



Reducing stigma: HIV awareness training for staff working in a health or care setting.

Summary Report

*****ABSTRACT*****

This document summarises the key findings, recommendations and actions from a series of training sessions on HIV awareness delivered by Terrence Higgins Trust to a range of health and care staff in order to aim to reduce stigma experienced by people living with HIV.

June 2014

East Sussex Community Voice - Registered CIC: 08270069

ESCV delivers Healthwatch East Sussex, Young Inspectors, and commissions NHS Complaints Advocacy in East Sussex

1. EXECUTIVE SUMMARY

This report is a summary of the key findings, priority areas and actions for Healthwatch East Sussex (HWES) and local partners to consider, when setting their work programme priorities.

2. STAKEHOLDER FEEDBACK

2.1 Key stakeholders who participated in the pilots were:

East Sussex Healthcare Trust and Sussex Partnership NHS Trust whose support and promotion of the courses to their staff teams was much appreciated.

2.2 Other stakeholders who might find the pilots of interest are:

- The three Clinical Commissioning Groups
- Health Overview Scrutiny Committee
- East Sussex County Council in their role in relation to care home providers and as providers of Adult Social Care
- Residential Care Homes Association
- South East Coast Ambulance Trust
- NHS England regarding their role monitoring of GPs and dentists
- Children's Services
- The Community and Voluntary Sector in their role as care providers

Stakeholders receiving this document are requested to:

- Comment on the key findings;
- and identify potential next steps for collaborative working, and/or service change.

3. KEY FINDINGS

1. In East Sussex the reported incidence of people living with HIV is growing; especially in Lewes district, Eastbourne and Hastings. People are living longer with HIV and will be present in all areas of health and care provision, including residential care homes. All staff could possibly come into contact sooner or later with someone living with HIV in their professional work.
2. HIV awareness training can show staff that they do not need to fear people who are living with HIV, as current treatments reduce transmission risk. Awareness raising training that challenges preconceptions can be a way of overcoming prejudice that may lead to stigmatising behaviours. However encouraging people who may be at risk to be tested is something everyone can be doing, as the bigger risk is from people who are undiagnosed. Even then by following correct precautions and processes risk of accidental transmission is low.
3. The consequences of unlawfully disclosing someone's HIV status are great. Learning about good practice around confidentiality can help reduce the threat, or fear, of this happening.
4. Offering HIV awareness session (minimum 2 hours, ideally 3.5hrs) is a simple way of getting key messages over to staff in a way that challenges thinking and encourages best practice. THT has developed and piloted the training outlined here in this report. Due to the type of case work reported by THT to Healthwatch East Sussex it is felt that dentist and GP surgery staff; porters, cleaners, kitchen and other ancillary staff and those working in care home settings would also benefit from this training. The model is easily adaptable to different settings.
5. Staff saying they will encourage best practice through positive peer pressure and be prepared to challenge when they see wrong doing is the best outcome from the training provided by THT through these pilots. A follow up survey in 6 months might be a useful way to test the long term benefits.

4. BACKGROUND

4.1 During 2013 Terrence Higgins Trust (THT) and Healthwatch East Sussex (HWES) came together to explore ways to support the needs of people living with HIV in East Sussex. HIV prevalence across East Sussex as a whole is 1.70 per 1,000 people; however Hastings borough, Eastbourne borough and Lewes district all have a diagnosed HIV prevalence greater than two per 1,000. In 2012, 477 residents in East Sussex were accessing HIV related care.¹

HWES staff attended THT peer support meetings in August and October. From these informal discussion sessions the following issues and concerns were raised by people living with HIV (PLWHIV). The participants were happy for their general concerns to be shared widely. These issues resonated with that reported in published literature²

THT provide a range of HIV services in East Sussex in a Health Trainer model of approach helping people make sense of their HIV diagnosis, managing side effects, sex and relationships, understanding medication, talking to their GP, and finding ways of leading a

¹ESCC 2014 *Commissioning Grants Prospectus*. Page 47-49

<http://www.eastsussex.gov.uk/NR/rdonlyres/4EFFF68-C031-4081-87AF-C0F696459AD9/0/cgp2014.pdf>

² THT November 2011. *21st Century HIV: personal accounts of living with HIV in modern Britain*

healthier lifestyle. They also offer support for people at risk of HIV offering confidential information and advice on HIV and sexual health for men who have sex with men and the BME community. HWES information and signposting adviser has been providing support to THT around advocacy issues for some of their service users. In five cases this has included recommendations for how to pursue complaints; for example around the unwanted disclosure of HIV status within a GP setting.

4.2 Concerns that have been raised through this collaboration include:

1. PLWHIV can often experience big fears about the confidentiality of their patient records not being safeguarded; how can they know who knows about their status? This includes receptionists, porters etc. as well as health or care staff.
2. People can be subject to double prejudice or stigma –as HIV+ and also as a gay man - even within the gay community³, or as a black African woman⁴, for example. In another case one person who is not gay felt that there were assumptions that he was when he entered a health care setting.
3. Late diagnosis is one of the biggest contributing factors to illness and death for people with HIV. It is very important that HIV is diagnosed early, so people can start treatment if they need to, look after their own health and take steps to ensure they don't pass the virus on. As early diagnosis is therefore a key factor, THT East Sussex service users were keen to know about access to testing locally as well as wanting to hear about new self-testing HIV kits.
4. PLWHIV experience the full range of general health and care needs as well as needing access to specialist HIV treatments. Sometimes this is forgotten and people can feel that everything revolves around their HIV status.
5. PLWHIV suffer more with mental health issues such as anxiety or depression which can affect their adherence to taking their medication regularly. Stress can also affect the immune response.
6. There are often issues around disclosure, for example who really needs to know about one's HIV status and how do you tell people like family and friends?
7. Specialist HIV services are provided at Avenue House Clinic in Eastbourne⁵ and Station Plaza Health Centre in Hastings, most people are happy to attend these clinics even though they are linked within other sexual health services. People felt they were unlikely to bump into someone they knew yet this has caused concern in the past in accessing clinics.
8. Many PLWHIV felt that there was a lack of up to date information on the likelihood of HIV transmission prevalent in general society, and also amongst healthcare professionals. Some people felt that staff were especially worried

³HIV related stigma within communities of gay men: a literature review in *AIDS Care* April 2012. 24 (3-4) 405 – 412 <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3379736/>

⁴ Project Nasah is the largest UK research project among African people with HIV and has published three Briefing Sheets <http://www.sigmaresearch.org.uk/files/nasahbriefing.pdf>

⁵ <http://www.eastsussexsexualhealth.co.uk/our-hiv-services.htm> for outline of specialist services in East Sussex

- about needlestick injuries - even though effective post - exposure prophylaxis (PEP) is available⁶.
9. PLWHIV often reported an impression of being treated differently by healthcare professionals to how they felt other patients are treated.
 10. In some instances PLWHIV had actually been treated differently by dentists asking them to attend at the start or end of the day so that extra sterilisation can be carried out. Or by dentists using double gloves, despite this no longer being recommended practice. HWES has been in communication with NHS England lead officer for dentistry for Surrey and Sussex. Evidence of incidents has been passed on so that the correct guidance can be given to those still following these practices.
 11. The key relationship for PLWHIV, as with all patients, should be with their GP. Research in Brighton and other areas identified some areas of good practice that GPs and commissioners of GP services should be aware of⁷. These include the observation that having leaflets and posters for HIV related support organisations in waiting areas helps to encourage patients to be honest about their status with the staff there should they so choose. One person raised the issue of a GP bringing trainees into a consultation without asking patient's permission first.
 12. The BBC reported in June 2014 on the needs of people who are living longer with HIV. Dr Mark Lawton, a sexual health consultant at Royal Liverpool Hospital, said there was some data which suggested that some people who worked in care homes had a negative attitude, and also that there was an "overwhelming lack of knowledge and understanding".⁸ The ability of care homes and care providers to be able to confidently manage residents living with HIV has also been a live issue in East Sussex.
 13. THT nationally has published some advice for people over 50 living with HIV and also for commissioners and providers⁹. It is expected that there will be over 200 people living with HIV aged 55 years and over in East Sussex by 2015¹⁰.

⁶ <http://www.aidsmap.com/Needlestick-injuries-in-the-UK/page/1324548/> has a report on prevalence. In the UK five definite cases of HIV infection have occurred as a result of occupational needlestick injuries, and a further 31 probable cases. The most recent definite case was in 1999. All staff should have training on what to do if it occurs in order to prevent infection. Between 2000 and 2007, a total of 889 healthcare workers were reported as having been exposed to HIV-positive source patients, and 79% of these workers started post-exposure prophylaxis (PEP). The numbers starting PEP have increased in recent years, and in 2007, 89% of those who took PEP started it within 24 hours of the incident. Health Protection Agency; London, 2008. *Eye of the Needle. Surveillance of Significant Occupational Exposure to Bloodborne Viruses in Healthcare Workers.*

⁷ <http://positivelyuk.org/primary-care-access/> has a great deal of examples of good practice. Angelina Namiba & Allan Anderson, October 2010. *Primary Care Access: How General Practice Can Better Respond to the Needs of People Living with HIV.* London, Positively UK

⁸ <http://www.bbc.co.uk/news/health-27820215>

⁹ THT June 2011. *50+ & HIV+: help and information for people who have HIV and are 50 or over.* Written for people with HIV by People with HIV.

THT February 2014. *Good Practice Guide: information & advice on delivering services to over 50s living with HIV* has a range of suggested good practice including the need to provide access to staff training.

¹⁰ Page 9 of the East Sussex Sexual Health Needs Assessment October 2013.

http://www.eastsussexjsna.org.uk/JsnaSiteAspx/media/jsna-media/documents/comprehensiveneedsassessment/SexualHealth_Oct2013_R.pdf

4.3 Feelings of being treated differently to how other patients by NHS and care staff were reported. It was felt that this could possibly be due to irrational fears on the part of staff and/ or lack of current knowledge and this resulted in stigma.

During the discussions it was suggested by the people in the groups that some targeted HIV awareness training could be a useful intervention. A pilot programme was suggested to test the best ways of delivering such training, to run between February and May 2014.

5. DESIRED OUTPUTS AND OUTCOMES OF PILOT TRAINING

5.1 The aim was to plan and deliver two interactive sessions with NHS staff (10 - 15 a session) from East Sussex Healthcare Trust (ESHT) in Eastbourne and Hastings; and a set of bite sized sessions with Sussex Partnership Trust (SPT) in different venues with different staff teams.

5.2 The outcomes from this piece of work is to support Healthwatch East Sussex to:

- Improve understanding for staff attending the courses of issues relating to dealing with people with HIV.
- Enhance the knowledge and skill set of staff to create a better experience of NHS services for those living with HIV.
- Improve working relationships between provider Trusts, Terrence Higgins Trust and Healthwatch East Sussex that can be built on for future partnership work.
- Provide evidence and insight for commissioners and providers on providing the right service environment for people with HIV.
- This will work to inform the national picture via Healthwatch England Hub.

5.3 Desired outputs for the pilot:

- A bespoke training package suited to staff from a range of NHS roles and responsibilities on understanding the needs of people living with HIV and best practice for working with them to reduce stigma and alienation through fear.
- A bespoke course with materials developed for future delivery by THT as required, able to be delivered to different staff teams and via different formats.
- Up to 70 staff having received training.
- Record of feedback from staff as to the value of the training and possible impact on their work practice in the future.
- Independent support provided to ESHT and SPT staff, which has the potential to influence their approach to equalities and overcoming prejudice in the workforce.

6. DELIVERING THE PILOTS

6.1 Developing the training programme

The training programme was designed specifically to help attendees to address their attitudes to people living with HIV in the context of their work. It was backed up with current evidence and delivered in a safe and interactive environment. The THT trainer is skilled and up to date with developments in HIV and AIDS and could answer any question.

The key aim of the training was to encourage people towards a new way of thinking about HIV. Delivered wrongly this could cause retrenchment of existing prejudices or behaviours. Even people who felt they already knew a great deal reported that they had learned something new.

6.2 Understanding HIV: course outline

This fact-based training session introduces staff working in a healthcare setting to the key challenges currently facing people living with HIV; giving them a professional and personal overview of the social, emotional and legal issues involved.

The learning is self-managed and interactive, using a mix of practical exercises, group work and discussion. The training will allow learners to hear about and discuss these issues in a supportive and enabling environment.

By the end of the session, participants will be able to:

- know and explain the difference between HIV and AIDS;
- distinguish between appropriate and inappropriate language when talking about HIV;
- explain what a CD4 Count and a Viral Load are measuring, and how people living with HIV use these regular tests to monitor and manage their health;
- list the four ways HIV can infect people and compare how these impact on different communities;
- have an understanding of where and how people can get tested;
- assess infection risks, and how to reduce or eliminate them, across a range of everyday settings;
- know what Post Exposure Prophylaxis is, and where and how to access it;
- explain why confidentiality and disclosure are particularly sensitive issues for people living with HIV;
- know what treatment options are currently available and how side effects can impact on physical and emotional health;
- understand how the law impacts on people providing services for people with HIV;
- describe current epidemiological trends;
- self-assess their own levels of HIV knowledge as a result of the training.

Trainer: Ian Thompson, Training and Development Co-ordinator, Terrence Higgins Trust

6.3 Delivering the training

An overview of learning objectives is set out above, however the training delivery was specifically designed to challenge participants' thinking and preconceptions in the following way:

1. Participants are initially asked to read and note down their own responses to a series of statements about people living with HIV. For example - should all people coming to this country be compulsorily tested for HIV? [refer to Appendix A for the nine statements used]
2. An exercise was then held for people in small groups to share their own view points and to hear other people's - a process whereby they may be challenged as to how they themselves originally responded. The requirement was for each group to try to agree a consensus viewpoint.

3. The whole room then heard back from each group in turn as to what were their responses to each question. The discussion that followed would then attempt to find an agreed joint response, before the tutor shared further information with them
4. The trainer would then provide information or evidence about each statement. This had the effect at times to challenge how people had originally felt.
5. People then had a chance to discuss and reflect together on how and why they may have felt how they had originally, and to what extent their views might have changed in the light of the discussion and new information.
6. Finally, to capture any learning the evaluation form asked each participant to consider how their experience of the training might influence the way they approached their jobs.

As the trainer noted all of these stages are required for people to gain what has been called the “insightful penny-dropping experience”

He concluded:

“If you only deliver factual information to people without providing an opportunity for them to think about how that new information has changed their opinions - and indeed values - then you cannot achieve person-centred behaviour change. You can provide the factual input in a relatively short period of time, but if you are seeking to deliver behaviour change you must allow people time to consider what their current attitudes are based on, and whether they want to adapt those beliefs in the light of the new information - and others’ opinions too.”

6.4 Evaluating the sessions

Five sessions were delivered to over 60 staff. A session was offered to a care home to assess the impact of it in a different setting. There is also potentially a growing number of PLWHIV requiring access to residential care as they continue to live well into old age.

In summary:

Number of sessions planned = 6	number delivered = 5
Number of training hours planned = 11	number of hours delivered = 11
Target number of participants = 70	numbers attending = 61

The key finding from the delivery of the training was that one hour was not long enough to cover all of these desired elements. The single one hour session that was trialled was the least successful, with staff dipping in and out as it was after a team meeting. The second planned one hour session was more successful however as it was extended to a second hour at the request of the attendees.

Recommendation: sessions should be at least two hours long and ideally 3.5 hours as this allows for the coverage of issues around transmission, confidentiality and stigma to be fully explored. People attending the sessions need time to share and discuss what can be emotive topics and to reflect on their attitudes and practice. A staff member from THT was on hand to speak to anyone in confidence should they wish to make use of it. This may not always be possible but additional contacts or sources of reading should be provided.

Practical considerations

1. Participants were asked to complete feedback forms and encouraged to do so at the end before leaving in order to capture their views. At the very first session, where participants were arriving and leaving intermittently, forms were taken away but despite reminders most were not returned. At all the other pilots most forms were returned. See Appendix for the full reports.
2. For THT the feedback was useful to evaluate the quality of the training. For them the need is to impart key messages around the need for testing; allaying irrational and unfounded fears of transmission and how new treatments can ensure good health and longevity. Furthermore staff reported on how they will take the messages back to their work place and follow it in their own practice.
3. All the sessions were aimed at a mix of staff; both managers and technical staff. The care home session included managers and care workers. Care workers had a chance to discuss on their own initially, in order for them not to be intimidated by their managers. In the course of the discussion though it was clear that viewpoints differed widely, depending on their respective roles. They all felt that the ancillary, reception or administrative workforce might also have gained from the training.
4. The need to widen training out to ancillary staff became clear in another session whereby an incident was reported during the discussion on the importance of patient confidentiality. This was about a hospital porter who had got to know someone's HIV status and had been making loud disparaging comments to other staff. The training and supervision of staff such as porters was queried. Whose responsibility is it - the hospital, the contractor, or both? The staff member who raised this said that they would now follow it up with their manager; having been made aware of the importance of patient confidentiality.
5. In all the sessions participants largely welcomed the mix of staffing levels and responsibilities in the room; each brought different experiences and perspectives to the discussion.

Recommendation: all staff whatever their level of responsibility, if they come into contact with patients should be reminded of the importance of confidentiality and be offered HIV awareness training as part of their induction. And although the training showed when it is legal to override a patient's right to confidentiality, supervisors and managers should be reminded of the penalties for unlawful disclosures¹¹.

7. COURSE FEEDBACK

7.1 People were asked to record how the things they heard in the training might affect their work in future. The vast majority of feedback from participants was positive and suggested they had changed their attitudes to some extent. See full reports in Appendix B.

7.2 However one less settling response is included here verbatim. This possibly shows that, for one person they may have been expecting something different in the training.

¹¹ http://www.gmc-uk.org/Confidentiality_disclosing_information.pdf_55975431.pdf GMC guidance.

“Doing outpatients you never know what is going to walk through the door. How people will react or what they will say and do. Being well “armed” with knowledge can diffuse situations and potential situations. It gives to a position to stand your ground and you know what you are talking about.”

7.3 There were, however, positive comments about participants taking the training back to staff colleagues. Written materials were given out by THT that backed up the training messages. It was recommended that managers allow staff who had attended the training be encouraged to share this learning with colleagues at team meetings, or similar. All staff should be encouraged to challenge prejudice and poor practice.

8. CONCLUSIONS

8.1 The aim of this work was to demonstrate good practice to a range of staff members in order to address examples of PLWHIV who may feel being stigmatised or treated differently. The aim in particular was to offer this to the two NHS Trust that potentially have most contact with patients. How staff were encouraged and prepared in advance of the training played a key role in how well they engaged in the sessions. There was greater take up by ESHT staff than the SPT. Reasons for this are varied but lack of time for staff training was cited. Moreover the SPT covers more than one local authority area and the training was only offered in East Sussex; initial interest from Brighton had to be turned down. The suggestion of offering bite sized sessions after team meetings however did not prove a good model in practice.

8.2 The one session in the care home setting was well received and could be the model for future sessions. It was not possible to offer the training to GPs during the pilot, although evidence from PLWHIV is that many of their issues around disclosure and attitudes of staff arise within GP practices. Further training, based on this model, could be provided for staff teams in GP settings; especially those located in areas with a higher incidence of HIV.

8.3 The model of training that has been developed was well received however HIV awareness training sessions should be at least two hours long and ideally 3.5 hours. This allows for the coverage of issues around transmission, confidentiality and stigma to be fully explored. People attending the sessions need time to share and discuss what can be emotive topics and to reflect on their attitudes and practice. A staff member from THT was on hand to speak to anyone in confidence should they wish to make use of it. This may not always be possible but additional contacts or sources of reading should be provided.

8.4 THT felt that they have been able to develop a proven model of training through these pilots that could be delivered again in different settings at a fair price.

8.5 It was impressed on all staff whatever their level of responsibility, that if they come into contact with patients they should be reminded of the importance of confidentiality. Although the training showed when it is legal to override a patient’s right to confidentiality, supervisors and managers should be reminded of the penalties for unlawful disclosures¹². They could be offered HIV awareness training as part of their induction.

8.6 It was felt that managers should allow staff who have attended the training to share it with colleagues at team meetings, or similar. All staff should be encouraged to challenge prejudice and poor practice. Positive peer pressure can be effective on the ground.

¹² http://www.gmc-uk.org/Confidentiality_disclosing_information.pdf_55975431.pdf GMC guidance.

8.7 Terrence Higgins Trust delivers further HIV awareness campaigns in the calendar year, including World AIDS Day and National HIV Testing Week, that promote public health and encourage HIV testing. These campaigns can be shared amongst partners in East Sussex to increase further take up and awareness of HIV related issues.

World AIDS Day (WAD) is an international event that has been running since 1988 and there are many ways to take part locally, such as coming along to an organised event, getting the facts from the THT website www.tht.org.uk, making a donation or simply wearing a red ribbon to show support. Red ribbon boxes are available from the THT office in Eastbourne or THT website leading up to WAD and can be displayed across various health and social care settings, local businesses and partner agencies as well as being given out at railway stations and community sites by THT staff and volunteers. Local key figures including MPs and Councilors have helped promote WAD in the past and increased uptake of people wearing ribbons. This all helps to reduce HIV related stigma within East Sussex and improve access to services for PLWHIV.

National HIV Testing Week (NHTW) is an initiative of HIV Prevention England, the national HIV prevention programme for England, and takes place at the end of November. The aim of NHTW is:

- to increase testing among the most at-risk populations across England (gay men and African people)
- to increase awareness and acceptability of HIV testing among these groups
- to increase access to HIV testing in both community and statutory facilities in order to improve early diagnosis and treatment of HIV (and thus reduce ongoing transmission) among those most at risk.

In East Sussex for the past two years, THT has worked in partnership with the local sexual health clinics delivering HIV Point of Care Testing (POCT) at non traditional testing venues, where a small sample of blood is taken during a finger prick test (called a ‘rapid test’), with the result ready within 20 minutes. NHTW can be promoted through partner agencies within East Sussex to help increase uptake and awareness of the campaign through a variety of ways including social media, press releases and adding the signature banner to work email addresses (last year’s example below).



8.8 As a result of effective partnership working with Healthwatch East Sussex, Terrence Higgins Trust East Sussex is proud and delighted to have become Healthwatch Champions locally and would recommend other service providers to do the same. They feel confident that they can now refer and signpost their service users to Healthwatch to help get their views and opinions better represented and therefore improve service delivery locally. Also as Healthwatch Champions, THT are keen to continue promoting the good work that Healthwatch is delivering locally by ensuring they put out a “call for information” from within their established networks, not only about concerns related to HIV but also other pressing issues.

Appendix A: course materials

STATEMENTS about HIV

	Strongly Agree	Think I Agree	Think I Disagree	Strongly Disagree
1 Asylum seekers should be tested for HIV before being allowed into the UK.				
2 Women with HIV should avoid getting pregnant.				
3 If I get HIV nobody else has a “right to know”, only people I choose to tell.				
4 Best infection control practice when booking surgery or dentistry for HIV patients is to put them at the end of the day.				
5 I wouldn't want to eat in a restaurant if I knew the chef had HIV.				
6 There is no risk of getting HIV from: (a) Cups, plates, cutlery; (b) Shaking hands, hugging; (c) Sneezing; (d) Coughing; (e) Spitting; (f) Kissing.				
7 If you have HIV and are on treatment, the chance of you passing the virus on through unprotected sex is	Virtually nil	1 in 25	1 in 50	1 in 100
8 Which was the fastest increasing group of people living with HIV in 2012?	Under 15s	15- 24s	35 - 49s	Over 50s
9 What proportion of people living with HIV say they have experienced stigma and discrimination?	1 in 5	1 in 3	1 in 10	All

Appendix B – training evaluation reports

TRAINING EVALUATION

Department of Psychiatry, 29th April 2014

Number of attendees: 12

Unfortunately we only received one feedback form returned to us from this session. As a learning outcome we asked at all future sessions for them to be completed within the allocated session time.

Before we start:-

1. Expectations: What are your expectations of today's training session? What are you hoping to learn?
 - General update of state of the field. Local services.

At the end of the session:-

2. What did you find most useful/interesting? Why?
 - Great improvement in quality of life and prognosis currently. Ability to put a face, name and service we could contact.

3. Was anything not useful or relevant for you? Why?
 - None - not applicable.

4. How might the things you heard today affect you in your work? We would like to know whether your might change how you work in any way after attending today's session.
 - Normalisation of such patients experience. Possibility of organising further training.

5. On a scale of 1 to 10, where 1 = poor and 10 = excellent, please give your personal rating of this session overall.

1	2	3	4	5	6	7	8	9	10
								√	

TRAINING EVALUATION

16th May 2014 - Conquest Hospital

Number of attendees: 16

Before we start:-

1. Expectations: What are your expectations of today's training session? What are you hoping to learn?
 - Get answers to all my questions about HIV.
 - New changes to HIV treatment and how it impacts on lives of HIV sufferers.
 - To know what HIV is.
 - Hoping to improve my knowledge of HIV.
 - Increase my knowledge of HIV.
 - To gain more knowledge on HIV.
 - Increase my knowledge of HIV.
 - HIV - what it means, risks etc. Terminology eg, didn't know CD4 prior.
 - Facts and how to apply the facts to my midwifery practice.
 - To improve knowledge of HIV.
 - As much as possible about HIV - transmission, high risk groups.
 - To increase my knowledge of HIV.
 - To expel the myths.
 - More about HIV. Distinguishing difference between HIV and AIDS.
 - Gaining a far better knowledge on the subject.

At the end of the session:-

2. What did you find most useful/interesting? Why?
 - Chance of spreading infection, who can work and who needs to be told.
 - The improvement in treatment, as it increases the life expectancy.
 - I found all as together they build the picture of how to understand HIV.
 - All of the session was useful. The statements were very good at promoting thought and questioning.
 - All of it.
 - Group interactions, discussions, questionnaires.
 - All.
 - Facts about HIV.
 - Viral loads, CD4 count, medication, law.

- All was useful and interesting. Perhaps should have discussed basic facts and figures first then into discussion.
- Discussions and group work.
- Whole study session informative - increased my knowledge.
- Everything was useful - the whole thing was interesting.
- All of it. Cleared up grey areas, misconceptions and doubts. It's improved my knowledge which should benefit patients.
- All aspects of session useful.
- The speaker was very knowledgeable and engaging, how the virus was transmitted, good group and good group interaction and discussion.

3. Was anything not useful or relevant for you? Why?

- I knew the early history of HIV/AIDS but appreciate others may not have.
- Nothing.
- No.
- None of it was not useful.
- No it was all useful.
- No it was a very useful study day.
- No. It was all very interesting and relevant.
- No, all relevant and useful.
- N/A.
- All good.
- N/A.
- No.
- No, all very interesting and useful and a valuable learning experience.
- No.
- No - all the knowledge and information matter. Was interesting.

4. How might the things you heard today affect you in your work? We would like to know whether your might change how you work in any way after attending today's session.

- Glad to hear that others will pass onto colleagues.
- When we see patients now we can discuss issues more confidently.
- I would educate others about HIV on the basics and this would help me to treat all HIV as individual and to give them equal care.

- Improved my knowledge of HIV which will benefit my role at work.
- I will organise a training session for my colleagues to pass on what I have learned.
- Sharing my knowledge with my work colleagues and organise study time with information gained.
- More aware of everything and confidentiality issues. Brilliant session, very enjoyable.
- Won't change the way I work, I can pass information learned to my colleagues. ** Would have been useful to have printed factsheet to copy and put up in workplace.
- Giving factual information to my colleagues and patients.
- Better informed now and so can impart more information.
- Be more aware of other people's ignorance and give correct facts and figures.
- I will spread the word and be confident in my actions to deviate concerns.
- Reiterated the "universal precaution" way of thinking.
- I will pass this information to my colleagues at a meeting. Dispelled all misconceptions regarding HIV and AIDS.
- I am feeding back what I have learnt to my department. Once discussed, matron may look at our workplace but we do follow trust policy on infection. Will make sure all new staff into department are informed. I have gained a far greater knowledge and understanding and will take this back to my department.

5. On a scale of 1 to 10, where 1 = poor and 10 = excellent, please give your personal rating of this session overall.

1	2	3	4	5	6	7	8	9	10
-	-	-	-	-	-	-	2 people	4 people	10 people

TRAINING EVALUATION

23rd May 2014 – Eastbourne District General Hospital

Number of attendees – 11 (10 forms completed)

Before we start:-

6. Expectations: What are your expectations of today's training session? What are you hoping to learn?
- Further my knowledge on HIV awareness.
 - Understand a bit more about HIV.
 - A greater understanding of HIV.
 - Have a clear and concise understanding of HIV to which I can advise staff when appropriate.

- The basics of HIV and AIDS as a minimum.
- Learning and information regarding HIV.
- I have a limited knowledge of HIV, therefore am expecting to learn about treatments that are new and brush up on ways of contracting HIV.
- Update of latest information relating to advances in treatments and living with HIV.
- Pharmacology, side-effects of medication otherwise it was a very good update.
- Update my knowledge. It has been 5 years since I did HIV module and left family planning. I want to reopen my interest.

At the end of the session:-

7. What did you find most useful/interesting? Why?

- Excellent trainers who present in a very human manner and are very approachable.
- Understand routes of transmission and how treatment improves quality of life.
- All aspects of the session were useful and interesting.
- All of it. Very interactive, fun, completely normalised HIV.
- The exercise provided opportunity for discussion and interaction. Pitched correctly.
- The treatment, legal aspects, group dynamics.
- Hearing about HIV undetectable load as I was unaware that the drugs used could do this.
- All was very interesting.
- Group discussion. Session relaxed and quite informal. Research.
- All of it very interesting and brilliant tutors.

8. Was anything not useful or relevant for you? Why?

- No.
- Not applicable.
- No.
- Having Healthwatch rep give all the answers before the rest of the group could even digest the questions.
- None.
- Everything was very useful.
- Everything I learnt was useful. Very good update.
- No, not at all. Loved and enjoyed it and feeling the need to get back into sexual health.

9. How might the things you heard today affect you in your work? We would like to know whether your might change how you work in any way after attending today's session.

- Take training forward to team and to organisation as a whole.
- In my particular place of work (has a procedures point) I will be able to tell them and explain that isn't necessary to put patients at the end of the day, because of the risk of infection.
- To use the knowledge I have gained today in a positive way to understand how HIV affects those who have it.
- Advice giving to staff.
- I am a trainer in safeguarding MCA/DOLs and my learning will inform my decision making from findings in investigations and also when I train sexual health staff.
- I have learnt a lot today and improved my knowledge of HIV. I don't think this learning would change my work practices through as I know about PEP etc.
- I would not make any changes in my work but interesting to see how spread is actually accomplished.
- Confidentiality vs personal issue. Respect all patients. Good to know about latest research.
- Doing outpatients you never know what is going to walk through the door. How people will react or what they will say and do. Being well "armed" with knowledge can diffuse situations and potential situations. It gives to a position to stand your ground and you know what you are talking about.

10. On a scale of 1 to 10, where 1 = poor and 10 = excellent, please give your personal rating of this session overall.

1	2	3	4	5	6	7	8	9	10
-	-	-	-	-	-	1 person	2 people	3 people	4 people

TRAINING EVALUATION

9th June 2014 – Cranbrook Residential Care Home

Number of attendees: 8

Before we start:-

11. Expectations: What are your expectations of today's training session? What are you hoping to learn?

- To learn more about HIV, how it's contracted and know basics facts.
- Learn more and understanding about HIV.
- Understanding HIV, how it is spread and how to approach the public etc.

- To have a full understanding of HIV.
- Better understanding of HIV, viral load and ways of contracting.
- The difference between HIV and AIDS.
- A little more understanding.
- To update knowledge and gain information on all aspects.

At the end of the session:-

12. What did you find most useful/interesting? Why?

- Basics and stereotypes. I found it interesting about how good the treatments are now.
- That HIV isn't as contagious as everyone believes.
- The ways it is spread and how we are not at risk like we might have thought we were.
- All of it - it was nice to have the knowledge and to be able to understand the topic fully.
- All of it - particularly ways of contracting and figures around that in the UK.
- Whole talk.
- You can only contract by having sex with HIV.
- All of the information was of interest and useful to gain better understanding.

13. Was anything not useful or relevant for you? Why?

- No not at all, well tailored to our audience.
- No. Everything was useful and relevant.
- No - all relevant.
- No.
- No.
- N/A. Very good course, understand a lot more now brilliant!]
- No - all good.

14. How might the things you heard today affect you in your work? We would like to know whether your might change how you work in any way after attending today's session.

- With better knowledge I hope that I can stop stereotypes/behaviour towards those with HIV. Working with older people, we are living to see more people with HIV living within our schemes and behave professionally towards people with

- knowledge.
- Pass my knowledge onto colleagues and residents when situations come up.
 - I will be more understanding and will help in my job.
 - We sometimes have people that make assumptions due to their lack of knowledge, now I can answer with confidence or challenge anything that I believe not to be true.
 - Be better educated to deal with stigma from other residents and support people I know with HIV better.
 - No I will work the same but can pass on my knowledge.
 - Talking to others, showing understanding.
 - Continuing to address all aspects of confidentiality. To pass on information and learning to others and include in staff meetings.

15. On a scale of 1 to 10, where 1 = poor and 10 = excellent, please give your personal rating of this session overall.

1	2	3	4	5	6	7	8	9	10
-	-	-	-	-	-	-	-	-	8 people

TRAINING EVALUATION

10th June – CRI (Substance misuse team) session was extended to two hours.

Number of attendees: 14 (8 forms completed)

Before we start:-

16. Expectations: What are your expectations of today's training session? What are you hoping to learn?
- More knowledge and understanding.
 - Current information on support and treatment.
 - Total 2014 update.
 - Not sure - refresher?
 - None - last minute knowledge of training.
 - Update on knowledge.
 - Update.

At the end of the session:-

17. What did you find most useful/interesting? Why?

- All of discussion. Very good source of reliable and valuable information.
- Discussion.
- How treatment has moved on.
- Lots of interesting and fascinating information. Information about the effectiveness of current treatment.
- How it is infected and what medication actually does for people. All of it really as didn't know much.
- How treatment for HIV has progressed.
- I found the whole session informative and really useful.
- Decreased risk from HIV.

18. Was anything not useful or relevant for you? Why?

- No.
- No.
- No.
- Just more info to encourage clients to get tested and reduce stigma.
- None.
- No.
- All relevant.

19. How might the things you heard today affect you in your work? We would like to know whether your might change how you work in any way after attending today's session.

- Help me to feel more confident in my own knowledge.
- More informal discussions.
- Will sit in my forefront of approach.
- Be more aware - will highlight the benefits of testing and be able to reassure about the effectiveness of treatment.
- I never usually bring it up or dwell on it but I will feel more confident now in explaining HIV and how one can live very well with it.
- Updated knowledge so will be able to correct information.
- Educating clients and encouraging BBV screens.
- I am more motivated to refer for HIV testing and to reassure people.

20. On a scale of 1 to 10, where 1 = poor and 10 = excellent, please give your personal rating of this session overall.

1	2	3	4	5	6	7	8	9	10
-	-	-	-	-	-	1 person	1 Person	3 People	3 people