

# MSM Masterclass

Module: **Visiting the clinic**

## **FACILITATOR GUIDANCE NOTES**

### **Description to be shared with participants in advance**

In this session we will start with recognising and reflecting on participant's current strengths and professional development needs when it comes to providing a service to gay, bisexual and MSM. We will hear what men report about their experiences of services. We will also look in more detail at what might act as a barrier to visiting the clinic and what would facilitate an initial engagement and then sustain that relationship. The importance of characteristics such as understanding, empathy and person-centred approaches will be considered.

Suggested duration of this session is 55/60 minutes.

### **Before the session**

Ensure participants complete Reflection Sheet 1 and the Preparatory Session before attending the Masterclass.

In preparing for the Masterclass ask participants to pay attention to the engagement they have with men in clinics before the session: ask them to pay particular attention to the conversations they have with men, for example about how they find out about services, how they feel about coming to the clinic and whether there are aspects of the service they like or dislike. It will be helpful if participants jot down any issues or topics or questions that they feel are important.

By the end of this session participants will have:

1. Understood what might help men engage with services and what might act as a barrier.
2. Considered the importance of understanding, empathy and person-centred approaches in the service they provide.
3. Considered what they and their service need to attend to to ensure men engage and sustain a relationship with services.

### **Follow up**

Further information is available from these sources.

- HIV Needs Assessment (NHS Lothian and NHS GGC)
- FAQ Scotland Chapter 19 *Visiting the Clinic* at <http://www.faqscotland.co.uk>

### **Resources:**

PowerPoint slides as a hand-out.

Prop for table-top task (slide 10) and tokens

Hand-out/prop for pairs to record: *Visiting the clinic: Barriers and facilitators* (slide 11)

## Outline

The session is built around a number of slides which draw on information from the NHS Lothian/GGC HIV Prevention Needs Assessment including the FAQ Community Engagement work, and other work that address the experiences, needs and rights of men who have sex with men.

Slides may have prompts for discussion; either as one group or in smaller groups. As a general guide around 5 minutes should be allocated for 'discussion' slides.

Facilitator guide notes for PowerPoint slides is suggested as follows:

### **Slide 1 Title/Introduction**

In this session we will start with recognising and reflecting on our current strengths and professional development needs when it comes to providing a service to gay, bisexual and MSM. We will hear what men report about their experiences of services and identify some of the challenges inherent in the work we do.

### **Slide 2**

(Facilitator: no need to read learning outcomes out but just refer to these as follows) This slide describes what we intend participants will get from taking part in this session.

### **Slide 3**

#### **A starting point**

In preparation for the Masterclass you were asked to consider some of your strengths and where you might need to work on developing level of experience, knowledge, skills or confidence when it comes to providing a service to gay, bisexual and MSM. Here are the areas you considered.

My professional experience to date
My confidence
My skills
My knowledge of gay/bi/MSM sexual behaviour
My familiarity with the language I need
My understanding of discrimination or stigma
My level of comfort
My interest in working with gay/bi/MSM

**Discussion:** With a partner take a few minutes to chat about one area where you feel strong/confident, and one area where you feel that you need some support to improve your practice. Share something of *why* you feel the way you do. You will not be asked for feedback in the larger group.

#### **Slide 4**

##### **A positive view of services**

The next few slides are about what men involved in the Needs Assessment FAQ community engagement reported in terms of services.

Many men were positive about their experience of attending the clinic; even when they are initially anxious about the reasons for a visit.

It was absolutely perfect but the thing is to actually go, it wasn't easy for me. But once I was there, amazing. The nurse at the clinic was really nice, explained it was confidential and she tested me for everything. (Bisexual, 16-25, HIV negative)

I think there were issues in the past but I think now they don't have problems. I think they've opened their eyes to reality. It used to be like gay men didn't exist... I have sort of a rapport with her now. I trust her judgement and she's professional about what she does. (Gay, 45+, HIV negative)

#### **Slide 5**

I just find the service wonderful. I've been tested there and I know the people but I value most the service itself. They're very professional and very helpful. Do you think most guys would understand what they are told by the nurse or doctor? Most guys would understand it. It wasn't difficult language. It was friendly even though you were talking to a doctor. Nice smile. I think most guys would act on it... It's one of those things where you are dealing with somebody in front of you. You have to force yourself to spit it out. I felt comfortable but it was not a comfortable issue. (Gay, 26-35, HIV negative)

##### **Discussion: Full group**

Do these comments, on this slide and the previous slide, reflect the experience of men using your service?

How do you know?

*(Facilitator: It is important that participants get the message that many/most men like and are appreciative of services, but that there is room for improvement, this is identified in the coming slides).*

#### **Slide 6**

##### **A tick-box experience?**

But some engagement with services, even though we do not intend it to be so, can feel like a 'tick box' experience, with set questions rather than a conversation; lacking a focus on the individual's experience and needs. Looking to these quotes men told us, for example: *(Read the first quote then ask participants to read the quotes for themselves)*

What sort of things did you talk about? Don't talk, just get the test and that was it, no conversation... They asked me questions about what contact, what sex I had, but basic. I just tell them I've used condoms, for the most part I do. But you had said previously you don't always? Yes, but they say use condoms for things like oral and that would be crazy so you just say the same things. (Gay, 16-25, HIV negative)

There was some discussion, form filling, questions, very impersonal, not so open. No discussion about sex I like, just a checklist... You seem to be objected to a particular doctor's manner, so it wasn't a space to talk about my sexuality. It was about 'have you done various things'. Very fixed view of gay male sexuality. (Gay, 36-45, HIV negative)

### **Slide 7**

They ask questions about what you do, but not really a discussion. (Gay, 16-25, HIV negative)

How comfortable are you speaking to someone at the clinic? Depends on who you get and which day you go. It depends if you get a bubbly, chirpy doctor who wants to make you feel comfortable or someone who just wants to stick a needle in your arm and take your blood. I've been in when they tell me there are too many people to see. (Gay, 26-35, HIV negative)

#### **Discussion: Full group**

Taking the role of 'critical-friend' to your own service, do these comments (reflecting what we have termed a 'tick-box experience') reflect your service in any way?

### **Slide 8**

#### **A negative experience?**

Then, a minority of men talked about negative experiences when attending a sexual health or HIV service.

It is more just they give you a lecture even though you're in a relationship because they say you're still at risk. I do think looking at my background you can't influence people with a big stern lecture. You make people despondent I think. I think education is one thing and ramming it down ones throat isn't useful. (Gay, 36-45, HIV negative)

I was with my partner and he was nervous so I asked the receptionist if I could go in with him and she said go away and be quiet. It's not as friendly or as welcoming as they should be. I didn't complain, but it's about customer service. So anyway, I didn't go in with him. (Gay, 36-45, HIV negative)

### **Slide 9**

One nurse was very harsh. She thought I was just rolling up to get tested, and she gave me quite a harsh perspective so I said 'Listen love, I know about HIV' and I did speak to one of her colleagues about her attitude. What if I'd been someone who had no knowledge whatsoever about HIV and she spoke to me in that tone, really heavy? I spoke to the receptionist and told her that I just felt like her tone wasn't really nice and she was really sympathetic and said she would pass that on. I didn't want to get anyone in trouble but I didn't want to leave it at that I felt unsatisfied about her tone. It was quite judgemental. (Gay, 16-25, HIV negative)

#### **Discussion: Full group**

Do you think these comments might reflect the experience of men using your service in any way?

## Slide 10

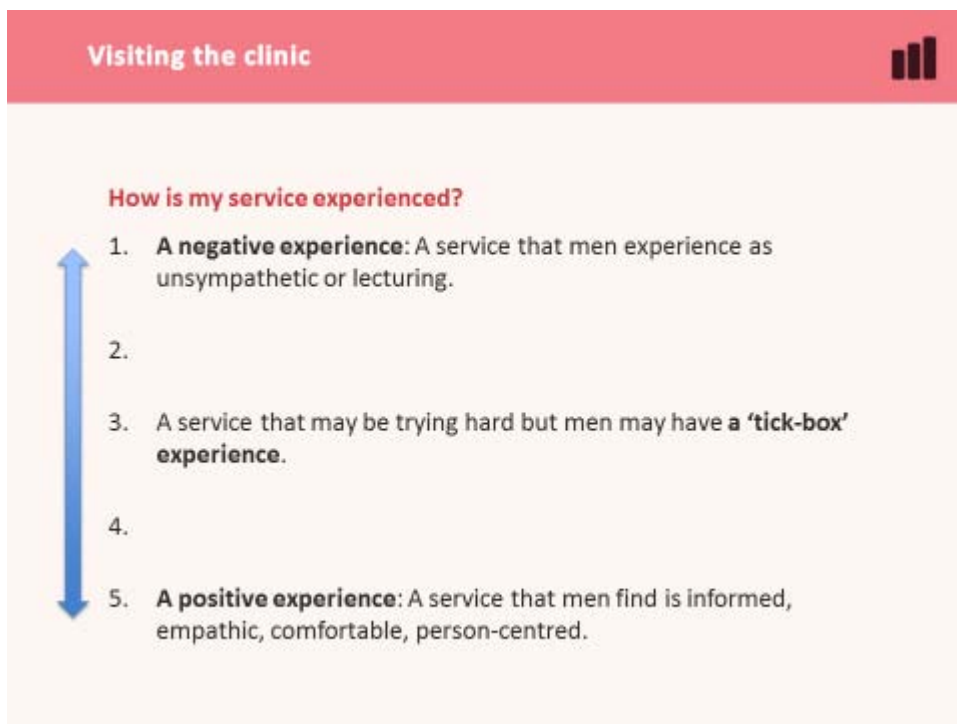
### Table top task

*Facilitator: Provide a table top prop, perhaps a large version of the slide: participants will need a 'token' they can plot on it.*

*Ask participants to gather round the table top prop.*

If we think about a service in terms of where we might find it on a continuum – at one end a service that is experienced negatively (as unsympathetic or lecturing), to a service that tries hard but may feel more like a tick-box experience, to a service that is informed, comfortable, person-centred, empathic: where would you place the service you work in? Place your 'token' on the continuum at a place which you think reflects where the service is currently at.

*Facilitator: Stress that this is a difficult task, its likely views and experiences vary, but for the sake of reflective conversation, in a group of critical-friends, people should place their token on the continuum. Everyone will have a different view or reasons for their views and so we will take some time to talk about these.*



**Visiting the clinic**

**How is my service experienced?**

1. **A negative experience:** A service that men experience as unsympathetic or lecturing.
- 2.
3. A service that may be trying hard but men may have a **'tick-box' experience.**
- 4.
5. **A positive experience:** A service that men find is informed, empathic, comfortable, person-centred.

**Discussion:** Full group feedback/discussion (up to 10 minutes)

For you, just now, why did you place your marker there, would anyone like to tell us?


## Slide 11

### Visiting the clinic: Barriers and facilitators

*Facilitator: provide the hand-out for this task.*

This task is something to do with a partner, initially work together (5 minutes) and use the hand-out, then we will come back together to share and discuss (5 minutes).

- Firstly, identify 3 things that might act as a barrier to gay, bisexual or MSM engaging with sexual health services or make them feel that the experience is not always positive
- Then identify 3 things that might facilitate their engagement or make men feel that engagement is a positive experience.

**Visiting the clinic** 

**Discussion**

What might act as barrier to gay, bisexual or MSM engaging with sexual health services or make them feel that the experience is not always positive ?

- 1.
- 2.
- 3.

What might facilitate their engagement or make men feel that engagement is a positive experience?

- 1.
- 2.
- 3.

Facilitator:

Ask for feedback from pairs and encourage full group discussion on what emerges.

## Slide 12 + 13

### Men's views on barriers and facilitators

Similar questions were asked of men engaging in the HIV Prevention Needs Assessment, looking across responses from men of all ages and sexualities a broad consensus emerged as follows, as you scan these please check for similarities and differences with your own assessment:

Slide 12: What might act as a barrier to services?	Slide 13: What would facilitate using a service?
<ol style="list-style-type: none"><li>1. Lack of anonymity: Clinics which are not discreet, overcrowded and where other people might know you</li><li>2. Unapproachable, judgemental or rude staff</li><li>3. Fear of positive results</li><li>4. Inaccessible location</li><li>5. Waiting times at drop-in/walk-in clinics</li><li>6. Feelings of embarrassment or shame</li><li>7. Poor or restricted opening hours/difficult to access or restricted appointment slots.</li></ol>	<ol style="list-style-type: none"><li>1. Easy accessibility: times suit or they are near where you live</li><li>2. Confidential and discreet services</li><li>3. Qualities and skills of clinic staff: friendly and non-judgemental</li><li>4. Services that offer rapid testing and results</li><li>5. Clinics with flexible, evening or weekend opening</li><li>6. Clinics where there is little or minimal waiting</li><li>7. Clinics which offer good support and advice.</li></ol>

*Facilitator: Check the room for nods/recognition or questions.*

## Slide 14

### Understanding, empathy and being person-centred

What is clear is that men place some emphasis on the qualities of staff: that they should have understanding, show empathy and be person-centred. These quotes from men explore these qualities in practice.

I think they would need to have some understanding of the breadth of the gay sexual experience. Thinking about that, I suppose heterosexual sex is also a broad experience isn't it. Something gay guys do, I find distasteful, but if I were caring for someone I would want to watch my nonverbal communication the way I react to something I didn't like the thought of. (Gay, 45+, HIV positive)

Sincerity is the main thing. Any doctor I've encountered who made the process easier it is because they are the type of people they are. (Bisexual, 45+, HIV negative)

## Slide 15

### Advice for clinic staff

Finally, men who were interviewed in the FAQ community engagement process were asked: ***what advice would you give to staff in the clinic?*** These responses were typical of contributions.

Don't judge. Be knowledgeable. Offer advice but listen is the most important one. Don't just assume. (Gay, 16-25, HIV negative)

I suppose just being patient and listening. (Bisexual, 45+, HIV negative)

Be more human, less robotic, less work conscious. Not to be a friend like, but down to our level kind of thing. (Gay, 16-25, HIV negative)

Smile. Be non-judgemental. Be open about sex and sexual acts, talking about anal sex and you know, gay sexual practices. Be sort of friendly. Be non-authoritarian and non-disapproving. (Gay, 45+, HIV positive)

## Slide 16

Just seem interested I suppose and take time to explain. Just be trained for counselling and be professional. (Gay, 26-35, HIV negative)

They would need to know the full facts of anyone's case. Their situation, so they could pose the relative questions and enter the discussion with that person, then it would become more personal. (Gay, 45+, HIV negative)

## Discussion

*Q1 in 3's (5 minutes)*

How do you feel about these expectations of you as a professional and the service you provide?

*Q2 Full group discussion (5 minutes)*

If we are to think about service improvement, what needs to be done to help improve the experience men have?

## Slide 17

Ask participants to take the final two minutes to complete Reflection Sheet 2 provided.