

Activity 7.1: Quick Scenarios to Apply Knowledge

TIPS FOR TRAINERS



Suggested Use

Use the Quick Scenarios in either of two ways:

- *Option 1:* Make some or all of them part of your presentation and discussion, to break up the presentation and provide opportunities for participants to apply knowledge.
- *Option 2:* Use one or more of them for a small group activity that will allow for more extensive discussion.



Time

Option 1: The slide deck includes five Quick Scenario slides that each provide a scenario and questions for discussion. The length of the discussion per slide varies from 5–15 minutes. If you are training a large group, you may want participants to have initial discussion for a few minutes in pairs or small groups. This will add about 5–10 minutes to the time required per scenario, but will also increase the benefits, since all participants will actively consider the situation even if they don't respond in the full group.

Option 2: 60–75 minutes total. Five minutes to explain the activity and form groups, 20–30 minutes for small group work, and 30–40 minutes for reporting and discussion in the full group.



Materials

- PowerPoint slide for each Quick Scenario (included in the Maintaining and Improving a System of Care slide deck).
- Handout for Participants: Quick Scenarios to Apply Knowledge (*For use in Option 2, and optional for Option 1, to distribute to participants at the beginning of your presentation.*)



Knowledge or Skill Development

Participant understanding of the central importance of having a comprehensive system of core medical and support services for PLWH, and of various activities that affect the local system of HIV care—service standards, CQM, coordination of services, and assessment of the administrative mechanism. Awareness of specific ways in which PC/PBs can help to improve the system of care.

Activity Steps

Review the Quick Scenarios and decide which ones you want to use. Revise or “localize” the situations and questions as needed, and decide whether to go with Option 1 (quick discussions during presentation) or Option 2 (more intensive small group activity after the presentation).

Option 1 Steps

1. During the training, when you reach a Quick Scenario slide, provide instructions to participants.
2. During the training, when you reach a Quick Scenario slide, provide instructions to participants:

If the group is small (up to 8 people):

- Ask the group to think individually about the scenario or questions provided for a minute or two, perhaps jotting down their thoughts or questions.
- Then begin discussion among the full group, encouraging as many people as possible to participate.

If the group is larger:

- Ask participants to work with 1-2 other people if everyone is sitting around one big table. If participants are seated at small tables, have them work with the other people at their table.
- Tell the groups to select a **recorder/reporter** to take notes summarizing the discussion for sharing with the full group. Give them 5-7 minutes for discussion, per scenario.
- Have one reporter present first, then ask the others to agree, add, or offer alternative responses or approaches.
- Invite discussion from the full group.

Option 2 Steps

1. Divide participants into small groups of 4-6 people, by counting off.
2. Distribute copies of the Handout for Participants.
3. Ask the small groups to select a **facilitator** to coordinate the work of the group and participate, a **recorder** to summarize the discussion on easel pad paper, and a **reporter** to present the small group’s approach to the full group.
4. Give the small groups 20-30 minutes to do their work depending on the number of scenarios selected for discussion.
5. Ask for a volunteer to present the work of one group, and then ask other groups to describe what they did that was similar or different.
6. Where possible, help the group reach consensus on their answers, address questions and issues raised, and summarize the main lessons from the discussion.



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HANDOUT FOR PARTICIPANTS

Work in your small group to discuss the scenarios and questions below. Choose a **facilitator** to coordinate the work of the small group and participate, a **recorder** to summarize the work of the small group on easel pad paper, and a **reporter** to present your group's work to the full group. The same person may serve as recorder and reporter if that is the group's preference.

Quick Scenario A: Describing the Local System of Care

Suppose you meet a person with HIV who receives HIV care through RWHAP in another city but is thinking of moving to your EMA/TGA. That person asks you to "tell me about the system of HIV care and how I can get access to both medical and support services."

1. What would you say if the question was asked by:
 - A young MSM of color?
 - A transgender woman?
 - A long-time HIV survivor aged 60 or older?
2. How prepared are you to answer this question?

Quick Scenario B: Updating Service Standards

You are the PC/PB Care Strategy Committee. It has been four years since your service standards were updated. A comprehensive site visit from HRSA/HAB is scheduled in about 5 months and you want to quickly move on to review and update your service standards. The committee Co-Chair, who runs a large subrecipient, suggests the committee focus on the four service categories with the most funding, work with PC/PB and recipient staff to make essential updates based on HRSA/HAB guidance, and then ask the subrecipients providing those services to provide input for committee review and action.

1. Is this a good idea? Why or why not?
2. What might the committee do instead?

Quick Scenario C: Using CQM Data

Your PC/PB is very concerned about low rates of retention and viral suppression among male Latino RWHAP clients, as reported in HIV care continuum data. You recently held two focus groups and a key informant session, which identified barriers such as language issues, insufficient evening or weekend service hours, and limited awareness of the importance of early and continued antiretroviral therapy. The recipient's Quality Manager tells your PC/PB that this issue (low rates of retention and viral suppression among male Latino RWHAP clients) is also a priority concern of the CQM program.

1. How might the PC/PB benefit from the work of the CQM program in addressing this problem?

Quick Scenario D: Coordination of Services

Your PC/PB has members representing other RWHAP Parts, but limited information about other programs and resources that fund or provide services to PLWH as part of the system of care. You are especially interested in better understanding support services, and core medical services other than outpatient/ambulatory health services and medical case management. As the Executive Committee, you are discussing how the PC/PB can learn more about these other programs and services.

1. How might your PC/PB address this need for information?

Quick Scenario E: Implementing the AAM

The AAM process in your EMA/TGA has been challenging in recent years. A special task force appointed by the PC/PB Executive Committee is established each year to plan the process, specify data needs, obtain data from the recipient and subrecipients, and prepare the report. Membership on the task force varies, and the recipient says the constant changes in process and data requests creates a burden.

1. What might the PC/PB do to address these concerns?