Instructions to candidate – Aim for 8 minutes

You are a foundation doctor in a general practice

John Smith is a 30 year old gentleman. He came to your clinic complaining of a five-day history of high fever, night sweats and sore joints. You are suspecting that he may have HIV.

You are asked to consent Mr Smith for a HIV test and address any concerns that he may have.

SP script

Name: John Smith

Age: 30 years old

You are having a high temperature for the past 5 days. You have been taking paracetamol but it keeps coming back. For the past 2 days, your joints are sore and you feel particularly tired. You tried to get more sleep but the night sweats are not helping you at all! You do not experience any other symptoms.

PMH: Nil

FH: Nil

DH: Nil and NKDA

SH: you don't smoke. You drink 1-2 glasses of wine during the weekend when you are not on a night out, otherwise you can consume quite a lot of alcohol. You don't take any recreational alcohol. You work as a HR administrator for a company. You live in a flat and you are not in any relationship.

When asked specifically, you have been engaging with sexual activities with multiple partners over the last 4 months. You find it odd that the doctor is asking you this question but you are happy to share this information if they want it. You had a "one night stand" with a man you met at a pub about 4 weeks ago. You did not know this person. It involved oral and anal sex, both received and giving. There was no condom used. You have never paid or been paid for sex. You also had a sexual encounter with a lady a week after but you couldn't remember the details as you were quite drunk during that night out. You do not use recreational drugs. The sexual activities were all consensual.

ICE/Questions (before HIV consent)

- I you think you are having a bad cold but you want to get it checked out for a peace of your mind
- C Nil, E Nil, Questions Nil

<u>Candidate is expected to counsel you of a HIV test (due to symptom presentation) and obtain a</u> <u>verbal consent from you.</u>

ICE/Questions (during HIV consent)

- I you have no idea this could be a HIV presentation
- C you are worried that you definitely have HIV.
- C you are particularly worried that you might be discriminated at work if your colleagues find out you have HIV. You tend to keep your sexual life away from your colleagues.
- C you are worried that this may affect your life and health insurance application in the future (you haven't had any at the present) and wander if the doctor can keep it a secret if it is positive.
- E you want to know what this test involves, how long it takes and how it will be communicated.
- Feelings you know HIV is incurable. However, you know HIV is manageable now if it's detected early. You feel bad for yourself as you should have practiced safe sex
- Feelings You acknowledge that what done is done and you're glad that the doctor actually did bring this conversation up. Otherwise, you would not have thought about it! You are happy and give your consent for a HIV test.

Feedback

Did the candidate	Y/N
Take a sexual history from the patient	
Explain the HIV test	
Explain the implication of HIV to the patient's insurance application, including the test	
itself, if the outcome is negative or if positive	
Provide appropriate reassurance on HIV and workplace	
Address patient's ICE/feelings	
Maintain a non-judgemental approach during consultation	

HIV counselling quick tips

- Just like any other consultation, it is important to maintain a non-judgemental approach! This will put patients at ease and therefore, are more willing to share information with you
- Before you counsel a patient for a HIV test, take a quick background history from them. This
 may include a sexual and/or a drug history. This may help to strengthen your need to have
 the test done
- Explain to the patient why a HIV test is needed. Is it due to risk factors, HIV related symptoms/indicators or just a routine screen in a high prevalence population?
- Outcome of HIV test can be communicated via text, phone call or in person. However, if it is positive, it is best to be delivered in person
- HIV and confidentiality
 - \circ $\,$ Only the patient and the medical team will know about the diagnosis
 - Workplace do not need to know about the patient's HIV diagnosis unless the nature of the work involves the risk of transmitting the disease. An example is healthcare setting. Nevertheless, it doesn't necessarily mean losing one's job. Speak to the occupational health department, if there is one in the workplace. They may suggest an alteration to the scope of the job you are allowed to do, how frequent viral load monitoring is needed etc.
 - Otherwise, the patient doesn't have to inform their employer about their HIV diagnosis. Work discrimination is not allowed and can be reported
 - If a patient has HIV, they have to let their sexual partner(s) know so they can be screened as well. The patient will need to encourage any partner(s) to do the test themselves. Genitourinary medicine (GUM) clinic can help and facilitate this process too. However, if they choose not to let their partners know, doctors are obliged to break confidentiality for the health of the public.
- HIV and insurance
 - Patient doesn't have to let their insurance company know if they are having a HIV test done
 - If HIV test is negative, they don't have to let their insurance company know
 - If HIV test is positive, just like any other medical conditions, they have to let their insurance company know. Otherwise, this may make the insurance void.
- Patients may tend to be worried when you suggest a HIV test to them, both in simulation and in real life. Empathise with their concerns but avoid beating around the bush. Be firm and share the necessary information needed while you are counselling them for the test. HIV is a manageable condition nowadays, especially if they are detected early and patient is adherent to medication.

- If time allows and if appropriate to the scenario; promote safe sex, single needle usage and STI screen.