PROGRAMME FOR TRAINING DAYS FOR ClaSS

DAY 1-FULL DAY

09.00 – 09.10	**Introductions and overall aims**
09.10 – 09.40	**Chlamydia – clinical issues**
09.40 – 10.10	**Chlamydia screening and the structure of this study**
10.10 – 10.30	**How are the samples taken?**
10.30 – 10.45	**COFFEE BREAK**
10.45 – 11.20	**Patient questionnaire**
11.20 – 11.40	**Azithromycin / alternatives**
11.40 – 12.00	**Summarise/revisit chlamydia clinical issues**
12.00 – 12.30	**Study design race**
12.30 – 13.15	**LUNCH**
13.15 – 14.00	**Communication issues which arise from the study**
14.00 – 14.30	**Giving results**
14.30 – 15.15	**Risk assessment – sexual history taking in primary care**
15.15 – 15.35	**TEA**
15.35 – 16.40	**Exercise on obtaining consent to partner notification part of study, randomisation and partner histories**
16.40 – 17.00	**Summary and questions**

FINISH

DAY 2-HALF DAY

12.00 – 12.30	**Health Adviser introduction** **Questions from Day 1**
12.30 – 13.00	**LUNCH**
13.00 – 13.05	**Practicalities of consultation**
13.05 – 13.20	**Communication issues**
13.20 – 13.45	**Organise into role play rooms** **Start small group work with facilitator introductions / how role plays run / ground rules**
13.45 – 14.15	**ROLE PLAY 1**
14.15 – 14.45	**ROLE PLAY 2**
14.45 – 15.00	**TEA**
15.00 – 15.30	**ROLE PLAY 3**
15.30 – 16.00	**ROLE PLAY 4**
16.10 – 16.40	**Feedback session with all groups** **Field any issues arisen** **Emphasise roles not intended to be typical** **Summarise how to contact study group for more information / help**

FINISH

15.00 – 15.30	**Summary and questions**

DAY 1
DETAILED PLAN FOR FACILITATORS

9.00 – 9.10 Introductions and overall aims (study protocols / communication issues)

9.10 – 9.40 Chlamydia – clinical issues

- Understand the clinical significance of chlamydia infection, even when asymptomatic
- Understand how it is transmitted
- Roughly how common chlamydia is
- What symptoms chlamydia can cause, but also how common asymptomatic chlamydia is.
- Diagnosis – past and present (the need for correct sampling for many tests currently in use).
- Understand its management – ie incl treatment of partners

Factual information with time for questions: ask questions of audience where possible.

9.40 – 10.10 Chlamydia screening and the structure of this study

- What do we know about screening so far?
- What questions remain?
- Outline of study design (should relate directly to material already sent)
  Including where the practice fits in:
- Which of your patients will receive what?
- What happens next?
- Develop and then keep a large flow chart of patient progress through on wall

******AT EVERY STAGE FROM NOW ON, RELATE TOPIC BEING TAUGHT TO FLOW CHART******

10.10 – 10.30 How are samples taken?

Highlight on flow chart 2 points when samples are taken
Work in pairs
Explain to colleague how a man provides a sample
Swop and explain how a woman provides sample
See and play with swabs and pots
Facilitator wanders round to be available to answer questions raised.
Important/frequently occurring issues to be brought to whole group at end.
***Nurses may well have questions here about sampling techniques and tests available for diagnosis of chlamydia in their own practice: these should be answered as far as possible. Nurses may wish to bring whatever their practice usually uses for diagnosis along to the next session.*
(20 minutes)

10.30 – 10.45 COFFEE BREAK

10.45 – 11.20 Patient questionnaire
Indicate when this is used on flow chart
Each nurse reads **patient questionnaire**.
Chooses 4 questions patients may ask:
    2 they expect to be common questions
    2 they think would be difficult to answer
Then in groups of 4 the groups discuss answers to each of the questions
Facilitator wanders round to be available to answer questions raised.
Important/frequently occurring issues to be brought to whole group at end.
(35 minutes)

11.20 – 11.40 Azithromycin / alternatives
Highlight on flow chart when this is given
Mention group protocol
Go through and give out aide memoire / take questions
(20 minutes)

[Study design flow chart needs to be removed in preparation for last exercise of am]

11.40 – 12.00 Summarise/revisit chlamydia clinical issues
Time for more questions

12.00 – 12.30 Study design race
6 to 8 teams (or so) race to put up flow chart study design
Consider repeat if they really struggle
Start to draw attention to process of consent and randomisation for partner notification
Congratulate and thank the nurses

12.30 – 1.15 LUNCH

1.15 – 2.00 Communication issues which arise from the study
Identify with the nurses which points of the study lead to potential communication issues/difficulties with the patients. Construct list looking something like this:

- **Discussing sexual health questionnaire**
- **Giving results and dealing with responses**
- **Explaining about / asking questions for partner notification**

Give the nurses a chance to air some of their concerns.
<u>Allow nurses to share clinical experience</u>
Try to connect to exercise on patient questionnaire, to highlight progress made.

- **Give an early idea of what a partner history is / does as a key part of the sexual history**
- **Make explicit the 4 barriers to talking about sex / sexual history taking**

Start to explore relationship between real life (partner history may be obtained in process of dealing with patient response to postive result) and study protocol (partner history MUST be obtained for those randomised to practice nurse 'arm' of study).

2.00 – 2.30 Giving results
Use flip charts – several needed.
Let the nurses do the work where possible

- **What reactions might there be to negative results?**
  Could we learn anything useful for patient care from such reactions?

Ask nurses to 'brainstorm' list of reasons why someone might be

- **Particularly anxious of positive result**
- **Particularly surprised by positive result**
- **What other reactions might there be to a positive result?**

Discussion

- develop discussion of how nurse might feel dealing with such situations – connect with the previous session where possible
- help them develop realistic view of their role
- allow nurses who have dealt with this to share their stories

Ensure positive angle is emphasised (identification of treatable condition, chance for patient to learn about protecting themselves).

2.30 – 3.15 Risk assessment – sexual history taking in primary care

- **Discuss the role of risk assessment in primary care:**
  partner history
  condom use
- **Why the primary care context is different** (low risk through to v high risk)
- **Why risk assessment is so useful in primary care**:
  contraceptive choice
  targeting sexual health promotion
  targeting testing
  – quite apart from the screening study!
- **Why sexual history taking is more difficult in primary care**
  Patients don't see themselves as at risk / Out of the blue
- How to **introduce** very personal questions – develop phrases
- Building a partner history
- Assessing condom use

Do try this at work.

3.15 – 3.35 TEA

3.35 – 4.40 Exercise on obtaining consent to partner notification part of study, randomisation and partner histories

Explain exactly what nurses need to do for study purposes:

- Consent for partner notification
- Partner notification

Relationship between real life (partner history may be obtained in process of dealing with patient response to postive result) and study protocol (partner history MUST be obtained for those randomised to practice nurse 'arm' of study.

Explain exercise, hand out materials.
Nurses work in threes: take it in turns to be nurse / patient / observer
Aim is to familiarise nurses with obtaining consent and a partner history
Observer notes approaches to obtaining consent, ability to take a partner history, and checks sufficient info is collected for purposes of study.
Swop round and do a second and third scenario
Groups of 3 then discuss together re good questions/approaches

- Lead whole group discussion to choose approaches which work well

4.40 – 5.00 Round up what has been learnt and take questions
Learning points for next 2 weeks:

- Practice taking sexual histories as risk assessment for STI
- Try to memorise key bits of study protocol

Outline plan for next study day – without scaring them!

Congratulate and thank the nurses

5.0 FINISH

DAY 2
DETAILED PLAN FOR FACILITATORS

Introduction
This brief – 1 ½ day - training has two aims: to teach the nurses the study protocol, and to help them handle the communication issues which arise. The first day lays the foundations for both.
On this second day facilitators should concentrate on issues of communication as well as issues of study protocol in the feedback sessions after each role play.
The actors are highly skilled at feedback, and their views on the experience of being told they have *Chlamydia* are valuable.

General principles
The single most important task is to ensure that the nurses are treated kindly and supportively. The nurses are volunteering to support the project – please ensure that they have no reason to feel angry, threatened or humiliated.

Issues of communication and sexual history taking
A central aim of the training is to enable nurses to talk about risk of infection and routes of transmission with patients, and to motivate them to ensure their partners are treated (whichever arm of the study they end up in). It has attempted to indicate to the nurses that sexual history taking is a generally useful clinical skill even outside the context of the study. This approach has three advantages:

1. The nurses can be encouraged to practice sexual history taking in the long interval before the study commences
2. If there are changes in study protocol the nurses will be better placed to cope with such changes.
3. The nurses have a key skill to help them tackle questions from patients that will frequently lead the consultations away from study protocol.

Issues of study protocol
This is the second aim of the day. Remember that the nurses are <u>not</u> going to be using the protocol skills for many weeks and so there will be a need to return to them at a later date anyway. If in doubt let the nurse group decide what they think was/is meant to happen – along with the available prompts and guidelines - <u>that is good enough at this stage.</u> If nurses make a passable stab at adhering to study protocol, they should be praised.

Running the group and role plays
You have 15 minutes to do introductions, set a confidentiality ground rule, outline the process, and seek your first volunteer.

Timing
It is helpful if facilitators are obsessional about freeing the actors to move on in time. Patients are called in at 30 minute intervals. The actual consultation should take 15-20 minutes. Consultations that are drifting, or simply running out of time, should be interrupted to ensure time for discussion.

Confidentiality
The group should agree and affirm that the confidentiality of the course participants will be respected.

Reassurance
Whilst role play is undoubtedly scarey as a prospect, participants often enjoy the process. So whilst we have given the nurses potentially difficult situations to deal with, in the right environment they should enjoy the discussion afterwards – perhaps they may even enjoy the consultations. Do please encourage them, or you may get no volunteers! (You'll have to pick people then!).

Coffee break discretion
Participants should not discuss patients with anyone other than their own group during coffee! PLEASE make sure they understand this!

Pregnancy testing etc
One scenario may lead to the need for a pregnancy test. If the nurse is used to being able to test in the surgery, she will wish to do this: she has been asked to ask the facilitator for the result (Kelly's test is POSITIVE, any others are negative). Alternatively the nurse might plan to arrange for a test to be sent to the lab, she should then be able to handle the consultation without input from the facilitator. (If they dream up other things – e.g. blood pressure – just say 'normal'.)

Preparation for calling patient in
The volunteer nurse will take the nurse chair – *she should have her back to the group* - and may need to run through protocol briefly – check she has results envelope/any checklists / partner notification props etc.
All scenarios start after the patient has gone to provide more specimens, and has handed the nurse her envelope (Kelly forgets hers – tell the nurse not to address this in the consultation).
The nurse goes to the door to call the patient in.
Your patient will be waiting outside your door.
The first question is along the lines of 'do you have any questions about the questionnaire?' – the consultation then moves on to opening the result envelope.
Allow the consultation to run without interruption, unless it is going to overshoot 20 minutes.

- Thank the nurse and ask the actor to introduce themselves.
- Invite the nurse to say how it felt, and develop a dialogue with the actor.
- Draw in the group if appropriate.
- Say as little as you can
- Thank and congratulate the volunteer

The actor must be free to leave before 30 minutes is up.

Principles of facilitation

1. Be kind
2. Do not interrupt the consultation, unless it is running over 20 minutes.
3. Let others talk
4. Let yourself be guided by the role players at feedback, as they have considerable experience.
5. Accept that study protocol may not be fully addressed.
6. Accept not every personal / communication issue can be covered for every consultation – this is a fact of real life and real consultations, it is probably better to strive for depth than for breadth. 'How did you feel when…...?' is a good question.
7. Praise the volunteers and give thanks

If you are very worried about a nurse's ability, talk to Anne McCarthy or John Macleod afterwards, don't try to address it in the group.

Checklist for running the afternoon

You need: the appointments and patient name list
the programme
these notes

15 minute introductions and ground rules

- Introduce yourself
- Invite group members to introduce themselves
- Emphasise that the 4 patients who need to be seen are deliberately difficult
- Agree confidentiality ground rules
- Explain that if nurses want to do their own tests or investigations, they should ask the facilitator for the results 'eg if you use pregnancy testing kits'
- Reassurances
- Explain re tea break discretion
- Explain consultation only has 20 minutes – the nurse should try to complete it by then
- Find first volunteer and give her time to find the papers she needs etc - this is a time for the whole group to see what is what in terms of 'props', including confectionary pretending to be antibiotics!

Running each role

- Allow to run, but not over 20 minutes
- Invite actor to introduce themselves
- Invite nurse to feed back
- Draw in the group if appropriate
- Say as little as you can
- Thank and congratulate the volunteer

The actor must be free to leave before 30 minutes is up.

Notes on the individual roles – KEEP WELL HIDDEN