

Module Two: Understanding the Provider-initiated and Delivered HIV Testing and Counseling Process in the Context of TB Clinical Settings

Total time for this module: 1 hour, 40 minutes

Training Objectives

- Participants will understand HIV testing and counseling as it has been performed to date and how these methods may contribute to their reluctance to include provider-initiated and delivered HIV testing and counseling (PTC) in the TB clinical setting.
- Participants will be assured that PTC is different from traditional VCT, only takes a few minutes, and is vital to the care of their patients.
- Participants will understand the protocol or process for PTC.

Advance Preparation

- Prepare overheads for Module Two (or use the PowerPoint presentation):
 - Overhead 2-1: Similarities between VCT and PTC
 - Overhead 2-2: Differences between VCT and PTC
 - Overhead 2-3: Provider-initiated and Delivered HIV Testing and Counseling in TB Clinical Settings: Protocol Diagram
 - Overhead 2-4: Patient Education
 - Overhead 2-5: Initial Patient Encounter
 - Overhead 2-6: Rapid HIV Test
 - Overhead 2-7: For Patients Who Test Negative
 - Overhead 2-8: For Patients Who Test Positive
- Post the protocol diagram on the wall.
- Have the job aid (script) for the providers available.

Overview of Module Two

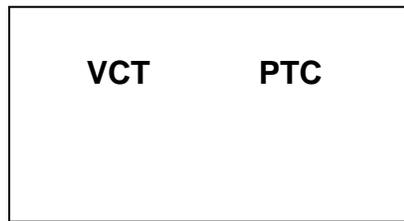
Many healthcare providers may be familiar with HIV voluntary counseling and testing (VCT) that is done in settings that often are not connected to a medical facility. They may view this type of HIV testing as time-consuming, which may contribute to their reluctance to include HIV testing in the TB clinic setting. As the trainer, you will provide information about the differences between VCT and PTC in TB clinical settings. Emphasize that PTC is done in TB clinical settings primarily to provide care and treatment and can be performed in a minimal amount of time. PTC does not include the sometimes lengthy risk assessment and client-focused counseling that is a part of VCT. But similar to VCT, PTC provides an excellent opportunity for prevention.

After reviewing the similarities and differences between VCT and PTC, you will introduce the protocol for HIV testing and counseling in TB clinical settings. Discuss each protocol component briefly.

Similarities and Differences between VCT and PTC

10:20 – 11:00 AM

Newsprint



The purpose of this module is to help you understand the difference between the current model of HIV counseling and testing, and how what you will be doing in the TB clinic differs from this model.

Some of you may be familiar with the traditional model that has been called HIV voluntary counseling and testing or VCT. Provider-initiated and delivered HIV testing and counseling, or PTC, is similar to VCT in a number of ways.

Overhead 2-1

Similarities Between VCT and PTC

- Voluntary
- Require consent
- Testing is done to benefit the client/patient
- Result must be given to client/patient
- Rapid testing with same day result is preferable

Overhead 2-1

Both VCT and PTC:

- Are voluntary
- Require the consent of the client/patient
- Test for the benefit of the client/patient
- Require that the result be given to the client/patient
- Are preferably done using a rapid test with a same day result

PTC also differs from VCT in a number of ways.

Ask participants to turn to the handout, Differences between VCT and PTC in Module Two of their manuals.

Pause while participants find the handout.

The handout provided in your manuals shows differences between these two counseling and testing models. The handout looks like this overhead (slide).

Overhead 2-2

	Voluntary Counseling and Testing (VCT)	Provider-initiated and Delivered HIV Testing and Counseling (PTC)
Clients/Patients	<ul style="list-style-type: none"> - Come to clinic specifically for HIV test - Expect to get tested - More likely to be asymptomatic 	<ul style="list-style-type: none"> - Come to clinic because they have TB or are suspected of having TB - Not necessarily expecting HIV test
Providers	Usually trained counselors, not necessarily trained as healthcare providers	Healthcare providers trained to provide counseling/education
Primary Purpose of HIV Counseling and Testing	Primary focus is on preventing HIV transmission through risk assessment, risk reduction, and testing	Primary focus is on diagnosing HIV for appropriate TB and HIV management, particularly by referral for HIV care
Pre-and Post-test Counseling	<ul style="list-style-type: none"> - Client-focused counseling - Usually a one-on-one encounter - Is equally important for both HIV-negative patients and HIV-positive patients to know their results because of the importance of prevention 	<ul style="list-style-type: none"> - Provider recommends test to realize for anyone coming to his clinic - Limited discussion about need for HIV testing - Little time spent with those who test negative - Primary focus on those who test positive with emphasis on their medical care and prevention
Follow-up	HIV-positive clients referred to medical care and other support services, some in community	HIV-positive patients provided with medical care, referred for additional support services, some in community

How many of you are familiar with VCT sites?

Acknowledge the show of hands.

Please note the information under the column labeled “VCT.” Much of the HIV counseling and testing done to date has occurred in VCT sites. Clients coming to these sites are:

- **Seeking out HIV testing**
- **More likely to be asymptomatic**
- **Expecting to get tested**

Counselors in the VCT setting are not always trained as healthcare providers, but they undergo special training for their job as HIV counselors. In these settings, the primary focus is on preventing HIV transmission through risk assessment, risk reduction, and testing.

Counseling that takes place prior to the actual testing (pre-test counseling) may be lengthy.

To date, the number of people who have been tested and know their HIV status has been very low, around 10% of the population.

Were you aware that most people have not been tested for HIV?

Why do you think most people have not been tested?

Facilitate a brief discussion on why most people have not been tested for HIV.

If participants do not offer suggestions, prompt the discussion with questions like:

- *Are people afraid to be tested?*
- *Do people assume they are not HIV-positive and therefore don't need to be tested?*
- *Do people assume they are HIV-positive but prefer not to know for sure?*

In their most recent policy statement on HIV testing, UNAIDS and WHO point out the critical need for increasing the number of people who have received HIV counseling and testing and know their status, and are able to access care, treatment, and prevention services.

As we discussed in Module One, UNAIDS/WHO and CDC recommend testing for HIV infection whenever a person shows signs or symptoms that are consistent with HIV-related disease or AIDS. They go on to say that this includes HIV testing for all TB patients as part of their routine management.

Add your own country's policy.

Refer again to Overhead 2-2.

Differences between VCT and PTC		
	Voluntary Counseling and Testing (VCT)	Provider-Initiated and Delivered HIV Testing and Counseling (PTC)
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Pre-and Post-test Counseling	<ul style="list-style-type: none"> – Client-focused counseling – Usually a one-on-one encounter – Is equally important for both HIV-negative patients and HIV-positive patients to know their results because of the importance of prevention 	<ul style="list-style-type: none"> – Provider recommends test as routine for anyone coming to this clinic – Limited discussion about need for HIV testing – Little time spent with those who test negative – Primary focus on those who test positive with emphasis on their medical care and prevention
Follow-up	HIV-positive clients referred to medical care and other support services, some in community	HIV-positive patients provided with medical care; referred for additional support services, some in community

Please refer now to the column labeled “PTC.” Provider-initiated and delivered HIV testing and counseling in TB clinical settings differs from VCT in that:

- **Patients are coming to the clinic because they have TB or are suspected of having TB. Patients may not expect to get tested for HIV.**
- **Providers in these clinical settings are trained as clinicians, and are providing medical services in addition to HIV testing.**

- **The primary focus is on diagnosing HIV for appropriate TB and HIV management, particularly by referral for HIV care.**
- **Pre-test counseling is limited to a brief discussion about the need for HIV testing, and the provider recommends the test as routine for anyone coming to the clinic. However, HIV testing is still voluntary and patients may refuse the test.**
- **The provider spends little time with those testing negative. Instead, the primary focus is on those who test positive and their medical care.**
- **The care of HIV-infected patients who also have TB is coordinated between the TB and HIV providers.**

Please take a few minutes to read over your handout.

Pause to allow for thoughts and questions.

Do any of you have questions about the differences between what you will be doing in the TB clinic and traditional VCT?

How do you think PTC will help your TB patients?

Listen for: PTC will help HIV-positive persons learn their status so they can get treatment for HIV.

Review Exercise

Have participants turn over their handout and remove Overhead 2-2 from the projector. Ask the class to name the differences between VCT and PTC until all the differences have been noted. Prompt the participants as necessary.

Components of PTC in TB Clinical Settings

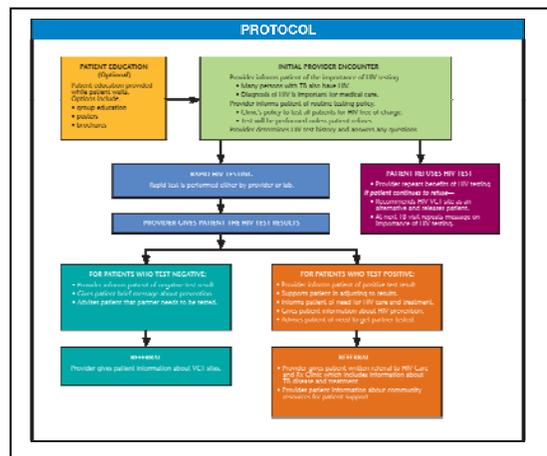
11:00 AM – 12:00 PM

Now that you understand the differences between VCT and PTC, let's go over the protocol for HIV testing and counseling. Please find the handout titled, "HIV Testing in TB Clinical Settings." The handout looks like this overhead (slide).

Handout: Provider-initiated and Delivered HIV Testing and Counseling in TB Clinical Settings

Pause to allow time for participants to find the handout. Point to the boxes on the protocol diagram as you discuss each step.

Overhead 2-3



The protocol diagram lists each step that is needed for PTC. We will go over each one of these steps to be sure you understand the process for testing patients. You will have more time to discuss the logistics involved in implementing the protocol in the next module. At this point, I want you to get a clear understanding of the process and what is involved.

Patient Education

Let's discuss the first box on the left-hand side of the page, which is labeled "Patient Education."

Overhead 2-4

**PATIENT EDUCATION
(Optional)**

Patient education provided while patient waits.
Options include:

- Group education by staff or via audio-visual equipment
- Posters
- Brochures

Overhead 2-4

Many patients will need to wait for some period of time after checking into the clinic and before seeing the provider. This is an opportunity to tell the patients that it is recommended that all patients with TB are tested for HIV and to provide them with information about HIV and TB.

Providing patient education before the patient sees the provider will help smooth the way. There are several options for pre-test education and information prior to being seen by the provider.

Clinics may choose one or more of these options.

- **Group education by a health educator, such as a nurse, or by a peer educator. People living with HIV/AIDS and/or TB can be trained as peer educators and are often very effective in this role. Group education means that all patients are gathered together as a group to hear a brief education lecture by a health educator or nurse.**
- **Brochures can be given to patients when they check in to read in the waiting room.**
- **Posters can be placed in waiting rooms and throughout the clinic, noting the link between HIV and TB and the importance of knowing one's HIV status.**

You will note that the patient education component of the protocol is optional because not all clinics will be able to provide patient education during the waiting period. Some clinics may choose to have all patient education take place during the individual patient encounter with the provider.

Do you understand the options for patient education? Are there any questions about patient education?

Answer questions before moving on.

Initial Provider Encounter

Overhead 2-5

INITIAL PROVIDER ENCOUNTER

Provider informs patient of the importance of HIV testing.

- Many persons with TB also have HIV.
- Diagnosis of HIV is important for medical care.
- Treatment for HIV is now available.

Provider informs patient of TB clinic testing policy.

- All patients will be tested for HIV unless they refuse.

Provider answers any questions.

Overhead 2-5

The next box refers to the patient's encounter with the provider. During this encounter, the provider will give care for the patient's TB and recommend testing for HIV. During the clinic visit, the provider informs the patient that:

- **Many persons with TB also have HIV.**

The diagnosis of HIV is important for the medical care of the patient since treatment for HIV is now available. Therefore, it is the clinic's policy to test all TB patients for HIV.

- **HIV test will be done unless the patient objects.**
- **The provider then answers any questions.**

Hold up a copy of the script flip chart. Emphasize that participants will have a chance to become familiar with using this tool during Module Three.

Each provider will be given a script that will help them talk with patients about HIV testing. A script is a document consisting of prepared dialogue designed to provide the user with the proper questions and remarks for a certain situation. The script provided here will also help providers talk with patients who refuse HIV testing at first. We will go over this script in detail in the next module.

The provider's job is to strongly encourage HIV testing, but patients still have the right to refuse testing if they do not think it is in their best interest.

Do you think many patients will refuse testing?

Acknowledge responses.

**Rapid HIV
Test**

Overhead 2-6

RAPID HIV TESTING

Rapid test is performed either by provider or lab.

Overhead 2-6

Next, refer to the box labeled “Rapid HIV Testing.” Patients are tested either by the provider or by lab personnel using rapid testing methods that usually take 15-20 minutes to perform and analyze. If the test is performed in a lab, the results are returned to the provider. In some clinics, the provider may be trained to do the testing, so patients do not need to go to the lab.

When the results of the testing are available, the provider calls the patient back into the office (same day, usually within 30 minutes) and gives the results to the patient.

How many of you are familiar with rapid HIV testing?

Acknowledge responses.

We will discuss this more in Module Five.

Negative Test Results

Overhead 2-7

FOR PATIENTS WHO TEST NEGATIVE

- Provider informs patient of negative test result
- Gives patient brief message about prevention
- Encourages a visit to a VCT center for additional prevention counseling and possible re-test
- Advises patient that partner needs to be tested; partner may be positive

Overhead 2-7

Next, the provider gives the results to the patient. For patients who test negative, the provider:

- **Informs the patient of the negative test result**
- **Gives the patient a brief message about HIV prevention**
- **Encourages the patient to go to a VCT center for additional prevention counseling and possible re-test**
- **Advises patient to encourage his or her sexual partner(s) to be tested as partner(s) may be positive**

Again, a script for the provider to use is included in Module Three. We will practice this in detail later in the training.

The provider closes the patient visit by giving the patient information about VCT sites in the community.

Positive Test Results

Overhead 2-8

FOR PATIENTS WHO TEST POSITIVE

- Provider informs patient of positive test result
- Supports patient in adjusting to result or refers patient to on-site counselor
- Informs patient of need for HIV care and treatment; refers to appropriate support services
- Gives patient information about HIV prevention
- Advises patient of need to get partner tested; partner may be negative

Overhead 2-8

For patients who test positive, the provider:

- **Informs the patient of the positive HIV result**
- **Supports the patient in adjusting to the result**
- **Informs the patient of the need for HIV care and treatment**
- **Gives the patient information about HIV prevention**
- **Advises the patient of the need for partner testing because the partner(s) may be negative**

Again, scripts are provided in Module Three.

The provider closes the patient visit by giving the patient a referral letter for the HIV care and treatment clinic and provides information about HIV resources that may be available in the community.

Are there any questions about this process?

Answer questions before moving to the next section.

Recording HIV Results

Participants may have many questions about logistical issues and skills. Let them know that logistical issues are covered in Module Four, and skills for conducting the patient encounter are covered in Module Three.

After you complete the patient visit, the results of the HIV test should be recorded into all records that providers use in caring for patients. This includes patient registers or logbooks used to track the care and management of patients, as well as individual patient records, such as TB cards. We will discuss this in more detail later in the training.

Because information about HIV status is sensitive, patient confidentiality must be protected. Thus, it is important that these records containing HIV results be kept in a safe place, usually a locked cabinet. These records should only be made available to providers and others who need to know this information for patient care.

Are there any questions about this process?

PARTICIPANT HANDOUT

Module Two: Understanding the Provider-initiated and Delivered HIV Testing and Counseling Process in the Context of TB Clinics

Handout: Differences between VCT and PTC

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Overheads

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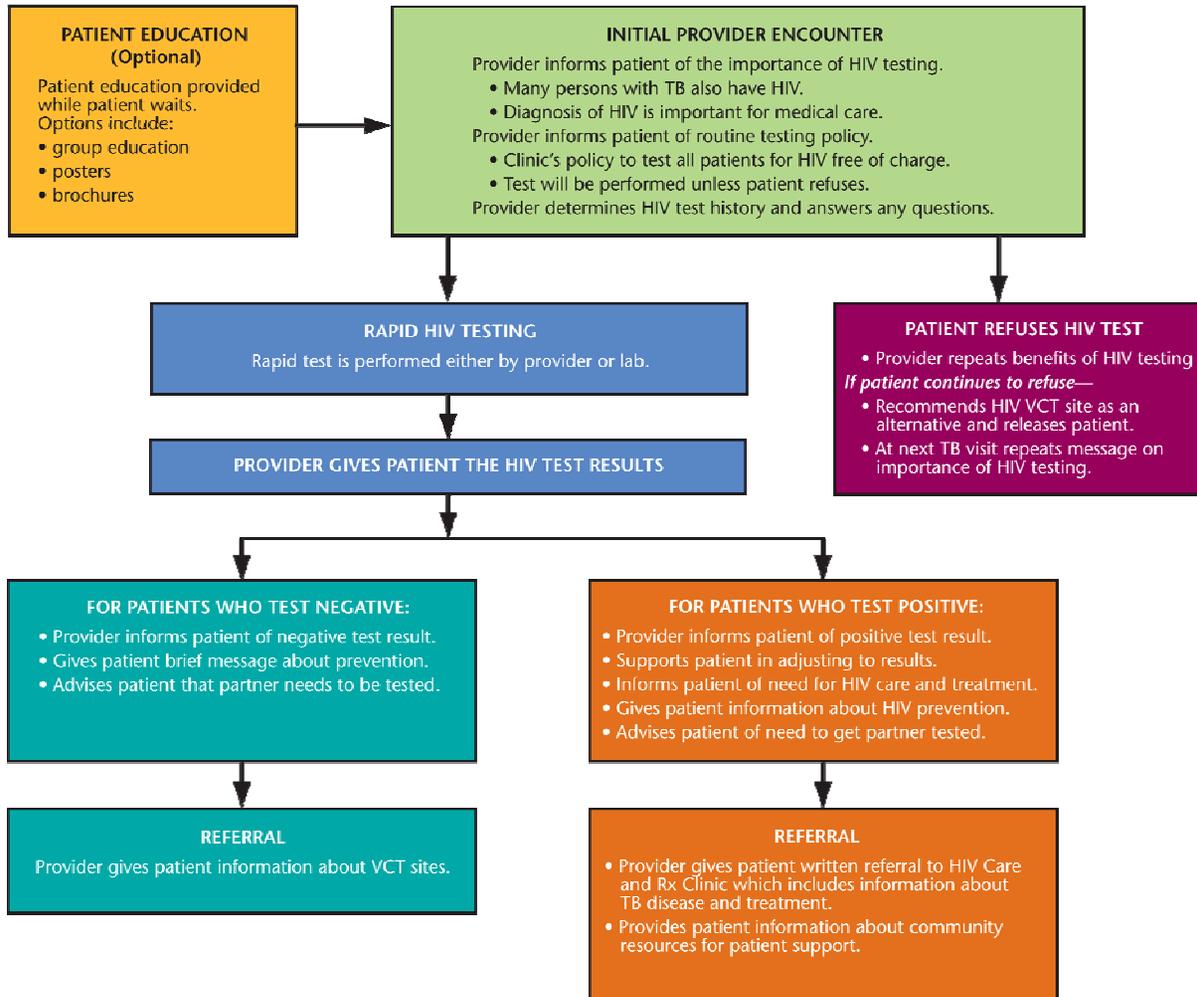
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PROTOCOL



PATIENT EDUCATION

(Optional)

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Overhead 2-4

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