

**PERSONS WITH HIV/AIDS (PHAs) AS EDUCATORS IN THE HEALTH SCIENCES: IMPACT OF A  
TRAINING PROGRAM ON LEARNERS AND PHAs**

**FINAL REPORT**

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# **PERSONS WITH HIV/AIDS (PHAs) AS EDUCATORS IN THE HEALTH SCIENCES: IMPACT OF A TRAINING PROGRAM ON LEARNERS AND PHAs**

## **EXECUTIVE SUMMARY**

The purpose of this project was to develop and evaluate an innovative model of education for health professionals. The model involved persons living with HIV/AIDS (PHAs) being trained to participate in a variety of educational roles in the Faculty of Health Sciences at McMaster University. Our goals were to help health professional learners to achieve a deeper understanding of the lived experience of PHAs; and, to enhance the quality of life and sense of meaning among PHAs.

Planning, recruitment and training were carried out collaboratively by the two partner organizations, McMaster University and Hamilton AIDS Network. Seven PHAs participated in interactive educational group sessions to prepare them for a variety of educational roles. Learner target groups included physiotherapy and occupational therapy students and family medicine residents. Educational events that PHAs participated in included small group tutorial sessions, role playing and being interviewed.

Learners completed an evaluation form at the completion of each educational event. PHAs were asked to keep a journal following each of their educational experiences outlining their reactions and challenges. In addition the PHAs were interviewed at the end of the project. A qualitative analyses of the students' evaluations and the PHAs' journals and interviews was undertaken.

Feedback from the learners indicated that the students valued the personal interaction with the PHAs and that they were able to provide perspectives that gave the students insights into the experience of living with HIV. Learners also appreciated hearing the PHAs stories and experiences of dealing with other health professionals. Students also had to confront their own values and assumptions about PHAs and were surprised at the continued stigma surrounding HIV/AIDS. Their feedback also indicated that there needs to be strategies to best incorporate the PHAs into the educational events.

Feedback from PHAs indicated that there was a marked positive impact on them in terms of their teaching skills, self-awareness, personal understanding of HIV, confidence in teaching and everyday life. There were specific challenges related to their educational roles; these included difficulty with role playing, interacting with large groups, difficulty with following discussion when medical discussion was used, knowing how to challenge the students and difficulty with some of the values and assumptions of health professionals.

The results of this study point to several areas for further development of the model. These include providing the PHAs with strategies for introducing themselves and clarifying that the role of the PHAs is not one of being the content expert but rather the expert on living with HIV. In addition, some PHAs had greater difficulty assuming specific roles and may be more suited to educational events that do not require facilitation skills.

## **INTRODUCTION/RATIONALE FOR PROJECT**

There is a general recognition that knowledge and skills related to rehabilitation of PHAs is lacking in health professional curricula. Health professional students have misconceptions and biases about persons living with HIV/AIDS (e.g Balogun et al, 1998). Educational programs that focus on changing the attitudes of health professional students have been reported, as well as programs that increase knowledge of pathophysiology (e.g. Strauss et al, 1992). Programs related to disability and rehabilitation issues are less commonly reported; some of this is due to the relatively recent shift in the natural history of HIV. In spite of obvious influence on health related quality of life, HIV related disabilities and handicaps have only recently received attention as an important component of education of health professionals.

One educational model involves patients as participants in the learning process (Stacey and Spencer, 1999). As Stacey and Spencer point out, traditionally this has taken place in a clinical setting with the patient participating in a "relatively passive role". Although there are many reported benefits to the learner, few have examined the effect of being a teacher on the *patient*. Getch (2000) found that patients with musculo-skeletal conditions reported a higher quality of life and more satisfying relationships with their physicians after being actively involved with teaching medical students. Stacey and Spencer found that patients with a variety of disabilities felt that they contributed to medical students' training, were able to

provide their unique perspective of their illness and benefitted from talking about their problems and from the satisfaction of helping learners. The participation of PHAs as facilitators of learning has received little attention. Hatem (1996) examined PHAs motivation for teaching in continuing education courses for physicians. She found that the perceived benefits included fulfilling a broader goal in their life, establishing a support network, altering stereotypes of those with HIV infections and helping them to become more assertive and empowered when seeking care.

The overall purpose of this project was to develop and evaluate a model for training PHAs to promote rehabilitation issues in the education of health professionals. Specifically we sought:

1. To identify the knowledge and skills required for PHAs to participate in educational initiatives.
2. To identify challenges/benefits encountered by PHAs when assuming a variety of educational roles.
3. To evaluate the impact of the participation of PHAs on the students' perceptions of learning.
4. To evaluate the impact on the quality of life of PHAs who assume the educational role.

## **METHODOLOGY**

### *Recruitment*

In December of 2001, with the assistance of the Hamilton AIDS Network, we advertised for PHAs who would be interested in participating in the project. There were nine applicants. Each applicant was interviewed by Patty Solomon from McMaster University, and by Deborah Stinson of the Hamilton AIDS Network. Based on the interviews, seven individuals were selected to participate.

### *Case Studies*

A collection of case studies were developed by the project partners. These case studies were representative of a variety of individual situations of PHAs. The case studies were to be used by the health professional learners as a vehicle to begin discussions. They were to be used by the resource tutors as a way of deflecting uncomfortable conversation from their own personal lives.

### *Training*

Training sessions commenced in January 2002. PHAs were expected to develop skills as 'resource tutors', that is, individuals who would be confident and skilled in sharing their own personal perspectives and experiences in living with HIV. (Resource tutors were not expected to facilitate the small group tutorial sessions, as this would be the role of a faculty tutor who would also be part of the group) The interactive group training sessions were jointly led by Patty Solomon, Dale Guenter and Deborah Stinson. Sessions focused on: understanding the pedagogical approach of small-group problem-based learning at McMaster University; developing confidence and personal boundaries in sharing personal information; dealing with difficult situations and questions; asking provocative questions to initiate reflection and discussion on relevant topics. The approach used to accomplish this was to create a mock-tutorial group made up of the resource tutors, to role play as tutors and students, and to discuss the case studies and anticipate situations that might arise.

Four educational sessions were held prior to the PHAs participating in small group sessions with the students. Additional educational sessions were held following the student experiences so that the group could discuss their successes and challenges and support each other in providing strategies.

### *Participation in Educational Events*

Resource tutors participated in several different events over a 4 month time period from February to May. These included :

- 1) Participation in physiotherapy and occupational therapy tutorial group sessions: Resource tutors attended tutorial sessions (small groups of 5-7 students) in which the students were studying a case related to HIV. Students were typically studying the case for 2 sessions and the resource tutor attended 1 of the sessions. A faculty tutor was also present in the group to facilitate the flow of discussion. Each resource tutor participated in 1 to 3 of these tutorial groups.

Being interviewed by small groups of students: The resource tutors had the opportunity to participate in an event in which they "role played" someone living with HIV who was seeking a physiotherapist's advice on how to

exercise and increase their activity levels. The first year physiotherapy students conducted an interview in small groups of 6 or 7. While 6 resource tutors were scheduled to participate in the event, 2 were unable to attend. Four resource tutors participated in 2 group interview sessions each.

- 2) Participation in the family medicine residents' behavioral science tutorials: There were 3 family medicine tutorial groups. The family medicine residents were presented with one of the case studies to discuss, and the resource tutors provided perspectives and experiences to help shed light on the issues arising in the cases. Three of the resource tutors participated in 3 different family medicine tutorial groups for 1 session each.

The two types of events (tutorial groups and role play) were very different. In the role play, the resource tutor was expected to take on the characteristics of a fictitious PHA, and to express the experiences of this individual. In the tutorial groups, there was a great deal of flexibility in how the resource tutor engaged with the group. The resource tutors could choose to share as much or as little of their own lives as they wished to, or they could choose to use the case study as an 'arm's length' example of issues that they encounter in their own lives, and to provide reflections on these issues without owning them for themselves.

#### *Evaluation*

All learner participants completed an evaluation at the end of each educational event. The questions on the evaluation form were adapted from the Critical Incident Questionnaire (Brookfield, 1995) which is designed to encourage students to reflect on specific concrete actions or events that were significant to their learning. In addition all participants completed an open ended question which asked them to comment on whether having a resource tutor influenced their learning in any way.

Resource tutors were asked to keep a journal following each educational experience outlining their reactions and challenges. Resource tutors also participated in in-depth interviews at the end of the project. Interviews were carried out by a research assistant unknown to the participants, and were transcribed verbatim.

#### *Analysis*

Learner evaluation forms were analyzed separately by type of educational events for each question. Common themes and representative quotes were identified for each question.

The transcripts of the resource tutor interviews and the journals were evaluated using an open coding technique. These were reviewed by one of the researchers (DG) who generated the initial coding scheme. The coding categories were reviewed and refined by another researcher (PS) and any disagreements were reconciled. The final step consisted of the development of themes from the coding categories that reflected common experiences and perceptions.

## **RESULTS**

### **Learner Participant Feedback**

*Number of Learner Participants* All student tutorial groups in the Year 2 of the Physiotherapy Program and Occupational Therapy Program were presented with the option of having a resource tutor come to one of their tutorial sessions during their winter term. There were 30 physiotherapy students and 35 occupational therapy students who had asked to have a resource tutor; this represented 5 tutorial groups and 7 tutorial groups respectively. Fifty physiotherapy students participated in the interview/role play session. Thirty-two family medicine residents participated in the 3 different behavioral sciences tutorial sessions.

#### **1) Feedback from Year 2 Occupational Therapy and Physiotherapy Student Tutorial Groups**

*What moment of the session was the most engaging or helpful to your learning?*

While student comments varied depending on the specific resource tutor, the feedback consistently referred to the value of the personal interaction. The students felt they learned from hearing the personal stories of the resource tutors. The resource tutors were able to provide perspectives on many issues related to socio-economic status, culture, medications and past experiences with health professionals and how their HIV status impacted on their relationships with others.

“Hearing them tell their stories of their struggles - particularly how their relationship and relationships with their children had changed.”

“When the resource tutor discussed his life situation - coming from a particular socioeconomic status and at one point living on the streets - hearing him describe these situations provided insight and understanding and compassion for him and others in the same situation.”

*What moment of the session was most distant or confusing?*

Responses to this question indicated that students were unclear about the role of the resource tutor and worried about how to best incorporate them into the tutorial process. Students were also aware of the large number of learning objectives that were related to the problem they were studying, so struggled with allowing time for the resource tutor to share their experiences and adhering to their agenda. There was occasionally tension expressed between the learning agenda of the students, and the need to accommodate the participation of the resource tutors.

*What surprised you the most during the session?*

While the responses were largely related to the students’ experiences with a specific resource tutor it was evident that many students had to confront their own values and assumptions about people living with HIV as a result of this experience.

“That our resource tutor was nothing like I would have imagined her to be with all the background researching I had done.”

“What surprised me the most were my own feelings of slight discomfort despite knowing all the “facts” about the illness. This is important because I can think about my presentation and attitude towards clients more carefully.”

“How shocked I was when I heard of his drug habits and how he had damaged his liver from excess drinking. I really appreciate this experience because I learned that you have to put all your judgements aside and know that everything happens within a context.”

## **2. Feedback from Family Medicine Residents**

*What moment of the session was the most engaging or helpful to your learning?*

Feedback from the Family Medicine residents indicated that they valued hearing the personal stories and insights from the resource tutors. The most engaging or helpful learning was related to hearing about the resource tutors’ interactions with other health professionals, particularly around issues related to pre-test counselling and disclosure.

“When [the resource tutors] stated what they would say if they were in our shoes regarding pre-test counselling and post-test discussions.”

“When I realized that some patients may know they are positive but choose not to tell their physician - showed me that I can make no assumptions about people or our relationship.”

*What moment of the session was most distant or confusing?*

When asked to reflect on moments that were distant or confusing a number of the residents commented on the specific style of one resource tutor which they felt was repetitive, too detailed and tangential.

*What surprised you the most during the session?*

Residents were surprised at the frankness and level of disclosure of the resource tutors and their willingness to share their experiences with strangers. The residents were surprised that one of the resource tutors had not informed their family doctor of their positive status. They also commented on their realization about the continued stigma surrounding HIV/AIDS.

“(The resource tutor’s stance) of not informing their family doctor surprised me. It made me realize I should not take my patient interactions for granted and to always remain an open-minded MD who appears open/nonjudgmental so patients will feel comfortable if they choose to disclose.”

When asked for any open-ended comments on whether having a resource tutor influenced their learning it was evident that the residents valued their experience and felt that it would allow them to relate and counsel their patients better.

“It is ALWAYS good to have a broader perspective on a topic and an affected person’s perspective is just as important, in fact, more important than our medical perspective which is really only one piece of the patient’s puzzle.”

“ Brings the “textbook” to life. Helped us to think about sensitive wording and see the perspective from their side, i.e. apprehension regarding non-disclosure, how tone of voice or phrase selection can translate into certain judgements.”

### 3. Interview and Role Play Sessions with Year 1 Physiotherapy Students

*What moment of the session was the most engaging or helpful to your learning?*

Students had a different communications skills experience depending on the resource tutors, and their feedback to some extent depended on the specific resource tutor with whom they interacted. For example, one tutor had developed considerable expertise in giving feedback to the students on their communication style and questioning technique. Each student who interviewed this resource tutor commented on the value of the feedback.

“ It was most engaging when our resource tutor gave us feedback on our questions and what we did well and what we needed to improve on. It was helpful to hear her take home message of being sensitive to patient needs and not focussing on HIV and instead offering suggestions or informing the patient of resources available to help her concerns.”

One finding which was consistent across all tutors was the value of hearing their story, their experiences and the day-to-day realities of living with HIV.

“When he talked about the emotional side he went through - it really helped me to understand his disease more and be able to use this information in a clinical setting.”

Students also appreciated learning about the symptoms of the illness and side-effects of medications.

“ (It was helpful to) learn about all the side effects of the drugs especially fatigue and how (the resource tutor) was interested in learning about exercise to help decrease this.”

Others appreciated working on developing their own communication skills.

“ (It was helpful) when I was able to sum up or reiterate what he had said and he agreed. “So what your telling me.....”

*What moment of the session was most distant or confusing?*

When asked to comment on what part of the session they found most distant or confusing student feedback was directly related to the specific tutor. For example, students had difficulty controlling the interview of one tutor that appeared intent on ensuring that the students appreciated his entire story.

“ It was hard for our group to direct the tutor. He kept focussing on his past situation, when he found out he was HIV positive. It was hard to develop physical therapy goals with the patient. He didn’t seem interested in an exercise program and more interested in telling us his story.”

Another tutor was uncomfortable with the role play and would have preferred to “be himself”. The students identified this.

“Both interviewer and interviewee seemed more comfortable and productive when talking about life - not forcing the interview to be geared towards exercise.”

With one tutor the students had difficulty knowing how to start the interview session and whether they should acknowledge

that the tutor was HIV positive.

“It was most confusing/distant at the beginning of the session when I was unsure if I should address the HIV and ask specific questions about that or if I should stick to direct exercise related questions.”

#### *What surprised you the most during the session?*

Three overall themes emerged: 1) students were surprised that someone with HIV could have a positive outlook, 2) students were surprised at the extent to which the resource tutors were open and shared their experiences and 3) the cost of the medications.

With regards to the open ended question which asked students to comment on whether having a resource tutor influenced their learning in any way it was evident that the students highly valued the experience. They appreciated that the type of learning could not be replicated by reading information and that they need to consider all aspects of an individual.

“I think that we as PT’s often shy away from the psychosocial aspects of problems. From discussion with the tutor it became very evident how important this is. We need to make sure we take this into account every time we treat a patient.”

“I really feel it has opened my eyes. I now feel more comfortable with the idea of dealing with people with HIV. I think there is a lot physiotherapy can do here. I didn’t see the connection prior to this session.”

“It was nice to create some realism for me about HIV. I have never met anyone with HIV before and it was interesting to see how it affects the little things in life.”

### **Resource Tutor Interviews and Journals**

The mean age of the resource tutors was 40.6 years. There were 5 men and 2 women. The level of education ranged from grade 7 to some post-secondary education. The length of time since diagnosis ranged from 6 to 17 years with a mean of 11 years. Four resource tutors were straight, 2 were gay and 1 was bisexual. All but one of the resource tutors had a partner or spouse. All relied on long term disability for their income.

The strength of having PHAs from a variety of life experiences was also a factor that became challenging at times. The resource tutors were generally dependable and eager to participate but occasionally did not attend sessions they had committed to. There were a few problems with substance abuse.

Several themes arose from the qualitative data gathered in the journals and in the personal interviews. These themes are summarized below.

#### *Sense of Purpose in Teaching*

PHA participants described a desire to help health professionals understand HIV disease; to improve the way that health professionals care for PHAs; to develop skills in speaking and confidence in talking about themselves; to learn how to teach; and, to do some personal work on their own HIV experience.

“Well I hope to get something out of this, actually, I hope to get to a more comfortable place with myself, with this disease, you know.” (man, interview)

“I know myself and how passionately I feel about getting others to acknowledge the reality of the situation.” (man, interview)

#### *Apprehension*

The participants were apprehensive about being in a teaching role, and about talking about their personal lives. They sometimes felt the language used in the cases or by the students to be too technical, and this was sometimes threatening.

“I was so nervous about the first appointment, not sure if it was something I would be able to do.”

“It is difficult at first for one to talk about disclosing status and the complications around it.” (man, journal)

### *Challenges*

PHA participants encountered a variety of challenges in their experiences with students. They often found that language used either in the case studies or by the students in the group was too technical or complicated for them to understand. This led to doubts about their role as ‘experts’, and to uncertainty about how to engage in the tutorial discussions.

“I find some talk a little confusing because I was never around much talk about HIV/AIDS.”

“...the students are medical students and there’s all this medical jargon, or medical terminologies and everything, some of them were just throwing out this and that and it was like whoa, you know, I don’t know what that means or where it’s coming from...I don’t think you can really prepare for us for that. But, maybe to have understood a little bit more of the medical jargon of how students describe this condition or that condition might have helped.” (woman, interview)

Others found that being interviewed in a role-play was difficult since they had to take on a persona and a story that was not their own.

“I found it ...a challenge to pretend that I was there for reasons other than my own. I find it easier to talk about my own experience. After the interview I felt as though I didn’t say the things I wanted to say.” (man, interview)

One of the major concerns was the way that health professionals tend to talk about issues from a narrow perspective, and have difficulty consider the ‘whole person’.

“Each of the situations presented seemed to want to compartmentalize situations into nice little boxes...enabling the practitioner to remain removed and ‘safe’ from the patient, client, patient relationship.” (man, journal)

“I think the younger ones, that was in the older group, I found that they ... the older ones want to stay in that little box, where the younger ones are willing to sort of open the box up and explore all kinds of things.” (woman, interview)

“It felt difficult and uncomfortable a number of times, because I felt like I always having to challenge the way the problems were presented ...Because we always look at a problem where we’re presented as a cultural or sub-cultural group and we never get to look at the individual and it’s difficult to say that.” (man, journal)

Finally, one of the groups (family medicine residents) was large (20 participants) and the resource tutor found it difficult to manage this number.

“There was only one time, when one of the groups was very big...you got too many ideas coming in and too many questions coming and there was too many deviations and so that was sort of harder to get the message across because you’re trying to say it so everybody can appreciate it and gain from it but, you can’t have that interacting, because when it’s a large group, you can’t sort of understand where the person’s coming from and have more of a dialogue when it’s a huge group.” (woman, interview)

### *Adopting Teaching Techniques*

The participants were creative in developing techniques for effective teaching. They adopted approaches such as taking their medications with them to show students, asking students to justify the importance of their questions, and withholding personal information until it was likely to have the most impact.

“Sharing ideas on different approaches was very helpful. Things like holding back information in order for the participants to reflect on the need, importance or significance of this piece of information, helps me to think about the direction of the group.” (woman, journal)

“I learnt...how to ask questions...I think that gave me a very ...a good look at people, to be able to question them...sort of pull them and say and well have you considered this or have you looked at it that way? And, I was surprised at how I was able to stand outside the box, you know, and look at things more objectively and not personally and I think that was a great learning experience for me...The purpose is to train, not to get people to say, “oh, poor you” or you know “that must have been hard”. That’s not the purpose.” (woman, interview)

“I brought in information from different sources and I brought in my medications and the cost of my drugs. I was really well prepared.” (man, interview)

“I listened to [the students’] ideas and their analysis of the case study. Each student had a particular issue that they had researched on. Through their sharing of information I questioned the reality of what they were saying. Especially when they started talking about CD4 counts and viral loads. I tried to get them to look at [the case] and make him real... Slowly I brought my personal experiences and interrelated them with [the case].”

#### *Self Awareness and Gaining Confidence*

Participants found that their apprehension and fear was alleviated, through positive feedback from students, through hearing ideas and personal perspectives from peer resource tutors, and through having an opportunity to practice talking about themselves.

“One of the members of the group has helped me to alleviate my own doubts about myself simply by expressing their own fears. After hearing their story, I realized that there are no right or wrong answers when it comes to talking about your own experience; and because this is so there is really nothing to fear...I realize it is safe to feel uncomfortable with a question and be able to voice it.” (man, journal)

“I don’t feel comfortable in front of a class, like a class full of kids and then challenging me on stuff and me not, you know not being ready to disclose or feeling threatened somehow. But in this situation, I felt a lot safer, you know, like I just say what I was feeling and not be judged on it.” (man, interview)

Some participants described how they had experienced personal change, in terms of the way that they present themselves to others, and ways in which they are effective as teachers. The peer group was an important resource for reflection, but experiences with the students were also valuable for this.

“Every individual has their own character, their own background, their own everything, and when it comes to living with HIV everybody’s got a different story to tell...So, I think that’s helped me even to do the teaching because we’ve shared our own experiences and our own view points, but learning together, coming together, expressing ourselves together. I think it gives me more of an appreciation of others who are living positively as well. (woman, interview)

“I’ve learned - that I challenge - I have dysfunction in my own family, but I wasn’t seeing before, I need to challenge there. That I speak out very passionately and very eloquently, that I can speak about HIV and AIDS very well. That the more I learn about HIV and AIDS, the more I want to learn about HIV and AIDS.” (man, interview)

“You know, that I’ve learned to deal more effectively rather than - a lot of times it could be very confrontational and that, and I’ve learned I want to work with you and having to work together on things rather than saying “you’re doing it wrong”. So I’ve learned that about myself....” (man, interview)

#### *Personal Work On Being HIV Positive*

Participants found that being involved in the project helped them to reflect on how living with HIV affects them personally.

“This frightens me- my disease frightens me and it frightens other people. If it frightens me what does it do to other people that don’t know about it and I know a lot about it.”

“I have enjoyed being part of this event. For me it has helped to shed light upon some of the barriers I face as a person who is positive. And why they exist. I also see how the students truly struggle with dealing with the problems...As a person with HIV I am more than my disease and my sexual orientation or cultural subgroup.” (man, journal)

#### *Overall Impact on PHA Participants*

In general, the participants expressed positive feelings about being involved in the project. There were occasional comments that it did not meet their expectations.

“I think it has empowered a lot of people who never thought they could do and never thought they could make a difference.” (woman, interview)

“I thought I would have learnt more than what I did, though. I didn’t really learn anything from them. It’s more that I told them how we feel. I didn’t really get much from it. But, I really enjoyed doing it, oh yeh.” (woman, interview)

“I’ve got more confidence in myself. I realize I have lots to offer. I guess I’ve been exposed to HIV and AIDS for 12, 13 years and I guess I’ve forgotten how little a lot of people know about it.” (man, interview)

## **EVALUATION**

Student feedback suggests that direct interaction with the resource tutors provided them with insight that would not be readily available through study of a paper problem and challenged them to confront their own values and assumptions. This finding reinforces that of our previous CWGHR study and highlights the impact of personal dialogue and discussion on the learner. Each of the PHA tutors brought with them a unique set of experiences with HIV, and a unique style of communication (story\_telling, provocative questioning, confrontational, etc). These differences were noted by the learners, and some learners found some of the styles more challenging to work with; in some cases, learners felt that the communication style made the learning experience ineffective.

Feedback from PHAs indicated that there was a marked positive impact on them in terms of their teaching skills, self-awareness, personal understanding of HIV, confidence in teaching and everyday life.

The partnership with Hamilton Aids Network was important for the success of the project. Hamilton Aids Network assisted with the recruitment and facilitated communication with the resource tutors, helped plan the sessions, provided meeting space and assisted with transportation. In addition, Deborah Stinson was a co-facilitator for the resource tutor training sessions.

The education model used in the project prepared the resource tutors for a variety of educational roles. We recommend the following for further development of the model:

- a) Provide resource tutors with strategies for introducing themselves and describing their role within the group. It is likely that students will be uncomfortable with a new group member initially. The resource tutor may want to state “up front” that it can be difficult to have an outside person come to participate in a well-established group.
- b) Work with faculty course coordinators to ensure that PHA participation is one of the tutorial objectives. Students who feel the pressure to learn many objectives related to biological and management aspects of HIV/AIDS may perceive there is insufficient time to interact with the resource tutors in a meaningful way. A student orientation to the role of the resource tutor may assist in ensuring that all participants have similar expectation regarding the learning experience.
- c) Some resource tutors had difficulty assuming facilitation roles or with the role playing exercise. We recommend the development of specific criteria and skill expectations to ensure that the resource tutor has the requisite skills to perform a specific role. Additional training may be required or some resource tutors may not be able to assume specific roles. We wanted the resource tutors to go beyond “telling their story” but this was the most comfortable role for some.
- d) Clarify for both students and resource tutors the role of the resource tutor is not to provide content expertise on HIV/AIDS: the resource tutors area of expertise is knowing what it is like to live with HIV. This will help to reassure the resource tutor and avoid instances where learners feel their needs are not met.

- e) Develop a process for a “time out” in discussions that become too technical or when the resource tutor is having difficulty following the discussion for other reasons.
- f) Resource tutor training session need to incorporate the differences in values of health professionals, how this might encountered in their educational session and strategies for dealing with the differences.

### **HOW THE PROJECT MET CWGHR PRIORITIES**

This project advances CWGHR objectives by providing data on feasible models for a training program for PHAs to participate and promote rehabilitation issues in the education of health professionals. In addition we identified knowledge and skills required for PHAs to participate in educational initiatives and the challenges/benefits encountered by PHAs in assuming a variety of educational roles.

### **PLANS FOR DISSEMINATION OF FINDINGS**

We plan to present this study at a number of academic conferences and to submit a manuscript for peer reviewed publication. In addition, we will seek to disseminate our findings at workshops for AIDS Service Organizations. We will present the information to PHAs in Hamilton, and will seek further collaborative initiatives with the Hamilton AIDS Network to improve this model and to ensure that it is sustained as a component of health science education at McMaster University.

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