

## Module 4: Facilitator Guide for Zoom session

**Facilitator Instructions:** Complete the 2 activities below using these instructions and the Mod-Zoom facilitation slides.

**Suggested time:** 40 minutes

### Activity 1: Fishbone Activity

**Objective:** Illustrate factors leading to low EID rates using a fishbone diagram (QI)  
(advance to slide 2)

**1. Remind learners of the case** (advance to slide 3):

In module 4 we learned to manage the care of pregnant women, new mothers, and newborns living with HIV using an integrated approach to service delivery in order to prevent mother-to-child HIV transmission (PMTCT). We discussed the topic of early infant diagnosis (EID) of HIV, which is critical to early initiation of lifesaving treatment. Unfortunately, EID rates are low in many settings.

**2. Explain the activity** (advance to slide 4):

In this activity we will ask learners to work in groups to fill out a fishbone diagram to ascertain reasons why EID rates in their particular clinical setting are either low or nonexistent. Remind learners that a fishbone diagram (also called Ishikawa or Cause & Effect diagram) is an organizational tool to help identify/ explore/display the various factors that can contribute to a problem. The Institute for Health Improvement states that it “graphically displays the relationship of the causes to the effect and to each other, helping teams identify areas for improvement.” Advance to slide 5 to show an example of a completed fishbone diagram.

After reviewing the example diagram, advance to slide 6 to show a blank fishbone diagram evaluating low or non-existent EID rates. Explain that you will be moving learners into group breakout rooms to complete the diagram. Learners should consider all the reasons why EID does not happen, including social reasons, and they should group causes under the categories of people, methods, equipment, material/supplies, and workplace/ environment. Learners can use the 5 WHYs technique (introduced in modules 9 and 15) to develop ideas.

**3. Move students into breakout rooms**

**4. After 15 minutes, close breakout rooms and return students back to large group**

**5. Guide learner discussion on the activity** Advance to slide 8

Mention that there are no right or wrong answers. Ask each group to share their answers for one or two categories until you have reviewed all categories. Leave learners with the question or charge to consider solutions to some of the causes they identified.

Possible reasons why EID rates may be low or non-existent are listed below. Refer to them as you facilitate the discussion. You may *advance to slide 9* to reveal these possible reasons at the conclusion of this activity.

#### People

- Parent/caregiver lack of information/not aware of EID
- Parent/caregiver avoiding EID due to concerns about stigma
- Inability to reach parent post-partum
- Provider lack of knowledge of EID
- Provider not offering/recommending EID
- Health professional, phlebotomist or lab technician may not be present to either obtain sample or run the test

#### Environment/workplace

- HIV stigma/discrimination in communities
- Transportation network is disrupted
  - Difficult for parent/caregiver to come for EID
  - Difficult for laboratory to send sample or obtain materials/supplies
- Laboratory is closed

#### Method

- High costs
- Providers may not be aware of protocol
- Information system slow for return of results or lengthy turnaround time
- Protocol for EID has not been standardized at your institution
- Protocol for indeterminate results does not exist

#### Equipment

- Lab machine to test this is not operational
- Lab machine to run this test is not available at clinical setting
- No Gene Xpert at this facility
- HIV DNA PCR technology outdated

#### Material/supplies

- Point-of-care (POC) EID not available or not on site
- Reagents not available or expired
- Blood draw supplies not available or expired
- DBS cards not available

### **Activity 2: Multidisciplinary Discussion** (*advance on slide 10*)

**Objective: Discuss the unique needs of mothers and newborns related to HIV (IPE).**

#### **1. Remind learners of the topic:**

In Module 4, we also discussed the challenges that Ruth and other women face with a new infant and a new diagnosis of HIV.

## **2. Explain the activity** (*advance to slide 11*)

The purpose of this activity is to encourage interprofessional discussion around the following three subjects:

1. Describing the challenges that women with a new infant and new diagnosis may face
2. Explaining possible solutions to these challenges that you can contribute from the standpoint of your own health profession
3. Identifying community resources that may also help address these challenges

If learners have cared for an HIV positive mother who has delivered a baby, encourage them to share their experiences if they feel comfortable.

## **3. Move students into 5 breakout rooms for multidisciplinary discussion**

### **3. After 10 minutes, close breakout rooms and return students to large group**

## **4. Guide learner discussion and reflection as a large group** (*advance to slide 13*)

There is no right or wrong answer! Potential issues for new mothers with HIV, in addition to caring for a new baby, include:

- Stigma/Discrimination – Often HIV-related stigma and discrimination are a barrier to mothers enrolling in PMTCT programs or continuing ART after birth.
- Disclosure to spouse and other family members and eventually to her child
- Adjustment to a new chronic illness
- Managing medications and/or medication side effects for self and for baby
- High rates of loss to follow-up

Potential community solutions to these barriers include:

- Peer support from other women with HIV
- Peer support or mentorship from other new mothers (“mothers2mothers” or m2m)
- Linkage to community health educators and other social services
- Integrate post-natal visits and ART care
- Increased focus on wellness and wellbeing for mothers