

STUDENT TRAINING EDUCATION PROGRAM (STEP)

STEP Background

STEP Purpose

The Student Training Education Program (STEP) provides rotations for health professional students and residents at sites within the Family AIDS Care and Education Services (FACES) network of clinics in Kenya. The mission of FACES is to provide accessible comprehensive care and support services to HIV-affected families and other vulnerable populations in Kenya, to reinforce prevention practices, and to train Kenyan health workers in scientifically sound HIV/AIDS care.

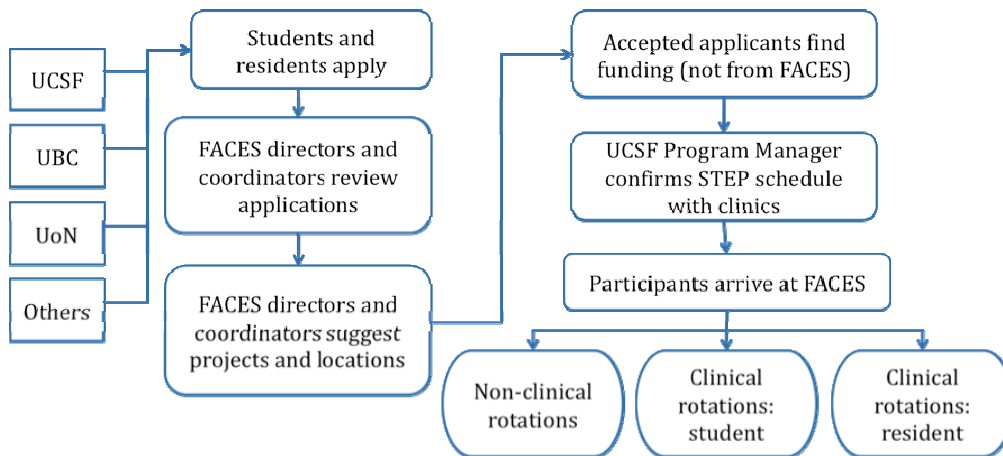
Within this overall directive, the goals of STEP specifically are for:

- Health professionals in training to gain clinical and research skills in low-resource settings based on practical experience in HIV care and treatment;
- Permanent program staff to continually expand their knowledge of best practices in clinical care based on exchanges with STEP participants through mentorship, Continuing Medical Education and journal club;
- Research projects to contribute to the continual assessment and improvement of all aspects of FACES; and,
- The integration of STEP participants within clinics to maintain or enhance the provision of scientifically sound HIV/AIDS care to FACES clients.

The ultimate impact of STEP is intended to be two-fold: contributing to improved quality of life among HIV-affected individuals and solidifying the commitment of health professionals in training to global health.

STEP Process

STEP is orchestrated by Program Manager Kimberly Bale at UCSF. She collects the applications, reviews them with the FACES coordinators and directors, and facilitates preparation for both participants and clinics. The overall process is detailed below:



STEP Rotation Types

Non-clinical projects: research or program development

Participants undertaking projects include students in the midst of graduate training in pharmacy, medicine, public health, or social work. They have completed a bachelor's degree as well as at least one year of graduate school. Pharmacy students have training in the fundamental aspects of client care and can support service delivery within the pharmacy. First-year medical students have covered

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the basics of clinical care and can assist with the vitals bench as well as observing the nursing bench and clinical bench. Public health students will focus on evaluation and community development. Social workers may work on community development and counseling. Many projects will be conducted in collaboration with Clinic & Community Health Assistants.

Clinical: students

This category includes third and fourth-year medical students and nursing students. Medical students from UoN have completed three years of coursework and one year of clinical work; those from the U.S. and Canada have completed four years of undergraduate coursework, two years of medical coursework, and one to two years of clinical work. Nurses will have completed two to four years of coursework and clinical work. These students can take part actively in the clinical or nursing departments but require a CO or nurse to sign off on charts.

Clinical: residents

Residents have completed their bachelor's degree as well as four years of medical training (two in coursework, two in clinical.) They then undertake three or more years of clinical experience within a specialty such as internal medicine, pediatrics, obstetrics and gynecology, psychiatry, etc. Most STEP residents are in their second or third year; they are doctors and can see clients.

STEP Scheduling Guidelines

Rotations at multiple sites must be at least six weeks total, with a minimum of two weeks at each site. Supervisor evaluations should be completed for all sites.

Kisumu

- One clinical rotation - medical or nursing student, resident - at a time, preferably for two months whenever possible
- Up to two non-clinical rotations, with staggered arrival
- Advance notice of non-STEP mentorship schedule at Lumumba so that STEP schedule can be modified or participant asked to focus on peripheral sites
- Clinical rotations include rounds at KDH or PGH and mentorship at peripheral sites, particularly when others are being mentored at Lumumba

Suba

- Up to two clinical rotations at a time, with staggered arrival if possible, incorporated within timetable so always at different sites
- One to two weeks in the islands when a mainland nurse or CO is going
- Potential for week-long attachment at a peripheral site for sustained mentorship and service delivery (if transport is possible)
- Up to two non-clinical rotations, with staggered arrival

Migori

- Up to two clinical rotations at a time, with staggered arrival, incorporated within timetable so always at different sites
- Up to two non-clinical rotations, with staggered arrival
- Potential for week-long attachment at a peripheral site for sustained mentorship and service delivery (if transport is possible)

Nairobi

- Up to three UoN at a time once yearly, up to two others yearly
- Potential to do two weeks in Nairobi after at least four weeks in Kisumu

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STEP Standard Operating Procedures

Administration

Task	Point person	Timeline
Survey conducted of all staff for project ideas, CME priorities, mentorship needs (specialty / topic)	M&E, CME coordinator	Sept. & March
List of projects with contact person, CMEs, preferred disciplines assembled and sent to Program Manager	Coordinators	Oct. & Apr.
List posted on FACES website; publicity and recruitment targeted appropriately in response	Program Manager	Oct. & Apr.
Applications submitted	Applicants	Feb. 1, June 15, Oct. 1
Applications reviewed to match needs & skills	Coordinators	Feb., June, Oct.
Proposed schedule reviewed for total impact on clinics (i.e., non-STEP mentorship in April at Lumumba)	Program Manager	Feb., June, Oct.
Accepted applicants notified, sent orientation materials	Program Manager	Mar., July, Nov.
Participants completing research projects notified of IRB requirements, need for early contact with mentor to adequately plan	Program Manager	Four months prior to arrival
Coordinators and liaisons notified of overall schedule	Program Manager	Apr., Aug., Dec.

* Note that all procedures below apply at any site where a participant spends 2 weeks or more, i.e., at both sites if they spend a month in Kisumu and a month in Suba. *

Pre-Arrival

Task	Point person	Timeline
Pre-trip forms submitted	Participant	2 months prior
Pre-trip forms and monthly schedule sent to liaison for each site	Program Manager	1 month prior
Liaison forwards forms to M&E and appropriate HOD (clinical, nursing, CCHA, or pharmacy)	Visitor liaison	1 month prior
HOD notifies department	HOD	1 month prior
Department selects mentor for participant	Department	4 weeks prior
HOD notifies liaison of any particular CME topics for that participant to consider	HOD	4 weeks prior
Liaison notifies participant of mentor contact information and potential CME topic	Visitor liaison	3 weeks prior
If project rotation, participant contacts mentor to confirm schedules, review objectives, discuss resources to bring	Participant	3 weeks prior (much earlier if IRB required)
In Nyanza, liaison arranges for airport pick-up, transport to other district if applicable	Kisumu visitor liaison	1 week prior
Liaison posts pre-trip form in reception area	Visitor liaison	1 week prior
Mentor reminded of arrival and need to meet with participant	HOD	1 week prior

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Orientation

Task	Point person	Timeline
Participant is introduced to everyone and, if clinical, given FACES formulary and National Guidelines	Visitor liaison	Day 1
Participant schedules meeting with mentor for the first week	Participant	Day 1
Participant completes orientation in all departments	Visitor liaison	Days 1 – 3
Participant and mentor meet, with asst. coordinator if possible, to: Assess orientation objectives for completion Review schedule for the rotation Determine CME or journal club topic if undecided Confirm CME date with CME coordinator Finalize participant objectives Finalize clinic objectives Determine continuous feedback procedures	Mentor and participant	Day 4 or 5

Rotation

Task	Point person	Timeline
Participant works towards rotation objectives	Participant and mentor	Continuous
Participant delivers CME session	Participant	As determined by CME coord.
CME session feedback collected, collated, and delivered to speaker	M&E	One week post session

Evaluation

Task	Point person	Timeline
For rotations of more than 1 month, participant schedules check-in meeting with mentor	Participant	Midpoint of rotation
Meeting to assess progress on objectives, modify as necessary, plan for remainder of time	Participant, mentor	Midpoint of rotation
Participant schedules final meeting with mentor and asst. coordinator (if possible)	Participant	2 weeks pre-departure
Participant, mentor, asst. coordinator meet to: Review objectives Provide feedback on participant activities and competencies Provide feedback on experience at the clinic Finalize plan for sustaining any changes or programs implemented (if applicable)	Participant, mentor, asst. coordinator	Last week of rotation
Participant completes online evaluation	Participant	Last day
Mentor and asst. coordinator complete evaluation on hard or soft copy	Mentor, asst. coordinator	Last day
M&E assistants centralize evaluations in Kisumu, enter results into SPSS database	M&E	Monthly, as rotation ends
M&E provide reports to Program Manager and coordinators	M&E	Jan. & July
Findings disseminated via CME or FACES talk newsletter	CME coord., Prog. Manager	Jan. & July

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STEP Objectives

Participant: Overall

- Participate in a comprehensive model for the provision of HIV care in a resource-limited setting.
- Understand the epidemiology of HIV in Kenya, the WHO HIV Clinical Staging system, and the Kenyan guidelines for HIV treatment.
- Gain an understanding of the FACES model of care, including resources required (human and material), structure, and operation.
- View the interaction between FACES and the Ministry of Health as well as community-based organizations, noting challenges and opportunities.
- In Nyanza, participate in hospital rounds and home visits to understand continuity of care, challenges in care delivery, and impact of Luo culture on HIV epidemiology.
- Integrate within the clinic structure, balancing individual objectives with clinic goals, operations and needs.
- Finalize individual learning goals, identify the individuals and resources necessary to achieve them, plan how to accomplish this within the clinic.
- Identify areas of mentorship or teaching that will provide the most needed assistance or information to the clinic and related sites.
- Provide CME or journal club tailored to the audience.
- Demonstrate cultural humility in all interactions, practicing patience and a willingness to share easily with staff.
- Maintain respect and confidentiality for all clients.
- Develop strong partnerships with staff, working collaboratively towards clinical or project goals.

Participant: Orientation

All departments

- Introduce yourself to the person you are shadowing, including whether you will be observing or participating
- Ask any questions you have concerning clinic or department operation
- Assist in service provision whenever you are able to do so
- Provide thanks and feedback on your orientation
- Note any areas of clinic practice where you can contribute directly or through mentorship during your rotation

Reception

- Understand client ID system and filing protocols
- Understand the different types of appointment (enrollment, scheduled, unscheduled) and appropriate form used in response
- Learn overview of defaulter identification system

Clinic & Community Health Assistants (CCHA) / Counseling

- Attend HIV education, noting the major messages and delivery style
- Attend adherence counseling, preferably either Adh1 or 2 and Adh3 (with nursing bench), for pediatrics and/or adults, and be able to summarize key points of adherence
- Assist in the vitals bench, taking vitals or recording results on the forms

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- Sit in on client enrollment, grasping the purpose and procedure for all elements of a new file (client form, family information table, locator form)
- Learn the department's role in defaulter management and food by prescription / Nutrition and HIV Program

Nursing

- Attend client triage, becoming familiar with WHO staging and Karnofsky score
- Attend client follow-up visit, noting key elements of physical exam and client interview and which parts of the client form are completed
- Attend counseling visit

Clinical

- Sit in on emergency desk, noting the types of cases, the standard exam procedures, and the available tests and materials for diagnosis
- Note which elements of client form are completed at the clinical bench, including lab tests, prescriptions, and procedures for referrals or diagnostics off-site
- Become familiar with first-line and second-line ARV regimens

Lab

- Understand the range of tests available at that facility
- Assist in phlebotomy if possible, following procedures for safe blood draw [*at Reception in Nairobi*]

Pharmacy

- Assist in preparing pill packs
- Note ARVs available and the most common side effects
- Review options for OI management for adults and pediatrics
- Observe dispensing procedures
- Discuss current challenges in treatment provision, drug interactions, and treatment failure

Participant and Clinic: Rotation Specific

The following documents are provided as templates for objectives to be agreed upon by the participant and their main department, represented by the designated mentor. Each participant is encouraged to review these in advance, modifying them as appropriate to match their level of training, area of specialty, and rotation objectives before meeting with the mentor to tailor the objectives to the clinic needs at that time. Each rotation is made up of service (project or clinical), mentorship, and learning, with the balance among these three dependent on the interests and objectives of the participant as well as the needs of the clinics. For instance, specialty medical attention may be a particular benefit to hospital ward rounds, making that activity a priority for pediatric residents. Alternately, sustained mentorship of clinical and paramedical staff at peripheral sites may help to build capacity to deliver HIV care in more remote settings. At times, clinics will become so busy that service delivery is the most critical priority, even if that requires seeing clients alone or working elsewhere to enable the clinic to see to clients expeditiously. Since each district includes a variety of sites, it is beneficial to consider from the start which sites will be the best location for different aspects of the rotation (i.e., hospital wards, central Patient Support Center or Comprehensive Care Center, peripheral sites, island sites in Suba, etc.). Note that the projects included reflect general FACES priority projects. Participants should delete these and fill in specific objectives for their project if a topic is already set.

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STEP Objective Template 1: Non-clinical rotation, research or program project

	Participants: public health, social work, pharmacy, medical students (1 st & 2 nd year)	Department	Site
Participant knowledge and skills: topics for FACES staff to focus on when mentoring participant	HIV education, adherence, counseling, home visits [N/A in Nairobi], enrollment of patients, presentation of food by prescription (FBP) / Nutrition and HIV Program (NHP)	CCHA / counseling	
	OI management, management of tropical diseases	Pharmacy	
	Basics of HIV care, WHO staging	Clinical	
	Psychosocial issues (social workers), adherence (pharmacists)	Nursing	
Clinic staff knowledge and skills: topics for STEP participant to focus on when mentoring staff	Counseling: disclosure, couples, pediatric, family planning, trauma, psycho-social, economic empowerment Community engagement and advocacy	CCHA / counseling	
	Updates on OI and ART management (pharmacists)	Pharmacy	
Service delivery: tasks the participant will assist in or provide	Assessments and reinforcement of adherence (pharmacists, social workers)	Nursing	
	Community mobilization: support groups and kids club Family involvement Development of training materials Mentorship of CCHAs at peripheral sites Home visits [N/A in Nairobi]	CCHA / Counseling	
	Prescription (pharmacists)	Pharmacy	
Projects: program development, evaluation, or research concerns the participant will address (Topics listed reflect general FACES priority projects. Participants should delete and fill in specific objectives for their project)	Evaluation research (evaluation design, determination of comparison group, identification of measures and indicators, data collection, data analysis, dissemination): Defaulter management, HIV education, adherence counseling, family planning uptake, integration of HIV care and antenatal care, pediatric follow up, treatment failure, adherence monitoring, adverse effects of ARVs, impact of PPCT intervention	M&E, CCHA / counseling, clinical, pharmacy	
	Program development (needs assessment, program plan, resource identification, stakeholder engagement, implementation): Resource mobilization for sustaining support groups, networking and collaborations with UCSF, safe water and hygiene training, nutrition training, SOP development	CCHA / Counseling	

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STEP Objective Template 2: Clinical rotation, students

	Participants: medical students (3 rd & 4 th year) and nursing students	Department	Site
Participant knowledge and skills: topics for FACES staff to focus on when mentoring participant	ARVs, prescription drug interactions	Pharmacy	
	HIV education, adherence, counseling, home visits [N/A in Nairobi], enrollment of patients, presentation of Food by Prescription (FBP) / Nutrition and HIV Program (NHP)	CCHA / Counseling	
	Triaging clients Filling of enrollment and follow up forms Counseling services, including family planning and PMTCT Defaulter management Hospital visits [N/A in Nairobi] WHO staging Karnofsky score	Nursing	
	HIV care and treatment OI diagnosis, care and treatment	Clinical	
Clinic staff knowledge and skills: topics for STEP participant to focus on when mentoring staff	Vital signs Identification of OIs Feeding options	CCHA / Counseling	
	Infection control within clinics	Nursing	
Service delivery: tasks the participant will assist in or provide	Mentorship of CCHAs and nurses at peripheral sites Home visits [N/A in Nairobi]	CCHA, nursing	
	Triage Stable client visits PMTCT DTC (Diagnostic Testing and Counseling)	Nursing	
Projects: program development, evaluation, or research concerns the participant might address	Safe water and hygiene training Nutrition Evaluation of family planning uptake Integration of MCH and HIV services [N/A in Nairobi] In Nairobi: SOPs, e.g. clinic flow, TB recognition and treatment, use of pediatric growth charts	CCHA / Counseling	

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STEP Objective Template 3: Clinical rotation, residents

	Participants: residents in internal medicine, pediatrics, Ob/Gyn, family medicine	Department	Site
Participant knowledge and skills: topics for FACES staff to focus on when mentoring participant	Adherence and HIV education Prescription of Food by Prescription (FBP) / Nutrition and HIV Program (NHP)	CCHA / Counseling	
	Triaging clients Filling out of client forms / FACES SOPs Counseling Defaulter management Hospital visits [<i>N/A in Nairobi</i>]	Nursing	
	HIV care, treatment WHO staging Tropical medicine OIs TB	Clinical	
	ARVs Prescription drug interactions	Pharmacy	
Clinic staff knowledge and skills: topics for STEP participant to focus on when mentoring staff	Vital signs Identification of OIs Tropical disease in relation to HIV/AIDS	CCHA / Counseling	
	Physical exam Comparison of services offered, gaps in care	Nursing	
	Specialized physical exams: pediatric, pulmonary, neurological Chronic disease Differential diagnosis Rx failure Psychological Defaulter management Skin lesions	Clinical	
	Updates on OI and ART management	Pharmacy	
Service delivery: tasks the participant will assist in or provide	Client care Mentorship at peripheral sites CME and journal club Ward rounds [<i>N/A in Nairobi</i>] Community health: identification of OIs, tropical diseases	Nursing and clinical	
Projects: program development, evaluation, or research	ARV treatment failure	Pharmacy	
	CD4 trends TB transmission within clinic SOPs, e.g., defaulter tracing and management, rational use of antibiotics and other OI drugs / ARVs	Clinical	

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STEP Contacts

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