
Trainer's Guide

WHO Library Cataloguing-in-Publication Data

World Health Organization.

Training modules for the syndromic management of sexually transmitted infections. -- 2nd ed.

8 v.

Contents: Trainer's guide -- Module 1. Introduction to STI prevention and control -- Module 2. Introducing STI syndromic case management -- Module 3. History-taking and examination -- Module 4. Diagnosis and treatment -- Module 5. Educating and counselling the patient -- Module 6. Partner management -- Module 7. Recording and development plan.

1. Sexually transmitted diseases - therapy 2. Disease management 3. Critical pathways 4. Teaching materials
I. Title.

ISBN 92 4 159340 7

(NLM classification: WC 142)

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Introduction

Aims of this guide

This guide is intended for people responsible for in-service training at any first-level health facility, such as a health centre, district hospital, mission hospital or clinic dedicated to the care of persons with sexually transmitted infections (STIs).

- It aims to equip the user with the skills and information needed to train all relevant clinicians and service providers in the management of persons with STIs, including syndromic management.
- It also suggests a number of ways the training could be adapted to respond best to local needs.
- It provides practical advice and information to help you plan and execute the training and assess outcomes effectively – and as easily as possible.

This Introduction explains the main features and benefits of syndromic case management of STIs and the flexible learning approach it advocates.

- Section 1 explains the content and structure of the training programme and how it can serve the training needs of service providers with a range of responsibilities for STI case management.
- Section 2 explores a variety of training options, from conventional training to distance learning or CD-ROM.
- Section 3 explains the support that learners may need during their training and how that support can be provided.
- Sections 4, 5 and 6 discuss the main tasks before, during and after the training.

What is syndromic case management of STIs?

The control of STIs presents one of the great health challenges of the last two decades. STIs are spreading rapidly throughout the world. Untreated, they can lead to serious complications and even death. They substantially increase the risk of transmission of the human immunodeficiency virus (HIV), the virus which causes the acquired immunodeficiency syndrome (AIDS).

Despite their best endeavours, existing STI services often fail to treat the majority of those infected. It is only by making it possible to treat patients with STIs at their *first* contact with a health facility that we can begin to reduce the burden of these infections. For a health facility to diagnose and treat STIs:

- it must be possible to make a diagnosis *without* sophisticated laboratory equipment and methodologies;
- thorough training must be available to all first-line service providers;
- resources such as drugs and condoms must *always* be available, accessible and affordable.

Syndromic management is based on the identification of consistent groups of symptoms and easily recognizable signs (syndromes) and the provision of treatment that will deal with the majority of organisms responsible for each syndrome.

The syndromic management programme is designed to train service providers to treat patients for STIs in the course of their normal patient contact.

Any service provider who has been trained in history-taking, examination and the use of flowcharts for STI case management can confidently diagnose and treat patients with STIs.

Why training?

While training is one essential component for improving STI services, and the modules have been developed for this purpose, not all training has the impact that is needed. How can you ensure that training will have a positive, practical impact on the delivery of services?

Bear in mind that training is not the only solution to service delivery problems. New skills need to be complemented by adequate resources and commodities. For example, if sufficient quantities of the appropriate drugs are not available for service providers to use in the management of STIs, then the impact of this training on services will be minimal. Also, better services are often the result of improved management or supervision. Follow-up after training, using personal action plans and personal accountability will help to increase the likelihood of learning being transferred to the workplace and reflected by improved services.

Another strategy to improve the effectiveness of training is to provide it only to those who need it. Often, service providers do not have a choice whether to attend in-service training or not, and trainers are training service providers who do not need to know, or who are not interested in learning new skills. Wherever possible, training should be targeted towards staff who will be able to use the knowledge and skills frequently and have expressed an interest in learning the skills. Assessing the learning needs of trainees can be an important first step towards improving the impact of the training.

Adults learn best when stimulated, involved and given enough opportunity to practise. The modules are based on these principles, but the training programme will have most impact if the trainer provides various opportunities for learning and allows each person to learn in a way and at a pace best suited to him/her individually. This increases the effectiveness of training, although it may be less convenient for the trainer.

Who is the training programme for?

The programme is for clinicians and service providers whose normal duties include first-level diagnosis and treatment of patients and those who work as outreach providers, counsellors or educators at any first-contact health facility. To make an effective attack on the STI epidemic, it is important that *all such staff* be trained as quickly as possible.

The training may also be of value to more experienced staff who will be involved in the management or administration of clinics and health services.

1: The structure and content of the programme

Independent self-study or open learning is a highly efficient way to learn, although learners still require support in a number of ways: to practise particular skills and discuss ideas, for instance. This section explains how each module is structured, what it contains and which modules to select for different training needs. It also introduces you to the learning support system, which we explore in more detail in Section 3.

The modules

The Training Modules for the *Syndromic Management of Sexually Transmitted Infections* are a series of self-study modules, each of which has been reviewed and revised by experienced experts from a number of different countries and regions of the World Health Organization (WHO).

Each of the modules is interactive, providing learners with questions, activities and projects to make their learning as relevant, stimulating and effective as possible. By taking the time to answer all the questions and complete any activities, learners have the opportunity to draw on their own experience, reflect on current practice, digest new concepts and apply them to their workplace.

Each module begins with general learning objectives, which explain what learners will be able to do when they have completed it. Upon completing the module, learners can then assess for themselves whether they have achieved the objectives. Within a module, each section begins with a number of specific objectives that state exactly what learners should be able to achieve.

There are also special projects at the end of each module that take the form of "action" or "development" plans. These suggest how learners can develop their skills: by either consulting an expert, researching information or, more often, practising the necessary skills with colleagues. These projects are essential because they enable learners to translate theory into practice – which they can then refine with the help of colleagues and their trainer or "mentor" (someone who agrees to help and support the learners in their studies – usually the supervisor).

Each module ends with a glossary of difficult or specialized terms and the meanings of any abbreviations used.

Although learners will be able to study independently through much of the training programme, they will also need to meet with other people to complete the action plans and practise the skills.

The content and action plans for each module are summarized below:

Module 1: Introduction to STI Prevention and Control

How STIs are transmitted, their effects and sequelae if untreated, factors that influence transmission, the global prevalence and incidence of STIs, the links between STIs and HIV, why control of STIs is problematic and key elements of successful control.

Statistics project: To research or review national STI statistics.

Learning needs: To identify the learner's personal role in STI case management, and therefore learning needs, with the help of trainer/mentor and colleagues.

Module 2: Introducing STI Syndromic Case Management

The problems with an etiological and clinical STI case management and the benefits of syndromic management as an alternative. How the flowcharts enable service providers to diagnose STI syndromes.

Action plans: To review learning needs.

To identify colleagues with whom they can practise.

If possible, to observe experienced colleagues practising STI syndromic case management.

Module 3: History-taking and Examination

The signs and symptoms that together make up an STI syndrome. A practical guide to history-taking and examination, stressing the patient's need for privacy and confidentiality and for respect from the service provider.

Action plan: To practise history-taking and examination by role-play with colleagues and, where possible, with real patients.

Module 4: Diagnosis and Treatment

Step-by-step details about each syndromic flowchart, providing information on every aspect of STI case management, including the most effective drug treatments.

Action plans: For each STI syndrome, to identify the drug therapies available locally. Blank drug treatment sheets are included for each service provider to use.

To practise using the flowcharts to diagnose and treat patients with STIs.

Module 5: Educating and Counselling the Patient

Why it is so important to educate and counsel patients with STIs and the steps and skills a service provider needs.

Action plan: To role-play patient education.

Module 6: Partner Management

Like patient education and counselling, tracing and treating sexual partners is another essential element in any successful STI control programme. It offers two approaches to partner management, depending on the human resources available at any health centre.

Action plan: To role-play arranging partner management.

Module 7: Recording and Development Plan

A simple statistical approach to recording that protects patient confidentiality and can easily be adapted for use in a variety of health centres.

Action plans: To identify which recording methods are used locally for reporting.

To practise use of the tally sheet and review its use with colleagues and mentor/trainer.

To design a simple tally sheet for reporting.

Development plan: This is for learners to work on once they have completed their study. It includes questions and suggestions to help them review their skills and improve the quality of their service provision.

For more about each action plan and the activities within each module, please turn to page 28

Important

These seven modules incorporate key elements from global inputs. There will always be need for adaptation to suit local needs and the type of cadre to be trained. The following areas, for example, may need adaptation:

- local epidemiological data;
- adoption and adaptation of risk factors;
- appropriate local treatment choices.

At the same time, there are certain key areas that are good clinical medicine and should not be compromised. Most important of these are:

- history-taking;
- good examination of patients;
- use of effective drugs;
- partner management.

Other resources

Knowledge assessment

A set of 43 questions is available at the end of this Trainer's Guide to facilitate knowledge assessment of learning. Mainly, but not exclusively, in the form of multiple choice questions, they can be adapted for local criteria, used module by module and/or arranged as a pre- and post-test or simply as a post-learning assessment. For more about these, see page 37.

Transparency masters and PowerPoint

A set of transparency masters and PowerPoint may also be available. Clearly, these would need adapting in the same way as you may have done with the module content.

As a trainer, it is important that you familiarize yourself with all the modules and resources. Please read each one as soon as you can. Pay particular attention to Modules 1 and 2 and the action plans at the end of each module.

It might also be useful to try some of the activities yourself so that you get a feel of what it will be like to use the modules or what training approach you would prefer. Note down any questions and problems that you think learners may encounter as they study. Also record how long it takes you to work through each section as this will be helpful when considering the length of the training programme you offer.

Which modules should learners study?

The modules follow a logical sequence in STI case management, although it may not be necessary for all learners to study every module. Nevertheless, each module has been designed to provide the basic training needed for a good grasp of the subject so it is essential that all sections within a module are completed.

The decision on how to divide the responsibilities for case management will lie with health facility directors or managers, but you may well be asked to advise them on this decision.

There are two options. The first option is that each service provider should be able to offer every step in STI case management, from history-taking to statistical reporting – and therefore may need to study all seven modules. The second option is that specific steps or tasks be allocated to staff with relevant experience or duties, for example counsellors, educators or outreach service providers.

Clearly such decisions will sometimes be easy to make, as with a small rural health centre with only two or three service providers who share the same duties. However, the managers of larger facilities must make their own decisions, based on a complete understanding of the needs and resources of their facility.

This is perhaps an ideal selection of modules for different responsibilities:

- For individuals who have responsibility for all steps in syndromic case management: *all seven modules*.
- For individuals who will diagnose and treat patients with STIs: *Modules 1, 2, 3, 4, 7*.
- For anyone who takes on a special responsibility for education and counselling of patients with STIs, together with patient-dependent partner management: *Modules 1, 2, 5, 6*.
- Outreach workers with responsibility for service provider-dependent partner management: *Modules 1, 2, 5, 6*.
- Administrative or clerical staff who will administer the reporting process: *Modules 1 and 2 for information only and Module 7*.

As for learning needs, even though many service providers already have training or experience in history-taking, examination or patient counselling and education, it remains important that they study the relevant modules. In doing so, their personal objectives might be to find out how the skills to be learnt differ from their present skills or what they add to their current experience.

Learning support and practice

In order to complete the training programme successfully, learners will need to meet with others in order to practise the skills identified in their action plans. They may also need support at other times, for example to:

- clarify their responsibilities and learning objectives in STI case management;
- make study plans and prepare for their learning;
- clarify how syndromic case management will be managed at their place of work;
- find answers to their questions or request assistance;
- share attitudes to people with STIs and discuss their own feelings;
- receive feedback on their progress so that they can improve their working skills;
- implement STI case management, perhaps working as part of a team.

Who might provide this support and how?

- The trainer, by offering courses or training sessions or by meeting individual learners.
- The learner's supervisor or manager.
- A "mentor", identified by the learner, who might take on a special responsibility to support and help him or her.
- Colleagues who may also be studying the programme, who might form a study group or work through practical training sessions together.

This is where the programme becomes truly flexible, because you can offer the course and the necessary support in a variety of ways.

2: Your training options

It is possible to adapt the basic course structure and materials to many different circumstances and requirements. This section offers some examples of what is possible, ranging from distance learning to a conventional training course or a mix between the two. At the time of writing, a course is also being developed on CD-ROM. We start by considering distance learning, then conventional training, then offer a few examples of the many "open learning" options.

Option 1: Distance learning

This option requires the trainer to issue a copy of each module to each learner and offer planned support, leaving the learners to work through the modules in their own time. The trainer may have much personal contact with the learner or none at all, leaving this to a supervisor, mentor or perhaps to fellow learners.

The modules contain many activities, projects, questions and feedback, all of which are important aids to effective learning. So long as learners have the necessary support to be able to work through all their action plans and projects and to get feedback on their progress, this option will work very well. A useful role for the trainer will be to prepare any supervisors or mentors for their respective support roles and to organize a number of special meetings and practice sessions.

Particular individuals may prefer to study entirely alone, making their own study and practical arrangements for themselves.

What benefits does distance learning offer?

The benefits of distance learning are as follows:

- Standard modules ensure that all learners receive the same, consistently high standard of training.
- In addition to theoretical knowledge, the modules offer guidance on activities and projects that learners need to complete – some with colleagues and some at their place of work.
- Learners are able to study at their own pace, where and when they wish. This might be somewhere at work, at home or while travelling between the two, for example.
- It is possible to replace long courses with shorter ones that review the learning and offer skills practice and application.
- Courses can be implemented much more quickly because the lengthy process of course design is already in the module.
- With efficient planning and preparation, a great many more staff can be trained at any one time.

- Trainers are freed from lectures and can focus on learning guidance, coaching, monitoring, assessment and application needs.

Option 2: Learning via an interactive CD-ROM or online

If a computer is available, individual learners can also use an interactive CD-ROM. This offers the same benefits as distance learning, with added bonuses such as instant, one-touch links to a glossary and other parts of a module or modules. As with distance learning, each user works through each module on the CD-ROM at his or her own pace – but may have equal need for support and guidance in discussing activities, setting up practice and applying learning in his/her health facility.

E-learning may also be available, although this will be a simple online version of the printed modules.

Regions could set up special learner support for those using CD-ROM or e-learning: tutorial sessions, learner discussion groups, online "help desks" and so on.

The CD-ROM has been designed to work with computers using **Windows 95, Pentium 1** but, of course, will respond more quickly and offer a higher resolution with more advanced computers.

Option 3: A conventional taught course or workshop

Trainers and tutors working in better-resourced training centres might prefer this option. For example, the aim might be to incorporate the programme into existing service provider education or training courses or adapt an existing training course on STI case management, perhaps one leading to a formal qualification.

The modules could easily become the basis for a training course. The trainer could adapt the exercises and activities for group work, perhaps making locally relevant overhead projection transparencies from checklists.

The modules can also be used in a standard workshop format.

Course timings

Experience in many countries of using all the modules as a basis for course work shows that the course overall might take as little as three or four days and as much as three weeks, with most lasting four or five days. These variations seem largely to reflect the qualifications and experience of the participants and, to some extent, their familiarity with role-play based learning experiences.

A typical schedule

For a group of 20 or so qualified clinicians, a typical schedule could be as follows:

Module 1: Introduction to STI Prevention and Control: up to one half-day, depending on the amount and quality of regional epidemiological data.

Module 2: Introducing STI Syndromic Case Management: up to one half-day, plus a possible visit to an STI case management service.

Module 3: History-taking and Examination: one day to allow for adequate case history study and role-play.

Module 4: Diagnosis and Treatment: one day.

Module 5: Educating and Counselling the Patient: two days to allow for adequate case-study and role-play.

Module 6: Partner Management: one half-day for anyone having studied Module 5, otherwise one day.

Module 7: Recording and Development Plan: one half-day.

Course resources:

Additional break-out rooms or space will be useful for small group work and role-play. *Questions* in the materials contain generic answers (which may need adaptation for a specific region) and *activities* can be adapted as necessary for group discussion.

Option 4: Open learning

In fact, this is not one option but many.

Your "tools" for this are the modules plus any form of training or learning session, such as:

- practical training sessions;
- regular tutorial groups;
- special short courses;
- individual meetings;
- observation visits to clinics;
- supervised clinical practice.

On the next page are some examples of how the course could be adapted.

4(a) Modular course: self-study followed by practice for each module over 10 weeks

The trainers in a large health training centre decide to offer the programme to existing students. They design a 10-week programme which enables learners to study the module in their own time, meeting one afternoon each week to review their learning and work on topics suggested by the action plans. They also build observation times into the programme, when learners will visit a centre using STI case management and study it in practice. A possible course structure follows. *Please note that individual learners could study using a printed module or CD-ROM.*

Sample structure for a 10-week course as part of a health education programme

Week	Session content	Study and any visits
1	Course introduction, study guidance	Module 1
2	Tutorial: review Module 1 and regional data on prevalence (optional debates on the role of laboratory, partner referral)	Module 2
3	Tutorial: review Module 2 and arrange learner visits to STI case management centre	Module 3 Learners visit STI case management centre
4	Practical (possibly two sessions): review observations; Module 3 – role-plays for history-taking and examination	Module 4 Learners visit health centre, interview service provider on history-taking
5	Training session: Module 4 – exercises on using flowcharts for diagnosis	Module 5
6	Practical role-plays: Module 5 – education and counselling	Module 6 Health centre visit to learn about patient education in practice
7	Tutorial and role-plays: Module 6 – partner management	Health centre visit, learn partner management in practice
8	Practical role-plays: the complete patient visit	Module 7 Learners spend whole day or more shadowing STI service providers in health centre
9	Tutorial on Module 7 – recording methods	Learners work independently on personal development plans
10	Course review, assessment, share personal development plans and course close	

4(b) Self-study combined with weekly meetings

A trainer in a busy urban health facility knows only too well that the people involved in the programme will rarely be free at the same time or for a whole day every week. Instead, the trainer offers a "drop-in support" facility with a few specific training sessions.

On Week 1, the trainer holds a meeting to introduce the course and module to staff, followed by individual meetings with staff who could not attend the group meeting.

The trainer then makes the whole of each Wednesday free for those studying. Learners can drop by at any time that suits them during that day. They are encouraged to visit every week to discuss progress and the trainer works closely with them on their end-of-module projects.

When two or three learners have completed any of Modules 3, 5 and 6, the trainer arranges a special role-play session. She finds that, while it is impossible to get all learners together at once, two or three can usually manage to attend for this purpose.

This approach puts a lot of pressure on the trainer to check that everyone is working satisfactorily through the programme. However, it works well for the learners because each person is able to learn at a pace that suits his or her working week.

4(c) Self-study followed by a short practical course

A colleague in a similar health facility devises a slightly different approach. He offers a drop-in option for outreach staff, but holds a three-day practical course.

Learners are issued with the modules at individual meetings and asked to study the necessary sections after discussing their responsibilities with their supervisor. They then complete their study of the relevant sections or modules individually, before the course. Study should include all the questions and activities except the practical role-plays or group questions.

On the three-day course, learners work on all the practical exercises and role-plays. They also visit a health centre already offering STI case management. This option exploits the advantages of distance learning, using the module as a form of pre-course study, while over the three days the trainer is able to monitor learners, provide feedback and assess them.

4(d) Self-directed learning at the work site

In our final example, the trainer has responsibility for service providers scattered over a rural area, in a number of small village health centres. The trainer regularly visits each centre, offering practical sessions approximately once a month. Otherwise each centre team works together, discussing their learning and working through many action plans as a team. The trainer finds that this works very well: the team members take their skills development very seriously and, at training sessions, they are much more focused on the learning outcomes.

The options we have discussed are simply suggestions designed to help you plan what would be most appropriate for your learners, facilities and resources.

The benefit of such a variety of possibilities is that you can begin with any one of them, adapting the training to many different needs as the programme gets under way. Indeed, once all the existing service providers have been trained and are running STI case management effectively, they can become expert mentors for future staff. You can also adapt the programme to be part of future basic training or staff induction courses.

3: The learning support roles

In the previous section, we suggested a number of training approaches for STI case management. In this section we explore more closely the role of the trainer and other support people. How does the trainer's role change and what does it involve?

The trainer's role

With any of the options we have discussed, whether printed or e-learning, the modules can play a major role of "teacher" in the sense that the main messages are contained within them. So, the trainer's role changes from that of teacher to facilitator or "learning support manager". You have more time to ensure positive practical outcomes of the learning. Your main functions are to:

- identify suitable health centres to participate in the programme and to select the clinicians and service providers who will take part in the programme;
- select and plan the training approach and necessary resources;
- introduce the programme to supervisors and establish a positive learning environment for learners;
- ensure that learners identify their training needs and make an effective study plan;
- enable learners to practise the necessary skills and give and receive effective feedback so that each one becomes competent;
- help learners identify a mentor within their workplace and then to brief each mentor;
- ensure that learners have regular contact and so do not feel isolated;
- ensure learners receive useful feedback on exercises and skills;
- monitor and assess learning outcomes.

Other support for the learner

Open learning encourages learners to take more responsibility for their own learning. Each can control his/her own time and pace of learning and, to some extent, assess his/her own progress. Many respond enthusiastically to this challenge, valuing their increased independence. For others, the adjustment can be more difficult: they may lack confidence in their ability to learn or in their personal motivation or self-discipline to study.

Such problems can always be overcome if the learner has regular access to someone who can support him/her: this need not be the trainer, but someone at work who does the same hours. This person (or one of these people) must be skilled in STI case management, interested in the learner's development and willing to provide encouragement and monitor progress. The learner must also feel able to approach him/her with confidence. This person is known as the "mentor".

The mentor's role may include:

- helping the learner to plan the self-training and clarify his/her role in syndromic case management in the health facility;
- meeting the learner regularly to review progress, provide encouragement and assist with any difficulties the learner may encounter;
- supervising practical work and provide feedback on progress;
- maintaining contact with the trainer and report on progress.

Ideally the mentor will be the learner's supervisor or manager, someone with technical experience in the syndromic case management of STIs. However, this may not always be possible, particularly when syndromic management is not standard practice. In this situation, encourage the learner to work with a wider group of people: the supervisor, a doctor or clinician who could answer technical questions and, of course, fellow learners.

4: Before the training

Careful planning and preparation are as essential with open learning as they are with any other training programme. This section provides you with the essential steps in preparation:

1. Becoming familiar with the programme and modules.
2. Identifying the participating facilities and learners.
3. Deciding upon the training approach or mix.
4. Planning the course.
5. Planning the records you will need to keep.
6. Preparing participating health facilities and mentors.
7. Preparing learners for the programme.
8. Researching and preparing background information.

Becoming familiar with the programme and modules

We have already suggested that you become familiar with each of the seven modules. As you read, try some of the exercises and activities yourself to get an idea what open learning feels like.

You will notice that the end-of-module activities always focus on one or more of three things: learning issues, practical skill exercises such as role-play, or research projects. To get the full benefit from these activities, learners need to share ideas and practise in groups of three or more so such activities should form the basis of the training events you arrange.

Keep a record of how long it takes you to work through each module. On this basis, how long might it take learners to do so? Allow plenty of additional time for activities and questions that you have not worked on yourself and for the action plans to be completed. This will give you a rough idea of how long learners will need, although the actual time for study will vary enormously, depending on a number of factors: reading speed, confidence in learning, pressure of work and the study environment, including the amount of interference learners will face.

As you read, it will also be useful to note down any other points in the modules that might require your direct involvement. For example, look for anything you think learners would find difficult to understand or that need adapting to circumstances in your region.

Identifying the participating facilities and learners

Once the programme has been piloted, this step may be straightforward: all first-contact health service providers need to be trained. However, when piloting your newly tailored course, only a few centres and teams of service providers need to be involved.

If you are the trainer for one facility, identifying the learners may be easy. In any case, this may already have been decided and you may have been fully informed of the centre(s) and staff to be trained. If not, please discuss these issues with your director or manager.

Deciding upon the training approach or mix

It is only at this step that you can decide upon the training approach. As we showed in Section 2, there are a number of options open to you, from a conventional training course to various uses of open learning – including distance, CD-ROM or even e-learning.

Remember that learners must have the opportunity to practise skills, receive feedback and apply what they have learned. The programme must also provide support to help them work through any difficulties and enable you or others to evaluate the learning outcomes.

If the programme is being implemented for the first time, consider whether it would be useful to train particular staff first, such as supervisors or team leaders. This would be especially important where they have patient contact as well as supervisory or leadership responsibilities, because afterwards they would be in an excellent position to support other staff in their learning.

An open learning approach that uses the modules will be particularly useful if any of these issues apply to your circumstances:

- potential learners are scattered geographically;
- you do not have the time or resources to offer conventional courses;
- many of the trainers may have too little experience, so that you cannot guarantee the quality of the training;
- you see a real advantage in basing the training at each person's place of work so that each can apply skills as he/she learns.

Planning the course

We have divided this step into two parts. The first part assumes that you have opted for an open learning approach and provides some general tips on how you can develop the action plans for any special training sessions. The second part offers advice if you have opted for a fully face-to-face training approach, such as a course or workshop.

Offering special training sessions

It is *essential* that learners discuss, practise and receive feedback in a group (of at least three) on the following skills:

- history-taking and examination;
- use of the flowcharts for diagnosis and treatment of STIs;
- education and counselling;
- partner management.

Also consider:

- How often could you run group training sessions?
- How long can these sessions be?
- What will be the purpose of each session? For instance, if it is possible to meet once a fortnight, could each session focus on one action plan?

More detail on how you might adapt the action plans is offered in Section 5, During the training.

Adapting the programme for face-to-face training

If you decide to opt for face-to-face training, here are some tips that you might find helpful.

- The action plans and activities at the end of each module are easy to adapt for trainer-led group work. Additionally, the questions and activities are obvious points that you might need to develop for your learners to work on.
- If you have an overhead projector or PowerPoint, you can adapt our versions for your own use: no need to do it all yourself.
- If you have photocopying facilities, you might find it helpful to type out and photocopy key passages as handouts.

- You could also use any or all of the module sections as pre-tutorial study material. This will free you from offering lectures, enabling you to review key learning points with learners and concentrate on local needs and practical sessions. (This approach might also help you to limit the course duration.)
- Take particular care to ensure that learners will continue to develop their skills when they return to work. To this end, you might consider using workplace mentors who would take particular responsibility for supporting learners as they begin work with patients with STIs. Such mentoring could continue as long as each individual feels it is necessary.
- If different providers will have different responsibilities in syndromic case management, how will you meet the learning needs of each person? Can you avoid individuals sitting in on sessions of no relevance to their needs? Or might it be better to offer separate courses for different responsibilities?

Planning the records you will need to keep

Record keeping is always important – especially when you need to train so many first-contact service providers. Sufficient records are necessary to enable you to monitor learners' progress and evaluate the learning outcomes. If the training you offer is a pilot programme, the records may also be important for longer-term evaluation and adaptation of the programme.

These are the minimum records it would be useful to keep:

1. The number of learners.
2. Their names and contact details.
3. For each person, a file containing:
 - his/her starting date;
 - the name, address and telephone number of his/her mentor;
 - names of at least two other learners or trained service providers who are geographically close;
 - brief notes on any meetings or training sessions the learner attends, as well as any action you need to take afterwards;
 - reports from the mentor on the learner's progress, particularly on his/her action plans;
 - date of completion;
 - date of assessment.

4. A record of all the problems that learners or mentors face, so that you can identify common problems and amend the programme in future.
5. Notes on the training sessions or meetings you run, including their objectives and structure and a summary report.

A simple filing system should be adequate for basic record-keeping purposes. Keep it up to date at all times. It will enable you to see how quickly learners are working through the programme and help you to identify and contact anyone who seems to be falling behind.

Preparing participating health facilities and mentors

If you are responsible for training in a number of health facilities, arrange to meet their directors as well as any supervisors who might take on the role of mentor. You might prefer to hold one meeting or two separate meetings.

When you meet with any facility directors, you will want to raise the following points:

- Discuss the aims of the programme and how it will benefit both service providers and users
- Explore any objections to syndromic management and how these might be overcome
- Emphasize the benefits of a number of learners studying at the same time: they can provide each other with a good deal of mutual support in implementing syndromic case management of STIs, as well as working together on the necessary skills exercises
- If you have decided to offer the programme in some form of open learning, explain what support you will be able to offer learners and what support should be available within the centre, from senior colleagues, supervisors and mentors. This should include allowing learners sufficient time to study, as well as time for meetings with colleagues and their mentors.

With mentors or supervisors your discussions should include the following:

- If you plan to offer the programme as a face-to-face training course, explain the importance of giving learners the necessary support and guidance to implement the programme as part of their working responsibilities.

- If you plan to offer an open learning approach:
 - if the supervisors/mentors have not studied the course themselves, issue a copy to each person and explain its main features to them; ask them to read it so that they can become familiar with what learners need to do;
 - discuss the sorts of problems and help that learners might need through their training;
 - explain what training sessions you plan to offer, if any, and what other support or management you will provide;
 - for each action plan, or end-of-module activity that you will not be able to support, discuss how the supervisors or mentors could manage it (Section 5 During the training, lists ideas for using the action plans in training sessions and how to conduct role-plays);
 - if you will not be able to offer an initial training meeting to learners, discuss the issues in Step 7 below;
 - explain how you will keep records on each learner, what information you would like the mentors to report to you and when to do so; remember to give your telephone number and address for correspondence;
 - explain that the main role of a mentor is to be available whenever learners need help of any kind and determine whether this would be practical, or would a better option be to meet each learner once a week to discuss progress?
 - answer any extra questions that the mentors raise.

Preparing learners for the programme

It is essential that, right at the start of his or her learning, each person has a clear understanding of the programme and what is expected of him or her, as well as the opportunity to ask questions and express any fears or anxieties.

If you are running some sort of face-to-face learning experience, at your first meeting:

- introduce yourself; find out about each person's current work and any experience he/she may have had with patients with STIs;
- ask learners to tell you what they hope to achieve by the end of the programme;

- explain the objectives of the programme and summarize the role of syndromic management in the control of STIs;
- explain the training process, course duration, assessment, activities and the importance of role-play.

If you are planning to use an open learning approach, some sort of first meeting with learners is equally important. You might want to do all the above, plus the following:

- Introduce the modules and, if appropriate, how open learning works, explaining the need for each learner to plan his/her own study time and take responsibility for his/her own learning. Explain that the module contains questions and activities, which are an essential part of learning:
 - Show the main features of each module, including objectives, reviews, action plans and activities.
 - Stress the importance of activities to help learners draw on their own experience and check their understanding. You might like to use one of the activities as an example with the group. Also stress that it is permitted to write all over their modules because they will each have their own copy.
 - Show how the questions are followed by responses, either on the next page or at the end of the module. Explain that learners do not need to get every question right first time. The value of the responses is that they can learn from their *mistakes* as well – in the privacy of private learning.
- Ask learners to discuss any positive or negative feelings about studying using learning modules. This will enable you to raise the issue of support, including your role and that of any mentor and colleagues. Ask each person to identify a possible mentor and note down his/her name.
- Urge learners to make full use of the support available to them and to seek help if they have questions or difficulties of any sort.
- Check that everyone is comfortable with the written language of the modules. If someone finds the modules difficult, it would be preferable for him or her to learn in another way – perhaps by working directly with an experienced member of the team once the programme is established.
- If you plan to offer further training sessions, inform learners when these will be. Explain that each module ends with a project or action plan and that the training sessions will enable learners to practise the appropriate skills.

- If your training plans are dependent on how many learners would be able to attend sessions, ask the group whether it will be possible for everyone to meet together again. If so, how often? If not, can they meet in smaller groups of two or three? Make sure everyone is aware of the person each can turn to for support and skills practice.
- If appropriate, ask learners to set a personal timetable of:
 - when and where they will study;
 - how long each study period will be (advise that, where possible, it is better to spread study over two or three sessions in a week rather than try to fit it into one whole day);
 - when they hope to have completed a particular module, in this case Module 1;
 - when they aim to meet with you, their mentor or their colleagues. Stress that meetings will be essential to undertake the action plans or projects at the end of each module. Explain that, to make best use of such meetings, everyone should have completed the same module by the date of each meeting;
- Advise learners to discuss their draft study plans with their supervisors (pages 1–9 of Module 1) and to obtain the agreement of the person they have identified as a mentor;
- At the end of this first meeting, help with any further queries and concerns and discuss contact details.

Researching and preparing background information

The trainer needs the following background materials:

- national and regional data and information;
- national guidelines, especially treatment protocols;
- local prevalence and incidence rates, if available;
- additional sources of information to provide to students;
- information on resource persons – for example, consultants.

5: During the training

Given the many options available to you when deciding the most effective training approach, this section cannot provide an extensive step-by-step guide on what to do during the training. Instead, it concentrates on a flexible, open learning approach. It offers advice on a number of issues:

- running group training sessions;
- working on the role-play exercises;
- meeting learners individually.

Using an open learning approach, we have stressed that any learner needs support when he/she is studying. The trainer now has three main responsibilities:

- to ensure regular contact with learners so that no one feels isolated;
- to ensure each learner receives feedback on skills exercises;
- to monitor the overall programme and learners' progress.

The more regularly learners can meet, the better but, at the very least, they must meet after completing each module, at the point when they are ready to undertake their action plans. This in turn means at least seven meetings in addition to the first one.

Running group training sessions

If learners are spending any time studying on their own, use the time when they meet together to exploit all the benefits of group learning. Offer a variety of learning activities based on group work, pair work, projects, role-plays and review discussions. It is generally true that learners who have been studying on their own are full of questions to ask and issues they want to discuss.

Below is a list of general points to cover at any training session you may run. Tips follow to help you implement the action plans for group training.

At each meeting:

- Find out whether everyone has completed the appropriate module. If a learner has not, avoid penalties: he/she may simply not have had time to finish the study. You may be able to help, perhaps by asking his/her supervisor to allow more time for study. If *many* learners have not been able to complete the appropriate module, discuss whether to allow more time before the next meeting.
- Invite learners to discuss how they feel about the programme or studying the module. Help them to resolve any difficulties they may have.
- Stress how important it is to consult other people about the difficulties, however small. Ask whether any learners have consulted their mentors and, if so, how helpful were they.
- Encourage learners to support each other. On a daily basis, they may be the first point of contact for a colleague with a question.
- Ask the group to raise any questions or issues about syndromic case management. Especially when the programme is new, learners may raise important issues.
- Make a note of any problems that you might be able to help with, so that you can follow them up after the meeting. For example, if someone complains that he/she has not been given time to study, you will need to follow this up with his/her supervisor or mentor.
- Review the training session and give learners an opportunity to plan what they are going to do before the next meeting.
- Value all contributions and end the meeting on a positive note.

Action plans and in-module activities

Module 1: Introduction to STI Prevention and Control

Activities

No.	Type of activity	Page	Task
1.	Personal	5	Clarification of each person's role in syndromic diagnosis and the skills and experience he/she will bring
2.	Discussion	6	Their impact in enabling others to live without STIs
3.	Personal	6	Thoughts or concerns the learner might have at this point – and how he/she might resolve them
4.	Personal	7	Expectations of the programme
5.	Personal	9	Note of other learners to work with (for those mainly studying alone)
6.	Discussion	14	Surprises in learning the biological factors of STI transmission. How the factors may apply to the locality or region plus other factors
7.	Discussion	25	Examples of the social and economic effects of STIs
8.	Presentation	26	The burden and transmission of STIs
9.	Discussion	32	The effects of STIs on local families; health-care provider attitudes to patients with STIs; use of health-care services; local awareness of safe-sex messages, etc.
10.	Discussion	35	What makes the control of STIs so difficult?
11.	Discussion	38	Local factors affecting control of STIs
12.	Discussion	38	What can we do to control STIs?
13.	Discussion	41	Locally available health-care services for STIs

Action plans: Data presentation project, data collection project

If regional and/or local data about the epidemiology of STIs are available and sufficient learners have brought details to the session, learners can work on Project 1, Data presentation. Ask for volunteers to present the data. (If several people will present data on the same region or locality, ask them to pay particular attention to what extent their data are different or can be interpreted differently.)

If participants have not been able to review data, take them through Project 2, Data collection.

In either case, your main aim is encourage participants to view data critically, being aware of limitations and constraints in collection or interpretation.

Module 2: Introducing STI Syndromic Case Management

Activities

No.	Type of activity	Page	Task
1.	Discussion	4	Etiological and clinical diagnosis: local problems and advantages
2.	Personal	5	Initial questions or ideas about syndromic case management
3.	Discussion	8	Typical criticisms of syndromic diagnosis
4.	Individual	16	Study of national flowcharts
5.	Discussion	19	Remaining questions and concerns about syndromic diagnosis

Action plan: Tips for self-development

This first action plan asks learners to reflect on what they have learnt and to plan the rest of their learning. It offers a few tips on learning effectively.

The subject matter of this module is crucial because it is about the benefits and features of syndromic case management, so ask key questions based on the module and draw out learners' views for group discussion.

Module 3: History-taking and Examination

Activities

No.	Type of activity	Page	Task
1.	Discussion	3	Consider the feelings of different ages/sexes upon visiting a health centre with STI symptoms
2.	Discussion	4	What would help the patient with STIs to feel more relaxed and confident upon visiting a health centre?
3.	Discussion	5	How do health-care providers feel about asking personal sexual questions?
4.	Discussion	9	To what extent are privacy and confidentiality possible at health centres?
5.	Personal and discussion	10	Observation task: others' non-verbal skills; discussion
6.	Discussion	13	Identify local and popular language for biomedical terms
7.	Discussion	26	Any questions about the guide to history-taking
8.	Role-play	32	Role-play history-taking

Action plan

This asks learners to review or anticipate problems in examining patients with STIs. You might follow this with a "brainstorm" of solutions.

- If you have a plastic "dummy", would this be useful for practising examinations?
- Ask learners to keep the record of histories and examinations on page 42. Make sure you follow up with the learners afterwards.

Module 4: Diagnosis and Treatment

Activities

No.	Type of activity	Page	Task
1.	Personal	13	If relevant, note the local risk assessment criteria for vaginal discharge syndrome.
2.	Discussion	29	Note any questions and concerns about syndromic diagnosis and treatment

Action Plan

- Allow time for learners to raise and discuss questions about the flowcharts.
- If you are using the module without any adaptation, make sure that learners know what syndromes and drug treatments are appropriate.
- Module 4 makes it clear that learners do not have to ask all the questions or make the full examination suggested in Module 3. Often only one symptom is needed in order to identify an appropriate flowchart. So when might full history-taking and examination be appropriate? Discuss this with your learners.
- If you are using the vaginal discharge syndrome, lead a discussion on risk factors and their appropriateness as an aid to diagnosis of STIs in women with abnormal vaginal discharge. Can you use any locally applicable research data?
- What activities or role-plays can you devise to help learners become still more comfortable in syndromic diagnosis and treatment?

Please note: at the back of this workbook are pages to note local drug treatments for each syndrome.

Module 5: Educating and Counselling the Patient

Activities

No.	Type of activity	Page	Task
1.	Discussion	5	Why are education and counselling so important for a patient with STIs and why at the health centre?
2.	Discussion	8	Local terms and assumed causes for STI syndromes
3.	Discussion	16	Factors for assessing a patient's risk of further STI infection: are they all necessary?
4.	Discussion	19	Local barriers to change; how they may vary between males and females and between different ages
5.	Discussion	24	Individual questions and concerns upon completing Section 1
6.	Discussion	28	Breaking the news that an infection is sexually transmitted
7.	Discussion	29	Analysis of provider skills in a case interview
8.	Discussion	51	Myths about condom use
9.	Discussion	57	Condom availability, price and quality

Action plans

This module has two action plans and one assignment. After history-taking and examination, it is the next step in which role-play is essential to enable participants to develop their education and counselling skills with patients with STIs.

Action Plan 1 gives clear guidance on how to role-play patient education, including four case-studies and an observation checklist. You might like to use the case-studies as the basis for your role-play exercises, perhaps making a handout of the checklist, so that 'observers' can make notes. Alternatively, make up your own case-studies (Annex 1 suggests how to do this effectively).

Action Plan 2 asks learners to role-play further stages of the patient education interview, based on the same case-studies and observation checklist.

The **Assignment** asks learners to review current approaches to patient education at their health centre and consider other possible opportunities. Ask learners to share their ideas with each other once they have completed the assignment.

Module 6: Partner Management

Activities

No.	Type of activity	Page	Task
1.	Discussion	16	Advantages and disadvantages of using referral cards; their local use if any
2.	Discussion	17	Offering the index patient a duplicate course of treatment for his/her partner: to what extent is this viable?
3.	Discovery	18	Local investigation into partner referral possibility

Action plan

Although this module distinguishes between partner management and patient education (the subject of Module 5), in practice they are part of the same process. The skills learned in Module 5 are therefore also appropriate to patient referral and, in turn, patient-dependent referral is one of the steps in education.

This action plan offers learners the opportunity to role-play the partner management stage of a patient education interview. You could use any of the four case-studies from Module 5 plus four new ones (or any of your own). This action plan also includes a checklist for observers to use:

- make sure each learner has the opportunity to practise this skill in the role of service provider, and not just in the role of observer.

Module 7: Recording and Development Plan

Activities

None.

Action plan

This action plan has two parts, but each learner should only do the one that is appropriate for his/her situation.

- **Plan 1** is for those whose health centre already has established recording and reporting methods, including for STI syndromes. You may need to adapt its questions for a particular group of learners.
- **Plan 2** applies to those who need to develop a method and routine for recording and reporting. Adapt its questions and activities as necessary for your learners.

Development plan

This three-part plan is intended for individual learners to work on at the end of their study. Its aim is to facilitate continuing application and skills development when back at the workplace. It should *not* be used to assess any individual's abilities. To check knowledge gained, use or adapt the assessment questions in the guide to assess performance behaviour via role-plays.

If you are not able to observe learners once they have begun implementing the programme, ask them to use Part 3 of the Development plan to help them review their progress.

Working on the role-play exercises

As you know, the role-play exercises connected with Modules 3, 5 and 6 are essential to the health service provider's development. Learners who are unused to role-play might find it difficult at first, so be patient: stress the importance of such practice to develop the skills *before* using them with patients. The modules emphasize that, without trust, tact and confidentiality, service providers will fail to operate the programme successfully.

- Encourage learners to give one another feedback on the role-plays. Help them to make all feedback constructive, so that any negative criticism is specific and followed by a constructive suggestion. For example, not *"You were very unfriendly"* but: *"You didn't look at the 'patient' when you were talking to her, which may seem unfriendly. Next time, please look at the patient when she is talking to you to show that you are listening"*.
- Delay your feedback until after the group has given its feedback and make sure that you give positive as well as negative points.
- Even if someone's role-play is very poor, do not let the group "demolish" him or her. Step in with the feedback yourself and give just two or three key behaviours for the person to work on. No one can change behaviour if given too much to think about at once.
- Allow plenty of practise; after giving negative criticism to someone, let the same person try again until he/she gets it right.

The person or people facilitating the role-play should have prior experience of doing so. You might need to arrange a special session to prepare them, in which you could take them through two or three of the role-play exercises.

Meeting learners individually

If offering an open learning option, you might meet individual learners for a number of reasons, for example to:

- discuss study progress;
- resolve a particular problem that a learner may have;
- provide an individual tutorial for someone who is not able to attend a group training event.

Remember that the more isolated a learner is, the more important it is that you ensure he/she has sufficient support. If possible, keep regular contact with any mentors so that you can identify times when this might be necessary.

Be quite clear about the purpose of any meeting. Discuss its objectives with the learner. Ask him/her what the main objectives are and if there are any issues to raise with you.

Check that the learner is able to meet with other service providers studying the programme at the same time. Ensure that each has regular access to a mentor or other experienced service providers who can help with questions and role-play exercises.

Arrange to meet isolated learners individually once or twice to ensure they are getting the support they need and are managing to study effectively. You will need to explore the same issues with each individual as already listed for group meetings.

Maintaining contact by telephone

Even if you cannot meet isolated learners more than once, it may still be possible to speak to them by phone. If so, try to contact them at least once a fortnight; make sure they have your telephone number – and are willing to use it.

6: After the training

We offer assessment questions you could use at the end of a module or after the course as necessary (see below). The aim of these questions is to check knowledge and understanding.

What matters most is how well each service provider conducts his/her responsibilities in syndromic case management and to what extent the service team can work effectively together. However, you might decide that you want to provide a more formal certificate of competence; this could be used for future planning and staff assignments and so on.

Please do not base any assessment on what learners have written in their copies of the modules. These are a personal learning aid rather than an assessment tool. Indeed, we suggest that you only look through someone's copy if you have been asked to do so.

By the end of the training programme, learners should be fully confident about history-taking and examination and using flowcharts for diagnosis and treatment. However, those involved in counselling and education may need to develop and refine their skills over a number of weeks or even months. Similarly, it will take time for staff to identify the effectiveness of their approach to partner management, which will depend on the number of partners who attend for treatment and how easy it is, if at all, to identify a patient as a referred partner.

Below are three suggestions for evaluating learning. You might find one of these a useful basis to design your own evaluation.

Questions for the assessment of learning

These are 43 questions, mainly multiple choice with some matching and open questions. In each case, the learner ticks a box or writes a letter or number in it.

Please read all 43 questions very carefully. Some may need to be removed or adapted to reflect local/regional relevance.

The assessment, available at the back of this guide and as an optional assessment within the CD-ROM, offers questions specific to the content of each module, so you could use it at the end of the whole course or to conclude each module as you prefer.

The questions offer several benefits. For instance, you could use them to:

- check each learner's knowledge and understanding of key concepts and issues – a means to catch misunderstandings;
- give you a sense of how much each person has learnt by using the same questions as a pre- and post-test: that is, before, and then at the end of the training; this approach is particularly useful because participants' initial experience may vary widely;
- check the training or the test itself; for example, if many learners get an answer wrong, is this because the question was in some way unclear or do you need to review the whole area with the group?

Decide whether you will give learners a record of their assessment score or even the answers, or whether the assessment is a tool for your records and use only.

If using the assessment questions with a group of learners, give people plenty of time to do the assessment. (If time is short, make sure everyone understands this at the start.) Some will finish quickly – and need something to do while they wait, while others will be slow: do not rush these people unless it is absolutely necessary.

A review meeting

You can use your final meeting both to assess learner skills and competencies off-the-job and to review the training programme.

The basis of your skills assessment could be a series of role-play case-studies, in which learners would take turns to observe and take part. You might either provide observation checklists or ask learners to create their own, which gives them a sense of "ownership" of the skills. For example:

- ask each learner to list his/her main responsibilities in syndromic case management;
- ask learner groups to discuss and agree the main skills and standards of behaviour for each responsibility;
- ask learners to rank their own performance on a scale of 5, with (1) as excellent and (5) as poor for each standard.

Having done this, each learner could practise role-playing a case-study you give him or her. In giving your feedback on the role-plays, you would compare your assessment with the learner's own self-assessment.

This approach would enable learners to devise a personal development plan, listing their strengths (things to continue doing) and weaknesses (things they still want to improve).

Emphasize that learning never stops just because a course finishes and you hope that each person will continue to improve his/her own skills.

You could also use the review meeting to:

- ask learners to report any experience with syndromic diagnosis and case management;
- clarify any questions that remain;
- explore how the training has reassured people about the effectiveness of syndromic diagnosis and case management;
- help to resolve any continuing problems;
- ask learners for feedback on the training programme so that you can improve it in the future.

Finally, keep a record of everything that you have to resolve as the training progresses so that, each time the training programme is offered to learners, you can ensure the most effective learning experience possible.

Work observation

It is in the workplace that learners must apply their skills. Therefore, it is particularly helpful to conduct a further assessment there. However, this would require a good deal of your personal time – particularly if it involves a lot of travel – so you may be able to adapt the tips below for the use of mentors. Ask them to report their assessment to you.

- Devise a checklist of observable skills and standards for each responsibility.
- Tell each learner when the observation assessment will happen and how you will do it.
- At the observation session, respect the patient's feelings and only observe if he or she is comfortable with your presence.
- Do not interfere with the process you are observing.
- Make short notes that you can expand on soon afterwards.
- Look around: can you see flip-charts, tally sheets or other evidence that the service provider has made the best use of available facilities?

If possible, give the health-care providers feedback on their skills, both positive and critical but constructive. If you are assessing several people at the same facility, it may be useful to discuss findings with the supervisor or director.

Summary

By the time you have worked through this Trainer's Guide, we hope you have a clear plan of action for implementing a training programme on STI case management.

We have illustrated a number of ways that you can adapt this programme to the needs and circumstances of your locality. If you are using open learning for the first time, we have also provided tips and advice based on years of experience of what to do and what to avoid.

As you can see, the flexibility of the training design has made it difficult to be prescriptive at every step. It is up to you to organize an effective training experience or a number of training experiences for different sets of learners – from full-time students to isolated outreach workers.

If you already have standard course evaluation procedures, then you might even be in a position to compare the learning outcomes of different learning approaches or programmes and, therefore, adapt and refine your programme as often as necessary.

We hope the training is effective, challenging and enjoyable.

Annex 1: Developing your own case-studies

Case-studies are an important approach in this training. They enable learners to practise and apply acquired knowledge in a safe environment before dealing with real patients. In this programme, we use them in several different contexts but, inevitably, they cannot be appropriate for every region. You may prefer to either adapt them or create your own. This short section offers guidance on doing so. It includes:

- the context and purposes of case-studies in this programme;
- adapting the case histories;
- creating your own case histories;
 - the need for focus and clear objectives for each set of case-studies;
 - tips on developing the case-studies.

The context and purposes of case-studies in this programme

For purposes of illustration, the modules contain many small case histories and examples of interviews. Some of these are brief and context free. In the table below, we focus on those that have a more specific sexual and social history, including some that are developed over several role-plays.

Please note: reviewing the table on the next page cannot replace the essential task of carefully studying each of the modules you will use for training purposes. This is because, throughout, there are references to the seven global flowcharts and you may need to remove or amend any of these according to national requirements.

Major case-studies within the modules

Module 3 Page 10	<i>Theme or context</i>	<i>Purpose or objectives for case-studies</i>
	Identifying behaviour that a) hinders and b) assists the process of establishing a good rapport with a patient. One case-study.	To illustrate poor health-care provider behaviour. Learners should use this as a prompt to think about <i>appropriate</i> health-care provider behaviour.

Module 4 Pages 31–34	<i>Theme or context</i>	<i>Purpose or objectives for case-studies</i>
	Accurate diagnosis of an STI syndrome and treatment and familiarizing learners with the flowcharts. A series of 17 brief case histories referring to all seven flowcharts. Each case-study describes a patient's presenting symptoms, signs and appropriate behaviours.	To enable learners to practise using all seven flowcharts: a. Given a patient's symptoms, to select the correct flowchart. b. Given the signs and patient behaviours discovered during history-taking and examination, to decide on the correct STI treatment.

Module 5 Pages 21–23	<i>Theme or context</i>	<i>Purpose or objectives for case-studies</i>
Module 5 Pages 42–50	Questions to review Section 1 and 2, which included a range of issues that contribute to a patient's risk of becoming reinfected with STIs.	Given four case histories which illustrate a number of risk factors, to identify: <ul style="list-style-type: none"> ■ what risk behaviours each patient needs to avoid in the future ■ what barriers to change might arise from the patient's circumstances.
	Role-play of patient education: four case histories to role-play. Please note: three of these are the same cases as those given on pages 21–22 of this module (Nina, John and Amina).	To practise the skills and issues necessary in educating the patient up to the point when the patient recognizes the need to change sexual behaviour, and what risky and safer behaviour entails. Those taking the role of health-care provider in the role-plays should aim to: <ul style="list-style-type: none"> ■ practise the six patient education and motivation skills (page 26) ■ work through four of the six patient education issues.

	<i>Theme or context</i>	<i>Purpose or objectives for case-studies</i>
Module 5 Page 53	Interview example: a discussion between patient and health-care provider about the benefits of using condoms to "stay cured". One of the patients in earlier case-studies (John).	The example demonstrates skills to help a patient overcome barriers to safer sexual behaviour.
Module 5 Page 59	Complete role-play of patient education, starting where left off on pages 42–50 and using the same case histories.	To enable learners to practise helping patients identify appropriate changes in behaviour, overcome barriers and choose which behaviours they will adopt.

	<i>Theme or context</i>	<i>Purpose or objectives for case-studies</i>
Module 6 Page 12	Interview example: a discussion between a patient and health-care provider about referring the patient's partner(s) for treatment for STIs. The partner is the same one as on page 53 of Module 5 (John).	To illustrate some of the health-care provider's skills in discussing the patient's need to talk to sexual partners.
Module 6 Page 13	Question example: a discussion between a patient and health-care provider about referring the patient's partner(s) for treatment for STIs. The patient is the same as page 45 of Module 5 (Amina).	To identify the health-care provider's interpersonal skills in a challenging patient referral discussion.
Module 6 Pages 22–26	Role-play of partner management by patient referral, using the same four case-studies as on pages 42–50 of Module 5 (Nina, John, Amina and Ahmed) and/or a further four new ones.	To practise the final stage of an interview with a patient with STIs: partner management.

Adapting the case-studies

When reviewing the case-studies, you might decide to delete or amend any of them. Amending them will be straightforward if you want to:

- alter the STI syndrome used in the case (perhaps because the one given in a case-study is not locally relevant)
- change the patient's name or change a minor detail, such as a patient's age by a few years.

In making even simple amendments like these, remember to follow them through carefully. For example, if you amend a case-study in a question you must also amend the answer. Some case-studies are developed through several role-plays and even several modules.

The more detail in the case-study you want to amend, the more careful you must be that your replacement case-study continues to serve the purpose and objectives detailed in the table above.

Creating your own case-studies

If you want to entirely replace any case-studies, remember that the new ones you devise must meet the *context/theme* and the learning *purpose or objectives*.

The *context or theme* might be to provide:

- an example of patient concerns or provider skills more appropriate for your region;
- enough syndromic and other "evidence" to facilitate accurate diagnosis and treatment for STIs;
- a scenario for role-play practice;
- a case-study for discussion and analysis within a group.

Any new or revised case-studies must match the objectives and learning context with each module.

Tips on developing your own case-studies

- Start with a clear understanding of the context within your training and the learning outcome or objective(s).
- Decide how much you need to say about the person and events in your case-study. For example, if the learning objective is to diagnose a syndrome or drug treatment using the flowcharts, all that is necessary is a brief sketch of signs, symptoms and, possibly, sexual history. If the aim is to facilitate practice of interpersonal skills, a more "rounded" case-study may be useful.
- To create a more rounded description, consider the character's:
 - name, sex and age;
 - marital status/sexual status;
 - relations with partners/sexual status of partner(s);
 - beliefs, education, religion and occupation;
 - signs and symptoms that suggest an STI syndrome;
 - attitude to your health facility/other available health-care provision, both formal and informal;
 - awareness of STIs and risk behaviour;
 - home/distance from the health care centre; urban or rural;
 - willingness or otherwise to discuss his/her health problem openly.
- Create the character's "story"; for example the nature of the information he/she will provide and how easily, how he/she will react to diagnosis, treatment or partner management – whatever is appropriate to the particular teaching context and objectives.
- If you are creating a number of case-studies, make sure that, among them, you cover both the range of STI syndromes and of different but "real" individuals and stories.
- Test your case-study/studies on colleagues or, better still, a small group of learners:
 - Does it provide enough information for effective discussion or role-play?
 - Are there any areas of confusion or inconsistencies to resolve?
 - Could you improve it in any way to make it more relevant or appropriate?
- Incorporate the case-study/studies in the training programme.

Annex 2: Questions for the assessment of learning

Introduction and guidance notes for the trainer/assessor

These questions are based on the content of the seven STI Syndromic Management modules. Anyone facilitating the programme or assessing knowledge could use the questions:

- to assess each learner's knowledge and understanding of the key issues relating to each module;
- to measure knowledge gain by using the questions as a pre- and post-test;
- as part of your evaluation of the success of your training in STI Syndromic Case Management.

The questions

In all, the assessment offers 43 questions with a scoring total of 86 points. Most are multiple choice with four options of which one is correct. Where appropriate, more options are offered and more than one answer may be correct: the learner's note always mentions such points.

Where necessary, other types of question are also used. These include:

- true/false questions, in which the learner is invited to decide whether or not a particular statement is accurate;
- open questions; these are used in two conditions:
 - when the required answer is a specific word or phrase that has been reinforced through a particular module;
 - when the issues are essential to know and remember – such as the six key features of case management.

In all cases, the answers to open questions are easy to assess, since only short notes are required. The assessor should use his or her own judgement as to what extent an alternative word shares the meaning of the one required. Allow for learners who are not fluent in English.

Planning the assessment

The 43 questions are divided unevenly between the seven modules to give you flexibility in planning the assessment. Key issues for you to consider include the following:

- Making a thorough check of the relevance of each question to the STI syndromes and details for your region. For example, one question asks learners to list the risk assessment questions for vaginal discharge. These may either be irrelevant in that you are not training for this syndrome or incorrect in that your local risk assessment factors are different. Please adapt or remove such assessment questions and their answers as necessary.
- Planning how you will deliver the assessment. For example, if you are training in all seven modules, you might select from them to create a 50-question final assessment, use the questions just as they are or offer assessment at the end of each module – or otherwise staggered through the course.
- Planning your pass rate, if any. In percentage terms, people with no prior training could score anything up to 50% through a process of guesswork, whereas those completing their training without any tight time pressures should reasonably achieve 80% or more, even allowing for any language difficulties.

Module 1: Introduction to STI Prevention and Control

1. Three biological factors influence the transmission of STIs. The first two are age and sex. What is the third? (1 point)

2. Sex workers and their clients are clearly very vulnerable to infection by STIs. Which other two population groups are also particularly vulnerable? (2 points)

- a) Sexually active teenage girls.
- b) Sexually active teenage boys.
- c) Adult men who are sexually active with more than one partner.
- d) Adult women who are sexually active with more than one partner.

3. Give four reasons why the STI figures in any national or regional reports may significantly under-represent the true number of people with an STI. (4 points)

4. Are these two statements about STIs and HIV TRUE or FALSE? Tick the boxes you think correct. (2 points)

- | | <i>TRUE</i> | <i>FALSE</i> |
|--|--------------------------|--------------------------|
| a) There is as yet no evidence to show that STIs such as syphilis or chancroid can facilitate the transmission of HIV. | <input type="checkbox"/> | <input type="checkbox"/> |
| b) HIV infection makes infection with other STIs more likely. | <input type="checkbox"/> | <input type="checkbox"/> |

5. Which of these statements about comprehensive case management of patients with STIs is true? Tick the box you think correct. (1 point)
- a) The two main topics in patient education are the nature of the infection and treatment compliance.
 - b) Diagnosing an STI syndrome and providing effective antimicrobial treatment are two features of syndromic case management.
 - c) Because all health facilities can diagnose and treat STI syndromes, the specialist STI clinic (genito-urinary centre) has no further role to play.
 - d) Partner management is difficult and should not form part of the case management of patients with STIs.

6. List the six features of comprehensive care for people with STIs. (6 points)

1.

2.

3.

4.

5.

6.

Module 2: Introducing STI Syndromic Case Management

1. Briefly note three problems with the etiological approach to STI diagnosis and treatment. (3 points)

2. Tick the box below that most accurately completes this statement. (1 point)

Syndromic case management aims to treat patients with STIs upon:

- a) their first visit to a specialist STI clinic;
- b) their first visit to the health centre;
- c) their return to a health centre after etiological diagnosis;
- d) their return to a health centre after syndromic, and etiological diagnosis.

3. Which STIs accurately complete this statement? Tick the appropriate box. (1 point)

The most common causes of urethral discharge are:

- a) gonorrhoea and chlamydia;
- b) syphilis and chlamydia;
- c) syphilis and chancroid;
- d) gonorrhoea and chancroid.

Module 3: History-taking and Examination

1. Patients coming to discuss a possible STI have particular needs of the health-care environment and the provider. Briefly:
 - a) Name their two basic needs of the environment. *(2 points)*

 - b) Name their two key requirements of the health-care provider. *(2 points)*

2. When is it best to use closed questions? Tick the box you think correct. *(1 point)*
 - a) To help the client open up on a particular issue.
 - b) When you want to collect answers to many precise questions.
 - c) To help the patient relax and feel more confident.
 - d) To check particular details towards the interview's end.

3. Which of these is an open question? Tick the box you think correct. *(1 point)*
 - a) When did your symptoms begin?
 - b) What can you tell me about this sore?
 - c) Have you completed your course of medication?
 - d) Does it feel tender?

4. What question is it useful to ask several times when taking a patient's history? *(1 point)*

5. Three of the six verbal skills in history-taking are summarizing/ checking, facilitation and reassurance. What are the other three? Tick the boxes you think are correct. (1 point)

- | | | | | | |
|------------|--------------------------|-------------|--------------------------|-------------|--------------------------|
| Listening | <input type="checkbox"/> | Direction | <input type="checkbox"/> | Control | <input type="checkbox"/> |
| Empathy | <input type="checkbox"/> | Affection | <input type="checkbox"/> | Enthusiasm | <input type="checkbox"/> |
| Motivation | <input type="checkbox"/> | Partnership | <input type="checkbox"/> | Expectation | <input type="checkbox"/> |

6. A male patient does not want to be examined by a female health-care worker. No male health-care workers are available this afternoon. What should you do about this? (1 point)

- a) Suggest that a male working at the centre accompany the patient.
- b) Tactfully try to find out why the patient feels so strongly about this, so that you can persuade him of the need for examination in those terms.
- c) Explain why it is so important to make an examination if you are to get the diagnosis right.
- d) Explain that, if the patient cannot agree to be examined, you cannot provide any treatment.

7. What recommendation does the World Health Organization make on the use of gloves when examining patients for STIs? Tick the answer you think correct. (1 point)

- a) There are no specific recommendations.
- b) Because there is no need to conduct an internal examination, the use of gloves should be at the discretion of the health authority.
- c) Although an internal examination is not necessary, gloves are recommended.
- d) Due to the need for internal examination, gloves are recommended.

Module 4: Diagnosis and Treatment

1. Resistance to particular drugs is high in some parts of the world. To ensure effective drug treatment, what percentage efficacy does the World Health Organization recommend? (1 point)

- a) 75%
- b) 85%
- c) 95%
- d) 97.5%

2. If a patient complains of abdominal pain and you suspect PID, which of the factors or symptoms below would suggest possible PID and which would suggest referring the patient for surgical or gynaecological assessment? (7 points)

- | | <i>TREAT FOR PID</i> | <i>REFER</i> |
|--|--------------------------|--------------------------|
| a) Recent delivery, abortion or miscarriage. | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Abdominal guarding and/or rebound tenderness. | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Vaginal discharge. | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Cervical excitation tenderness. | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Abnormal vaginal bleeding. | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Lower abdominal tenderness. | <input type="checkbox"/> | <input type="checkbox"/> |
| g) Missed/overdue period. | <input type="checkbox"/> | <input type="checkbox"/> |

3. If a person with symptoms of genital ulcer is also HIV-positive, what effect might this have on the appearance of the ulcer? (1 point)

4. Which of these statements about vaginal discharge and risk assessment is FALSE? (1 point)

- a) Vaginitis can lead to serious complications.
- b) Vaginal discharge alone is poorly predictive of cervical infection.
- c) Cervicitis can lead to serious complications.
- d) In areas with a high prevalence of gonorrhoea and chlamydia, local risk assessment factors help identify women at higher risk of infection.

5. A young man complains of a painful scrotum. You learn that he has several casual girlfriends. Upon gentle palpation, you confirm pain and some swelling. There is no discharge, torsion or apparent trauma. How would you treat this patient? (1 point)
- a) Refer the patient immediately for a surgical opinion.
 - b) Treat for syphilis and chancroid and review in seven days.
 - c) Treat for lymphogranuloma venereum and review in five days.
 - d) Treat for gonorrhoea and chlamydia and review in three days.
6. A young man complains of a lump in his groin. Upon examination, you confirm a painful, fluctuant bubo but no other STI syndromes.
- a) For what two causes do you treat this patient? (2 points)

 - b) What else could you do to help ease the patient's symptoms? (1 point)
7. What is the maximum age of a young child for purulent conjunctivitis to be caused by an STI? Tick the box you think correct. (1 point)
- a) Two weeks.
 - b) One month.
 - c) Six weeks.
 - d) Two months.

Module 5: Educating and Counselling the Patient

1. What sort of language should the health-care provider use and why, when explaining the STI syndrome? Tick the box you think is correct. *(1 point)*
 - a) Use medical language when discussing the STI and parts of the body in order to avoid embarrassing the patient.
 - b) Use medical language when discussing the STI and parts of the body to avoid upsetting, or even insulting, the patient with inappropriate language.
 - c) Use local terminology when discussing the STI and parts of the body so that the patient can easily understand what you are saying.
 - d) Use local terminology to demonstrate your rapport with the patient and willingness to speak in his/her terms.

2. What is the main aim in educating and counselling patients with STIs? *(1 point)*
 - a) To impress upon patients that, if uncured, their STI could have serious impact not only on their health but that of their partner(s) and children.
 - b) To help patients become better informed and make appropriate choices on their drug therapy, sexual behaviour and practices.
 - c) To cure patients of the STI causing their syndromes and make sure that they will avoid reinfection.
 - d) To make patients aware of the dangers of reinfection so that they can avoid further infection.

3. Limiting sexual partners to one faithful partner is one of the three options for safer sex. What are the other two? *(1 point)*

4. Four of the five key issues on which to educate the patient are: what are STIs, and which STI the patient is suffering from; the treatment and the importance of complying with treatment; any side-effects from the medication that they need to be aware of; and the patient's risk level. What is the fifth education subject? Tick the box you think correct. (1 point)
- a) The implications of not complying with any of the five education subjects.
 - b) Any barriers to changing behaviour that the patient may have.
 - c) The need to treat sexual partners.
 - d) The number of new cases of this patient's STI you have seen in the last three months.

5. When trying to assess a patient's risk of further STIs, you need to consider five sets of risk factors. Two of them are personal sexual behaviour and the sexual behaviour of the partner/s. What are the other three? (3 points)

6. Below, we list the extra skills that health-care providers need when educating patients. Fill in the missing words. (6 points)

Explanation and _____

Modelling successful _____

Reinforcing _____

Helping the patient explore _____

_____ what the patient will do or say

Confirming the patient's _____

5. In the area of partner notification which of these statements about patient referral is correct? (1 point)
- a) Patients may view it as a threat to their confidentiality.
 - b) It requires extra, highly trained outreach staff.
 - c) It depends on the willingness of the patient to divulge names.
 - d) It depends on the willingness of the patient to refer partners.
6. In the area of partner notification which two of these statements about provider referral are correct? (2 points)
- a) Tracing partners is easy and cost-effective.
 - b) Patients may view provider referral as a threat to confidentiality.
 - c) It requires highly trained outreach staff.
 - d) The patient may need support from the service provider.
 - e) The patient need not divulge the names of sexual partners.
7. In patient referral option for partner notification, how important is it to know the names of a patient's sexual partners? Tick the answer you think is correct. (1 point)
- a) It is essential because the only way to reach people who may be asymptomatic is to obtain their names: the patient must divulge them.
 - b) It is essential in order to maintain an accurate record of which partners have come forward for treatment – and which have not.
 - c) It is unnecessary to obtain the names of symptomatic partners, although it is helpful to know the names of people who may be asymptomatic.
 - d) It is not essential in partner referral, although if given voluntarily, it could help with partner records.

8. For each of the STI syndromes below, for what do you treat a patient's sexual partner(s)? Write the letter or letters you think correct in each box. (3 points)

a) Genital ulcer.

b) Urethral discharge.

c) Neonatal conjunctivitis.

A Chancroid

B Chlamydia

C Gonorrhoea

D Trichomonas vaginalis

E Syphilis

F Nothing

G Not applicable

Module 7: Recording and Development Plan

1. Which of these statements about case recording is TRUE? Tick the statement you think is correct. (1 point)
 - a) Sentinel reporting from specific sites gives an excellent representation of what is happening in the region.
 - b) Efficient case recording and reporting is the only way to determine the true burden of STI infection and disease in a population.
 - c) For a number of reasons, it is essential to have an accurate understanding of trends in STIs.

2. For reporting purposes, which are the only two syndromes that can normally be taken as fully trustworthy indicators of STIs? Tick the answer you think correct. (1 point)
 - a) Inguinal bubo and lower abdominal pain.
 - b) Urethral discharge and genital ulcer.
 - c) Vaginal discharge and neonatal conjunctivitis.
 - d) Scrotal swelling and inguinal bubo.

3. Which of these statements about recording is true? Tick the one you think correct. (1 point)
 - a) Records showing a marked increase in the number of people treated will reflect the same increase in the general population.
 - b) If one region's records are lower than the records in another region, we cannot assume that the first region has a lower incidence or prevalence.
 - c) If the number of patients with STI syndromes is much higher in your region than in another, we can cautiously assume that STIs are more prevalent in your area.
 - d) Records kept for several years cannot be used to assess trends in the numbers of patient treated over time.

4. Case reporting must be both easy and quick to do, yet provide sufficient data to make a useful contribution. Tick the four examples below which are the minimum to collect. (4 points)

- a) All locally prevalent STIs.
- b) All locally prevalent STI syndromes.
- c) All new cases only.
- d) All cases: new, returned and referred.
- e) Partner notification and data.
- f) A simple undifferentiated STI entry on a list of notifiable diseases.
- g) Breakdown by age and sex.

Answers

Module 1: Introduction to STI Prevention and Control

Score total: 16 points

1. The immune status of the host, for example caused by HIV or the immaturity of the mucosa. 1 point

2. a) and d) are correct. 2 points

3. Any four of these are correct: 4 points
 - People with symptom-free STIs do not seek treatment.
 - People with symptoms of STIs may not be aware of the need for treatment.
 - Health facilities offering treatment for STIs may be too far away for many people.
 - People seeking other health-care such as antenatal services may not be routinely screened for STIs.
 - Many patients perceive a stigma in attending traditional STI referral clinics, where anyone might be perceived to be at risk of infection by STIs.
 - Many people may choose to go to alternative providers, both in the formal and informal sectors, who do not report case numbers.
 - Cost may sometimes be an important factor in patients' decisions.

4. a) FALSE 1 point
 b) TRUE 1 point

5. b) 1 point

6. These are the six features of comprehensive care. The words used may be different but must mean much the same:

(1 point per correct feature)

- to make a correct diagnosis;
- to provide correct treatment for the STI syndrome;
- to educate on the nature of the infection, safer sexual behaviour and risk reduction;
- to educate on treatment compliance;
- to demonstrate the correct use of condoms and provision of condoms;
- to advise on the need to treat the patient's partners and to issue a patient referral card.

Module 2: Introducing STI Syndromic Case Management

Score total: 13 points

1. Any three of points such as these are correct: 3 points
 - The necessary skilled personnel, supplies or support are often not available.
 - Specialist STI clinics are often too far away from many patients.
 - Treatment is delayed until results are available, so patients need to revisit the centre – and often do not.
 - Laboratory diagnosis is expensive.
 - For some STIs, laboratory diagnosis is not reliable.
 - Etiological diagnosis that tests for a specific causal agent may miss other STIs in the patient.

2. b) 1 point

3. a) 1 point

4. d) 1 point

5. (Amend this for your local risk factors or remove if not part of your STI case management process and amend the points.)
 - a) 6 points
 - Age below 21 years or 25 years.
 - Unmarried.
 - More than 1 partner in the last 3 months.
 - A new partner in the last 3 months.
 - Current partner has recently started to use condoms.
 - Or current partner has an STI.

 - b) 2 1 point

Module 3: History-taking and Examination

Score total: 10 points

1. Words meaning:
 - a) privacy, confidentiality; 2 points
 - b) rapport, non-judgemental. 2 points

2. d) 1 point

3. b) 1 point

4. Words such as: "is there anything else you would like to discuss?" 1 point

5. The other three skills are: 1 point
 - direction;
 - empathy;
 - partnership.

6. b) 1 point

7. c) 1 point

Module 4: Diagnosis and Treatment

Score total: 15 points

- | | | |
|----|--|----------|
| 1. | c) | 1 point |
| 2. | | 7 points |
| | a) Recent delivery, abortion or miscarriage. | REFER |
| | b) Abdominal guarding and/or rebound tenderness. | REFER |
| | c) Vaginal discharge. | PID |
| | d) Cervical excitation tenderness. | PID |
| | e) Abnormal vaginal bleeding. | REFER |
| | f) Lower abdominal tenderness. | PID |
| | g) Missed/overdue period. | REFER |
| 3. | Words such as:
<i>The lesion would look atypical.</i> | 1 point |
| 4. | a) | 1 point |
| 5. | d) | 1 point |
| 6. | | |
| | a) Lymphogranuloma venereum, chancroid | 2 points |
| | b) Words meaning:
<i>aspirate through healthy skin.</i> | 1 point |
| 7. | b) | 1 point |

Module 5: Educating and Counselling the Patient

Score total: 13 points

- | | | |
|----|--|-------------------------------|
| 1. | c) | 1 point |
| 2. | b) | 1 point |
| 3. | Words such as:
<i>using condoms correctly and consistently</i>
<i>low-risk, non-penetrative sex</i> | 1 point |
| 4. | c) | 1 point |
| 5. | Look for:
<i>patient's protective behaviour;</i>
<i>personal drug use;</i>
<i>other personal risk factors.</i> | 1 point
1 point
1 point |
| 6. | The correct answers are:
explanation and <i>instruction</i> ;
modelling successful <i>behaviour</i> ;
reinforcing <i>strengths</i> ;
helping the patient explore <i>choices</i> ;
<i>rehearsing</i> what the patient will do or say;
confirming the patient's <i>decisions</i> . | 6 points |

Module 6: Partner Management

Score total: 12 points

- | | | |
|----|--|----------|
| 1. | b) | 1 point |
| 2. | b) | 1 point |
| 3. | Meanings to the effect of:
<i>confidential, voluntary</i> | 2 points |
| 4. | b) | 1 point |
| 5. | d) | 1 point |
| 6. | b), c) | 2 points |
| 7. | d) | 1 point |
| 8. | a) A, E | 1 point |
| | b) B, C | 1 point |
| | c) G | 1 point |

(Although parents should be treated for B and C, they are not sexual partners of the infant!)

Module 7: Recording and Development Plan

Score total: 7 points

- | | |
|--|----------|
| 1. c) | 1 point |
| 2. b) | 1 point |
| 3. b) | 1 point |
| 4. All these are correct:
b), c), e), h). | 4 points |