

## Module 6: Facilitator Guide for Zoom session

**Facilitator Instructions:** Complete the 3 activities below using these instructions and the Module 6 Zoom facilitation slides.

**Suggested time:** 45 minutes

**Activity 1: Psychosocial impacts and support** (*advance on slide 2*)

**Objective: Explore interprofessional strategies to provide emotional and psychosocial support to a colleague after an occupational exposure to HIV.**

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

In this module, we discussed the case of Miriam, a nurse who has experienced a needle stick injury.

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

You will now have the opportunity to discuss the psychosocial impacts of occupational exposures to HIV. In your breakout rooms, please take 10 minutes to discuss the following questions:

1. What might the psychosocial impacts of an occupational exposure to HIV be? Put yourself in Miriam's shoes or share a situation where you or your colleague sustained an occupational exposure to HIV.
2. How can we support our colleagues who have experienced an occupational exposure to HIV?

**3. Move learners into breakout rooms.** (*advance to slide 5*)

**4. After 10 minutes, close breakout rooms and return students back to large group.**

**5. Guide learner reflection on the activity:** (*advance to slide 6*)

Ask the groups to share their key points and reflections from the discussion.

(*Advance to slide 7 to summarize:*) Key points include:

- Types of psychologic discomfort after needle stick injury include anxiety, anger, and feelings of guilt.
  - What coping strategies might someone who has suffered a needle stick injury use?
- Some personnel adopt active coping strategies, such as seeking first aid or reporting the incident to a monitoring system, whereas others use passive coping methods, such as avoidance of reporting the incident, vague expectance to have no problems, and reliance on religious beliefs. Understanding the risk and managing it appropriately is another coping strategy. Personnel may also be reassured by the efficacy of PEP in preventing HIV acquisition after an occupational exposure.

- Recommended support strategies to improve the prevention of needle stick injuries include augmenting employee education and increasing recognition of techniques for avoiding injuries.

## Activity 2: Multidisciplinary Discussion – Communication and Role Clarification

(advance on slide 8)

**Objective: Review how optimal interprofessional communication and role clarification can reduce the risk of occupational exposure to HIV (IPE)**

### 1. Remind learners of the topic: (advance on slide 9)

Communication and role clarification are important in the prevention of occupational exposures and in optimizing care for healthcare professionals following an occupational exposure.

### 2. Explain the activity: (advance on slide 10)

You will now have the opportunity to have a 10-minute multidisciplinary discussion about communication and role clarification in regard to occupational exposures. In your breakout rooms, please discuss the following questions:

1. In what ways can communication and role clarification among health professionals and with patients prevent occupational exposures?
2. What things need to happen to care for a colleague after a needlestick injury? How can communication improve care after a needlestick injury?

### 3. Move students into breakout rooms for multidisciplinary discussion (advance to slide 11)

### 4. After 10 minutes, close breakout rooms and return students back to large group

### 5. Guide reflection on the activity (advance to slide 12)

After facilitating reflection, advance to slide 13 to review possible answers:

Possible answers for question 1:

- Telling a colleague when you are performing a procedure so that they can assist if needed.
- Ensuring that individuals have enough training/ experience in performing the procedure, so they can do it safely.
- Discussing with the patient the procedure that is to be performed so that they may cooperate and not increase the risk to the provider.

Possible answers for question 2:

- Identifying exposures and getting help in a timely manner.
- Getting necessary blood labs drawn for the source patient and for the provider who suffered the injury.
- Getting PEP without delay to the provider who suffered the injury.
- “Checking in” with the colleague to see how they are doing with PEP and whether there is any psychosocial effect of the exposure.

**Activity 3: PDSA Cycle** (advance to slide 14)

**Objective: Demonstrate use of a PDSA framework to identify interventions to reduce the risk of occupational exposure to HIV (QI).**

**1. Remind learners of the topic:** (advance to slide 15)

The PDSA (Plan-Do-Study-Act) cycle is one framework adopted for quality improvement in healthcare to achieve improvement measures. It involves four steps:

1. Creating a plan to address the problem
2. Carrying out the plan
3. Evaluating the impact of the intervention
4. Modifying the intervention for the next cycle based the outcome and findings.

**2. Explain the activity:** (advance to slide 15)

You will now be moved into breakout rooms to practice applying the PDSA framework in your groups. Imagine you are in charge of occupational exposures at this district hospital and you are planning an intervention to decrease the number of needlesticks. As a group, discuss what factors might have contributed to the exposure and how it might have been prevented. Next, brainstorm and imagine an intervention to decrease the number of needlesticks at your district hospital. Using that intervention, complete the following table, which has already been started for you.

*Blank table for reference:*

Plan	
I plan to:	Decrease the # of needlestick injuries at our hospital through an intervention that...
I hope this produces:	
Steps needed to execute the plan:	
Do	
What plan did you implement?	
Study	
What did you learn? Did you meet your goal?	
Act	
What did you conclude from this cycle and how should you modify your plan in the next cycle?	

**3. Move students into breakout rooms to complete the PDSA table** (advance to slide 17)

**4. After 15 minutes, return students to main room**

**5. Guide learner reflection on the activity: (advance to slide 16)**

Ask the groups to share key points from their PDSA cycles.

Advance to slide 17 to reveal an example of filled-out table:

Plan	
I plan to:	<ul style="list-style-type: none"><li>Decrease the # of needlestick injuries at our hospital through an intervention that...</li></ul>
I hope this produces:	<ul style="list-style-type: none"><li>A decrease in the number of needlestick injuries each year by 15%</li></ul>
Steps needed to execute the plan:	<ul style="list-style-type: none"><li>Identify the current number of needlestick injuries each year</li><li>Details of the intervention plan (for example, stock of needles with automatic safety mechanism, teach healthcare workers how to use this equipment)</li></ul>
Do	
What plan did you implement?	<ul style="list-style-type: none"><li>After implementing the intervention, we observed...</li><li>Healthcare workers were able to use the new needles appropriately</li><li>Healthcare workers sought out needles with safety mechanisms over needles that lacked them</li></ul>
Study	
What did you learn? Did you meet your goal?	<ul style="list-style-type: none"><li>The number of needlestick injuries decreased after the needles with the automatic safety mechanism were disseminated</li></ul>
Act	
What did you conclude from this cycle and how should you modify your plan in the next cycle?	<ul style="list-style-type: none"><li>The implementation of an intervention replacing phlebotomy needles with ones that have an automatic safety mechanism decreased the number of needlestick injuries</li></ul>