

Process Analysis of Rapid Testing (PART) Study

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Project Description: The Process Analysis of Rapid Testing (PART) study has three components:

1) Describe the strategies HIV rapid test counselors use to manage multiple roles during the test session. These multiple roles include obtaining the client's informed consent, explaining the meaning of the test results, completing paperwork, assessing the client's risk and eliciting the client's particular concerns and reasons for testing. Given the limited time available, this multiplicity of counselor roles can make it difficult for counselors to develop a future risk reduction plan with clients. We found that filling out the risk assessment form during the session limited the scope of the discussion. Counselors spent up to one third of the session filling out paperwork. Follow-up interviews revealed that clients were not forthcoming to counselors about their risks.

2) Develop a computer assisted survey that is self-administered by the client before they see the counselor (PalmPal)

In order to eliminate the data collection tasks during the session, we collaborated with the San Francisco Department of Public Health and Magnet to develop a PalmPal survey. Clients report more risk on the computer than they do with the counselor and enter the session ready to talk about their risk. Counselors do not have access to individual client data and must use open-ended questions to get to know each client's situation. By streamlining data collection in this way, counselors can devote more time to a client-centered discussion about the client's current situation and develop a future risk reduction plan. More information on PalmPal is available at www.palmpal.org/faq.html.

3) Enhance counselor training and supervision using time charts.

To understand how counselors structure the session, we developed time charts as a tool to compare the sequence and distribution of tasks in time across many test sessions. This analysis allows us to compare different ways counselors structure their time with the client and how they transition from one role to another, for example, how they switch from asking about the number of partners for the risk assessment form to asking an open ended question about the decision to use condoms. We then triangulate our analysis of recorded sessions with in-depth follow-up interviews with the client and the counselor. During the follow-up interviews, participants are asked to listen to the session recording, stopping at the role transitions to elicit comments on the specific strategies used in the session.

We collaborated with David Woods, a software developer at University of Wisconsin, Madison to add time charts as a feature of Transana software. We are testing the feasibility of having counselors record and analyze their own sessions as a form of self-supervision and continuing education (see www.palmpal.org/transana.pdf).

Significance: The California State Office of AIDS recently began piloting a new client triage system to determine clients' eligibility for counseling. High-risk clients would receive face-to-face counseling as before, but clients reporting lower risk would receive a pamphlet, video, or other intervention. In light of these changes, we envision PalmPal playing an integral role in streamlining data collection and facilitating client triage to improve test counseling services across California. We also see Transana software providing training, quality assurance and continuing education tools for test sites.