

Building Rural HIV Clinical Practice Support Academic Detailing (AD)



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Summary of what academic detailing is, the topics it supports, and how the AETC-backed process operates in rural settings.



Full toolkit document.....3-6

A comprehensive step-by-step guide designed to help rural healthcare teams implement, deliver, and evaluate academic detailing.



Customizable templates.....7-12

A collection of adaptable materials designed to make the outreach and tracking process feasible and sustainable in your local context.

- Provider Session Information Sheet
- Provider Outreach Letter
- Scheduling Card
- Asset Map
- Evaluation & Monitoring Template
- Provider Detailing Visit Tracking Form

 References available upon request

Building Rural HIV Clinical Practice Support Academic Detailing (AD)



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One-Page Overview
Infographic

One-Page Overview

What Is Academic Detailing?

Academic Detailing (AD)—also called practice support sessions or provider-to-provider education—is a brief, personalized approach to strengthening HIV clinical practice using current, evidence-based guidance.

In rural settings:

A practical conversation about HIV care—delivered where and how providers work.

Format:

15–30 minutes • Virtual or in-person • No cost

What Topics Can AD Support?

Topics are site-driven and modular, based on provider interest:

- HIV testing and routine screening
- Rapid ART initiation and re-engagement
- HIV treatment and long-term management
- PrEP and PEP implementation
- Aging with HIV and comorbidities
- STI and HCV integration
- Stigma reduction and linkage to care

Who Is This For?

Designed for rural and medically underserved clinical teams, including:

- Primary care providers (MDs, DOs, NPs, PAs)
- Nurses and clinical staff
- Pharmacists
- Public health and STI clinic staff
- RWHAP, health centers, and correctional health teams

Multidisciplinary participation is encouraged.

Why AD Works in Rural Settings

- ✓ Tailored to local workflows
- ✓ Relationship-based and practical
- ✓ Respects provider time and capacity
- ✓ Flexible delivery (virtual or in-person)
- ✓ Evidence-based and cost-effective

How the Process Works

1. Engage – Connect through trusted introductions
2. Assess – Identify provider needs and growth areas
3. Deliver – Share concise, actionable guidance
4. Support – Provide ongoing AETC follow-up
5. Improve – Track engagement and refine approach

What Makes This AETC-Supported?

AETC academic detailing includes:

- No-cost practice support sessions
- Access to HIV expert consultation (e.g., HIV Warmline)
- Follow-up sessions as questions arise
- Referrals to training (National HIV & PrEP Curricula)

AD is the entry point—longitudinal support is the commitment.

Interested in a Session?

[Program / AETC Region]

Email: [Contact Email]

Website: [Program Website]



Building Rural HIV Clinical Practice Support:

An Academic Detailing Toolkit

Purpose

The Building Rural HIV Clinical Practice Support: Academic Detailing Toolkit provides a step-by-step guide to help rural healthcare teams implement academic detailing (AD)—a proven, evidence-based approach to strengthen HIV-related clinical capacity, foster collaboration, and improve access to high-quality care. Designed for practical use, the toolkit offers adaptable templates, outreach strategies, and evaluation tools to make detailing feasible, scalable, and sustainable in rural contexts.

Scope of Academic Detailing Topics

This toolkit supports HIV-focused academic detailing, with integrated attention to prevention and sexual health. Topics are modular and site-driven, not delivered as a fixed curriculum. Depending on provider interest and local need, detailing may focus on:

- HIV testing and routine screening
- Rapid (immediate) ART initiation and re-engagement in care
- HIV treatment and long-term management
- PrEP and PEP (including workflow integration)
- Aging with HIV and comorbidities
- STI screening and treatment integration
- HCV co-infection
- Linkage to care and retention strategies

Definition

Academic detailing (AD)—also referred to as provider-to-provider education—uses brief, personalized, and interactive sessions to support evidence-based clinical practice, prescribing, and public health interventions (CDC, 2022). In rural settings, AD is often described as “a conversation about evidence-based practice at your doorstep,” emphasizing collaboration, flexibility (virtual or on-site), and practical application.

Intended Audience & Settings

This toolkit is designed primarily for clinical care teams in rural and medically underserved settings, including:

- Primary care providers (MDs, DOs, NPs, PAs)
- Nurses and other clinical staff
- Pharmacists
- Public health and STI clinic staff
- Ryan White HIV/AIDS Program (RWHAP) and FQHC teams
- Correctional health providers
- Select community-based organizations (CBOs) with clinical or prevention services

While clinicians are the primary audience, sessions may include multidisciplinary team members when helpful for workflow integration and implementation.

Why Academic Detailing Works

- Tailored education addresses local workflow and patient population needs
- Relationship-building fosters trust and uptake in rural communities
- Actionable, ready-to-use materials support implementation
- Flexible delivery (virtual or in-person) increases reach
- Cost-effective approach to improving clinical outcomes
- Real-world focus directly addresses day-to-day clinical challenges

Why AETC-Supported Academic Detailing Is Needed in Rural Settings

Rural providers often face:

- Geographic and professional isolation from specialty expertise
- Limited staffing and resources, with providers covering multiple roles
- Higher stigma related to HIV, sexual health, and substance use
- Patient access barriers, including transportation and broadband limitations

AETC-supported AD helps bridge these gaps by offering trusted, no-cost, longitudinal clinical support.

STEP-BY-STEP GUIDE

Step 1: Laying the Groundwork / Preparing for Detailing

Goal: Establish a strong foundation for academic detailing within the rural context.

Actions:

1. **Map stakeholders:** Identify priority partners, including community health centers, RWHAP clinics (medical and dental), local health departments, pharmacies, CBOs, hospitals, correctional settings, substance use treatment programs, PrEP providers, FQHCs, and HIV/STI testing sites. (Include Asset Map template.)
2. **Define roles:** Identify a Rural Provider Detailer. This role may be shared across staff and integrated into existing responsibilities.
3. **Secure leadership buy-in:** Use talking points emphasizing improved patient outcomes, reduced provider burden, and no-cost AETC support.
4. **Plan delivery format:** In-person, virtual, or hybrid based on geography and capacity.
5. **Ensure technology readiness:** Test platforms and prepare both print and digital materials.
6. **Prepare engagement materials:** Customize outreach emails, call scripts, flyers, and scheduling tools.

Tip: Use approachable language (e.g., “practice support session”) to avoid concerns about oversight or evaluation.

Step 2: Engaging Clinicians

Goal: Initiate respectful, relationship-centered engagement with clinical teams.

Actions:

1. **Use trusted introductions:** Leverage peer networks, health departments, and community champions.
2. **Offer flexible scheduling:** 15–30 minute sessions aligned with clinic flow; phone or virtual options encouraged.

3. **Use local data:** Share relevant HIV, STI, and prevention data to demonstrate relevance.

4. **Assess provider needs and growth edge:** Prior to or at the start of the session, identify what the provider or team wants to focus on.

Sample Needs Assessment Prompts:

- What HIV-related topics feel most challenging in your practice right now?
- Are there services you would like to offer but don’t yet feel comfortable providing?
- What would make this session most useful for you?

Sample Outreach Templates

Initial Outreach Email – Subject Line Options:

- HIV Clinical Training & Practice Support Opportunity
- Brief HIV Care & Prevention Support for Your Clinical Team
- Provider Education & Support: HIV Testing, PrEP, and Care

Email Body:

Dear [Organization Name],
I’m reaching out from [Your Program], which supports rural clinical teams through brief, personalized practice support sessions focused on HIV care and prevention. We are part of the federally funded AIDS Education & Training Center (AETC) Program and provide no-cost training and technical assistance. Sessions are typically 15–30 minutes and scheduled at a time that works best for your team. Topics are tailored to your interests and clinical needs.

Would you be interested in scheduling a session?

Warm regards,
[Your Name]

Step 3: Delivering the Session

Goal: Provide concise, actionable, and evidence-based guidance tailored to identified needs.

Actions:

- Confirm priority topics based on provider input
- Use one-page fact sheets, case examples, and conversation guides
- Encourage discussion and questions
- Provide clear next steps and resources
- Select relevant topics: HIV testing, PrEP, stigma reduction, aging with HIV, behavioral health, rapid ART initiation.
- Use ready-made materials: One-page fact sheets, conversation guides, case examples.
 - Prescribing PrEP: A Guide for Healthcare Providers | National AETC Support Center (NASC)
 - Non-Occupational Post-Exposure Prophylaxis (nPEP) Toolkit | National AETC Support Center (NASC)
 - Rapid (Immediate) ART Initiation & Restart: Guide for Clinicians | National AETC Support Center (NASC)
- Share Trusted Resources:

Training & Clinical Decision Support

- **National Clinician Consultation Center**
aidsetc.org/directory/nccc
Expert clinical consultation for HIV (HIV warmline and Perinatal HIV Hotline), PrEP, PEP, HCV, and substance use.
- **U.S. Department of Health and Human Services HIV Clinical Guidelines**
<https://clinicalinfo.hiv.gov/en/guidelines>
adult/adolescent + pediatric antiretroviral therapy guidelines, perinatal HIV guidelines, adult/adolescent + pediatric opportunistic infection guidelines, caring for people with HIV displaced by disasters guidelines
- **CDC non-occupational and occupational PEP guidelines** — [Clinical Guidance for PEP | HIV Nexus | CDC](#)
- **National HIV Curriculum** — [hiv.uw.edu](https://hivprep.uw.edu)
A no cost, up-to-date educational resource for health care professionals to learn about HIV diagnosis, treatment, and prevention.

- **National HIV PrEP Curriculum** —

hivprep.uw.edu

A no cost, up-to-date educational resource for health care professionals to learn how to assess, initiate, and monitor HIV preexposure prophylaxis (PrEP).

Clinical Practice Tools

- **AETC HIV Care Tools App**

aidsetc.org/app

A free, offline-capable mobile app offering point-of-care tools for clinicians caring for people with or at risk for HIV infection.

Patient & Community Resources

- **HRSA Ryan White HIV/AIDS Program**

ryanwhite.hrsa.gov

Note: Program availability and funding can change. Always verify eligibility and open status before referring patients.

Adapt materials for each clinical care team setting and knowledge level.

Leave-behinds: Provide handouts for clinical care team members.

Ongoing Support & Follow-Up (AETC Program Commitment):

Academic detailing is an entry point—not an endpoint. Providers who expand or adapt HIV-related services are supported through:

- Ongoing regional AETC technical assistance
- Clinician consultation services (e.g., HIV Warmline)
- Follow-up practice support sessions
- Referrals to self-directed training (National HIV Curriculum, National HIV PrEP Curriculum, National AETC Support Center resources)

This longitudinal support helps providers feel confident sustaining and expanding their scope of practice.

Step 4: Track & Evaluate Impact

Goal: Monitor engagement, strengthen relationships, and support continuous improvement.

Focus initially on **process and relationship metrics**, such as outreach attempts, sessions completed, topics addressed, and follow-up needs. Patient outcome data may be considered later once trust and data-sharing capacity are established.

Step 5: Refine & Scale

Goal: Ensure sustainability and realistic growth.

- Prioritize high-impact components during pilot phases
- Standardize core metrics and success stories
- Leverage existing AETC infrastructure
- Share lessons learned through Rural Communities of Practice
- Plan for phased expansion based on capacity and resources

Provider Session Information Sheet

(Example Template)

DOWNLOAD



Template



TOPIC OF DISCUSSION/ HOOK

- Supporting statistics
- Supporting statistics
- Supporting statistics
- Supporting statistics

CONNECT WITH NAME OF FACILITY

→ Clinician to Clinician Support

Seamlessly fit a quick, 15-30 minute session right into your busy workflow! Enjoy the flexibility to meet virtually or in person—all at absolutely no cost.



**Schedule your Virtual
or In-Person Session today**

Visit www.0000.com/000 or Scan QR



For more information:
000.000.0000 | email@website.com
Address, City, State, Zip



Provider Outreach Letter

(Example Template)

DOWNLOAD



Template



Month 00, 2026

Name

Department / Organization

000.000.0000 (Direct number)

email@website.com (Direct email)

Dear _____,

I'm reaching out from [Your Program], which supports rural clinical teams through brief, personalized practice support sessions focused on HIV care and prevention. We are part of the federally funded AIDS Education & Training Center (AETC) Program and provide no cost training and technical assistance.

Sessions are typically 15–30 minutes and scheduled at a time that works best for you. Topics are tailored to your interests and clinical needs.

Would you be interested in scheduling a session?

Best regards,

Signature

Name - Title

📞 000.000.0000

📍 123 Anywhere St., Any City, ST 12345

✉️ hello@website.com

Scheduling Card

(Example Template)

DOWNLOAD



Template

HIV Clinical Practice Support Session



Scan or visit
website.com
to schedule
a session

Organization Name

Lead Name

00 Street, City, State

email@website.com

000.000.0000



Asset Map

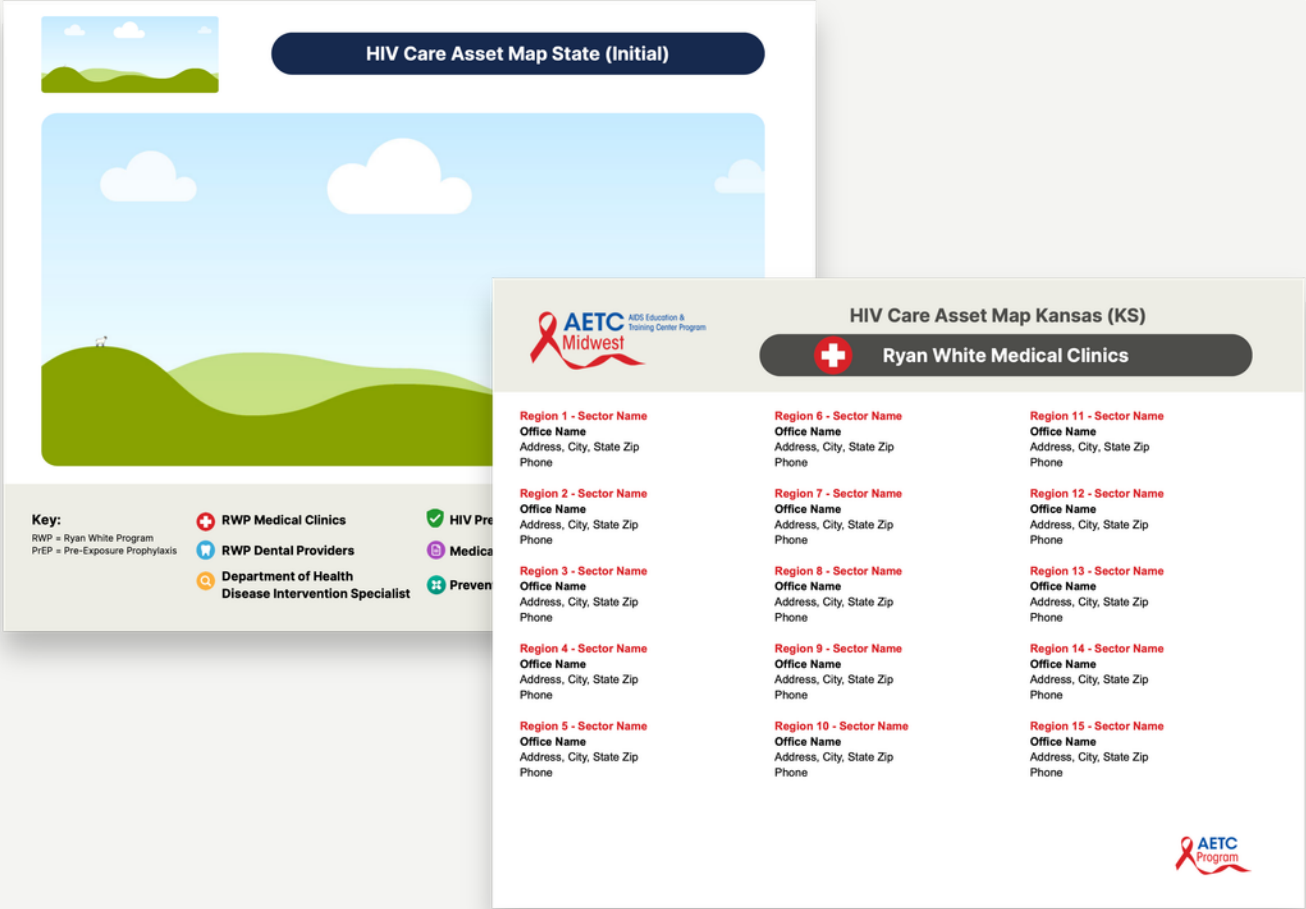
(Example Template)

DOWNLOAD

Vertical Template

DOWNLOAD

Horizontal Template



Mentoring Assessment

(Example Template)

DOWNLOAD



Template



Organization
000.000.0000
00 Avenue St.
City, State, Zip



Evaluation & Monitoring Assessment

Detailer:

Organization / Participant:

Date:

Purpose of Visit	Action	Referral Needed	Total Time Spent
Topic: _____			
Primary focus: _____			
Type of Visit: ☐ In-person ☐ Virtual			
Resources List	• _____ • _____ • _____ • _____		

Provider Detailing Visit Tracking Form

(Example Template)

DOWNLOAD



Template



Organization
000.000.0000
City, State, Zip
Detailer: _____



Provider Detailing Visit Tracking Form

Clinic/Health Center Name			
Participant(s)/ Credentials			
Address			
Telephone		Email	
Community Demographics			
Date of initial contact attempt	Date		
Method of contact	☐ telephone ☐ email ☐ in-person visit		
Follow Up result of contact	☐ phone call no answer ☐ phone call left voicemail, ☐ phone call spoke to non-provider (e.g., receptionist) ☐ phone call spoke to provider ☐ email no response ☐ email response		
Appointment Scheduled	Participants		
	Date	Time	Type of visit: ☐ in-person ☐ virtual
	IND-PAR on file: ☐ Yes ☐ No		
Notes/Challenges			

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Other references available upon request.