

INTRODUCTION

The Healthcare Improvement Scotland standards for HIV services (2008) require that all health boards have a written HIV testing policy. NHS Tayside (NHST) launched its HIV testing guideline in May 2013 supported by information for clinicians (figure 1) and educational events. A survey of healthcare professionals (HCPs) within NHST formed part of a broader evaluation of the impact of the guideline undertaken for a 4th year Undergraduate Medical Student Project.

METHOD

A 10 question online survey was created using SurveyMonkey™, uploaded to the NHST internet homepage and emailed to senior clinicians for cascading. The survey went live on World Aids Day 2015. Data collected included the respondents role, awareness of the HIV testing guideline and the impact of the guideline on testing practice. The survey also asked respondents to list 3 clinical indicators of HIV from within their clinical area of practice as a reflection of their knowledge.

Figure 1. HIV testing literature developed to support clinicians

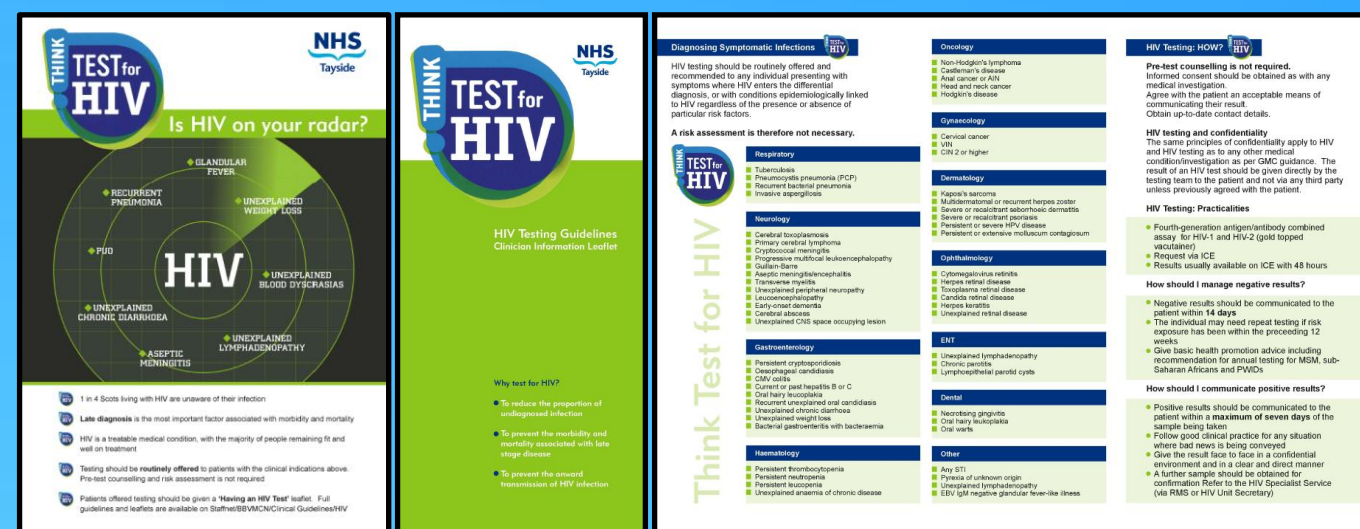


Figure 2. Survey respondents by professional group

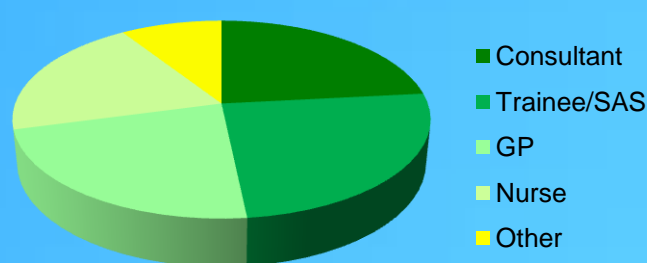


Figure 3. Awareness of HIV testing guideline

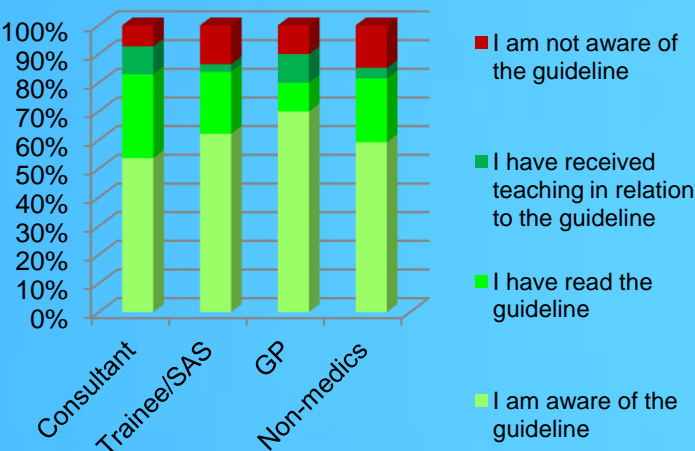


Figure 4. Impact of HIV testing guideline on clinical practice

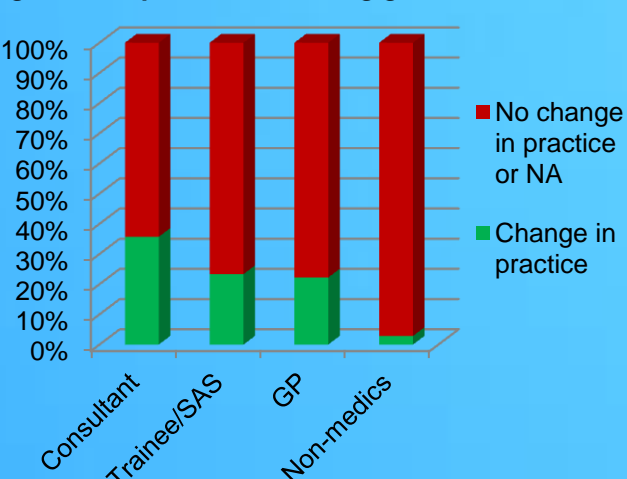
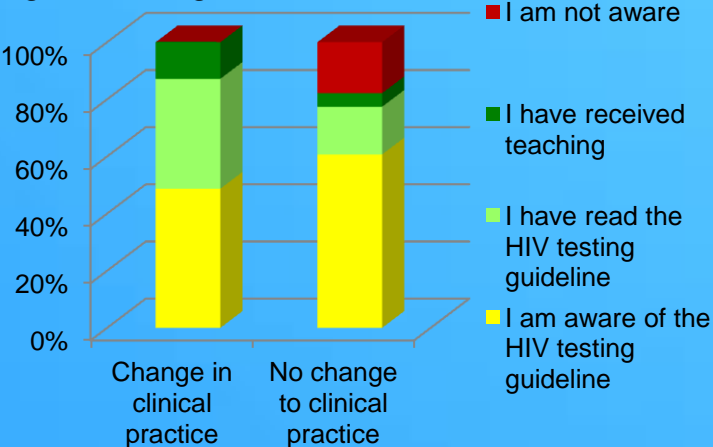


Figure 5. Change in Clinical Practice



RESULTS/DISCUSSION

Uptake of Survey

The survey was completed by 120 HCPs of which 83 (69%) were doctors representing 19 specialties including general practice (GP) (figure 2). The “other” HCPs comprised of allied health professionals, drug workers, dentists, social workers, physician’s assistant and pharmacists. Surgical colleagues were under-represented in this survey which may be because the guideline and associated teaching has largely been directed at medical specialties and primary care.

Awareness of HIV testing guideline

There were high levels of awareness of the guideline across all groups. Consultants were more likely to have read the guideline whereas trainees and non-medical HCPs were least likely to have received specific teaching (figure 3). Teaching events had largely included grand rounds, departmental lunchtime meetings and GP protected learning time events. There were no specific events aimed at trainees or non-medical HCPs aside from generic BBV awareness sessions.

Relevance of HIV testing guideline

Of the 80% who responded to this question only 11% thought that HIV testing was not relevant to their clinical practice and all of these were either consultants or SAS doctors.

Reported impact of HIV testing guideline on clinical practice

Consultants were most likely to report that the HIV testing guideline has resulted in a change to their clinical practice (figure 4). Non-medical HCPs reported very little change to practice. Although few GPs reported change to their practice, testing rates increased by 39% within primary care in the year following the launch of the guideline and by about 20% across the health board (unpublished audit data).

Reporting a change in practice was associated with a higher reporting of receiving face to face teaching and of reading the guideline (figure 5).

Knowledge of clinical indicators for HIV infection

Medical staff had generally good knowledge of CIs, consultants were least likely to report no CIs and non-medical staff had poor knowledge of CIs with the majority reporting none (figure 6). Many GPs reported symptoms of seroconversion amongst their CIs which has been the focus of much targeted teaching.

Common myths

Respondents were asked if an HIV risk assessment was required when a CI was identified. The majority of respondents reported that this was true (figure 7) indicating that this myth remains pervasive. There was no difference in this response between professional groups. This indicates that despite high levels of awareness and knowledge of CIs, the outcome of a risk assessment is still felt to be important and may provide a barrier for testing.

RECOMMENDATIONS

- ★ Target training at surgical colleagues, trainees and non-medical HCPs with emphasis on
 - face-to-face teaching
 - succinct written information
 - clinical indicators for non-medical HCPs
- ★ Ongoing education to address myths and clinician barriers to testing
- ★ Interpret results in line with department-specific audits to target further interventions

Figure 6. Number of HIV CIs listed by respondents

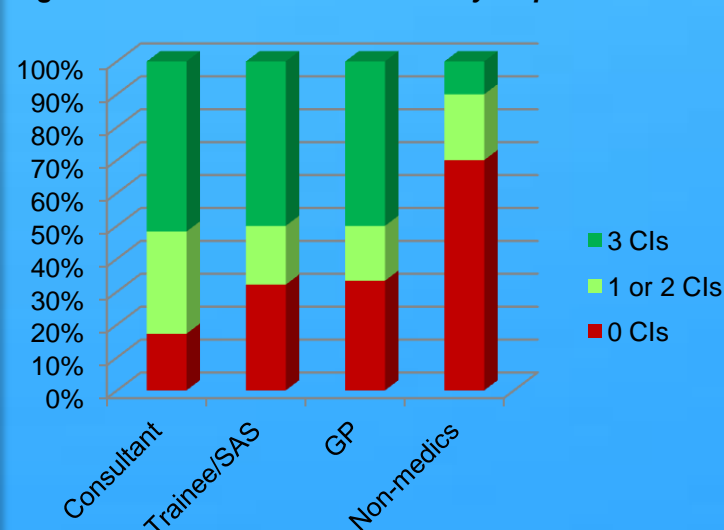


Figure 7. Response to “If a patient presents with a CI, an HIV risk assessment is necessary”

