

*Trani*

# **FACULTY DEVELOPMENT PROGRAMME**

## **HAND BOOKS FOR FELLOWSHIP IN HIV MEDICINE COURSE**

### **CMC - RCSHA PROGRAMME**

# **FACULTY DEVELOPMENT PROGRAMME**

**HANDBOOK ON SELECTION PROCESS**

**FOR**

**FELLOWSHIP IN HIV MEDICINE**

**CMC, Vellore**



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### **Introduction:**

This hand book is a guide to the selection process for the Fellowship in HIV Medicine. It is suggested that each core team modifies and adapts the process to meet their local needs. In the following pages you will find the details of the process of selection. Sample templates of letters and forms are included.

<b>Steps in selection process</b>	<b>Suggested Timeframe</b>
Preparation of a flyer	By August 31 2005
Dissemination of information and developing networks	Through September 2005
Preparation of prospectus and application	By September 20, 2005
Advertisement for the course	By October 20, 2005
Dispatch of prospectus and application forms	By October 20, 2005
Receiving applications	October-December
Last date for receiving application forms	By December 4 2005
Processing of application forms	By December 16 2005
Selection committee meeting	By December 18 2005
Announcement of selected candidates	By December 20 2005
Commencement of course	By February 27 2006

### **Instructions for preparation of a flyer**

#### **Dissemination of information and developing networks - by August 31, 2005**

1. Study the draft flyer (see page 5) which was prepared for the CMC course.
2. Modify, adapt and finalise to your local needs
3. Prepare an address list for dispatching the flyer

This list needs to include:

State AIDS societies

IMA lists of doctors

Government hospitals

NGOs and community based organizations

State and regional networks

List of alumni of your own institutions

E-groups for dispatch of flyer

Conferences and meetings where they may be distributed

This list needs to be extensive and comprehensive and the dispatch should probably be at least 300-500 mailings.

4. Dispatch of flyer to mailing list
5. Prepare a list of individuals and organizations to be personally contacted. Follow up the mailing with a personal phone call

#### **Instructions for preparation of prospectus and application form - by September 20, 2005**

1. Study the prospectus and application form prepared for the CMC course. (see page 6 & 10)
2. Modify and adapt to your local needs. It will have to go through several drafts before finalizing.
3. Before finalizing the prospectus and application form you need to:
  - a. Confirm the dates and timings of your contact courses I-IV.
  - b. The dates of starting and completing the course are fixed for all the four regional training centres.
  - c. Prepare the list of your course faculty.
  - d. Ask the members of your core team to study these (prospectus, application form, dates and faculty list) and obtain their suggestions.
  - e. Request a careful proofing of the prospectus and application.
  - f. Send a copy of the prospectus and application to Course organizer, DLC (CMC) and RCSHA for final approval.
  - g. Request administrative approval from your Dean.
4. Printing - Decide on the format and layout. Prepare a print proof and carefully proof read it. Decide on the number of copies to be printed. We suggest that you print about 300 - 500 copies of the prospectus and application forms.
5. Send the prospectus and application form for up-load on the CMC and RCSHA websites.
6. Prepare address list for dispatch of prospectus and application forms.



**Instructions for advertisement for course in papers, magazines and journals - by October 20, 2005**

Prepare advertisement for course in:

Local and regional dailies

Medical journal and magazines

E-groups

We suggest the advertisement be timed coincident with the release of your prospectus.

**Instructions for dispatch of application forms (October - December 2005)**

1. It is suggested that the training officer be responsible for dispatch of prospectus and application forms.
2. Set up the system for dispatch of the application forms which is specified below.
3. S/he needs to maintain a file of addresses and correspondence related to the dispatch.
4. The prospectus and application forms are sent initially to the prepared list of addresses (which may include about 100 addresses).
5. A process of quick dispatch of application forms in response to letters, e-mails and telephonic requests needs to be planned.

**Instructions for receipt of application forms (see page 26) (October - December 2005)**

1. Set up the system for receipt and review of the application forms.  
This should include:
  - a. Mail receipt of the application
  - b. Enter into list of applications received.
  - c. Review of the application for all requirements - based on minimum requirements
  - d. Filing of applications - accepted and rejected applications
  - e. Reply to rejected applications indicating deficiency and hold the application form disqualified till missing requirement is received.
  - f. Assign a roll number for each of the accepted application forms and file them carefully.
  - g. Make a list of the applicant's name, address, contact number, e-mail id and organization / institution represented, against their roll number on an Excel sheet.
  - h. Prepare a photocopy of the application in a separate file.

**Instructions for selection process**

1. Finalise the details of the process of selection and dates.
  - a. Selection criteria
  - b. Selection committee
  - c. Final selection process  
Identify a selection committee of at least 5 persons. The committee should include the course organizer/s, one other member of the core team, a member of the faculty who is not on the training team and the Deans' representative and RCSHA representative.
  - d. Dates for selection meeting
2. Plan a meeting with core team to finalise the selection process and criteria for selection.
3. Brief the selection committee members individually regarding the selection process.
4. Divide the original applications into 5 files to enable all the five committee members to simultaneously evaluate the applications.
5. Prepare files for individual selection committee members with marking forms (see page 28).
6. Prepare a schedule for marking of the individual committee members with a tracking file (see page 31 & 32)
7. Collect all the individual committee members marks and collate (see page 33)
8. Prepare for the selection committee meeting (see page 34)
9. Following the selection committee meeting, prepare the final list of successful applications.
10. Send letters first to successful candidates with agreement forms. Inform successful candidates also by e-mail.
11. Following this send letters to unsuccessful candidates.



## **TEMPLATE FOR A FLYER** **FELLOWSHIP IN HIV MEDICINE**

With the progressive spread of the HIV epidemic in India, the need for HIV clinical services is increasing many fold. The care of HIV patients is also hampered by the reluctance of health professionals to take care of affected patients. As a result of this, doctors and hospitals involved in HIV care are increasingly overburdened.

xxxxxxx is offering a one year clinical training Fellowship in HIV Medicine for doctors at a secondary care level to address these deficiencies. Keeping in mind the time constraints of practising doctors, this course consists of distance education, local projects and 6 weeks of contact at Vellore, in four short parts. Our approach is to select doctors who are already interested and involved in HIV care, upgrade their knowledge and skills in this field and to work with them to improve the capacity of their hospitals in HIV care.

Course eligibility: MBBS qualification, interest in HIV care, employed in a secondary hospital (small or medium size hospital or clinic) in India; doctors working with NGO's and in community care projects will also be considered. Doctors from both non-governmental and governmental organisations are eligible.

Selection criteria: Experience and interest in HIV care, the capacity of their institution to undertake HIV care, a project outline and the administrative support of their institution. Course faculty: xxxxxxxxx

Course structure (1 year duration): The course consists of 4 contact programs at xxxxxxxx of 6 weeks duration in total, distance learning course (16 modules over 4 months) and project work of 6 months duration.

Contact courses: During the contact courses at xxxxxxxx, the students will have hands-on clinical experience in the out-patient and in-patient services, laboratory practicals, counselling experience and exposure to the community. They will develop their detailed project plans during this period and enhance networking within their group.

Distance course: The distance learning modules are carefully organised to facilitate active learning through case based exercises, reflection on practice and constant feedback.

Project work: The aim of project work is to establish basic HIV care at the students' institutions and improve its quality and utilisation. The projects are planned and implemented with the guidance of xxxxxx faculty to develop outpatient, in-patient care, HIV testing, infection control and staff education.

Next course: The next course will begin on February 27, 2006. The prospectus and application form may be obtained from: xxxxxxxxxxxxxx E-mail- xxxxxxxx

The prospectus and application form may also be downloaded from xxxxxx

The last date for submission of applications is December 4, 2005.

## **TEMPLATE FOR A PROSPECTUS**

### **FELLOWSHIP IN HIV MEDICINE**

#### **INTRODUCTION:**

With the progressive spread of the HIV epidemic in India, the need for HIV clinical services is increasing. To address this need, a group of trained health professionals equipped to take care of HIV patients is required. However for most practising doctors today, HIV medicine was not a part of the curriculum at the time of their training. Also, knowledge and practices in this field are steadily changing requiring constant updating. Currently there are very few training programmes suited to the needs of practising doctors for upgrading their knowledge and skills in HIV care.

This one year Fellowship in HIV Medicine is the response to address these deficiencies. Keeping in mind the time constraints of practising doctors, this course consists of distance education, local projects and 6 weeks of contact at the center, in four short parts. Our approach is to select doctors who are already interested and involved in HIV care, upgrade their knowledge and skills in this field and to work with them to improve the capacity of their hospitals to care for HIV affected patients.

#### **THE OBJECTIVES OF THE TRAINING COURSE**

- (i) To enable the participants to improve their knowledge and skills in HIV care.
- (ii) Enable the practical development of accessible and high quality HIV clinical services in their hospitals.

#### **EDUCATIONAL APPROACH**

By a judicious combination of contact programmes, distance courses and project work, the course is designed to allow participants to continue their regular work and learn within the context of their own practice. Detailed work plans will be designed for each participant, according to his or her own time constraints and work schedules. The faculty will guide and support the participants through regular e-mail and telephonic contact. Learning resources for the project will be provided as part of the training.

#### **ELIGIBILITY CRITERIA**

- (i) MBBS
- (ii) Employed in a secondary hospital (small or medium size hospital or clinic) in India; doctors working with NGO's and in community care projects will also be considered. Doctors from both non-governmental and governmental organisations are eligible.
- (iii) Participants should have demonstrated an active interest in HIV care; preference will be given to those already involved in HIV care.
- (iv) Priority will be given to applicants working in and around this geographical region.



- (v) Commitment to develop and implement a clinical care project in their hospital. (The candidates have to submit their broad plans for such a project as Part B of the application form. Participants will be guided in developing and implementing this project during the course.)
- (vi) Support from the administration of the hospital/organisation for undertaking the course and implementing the project. The Medical Superintendent or Senior Administrator/ Physician of the hospital must nominate the candidate.
- (vii) Participants are required to identify a local project guide within their institution or from nearby who will provide local guidance during the project planning and implementation.

## SELECTION

The candidates will be selected on the basis of the information in their application, according to the following criteria: (a) experience and academic qualification of applicant; (b) applicant's interest in HIV care; (c) capacity of the institution to undertake HIV care; (d) quality of the project outline; and (e) administrative support from the institution.

**COURSE DURATION:** 12 months (February 27, 2006 - February 26, 2007)

## STRUCTURE OF COURSE

1. First Contact Course (CC-I) at the center of 6 days duration for all participants, February 27 – March 4, 2006.
2. Distance Learning Programme (DC) of 12 modules from March to June 2006.
3. Second Contact Course (CC-II) at the center of 2 weeks duration. This will be in groups of 7 participants each, between March and April 2006.
4. In-service training (CC-III) at the center of 2 weeks duration between July and October 2006 in groups of three students each.
5. Project Implementation Phase (PP) of 6 months from August 2006 to January 2007.
6. Fourth Contact Course (CC-IV) of 5 days duration in February 2007.

## CONTACT COURSES

CC-I: course orientation, basic clinical skills training, introduction to distance learning, computer skills, accessing educational resources, project management skills and role of an HIV physician. Development of the outline of the project proposal.

CC-II: development of clinical skills through practical exposure to clinical care at the center; development of project proposals along with course faculty.

CC-III: hands-on clinical training as a registrar in the in-patient and outpatient service. The student will have an individualised curriculum plan to meet their training needs. This will include a requisite number of patient work-ups, case presentations, procedures and clinical conditions seen.

CC-IV: presentation of projects, end-of course practical and theory assessments, discussion of future plans and networking between participants.

## THE DISTANCE LEARNING PROGRAMME (4 months)

This consists of 12 modules on the topics listed below and aims at the development of requisite knowledge for clinical care of HIV infection at a secondary level. Each module is carefully organised to facilitate active learning through solving of case based problems, reflection on practice and regular feedback.



1. HIV and the nervous system
2. HIV and women
3. HIV and children
4. Safe blood banking
5. HIV and fever
6. Infection control and exposure prevention
7. HIV and the gastrointestinal system
8. STIs, RTIs and HIV
9. HIV: Basic science and laboratory testing
10. Psychological care of HIV infection
11. Anti-retroviral treatment
12. HIV and the respiratory system

Each module will consist of:

- Case based activities
- A tutor marked assignment
- Reading and references

Each module will require about 6 hours of work and has to be completed within one week. They will be sent to the participants in advance. Participants will work through the module and submit a tutor-marked assignment by post at the end of the week. The submission of the assignment will be an essential requirement for completion of the module.

#### **PROJECT PHASE (duration 6 months)**

The object of including a project in this course is to strengthen and supplement the HIV care services in the participants' hospitals. By the end of the course, there would be available for the hospital/institution an adequate and functioning system with the following minimum components, appropriate to the local context:

- Outpatient clinic
- HIV testing
- Counselling
- Inpatient care
- Infection control and exposure prevention system
- Staff education

The basic project plan must aim at ensuring these facilities.

Depending on the level of care and local health needs, the project may also include:

- Networking with local health care providers
- Setting up of an HIV team
- Networking with community organisations involved in HIV care
- Education of GPs
- Development of an HIV policy
- Home based care
- Needle exchange programme

The basic outline of the project must be submitted as part of the application. One faculty member will guide the participant in project planning and implementation. The participant will submit the detailed project outline at the end of CC-I, and the detailed project proposal during CC-II. The project proposals will be reviewed and approved. The participant would implement the project during the project phase. The supervising faculty will provide on-going guidance. The student will submit two interim reports during the project phase and one final project report during CC-IV.

#### **REQUIREMENTS FOR COURSE COMPLETION:**

- a) Completion of requirements of the contact and distance courses;
- b) Implementation of a clinical care project; and
- c) Satisfactory performance in theory and practical assessments at the end of the course.

#### **TIME COMMITMENTS**

Participants are required to attend CC-I, CC-II, CC-III and CC-IV at the center. The total time requirement for contact is a total of 6 weeks. In addition they will need to spend about 6 hours every week for course related work during the entire period of the course. During the last month of the course they may require additional time at their local institutions to prepare their final project report and prepare for the theory and clinical examinations.

### **ASSESSMENT SYSTEM**

The participants will be evaluated on the basis of their completion of the contact courses, the distance learning course, project work and the final examination that includes theory papers, OSCE, practical assessment and project presentation.

### **OUTCOMES**

The participants who fulfill the requirements of course completion will be awarded the Fellowship in HIV Medicine from the regional training center certifying their proficiency in HIV care.

They will have the knowledge and skills to develop a comprehensive clinical care service.

The HIV clinical care service of the participant's hospital would have been significantly enriched through the project implemented as part of the course.

They would become part of a mutually supportive HIV care network through the contacts developed.

### **AWARD**

A certificate of Fellowship in HIV Medicine will be awarded to the participants on completion of the 6 weeks of contact courses, acquiring a pass grade on the tutor marked assignments, completion of the project work and perform satisfactorily in the theory and practical assessments.

### **IMPORTANT DATES**

Applications must reach the center by December 04, 2005.

Selected participants will be informed by December 20, 2005.

Contact Course I to start on February 27, 2006

### **COURSE FACULTY**

10  
TEMPLATE FOR THE APPLICATION FORM  
**FELLOWSHIP IN HIV MEDICINE**  
2006

APPLICATION FORM

**Instructions:**

Complete, typed applications, along with all supporting documents, must be received by December 04, 2005.

The completed application should include:

1. Completed and signed Application Form
2. Parts A and B
3. Part C to be attached in a sealed envelop
3. Curriculum Vitae
4. Photocopy of degree certificates
5. Photograph of the applicant

Submit materials by registered post/courier to:

**Course Coordinator,**

**Tel:**                      **Ext.**                      **FAX:**  
**E-mail:**

(Electronic submission through e-mail is also advised, followed by completed application by registered post)

**Additional application forms are available on the website:**



**Please review the summary below that describes each part of the application.**

1. Complete each part of the application form within the space provided.
2. If you prefer to work on a word processor, the application form may be downloaded as a PDF file, completed on your computer and then printed out.
3. Ensure that your name and hospital's address are printed on each sheet in the space provided.

## **SUMMARY**

### **PART A. Hospital:**

- 1. Description of your hospital
- 1. HIV clinical care activities in your hospital
- 1. Your role in the hospital.

### **PART B. HIV Project:**

- 1. Description of the clinical care project that you would like to implement in your hospital during your course.
- 1. Purpose of instituting this project.
- 1. How you would implement this project?
- 1. How you are going to assess whether your project's goals were achieved at the end of the course?

### **PART C. Hospital Support and Mentoring:**

The Medical Superintendent, Hospital Administrator, your head of department or senior physician must fill this section. We advise that this person works with you to complete Part A and Part B also.

In this section they will be asked whether they agree with:

- your assessment and description of the hospital.
- the current status of HIV care.
- project plan.

**They should also indicate their support for your efforts. Part C is critical. A strong and clear statement of support from your Administrative Head will be an important criterion for your selection. You may also append up to three letters from members of your staff indicating their support for your efforts.**

If you are not working in a hospital please contact the Course Coordinator, HIV Physician Training Program regarding who the appropriate person to fill Part C of your form. The term hospital in the application broadly refers to any health care facility, clinic, practice, project or hospice whichever is appropriate to your context.

### **APPLICATION FORM**

**Declaration:** I hereby confirm that the information submitted in this application and all supporting documents is complete and true.

Date: \_\_\_\_\_ Applicant's signature: \_\_\_\_\_

Applicants name: \_\_\_\_\_  
(First name) (Family name)

Name of Hospital/clinic/project (that you are currently working in):

\_\_\_\_\_  
*Year of completion*

Degree(s): \_\_\_\_\_ University : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current designation: \_\_\_\_\_ Department: \_\_\_\_\_

Date since you are employed in the hospital: \_\_\_\_\_

Are you working part time or full time: \_\_\_\_\_

If part-time, indicate how hours and days  
in the week you are working for the organisation: \_\_\_\_\_

Complete mailing address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Permanent address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone number : \_\_\_\_\_ E-mail address: \_\_\_\_\_

How did you hear about the course?

- |   |   |
|---|---|
| <input type="radio"/> Letter                  | <input type="radio"/> Internet                          |
| <input type="radio"/> Newspaper advertisement | <input type="radio"/> E-group message                   |
| <input type="radio"/> Magazine advertisement  | <input type="radio"/> Informed by a friend or colleague |

Name :

Hospital (Place) :

PART A

HOSPITAL DESCRIPTION

1. Total Number of Beds \_\_\_\_\_
2. Number of Departments \_\_\_\_\_
3. Names of Departments: \_\_\_\_\_
4. Average Bed occupancy: \_\_\_\_\_
5. Facilities available:
  - a. Operation Theatre \_\_\_\_\_
  - b. Labour room \_\_\_\_\_
5. Lab facilities (list of major tests done) \_\_\_\_\_
6. Radiology (list of tests available) \_\_\_\_\_
7. Average number of:
  - outpatients/day \_\_\_\_\_
  - in-patients/month or year \_\_\_\_\_
8. Total number of staff \_\_\_\_\_

Doctors	MBBS _____
	PG's _____
Nurses	Graduates _____
	Certificate _____
9. When was the hospital started and who was it started by?  
  
surgeries/day or week \_\_\_\_\_  
deliveries/day or week \_\_\_\_\_  
  
Lab technicians \_\_\_\_\_  
Physiotherapists \_\_\_\_\_  
X-ray technicians \_\_\_\_\_  
Counselors \_\_\_\_\_  
Social worker \_\_\_\_\_
10. What were the goals for which the hospital was started?

*Name :*

*Hospital (Place) :*

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11. Who owns and administers the hospital now?

12. Does your hospital have any special focus in the type of patients it attempts to take care of?

13. How is your hospital funded? Is there provision for patients who cannot afford treatment (Give details)?

Name :

Hospital (Place) :

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HIV CLINICAL CARE

16. How is HIV clinical care organized in your hospital?

Tick the appropriate HIV services available:

☐ Out-patient care

☐ In-patient care

☐ Counselling

☐ HIV Testing

☐ Infection control

☐ Staff education

☐ Home based care

☐ Patient support group

☐ Community based prevention

☐ Any others:

17. Approximately how many HIV patients are taken care of :

No. of out-patients (*per month or per year*) -

No. of in-patient (*per month or per year*) -

No. of counselling sessions(*per month or per year*) -

No. of HIV tests (*per month or per year*) -

18. Which department/s sees HIV patients?

19. Approximately how many staff are involved in treating HIV patients? Are all staff involved in HIV care? If there is an HIV team, please specify.



Name :

Hospital (Place) :

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20. How would you assess the openness with which your hospital takes care of HIV patients?

Are patients seen regularly in the out-patient?	Yes	/	No
Are patients regularly admitted?	Yes	/	No
Do HIV patients have deliveries in your hospital?	Yes	/	No
Do HIV patients have surgery in your hospital?	Yes	/	No
Is there separate isolation of HIV patients in your hospital?	Yes	/	No

21. What are the community-based services for the prevention and care of HIV that are available in your hospital?

Tick the appropriate services available:

- |   |   |
|---|---|
| <input type="checkbox"/> Voluntary counseling and testing           | <input type="checkbox"/> School education program |
| <input type="checkbox"/> Prevention of mother to child transmission | <input type="checkbox"/> IV drug use program      |
| <input type="checkbox"/> Sex worker program                         | <input type="checkbox"/> Public education program |
| <input type="checkbox"/> Trucker program                            | <input type="checkbox"/> Others:                  |

22. Describe your role in the HIV clinical services.

23. Describe the strengths and weaknesses of HIV clinical care provided by your hospital.  
What is your assessment of the needs of your hospital in the area of HIV services?

Name :

Hospital (Place) :

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### **LIBRARY AND COMPUTER FACILITIES**

24. Does your hospital have a library? If so please provide some details of adequacy of the library (books and journals). Do you have access to outside library resources?

25. Do you have access to computers: Yes / No

26. Where do you have computer access:

- ☐ Home
- ☐ Office / Hospital
- ☐ Cyber-cafe

27. Do you use computers for (tick appropriately) :

- ☐ Word processing (correspondence)
- ☐ Data processing (patient records, data analysis)
- ☐ Web browsing (accessing medical information)
- ☐ E-mail

28. How many hours in a week would you normally use a computer? \_\_\_\_

29. How many computers does your hospital have? : \_\_\_\_

30. Are there any computers in the hospital for educational/medical use? Yes / No

Name :

Hospital (Place) :

**ROLE OF THE APPLICANT IN THE HOSPITAL & DECISION MAKING IN THE HOSPITAL**

**Note:** *An important objective of this course is to improve and expand the clinical services in regard to HIV care in your hospitals. The following questions relate to the possibilities for such change in your hospital.*

31. Describe the nature of your clinical work?

32. Are you involved in any teaching activities?

33. Are you working with local NGO's or GP's? If so, describe the activities that you undertake with them.

*Name :*

*Hospital (Place) :*

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34. Who is responsible for making decisions in the hospital and how are the decisions implemented?

35. Describe your position in the hospital, particularly with respect to your role in introducing or making changes.

36. Indicate how you hope to have your plan for HIV care accepted and implemented.

Name :

Hospital (Place) :

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**PART B**

**HIV/AIDS PROJECT**

Describe in detail a project that you plan to initiate related to improving the quality and accessibility of HIV clinical care provided by your hospital to PLWA. Must include: purpose, goals, methods that you propose to use, feasibility including inputs and costs (supplies, personnel, equipment and time).

1. Title of Project:
  
2. Background of project; statement of need of your hospital and local area:
  
  
  
  
  
  
3. Aims/Purpose:
  
  
  
  
  
  
4. Methods:
  
  
  
  
  
  
5. Feasibility:
  
  
  
  
  
  
6. Costs:

Name :

Hospital (Place) :

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**PROJECT EVALUATION**

7. How would you evaluate the effectiveness of the project when completed?

8. List the improvements that you expect as a result of your project?

9. What would be the measurable / assessable indicators of these improvements? How do you plan to assess these outcomes? *(Please be as specific as possible)*

10. Who would be your local project guide?

Name :

Hospital (Place) :

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**PART C**

**SENIOR ADMINISTRATIVE OFFICER NOMINATION & CONFIDENTIAL EVALUATION**

**To the senior administrative officer nominating the applicant:**

Please provide answers to questions 1-4 listed in separate pages below. Insert Part C into a sealed envelop and sign across the seal. Your confidential evaluation should be mailed along with the applicant form.

1. Please review Part A of the application regarding the description of the hospital, HIV care activities and the applicant's role in the hospital. Please indicate whether you agree with these general descriptions provided by the applicant. Also indicate your own opinions or changes if any.

Name :

Hospital (Place) :

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**2. OVERALL EVALUATION AND RECOMMENDATION**

Please provide your overall assessment of the applicant. Indicate whether you would consider the individual suitable for the course? Do you think that she/he would continue to work in your hospital after completing the course?



Name :

Hospital (Place) :

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**3. HIV PROJECT - PART B**

Please review the project that the applicant would like to implement as part of the program. Is it realistic? Do you think it would be addressing a need in your hospital? Do you believe that this individual would be effective in implementing the program?

### **APPLICATION REVIEW CHECKLIST**

Each application should be checked for the following:

1. Completed and signed Application Form
2. Parts A and B
3. Part C to be attached in a sealed envelop
3. Curriculum Vitae
4. Photocopy of degree certificates
5. Photograph of the applicant

Incomplete application forms are considered disqualified.

### **DATABASE FOR APPLICATIONS RECEIVED**

Sl.#	Roll #	Names	Address	Contact details	Organisation represented	State represented

Name :

Hospital (Place) :

---

**4. SUPPORT FROM THE HOSPITAL**

How supportive would you be of the proposed clinical care project of the applicant? In what ways would you provide support for the project and help the applicant in implementing it? Please be as specific as possible (time, resources, administrative support and manpower)? Would your organization be able to provide financial support for the project or alternately raise the funds required for it?

Applicant's name:

Hospital

Nominating officer  
(Name)

Designation

Phone

E-mail

Address

Date: \_\_\_\_\_

\_\_\_\_\_  
(Nominating Officer's Signature)

**INSTRUCTIONS FOR EVALUATION OF THE APPLICATION FORMS**

- Each application form consists of:
  - a. Details of applicant and hospital (Part A)
  - b. Project proposal (Part B)
  - c. Recommendation from the administrative officer (Part C)
  - d. Curriculum vitae and copies of degree certificates
  - e. Recommendation letters from colleagues (if attached)
- Please study the format of the application form and marking sheet and clarify doubts if any, with the course organizer.
- You will receive:
  - a. Four separate files (File A, B, C, D, E) of application forms consisting of 10 – 15 applications arranged according to the roll numbers.
  - b. One file with the marking sheets for all the application forms that you will be receiving for evaluation and a sheet with the guidelines for evaluating the application forms.
- Please do not remove any papers from the files.
- On completion of one set of application forms (one file), you will receive the next set of applications.
- Please read the application forms carefully and then enter the marks in the marking sheet.
- You may keep a file with you for a maximum of 4 days. Kindly complete your task within this time.
- The day by which all application forms should be returned is xxxxxxxx.
- The marks awarded by the selection committee members for each applicant will be tabulated and analyzed once the application forms are returned.
- The final selection committee meeting will be held on xxxxxx

Kindly take this note as an invitation to be present for the final selection committee meeting.

Thank you.



**FELLOWSHIP IN HIV MEDICINE 2006****MARK SHEET TO EVALUATE THE APPLICATION FORM**

Name :

Roll No:

Name of evaluator:

Sl. No.	Items to evaluate	Maximum marks	Applicant score
<b>I</b>	<b>APPLICANT</b>		
I a	Academic qualifications and achievements	15	
I b	Clinical experience and expertise	15	
I c	HIV clinical work	30	
I d	Other involvement in HIV care	15	
I e	Position in the hospital / organization	10	
I f	Prior experience of understanding projects / initiating changes within an organization	15	
	<b>I -Total</b>	<b>100</b>	
<b>II</b>	<b>HOSPITAL / ORGANIZATION</b>		
II a	Well functioning hospital/ clinical/ organization with good patient load	20	
II b	Priority for patients who cannot afford care	10	
II c	Non- profit making organization - private / public	10	
II d	Involvement in HIV care	30	
II e	Presence of different components that may enable the development of HIV care	15	
II f	Presence of a team or other persons who would support the applicant's effort	15	
	<b>II - Total</b>	<b>100</b>	
<b>III</b>	<b>PROJECT</b>		
III a	Well thought out idea	15	
III b	Potential to benefit care of PLHAS	25	
III c	Feasibility	15	
III d	Can it be evaluated	15	
III e	Inclusion of the minimum components recommended	15	
III f	Quality of the write-up	15	
	<b>III- Total</b>	<b>100</b>	
<b>IV</b>	<b>MOTIVATION OF THE INDIVIDUAL</b>	<b>100</b>	
<b>V</b>	<b>INSTITUTIONAL SUPPORT</b>	<b>100</b>	
	Project guide		
	<b>GRAND TOTAL</b>	<b>500</b>	

Signature of the evaluator with date of completion:

## GUIDELINES FOR SCORING OF THE APPLICATION FORMS FOR FHM

### **I. APPLICANT:**

Kindly study the applicant's CV

Ia. Academic qualifications and achievements:

MBBS - 5 marks

MBBS + 2 years experience - 10 marks

MBBS + 5 years experience - 15 marks

MBBS + PG degree - 15 marks

Ib. Clinical experience and expertise:

< 2 years - 5 marks

2 - 4 years - 10 marks

5 - 9 years - 13 marks

> 10 years - 20 marks

Kindly study the work experience - type, role in HIV services. Refer Part A - 22

Ic. HIV clinical work:

Evidence of direct involvement in medical care (IP / OP). Refer Part A - 31, 32, 33 - 30 marks

Id. Other involvement in HIV care:

Counselling, laboratory, networking, staff education - 15 marks

Ie. Position in the hospital / organization:

Ability to network and develop a team, implement a project. Refer Part A - 35, 36

If. Prior experience of understanding projects / initiating changes within an organization:

Refer Part A - 31 -36

### **II. HOSPITAL / ORGANIZATION:**

Iia. Well functioning hospital with good patient load:

Kindly study the basic general facilities to incorporate HIV care - lab, community work ( Refer Part A - 21), IP& OP patient load, counseling, departments. Refer Part A - 1 - 8.

Iib. Priority for patients who can not afford care:

Refer Part A - 13

Iic. Non profit making hospital:

Refer Part A - 10, 11, 12, 13

Iid. Involvement in HIV care:

Refer Part A - 16, 17, 18, 20, 21, 23

Iie. Presence of different components that may enable the development of HIV care:

Refer Part A - 16, 18, 19

Iif. Presence of a team or other persons who would support the applicant's effort:

Refer Part A - 16, 19, 21. Look for presence of support letters.

**III. PROJECT:**

Refer Part B

**IV. MOTIVATION:**

Kindly look for care with which the application is written, level of involvement in HIV / AIDS care, commitment to HIV / AIDS care.

**V. INSTITUTIONAL SUPPORT:**

Kindly study the specific resources that the hospital will provide for. Refer Part C.

## TRACKING SHEET OF APPLICATION FORMS FHM 2006

Name of the evaluator	Date of receiving the application form	Signature	Date of return	Signature	Date checked
	File A ----- File:B ----- File:C ----- File:D ----- File:E -----		File A ----- File:B ----- File:C ----- File: D ----- File:E -----		
	File A ----- File:B ----- File:C ----- File: D ----- File:E -----		File A ----- File:B ----- File:C ----- File: D ----- File:E -----		
	File A ----- File:B ----- File:C ----- File:D ----- File:E -----		File A ----- File:B ----- File:C ----- File: D ----- File:E -----		
	File A ----- File:B ----- File:C ----- File: D ----- File:E -----		File A ----- File:B ----- File:C ----- File: D ----- File:E -----		

The selection committee meeting is to be held on xxxxxxxx

DIS-325  
16599 PDS



Roll. Numbers from

[illegible]

Remarks :

Kindly put a tick ( ) against the name of the candidates whose application forms you have evaluated in the column marked for you. Thank you.

### DATA BASE OF MARKS SCORED

[illegible]

## **GUIDELINES FOR SELECTION COMMITTEE MEETING - FELLOWSHIP IN HIV MEDICINE PROGRAMME – 2006**

The marks are arranged according to the following format:

1. Each selection committee members marks have been ranked individually.
2. The number of selection committee members who have marked each applicant in the first 15 (1-15) and in first 25 (1-25) is noted in the rank order.
3. The merit list order is as follows:
  - a. Applicants where 4 selection committee members have ranked them in first 15
  - b. Applicants where 3 selection committee members have ranked them in first 15
  - c. Applicants where 2 selection committee members have ranked them in first 15
  - d. Applicants where 1 selection committee members have ranked them in first 15
  - e. Applicants where no selection committee member has ranked them in first 15 but 2 of them have ranked them in first 25.
  - f. Applicants where no selection committee member has ranked them in first 15 but one of them have ranked them in first 25.
  - f. Applicants where no selection committee member has ranked them in first 25.
4. Under each of the above category the merit list is arranged according to highest average score.

Other criteria:

1. Any candidate who does not have part C is disqualified.
2. Persons who are from an organization who have already had a student trained in the Fellowship programme would be selected only if there is no other suitable candidate. This should be based on sufficient justification to train another person to enhance the capacity of the organization.
3. If there are equal marks between two candidates, a person who has applied in a previous year would be given preference.
4. A minimum of 50% of candidates selected should be from the non-governmental / private sector.
5. Priority should be given to ensure even regional distribution between states.
6. A maximum of 20 - 25% of candidates (3 - 4) would be selected from states outside the region. When selecting candidates from outside the neighboring states, it must be reasonably certain that these candidates will be able to travel the distance to the center, provided leave and financial support for staying 6 weeks of the contact programme.
7. If two applicants are working for one organization, one will be selected except if the two are working in separate places.
8. Persons who will be studying another full time course at the time of commencement of the Fellowship in HIV Medicine programme will not be selected.
9. Priority would be given to applicants:
  - o From organizations involved exclusively in HIV work.
  - o Who are exclusively involved in HIV work.
  - o Who have demonstrated substantial prior HIV work.
  - o From backward areas where there is no HIV clinical service.
  - o Recommended by HIV positive persons / organizations.
10. Special consideration will be given to persons working in community based organizations involved in HIV work but not currently having hospital based or clinical based services.
11. After reviewing the score sheets the committee would go down the rank order discussing each applicant and making a selection by consensus. Xxxxxx applicants will be selected and a waiting list of 10 applicants will be prepared.

**LETTER TO UNSUCCESSFUL CANDIDATE**

Date

Dear

Sub: Fellowship in HIV Medicine 2006.

I regret to inform you that your application to the Fellowship in HIV Medicine programme for 2006 was not considered favourable. We are restricted by the numbers that we could select into the programme from a region based on the prevalence. We appreciate your interest in our programme and thank you for the opportunity to consider your application. The selection committee has unfortunately turned down your request after a careful examination of the submitted forms.

We certainly admire and appreciate what you are doing in this difficult area of need. We encourage you to continue in your work and reapply next year.

With regards,

Yours sincerely,



## LETTER TO SELECTED CANDIDATE

Dear

Date

We are happy to inform you that you have been provisionally selected for the Fellowship in HIV Medicine 200 . We would like you to send an immediate confirmation of your participation by e-mail to xxxxxxxxxxxx or by FAX to xxxxxxxx or by telegram as soon as you receive this letter. You are required to officially confirm your participation by signing the enclosed agreement form and returning it by xxxxxxxxxxxx .

On behalf of xxxxxxxx, I would like to congratulate you and your institution for having qualified in this year's selection. The selection has been based on our evaluation of your work and interest in HIV care, your institutional support and project plan. We look forward to the course as an opportunity to develop a partnership between our institutions towards strengthening HIV care.

We look forward to receiving your confirmation message followed by the signed agreement form. If we do not hear from you by xxxxxxxx, we would assume that you are not planning to participate in the training program and proceed to call the next person on the waiting list. If you have any clarification in this regard please do not hesitate to contact me at xxxxxxx (office)/ xxxxxxx (res.).

Enclosed with this letter is a four-page agreement form for participating in the course. Please read the form carefully and follow instructions below.

- a. Page 2 should be signed by you.
- b. Page 3 should be signed by your local project guide.
- c. Page 4 should be signed by the chief administrative officer of your organization.

The duly filled and signed forms should be returned to Course coordinator, xxxxxxxxxxxx by xxxxx .

With regards,

Yours sincerely,

## **AGREEMENT FOR ENROLLMENT IN THE FELLOWSHIP IN HIV MEDICINE COURSE - 2006**

The Fellowship in HIV Medicine 2006 aims to enable the participants to improve their knowledge and skills in HIV care and develop accessible and high quality HIV clinical services in their hospitals. The course duration is 12 months (February 27, 2006 to February 2007). It consists of:

1. First Contact Course (CC-I) at the center of 6 days duration for all participants from February 27 to March 4, 2006.
  2. Distance Learning Programme (DC) of 12 modules from March to June 2006.
  3. Second Contact Course (CC-II) at the center of 2 weeks duration. This will be in groups of 8 (Batch I) and 7 (Batch II) participants between March and April 2006.
  4. In-service training (CC-III) at the center of 2 weeks duration between July and October 2006 in groups of three participants each, in five batches.
  5. Project Implementation Phase (PP) of 6 months from August to January 2006.
  6. Fourth Contact Course (CC-IV) of 5 days duration for all participants in February, 2007.
- The requirements for the course completion are:
    1. Completion of contact and distance courses: Participants are required to attend all the contact courses CC I - IV (total of 6 weeks duration).
    2. Completion of 12 distance learning modules: Participants should acquire a pass grade on the tutor marked assignments that should be sent to the center on time at the end of each module.
    3. Project: Participants should secure a pass grade on the project outline (to be submitted at the end of the 1st month), full project plan (to be submitted at the end of the second month), two interim project reports (to be submitted at the second and fourth month of project phase), the final project report (to be submitted at the end of the project phase) and completion of project implementation.
    4. The participants should perform satisfactorily in theory and practical assessments during the Contact Course - IV.
  - The participants are required to spend at least 7 hours every week on course related work during the entire period of the course.
  - The participants will have to fulfill all the above requirements to be eligible for award of Fellowship in HIV Medicine.
  - Participants will need to meet the cost of travel and for food, accommodation and individual expenses.
  - Participants will be assisted to develop their project proposal by a faculty member. A screening committee will evaluate the project proposal. Approval of the project proposal by the screening committee and completion of the contact and distance course requirements is necessary to initiate project implementation. The costs of project work will be borne by the institution from which the participant comes.
  - By agreeing to enroll for this course, we are building a partnership with the student and the participating institution /organization. It is assumed that the student will continue to work for the organization after the completion of the course. However, if the student resigns from the organization or discontinues this working relationship with the organization, they would not be able to complete the course.



## **STATEMENT OF AGREEMENT BY COURSE PARTICIPANT**

I, \_\_\_\_\_ (name of course participant) agree to:

- a. attend the CC-I, CC-II, CC-III, CC-IV according to the specified schedules.
- b. complete the 12 distance learning modules required for the distance course on time.
- c. send in the tutor marked assignments at the end of each module.
- d. complete the project work required for the course.
- e. send in the project outline, full project plan, interim project reports and final project report according to the schedules that are specified for the course.
- f. spend 7 hours of study time every week towards the course requirements.
- g. abide by the rules and regulations of the institution while attending the contact courses.
- h. bear the costs of travel and accommodation & food, in case my institution will not be able to support these costs.
- i. continue my work contract with the sponsoring institution / organization while undergoing the Fellowship in HIV Medicine program.

I hereby confirm my participation in the Fellowship in HIV Medicine 2006, after having understood the different components of the program and the course requirements. I agree to participate and fulfill the requirements of the Contact Courses I - IV, distance courses and project work.

Signature of course participant

Designation

Participating Institution

## **AGREEMENT BY PROJECT GUIDE**

*To be filled in by the project guide nominated by the participant in the application form.*

I hereby agree to guide \_\_\_\_\_ (course participant) during the entire period of the Fellowship in HIV Medicine Program from February 26, 2006 to February 2007. During this time I will agree to:

- a. guide the participant in conceptualizing, planning, implementing and evaluating the project work.
- b. assist the participant in preparing the project outline, full project plan, interim project reports I and II, final project report and presentation according to the course schedule.
- c. meet with the participant at least once a month to discuss the progress in project work.

Signature of the project guide

Designation:

Office stamp:



**AGREEMENT BY THE CHIEF ADMINISTRATIVE OFFICER OF THE SPONSORING  
INSTITUTION**

*To be filled by the chief administrative officer.*

Our organization agrees to provide the following support to -----  
(name of course participant) to undertake the Fellowship in HIV Medicine 2005 at xxxxxx :

- a. Meet expenditure required for the travel and cost of food & accommodation.
- b. Provide the necessary administrative and financial support to ensure implementation of the project.
- c. Provide the participant with the necessary leave to attend the contact courses.
- d. Arrange work schedules to allow the participant 7 hours of study time per week.
- e. Meet with the participant every month to discuss the progress in the training program and sort out any difficulties that arise.

-----  
Signature of the administrative officer

Designation:

Office stamp:

[illegible]

# **FACULTY DEVELOPMENT PROGRAMME**

**HANDBOOK ON CONTACT COURSES**

**FOR**

**FELLOWSHIP IN HIV MEDICINE**

**CMC, Vellore**

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**Introduction:**

This hand book is a guide to planning, coordinating and conducting of the contact courses I to IV of a total of 6 weeks duration which is a component of the Fellowship in HIV Medicine programme. It is suggested that each regional training center modifies and adapts the process to meet their local needs. In the following pages you will find the details of the contact courses. Sample templates are included.

## Aims of each contact course

### Contact course I (CC I)

At the end of this contact course the students would have:

- Orientation to the objectives, contents and structure of the training programme
- Developed basic clinical skills
- Developed skills in project planning
- Developed computer skills
- Orientation to distance learning
- Networked with faculty

### Contact course II (CC II)

At the end of this contact course the students would have improved skills in:

- History taking, physical examination, making a clinical diagnosis, ordering and interpreting laboratory investigations and initiating treatment for common clinical problems in HIV infection at the level of peripheral hospital and clinic.
- Pre and post – test counseling and dealing with psychosocial issues in a patient with HIV infection.
- Organizing clinical care set up with reference to out – patient, in – patient services, laboratory infrastructure and community based prevention.
- Presenting a detailed project plan to the course faculty and finalizing it based on discussions with the faculty.

### Contact course III (CC III)

At the end of this contact course the students will have improved skills in:

- Independently managing patients with HIV infection presenting in asymptomatic state with
  - respiratory syndromes
  - gastrointestinal syndromes
  - CNS syndromes
  - Acute and chronic fever
  - Skin problems
  - STD syndromes
  - Gynaecological complaints
  - Pregnancy
  - Psychiatric syndromes
  - Paediatric problems

- Diagnosing, initiating treatment and followup management for common opportunistic infections independently
  - TB
  - Pneumocystis carinii
  - Bacterial pneumonia
  - Bacterial meningitis
  - Cryptococcal meningitis
  - TB meningitis
  - Cerebral toxoplasmosis
  - CMV infection
  - Candidal infections
- Independently handle acute emergencies occurring in HIV infection
  - acute CNS infection and altered sensorium
  - respiratory failure and respiratory emergencies
  - SIRS and shock
  - Electrolyte imbalance
  - Cardiac arrest
- Independently perform the following procedures
  - Lumbar puncture
  - Pleural aspiration
  - Ascitic tap
  - Bone marrow aspiration
  - Lymph node aspiration
  - Endotracheal intubation
  - Cardiopulmonary resuscitation
  - Pap smear
- Independently initiate and followup ART treatment
  - diagnose and manage ART side effects
  - diagnose and manage IRIS
  - diagnose and manage treatment failure
- Independently conduct pre – test, post – test and followup counseling and handle psychological issues related to HIV infection.

#### Contact course IV (CC IV)

Aims of CC IV:

- Assessment and evaluation
- Networking

### Scheduling of each contact course

While planning the dates for the contact courses keep in mind the activities / other major programmes of the departments / institution and holidays / vacation period.

Contact course I	One week	First week of the programme
Contact course II	Two weeks	By the second month of the programme
Contact course III	Two weeks	By the sixth month of the programme
Contact course IV	One week	Last week of the programme

### Schedule of student distribution

Contact course I	All the students of the programme together
Contact course II	The students are divided into two groups. Each group attends separately
Contact course III	The students are divided into four to five per group. Each group attends separately.
Contact course IV	All the students of the programme together

For CC II & CC III, the students are given the choice to decide which batch they would like to attend. A fixed number of students attend CC II & CC III per batch.



## General instructions for all contact courses

### *Meeting with faculty for session planning:*

After drawing up a tentative time schedule, approach each faculty concerned and discuss the date, time, session plan and other details of their class. If changes are required arrange them according to the need. Finalize the time schedule at least two weeks prior to the contact course.

### *Dispatch of student letters, prior reading and assignments:*

Draft and send a letter to the students regarding details of the contact course. The details may include instructions regarding the contact course – accommodation and food arrangement, methods to reach the site of accommodation, payment of advance, list of things to bring; academic preparation, reading material and the time table for the contact course.

### *Arrangement of course materials:*

Course session binder: The course binder should contain a cover page, index, time table, list of faculty, list of students with contact details, session plans for each session and details of intersession activities. Each session plan should have the title, date, time & venue, objectives of the session, methods of conducting the session, references and resource material / hand outs. The binder should be compiled, proof read and finalized. Make adequate copies and bind the course material. The course material should be completed at least within a week prior to commencement of the contact course. Copies of hand outs, extra reading material / articles for specific sessions and additional resources can be made available prior to the commencement of the course. At the end of the contact course, compile all the presentations of the sessions, the session binder and other additional resources as a soft copy and load it on to CDs. Provide a copy of the CD to each student.

### *Logistical planning:*

I D card / badge: Arrange for and provide identification badges for each of the students.

Accommodation: Arrange for accommodation well in advance. Inform the students of the same and how to reach the venue when they come for the course.

Food: Arrange and block an area for snacks and meals for the students as available – at the site of residence or at the venue.

Transport: Arrange for transport facilities as required and when planning field trips.

Classroom: Arrange for classrooms for the theory classes during the contact course.

AV aids: Consult the faculty and confirm the AV aids required for each session. Make arrangements for the necessary and that they are in good working condition. Ensure that the training officer or another person is able to handle the AV aids.

Letters: Send letters of request to the concerned faculty regarding their sessions and input for the contact course. If external faculty are involved send appropriate letters with details of the contact course. Send letters of intimation / permission to the departments that will be involved in the contact course – Hospital Administrator / Medical Superintendent, Nursing Service department, library, computer lab etc.

*Course evaluation and summary; dispatch to faculty:*

After each theory session, give the students the evaluation form from the session. Collect the forms before the end of the day. During the concluding session of the contact course, give the students the overall evaluation form. Collect the forms before the students disperse. Consolidate the evaluation remarks and circulate it among the faculty. Prepare a list of improvements required for the next contact course.



## Specific instructions for each contact course

### Contact course I (CC I)

*Preparation of schedules ( draft schedule attached):*

All the students come for the contact course at the same time. This contact course is of one week duration. A tentative time schedule should be prepared and should be sent to the selected candidates along with information and instructions about CC I, when the participant has confirmed his / her joining for the programme.

*Dispatch of student letters, prior reading and assignments (draft letter attached):*

Draft and send a letter to the students regarding details of the Fellowship programme. The details may include information about the course in total, the requirements for course completion, contact numbers & travel guidelines.

### ● *Arrangement of course materials:*

The course material for CC I includes a binder with the session plans of CC I, a binder of guidelines for project work, introduction to distance learning binder and guidelines for the final examination. The students may be given a file, note book and pen / pencil.

*Clinical sessions:*

The objective of the clinical sessions is orientation to clinical aspects and attaining a common standard among all the students towards clinical approach. The focus of the clinical session in contact course I is on basic clinical skills in history taking, clinical examination and problem analysis for the common systems.

The students are allotted patients from General Medicine wards the previous day of the clinical session. Selection of patients is based on approaches to problems of different systems in the body. Respiratory, cardiovascular, central nervous system, gastrointestinal system cases are allotted. The students work up the patients and present the same during the clinical session. This is followed by case discussion facilitated by a faculty member.

*Computer session:*

The objectives for the computer session are to enable the students to use Microsoft word, power point internet access, e-mail and e – group facilities. An e-group is created and the students are helped to sign in and initiate communication through the e-group. The e-group is used as a mode of communication within the class. Various issues like sessions, conferences, difficult case discussions, update on different topics etc are initiated through the e-group.

*Networking session:*

An introduction session where students get to know each other and the faculty members is planned on the first day of the contact course. A time slot is allotted for each student for the 'my hospital / my work' session. During these sessions students make presentations about their institutions and their work. It is an informal session towards networking. Some of the academic sessions have group activities, which enable the students to work together. The picnic and having meals together are informal times of networking.

*Project work:*

While planning the time schedule the project guides are consulted for convenient time slots to meet with their student. During the contact course I, the students are oriented to project writing and planning. They meet with their project guides and discuss their project outlines. The project outline is improved according to the feedback given by the faculty guide. (See project planning guidelines).

*Photography:*

Arrange for a group snap to be taken sometime during CC I.

*Picnic:*

Plan and arrange for an outing during CC I.

*Course evaluation and summary; dispatch to faculty (draft evaluation form attached):*

Prepare a feedback form for each session of CC I. Provide the students with the feedback form for each session, on completion of the session. Collect and compile the forms. Consolidate the feedback and send a copy to the concerned faculty.

Provide the dates for CC II and request the students to fill in their names against the convenient dates.

**Contact course II (CC II)***Preparation of schedules (draft schedule attached):*

The students may be divided into two batches. This contact course is of two weeks duration. The schedule is prepared for two batches of students.



*Dispatch of student letters, prior reading and assignments (draft letter attached):*

Draft and send a letter to the students regarding details of CC II. The details may include information about the batch they belong to & when they need to attend the contact course.

*Arrangement of course materials:*

The course material for CC II includes the practical record book. The students need to fill in the case studies and submit the practical record book on the final day of CC II (sample record book attached).

*Clinical sessions:*

The focus of contact course II is more in-depth clinical approach to evaluation and management of common HIV and infectious disease problems. Students mostly observe management, though it suggested that participation in clinical care is maximized.

The students are involved in outpatient and inpatient care. All common infection related problems are discussed.

Respiratory: acute pneumonia, subacute respiratory illnesses, pleural effusion, empyema, pneumothorax, respiratory failure, TB, Pneumocystis carinii pneumonia.

CNS: Meningitis, stroke, focal cerebral syndrome, myelopathy, peripheral neuropathy, dementia, cryptococcal meningitis, cerebral toxoplasmosis

Gastrointestinal system: dysphagia, diarrheal illness, ascites, hepatitis and chronic liver disease, pancreatitis, cholecystitis

Cardiovascular: endocarditis, pericardial effusion

ART related problems: assessment for ART, side-effects, immune reconstitution inflammatory syndrome

The students work up the patient allotted to them using the format on the practical record and present the same during the clinical session. This is followed by case discussion. Students are encouraged to follow-up cases up to discharge and to observe procedures.

*Field trip:*

Field trip to observe prevention programmes / to participate in public health education programmes may be planned.

*Networking session:*

Informal networking sessions and visits to local alumni may be arranged.

*Project work:*

During CC II, the students meet their project guides and discuss the final project outline. They present the final project outline to the group and the faculty. Written feedback is given to each student. (See project planning guidelines).

Provide the dates for CC III and request the participants to fill in their names against the convenient dates.

*Contact course III (CC III)**Preparation of schedules (draft schedule attached):*

The group may be divided into smaller batches of 4 – 5 members each. This contact course is of two weeks duration. The time schedule needs to be prepared in consultation with the faculty involved. This is focused on development of clinical skills.

*Meeting with faculty for session planning:*

After drawing up a tentative time schedule, approach each faculty concerned and discuss the date, time and other details of their clinical session. Finalize the time schedule at the latest one week prior to the commencement of CC III.

*Dispatch of student letters, prior reading and assignments (draft letter to the student attached):*

Draft and send a letter to the participants regarding details of CC III. The details may include instructions regarding CC III – accommodation and food arrangement, travel guidelines, payment of advance, list of things to bring and contact numbers; academic preparation for CC III and the time schedule for CC III.

*Arrangement of course materials:*

Formulating, compiling and printing of course material should be completed at least within a week prior to commencement of CC III. The course material for CC III includes the practical record book (given at CC II) and the log book for procedures.

*Clinical sessions:*

Students participate as members of the treating team in contact course III at a similar level to the postgraduate students. They are allotted 3-4 cases every week. During this time their responsibilities in the inpatient setting are to work the case, present on rounds, perform procedures, communicate with the family and patient under supervision. A specified list of cases that they should have seen and looked after and procedures to be performed are enclosed in the instruction list. In the outpatient



setting they are involved in the care of patients in the HIV/ART clinic under supervision. In the counseling area, they are involved in the counseling of patients under the supervision of trained counselors.

*Journal club / paper reading:*

The objective is to enable critiquing of a journal article. The journal article is selected based on latest updates on HIV related issues. A xerox copy of the article and related articles / cross reference articles are sent to the students a month prior to commencement of CC III. The students are instructed to go through the article /s, critique and prepare a power point presentation of 20 minutes with a 10 minute discussion. During CC III, the students present the topics given to them to the rest of the department faculty. The student presenting the article may write a summary which may be posted on the e-group. (A list of sample articles is attached)

Contact course IV (CC IV)

*Preparation of schedules:*

All the students come for this contact course at the same time. This contact course is of one week duration. The time schedule for the theory and practical assessment, picnic, networking session, graduation ceremony and alumni meet needs to be prepared in consultation with the faculty involved.

*Theory, OSCE, clinical exam:*

You will be provided detailed guidelines for running the theory, OSCE and clinical exam. The theory and OSCE exam will be prepared at the Distance Learning Center.

*Project work:*

You will be provided with detailed suggestions for the poster session, graduation and alumni meeting.

### **INSTRUCTION SHEET FOR CONTACT COURSE - I**

This may include the following sections:

Accommodation  
Travel  
Payment  
Sessions  
Local transport  
Food arrangement  
Things to bring with you

### **ACADEMIC PREPARATION FOR CONTACT COURSE - I**

#### ***Contact Course - I preparation:***

##### **"My Hospital / My Work"**

On Monday – Friday, following dinner there will be a short 10 minute presentation by each of the course students titled, "My hospital and my work". This is an informal presentation for the students and faculty to learn about your background and work. The presentation need not focus only on HIV related work. We would have the LCD projector and OHP available for you to use.

##### **Project preparation**

Please bring a copy of your project proposal that you have submitted in your application. During the CC – I, you would revise this project proposal to prepare a project outline.

In addition to this we would like you to bring some data on the local HIV care need:

1. Prevalence of HIV infection in your district /state.
2. Availability of HIV prevention and care services in your area.
3. Availability of HIV services in your hospital /institution.
4. HIV patient load (in-patient, out-patient, HIV tests, counseling performed).
5. The gaps in HIV care provision at your institution and in your town /district.



## INSTRUCTIONS FOR CONTACT COURSE II

These may include details of the following:

Accommodation  
Sessions  
Transport  
Food arrangements  
Payment  
Things to bring with you

### CONTACT COURSE II

#### Aims:

At the end of the CC-II session you will have improved skills in:

1. History taking, physical examination, making a clinical diagnosis, ordering and interpreting laboratory investigations and initiating treatment for common clinical problems in HIV infection at the level of peripheral hospital and clinic.
2. Pre and post-test counseling and dealing with psychosocial issues in a patient with HIV infection.
3. Organizing clinical care set-up with reference to out-patient, in-patient services, laboratory infrastructure, and community based prevention.
4. Presenting a detailed project plan to the course faculty and finalizing it based on discussions with the faculty.

#### Methods:

1. Lecture /case discussions:  
STD and skin, neurology, gastrointestinal system, paediatric, obstetric and gynaecological problems, eye, respiratory and ambulatory care, psychiatry and psychosocial issues, pre and post-test counseling.
2. Clinical exposure:
  - I. Ward rounds
    - a. Case allotment  
Each of you will be allotted cases every 1-2days during the CC-II.
    - b. Case workup and presentation  
You will work up cases, prepare a written record and present the case to the faculty at the bedside clinics.
    - d. Case follow-up  
You will follow-up the cases on a daily basis maintaining detailed case notes.
    - e. Log book  
You will submit your case records at the end of the CC-II for faculty assessment.
  - II. Out-patient clinics
    - a. ID clinic
    - b. Case workup and discussion with supervising faculty

### 3. Other practical sessions and organization of care:

- a. Microbiology
- b. Clinical virology
- c. Blood bank
- d. Infection control
- e. Radiology
- f. Community based prevention

### 4. Project presentation:

During CC II you will prepare the full project plan. The full project plan should include all the items in the project outline but in more detail (objectives, background, methods, evaluation, budget, the logic model template, Gantt chart and stakeholder analysis). Please refer the guidelines for preparation of the full project plan in the "Guidelines for project planning" binder that has been given to you during CC I.

You will meet with your supervising faculty during week 1 to discuss your project. You would submit your full project plan on the first day of CC I. Following this, you will present the project plan on an afternoon to the supervising faculty and to your batch mates.

The presentation may be using OHP / LCD. The duration of your presentation should not exceed 15 minutes.

## ACADEMIC PREPARATION FOR THE CC-II

### Before CC II:

- a. You need to discuss your project outline with your local guide and other persons who are critically involved in the project (eg. Administrator, head of the department).
- b. Please study the full project plan guidelines.
- c. Obtain necessary additional information to prepare the full project plan (eg. Needs assessment, background, problem analysis, budget)
- d. Prepare some notes to help you develop the full project plan during CC II.
- e. Perform a literature review for the project and obtain necessary information.

### INSTRUCTION SHEET FOR CONTACT COURSE III

These may include details of the following:

Accommodation  
Sessions  
Food Arrangements  
Payment  
Library  
Items to bring with you

### CONTACT COURSE III

Aims:

At the end of the CC-III session you will have improved skills in:

1. Being able to independently manage patients with HIV infection presenting:

In asymptomatic state

With – Respiratory syndromes

Gastrointestinal syndromes

CNS Syndromes

Acute and Chronic fever

Skin problems

STD Syndromes

Gynaecological complaints

Pregnancy

Psychiatric syndromes

Paediatric problems.

2. Being able to diagnose, initiate treatment and followup management for common opportunistic infections independently:

TB

Pneumocystis carinii

Bacterial pneumonia

Cryptococcal meningitis

TB meningitis

Cerebral toxoplasmosis

CMV infection

Candidal infections



3. Being able to independently handle acute emergencies occurring in HIV infection:
  - Acute CNS infection and altered sensorium
  - Respiratory failure and respiratory emergencies
  - SIRS and shock
  - Electrolyte imbalance
  - Cardiac arrest
4. Being able to independently perform the following procedures
  - Lumbar puncture
  - Pleural aspiration
  - Ascitic tap
  - Bone marrow aspiration
  - Lymph node aspiration
  - Endotracheal intubation
  - Cardiopulmonary resuscitation
  - Pap smear.
5. Being able to independently initiate and follow-up ARV treatment.
  - Diagnose and manage ART side-effects
  - Diagnose and manage IRIS
  - Diagnose and manage treatment failure.
6. Being able to independently conduct pre-test, post-test and follow-up counselling and handle psychosocial issues related to HIV infection.

#### Methods:

The Fellowship program students will be posted to Medicine Unit as co-registrars and will have the following responsibilities:

1. They will be given independent charge of patients in the general wards.
2. They will have to write the history sheet, problem sheet, and progress sheet and discharge summary.
3. They would evaluate the patients twice a day and present the case on rounds.
4. They would perform procedures on the patients under supervision.
5. They would be in charge of communicating health information to the patient and family.
6. They would be allowed to participate in medical decision-making under supervision.
7. They would undertake ambulatory care of HIV patients in ID clinic under supervision.
8. They would undertake casualty calls under supervision twice during their posting.
9. They should be involved in care of 10 patients during their posting.
10. They should counsel 10 patients during their posting under supervision.
11. They should perform each of the procedures at least twice during their posting.



Other Scheduled Postings:

Dermatology

Paediatrics

O&G

Lymph node - FNAC - two sessions

Bronchoscopy - one session

Sputum Induction - one session

Counseling

Cardiopulmonary resuscitation

Radiology

Delivery and Caesarean section (optional)

CASE WORKUP SHEET

Name:

Age:

Sex:

**HISTORY** (Chief complaints, relevant details of history including details of chief complaints, past, personal, family history and systems review)

**EXAMINATION** (Vitals, general examination, significant findings on physical examination)

**DIAGNOSIS (Differential diagnosis in order of probability)**

**RATIONALE FOR DIAGNOSIS (Reasons for diagnosis)**

**TESTS TO BE ORDERED (Appropriate tests to be ordered at the level of a peripheral hospital)**

**MARKING GUIDELINES FOR CASE WORKUP**

<b>HISTORY</b>	<b>Marks</b>	
Relevant chief complaints obtained	10	
Details of chief complaints obtained (relevant positive and negative history)	20	
Relevant past , personal, family and treatment history obtained	10	
Able to summarize history	10	
Vital signs	5	
General examination	5	
Elicits positive physical signs	20	
Able to state relevant negative signs	10	
Diagnosis and differential diagnosis	30	
Able to explain rationale of diagnosis	10	
Able to order appropriate laboratory tests	10	
Communication skills and bedside manner	20	
Presentation skills	20	
Case write-up	20	
<b>TOTAL</b>	<b>200</b>	

**INTERPRETING LABORATORY TESTS AND PLANNING MANAGEMENT**

	<b>Marks</b>	
Able to interpret blood tests	50	
Able to interpret microbiology reports	50	
Able to interpret radiological tests	50	
Writing prescription/ order sheets	100	
Explaining drugs to patient	50	
<b>TOTAL</b>	<b>300</b>	



LABORATORY TESTSTREATMENTFOLLOWUP

Roll No.

Procedures to be observed: Sputum induction, pap smear, lymph node FNAC

[illegible]

**CONTACT COURSE - SESSION EVALUATION FORM****TITLE OF THE SESSION:****NAME OF THE FACULTY:****1. What are two things that you liked about the session?**

(1)

(2)

**2. What are two things that you did not like about the session?**

(1)

(2)

**3. What are two things that you learnt through the session?**

(1)

(2)

**4. What improvements would you suggest in the session?**

(1)

(2)

**5. Any other comments:**

**CONTACT COURSE - OVERALL EVALUATION**

With regard to the Contact Course:

1. What three things did you enjoy most?

(1)

(2)

(3)

2. What three things did you enjoy least?

(1)

(2)

(3)

3. What were the most important things you learnt?

(1)

(2)

(3)

4. What else would you like to have done during this Contact Course?

(1)

(2)

(3)

5. What improvements could be made to this Contact Course?

(1)

(2)

(3)

6. Any other comments:



**LIST OF SAMPLE ARTICLES**

Sl. No	List of articles
1.	Clinical Profile of HIV in India N.Kumarasamy et al / Indian J. Med Res 121, April 2005, pp377-394
2.	Preventive therapy for tuberculosis in HIV infected individuals C.Padmapriyadarshini & Sowmya Swaminathan Indian J Med Res 121, Apr 2005 , pp 415 - 423
3.	Hepatitis B & Hepatitis C in HIV infection Shyam Kottlil et al / Indian J. Med Res 121, April 2005, pp 424 - 450
4.	Natural History of Human Immunodeficiency Virus Disease in Southern India N.Kumarasamy et al / Clinical Infectious Diseases 2003; 36:79-85
5.	Diagnosis of adult tuberculous meningitis by use of clinical and laboratory features. G.E.Thwaites et al / The Lancet 2002; 360: 1287 -92
6.	Does Tuberculosis Increase HIV Load John H.Day et al / JID 2004; 190: 1677 - 84
7.	HIV/ AIDS epidemic in India: An economic perspective Ajay Mahal and Bhargavi Rao; Indian J Med Res 121, April 2003, pp 582-600
8.	Determinants of Immune Reconstitution Inflammatory Syndrome in HIV type I Infected patients with Tuberculosis after initiation of antiretroviral therapy. Guillaume Breton et al / CID 2004: 39 (December) 1709 -12.
9.	Outcome of HIV associated Tuberculosis in the era of Highly Active Antiretroviral Therapy Keertan Dheda et al; The Journal of Infectious Diseases 2004;190:1670 - 6
10.	Effect of Cotimoxazole Prophylaxis on Morbidity, mortality, CD 4 + cell counts and Viral Load in HIV infection in rural Uganda. Jonathan Mermin et al / The Lancet: Oct 16 - Oct 22, 2004.Vol 364, Iss.9443; pg 1428. 7 pgs.
11.	Low cost monitoring of HIV infected individuals on highly active antiretroviral therapy ( HAART) in developing countries Pachamuthu Balakrishnan et al Indian J Med Res 121, April 2005, pp 345 -355
12.	Utility of Tuberculosis Directly Observed Therapy Programs as sites for access to provision of Antiretroviral Therapy in Resource Limited Countries Gerald Friedland et al / CID 2004: (Suppl 5) S 421
13.	Immunoadjuvant Prednisolone Therapy for HIV associated Tuberculosis. A phase 2 clinical trial in Uganda; Harriet Mayanja - Kizza et al / JID 2005: 191 (March 15)
14.	Cotrimoxazole prophylaxis reduces mortality in human immunodeficiency virus positive tuberculosis patients in Karonga District, Malawi. Frank B.D. Mwaungulu et al / Bulletin of the WHO/may 2004,82 (5); pg 354,10 pgs
15.	AIDS Vaccine Development: Perspectives, Challenges and hopes Jean Louis Excler ; Indian J Med Res 121, April 2005, pp 568 - 581
16.	Stressors and rewards for workers in AIDS services organizations Demmer C et al / AIDS Patients Care 2002: 16; 179 - 187



### TIME TABLE FOR CONTACT COURSE – I

Time	February 28 – Monday Venue: Norman Audi.	March 1 – Tuesday Venue: Norman Audi.	March 2 – Wednesday Venue: Norman Audi.	March 3 – Thursday Venue: Norman Audi.	March 4 – Friday Venue: Wheeler Hall	March 5 – Saturday Venue: Norman Audi.
8.00 – 9.00 am	Meeting with the Principal State of art lecture I: Inaugural address: Current perspectives in HIV medicine Dr. Dilip Mathai	State of art lecture II: HIV epidemiology in India: an overview Dr. Anand Zachariah	State of art lecture III: Current status of anti - retroviral therapy Dr. O C Abraham	State of art lecture IV: HIV: Risks to the health care worker Dr. Elizabeth Mathai	Psychosocial issues and basic HIV counseling Ms. Joyce Rajan Mr. Govindan Mr. Peace Clarence Mr. Gunasekaran	Introduction to distance learning Dr. Anand Zachariah Dr. J V Punitha
9.00 – 10.00 am	Group introduction Mr. Gunasekaran / Dr. Punitha / Ms. Sara	Approach to ambulatory care of HIV infection Dr. George M Varghese (9.00 – 10.30 am)	Approach to skin manifestations of HIV and STD's Dr. Susanne Abraham	Anti – retroviral therapy: a practical approach Dr. Subramanian Mr. Rajkumar Mr. Peace Clarence	Psychosocial issues and basic counseling – continuation	Bedside pharmacology for the HIV physician Dr. Sujith Chandy Dr. Subramanian Dr. Priscilla Rupali
10 – 10.15 am	<b>COFFEE BREAK</b>					<b>Venue: OG conference room</b>
10.15 – 11.15 am	Course introduction Dr. Anand Zachariah Dr. O C Abraham (10.15 – 11.30 am)	Planning of HIV prevention programmes Dr. Santhidani (10.45 – 12.15 pm)	Approach to skin manifestations of HIV and STD's – continuation	Anti – retroviral therapy – continuation	Women and HIV Dr. Jessie Lionel	Bedside pharmacology for the HIV physician - Continuation (9.00 – 10.30 am)
11.15 – 12.15 pm	Orientation to project work Dr. Mani Kaliath (11.30 am – 1.00 pm)	Planning of HIV prevention programmes - continuation	Basic virology and immunology of HIV Dr. Rajesh K	Opportunistic infections: an overview Dr. O C Abraham	Children and HIV Dr. Valsan Philip V	Networking with positive people (10.45 – 12 N)
12.15 - 1.00 pm		Project work up / meeting with guide	Project work up / meeting with guide	Opportunistic infections – continuation	Project work up / meeting with guide	Project work up / meeting with guide (12.N – 12.30 pm) CC – I conclusion and feedback (12.30 – 1.00 pm)
1.00 – 2.00 pm	<b>LUNCH BREAK</b>					
2.00 – 5.00 pm	Planning for projects – group activity (2.00 – 6.30 pm) Dr. Mani Kaliath Dr. Anand Zachariah Dr. Punitha Dr. Santhi Dani	Clinics (2.00 – 5.00 pm) Dr. George M Varghese	ID Clinic (2.00 – 4.00 pm) Project work up / meeting with guide (4.00 pm – 5.00 pm)	Clinics (2.00 – 4.00 pm) Dr. Priscilla / Dr. O C Abraham / Dr. Subramanian Picnic (5.00 – 9.00 pm)	Clinics (2.00 – 4.00 pm) Dr. Anand Zachariah Project work up / meeting with guide (4.00 – 5.00 pm)	Students depart
5.00 – 6.30 pm	Orientation to CMC	Computer class	Computer class	Picnic	Computer class	
7.30 – 8.00 pm	<b>Venue: CHTC</b>	<b>Venue: CHTC</b>	<b>Venue: Senate Hall</b>	<b>DINNER BREAK</b>	<b>Venue: Senate Hall</b>	
8.00 – 9.15 pm	Introduction to CMC 3 Student presentations: My hospital / my work	4 Student presentations: My hospital / my work	4 Student presentations: My hospital / my work	Picnic	4 Student presentations: My hospital / my work	
<b>Venue:</b> For classes - Norman Auditorium – 2 <sup>nd</sup> Floor of OPD block, opposite Medicine OPD, OG conference room – 6 <sup>th</sup> Floor of ISSCC block, Wheeler Hall – 1 <sup>st</sup> Floor, ASHA bdg.				For clinics - B ward and ID clinic (Cardiology OPD, 1 <sup>st</sup> Floor, OPD) For computer classes – Dodd library, ASHA bdg.		

**TIME TABLE FOR CC II - Week I**

04. 04. 2005 Monday	05. 04. 2005 Tuesday	06. 04. 2005 Wednesday	07. 04. 2005 Thursday	08. 04. 2005 Friday	09. 04. 2005 Saturday
Introduction to CC II Dr. Anand Zachariah (8.00 – 8.30 am) MEU office	Radiology in HIV Dr. Rekha Cherian (8.00 – 9.00 am) CEU conf. room	Clinical pharmacology Dr. Sujith Chandy (8.00 – 9.30 am) CEU conf. room	Neurological problems in HIV Dr. O C Abraham (8.00 – 9.30 am) CEU conf. room	ART – I Dr. Subramanian (8.00 – 9.30 am) CEU conf. room	ART – II Dr. Subramanian (8.00 – 9.00 am) CEU conf. Room
	TB in HIV infection Dr. Ashish R (9.00 – 10.00 am) CEU conf. room				
Introduction to immunopathogenesis in HIV infection and Virology practicals Dr. Rajesh Kannagai (8.30 – 12.30 pm) Virology classroom	Case allotment and case work up (10.00 – 11.00 am) Medical wards	Meeting Med I faculty (9.30 – 10.00 am)	Coffee break (9.30 – 10.00am)	Coffee break (9.00 – 9.30am)	Coffee break (10.00 – 10.15 am)
		Psychosocial aspects Ms. Joyce and team (10.00 – 12.30 pm) CEU conf. room	Case allotment and case work up (10.00 – 11.00 am) Medical wards	Case allotment and case work up and project work (9.30 – 12.30 pm)	Prescription writing & ARV pharmacy (10.15 – 12.30 pm) Dr. Subramanian Dr. Priscilla and Team CEU conf. room
	GIT problems in HIV infection Dr. Ashish M (11.00 – 12.30 pm) CEU conf. room		HIV and GIT-Practicals Dr. Ansu, Dr. Gagandeep (11:00 – 12:30 pm) Williams building		
Lunch break (12.30 – 2.00 pm)					
TB in HIV infection Dr. Anand Zachariah (2.00 – 3.30 pm) Wheeler hall	DOTS clinic - practicals Dr. K R John (2.00 – 5.00 pm) CHAD	ID clinic	Microbiology - practicals Dr. Inbamalar (2.00 – 4.00 pm) Micro. Dept.	Blood banking – practicals Dr. Joy Mammen (2.00 – 3.30 pm) Blood bank	Project work, library work
Case allotment and case work up (3.30 – 4.30 pm) Ward orientation (4.30 – 5.00 pm) B ward				Clinical Meeting (3.30-5.00 pm) ASHA building	
Evening clinics (5.00 – 6.00 pm) Dr. O C Abraham Medical wards	Health Education programme (5.30-9.00 pm) Mr. Gunasekaran and team	Evening clinics (5.00 – 6.00 pm) Dr. George M Varghese Medical wards	Evening clinics (4.30 – 6.00 pm) Dr. Dilip Mathai Medical wards	Evening clinics (5.00 – 6.00 pm) Dr. Ashish M W / L ward	WEEKEND



**TIME TABLE FOR CC II - Week 2**

TIME TABLE FOR CC II - Week 2

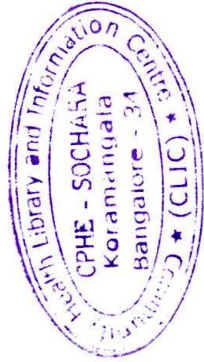
11. 04. 2005 Monday	12. 04. 2005 Tuesday	13. 04. 2005 Wednesday	14. 04. 2005 Thursday	15. 04. 2005 Friday	16. 04. 2005 Saturday
Community based prevention Dr. Kuryan George (8.00 – 12.30 pm) CHTC	HIV and children Dr. Valsan P Varghese (8.00 – 12.30 pm) Child Health conf. room	Respiratory problems in HIV Dr. Dilip Mathai (8.00 – 10.00 am) CEU conf. room	Fever in HIV Dr. Priscilla (8.00 – 10.00 am) CEU conf. room	Home based care Dr. Punitha (8.00 – 9.00 am) MEU office	Antimicrobial therapy Dr. Anand Zachariah (8.00 – 9.30 am) CEU conf. room
		Dermatology and STD Dr. Susanne Abraham (10.30 – 12.30 pm) CEU conf. room		HIV and women Dr. Jessie Lionel (9.30 – 12.30 pm) CEU conf. room	Ophthalmological problems in HIV Dr. Sanitha (9.30 – 12.00 N) Schell hospital
		Counseling in children Dr. Manoramma (10.30 – 12.30 pm) CEU conf. room		Conclusion and feedback (12.30 – 1.00 pm)	
Lunch break (12.30 – 2.00 pm)					
Epidemiology of HIV infection Dr. Dilip Mathai (2.00 – 3.00 pm) CEU conf. room	Infection control Ms. Sara Oommen (2.00 – 4.00 pm) MEU office	ID clinic	Project presentation (1.30 – 5.30 pm) Seminar room	Case allotment and case work up (2.00 – 4.00 pm)	Students depart
Case allotment and case work up (3.00 – 4.00 pm) Evening clinics (4.30 – 6.00 pm) Dr. O C Abraham Medical wards	Case allotment and case work up (3.00 – 4.00 pm) Evening clinics (4.30 – 6.00 pm) Dr. Anand Zachariah Medical wards	Evening clinics (5.00 – 6.00 pm) Dr. George M Varghese Medical wards		Evening clinics (4.30 – 6.00 pm) Dr. Anand Zachariah Medical wards	



**TIME TABLE FOR CC III**

**Week one**

<b><u>Monday</u></b> <b>22.8.05</b>	<b><u>Tuesday</u></b> <b>23.8.05</b>	<b><u>Wednesday</u></b> <b>24.8.05</b>	<b><u>Thursday</u></b> <b>25.8.05</b>	<b><u>Friday</u></b> <b>26.8.05</b>	<b><u>Saturday</u></b> <b>27.8.05</b>
Devotion M-I office 8:00 – 8:30	Dermatology OPD (8:00 – 12:00)	Journal Club (FHM) Dr.Geetha Dr.Divya (8:00 – 10:00)	Grand Rounds (8:00 – 1:00)	PPTCT Counseling Sessions (8:00 – 11:00)	Debriefing Week 1 (8:00 – 8:30)
Journal Reading (M- I) (8:30 – 10:30)					CPR Dr.VCT (8:30 – 9:00)
Split Ward Rounds (10:30 – 1:00)	Surgery OPD FNAC (12:00 – 1:00)	Bronchoscopy (10:00 – 1:00)		Review x-rays etc (11:00 – 1:00)	Radiology U/S – scanning and procedures. (9:30 – 1:00)
Lunch (1:00 – 2:00)	Lunch (1:00 – 2:00)	Lunch (1:00 – 2:00)	Lunch (1:00 – 2:00)	Lunch (1:00 – 2:00)	Holiday
Case Work up Procedures (2:00 – 4:00)	VCTC Medicine OPD (2:00 – 4:00)	ID Clinic (2:00 – 4:30)	Case Work up Procedures (2:00 – 4:00)	X-rays Discussion Dr.R.C (2:00 – 3:00)	
Tea Break	Tea Break	Bedside Clinics Dr.A.Z (4:30 – 5:30)	Tea Break	Clinical Meeting (Med – I) (3:30 – 4:30)	
Bedside Clinics Dr.O.C.A (4:30 – 5:30)	Bedside Clinics Dr. D.M (4:30 – 5:30)			Bedside Clinics AM (4:30 – 5:30)	
Evening Rounds Case Work ups Library (6:00 – 8:30)	Case Work ups Procedures (6:00 – 7:30)	Tea Break	Bedside Clinics Dr.S.S (4:30 – 5:30)	Tea Break	
	Casualty Rounds (7:30 – 8:30)	Evening Rounds Case Work ups Library (6:00 – 8:30)	Evening Rounds Case Work ups Library (6:00 – 8:30)	Casualty Rounds Case Work ups Library (6:00 – 8:30)	



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TIME TABLE FOR CC III

**Week two**

<b>Monday 29.8.05</b>	<b>Tuesday 30.8.05</b>	<b>Wednesday 31.8.05</b>	<b>Thursday 1.9.05</b>	<b>Friday 2.9.05</b>	<b>Saturday 3.9.05</b>
Devotions M-I office (8:00 – 8:30)	Dermatology OPD (8:00 –12:00)	Journal Club (FHM) Dr.Shoba (8:00 –10:30)	Grand Rounds (8:00 – 1:00)	Induced Sputum Pulm Fn Lab (8:00 – 10:00)	Split Ward Rounds (8:00 – 11:00)
Review Article (FHM) Dr.Kala (8:30 – 10:30)		Split ward Rounds Case Presentation And Discussions Procedures (10:30 – 1:00)			Project Work Up date (11:00 – 12:00)
Split Ward Rounds (10:30 – 1:00)	Surgery OPD FNAC (12:00 – 1:00)			Dermatology OPD (10:00 – 1:00)	Conclusion And Feedback (12:00 – 1:00)
Lunch (1:00 – 2:00)	Lunch (1:00 – 2:00)	Lunch (1:00 – 2:00)	Lunch (1:00 – 2:00)	Lunch (1:00 – 2:00)	Students Finish and go back home
Case Work up Procedures (2:00 – 4:00)	VCTC Medicine OPD (2:00 –4:00)	ID Clinic (2:00 –4:30)	Case Work up (2:00 – 4:00)	Preparatory Time for clinical meeting (2:00 – 3:30)	
Bedside Clinics Dr.O.C.A (4:30 – 5:30)	Bedside Clinic Dr. D.M (4:30 – 5:30)	Bedside Clinic Dr.A.Z (4:30 – 5:30)	Bedside Clinics Dr.S.S (4:30 – 5:30)	Clinical Meeting (FHM) (3:30 – 4:30)	
Evening Rounds Case Work ups Library (6:00 – 8:00)	Case Work ups Procedures (6:00 – 7:30)	Evening Rounds Case Work ups Library (6:00- 8:30)	Evening Rounds Case Work ups Library (6:00 – 8:30)	Bedside Clinics VP (4:30 – 5:30)	
	Evening Rounds (7:30 – 8:30)			Evening Rounds Case Work ups Library (6:00 – 8:30)	

**TIME TABLE FOR CC IV**

<b>10.01.2005 Monday</b>	<b>11.01.2005 Tuesday</b>	<b>12.01.2005 Wednesday</b>	<b>13.01.2005 Thursday</b>	<b>14.01.2005 Friday</b>	<b>15.01.2005 Saturday</b>
Theory – Part I (10.00 – 12.00 N) Wheeler Hall	OSCE - Part I (10.00 – 12.00 N) Wheeler Hall	Bedside clinical case presentation (8.00 – 12.00 N) Wards	Poster presentation (8.00 – 4.00 pm) CHTC	Picnic & Networking session (8.00 – 4.00 pm) Karigiri	Alumni meet CME Networking session (8.00 – 1.00 pm) Wheeler Hall
Theory – Part II (2.00 – 4.00 pm) Wheeler Hall	OSCE – Part II (2.00 – 4.00 pm) Wheeler Hall	Preparation for poster presentation (2.00 – 4.00 pm) CHTC	Graduation ceremony (6.00 – 8.00 pm) CHTC Auditorium		

**FACULTY DEVELOPMENT  
PROGRAMME**

**HANDBOOK ON DISTANCE  
LEARNING COURSE**

**FOR**

**FELLOWSHIP IN HIV MEDICINE**

**CMC, Vellore**



## INDEX

Sl. No.	Title	Page No.
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**Introduction:**

This hand book is a guide to coordinating of the distance learning course which is a component of the Fellowship in HIV Medicine programme. It is suggested that each regional training center modifies and adapts the process to meet their local needs. In the following pages you will find the details of the coordinating of the distance learning course. Sample templates are included.

Steps in the process	
Module preparation	
Printing of the module	
Xeroxing and binding of the module	
Receipt of the module for dispatch	
Formulation of a time schedule for the DLC	
Briefing of faculty	
Dispatch of modules to the students	
Receipt of tutor marked assignments (TMA), module evaluation questionnaires and feedback forms	
Dispatch to concerned faculty	
Collection of tutor marked assignments after marking by the faculty	
Entry of marks of the TMAs	
Dispatch of the marked TMAs to the students	
Consolidation of distance learning course scores	
Feedback of distance learning modules	

### **Module preparation**

1. Proof read the documents.
2. Print the modules.
3. Arrange according to order.
4. Arrange for photographs and X-rays as required for the respective modules.
5. Xerox and bind the modules.
6. Collect the modules and keep them ready for dispatching.

### **Formulation of a time schedule for the DLC**

The distance learning course starts during the later half of CC I. It takes a total of 4 months to complete the 12 modules of the distance learning course. A week's time is given for each module to completed. The second contact course may fall in between the distance learning course. The dates need to be adjusted accordingly. For a sample of the time schedule given to the students and the time schedule used at the office see page 4.

### **Briefing of faculty**

Prior to the start of the distance learning course, each of the faculty who are marking the tutor marked assignments (TMA) for the modules need to be briefed on the distance course and provided with a template of the marking scheme for each TMA.

### **Orientation to distance learning course**

The students are oriented to the distance course during Contact Course I (Session plan on page 5). They are briefed regarding the "Guidelines for distance learning" handbook (Page 6).

### **Dispatch of modules to the students**

The first few modules may be given to the students as they start the distance learning course at the end of CC I. The others may be dispatched through courier services in batches of three or four. The modules should be sent in such a way that they reach the student on time.

### **Receipt of tutor marked assignments (TMA), evaluation and feedback forms**

Once the TMAs are filled in by the students, they are sent back to the Regional Training Center for evaluation. Allot separate files for each module and for all three documents that the student will be sending back namely, TMA, module



evaluation questionnaire and feedback form. Remind the students who have not submitted the TMA by the specified date. Maintain a tracking file (Page 9).

#### **Dispatch to concerned faculty**

Take a xerox copy of each of the TMAs received and file them. Send the original copy of the TMA to the concerned faculty for marking. When sending the TMA to the faculty, attach the common scoring sheet to the file (Page 9). Take a xerox copy of the feedback form and send it also to the concerned faculty. Maintain a tracking file for each module (Page 10).

#### **Collection of tutor marked assignments after marking by the faculty**

Receive the marked TMA's from the concerned faculty. Maintain a tracking file for each module (Page 10).

#### **Entry of marks of the TMAs**

Enter the marks against each student's name and module number, on to the master sheet (Page 10).

#### **Dispatch of the marked TMAs to the students**

Xerox the marked TMAs. Send the original copy of the marked TMA to the respective student. File the xeroxed copy of the TMA.

#### **Consolidation of distance learning course scores**

At the end of the distance learning course, when all the 12 modules are completed and the TMAs are scored, counter check the entry of all TMA scores against each student. Calculate the total score and the percentage (Page 10). Obtain the final result.

#### **Feedback of distance learning modules**

Compile the feedback and comments of each modules. Discuss issues of revision of modules with the concerned faculty and send the completed feedback and scores to the Distance Learning Centre (DLC).



### TIME SCHEDULE GIVEN TO THE STUDENTS

#### 12 MODULES JULY – OCTOBER, 2005

Module #	Dispatch date	Start Module on (Mon)	Complete Module on (Sat)	Mail Back TMA (Mon)
1	16/7/05	18/7/05	23/7/05	25/7/05
2		25/7/05	30/7/05	01/8/05
3		01/8/05	06/8/05	08/8/05
4		08/8/05	13/8/05	15/8/05
5	01/8/05	15/8/05	20/8/05	22/8/05
6		22/8/05	27/8/05	29/8/05
7		29/8/05	03/9/05	05/9/05
8	27/8/05 (Oct 3 – 11 FDW II)	05/9/05	10/9/05	19/9/05
9		19/9/05	24/9/05	26/9/05
10		26/9/05	01/10/05	03/10/05
11	08/10/05	10/10/05	15/10/05	17/10/05
12		17/10/05	22/10/05	24/10/05

### TIME SCHEDULE FOR THE OFFICE

Distance Learning Course – Time Schedule										
Module #	Dispatch date	Start Module on (Mon)	Complete Module on (Sat)	Mail Back TMA (Mon)	Receive TMA (1 week – Fri)	Xerox and File (Mon)	Send copy to Faculty for marking (Wed)	Collect TMA (2 weeks)	Enter marks of TMA (Fri)	Dispatch Marks to Students (Sat)
1	16/7/05	18/7/05	23/7/05	25/7/05	29/7/05	1/8/05	3/8/05	17/8/05	19/8/05	20/8/05
2		25/7/05	30/7/05	1/8/05	5/8/05	8/8/05	10/8/05	24/8/05	26/8/05	27/8/05
3		1/8/05	6/8/05	8/8/05	12/8/05	15/8/05	17/8/05	31/8/05	2/9/05	3/9/05
4		8/8/05	13/8/05	15/8/05	19/8/05	22/8/05	24/8/05	7/9/05	9/9/05	10/9/05
5	1/8/05	15/8/05	20/8/05	22/8/05	26/8/05	29/8/05	31/8/05	14/9/05	16/9/05	17/9/05
6		22/8/05	27/8/05	29/8/05	2/9/05	5/9/05	7/9/05	21/9/05	23/9/05	24/9/05
7		29/8/05	3/9/05	5/9/05	9/9/05	12/9/05	14/9/05	28/9/05	30/9/05	1/10/05
8	27/8/05	5/9/05	10/9/05	19/9/05	23/9/05	26/9/05	28/9/05	12/10/05	14/10/05	15/10/05
9		19/9/05	24/9/05	26/9/05	30/9/05	3/10/05	5/10/05	19/10/05	21/10/05	22/10/05
10		26/9/05	1/10/05	3/10/05	7/10/05	10/10/05	12/10/05	26/10/05	28/10/05	29/10/05
11	8/10/05	10/10/05	15/10/05	17/10/05	21/10/05	24/10/05	26/10/05	9/11/05	11/11/05	12/11/05
12		17/10/05	22/10/05	24/10/05	28/10/05	31/10/05	2/11/05	16/11/05	18/11/05	19/11/05

**SESSION PLAN FOR CC I****INTRODUCTION TO DISTANCE LEARNING**

Date:

Faculty:

Time:

**Objectives:**

At the end of this session the students should know:

1. Why distance learning is being used in this course.
2. The differences between distance learning and classroom learning.
3. How to study within a distance learning course.
4. The aims, methods, structure, schedules and work requirement of the distance learning program.
5. How to start working on the first distance learning module.
6. How to fill in a tutor marked assignment and the schedule for sending the tutor marked assignment to CMC, Vellore.
7. The importance of maintaining communication with fellow students and schedules for e-group communication.

**Methods:**

Lecture

Discussion

Individual work on the first module

**Handouts:**

1. First four distance learning modules
2. Introductory guide for distance learning course



## GUIDELINES FOR DISTANCE LEARNING - HANDBOOK

### HIV DISTANCE LEARNING COURSE INTRODUCTION TO THE COURSE

#### Introduction:

Welcome to the Distance Learning Course. We hope that you will enjoy studying the distance learning modules. We also hope that they will help you in developing HIV care in your set up.

The distance-learning component of the HIV Physician Training Course aims to:

1. Improve your knowledge in the practice of HIV medicine.
2. Enable you to learn from your own hospital situation and patient population.
3. Apply the knowledge that you gain to your own practice situation.
4. Support learning from other components of course namely the contact courses and project work.

#### How were they prepared:

These modules were carefully prepared by the course faculty keeping in mind the local situation of your work. They were written with the specific aim of improving your practical knowledge. Dr. Janet Grant from the Open University Centre for Medical Education assisted the faculty in developing the modules through workshop training and constant guidance. Other experts in the field evaluated the modules. Each module was then pilot tested by two doctors working in peripheral hospitals to make sure the material was clear and relevant. We have also made sure that the modules do not exceed the time available to you. We have therefore completed the pilot testing and validation of the modules. One batch of students have completed the modules and we have modified them based on their feedback.

#### What they cover?

The sixteen modules of the course cover the major areas of HIV care at the level of secondary hospitals and primary care. The modules do not aim to be comprehensive like a textbook. They are very practically oriented focusing on the information and principles required for HIV clinical work. They direct you to more comprehensive resources.

These modules will be supplemented by the sessions in the contact course I-III where you will be given skills training and provided additional knowledge. Please feel free to request for more information.

#### *Structure of the module*

Each module is a specially designed integrated learning material.

It consists of:

1. Overview: provides a summary and overview of the module

2. Objectives: list of objectives that you will achieve by the end of the module.
3. Contents page: List of activities, readings and time required for each.
4. Activities with feedback answers:

The module consists of a series of activities that need to be attempted in sequence. They are specially designed active learning exercises. These provide you opportunity to think about, apply and understand more fully the topics you are learning about.

Perform the modules according to the following instructions:

- a. Read the overview, objectives and contents.
- b. Following this proceed to the instruction preceding the first activity.
- c. You will be asked to read a short section in the reader.
- d. Following your reading you can start the activity. The time allotted for the activity is specified and is usually in excess of the time that you may require.
- e. Write the answers to the questions in the activity in the boxes on the page.
- f. After you have finished the activity you can read the feedback for the activity that is on the following page.
- g. After completing one activity you can move on to the next one. Complete one activity after the next till you reach the end of the module.

The activities are critically important to your learning. Try not to skip them, even if time seems pressing. If you just read the feedback without actually doing the activity, you may lose a lot of the educational benefit of the module. In particular, you will miss many opportunities to apply your studies to your own practice situation.

#### 5. Tutor marked assignment

The tutor marked assignment aims to help you apply your new knowledge you into your practice situation. Each tutor marked assignment will take about 1 hour. **Following completion of the tutor marked assignment you should tear the page and insert it into the addressed envelop and send it to the course office by the date specified.**

The faculty who prepared the module will evaluate the tutor marked assignment and the marks and feedback will be sent back to you in about 4 weeks after we receive your tutor-marked assignment.

#### 6. Reader:

The reader consists of short sections, which you have to study as you work through the activities.

#### 7. References and further reading:

Study of the references is not essential to completion of the module. They point to further study materials. If the references are not available to you, they can be accessed from the course library when you come for the second contact course.

#### 8. Feedback form:

After you complete the module fill in the short feedback form at the back of the module. Tear it out and insert it into the envelope and mail it back to the course office along with the tutor marked assignment.



### ***Organising time for the Distance Learning Course***

We have tried to make this course as straightforward as possible for you to use. You will simply need to set aside a maximum of 6 hours per week to study each module (about 1 hour every day).

### ***Evaluation of the course***

The TMA marks contribute to 20% of your total assessment. To pass the course you need to score a minimum of 50% overall in all the 12 modules together. You should not score not less than 50% in more than 4 modules out of the 12.

### **Module Order**

- |  |                                    |
|--|------------------------------------|
| 1. Fever in HIV infection                    | 7. HIV and children                |
| 2. HIV and respiratory system                | 8. HIV, STI's and RTI's            |
| 3. HIV and the GI system                     | 9. Anti-retroviral treatment       |
| 4. Infection control and exposure prevention | 10. HIV and psychiatry             |
| 5. HIV and nervous system                    | 11. Basic science of HIV infection |
| 6. HIV and women                             | 12. Safe blood banking             |

### ***This course and you***

So, what are you expecting to gain from this course?

We hope that you will gain a good, practical grounding in HIV care in your practice. If you already provide such a service, we hope that this course will help you develop it further. We hope also, that the course will help you to involve other members of your team in making constructive plans for the development of HIV care in your setup.

### ***Evaluation of the course***

As part of our evaluation of the course we would like you to provide feedback for each module. This evaluation questionnaire is placed on the last page of every module. Please fill it when you have finished and send it along with the TMA to the project office. This will help us improve the module in the next course.

### **Distance Learning Course Schedule**

This schedule explains to you the detailed time schedule for you to start each module and send each TMA. You will receive modules in sets of four. The marking of the TMA will be sent back to you one month after we receive it from you.

Module No.	Module to be started	TMA to be sent

**TRACKING SHEET FOR TMAs, MODULE EVALUATION QUESTIONNAIRES & FEEDBACK FORMS**

Sl No.	Roll No.	Name of students	TMA received	Module evaluation qs received	Feedback form recieved

**COMMON SCORING SHEET FOR TUTOR MARKED ASSIGNMENTS - FACULTY**

MODULE NO:

TITLE:

Sl. No.	Roll No.	Name of students	Marks scored

Date:

Signature of the faculty:

**TUTOR MARKED ASSIGNMENT TRACKING SHEET**

Module No:

Title:

Name of faculty:

Date of giving TMA to faculty for marking:

Date of collecting from faculty after marking:

Marks entered on & by:

Date of sending TMA back to students:

[illegible]

**MASTER SHEET OF TUTOR MARKED ASSIGNMENT SCORES**

[illegible]

# **FACULTY DEVELOPMENT PROGRAMME**

## **HANDBOOK ON PROJECT WORK**

**FOR**

**(PROJECT GUIDES, COURSE ORGANISER AND CORE  
TEAM)**

## **FELLOWSHIP IN HIV MEDICINE**

**CMC, Vellore**



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**Introduction:**

This hand book is a guide for the faculty guiding the FHM student through the project work. It is suggested that each regional training center modifies and adapts the process to meet their local needs. Sample templates and guidelines are included.

Steps in the process	
CC-I (Month 1):	Training in project planning and preparation of project outline;
CC-II:	Presentation of full project plan;
CC-II + 1 month:	Submission of revised full project plan;
Month 6:	Project review and grant sanction;
Month 6 -11:	Project implementation;
CC-III:	Update on project work;
Month 8:	Project interim report I;
Month 10:	Project interim report II;
CC-IV:	Submission of final project report and poster presentation.

Based on the schedule of the contact courses, prepare a detailed schedule of the project planning and put it up on the year planner in the course office.

**Objectives of project work in the FHM programme**

To strengthen HIV care services in the students' hospitals. By the end of the course it is aimed that:

(a) the student would be able to independently plan and implement a project tailored to the specific local needs;

(b) basic components of HIV care would become available in each of the institutions (outpatient clinic; inpatient care; HIV testing; infection control and exposure prevention system; counseling and staff education);

(c) services would become more accessible

(d) quality of services would improve.



### **Prior to Contact Course I**

The course organizer and core team should divide the students among the project guides. The project guides should be selected based on expertise and interest in undertaking project work. It would be preferable for the project guides to be members of the core team who have undergone training in project planning. Each project guide would supervise a maximum of two students. A meeting should be conducted with the project guides before the beginning of the course, to orient them adequately to their roles.

The details of the student and the proposed project (according to the application form) should be given to the project guide. The project guides need to be briefed regarding their roles. They are requested to study the project proposal.

The course organizer and core team should carefully select the faculty who would be undertaking training in project planning. Prior discussion is necessary with the concerned faculty in planning the training for project work (guidelines for training in project planning session in CC I attached). The mock exercise for training in project planning needs to be designed and appropriate facilitators for this exercise should be chosen.

### **During Contact Course I**

During CC I the students are trained in project planning (sample of session plan for CC I attached). The students undertake a needs assessment based on a hypothetical scenario (attached). Through group activity they are taken through the steps of project planning to address the aspects of the needs identified.

Time slots are planned in the time table for students to meet their guides. The student meets the project guide at least twice during CC I. During these meetings the guide and student discuss the project outline. The project outline is improved (rewritten) according to the feedback given by the project guide. At the end of CC I the students should submit a revised project outline, retaining a copy for themselves.

### **Inter phase period (CC I - CC II)**

The student works on the project proposal outline in consultation with the local guide and guide at the regional training institutions. The guide keeps in touch with the student through e-mail / phone. The guide may contact the student's local guide and discuss the project outline with him / her. The student prepares the final project plan based on the guidelines for the full project plan. Depending on the time between CC I and CC II, the students may submit the full project plan 1 - 2 weeks before the CC II. If the time interval is short, it may be submitted at the beginning of CC II.

### **During Contact Course II**

During CC II, plan one afternoon session for presentations of the full project plans (a draft session plan is attached). The students should submit the full project plan at the beginning of CC II. This should be sent to their project guide. Arrange meetings of the respective students with the guides to



revise the full project plan. Based on these discussions, the students plan their presentations as overhead or power point projections. This presentation is attended by the project guide.

A combined feedback is provided by the core team and the project guide in written format. A copy of the feedback is retained along with the full project plan. A date for resubmission of the revised full project plan is given to the student at the end of CC II.

### **Inter phase period (CC II – CC III beginning of the project phase)**

The student on return to their institution revises the full project plan, based on the feedback from the project guides during contact course II, in consultation with their local project guide and the institution administration. The revised full project plan is sent to the office by the specified date.

If the full project plans are not received by the specified dates, reminders are sent to the students. The full project plan is copied and sent to the project guide and one other faculty member who independently mark it (sample letters attached). The revised full project plan is graded by the project guide and one other faculty member based on the guidelines for assessment (sample attached) and full project plan marking format. A minimum grade of 50% is required in the full project plan. The project guide provides feedback for further revision. Summarize the feedback of the project guide and the other faculty member and send it to the student indicating whether the project has been approved or not and the revisions required (sample letter attached). If the student has not received the pass grade, the student is requested to resubmit based on the feedback for fresh assessment (sample letter attached). After the student has passed in the grading of the full project plan, the budget is reviewed by two members of the core team based on the guidelines for assessment of the budget (attached).

Once the project has been approved, the administrator from the institution should send a letter indicating their approval of the project and the budget. They should also indicate the institutional account head on which the seed grant draft should be made (sample format attached).

Once all the full project plans are approved, send the set of full project plans along with the budget and the letters from the administrators to RCSHA for release of the project seed grant. RCSHA will release 80% of the budget at this time. Drafts are to be prepared by the accounts department to the specified account heads of the student's institutions (sample letter attached). The drafts are sent to the student's institutions with receipt forms (sample attached). Follow up to ensure that the amounts have been received; the receipts sent back and filed.

### **During Contact Course III**

Arrange time for the students to meet with the project guide and also the course organizer. The student presents an update of his / her work regarding the project.

## **Inter phase period (CC III- CC IV)**

### **Project interim reports**

Two months after commencement of the project, the student submits the first interim report and four months into the project the second interim report is submitted (sample format attached). Follow up with the students regarding receipt of the project interim reports depending on the due dates.

These need to be sent to the project guides for review and comments. The guide provides feedback on the interim reports to the student.

### **Site visit I (before or 1 month into the beginning of project work)**

At the end of the contact course II, start planning the dates of the site visits with the project guides (sample letter attached). The project guides need to be briefed regarding the site visits (site visit tool attached as a separate document). They are given a file with the site visit tool and full project plan. The training officer prepares the travel arrangements and contacts the students to check their availability. The site visit is generally of one day. Training sessions for the hospital staff may be arranged based on the request of the student and the expertise of the faculty. At the end of the site visit, the course organizer debriefs with the faculty. The narrative report is sent to the student and their administrator with some suggestions for improvement. On return from the first site visit, the scores are transferred into the excel format.

### **Site visit II (last month of project work or after completion of the course)**

The dates for second site visit are arranged with the students and project guides in the same way as the first site visit. On return from the second site visit, the scores are transferred into the excel format.

### **Submission of final project report**

By six months the student concludes the project or if it is an ongoing project, concludes this phase of the project. The student writes the final project report (outline of project report attached) and prepares posters for the project presentation (guidelines for poster presentation attached) during contact course IV. The final project report is sent by the end of December for review by the project guide.

### **During Contact Course IV**

Poster presentation: The projects of the students are grouped under various themes like ART, hospital / clinic based care, counseling, screening & home based care, infection control & staff education, prevention etc. Each theme group may have 4 – 5 projects. On the day prior to the poster presentation the posters are put up and a rehearsal is organized. The project guide is present while the students rehearse the poster presentations.



On the day of project presentation: The poster presentation session starts off with a welcome and explanation of the schedule for the day. Time is allotted for all participants to study all the posters. After this the participants break into theme groups and students make an oral presentation (10 minutes) to the group. Each group has a chairperson (could be the guide). This is followed by a discussion for 20 minutes. This is based on a set of discussion questions:

- a) What was the project trying to do?
- b) How did the trainers approach the problems?
- c) To what extent was the approach successful?
- d) What were the difficulties they experienced and how were they tackled?
- e) What general lessons can be drawn from the project?
- f) What are the next steps or the future of the project?

Following the group presentations a plenary presentation of poster themes is organized with a senior guest / guide chairing it. Each group is given 10 minutes to present the projects and 15 minutes for discussion.

## GUIDELINES FOR PROJECT PLANNING

### GUIDELINES FOR PROJECT WORK

#### Meeting with faculty guide during CC-I:

- a. You need to take a completed project outline, logic model template, Gantt chart and stakeholder analysis for discussion with the faculty guide.
- b. Your guide will go through the project outline and comment on it and give you suggestions for improving project outline.
- c. You should aim to improve the project outline and bring a final copy when you meet your guide at the end of the week.

#### Role of the project guide at the regional training institution:

To assist and guide you in developing a project plan, implementing and evaluating the project. These include:

- a. Assistance in writing project reports
- b. Academic support for the project work
- c. Discuss progress and sort out problems
- d. Evaluating project reports
- e. Visiting your hospital / institution

#### Role of the local project guide:

- a. Sort out local administrative problems
- b. Sustain the motivation of the student.



## GUIDELINES FOR IMPROVING PROJECT WRITE UPS

### Project Outline:

#### 1. Background to the problem:

What is the size of the HIV problem locally (figures for prevalence in your district/state)? What are the available HIV prevention and care services in your area? What are the available HIV services in your hospital/institution? What is the HIV patient load (in-patient, out-patient, HIV tests performed)? What are the gaps in HIV care provision at your institution? How will the project help in addressing these gaps?

#### 2. Goals and objectives:

The goals may state the long-term outcomes that need to be achieved. The objectives need to relate to what can be achieved during the project period.

Are the objectives specific? Are they measurable? Are they achievable in the time period? Are the objectives realistic? Are they time bound? (SMART)

Do the objectives relate to improvement in care provision (availability of components of care) or health outcomes (or reduction in OIs, increased survival, decreased mortality)?

#### 3. Methods:

Who are the targets (health professionals, staff, PLHAs, their families)?

What are the activities (seeing outpatients, conducting training etc.)?

What are the instruments required (questionnaires, evaluation instruments)?

What are the resources required (time, manpower, infrastructure, instruments, consumables)? Are all the activities mentioned in the logic model template?

#### 4. Evaluation:

Use the logic model template for outcomes, indicators and instruments. Does it describe who will be conducting the evaluation?

#### 5. Budget:

Are all the items on the inputs of the logic model template included in the budget? Where are the resources going to be generated from?

### LOGIC MODEL TEMPLATE

1. Outcomes: Check the outcomes against the project objectives (in the project outline). Are they achievable? Will they contribute to the overall goal of the project?
2. Inputs: Do the inputs describe resources such as staff, facilities, equipment and money and not activities? Are all the inputs required for the project included?
3. Activities: Are all the activities described adequately?
4. Outputs: Check that they are products of program activities and not the activities themselves.
5. Indicators: Check that the indicators are specific, observable and measurable and the level of achievement is also stated. Make sure there is one indicator for every outcome.
6. Instrument: Check that there is an appropriate instrument to measure each indicator.

### Timeline:

Check that all the inputs, activities and measurement of indicators are included in the time line.

**PROJECT OUTLINE TEMPLATE****Title of Project**

--

**Background (Statement of problem, needs assessment, rationale of project)**

--

**Goals and objectives of project**

--

### Methods

### Evaluation (outcomes, indicators and instruments)

### Budget

## LOGIC MODEL TEMPLATE FOR PROGRAM PLANNING

[illegible]



## PROGRAM OUTCOMES AND INDICATORS

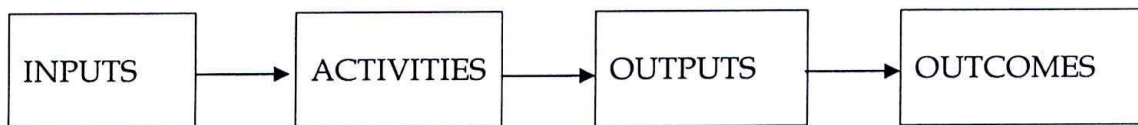
NO.	OUTCOME	INDICATOR	DATA COLLECTION INSTRUMENT
1			
2			
3			
4			
5			

## LOGIC MODEL OF PROGRAM PLANNING

1. Inputs: are resources a program uses to achieve program outcomes  
- Staff, facilities, equipment, money.
2. Activities: are what the program does with the inputs - the services it provides - in order to achieve its objectives.
3. Outputs: are the products of the program's activities - number of patients seen, facility set up, number of classes taken
4. Outcomes: are the benefits of the program - improvement in care, better knowledge and attitudes.

Outcomes may be short term, intermediate or long term. Look at the objectives of your project to help you think about the outcomes. Then list out all outcomes that you think are important. When you state the outcome, ask yourself: "Is it reasonable to think that the project will influence the outcome? Will the measurement of the outcome help to identify the success of the program? Will my peers accept this as a valid outcome of the program?"

5. Indicators: are specific items of information that help track the achievement of the outcomes. The indicators should be specific, observable and measurable characteristics or changes that will represent achievement of the outcome. It should include a specific number or percentage (statistics) that the program will calculate to summarize the level of achievement of the program. Each outcome should have one or more indicators.
6. Data sources: are sources from which you will obtain data regarding your indicators.
7. Data collection instruments: are instruments to collect data regarding indicators. If you do not have these already, they may need to be designed and tested.



In preparation of the logic model, include all inputs, activities, outputs and outcomes that you think are important. Make the appropriate linkages between the inputs, activities, outputs and outcomes.

### GANTT CHART FOR PROJECT TIMETABLE

[illegible]

## STAKEHOLDER IDENTIFICATION SHEET

[illegible]



## SESSION PLAN FOR TRAINING IN PROJECT WORK - CC I

Date:  
Time:

Faculty:

### Description:

The students will be taken through the steps of planning of projects and using the project outline template and logic model template through group work.

### Objectives:

At the end of this session the students should be able to:

1. List the steps of project planning.
2. Use the logic model template of project planning.
3. Develop a project plan.
4. Write out a project outline using the project outline template.
5. Appreciate the usefulness of logic template in developing the project.
6. Prepare a Gantt chart and perform a stakeholder analysis.

### Methods:

Lecture/discussion:

Steps of project planning - project outline template, logic model of program planning

### Handouts:

1. List of project guides
2. Guidelines for project work
  - Project outline template
  - Logic model template
  - Gantt chart
  - Stakeholder analysis
3. Abstracts of past projects and model thematic projects.

### Follow up work:

1. Prepare a project outline and logic model for program planning by xxxxxx for discussion with project guide.
2. Submit the project outline and logic model to faculty guide during the 'project work up / meeting with guide' sessions by xxxxxxxx .

## PROJECT PLANNING - GROUP WORK - CC I

Date:  
Time:

Faculty:

**Objectives:**

As per the project planning session.

**Methods:**

The students will be divided into four groups.

Students will develop project plans on project ideas that they are provided with.

Students will go through the steps of needs assessment, statement of objectives, methodology, using logic model for project evaluation.

Students will get a feedback from the facilitators at the completion of each step.

Students will make a short presentation of the logic model at the plenary session and any issues faced in the planning process will be discussed.

**Instructions to the group:**

Students in small groups will work with the project outline template to:

- Perform a needs assessment
- Define the objectives
- Define the methods
- Write out a logic model template evaluation form
- Fill up the Gantt chart
- Fill up the stakeholder analysis

The group along with the facilitators will stop at every step and discuss what they have done.

At the end of the session, the groups will share their logic model templates and discuss general issues with regard to project work.

Group No.	Names of group members	Names of facilitators
I		
II		
III		
IV		

## HYPOTHETICAL CASE SCENARIO

### CASE STUDY FOR THE PROJECT PLANNING SESSION

#### Background of the community

X is a provincial town of two lakhs population. An important occupation in the locality is the trucking industry noted to be prone to high risk sexual behavior. Over the recent years there has been a dramatic increase in the HIV prevalence. Available statistics show an ante-natal HIV seroprevalence of 3.4% and voluntary blood donor seroprevalence of 2%.

#### Institutional background

You are a physician working in a charitable secondary hospital in this town. The hospital has 100 beds and handles about 200 out-patients every day. About 50 HIV positive persons are seen on an average monthly in the various OPDs and 5-10 HIV positive persons are admitted monthly mostly in the Medicine wards. However there are no uniform guidelines for patient management and there are concerns about the quality of services. There is no designated counselor as the doctors themselves are giving counseling. There is concern about the lack of availability of gloves, hepatitis B immunization and post-exposure prophylaxis. Staff feel inadequately trained to look after HIV patients. The obstetric clinic handles a large obstetric load but there is no prevention of parent to child transmission programme. Surgeons are anxious about operating on HIV positive patients. There are apprehensions that a sizable group of HIV patients do not get followed up. There are a few interested doctors, but the administration has not taken a clear policy on HIV care.

#### Community care and prevention

The district administration aware of the priority of the problem has initiated prevention and promotive activities through a few NGOs. PLHA networks are raising the problem of poor quality and expensive health care and the need for ART.

#### Task

The hospital administration has sent you for the Fellowship in HIV Medicine to strengthen the HIV care in your institution. As part of the project you are trying to develop a systematic plan to address the existing problems.

Your task is to develop a project plan through the following steps:

1. Problem identification (gaps)- Use the flipboard sheet to identify the gaps in care (30 minutes).
2. State your goals and objectives (30 minutes).
3. Develop a logic model template for programme planning and an evaluation framework on the flip chart (45 minutes).
4. Plan a 5 minute presentation to the rest of the groups.



**SESSION PLAN FOR CC II****PROJECT PRESENTATION****Date:****Faculty:** Project guides**Time:****Venue:****Objectives:**

1. To review the full project proposals prepared by the students.
2. To discuss ways of improving the project plans.
3. To finalize the full project plans based on the review process.

**Prior preparation:**

1. Project plans should be submitted to project guide and office on the first day of CC II.
2. The final project outline should be submitted on the first day of the second week of CC II.
3. Kindly make appointments with your project guides for discussion of full project plan before the project presentation during CC-II.

**Project presentation:**

1. Each student should make a 15-minute presentation of his or her project plan.
4. The presentation should include:  
Statement of the problem and local need; aims and objectives; methods; logic model template of program evaluation (inputs, activities, outputs, outcomes, indicators, instruments); Gantt chart; stakeholder analysis; budget and how the project is going to be sustained.
5. The presentation will be followed by 5 minutes of discussions and comments on the project by the faculty and students. These discussions should focus on suggestions for improvement of the projects.

Student	Guide	Starting time	Ending time

**Follow up:**

The students should finalize the project proposal based on the suggestions made at the project presentation and submit the finalized full project plan in printed and electronic format within one month of completion of CC-II .



**DRAFT LETTER TO GUIDE FOR MARKING OF THE FULL PROJECT PLAN**

To:

Dear Sir/ Madam,

I would request you to mark the full project plan of the students whose projects you are guiding.

The guidelines for the preparation of the full project plan and the marking scheme are enclosed. Please could you send the marked full project plan by xxxxxxx. The students require a pass requirement of 50% in the full project plan.

With regards,

Yours sincerely,

PS: I hope you have received the project outline of your student. If not, kindly let us know so that we can forward a copy to you.

## GUIDELINES FOR ASSESSMENT OF FULL PROJECT PLAN

### CRITERIA FOR MARKING FULL PROJECT PLAN

1. Local Need Defined – 2 marks
2. Aims and objectives stated clearly and realistically – 2 marks
3. People involved and stakeholders clearly described – 2 marks
4. Methods and activities – clearly described and logical- 2 marks
5. Project evaluation – logical and feasible – 2 marks
6. Assessment of project cost – Are the budget items justified
7. Is the time plan clearly defined?

Total score – 10 marks

### GUIDELINES FOR PREPARATION OF FULL PROJECT PLAN

1. Needs to be about 8 pages
2. Running text for the different sections and not just points.
3. Background:

Should have clear statement of problem-

What services are already available; number of patients; what are the present lacunae; which aspect is trying to be addressed through the project.

4. Methodology:

Each of the steps need to be written in detail. For example:

- a. For an education program- Objective, methods, curriculum, number of sessions, session plans etc.
- b. For a questionnaire – the draft questionnaire should be included
- c. For staff or team- the number of persons, their role etc. need to be stated in detail.
- d. For referral system- the tiers, the role at different levels, number of persons need to be clearly stated.
- e. Home based care- how many visits, what are the functions of each visit, who is visiting etc.

5. Evaluation:

Needs to be detailed; indicator should include what measurement will be considered a positive outcome.

Draft of evaluation instruments need to be included.

6. Budget:

Items:

Staff, training courses, equipment and consumables, travel, office expenses, contingencies.

Should include justification for each item (each item should have a detailed justification).

7. Sustainability of project: A short section should state how this project is going to be sustained.

## PROJECT OUTLINE PLAN MARKING SCHEDULE

STUDENT NAME:

ROLL NO.

CRITERION	SCORE 0-2	ASSESSOR'S COMMENTS
Local need defined (2)		
Aims / outcomes stated Clearly and realistically (2)		
People involved and stakeholders described(2)		
Methods / activities clearly described and logical (2)		
Project evaluation – logical and feasible (2)		
Assessment of project costs – are the budget items justified (✓ if completed)		
Is the time plan clearly defined ((✓ if completed)		
Total (10 marks)		

Maximum mark – 10 marks

Minimum pass mark – 5 marks

Signature of faculty:

**GUIDELINES FOR ASSESSMENT OF BUDGET**

Name:

Roll No:

		Satisfactory (*) Unsatisfactory (x)	Comments:
1	Full project plan sufficiently prepared for budget sanction		
2	Budget line items are appropriately listed		
3	Each budget item sufficiently justified		
4	Each of the activities have been budgeted		
5	Budget sufficient to undertake the project.		

6. Does the full project plan require any major revision before sanctioning the seed grant?  
Yes/No.

If yes, Please state what revisions are required:

7. Does the budget require any major revision before sanctioning of the seed grant?  
Yes/No

If yes, please state what revisions are required:

I would recommend the sanction of the seed grant to the student based on full project plan submitted:

Recommended/Not Recommended/Pending

Signature:



**DRAFT LETTER INDICATING PROJECT APPROVAL**

To:

Dear

Sub: Project review process

I would like to congratulate you on successful completion of the full project plan.

Your full project plan has been marked by two independent faculty members and your score is (total maximum mark – 20).

The project review committee has approved your project and the budget pending the below modification:

1. Please could you modify the budget to include only the items that will be paid for by the seed grant from the course office.

Please could consult your institution administration and inform me on whose name the draft should be addressed to. Please could you send these to me as soon as possible by e-mail so that we can process the grant transfer.

We would require a receipt from your office once the grant money has been transferred.

Prior to completion of the course, you would need to submit a statement of accounts of the expenditures on the seed grant.

With regards,  
Yours sincerely,

Course Organiser

**DRAFT LETTER REQUESTING RESUBMISSION OF FULL PROJECT PLAN**

To:

Dear

Sub: Project review process

The project review committee consisting of three faculty members has studied your full project plan. They have raised the following concerns regarding your project:

Budget

We would like you to resubmit the full project plan with these modifications. The project will be approved after you have completed these modifications.

Please could consult your institution administration and inform me on whose name the draft should be addressed to.

I would be happy to answer any questions or be of assistance in helping with the modifications.

With regards,  
Yours sincerely,

Course Organiser

**DRAFT FORMAT FOR ADMINISTRATIVE APPROVAL & ACCOUNT HEAD INFORMATION**

To  
Course organiser

Dear Sir / Madam,

I have gone through the final project plan of:

Student name:

Name of hospital:

Project title:

Seed grant to be made in favour of (institutional account):

I have found that the project is a practical project that would benefit our institution.

We would provide all administrative and practical support to ensuring that the project is implemented and according to the timeline.

We would be able to provide a detailed statement of expenditures with original vouchers at the end of the project signed by our accounts officer.

With regards,  
Yours sincerely,

Administrative officer

Institution:

Seal:

Date:

**DRAFT LETTER WHILE SENDING SEED GRANT AMOUNT**

Dear

Enclosed with this letter is a demand draft

Demand draft:

Name of project:

Institution:

DD Number:

Please obtain the appropriate signatures and send it back to our office by registered post at the earliest.

I have also attached a copy of the project budget in your finalized proposal. At the end of the project your institution will have to submit a statement of expenditures signed by your administrative head and accounts officer.

With regards,  
Yours sincerely,

Course Organiser



**RECEIPT OF SEED GRANT FOR PROJECT WORK**

The following grant has been received by our institution towards seed grant for project work for the HIV Physician training program:

Demand draft:

Name of project:

Institution:

Student name:

Signature of student

Signature of administrative  
officer

Signature of accounts head

Date:

**FORMAT FOR PROJECT INTERIM REPORT**

The project interim report should include:

1. Logic model template (should indicate the inputs, activities, outputs and outcomes completed)
2. Gantt chart (time line that has been completed)
3. PIR template (completed one)

**PROJECT INTERIM REPORT TEMPLATE**

Problems experienced:

--

Methods used to tackle these problems:

--

Lessons learnt:

--

**DRAFT LETTER FOR PLANNING SITE VISITS**

To  
Project Guides

Dear Friends,

Please could you sign below to:

1. Indicate whether you will be able to visit your students at -----for one day
2. Indicate the approximate dates of the site visits.

With regards,  
Yours sincerely,

Course organizer

Name of faculty	Name of student and site	Place	Able to visit sites	Approximate date of site visits	Signature

### **OUTLINE OF THE FINAL PROJECT REPORT**

The final project report should be submitted to the office two weeks prior to CC IV.

The student's final project report (12 pages at the maximum) should assume knowledge of the full project plan and need not repeat the content. The final project report should include:

1. Logic model template (include indicators that were met)
2. Gantt chart completed
3. Details of each project step undertaken (what was done; who was involved; problems encountered; solutions found).
4. Project evaluation
5. Achievement of project aims - aims that were achieved / partially achieved / not achieved
6. Outstanding problems
7. Overall evaluation
8. An abstract of the project (not exceeding 1000 words)



### **GUIDELINES FOR PREPARATION OF PROJECT POSTERS**

1. You will be provided a board of area 3 feet width and 3 feet height (3'×3"). This will accommodate about 12 A 4 sheets of paper.
2. The poster should include the following sections:
  - a. Title - Title, authors, hospital
  - b. Background - statement of needs
  - c. Methods
  - d. Evaluation framework
  - e. Results
  - f. Discussion
  - g. Problems encountered
  - h. How they were tackled
  - i. Lessons learnt
  - j. Conclusion and future directionsThe poster needs to cover all the above sections. However, you may arrange the poster layout, title of sections and their order according to your preference.
3. You are advised to prepare your poster panels printed on A 4 or on poster size paper. The panels may be prepared using power point program, Microsoft word or any other program.
4. We will provide you thumb tacks to put up your poster.

You will have to bring the printed poster with you when you come for the CC IV. We will not be able to assist you in taking print outs during the contact course.

### FELLOWSHIP IN HIV MEDICINE - SITE VISIT TOOL

The aim of the HIV Physician training course is to establish the provision of HIV clinical services and improve their quality and accessibility in the institutions where the students work. The improvements in clinical services are being developed through carefully planned project work. The essential HIV clinical services that the projects aim to develop are: (a) out-patient; (b) in-patient services; (c) counseling; (d) infection control and (e) staff education. Other additional components that may be established are: (i) HIV policy and practice guidelines; (ii) HIV team; (c) patient support group; (d) networking with NGOs and GPs; and (e) home based care. In hospitals and institutions where components of care exist, the project will aim to improve the quality of existing services.

The changes in HIV care at these institutions will be assessed at the beginning and at the end of the project phase through two site visits using the site visit tool. This tool is specially designed to measure improvements in HIV clinical care provided at the hospitals and projects of the HIV Physician Training Course students.

The aims of the site visits are to:

1. obtain a first hand understanding of the institution where the student works. These would assist in project guidance and improvement in course content.
2. develop linkages with the institutions.
3. measure improvements in care during the project phase.
4. provide suggestions to the institution on how it may improve the care to HIV patients.

The course faculty will visit the student's institution at the beginning of the project (April-May) and at the end of the project (September). Each visit will be of one day duration. The students will be informed of the purpose of the visit.

The tool assesses the following:

1. Establishment of the basic components of HIV clinical services
2. Utilization of the HIV clinical services
3. Score of overall HIV care and its different components

During the site visit the faculty will:

1. Meet with the student, the hospital administration, other members of the HIV team, key members involved in HIV care, and other staff (junior doctors, nurses, attenders).
2. Visit the outpatient, in-patient, laboratory, counseling areas and observe the infection control system. A home based care area may be visited based on feasibility.
3. Review patient records of persons with HIV infection, laboratory records of HIV testing, counseling records and hospital policy and guidelines.
4. Observe patient care in out-patient, in-patient area, counseling and laboratory testing as appropriate.

The visit should focus on all aspects of HIV care and not just on the components of the project that the student is working on.



## INSTRUCTIONS FOR SITE VISITS AND USE OF THE SITE EVALUATION TOOL

### **1. Introduction to the hospital administration:**

Introduce yourself to the chief administrative officer to explain:

- a. The purpose of the visit- "The visit aims for the course teachers to get a better idea of how to meet your training needs, to be able to guide the student better and provide some suggestions of how care may be improved."
- b. What you intend to do during the visit- "The visit would involve talking to the staff involved in HIV care; visiting the areas where care is provided; observing care activities; and reviewing records related to patient care (patient, counseling and laboratory records)".
- c. Request permission for performing the above activities- "With your permission we would like to do these things".

### **2. Performing the activities of the site visits**

It is suggested that you first have a detailed discussion with the student on the different activities in the hospital. After completing this, you may visit the patient care and laboratory areas making observations and asking more questions.

*Specific activities:*

- a. Discussions with student, members of the HIV team, other persons involved in HIV care.
- b. To visit areas where HIV is provided- out-patient area, wards, laboratory, counseling room.
- c. Observe patient care activities taking place- out-patient clinic, ward rounds, counseling, laboratory tests and infection control.
- d. Review records related to patient care, counseling, lab testing and guidelines for treatment and hospital policy.

*General instructions:*

- a. The specific activities need not be performed in sequence. You would try not to inconvenience ongoing patient care activities in undertaking your evaluation.
- b. Keep a mental list of all the questions asked in the tool for site visits. You may wish to keep the question tool with you during your visit.
- c. Use a note-pad to record the information of your discussions and observations of care provision.
- d. Introduce yourself and explain the purpose of your visit as you meet each team member.

### **3. Style of questioning**

Use open ended questions in your interview. As you proceed obtain more information through probing questions. The question guide is a check list of information to be obtained. Questions need not be asked in the exact format in the question guide.

## **SITE VISIT I**

Date of visit:

Name of hospital:

Name of the student:

Name of faculty visiting hospital:

Are you the project guide for the student: Yes/No

Persons whom you met during the visit:

Services that you visited and observed:

Records that you reviewed:



Other activities that you were involved with during your visit:

Problems that you encountered during your visit:

**ESTABLISHMENT OF COMPONENTS OF HIV SERVICES IN THE HOSPITAL OR INSTITUTION**

	Service already existing at the time of joining the course (before December 2005)	If service is newly established after the beginning of the course (after December 2005)	<b>SITE VISIT I</b> Date of initiation of the component	<b>SITE VISIT II</b> <i>Date of initiation of the component</i>
BASIC COMPONENTS OF CARE				
HIV testing				
Counselling services				
Out-patient care of HIV patients				
In-patient care of HIV patients				
Regular staff education programs on HIV care and infection control				
ADDITIONAL COMPONENTS				
HIV team				
HIV policy and guidelines				
HIV patient support group in hospital or linkage with a patient support group				
Networking with NGO/s private practitioners and other hospitals In HIV care				
Home based care				

### UTILISATION OF SERVICES

	<i>SITE VISIT I</i> July-November 2005	<i>SITE VISIT I</i> December 2005- April 2006	<i>SITE VISIT II</i> May 2006 - September 2006
HIV testing (No. of tests performed, No. of positive tests)			
Counselling (no. of counseling session)			
Out-patient visit (No. of HIV out- patient visits)			
In-patient visit (No. of HIV patients admitted)			
Staff education programs (No. of staff education programs conducted)			

The details of utilization of services in the periods July-November 2005 and December 2005 -April 2006 need to be filled according to the availability of figures. Where figures for the precise time periods are not available, record the data that is available. Approximate data may be noted with "approximate" written in brackets.

## SCORING OF CLINICAL SERVICES

### 1. COUNSELLING

	Question	Answer	Score	Score
1	Do patients receive pre-test and post-test counseling? If yes proceed below:	No	0	
2	Is there a designated person who gives the HIV counseling? What formal training has the person received?	Regular staff provide counseling without training	1	
		Trained counselor	2	
3	Is there a written format for counseling?	Yes	1	
4	Is there a method of recording of the counseling session?	Yes	1	
5	Is there a system of auditing or checking the counseling session?	Yes	1	
	Total score			

### COMMENTS



## 2. OUT-PATIENT HIV CARE

	Question	Answer	Score	Score
1	Are patients with HIV infection seen as out-patients? If yes proceed below.	No	0	
2	Are they seen in the regular out-patient clinic? Or is there a designated clinic, time or person who sees HIV patients?	Patients are seen in a general OP	1	
		Dedicated HIV out-patient system	2	
3	Is there a written protocol for evaluation of the patient or proforma that has to be filled?	Yes	1	
4	Are the charts properly documented?	Yes	1	
5	Is there an audit system or other mechanism of assessing the quality of out-patient services?	Yes	1	
	Total			

### COMMENTS

### 3. IN-PATIENT CARE

	Question	Answer	Score	Score
1	Are patients with HIV infection admitted?	No	0	
		Restricted admission	1	
		All patients who require admission	2	
2	Is there a written protocol or proforma for evaluation of patients?	Yes	1	
3	Is the patient documentation proper?	Yes	1	
4	Is there a system of monitoring or checking the quality of in-patient care?	Yes	1	
	Total score			

#### COMMENTS

#### 4. OBSTETRIC CARE

	Question	Answer	Score	Score
1	Are deliveries conducted for HIV positive patients? Are they delivered rarely or frequently? Is there any restriction on the deliveries for HIV positive women?	No	0	
		Restricted delivery	1	
		Delivery of all patients who require it	2	
2	Is there a written protocol for evaluation of a HIV positive pregnant mother?	Yes	1	
3	Is there an MTCT program with regular provision of ART for positive mothers?	ART without elective LSCS	1	
		ART with elective LSCS	2	
	Total score			

#### COMMENTS

## 5. PROCEDURES AND SURGERIES

	Question	Answer	Score	Score
1	Are procedures performed for HIV positive patients?	No	0	
		Restricted procedures	1	
		Performed on all patients	2	
2	Are minor surgeries performed for HIV positive patients?	No	0	
		Restricted minor surgeries	1	
		Performed on all patients	2	
3	Are major surgeries performed on HIV positive patients	Yes	1	
	Total score			

### COMMENTS



## 6. HIV TESTING

	Question	Answer	Score	Score
1	Is HIV testing performed If performed go below.	No	0	
2	What is the training of the person who performs the test? (Lab technician training with exposure to HIV testing)	Trained lab technician	1	
3	Is there a testing protocol? (2 or 3 test protocol)	Yes	1	
4	Is there a register for entry of HIV reports? What is the quality of maintenance of the register? If confidentiality maintained in the reports?	Register maintained well; confidentiality appropriate	1	
5	Are there facilities for ELISA, Western blot ?	Yes	1	
6	Is there a system of quality control?	Yes	1	
	Total			

Other observations to make: infection control in the laboratory; storage of kits; expiry date of kits.  
COMMENTS

## 7. INFECTION CONTROL

	Question	Answer	Score	Score
1	Is universal precautions the policy for infection control in the hospital?	No	0	
2	Are barriers widely available? (gloves, masks, eye wear, gown)	Yes	1	
3	Are universal precautions widely implemented?	Yes	1	
3	Appropriate waste disposal, segregation, incineration, needle disposal container	Most of the components are present	1	
4	Majority of staff immunized against hepatitis B infection or policy of hospital to have all staff immunized against Hepatitis B.	Yes	1	
6	Reporting system and post-exposure prophylaxis for Hepatitis B and HIV.	Yes	1	
	Total			

(Other observations to make: methods of segregation, transport, waste disposal, observations of procedure performance)

COMMENTS

## 8. STAFF EDUCATION

		Answer	Score	Score
1	Is there staff education on HIV infection and infection control?	No	0	
		Occassional staff education	1	
		Regular staff education	2	
2	Who are the staff who receive education	Doctors	1	
		Doctors and other staff	2	
3	Is there a feedback system on the training or knowledge assessment of the staff after the training?	Yes	1	
	Total			

## COMMENTS

## 9. HIV TEAM

	Questions	Answer	Score	Score
1	Who are all the persons involved in HIV care	Only yourself	0	
		Informal HIV group	1	
		Formal HIV group	2	
2	Team coordinates HIV care	Yes	1	
3	Team meets regularly to discuss HIV care	Yes	1	
4	Are there any documents of team activities	Yes	1	
	Total			

## COMMENTS



#### 10. HIV Policy and Guidelines

	Questions	Answer	Score	Score
1	Are there any written policies and guidelines regarding HIV care? Is this informal or does it have administrative approval?	No	0	
		Informal HIV policy	1	
		Written policy and guidelines	2	
		Written guidelines with administrative approval	3	
		Written guidelines with administrative approval, widely circulated	4	
4	Written policy that is implemented	Written policy which is implemented	1	
	Total			

#### COMMENTS

# 11. PATIENT SUPPORT GROUP

		Answer	Score	Score
1	Is there a patient support group	No	0	
		Yes	1	
2	Regular meeting of support group	Yes	1	
3	Activities at the meeting are well organized	Yes	1	
4	Are there positive perceptions regarding effect of the support group on the quality of patient care?	Yes	1	
5	Support groups initiate their own activities	Yes	1	
	Total			

## COMMENTS

## 12. NETWORKING WITH NGO AND HOSPITALS

		Answer	Score	Score
1	Do you obtain occasional or frequent referrals from NGOs, GPs and other hospitals?	None	0	
		In-frequent	1	
		Frequent	2	
2	Provide informal education and advise for NGOs and other hospitals.	Yes	1	
3	Conduct education programs and clinics for NGOs and other hospitals.	Yes	1	
4	Formal linkages between hospital and other NGOs or hospitals in HIV care.	Yes	1	
	Total			

## COMMENTS

### 13. HOME BASED CARE

		Answer	Score	Score
1	Do you visit homes? If so how regularly?	None	0	
		In-frequent	1	
		Frequent	2	
2	Is there a formal system of procedures for provision of care at home	Yes	1	
3	Is there a system of documentation of home visits	Yes	1	
4	Is there any mechanism for monitoring quality	Yes	1	
	Total			

### COMMENTS



#### 14. DISCRIMINATION AND STIGMA

	Questions	Answer	Score	Score
1	Does your hospital offer treatment to all HIV positive patients?	No	0	
		Yes	1	
2	No labels on slips, charts and beds indicating HIV diagnosis.	Yes	1	
3	No separate beds or isolation for HIV patients.	Yes	1	
4	All staff look after HIV patients.	Yes	1	
5	All patients with HIV infection are treated in the same way as other patients	Yes	1	
	Total			

#### COMMENTS

### 15. DRUG AVAILABILITY AND ACCESS TO TREATMENT

	Questions	Answer	Score	Score
1	Are common drugs required for treatment of HIV infection available?	Bactrim, Anti-TB treatment, antibiotics	1	
		Bactrim, Anti-TB treatment, antibiotics Fluconazole, Acyclovir	2	
2	Are you able to provide drugs for treatment and prevention of opportunistic infection to patients who cannot afford the treatment?	Yes	2	
3	Are anti-retroviral drugs provided for treatment of HIV infection?	To patients who can afford it.	1	
		Both to patients who can and cannot pay	2	
	Total			

### COMMENTS

**SCORING SHEET FOR CLINIAL SERVICES**

		<b>SITE VISIT I</b> Score	<b>SITE VISIT II</b> Score
1	Counseling		
2	Out-patient HIV care		
3	Medical care		
4	Obstetric care		
5	Surgical care		
6	HIV testing		
7	Infection control		
8	Staff education		
9	HIV team		
10	HIV policy and guidelines		
11	Organisation of positive people/community organization		
12	Networking with NGO/s private practitioners and other hospitals		
13	Home based care		
14	Discrimination/stigma		
15	Drug availability and access		
	TOTAL (Maximum score 75)		

### DEFINITION OF COMPONENTS OF HIV CARE

**HIV testing:** Availability of serological testing facilities in the hospital for diagnosis of HIV infection by rapid tests, ELISA or Western blot test.

**Counseling:** Provision of pre-test, post-test counseling and follow-up counseling by a trained counselor.

**Out-patient care:** Provision of out-patient care to HIV patients either in a general clinic or special clinic for HIV patients.

**In-patient care:** Provision of in-patient care for patients with HIV infection.

**Regular staff education programs on HIV infection and Infection Control:** Periodic staff training programs related to relevant aspects of HIV care and infection control.

**HIV team:** A formal or informal team of persons who work together to coordinate HIV care activities.

**HIV policy and guidelines:** A written set of guidelines based on which care of HIV infection is planned.

**HIV patient support group:** The presence of a functioning HIV peer support group linked to the hospital.

**Networking with NGO/s private practitioners and other hospitals in HIV care:** The hospital supports NGOs who are involved in HIV prevention and care; or forms a referral center for HIV care for local GPs or other hospitals; or as training resource for HIV related issues for local GPs or other hospitals; or provides clinical consultation for NGO's, clinics or hospitals.

**Home based care:** A program or a set of activities to provide care and support at home.



### Definition of terms in scoring tool

#### 1. Counseling:

Trained counselor- Counsellor has undergone some formal training in general counseling or HIV counseling.

Written counseling format- Check list for pre-test and post-test counseling or counseling proforma.

Documentation of counseling- Counselling register or patient case file.

Mechanism of monitoring of quality- System of checking register or case file, or observation of counseling by senior.

#### 2. Out-patient HIV care:

General out-patient- common out-patient clinic where general patients are seen.

Dedicated out-patient system- HIV clinic runs regularly.

Written protocol for outpatient evaluation- Protocol for patient evaluation (history taking, examination, laboratory testing).

Proforma- Proforma case documentation.

#### 3. and 4. Medical Care and Obstetric care:

Restricted medical care, obstetric care- Admit and provide care for a few patients and refuse others.

Written protocol for evaluation of patients- Proforma for patient documentation; protocols for evaluation of common symptoms and treatment of common conditions.

Proper patient documentation- review patient records to assess appropriateness of patient documentation.

Mechanism of monitoring quality of medical care- cases discussed with senior persons; charts reviewed or audited.

Protocol for care of pregnant women with HIV infection- Guidelines for ante-natal, obstetric and post-natal care for women with HIV infection.

MTCT program with provision of ART- includes counseling and testing, regular ante-natal care, provision of ART (AZT from 34 weeks or Nevirapine during delivery), delivery facilities with precautions for HIV positive women, advise on breast feeding, ART for new born child. Elective Caesarian section- Elective LSCS at 38 weeks to reduce risk of MTCT.

#### 5. Procedures and surgeries:

Procedures- Procedures such as pleural aspiration, bone marrow, lumbar puncture, etc.

Minor surgeries- Surgeries done under local anesthesia eg. Lymph node biopsy, MTP, incision and drainage

Major surgeries- laprotomy, thoracotomy

#### 6. HIV testing:

Training of laboratory technician – technician has some formal training in HIV testing

Full protocol for testing- specifies the tests and the sequence (two step or three step protocol)

Register for maintenance of lab reports -Register where test reports are maintained; system of maintaining confidentiality of test reports.

Quality control of lab testing- System of sending positive or negative samples to reference laboratory or performing tests on samples from reference laboratory.

#### 7. Infection control-

Universal precautions are the policy of the hospital- hospital policy refers to universal precautions with clear guidelines for implementation of universal precautions.

Barriers- gloves, masks, eye wear, apron

Waste segregation and appropriate disposal- segregation of infectious and non-infectious waste; incineration of infectious waste.

Needle disposal container- any system for safe disposal of needles

Evidence of compliance to universal precautions and waste disposal- system of checking on implementation of the above.

8. Staff education - includes education on infection control and HIV care, confidentiality issues

Regular staff education- at least once a year

Education for all levels of staff- includes attenders, sweepers, laboratory workers.

Feedback system on the education- system for assessing training needs of staff and adequacy of knowledge after training.

10. HIV Policy - Written policy which includes hospital's policy on different aspects of HIV care including provision of treatment, counseling, testing, infection control, staff education etc.

HIV Guidelines- Include guidelines for investigation, treatment and management of patients with HIV infection.

HIV policy with administrative approval- administrative officer, body or infection control committee has approved the policy.

Policy widely circulated- Policy has been disseminated to all department or staff.

Written policy has been implemented- Perception that policy has been translated into action.

11. Support group- A peer support group of HIV positive persons who meet together.

Meeting activities for support group- Testimonies, sharing, discussion, education program.

Support group has improved the quality of care- Perception of team that the support group has contributed positively to the provision of care.

Support group initiates its own activities- Support group initiates its own project activities which further the interests of the group.

12. Networking with NGOs, private practitioners and other hospitals:

Organised steps to strengthen linkages- formal linkages and programs organized between the institution and other organizations.

13. Home based care:

System of documentation of home visits- Register of home visits or patient record

Mechanism of checking quality of home-based care- Senior checking on activities, reviewing register etc.

14. Discrimination/stigma:

Confidentiality of reports- no record of HIV written on slips and reports; HIV reports informed only to patients; data not accessible to other persons.

No labels on charts and beds- No identifiers indicating HIV positive status on charts or beds

All staff take care of HIV patients- All staff willing to take care of HIV patients

Equal care given to HIV patients- no discrimination of care for HIV positive patients.



## REPORT

Date of visit:

Background to HIV care (when it started, how many patients etc.)

Persons you met

Areas that you visited

Patient care that you observed

Strengths of the HIV care

Counselling

Laboratory testing

Out-patient care

In-patient care

Obstetric care

Procedures and surgery

HIV team

Hospital policy and guidelines of care

Infection control

Staff education

Patient support group



Home based care

Networking with NGO's, GP's and other hospitals

Addressing stigma and discrimination

Drug availability and access to treatment

Suggestions: