



Learning guide

Supporting the patient-HCP relationship

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Women for Positive
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This learning guide has been prepared in conjunction with the Women for Positive Action slide presentation and speaker notes resource concerning the patient–healthcare professional (HCP) relationship.

The guide identifies the key learning objectives for this module and suggests topics for discussion and self-learning. The modules are intended for use by both healthcare professionals and community representatives who want to create or participate in learning opportunities relating to improving the care of women with HIV.

Learning objectives

After completing this module, participants will be able to discuss the following issues and appreciate their implications for both patients and providers of healthcare.

The importance of an effective patient–HCP relationship

- A positive, supportive relationship between women and healthcare professionals (HCPs) is pivotal to help women cope with the challenges that HIV will bring
- Medical care now takes a partnership approach whereby patients are encouraged to participate in decision making and take responsibility for their own well being
- A patient-centred working alliance between HCP and patient is associated with improved patient satisfaction, self-efficacy, treatment adherence and health outcomes and helps patients to remain in care

Establishing a good relationship

- Many women find it difficult to be proactive and may be reticent to raise their questions and worries
- It is important to identify and address barriers to a successful patient–HCP relationship
- Establishing a good relationship requires continued effort from both sides
- Patients should be empowered to take a proactive role in healthcare and decision making, which includes raising questions and concerns
- Medical and non-medical personnel supporting HIV patients should develop and continuously improve communications skills, provide good quality patient information, encourage patients to ask questions, address psychosocial as well as medical issues and provide individualized care

Supporting women throughout the HIV journey

- Once diagnosed with HIV, women progress through an emotional journey with many 'ups and downs'. Many experience long-term depression
- Those working with HIV-positive women should be aware of the HIV pathway and recognise points at which women may require additional or specific support
- Acceptance of an HIV-positive diagnosis is key to treatment success and women usually require support to reach this goal
- Pregnancy should be seen as an issue for all HIV-positive women of child-bearing potential, even if they are not intending to become pregnant
- Disclosure can be difficult and patients may need specific help for this challenge. There are important legal considerations surrounding disclosure
- Treatment for HIV is most effective when all doses are taken on time and as directed. Full adherence is difficult for many women to achieve and maintain over the long term, particularly when they have busy lifestyles
- Developing a partnership using guiding approaches and working within existing belief systems can be more effective than more directive advice in changing behaviour

Discussion guide

Consider the following questions when completing this module – the questions can be used for both reflective self-learning purposes and as a guide to discussion as part of a group learning experience.

Motivating patients to be proactive

Medical care has evolved from a paternalistic to a partnership model whereby patients are encouraged to communicate their values, priorities and expectations and participate in shared decision making. Women should be encouraged to take on this responsibility and thus develop a greater sense of control over their care. Studies have shown improved patient satisfaction and outcomes when they are enabled to take an active role in their own healthcare. However, many women find it difficult to be proactive and to raise their personal concerns.

- Which barriers can prevent women from establishing a proactive role in their care spontaneously?
- How might these barriers be overcome?
- Are there 'good' and 'bad' times to introduce interventions to empower women?
- How can the success of the interventions be measured?

Meeting the needs of each woman

Good communication skills are essential for all those caring for women with HIV. Coaching, education and feedback empower women to be active partners in their care. Women respond well to those who are knowledgeable of HIV, show empathy and understanding and who address psychosocial as well as medical issues.

- How might non-verbal communication be used to make a woman feel at ease while discussing their HIV?
- Is it possible to recognise when a woman has a question but is reluctant to ask it? How can the woman be encouraged to voice her concerns?
- Name some factors that might indicate that a woman with HIV needs additional information or explanation?

Treating 'women' not 'patients'

HIV care should be tailored to the unique needs and personal circumstances of each woman. In addition, such individualized care should consider women in their social context, for example as a mother, a partner, a daughter or a care giver.

- Which elements of a woman's medical history or characteristics have the greatest impact on treatment choices or outcome?
- How might a woman's family circumstances affect her HIV journey and ability to care for herself?
- How can the experience of medical care differ for migrant versus non-migrant women? What other issues might migrant women face that can affect their HIV journey?
- How might a woman's religion or culture impact her medical care or that of her family? How should these issues be addressed?

Encouraging treatment adherence

Treatment adherence is critical to control viral load, maintain general health and the immune system and prevent drug resistance. Missed doses or medication 'holidays' can have negative effects on health outcomes and ART resistance. For optimal treatment success, potential barriers to adherence should be identified and tackled before a woman begins her regimen.

- Why might a woman be reluctant to start treatment?
- Why is it hard for some women to keep to a treatment regimen?
- Are there particular characteristics that can identify someone who is less likely to take their medication as prescribed?
- What might make a woman miss a dose? What measures can be taken to improve adherence?