PATHWAYS TO HIGH ADHERENCE

# Adherence Support Templates

## WHAT YOU WILL FIND IN THIS APPENDIX

Appendix E contains the blank templates that are provided throughout this manual as adherence support tools.

## WHO SHOULD USE IT

Study coordinators, investigators, counselors, and other team members involved in adherence support activities at research clinics.

## HOW TO USE IT

Templates should be modified for use, as needed, based on site- and study-specific adherence support needs and strategies.

## ACTION PLAN TEMPLATE

*In this action plan template, each overall goal or aim should get its own action plan and team. Then each team should think about the specific sub-activities that need to be implemented to achieve the stated goal and assign a point person or smaller team to work on each activity. Methods for monitoring and measuring each activity and its outcome should be included in the task list. You may choose to use this action plan template as is or modify it to be more useful for your specific site (e.g., you may choose to have one action plan per activity as opposed to per goal/aim)*
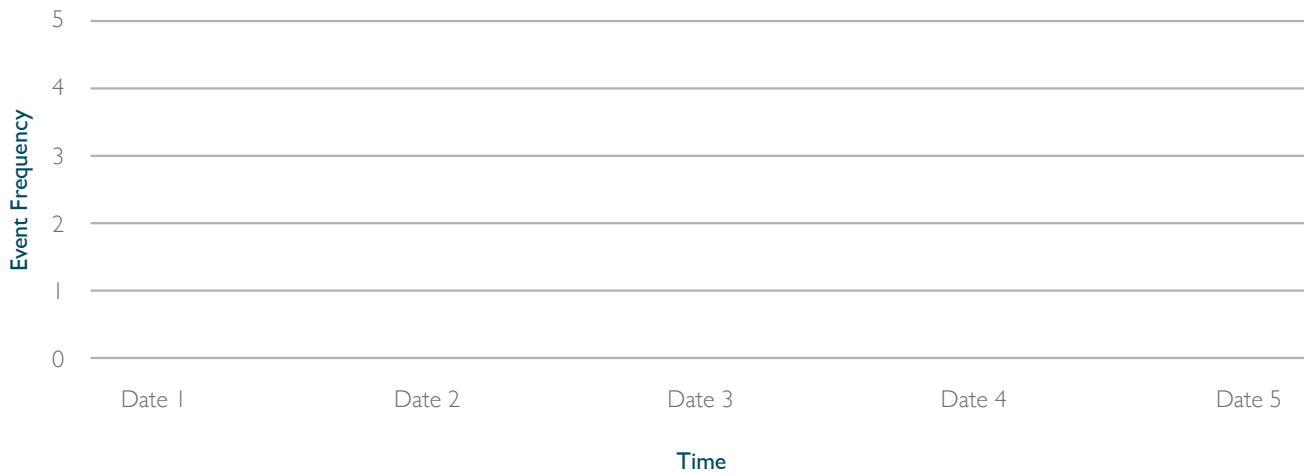
| ACTION PLAN | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Team Leader** | | | | | | | |
| **Team Members** | | | | | | | |
| **Goal/Aim** | | | | | | | |
| Activity/Task | Person(s) Responsible | Trial Stage | Target Start Date | Target End Date | Resources Needed *(e.g., staff, money, space, materials)* | Measures | Notes |
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## RUN CHART TEMPLATE

*A run chart is a line graph that tracks changes in an event or observation over time. Time is measured along the x-axis, and the event or observation being tracked is plotted along the y-axis.*

See page 32 for a run chart example.

## CHECK SHEET TEMPLATE

*A check sheet is a table that can be used to compile data, either in real time or from historical sources, like a retrospective chart review. On a typical check sheet, columns represent specific points in time and rows represent the challenges, events, and other occurrences that the team wishes to track. Using a check sheet, teams can tally how often certain events occur and can easily see patterns over time.*

| CHALLENGE | TIME | | | | | TOTAL |
|-----------|--------|--------|--------|--------|--------|-------|
| | Time 1 | Time 2 | Time 3 | Time 4 | Time 5 | |
| Challenge 1 | | | | | | |
| Challenge 2 | | | | | | |
| Challenge 3 | | | | | | |
| Challenge 4 | | | | | | |
| Total | | | | | | |

## TEMPLATE TOOL FOR PRIORITIZING ISSUES RELATED TO ADHERENCE

*For each question, choose the option (i.e., yes, no, mixed, unsure) that best fits your current community and research environment. Once you have decided on an answer for each question, look at the key provided to help you determine which topics should be a high priority for addressing in adherence-support activities, which should be a lower priority, and which might require more information gathering before they are assigned a priority level.*

|  | Yes | No | Mixed | Unsure |
|---|---|---|---|---|
| 1. Has the community had a positive experience with past research trials? Note: If the community has not had any previous experience with research trials, mark "Unsure." |  |  |  |  |
| 2. Does the community believe that biomedical research offers benefits to them and some form of reciprocity? |  |  |  |  |
| 3. Does the media accurately cover issues related to biomedical research and HIV? |  |  |  |  |
| 4. Is the community free of rumors and/or misconceptions related to HIV, the research site, and the study (including study procedures and the investigational product)? |  |  |  |  |
| 5. Are the resources that are provided by joining the study (e.g., medical care, financial compensation, HIV prevention services) otherwise readily available to women in the community? |  |  |  |  |
| 6. Does the study site have strong relationships established with stakeholders and community gatekeepers? |  |  |  |  |
| 7. Do the study protocol and investigational product fit within/support the existing cultural and religious beliefs and gender dynamics in the community? |  |  |  |  |
| 8. Are study staff well-trained in providing participant-centered care? |  |  |  |  |
| 9. Does the study team have a clear plan for supporting participant autonomy and engagement in the conduct and ongoing monitoring of the trial? |  |  |  |  |

## KEY

| OPTIONS | INTERPRETATION | ACTION |
|---|---|---|
| Yes | This area is strong and supportive of product adherence during the trial. | Lower priority for site team to work on. "Do" activities should be focused on maintaining strength in this area, rather than implementing big changes. |
| No | This area is weak or represents an area in which the study and community are not aligned. This has the potential to undermine/negatively affect product adherence in the trial, if not addressed by the study team. | This is a high priority area. "Do" activities should be focused on creating change and strengthening this area. |
| Mixed | This area is neither strong nor weak, but there is an opportunity for improvement. | This is a medium priority area. "Do" activities should focus on exploring this area in more depth to identify where specific strengths and weaknesses exist so that actions can be targeted appropriately. |
| Unsure | This area needs more research in order to determine whether current conditions are supportive of or detrimental to adherence in the study. | "Do" activities should focus on researching this topic and gathering more information so that this area can accurately be assigned a priority level. |

**NOTES:**

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