

HIV TESTING INITIATIVE IN FAMILY PRACTICE:

Multimodal education to address differing learning styles and stages

Dr. Marisa Collins MD, Jennifer Barrows BSc (Hons), Gurveen Grewal BA, Brenna Lynn PhD, Réka Gustafson MD
 UBC Faculty of Medicine, Division of Continuing Professional Development (UBC CPD) and Vancouver Coastal Health



Background

New HIV testing recommendations in Vancouver include offering an HIV test to all adults who have not had one in the past year:

- In acute and community care
- As part of blood work for any other reason
- Every time you test for STIs, HCV, tuberculosis

Challenges for knowledge translation:

- A not uncontroversial topic
- Recommendations precede guidelines

Opportunities for knowledge translation:

- A measurable outcome
- 2) Recommendations are for a specific region

Education Intervention

- Multimodal education strategy
- Emphasis on practice change
- High level needs assessment of pilot project entailed the following:
 - ⇒ A review of educational effectiveness literature
 - ⇒ Consultation with family physicians/key organizations
 - ⇒ HIV test workflow maps and gap analysis
 - ⇒ Identification of unperceived and perceived learning needs

Modality	No. of participants	Awareness	Agreement	Adoption	Adherence
E-article	~ 3,459	→			
Webinar	117	→	→		
Conference Sessions	~ 503	→	→		
Conference Exhibits	~ 150	→	→		
Resident Session	13	→	→		
Workshops	74	→	→	→	→
In Practice Support	126	→	→	→	→
Website hiv.ubccpd.ca	~ 1,509	→	→	→	→
Self-directed Learning Exercise	~ 252			→	→
Data Report as Audit Tool	209			→	→

Figure 1. HIV Testing Initiative in Family Practice
 Pathman model displays number of participants for each education modality and how multimodal education aligns with stages of learning.

Evaluation

- Conducted before, during, following education
- Tools: participant surveys, HIV testing data, field notes
- Measured knowledge increase, self-reported intent to change, actual change

Observations

Table 1. Participant Self-Reported Learning

	Webinars	Workshops	In Practice Support
Knowledge Increase*	94% n=107	96% n=65	99% n=39
Intent to Increase Testing**	80% n=96	78% n=60	80% n=45

*Strongly agreed or agreed they were familiar with learning objectives following education.
 **Plan to begin offering routine HIV testing or plan to increase frequency of routine HIV testing. Those without a practice were excluded.



Figure 2: Total Number of HIV Tests Ordered by Workshop and In Practice Support Participants by Month Jan 2012 - Feb 2013
 Participants who requested individualized reports on their HIV testing activity.
 (Data Source: British Columbia Centre for Disease Control)

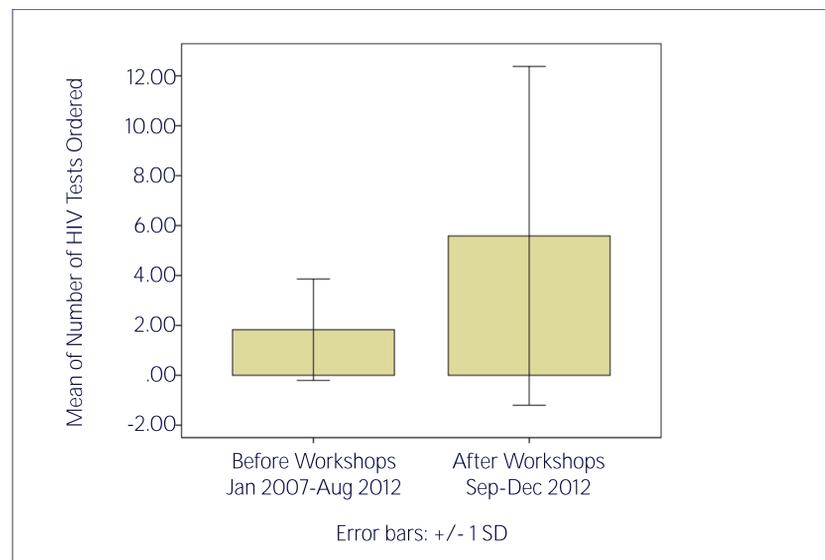


Figure 3: Average Number of Tests Ordered Per Month Per Workshop Participant Before and After Education
 (Data Source: British Columbia Centre for Disease Control)

“ ” On content and preferred learning format:

“Practical, hands on scenarios. Adult learning techniques rather than didactic methods.”

- Division workshop registrant, February 7, 2012

“This will make a big difference, it is for all adults, the initiative is well prepared.”

- Webinar Attendee, April 24, 2012

“Had questioned why a full workshop was needed to introduce this program prior to coming! Most informative/inspiring.”

- Workshop Participant, February 7, 2013

“See the need/benefit to routine testing (finding unexpected cases in the larger population).”

- In Practice Support Participant, 2012-2013

Discussion

Educational impact of workshops and in practice support is reflected immediately and is measurable.

Multimodal education on routine HIV testing is tailored to various learning styles and preferences. Employing multiple modalities has the potential to reach more family physicians. Education that addresses the awareness, agreement, adoption, and adherence stages of learning in multiple formats is able to meet the diverse learning needs of family physicians.

Conclusion

The HIV Testing Initiative in Family Practice was a highly successful multi modal strategy:

- High attendance and retention rates
- High self-reported knowledge increase
- High self-reported intent to increase HIV testing
- Measured increase in participant HIV testing rates
- Self-reported practice improvement consistent with measured HIV testing data.
- Content, format, and timing of education were effective

References

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Pathman, D. E., Konrad, T. R., Freed, G. L., Freeman, V. A., & Koch, G. G. (1996). The awareness-to-adherence model of the steps to clinical guideline compliance: the case of pediatric vaccine recommendations. *Medical care*, 34(9), 873.

Feedback & Questions: contact hiv.cpd@ubc.ca.

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