

COMMUNICATION SKILLS

Juanita¹

Juanita has just been told by her doctor that she will have to start taking HIV medications. She is very nervous and scared. She has heard lots of stories from other women in her support group and most of them are not good.

Discussion Questions:

- What are 2 open ended questions that you can ask Juanita to get more information from her?
- What information or resources can you provide for her?

Sample Answers:

- What is making you scared to take the HIV medications?
- What support would you like from me?
- Tell me about why you are scared and nervous?
- What have you heard about medications in the support group?
- Refer to therapy with her consent.
- Go with her to the doctor's exam with her permission.
- Try to explain to her not to go on the Internet with info on certain medications.
- Suggest if she has any side effects that she needs to contact her doctor for meds to help calm side effects.
- Suggest asking her doctor or pharmacists for additional information or resources on medications.

¹ This module is part of the online toolkit Building Blocks to Peer Success. For more information, visit http://www.hdwg.org/peer_center/training_toolkit. These case studies and scenarios come from the Lotus Women's Peer Education Training Manual, Center for Health Training and Women Organized to Respond to Life Threatening Diseases (WORLD), 2008.

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Tara 1 [Bad Role Play]²

(Client enters peer's office)

Peer: Hi Tara, how are you doing?

Client: Hi, Bill. Well, I just filled my prescription at the pharmacy downstairs; this time I'm serious about taking all of my meds.

Peer: That's great. You know you need to take your regimen as prescribed by your PCP.

Client: The only thing is I get confused by how much medicine to take and which ones you have to take on any empty stomach and which ones you have to take with food.

Peer: Well, the instructions should be written on the bottle. Do you have any of your meds with you so we can check that?

Client: Yeah.

Peer: Well, check on one of the bottles to see what the instructions say.

Client: (Pulls out bottle and looks at it.) I didn't bring my glasses with me today, so I can't see it so well.

Peer: Let me see it – oh, yeah, it's right here. It says you need to take this one with food. If you follow the directions, exactly as they're written on the bottles, you should do OK.

Client: I'm really going to try to take them all every day – but does it really matter if I take it with or without food? I have a pretty strong stomach.

Peer: Yes, it really does make a difference. (Talking fast) It's all about pharmacokinetics. Your body absorbs and metabolizes different drugs in different ways and each has a different half-life -- if ARVS are not taken correctly, the metabolism of the drug can be accelerated, lowering bloodstream levels to below the threshold required to manage the virus. This can increase viral loads, prompting the onset of resistance. On the other hand, strict adherence to ART can suppress replication of the virus and reduce the viral load where it is undetectable in some patients.

So do you understand now why it's important to take the meds just as the PCP indicated?

Client: (Nods head yes.)

Peer: Great. So all your meds bottles have instructions on how they are to be taken. Follow those instructions strictly. For example, this one is 2 tab PO bid. And here is some more information on adherence.

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(Hands him pamphlets). Did you have any more questions?

Client: (Looking confused) No.

Peer: OK, then, I'll see you next week.

Discussion Points:

- How well did the peer communicate with the client?

Sample Answers:

- Used too much jargon
- Talked too fast
- Does not pick up on the possibility that client may have low health literacy when he claims not to be able to read the bottle instructions because he forgot his glasses
- Talks “at” the client; communication would be improved if he were to assess what client already knows and then fill in gaps
- Asks close-ended questions: “Do you understand?”

Tara 2 [Good Role Play]²

(Client enters peer's office)

Peer: Hi Tara, I'm your peer and I'm going to be working with you. How are you doing?

Client: Hi, Bill. Well, I just filled my prescription at the pharmacy downstairs; this time I'm serious about taking all of my meds.

Peer: That's great. We talked before about how you sometimes forgot to take your meds when you got real busy - what plan do you have to help you remember when things get crazy?

Client: Well, I'm going to use that pill box, like we talked about before. But I get confused about how much medicine to take and which ones you have to take on any empty stomach and which ones you have to take with food.

Peer: The different dosages and the way you have to take the medicines can be challenging for a lot of people and I'm glad you brought that up – it is something we can work on together. Did you bring the meds here with you today? We can look at the instructions on the bottle together to see how you are supposed to take each medicine.

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Client: Yeah, I have them right here.

Peer: OK, let's look at this bottle of drug name – what do the instructions say?

Client: (Pulls out bottle and looks at it) I didn't bring my glasses with me today, so I can't see it so well.

Peer: You know, we have a system that's been pretty effective with other clients in helping them to manage their meds – it's called a sticker chart. Let's work with that today. (Pulls out sticker chart to show client).

Client: Yeah, that sounds good, but I don't really understand what difference it makes whether I take the meds with or without food. Maybe some other people get an upset stomach with the meds, but really I've got an iron gut.

Peer: There are actually some really important reasons why some meds should be taken with food and others on an empty stomach. But why don't you tell me what you understand about how these HIV drugs work to make you better?

Client: Umm, I guess they go into your body and fight the HIV – is that right? But I'm not exactly sure how.

Peer: Yes, you are correct. HIV Medicines go into your blood to slow down the virus in your body. Some medicines work better if taken with food. Others are better on an empty stomach.

In our last session, we talked about how HIV spreads itself throughout the body by multiplying. HIV drugs do not kill the virus, they slow down the virus. Skipping doses is not good because each dose you skip allows the virus to increase in your bloodstream. The more HIV multiplies, the greater the chances are that the drugs will not work, and you may develop resistance.

Because I want to make sure that I explained this clearly, can you tell me, in your own words, why it is important to take the medicines exactly as the doctor prescribed them?

Client: It seems like you have to have enough of the drug in your blood in order to fight the virus. And some drugs get in the blood better if you have food in your stomach, but other drugs get in your system better if you have no food in your stomach. If you don't take the medicines right, you won't have enough of the drug in your body to kill HIV and you can develop resistance, which means that the drugs might not work for you and the HIV virus will grow and multiply.

Peer: Yes, you are right about how you are supposed to take the medicines and also that you can develop resistance if you don't take them as the doctor prescribed. The only thing that I wasn't clear enough about was that the drugs don't actually kill the HIV virus, but if taken correctly, they almost stop it from multiplying. Have you heard of a viral load test?

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Client: Yeah.

Peer: Well, the viral load test measures the amount of virus in your blood. If you take anti-HIV drugs the way they're prescribed, the amount of virus in your blood should go down. If your viral load is very low, you probably won't develop any AIDS-related illnesses.

Now, can you tell me how the HIV drugs work on the HIV virus?

Client: They stop the virus from multiplying – almost anyway. And they bring the amount of virus in your blood down so you can be healthier.

Peer: Yes, exactly! Do you have any other questions about how the meds work to fight HIV?

Client: No, I think I pretty much get it.

Peer: OK, let's get back to that sticker chart I was talking about, so we can make sure you understand exactly how to take your meds...

Discussion Question:

- How well did the peer communicate with the client?

Sample answers:

- Uses open-ended questions
- Addressed barriers to adherence and ways to overcome them
- Picked up on possibility of client's low health literacy
- Used teach-back method to confirm client understanding
- When client got something wrong, peer said "I didn't explain clearly enough;" this technique reduces blame and puts the responsibility for comprehension on the provider
- Spoke in simple language, without jargon

² This module is part of the online toolkit Building Blocks to Peer Success. For more information, visit http://www.hdwg.org/peer_center/training_toolkit. These case studies and scenarios come from the Comprehensive Peer Worker Training, Peer Advanced Competency Training (PACT) Project Harlem Hospital Center, Division of Infectious Diseases, 2008.

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Leon³

Leon is an African American community activist in one of this country's largest city. His role has made him very visible and the public watches his every move. When Leon was diagnosed with HIV three months ago he became overwhelmed with thoughts of people in the community finding out and discriminating against him publicly, so he moved to a small rural farming community where his mother lives. Leon felt very depressed and isolated from his life in the big city, so his mother suggested that he visit a peer educator at their local hospital. Reluctantly, Leon agreed and scheduled an appointment. When Leon arrived to his session he was greeted by his peer educator, a short, bald, overweight, older white male. Leon gasped as he followed the peer educator to the private meeting room.

Discussion Questions:

- How might the Peer Educator address cultural barriers?
- How might the Peer Educator address disclosure issues?
- What services might the Peer Educator suggest?

Sample Answers:

- Empathize and find commonalities to connect with client
- Communicate in a nonjudgmental and culturally sensitive way
- Share information about disclosure
- Provide information on support and educational groups

Paul³

Paul is a newly diagnosed HIV positive man who agreed to participate in the peer program at his doctor's suggestion. During his first two visits with his peer educator, Paul was very talkative but his tone of voice seemed hostile. The peer educator noticed the tension in their relationship, so during their third visit he asked Paul to rate his level of comfort during their visits on a scale from one to ten, one being very comfortable and ten, most uncomfortable. Paul quickly took offence and rose to his feet assuming a defensive posture. Then he blurted, "Don't you go trying to get in my head! I hate it when people try to get in my head! If you ever do that again... well... I'm not sure what I'll do." The peer educator is stunned by Paul's behavior, but he remains seated and considers what to do next.

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Discussion Questions:

- How might the Peer Educator address the client's anger?
- What tools or resources would the Peer Educator use?

Sample Answers:

- Empathize with the client to de-escalate the situation
- Peer may also have an emergency exit plan
- Peer may suggest to client to keep commitment of a respectful working relationship
- Call supervisor or other staff for support
- Peer may ask client to leave
- Tools and resources: review policies and procedures for participation in the peer support program

³ This module is part of the online toolkit *Building Blocks to Peer Success*. For more information, visit http://www.hdwg.org/peer_center/training_toolkit. These case studies and scenarios come from the Missouri People to People Training Manual, 2008.