

SENSITIZING RESIDENTS OF A TERTIARY CARE HOSPITAL TO PRE-TEST COUNSELING FOR HIV: A TOOL TO IMPROVE COMMUNICATION SKILL FOR A BETTER DOCTOR PATIENT RELATIONSHIP

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ABSTRACT

Background: CDC recommends that HIV testing as a routine part of care in order to increase the number of people who know their HIV status, so that steps can be taken to reduce transmission and to decrease morbidity. Pre test counseling plays an important role in HIV counseling. Unfortunately residents do not know the correct procedure and lack the communication skills to carry out counseling. **Aim and Objectives:** To improve the communication skills of residents regarding HIV pre test counseling by training them on the correct procedure. **Material and Method:** 15 residents were enrolled in the study. 300 patients were assessed regarding the quality of pre test counseling using a 5 point Likert scale. The residents then underwent training on the correct procedure after which they did counseling for 20 patients each. A feedback was then taken from these patients regarding the quality of counseling and the data analyzed. **Results:** The pre intervention knowledge regarding HIV test counseling of the residents was very poor and the patient satisfaction score from 300 patients was low with an overall average score of 2.455. Following training of the residents on the correct procedure and how to communicate with the patients, there was an increase in patient satisfaction with an average score of 4.075. **Conclusions:** Training the residents on pre-test HIV counseling results in residents getting sensitized to the correct procedure and improving their communication skills and increased patient satisfaction

KEYWORDS: counseling, HIV, residents, training

INTRODUCTION:

Early knowledge of HIV infection is a critical component in controlling the spread of HIV infection.(1) Once patients' are aware of their HIV positive status they decrease behaviour that

transmits infection to sex or needle-sharing partners(2). People often do not test for HIV because they do not perceive themselves at risk of infection (3). It has been found that 20,000

new IV infections annually have been detected in people who were unaware that they had HIV1.

CDC recommends that HIV testing as a routine part of care and all patients should be tested unless they decline. The rationale is to increase the number of people who know their HIV status, so that steps can be taken to reduce transmission (4) and to decrease morbidity by helping HIV positive patients to get treatment (5). The components of counseling include (6):

- **Information.** Patients should be given information regarding HIV transmission and prevention and the meaning of HIV test results.
- **HIV prevention counseling.** Prevention counseling comprises risk reduction counseling, pre test counseling and post-test counseling. Pre-test counseling is important to HIV prevention because it educates people about reducing risk of infection, regardless of HIV-status (7,8). Risk reduction counseling is used as a harm reduction technique.

There are many barriers to HIV counseling which can be attributed to the doctors. Resident doctors are unaware of how to do pre test counseling. Although viewed more as the “art” of medicine, communication skills constitute an ensemble of items that refer to specific, attainable, and measurable objectives defining a clinical encounter. These skills impact patient satisfaction, adherence to treatment plan, clinical

outcomes and malpractice litigation (9). But residents lack the communication skills necessary due to poor training. Pre-test counseling is time consuming and doctors do not feel comfortable discussing sexual and drug behaviours¹⁰. They also are insecure about discussing HIV testing with their patients because they feel that discussing HIV testing would be uncomfortable for the patient (11). As a result patients do not get enough information regarding their disease, their treatment options and how to cope with it leading to mental and emotional trauma for the patient and their families. But it has been seen that patients view their physician as a trusted and authoritative source of health information and that brief interventions delivered by physicians can translate into behavior changes (12). Therefore, in an infection like HIV, proper counseling and pre-conditioning the patients is vital for patient management and spread of infection. This study was done with the aim of sensitizing the residents and improving their communication skills while doing pre test HIV counseling.

Specific Objectives:

- Assess the current protocol being followed for pre-test counseling and patient satisfaction with the communication between the doctor and the patient
- Assess the awareness and knowledge of

residents regarding HIV testing by a questionnaire

- Train the residents regarding the correct procedure and protocol of counseling for pre- test HIV testing
- To assess the patients satisfaction with the quality of counseling after the residents are trained
- To determine the change in the quality of counseling after the intervention

METHOD

This study was carried out in G B Pant Institute of Post Graduate Medical Education and Research over a period of six months. Fifteen residents, both senior and junior, were included in the study. A pre intervention survey was carried out on 300 patients coming to the laboratory for HIV testing using a questionnaire (Annexure I) to determine the quality of counseling being done by the residents on a 5-point Likert scale.

A questionnaire (Annexure II) was administered to the residents to assess their knowledge of pre test counseling procedure and the protocol to be followed. A trained HIV counselor then conducted a training session on pre test counseling for HIV. The counselor had an interactive talk and did a role play to demonstrate the procedure. The residents then performed the

process on simulated patients under supervision. Once the training was complete, each resident did pre test counseling for 20 patients who required to get HIV testing over a period of two months. Hence a total of 300 patients were counseled post intervention during the study. The resident maintained a record of the patients counseled by him/her.

The patients' who had been counseled were then interviewed using the same pre intervention questionnaire (Annexure I) to determine the patients' satisfaction regarding the quality of counseling. The data was then analyzed to determine if the intervention led to any improvement in the quality of counseling. Permission was taken from the Ethical Committee of the Institute to conduct this study.

RESULTS

Pre intervention assessment of knowledge of residents

A total of fifteen residents were included in the study. Their pre intervention knowledge regarding HIV test counseling was very poor The result of their pre intervention knowledge of the protocol for pre test HIV counseling is given in table 1.

Pre intervention feedback from the patients

Random sampling was done of 300 patients who came to the laboratory after being counseled to get their feedback before the intervention. The results of the feedback are

given in table 2.

It was interesting to find that the residents were not very willing to participate in the study and did so only because of pressure from their unit heads..However, once they were trained by the counselor, they participated in the role play with enthusiasm. They came up with many ideas on a role play as well.

Post intervention feedback from the patients who had been counseled

A total of 300 patients were counseled by the residents. A feedback was taken from these patients regarding the counseling session when they came to the laboratory to get the test done. The patient satisfaction score from 300 patients was low with an overall average score of 2.455.The result of the patient feedback is given in Table 3.

Comparison of pre and post intervention feedback

The feedback from the patients' pre and post intervention was grouped into four categories. Following training of the residents on the correct procedure and how to communicate with the patients, there was an increase in patient satisfaction with an average score of 4.075. The comparison is shown in Table 4

The scores reflected an overall improvement in quality of counseling being done by the doctors.

DISCUSSION

Given the fact that there is no cure or vaccine for HIV, HIV prevention counseling is a very important mode of behavioral intervention. Of this pre test HIV counseling is a prime opportunity to counsel patients on behavioral modification and getting the correct treatment. In this study we noted that the doctors lacked the skills to counsel patients. Other studies have also shown that patient-provider relationships are constrained as risk-reduction counseling is inadequate (5).The causes can be poor training and lack of sensitivity while dealing with social and emotional issues of HIV (13). A study showed that factors associated with increased counselor included having sufficient time with patients and familiarity with treatment guidelines (12). Overcoming these barriers perceived or otherwise is critical to containing or preventing HIV. In this study we have noted that proper counseling leads to patients being aware of the various issues relating to their illness. Also the improved doctor patient communication helped people making an informed decision on getting HIV testing.

Practically, it is important to examine, how counselors working in real-world clinics allocate time to tasks in the face of pervasive workload issues such as time pressures, surveillance forms, and clients' resistance to they did not expect or request. However, in a research study, where the counselor who is actually a participant with

clarity of the defined role because of elaborate training and supervision these, issues are less likely to be the effecting factors (14).

Limitation and scope of the study: More number of participants could have been enrolled in the study so that increasing number of residents could have been sensitized. Organizing a one day workshop in which residents can learn about pre test counseling and improving their communication skills needs to be done on a regular basis.

CONCLUSION

Training the residents on pre test HIV counseling results in sensitization of the doctors to the correct procedure and improving their communication skills which in turn leads to increased patient satisfaction and a better doctor patient relationship.

REFERENCES

1. Centers for Disease Control and Prevention. Revised guidelines for HIV counseling, testing and referral. MMWR. 2001; 50:1–57
2. Nakashima AK, Horsley RM, Frey RL, Sweeney PA, Weber JT, Fleming PL. Effect of HIV reporting by name on use of HIV testing in publicly funded counseling and testing sites. JAMA 1998; 280:1421-6.
3. Sanders GD, Bayoumi AM, Sundaram V, Bilir SP, Neukermans CP, et al. Cost-

effectiveness of screening for HIV in the era of highly active antiretroviral therapy. N Engl J Med. 2005;352:570–585.

4. PM, Fleming PL, Lindegren ML, et al. Using HIV/AIDS surveillance to monitor public health efforts to reduce perinatal transmission of HIV [Letter]. J Acquir Immune Defic Syndr Hum Retrovirol 1996; 11:205-6.
5. Margolis AD, Wolitski RJ, Parsons JT, Gómez CA Are healthcare providers talking to HIV-seropositive patients about safer sex? AIDS. 2001 Nov 23; 15(17):2335-7.
6. Gallant JE. HIV counseling, testing, and referral. Am Fam Physician. 2004; 70:295–302.
7. Centers for Disease Control and Prevention. Counseling Protocols, Standard Test: Session 1 and 2 Counseling Protocol.1999
8. Technical guidance on HIV counseling. Center for Disease Control and Prevention. MMWR Recomm Rep. 1993; 42(RR-2):11–7.
9. Meguerditchian AN, Dauphinee D, Girard N, Eguale T, Riedel K et al Jacques A et al, Do physician communicationskills influence screening

mammography utilization?. BMC Health Services Research 2012; 12:219.

10. Kamb ML, Fishbein M, Douglas JM, Jr, Rhodes F, Rogers J, Bolan G, et al. Efficacy of risk-reduction counseling to prevent human immunodeficiency virus and sexually transmitted diseases: a randomized controlled trial. Project RESPECT Study Group. JAMA. 1998; 280(13):1161–7.
11. Johnson C.V., Mimiaga M.J., Reisner S.L., Van Derwarker R., Mayer K.H. Barriers and facilitators to routine HIV testing: perceptions from Massachusetts Community Health Center personnel. AIDS Patient Care STDs. 2011;25(11):647–655
12. Metsch LR, Pereyra M, Rio C, Gardner

L, Duffus WA, Dickinson G, et al. Delivery of HIV Prevention Counseling by Physicians at HIV Medical Care Settings in 4 US Cities. Am J Public Health. 2004;94:1186–1192.

13. Obermeyer CM, Osborn M. The utilization of testing and counseling for HIV: a review of the social and behavioral evidence. Am J Public Health. 2007;97(10):1762–74.
14. Nicolas Sheon. Theory and Practice of Client-Centered Counseling and Testing HIV. InSite Knowledge Base Chapter June 2004, Center for AIDS Prevention Studies, University of California San Francisco. Available from hivinsite.ucsf.edu/InSite?page=kb-07-01-04.

TABLES

Table 1: Pre test awareness of residents knowledge regarding HIV testing

S No	Questionnaire	Yes (n=15)
1	Do you do pre test counseling for HIV	
	Never	3 (20%)
	Sometimes	5 (33.3%)
	Always	7 (46.7%)
2	Is it done in the	
	OPD	15 (100%)
	a room privately	0

3	Is the procedure of HIV testing explained to the patient	2 (13.3%)
4	Is the patient given information on HIV and its implications?	12 (80%)
5	Do you determine the sexual history and risk factors?	12 (80%)
6	Is written consent explained?	0
7	Do you prepare the patient for any type of result?	3 (20%)
8	Is information on risk reduction provided?	3 (20%)
9	Is the importance of spouse disclosure explained?	0
10	Is further counseling assistance offered?	0

Table 2: Feedback from the patients' pre intervention on a 5 point Likert scale

S no	Questionnaire	Mean
Interpersonal skills		
1	The doctor introduced himself and was courteous to me	2.7
2	The doctor explained all the steps of the procedure to me	2.06
Communication skills		
3	The doctor spoke in language and terms that I could understand	2.81
4	The discussion was conducted in an open and comfortable environment	3.10
5	The doctor offered me counseling assistance if I needed it again	2.66
6	The counseling helped me to make a decision to get HIV testing done	2.32
Technical quality		
7	The doctor explained what is HIV, its transmission, symptoms, treatment	2.54

8	The doctor answered all my questions about HIV and cleared my doubts	1.90
9	The HIV test was explained to me	2.11
10	The doctor asked me about my sexual history and the risk factors	4.38
11	The doctor discussed risk reduction strategy with me	2.60
12	The doctor explained that it was my choice to get the test done	1.95
13	The doctor explained the implications of the result of the test	2.54
14	It was made clear that I have to give the consent in writing to get the test done	2.23
15	It was explained that it was my choice to disclose my disease to my spouse	2.36
	General satisfaction	
16	I was satisfied with the answers given to me by the doctor	2.01
17	The doctor spent adequate time with me discussing the disease and the test	2.47
18	The doctor had the discussion with me in a private room in the OPD	2.16

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Table 3: Feedback from the patients' post intervention on a 5 point Likert scale

S no	Questionnaire	Mean
	Interpersonal skills	
1	The doctor introduced himself and was courteous to me	4.45
2	The doctor explained all the steps of the procedure to me	4.10

	Communication skills	
3	The doctor spoke in language and terms that I could understand	4.09
4	The discussion was conducted in an open and comfortable environment	3.74
5	The doctor offered me counseling assistance if I needed it again	4.40
6	The counseling helped me to make a decision to get HIV testing done	3.91
	Technical quality	
7	The doctor explained what is HIV, its transmission, symptoms, treatment	4.10
8	The doctor answered all my questions about HIV and cleared my doubts	3.92
9	The HIV test was explained to me	3.78
10	The doctor asked me about my sexual history and the risk factors	4.92
11	The doctor discussed risk reduction strategy with me	4.49
12	The doctor explained that it was my choice to get the test done	3.61
13	The doctor explained the implications of the result of the test	3.66
14	It was made clear that I have to give the consent in writing to get the test done	3.63
15	It was explained that it was my choice to disclose my disease to my spouse	3.63
	General satisfaction	
16	I was satisfied with the answers given to me by the doctor	3.93
17	The doctor spent adequate time with me discussing the disease and the test	4.01

18	The doctor had the discussion with me in a private room in the OPD	4.14
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Table 4: Retrospective Pre-Post responses for change in quality of counseling on a 5 point Likert scale

Category	Pre Score(Mean	Post Score: Mean
Interpersonal skills	2.38	4.28
Communication skills	2.72	4.04
Technical quality	2.51	3.97
General satisfaction	2.21	4.02

APPENDICES

Appendix 1:Pre intervention assessment of residents' knowledge questionnaire

S No	Questionnaire	Yes
1	Do you do pre test counseling for HIV Never Sometimes Always	
2	Is it done in the OPD a room privately	
3	Is the procedure of HIV testing explained to the patient	

4	Is the patient given information on HIV and its implications?	
5	Do you determine the sexual history and risk factors?	
6	Is written consent explained?	
7	Do you prepare the patient for any type of result?	
8	Is information on risk reduction provided?	
9	Is the importance of spouse disclosure explained?	
10	Is further counseling assistance offered?	

Appendix 2: Patients Feedback questionnaire

Dear participant,

I thank you for participating in this study. Below are some questions on your experience with the counseling done by your doctor. We are interested in your feelings good or bad about your interaction.

Please encircle your answers on a scale from 1 to 5:

- **Strongly disagree**
- **Disagree**
- **Neutral**
- **Agree**
- **Strongly agree**

Thank you.

S No		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
	Interpersonal skills					
1	The doctor introduced himself and was courteous to me					
2	The doctor explained all the steps of the procedure to me					
	Communication skills					
3	The doctor spoke in language and terms that I could understand					
4	The discussion was conducted in an open and comfortable environment					
5	The doctor offered me counseling assistance if I needed it again					
6	The counseling helped me to make a decision to get HIV testing done					
	Technical quality					
7	The doctor explained what is HIV, its transmission, symptoms, treatment					
8	The doctor answered all my questions about HIV and cleared my doubts					
8	The HIV test was explained to me					
10	The doctor asked me about my sexual history and the risk factors					

11	The doctor discussed risk reduction strategy with me	
12	The doctor explained that it was my choice to get the test done	
13	The doctor explained the implications of the result of the test	
14	It was made clear that I have to give the consent in writing to get the test done	
15	It was explained that it was my choice to disclose my disease to my spouse	
	General satisfaction	
16	I was satisfied with the answers given to me by the doctor	
17	The doctor spent adequate time with me discussing the disease and the test	
18	The doctor had the discussion with me in a private room in the OPD	