
GLOBAL
PROGRAMME
ON
AIDS

HIV PREVENTION AND CARE:
TEACHING MODULES FOR NURSES AND MIDWIVES



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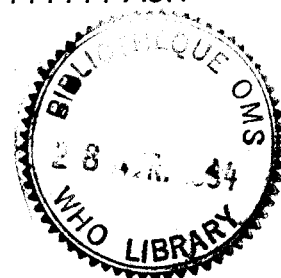
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FOREWORD

In 1987, the World Health Organization's Global Programme on AIDS (WHO/GPA) and the International Council of Nurses (ICN) issued a Joint Declaration on AIDS (see *Appendix 4*), which set out the rights and the responsibilities of nurses throughout the world in preventing the transmission of the human immunodeficiency virus (HIV) and in caring for people infected with HIV.

In 1988, guidelines containing basic information on the nursing of people with HIV infection and HIV-related illnesses were jointly developed by WHO/GPA and the ICN with the understanding that such guidelines need to be adapted according to local circumstances, tradition, beliefs and values. In addition, core teaching modules for *Basic Nursing and Midwifery Education in the Prevention and Control of HIV Infection* were developed by WHO/GPA and were effectively adapted and used throughout the world.

The Director of GPA reported that during the 1990s "...there will be a huge increase in AIDS cases and deaths throughout the world as the people already infected fall ill. What is not yet certain is how many millions of people during the 1990s will be infected with HIV."¹ HIV-related illness has become one of the major threats to public health. Nurses all over the world are affected by this and "have a professional responsibility to remain clinically up-to-date and positioned to offer confident, competent, compassionate and relevant care to the escalating numbers of people throughout the world living and dying with HIV-related illnesses."²

As more and more feedback was received from those who had used this material, WHO/GPA decided in 1992 to rewrite and update all of the modules. Discussions took place with nurses and nursing educationalists in several countries in the WHO Regions, especially in the United Republic of Tanzania (and Zanzibar), India and Thailand. As a result of these discussions and, as technical and scientific knowledge increased, the modules were re-developed by nursing educationalists at the **Riverside College of Health Studies (North West Thames Regional Health Authority AIDS Education Unit)** in London, England.

These newly up-dated **teaching modules** are designed to be used as the basis of nurse training programmes, to ensure that nurses receive consistent and reliable information, based on the current understanding of this pandemic.

The nursing of individuals with HIV-related illness is the same as the nursing of any other sick person; it is the issues surrounding HIV infection and AIDS that are different. These modules explore these issues and re-emphasize the vital importance of good nursing practices in the provision of care to those affected by HIV and AIDS.

REFERENCES

1. Merson, M.H. (1991) *AIDS in the 1990s: Meeting the Challenge*, WHO/GPA, Presentation, Bangkok, Thailand, 12 October 1991
2. Pratt, R.J. (1991) *AIDS: A Strategy For Nursing Care*, 3rd ed., Edward Arnold Publishers, London

INSTRUCTOR'S GUIDE

APPLICATION

The modules are designed as a basic nursing education course on HIV-related illness. They cover the basic knowledge and skills which nurses need in order to effectively and safely practise their profession.

The modules are **consecutive**, each one building upon the knowledge and skills described in the previous module. They can also be presented separately. The optimum class size is 20 to 30 students.

The modules are designed to be taught as part of the curriculum of a school of nursing or midwifery. However, the techniques and materials can be adapted for use in continuing education programmes.

The *Learning Activities*, which form part of each module, call for the use of an overhead projector, photocopied material for hand-outs, and a blackboard and chalk or large sheets of paper and marking pens. The presentations can be modified depending on the resources available.

STRUCTURE OF THE MODULES

The course is divided into 11 separate modules. Each module has been developed as an individual lesson, which will take a minimum of two hours to present. Certain modules may take four to five hours.

All nurses will need the information contained in modules 1 to 5, irrespective of their area of expertise or geographic location. Selection of additional modules will depend upon the situation of the country concerned and the need to address specific topics.

Each module comprises:

- a general objective
- specific objectives
- an introduction
- learning activities, incorporating lesson plans.

In addition, background information for the instructor is provided in each module.

The Learning Activities, subject content and teaching strategies are identified within each module. The implementation of strategies for teaching and related use of materials are

given in further detail below. These strategies can be used as part of each module at the most relevant and applicable times.

Activities in which the material is presented by group might include a written critique by the observing members. However, it is principally through participation in class discussions after the presentation that skills (planning, problem-solving and teaching) are developed and utilized. The effectiveness of the teaching strategy and level of learning, can best be measured by the response of the class during discussions as well as by the quantity of material learned by the students. An alternative method of evaluation is to ask the students to write answers to written discussion questions or to write short essays. This could be done outside class hours.

The suggested content and learning activities have been limited to basic information. Nursing and midwifery schools might find it challenging to incorporate additional material in their curricula.

INSTRUCTOR TRAINING

The instructors who implement these modules may need training to familiarize them with the content. This also provides an opportunity to develop their skill in facilitating the learning activities, many of which involve discussions and exercises addressing the highly charged and sensitive issues posed by HIV infection.

TEACHING STRATEGIES

An important feature of the modules is the use of interactive teaching strategies, allowing instruction, practice and feedback to take place. This approach is considered crucial in addressing the sensitive issues raised by the HIV pandemic. The various teaching strategies that are used are:

- A. visual aids
- B. board
- C. presentation
- D. large group discussions
- E. small group discussions
- F. role-play
- G. case studies
- H. fact finding
- I. project work
- J. questions.

A. VISUAL AIDS

- board or large sheets of paper
- photocopied material given to the students before the lecture
- transparencies used with an overhead projector
- slides and a slide projector
- reference for further studies
- video
- posters
- photographs.

B. THE BOARD (or large sheets of paper)

The board is useful for outlining the learning activity. During the lesson, key points can be noted on the board and questions for debate or discussion (and responses) can be written on the board. The use of the board in this way promotes group discussion and interaction and allows feedback and evaluation to be appropriately structured and all writing must be clear and readable. The board should not be filled with too much details.

C. PRESENTATION

The presentation is used to give information. During the presentation, the instructor can display key points or an outline on the board or transparencies while they talk to the students. Instructors can promote group interaction by the use of partially completed handouts which students can complete, by encouraging questions from the group following the presentation, by group work to discuss and answer questions or by assigning issues or tasks to small groups. From group discussions, the instructor can develop a list of points made which can be used to summarize the presentation.

Each presentation is followed by an activity which gives the students an opportunity to think critically about the information (e.g., group discussion). This will help each student to apply what has been learned to their own work situation.

D. LARGE GROUP DISCUSSIONS

These should be led by the instructor and should involve the entire class. The advantages of such discussions include:

- the students provide information and become more confident because they have already acquired some knowledge
- the students are involved in problem-solving
- the students become active participants, which stimulates interest and motivates learning
- the learning process becomes more personal, requiring the instructor to take notes and comment upon individual opinions and ideas. This emphasizes important points (e.g.,

dealing with the misconception that HIV infection is spread by mosquitos).

- the instructor is able to evaluate the students' understanding and absorption of material presented in class.

Large group discussions require a skilful instructor, who:

- asks questions or suggests topics, and directs the discussion to keep it relevant to the lesson's objectives
- may use transparencies on an overhead projector, or large paper or the board to promote interaction by writing up key questions or topics for discussion for each learning activity
- needs to ensure that all group members have equal opportunities to participate and that no one person (including the instructor!) dominates the discussion
- needs to be flexible as the students may begin exploring another important issue
- is respectful and non-judgemental of the students' ideas and opinions in order to allow for open expression of concerns
- keeps to time, leaving adequate periods for discussion
- obtains feedback and responses from the class to provide evaluation mechanisms for the lesson.

E. SMALL GROUP DISCUSSIONS

These are organized in groups of 4 to 8. Students in small groups should be from a variety of backgrounds and job skills to enable a range of opinions on the given topic.

Some of the advantages of such discussions are:

- students have more opportunity to talk and are less likely to be embarrassed than if they were in a large group
- the atmosphere is more conducive to a discussion of feelings by students
- students gain self-confidence through sharing information
- they participate in problem-solving and improve their skills in this area.

The instructor does not lead the group, but must be skilful in structuring the discussions so that the students accomplish the stated objectives. Discussion questions or topics must be very clear. Rules must be set at the beginning of the discussion, for example:

- Which topics are to be discussed?
- Will the group draw conclusions or make decisions?
- Are the opinions or feelings of students private?
- Will the group be expected to report its discussion to the class?
- How much time does the group have?

The instructor may also:

- ask the group to appoint the following:
 - Chairman (to keep the group discussion focused on the topic)
 - Time-keeper (to keep the group to time)
 - Secretary (to document the discussion)
 - Reporter (to present the findings)
- circulate between groups to monitor group activities and to assist as necessary
- indicate to the groups to begin concluding their discussions 5-10 minutes before time is up.

Small group discussions should be followed by a large group discussion so that general conclusions can be drawn.

F. ROLE-PLAY

Role-play activities can be organized so that students play the parts of identified people and act out a scene. This is useful when practising skills such as counselling, and for exploring how people feel and react in specific situations. Role-plays could also be done by everyone at the same time (the class pairs off or divides into groups). Role-play has the following advantages:

- allows for safe rehearsal of skills and activities and provides good preparation for genuine situations
- students are involved in active participation and observation
- the actors are able to experience activities or interactions and not just discuss them in theory
- students are able to enhance their skills in observation and problem-solving
- allows for full expression and interpretation of concepts
- the instructor to evaluate the students' understanding of the topic.

Some students may feel intimidated by role-playing. The instructor must be skilful in ensuring that they feel relaxed and should:

- keep the role-play friendly and informal
- emphasize that the characters are “in role” and that group observers are looking at the character and their reactions, not at the people playing them
- set up the role-play situation, showing how interaction ought to take place to familiarize the group to the process; this “warms up” the class and gives the actors a chance to practise
- ask for volunteers instead of assigning roles to people.

The instructor should be one of the first actors.

Implementing role-play:

- Two or more people role-play before one or a group of observers
- The role-play situation should be detailed and realistic
- All players must be clear about the character they are meant to become (cue cards may be provided to outline the role and the present problem)
- Actors never use their own name in role-play situations
- Each player acts out the role spontaneously without prior preparation, i.e., “puts himself into the other person’s shoes”
- Encourage the players to be creative and imaginative
- There is no prescription or prohibition of behaviour
- Instructors must not interrupt or interfere during the role-play
- Allow time to enable actors to “get into role” but keep it as brief as possible.

At the end of role-playing

This approach to small group teaching can become charged with emotion. Bringing people “out” of their roles is of paramount importance, otherwise negative or hostile feelings may persist, causing continued discomfort and anxiety.

Techniques for doing this include:

- engaging in discussion of a totally unrelated topic to promote interaction that brings the group back to the “here and now”
- allowing further discussion of any issue of concern.
- allowing objective feedback on aspects of the portrayal of the roles and how real the situation felt
- asking actors and observers what they liked about the interaction and what might have been done differently
- asking the class what they learnt from the role-play
- drawing the class’s attention back to the objectives, or to the main points that the role-play was to demonstrate. For example, if the objective was to practise counselling a person with HIV infection, what are the points to remember?

G. CASE STUDIES

Case studies are an excellent way to give students an understanding of the effect of HIV infection on the individual, and to enable them to deal with problems they may encounter in a health care setting. The instructor is recommended to develop case studies that are specific to the work setting in which the students will practice. Examples of case studies are suggested in the modules.

The advantages of case studies are that they:

- facilitate the active involvement of the students
- allow an examination of a real or simulated problem that mirrors the outside world
- allow students to identify underlying general principles
- develop confidence, and an understanding of complex issues
- may be used in role-play or problem-solving exercises

Case studies include both short vignettes (descriptions of situations, stories) and longer descriptions. Usually, questions are asked that address an objective in the module concerned. These questions may be discussed in small groups or with the entire class. The responses of the students also provide a method for evaluating of this particular Learning Activity.

H. FACT-FINDING

Fact-finding teaches the students to locate information on their own. This is a good way to discover resources and interact with people in the community. It has the following advantages:

- students experience meeting people, seeing facilities, and going into health care settings
- they are active participants in the learning process
- they are involved in problem-solving and observation
- they gain self-confidence in their role in the health care setting.

The instructor must identify precisely what information the students need to collect.

The students can write reports about their experience or report verbally to the class. Presentations and group discussions are very useful, as students will learn from each other's experience as well as their own.

I. PROJECT WORK

Project work brings together the experiences of the students. It may be carried out by an individual or by small groups.

The instructor:

- needs to ensure that the main purpose is explained and clarified before the project is undertaken
- might write out lists of relevant questions on the board or on large pieces of paper or on handouts
- may give different questions to different groups.

Advantages of project work include:

- encourages active participation of the students
- fosters cooperation
- develops confidence in obtaining relevant data
- develops confidence in making decisions
- enables students to recognize and assess what they have learned from the process
- presentation of the project enables evaluation of learning.

J. QUESTIONS

Questions, both verbal and written, are used in many of the strategies throughout the modules. They provide a valuable means of ongoing evaluation and further involve the students in their own learning.

Techniques include:

- constructing questions so that more than one answer is possible
- saying as little as possible
- giving clues to encourage responses
- using good listening skills encouraging non-verbal cues
- using clear and unambiguous wording
- pausing after asking a question
- allowing students time for compiling and reflecting on answers
- prompting to help students further their awareness without giving too much away.

SUMMARY

To help the instructor, each module contains:

- **Background information**, giving important factual information related to the topic
- **Learning activities**, designed to help students achieve the objectives of each module.
- **Teaching guidelines**, to suggest ways in which each of the learning activities can be implemented.