

Module Three: Preparing the Provider to Perform PTC

Total time for this module: 8 hours

Training Objectives

- Participants will be aware of their own beliefs and personal issues about HIV and how these could affect their interaction with the patient.
- Participants will learn how to discuss sensitive issues with their patients.
- Participants will understand the importance of preserving confidentiality in relation to stigma and discrimination.
- Participants will understand how to use the scripts when talking with patients who are undergoing HIV testing.
- Participants will understand how to assist patients in coping with the news of HIV infection.

This section of the training is for the healthcare providers who will advise the patient about HIV testing and provide the result to the patient. The provider may take blood for the HIV rapid test, or this may be done in the lab.

Advance Preparation

- Prepare overheads (or use the PowerPoint presentation)
Overhead 3-1: Goals
Overhead 3-2: Personal Issues and Beliefs that Affect the Provider's Interaction with the Patient
Overhead 3-3: Sensitive Information
- Have newsprint available for capturing participants' responses on the issue of personal beliefs.
- Have newsprint with "Four Steps When Talking with a Patient" information (Module 3, bullets on pages 5-6) available.
- Have the script flipchart ready to hand out.

Overview of Module Three

This module covers the interaction of the provider with the patient from the time the provider tells the patient that it is clinic policy to test all TB patients for HIV through the test itself, and then providing the result to the patient with prevention information and referral.

The participants will learn about the specific points to be communicated to the patient. They will also become aware of their own beliefs and attitudes about HIV testing and patients with HIV. Finally, they will acquire and practice skills they will need in order to interact effectively with their patients regarding HIV testing.

Overview of Communication Skills for the Provider

12:00 – 1:00 PM

Overhead 3-1

In this session, you will learn and practice:

- Introducing the topic of HIV testing
- Explaining its importance
- Explaining what will happen
- Providing negative test results
- Providing positive test results
- How to encourage patients who refuse the test to reconsider their decision

Overhead 3-1

Introduce the Module

In this session, we are going to learn what to say to patients who are going to be tested for HIV.

We will practice—

- **Introducing the topic of HIV testing**
- **Explaining its importance**
- **Explaining what will happen**
- **Providing negative test results**
- **Providing positive test results**
- **How to encourage patients who refuse the test to reconsider their decision**

Provider's Personal Attitudes and Beliefs

Before we begin practicing what you will do in the clinic, I would like to start by discussing the attitudes and beliefs a provider may have that can affect the interaction with the patient.

Guide the participants through considering their own feelings about HIV testing and having HIV.

This activity is not meant to have each person explore his or her own inner feelings. Rather, they should simply become aware that how they feel about issues related to HIV can subconsciously affect how they give information to the patient.

As you go through the process, you will explain to the patient what will happen. The words you use are important, but the way you say the words is important too. Your tone of voice or the way you hold your body, which is your body language, can express many other things also, such as judgment, fear, pity, anxiety, sympathy, or many other emotions.

The provider's personal issues and beliefs affect his or her tone of voice or body language when talking with the patient.

Let's go over some of the issues and beliefs that can affect how providers speak with patients about HIV and HIV tests.

Overhead 3-2

Personal Issues or Beliefs that Affect the Provider's Interaction with the Patient

- Provider's HIV test history and willingness to be tested
- Provider's HIV status
- Provider's concerns about own HIV status
- Provider's concerns about the HIV status of spouse, family members, or close friends
- Provider's feelings about people with HIV, the stigma that HIV-positive people endure, and discrimination
- Provider's experience working with HIV-positive patients

Overhead 3-2

- **First, providers may have been tested, which means they will know first-hand the anxiety that comes with being tested.**
- **Some providers may be HIV-positive themselves.**
- **Some providers may be concerned about their own HIV status.**
- **Providers can also be concerned about the HIV status of their spouse, other family members, or their friends. They may be anxious about what is happening to these people or worried about their welfare.**
- **Unfortunately, some people in our society discriminate against people with HIV. Some people do not like to be around people with HIV. They may do this out of fear, or they may have beliefs or attitudes that are judgmental of people with HIV.**

Providers may have these same attitudes. Or they may simply feel badly for people who test positive because they understand how serious HIV and AIDS are, and the stigma that may confront their patients.

- **Some providers may have had experience working with HIV-infected patients. This experience may have been good or it may have been bad, but they will have some feelings about the experience.**

These attitudes and beliefs may not necessarily cause the provider to convey negative feelings during the patient encounter. In fact, some of these could make the provider more sympathetic to the patient.

The point to remember is that, as providers, you must do your best to be aware of your own feelings, beliefs, and experiences. Try not allow these issues to interfere with your ability to help the patient understand his or her HIV status and what to do about treatment and prevention.

**Are there any questions?
Does anyone have something to add to this list of issues or beliefs?**

Pause for questions or suggestions about other issues or beliefs to be put on the list.

**Brainstorm
Patient
Situations**

The objective of the next short exercise is to get the participants to consider how personal beliefs and attitudes as well as a patient's lifestyle or circumstances might affect how a provider interacts with the patient.

Let's take a few minutes to consider how providers might interact with a few patients.

All the patients we will describe have just been diagnosed with TB and the provider has described their treatment regimen.

Present the three patients individually. Although they are Patients A, B, and C in these training materials, you may give them names to make them seem more real to the participants.

Patient A (provide a name) is a 30-year-old man who is a husband and father of a 2-year-old son. He is away from home for weeks at a time because he can only find work in a large city.

- **What do you think might be a provider's thoughts when telling this patient that he needs to be tested for HIV?**
- **Do you think a male provider's attitude or beliefs will affect how he interacts with this patient?**
- **Now think about how a female provider's attitudes and beliefs will affect her interaction with the patient.**
- **If the provider's brother has just been diagnosed with HIV, do you think this might affect his/her interaction with this patient?**

Patient B is a minister in one of the local churches, and is well thought of in the community.

- What do you think might be a provider's thoughts when telling this patient that he needs to be tested for HIV? Will the provider hesitate to offer the HIV test?
- Do you think male and female providers will tend to react differently with this patient?
- If the provider himself has been reluctant to be tested for HIV, how do you think he might interact with this patient?

Patient C is a sex worker who is still very young—19 years old.

- What do you think might be a provider's thoughts when telling this patient that he or she needs to be tested for HIV?
- Do you think male and female providers will tend to react differently with this patient?

Once all the possibilities have been discussed, summarize the conversation.

Emphasize the point that clinic policy is to test all patients. Thus, testing does not mean that the provider thinks this person is at risk.

Post prepared newsprint: "Four Steps When Talking with a Patient".

You can see that there are many attitudes and beliefs that can have an effect on if, or how, patients are told that they should be tested for HIV.

However—regardless of how you feel about a certain patient—your objectives when you talk with the patient about his or her test result are:

- **First, to make sure the patient understands what you are saying.**
- **Secondly, for HIV-positive patients you want to express optimism that finding the infection is the first step to getting treatment.**

Treatment for HIV is very important. It helps protect the person from the effects of HIV and will make the treatment of the TB infection more effective.

- **Third, you want to help patients understand how to protect themselves from getting HIV if they are not infected.**
- **Finally, for HIV-positive patients, you want to help them understand how to protect themselves from other sexually transmitted infections (STIs) and to protect their partners from HIV infection.**

Remind the participants that they will practice these messages later in the training.

You will have many opportunities to practice these points later in the training.

***Discussing
Sensitive
Information***

One more issue that we should cover before getting into the patient encounter is discussing sensitive issues. It is sometimes difficult to talk about sensitive topics such as sexual behavior.

You may feel a little awkward at first. However, it gets more comfortable as you have more experience with these topics.

You will find that with time, talking to your patients about changing their sexual behavior to protect themselves and their family from HIV becomes a routine and important part of patient care.

We will practice doing this today and you will find that it gets easier over time. Also, we will give you a script with suggested ways of talking about sexual behavior with your patients that you may want to follow until you become more comfortable talking about sex in your own words.

Overhead 3-3

Key Issues Regarding Sexual Behavior

- Patient must understand that HIV is usually transmitted sexually
- Prevention methods: abstinence, being faithful, and condom use
- Preventing re-infection with another HIV strain or getting STIs
- Infecting partners

Overhead 3-3

What you will need to cover about sexual behavior in provider-initiated and delivered HIV testing and counseling is—

- **You need to be able to help the patient understand that HIV is usually transmitted sexually.**
- **You will need to explain how the patient can prevent getting HIV if he or she is not already infected. This will require that you talk very briefly about abstinence, being faithful to a partner with known status, and condoms.**
- **You will need to explain how an HIV-infected person can prevent getting re-infected with another strain of HIV or getting STIs through unprotected sex.**
- **You will need to explain how HIV-infected people can prevent giving HIV to their partners.**

You will have many opportunities to practice doing this over the next 2 days.

Are there any questions?

Answer questions and acknowledge comments.

I would like to hear any of your concerns about this issue. Does anyone have thoughts about this?

We will break for lunch at this time. Please return to the room at 2:00 PM.

Lunch
1:00 – 2:00 PM

The Provider's Initial Encounter with the Patient

2:00 – 3:10 PM

*Introduce the
Topic of HIV*

We are now ready to begin reviewing and practicing the scripts you will use with patients who are to be tested for HIV.

Remember: All new patients who are diagnosed with TB will also undergo testing for HIV unless they refuse. Patients have the right to refuse. Testing is not mandatory. Probably the best time to talk to new patients about the HIV test is at the point of diagnosis or after you discuss their TB treatment.

Hand out the script flipcharts to the participants. Point out the issues that the provider will help the patient understand.

In your script flipchart, please turn to the first page. At the bottom of the page and at the top, notice the words, Introduction: Begin here.

In the first part of this script, you will help patients understand—

- **That many people have both HIV and TB**
- **The reason why many people with HIV have TB**
- **The importance of treatment for HIV-infected patients**

Will someone volunteer to read the script under “Introduce the topic of HIV”?

Volunteer reads:

There is a very important issue that we need to discuss today.

People with TB are also very likely to have HIV infection. In fact, HIV infection is the reason many people develop TB in the first place.

This is because people with HIV are not able to fight off diseases as well as persons who are not infected.

If you have both TB and HIV, it can be serious and life-threatening without proper diagnosis and treatment.

Treatment for HIV is becoming more available and can help you feel better and live longer.

Also, if we know you have HIV infection, we can treat your TB disease better. We can give you better health care.

Thank the volunteer for reading the script.

Once you have introduced the topic of HIV and explained the importance of knowing one's HIV status, you will proceed to tell the patient—

- **It is recommended that all TB patients be tested for HIV free of charge.**
- **The patient will be tested today unless he or she refuses.**
- **The patient will receive the result of the HIV test today before leaving the clinic.**

**Inform Patient
of Need to Test
for HIV**

Ask for a volunteer to read the script under “Inform patient of need to test for HIV.”

Will someone volunteer to read the script under “Inform patient of need to test for HIV”?

Volunteer reads:

For these reasons, we advise that all our TB patients be tested for HIV with a simple test.

Unless you refuse, you will be tested for HIV today free of charge. The result of your HIV test will be known only to you and the medical team who will be treating you. This means the test result is confidential.

We can give you the result of your HIV test today before you leave the clinic. If your test result is positive, we will provide you with information and services to manage your disease. If it is negative, we will refer you to services to help you stay negative.

Do you have any questions?

Thank the volunteer for reading.

**Provider
Offers and
Recommends
the Test**

It is very important that participants understand the concept of provider-initiated and delivered HIV testing and counseling. You MUST make sure the provider understands that he or she will recommend that the patient undergo the test and stress the importance of testing. The provider says that the clinic advises testing TB patients, and unless the patient refuses, the patient will be tested for HIV that day. The provider should answer any questions and then say they will begin the test.

I want to make sure all of you understand how you should tell the patient about the clinic's standard of care concerning HIV testing. This is very important.

You should not ask the patient directly if he or she wants to be tested. Use the script provided: “For these reasons, we advise

that all our TB patients be tested for HIV. Unless you refuse, you will be tested for HIV today.”

If the patient does not refuse, move on to the HIV test.

Please take a few minutes to review the statements on the first page of the script flipchart.

Allow 1 or 2 minutes for the participants to review the script in the introduction. Then ask for questions.

Are there any questions about what you see on the first page?

Answer questions and acknowledge comments.

***If the Patient
Refuses the Test***

Please turn to 1: Patient refuses HIV test.

Patients have a right to refuse the test, but your task is to help the patient understand that knowing his or her HIV status will help the provider care for the patient better.

The first thing to do if the patient refuses the test is to ask why the patient did not want the test today. You should briefly acknowledge their concerns and discuss their issues, always coming back to the importance of getting tested.

Ask for a volunteer to read the first two questions on 1: Patient refuses HIV test.

Will someone volunteer to read the first two questions on the script on page 1: Patient refuses HIV test?

Volunteer reads:

Could you tell me why you decided not to have an HIV test today?

How can I help you get ready to take an HIV test?

Thank the volunteer for reading. Have the participants think about some of the objections that patients might present. If no one offers any suggestions, ask them a question about potential objections. For example:

- *Will someone say they are afraid?*
- *Will some women want to consult with their husbands?*

Focus their responses on the benefits of knowing their HIV status rather than long discussions to overcome their objections.

What do you think may be some of the objections patients will raise to getting the HIV test?

You will not be able to overcome all their fears or objections in this short clinic visit. Acknowledge their fears or concerns.

However, you should focus on reminding the patient of the benefits of knowing their HIV status—

- **They can be treated for their possible HIV infection.**
- **Treatment for HIV will make the treatment for TB more effective.**

If the patient says he or she has had a recent negative HIV test, encourage him or her to repeat the test so the clinic will have a record of it.

If the patient continues to refuse, repeat the reasons to be tested and give the patient the following options—

- **You will talk with the patient again at his or her next clinic visit to see if he or she is ready.**
- **You can give the patient a referral to another HIV test site if the patient does not want to be tested in the TB clinic.**

Ask for a volunteer to read the script under “If a patient still refuses after discussion above.”

Volunteer reads:

It is still very important that you have an HIV test so we can make sure you get the care you need if you are infected.

(For patients who refused based on previous negative HIV test)
I recommend you repeat the HIV test so we have a record of your result in this clinic.

If you do not have HIV, you can protect yourself from becoming infected in the future.

If you do have HIV, you can take very important steps to protect your health and your partner’s health as well as any future pregnancies.

You will also be able to get the care and treatment you will need to stay healthy.

When you return to the TB clinic for your medication, could we talk again about HIV testing to see if you are ready to have the test?

If you do not want to be tested here at the TB clinic, I can give you a referral to an HIV test site if you would like to go alone or with your partner.

If you do receive a test at a site outside of this clinic, it is important that you share your result with the healthcare providers in this clinic so we can ensure you receive appropriate care and treatment.

Thank you, (name).

If the patient wants a referral to an HIV test site, you should provide a referral. Be sure to tell the patient that the result of the HIV test should be shared with the TB provider to ensure appropriate treatment.

Please take a few minutes to review the script on this page (1: Patient refuses HIV test).

Allow 2 or 3 minutes for the participants to review the script on 1: Patient refuses the test. Then ask for questions.

Are there any questions?

Performing the Rapid HIV Test

HIV infection is detected by testing for antibodies to the virus in blood or saliva. Antibodies are chemicals that the body makes in response to an infection such as HIV. We will talk more about the test in Module 5.

Most rapid HIV tests require blood from the patient taken either from a small prick of the finger or from venipuncture of the arm. Some rapid tests require an oral sample of saliva.

Infection Control

It is important when taking blood from the patient to remember—

- **HIV can be transmitted through contact with blood or body fluids of an infected patient.**
- **Transmission is more likely if infected blood is in contact with skin that is abraded or cut, or if infected blood comes in contact with mucous membranes.**

Therefore—

- **Wear gloves when contact with the patient's blood or body fluids is likely, for example, when taking blood samples or cleaning wounds.**
- **Clean spills of blood or fluids with dilute bleach solution.**

We will discuss infection control in more detail in Module 5.

HIV rapid tests usually take only 15-20 minutes.

Getting Tested

Let's proceed to the HIV test in your script. Please turn to 2: *Performing the Rapid HIV Test.*

The first thing you will do is explain to the patient what will happen:

- **Depending on the process set up in individual clinics, the test will be done by the provider during the clinic visit, or the patient will be sent to the lab for testing.**

Either the provider or the lab technician will take blood from a small prick of the patient's finger, from venipuncture of the arm, or will ask for a saliva sample if they are using an oral rapid test. The patient's sample will then be tested. This takes 15-20 minutes.

If the first rapid test result is positive, a second test will be conducted to confirm that result. This second test will take an additional 15-20 minutes.

- **If the testing is performed in the lab, the result should be sent back to the provider. This should take 20-30 minutes.**
- **The patient waits in the clinic while the lab test is performed.**

At this point, participants may bring up questions about the laboratory's capability to return reports in 20 to 30 minutes.

You can defer this conversation until the next module when the procedures and logistics of providing PTC in TB clinical settings are discussed in great detail.

For now, continue as though the laboratory can deliver results in 30 minutes.

*Ask for a volunteer to read the script in 2: *Performing the Rapid HIV Test.**

Will someone volunteer to read the script and the options listed in 2: *Performing the Rapid HIV Test?*

Volunteer reads:

The test requires that we take your blood from a small prick of your finger (or from a needle put into your arm; or that we take your saliva from inside your mouth).

Option 1: Sample is tested by provider.

Your sample will be tested here in the clinic. You will need to wait about 15-20 minutes while I run the test. As soon as the result is available, we will talk about the test result.

Option 2: Sample is tested in the lab.

You will need to go to the lab for the test. After the lab takes your sample, you will need to wait about 15-20 minutes while the lab runs the test. When the lab returns the result to me, we will talk about the test result.

Option 3: Sample is taken in the clinic and sent to the lab.

We will take your sample here in the clinic and then it will be sent to the lab to be tested. When the lab returns the result to me, we will talk about the test result.

Thank you, (name).

In some clinics, the policy may be that the provider sits with the patient while the blood is being tested. In this case you may want to talk with the patient about HIV prevention. We will cover this topic in detail later.

Or you may answer questions the patient may still have about the test, HIV treatment, or the treatment for TB that the patient is receiving.

Are there any questions?

Answer questions and acknowledge comments.

**Break
3:10 – 3:30 PM**

Before the role plays begin, take a 20-minute break.

Role-Play of the Initial Patient Encounter

3:30 – 5:00 PM

We are now going to practice the initial encounter with the patient. You may use the script flipchart as you participate in this role-play.

*Trainers will demonstrate the role-play.
One trainer will be the provider and the other will be the patient.*

My co-trainer and I would like to role-play the initial patient encounter for the group. Then we will separate into groups of two so that everyone gets a chance to practice this encounter.

I will act as the provider, so I will use the script flipchart. (Co-trainer) will act as the patient and will initially refuse the test.

(Trainers role-play.)

After the role-play, discuss with the participants what went well, and what could have been done differently.

Ask the participants to divide into groups of two. The role-play will occur over 10 minutes.

Give instructions that for the first 5 minutes, one person will be the patient and the other the provider.

Role Play

Please separate into groups of two. The total time for this role play is 10 minutes. In the first 5 minutes one of you in each group will be the patient and one the provider. In the second 5 minutes, you will reverse roles.

Allow time for participants to divide into groups.

Are all of you in groups of two? In your groups, decide who will be the provider and who will be the patient. Remember, all of you will get to play both roles because we will switch roles in the next 5 minutes.

In the first 5 minutes, those of you who are the providers will begin the conversation. Use the script flipchart. Those of you who are patients will refuse the test.

The provider then must ask the patient why he or she does not want the test today, and address any concerns the patient may have. The patient will continue to refuse, and the provider should end the visit by following the script on the page.

In the first 5 minutes, the provider will begin the discussion, but the patient will refuse the test. The provider must then talk with the patient about his/her concerns. This part of the role-play should end with the provider telling the patient about the possibility of being tested at the HIV test site and what will happen at the next visit to the TB clinic.

After 5 minutes instruct the groups to reverse roles and start again.

In the next 5 minutes, you will reverse roles and start again. This time the patient will not refuse the test, and the provider will explain what is to happen.

Use your script flipcharts—and begin.

As the participants go through the role-play, wander about the room, helping any who are having difficulty with their roles.

After the second 5 minutes, ask participants to stop the role-play and return to their seats.

Please return to your seats.

Ask the group to reassemble and discuss the difficulties that the participants raise.

Did anyone have difficulty with any part of this initial encounter?

Would anyone like to comment on their partner's performance or anything that they thought was particularly good?

End of Day 1

Congratulate the class on their work for the day. Tell them that the class will start at 8:30 promptly the next morning.

Providing the HIV Test Result to the Patient—Negative Result

Begin Day 2
8:30 – 10:10 AM

Start the morning session by reviewing briefly what was covered in Module Three the previous day: the provider's self-awareness of his or her own beliefs and attitudes about HIV and the provider's first encounter with the patient.

Proceed to the morning's task: providing the test result to the patient.

Once you have finished testing the blood or the lab has given you the result of the patient's HIV test, you will give the result to the patient. Positive means infected. Negative means that the patient is most likely not infected.

**Inform patient
of the result:
Negative HIV
Test Result**

Giving the patient the good news that he or she is not infected is easy. However, there are several important issues you need to discuss after you give the test result. These issues are retesting and prevention.

Please turn to 3: Inform patient of the result: Negative HIV Test Result in your script flipchart.

First you will tell the patient that the test result is negative. This means that the test did not detect HIV in the patient's blood. At this point, you should pause for a moment to let the patient absorb what you have said.

Ask for a volunteer to read "3: Inform patients of the result: Negative HIV Test Result."

Will someone volunteer to read the script on "3: Inform patient of the result: Negative HIV Test Result"?

Volunteer reads:

Thank you for waiting.

Your HIV test is negative. The test did not detect HIV in your blood.

Pause briefly.

HIV infection is common in our community. You need to take steps to ensure that you do not become infected in the future.

Thank you, (name).

Does anyone have questions about what we have covered so far?

Answer questions and acknowledge comments.

**Prevention
Messages for
HIV-negative
Patients**

It is very important that you advise your HIV-negative patients about sexual behavior that will prevent them from getting infected with HIV. Please turn to **4: Prevention messages for HIV-negative patients**.

The script on these pages covers HIV prevention messages. These messages are about—

Partner testing: The patient should ask his or her partner to be tested for HIV. It is possible that the patient's sex partner is positive even though the patient is negative. If one partner in a couple is negative and the other is positive, we say the couple is 'discordant'.

Being faithful: If the partner has been tested and does not have HIV, both partners should be faithful and not have any other partners. This will protect both partners from getting HIV.

Abstaining from sex: The patient should not have sex until the partner has been tested.

Using condoms: Patients who do have sex with HIV-infected partners or with partners whose status is unknown should use condoms every time they have sex.

Condoms should be available in your clinic. There should also be brochures on how to use condoms, and on all the ways to prevent HIV infection.

Finally, emphasize the importance of getting the patient's partner tested by the patient's next visit to the TB clinic. Tell the patient that you will ask about this the next time he or she comes into the clinic.

Ask for a volunteer to read "4: Prevention messages for HIV-negative patients."

Would someone volunteer to read the script on "4: Prevention messages for HIV-negative patients"?

Volunteer reads:

Although you have tested HIV negative today, it is still possible for you to become infected if you engage in any risky behaviors at any point in the future. You can get HIV infection from having unprotected sex with someone who is infected.

For this reason, ask your sex partner(s) to be tested. Sometimes couples have different HIV results.

If your partner goes for a test and does not have HIV, the two of you can be faithful and not have sex with any other partners. This will protect both of you from getting HIV.

If your partner does have HIV or you don't know his/her status, you can protect yourself by not having sex.

If you do have sex with an HIV-positive partner or a partner whose status you don't know, use condoms properly every time you have sex. We have condoms available in the clinic and you are welcome to take some. The (name of the VCT center) also has condoms and can show you how to use them.

Here is some information about the VCT center where your partner can go to be tested, and where you can go for more information on how to protect yourself from getting HIV.

I would encourage you to go to the VCT center where they can counsel you on how to remain negative. They also may want to retest you and your partner at appropriate intervals. It may be important for you to be retested because if you have had a recent risk (within the past 2-3 weeks), it is possible that you could be infected with HIV but it is not yet able to be detected by laboratory tests. This is called being in the 'window period'.

I hope you will ask your partner to be tested by the time of our next visit. We will discuss this at your next visit.

(Give handouts on how to use condoms and how to avoid getting HIV. Give condoms. Finish the patient visit.)

Thank you for coming in today. I hope that when you come in next time, your partner will have been tested for HIV.

Ask for questions. Participants may have more questions in this section about what to do if the patient does not want to ask a partner to be tested or how to talk about condom use.

Are there any questions about providing prevention messages for HIV-negative patients?

What kind of questions do you think patients will have about the prevention messages?

Write the questions on newsprint and discuss answers.

Ask for two volunteers to demonstrate the role-play. If no one volunteers, choose two people. Choose one to be the provider and one to be the patient.

I would like for two volunteers to role-play providing an HIV-negative result and prevention messages before the whole

**Role-Play:
Providing HIV-
negative Result
and Prevention
Messages**

group. Then we will separate into groups of two so that everyone gets a chance to practice this encounter.

Who will volunteer?

Thank you, (names).

(Names) please role play providing the HIV-negative result and giving the patient the prevention messages we talked about.

(Volunteers role-play.)

After the role-play, discuss with the participants what went well, and what could have been done differently.

Ask the participants to divide into groups of two. Give the instructions that for the first 15 minutes, one person will be the patient and the other the provider. In the first 15 minutes, the provider will tell the patient that the result of the test was negative, using the script. Then the provider must role-play giving the prevention messages.

I want all of you to divide into groups of two. Choose what roles you would like to play: patient or provider. All of you will have the chance to role-play both the patient and provider roles.

In the first 15 minutes, those of you who are providers will use your script flipcharts to deliver the message to your patient that his or her HIV test result was negative.

Those of you who are patients should refer back to the questions that we just brainstormed (*point to the newsprint*). Ask the provider some of these questions.

(15 minutes of role-play)

During the role-play, you should listen in on the groups and offer help and suggestions when necessary.

Stop the role-play at the end of 15 minutes.

*Ask all the participants who were patients to move to the group next to them. (*Indicate in what direction you want them to move.*)*

Everyone stop the role-play.

Now we want everyone who has been playing a patient to move to your (*right/left*). Everyone will now have a different partner.

Instruct the participants to reverse roles.

In your new group, reverse your role. If you were the patient before, you will now be the provider. If you were the provider before, you are now the patient.

Please repeat the role-play with 3: *Inform patient of the result: Negative HIV test result* and 4: *Prevention messages for HIV-negative patients*.

I will stop the role-play in 15 minutes.

Repeat the role-play. Stop the role-play in 15 minutes and ask people to take their seats.

(After 15 minutes)

Please take your seats and we will talk about your experience.

Will someone volunteer to talk about how they felt as the provider?

How did you feel when you were the patient?

As patients, what were the major questions you had as you heard the news about your HIV status? As you heard the prevention messages?

Does someone want to share what you think was a particularly good performance by a provider or a patient?

**Break
10:10 – 10:30 AM**

Take a break for 20 minutes. Remind participants to return promptly at 10:30.

Providing the HIV Test Result to the Patient—Positive Result

10:30 – 12:30 PM

Positive HIV Test Results

Now we will talk about giving patients a positive test result.

Ask the participants to turn to 5: Inform the patient of the result: Positive HIV Test Result.

Please turn to 5: Inform the patient of the result: Positive HIV Test Result in your script flipchart.

It will be important when you give patients the news that their HIV test was positive that you remember what we talked about earlier in this module.

- You must remember to focus on their understanding the situation.
- You need to stress the importance of their getting treatment for HIV.
- You should acknowledge that these results may be difficult to hear, but express confidence in their ability to adjust and cope.
- You should ask if there is someone they can talk to about what they have learned.

If your clinic has an on-site counselor, you will offer them the opportunity to talk with that person. If not, you will give them information about support from organizations in the community. This is a topic that we will cover in Module 4.

- You will talk with the patient about the importance of getting care and treatment from an HIV treatment clinic.
- You will give the patient a referral to the HIV treatment clinic. This referral will include the information about the patient's TB treatment. Referrals will be covered in the next module.
- You will advise the patient that if she (or a male patient's partner) is pregnant or planning to get pregnant that they should tell the healthcare provider at the HIV clinic so that they can talk about how to protect the unborn child from HIV.
- You will urge the patient to go to the HIV clinic as soon as possible, even before their next visit to the TB clinic.

Confidentiality is very important at this time. Patients will be very concerned about others knowing about their HIV status, and they will need time to figure out who to disclose to and how to manage their situation.

You can help in 2 ways—

- **Advise the patient to keep their referral letter in a private place until they take it to the HIV clinic.**
- **The result of the patient’s test will be recorded in the medical record and clinic register or logbook. These files must be kept in a place where casual observers cannot see them, which we will discuss more in Module 4.**

Will someone volunteer to read the script on “5: Inform the patient of the result: Positive HIV test result?”

Volunteer reads:

Thank you for waiting.
Your HIV test is positive.
This means you are infected with HIV.

(Pause for a few seconds so that the patient can absorb what you have said.)

(Helping positive patients cope.)

It can be difficult to receive this result—to learn that you have HIV. It is normal to feel upset and overwhelmed at first. You need to take time to adjust, but with time you will begin to cope and learn to live with your result. There are many people in this community who are living positively with HIV, and there are many services available in this area to assist you.

Most people find it helpful to tell someone about their problems and get their support.
Is there anyone that you can talk to about what has happened today?

Before you leave today,

Option 1: I will give you information about how to get further support from some organizations within our community.

Option 2: You will have the opportunity to talk with our on-site counselor.

(Discussing medical care)

In addition to getting support from family and friends, you need medical care that can help you feel better and live longer.

You need to go to a clinic that provides evaluation and treatment for HIV. Here is a referral for you to give to the healthcare provider in that clinic that will let him/her know you are receiving treatment for TB, and that you have been tested for HIV.

Also, if [you/your partner] are pregnant or planning to get pregnant, you should tell your healthcare provider at the HIV clinic so that [he/she] can talk to you about protecting your unborn child from getting HIV.

If you do not want others to know about your HIV status at this time, you should take care to keep your letter in a private place until you give it to the healthcare provider in the HIV clinic.

It is important that you go to this clinic as soon as possible. I hope you will be able to go before our next visit. We'll talk about this at your next visit.

I am also giving you a medicine called cotrimoxazole to take daily along with your other TB medications that will help your body fight infections. Are you allergic to any medications? *Give instructions on taking cotrimoxazole. Remember that patients who are allergic to sulfa cannot take cotrimoxazole.*

Thank you, (name).

***Prevention
Messages for
HIV-positive
Patients***

Finally, it is very important to talk with the patient about preventing transmission of HIV to the patient's partner or partners and preventing the patient from getting other STIs.

Please turn to page 6: *Prevention messages for HIV-positive patients* in your script flipchart.

It will be important that you make sure the patient understands that HIV can be spread through sex and that his or her partner may not have the same HIV status. The prevention messages for HIV-positive patients are similar to those for HIV-negative patients.

Partner should be tested: Because the patient is infected with HIV, the patient's partner must be tested to determine if he or she is infected as soon as possible.

- **The patient may inform you that his/her partner has already been tested. Acknowledge this is a good thing, but go on to discuss the need to prevent transmission of sexually transmitted infections and HIV, regardless of the testing status of the partner.**
- **If the partner tested positive, note that protection from other strains of HIV and sexually transmitted infections is important for both individuals.**
- **If the partner tested negative, be sure to emphasize the importance of protecting the negative partner.**

Abstaining from sex: Tell the patient that the best way to assure that your partner does not get HIV is not to have sex.

Using condoms: If the patient does have sex, he or she should be advised to use condoms properly every time.

- **Advise the patient that you have condoms in the clinic and that the VCT center has condoms also.**

Finish by making sure the patient has his or her referral letter for the HIV clinic and condoms.

Will someone volunteer to read the script “6: Prevention messages for HIV-positive patients?”

Volunteer reads:

One last, but important point:

If you have a sex partner and you feel safe, tell [him/her] about your HIV test result. If you cannot tell your partner, you can go with him/her for an HIV test and have the counselor give the two of you your results. Or bring your partner here and I will help you tell [him/her].

Your partner doesn't have to know that you already know your test result. We will keep your test result confidential and will not share it with anyone except persons involved in your health care.

Because HIV can be spread through sex, if you have a partner, he/she needs to be tested right away to determine if he/she is also HIV-infected. Even though you have HIV, your partner may not be infected, and there are steps to protect him/her from infection. Do you think you can get your partner in for testing by our next visit?"

Here is some information about where your partner can go to be tested.

(Note: Patient may inform you that his/her partner has already been tested. Acknowledge this as a good thing, but go on to discuss the

need to prevent transmission of sexually transmitted infections and HIV, regardless of the testing status of the partner. If partner has already been tested and is negative, be sure to emphasize the importance of protecting the negative partner. If partner has tested positive, note that protection from other strains of HIV and sexually transmitted infections is important for both individuals. Encourage an HIV-positive partner to be screened for TB if this has not already occurred.)

If your partner has not been tested or knows that he/she is HIV-negative, there are several things you can do to keep from giving HIV to him/her.

The most effective way to assure that your partner does not get HIV is to not have sex. If you do have sex, use a condom properly every time you have sex.

We have condoms available in the clinic and we recommend that you take some home with you. The (community VCT center) also has condoms.

Again, it is very important that you use a condom properly every time you have sex with any partner so that you do not pass HIV on to others, and others do not pass on any additional STIs to you.

Thank you, (name).

The news that they are HIV-positive will, of course, be difficult for patients, even if they suspect they are infected.

Some patients may want to talk about fears or concerns they have such as disclosing their HIV status to their partner.

What are some of the concerns or fears the patient might have?

Write the suggestions on newsprint.

Talk about ways to handle some of the fears.

Close the discussion with:

If someone brings up an issue of safety, do not press for disclosure or partner testing. Refer a patient with difficult issues to the HIV clinic, which may have a counselor. If your clinic has an on-site counselor, make sure the patient sees this person.

Role-Play: Providing HIV-positive Result and Prevention Messages

We will now role-play providing a positive test result and prevention messages. You may use the script flipchart as you participate in this role-play.

Ask for two volunteers to demonstrate the role-play. If no one volunteers, choose two people. Choose one to be the provider and one to be the patient.

I would like for two volunteers to role-play providing the HIV-positive result and prevention messages before the whole group. Then we will separate into groups of two so that everyone gets a chance to practice this encounter.

Who will volunteer?

Thank you, (names).

(Names) please role play providing the HIV-positive result and giving the patient the prevention messages we talked about.

(Volunteers role-play.)

After the role-play, discuss with the participants what went well, and what could have been done differently.

Ask the participants to divide into groups of two. Ask them to pair off with someone they have not role-played with before. Give instructions that for the first 20 minutes, one person will be the patient and the other the provider. The patient will be given the profile of one of the TB patients that we discussed at the beginning of the module (minister, husband who works in another city for extended periods, sex worker).

As we did before, I want you to get into groups of two. Find someone who has not role-played with you before.

Decide who will be a provider and who will be the patient. As before, you will have the chance to play both roles.

Give them a few minutes to get into groups of two and choose roles.

For this role-play, I want those of you who are patients to be the people we talked about at the beginning of this module when we were discussing the provider's personal attitudes and beliefs. I am passing out pieces of paper with "minister," "husband who works in another city," and "sex worker" written on them. Hold this paper so that the provider can see it.

You will have 20 minutes to role-play giving HIV-positive result and going over the prevention messages, using the script flipcharts.

In the first 20 minutes, the provider will tell the patient that the result of the test was positive, using the script. Then the provider must role-play giving the prevention messages.

Ask the “patients” to use some of the questions that the group brainstormed about the fears of the patient.

Those of you who are patients, please refer to the questions we brainstormed about patients’ concerns and fears. Ask these questions if you think your character would have these concerns.

(Role-play 20 minutes.)

During the role-play, you should listen in on the groups and offer help and suggestions when necessary.

Everyone should stop the role-play now.

At the end of 20 minutes ask all the participants who were patients to move to the group next to them. (Indicate in what direction you want them to move.)

In the new groups those who were patients will be providers and those who were providers will be patients. Patients should choose a character role (minister, husband who works in another city, and sex worker) that neither the provider or the patient have role-played.

Ask the groups to repeat the exercise in their new roles. This will take another 20 minutes.

I want all the patients to move to the group to your *(right/left)*.

Now all of you will reverse roles as we did before.

Please start the role-play again on providing the positive result and prevention messages. This time those who were providers are patients. Patients, please take one of the 3 roles that neither you or your provider have role-played. Remember the 3 roles are minister, husband who works in another city, and sex worker. Please remember to ask the questions about concerns and fears.

Those who were patients are the providers. Please use your script flipchart.

(20 minutes role-play)

At the end of another 20 minutes, ask the participants to take their seats. Lead the participants through a group discussion based on these questions.

Will someone volunteer to talk about how they felt as the provider? What was particularly difficult in the role-play? Was any part of it easier than other parts?

Were you able to put aside any beliefs or notions that you had about these patients as you told them their results?

How did you feel when you were the patient?

Did you notice the provider saying anything in a manner that implied he or she had some personal belief about you or about how someone gets HIV?

As patients, what were the major questions you had as you heard the news about your HIV status? As you heard the prevention messages?

Does someone want to share what you think was a particularly good performance by a provider or a patient?

***Follow-up with
the HIV-positive
Patient***

There is one last thing we need to talk about. Although providers have said goodbye to the patient, you are likely to see him/her again at the next appointment.

It is important to continue talking to the patient about HIV. When providers are alone with the patient or in an area where their conversation will not be overheard, they can talk to the patient about what has occurred since the last visit.

First, you want to show concern/support for the patient by asking how he/she has been feeling since getting an HIV test. If the patient admits or appears to be under considerable stress, ask the patient if he/she has someone that he/she is comfortable talking to about HIV. If not, offer to refer the person for counseling, suggesting a specific place where they can go for help.

The second thing you want to ask HIV-infected patients about is whether he/she has gone to the HIV clinic. If not, does he/she have plans to go? If yes, is the patient on any new medications that you should know about?

Finally, it is important to ask the patient if his/her partner has gotten an HIV test. Remind the patient of the importance of partner testing and that his/her partner may have different HIV result than the patient has. Also, remind the patient that his/her partner can get an HIV test at the TB site or give the patient the name and location of a nearby counseling and testing site.

Continuing to ask the patient about his/her HIV and about partner testing shows your concern for the patient's well-being and stresses to the HIV-infected patient the importance of treatment and prevention.

***Wrap Up
Module Three***

We have completed practicing the scripts that you will use in the clinic with patients who are being tested. We will break now for lunch, and this afternoon we will cover administrative and program issues in managing patients with both TB and HIV infection.

***Lunch
12:30 – 1:30 PM***

Dismiss the class for lunch. Remind participants to return promptly at 1:30 PM.

HANDOUT

Module 3: Preparing the Provider to Perform PTC

Script (Flipchart)

Introduction to HIV Testing: Begin here.

Script

- **Introduce the topic of HIV**

There is a very important issue that we need to discuss today.

People with TB are also very likely to have HIV infection. In fact, HIV infection is the reason many people develop TB in the first place.

This is because people with HIV are not able to fight off diseases as well as persons who are not infected.

If you have both TB and HIV, it can be serious and life-threatening without proper diagnosis and treatment.

Treatment for HIV is becoming more available and can help you feel better and live longer.

Also, if we know you have HIV infection, we can treat your TB disease better. We can give you better health care.

- **Inform patient of need to test for HIV**

For these reasons, we recommend that all our TB patients be tested for HIV with a simple test.

Unless you refuse, you will be tested for HIV today free of charge. The result of your HIV test will be known only to you and the medical team who will be treating you. This means the test result is confidential.

We can give you the result of your HIV test today before you leave the clinic. If your test result is positive, we will provide you with information and services to manage your disease. If it is negative, we will refer you to services to help you stay negative.

Do you have any questions?

Action

If patient refuses test—

turn to 1: Patient Refuses Test

If patient does not refuse the test—

turn to 2: Performing the HIV Test.

1: Patient refuses HIV test

Script

Could you tell me why you decided not to have an HIV test today?
(Briefly acknowledge and discuss issues and concerns).

How can I help you get ready to take an HIV test?

- ***If patient still refuses after discussion above***

It is still very important that you have an HIV test so that we can make sure you get the care you need if you are infected.

(For patients who refused based on previous negative HIV test:) I recommend you repeat the HIV test so we have a record of your results in this clinic.

If you do not have HIV, you can protect yourself from becoming infected in the future.

If you do have HIV, you can take very important steps to protect your health and your partner's health as well as any future pregnancies.

You will also be able to get the care and treatment you will need to stay healthy.

When you return to the TB clinic for your medication, could we talk again about HIV testing to see if you are ready to have the test? If you do not want to be tested here at the TB clinic, I can give you a referral to an HIV test site if you would like to go alone or with your partner.

If you do receive a test at a site outside of this clinic, it is important that you share your results with the healthcare providers in this clinic so we can ensure you receive appropriate care and treatment.

Action

Release the patient with information about the VCT center.

2: Performing the Rapid HIV Test

Script

- **Explain the process of getting the HIV test.**

The test requires that we take your blood from a small prick of your finger (or from a needle put into your arm, or that we take your saliva from inside your mouth).

Option 1: Sample is tested by provider.

Your sample will be tested here in the clinic. You will need to wait about 15-20 minutes while I run the test. As soon as the result is available, we will talk about the test result.

Option 2: Sample is tested in the lab.

You will need to go to the lab for the blood test. After the lab takes your blood sample, you will need to wait about 15-20 minutes while the lab runs the test. When the lab returns the result to me, we will talk about the test result.

Option 3: Sample is taken in the clinic but tested in the lab.

Your sample will be taken here in the clinic, but we will send it to the lab for testing. When the lab returns the result to me, we will talk about the test result.

(If you sit with the patient while the sample is being tested, you may want to talk about HIV prevention as outlined in 4: Prevention for Negatives. Or you may answer the questions the patient might have about the HIV test, HIV treatment, or the TB treatment that the patient is receiving.)

- **When you have the test result—**

Action

If the result is negative—

turn to 3: Negative Test Result

If the result is positive—

turn to 5: Positive Test Result

3: Inform patient of the result: NEGATIVE HIV TEST RESULT

Script

Thank you for waiting.

Your HIV test is negative. The test did not detect HIV in your blood.

Pause a little to let the patient absorb what you have said.

HIV infection is common in our community.

You need to take steps to ensure that you do not become infected in the future.

Action

Turn to 4: Prevention for Negatives

3: Inform patient of the result: NEGATIVE HIV TEST RESULT

4: Prevention messages for HIV-negative patients

Script

Although you have tested HIV negative today, it is still possible for you to become infected if you engage in risky behaviors at any point in the future. You can get HIV infection from having unprotected sex with someone who is infected.

For this reason, ask your sex partner(s) to be tested. Sometimes couples have different HIV results.

If your partner goes for a test and does not have HIV, the two of you can be faithful and not have sex with any other partners. This will protect both of you from getting HIV.

If your partner does have HIV or you don't know his/her status, you can protect yourself by not having sex.

If you do have sex with an HIV-positive partner or a partner whose status you don't know, use condoms properly every time you have sex. We have condoms available in the clinic and you are welcome to take some. The *(name of community VCT center)* also has condoms and can show you how to use them.

Here is some information about the VCT center where your partner can go to be tested, and where you can go for more information on how to protect yourself from getting HIV. I would encourage you to go to the VCT center where they can counsel you on how to remain negative. They also may want to retest you and your partner at appropriate intervals. It may be important for you to be retested because if you have had a recent risk (within the past 2-3 weeks), it is possible that you could be infected with HIV but it is not yet able to be detected by laboratory tests. This is called being in the 'window period.'

I hope you will ask your partner to be tested by the time of our next visit. We will discuss this at your next visit.

- ***Give handouts on how to use condoms and how to avoid getting HIV. Give condoms. Finish the patient visit.***

Thank you for coming in today. I hope that when you come in next time, your partner will have been tested for HIV. (For clinics that provide partner testing, providers can encourage the patient to return with their partner for testing.)

Action

**Provide information about the community VCT center.
Provide condoms.**

End of patient visit.

5: Inform the patient of the result: POSITIVE HIV TEST RESULT

Script

Thank you for waiting. Your HIV test is positive. This means you are infected with HIV.

- **Helping positive patients cope.**

It can be difficult to receive this result—to learn that you have HIV.

It is normal to feel upset and overwhelmed at first.

You need to take time to adjust, but with time you will begin to cope and learn to live with your result. There are many people in this community who are living positively with HIV, and there are many services available in this area to assist you.

Most people find it helpful to tell someone about their problems and get their support.

Is there anyone that you can talk to about what has happened today?

Before you leave today,

Option 1: I will give you information about how to get further support from some organizations within our community.

Option 2: You will have the opportunity to talk with our on-site counselor.

- **Discussing medical care**

In addition to getting support from family and friends, you need medical care that can help you feel better and live longer.

You need to go to a clinic that provides evaluation and treatment for HIV. Here is a referral for you to give to the healthcare provider in that clinic that will let him/her know you are receiving treatment for TB, and that you have been tested for HIV.

Also, if [you/your] partner are pregnant or planning to get pregnant, you should tell your healthcare provider at the HIV clinic so that [he/she] can talk to you about protecting your unborn child from getting HIV.

If you do not want others to know about your HIV status at this time, you should take care to keep your letter in a private place until you give it to the healthcare provider in the HIV clinic.

It is important that you go to this clinic as soon as possible. I hope you will be able to go before our next visit. We'll talk about this at your next visit.

I am also giving you a medicine called cotrimoxazole to take daily along with your other TB medications that will help your body fight infections. Are you allergic to any medications?

Give instructions on taking cotrimoxazole. Remember that patients who are allergic to sulfa cannot take cotrimoxazole.

Action

Turn to 6: Prevention for Positives

6: Prevention messages for HIV-positive patients

Script

- **Getting the partner tested**

One last, but important point:

If you have a sex partner and you feel safe, tell [him/her] about your HIV test result. If you cannot tell your partner, you can go with him/her for an HIV test and have the counselor give the two of you your results. Your partner doesn't have to know that you already know your test results. We will keep your test result confidential and will not share it with anyone except persons involved in your health care. You can also bring your partner here, and I will help you tell [him/her].

Because HIV can be spread through sex, if you have a partner, he/she needs to be tested right away to determine if he/she is also HIV-infected. Even though you have HIV, your partner may not be infected. Do you think you can get your partner in for testing by our next visit?"

Here is some information about where your partner can go to be tested.

(Note: Patient may inform you that his/her partner has already been tested. Acknowledge this as a good thing, but go on to discuss the need to prevent transmission of sexually transmitted infections and HIV, regardless of the testing status of the partner. If partner has already been tested and is negative, be sure to emphasize the importance of protecting the negative partner. If partner has tested positive, note that protection from other strains of HIV and sexually transmitted infections is important for both individuals. Encourage an HIV-positive partner to be screened for TB if this has not already occurred.)

- **Preventing the spread of HIV**

If your partner has not been tested or knows that he/she is HIV-negative, there are several things you can do to keep from giving HIV to him/her.

The most effective way to assure that your partner does not get HIV is not to have sex. If you do have sex, use a condom properly every time you have sex.

We have condoms available in the clinic and you are welcome to take some home with you.

The *(name of the community VCT center)* also has condoms.

Again, it is very important that you use a condom properly every time you have sex with any partner so that you do not pass HIV on to others, and others do not pass on any additional STIs to you.

- **Give patient handouts on how to use condoms and how to prevent transmission of HIV. Close the patient visit.**

This has likely been a very stressful day for you. However, now that we know you have HIV, we can provide you with the kind of treatment and care that you need.

We'll talk about this more at our next visit. Thank you for coming.

Action

**Provide information about the HIV clinic and VCT center.
Provide a referral letter for the HIV clinic.
Provide condoms.**

Overheads

Module 3: Preparing the Provider to Perform PTC

In this session, you will learn and practice:

- Introducing the topic of HIV testing
- Explaining its importance
- Explaining what will happen
- Providing negative test results
- Providing positive test results
- How to encourage patients who refuse the test to reconsider their decision

Personal Issues or Beliefs that Affect the Provider's Interaction with the Patient

- Provider's HIV test history and willingness to be tested
- Provider's HIV status
- Provider's concerns about own HIV status
- Provider's concerns about the HIV status of family members or close friends
- Provider's feelings about people with HIV, the stigma that HIV-positive people endure, and discrimination
- Provider's experience working with HIV-positive patients

Key Issues Regarding Sexual Behavior

- Patient must understand that HIV is usually transmitted sexually
- Prevention methods: abstinence, being faithful, and condom use
- Preventing re-infection with another HIV strain or getting STIs
- Infecting partners