



ADVANCING PARTNERS & COMMUNITIES

Clinical Care Guidelines for Ebola Survivors: Trainers' Guide



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This publication was produced by Advancing Partners & Communities (APC), a five-year cooperative agreement funded by the U.S. Agency for International Development under Agreement No. AID-OAA-A-12-00047, beginning October 1, 2012. The authors' views expressed in this publication do not necessarily reflect the views of the U.S. Agency for International Development or the United States Government.

Advancing Partners & Communities

Advancing Partners & Communities (APC) is a five-year cooperative agreement funded by the U.S. Agency for International Development under Agreement No. AID-OAA-A-12-00047, beginning October 1, 2012. APC is implemented by JSI Research & Training Institute, Inc., in collaboration with FHI 360. The project focuses on advancing and supporting community programs that seek to improve the overall health of communities and achieve other health-related impacts, especially in relationship to family planning. APC provides global leadership for community-based programming, executes and manages small- and medium-sized sub-awards, supports procurement reform by preparing awards for execution by USAID, and builds technical capacity of organizations to implement effective programs.

JSI RESEARCH & TRAINING INSTITUTE, INC.

1616 Fort Myer Drive, 16th Floor
Arlington, VA 22209 USA
Phone: 703-528-7474
Fax: 703-528-7480
Email: info@advancingpartners.org
Web: advancingpartners.org

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INTRODUCTION TO THE TRAINER'S GUIDE

Materials needed to run this training:

1. Sign-in sheet
2. Name tags
3. One copy of the MOH Ebola Survivors Clinical Care Guidance for each participant (hereinafter referred to as “the Guide”)
4. Three copies of the MOH Ebola Survivors Clinical Care Guidance for each hospital and health center in the seven EVD-affected counties
5. Slides for all sessions
6. Slide projector and power cords
7. Sample health facility referral forms
8. MH, ophthalmic, etc. diagnostic forms (PHQ-9, TSQ-9)
9. IMAI Quick Check Wall Chart
10. Materials for conducting selected examinations (e.g., hearing loss, basic eye and joint examinations): tuning fork-2, otoscope-2, ophthalmoscope-2, percussion hammer-2
11. Materials for demonstrating and practicing safe hand washing technique (buckets with forceps, liquid soap, bar soap, hand sanitizer, water, towel)
12. Flip chart stand, and markers
13. Notepad and pen for each participant
14. Stapler, scissors, masking tape, and other office stationary
15. Small treats (e.g., biscuits, etc.)

MODULE I. INTRODUCTION TO THE WORKSHOP

I. SESSION OBJECTIVES

By the end of this session participants (hereinafter referred to as “pax”) will:

- Be able to identify the names of the instructors and other pax
- List the goals and objectives of the training
- Understand the components and length of the course
- Select the group norms for the training

Time: 45 mins

Trainer Preparation:

- Review the trainer notes several times
- Be prepared for questions
- Understand the session objectives

Activities in this session

Title	Type	Time
1. Welcome and Introductions	Activity	15 mts
2. Purpose of the training and course objectives	Lecturette	15 mts
3. Review of schedule	Lecturette	5 mts
4. Ground rules and Norms	Lecturette with participant input	10 mts

1. Welcome and Introductions - 15 minutes

Trainers should welcome the pax. Trainers introduce themselves establishing their authority for leading this training. Ask pax to complete and wear name tags.

Have pax introduce themselves. If the group does not know each other well then ask them to answer a few questions about themselves – practical and fun combined such as:

Title/Position, years working in public health, favorite hobby, favorite dish to make, etc.

2. Training Purpose and Objectives - 15 minutes

We learn best by sharing our experiences with each other. Through dialogue we can make this training valuable. We will offer you the latest clinical care guidelines, but it is you who are on the front of this care, so your experiences need to be shared with each other.

Explain that there are no bad questions. We are here to learn the guidelines and from each other. Let's practice mutual respect so that everyone feels ok to ask questions and contribute.

Tap into pax motivation to learn this. Some of the material is related to what you already know, while some will be new. You can apply what you learn here to much of your work. The country, not just the survivors, needs knowledgeable clinical staff. You have an important role in helping these people heal and ensure. We urge you to take this training seriously and apply yourself fully to prepare yourself for doing this important work.

Review the course objectives. Show **Module I. Orientation Objectives slide:**

- Introduce the Ebola Clinical Care Guidance document (Guide)
- Refresh frontline health workers about clinical approaches to common post-EVD sequelae
- To develop a Liberian network of clinicians as a “community of practice” around survivor care

3. Review of schedule – 5 minutes

Refer to agenda

4. Ground rules and Norms - 10 Minutes

Ask pax to help develop a set of norms and ground rules for working together during the training. Put agreed upon items on a flip chart and keep visible during whole training.

MODULE 2. BACKGROUND

Session Objectives

By the end of this session pax will:

- Share their greatest challenges for serving EVD survivors
- Understand what their colleagues find the greatest challenges for serving EVD survivors
- Explain what MOH's integrated approach means for serving survivors

Time: 30 mins

Trainer Preparation:

Review the trainer notes and slides several times

Be prepared for questions

Understand the session objectives

Activities in this session

Title	Type	Time
I. Background Introduction	Slides 1-8 lecturette and discussion	1 hr.

I. Background Introduction – 60 minutes

Show **Module 2. Background - Pop Quiz slide** and discuss.

Have pax share what they believe are the greatest challenges to the Liberian health care system for meeting the needs of survivors. Note what these are on the flip chart for future reference. Try to reach consensus on these if possible.

[Note: This is about the system as a whole and not individual facility problems. Avoid letting this become a complaint session. It is helpful to know what the challenges are so they can be addressed through this training or in follow up efforts.]

Show **Module 2. Background - Integrated Clinical Care slides.**

Explain how this approach came to be and why it is important to survivors.

Consider which of the following questions would be most helpful to discuss with pax:

- What is the current reality of these integration efforts from their perspective?
- Are survivor services truly integrated? If yes, how? If not, why?
- How to improve them?

- Which of the 5 points is there the greatest progress on – which is there the least?
 - What are the consequences of each of the above?
- Share with pax what others are doing in this effort to help encourage their efforts.

Show **Module 2. Background - Mental Health Slide** and review

- Clarify the difference among these mental health professionals and how many are available to treat EVD survivors. Explain what is happening with efforts to provide more mental health specialists in Liberia.

Show **Module 2. Background - Practical Discussion Questions slide** and review each point.

- What are immune privileged sites?
- What are the **clinical implications** of EVD persistence in immune privileged sites?
 - Organ-specific inflammatory syndromes
- What are the **public health implications** of viral persistence in immune privileged sites?
 - Risk of transmission and reignition of outbreaks

Show **Module 2. Background- Residual Risk slide** and discuss ongoing testing efforts and other programs to minimize the spread of Ebola through semen.

Show **Module 2. Background- Priorities and Way Forward slides** and review.

Explain where these 7 points came from

Ask pax:

- a. If they would change any of these?
- b. Would they drop or add any points?
- c. What should be the biggest priority items in their opinion?
- d. What clinicians can do to implement these?
- e. What do EVD survivors need to know about these?

MODULE 3. PRINCIPLES OF ROUTINE COMPREHENSIVE CARE

1. Referral criteria for survivors to specialized care can be found where?

Pg 10 Referrals - A referral criteria summary is described in details in the individual sections.

2. In chapter 4 of the Guide, sequelae are divided into subsections. What are some of the common areas that you find information on for helping patients?

Physical exams/Evaluations, differential diagnosis, management

3. What are the immunologically privileged sites and where can one read about them?

Chapter 5, Pg 45 – inside the eye, central nervous system, testicles in males, pregnant women in the fetus, amniotic fluid and placenta and breast milk

4. What are the standard IPC Precautions for routine clinical visits and where can they be found?

Pg 56

- a. Proper hand hygiene (*My Five Moments for Hand Hygiene*)
- b. Appropriate use of PPE
- c. Sharps safety
- d. Appropriate waste and linen management
- e. Environmental cleaning and decontamination protocols of reusable medical equipment.

5. Where can tips for effective risk communication be found? List five of them.

Pg 61 under *Good Practice* heading. (See list of all 8 in Guide)

- When time is up, review the answers with the group.
- Ask for volunteers to share answers. Ensure that all understand where the answers can be found.
- For each question ask if anyone disagrees with what is written. This gives an opportunity to evaluate their knowledge of the subject and if there is consensus on what is written.
- Walk around the room to see how pax are doing.
- Ask pax if there are other things that they want to know more about.

MODULE 3. PRINCIPLES OF ROUTINE COMPREHENSIVE CARE

Session Objectives

By the end of this session pax will be able to:

- List principles of EVD survivor care in Liberia
- Identify needs of special populations
- Benefit from the experience of others who have treated survivors

Time: 2 hrs

Trainer Preparation:

- Review trainer notes several times
- Review the slides several times
- Anticipate questions and have answers in mind
- Review the exercises and know how to explain and break them down into easy terms.

Activities in this session

Title	Type	Time
2.1. GENERAL PRINCIPLES OF EVD SURVIVOR CARE SLIDES	Exercise	1 hr and 30mins
3.2. YOUR EXPERIENCES	Exercise	30

1. Review slides 1 hr and 30 minutes

Show Module 3. Principles of routine comprehensive care slide – 1 and introduce the module

Show General principles of EVD survivor care in Liberia slide. Review and discuss the first three points.

Show General Principles of EVD survivor care in Liberia contd slide. Discuss the next two points.

Review what Red Flags are. Clarify what “Common things are common” means.

Show Which Health Care Worker and Where? slide Determine main point of slide

Show Comprehensive Care Includes slide Determine if this is the best slide title

2. Your Experiences – Exercise – 30 mins

Show Slide Your Experiences and review.

Put pax into groups of 4. Mix those who have provided care to survivors with those who haven't. Ask pax to answer these questions within their group, and have one recorder. (15mins)

Call back all pax and have groups share the main points from their conversations. If fitting, ask what further training/assistance clinicians would like to have for treating survivors. (15mins)

Note: Interactive phase- Please remember to record pax' responses on a flip chart for future reference

MODULE 4. COMMON AND IMPORTANT SYNDROMES

Session Objectives

By the end of this session pax will be able to:

- Identify Red Flags for specialized care
- Conduct quick checks and basic examinations for main Ebola syndromes
- Provide appropriate treatment for common EVD related illnesses
- Identify which issues need referrals to specialists

Time: 3hrs

Materials:

- PHQ9 Survey for Depression
- Uveitis Diagnostic Chart
- IMAI Quick Check Wall Chart
- Tools for conducting any exams and supporting charts etc
- Flip charts and markers

Trainer Preparation:

Decide which examination demonstrations can be provided and prepare the needed tools. Bring any charts or visual aids.

Prepare for Role Play in Activity 7

Activities in this session

Title	Type	Time
4.1. REVIEW OF INTRODUCTORY AND RED FLAG SLIDES	8 Slides	20
5.2. HEARING LOSS	11 Slides / demonstration	20
6.3. JOINT PAIN	7 Slides	20
7.4. REVIEW OF MUSCULOSKELETAL GUIDELINES	Exercise	45
8.5. EYE PROBLEMS	6 Slides	20
9.6. ABDOMINAL PROBLEMS	8 Slides	20
10. <u>7. APPROACH TO NEUROLOGICAL PROBLEMS</u>	4 Slides	10
11. <u>8. APPROACH TO MENTAL HEALTH</u>	4 Slides Role Play & Quiz	45
12. <u>9. SEXUAL HEALTH</u>	4 Slides	20

I. Review of Introductory and Red Flag slides - 20 minutes

Review **Module 4. Common and Important Symptoms Clinical Sequelae after EVD slide** and module outline. Explain that we will be addressing how to identify red flags and assess each of these problems in EVD survivors.

Review **Module 4. Images slide**

Review **Module 4. Common EVD Related Sequelae slide**

Review **Module 4. Pink Table slide** and ask questions regarding the table

- Ask pax what are common *red flags* of serious health issues with EVD survivors.
- List them on the flip chart. See how many they can name.
- Can pax associate the health issues with their possible meaning?

[**Note** –for the following slides stop to explore these issues with pax. Expand on the most common and dangerous of these signs. Ask questions about these signs to ensure pax understand them. Be sure pax know what is most important about these]

Show **Module 4. Red Flags for Urgent Care or Referral slide** (thermometer) and review the three points.

Show **slide Module 4- Red Flags for Urgent Care or Referral** (man with hands on head) and review points 4-6 for *mental health*.

Review **Module 4. Red Flags for Urgent Care or Referral slide** (brain and ear) points 8-11

Show **slide Module 4- Red Flags for Urgent Care or Referral** (eye) and review point 12 for ocular problems. Note that the **Guide** covers ocular issues starting on page 19, including indications for referral to an eye specialist.

- Explain that these have been the main red flags to look for when treating EVD survivors.
- Do those experienced with treating survivors have others that they would like to add?
- List these on flip chart with agreement from other experienced clinicians
- Do those with experience have anything to say about the ones we have reviewed?

Review key points that have been made before moving to next topic.

2. Hearing Loss – 30 minutes (depends on if any testing demonstration is given)

20 mins minimum just for reviewing slides – consider time for discussion too.

Next we will look at *hearing loss* in EVD survivors. Show **slide Module 4. Approach to Hearing Loss Section Outline** and explain that we will review hearing loss issues.

Review **slide Module 4. Approach to Hearing Loss Quick Check**.

- What should be part of the quick check process?
- What should be asked and focused on? Write down answers.

Review **Module 4. Approach to Hearing Loss during a Quick Check slide**.

Resolve any differences from what the pax may have suggested.

Review **Module 4. Approach to Hearing Loss Methods of Examination slide**. If possible, demonstrate how to do a few of these. At minimum explain how to conduct them properly. **Determine which would be most helpful and how much time would be needed for these**

Review **Module 4. Approach to Hearing Loss Examine slide**. Discuss any issues related to children's hearing loss here as needed.

Review **Module 4. Approach to Hearing Loss Red Flags for Referral and Specialized Care**.

Review **Module 4. Approach to Hearing Loss Causes and Treatment slide**.

Review **Module 4. Approach to Hearing Loss Causes and Treatment cont. slide** and explain. Take questions and discuss as needed.

Review **Module 4. Approach to Hearing Loss Causes Treatment Results slide**. Ask if pax are aware of any situations where these points do not apply. Answer any questions and explain further as needed.

Review **Module 4. Approach to Hearing Loss Causes and Treatment Results cont. slide.** Take questions and discuss as needed.

Review **Module 4. Approach to Hearing Loss Follow Up slide.** Stress the importance of telling patients to follow up with them. Ask pax to summarize what was just discussed.

Have trainees form teams of two. Ask them to write down the main points that were just discussed. Give them 3 minutes to complete this activity. Make it a fun game. Write down the teams' responses and see who came the closest. Give small prizes to those who did the best.

3. Joint Pain - 30 minutes

Next we will look at *Joint Pain*. Ask pax what they know about joint pain in survivors. Answer any questions and discuss how joint pain affects survivors.

Show **Module 4. Approach to Joint Pain slide.** Explain the first things to do if you suspect the patient has joint pain. Further discuss any of the points within the slide as helpful. Demonstrate preferred methods for *examining* joints and what to look for.

- Ask pax what are some red flags for joint pain. Take their answers and list the correct ones on the flip chart. For those with wrong answers, politely explain why they are not red flags.

Show **Module 4. Approach to Joint Pain - Are there red flags needing specialized care? slide.** Review with the amount of detail needed for pax to be able to evaluate these points.

Show **Module 4. Approach to Joint Pain – Treatment slide** and review in the amount of detail needed for pax to fully understand how to treat patients with joint issues

Show **Module 4 Approach to Joint Pain – Treatment cont. slide** and discuss. What has been the experience of pax with these remedies? Have other methods worked as well or better? Have pax share what they've learned.

Note: Facilitator must research on the basic treatment protocols for Arthritis and Arthralgia prior to presentation to help pax.

Show **Module 4. Approach to Joint Pain slide**

- **Question 1 What are some obvious common causes of joint pain?**
- **Question 2 What are some signs of arthritis/joint inflammation?** Take answers and be sure the ones below are included. Don't discourage pax who offer incorrect answers but encourage them to think further or provide a hint.

Module 4. Causes of joint pain include: slide

- Trauma (acute or chronic)
- Osteoarthritis (chronic)

- Arthralgia related to other systemic infection
- Rheumatologic conditions

Show **Module 4. Signs of Arthritis/joint inflammation include: slide**

- Warmth
 - Redness (erythema)
 - Joint swelling (effusion)
 - Significant limitation of joint range of motion (immobility)
 - Tenderness on palpation of joint or surrounding structures
- Briefly discuss these causes and signs. Have pax seen other causes in survivors?

13. 4. REVIEW OF MUSCULOSKELETAL GUIDELINES – EXERCISE - 45 MINS

Tell pax that when evaluating patients with joint pain it's important to distinguish between: inflammatory and non-inflammatory pathology

Note: Please probe on the difference between the two (inflammatory and non-inflammatory pathology, such as arthralgia & arthritis) prior to the presentation

Ask pax if they can describe what each is. Provide hints if needed.

- Confirm that non-inflammatory is joint pain without other obvious abnormalities on physical exam
- Confirm that inflammatory arthritis is joint pain with point tenderness, erythema, warmth, swelling, effusion, and/or limited range of motion.

14. ASK PAX TO OPEN THEIR GUIDES TO PG.16-19 AND READ THE MUSCULOSKELETAL SECTION. THEY SHOULD STOP WHEN THEY REACH THE OCULAR SECTION. THIS IS ABOUT 3 PAGES OF READING. PAX SHOULD UNDERLINE IMPORTANT POINTS. THERE WILL BE AN ENERGIZER QUIZ AT THE END OF THIS.

When pax have finished reading tell them that we will have a TRUE or FALSE quiz. It is based on what they just read. This will be a stand-up or sit-down quiz. Don't be serious with it. Make it fun. If the pax are sleepy have them get up and stretch before starting.

Explain that they will do this with a partner and they must agree on the answer together. Give them a minute to pair up. They can be with the person sitting next to them.

Explain the rules of the quiz:

- This is a simple True/False quiz
- Explain that you will read 8 statements

- If the statement is True both partners stand up
- If the statement is False both partners sit down
- If they can't decide one partner stands and the other sits
- Pax may talk with each other to decide the right answer
- Repeat the directions again be sure everyone understands. Tell them you will read the questions one at a time and then go over the answers at the end all at once.
- Ask them to start by standing with their partner together. Ask all to close their Guides. Walk briefly around to ensure all books are closed.

(Note where the pax disagree for processing the answers after the quiz).

Start by reading the questions allowing enough time for each pair to make their decision before reading the next one. Save reviewing the answers until all questions are asked.

1. A small number of survivors will have non-inflammatory pathology. (F – only a few have inflammatory signs)
2. A differential diagnosis of arthritis is Septic joint, gout, or osteoarthritis (T)
3. First line therapy for treatment of inflammatory conditions is Ibuprofen 400 mg (T)
4. Second line therapy for inflammatory conditions and muscle pain is Paracetamol 100 mg (F NSAID if available)
5. Movement helps improve inflammatory arthritis (T)
6. For treatment of Arthritis if significant symptoms persist after 14 days of NSAID treatment stop NSAIDs and give corticosteroids for adults (F – if symptoms persist after 7-10 days give Prednisolone)
7. For Non-Inflammatory musculoskeletal conditions psychosocial issues must be considered. (T).
8. Patients may take NSAID on an empty stomach (F- take with food to avoid gastritis)

9 Bonus question –

Name the 4 indicators that should be referred to a specialist

Have each team write these down and show openly on their desk. The second trainer can walk around to review these. No cheating :) (See answers below or on page of Guide)

Now review each of the questions one by one and ensure that pax understand the answers.

For the bonus question, acknowledge the teams that have the correct answers. Don't mention the ones that don't. Review the correct answers stated below.

- a. Recurrent or persistent arthralgia that significantly impedes daily activities and quality of life and is refractory to at least 3 weeks of NSAID therapy and one week of prednisone therapy

- b. Spondyloarthropathy (i.e. spine and sacroiliac joint involvement)
- c. Arthritis with systemic illness or if suspicion of septic joint requiring aspiration, laboratory testing of aspirate and possible intravenous antibiotics
- d. Referral to a rehabilitation specialist may be required for survivors for people with prolonged musculoskeletal pain and fatigue

Close this session by asking if there are any questions. Encourage other pax to answer questions. Politely correct wrong ideas and provide the accurate information. Encourage pax to refer to the MOH Guidance when treating EVD survivors and have questions.

Ask pax to identify other clinicians or sources they can go to if they have questions. Do they have other resources to find answers that are not provided in the Guide? Have a brief discussion on this to help them determine where to go for additional assistance.

5. Eye Problems – 20 minutes

Review **slide Module 4. Approach to Eye Problems - Section Outline slide**. These are the main items we will be discussing regarding caring for patients with eye issues.

Show Module 4 - Approach to Eye Problems - Quick Check slide

Review what's involved for doing a Quick Check for abnormal vital signs and red flags and the important questions to ask patients

Next, have pax open their **MOH Guidance** to **page 22 Table 3 Indication for Referral to Eye Specialist**. Have them review when urgent referral to specialists is needed.

When they have finished have a brief conversation on the following points:

- What have been their experiences with patients having these indications?
- What do they do if patients don't want to go, or can't afford to go, for treatment to the referral location?
- Have there been problems finding specialists to refer them to? If so, what can be done?

Are there any situations presented here they disagree with? What is best to do if specialists are not available or too far to visit?

Review **Module 4. Approach to Eye Problems – What to Examine slide**. Demonstrate how to do these if possible. If pax have had little experience doing these, then allow for some to practice with

the trainer's guidance. *Hands on learning is most effective. This is an opportunity to really make this training valuable.*

Review **Module 4. Approach to Eye Problems – Refer or Not slide**. Discuss in detail.

Clarify *treatment initiation* as noted in the slide comment.

Show **Module 4 - Approach to Eye Problems – Uveitis slide**. Discuss the importance of these points.

Show **Module 4 - Approach to Eye Problems – Uveitis cont. slide** and discuss these points.

- Ask pax if they have any experience with Uveitis.
- What have they learned?
- Ask if they have any questions.

Before beginning the next section, remind pax that this is part of the bigger process of looking at the most common physical problems and related sequelae of Ebola survivors. Ask what we have covered so far since starting this module. They should respond: *red flags, hearing loss, joint pain and eye problems.*

6. Approach to Abdominal Problems – mins

Review **Module 4. Approach to abdominal Problems – Syndromes, major features slide**. Explain why syndromes like abdominal pain are common GIT issues in EVD survivors. Discuss what it means for the patients.

Show **Module 4. Approach to abdominal Problems – History taking slide**. Review each step, explain to pax the significance of each item. Remind pax that this is part of the bigger process of looking at the most common physical problems and EVD-related GIT sequelae.

Show **Module 4. Approach to abdominal Problems – physical examination slides**. Review each step and note findings (PE and diagnostic findings).

Show **Module 4. Approach to abdominal Problems – management slides**. Review various and common GIT related complications in EVD survivors. Have pax consider red flags for referral (acute abdomen, peritonitis, or perforation).

7. Approach to Neurological Problems – 10 mins

Review **Module 4. Approach to Neurological Problems – Syndromes slide**. Explain why these are common syndromes and what they mean for patients. Ask pax if these problems match their experience.

Review **Module 4. Approach to Neurological Problems–Common Things are Common** slide.

Review **Module 4. Approach to Neurological Problems – Quick Check** slide.

Show **Module 4. Approach to Neurological Problems – Meningitis** slide. Review how to handle suspected Meningitis cases. Ask pax if they have any questions about case ma. Provide additional guidance as needed. Note that the **Guide** covers Meningitis issues in Chapter 4 under the **Neurology** section and in Chapter 5 **Monitoring for Persistent Ebola Virus Infection**.

8. Approach to Mental Health – 20 minutes

[**Note:** Before this section begins choose 1-2 pax to act in a role play to demonstrate a clinical evaluation for mental health issues. One can be the patient and the other can be the physician or nurse. The trainer can participate as well. Create a brief scenario (about 5 mins) to show a few points TO DO and a few points of what NOT to do].

Start the activity by explaining that we will now look at guidelines for conducting a Mental Health clinical evaluation. There are 11 main points to be familiar with.

Show **Module 4 Approach to Mental Health – Guidelines for Clinical Evaluation** slide. Review the first 6 points of what to look for when conducting a clinical evaluation for mental health.

Ask pax to name the red flags for mental health issues that we covered earlier under the red flag section. They should respond:

- Confusion or inappropriate or bizarre behavior,
- Intent to harm self or others,
- Abuse of alcohol
- Others?

Discuss best methods for assessing alertness and appropriate thinking process.

Discuss in greater detail any of these points that pax can most benefit from.

Review **Module 4. Approach to Mental Health - Guidelines continued** slide (5 points).

Discuss how to evaluate for points 7-11. Take any questions pax may have on these points.

Review **Module 4. Approach to Mental Health - Decide to Treat or Refer** slide.

Review **Module 4 Approach to Mental Health - Can this patient be treated at your facility** slide.

Role play - (15 mins)

- Tell pax that they will now watch a role play demonstrating a clinical evaluation.
- They should be looking for what the clinician did correctly and what they may have done wrong.
- Start the role play by introducing who is playing who and providing any necessary context.
- When finished, hold a discussion about what pax witnessed.
- What did the clinician do well and not so well?
- What was realistic about this clinical evaluation?

- What can we learn from this?
- Reinforce key points for conducting proper mental health clinical evaluations.

Quiz - (15 mins) Continue this activity by asking pax to open their **Guide** to the **Mental Health** section starting on page 36. Take five minutes to review this section which goes to page 41 and to note the topics that it addresses. We will take a short quiz after this. This will be done privately and you do not have to share your answers.

When pax have finished reading ask each to take out a sheet of paper and number it from 1 to 5. They do not have to hand these in or share them.

Trainer reads all five questions one by one giving participant's time to write their answers. When all have been read start reviewing by asking for pax to volunteer the answers. The answers are provided below each question.

1. What types of symptoms are most important to assess and identify?

Answer: persisting symptoms of psychological distress and difficulties

2. What are two assessment tools for identifying patients with psychological distress?

Answer: PHQ9 and TSQ

3. Name three of the six Guidelines for Clinical Evaluations

Answer:

- Always check for physical conditions that may underlie or contribute to mental health problems, such as, anemia for depression.
- Ask and look for symptoms and signs of emotional distress (anxiety, mood changes, fatigue), alcohol and drug use, and psychosis (hallucinations, delusions).
- Ask regarding impairment in daily functioning (i.e., is daily functioning impaired to the extent that the person cannot care of themselves or for child/elderly family members?)
- Ask regarding suicidal ideation. If yes, ask for plan and intention.
- If and only if treatment for depression is available/accessible, administer the PHQ--9 survey for depression (see Annex 4).
- Ask regarding social support from family and community members.

4. Name as many of the 5 indications for referring someone to a mental health specialist as you can

Answer:

- Imminent risk of suicide (current thoughts, plans or acts of suicide; history of thoughts or plans of self--harm in the past month or acts of self--harm in the past

year in a person who is now extremely agitated, violent, distressed or uncommunicative)

- Psychotic symptoms, such as hallucinations, delirium, or aggressive behavior
- Any mental disorder not responding to treatment
- Any child exhibiting symptoms of depression of a mental health disorder should be managed medically by a specialist with experience in children's mental health problems
- Moderate or severe depression (*According to PHQ9 described below*) not responding to treatment for 4 weeks.

5. What are some of the symptoms of Psychosis?

Answer:

- The patient is suspicious that other people have plans to harm him/her.
- Unusual behavior such as neglected self--care, interrupting activities of other people, standing or staring in one position for long time.
- Speech that is difficult to understand or follow.
- The patient reports hearing voices or in conversation with nobody.

When finished providing the answers, ask if there any questions. Clarify as needed.

Close the module by showing **Relapse Due to Persistent Virus and Evaluation of New Onset Fever** slide and discussing.

- Tell pax that we just covered the most common and important symptoms that EVD survivors have.
- Can they list the areas we reviewed in order?
- Ask a volunteer to come to the board and write down the progression of the module.
- Allow him/her to try on their own before encouraging help from the others.
- When a complete list is provided on the flip chart thank the volunteer and go back to **slide 3** in the module and compare lists.
- Take a minute to review some of the key points that were covered for each topic in the module. It is important to reinforce key points.

MODULE 5. INFECTION PREVENTION AND CONTROL

Session Objectives

By the end of this session pax will be able to:

- Define and discuss the importance of IPC in health service delivery for EVD survivors
- Exercise standard precautions for IPC
- Demonstrate standard IPC precaution methods for the treatment of EVD survivors
- Properly dispose of specific types of infectious waste

Time: 1 hr. 30 minutes

Materials:

- 5 sets of enhanced PPE per session
- Materials to demonstrate proper handwashing techniques (several sets for pax to practice)
- Flip charts, Markers

Trainer Preparation:

- Prepare for hand washing demonstration.
- Decide who will do which parts.
- One trainer can read the steps while the other demonstrates.
- Think of two high-risk scenarios for using PPEs – see notes under slide 10.
- Be prepared to demonstrate proper donning and doffing of PPE by following job aid.

Activities in this session

Title	Type	Time
15. I. INFECTION PREVENTION AND CONTROL	Slides and discussion	1hr:30 mins

I. Infection Prevention and Control 1Hr: 30 minutes

Start this session with a review of the module objectives.

Review **Module 5. Infection Prevention and Control – Module Objectives** slide.

Continue with a brief discussion about the importance of IPC in health service delivery for EVD survivors.

Review **Module 5. Standard IPC Precautions for Health Facilities** slides. Reinforce the most important points as needed for the pax.

Review all **Hand Hygiene** slides and add further details to most important points.

Show **Module 5. Hand Hygiene Demonstration** slide. Explain that you will now show the proper hand washing technique. One trainer should explain the key steps while the other demonstrates.

Show **Module 5. Hand Washing Steps** slide to reinforce the proper steps and support the demonstration.

Have a volunteer come up and show the steps. Politely evaluate how they did – what they did well, and what they did not do well. If time permits, allow all pax to practice in teams of three while their colleagues monitor.

Show **Module 5. Appropriate use of PPE** slide and introduce the topic.

Show **Module 5. Appropriate use of PPE Risk Assessment** slide and discuss. Ask experienced pax to comment on this.

Show **Module 5. Appropriate use of PPE - Selecting PPE Items to Wear** slide. Review what the standards are for safe care delivery. Summarize the types of PPE and when they should be worn.

Provide pax with two high-risk scenarios - one requiring basic PPE and another requiring enhanced PPE.

Next demonstrate proper donning and doffing of all PPE by following the instructions as listed in the **Guide** starting on page 56. Alternatively show **module 5 – Appropriate use of PPE – Putting on and Taking off PPE** slide.

Review **Module 5. Sharps Safety** slide.

Show **Module 5. Sharps Safety** slide – **Always** and review. Then show - **Never** and review

- Can pax list any other Always ideas for handling sharps?
- Can pax list any other Never ideas for handling sharps?
- Which of the items on these two slides are the hardest to follow?
- What can be done about this?
- Ask pax to share their advice on how to best protect themselves from sharps.

Show **Module 5. Waste and Linen Management** slide and review.

Show **Module 5. Waste Management Challenges** slide and review

Take time to have a discussion on these and the following questions.

- What kinds of waste management systems do people use?

- What can be done easily to improve waste and linen management at health facilities?
- What advice would pax give a new facility or one struggling with waste management?
- Why it is important to have waste management guidelines for these items?

Close with a quick review of this section with the following two questions. A small prize can be given to the winner(s) if desired.

- Ask pax if they can name the 5 critical periods for washing hands. List answers on the flip chart. Show **slide** and compare.
- Ask pax if they can name the 5 standard IPC precautions for routine clinical visits. Take answers and list of flip chart. Show **slide** and compare.

MODULE 6. ETHICAL CONSIDERATIONS

Session Objectives

By the end of this session pax will be able to:

- Articulate ethical issues related to serving Ebola survivors
- List actions needed to build an ethical system for treating survivors

Time: 2hrs

Materials:

- Flip charts and markers

Trainer Preparation:

- Gather needed materials
- Review the trainer notes carefully several times
- Review the slides several times
- Anticipate questions and have answers

Activities in this session

Title	Type	Time
I. Ethical Considerations for Working with Ebola Survivors	Slides and discussion	2hrs

I. Ethical Considerations for Working with Ebola Survivors 2 hrs

Show **Module 6. Ethical Considerations** slide and explain that we will explore the ethics of our work.

Review **Module 6. Introduction** slide and review.

Show **Module 6. Contextualizing Ethics** slide and explain that we will start by providing some context to our ethical considerations

Show **Module 6. Regarding Questions for Contextualizing Ethics** slide. Discuss the five questions with the group. Take about 15 mins to go through these two slides.

Show **Module 6. Example of a Dilemma** slide. Review and discuss (5 mins)

Show **Module 6. Confidentiality** slide.

- Ask pax if they agree with this or not.
- Do they feel like they are able to protect confidentiality at their workplace?

Show **slide Module 6 MOH position on Survivor Care** and review.

- See comment on slide. Is there more to add or discuss?

Review **Module 6. Stigma Definition** slide and review. Can we all agree on this definition?

Show **Module 6. Personal Stigma Question** slide. Ask pax to share their experiences.

Show **Module 6. General Stigma Questions** slide and discuss each in turn with pax. (10-15 mins)

Show **Module 6. Big Questions** slide and explain that we will now look at two bigger questions. (10-15 minutes)

Review **Module 6. Taking Action** slide.

- How can we move towards achieving these?
- What other actions can we take besides these four?

MODULE 7. CULMINATING ACTIVITY

Session Objectives

By the end of this session pax will be able to:

- Recall key points from the training

Time: 90 mins

Materials:

- Flip charts, markers
- Contact list of pax and other Ebola clinicians (as per course objective 3)

Trainer Preparation:

- Gather needed materials
- Review the trainer notes carefully several times
- Review the slides several times
- Anticipate questions and have answers

Activities in this session

Title	Type	Time
1. Review of course	Lecturette – Quiz	30 mins
2. Final Questions	Group discussion	60 mins

Show **Module 7. Culminating Activity** slide

Explain that we will finish with a recap of the modules we covered and then finish with some further questions. (30 minutes)

Review questions can include:

1. What were the course objectives? Show Module 1. Orientation Objectives slide
2. What are some of the eight components of integrated clinical care? Show Module 2 slides
3. What are some of the priorities and way forward we identified in Module 2 Background? Show slides
4. Now that you've completed this training which do you believe are most important?
Ask pax if any of their opinions have changed on any because of this training.
5. How will the Clinical Care Guidance, or Guide as we have called it, help you?

6. What are some of the 5 Principles of Survivor Care in Liberia? Show Module 3 slides
7. What does comprehensive care for Ebola survivors include? Show Module 3 slides
8. What are some of the red flags for...
Mental health? Hearing issues? Ocular problems?
Show Module 4 slides
9. What are some of the steps to take during a hearing loss quick check and examination?
Show Module 4 slides
10. What are some of the red flags for joint pain/problems?
Show Module 4 slides
11. What are the first and second line treatments for joint pain
Show Module 4 slides
12. What is examined during an eye visit?
Show Module 4 slides
13. A survivor with suspected meningitis should...
Show Module 4 slides
14. What are some of the guidelines for conducting a mental health exam?
Show Module 4 slides
15. What are some of the standard IPC precautions for routine EVD visits?
Show Module 5 slides
16. What do sharps elements include?
Show Module 5 slides
17. What are some of the always and never elements for dealing with sharps?
Show Module 5 slides

Encourage pax to ask any question about ethical considerations.

When review is completed discuss **Module 6. Questions** slides. Write responses for each question on the flip chart for each question. (15 mins)

Finally, discuss **Module 6. Final Questions** slide. Write answers on the flip chart. (25 mins)

Show thank you slide and thank the pax for attending and for their efforts. Close with any inspirational comments. Let them know where to go if they have further questions.

Distribute contact list to pax.



**ADVANCING PARTNERS & COMMUNITIES
JSI RESEARCH & TRAINING INSTITUTE, INC.**

1616 Fort Myer Drive, 16th Floor

Arlington, VA 22209 USA

Phone: 703-528-7474

Fax: 703-528-7480

Web: advancingpartners.org