

APPENDICES

Appendix 1: Ethical clearance form

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

Division of the Deputy Registrar (Research)

HUMAN RESEARCH ETHICS COMMITTEE (MEDICAL)

R14/49 Watermeyer

CLEARANCE CERTIFICATE

PROTOCOL NUMBER M060418

PROJECT

Pills of wisdom: Using Conversation Analysis to Investigate Pharmacist-Patient Interactions in an Antiretroviral...

INVESTIGATORS

Ms J Watermeyer

DEPARTMENT

SHCD/Speech Pathology

DATE CONSIDERED

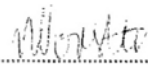
06.05.05

DECISION OF THE COMMITTEE*

Approved unconditionally

Unless otherwise specified this ethical clearance is valid for 5 years and may be renewed upon application.

DATE 06.05.25

CHAIRPERSON  (Professor PE Cleaton-Jones)

*Guidelines for written 'informed consent' attached where applicable

cc: Supervisor : Prof C Penn

DECLARATION OF INVESTIGATOR(S)

To be completed in duplicate and **ONE COPY** returned to the Secretary at Room 10005, 10th Floor, Senate House, University.

I/We fully understand the conditions under which I am/we are authorized to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the Committee. **I agree to a completion of a yearly progress report.**

PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES

 13/6/2006
J. Watermeyer

Appendix 2: Information sheets and consent forms

INFORMATION SHEET for PATIENTS AND/OR CAREGIVERS (available in English and Setswana)

Hello, my name is Jenny Watermeyer. I am a Masters student at the University of the Witwatersrand.

I am doing a study to find out how patients and pharmacists talk to each other about medicines for HIV/AIDS. Sometimes it is difficult for patients to talk to the pharmacist, because they don't speak the same language. It is important to learn about this, so that pharmacists and patients can be helped to communicate better with each other and you can easily understand how to take your medicine without making a mistake.

I would like to invite you to take part in my study. While you are talking with the pharmacist, I would like to use a video camera to record this. Later, I will be able to look at the video to learn about the communication. After you have talked with the pharmacist, I would like to ask you some questions to find out about your talk with the pharmacist and if you understood how to take the medicines. This will take about 15 minutes and will be tape recorded. I will ask you questions about your conversation with the pharmacist and what s/he told you today about the medicines. I will not ask you any embarrassing questions about living with HIV or about your sex life.

All the information in your answers and in your talk with the pharmacist will be kept private. I will not ask for your name or tell other people about you or what happened when you talked to the pharmacist and to me. The videos will only be shown to my supervisor and to a translator, who will also keep the information private. After I have finished studying the videos, they will be destroyed.

The good thing about taking part in this study is that you will help me to learn about how patients communicate with pharmacists, so that I can help pharmacists and other people who work at the hospital to communicate better with patients. If you choose to take part in the study, it is possible that some questions may make you feel uncomfortable, anxious or embarrassed. If this happens, I will refer you to a counsellor who can talk about this with you. You may feel nervous about answering questions because it might get you into trouble; you do not have to answer a question if you feel uncomfortable about answering it. If there are things that you do not understand about the medicines, I will need to let the pharmacist know about this so s/he can talk about the medicines again with you. I will ask your permission to do this and I will not tell him/her your name or say things that may get you into trouble.

You can choose to be part of this research, it's your decision. If you don't want to take part, that is ok – I will not ask why. If you begin with the study but decide you don't want to continue, that is also ok. You will not get into trouble and your treatment will not be affected if you choose not to take part.

If you would like to know more about the study or have some questions, please ask or phone me at 072****. If you choose to take part in the study, you must please read and sign the two informed consent sheets (one to take part in the study, and one for permission to use a video recorder).
Thank you.

INFORMED CONSENT FORM FOR PATIENTS AND/OR CAREGIVERS
(available in English and Setswana)

I, _____ agree to take part in the study, investigating communication between patients and pharmacists.

I understand what is written in this form.

I understand that participation is voluntary and I can withdraw from the study at any time, with no negative consequences.

I understand that when I talk with the pharmacist and afterwards with the researcher, this will be recorded (video and/or audio) and I agree to this.

I understand that all information will be kept private and no identifying information will be used.

Signed: _____ Date: _____

Witness: _____

INFORMED CONSENT FORM FOR VIDEO AND/OR AUDIO RECORDING
FOR PATIENTS and/or CAREGIVERS
(available in English and Setswana)

I, _____ agree to take part in the study, investigating communication between patients and pharmacists.

I understand that my conversation with the pharmacist will be recorded (video and/or audio) and I agree to this.

I understand that my interview with the researcher will be recorded (video and/or audio) and I agree to this.

I understand that all information will be kept confidential and I will not be identified in any way.

Signed: _____ Date: _____

Witness: _____

INFORMATION SHEET for PHARMACISTS

Hello, my name is Jennifer Watermeyer. I am a Masters student at the University of the Witwatersrand.

I am conducting a study investigating communication practices between pharmacists and patients in the context of ARV treatment. The purpose of the research is ultimately to develop guidelines for pharmacist communication and counselling practices in South Africa.

I would like to invite you, as someone experienced in communication within a healthcare context, to participate in my study. I would like to video and audio record several interactions that you have with patients while dispensing ARVs and other HIV medications. Afterwards, I would like to conduct an interview with you to find out your opinion and perceptions of the interaction and your communication practices. This interview will be audio recorded and should take approximately 20 minutes. All information including the taped material will remain confidential throughout the duration of the study. You will not be identified in any way, in any reports or publications resulting from this research. The videos will be used for analysis and will be shown to my supervisor and to a translator. After completion of the study, the videos will be destroyed.

The benefit of participating in this study is that you will be assisting me to study pharmacist-patient communication. This is an area which has not previously been studied in South Africa, and it may have a major impact on the training of pharmacists in communication skills. This in turn may positively impact on patient adherence levels through good communication practices.

If you choose to take part in the study, you may experience negative emotional reactions regarding your professional ability or work environment. If this occurs, I will ensure that you are referred to the clinical psychologist at the hospital who can provide counselling for you or place you into a debriefing support group. Also, a situation may arise in which I discover that a patient has misunderstood or has not been provided with adequate information during his/her consultation with you. In such a case, I have an ethical responsibility to report this to you, so that the situation may be rectified. I will endeavour to do this in as sensitive and confidential a manner as possible.

You have the right to decline to participate and the right to withdraw from the study at any time without providing reasons. If you choose to withdraw at any time from the study, your decision will not have any negative consequences.

After the completion of this study, feedback and training will be provided to you and to other hospital staff.

If further information is required regarding this research study or your rights as a participant, please contact me (072*****). If you do decide to take part in the study, you need to read and sign the two attached informed consent sheets.

Thank you.

INFORMED CONSENT FORM FOR PHARMACISTS

I, _____ consent to participate in this research study, investigating communication between pharmacists and patients.

I have read, understood and acknowledged the contents of the information sheet.

I agree to allow the researcher to observe and record what happens in the pharmacy at the Wellness Clinic.

I understand that my interaction(s) with the patient and my interview with the researcher will be video and/or audio taped and I consent to this.

I understand that my responses may be included in a report, but that I will not be personally identified and all information will be kept confidential.

Signed: _____ Date: _____

Witness: _____

INFORMED CONSENT FORM FOR VIDEO RECORDING FOR PHARMACISTS

I, _____ agree to take part in the study, investigating communication between patients and pharmacists.

I understand that several of my conversations with patients while I am dispensing medications to them will be recorded (video and/or audio) and I agree to this.

I understand that my interview with the researcher will be recorded (video and/or audio) and I agree to this.

I understand that all information will be kept confidential and I will not be identified in any way.

Signed: _____ Date: _____

Witness: _____

**INFORMATION SHEET for INTERPRETER/RESEARCH ASSISTANT
(EMPLOYED BY RESEARCHER)**

Dear Interpreter/Research Assistant

I am conducting a study investigating communication practices between pharmacists and patients in the context of ARV treatment. The purpose of the research is ultimately to develop guidelines for pharmacist communication and counselling practices in South Africa. I would like to video and audio record several interactions between pharmacists and patients at the Wellness Clinic pharmacy at Rustenburg Provincial Hospital. Afterwards, I would like to conduct interviews with all participants find out their opinions and perceptions of the interaction and communication practices. This interview will also be recorded.

Verbal and written information about the study will be made available to participants in both English and Setswana. However, situations may arise wherein I cannot communicate with patients because we do not speak a common language. These language barriers will make it difficult for me to obtain informed consent and conduct the interviews with participants.

Therefore, I would like to invite you, as someone experienced in researching communication within a healthcare context, to participate in my study as an interpreter. I will provide training for you prior to commencement of the study, so that you are aware of your role and of my expectations of you. I would pay you R15 per hour, or R100 per 8 hour working day. I plan to collect the data at Rustenburg Hospital over a period of approximately 1 – 2 weeks sometime between June – August 2006.

Your role in the study would be as follows:

- Assisting with obtaining written or verbal informed consent from patients and caregivers, by orienting them to the study in Tswana or their preferred language.
- Assisting the researcher with interpreting during semi-structured interviews after the patient has consulted with the pharmacist.

All information including the taped material will need to remain confidential throughout the duration of the study. The videos will be used for analysis and will be shown to my supervisor and to a translator. After completion of the study, the videos will be destroyed.

The benefit of participating in this study is that you will be assisting me to study pharmacist-patient communication. This is an area which has not previously been studied in South Africa, and it may have a major impact on the training of pharmacists in communication skills. This in turn may positively impact on patient adherence levels through good communication practices.

Please consider participating in this study and let me know whether you would like to take part or not. You have the right to decline to participate.

If you have any questions, please contact me on 072*****.

Thank you

Appendix 3: Question schedules for semi-structured post-interaction interviews

INTERVIEW WITH PATIENT and/or CAREGIVER: GUIDING QUESTIONS

Demographic information

- What languages do you speak?
- Do you understand English/Afrikaans? If so, do you understand it well?
- Are you working at the moment?
- What is your level of education?
- How long have you been coming to the clinic?

Communication with the pharmacist

- How did your consultation with the pharmacist go today?
- Was it difficult to talk to the pharmacist?
- Do you think the pharmacist understood you?
- Did you have any problems with talking to the pharmacist?
- Did you feel like you could ask questions?
- What did the pharmacist do to help you to understand the information better?
- What could s/he have done better? (e.g. pamphlet)
- Did you get all the information from the pharmacist that you wanted to get?

ARVs

- Tell me what the pharmacist told you about the medicines.
- Were there words you didn't understand? If so, what?
- [If you have visited before: have you had any problems with taking the pills? If so, what?]
- [If this is the first consultation: do you think you will be able to take the medicines correctly?]

Interpreting

[Did the interpreter help you to understand what the pharmacist was saying?]

[Do you think the interpreter explained everything to the pharmacist? If not, what did they leave out?]

Would you have preferred to have had an interpreter to help you speak to the pharmacist?

INTERVIEW WITH PHARMACIST: GUIDING QUESTIONS

Demographic information for pharmacist

- What languages do you speak?
- How long have you been working at the clinic with ARVs?
- Where and when did you train to be a pharmacist?
- Have you ever taken courses or attended talks on interpreting or communication skills with patients?

ARVs and communication

- What kind of information is important to convey to patients about ARVs or other medicines for HIV?
- Do you feel that the patients generally understand this?
- Do patients often misunderstand or forget instructions?
- Do patients come to you with expectations and prior knowledge or beliefs about ARVs?

Adherence

- Many clinics experience difficulties with maintaining patient adherence to ARVs. Tell me about some of the issues and problems that patients from this clinic experience.
- Do patients feel comfortable to tell you if they have missed doses?
- How do you try to ensure good adherence to the ARVs?
- Do you feel that your ability to convey information and the patient's ability to understand it may have an impact on adherence levels?
- Do you feel that language barriers may be linked to poor adherence levels?

Communication experiences

- Is it generally difficult or easy for you to talk to the patients?
- Do you feel that you are able to establish a good rapport with patients, despite language barriers?
- Do you feel disadvantaged as a clinician because you don't speak the same language and share the same culture as the patients?
- What are some of the biggest problems arising from language barriers with patients? Let's talk about your experiences.
- What strategies do you use to try and convey a message when communication is difficult or there is a communication breakdown?
- Do you get all the information from the patients that you want to get?

- How could communication with the patients be made easier?

Accuracy of communication

- Do you think the patients understand what you are trying to say to them?
- How do you gauge this from the conversation, e.g. body language, eye contact, etc.?

Interpreters

- Do you think there is a need for interpreters in this clinic?
- How often do you feel you need to use an interpreter?
- Who do you usually use when you need an interpreter?
- Do you find interpreters helpful?
- Do you feel that interpreters translate accurately?

Appendix 4: Transcription conventions

4.1 Coding for recorded interactions and presentation of extracts

A	Pharmacist A
B	Pharmacist B
E	Pharmacist E
R	Researcher
RA	Research Assistant
P	Patient
C	Caregiver
F	Father
M	Mother
exp pt	experienced patient with numerous visits to the Pharmacy
paed case	paediatric patient (not present during recording); consultation between pharmacist and child's mother
? visit	number of times patient has visited the pharmacy is unknown

4.2 Conversation Analysis Transcription Conventions (Jefferson, 2004)

B:	speaker identification
<u>word</u>	some form of stress, via pitch or amplitude
WORD	especially loud speech relative to surrounding talk
((laugh))	transcriber's descriptions, e.g. laughter or head nod
?	rising intonation
.	falling or terminal intonation
,	continuing intonation
(.)	short pause
(0.0)	elapsed time in silence (in seconds)
(word)	especially dubious hearings or speaker identifications
°word°	softly spoken, quieter than the surrounding talk
[]	onset and offset of overlapping talk

.....	omitted text
=	latching (no gap between lines)
:	prolongation of the immediately prior sound
-	cut-off
↑	shift into higher pitch in the utterance immediately following the arrow
↓	shift into lower pitch in the utterance immediately following the arrow
hhh	out breath or sigh
***	text omitted to protect participant's confidentiality
< >	decrease in speed of speech, relative to surrounding speech
> <	increase in speed of speech, relative to surrounding speech
bold	boldface is used to indicate specific phenomena or points of interest in an extract ⁴⁶

4.3 Transcription system for vocal and visual elements (Heath, 1986)

Where there are two speakers, one must be placed above the other. In this case, the pharmacist's non-verbal behaviours are transcribed above her talk and the patient's below her talk. Where two pharmacists converse during a patient's consultation, the non-verbal behaviours of the pharmacist conducting the consultation are transcribed above her talk and the other pharmacist's are transcribed below her talk.

Gaze transcription

_____ A continuous line indicates that the participant is gazing at the face of the co-participant.

⁴⁶ According to Jefferson (2004), the acceptable CA notation for highlighting specific lines or text in an extract is an arrow placed are usually used for this purpose. However, this system is somewhat cumbersome. Although the use of boldface to highlight specific text in an extract is not a CA convention, the researcher decided to follow the lead of some authors who use bold text instead of arrows (e.g. Barry et al., 2001; Heinz, 2003; Rapley et al., 2006; Roberts, Moss, Wass, Sarangi, & Jones, 2005).

- — — — A series of longer dashes indicates that the participant is looking at a specific object. This may be accompanied by a description to indicate the nature of the object.
- , , , , , , A series of commas indicates that the participant is turning away from a co-participant (or object).
- A series of dots indicates that the participant is turning towards a co-participant (or object).

Movement transcription

A series of close dashes indicates movement (e.g. gesture, body posture, facial expression, head nodding), in relation to where the movement begins and ends in the talk. The dashes are accompanied by a description of the movement.

----- Indicates movement by patient or caregiver.
 ^
movement

or

movement Indicates movement by pharmacist.
 v

Appendix 5: RPH ARV guidelines (based on national guidelines)

ART for adults: National Guidelines

Regimen	Combination of 3 ARV's	*RTB Hosp code	% Prevalence at RTB Hosp
First line	Stavudine (d4T) Lamivudine (3TC) Efavirenz (EFV)	1A	66%
First line	Stavudine (d4T) Lamivudine (3TC) Nevirapine (NVP)	1B	31%
First line (If existing regimen or peripheral neuropathy)	Zidovudine (AZT) Lamivudine (3TC) Efavirenz (EFV) / Nevirapine (NVP)	1C	0,3%
Changed first line if Adverse reaction to EFV or NVP	Stavudine (d4T) Lamivudine (3TC) Kaletra®	1D	0,2%
Second line	Zidovudine (AZT) Didanosine (ddl) Kaletra®	2	0,7%
Second line	Abacavir (ABC) Didanosine (ddl) Kaletra® (KTL)	2A	0,1%

ART for paed: National Guidelines

Regimen	6 months up to 3 years	*RTB Hosp code	Over 3 years and >10kg	*RTB Hosp code
First line	Stavudine (d4T) – Solution in fridge Lamivudine (3TC) Kaletra® (KLT) - under 25°C	1A	Stavudine (d4T) – Solution in fridge Lamivudine (3TC) Efavirenz (EFV)	1C
First line (if no fridge for d4T sol)	Zidovudine (AZT) Lamivudine (3TC) Kaletra® (KLT) - under 25°C	1AZ	Zidovudine (AZT) Lamivudine (3TC) Efavirenz (EFV)	1CZ
Second line	Zidovudine (AZT) Didanosine (ddl) 2 separate tabs Nevirapine (NVP)	?	Zidovudine (AZT) Didanosine (ddl) 2 separate tabs Kaletra® (KLT) / ** Efavirenz(EFV)	?

*Please advise on standard codes to use to identify specific regimens for use to estimate drug use.
If on TB Rx and NVP or KLT, switch to Ritonavir or EFV (if over 3 years and >10kg) Ritonavir to be ordered!

National guidelines: ARV drugs and Co-Trimoxazole paediatric dosing chart for use in resource-constrained settings

Weight	Stavudine (Zerit®d4T)		Lamivudine (EpiVir®.3TC)		Zidovudine (Retrovir®.ZDV, AZT)		Lopin/Riton (Kaletra®.KLT)		Efavirenz (Stocrin®.EFV)	Nevirapine (Viramune®, NVP)				Co-Trimox (Bactrim®, Septtran®...)	
	Liquid 1mg/ml	Caps 5,20, 30mg	Liquid 10mg /ml	Tab 150mg g	Liquid 10mg /ml	Caps 100mg	Caps 80mg lop/ml	Liquid 133.3/ 33.3mg Lop/ml	Dose as shown once daily	Induction 4mg/kg daily for 14 days, then maintenance	Liquid	Tablet	Liquid	Tab	Liq 8mg/ tab 480mg g
	1mg/kg twice daily		4mg/kg twice daily		240mg/m twice daily		<15kg=10mg Lopinavir / kg twice daily		once daily						4mg/kg once daily • once daily for prophylaxis
Kg															
5-6.9	Indiv- dualise	15mg	2ml		7ml					2ml	4ml				3ml
7-9.9		15mg	3ml		9ml	1 cap	1.5ml			3ml	6ml				4ml
10-11.9		15 or 20mg	4ml		12ml	1 cap	2ml			4ml	8ml	½ tab			5ml
12-14.9		15 or 20mg	5ml		14ml	1 cap	2ml			5ml	9ml	½ tab			7ml
15-16.9		15 or 20mg	6ml	½ tab	15ml	2 caps	2.5ml	1 cap	200mg+	6ml	10ml	½ tab			8ml
17-19.9		20mg	7ml	½ tab	17ml	2 caps	2.5ml	2 caps	200mg+	7ml	13ml	1 tab am ½ tab pm			9ml
20-24.9		20mg	9ml	½ tab	20ml	2 caps	3ml	2 caps	200mg+	9ml	16ml	1 tab am ½ tab pm		½ tab	11ml
25-29.9		30mg	11ml	1 tab	24ml	3 caps or 300mg tab	3.5ml	2 caps	200mg+	11ml	20ml	1 tab		½ tab	14ml
30-34.9		30mg	13ml	1 tab	27ml	3 caps or 300mg tab	4ml	3 caps	200mg+	13ml				1 tab am ½ tab pm	17ml
35-40		30mg	15ml	1 tab	30ml	3 caps or 300mg tab	5ml	3 caps	200mg+	15ml				1 tab am ½ tab pm	20ml

540

Appendix 7: Medication Labels

TAKE.....CAPSULES AT EXACTLY.....PM AT NIGHT.

NO FATTY FOODS OR ALCOHOL WITH TABLETS
DO NOT STOP TABLETS WITHOUT ASKING DOCTOR
CONTINUE WITH ALL 3 MEDICINES LIFELONG.

BRING MEDICINES WITH YOU EVERY TIME.
RUSTENBURG PROVINCIAL HOSPITAL

Stocrin

TAKE 1 TABLET AT EXACTLY.....AM MORNINGS
FOR 15 DAYS UNTIL.....
THEN TAKE 1 TABLET AT EXACTLY.....AM MORNINGS
AND 1 TABLET AT EXACTLY.....PM AT NIGHT.

DO NOT STOP WITHOUT CONSULTING THE DOCTOR.
CONTINUE ALL 3 MEDICINES LIFELONG.
NO ALCOHOL. BRING MEDICINE WITH YOU EACH TIME

RUSTENBURG PROVINCIAL HOSPITAL

Nevirapine

TAKE.....ML AT.....AM MORNINGS / MOSONG.
AND.....ML AT.....PM AT NIGHT / BOSIGO.

DO NOT STOP WITHOUT CONSULTING THE DOCTOR.
SHAKE BEFORE USE.KEEP MEDICINES IN COOL PLACE

RUSTENBURG PROVINCIAL HOSPITAL

Stavudine / Zerit (paediatric) [Note that a similar label is given for Stavudine in capsule form]

NEEM	TABLET	KEER PER DAG
TAKE	TABLET	TIMES A DAY.
ENWA	PILISI	KA LETSATSI.
SELA	IPILISI	NGELANGA .

RUSTENBURG PROV HOSPITAAL

Other medications

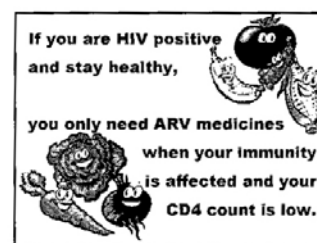
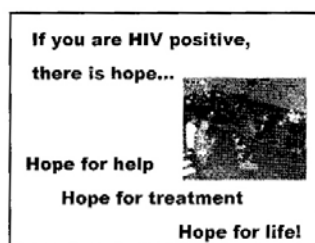
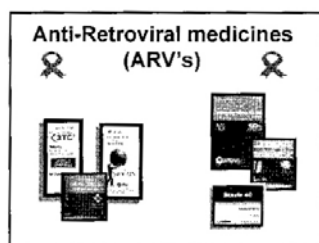
TAKE	MEDICINESPOONFUL	TIMES A DAY
NEEM	MEDISYNEMAAT	KEER PER DAG

RUSTENBURG PROV HOSPITAAL

Appendix 8: Adherence-promoting posters

(displayed in Pharmacy and also as part of an education video screened in the Wellness Clinic reception area; available in English, Afrikaans and Setswana)

Posters for adult patients



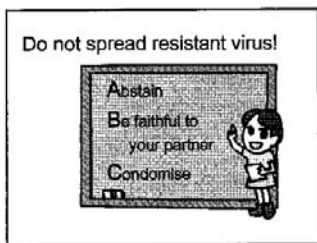
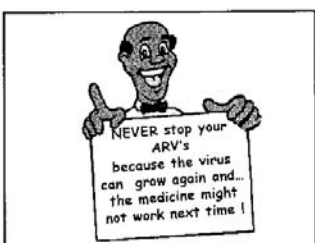
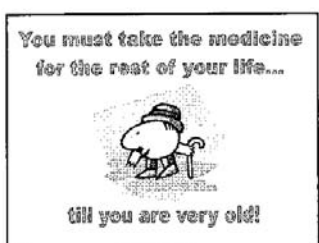
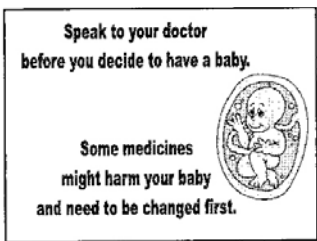
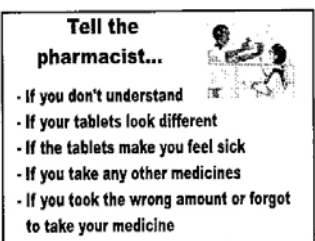
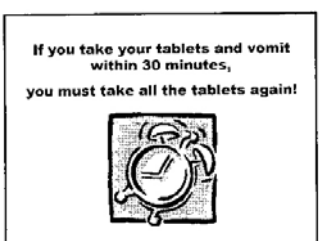
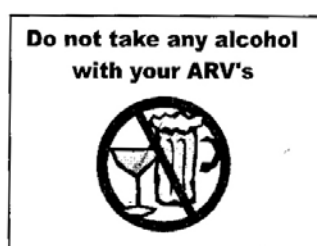
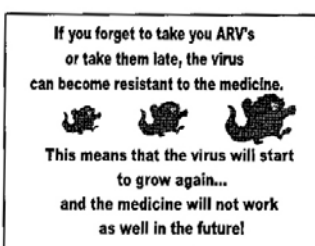
GENERIC NAME	TRADE NAME	TABLET / CAPSULE	CONTAINER / BOX
Stavudine 30mg	Stavilife 30mg		
Stavudine 30mg	Apex-Stavudine 30mg		
Stavudine 30mg	Stavilife 30mg		
Stavudine 40mg	Apex-Stavudine 40mg		

GENERIC NAME	TRADE NAME	TABLET / CAPSULE	CONTAINER / BOX
Lamivudine 150mg	3TC 150mg		
Lamivudine 150mg	Cifer-Lamivudine 150mg		
Lamivudine 150mg	Apex-Lamivudine 150mg		

ARV TREATMENT CHART

	Morning / Masing		At night / Bosigo		
DATE	8am	8am	8pm	8pm	8pm
14/07/06	✓	✓	✓	✓	✓
15/07/06	✓	✓			
16/07/06					

PLEASE BRING TO PHARMACY WITH EACH VISIT



Posters for paediatric patients / caregivers

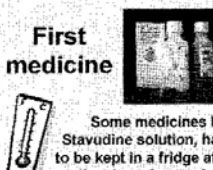


Anti-Retroviral Medicines for children

Also take 3 medicines every day even when away from home or in hospital



First medicine



Some medicines like Stavudine solution, have to be kept in a fridge after they have been mixed.



If you do not have a fridge, the doctor can give you another medicine, like Zidovudine syrup or Stavudine capsules, which are not kept in the fridge.

Second medicine

Lamivudine



When the child grows and weighs more, the doctor will increase the dose. Sometimes the child can then take tablets.

Generics medicines look different, but the medicine inside is the same. Ask the doctor or pharmacist if you are not sure.



Third medicine

The third medicine can be ONE of the next.



Lopinavir/Ritonavir Nevirapine Efavirenz

There are different strengths of Efavirenz capsules and your child might need both. If your child cannot swallow, the capsules can be broken on a small part of his food.



Tell the doctor and pharmacist:



- What the best time will be for you to remember to give the medicine.
- If the child can swallow a tablet.
- If you do not understand how to measure, crush, dissolve or mix the medicines.
- If you have a fridge which is working.

The pharmacist will:



- show you how to open kiddle-proof lids (push and twist)
- show you how to measure the dose needed with a syringe
- ask how many bottles you have left each time



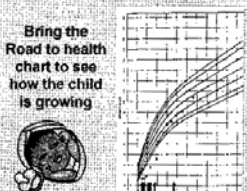
	Morning dose Missing				Evening dose Missing			
ARV	date	time	type	amount	date	time	type	amount
Dose	50ml	4ml	50ml	4ml	50ml	4ml	50ml	4ml
28/08	✓	✓	✓	✓	✓	✓	✓	✓
27/08	✓	✓	✓	✓	✓	✓	✓	✓

Tick when medicines are taken.
Bring all medicines to clinic on each visit.
Diary cards can be used to help you remember

If your child takes the ARV medicine and vomits within 30 minutes, he must take all the medicines again!



Bring the Road to health chart to see how the child is growing



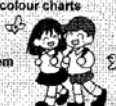
Pre-school children

- Keep medicines out of reach in a cool place
- Explain medicines to care-giver at daycare
- Give the bad tasting medicines first...
- Hide the taste:
 - Suck ice to numb the tongue
 - Mixing with vitamin syrup
 - Give peanut butter
- Do not share medicines



School-aged children

- Give them responsibility
- Use diaries and alarms for timing
- Use stickers and colour charts
- Give rewards if they remember
- Explain HIV to them



Teenagers

- Must take own responsibility
- Discuss HIV disease and prevention
- Know side-effects
- Can disclose status
- Understand CD4 and immunity
- Discuss long-term goals like life skills, sexuality and gender issues



Let's make our babies happy children... and healthy adults!



Appendix 9: Drug Information Sheet for Patients

(note: the original copy of this document, obtained from RPH, was poorly printed)



KNOW YOUR ANTI-RETROVIRAL MEDICINES (ARV's)



- If you are HIV positive and stay healthy, you only need ARV medicines when your immunity is affected and your CD4 count is low.
- Once your doctor prescribes Anti-Retroviral medicines, you must be COMMITTED! Take all 3 ARV's at the same time every day for the rest of your life!
- ARV's cannot kill HIV, but prevent the virus from growing.
- **A**bstain or **B**e faithful to your partner and **C**ondomize, even if on ARV's!
- You might have side-effects like nausea, dizziness and a rash, which will usually stop after a few weeks. If these get worse, come to the doctor.
- If you take your tablets and vomit within 30 minutes, you must take them again
- Tell the doctor and pharmacist if the tablets make you feel sick or if you took the wrong dose or forgot to take your ARV's.
- Do not take any other medicines with your ARV's without asking the doctor or pharmacist – not even herbal medication or immune boosters.
- Do not take any alcohol with your ARV's
- Keep your ARV's with you, even if you go away or are admitted to hospital.
- Tell the pharmacist if you don't understand. If the tablets look different, they might be generic medicines and have the same ingredient. You must never take both together if they have the same generic name.
- Speak to your doctor before you decide to have a baby. Some medicines might harm your baby and need to be changed first.
- If you forget to take your ARV's or take them late, the virus can become resistant to the medicine. This means that the virus can grow again.
- Make sure that you have enough ARV's to last until your next pharmacy visit. If not, return to the pharmacy sooner!
- If you keep a yellow diary card, tick every time you take your medicine and bring it to the pharmacy or clinic every time.
- NEVER stop your ARV's on your own, as the medicine might not work in the future!



	Morning/Mosong		At night / Bosigo		
DATE	Stavudi	Lamivudi	Stavudin	Lamivudi	Efaviren
Time	8 am	8am	8pm	8pm	8pm
16/07/0					

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Dosing	7
How am I doing?	9
Tips	10



*Registered trademark of Merck & Co., Inc., Whitehouse Station, NJ, USA

Once Daily
STOCRIN[®]
(efavirenz)

[illegible]

Once Daily
STOCRIN
(efavirenz)

Appendix 11: Posters to explain HIV-related concepts

(available in English and Setswana)

**Anti- Retroviral (ARV)
medicine can stop HIV
from growing,
but cannot kill HIV**



**That is why you have to
continue with ARV's
for the rest of your life**

**HIV is the virus which
causes AIDS**



**The viral load tells us how
much virus you have in
your blood**



**The number
of CD4 cells
tell us if HIV has
damaged your immunity.**

**If your CD4 is low,
your body cannot
fight infections.**

