself. This technique is used when telling personal stories or relating professional experiences in an informal and conversational style. In this case the facilitator is not commanding undivided attention but rather is inviting participants to join him/her in a chat.

Fading

Fading is to move or disappear into the background. This is what a facilitator does when he or she wants the group to interact with each other during role plays, when participants are presenting or reporting out on an activity to the larger group, or when it's the co-trainer's turn to facilitate.

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Movement

The facilitator should move around the room to demonstrate his/her energy and excitement about the material being presented. This technique also allows the facilitator to move closer toward different participants and make eye contact with them from time to time. This makes participants feel they are getting individual attention from the facilitator which can lead to higher levels of participation and better rapport between facilitator and participant. A note of caution: when moving around the room it is important not to pace or fidget as this may make the trainer seem nervous, anxious or lacking in confidence.

Gauging the Group

Gauging the group involves eye contact and eye sweep to determine whether participants are engaged int he process and understand instructions. It allows the facilitator to assess body language and participation levels. Also, some participants are shy and often do not comment but indicate a readiness to participate through their eye contact. By gauging the group, the facilitator can become attuned to this and encourage the participant to speak by nodding or using other nonverbal signals.

Asking Open-Ended Questions

Open-ended questions invite dialogue and conversation and do not suggest that there is a single correct response. Closed-ended questions elicit either yes or no responses. Open-ended questions usually begin with the words "what" or "how". For example, instead of asking participants "Did you like today's training?" (which is a closed question), a good facilitator would ask "What did you like about today's training?" Be aware that "why" questions can sometimes be seen as hostile.

Attending

Attending means paying attention to the needs of participants. Some examples of attending behaviors are: providing water or beverages and snacks, minimizing distractions in the room, making the space welcoming and comfortable, greeting everyone kindly, and checking the temperature in the room. Also, checking in with quiet participants during break or lunch to see how the training is working for them, to address misunderstanding between a participant and facilitator or between participants, or anything else the facilitator notices during the training.

Pause Time (or Managing Silence)

Pause time is the silent time in the group interaction. This usually happens when the facilitator or a participant poses a broad, open-ended question to the group, or something happens in the group and people need to sit with what they just experienced. It is important for the facilitator to allow the silence for reflection and assimilation, to sharpen focus, and to integrate emotionally intense material.

Also, some participants are able to respond quickly, while others may still be formulating their responses. This is often true of participants for whom English is a second language. Participants need time to think before answering a question or contributing to the discussion, and allowing pause time gives them a chance to do so. By allowing silence, the facilitator is able to maximize participation for all participants. Not allowing silence can minimize participation and may create resentment toward the facilitator and those perceived as over-participators or dominators. Facilitators can manage silence by waiting 10 seconds after asking a question and by asking the question in a different way if participants do not respond during that time.

> *I am prioritizing making myself clear in the way that I express myself while respecting and considering the other's perspective and backgrounds as well as my own self. Basically working on communication that works for me.*
>
> Graduate of Lotus Peer Training Program

Bouncing Back (or Referring to the Group)

Bouncing back is what the facilitator does to pose a question asked by a participant back to that person or to the entire group in order to stimulate discussion. For example, someone in the group may ask: "What is the difference between HIV and AIDS?" The facilitator responds: "What have you heard is the difference?" or "What does everyone else think?" This not only gives the facilitator a chance to assess the knowledge level in the room, but also gives participants a chance to demonstrate their knowledge, learn from each other, express alternate points of view, and direct the discussion in a way that meets their needs.

Tact

Tact is defined as having "a keen sense of what to do or say in order to maintain good relations with others, avoid offense, or skill and grace in dealing with others" (*Webster's Dictionary)*. It is important for facilitators to acknowledge controversial moments, keep calm under pressure, maintain neutrality as emotions flare, and manage sarcasm or other undesirable interactions within the group with care. The opposite of tact is being argumentative, defensive, offensive, rude, or threatening and facilitators should always steer away from such behavior, even when their buttons are being pushed or when a participant is behaving badly. A good facilitator *always* takes the "high road" and never loses his or her patience in front of the audience. When things get heated, the facilitator should call for a break and deal with participant issues privately.

> *I realized that I must do reflective listening and stop judging and giving my opinion (advice).*
>
> Graduate of Lotus Peer Training Program

Blocking

Blocking is about intervening to stop counter-productive behavior in the group. This skill is used to protect participants and enhance the flow of the group process. If a participant continues to demonstrate negative behavior after blocking, the facilitator can call for a break while he or she deals with the individual privately.

FACILITATION SKILLS

TRAINING TIP

The purpose of storytelling should be to keep infected and affected people adherent to care.

Two peers co-facilitating a training session.

Active Listening

There are four components to active listening: 1) clarification 2) paraphrasing 3) reflecting and 4) summarizing.

Clarification: To check the accuracy of what was said, there are questions the facilitator can ask participants to get clarification, such as:

- "Did I hear you correctly?"
- "Is what I heard what you meant for me to hear?"
- "What do you mean by that?"
- "Say more about that"

Paraphrasing: To help the person focus on the key content of the message and make sure it is understood correctly. For example, if a person is describing some of the challenges he encountered after disclosing his HIV status at work, the facilitator might respond, "So, what I'm hearing you say is that disclosure at work has been really difficult for you, is that right?"

Reflecting: Communicating understanding of the feelings being expressed; lets participants know they are heard and understood. Reflecting is about the *feeling* part of the message. If someone says: "I hate it when my sister comes to visit, she says and does things that make my blood boil," the facilitator might respond: "So you are feeling angry, is that right?" or "Sounds like you are feeling really angry." There are specific questions that help reflect feelings. For example:

- "How do you feel about that?"
- "How does that make you feel?"
- "What feelings or emotions does it bring up for you?"
- "How would you like to express that feeling?"

Summarizing: Ties everything together once there has been enough discussion about a topic. For example, the facilitator says: "In this part of the training we talked about the stages of leading a discussion, how to open a discussion, narrow it down, and then close it. We also covered how to set up, conduct, and debrief exercises. What questions do you have?"

Story Telling

Telling stories from your own experience, giving examples and drawing analogies, helps learners to assimilate and integrate learning.

Good stories affect participants on three levels:

Emotional: The content and delivery of the story evokes feelings and moves people emotionally.

Sensible: Deliver the story logically. Make sure there is a clear beginning, middle and end.

Connection: Participants can connect to the underlying values and beliefs inherent in the story. Stories elicit participant involvement through intermittent questions.

Facilitators should choose stories and examples which are meaningful to them, relevant to the workshop objectives, and interesting to the participants.

Note: When telling personal stories, it is not helpful for the facilitator to "steal:" the spotlight and monopolize the conversation. Instead, he or she should tell the story quickly, make the point, and move on.

Push, Pull and Balance Skills

Giving Information

Giving information (Push Skills) is an important skill for training facilitators. It involves first knowing the material and then sharing it clearly and accurately. When giving information, facilitators should:

- Use visual support materials.
- Break information into parts for easier understanding.
- Present information in an order that will make sense to participants.
- Present information in an order that will make sense to participants.
- Answer questions on a specific topic
- Check to make sure that information given is clear

Giving Directions

Giving directions is a push skill that facilitators use when they want participants to do something, such as turn to a specified page or break out into small groups to do a specific activity. When giving directions, facilitators should:

- Do so in an inviting or requesting manner. (Giving directions is not the same as giving orders.)
- Use visual aids and repeat as often as needed to make sure the task is clear.
- Check for understanding after giving directions and throughout the activity.
- If breaking out into small groups or doing any other activity involving physical movement, be sure to give directions before everyone starts moving out of their seats.

Eliciting information from participants (Pull Skills) involves using open-ended questions, managing silence, and referring to the group while carefully listening to participants' comments and questions. Pull skills also involves paying attention to participants' nonverbal behavior. When using this technique facilitators should:

- Clear their heads of their own thoughts.
- Give full attention to what another person is saying.
- Not predict what someone means in the first few words or sentences.
- Give verbal and nonverbal reinforcement.
- Check for understanding by asking questions or by rephrasing what participants say.

Balance Skills

Balance skills involves giving and receiving feedback, maintaining a nonjudgmental perspective, setting the climate, keeping on topic, and managing time.

- **Giving and receiving feedback** is a balancing act. Effective facilitators correct misinformation and give an affirming response to a participant at the same time, and they know how to give feedback and how to receive it and apply it.

- **Maintaining a nonjudgmental perspective** is another balancing act. In order to learn, people need to feel safe and willing to participate in the session. Part of this safety is in knowing that their values and beliefs will be respected. By remaining nonjudgmental, effective facilitators balance many skills at once. They apply skills they have learned, such as avoiding labels, and instead use language that describes behavior. They also give affirming feedback to all participants even when their own values differ from those of the participants.

Setting the climate allows effective learning to take place. Although we often think of climate setting as the opening of a training session (for example, the Icebreaker), the opening is only part of the overall process. Climate setting continues throughout the session in different ways: by providing affirming feedback to participants, by bouncing back questions and comments to stimulate greater participation, by removing distractions in the physical environment such as noise, interruptions, uncomfortable chairs and room temperature, and by having all necessary audio-visual equipment ready and working.

- **Keeping on topic** can also be a balancing act because the facilitator is often trying to cover content using push and pull skills and thus meet participant needs by responding to their comments or questions. When a question or comment takes the group off topic the facilitator must decide whether the detour creates a learning opportunity (a teachable moment), or whether he/she needs to bring the group back on track. This may mean that they will put some questions aside for discussion at a later time. A parking lot is a good way of keeping track of questions that have been put aside for later. These are publicly posted sheets of newsprint or other large paper on which questions are written to be addressed later.

- **Managing time** is finding a balance between meeting group needs taking advantage of teachable moments, and staying on schedule. Managing time includes getting agreement from the group on starting, ending and break times, being responsible for staring and ending sessions on time, making sure that all important agenda items fit into the schedule, and reaching agreements with participants regarding time and content issues.

Working with a Co-Trainer

Because of the high demands of the work, training facilitators sometimes work together. This is highly recommended not only because of the demands of the work, but because participants get tired of hearing and watching a single facilitator. A co-facilitator may also bring a different persepective and style that can be complementary to the other trainer's style.

Here are some helpful hints when working with a co-trainer and things to do before, during, and after the training:

- Come to an agreement before the workshop about things that will help you stay on track during the training.
- Agree on a signal system, those signs you can give each other that indicate important things like I'm stuck help me out, move on, take a break, etc.
- Prepare your part individually and then prepare together to ensure smooth transitions from piece to piece during the workshop.
- Intervene with your co-facilitator to bring things back on track during training. Use interventions sparingly and within the agreements you reached with each other before the training.
- When you see your co-facilitator has become entangled with a participant over a point, put a question into their discussion that brings everyone back on track.
- Always help your co-trainer to manage flipcharts and other visuals; help reconvene a group after a small group exercise, energizer, etc.
- At the end of training, revisit your agreements to see what worked and what you'll do differently next time you train together. Acknowledge those things that worked and what you'll change next time around about content and process. This is also called debriefing, and is an essential part of the training.

Handling Difficult Situations

- There will be situations where "talkers" in the group do not listen to others or have their own agenda. Acknowledge their ideas and if they are not relevant to the discussion at hand, reply with "That is a good point, but we are focusing on this issue now and perhaps we can address that issue during break or at the end of the session." You can use the "parking lot" to acknowledge the remarks and move on to the relevant topic.
- There may be questions that challenge the trainer in emotional ways. Try to be prepared and think through what these questions might be and what might be some responses that help to keep the training on track.
- There may be individuals who do not want to be there. Provide something for the participants such as pads and pens for drawing, that can keep these people busy without disrupting the group. If a person is disruptive, give them the choice to leave because no one is forcing a participant to learn.
- If you have a group with widely varied skill levels, it can be difficult to design a training that will meet all participant needs. Through interaction and encouraging dialogue among participants, everyone can learn from each other. Start the training by acknowledging the ranges of skills and knowledge and by establishing ground rules that make clear that all ideas and questions are respected.
- There are times when you may need to step out of the curriculum. An exercise may go wrong or a topic may spur an emotional debate. Try to be able to read your audience and adjust the training to fit the needs of participants.

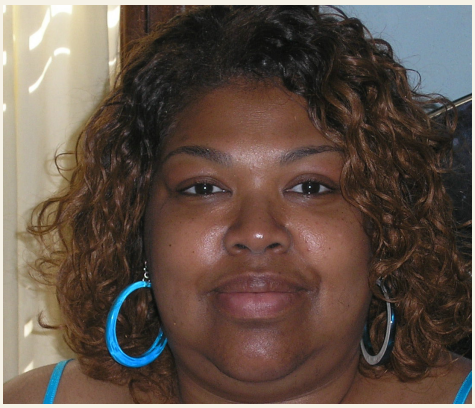
Facilitating a Training of Peers

There are many similarities but a few important differences. Training peers is an enriching and empowering experience that can really connect with people and provide hope. Some of the information may be new to a peer who has a lot of unanswered questions about his or her own health or life, and this is empowering in and of itself. Because training is not just about a peer's work or potential work, but also about his or her life, there may be certain exercises or comments that trigger painful memories (**transference**). Trainers need to be aware of these possibilities and have the skills to address and connect them to the training topic. Trainers who are peers themselves may have their own memories triggered by stories shared by training participants (**counter-transference**) and need to have the skills and experience to manage those feeling while conducting a training.

Secondly, you need to consider the health care needs of HIV positive peers. Depending on their health they may need more breaks, or certain individuals may need a rest time, a place to keep medications and a way to adhere to any nutritional or sequencing requirements with regard to medication. There should be a back-up plan to obtain immediate medical attention if someone becomes acutely ill. If this is a long day or overnight training program, it is important to provide opportunities for individuals who are in recovery to obtain support services.

Third, a peer training should be designed to accommodate different literacy levels. If an exercise requires reading, you can ask for volunteers to read the piece aloud. If training individuals for whom English is a second language, it is important to avoid slang or colloquialisms that might be hard to understand. See the Duke manual on the PEER Center website for more information on addressing different health literacy levels.

GUIDE TO THE TRAINING MODULES



For years I heard that HIV lies dormant in the body for up to 10 years, but after understanding how the disease progresses in the body and how the meds work to slow it down, I knew I had to share this [information] with newly infected people. I really wanted to ease their fears about dying and help them know why it's important to take their medications the right way.

Sheila Jackson
HIV Program Director
Living by Design

The training modules are divided into six main sections based on their content, and then further subdivided into several sections. The six main sections are:

- HIV/AIDS
- Communication Skills
- Peer Role
- Continuing Education
- Case Studies and Scenarios
- Climate-Setting Activities

The sections on HIV/AIDS, Communication Skills and Peer Role include most of the core competencies for peer training. Modules in Continuing Education can be used in an introductory training, depending on the needs of the peers and the communities they will work in, or as part of ongoing peer education. The Case Studies and Scenarios are included in their host training module, but also extracted into their own section in order for trainers to mix and match scenarios based on the needs of their peers and the communities they will serve.

Within each section of the toolkit there are core topics that are strongly recommended, if the role that the peer plays calls for that particular knowledge. Below we provide an overview for each section, along with a few key trainers' tips, and a list of suggested core topics within each section.

HIV/AIDS

This section includes training modules on the HIV life cycle, the immune system, transmission, risk and harm reduction, laboratory values, medications, resistance and adherence. This information is current as of 1/1/2009. Please check for new information and side effects at http://www.aidsinfo.nih.gov/. This information is critical for peers who work in clinical settings to help clients engage in health care, as well as for the peers themselves in better understanding their own health.

In planning a peer training using these modules, there are three key factors to consider:

- How to maximize learning and retention of this complex information.
- How much of this information peers need to know.
- Who should deliver this training.

GUIDE TO THE TRAINING MODULES

The people that we reach out to are people who really really need help. I know; I've been there and I wish that 20 years ago there had been peer educators. I'm hoping that I can help people to have an easier time adjusting to living with HIV and living good lives.

Lionel Biggins, peer educator at Truman Medical Center, Kansas City, MO

I learned how to have safe sex, how to breathe and relax, and that I am not alone in the battle.

Graduate of Duke Peer Training Program

How to maximize learning and retention

It is challenging to incorporate the principles of adult learning into the teaching of the HIV life cycle, medications and resistance, and the meaning of lab values, given the complexity of this information. It is tempting to rely heavily on PowerPoint slides to present this information, and some of the training modules in this section do include sample PowerPoint slides. But it is important to remember that most adults retain only 20% of what they hear. Therefore, we have added many references to websites, videos and other means of communication to provide multiple venues for learning. We strongly urge that all trainings make use of interactive exercises and games so that participants are actually working with the information, not just listening to a lecture.

How much of this information do peers need to know

It is also important to consider how much HIV/AIDS information peers need to know, retain, and be able to explain at their current stage of training and work. Are the peers at the training people who will be looking for or starting their first peer work? Will they be providing initial counseling and support to newly diagnosed individuals who are encountering the HIV health care system for the first time? Or will they be part of a team that provides specific adherence counseling and support? Although all of the modules included in this section have been used as part of an introductory training, they can be adapted or repeated as part of continuing education.

Who should deliver the training

Many training programs rely upon a clinician – a nurse, physician's assistant, nurse practitioner or doctor – to present the HIV/AIDS training, or at least portions of the training. While clinicians have a lot of knowledge and credibility, and are able to answer clinical questions that arise during the course of this training, the traditional teaching methods for clinical education are more didactic than interactive. Thus, it is important to balance didactic presentations with exercises, such as the HIV Jeopardy game, that engage participants to work with the information.

All of the modules included in this section can be presented or facilitated by HIV health educators. Many training programs use

a team of facilitators to achieve a balance between clinical expertise and training style. We highly recommend including experienced peers as part of the training team for these modules – their first- hand knowledge of both treatment and the work of a peer in promoting adherence and risk reduction can provide participants with real-life examples of how this information can be used to help people connect with care.

Training Approach

There are different ways to construct this training which are not evident when the modules are broken up. Three of the four training curricula from which these modules are drawn conduct separate sessions on the HIV life cycle, laboratory values and medications/adherence. The fourth, PTP, covers all of these topics simultaneously in a series of sessions on the HIV life cycle; at each stage of the HIV life cycle they address the related laboratory tests, medications and resistance issues.

Core Topics

- HIV 101, including something on transmission
- HIV Life Cycle
- Lab Values
- HIV Medications and Resistance
- Adherence Strategies

Communication Skills

This section includes training modules that cover the key skills peers need to interact with clients, as well as non-clinical "counseling" skills, including listening, verbal and non-verbal communication, talking about difficult subjects, communicating with health care providers, responding to conflict and culture.

Culture is included in this section because a major goal in learning about and understanding cultural diversity is to use this understanding to communicate more effectively and responsively with people from different backgrounds.

The key to teaching these skills is practice, practice, practice. Nearly all of the case studies and scenarios are designed to facilitate practice or can be adapted to this task.

As with the HIV/AIDS modules, there are different ways to construct the training on communications skills which are not evident when the modules are broken out. Most of the full curricula have separate lessons on different aspects of communication. In contrast, the Lotus curriculum uses a single case study throughout the five days of training. Participants practice their communication skills using this case study over the entire period.

Core Topics

- Types of Communication
- Active Listening
- Communication Skills Practice

Peer Role

This section is the most complex because there are so many different aspects to the peer role, from setting the stage ("What is a Peer?") to preparing for work ("Are you Ready to be a Peer?"). It includes subsections on workplace issues (confidentiality, boundaries, ethics, professional standards), disclosure, working with a multidisciplinary team, navigating the health care system, stages of change, self-care, and preparing for work.

There are some portions of this training that must be adapted for local conditions. These include navigating the health care system, confidentiality, the peer job descriptions and employee benefits. Several training programs use local provider panels to describe the services they offer. While this is useful, it needs to be supplemented with a discussion about how peers find

GUIDE TO THE TRAINING MODULES

When they find out that I'm positive, I think that puts them at ease. They feel freer to talk to me and share things with me.

Carol Garcia, peer at
Christie's Place,
San Diego, CA

We're always furthering our education so that we can further our ability to help teach the patients.

Fred Glick, peer educator at
Truman Medical Center,
Kansas City, MO

out about other local resources – is there a written or electronic resource guide, is there an agency that can help find resources, are there key people who are walking encyclopedias about local services? This module could also include training in how to use the internet to find services. The confidentiality training modules should be supplemented with information about specific state law. The job descriptions and benefits discussions should also reflect local conditions.

Core Topics

- What is a peer? / Role of a Peer
- Setting Boundaries
- Confidentiality
- Stages of Change
- Are you ready to be a peer?

Continuing Education

This section includes modules on other health-related information such as Hepatitis C, Tuberculosis and Sexually Transmitted Diseases; domestic violence; special populations; mental health and substance abuse and other topics that you would probably like to cover in a peer training but may not have time to address in a 5-day course. If your training can last for more than five days or if some of these topics are essential for the peers you will be training, they can be included in the introductory course. Otherwise they can be offered at subsequent trainings, reunion meetings, or provided as part of orientation for newly hired peers. The four Peer Education Training Sites(PETS) training programs all offered booster sessions or reunion meetings with additional training as an important part of their programs.

Case Studies and Scenarios

Most of the case studies, scenarios and role plays that are used in the other training modules are combined into one document here, with a list of questions and potential answers. The role plays are usually performed by the facilitators. A topic coverage chart for the case studies is included so that trainers can easily identify which peer skill(s) the case study is intended to highlight.

Climate-Setting Activities

In addition to the core competencies, a peer training curriculum should include activities that help facilitate group interaction and learning, break up the day and bring closure to the training. Examples of these activities are found in the Activities section of the toolkit and include:

- Introductions and Start Up Activities
- Icebreakers
- Energizers
- Summaries and Closure

Introductions and Start-Up Activities

In any training, it is important to leave adequate time for introductions, lay out the ground rules, and provide participants with an opportunity to build trust and become more open with each other. This section includes several creative ways for participants to introduce themselves to each other, often using short games. The introduction of ground rules is a useful way to set group expectations – these are often best if recommended and agreed upon by participants as they become their own rules. As trainers you may want to suggest some guidelines around the following topics if they do not arise spontaneously: starting and ending on time, use (or non-use) of cell phones, maintaining confidentiality, listening to each other, giving positive feedback, minimizing interruptions, showing respect for others, asking questions, disagreeing respectfully, and staying on topic.

In addition to the introduction modules themselves, it is important to think about other climate setting activities that help promote a welcoming environment, appealing to each of the five senses – smell, sight, hearing, taste, touching. A simple way to create the environment you want – stimulating or restful, exciting or soothing – is through music. If possible, have a CD player available and play music at the beginning and end of sessions, and during breaks. Ask participants to bring their favorite music and play it for one another. Baroque music is said to stimulate learning and brain activity, so play that softly in the background during small group work. You can use chimes to bring participants back from small group activities or breaks, which is another way to appeal to the sense of sound.

The set-up of the training room is important. Consider using brightly colored posters on the wall or cloths for the training table to appeal to the sense of sight. You can bring fresh flowers or pleasant smelling food like freshly baked cookies to appeal to the sense of smell and appeal to the sense of taste by offering tasty and nutritious snacks.

Toys, pipe-cleaners, colored pens, markers, and gadgets can be placed on the tables in front of each participant since many people, especially kinesthetic learners, learn best when they have something to fiddle with. These items may help stimulate creativity and infuse a sense of playfulness into the room.

Finally, there are some practical considerations in starting a successful training: you need to be sure that participants can get to the training will arrive on time and stay for the length of the training. Some strategies for accomplishing this include offering transportation, bus tokens or travel reimbursement, and providing candy or prizes for being on time. For example, one program entered the name of each person who was on time into a raffle drawing that was held at the end of the training. It is also important to offer food and beverages, especially for people who will need to take medications in conjuction with food, and to provide adequate breaks.

Icebreakers

Icebreakers are a way to get everyone's voice in the room. Once people have spoken, they are more likely to speak again. Icebreakers help participants feel

Closing ceremony upon completion of PACT training.

more comfortable and engage them in a participatory manner right from the start of any training. It is useful to begin each day with at least one icebreaker.

Energizers

Energizers enliven a training by re-invigorating the group after lunch, after a serious discussion or late in the day. They pick up the energy in the room.

Summaries and Closure

It is useful to plan, in advance, how you will end each training module and each day of training. You can provide a brief summary of the key points of the lesson or main topics that came up in discussion, review the major "take home" lessons or wrap up with a bridge comment that helps transition to the next topic. Some of the modules in this toolkit suggest a summary, but you may want to modify the comments based on your experience with the lesson or the transition to the next topic.

Closure is a vital component of any peer training. For some peers, this may be the first course that they have completed successfully; for others it will be the first time they have received formal education in many years; and for most it will represent a milestone in their own understanding of HIV. The sense of community and self-esteem that is generated through peer training is powerful and the experience's something that few will forget. These accomplishments and feelings need to be acknowledged and celebrated. Each of the peer training programs included in this tool kit has a closing ceremony that often involves public appreciation of trainers for participants and participants for trainers and each other, expression of next steps for the participants, and the awarding of certificates.

TRAINING EVALUATION

Typically for a new person I give out a survey so I know a little bit about how much they know about the disease. We do that every three months so we can see what they have learned that they didn't know before.

Fred Glick, peer educator at Truman Medical Center, Kansas City, MO

TRAINING TIP

Sample evaluation instruments can be found in Appendix E.

The purpose of evaluation is to find out if the training was effective in meeting the planned objectives, if it met the expectations and needs of participants, if there were any unexpected outcomes, and if it needs improvement. As a facilitator, you will make some judgments about how the training went, and your participants will do so also. The people who asked you to conduct the training will also want to assess the training, and may have different ideas of what constitutes a successful process and outcomes. Therefore, including evaluation planning into the overall planning of a training curriculum and involving stakeholders early on in the process can help you meet everyone's expectations.

As you prepare your curriculum, it is useful to ask yourself:

- What are we really trying to evaluate?
- How will we know if we succeeded in terms of what we set out to do?
- Is this an evaluation of process or outcomes or both?
- What don't we want to evaluate? Do not try to evaluate everything.

SMART and Qualitative Evaluation

SMART evaluation is an evaluation of outcomes that are Specific, Measurable, Attainable, Results-oriented and Time-bound. SMART objectives set in the planning stage allow for clear monitoring during training and evaluation at the end. Here are some examples of SMART training objectives:

By the end of this training, participants will:

- Know how to describe the HIV life cycle.
- Be able to define peer roles as part of a multidisciplinary team.
- Identify potential boundary dilemmas.
- Recognize issues of counter-transference.

TRAINING EVALUATION

Once objectives are set, a training evaluation tool that addresses the outcomes established should be devised and administered, typically at the end of the training (for a comprehensive training evaluation tool, see Appendix E). Participants can then rate the extent to which the objectives were

	Poor	Fair	Good	Excellent
Objective A: *I am able to describe the HIV life cycle* Comment:				
Objective B: *I can define the peer role as part of a team* Comment:				
Objective C: *I am able to identify boundary problems* Comment:				
Objective D: *I am able to recognize counter-transference* Comment:				

Qualitative evaluation is evaluation that is expressive and descriptive of participants' feelings, perceptions, learning, and insights. This kind of evaluation is useful when determining qualitative or unpredicted outcomes and provides expression for learning that is not directly related to the stated outcomes.

It can also provide an opening for curriculum revisions. This approach is usually done in response to open questions, such as:

- What was useful?
- What was not useful?
- What did you learn?
- How did you feel?
- What insights did you gain about yourself or others?
- What are your recommendations for the future?

Responses to these kinds of questions are likely to be expressive and descriptive:

- "I realized that I am a good leader"
- "I feel a sense of confidence in my ability to be a peer leader"
- "I got a real shock to see how my behavior can affect others"
- "I was amazed to see my how my personal values can interfere with my work as a peer"

Outcomes Evaluation

It is also possible to conduct an outcomes evaluation, particularly if your methods include data collection over time. Examples of outcomes could be changes in CD4 count, viral load, appointment keeping, and medication adherence. Note that if you are conducting a longitudinal study, this may require approval or exemption from an Institutional Review Board (IRB)

Evaluation Methods

A combination of two or more evaluation methods is recommended to maximize the amount of data collected.

Evaluation as you go along is evaluation at different points of the training, e.g. after each section or after each day. For example, a simple evaluation at the end of day one of a two- or three-day training asks:

- What were the most useful things today?
- What were the least useful things today?
- If you found it difficult to participate today, please give your reasons and suggestions on how the situation could be improved
- Tomorrow I want more of ……
- Tomorrow I want less of ……
- Feedback about the trainer's facilitation
- Other comments: _____

It is important to feed back to participants a summary of the results of this type of evaluation. This shows that their responses are given thoughtful consideration. Then, discuss and negotiate changes to content or process with them.

Half-way is evaluation by participants in mid-training. Participants complete the following sentences either in a round or in writing:

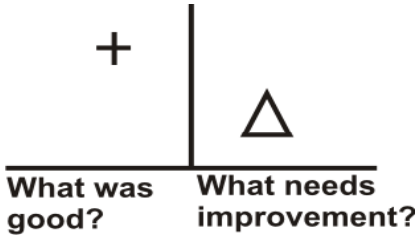
- "What I have gained from the content so far is …"
- "What I still want to accomplish is …"
- "What I appreciate about the process is …"
- "My suggestions for improvement are …"

Again, summarize the results and negotiate changes with participants.

End of a Training Series is evaluation by participants after completion of multi-level training. Participants complete the following sentences in a round or in writing:

- "What I have accomplished as a result of the training series is …"
- "The action I will take as a result of the training series is…"
- "What was missing from this training series was…"
- "The improvements to the content I recommend are…"
- "The improvements to the process I recommend are…"

Plus/Delta: Feedback by participants at the end of the training or half-way. The following "T" chart can be drawn on flip chart paper and participant comments written under each symbol so they can see the list being generated.



Another **end-of-training method** asks participants if the training met their expectations. In this case, always keep the flipchart paper from the beginning of the training (if you spent time eliciting from participants a response to "What do you want to get out of this training?" or "Why are you here?") and use this sheet as a basis for discussion. If you asked participants to vote by placing a colored dot or their initials on their most wanted items, you can ask them to remove their vote if they have had those expectations met.

Likert scales can also be a useful evaluation tool when they are combined with space for explanations that use open-ended questions. Likert scales alone

TRAINING EVALUATION

TRAINING TIP

When asking participants what they would do to improve the training for future participants, it is important not to become defensive, as this will have a negative effect on further suggestions.

(without open-ended questions) only give feedback on trends; you will need to know why a person thinks in a particular way. Likert scales are quick to administer, anonymous, invite quiet reflection, and provide individual responses. However, due to lack of discussion, some of the questions may be misinterpreted or rushed through because there is little time left at the end of the training. Likert scales also require a certain level of literacy. For a sample of a Likert-based evaluation, see Appendix E.

Focus groups are facilitated by someone other than the trainer(s). In this method, it is important to provide an overview of the material covered and then ask questions related to the planned objectives and outcomes, with prompting questions to help clarify meaning. When using this method it is important to prevent some participants from dominating the discussion and encourage those who may feel inhibited from giving real opinions to participate.

Pre-/post-test evaluations are done by administering a test before the beginning of the training, based on the learning objectives, administering the same test at the end of the training and then comparing the two. A sample pre- and post-test can be found Appendix E. A word of caution on pre-/post-tests: they only tell you whether knowledge or attitudes have changed as a result of the training and they also require a certain level of literacy. If using this type of evaluation, be sure to use other methods as well to assure feedback on other points. Another form of pre-post test evaluation can include a follow-up test or survey after 3-6 months to learn if any health-related or self-care outcomes have been achieved.

TRAINING TIP

If you are planning to publish the results of your evaluation or are conducting a longitudinal evaluation that involves participant follow up, it is important to contact an Institutional Review Board to determine if this is a research protocol requiring informed consent.

As you develop the training, remember to build in time for evaluation, particularly at the end of the training. All too often trainings run out of time and participants either rush through the evaluation or do not bother to fill one out. When this happens, trainers miss opportunities to receive constructive feedback that can truly enhance the training curriculum and process. If possible, save a minimum of 20 minutes for the end-of-training evaluation; use some of this time to describe the evaluation form and clarify what the questions really mean. Then you can tell participants that you will issue training certificates as they hand in their evaluations, or let them know that the evaluation will be followed by a closing ceremony and the issuing of training certificates. This will ensure that you collect evaluations from each participant.

GOING FORWARD

I learned to accept myself and not be ashamed. [I] started going to more training, meeting and support groups. I have also disclosed to my son. I have volunteered my time with others.

Graduate of Lotus Peer Training Program

This toolkit is a valuable resource for effectively training and increasing the impact of HIV positive peers in your community. As you use this toolkit to develop your own curriculum, keep in mind the special needs of your program, your peers, and the HIV positive community that you want to support. Be sure to take advantage of the dynamic nature of this training to educate and excite peers on the issues and concerns that are most important in your area.

At the conclusion of the training, peers will have a greater understanding of the effects of HIV/AIDS on their lives and on the lives of others, and they will be more able to communicate and comprehend their role in helping other HIV-positive individuals conquer the challenges and obstacles to living a healthy, full life.

APPENDICES

APPENDIX A

SAMPLE TRAINING AGENDAS

Below are several sample training agendas. The first two agendas are designed as one-day introductory trainings for individuals who have not worked as peers before. They provide basic HIV information, an introduction to the role of a peer, and a short session on communications skills. The next four agendas, ranging in length from 3-9 days, cover all of the core competencies. The final agenda is an example of a Level III clinical practicum curriculum. These curricula can be viewed in their entirety in Section 4, and individual modules can be accessed by clicking on the module title under the Core Competencies section. Please note that not all of the modules are included in the toolkit section.

Important: Additional time should be added to the agendas below for lunch (45-60 minutes) and breaks (15-30 minutes), and evaluation activities.

Duke 1-Day Level 1 Training

Minutes	Activity
30	Welcome, instruction, ground rules
30	Burden basket and ice breaker
10	Peer education basics
40	HIV transmission: Grab bag
70	Play it safe: Intimacy and Sex: Living with HIV
5	Energizer
60	Adherence
30	Communicating effectively with providers
35	Disclosure
20	Self-care: stress reduction
15	Closing and next steps
6:50	Total Time

People to People 1-Day Level I Training

Minutes	Activity
60	Welcome, overview, baseline evaluation
20	Introduction icebreaker
35	HIV/AIDS Frame (HIV 101)
35	Search for answers (HIV/AIDS Fact Book)
40	Word match (HIV facts)
30	HIV testing overview
45	Stages of HIV infection
45	What is a peer?
30	What does it take to be a peer educator?
20	Role play: peer/client interaction
50	Wrap up, evaluation, Level 2 interest
5:45	Total Time

APPENDIX A

Lotus 5-Day Level II Training

Day 1	Min.	Activity	Description
	90	Introduction, icebreaker, group agreements	Participant Introductions
	45	Introduction to peer advocacy	What is a peer, the Lotus symbol
	60	Stages of change	Behavior change
	45	Peer educator code of ethics	Workplace issues
	60	HIV Jeopardy	HIV Facts
	35	Closing and evaluation	My Plan Worksheet
	5:35	Total Time	
Day 2	30	Icebreaker, homework review	
	40	4 C's of peer education/Barbara's case study	Communication, Counter-transference, Confidentiality and boundaries
	50	Communication skills	Open-ended questions, active listening
	45	Confidentiality	
	60	Counter transference	
	55	Creating boundaries	
	45	Working with grief	
	15	Closing activity, homework, evaluation	Closing candle activity
	5:40	Total Time	
Day 3	20	Homework review	
	30	Sex Talk	Comfort level, having an open mind
	60	Female reproductive system	
	60	Immune system and HIV life cycle	
	15	Energizer	
	60	HIV medications 101	
	90	Panel of local providers	Navigating the health care system
	30	Closing activity, homework, evaluation	
	6:05	Total Time	
Day 4	30	Icebreaker and homework review	
	60	Safer sex and harm reduction	
	60	HIV disclosure and case studies	
	10	Energizer	
	60	Understanding our labs	
	60	HIV case studies	Medications, adherence support
	60	Lotus jeopardy	Review of information
	25	Closing activity, homework, evaluation	
	6:05	Total Time	
Day 5	15	Icebreaker and homework review	
	45	Setting up your first client meeting	
	55	Challenging case scenarios	Peer advocacy practice
	45	Am I ready to be a peer?	
	30	Now what, next steps?	
	30	Final evaluation	
	90	Closing ceremony and celebration	
	5:10	Total Time	

APPENDIX A

PACT 9-Day Level II Training

	Min	Activity	Description
Day 1	60	Introduction and Overview	
	20	Icebreaker: M&Ms	Introductions
	30	Role of peer in promoting health and well being	
	60	Peer challenges and successes	Peer role
	30	Stages of change model	Behavior change
	60	Advanced HIV 101 review (Jeopardy Game)	
	30	Wrap-up and evaluation	
	4:50	Total Time	
Day 2	30	Welcome and Icebreaker: Line up	Teamwork
	105	HIV life cycle and disease progression	
	30	Community involvement: clinical trials	
	125	Listening skills	
	30	Wrap-up and evaluation	
	4:50	Total Time	
Day 3	30	Welcome and icebreaker: scavenger hunt	Introductions
	90	Communicating health information	Patient education, health literacy
	105	Cultural competency	Explore cultural issues/values
	95	Communication techniques	Expressing yourself, feelings vs. judgments
	30	Wrap up and evaluation	
	5:50	Total Time	
Day 4	30	Welcome and icebreaker: HIV drug competition	
	105	HIV/AIDS care and treatment	
	30	Stump the peer	HIV care, treatment, side effects
	75	Mental health and HIV	
	90	Counseling	Confidentiality, boundaries, communication
	30	Wrap up and evaluation	
	6:00	Total Time	
Day 5	30	Welcome and icebreaker: Five things in common	Introductions
	90	Transgendered populations and HIV	
	40	Community involvement: CABS/Outreach	
	60	Hepatitis C	
	45	Women and HIV	
	45	Adolescents and HIV	
	30	Wrap up and evaluation	
	5:40	Total Time	

APPENDIX A

	Min	Activity	Description
Day 6	30	Welcome and icebreaker: My mother says	Introductions
	80	Adherence presentation	
	30	Adherence tools	
	45	Adherence case studies	
	10	Icebreaker: relaxation	Self-care
	60	Mental health stressors	
	45	Disclosure	
	20	Pat on the back	Appreciation for each other
	30	Wrap up and evaluation	
	5:50	Total Time	
Day 7	30	Welcome and icebreaker: Trading places	Introductions
	60	Substance use, HIV and harm reduction	
	20	Sexually transmitted infections	
	30	Opportunistic infections	
	40	HIV and people over 50	
	40	Professional standards	Workplace issues, conduct
	60	Workplace challenges	
	30	Wrap up and evaluation	
	5:10	Total Time	
Day 8	30	Welcome and icebreaker: Sing a song	
	90	Maintaining benefits	
	30	Advocating with providers	Getting involved with your care
	30	Prevention for positives	
	30	HIPAA/confidentiality	
	90	Multidisciplinary teams	
	30	Wrap up and evaluation	
	5:30	Total Time	
Day 9	30	Welcome and icebreaker: Which animal are you?	Response to conflict
	150	Communication skills: Conflict	
	30	Course evaluation	
	45	Connections: value of training, connection with others	
	90	Closing exercise and presentation of certificates	
	5:04	Total Time	

APPENDIX A

People to People 3-Day Level II Training

	Min	Activity	Description
Day 1		Welcome, introductions, overview	
	10	Icebreaker: People hunt bingo	Introductions
	30	Peer educators in the multi-disciplinary team	
	20	Peer educator job description	
	60	Confidentiality and boundaries	
	60	Verbal communication	
	45	Non-verbal communication	
	60	Attentive listening	
	60	Cultural competency	Why culture is important, how it affects health
	15	Wrap up	
	6:00	Total Time	
Day 2		Welcome, overview	
	40	Motivation to learn: M.A.R.S. model	How people learn, how peers can teach
	45	Barriers to learning	
	45	Viral life cycle	
	20	Medications	
	55	Lab values	
	60	Understanding drug resistance	
	90	Supporting adherence	
	20	Prevention for positives	
	30	Navigating the system – Resources in your community	
	15	Wrap up	
	7:00	Total Time	
Day 3		Welcome, overview	
	30	Working in partnership with your provider	
	20	What is stigma?	
	30	Special populations	
	45	Work and benefits	
	30	Workplace do's and don'ts	
	30	Peer educator ethics	
	180	Role play, practice new skills, receive feedback	
	15	Evaluation and wrap up	
	6:20	Total Time	

APPENDIX A

Duke 5-Day Level II Training

	Min	Activity	Description
Day 1	40	Welcome, Overview	
	15	Icebreaker: That's me	
	30	HIV basic information	
	60	Peer educators: Who are they, what do they do?	
	30	Self-care: Meditation and breathing	
	30	Closing and evaluation	
	3:25	Total Time	
Day 2	20	Overview, reflection	
	30	Life line exercise	Group Bonding
	15	HIV basic information review	
	20	Fighting the virus role plays	Drug resistance, adherence
	60	Adherence	
	35	Communications skills: Telephone game	Active listening
	10	Energizer	
	60	Communication about risk	Risk reduction
	60	Communication skills: Pushing all the buttons	Non-judgmental communication
	30	Self-care	
	30	Closing, lifelines	
	6:10	Total Time	
Day 3	15	Review, preview, reflections	
	15	Lifeline sharing	Group bonding
	30	Human Tic-Tac-Toe	Review material
	45	Boundaries	
	40	Sexual life after HIV diagnosis	
	35	Mental health and HIV	
	15	Energizer: Alphabet search	
	35	Bingo – Hepatitis ABC	
	45	Substance abuse	
	45	Behavior change	
	40	Self-care, closing	
	6:00	Total Time	
Day 4	20	Review, preview, reflections, lifelines	
	55	STDs and other infections	
	30	If you were in charge case studies	Public health law, partner notification
	60	Ask the expert: Legal issues	Legal rights, testing, power of attorney
	45	Confidentiality	
	60	Disclosure	
	45	Self-care	
	30	Closing, take home messages, lifeline sharing	
	5:45	Total Time	
Day 5	15	Review, preview, reflections	
	25	Our mottos	Beliefs and values
	40	Navigating the HIV system	
	20	Action Planning: What am I going to do?	
	15	Cups of appreciation	Acknowledge contributions
	60	Evaluation, certificates, closing circle	
	2:55	Total Time	

APPENDIX B

NEEDS AND ASSETS ASSESSMENT (FOR ORGANIZATIONS WITHOUT AN EXISTING PEER PROGRAM)

We are planning to conduct a training for HIV-positive individuals who want to work as peer advocates/educators. We are interested in learning what you think is important in creating this training and how you might use the services of an HIV Peer Educator in your organization.

1. If a Peer Educator was available to your organization, how would you envision them being utilized?

2. What are some of the topics and skills a good Peer Educator should know to be effective in your organization?

	Top Priority	Medium Priority	Low Priority
HIV life cycle			
HIV medications and adherence			
Risk reduction			
Overall communication skills			
Asking open-ended questions			
Listening skills			
Motivational interviewing			
Interacting in a non-judgmental manner			
Behavior change/stages of change			
Communicating health information to clients			
Discussing disclosure with clients			
Working as part of a clinical team			
Peer roles and responsibilities			
Workplace ethics/code of conduct			
Boundaries			
Navigating the health care system			
Cultural sensitivity			
Other:			
Other:			
Other:			
Other:			

3. What concerns do you have about a Peer Educator working in your organization?

4. What resources do you have that could support a training (e.g. training space, co-facilitators, content experts, peers you would want to refer to the training)

APPENDIX B

NEEDS AND ASSETS ASSESSMENT (FOR ORGANIZATIONS WITH AN EXISTING PEER PROGRAM)

We are planning to conduct a training for HIV positive individuals who want to work as peer advocates/educators. We are interested in learning what you think would be useful training for your current or future peer educators.

1. What do the peers in your organization do – what are their main responsibilities?

2. What additional training or skills could your peers benefit from?

	Top Priority	Medium Priority	Low Priority
HIV life cycle			
HIV medications and adherence			
Risk reduction			
Overall communication skills			
Asking open-ended questions			
Listening skills			
Motivational interviewing			
Interacting in a non-judgmental manner			
Behavior change/stages of change			
Communicating health information to clients			
Discussing disclosure with clients			
Working as part of a clinical team			
Peer roles and responsibilities			
Workplace ethics/code of conduct			
Boundaries			
Navigating the health care system			
Cultural sensitivity			
Other:			
Other:			
Other:			
Other:			

3. What kind of training would be useful for your peers in order to expand their scope of work?

4. What are the most important topics or skills, that you would like new peers to have prior to joining your program?

5. How much time do your peers have available for training?

APPENDIX B

NEEDS ASSESSMENT FOR PEERS

1. Do you have any work or volunteer experience in the field of HIV/AIDS? If yes, please describe what you do.
2. What would you like to learn more about?

	Top priority	Medium Priority	Low Priority	Was trained in this before
HIV life cycle				
HIV medications and adherence				
Risk reduction				
Overall communication skills				
Asking open-ended questions				
Listening skills				
Motivational interviewing				
Interacting in a non-judgmental manner				
Behavior change/stages of change				
Communicating health information to clients				
Discussing disclosure with clients				
Working as part of a clinical team				
Peer roles and responsibilities				
Workplace ethics/code of conduct				
Boundaries				
Navigating the health care system				
Cultural sensitivity				
Other:				
Other:				
Other:				
Other:				

3. What other training programs have you attended? Please check the box above if you have received any training before in any of these topics.
4. What can you contribute to the training program?
5. The training will last for about [fill in the blank] days. Does your current schedule allow you to participate in the training?

APPENDIX B

APPLICATION FORM FOR PEER EDUCATION TRAINING

Date:_____ Location:_____

First Name:_____ Last Name: _____

Address and Apt Number: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

HIV/AIDS or other health care agency where you work or volunteer_____ & Job Title: _____

HIV/AIDS or other health care agency where I go for my health care services:

_____

Age: _____ Ethnicity: _____

What do you hope to do as a result of this training? _____

_____

I believe my understanding of Peer Advocacy is: ☐ Limited/Basic ☐Advanced

I believe my understanding of HIV/AIDS is: ☐Limited/Basic ☐Advanced

SPECIAL NEEDS

☐Wheelchair accessibility

☐Spanish Translated Materials

☐Special Diet Needs (explain):

☐Will need assistance to pay my childcare provider

TRAVEL SCHOLARSHIP

The training itself is free. Partial scholarships available for travel expenses. I will need travel assistance:

☐Hotel (for out of town participants)

☐Money for transportation (bus or train)

☐Mileage Reimbursement (I will drive my car)

☐Need assistance with arranging transportation

DEADLINE Date

MAIL, FAX, OR EMAIL ONLY THIS APPLICATION FORM TO:

APPENDIX B

REGISTRATION CALL SCREENING QUESTIONS –LOTUS TRAINING

Name of Participant: _____Date: _____Lotus Staff: _____
YES NO MAYBE WAITLIST

Thank you for completing the registration form for the Lotus Project Training. We have a few things we want to go over with you about the training and a few additional questions to ask you to determine if you are eligible for the training. Your answers to the questions are confidential!

1. Review all the information on the registration form. Spelling of name, address, apt #, zip code, phone numbers, race, age, where they work, level of HIV/PA knowledge.

2. How did you hear about the training?

3. Why are you interested in attending the 5-day Lotus Peer Education training?

4. We want to acknowledge that this is a LONG training and will take a lot of commitment from the participants.
   - Can you commit to coming ALL 5 days of the training AND actively participate from 9am-5pm every day?
   - What has your experience been in attending long trainings like these in the past?
   - Do you have any health issues currently that may impact your full participation in the 5-day training? Ex. Meds that make you drowsy, disability. We want to know so we are aware as trainers during the training.
   - Do you have any special dietary needs?
   - Other special needs that we should be aware of?

   Interviewer let them know: If you are present and participating all five days of the training for the full time, you will receive a stipend for your participation.

5. Can you tell me a little about yourself and what kind of activities you are involved in? (We hope this will bring out… Age, background, education, are you currently working, where you live, children and their ages.)

6. Question on HIV status- This training is designed specifically for HIV positive women. How does that relate to you? When were you diagnosed (year and age when diagnosed)?

7. Are you involved in any support group or support services for yourself? (i.e. 12 steps, peer advocate, or have case manager)

8. Have you participated in any HIV/AIDS trainings or workshops in the past? For example HIV/AIDS 101, peer educator training, outreach, support group facilitator, or HIV University?

9. We are hoping that this training will create positive role models for our community and want individuals who are practicing safe, healthy, and clean behaviors and those who are following their prescribed HIV treatment plan. How does this relate to you?

a. Follow-up questions: How long have you been clean? Are you going to NA, AA, etc? Explain drug and alcohol policy for the Lotus Project.
***2-3 years clean is a requirement for the training.**

10. What is one thing you hope to do after you have completed this training? Are you planning on getting a peer advocate position? How will you use the knowledge gained in the training to help others in your community?

11. There will be an evaluation component to this training [explain evaluation].

12. How will you be traveling to the training site?
- ☐ Car – will need parking
- ☐ Carpool or get ride– with whom?
- ☐ Public transportation
- ☐ Need assistance with hotel: how far do you live from Queen Ann Area? _____
- ☐ Other assistance required? _____

13. Do you need childcare?
- ☐ How many children, age, any special needs of children.
- ☐ Childcare will be provided on site by BABES childcare provider.

Let the participants know that we will be either mailing or calling them in the next couple of weeks to confirm their registration for this training. What is the best way to send them information about the confirmations? Is it ok if we call or mail stuff to your house …we will identify ourselves as the Lotus Project.

Explain that if something comes up and they don't want to or can't attend the training, they should call us right away.

APPENDIX B

PACT INTERVIEW QUESTIONS

*** Interviewer: Please confirm the correct spelling of the candidate's full name***

1. How did you hear about this training?
2. Why are you interested in participating in the PACT training program?
3. What do you expect to get out of the training program?
4. Tell me about any HIV/AIDS training programs that you've been involved in. Were any of them interactive trainings (like PACT)?
5. What do you think are some of the responsibilities of a PACT training participant? (ie. arriving on time, participating?)
6. Tell me more about what you do as a peer. Do you have any other work or volunteer experience in the field of HIV/AIDS?
7. What do you hope to contribute to the training program?
8. The training is from November 26 – December 13. The sessions are scheduled for Mondays, Wednesdays and Thursdays from 9:30 a.m. - 4:00 p.m. Does your current schedule allow you to participate in the training?
9. Is your supervisor willing to let you out of work with this schedule?
10. Trainees are allowed no more than 1 absence to receive a certificate and the first day is mandatory. You will learn as much from each other as from trainers, so attendance is important. If you will be absent, you are expected to tell the Training Director in advance, or phone the training office or trainers before the start of training that day. The location will be in ****.

We would like to thank you for interviewing with us. There are many different factors that go into our decision to enroll a participant in this program, including our interest in creating a diverse, stimulating learning environment. All candidates will be informed around next week. Do you have any questions or concerns?

APPENDIX B

PTP LEVEL II INTERVIEW QUESTIONS

NAME:

DATE AND TIME OF INTERVIEW:

1. Why are you interested in participating in the Level II training program?

2. What do you expect to get out of this training program?

3. What do you think are some of the responsibilities of a Level II training participant?

4. Tell us about any HIV/AIDS training programs that you've been involved in:

5. Tell us about your work or volunteer experience in the field of HIV/AIDS:

6. The Level II training focuses on adherence support issues for clients that take HIV medication. Are you taking medication for your HIV and if so, when did you begin taking HIV meds?

   Are you currently following your doctor's medical plan for HIV treatment?

7. The Level II training sessions are scheduled for [dates and times]. Does your current schedule allow you to participate in the training? Are you aware that we will not tolerate the use of street drugs or excessive alcohol use during the course of this training? Do you have any concerns about this issue?

   Are you comfortable with sharing your HIV status with training participants and facilitators that you may encounter during the course of the program?

8. Do you have any questions or concerns?

9. Would you like to be contacted by phone____ or by mail_____?

We would like to thank you for interviewing with us. There are many different factors that go into our decision to enroll a participant in this program, including our interest in creating a diverse, stimulating learning environment. We will contact you by phone or by mail to let you know whether you have been invited to join the program as soon as we can. If we are unable to accommodate you in the training sessions, we will contact you by mail.

APPENDIX B

PTP POLICY FOR LEVEL II INTERVIEW PROCESS

Potential Level II trainees will be interviewed by two Group Trainers.

- Trainee will be asked a list of questions to determine selection for Level II training (see attachment)
- The interview process will be completed in 30-45 minutes

Candidates will be informed that all Group Trainers will review the responses to determine who will be invited to Level II training. (See Policy for Selecting Level II Training Participants)

Candidates selected will be informed by telephone call or mail as directed by them to participate in the Level II trainings. Trainees who are not selected will receive a letter indicating appreciation for their interest, patience with the process, and best wishes for their future.

PTP POLICY FOR SELECTING LEVEL II TRAINING PARTICIPANTS

At the conclusion of Level I training, participants are invited to complete a self-screening form to identify their interest in being selected to participate in Level II training. The criteria for selection of Level I participants to move onto Level II training based on the self-screening form are as follows:

Participants self-screening form indicates…

- A rating of 3, 4, or 5 with 5 being the highest level of interest in the Level II training
- They are HIV positive
- They intend to reside in the metropolitan area of the training for at least two years

Participants who complete the self-screening form and meet the criteria above will receive a pre-screening telephone call by an Alliance staff member two to four weeks after completing the Level I training. The Alliance staff member explains Level II training to ensure that the candidate is able to commit to 22 hours of training, willingness to complete the research activities (completion of baseline questionnaire, in addition to 6- and 12-month follow-up questionnaires) and assess the comfort level of the trainee in disclosing their HIV status, which is part of the Level II training curriculum. (See Policy for Levell II Interview Process)

Participants who answer "yes" to the above questions during the Pre-Screening Call will be scheduled for a face-to-face interview two to four weeks after completion of the pre-screening telephone interview.

APPENDIX C

PRINCIPLES OF ADULT LEARNING (ADAPTED FROM KALEIDOSCOPE OF CARE)

Training adults is an adventure and journey for both student and trainer. To maximize the benefits of the journey, to make it useful and effective, a trainer needs to consider: 1) the principles of adult learning, 2) the learning styles of adults, and 3) the logistics of developing and implementing a training program. In this appendix, we provide several key tips, checklists and aids for trainers to lead successful trainings.

This section provides information on the principles of adult learning and how trainers can transform these principles into action when they facilitate trainings.

Researchers have said that people will remember:

10% of what they read

20% of what they hear

30% of what they see

50% of what they see and hear

70% of what they see, hear and say

90% of what they see, hear, say, and do

Trainings try to achieve a successful balance between what people see, hear and do to maximize the learning that can happen. The modules in this curriculum try to achieve this balance by using visual aids (PowerPoint slides and handouts that people can "see"), information in presentations (facts and ideas that people can "hear"), opportunities for discussion and sharing ideas (that people can "say"), and opportunities to demonstrate new skills (on worksheets and in small group discussions that people can "do").

A very well known American educator, Malcolm Knowles, presented ten principles for adult learning. For those who conduct and plan training, these principles offer a checklist for trainers in both the design and implementation of their trainings. The ten principles are:

1. Adults need to be self-directed learners.
2. Learning is a lifelong process.
3. For learning to take place, the learner must be actively involved in the experience.
4. Adults learn by doing.
5. Situations, problems, exercises and examples must be relevant, realistic, and immediately applicable.
6. Adults relate current learning to what they already know. Thus, trainers benefit from knowing the background of their participants.
7. There are several learning domains. A variety of learning activities stimulates learning and appeals to the range of learning styles.

APPENDIX C

8. Learning flourishes in an environment that is:

- Informal
- Nonjudgmental
- Collaborative
- Based upon mutual trust
- Open and authentic
- Humane
- Supportive

9. Learners benefit from an opportunity to identify their own learning needs.

10. The trainer is a facilitator of learning and a catalyst for change. The responsibility for learning and making change resides with the learner.

Many trainers use the principles of adult learning to guide their training practices. This chart is derived from the experiences of many professional trainers who have applied the principles of adult learning to their specific training practices.

Principles of Adult Learning	Application in Training
Adults expect to learn information that is relevant to them.	Focus on real problems. It is important to create objectives.
Adults expect to learn information that has immediate application to their lives. They need to "see the reason" for learning something.	Stress how the learning can be applied, or how the information will be useful to people in their work.
Adults are goal-oriented in their learning	Obtain information on the learners' goals, and show participants how the training will meet those goals.
Adults want their learning to be problem-oriented.	Take time to achieve consensus on the problem that will be addressed. Design problem-solving activities and provide opportunities for practicing "solutions." Anticipate problems in applying new ideas, and offer strategies to overcome problems. Trainers can give overviews and summaries.
Adults have enormous experience and a wealth of information from work and private lives that should be drawn into discussion. They often start out knowing more than they think they do.	Relate the materials to the past experiences of the learner. Focus on the strengths that learners bring, not only their gaps in knowledge. Listen to and respect the opinions of learners. Encourage learners to be resources to each other and to you. Connect the learning to the existing knowledge and experience base in the room. Value experience in learning.

APPENDIX C

Adults have established values, beliefs, and opinions.	Demonstrate respect for differing beliefs, religions, value systems, and life styles. Acknowledge that people are entitled to their values and opinions, but everyone may not share these ideas. Allow debate and challenge of ideas.
Adults have pride.	Support the learners as individuals. Create an environment where people will not feel put down or ridiculed. Allow people to admit confusion, ignorance, fears, biases, and different opinions. Acknowledge and thank learners for their responses and questions. Treat all questions and comments with respect.
Adults learn best when they are actively engaged, when they learn by doing.	Provide opportunities for small group discussion, hands-on practice, or analyzing a case study.
Adults want more than information. They want practical answers to their questions and problems. They need to integrate new ideas with what they already know.	Help learners recall what they already know that relates to the new information. Ask what they know about the topic and what they would like to know. Suggest follow-up ideas and next steps. Trainings should include: time to learn new material time to apply new skills
Adults learn well from each other	Set up the class so that participants can face each other. Provide opportunities for participants to work together in small and large group discussions. Allow debate, challenge and discussion of ideas.
Adults learn best in an informal and comfortable environment.	Include breaks Allow for spontaneous discussions Provide food or drink
Adults want to learn.	Assume participants want to be there Find out the participants' motivation Identify training goals that may coincide with their motivation
Respect the learner.	Avoid jargon and don't "talk down" to learners Provide opportunities for learners to teach each other through discussion and small group work. Acknowledge the wealth of experiences participants bring with them. Validate the value of their experience. Listen Learn from people in the room
Adults are self-directed learners.	Remain flexible and adjust your presentation to their needs. Ask what people already know/want to know about the topic. Remember the facilitation role of guiding participants.

APPENDIX C

Trainers can incorporate these principles and goals in other ways as well:

Remember to	How:
Find out the specific learning needs and interests of individual participants. Your teaching can then be tailored accordingly.	Conduct brief needs assessments prior to the training session or immediately at the beginning of the training session
Respect differing points of view	Design programs that allow viewpoints to be shared
Respect the experience of the learners	Avoid asking adults to try a new skill in front of a large group. Acknowledge the wealth of experience in the room, and encourage participation. Design questions that tap this resource. Involve and engage participants to share examples from their own experience if appropriate.
Appeal to a range of learning styles	Make sure your training includes listening, seeing new material, and doing something with the new material. By including all three, we appeal to different learners and increase everyone's capacity to learn.
Build in repetition	Plan to repeat certain key concepts. Adult learners need to hear something six or seven times to have it sink in
Create a comfortable space	Avoid long lectures with no breaks. Try to create a space with few distractions, where dialogue and privacy are allowed. Try to build an environment of mutual trust between all learners, including the trainer.
Allow participants to "diagnose" or identify the problem	Have participants use questionnaires, surveys, and assessments before and after the training. Share results with them.
Offer participants an opportunity to evaluate their own learning	Provide a variety of activities that offer opportunities for participants to assess their learning and capacity.

APPENDIX C

II. Learning Styles of Adults

People come to trainings with a variety of learning styles. Trainers need to offer learning opportunities that appeal to a variety of these styles, so that no participant is left behind.

Some researchers have suggested different ways to view learning and the situations in which certain people learn the best. Other researchers suggest that all people learn in multiple ways and have the capacity to learn in each of the following ways. What kind of learner are you?

Feelers

Feelers are people-oriented. They enjoy learning that explores people's attitudes and emotions. They like open, unstructured learning environments. They enjoy working in groups and activities where they can share their opinions and experiences.

Observers

Observers prefer to watch and listen. They enjoy learning experiences that allow them to consider ideas and opinions. They thrive on experiences that promote learning from discovery.

Thinkers

Thinkers rely heavily on logic, thought and reason. They enjoy sharing ideas and activities that require analysis and evaluation. They may prefer to work independently. Role-plays are not preferred.

Doers

Doers like to be involved in the learning process directly. They enjoy practice opportunities, are focused on the relevance of their learning, and want information in concise formats.

Some learners need visual aids in addition to information. Others need tools to assist them in applying the information. Still others require multiple opportunities to practice new skills or apply information as a way to build confidence with the information or skill. Trainers need to remain flexible and have multiple techniques available to them to ensure that learners are having a comfortable experience that appeals, in some way, to their own style of learning. A successful training incorporates activities that address all of these learning styles.

References

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APPENDIX D

TRAINING PROGRAM PREPARATION (ADAPTED FROM KALEIDOSCOPE OF CARE)

Once the training goals and objectives are established, the next step is to outline the content of the training. Think about what activities and information need to be included in the session to achieve the objectives. The content needs to accommodate both the time allotted to the training and the number of participants. For large groups (greater than 20 persons), think about breaking people down to work in small groups or doing a mix of small group work and presentations so that all participants are active in the learning process. For smaller audiences, think about exercises that will foster maximum interaction between participants. Remember to develop a variety of training activities to ensure the capacity to remain flexible.

Complete a Task List for 1-2 Days Before a Training

The following checklist can help to focus on the logistics that are important for a successful training.

Before the training...	Done
Check the training space to make sure supplies are full, bathrooms are in order, etc.	
Equipment is ready: · Computer and screen (or blank wall) · Adequate outlets · TV/VCR/LCD · Easel and flipchart · Markers · Extension cords · Pens and pencils	
Preparations for equipment failure are in place. Have back up materials in different formats (for example: have flipchart *and* overhead available).	
Prepare handouts, overheads, and/or flipcharts, and arrange them so you can use them easily during the training.	
Prepare a few back-up activities in case the training ends early or an activity isn't working with the group. Assemble materials for these back-up activities.	
Prepare folders or packets. Include your contact information.	
Make arrangements for nutritious food or snacks.	
Set up the workshop room so it is appropriate for the size of the group and the types of activities you will be doing. Tables are needed for writing exercises, open space is necessary to do activities, and chairs in a circle or semi-circle are more conducive to discussion than rows.	
Post a large sheet of newsprint near the front of the room and write "Parking Lot" at the top. This will be your reminder list.	
Prepare sign-in sheets and have name tags ready for participants.	
Review the workshop agenda and information beforehand. The participants will know if you are unprepared, and they will lose faith in your credibility as a group leader.	
Prepare a written evaluation form that measures the training objectives and provides an opportunity for participants to share other observations with you.	
Make copies of the evaluation for participants and allot time during the training for them to complete it.	
Have a designated place where people can leave their evaluations before they leave the training.	

APPENDIX E

LOTUS PEER EDUCATOR TRAINING PRE-TEST FORM

Please rate your level of confidence with the skill and knowledge areas below:

	Not Confident				Very Confident
I can describe peer educator skills and ethics	1	2	3	4	5
I can describe peer educator roles & responsibilities	1	2	3	4	5
I can provide information on HIV/AIDS to a woman living with HIV	1	2	3	4	5
I can provide information on HIV medications & treatments to a woman living with HIV	1	2	3	4	5
I can provide information on self-care to a woman living with HIV	1	2	3	4	5
I can communicate effectively with clients	1	2	3	4	5
I can communicate effectively with care providers	1	2	3	4	5

What are your expectations of the training? Please comment.

_____

_____

_____

_____

APPENDIX E

LOTUS PROJECT PEER EDUCATOR TRAINING FEEDBACK FORM

Post Training Questions

1. Did this training meet your expectations? Yes, a lot___ Yes, a little___ No___

   Comments:

2. Now that you've participated in this training, please rate your level of confidence with the areas below:

	Not Confident				Very Confident
I can describe peer educator skills and ethics	1	2	3	4	5
I can describe peer educator roles & responsibilities	1	2	3	4	5
I can provide information on HIV/AIDS to a woman living with HIV	1	2	3	4	5
I can provide information on HIV medications & treatments to a woman living with HIV	1	2	3	4	5
I can provide information on self-care to a woman living with HIV	1	2	3	4	5
I can communicate effectively with clients	1	2	3	4	5
I can communicate effectively with care providers	1	2	3	4	5

3. The topics and information covered in this training were:

   __ a lot of new information ___ a good review ___ too basic ___ other (please explain):

4. Did you gain any techniques or strategies from this training that will help you as a peer educator?
   No___ Yes___

   If yes, please describe what techniques or strategies you're most likely to use:

5. The overall pace of the training was: ____fine ____too slow ____ too fast

6. The length of the training was: ____fine ____too short ____ too long

7. The location of the training was:

   ____convenient to get to ____ok ____ not a good location (please explain)

8. The location of the hotel (if you stayed overnight) was:

   ____convenient to get to ____ok ____ not a good location (please explain)

APPENDIX E

9. The materials and handouts for the training were:

____ very helpful ____too basic ___not very helpful _____ other (please explain):

10. One thing that I would change about this training is:

11. One thing that I plan to do differently because of what I've learned in this training is:

12. What else do you want us to know? Write on back for extra space.

13. Please comment on the facilitators for this training.

Name of Facilitator

Poorly prepared Well prepared/ not helpful Okay Knowledgeable

All The Lotus Project Staff Overall

Poorly prepared Well prepared/ not helpful Okay Knowledgeable

Other comments about the staff; be specific.

Thank you for your participation!

APPENDIX E

DUKE: QUALITATIVE EVALUATION QUESTIONS

Head, Heart and Feet

At the end of each day, participants are asked to answer three questions:

- Head: What did you learn today?
- Heart: How did today's workshop feel to you?
- Feet: What will you do as a result of the workshop today?

Feedback cards

At the end of the training day participants are given two different colored cards and asked to write:

- "Something I learned more about or appreciated during training" on one card and
- "Something I would change about training" on the other.

Final Evaluation

At the end of a week-long training participants are asked to evaluate the training by completing the following statements:

- "I came to this training wanting to…."
- "The part I liked best was…."
- "During the training I learned…."
- "I plan to use the following 3 ideas…."
- "I still do not understand…."
- "And one more thing…."

APPENDIX E

SAMPLE TRAINING EVALUATION FORM

Name of Training: _____

Location: _____

Date: _____

Trainer Name(s): _____

Participant Name (optional): _____

Please take time to complete this evaluation as fully as possible. Your effort will help to assist in developing future workshops and provide useful feedback to the trainer(s).

1. What part(s) of the training did you find most valuable and why?

   Please comment

2. What part(s) of the training did you find least valuable and why?

   Please comment

3. Were your expectations met? ☐Yes ☐No

   Please comment

4. Listed below are the objectives for the training. Please indicate the extent to which these objectives have been met by placing a checkmark in the appropriate cell and commenting in the space provided:

	Poor	Fair	Good	Excellent
Objective 1: _____ Comment:				
Objective 2: _____ Comment:				
Objective 3: _____ Comment:				

5. How would you rate the training facilitation overall?

Beginning	Poor	Fair	Good	Excellent
Training introduction Comment:				
Training objectives Comment:				
Contracting for individual and group needs Comment:				
Contracting for ground rules Comment:				
Middle				
Appropriate confronting if ground rules broken Comment:				
Knowledge of subject matter Comment:				
Appropriate processes were used to engage participants actively Comment:				
Clear facilitator questioning Comment:				
Encouragement of participant questions Comment:				
Responsiveness to participant questions Comment				

	Poor	Fair	Good	Excellent
Adaptability of facilitator(s) Comment:				
Instructions to participants regarding training activities Comment:				
Your personal learning needs were met Comment:				
Ending				
Outcomes summarized Comment:				
Ending ritual/event Comment:				

6. How would you rate the training aids/materials (handouts, visuals, etc.

Visual aids Comment:				
Handouts Comment:				

7.

You were encouraged to participate Comment:				
You were encouraged to ask questions Comment				
Facilitator(s) responded well to participant questions Comment:				

8. How would you rate the way the training was organized?

	Poor	Fair	Good	Excellent
The amount of content for the time available was about right **Comment:**				
The stages of the training were well coordinated or sequenced **Comment:**				

9. If you found it difficult to participate, please give your reasons

10. What did the facilitator(s) do well?

11. Suggestions for improvement:

12. Are there any comments you would like to make about the room, refreshments, etc?

13. Would you recommend this training to others? ☐Yes ☐No

Reasons:

14. Is there anything else you would like to add?

Thank you for completing this evaluation!

APPENDIX E

LIKERT SCALE EVALUATION FORM

Please take a few minutes to fill out this form. Your anonymous responses will be used to improve this training and will be reported back to our funder. THANK YOU!

Please tell us if we met these workshop objectives by circling one number on the scale below.

1. I understand the basic principles of addressing unmet need and connecting to care.

   1 ----------2----------3----------4----------5

   Partially Met Met Exceeded

2. I understand the process of analyzing interventions.

   1 ----------2----------3----------4----------5

   Partially Met Met Exceeded

3. I can develop strategies to strengthen interventions at my organization.

   1 ----------2----------3----------4----------5

   Partially Met Met Exceeded

How will the skills or information you learned in this training assist you in the work you do?

Please tell us the effectiveness for your learning of each training method used in this training by circling one number on the scale provided.

	Not Effective	Somewhat Effective	Very Effective
1. Lecture	1	2	3 4 5
2. Discussion	1	2	3 4 5
3. Activities	1	2	3 4 5
4. Case Study	1	2	3 4 5
5. Workgroups	1	2	3 4 5
6. Handouts	1	2	3 4 5

Things that I liked about this training:

Things that could improve this training:

Additional comments:

Thank you for filling out this evaluation and for attending this training. We hope to see you again!

APPENDIX E

POST TRAINING INDIVIDUAL DEVELOPMENT PLAN

Goal: _____
_

(Use one sheet per goal)

Target date to complete goal(s): ___/___/___

Action Steps:

1. _____ Completion Date: ___/___/___
2. _____ ___/___/___
3. _____ ___/___/___
4. _____ ___/___/___

Who will be involved?

1. _____
2. _____
3. _____
4. _____

Resources needed:

1. _____
2. _____
3. _____
4. _____

Signatures:

Peer Leader _____ Date ___/___/___

Supervisor: _____

APPENDIX F

HEALTH LITERACY

What is health literacy? The ability to read, understand, and act on health information. How does low health literacy affects a patient's ability to participate in the health care system? In the U.S.:

- 33% are unable to read basic health care materials
- 42% cannot understand directions for taking medication on an empty stomach
- 26% are not able to understand information on an appointment slip
- 43% do not understand the rights and responsibilities section of a Medicaid application
- 60% do not understand a standard informed consent form

Patients with low health literacy are often ashamed to admit they have difficulty understanding information and instructions. To hide the problem, they may:

- Always bring someone with them to their appointments
- Say they forgot their glasses when asked to complete a form
- Watch and copy others' actions

In a recent study of health literacy among HIV positive patients[1], those with lower health literacy:

- Had lower CD4 cell counts
- Had higher viral loads
- Were less likely to be taking HIV medications
- Reported a greater number of hospitalizations
- Reported poorer health.

What can you do to improve patient understanding?

- Limit the amount of information provided at each visit

1. Slow down
2. Avoid medical or technical jargon
3. Explain necessary terms
4. Use pictures or models to explain important concepts
5. Assure understanding with the "teach-back" or "show-me" technique
6. Encourage patients to ask questions
7. Read aloud to patient

[1]Functional Health Literacy Is Associated With Health Status and Health-Related Knowledge in People Living With HIV-AIDS. JAIDS Journal of Acquired Immune Deficiency Syndromes. 25(4):337-344, December 1, 2000.Kalichman, Seth C.; Rompa, David

Source: Advancing Clear Health Communication to Positively Impact Health Outcomes. Partnership for Clear Health Communication

APPENDIX G

HIV/AIDS WEB-BASED RESOURCES

Top 5 Sites

PEER Center- www.hdwg.org/peer_center
The PEER Center helps Ryan White HIV/AIDS Program grantees, clinics, AIDS Service Organizations and other training organizations develop peer programs to support HIV-infected individuals. Visit the PEER Center website for relevant news items, resources, and quarterly newsletter.

TARGET Center - http://www.careacttarget.org/
The TARGET Center Web site is the central source of technical assistance (TA) and training resources for the Ryan White HIV/AIDS Program funded by the Health Resources and Services Administration's (HRSA) HIV/AIDS Bureau (HAB). TARGET stands for Technical Assistance Resources, Guidance, Education & Training.

AIDS Info- http://www.aidsinfo.nih.gov/
AIDSinfo is a U.S. Department of Health and Human Services (DHHS) project that offers the latest federally approved information on HIV/AIDS clinical research, treatment and prevention, and medical practice guidelines for people living with HIV/AIDS, their families and friends, health care providers, scientists, and researchers. Information is also available in Spanish.

The Body- http://www.thebody.com/index.html
A web-based HIV/AIDS resource that has information on treatment, prevention, living with HIV, personal stories. The site also includes a Just Diagnosed Resource Center and an Ask The Experts page with interactive forums. Information is also available in Spanish.

Project Inform- http://www.projectinform.org/
A non-profit community-based organization that provides information on effective HIV/AIDS treatment techniques, advocates to expand access to treatment, and works to push HIV/AIDS research to the top of the agenda.

APPENDIX G

HIV/AIDS WEB-BASED RESOURCES (CONT.)

Additional Key Sites

AIDS Action Committee HIV Health Library – www.aac.org
Provides information on transmission, treatment, care, etc.

AIDS Community Resource Initiative of America (ACRIA)- http://www.acria.org/
ACRIA was founded as the Community Research Initiative on AIDS (CRIA) in December 1991 by a group of physicians, activists, and people living with HIV who were frustrated by the slow pace of government and academic AIDS research. ACRIA is an advocate, leader and major disseminator of the study and development of new treatments for HIV, treatment education and HIV health literacy.

AIDS Education Global Information System (AEGIS) – www.aegis.org
Provides daily HIV-related news and media updates.

AIDS Education and Training Center (AETC) National Resource Center- http://www.aids-ed.org/
The AETCs conduct targeted, multidisciplinary education and training programs for health care providers treating persons living with HIV/AIDS. This website provides a central repository for AETC program and contact information and for training materials developed within the AETC network.

AIDS Info NYC – www.aidsinfonyc.org
Publishes HIV Plus magazine, which includes research and treatment information.

Aidsmap- www.aidsmap.com
A UK-based website that offers up-to-date information about HIV/AIDS and includes a worldwide database of HIV health organizations.

American Red Cross HIV/AIDS Fact Book- http://www.redcross.org/en/where
To order, contact your local American Red Cross Chapter by using the link above.

Being Alive – www.beingalivela.org
Publishes Being Alive newsletter, which provides health information from a consumer perspective.

British Columbia Persons with AIDS Society – www.bcpwa.org
Provides definitions and articles on positive prevention and publishes a public health campaign for MSM.

APPENDIX G

HIV/AIDS WEB-BASED RESOURCES (CONT.)

Center for AIDS Prevention Studies – www.caps.ucsf.edu
Provides comprehensive list of resources and fact sheets on positive prevention in English and Spanish.

Coalition for Positive Sexuality – www.positive.org
Provides sex-positive brochures and posters for youth.

GMHC (formerly Gay Men's Health Crisis) – www.gmhc.org
Provides brochures, pamphlets, and guides on HIV in English and Spanish.

Harm Reduction Coalition – www.harmreduction.org
Provides brochures, pamphlets, and guides on HIV, Hepatitis, harm reduction, safer injecting, overdose prevention and addiction in English and Spanish.

HIV/AIDS Anti-Stigma Initiative – www.hivaidsstigma.org
Provides information on HIV-related stigma.

Infectious Disease Society of America (IDSA)- http://www.idsociety.org/
IDSA represents physicians, scientists and other health care professionals who specialize in infectious diseases. IDSA's purpose is to improve the health of individuals, communities, and society by promoting excellence in patient care, education, research, public health, and prevention relating to infectious diseases.

Kaiser – www.kaisernetwork.org
Provides HIV health news, daily reports, webcasts, policy, etc.

Kaiser State Health Facts- www.statehealthfacts.org
A project of the Henry J. Kaiser Family Foundation. Provides free, up-to-date, and easy-to-use health data on all 50 states on more than 500 health topics.

Namlife- www.namlife.org
A website for HIV positive individuals that offers comprehensive advice about living with HIV/AIDS.
New Mexico AIDS Infonet – www.aidsinfonet.org
Publishes fact sheets on HIV prevention, transmission, treatment, care and harm reduction in English and Spanish.

New York State AIDS Institute- http://www.health.state.ny.us/diseases/aids/about/index.htm
A part of the New York State Department of Health.

APPENDIX G

HIV/AIDS WEB-BASED RESOURCES (CONT.)

POZ/AIDSmeds- http://www.aidsmeds.com/
Provides complete, up-to-date HIV medication information in simple, easy to understand terminology. Also provides information on prevention and includes community blogs and links to POZ magazine. Information is also available in Spanish.

San Francisco AIDS Foundation – www.sfaf.org
Publishes BETA (Bulletin for Experimental Treatment for AIDS).

Terrence Higgins Trust – www.tht.org.uk
Publishes brochures on prevention, care and living with HIV/AIDS.

Test Positive Aware Network – www.tpan.com
Publishes Positively Aware magazine in English and Spanish and HIV Drug Guide.

The Well Project- http://www.thewellproject.org/en_US/index.jsp
Information for women with HIV and AIDS. The Well Project is a not-for-profit organization. The website has information on the basics of HIV, treatments and trials, diseases, and how to live well.

UNAIDS – www.unaids.org
Provides global HIV-related information and resources.

Visionary Health Concepts – www.freehivinfo.com
Publishes comic books and brochures on HIV treatment and HIV Consumer Report.

APPENDIX G

HIV/AIDS WEB-BASED RESOURCES (CONT.)

Peer-Related Resources available through the PEER Center website

Building Blocks to Peer Program Success: Peer Program Development Toolkit
http://www.hdwg.org/peer_center/program_dev

AIDSCAP: How to Create an Effective Peer Program for AIDS Prevention Projects:
http://www.hdwg.org/peer_center/resources/toolkit/aidscap-how-create-effective-peer-program-aids-prevention-projects

Circle Solutions Organizations That Care: A Toolkit for Employing Consumers in Ryan White CARE Act Programs
http://www.hdwg.org/peer_center/resources/toolkit/circle-solutions-organizations-care-toolkit-employing-consumers-ryan-white-care-ac

Duke University Medical Center: Building a Bridge for Change: A "how to" manual for organizations wishing to implement the PETS peer education training program for people living with HIV and AIDS.
http://hdwg.org/resources/toolkit/duke-manual-implementing-peer-training

Presentation: Integrating Peers into a Multidisciplinary HIV Primary Care Team (Cook County, IL Bureau of Health Services)
http://www.hdwg.org/peer_center/resources/presentation/presentation-integrating-peers-multidisciplinary-hiv-primary-care-team-cook-c

PEER Center webcast series on peer programs
http://www.hdwg.org/peer_center/resources/Webcasts