

HIV101: AN ORGANISATIONAL DEVELOPMENT APPROACH



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01 OVERVIEW

Following changes to funding, SHine SA redesigned its services to grow into a comprehensive sexual and reproductive health organisation incorporating clinical and community Sexually Transmissible Infections (STI) and Blood Borne Virus (BBV) programs and services. At this time many SHine SA staff, whose previous experience was in the delivery of reproductive health services, were required to adapt to new client groups and service models. Although willing, some staff expressed concerns regarding their own and others' expertise and experience. A staff survey also revealed a need for some work around values and attitudes towards people living with HIV (PLWHIV).

This would be great to have. Often feels hard to keep up with the changing landscape of HIV, particularly around new treatments, viruses and approaches towards prevention.

This is important if we are supposed to be experts in this area suddenly.

The training will be good but if you are not using the information in everyday work use over time it will be forgotten or not accurate.

2013

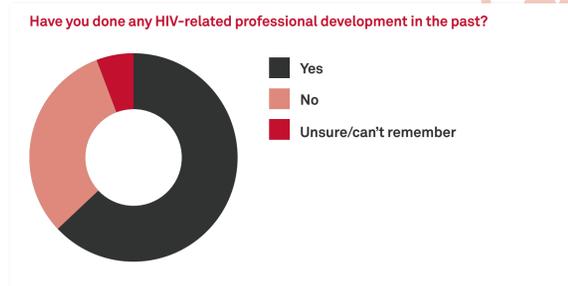
02 STAFF SURVEY – HIV TRAINING NEEDS ASSESSMENT

An electronic survey was distributed to all SHine SA staff with questions pertaining to their level of existing knowledge, their confidence relating to specific areas of HIV knowledge, the perceived relevance of HIV knowledge to their role and a set of values questions.

The survey was supported by the CEO and promoted as a compulsory activity.

Slightly over one-third of SHine SA employees completed the survey (n=35).

There was a high proportion of staff who had previously completed training/development related to HIV (63%).



Results of the survey indicated a strong need for further development, particularly in areas relating to values and attitudes towards people living with the virus.

Values Statements	Strongly Agree	Agree	Unsure/Neutral	Disagree	Strongly Disagree
I would feel completely comfortable working with someone who has HIV	41.2	42.1	11.8	0	0
I believe that HIV is a consequence of immoral behaviour	0	0	0	22.9	77.1
I have a right to know the HIV status of my co-workers	2.9	0	5.7	20	71.4
HIV positive people need to stop having sex once they know their status	2.9	0	5.7	22.9	68.6
HIV positive people should ALWAYS disclose their status to sex partners	20	25.7	25.7	8.6	20
HIV positive people are obliged by law to disclose their status to their sex partners	14.7	14.7	38.2	8.8	23.5
Specific laws that criminalise the negligent or deliberate transmission of HIV are necessary	28.6	40	20	0	11.4
HIV positive people should not have children	2.9	0	20	25.7	51.4
People who have HIV must have done something risky to get it	0	5.9	2.9	29.4	61.8
People with HIV have the right to confidentiality	71.4	28.6	0	0	0

03 PLANNING AND CONSULTING

Further consultation and planning was conducted to determine the mode, location of delivery, frequency and duration of future training sessions.

We found the most acceptable format for staff was a 3 hour face-to-face workshop delivered to individual teams (at their work site).

04 CONTENT CREATION

As the survey results revealed a diverse range of knowledge levels and areas of interest it was decided the best approach would be to start from the base level and cover the foundations of HIV information.

The session outline covered:

- Introduction and context
- Epidemiology
- HIV transmission
- HIV testing and treatment
- HIV prevention
- Stigma and discrimination

2014-15 DELIVERY AND REFINEMENT

The sessions were delivered over an 18 month period from 2014 to 2015. Each session was tailored as much as possible to the particular team/program.

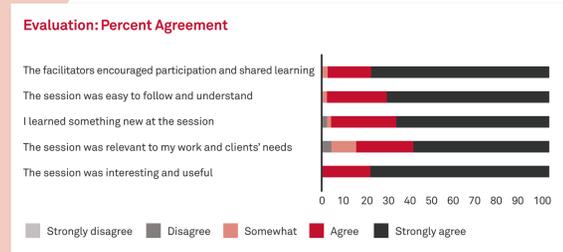
Session evaluation forms revealed that staff enjoyed the opportunity to share learning and clarify topics they were unsure about, but they felt that 3 hours was too short.

We extended future sessions to 4 hours based on this feedback.

57 SHine SA staff (60%) completed the HIV101 training package.

06 EVALUATION FEEDBACK

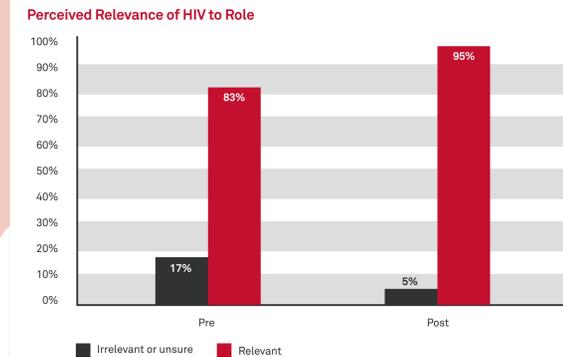
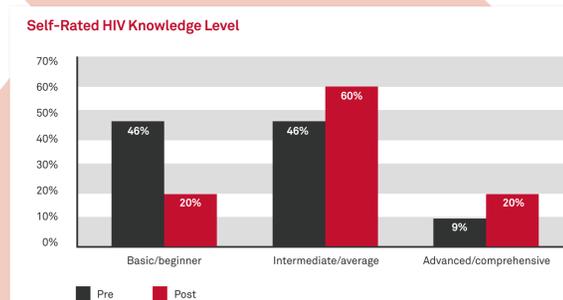
Staff were overwhelmingly positive about the training package in their evaluation feedback forms which were distributed immediately after each session.



- “ One of the most informative trainings I have attended; very easy to understand and follow. ”
- “ I didn't realise how little I knew and how many assumptions I had made. So the course really provided me with relevant and accurate info. ”
- “ Interesting debates which transpired from the discussion. ”
- “ Great content, great pace, positive delivery. ”
- “ I learnt so much new, up to date information and busted some myths. ”

2016 FOLLOW-UP STAFF SURVEY

An additional post-training staff survey was delivered to measure the impact of the training program approximately 12 months after the training sessions were delivered. A smaller sample of staff completed this survey (n=20); however, the results indicate some improvements in terms of perceived relevance, self-rated knowledge and importantly, improved values and attitudes scores in some domains.



Of some concern was the fact that some values questions were less positive in the post training survey, such as the 'right to confidentiality' and 'people with HIV must have done something risky to get it'. This indicates a need for further training specifically in these areas.

“ By attending the HIV 101 course, my understanding of HIV (how it is contracted, etc) has improved significantly. I always thought I was a non-judgmental person, however I believe I am more so now that I have a more in-depth understanding of HIV. ”

“ I strongly believed before the course there was no strong evidence to prove Undetectable Viral Load PLHIV cannot pass on HIV. However now that I understand transmission and risk etc I know this is no longer the case. ”

“ The training helped me to understand more about the ways in which HIV impacts on individuals. I learned about the extent of stigma and discrimination that continues to exist today, even in healthcare settings, as well as in the gay community where I thought it wouldn't be such a big deal anymore. ”

08 PRACTICE POINTS

While HIV is a part of broad sexual and reproductive sexual health, and is already the business of family planning and sexual health organisations, it can sometimes be seen as a topic only for other specialised organisations, or as relevant to only certain populations.

Organisational change can be achieved through investment in internal development using adaptive learning techniques to embed HIV knowledge and consistent values within the organisation, leading to the growth of HIV services and programs in the organisation over time. In 2015-16 SHine SA was successful in gaining two new contracts relating to specialised HIV programs/services.

This model is highly adaptable to other organisations looking to embed a new area of focus and expertise in their workforce.

09 LESSONS LEARNED

Organisational change is often difficult and adding a new area of work that staff are not confident about can lead to resistance or staff turnover.

SHine SA invested in a planned and long-term change management approach, supported by leadership, to incorporate this new area of work into the organisation which has been highly successful.

Tailoring the training session to each team was important to increase perceived relevance and engagement.

It is important to not make assumptions about the level of pre-existing knowledge among staff, even if they are long-serving or in clinical roles.

Going out to team locations to deliver the training helped to increase participation.

Always allow more time than you think you will need to run the training.