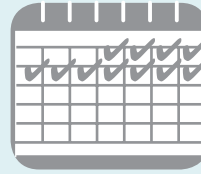




Module 9

ART Adherence & Evaluation of Virologic Failure



Activity 2: Role Play

Scenario: Moses has been reached through a telephone call by a community linkage facilitator and reports that he is on his way to the clinic today.

Part 1

Instructions: In your breakout group, select one person to play the patient and one person to play the ART counselor. Then, participate in a 5-minute role play of a conversation assessing for adherence. Read only your role.

Role of Moses (patient): I'm nervous about going to the doctor because I missed my last appointment, and I haven't been taking my medications regularly. I just forget sometimes, but I also don't like how the medications make me feel. It's also so stressful feeling like I'm going through all of this alone. On top of all of this, I'm nervous about going to the doctor because usually they just tell me things I don't understand and I end up leaving more scared than when I arrived.

Role of ART counselor: You are seeing Moses after he missed his last appointment to assess for his adherence to ART and encourage engagement in care.

Part 2

Instructions: Return to your breakout group to switch roles and participate in another 5-minute role play.

Role of Moses (patient): [same as in Part 1]

Role of ART counselor: You are seeing Moses after he missed his last appointment to assess for his adherence to ART and encourage engagement in care. Use the GATHER approach to explore ways to improve Moses's adherence.

GATHER Approach

Greet and welcome.

Create a welcoming environment for the patient to discuss these issues.

Ask.

Ask what the patient thinks about his elevated viral load and why it might be present. Use open-ended questions to assess adherence and to determine if poor adherence is contributing to the detectable viral load.

Tell.

Tell the patient about the services available, including community support groups, text/SMS messaging, peer counselors, etc.

Help the patient to prioritize issues.

Get the patient to agree that improving his adherence will help reduce his viral load and make him healthier.

Explain.

Explain that you think the treatment will be effective and that he will tolerate it well. You might consider explaining that undetectable=untransmittable (U=U). Explain that you are there to support the patient and connect him to the resources he needs to succeed.

Return date, refer, re-evaluate.

Make a plan for the patient to return to clinic for another HIV RNA check in a few weeks so that his viral load can be re-evaluated. Re-evaluate his adherence at that time. If his adherence is good and HIV RNA is still high, he will need to be referred to a specialist.

Other tips include:

- Provide a level of privacy even during group counseling and avoid any form of forced disclosure.
- Use non-medical and non-scientific language.
- Intentionally be non-judgmental and empathetic to the client.
- Be mindful of your body language.
- All team members should use an interactive approach with the patient and/or their treatment supporter.
- Ask patients to repeat or rephrase the key information you intended for them to understand and clarify where necessary.
- Talk about undetectable=untransmittable (U=U).