AETC LITERATURE

1. An AIDS training program for rural mental health providers


Abstract: A total of 194 mental health care providers in Arkansas, primarily from rural areas and small communities, participated in a four-hour training program designed to improve their knowledge about the psychosocial and neuropsychiatric aspects of HIV and AIDS. Participants' responses to questionnaires completed before and after training indicated that the program was successful in achieving its goal. However, only a minimal number of providers reported completing drug, alcohol, and sexual histories and AIDS risk assessments for any of their patients before the training occurred. The authors emphasize the importance of AIDS training for rural providers.

2. Outcomes of AIDS education and training center HIV/AIDS skill-building workshops on provider practices


Abstract: The Midwest AIDS Training and Education Center (MATEC) implemented a Web-based survey method to measure impact on practitioners of HIV/AIDS skill-building workshops offered in seven midwestern states. Surveys were sent to 2,949 participants from 230 workshops 4-6 weeks after each workshop. Of those surveyed, 631 respondents provided usable data (22.4%). Self-reported narrative responses described practice changes attributed to training. Changes were categorized as (a) practitioner attitude/knowledge, (b) practitioner practice behavior, (c) planning system change, and (d) implemented adaptations to the clinical care system. Other outcome measures were attending more programs and consulting with colleagues. Change was reported by 341 (54.0%) individuals, with a total of 411 change events/activities documented. Of the change events, 302 (73%) related to changes in health provider practices and 109 (27%) related to the care systems. Findings from this evaluation project provide evidence that MATEC workshops do impact practitioners’ behaviors and care systems consistent with the literature about translating research into practice.

3. Training substance abuse counselors about HIV medication adherence


http://www.informaworld.com/smpp/content~db=all~content=a902783806 (Journal)
Abstract: High levels of medication adherence are crucial to the success of HIV treatment. Consequently, substance abuse counselors (SACs), social service and other care providers can best support their HIV positive clients when they understand adherence and related interventions. This paper describes a training program that was designed to increase counselor knowledge of HIV medications, adherence strategies and enhance counseling skills specific to HIV adherence. For substance abuse counselors the training needs included: better understanding of medication interactions, relapse, recovery, and interdisciplinary communication. Thirty-six SACs from three agencies completed the 11/2-day training, which included lecture discussions, case discussion and interactive client case simulations. Success in accomplishing training objectives was evaluated at three points: pre-intervention training, post-intervention, and six month follow-up to determine changes in participants' knowledge, attitudes and behaviors related to adherence counseling. Three case scenarios measuring counselor comfort levels indicated SACs felt significantly more comfortable discussing relapse and medication issues with their HIV affected clients than they would in discussing medication issues with the client's physician. However, they felt slightly more comfortable about physician discussions after training. Open-ended comments by SACs at six-month follow-up provided insights into recovery issues their clients faced. The findings suggest ways medication adherence could fit the reality of serving clients with co-occurring HIV and substance use to better meet their health and support needs.

4. Nutritional support in HIV infection: A multilevel analysis


Abstract: Infection with the human immunodeficiency virus (HIV) and the development of the acquired immunodeficiency syndrome (AIDS) is a long-term process in many individuals. The progression of HIV disease is beginning to demonstrate many commonalities with other chronic diseases. Although research has not yet shown clear-cut evidence that diet can make a difference in the course of disease in HIV-infected clients, nutrition should be viewed as an important component of holistic care for HIV-infected clients because: 1) wasting and symptoms of malnutrition are common problems associated with these clients; and 2) nutrition has proven to be a beneficial component of care in other chronic conditions. This paper uses the model developed by Winett, King and Altman (1989) to review nutritional support in HIV infection from a multilevel perspective ranging from personal psychology to institutional/societal controls. The author concludes that there is a potential benefit from integrating nutritional assessment, diagnosis and education into the holistic care of HIV-infected clients at the personal, interpersonal, organizational and societal levels.

5. Human immunodeficiency virus infection in the healthcare worker


Abstract: The 1990 report of transmission of human immunodeficiency virus in a Florida dental office sparked a massive public fear reaction. In response, the Centers for Disease Control and Prevention produced six recommendations that provide few benefits, at what may prove to be an exorbitant cost. The author reviews those recommendations in light of the legal and ethical considerations of informed consent, significant risk, fear, confidentiality, privacy, and right to work. An alternative approach is recommended which would use human, economic, and leadership resources. This approach focuses attention on improved health care through research, product development, education, and enforcement of safety measures, and recognition and control of high-risk situations through education and government leadership.

6. Anticipating care for HIV-infected clients: Nurses' reactions


http://www.ncbi.nlm.nih.gov/pubmed/8167309 (Pubmed)

Abstract: This study assessed nurses' reactions to the possibility of working with HIV-infected clients by the use of a sentence-completion format. A random sample of 2,434 nurses was completed with 502 (20.6%) nurses who provided 3,180 responses on the survey tool. Card sorting was used to discover themes that included positive, neutral, and negative reactions. The thematic categories that evolved from the data were: caring (899 responses, 28%), care as usual (1198 responses, 37.6%), and avoidance (1083 responses, 34%). More than 88% of the respondents provided statements that were sorted into at least two of the thematic categories; more than 51% gave responses that sorted into all three of the major categories. This qualitative research project revealed that these nurses, when confronted with an anticipation of caring for HIV-infected clients, held a wide variety of opinions and concerns that were often expressed simultaneously.

7. Reproductive decision-making in the age of AIDS


Abstract: The forecast for the HIV epidemic in the United States includes increasing numbers of infected women and children, the latter of whom will be born to infected mothers. As the epidemic progresses, nurses will be more frequently called on to assist women in making difficult reproductive decisions. Using four levels of analysis, this discussion explores current knowledge about reproduction in HIV-infected women and suggests interventions and nursing actions.

8. The human immunodeficiency virus and nephrology nursing: Implications for infected clients


Abstract: HIV infection is a chronic disease that can occur in conjunction with a variety of renal problems. When it does, nephrology nursing care is complicated by the interactive nature of dealing with two complex disease processes. Nephrology nurses already possess the skills needed to deal with this complexity, but may need additional knowledge specific to HIV. This article focuses on HIV infection and nursing care of infected patients in renal care settings.

9. HIV infection: Challenges for dialysis personnel


Abstract: Patients with human immunodeficiency viral (HIV) infection who also require dialysis present a complex constellation of challenges for dialysis personnel. The major challenges that health care providers (HCPs) face when working with HIV-infected patients are related to overcoming personal fears and to adapting to HIV-specific patient care needs. Dialysis personnel who encounter these concerns do so with a background of experience that has prepared them to cope effectively with HIV disease in the dialysis setting. This article explores the problems of occupational exposure to HIV and chronic health care issues common to patients with HIV infection and renal disease.

10. Patient education for behavior change: Help from the transtheoretical and harm reduction models


Abstract: Promoting healthy behaviors at all levels of prevention is an important component of nursing care in the HIV epidemic. This paper explores two models that can be used to support behavior change efforts: the Transtheoretical Model, which describes stages in the change process, and the Harm Reduction Model, which offers an incremental approach to helping clients move toward safer and healthier habits. A review of the literature shows that these holistic and caring models can be combined effectively to assist clients who are dealing with HIV-related issues. The resulting theory-based approach can help nurses maintain consistency and direction in educational interventions for behavior change.

11. The complex realities of primary prevention for HIV infection in a “Just Do It” world


Abstract: Primary prevention of HIV requires behavior changes to decrease the risk of sexual, drug using, and occupational exposure to infection. The difficulties associated with behavior change are related to social, cultural, and political constraints that reinforce heterosexism, sexism, and racism. These problems are compounded by concurrent epidemics of violence, poverty, and drug use, and
are made more difficult by the absolutist mentality. Use of theory-based interventions, awareness of community attributes, and a change to pragmatic political agendas can help in the development of effective prevention programs.

12. Hard-to-reach providers: Targeted HIV education by the National AIDS Education and Training Centers


Abstract: A national system of AIDS Education and Training Centers (AETCs) has received federal funding since 1987 to provide education to health care personnel (HCP) about HIV infection. The purpose of this study is to describe how AETC program personnel define and recognize HCP who are hard to reach and educate about HIV and to clarify the issues that make providers hard to reach. Twenty-three semistructured telephone interviews were used to collect data from AETC faculty and staff. Respondents were asked to identify the types of HCP who are hard to reach and to discuss why they are hard to reach. Themes identified to establish which HCP are hard to reach include specific professional groups (especially physicians and dentists) as well as providers who treated less than 10 HIV-infected clients and some HIV-expert clinicians. Themes identified to establish why they are hard to reach include convenience, isolation, and attitudes. Analysis posits that hard-to-reach HCP fall into identifiable categories: "already know the information," "don't know they don't know the information," "don't think they need to know the information," or "don't want to know the information." Respondents also identified innovative ways to approach hard-to-reach providers.

13. Changes in clinician ability to assess risk and help patients determine the need for HIV testing: A comparison of three teaching methods


Abstract: An estimated one of four people with HIV in the United States do not know they have the infection. The Centers for Disease Control and Prevention encourages HIV testing in clinical settings, but there is evidence that this is not done on a regular basis. The purposes of this study were to (a) compare two less traditional teaching methods with a classroom method to determine whether the less traditional methods resulted in greater improvement of clinician knowledge, skill, and willingness to perform HIV risk assessment as the basis for recommending HIV testing; and (b) find out whether there were significant differences in convenience, cost, learner preference, or learner acceptance that would make one method more desirable than the others. Findings from participants in the standardized patient interaction with facilitator feedback (FB) and the case-based self-study module (SSM) were not different from those of participants in the interactive classroom education method (CL). Generally, there were positive changes in knowledge, attitudes, and behaviors over
14. Prevention with HIV-infected men: Recommendations for practice and research


Abstract: In the United States in 2004, 74% of the new AIDS cases and 70% of the new HIV cases were in men; in addition, 75% of the cases of HIV in women were classified as heterosexually acquired. These numbers make it clear that expanded prevention efforts for men who are infected with HIV would make a large contribution to containing the epidemic. This report explores epidemiologic and psychosocial issues related to prevention in men with HIV and compares how those variables relate to prevention efforts. The report ends with a discussion of a method to approach HIV risk reduction in clinical care settings.

15. Using appreciative inquiry to modify an evaluation plan with a rural HIV care clinic


Abstract: The Southeast AIDS Training and Education Center (SEATEC) is the U.S. Public Health Service-designated AIDS Education and Training Center for six southeastern states: Alabama, Georgia, Kentucky, North Carolina, South Carolina, and Tennessee. In early 2003, SEATEC and a rural HIV clinic agreed to collaborate on a longitudinal training and evaluation project. After success in the first year, it was decided to involve both clients and staff in planning and visioning the development of year two training and evaluation plans. The dialogue resulted in identifying new training topics, goals, objectives and measurements. This article highlights the significant input made by clients.

16. Outcomes of multimodal training for healthcare professionals at an AIDS education and training center


Abstract: There is an ongoing need for continuing professional education (CPE) in the rapidly changing field of HIV care, but the best instructional methods remain a subject of debate. This study assessed the effects of training at an AIDS Education and Training Center (AETC) over an 18-month period. Health care professionals (HCP) who attended more than one training event showed small
but significant improvements over time in HIV-related clinical practice behaviors. The type of training also predicted self-reported practice behavior, with interactive trainings and individual consultations associated with greater change, and intensive clinical training activities associated with a faster rate of change but not better scores on the self-reported behavior measure. Participants also reported high levels of satisfaction, knowledge improvement, and intention to change after each training event; however, these results were unrelated to whether trainees actually reported improved practice behavior.

17. Changing HIV clinical knowledge and skill in context: The impact of longitudinal training in the southeast United States


Abstract: In the Southeast United States, HIV care is provided in a context of disproportionate HIV prevalence and barriers to care, including rural locales, higher proportions of African American and uninsured patients, and inadequate health care workforce and infrastructure. The authors describe a regional on-site longitudinal training program developed to target multidisciplinary teams providing HIV primary care at clinical sites in the region. The effect of this training program was evaluated using pre- and 3-month post-program knowledge and skills tests, a post-training evaluation questionnaire, and a post-program focus group. The authors found desired effects, with increases in knowledge and skills and improved capacity of providers to meet patient care needs across all clinical sites despite variations in terms of HIV-infected patient loads. However, the lack of enabling factors present in clinic environments may attenuate the application of new knowledge and skills, underscoring the relevance of teamwork training in HIV care settings.

18. The use of standardized patient encounters for evaluation of a clinical education program on the development of HIV/AIDS-related clinical skills


http://www.informaworld.com/smpp/content~db=all~content=a902769898~frm=abslink (Journal)

Abstract: The success of medical education is traditionally gauged by performance on written examinations. However, clinical proficiency in real-world situations is difficult to assess by written examinations alone. We developed a novel evaluation tool to measure the development of HIV-specific clinical skills using Standardized Patient Encounters (SPEs). Trainees were evaluated at baseline and after an HIV clinical training module by (1) self-reported confidence with HIV-specific clinical skills and (2) performance assessments using SPEs. Case scenarios were designed to incorporate unique issues associated with HIV that may present to a primary care provider. SPEs were scored based on written documentation including problem list and plan as well as a review of the videotapes by HIV specialists evaluating key elements of clinical skills and decision making.
Improvements were noted in multiple facets of the encounters. The use of SPEs enables evaluation of clinical training interventions on the development of HIV-related clinical skill sets.

19. Continuum of care for HIV patients returning to Mexico


Abstract: JANAC’s recent Hispanic Special Issue could not have been published at a more appropriate time. Those of us working in HIV education and the training of HIV clinicians in the United States welcomed the three excellent articles that reviewed the challenges faced by Mexican migrants living with HIV. We believe that the climate to address these challenges and to improve HIV care for migrants through cooperative binational efforts has never been better. Opportunities for establishing continuity of HIV care for migrants are improving. Our collaborative—the U.S.-Mexico Border AETC (AIDS Education and Training Centers) Steering Team (UMBAST)—has developed training and informational materials for U.S. border clinicians, with resonance for all U.S. clinicians and agencies working with Mexican migrants living with HIV. Over the past 6 years, UMBAST members have addressed the education needs of U.S. border clinicians through individual and collaborative events. Members have also developed products, including a Border HIV Resource Directory, a Web site (www.aetcborderhealth.org), bilingual fact sheets on rapid HIV testing on the border and advice for clinicians working with methamphetamine users and a Spanish version and adaptation of a clinical pocket guide for HIV care that includes U.S. and Mexican antiretroviral therapy guidelines.

20. Concern about AIDS among hospital physicians, nurses and social workers


Abstract: In this study, the authors examine the worry and discomfort experienced by direct care health professionals in treating AIDS patients and how their profession, attitudes, knowledge, experience and demographic characteristics influence their emotional reaction to those patients. The research focuses on experienced emotion as distinct from expressed emotion, as an important factor in explaining health behaviors among professionals. To address these issues 536 health care professionals comprising 132 physicians, 378 nurses and 26 social workers employed at a University teaching hospital in Chicago were surveyed. The findings suggest that health care workers’ emotional reactions to HIV depend on the type of patient interaction. We found for all three professions, as the invasiveness of contact increased, the level of worry and amount of discomfort also increased. Nurses however, on the whole were the most adversely affected by their patient contacts. We conclude that emotional reactions in the workplace cannot be explained by cognitions, beliefs and attitudes alone. This study suggests that work roles, work assignments, and professional authority contribute to emotional reactions to patients with AIDS.
21. Developing a community of practice using an HIV treaters’ meeting


Abstract: The development of new therapies and longer life expectancies has led to increased complexity in HIV infection management. Low-volume HIV providers find it difficult to keep up with changes in care and often feel isolated. The HIV Treaters’ Meeting is a monthly, 1-hour, case based conference. The Meeting links five sites throughout Wisconsin via videoconference. Two cases are discussed at each meeting. Clinicians present cases for discussion and seek input from attendees on treatment decisions. Our objective was to evaluate the HIV Treaters’ Meeting to determine its impact on patient care and as a community of practice. Methods: The evaluation consisted of three components: 1) presenter pre and post-meeting questionnaires; 2) attendee session evaluation questionnaires; 3) a web-based questionnaire. Case presenters received premeeting questionnaires asking them to identify specific patient questions they wanted answered. Six weeks after the Treaters’ Meeting they were sent a post-meeting questionnaire and reported if their patient questions were answered satisfactorily and the effect of the meeting on their patient’s treatment. Attendees completed session evaluation questionnaires between March 2010 and May 2011 at the end of each Treaters’ Meeting. Attendees rated aspects of the meeting on a 5-point Likert scale and provided free text answers describing what they would do differently as a result of the meeting. The web-based questionnaire was sent to all 132 people who attended a Treaters’ Meeting between September 2009 and November 2010. For the evaluation, all categorical answers and Likert scales were analyzed using descriptive statistics and all free text answers were analyzed using content analysis. Results: Twenty three cases were presented at 13 Treaters’ Meetings. Eighteen presenters (78%) answered the pre-meeting questionnaire and eleven (48%) answered both pre and post-meeting questionnaires. The 11 presenters had 29 of their 30 patient care questions answered to their satisfaction. The meeting changed the treatment plan for two patients and confirmed the treatment plan for the nine others. Meeting attendees completed 523 session evaluation questionnaires. The average overall rating for the meetings was 1.68 (SD 0.69) (1=excellent to 5=poor). Major themes of the effect on attendees’ practice include changes in screening or testing, changes in patient counseling, changes in therapy, increased collaboration for patient care and system changes. Fifty-six people (42%) completed the web-based survey. Forty seven (84%) of those completing the survey reported the meeting introduced them to new experts in HIV care. Forty four (78%) reported that they would contact experts from the meetings with clinical questions. Twenty six (47%) had contact with other meeting attendees outside of the meetings with the majority for patient care and patient resources. Forty seven (84%) felt that the Treaters’ Meetings have improved the patient care they provide. One respondent described how the meeting made them aware of a problem their system had with collecting HIV RNA samples that led to a system wide process change. Conclusions: The HIV Treaters’ Meeting has successfully established a community of practice with attendees who share a passion for HIV care and their patients receive improved care because of the interaction. Attendees interact outside of the meeting providing a venue to support low volume HIV treaters. We will identify ways to expand the program in the future.
22. Physicians' effectiveness in assessing risk for human immunodeficiency virus infection


Abstract: An American Medical Association committee recently recommended that physicians routinely screen patients for behaviors that put patients at risk for human immunodeficiency virus infection, yet there is evidence that this screening does not occur routinely. Faculty, fellows, and residents at a teaching hospital in a Midwestern state with a low prevalence of acquired immunodeficiency syndrome were surveyed regarding their experience in screening for human immunodeficiency virus, their training related to substance abuse and human sexuality, and their confidence and ease in addressing such topics with their patients. Results indicated that only 11% routinely screened patients for high-risk behaviors. While most physicians had received training in human sexuality, most had not received training in substance abuse screening. Those trained felt more confident in addressing substance abuse and human sexuality and felt more comfortable in caring for patients known to be infected with human immunodeficiency virus. A concerted effort to encourage human immunodeficiency virus risk assessment by physicians is needed. This should include training opportunities in screening and counseling patients about sexual activities and substance abuse.

23. Consultation needs in perinatal HIV care: Experience of the National Perinatal HIV Consultation Service


Abstract: This study evaluates the consultation needs of clinicians who provide perinatal human immunodeficiency virus (HIV) care in the United States. The Perinatal Hotline (1-888-448-8765) is a telephone consultation service for providers who treat HIV-infected pregnant women and their infants. Hotline calls were analyzed for demographics about callers and their patients and information about consultation topics. There were 430 calls to the hotline from January 1, 2005, through June 30, 2006. Most calls (59.5%) were related to pregnant patients; 5.1% of the calls pertained to women currently in labor. The most common topic was HIV care in pregnancy (49.1%), particularly antiretroviral drug use (42.1%). HIV testing was discussed in 21.9%, and intrapartum treatment was discussed in 24.0%. Callers most often requested help choosing antiretroviral drug regimens; many of the discussions were about drug toxicities and viral resistance. Although the hotline received few calls about women in labor, the need for these consultations is expected to increase with the expanding use of rapid HIV testing. Access to 24-hour consultation can help ensure that state-of-the-art care is provided.

24. Evaluation of HIV clinical consultation provided by the AIDS Education and Training Centers: Improving clinician capacity to provide HIV treatment

Abstract: This study examines the effectiveness of HIV clinical consultation offered by the Health Resources and Services Administration (HRSA) funded AIDS Education and Training Centers (AETC) program. The study demonstrates that the consultation provided is effective and useful in providing current treatment recommendations to clinicians in the field caring for HIV-infected patients. The study also shows that individual clinicians seeking clinical consultation from AETC consultants implement the recommendations provided.

25. Improving HIV/AIDS care through education


Abstract: It is essential that primary healthcare providers, including dentists, be able to screen and counsel their patients for AIDS and exposure to HIV. This article reviews efforts of the AIDS Education and Training Center for Southern California to train healthcare providers.

26. Antiretroviral drug treatment for HIV/AIDS


Abstract: As new antiretroviral drugs for the treatment of human immunodeficiency virus (HIV) infection and new tests to measure HIV infection have become available, primary care clinicians now have more management options than ever before. Viral load measurements are becoming more accepted as a means of assessing HIV disease and estimating the efficacy of specific drug regimens. Clinical status changes also mark times to review antiretroviral regimens. Potential benefits of combination drug therapy, including the new protease inhibitor class of drugs, have added a new sense of optimism to the care of patients with HIV. Whether combination therapy and protease inhibitor treatment will live up to their promise by inducing better long-term clinical results remains to be seen.

27. National HIV Telephone Consultation Service (Warmline): Clinical resource for physicians caring for African-Americans


Abstract: The National HIV Telephone Consultation Service (Warmline) at San Francisco General Hospital is a free clinical consultation service that provides expert medical and clinical pharmacy guidance to clinicians caring for patients with HIV/AIDS. Consultation can be especially useful
when making critically important decisions about antiretroviral therapy and opportunistic infections. The Warmline has served an essential role for the many clinicians who are not AIDS experts but play key roles in HIV care, but do not have ready access to expert consultation. In addition, the Warmline serves a medical and clinical pharmacy resource to other AIDS experts. Because the AIDS epidemic in the US profoundly affects African-Americans, the Warmline can be a valuable resource for African-American physicians and clinicians caring for African-American patients.

28. The HIV-infected health care worker: Legal, ethical, and scientific perspectives


Abstract: Emergency medical health care workers may face restrictions on their practices as state responses to federal mandates concerning human immunodeficiency virus (HIV) and hepatitis B virus (HBV) evolve. This article presents an analysis of legal, ethical, and scientific considerations for making decisions about the practices of HIV-infected health care workers (HCWs). A four-factor product analysis is proposed for risk assessment, and recommendations are developed related to decreasing the risk of HIV transmission in the health care setting while maintaining HCW rights.

29. Effects of HIV/AIDS education and training on patient care and provider practices: A cross-cutting evaluation


Abstract: Initial and continuing training in HIV/AIDS service provision is a critical way to enable the nation’s health providers to use state-of-the-art developments and perspectives. Typically, the efficacy of HIV/AIDS training programs is evaluated using assessments administered to trainees immediately following the training. This study reports cross-cutting findings from telephone interviews conducted with 218 trainees an average of 8 months after training. Long-term training effects are examined in three domains: (a) general perspectives on HIV/AIDS; (b) health care provider service provision; and (c) changes in procedures and operations at the health care system level. The findings show the different ways that the training experience had long-term positive and observable effects in these three domains. In some cases, background characteristics and job positions predicted the specific type of reported training effects. The pattern of results suggests ways in which training methods can be targeted to specific audiences.

30. Do characteristics of HIV/AIDS education and training affect perceived training quality? Lessons from the evaluation of seven projects
Abstract: Initial and continuing HIV/AIDS education and training has been a critical way to bring the nation's health providers up to date on emerging developments and approaches. This study reports cross-cutting findings from seven HIV/AIDS education and training projects. Trainers described over 600 training sessions from these projects in terms of their structural characteristics and design elements, while trainees described these sessions on several dimensions related to training quality. Training characteristics were compared to trainee assessments of training quality. Using a decision-tree analytic approach for major training attributes, considerable support emerged for links between training characteristics and perceived quality of the HIV/AIDS training experience. More favorable quality ratings were associated with certain projects, the training setting, the types of trainees served by the training, the intended training impact, discussion of special populations, and training methods involving interactive learning. With increased knowledge regarding how these educational experiences relate to the ways they are perceived and processed, more targeted approaches to training design on HIV/AIDS can be developed.

31. Clinical training in human immunodeficiency virus disease for community physicians: The Los Angeles experience


Abstract: In the past decade, the increased number of persons being treated for infection with the human immunodeficiency virus (HIV) has placed an enormous burden on specialty clinics. This is especially true in Los Angeles, where care of patients with the acquired immunodeficiency syndrome (AIDS) has been termed a "crisis" situation. Especially in its early stages, HIV disease can be appropriately managed by primary care physicians who provide patients with medical and psychological counseling and refer them to specialists when major AIDS-related complications develop. Physicians completing their training as recently as 5 years ago, however, received little systematic preparation in the care of HIV-infected patients and thus may lack important skills such as the ability to recognize opportunistic infections early in their course. By means of a 1-week intensive preceptorship in a high-volume AIDS clinic, we are preparing community physicians to assume a more active role in providing care for this growing patient population. In the preceptorship, participants receive one-on-one training from specialists in infectious diseases, pulmonary diseases, and hematology and oncology, as well as from internists and family physicians. Evaluation of the clinical experience demonstrated a greater level of confidence on the part of program participants in treating HIV-infected patients and showed that participants screen and test high-risk patients in their practices and devote a substantial proportion of their practices to caring for HIV-infected patients.

32. Service utilization, service barriers and gender among HIV-positive consumers in primary care


Abstract: Title I of the Ryan White CARE Act provides emergency assistance to localities disproportionately affected by HIV and AIDS. In 1999, the Title I Chicago Area HIV Services Planning Council expressed concern regarding the lack of a client-level database. In response to the Planning Council, evaluators conducted a longitudinal interview study of HIV-positive individuals who were receiving primary care at Title I funded clinics within Chicago and the surrounding collar counties. Analysis of baseline data explored gender differences in transmission risk, service utilization, and service barriers among study respondents. Among the 161 respondents, men were more likely than women to use alcohol and other drugs during sexual activity. Men were also more likely to use HIV medication. Women, however, were more likely to have someone to coordinate their HIV care. Close to half (47.2%) of these primary case patients reported at least one unmet service need, most frequently dental care, housing support and transportation. These findings suggest a continued need for HIV-related community-based services as well as increased attention to the unique experiences of both men and women within the HIV service system.

33. Developing Effective Clinical Trainers: Strategies to Enhance Knowledge Translation


http://sgo.sagepub.com/content/2/2/2158244012448486.short (Journal)

Continuing education and training provides a means to improve performance among health care professionals (HCP). Research shows, however, that continuing professional education activities have inconsistent effects on HCP competence, performance, and patient health outcomes. Furthermore, the trainer’s role as a facilitator of knowledge translation (KT) has been understudied. To understand how clinical trainers support their trainees in translating what they learned into practice, we conducted 16 in-depth interviews with expert trainers. These interviews yielded a variety of KT-enhancing strategies, including tailoring training activities to their trainees’ needs. In addition, participants recommended trainers familiarize themselves with their trainees’ work environments, be able to identify their knowledge deficits, and devote time to provide trainees with post-training support. Creating an effective training, one that leads to transfer, requires active planning, communication, and command of the training topic by skilled trainers.

34. Occupational exposure to blood-borne pathogens: Emerging issues from the National HIV/AIDS Clinicians’ Consultation Center

Kindrick, A., Myers, J., Goldschmidt, R.H. (2002). Clinics in Occupational & Environmental Medicine, 2, 475-496.

Abstract: Exposure to blood-borne pathogens (BBPs) is a risk in a variety of occupational settings. Managing occupational exposures requires expertise in assessment of transmission risk, prescription of postexposure prophylaxis, follow-up testing, crisis management, and supportive counseling. The US Public Health Service guidelines for the management of occupational BBP exposures do not address every exposure situation, however, and may not reflect emerging issues and controversies. Expert consultation can augment the guidelines in unusual or complex exposure settings. The National Clinicians’ Post-Exposure Prophylaxis Hotline provides free 24-hour telephone consultation for clinicians who manage occupational BBP exposures.

35. The HIV clinical tutorial for community mental health professionals


Abstract: HIV disease is an emerging community mental health concern. The need for specialized training to help community mental health professionals develop comprehensive knowledge and skills to serve this new population of clients is evident. The HIV clinical tutorial model is an innovative approach to continuing education characterized by an experiential and clinical orientation, a small participant group, and an interdisciplinary faculty. The three-day intensive workshop provides participants with experiences that can alter their perspective toward clients affected by HIV/AIDS and toward the role of the mental health system in responding to this epidemic. Similar training programs should be developed nationwide through collaboration among medical schools, teaching hospitals, public health departments and community mental health centers.

36. Training HIV specialists for community mental health


Abstract: There is a critical need for trained HIV mental health specialists who possess the knowledge and attitudes necessary to meet the challenges of the HIV epidemic. A model for an intensive and experiential continuing education tutorial is briefly described, and evaluative data are presented. Upon completion of the three-day workshop, participants show an increase in HIV-related knowledge and a positive shift in attitudes regarding working with people affected by HIV disease.

37. How can we facilitate entry into and retention in HIV care?


Abstract: As nurses, we all know many clients who have been diagnosed with HIV but chose not to enter care until very late in the course of their disease and who now have an AIDS diagnosis and
opportunistic infections. Others, already in care and requiring maintenance therapy to continue doing well, inexplicably drop out of care for several months or years. In an effort to more fully understand these phenomena, we conducted a survey in 2007 at the University of Mississippi Medical Center clinic, with a convenience sample of all patients who attended clinic on the days that we had a data collector available (Konkle-Parker, Amico & Henderson, 2009). Eligible patients were those who self-reported a delay in entering HIV care for at least six months after diagnosis or at least one gap in care of six months or more since starting in HIV care.

38. HIV discharge planning: from correctional setting to community care in Mississippi


Abstract: Mississippi is one of 23 states that require HIV testing of all prison inmates on entry into the state correctional setting and treatment of HIV is mandated by the Mississippi Department of Corrections. While treatment of HIV-infected inmates is primarily effective in the correctional setting, as evidenced by the steadily decreasing rate of AIDS-related deaths in prisons, the transfer to community treatment after release from corrections has long been recognized as a problem. This article reports a program in Mississippi to address this transition and increase the number of released offenders who enter community HIV care shortly after release.

39. Assessing the need for an online decision-support tool to promote evidence-based practices of psychosocial counseling in HIV care.


Abstract: Psychosocial counselors have a vital and challenging role in supporting persons living with HIV/AIDS (PLWH/AIDS) to better manage their disease. However, gaps in training, education, and skills limit the effectiveness of counselors’ efforts. We propose that the use of a decision-support tool for counselors at the point of care can support them in their work as well as help alleviate many training and practice gaps. Decision-support tools aimed at reducing knowledge and practice gaps are used extensively to assist clinical providers at the point of care; however, there is a need for decision-support tools designed specifically for HIV/AIDS counselors. To identify requirements for such a tool, we conducted a needs assessment through interviews of 19 HIV/AIDS clinic counselors who provide 20 or more hours per week of psychosocial support to PLWH/AIDS. The assessment explored their education and training backgrounds, the extent to which evidence-based practices are implemented, and how a decision-support tool can support counselor work practices. Qualitative analysis was organized around seven main categories: counselor characteristics, patient characteristics, barriers, definitions of key concepts, use of guidelines, client assessments, and resources. The resulting coding schemes revealed knowledge and practice gaps among the interviewees, as well as barriers and challenges of counseling. Education and training background of the counseling staff varied widely. When asked to define five key concepts related to HIV counseling, 26-47% of respondents were unable to articulate an adequate definition. Less than half
of the interviewees recalled sources of guidelines used in their work and specific models of care introduced during trainings. Interviews identified environmental barriers, language and literacy, patient education, and patient communication as the most prominent challenges to counseling work. The results from this study inform the need for and development of a decision-support tool to support the training and practices of HIV/AIDS counselors.

40. Impact of HIV/AIDS education on health care provider practice: Results from nine grantees of the special projects of national significance program


[Link to PubMed](http://www.ncbi.nlm.nih.gov/pubmed/12229071)

Abstract: The study assessed the impact of health care provider HIV/AIDS education and training on patient care from nine Special Projects of National Significance. Telephone interviews were conducted with 218 health care providers within 8 months, on average, following completion of training. Respondents provided examples of how the SPNS trainings affected their provision of patient/client care. Transcribed comments reflecting change in patient/client care were classified by independent coders under 1 of 10 broad practice change categories. Eighty-two percent of the trainees identified at least one instance of change in patient/client care as a function of their training experience. Self-reported findings included changes in the number/types of patients seen, interpersonal interactions with patients/clients, HIV testing and counseling practices, patient/family education, infection control, advocacy, referrals and collaboration, documentation, and other service changes.

41. Changing sources of HIV care in California


[Link to PubMed](http://www.ncbi.nlm.nih.gov/pubmed/10749383)

Abstract: A telephone survey was conducted of random samples of primary care physicians in Los Angeles County and in the 26 rural counties of California to assess changes in medical practices that may have occurred with the development of new pharmacological agents and recent changes in the management of infection with the HIV. Seventy-two to seventy-three percent of the physicians selected participated in the survey in both areas. The results indicate a reduction by almost two thirds of the number of primary care physicians who plan to continue to provide care to HIV-infected patients, both in Los Angeles County and the non-metropolitan counties of California. Although some were no longer caring for HIV patients because of deaths or patient relocation, the overwhelming majority had referred their patients to infectious disease specialists and HIV clinics because of the growing complexity of the management of these patients.

42. Minnesota's Midwest AIDS Training and Education Center: Helping health care providers remain current on a rapidly changing epidemic
Abstract: Since 1990, the number of people in Minnesota living with HIV/AIDS has been steadily increasing. The demographics of who is infected with HIV have changed, with more women and people of color being diagnosed. In addition, with new therapies and continually updated treatment recommendations, the information needed to provide quality medical care to HIV-infected patients is constantly evolving. Thus, providers who care for patients with HIV/AIDS need ongoing education about the disease. The Midwest AIDS Training and Education Center (MATEC) is a federally funded program that helps health care providers stay abreast of HIV clinical care and management knowledge. Based at the University of Illinois at Chicago, MATEC provides services in seven states, including Minnesota. This article describes how MATEC's HIV/AIDS training and education programs are being implemented in Minnesota and the different ways MATEC is delivering provider education in this important area.

43. HIV care: Continuing medical education and consultation needs of nurses, physicians, and pharmacists


Abstract: This article explores the impact of provider characteristics on their HIV-related continuing medical education (CE) attendance, consultation needs, satisfaction with skills, and willingness to provide care. A total of 731 users (52% physicians, 26% nurses, 11% pharmacists, and 10% nurse practitioners and physician assistants) of an HIV consultation were surveyed by mail (76% response). Significant differences in provider variables were found to be related to HIV experience and profession. Experienced providers reported more CE, more satisfaction with skills, lower consultation needs, more consultations sought, and more willingness to take new patients than other providers. “Unwillingness” was commonly explained by concerns over quality of care or staying up-to-date. Relative to physicians, nurses had more CE hours, were more dissatisfied with their skills, and had greater consultation needs. Although all providers had high consultation or CE needs in some areas, accessibility to such programs is particularly important for low volume providers.

44. Medical social work long-term care referrals for people with HIV infection


Abstract: Hospital social workers were surveyed to identify referral efforts and outcomes for clients with human immunodeficiency virus (HIV) infection who required long-term placement. Over a three-month period, none of the 42 identified clients was admitted to a nursing home. In two-thirds of the cases, social workers contacted only one facility, and in about one-sixth of the cases, workers
reported no placement attempts. Clients remained in the hospital a median overstay of eight days beyond acute care needs, representing 205 aggregate days that could have been spent in less intensive settings. Workers made few placement attempts because of beliefs that they would be unsuccessful or that nursing homes would not accept admissions. Increased communication and education both for referring workers and for long-term care facilities may improve the referral process, reduce costs, and decrease emotional distress for people infected with HIV.

45. The AIDS epidemic: Challenges for nursing homes


Abstract: Caring for persons with AIDS and HIV-related illness is extremely rare within long-term care facilities. A survey of 54 Illinois nursing facilities indicated that homes were reluctant to care for persons with AIDS due to concerns about cost, staff capabilities or resistance, and concerns about mix with other residents. Although nursing homes are often blamed for the limited care provided for persons with HIV infection, this study indicated that the demand on facilities to provide this care is quite limited to date.

46. Evaluation of AIDS education and training center clinical training


Abstract: Health professionals need accurate basic information about HIV disease as well as clinical research updates; earlier research suggests that information alone seldom changes practice behavior. This paper explores the consequences of a comprehensive clinical training package offered by an AIDS Education and Training Center, including an exploration of provider behavior change as a result of training. Follow-up telephone interviews were conducted with 66 program participants an average of 9 months after training. Respondents reported opinions about the educational program, how practice patterns had changed, and whether they have trained others following their participation. Participants reported high satisfaction with training and indicated that they had increased the number of HIV-positive patients in their practices. Training activities valued most highly included clinical emphasis and patient simulation. Respondents also reported doing considerable training of other providers after their training. The study findings suggest that HIV educational programs targeted to health providers should combine specific clinical information with skill development opportunities that emphasize patient contact. This combination training approach is especially important as new and complex drug therapies emerge that require joint decision making between persons living with HIV and health service providers.

47. Development and implementation of a quality improvement program for Ryan White Title I Care services using a stakeholder-based model
Abstract: Both medical and community support services for people living with HIV and/or AIDS have been implemented on a widespread basis since the implementation of the 1990 Ryan White CARE Act. However, many services are provided without adequate evaluation or quality assurance, in spite of federal directions to both evaluate and ensure quality. This report details the development and implementation of a quality improvement project to evaluate Ryan White CARE services using a community stakeholder-based effort. The evaluation was consumer rather than administratively driven, including both consumers and providers to define, measure, and improve services. Project phases included: (1) developing service standards for 14 areas of service provided under Title I of the Ryan White CARE Act; (2) creating and implementing a provider/consumer peer site visit instrument to assess agencies' activities in meeting the service standards; and (3) developing a mechanism to improve quality by linking agencies to technical assistance resources in the metropolitan provider community. By involving providers and consumers in evaluation roles, recommendations by peers could serve as the basis for ongoing quality improvement.

48. Educating primary care providers about HIV disease: Multidisciplinary interactive mechanisms


Abstract: As HIV-related prophylactic and therapeutic research findings continue to evolve, the Health Resources and Services Administration (HRSA) of the Public Health Service has created multidisciplinary mechanisms to disseminate new treatment options and educate primary care providers at rural and urban sites throughout our nation's health care system. HRSA has implemented (a) the International State-of-the-Art HIV Clinical Conference Call Series, (b) the national network of AIDS Education and Training Centers, (c) the nationwide HIV Telephone Consultation Service, and (d) the Clinical Issues Subcommittee of the HRSA AIDS Advisory Committee. These collaborative and comprehensive efforts at HIV information dissemination target physicians, nurses, physician assistants, dentists, clinical pharmacists, mental health care providers, case managers, and allied health professionals. The sites where they provide care include public health clinics; county, State and Federal correctional facilities; private practice offices; community and academic hospitals; military and Veterans Administration facilities; hemophilia centers; schools of medicine, nursing, and dentistry; departments of health; chronic care facilities; visiting nurse and home care agencies; health maintenance organizations; and Indian Health Service clinics and hospitals.

49. Care of HIV-infected latinos in the United States: A description of calls to the national HIV/AIDS clinicians’ consultation center


Abstract: HIV disproportionately affects the Latino population in the United States. Little is known about clinicians who provide HIV care to the Latino community or the types of issues they face. This report presents descriptive analyses of calls made by clinicians who care for HIV-infected Latinos to two lines of the National HIV/AIDS Clinicians’ Consultation Center, the National HIV Telephone Consultation Service (Warmline) and the National Perinatal HIV Consultation and Referral Service (Perinatal HIV Hotline). Separate analyses of data from Latino clinicians are also presented. The majority of Warmline calls about Latino patients (81.0%) concerned antiretroviral treatment strategies or HIV-related conditions. More than half (54.3%) of perinatal-specific calls concerned HIV management during pregnancy and the care of HIV-exposed infants. Latino clinicians most frequently called about minority patients. This descriptive study adds to the growing literature about the care of the Latino HIV-infected patient. The Warmline and Perinatal HIV Hotline are resources for HIV care providers in the nursing and medical care of Latinos.

50. HIV/AIDS practice patterns, knowledge, and educational needs among Hispanic clinicians in Texas, USA, and Nuevo Leon, Mexico


Abstract: Hispanic clinicians in Texas, United States of America, and in the neighboring state of Nuevo Leon, Mexico, were surveyed to determine their educational needs in the area of HIV/AIDS. Two-thirds of the 74 Texan and 22% of the 104 Mexican physicians queried had seen at least one HIV/AIDS patient in the previous year. The majority of the respondents were primary care physicians who: 1) were in private practice; 2) saw more than 1000 patients per year; 3) had been out of training for more than 10 years; 4) provided some HIV prevention education to patients based on their perceived risk of infection; 5) rated their own knowledge of HIV/AIDS as average but rated their knowledge of treatments for the disease below average; 6) received most of their information about HIV/AIDS from journals rather than formal continuing education programs; 7) thought Hispanic patients had special needs with regard to HIV/AIDS care; and 8) were willing to attend education programs to improve their HIV/AIDS management skills. The greatest barriers to caring for HIV patients were lack of clinical knowledge and fear of infection. These results point to a need for a large-scale training program to improve the HIV/AIDS management skills of Hispanic clinicians in Texas and Nuevo Leon.

51. What is capacity building? Lessons from a national demonstration program of HIV education for social service providers

Abstract: The purpose of this paper is to examine the concept of capacity building and describe an HIV/AIDS education program for social service providers that implemented capacity building in nine ethnic/racial minority communities in the U.S. Quantitative and qualitative evaluation data from the Targeted Provider Education Demonstration (TPED) will be presented to illustrate a capacity building approach. Training-of-trainers (TOT) was a central mechanism for transferring expertise to local communities, and program effectiveness was demonstrated by having 60% of all training programs in the last project year delivered by TOT trainees. Lessons learned about capacity building became a major outcome of the TPED evaluation. It was essential to provide technical assistance and address organizational development issues in participating community-based agencies. These agencies were utilized as a mechanism of rooting the interventions in the local communities in a sustainable way. Reinforcement of inter-organizational linkages facilitated growth of community capacity. A multi-level model of capacity building that emerged based on the TPED experience is discussed in the context of literature on capacity building.

52. Prevention for positives: Challenges and opportunities for integrating prevention into HIV case management


Abstract: Despite nearly 20 years of HIV prevention efforts, rates of new HIV infection persist at an alarming rate. As successful antiretroviral medications enable many HIV infected persons to live longer, healthier lives, interventions are necessary to support ongoing prevention and reduced risk behaviors. This article describes a survey that was used to assess the opportunities and challenges related to the integration of prevention screening into the work of HIV/AIDS case managers. The article describes the survey, reports the findings (N = 101), and concludes with a discussion of issues that must be addressed prior to incorporating prevention screening into HIV/AIDS case management.

53. HIV risk assessment: Building on dentistry’s history of promoting health


Abstract: Dentists have demonstrated a willingness to look beyond the mouth and consider the patient’s overall presentation in a number of health-related areas. The HIV pandemic is another opportunity to involve the dentist in overall health issues through identification of those individuals at risk for acquiring HIV. This risk assessment activity can be facilitated through the use of a structured risk assessment algorithm that is presented in detail. The purpose of this algorithm is to encourage dentists—when they notice specific conditions or become aware of risky behaviors—to talk with their patients about HIV/AIDS and how the patient may be at risk. The historic success dentists have achieved in conveying information about the prevention of disease and promotion of health
should bolster their resolve to expand their discussions with patients to include an HIV risk assessment.

54. The effects of an HIV/AIDS educational program on the knowledge, attitudes, and behaviors of dental professionals


Abstract: The Pacific AIDS Education and Training Center (PAETC) developed and tested over time a curriculum to meet the changed HIV/AIDS-related needs of dental health professionals. The objective of this study was to evaluate the HIV-related knowledge, attitudes/beliefs, and behaviors among the participants of a CE training course based on this curriculum, both before and six weeks after the completion of the course. The project recruited 106 participants who were dental health professionals over a ten and a half year period (1992–2003). The dental participants consisted of 79 percent dentists and 21 percent dental hygienists or dental assistants. The sample was 67 percent male, 33 percent female, 45 percent Caucasian, and 24 percent Asian. An adapted questionnaire was used before and after the training to assess the educational needs of the participants and evaluate the success of the program in meeting those needs. Approximately 81 percent of the participants completed both questionnaires. After the course, the participants significantly changed their knowledge, attitudes/beliefs, and behaviors (65 percent, 86 percent, 55 percent respectively, all at p=.0001). Overall, the educational program was successful in increasing and promoting the HIV/AIDS-related knowledge and attitudes/beliefs of the participants and enhancing their commitment to infection control and HIV risk screening behaviors.

55. Supporting the integration of HIV testing into primary care settings


Objective: We examined the efforts of the US network of AIDS Education and Training Centers (AETCs) to increase HIV testing capacity across a variety of clinical settings.

Methods: We used quantitative process data from 8 regional AETCs for July 1, 2008, to June 30, 2009, and qualitative program descriptions to demonstrate how AETC education helped providers integrate HIV testing into routine clinical care with the goals of early diagnosis and treatment.

Results: Compared with other AETC training, HIV testing training was longer and used a broader variety of strategies to educate more providers per training. During education, providers were able to understand their primary care responsibility to address public health concerns through HIV testing.

Conclusions: AETC efforts illustrate how integration of the principles of primary care and public health can be promoted through professional training.


Abstract: Public health providers are increasingly called on to do more with fewer resources. Aiming to help HIV clinical training providers in 15 local sites to better target their efforts, the Pacific AIDS Education and Training Center (PAETC) implemented a method for integrating disparate information, such as program-level evaluation and publicly available health services data, into one combined and useful format. The resulting local area profiles were distributed to each training site and were updated annually for 2 years. As a result, local training teams adopted data-based approaches to doing their work. Training managers and faculty reported that data presented in spatial formats (i.e., maps) were most helpful for targeting their outreach and training. In addition to achieving the aim of supporting better programs, the project increased capacity for using data to support all aspects of training and education, from grant writing to strategic planning.

57. Incorporating the affective component into an AIDS workshop


Abstract: Caring for persons infected with the human immunodeficiency virus (HIV) and with acquired immunodeficiency syndrome (AIDS) will be a growing challenge for nurses in the years to come. If the nursing profession is to meet this challenge, continuing education will be essential. This article presents an approach to using a range of community and academic resources in the provision of continuing education. The 1-day program described includes updated information on HIV etiopathogenesis, clinical spectrum, epidemiology, transmission, prevention, and research, and gives participants an opportunity to explore their feelings and attitudes toward providing care for persons with HIV.

58. Prevention of HIV transmission


Abstract: Primary care physicians continue to play an important role in preventing HIV transmission by targeting messages to their high-risk patients. The risk of HIV transmission cannot be eliminated entirely; however, clinicians have a variety of prevention interventions at their disposal. Behavioral and therapeutic interventions offered in a client-centered environment have the greatest chance of success. Patients can benefit from individualized prevention plans that decrease risk by treating drug
addiction and by modifying sexual and drug-taking behaviors. The risk of HIV infection in health care workers can be reduced by strict adherence to universal precautions and the use of postexposure antiretroviral therapy.

59. Screening for infectious diseases in the dental setting


Abstract: Human immunodeficiency virus (HIV) and hepatitis C virus (HCV) are 2 systemic infectious diseases that dental health care professionals can help identify with the goal of improving health outcomes, addressing health disparities, and improving the quality and quantity of life. Whether by identifying suspect oral lesions, as is the case with HIV infection, or offering rapid screening tests in the dental setting for both HIV and HCV, the dental team can play an important role in linkage to confirmatory diagnosis and care.

60. Multi-discipline HIV longitudinal training: Utilizing AETC resources to build HIV care capacity in minority-serving health centers


http://www.informaworld.com/smpp/content~db=all~content=a902769901 (Journal)

Abstract: This article describes a multi-disciplinary HIV clinical training model developed and implemented by the Division of AIDS Education at the University of Medicine and Dentistry of New Jersey (UMDNJ)-Center for Continuing and Outreach Education (CCOE), the New Jersey Local Performance Site (LPS) of the New York/New Jersey AIDS Education and Training Center (AETC). The Longitudinal Training (LT) model combines AETC, Minority AIDS Initiative (MAI) and other available training resources into an adaptable framework that can be implemented by any clinical training entity (e.g., other AETCs, Public Health Training Centers, Center for Mental Health Services grantees, state health departments, STD/HIV Prevention Training Centers, etc.) to provide needs-based, multi-discipline longitudinal training of healthcare providers so as to enhance the HIV care capacity of community health centers serving predominantly minority populations. In addition to describing the AETC and MAI Programs, this paper will discuss the methods used in developing the Longitudinal Training model and will include styles of training, identification of program successes and barriers, a composite case study and continuous outcome measures.

61. Pediatric primary care provider's knowledge of HIV/AIDS care.


Abstract: To respond to the difficulties that community-based providers face in keeping abreast of the rapid changes in HIV-related care, an intensive pediatric HIV mentoring program (Pediatric HIV Miniresidency [MR]) was developed, linking a regional AIDS Education and Training Center (AETC) with an urban children's hospital HIV outpatient care site. The purpose of this study was to evaluate HIV-related knowledge and perceived skills, abilities, and willingness of community-based primary care pediatric providers and providers completing the MR. A convenience sample of community-based primary pediatric practitioners and those participants in the MR program completed a three-part mailed survey. The survey assessed practice characteristics, knowledge of pediatric HIV clinical care, and perceived skills, ability, and willingness (PSAW) to provide HIV-related care. The main outcome measures were overall knowledge and PSAW scores. One hundred nineteen community-based practitioners (NMRs), 20% of those surveyed, completed the instrument, as did 19 of 20 MR participants. NMRs exhibited low knowledge scores in key areas relating to the identification and evaluation of HIV-exposed children. Fewer than half of these respondents correctly answered questions related to HIV antibody incidence in HIV-exposed newborns and recommended diagnostic testing of such infants. Providers completing the MR scored significantly higher on the knowledge survey (15.2 vs. 8.8, p < 0.001), and had higher PSAW scores (45.8 vs. 33.9, p < 0.001). Although the generalizability of our study is limited by the low response rate, community-based physicians completing the survey demonstrated a lack of knowledge we believe necessary to provide pediatric HIV-related care (as defined by Public Health Service practice guidelines). Physicians completing the MR program had substantial HIV-related knowledge and expressed a willingness to provide care to HIV-exposed/infected children. An effective MR program provides a mechanism for developing a network of dedicated community-based physicians who are willing and capable of providing care to HIV-infected or exposed infants and children.

62. Quality of comprehensive HIV care in underserved communities: Does clinical training lead to improvements?


The AIDS Education and Training Centers National Evaluation Center led collaborative research to evaluate whether Minority AIDS Initiative (MAI)-funded clinical training changes clinical practice. Chart abstraction and feedback (34 clinics; n = 530) were used to assess adherence to clinical practice guidelines, identify training needs, and assess change in clinical practice (14 clinics, n = 271). Generalized estimating equations were used to account for repeated measures within each clinic. At baseline, clinics displayed 49% (95% confidence interval [CI] = 44-53) adherence to clinical practice guidelines. After feedback associated with the baseline chart review and subsequent implementation of MAI-funded clinical training, an 11% increase (95% CI = 7-16) in adherence to clinical practice guidelines was observed. MAI-funded clinical training was associated with increased adherence to clinical practice guidelines for HIV care. Chart abstraction is useful to assess clinical practice, facilitate conversations about quality improvement, and evaluate the effectiveness of clinical training.

63. The future of HIV care in the USA


Abstract: The number of people living with HIV in the USA increased by 50% to 1.115 million persons from 1996 to 2006 and may exceed 1.5 million by 2015. The rising caseloads are straining the HIV care system, while recession and the unknown fate of health reforms are sources of uncertainty. HIV care in the USA evolved within a fragmented healthcare system. Unique community-based support and education linked to diverse multidisciplinary HIV care teams contributed to ‘AIDS exceptionalism’. Objective: To describe HIV care in the USA in 2011 and to consider future trends. Methods Literature review. Results: Though evidence for effectiveness of HIV care teams is increasing, HIV care in the USA in 2011 is severely challenged. Low reimbursements, rising caseloads and increasing care complexity are leading to clinician shortages. Access to antiretrovirals through Medicare and Medicaid is worsening, and deficiencies in AIDS Drug Assistance Programs are increasing. Durable health insurance will become available for most Americans in 2014 through new health reforms, but the likelihood of incomplete coverage, fierce political opposition and the uncertain details are reasons for concern. At the same time, recent trends in HIV epidemiology, pathogenesis and care services have reinforced the need for multidisciplinary teams with strong community linkages. Conclusions: HIV advocates have their greatest challenge to date to ensure that the gains and lessons in HIV care learnt from the past are not lost in the transition to national health reform in the next turbulent 5 years in the USA.

64. Generic antiretrovirals and the uncertain future of HIV care in the United States


No abstract (editorial).

65. Medical education reform in Wuhan University, China: A preliminary report of an international collaboration.


66. HIV infection. What nurses need to know. The consumer perspective


Abstract: In this article, the results are presented of interviews with people with HIV (consumers) about what their health care providers need to learn. Also emphasized in this article is the importance of incorporating the input of people with HIV at all levels of the health services system,
the description of the AIDS Education and Training Centers Program as a resource for enhancing nurses' skills in the areas that consumers found lacking, and mechanisms that nurses, nurse managers, and nurse educators can use to assure the full participation of people with HIV as health care consumers.

67. Oral health care issues in HIV disease: Developing a core curriculum for primary care physicians


Abstract: Given the high occurrence of oral manifestations in patients infected with human immunodeficiency virus (HIV), the relative ease in recognizing these manifestations on physical examination, and their potential impact on the health care and quality of life in these patients, it is critical to provide adequate training for primary care physicians in this area. Based on a review of the published literature and the consensus of a national panel of primary care physicians and dentists with clinical and research expertise in this area, a core curriculum was developed for primary care physicians regarding oral health care issues in HIV disease. We describe the process of developing the core curriculum of knowledge, skills, and attitudes regarding oral health care issues in HIV disease. The final curriculum is in a format that allows for easy accessibility and is organized in a manner that is clinically relevant for primary care physicians.

68. A Kaleidoscope of Care for HIV-Infected Substance Users


http://www.informaworld.com/smpp/content~db=all~content=a902769899 (Journal)

Abstract: The substance abuse treatment and HIV health care systems have different treatment approaches, and many HIV-infected substance users fall through the cracks between systems. Providers are often challenged by the difficulty of engaging and retaining HIV-infected substance users in care and working across disciplines to coordinate services. A Kaleidoscope of Care is a cross-disciplinary curriculum in HIV and substance use, designed to train HIV health care and substance abuse treatment professionals in providing better care to the clients they share in common. It applies adult learning principles to engage diverse professionals in building skills to promote health and adherence, engagement and retention in care, harm reduction, and interdisciplinary collaboration. Early evaluation of the curriculum indicates that it has enhanced knowledge and built skills in serving HIV-infected substance users among providers from multiple disciplines.

69. “Healthcare is not something you can isolate from life in general”: Factors influencing successful clinical capacity building in the pacific


Abstract: Capacity building assistance (CBA) uses multiple techniques, including training and technical assistance, to develop a sustainable infrastructure for healthcare agencies. Although there is some evidence that CBA is effective, much remains to be learned about the best ways to implement it. We assessed factors influencing the delivery of an HIV-related CBA project for health professional in the U.S.-Affiliated Pacific Jurisdictions. We found some factors clearly facilitated CBA (e.g., implementing programs over long time periods), while others were clearly limiting influences (e.g., AIDS-related stigma). Lessons from this study can be applied to other CBA programs, where CBA providers can assess barriers and facilitators to implementation in order to target their services to the needs of local health experts.

70. Webcasting: An innovative approach to HIV/AIDS professional training in a rural setting


http://www.informaworld.com/smpp/content~db=all~content=a902769900 (Journal)

Abstract: The epidemiology of HIV/AIDS in New Hampshire (NH) mirrors the rest of the nation (New Hampshire Department of Health and Human Services [NHDHHS], 2004); however, the demographics and physical setting of the state are different. With HIV seroprevalence at about 1% and many health care providers working in rural settings with few educational resources available to them, the challenges for keeping providers well informed about HIV/AIDS care and prevention issues are significant. The AIDS Education and Training Center for NH examined several distance learning modalities to determine which would be the best method for the monthly AIDS Seminar Series. The modalities included Real, Media Player and Quicktime, amongst others. This article describes the selection process and our experiences using on-line Webcasts as a way to enhance and achieve successful distance learning for health care providers working in HIV/AIDS in a rural setting. The terms streaming and webcasts are used interchangeably throughout the article. Though streaming is a method of transmission and webcast is an event, they have become intertwined and are often used to describe each other.

71. Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome: A survey of the knowledge, attitudes and beliefs of Texas Registered Nurses in the 21st Century


(Texas/Oklahoma AETC)


Abstract: There exist few studies in the United States that examine the knowledge, attitudes, and beliefs of registered nurses regarding persons with human immunodeficiency virus and acquired
immune deficiency syndrome. This information is needed to determine curriculum changes and continuing education needs.

72. Is experience with HIV disease related to clinical practice? A survey of rural primary care physicians


Abstract: Human immunodeficiency virus (HIV) disease is spreading to the rural United States, and medical care is increasingly provided by local primary care physicians. A volume-outcome relationship might exist in HIV care. However, little is known about the HIV experience and practices of rural primary care physicians. To estimate the HIV experience of rural primary care physicians, and to determine whether experience is associated with use of newer management strategies, confidence in care, and consultation needs, telephone survey of a random sample of primary care physicians was conducted. The sample consisted of 120 eligible primary care physicians in non-metropolitan California, with 102 respondents (85.0%). Physicians' HIV experience, use of protease inhibitors and viral load tests, familiarity with vertical HIV transmission prophylaxis, confidence in HIV care, and consultation needs were examined. Most physicians were low-volume providers of HIV care and had limited knowledge of newer management strategies. Experience with protease inhibitors and viral load tests was significantly related to number of recent patients with HIV; 25.0% of those with 1 to 3 patients but 75.0% of those with 4 or more patients had prescribed protease inhibitors (P = .01), whereas 20.8% of those with 1 to 3 patients but 83.3% of those with 4 or more patients had used a viral load test (P = .001). Only 59.8% of all respondents, but 100.0% of those with 4 or more patients, were familiar with vertical HIV transmission prophylaxis (P = .001). After adjustment for other characteristics, HIV experience remained significantly associated with use of newer management strategies (P = .01) and familiarity with vertical HIV transmission prophylaxis (P = .007). Physicians' confidence in HIV care increased with experience (P = .006), and consultation needs decreased (P = .006). Primary care physicians in rural California lacked in-depth experience with HIV disease. Experience was significantly associated with use of newer HIV management strategies, confidence, and consultation needs. Treating 4 or more patients with HIV or acquired immunodeficiency syndrome may be the threshold above which primary care physicians rapidly adopt new strategies and have confidence in their care.

73. Empathic communication between dental professionals and persons living with HIV and AIDS


Abstract: We studied changes in the affective and empathic responses of sixty-three dental school faculty, students, and staff to people with HIV/AIDS following an HIV/AIDS training session. Empathic response was measured using a modification of the Gallop Staff Patient Interaction Scale, with five statements to which the provider responded at baseline and three times during and after the
training. Data were subjected to theme analysis and analysis of empathic level of response, where a theme is a central idea that can be identified by expressed language. Results indicated that themes of provider response included the role and importance of maintaining health, reassurance, comfort, and hope. Negative responses were rare, accounting for only 3 percent of responses. Following the training, themes were expressed more fully but usually did not change. Changes in level of empathy usually paralleled changes in themes. These data describe the measurement of empathy in dental providers dealing with people with HIV/AIDS and changes in the themes and levels of empathy following an HIV/AIDS training session.