

Tutorial letter 202/2/2017

HIV/Aids care and counselling PYC2605

Semester 2

Department of Psychology

Feedback on Assignment 02

INTRODUCTION

Dear Student,

Well done! You have now completed your two assignments for this course and you have almost reached your destination. The main purpose of this tutorial letter is to give feedback on Assignment 02 – in which you did very well. We hope that you really enjoy your studies – and that your experience this course as one that really makes a difference in your own lives as well as in the lives of your loved ones and your community.

But before we discuss your assignment let's talk about a few points of importance. Please remember that it is your own responsibility to make sure that Unisa has received and marked your assignments. Please check *myUnisa* regularly to see if your assignment has been received and marked. If you check the system regularly and it seems that your assignment was not received or marked, please direct your enquiries to Students Assessment and Assignment Department (Assignment and Examination section). Please do not contact your lecturers to find out what happened to your assignments. Your multiple choice assignments go directly to the Assignment section to be marked by computer. Lecturers do not see your multiple choice assignments at all.

Please direct your administrative enquiries (like examination admission, dates or venues) to the examination department.

We trust that you have received your Practice Examination Paper in Tutorial Letter 102. It is available on *myUnisa* under 'Official study material'. Please try to do this paper without the book in the two hours allowed for the paper, and mark it yourself. How did you do? Could you identify and rectify any problem areas?

Feedback on Assignment 02

Table 1 gives a summary of the correct answers to Assignment 02.

We hope that you have learned more than theory in this assignment and that you are stimulated to read more about new developments in the HIV and Aids field. Best wishes with all the work ahead, and make the best of it!

Table 1. Correct answers to Assignment 02.

Question	Assignment 02 correct answer	Question	Assignment 02 correct answer
1	4	11	3
2	4	12	3
3	3	13	1
4	1	14	2
5	1	15	3
6	4	16	4
7	1	17	2
8	4	18	3
9	4	19	4
10	3	20	2

Students generally did very well in Assignment 02. I will now discuss each one of the questions in more detail. All page number included in the feedback refers to pages in the 6th edition of your prescribed book.

QUESTION 1

Which one or more of the following statements about the risk of anilingus or oral-anal sex is/are true?

- (a) Anilingus carries a very high risk of infection with the hepatitis-B and the herpes simplex viruses.
- (b) Anilingus carries a very high risk of HIV infection.
- (c) Anilingus carries a high risk of infection from all sorts of parasites.
- (d) Anilingus does not carry a high risk of HIV infection unless there is blood present.

The correct answer is:

- (1) (a), (b) and (c)
- (2) (b) and (c)
- (3) (a) and (d)
- (4) (a), (c) and (d)

FEEDBACK ON QUESTION 1

The correct answer is 4. Anilingus carries a very high risk of infections with the hepatitis-B virus, the herpes simplex virus (a) as well as a high risk of infection with parasites (c). However, Anilingus does not carry a high risk of HIV infection if blood is not also present (d). This means that alternative 4 is the correct answer. Read more about general safer sex rules on page 241 and 242.

QUESTION 2

The collective existence of traditional Africans should be kept in mind by Aids educators when they work in Africa. What is meant by the concept 'collective existence'?

- (1) Collective existence is based on the unity of the person with his or her community, with the emphasis on the self.
- (2) Collective existence is based on principles such as the interest of the group, independence and individualism.
- (3) Collective existence is based on values such as the interests of the group, survival of the community and total control and power over nature.
- (4) Collective existence is based on the notion that the traditional African cannot exist alone and that his or her identity is totally embedded in the community or tribe.

FEEDBACK ON QUESTION 2

The correct answer is 4. The word 'collective' means 'together with others as a group'. Traditional African people have a collective existence which means that the identity of the traditional African person is embedded in his or her community or tribe (alternative 4), with no emphasis on the self (alternative 1), no focus on individualism (alternative 2). Alternative 3 is also incorrect because traditional African people usually live in harmony with nature and do not try to control it. Note that the first parts of alternatives 1, 2, and 3 are correct and describe a collective existence. However, the second parts of these alternatives refer to individualism and emphasise the self, which are not part of a collective existence. Always read the alternatives very carefully. Read more about the importance of community life in Africa on page 325. The definition of 'collective existence' is on the top of page 326.

QUESTION 3

Language barriers between counsellors and clients often pose problems, especially in South Africa with its 11 official languages. A counsellor at a rural clinic uses an interpreter when she interviews an elderly woman. The woman is not happy with the experience. Which of the following actions on the part of the counsellor do you think can lead to an unhappy client?

- (a) The counsellor used a young child as an interpreter.
- (b) The counsellor asked only one question at a time, which was time consuming.
- (c) The counsellor never looked at the woman but concentrated on what the interpreter said.
- (d) The counsellor interrupted the woman when her answer was too long.

The correct answer is:

- (1) (a)
- (2) (b) and (d)
- (3) (a), (c) and (d)
- (4) (a), (b), (c) and (d)

FEEDBACK ON QUESTION 3

The correct answer is 3. For counsellors to use translators (or interpreters) can be a very tricky business and some of the mistakes that a counsellor can make are described in answers (a), (c) and (d) above. To use a child or young person shows disrespect, and the client will not open up to the counsellor. Counsellors should also look at the client and not at the interpreter (which may be a natural thing to do because the interpreter is the one speaking your language), and the counsellor should never interrupt the client. Read more about language barriers on page 389 and keep the precautions on page 390 in mind when you have to use a translator or interpreter.

QUESTION 4

Counsellors working in the Aids field often feel the need to 'rescue' their clients by taking responsibility for them. Which statement about rescuing is true?

- (1) To try and rescue a client is often the counsellor's selfish need to feel important, or need to feel that he or she is needed by somebody else.
- (2) It is usually not a good thing to try and rescue your clients, but we need to make an exception in the case of Aids, because the Aids client often has nobody on their side but the counsellor.
- (3) When a counsellor shows the need to rescue his or her client, the counsellor shows confidence in the client's ability to take responsibility for himself or herself.
- (4) Rescuing implicitly communicates deep respect for the client's ability to cope, and also a caring attitude on the part of the counsellor.

FEEDBACK ON QUESTION 4

The correct answer is 1. The definition of rescuing on page 346 in your prescribed book is: "Rescuing means the voluntary, unnecessary assumption or responsibility for another person's feelings, choices or actions." Rescuing is further implicitly disrespectful of the client's ability to take responsibility for him or herself, and it is often a reflection of the counsellor's needs. Can you therefore see why alternatives 2, 3 and 4 are wrong?

QUESTION 5

From the counsellor's responses provided below, select the most empathic response to the following reaction from Khumo, one of your HIV positive clients: 'My life is a mess. I am discouraged! Everything is going wrong in my life. It seems that everything I do is doomed to failure – and now this! I might as well not even try.'

- (1) You feel discouraged and ready to give up because things aren't working out for you.'
- (2) Your whole life is a mess and you feel suicidal.'
- (3) Do I understand you correctly if I say that you are feeling very discouraged because things aren't working out for you?'
- (4) Am I correct in saying that you are feeling very unhappy right now?'

FEEDBACK ON QUESTION 5

The correct answer is 1. You all know the *definition* of empathy, namely to set aside your own frame of reference and to try to see the world from your client's point of view (see page 354 in your prescribed book). In this question we expect you to *apply* this definition to an example of a counsellor interacting with a client. The application of empathy is to help a client to explore themes, issues and emotions that are new to the client's awareness. In alternative 1 the counsellor takes the client's thinking to a next level by 'inviting' the client to explore her feelings further. Many of you chose alternative 3, but if you read this alternative again, you will see that the counsellor is merely repeating what the client already told her. Alternative 2 is wrong, because there is no indication that suicidal thinking plays a role, and alternative 4 states the obvious and the counsellor does not help the client to explore her emotions further. Read more about empathy on page 357 in your prescribed book.

QUESTION 6

Your client tells you during a session that he is furious because his partner did not tell him that she was HIV positive. You reply by saying: 'You feel angry because she did not tell you, but perhaps you also feel a bit hurt?' This is an example of advanced empathy, because you

- (1) highlighted the explicit message hiding behind your client's covert (implicit) message.
- (2) did not become distracted by what your client was actually trying to say, and still managed to provide your own interpretation.
- (3) really 'stepped into the shoes of your client' and tried to understand the client's world as he or she experienced it.
- (4) brought to the fore something your client was only half hinting at, namely the feeling of hurt.

FEEDBACK ON QUESTION 6

The correct answer is 4. This question also expects you to apply a definition to a practical example. The purpose of advanced empathy is to encourage the client to explore new themes, issues and emotions. It involves the 'message behind the message' or the 'story behind the story' and counsellors should listen so carefully that they will be able to encourage the client to talk about what was only hinting at, or only half-said. This is exactly what the counsellor is doing in answer 4 where he or she applies advanced empathy by suggesting in a tentative way that the client might also feel a bit hurt. Alternative 1 is incorrect (in this example, the counsellor did not make any hidden message explicit). Alternative 2 is incorrect because this counsellor also did not provide an own interpretation of the client's problem (which is not a good counselling principle anyway). Alternative 3 gives a definition of empathy, and is therefore incorrect in this context. Read more about advanced empathy on page 371 and 372 in your prescribed book.

QUESTION 7

The health care worker in a tuberculosis clinic suggests that a client go for an HIV test. She should explain the following to the client beforehand:

- (a) the reasons for requesting the test
- (b) that the test is in the interest of treatment
- (c) that testing for HIV is compulsory owing to the TB-HIV co-infection problem in Africa
- (d) that testing is voluntary and the client has the right to choose not to be tested

The correct answer is:

- (1) (a), (b) and (d)
- (2) (b) and (c)
- (3) (a) and (d)
- (4) (d)

FEEDBACK ON QUESTION 7

The correct answer is 1. The health care worker should give her reasons for requesting the test (a), she should explain that the test is in the interest of treatment (ARVs) should the client be HIV infected (b), and she also has to tell the client that HIV testing is voluntary and the client is allowed to say 'no' if the client does not want to be tested (d). Option c is wrong, because HIV testing is not compulsory in patients who have tuberculosis, although it is highly recommended due to the TB-HIV co-infection problem in Africa. Read more about the principles of pre-HIV test counselling on pages 398 to 402.

QUESTION 8

The clinic in Thandiwe's town encourages people to go for HIV counselling and testing (or HCT) and to disclose their status. What are the advantages of disclosing one's HIV status?

- (a) It always reduces the stigma, discrimination and denial that surround HIV and Aids.
- (b) It helps other people to make the road to full disclosure – the ultimate purpose of HCT – more easily.
- (c) It gives people access to much needed medical and counselling services.
- (d) It can help the HIV positive person to reduce the stress of coping on his or her own.

The correct answer is:

- (1) (a), (b) and (c)
- (2) (a) and (d)
- (3) (a), (b), (c) and (d)
- (4) (c) and (d)

FEEDBACK ON QUESTION 8

The correct answer is 4. Two of the advantages of disclosure of one's HIV status are: it gives people access to treatment and counselling (c) and it can help to reduce the stress of coping alone (d). However, to disclose your status does not necessarily reduce stigma (a), and it does not necessarily help other people to disclose (b). The ultimate purpose of HCT is not disclosure, but to treat HIV infected people. Read more about HCT and disclosure in Chapter 13.

QUESTION 9

Important symptoms of depression that health care professionals should look out for in their patients or clients are:

- (1) Anger, denial and hyperactivity.
- (2) A radical change in the individual's previous level of functioning that lasts at least one or two days at a time.
- (3) Increasing activity and negative behaviour.
- (4) Continuous feelings of sadness and apathy, loss of motivation and interest, and sleep and appetite disturbances.

FEEDBACK ON QUESTION 9

The correct answer is 4. The symptoms of depression can be categorised into four classes, namely affective symptoms (sadness, apathy), cognitive symptoms (loss of motivation and interest), behaviour symptoms (crying, social withdrawal, and physical symptoms (sleep and appetite disturbances). Read more about the symptoms of depression on page 440 in your prescribed book.

QUESTION 10

Sean is an eight year old boy whose mother recently died of Aids. Sean never cries about his mother and he goes on with his life like before. He told his father that he sees his mother in the kitchen all the time, and that he hears her voice. Sean's father often hear him speaking to his mother. According to the stages of bereavement Sean is in the stage of

- (1) bargaining.
- (2) acceptance.
- (3) denial.
- (4) depression.

FEEDBACK ON QUESTION 10

The correct answer is 3. Sean is in the bereavement stage of denial. Read more about the four stages of bereavement on page 471 and 472 in your prescribed book. These stages are: shock/denial; awareness of the loss (which may include anger and bargaining); acute mourning (sadness and depression); and resolution (a degree of acceptance and return to equilibrium).

QUESTION 11

Which of the following statements about the counsellor's own grief is the most accurate?

- (1) Counsellors in the Aids field who have lost their own loved ones to the epidemic are less likely to experience pain when witnessing their client's grief, because they would have worked through the mourning process themselves.
- (2) Only those who have not been exposed to the loss of a loved one should provide bereavement counselling.
- (3) By counselling the HIV infected-person and his/her significant others, counsellors become more aware of their own losses because they are regularly confronted with others' losses.
- (4) Counsellors who become anxious and stressed as a result of bereavement counselling should retire from practice in order to prevent further emotional burnout.

FEEDBACK ON QUESTION 11

The correct answer is 3. Bereavement counsellors often become more aware of their own losses and often feel sad about them.

Exposure to the death of clients often increases their own anxiety and stress and it is important for counsellors to debrief. In the light of this answer, it is obvious why alternative 1 is incorrect. Alternative 2 is incorrect because this statement cannot be justified with theory or research, and alternative 4 is incorrect because counsellors who experience anxiety and stress should be counselled themselves and give opportunities to debrief and to come to terms with a patient's death. Read more about the counsellor's grief on page 483 in your prescribed book.

QUESTION 12

A nurse said the following about her HIV and Aids work: 'I am so overwhelmed by Aids. It traumatises me. Every time I get sick, I suspect that I have Aids. I am worried the whole time because I see in myself the same symptoms my patients have. I have become obsessed. I also don't trust my teenage children and this causes a lot of problems at home. I cannot forget my poor patients.' This example is an indication that the nurse experiences mainly the following problem/s which can lead to burnout if she doesn't get help:

- (1) grief and bereavement overload.
- (2) secondary stigma.
- (3) over-identification with her patients.
- (4) role expansion and lack of skills.

FEEDBACK ON QUESTION 12

The correct answer is 3. The nurse over-identify with her patients to such an extent that she can no longer make a clear distinction (or break) between the lives of her patients and her own private life. She 'takes her work home' and her family suffers. Alternative 1 is incorrect, because there is no clear indication of bereavement overload in the story. Alternative 2 is incorrect because secondary stigma is when the nurse is stigmatised by her community because she works with Aids patients. There is also no indication in the story that the nurse has a lack of nursing skills or that she is taking on work that was not previously in her job description. Alternative 4 is therefore also wrong.

QUESTION 13

Dudu informed her employers that she has Aids and they took steps to lighten her workload. Her condition, however, worsened and for the last couple of months she has only been able to work for four days in a month. Her employers have decided to terminate her employment. Were they legally permitted to dismiss Dudu and on what grounds?

- (1) Yes. Dudu was no longer able to do her work and the law recognises permanent incapacity as a ground for termination of employment.
- (2) No. It is unfair labour practice and thus unlawful to dismiss an employee on the basis of her HIV status.
- (3) Yes. Dudu was no longer qualified to do the job that she was appointed to do in the first place.
- (4) No. The law required employers to make reasonable accommodation for employees with Aids and they should have done more to accommodate her.

FEEDBACK ON QUESTION 13

The correct answer is 1. An employer is allowed to terminate employment if the person is so sick that he or she can no longer do the work, if alternatives have been explored and if there is no possibility of recovery. But HIV status or Aids is not a reason for termination of employment. Alternative 2 is incorrect, because in this case, Dudu was not dismissed because she was HIV positive, but because she could no longer work. Alternatives 3 and 4 are incorrect because the employer took steps to lighten her workload (she can even be redeployed), but her condition worsened to such an extent that she could no longer work. Read more about the strict rules on the termination of employment on pages 663 and 664.

QUESTION 14

According to the law, an HIV test may not be done without a person's informed consent. What does this mean?

- (a) The client must understand the purpose and the nature of the test.
- (b) The client must understand the possible implications of the test.
- (c) The client must give his or her consent for the test to be done, preferably in writing.
- (d) The client must inform his or her partner, friends and family that he or she is going for an HIV test.

The correct answer is:

- (1) (c)
- (2) (a), (b) and (c)
- (3) (a) and (b)
- (4) (a), (b) (c) and (d)

FEEDBACK ON QUESTION 14

The correct answer is 2. Informed consent for HIV testing implies that the client must understand the purpose and nature of the test (a), the possible implications of the test (b) and the client must give consent (c). There is no legal responsibility to inform partners or any other person that you are going for HIV testing. Read more about the guiding principles for HIV counselling and testing on page 653 in your prescribed book.

QUESTION 15

Which one of the following tasks forms part of an integrated Aids strategy for the workplace?

- (1) Monitor and evaluate HIV and Aids policies and programmes.
- (2) Assess the risk of Aids on workplaces.
- (3) Establish a representative HIV and Aids management team.
- (4) Review workplace programmes.

FEEDBACK ON QUESTION 15

The correct answer is 3. Alternatives 1 and 4 are not the most correct answers as Task 6 of the development process indicates that workplace policies and programmes should be monitored, evaluated and reviewed. Alternative 2 is incorrect as Task 2 indicates that the risk *and impact* of HIV on *the specific* workplace should be assessed. Read p. 682 to see what the six tasks for developing an integrated HIV, STI and TB strategy for the workplace are.

SECTION B: GUIDANCE TRACK

QUESTION 16

Adolescents often adhere to the idea of a 'personal fable'. What does this mean in the HIV and Aids context?

- (1) That adolescents do not yet fully grasp the concept that all behaviour has consequences. It is therefore difficult for HIV and Aids educators to convince them that their sexual activities may have serious consequences.
- (2) That adolescents will often believe that HIV is a fable which was invented by adults to prevent them from experimenting with sex.
- (3) That adolescents are prone towards emphasising the fabulous and hence perceive the spread of HIV not merely in physical terms but essentially in a fatalistic way – they can do nothing to prevent infection.
- (4) That adolescents, while fully able to grasp cause and effect, nonetheless may firmly believe that they are personally exempted from the consequences of high risk behaviour.

FEEDBACK ON QUESTION 16

The correct answer is 4. The definition of 'personal fable' on page 707 is: 'An adolescent's belief that he or she is unique and that his or her personal experiences bear no resemblance to the personal experiences of others.' Also read more about adolescent egocentricity on page 285 in your prescribed book. If you know the definition and meaning of 'personal fable' you will understand why alternatives 1, 2 and 3 are wrong.

QUESTION 17

What is meant by the term 'reversed' prejudice in children in the intermediate school phase (grades 4 to 6), with regard to Aids?

- (1) When children become opposed to society's prejudices and refuse to accept them.
- (2) When children label other people as HIV positive on the basis of attributes which they personally dislike (e.g. when another child is dirty, fat or has a disagreeable personality).
- (3) When children feel that other children discriminate against them because of some imaginary attribute.
- (4) When children become jealous of those children who are HIV positive, because they receive more attention, albeit sometimes negative attention.

FEEDBACK ON QUESTION 17

The correct answer is 2. The term 'reversed' prejudice refers to the attitude of children who label others as 'having Aids' because they have characteristics they don't like. A child may for example say something like: 'Susan is so fat, if you touch her you will get Aids'. If you know what 'reversed' prejudice means, you will understand why alternatives 1, 3 and 4 are incorrect. Read more about the development of prejudices on page 277 in your prescribed book.

QUESTION 18

Which one of the following statements is true in terms of the child in the intermediate phase's (grades 4-6) perception of the causes, effect and prevention of illness?

- (1) They are too young to have formed any perceptions of illness and can therefore not distinguish between cause, effect and prevention.
- (2) They understand the difference between internal and external symptoms, but they find it difficult to distinguish between cause of illness and prevention.
- (3) They can distinguish between the causes and symptoms of disease, but they find it difficult to conceptualise prevention.
- (4) They are old enough to distinguish between the cause and effect of illness, and they have a good understanding of prevention.

FEEDBACK ON QUESTION 18

The correct answer is 3. A child in the intermediate phase (grades 4 to 6) can distinguish between the causes and symptoms of disease, but they find it difficult to conceptualise prevention. The reason for this is because their thinking processes are still concrete. The other alternatives refer to other stages of development, for example, alternative 4 refers to adolescence. Read more about this on page 275.

QUESTION 19

Coming to terms with death is an important aspect of spiritual counselling with HIV positive people. There are, however, two extreme views regarding life after death. They are: a) A total denial of life after death; b) Despising earthly life and yearning only for the life hereafter. How do you think a spiritual counsellor should deal with these two extremes?

- (1) Disregard the life hereafter to a large extent because people need to live their lives to the fullest.
- (2) Promote a balanced view, emphasising the importance of both this life and the life hereafter, even when the client does not accept the existence of a life hereafter.
- (3) Emphasise the life hereafter, because it will give HIV positive people hope.
- (4) Promote a balanced view, emphasising the importance of both this life and the life hereafter only when the client accepts the existence of a life hereafter.

FEEDBACK ON QUESTION 19

The correct answer is 4. It is in all cases better to promote a balanced view and to respect the client's beliefs. Alternatives 1, 2 and 3 disregard the beliefs of the client and is mainly based on the opinion of the counsellor. Read more about life after death on page 496 in your prescribed book.

QUESTION 20

Max-Neef et al. (1991) identified five different types of satisfiers that satisfy human needs. They termed the satisfier that satisfies a given need and stimulates and contributes to the fulfillment of other needs a/an (a) _____. An example of this type of satisfier is (b) _____.

- (1) (a) pseudo-satisfier, (b) a refugee camp for displaced children
- (2) (a) synergistic satisfier, (b) effective education
- (3) (a) singular satisfier, (b) preventive medicine
- (4) (a) inhibitor, (b) the indiscriminate distribution of food to poor children

FEEDBACK ON QUESTION 20

The correct answer is 2. The satisfier that satisfies a given need and contributes to the fulfillment of other needs is a synergistic satisfier, like effective education. The satisfiers mentioned in alternatives 1, 3 and 4 are not synergistic satisfiers, because they seem to satisfy a need, but they don't, or they satisfy only a single need while neglecting others, or they inhibit the satisfaction of a need. Read more about satisfiers of needs on pages 534 and 535.

SECTION C: CARE TRACK

QUESTION 16

Some people in the later stages of Aids may experience continuous pain. One of the conditions that can cause pain is peripheral neuropathy. What is peripheral neuropathy?

- (1) It is a viral infection that is caused by the same virus that causes chicken pox. It affects nerve cells and it is extremely painful.
- (2) It is a bacterial skin infection which causes a peripheral skin rash, as well as tiny blisters on the limbs.
- (3) It is a mental condition that was previously referred to as Aids dementia. It is characterised by symptoms such as severe headaches and seizures.
- (4) It is an infection that is caused by the HI virus attacking nerve cells. It causes extreme pain in the lower extremities.

FEEDBACK ON QUESTION 16

The correct answer is 4. Peripheral neuropathy is an infection that is caused by the HI virus attacking nerve cells and it causes extreme pain in the lower extremities (see page 605). Alternative 1 refers to herpes zoster or shingles (see page 598). Alternative 2 does not refer to a specific infection, and the symptoms referred to in alternative 3 are probably due to Cryptococcal meningitis which causes mental status changes (see page 699).

QUESTION 17

The purpose of palliative care is to

- (a) affirm life while regarding dying as a normal process
- (b) make treatment choices for the patient and family
- (c) provide relief from pain and other distressing symptoms
- (d) integrate the psychological and the spiritual aspects of care

The correct answer is:

- (1) (b) and (d)
- (2) (a), (c) and (d)
- (3) (a) and (c)
- (4) (a), (b), (c) and (d)

FEEDBACK ON QUESTION 17

The correct answer is 2. The purpose of palliative care is to affirm life while regarding dying as a normal process (a), to provide relief from pain and other distressing symptoms (c) and to integrate the psychological and the spiritual aspects of care (d). Option (b) is off course wrong, since the caregiver should never make treatment- or any other choices for the family. Read more about palliative care on page 623.

QUESTION 18

What advice would you give a home-based caregiver on how to care for a patient with shingles to alleviate the symptoms?

- (1) Relief pain with aspirin or paracetamol and put the patient on bed rest.
- (2) If the sores are infected, red or full of puss, apply heat packs on the skin.
- (3) Bathe the sores with clean water 3 times a day and apply calamine lotion twice a day.
- (4) Give the patient lots of fluids to drink to keep the patient and the skin hydrated.

FEEDBACK ON QUESTION 18

The correct answer is 3. Although one can give the patient pain medication, it is not necessary to put the patient on bed rest (alternative 1). Alternative 4 is always a good idea, but it is not treatment for shingles. Alternative 2 is also incorrect – infected sores which are red or full of pus should be medically treated and definitely not with calamine lotion. Read how to care for patients with shingles on page 598.

QUESTION 19

You are working in a rural area where there is a critical water shortage. What advice would you give your colleagues in terms of washing their hands?

- (1) Pour water in a basin or container and use the same water to wash and rinse your hands. Change the water at least once a day.
- (2) It is not necessary to wash your hands between patients if you treat all the patients with a healthy skin first, and give attention to those with skin lesions last.
- (3) Use a wet face cloth and wipe your hands on the cloth after contact with each patient. Wash the face cloth a few times a day and hang it on a tree.
- (4) Pour clean water in a 2 litre milk bottle with holes in the cap, and ask somebody to pour the water over your hands while you wash and rinse them.

FEEDBACK ON QUESTION 19

The correct answer is 4 (pour clean water over the hands from a clean container with holes in it). Alternatives 1, 2 and 3 are incorrect and will lead to the spread of organisms and to infections.

QUESTION 20

The following are factors to consider when selecting volunteers who are directly involved in the physical care of the patient in home-based care programmes:

- (a) the ability to read and write, and to speak the language of the sick person.
- (b) the ability to obtain objective distance. It is therefore preferable that the volunteer come from outside the community.
- (c) the willingness to render a service to the sick person, irrespective of the volunteer's personality or abilities.
- (d) a basic knowledge about caring for sick people.

The correct answer is:

- (1) (c) and (d)
- (2) (a) and (d)
- (3) (a), (b) and (d)
- (4) (b) and (c)

FEEDBACK ON QUESTION 20

The correct answer is 2. Volunteers who are involved in the physical care of patients should be able to read and write and speak the language of the patient. They should also have a basic knowledge on how to care for sick people. Option (b) has nothing to do with physical care of patients, and option (c) is incorrect because personality and abilities are important if you care for sick people. Read more about the selection and management of volunteer workers on page 520.