Outcomes

A statistically significant difference pre-training and post training of those who felt more comfortable discussing PrEP with a patient \((p < .001)\).

81.8% feeling comfortable engaging patient in conversation with PrEP; initially only 35.1%

Improved understanding of PrEP and implementation with correct understanding of anal intercourse increasing from 13.5% to 75.8% and vaginal intercourse from 8.1% to 66.7%

Finally individuals who completed this were 90.9% likely or very likely to recommend training programs like this for Family Medicine Residency Programs

Conclusion

This quality improvement project shows both the lack of training in HIV/PrEP we have in our current medical education and primary care trainings. With the implementation of a training program we saw significant improvement in both understanding measured by standardized questions, but also improved comfortability in resident physicians incorporating PrEP and HIV into their practice.

This study was limited in numbers and would benefit from larger studies to see if these findings are more universal throughout the medical education system.

Finally this project showcases the opportunity that primary care has to step into the role of the Ending HIV Epidemic and decreasing transmission of HIV in accordance with the EHE and CDC goals.

References


14. PMID: 33617324. PMCID: PMC7573046.


Background

The first case of HIV in the USA was documented in 1981 and over the course of the past 40+ years we have seen phenomenal breakthroughs in management and prevention that have brought the end of the HIV epidemic in sight. Today there are approximately 1.2 million people who have HIV, with notable correlation between new infections and accessibility to healthcare. With the implementation of PrEP (Pre-Exposure Prophylaxis) and goals of the EHE (End HIV Epidemic) we see primary care as the new stronghold for HIV management and prevention, which lead to the question of whether the EHE we see primary care as the new stronghold for HIV management and prevention, which lead to the question of whether the medical training curriculum had advanced to meet the new expectations in serving the community.

Objective

This project dived into the current curriculum and training around HIV and PrEP and specifically looked at family medicine residents at various stages of their training to evaluate both their understanding of the standard of care and also in comfortability in implementing HIV management and PrEP to their clinical practice.

Methods

New education was introduced in peer-lead training, faculty training, and community public health official training. Through the course of these training sessions we identified education gaps and increased understanding of the standard of care and also in comfortability in implementing HIV management and PrEP to their clinical practice.

Initial information was gathered to get a baseline of knowledge and comfortability. Subsequent trainings were followed by repeat surveys to gauge improvement and progress.

After each cycle survey were completed that gauged three main areas:
1. General Knowledge of HIV / PrEP
2. Clinical Situations regarding HIV / PrEP
3. Self Assessments of Understanding and Comfort

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Results

1. General Knowledge of HIV / PrEP
2. Clinical Situations regarding HIV / PrEP
3. Self Assessments of Understanding and Comfort

How likely to recommend to other programs?

Not Recommend
Not Likely to Recommend
Unsure
Likely to Recommend
Very Likely to Recommend

Conclusions

This quality improvement project shows both the lack of training in HIV/PrEP we have in our current medical education and primary care trainings. With the implementation of a training program we saw significant improvement in both understanding measured by standardized questions, but also improved comfortability in resident physicians incorporating PrEP and HIV into their practice.

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