Partnership for Health – Safer Sex (PfH-SS)
Training and Technical Assistance
Roles and Responsibilities Protocol

Purpose

This protocol is to guide training of the Partnership for Health – Safer Sex intervention for HIV-outpatient clinics. PfH – SS training is a collaborative effort between Danya and Capacity Building Assistance14-1403 CBA Providers, the clinic requesting training and the Centers for Disease Control and Prevention (CDC).

PfH Intervention Training Audience

PfH-SS is implemented in an HIV-outpatient clinic. Clinics can be funded by CDC, HRSA, in-directly by state health departments, or privately. PfH-SS intervention training should include all members of the clinic including front desk staff, social workers/case managers, clinic administrators, and most importantly clinicians. PfH-SS training is only applicable to the staff of the clinic planning to implement PfH-SS. It is a "closed" training, meaning other agencies will be prohibited from attending.

Requests for Training

Danya, CBAs, Project Officers, Health Department CRIS Users, CBOs, and clinics requesting PfH-SS training should make sure that there is a CRIS request for the clinic to assist with optimal management of the request.

Clinician Participation

Prior to the training, the assigned CBA and Danya should identify the clinicians conducting routine care for HIV-positive patients (*including physicians and/or mid-level providers such as physician assistants and nurse practitioners*) and work to ensure that these clinicians complete the training (more below). If the clinicians don't complete the clinic training they should complete the online training. Identification of clinicians for the training is the responsibility of the assigned CBA, Danya and the clinic. Monitoring and reporting of the clinician participation and completion of training is the joint responsibility of the assigned CBA and Danya.

Note: Post-course evaluations (PCEs) document classroom based completion of the half-day training. Online training can be documented via CDC CME office for those who complete the clinician training online and complete the request for the CMEs. At this time, an HPAT is not required for the online training. See below for more details on PCE and the HPAT.

Readiness (prior to training)

Danya and the assigned CBA should strive to ensure that the clinic, in preparing to host the training and implement the intervention, appoints a dedicated Site Coordinator who will assume responsibility for championing and implementing the intervention (and training) in the clinic. At minimum and in preparation for training, Danya along with the assigned CBA should complete the readiness check-list with the clinic and seek an assigned implementation coordinator or champion in the clinic (see the Implementation Manual and Readiness Checklist, especially item 7 but also 10 and 11). This Site Coordinator or champion should be prepared for assisting with the training as a component of the intervention implementation and other implementation roles.

Failure of implementation is linked to failure of clinics to coordinate and manage implementation of the intervention. The Coordinator has many roles (champion for buy in, integration of the practice into the clinic flow, monitoring and reporting to funders, etc.) to play in the implementation of the intervention and when there is no clinic intervention coordinator the implementation suffers. It is important for Danya and the assigned CBA to communicate this important aspect of PfH-SS to the clinic.

Scheduling

Danya, the clinic Site Coordinator and CBA trainer will schedule the orientation and clinic training. Danya will administer a logistics call for PfH-SS once a CBA provider is assigned to a clinic request for PfH training. Danya will work with CDC after a training request is made to assign a CBA provider to the PfH-SS training request. Booster sessions will be scheduled and provided on an as needed basis by the CBA provider.

Registration

Danya will coordinate online registration for the PfH-SS in-person training utilizing a private link shared by the Danya Training Manager with the clinic Site Coordinator and CBA trainer. Online registration for all participants is required for course completion certificates. During the clinic readiness assessment call, the CBA trainer and Danya should request a staff listing from the Site Coordinator that will list all clinic staff and identify their role/function at the clinic. Danya, the clinic Site Coordinator, and the CBA trainer should work together to make sure all clinic staff on this list are registered online before the training or have a plan in place to ensure paper HPAT forms are completed at the training for participants not registered online. The CBA provider can determine how and if they will collect registration information for the orientation and booster trainings. Of particular concern is monitoring and ensuring the completion of training by the clinicians.

Post Course Evaluations (PCEs)

PCEs are administered to (all) participants in the half-day, clinic-wide training and are required for by the Capacity Building Branch (for its CBA evaluation). PCEs must be sent back to Danya within one week of the training for processing. Danya will send PCE response frequencies reports to the trainers and CDC within ten business days of receiving the PCEs.

PfH- SS Training Process

The PfH-SS clinic training consists of three components that correlate with the Technology Transfer Model.

- **Clinic Orientation to PfH:** All HIV-outpatient clinics preparing for implementation of PfH must conduct an intervention orientation for all clinic staff at least 2-4 weeks prior to the half day, face-to-face clinic training. The orientation may be distance based. The orientation should include the Site Coordinator as a trainer and be facilitated by a CBA PfH trainer. The trainer shows the orientation video, facilitates a discussion about the intervention (benefits, challenges, adaptations, etc.), and allows time for the staff to pose questions to the trainer and Site Coordinator. While the trainer is the ideal person to conduct the orientation, certain limitations may require the Site Coordinator to plan with his or her CBA provider or find alternate methods that best meet the clinic's needs.

Orientation can be provided through two different methods:

- On-site orientation
    - The on-site orientation may last up to 2 hours and is attended by all clinic staff. On-site orientation is delivered by CBA trainer(s) and Site Coordinator based on the location of the clinic.
- Web-based orientation for clinics
    - The CBA trainer will deliver the web-based orientation via a webinar. The Site Coordinator should play a training role in the delivery.

- **Half day, training:** When the clinic is ready, a half-day training is provided by CBA trainers and the Clinic Coordinator. The training is an interactive four-hour course that all clinic staff must attend, it is important that physicians and other clinic leadership attend the training to establish buy-in for the intervention. The training can be done in one complete group or two groups for a half-day each. The Site Coordinator will play a training role (and may administer the *Provider Survey* before the intervention training, see note below).

  Note: The clinic Site Coordinator may elect to collect and analyze the *Provider Survey* (baseline) data found in the technical assistance guide. The CBA is responsible for informing the clinic coordinator of the instrument and its recommended use. TA is available to assist clinics with evaluation of the intervention, as needed. The *Provider Survey* is a recommended practice in the PfH SS Implementation materials.

- **Booster Training (if needed):** Through process monitoring and intervention evaluation, the Site Coordinator will assess specific knowledge or skills needed to continue building staff efficacy to implement PfH. This information is shared with the CBA to plan and prepare the booster training delivery. The booster training should occur 4-6 weeks after the intervention training. The booster training is delivered by the CBA trainer. Certain limitations may require the Site Coordinator to plan alternate methods for the booster training delivery with the CBA trainer (see below). [The Site Coordinator may administer the Follow-up *Provider Survey* at the booster training. The Site Coordinator is responsible for collecting and analyzing the surveys.]

  The booster training can be delivered through three different methods:

- The booster training is facilitated by the CBA trainer
    - The booster training is delivered on-site and organized by the Site Coordinator to ensure all staff attend the training.
- Web-based/webinar booster training developed by the CBA
    - The training will be planned with the Site Coordinator and CBA provider. Follow-up to the web-based booster training will be provided by CBA staff.
- Site Coordinator provides the booster training with off-site support by CBA
    - Additionally, the Site Coordinator can utilize on-line booster sessions developed by other providers to support their booster training topic and delivery.

HIV-Outpatient Clinic Communications Regarding Training and Technical Assistance

- Danya and a CBA provider will screen outpatient clinics using a clinic readiness assessment (see above "readiness").
    - If the clinic is not ready based on the initial screening data, Danya will refer the clinic or the CBA provider to place a CRIS request for PfH SS pre-implementation capacity building. The CBA provider will develop an implementation plan with the clinic (e.g., selecting and training a Clinic Site Coordinator, planning a clinic flow for the service as well as M&E process, procuring intervention materials, developing intervention implementation protocols, etc.).
    - The CBA will deliver the needed CBA-TA services with the clinic based upon the implementation plan timeline.
    - The CBA will notify Danya of the clinic's readiness for the intervention training program and a CRIS request will be submitted for PfH-SS training by the clinic or the CBA provider
- Danya will develop a timeframe for scheduling the clinic orientation and clinic-wide half day training with the clinic Site Coordinator and the CBA trainer assigned to train the clinic.
- Danya is responsible for providing all training materials. Training materials include, but not limited to: handouts, participant manuals and materials, and sample materials (see PfH materials below).
- Danya is responsible for creating an online registration link for the four hour intervention training and providing it to the clinic Site Coordinator and working with both the clinic Site Coordinator and CBA trainer to ensure all participants are registered online or will complete a paper HPAT form.
- The CBA is responsible for collecting and sending attendance list/sign-in sheet to Danya at the end of the training.
- The CBA is responsible for collecting and sending completed PCEs to Danya at the end of training.
- For additional capacity building assistance that may be required by some clinics to further support implementation after PfH-SS training, the CBA or clinic will submit additional CRIS requests to capture ongoing assistance needed for implementation, monitoring, and/or evaluation.

PfH Training Scheduling and Implementation for HIV-Outpatient Clinics

- Danya, assigned CBAs (for TA and training) and the clinic Site Coordinator will communicate, via phone, email, or web-conferencing, to discuss the training plan, negotiate training dates and logistics.

State Health Department and Other Entities (Project Officers, CBOs, & ASOs) Communications Regarding Training

State Health Departments and other entities (Project Officers, CBOs, & ASOs) requesting technical assistance or individualized capacity building will be directed by Danya and CBAs to submit their request through CRIS.

PfH-SS Training-of Trainers (TOT)

Using a train-the-trainer model, the PfH program provides training to a network of trainers (which include state health departments) who will then train health care providers in HIV clinics. This network of trainers will train providers at county and state health departments, university-based health care facilities, other public and private health care delivery systems, and VA Administration facilities.

Alternatively, PfH SS lead CBA trainers may mentor other trainers in ToFs to become PfH SS trainers on their own. The mentorship process will be tailored by CBB for each trainer to be mentored.

PfH Materials

Starter Kit:

- Starter Kit Guide
- Technical Assistance Guide
- CDC Procedural Guideline
- PfH journal article
- Crepaz journal article
- Set of waiting room posters (includes 3 tall, 2 perspective – each is different)
- Set of exam room posters (one in English, one in Spanish)
- Set of patient brochures (one in English, one in Spanish)
- Provider Pocket Guide
- Chart sticker
- Set of Informational Flyers (English and Spanish)
- Orientation Video

The Starter Kit materials are posted on the Effective Interventions' website. Danya will ask clinics to print materials on their own and send a set of the posters to the clinic.

Orientation Session Materials:

- PfH Fact Sheet*
- Benefits of PfH Handout*
- PowerPoints (optional) Handout

*Danya will send the Fact Sheet and Benefits Handout electronically to the clinic Site Coordinator to share with staff before the orientation.

Clinic-wide Training:

- Participant Manual: 1/participant
- 1 Patient Brochure in English (and in Spanish if needed): 1/participant
- Provider Pocket Guide: 1/participant
- Informational Flyer (in Spanish if needed): 1/participant
- Certificate of course completion: 1/participant
- Pre-addressed FedEx slip to return PCEs and sign-in sheet to Danya
- Nametags, if requested by the CBA trainer

Danya will send all materials to the clinic Site Coordinator at least 2 business days prior to the training date.

Booster Session: There is a Booster Session manual.
No materials are provided by Danya. The CBA provider will be responsible for providing any required materials directly to the clinic coordinator.