Expanding HIV Training in Internal Medicine Residency Program: A Prospect to Meet the HIV Workforce Demand
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Background

- Advances in HIV treatment as well as improved care delivery models have resulted in the transformation of HIV disease from a fatal condition to a chronic disease.
- People living with HIV are living longer and incurring the risk of multiple comorbidities as they age.
- Persons at higher risk for HIV want to access Pre-Exposure Prophylaxis for prevention.
- The HIV workforce is aging and retiring without sufficient newly trained providers to replace them.
- In response to this anticipated workforce shortage, and with the support of a HRSA grant, an HIV Training Track was established at Yale Primary Care Residency Program in 2012.

Yale HIV Primary Care Training Track

Mission Statement:
“Provide necessary knowledge, attitudes, and skills to physicians who have a special interest in HIV medicine and enhance capacity of qualified physician-leaders to meaningfully care for people living with HIV/AIDS.”

Design and Setting:
The Yale HIV Training Track (HIVTT) was established in 2012 as a dedicated track within the Yale Primary Care Residency Program.
- 2-3 Residents are enrolled annually, making up a total cohort of six residents participating in the 3-year training program.
- Residents have their continuity practice in the institution’s outpatient HIV Clinic, rotate on the inpatient HIV Unit each year, and participate in a variety of educational activities.

Curriculum

- The Didactic curriculum included the standard Primary Care Program Curriculum and a web-based HIVTT curriculum.
- The HIVTT curriculum was developed based on 12 HIV-specific Entrustable Professional Activities (EPAs):
  1. Perform HIV counseling and testing including legal and disclosure issues
  2. Assess patient with newly diagnosed HIV infection or new to care
  3. Initiate and monitor Antiretroviral (ARV) treatment
  4. Counsel a patient on reducing high risk behaviors
  5. Provide mental health and substance abuse management in the clinical setting
  6. Provide appropriate age-based and HIV-associated preventive services to patients
  7. Provide prophylaxis and treatment of opportunistic infections
  8. Manage HIV infection in setting of reproductive issues (infertility, pregnancy)
  9. Assess and manage patients with HIV associated metabolic disorders (lipids, HTN, CAD risk reduction, bone, renal, etc.)
  10. Management patients co-infected with HIV-HCV
  11. Provide care to LGBTQ patients with HIV
  12. Provide effective end of life/palliative care to patients

Evaluation/Outcomes

- Resident satisfaction in the HIVTT program.
- Trainee satisfaction survey and focus group discussions revealed high satisfaction in the HIVTT program.
- 13 (100%) demonstrated progression to higher level on the EPAs developmental milestones.
- Knowledge:
  - Trainees achieved an increase in the knowledge Assessment score by a mean of 23% at first, 35% at second, and 66% at the third year.
  - 6/7 graduates took and 6/6 (100%) passed the AHA/HIV certification exam.

Supervised Clinical Activities:
- Care didactic lectures
- EPA specific HIV modules
- On-line modules
- Small group peer teaching
- Case Discussion

Supplemental Educational Activities:
- Interdisciplinary team meeting
- Community engagement
- Global health elective
- Research/scholarly work
- Performance improvement project
- HIV retreat

Conclusion

- A novel HIV training track is feasible, can train residents to independently perform HIV EPAs, and can provide quality HIV care as demonstrated in every performance measure.
- Expanding HIV-specific curricula within primary care residency program can build workforce of providers to meaningfully care for the aging HIV population.