

# **Cambridge Health Alliance**

## **Health Counselor Training Timeline**

Counselor: \_\_\_\_\_ Start Date: \_\_\_\_\_

- ☐ **Readings**
  - ABCD Family Planning binder
  - Our Bodies Ourselves
  - Contraceptive Technology
  - The Guide to Getting it On
- ☐ **Review Contraceptive and STI Fact Sheets**
- ☐ **Review FP Templates**
- ☐ **FPER Competencies**
  - FPER data collection
  - FPER data entry
  - FPER submission
  - Other Billing – HSN, ZZFamily Planning
- ☐ **Meet clinical contacts (i.e. front end staff, nurse manager, providers, M.A.s, etc.)**
- ☐ **Observe the COPE Program at Somerville High School**
- ☐ **Complete ABCD Family Planning Basic Training**
- ☐ **Complete ABCD Family Planning Administrative Training**
- ☐ **Complete CHA Pregnancy Test Training**
  - Practice running HCG Point of Care Tests
  - Practice giving instructions for dirty v. clean urines collections
- ☐ **Complete EPIC Training**
  - Practice charting on 5 visits
- ☐ **Complete HIV Counseling and Testing Training**
  - Meeting with Marques and Jamila of HIV department
  - HIV Counseling and Testing Sign Off Form
  - Observed for 3 pre and 3 post test visits
  - Conduct 3 rapid tests
- ☐ **Observe other health counselors twice:**

Health Counselor and Site	Date (s)	Types of Visits Observed
1)		
2)		

<b>3)</b>		
<b>4)</b>		
<b>5)</b>		
<b>6)</b>		
<b>7)</b>		
<b>8)</b>		
<b>9)</b>		
<b>10)</b>		

☐ **Role-Play Counseling Sessions, two of each visit:**

<b>Visit Type</b>	<b>Date(s)</b>	<b>Comments</b>
Contraceptive Counseling		
Testing/Screening		
Options Counseling		
Intimate Partner Violence		
Results		

☐ **“Chime In” Approach with FP Clients**

- ☐ Birth Control Methods
- ☐ Emergency Contraception
- ☐ STI and/or HIV testing
- ☐ Pregnancy Testing
- ☐ Results visit

☐ **Be observed counseling independently**

- ☐ Birth Control Methods
- ☐ Emergency Contraception
- ☐ STI and/or HIV testing
- ☐ Pregnancy Testing
- ☐ Results visit

☐ **Specific Areas Identified for Growth: Check off as completed**

- ☐
- ☐
- ☐

☐ **Official observation check-off by supervisor**

**Date/time/visit type/observer:** \_\_\_\_\_  
(See attached Counseling Observation Form)

**Supervisor Sign Off: Once you have finished these items...**

- ☐ **Sit down with your supervisor and review for sign-off**

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Health Counselor

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Supervisor

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Date