10 years after routine HIV testing recommendations: How much internal medicine residents know and where do we stand
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Background
• September 2006, CDC endorsed universal HIV screening in all health care settings regardless of HIV-related risk factors.
• 10 years after these recommendations have been published, HIV screening remain very low and many providers remain unaware of the recommendations.
• Limited information is available regarding the usefulness of specific interventions targeting the residents to improve universal HIV screening.
• The aim of this study is to evaluate HIV-testing related knowledge among Internal Medicine residents in 4 residency programs across Chicago.
• Collect data about adherence to the HIV screening guidelines at multiple community health centers across Chicago.

Results
• Of the 192 residents surveyed, 130 completed the survey

Knowledge
• Most of the residents 82.3% reported receiving education about HIV screening and testing guidelines
• Only 56.2% knew that new CDC guidelines recommend universal HIV screening and at least annual testing for high risk groups.
• MSM is the most common mode of HIV transmission in Chicago area. However, 33.8% of the internal medicine trainees thought that injection drug use or heterosexual contact are the most common mode of HIV transmission.
• 60% of the residents were not aware of the IL laws regarding informed consent for HIV testing.

Practice
• 83 residents (63.8%) ordered 10 or less HIV screening tests in the last 6 months
• 47.7% occasionally or hardly ever ask about sexual history
• The most common reported barriers for ordering HIV testing were

Conclusions
• This study identified the gap in medical knowledge regarding HIV screening among internal medicine residents.
• This study also identified a very low screening rate at multiple community health centers across Chicago.
• Lack of awareness regarding the revised CDC recommendation might be contributing to infrequent HIV testing.
• To realize the goal of universal HIV screening, more efforts are needed to educate internal medicine residents to adopt this approach in their future practice.
• Further studies are needed to assess if an intervention targeting the residents will help increase the testing.

Methods
• Cross sectional, self-administered anonymous survey for internal medicine residents in 3 community based residency programs and 1 University Hospital.
• Data was collected using the software “SurveyMonkey” and analyzed using SPSS.
• Data about adherence to HIV screening guidelines was collected from 35 community health centers in Chicago area.

References
• Knowledge of the Centers for Disease and Prevention’s 2006 routine HIV testing recommendations among New York internal medicine residents. AIDS Patient Care STDS. 2009 Mar;23(3):167-76.
• A multicenter study of internal medicine residents’ perceptions of training, competence, and performance in outpatient HIV care. AIDS Patient Care STDS. 2010 Mar;24(3):159-64.