Module 7: Facilitator Guide for Zoom session

Facilitator Instructions: Complete the 3 activities below using these instructions and the Module 7 Zoom facilitation slides.
Suggested time: 40-50 minutes

Activity 1: SBAR practice *(advance on slide 2)*
Objective: Summarize the clinical status of a patient with CCM using the SBAR format (IPE, QI)

1. Remind learners of the topic *(advance to slide 3)*
In module 7, we met Paul—a 27-year-old man living with HIV. He was brought into a rural triage clinic by his friend who found him with a decreased level of consciousness. The friend shared that Paul had not been taking his ART medications.

Paul's physical exam is notable for altered mental status and neck stiffness. He has no focal deficits on neuro exam. Additionally, LP is notable for an elevated opening pressure and serum CrAg was positive. The CSF test results will not be available until tomorrow.

(Advance to slide 4)
In the module, we reviewed the SBAR framework for effective communication between health professionals. As a reminder, the framework includes four components: situation, background, assessment, and recommendation.

2. Explain the activity:
(Advance to slide 5)
You will now have the opportunity to practice using SBAR to communicate Paul's clinical scenario. You will be put into breakout rooms in pairs to take part in the role play activity. One learner will have the opportunity to practice using SBAR to communicate Paul's scenario and recommend initiation of CCM treatment, while the other learner will listen and offer feedback afterwards. A blank SBAR table is on the Learner Zoom handout as reference.

After five minutes, learners should switch roles.

3. Move students in pairs into breakout rooms.
After 5 minutes, send out a message via zoom telling learners to switch roles.

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

(Activity 1 continues on next page)

5. Guide learner reflection on the activity: *(advance on slide 7)*
Review a sample SBAR for Paul's scenario.

Situation	This is a 27-year-old man with AIDS not on ART who presented with decreased level of consciousness found to have cryptococcal meningitis.
Background	Neurologic exam was negative for focal deficits, so we have obtained a LP. The results are pending but the OP was high and serum CrAg was positive.
Assessment	I think the patient is ill and CCM is the most likely cause given his symptoms, ART non-adherence, positive serum CrAg, and high OP.
Recommendation	I recommend initiation of treatment for CCM.

(Advance to slide 8)
Ask learners to share their reflections. How did it feel to use the SBAR framework? What seemed to work well and what would they do differently?

Activity 2: Role Clarification *(advance to slide 9)*

Objective: Describe the role of all team members who provide care for the patient with CCM through use of role clarification and a huddle (IPE)

1. Remind learners of topic: *(advance to slide 10)*
Given the concern for CCM, it was decided that Paul would be transferred to the district hospital. Imagine you and your team work at the district hospital to which Paul is being transferred. Prior to arrival of the patient, you *huddle* with your team (doctor, nurse, pharmacist, and laboratory personnel) to clarify and define each person's role.

In the context of healthcare delivery, a *huddle* is a very short meeting involving interprofessional healthcare team members that proactively allows teams to plan for the care of their patient or patients.

2. Explain the activity: *(advance to slide 11)*
You will now have the opportunity to discuss the roles of different team members in the multi-disciplinary care of a patient with CCM. You will be placed into zoom breakout rooms for 10 minutes. Reflect on how best each member of a team can contribute when someone with decreased level of consciousness with CCM arrives to the wards. In your groups, answer the questions below:

1. In this scenario, what are the roles of different members of the team?
2. Why is it important to huddle and clarify roles in advance?

3. Move students into breakout rooms for discussion.
This time, move learners into larger groups (suggested: 5-8 per breakout room).

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

5. Guide learner reflection on the activity. *(advance to slide 13)*
Ask groups to share their answers to the questions. Role clarification and huddles are ways to enhance team functioning and improve patient care. For example, the doctor can perform the exam, while the nurse obtains IV access if not done already. Both doctor and nurse should ensure the patient's ABCs (airway, breathing, circulation). A pharmacist can review the patient's medications and allergies.

Activity 3: Initiating ART in patients with CCM *(advance to slide 14)*

Objective: Describe an approach to the timing of ART initiation (or re-initiation) in a patient with CCM

1. Review topic: *(Advance to slide 15)*
In module 7, we reviewed the COAT study, which can help to inform when to start ART in patients with CCM.

2. Explain the activity: *(advance to slide 16)*
You will now have 15 minutes to review the COAT study and fill out the provided table shell based on the COAT study findings. You will be placed into breakout rooms in groups. Take two minutes to review the COAT study in your learners materials. Use the remaining time to fill out the provided table shell. After completing the table, determine a recommendation as a group for when ART should be started based on the study.

3. Move learners into breakout rooms for 15-minute activity
Return learners to their same groups.

4. Close breakout rooms and return students to large group

5. Guide learner reflection on the activity: *(Advance to slide 18)*
Ask the large group to share their answers to fill out the table on *slide 19* (type answers as they are shared). In addition, ask each group to share their recommendation for initiating ART.

If useful to conclude, *advance to slide 20* to reveal answers.

Participants	177 HIV+ ART-naïve patients from Uganda and South Africa on CCM treatment
Study type	Randomized control trial
Comparison	Early ART initiation (1-2 weeks after diagnosis) versus deferred ART initiation (5 weeks after diagnosis)
Notable baseline characteristics	• Even mix of men and women • Greater than 50% had OP > 25 cm H20 • Median CD4 18-28 cells/mm3
Results	• 26-week mortality with early ART initiation (45%) higher than deferred (30%), p = 0.03 • CSF WBC < 5 associated with higher mortality in early ART than deferred ART, p = 0.08 • Incidence of cryptococcal IRIS did not differ between the two groups
One sentence summary of study	Deferred ART after diagnosis of CCM associated with improved survival, especially in those with low CSF WBC