



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 Firm 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 preventative 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

Knowledge Based Learning:

- Core didactic lectures
- EPA specific HIV modules
- On-line modules
- Small group peer teaching
- Case Discussion

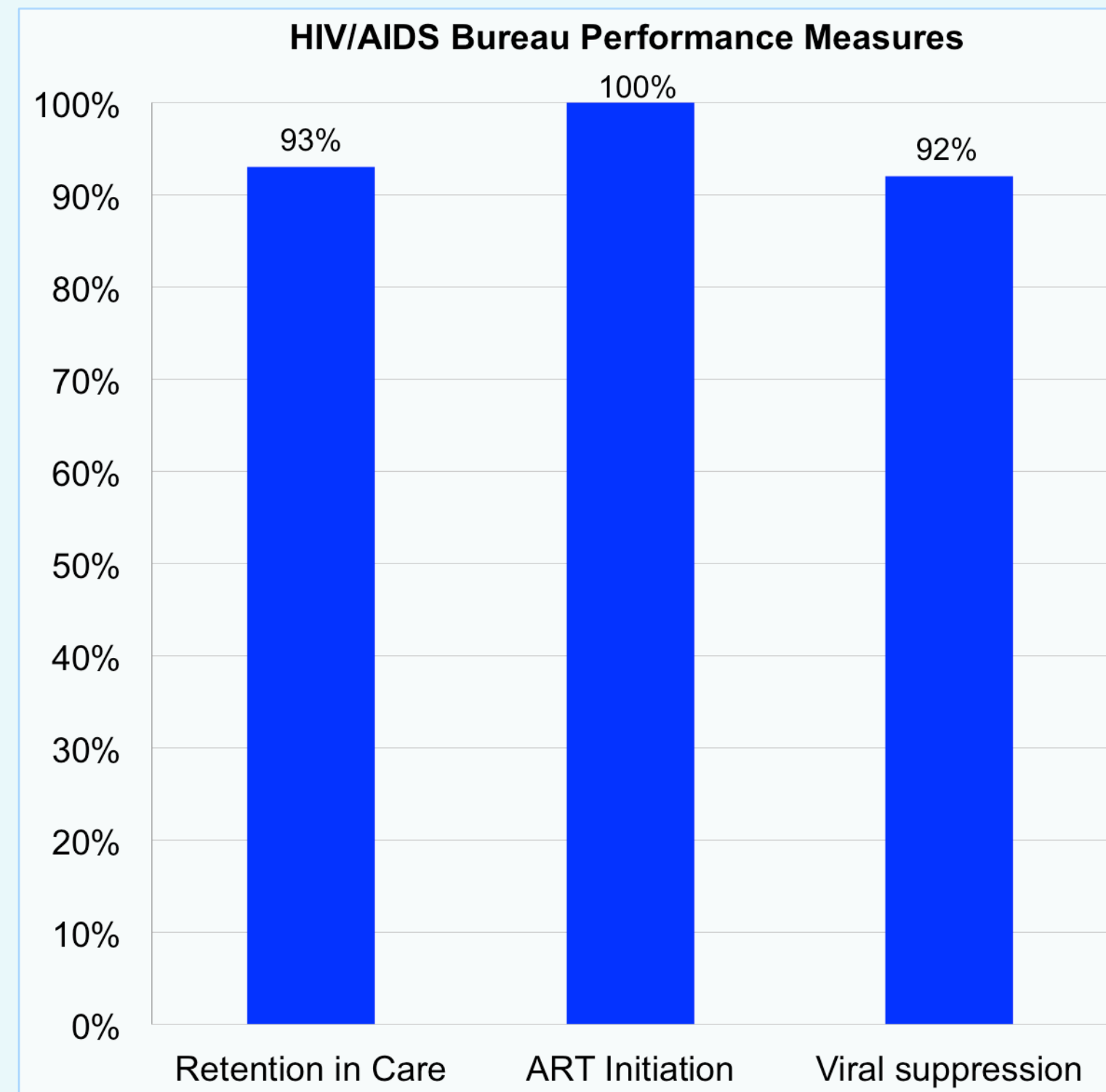
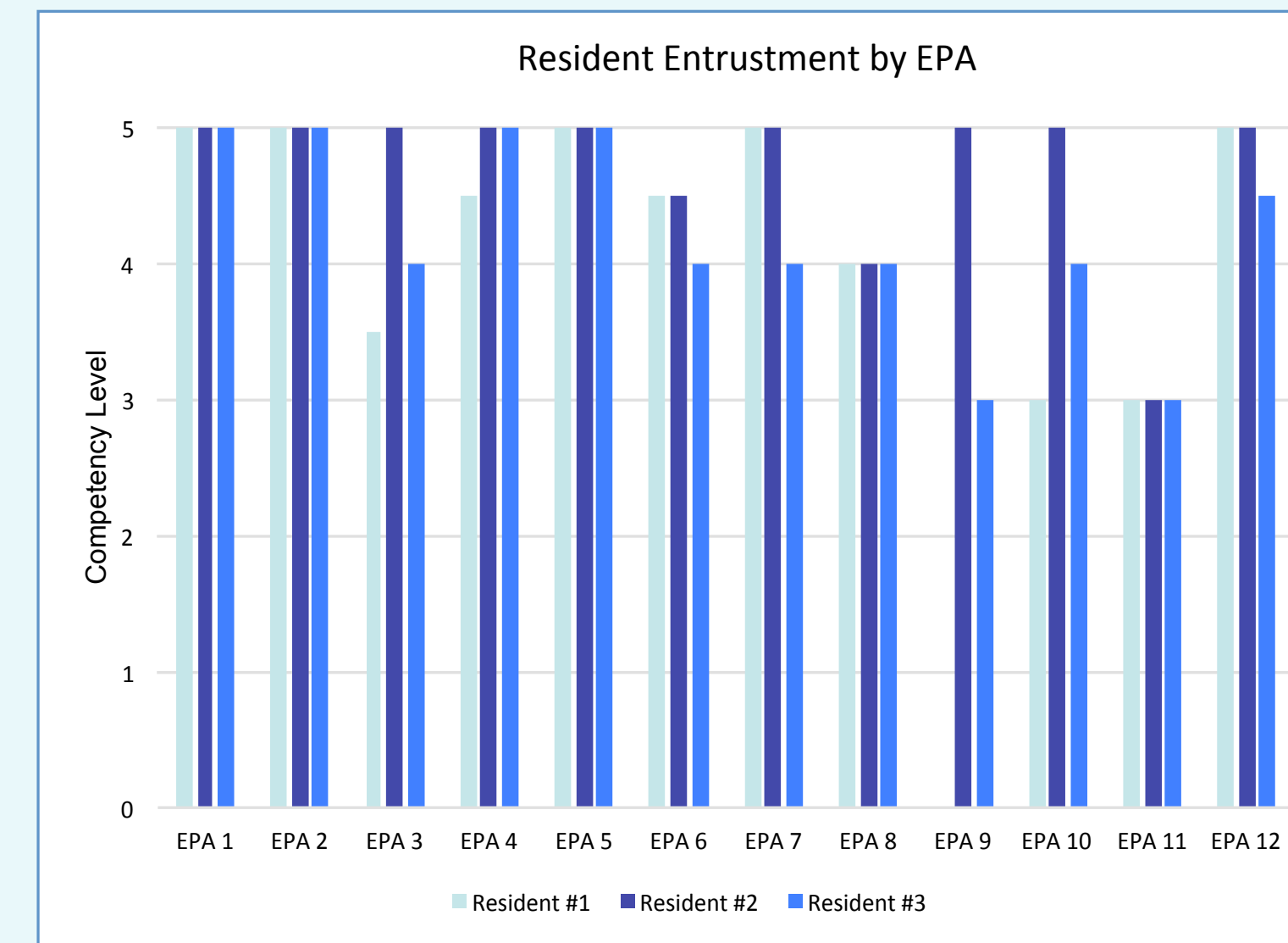
Supervised Clinical Activities:

- Standardized patient
- Longitudinal continuity clinic
- Inpatient rotation, HIV firm
- Specialty clinic

Supplemental Educational Activities:

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

Evaluation/Outcomes



Evaluation/Outcomes

Learner Evaluation:

- 13 residents were enrolled in the HIVTT.
- 13 (100%) retention in the program.
- 7 graduated from the HIVTT, 4 pursued a career in HIV Primary Care.

Competence:

- 13 (100%) participated in 2 standardized patient sessions.
- 50 EPA-specific MiniCEX per trainee were recorded.
- 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 AAHIVM certification exam.

Satisfaction:

- Trainee satisfaction survey and focus group discussions revealed high satisfaction in the HIVTT program.



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.