

Teaching HIV: Educating Residents and Empowering Patients



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Objectives

- Discuss the role of Family Practice residents in HIV care
- Explain how an HIV group visit works
- Share a model for a resident-driven longitudinal curriculum during residency



HIV in CCC

- 1700 HIV+ patients, majority in West CCC
- Cared for in 6 FM ID clinics
- Ryan White part C funded
- N. Richmond: 70+ patients, majority men, high prevalence of IDU



My Path to HIV Medicine

- Personal and professional interest
- Work in West County
- Great mentorship and role models
- Needed more training!



Barriers to practicing HIV medicine as a resident

- Many other commitments
- Low inpatient HIV census
- Specialty clinics
- Established providers
- Perceived difficulty



We Can Do This!

- FPs are good at:
 - Chronic disease management
 - Multidisciplinary teams
 - Addressing substance abuse and mental illness
 - Prevention and harm reduction
 - End of life care



My Action Plan

- Met with mentors
- Pursued elective opportunities through East Bay AETC
- Reviewed literature
- Attended local conferences
- Participated in HIV group visits



HIV Group Visits

- Started informally in NR 10 years ago
- Begun in response to high death rate in West CCC
- Cohesive group
- Active patient involvement



Group Visit Format

- 8 AM: Patients arrive, RNs check vitals
- Guided meditation
- Check in
- Resident led discussion/presentation
- Patients seen individually after group



Outcomes

- 17 HIV Group Medical visits to date
- 4 residents participated
 - One resident facilitated 8 groups; One resident facilitated 3 groups; Two residents facilitated 1 group each.
- Overall positive feedback from residents and patients.



Topics Covered

- HIV pathophysiology
- Understanding HIV Labs
- Influenza
- Prevention for Positives
- Hepatitis C
- Antiretroviral Adherence
- Art & Poetry projects
- Cardiovascular disease & HIV
- Health Self-Management
- Advanced Directives (with attorney present)



Experience for Residents

- More comfortable with group visits
- Better at HIV screening and prevention
- Understanding chronic disease and identity



Experience for Patients

- Accepting of residents and each other
- Move through stages of grief, recovery
- Value the group



Challenges

- For residents
 - Facilitation skills
 - Continuity
 - Scheduling
- For patients
 - Strong emotions
 - Homogeneous group
 - Lack of systemic support



Conclusions

- FPs are the future of HIV medicine
- Residency is a good time to learn HIV care
- Group visits are great for patients and residents
- Get involved!



Thanks!

- Cynthia Carmichael
- Michel Sam
- Patients of the N. Richmond HIV group
- Ann Harvey
- Elise Lewis & Anni Hansen
- Alan Siegel & David Pepper



Future Directions

- Longitudinal tracks?
- Research?
- Fundraising?
- Increased county support for group visits?

