



EUROPEAN 

**HIV**

NURSING

CONFERENCE 



18-19 November 2016 • Barcelona, Spain

# Does the use of the Wellness Thermometer improve consultations for people living with HIV?

Michelle Croston  
RN, RHV

Bmed Sci (Hons), BA Science (Hons), Grad Dip Aesth  
Medicine. Professional Doctorate Student

# Quality of life issues

Psychological , interpersonal, spiritual , environmental concerns

- Care paradigm has changed
- Challenges patients face living with a chronic condition
- Challenges to mental well being
- Adhering to treatment
- Impact on sexual relationships
- Housing concerns
- Benefits
- Side effects to treatment

# Barriers to communication are many...

## Patient

- **“Doctor knows best”**
- Fear and anxiety (e.g. side effects)
- Embarrassment
- Hopelessness; depression?
- Social difficulties
- Disempowerment; inequality
- Lack of trust in medical system
- Perception of feeling judged
- Complex medical information
- Expectations
- Previous experience
- Resistant to change
- Linguistic ability
- Lack of time
- Illness and cognitive difficulties
- Societal norms

## HCP

- **“Opening the can of worms”**
- Fear and anxiety
- Assuming patient will communicate their problems
- Focus on bio-medical concerns only
- Burden of work
- Lack of time
- Lack of support-supervision
- ‘Burn-out’
- Avoidance behaviour
- Lack of confidence in ability to respond
- Fear of undermining hope
- Telling people what to do
- Medical threats
- Judging
- Poor communication skills
- Over-rating own communication skills

# Benefits of patient empowerment and good communication are well recognised

*“Physician-patient relationships and communication quality are related to outcomes in HIV care”<sup>1,2</sup>*

*“Higher quality communication and relationships are associated with improved patient engagement in HIV care”<sup>3</sup>*

*“Recognising symptoms that patients attribute to ART side effects might avoid loss of adherence and deterioration of trust in the patient-provider relationship”<sup>4</sup>*

*“Supporting patients requires good communication not just between clinician and patient but also between all healthcare staff involved with their care...including their GP”<sup>4</sup>*

1. Schneider J et al. J Gen Intern Med. 2004;19(11):1096–1103.
2. Laws MB et al. Patient Prefer Adherence. 2012;6:893–903.
3. Tabor E. et al. J Acquir Immune Defic Syndr. 2013;63(3):362–366.
4. BHIVA Guidelines. HIV Medicine. 2014;15(Suppl. 1):1–85.

# Aim of the project

- To establish if the Wellness Thermometer improves conversations between healthcare professionals and patients
- To establish patients experiences of using the Wellness Thermometer
- To explore how the Wellness Thermometer could be used in clinical practice to improve whole person care

# Practical issues

- Ethical approval

Full ethical approval was sort but not required. Project was registered with the NMGH R&D department ( 14RECNA16)

- Methodology

Service evaluation

- Funding

Good will and an unrestricted educational grant from Gilead

# What did we want in a tool?

- ✓ Easy to interpret
- ✓ Simple to use
- ✓ Need to take into consideration a variety of different literacy skills
- ✓ Contain key information to assist communication



# What was already out there?

- The distress thermometer has been found to be an economical and useful screening tool in cancer care and facilitates the identification of practical , family , emotional and physical difficulties in patients
- The distress thermometer was design for active disease burdens and not a chronic disease area where the burdens can be different



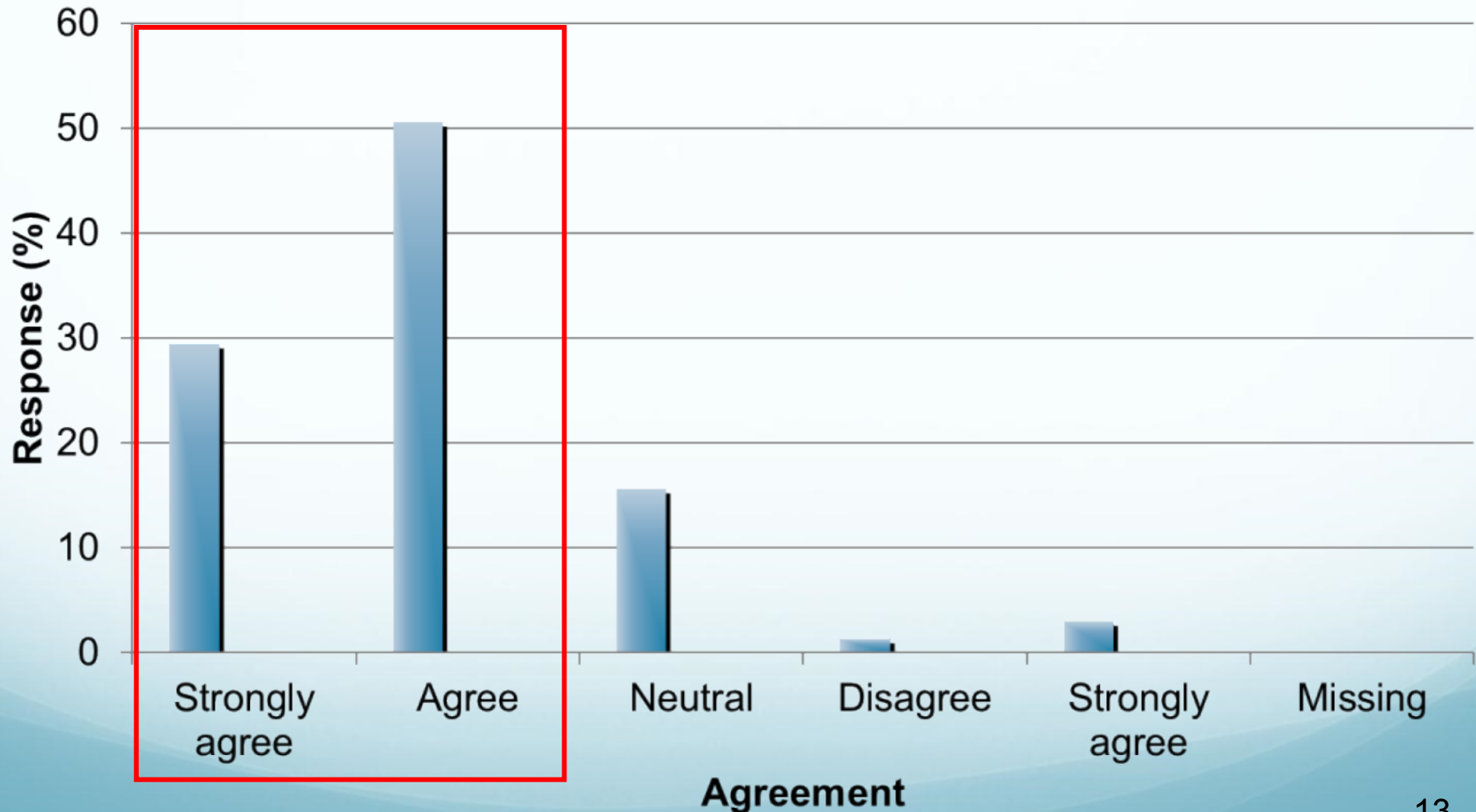
# Data collection

- North Manchester General Hospital, East Sussex NHS Healthcare Clinics and Milton Keynes were the sites that explored if the WT worked in practice
- For 1 month all patients attending HIV clinic were given the WT
- Total number of patients who took part in the project and completed a survey n=231
- Patients were given the information and tool prior to their consultation and asked to fill in the tool .
- Patients would then hand over the WT to the HCP , this was reviewed and used as a discussion point
- After the consultation a "survey card" was given to the patient to capture their views on the WT and consultation in real time

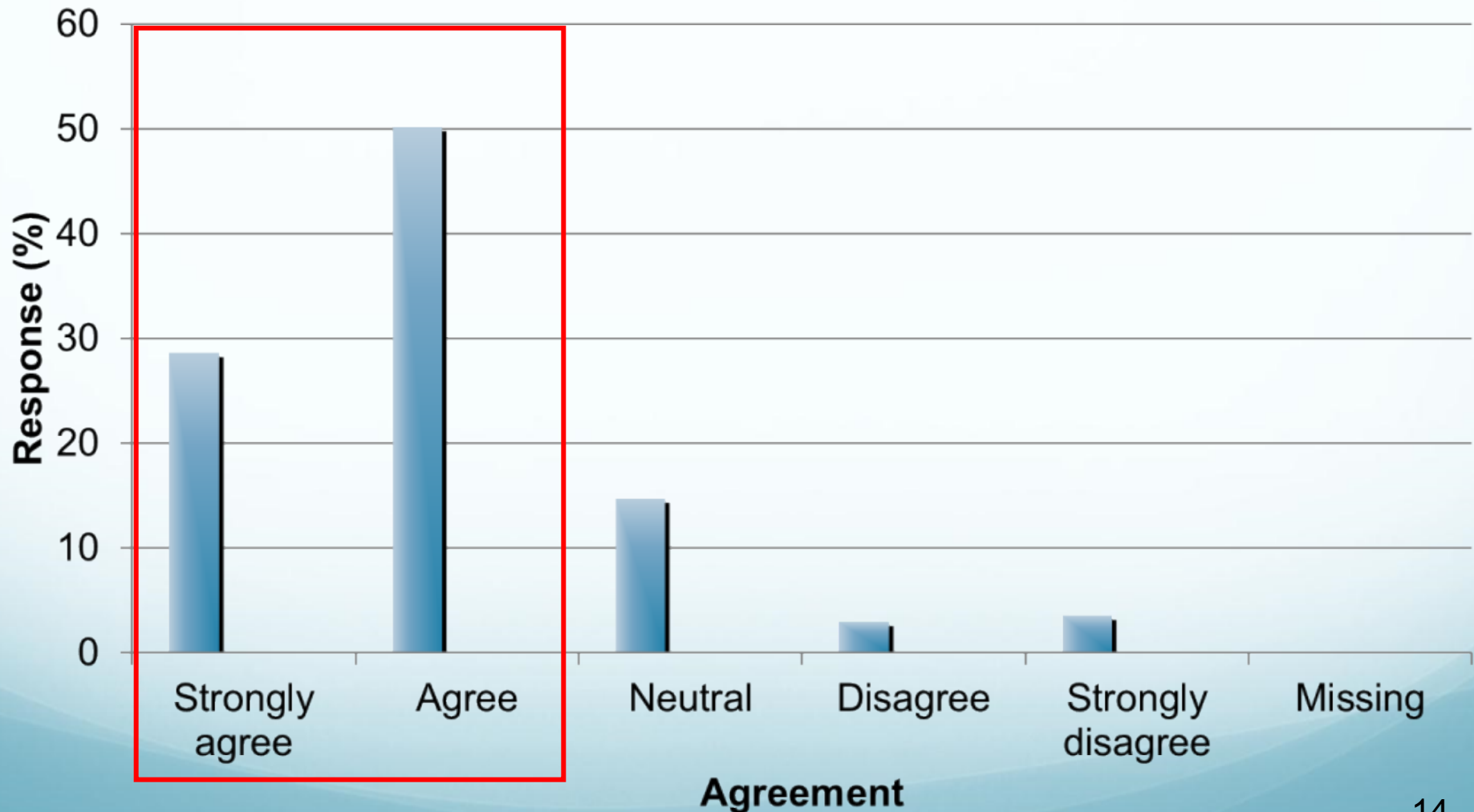
# Findings



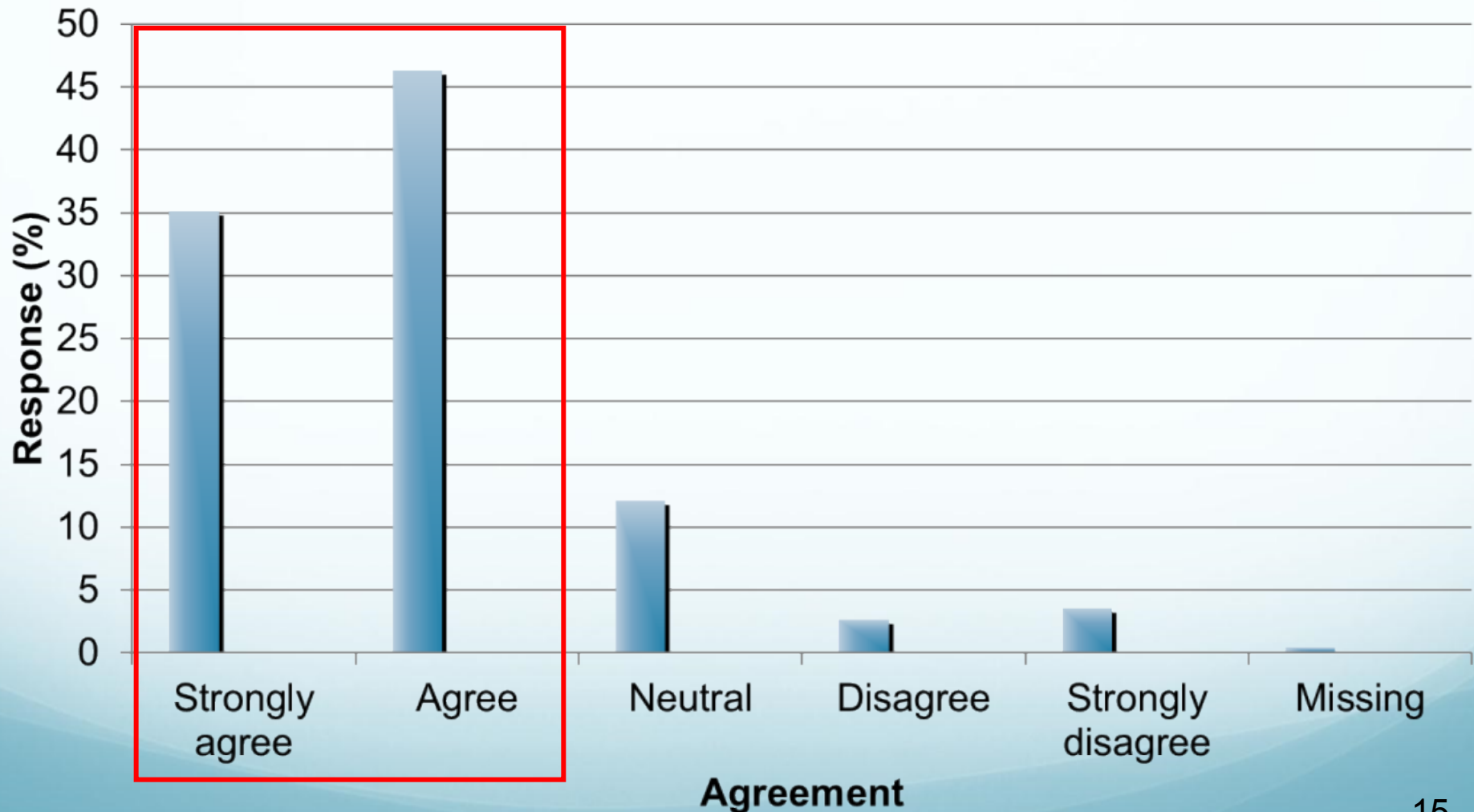
# The Wellness Thermometer helped me identify my concerns



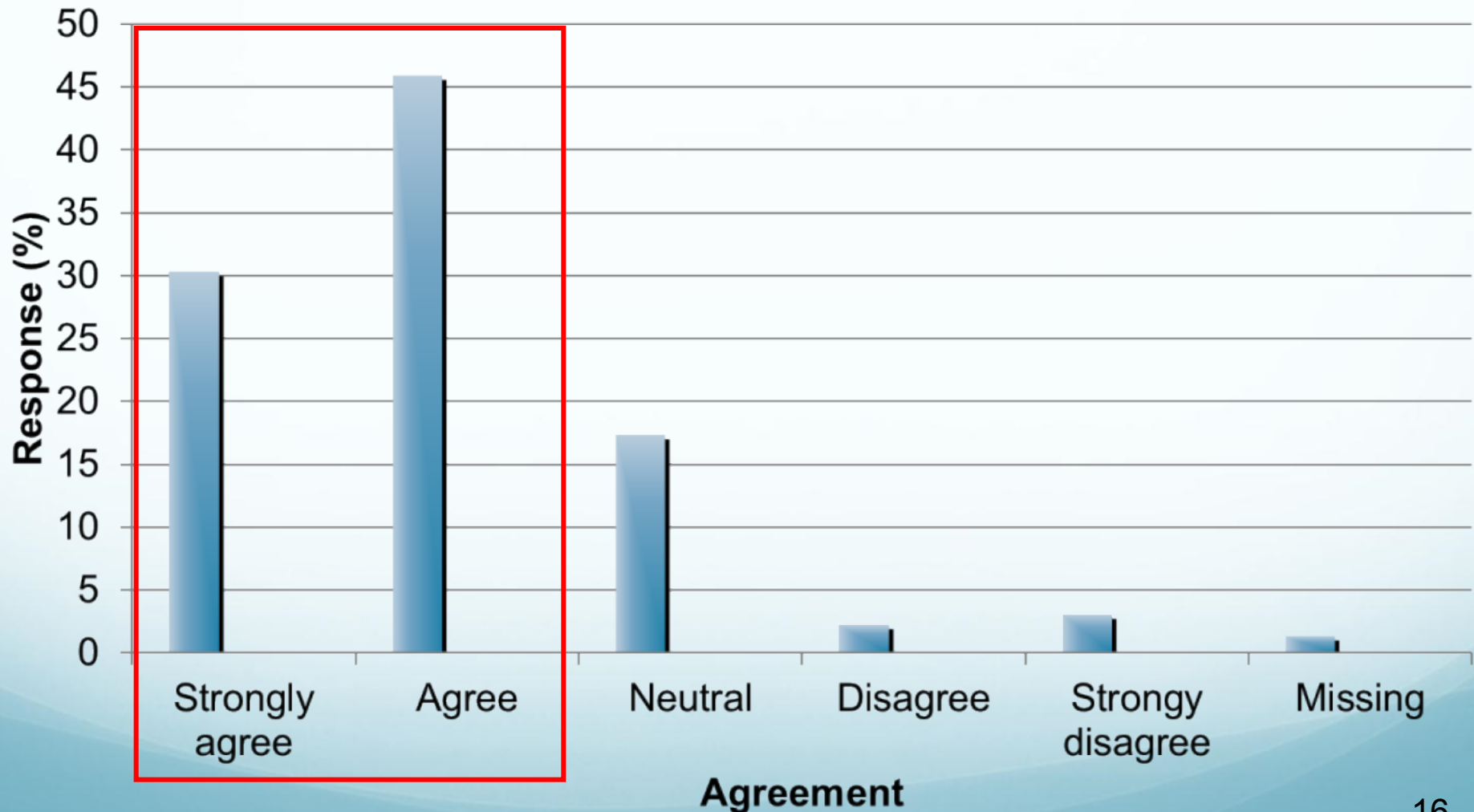
# The Wellness Thermometer improved my conversation with my doctor/nurse



# The Wellness Thermometer helped me bring up my concerns with my doctor/nurse

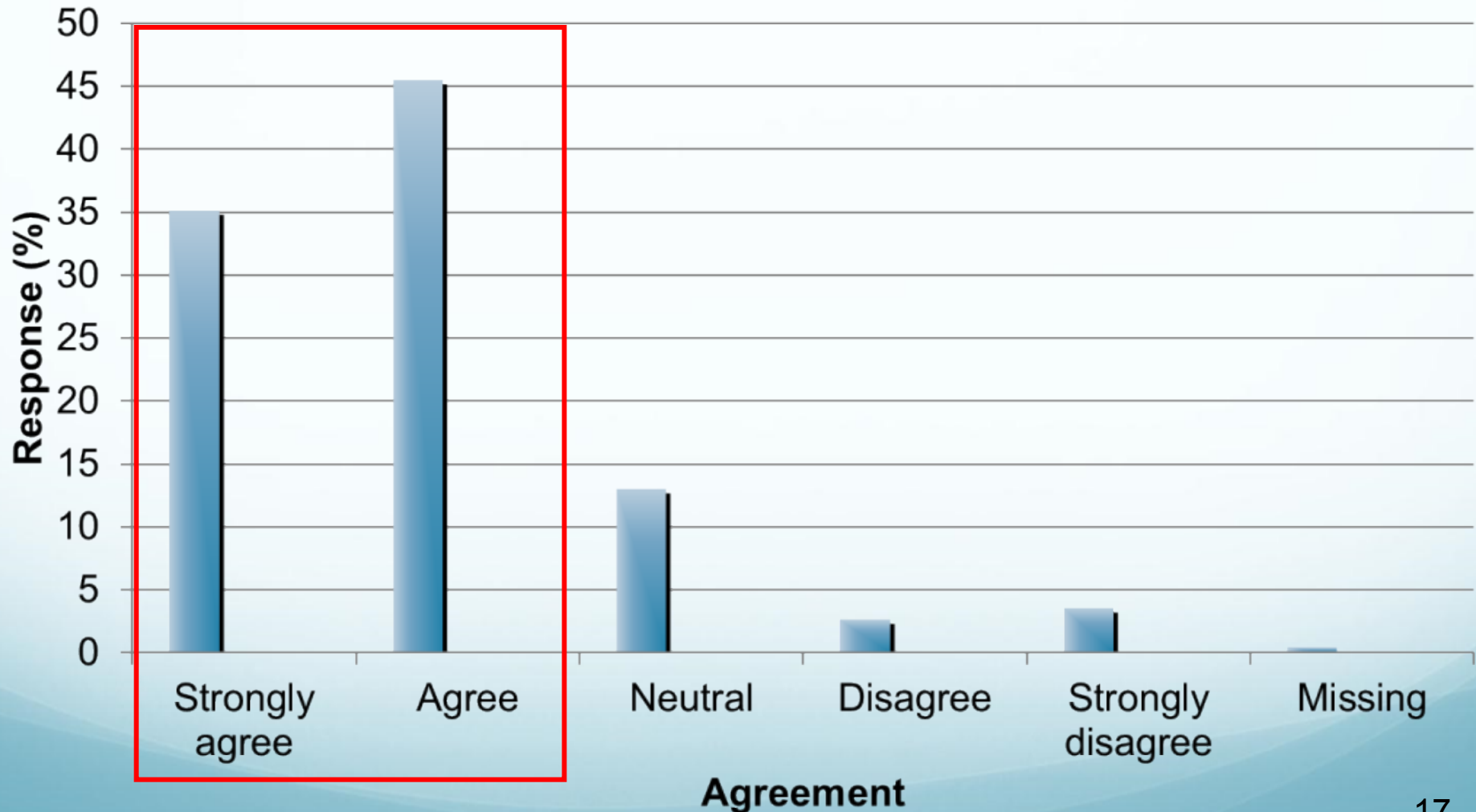


# The Wellness Thermometer will help me record my concerns between appointments

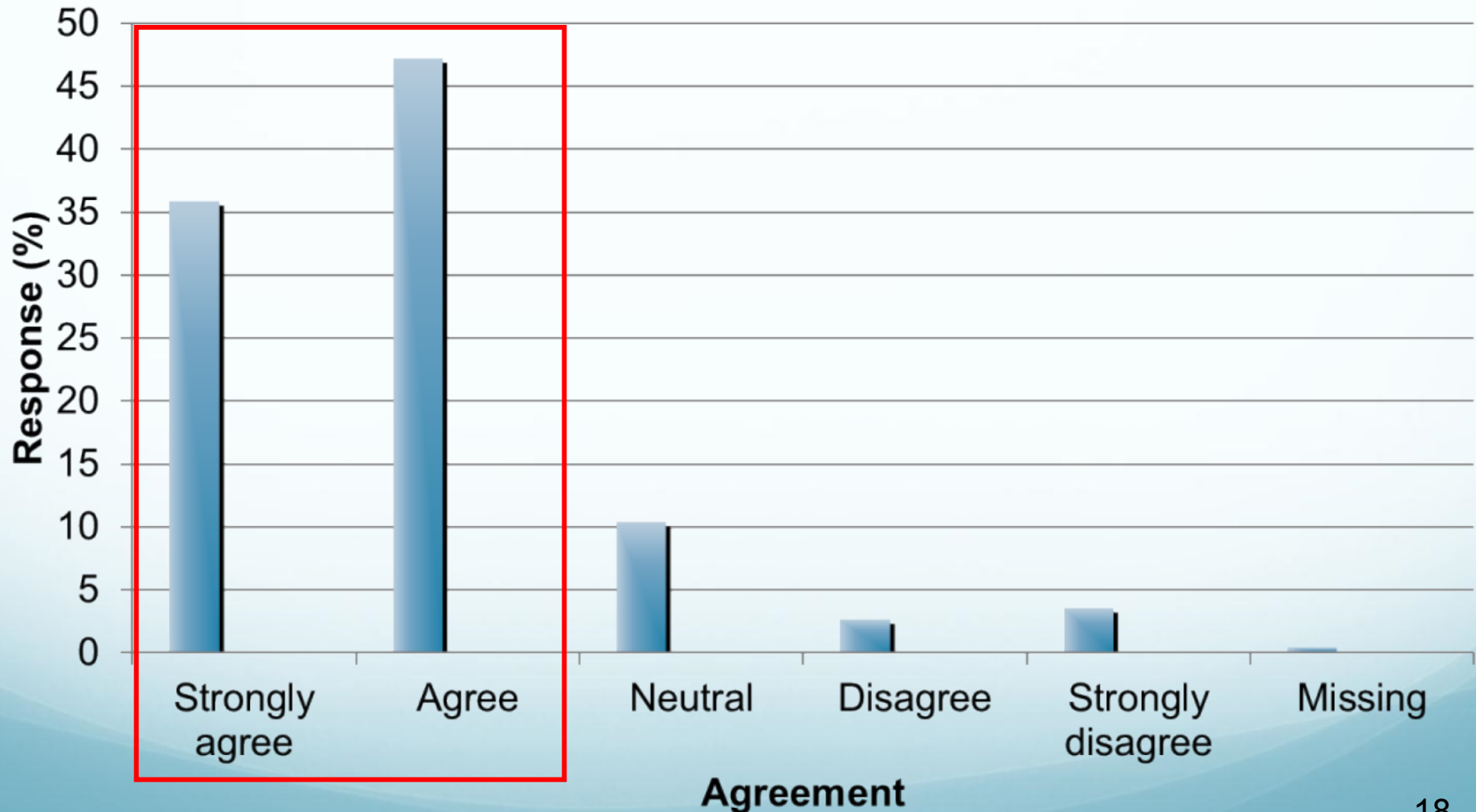




# I would recommend the Wellness Thermometer to a friend or family member with a health problem



# I would recommend the Wellness Thermometer to other people with my condition



# What did the HCP's think?



# Summary

- Patients well being is related to clinic outcomes
- Patients value being assessed holistically
- Patients must feel empowered to alert their care team about all the concerns they have in relation to living with HIV
- WT acts as a tool to facilitate holistic disclosure of concerns
- WT has demonstrated an improvement in conversations between HCP and patients



Wikipedia Commons

“We need to learn to  
measure what we value,  
not value what we  
can easily measure”

Marcus Aurelius, Roman Emperor and  
Philosopher, AD 120

# Thank you

- **All the patients that took part**
- Dr Andrew Ustianowski, North Manchester
- Dr Jenny Petrak, Homerton Hospital
- Mr. Martin Jones, East Sussex
- Ms. Shan Walker, Milton Keynes hospital
- Ms. Dee Sheedy, Milton Keynes hospital
- Mr Terry Whitehead, Gilead Sciences
- Mr David Lindsay, Gilead Sciences
- Dr Paul Benn, Gilead Sciences
- Dr Alan Smith, Gilead Sciences
- Ash Dunne, Medical Writer
- Dr Chris Scott, Charing Cross
- Dr Ian Reeves, Homerton Hospital
- Gilead Sciences Ltd