

AIDS EDUCATION AND TRAINING CENTER NATIONAL DIRECTORS' AND TRAINERS' PALLIATIVE CARE EDUCATION NEEDS ASSESSMENT

INTRODUCTION

In order to assess the palliative care training needs of HIV/AIDS professionals in the United States, surveys were sent in December, 2001, to all main offices and local performance sites of the AIDS Education and Training Centers (AETC's).

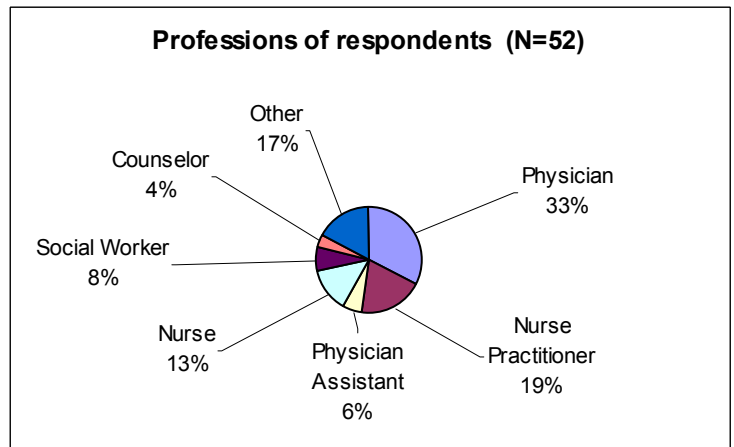
Surveys were sent to directors and trainers at all AETC main offices and local performance sites (a total of 192 sites nationwide). The information presented here is the result of analysis of data from 52 surveys which were returned as of February 26, 2002.

RESPONDENTS

Respondents were asked to indicate their professions, medical specialties, and the ethnic backgrounds of their patient panels. In addition, respondents reported their AETC affiliation to indicate regions represented by the data sample.

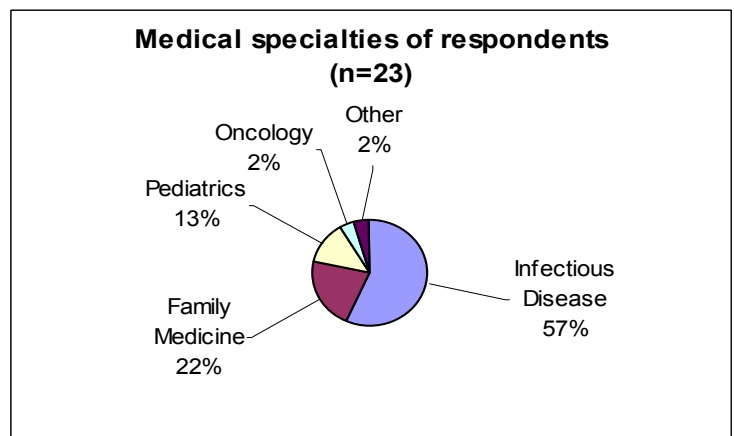
Profession

Physicians comprised the largest professional group represented in the sample, with approximately one third of the respondents falling into this category. Nurse practitioners represented approximately one fifth of the sample, with all other professions between 3 and 17 percent of the sample.



Medical Specialty

Twenty-three (44%) of the respondents provided information about their medical specialties. Infectious disease and HIV/AIDS specialists comprised more than half of those that reported specialties. Family medicine comprised approximately one fifth of the specialties reported, and proportions of other specialties fell between 4 and 13 percent.



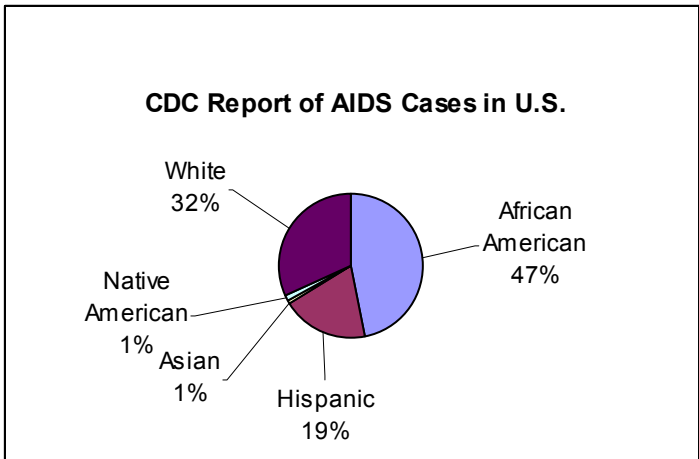
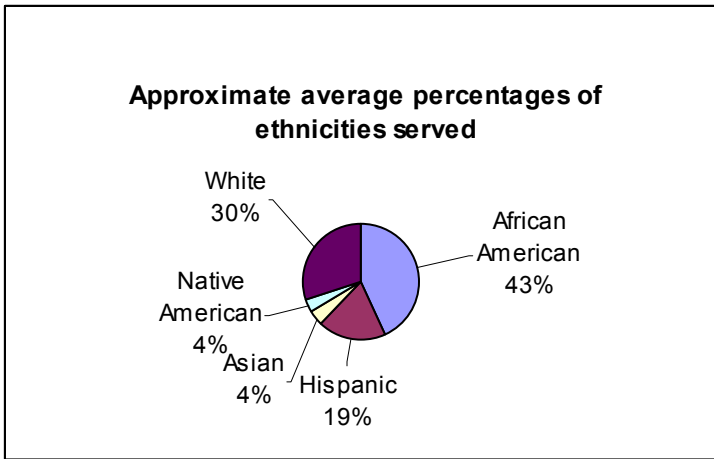
Ethnic background of patient panel

Respondents were asked to report the ethnic backgrounds in their HIV/AIDS patient panels. Thirty-five (67%) of the 52 respondents reported ethnicity information. Percentages

were reported as a range, from 0 to 10%, from 11 to 50% and greater than 50 percent. In analysis, these were converted into average percentages for each of the ethnicities reported, since actual proportions were not reported in this assessment. Thus, the data reported here represent *approximate* percentages of ethnicities served by respondents to this survey.

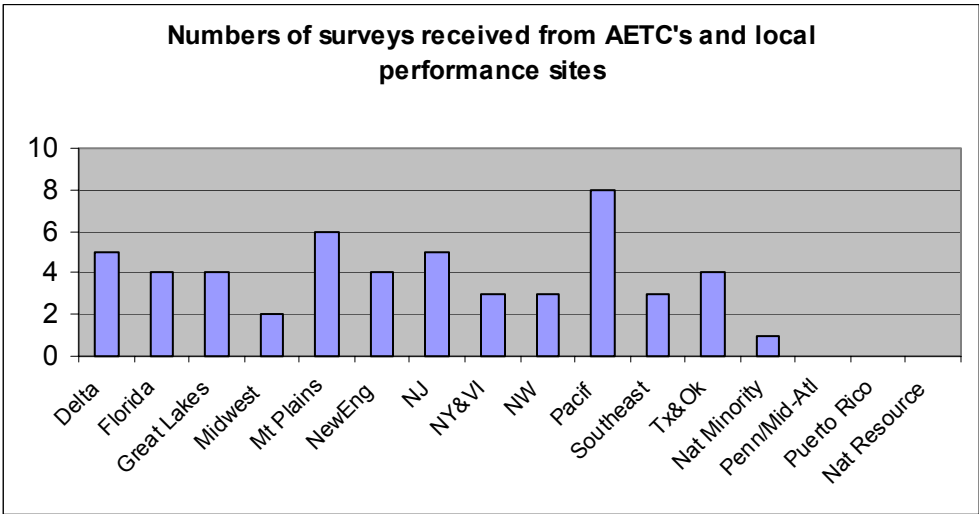
African Americans represented the largest proportion of patients whom respondents reported serving, approximately 43 percent of the sample, while White patients represented approximately one third of the sample, and Hispanic patients approximately one fifth.

The Centers for Disease Control HIV/AIDS Surveillance report of AIDS cases reported in 2000 shows that the estimated distribution by ethnicity which AETC directors and trainers reported in this survey is similar to that seen nationwide. In the sample reported here, estimated representations of Asian and Native American clients are slightly higher than those reported by the CDC.



AETC's represented

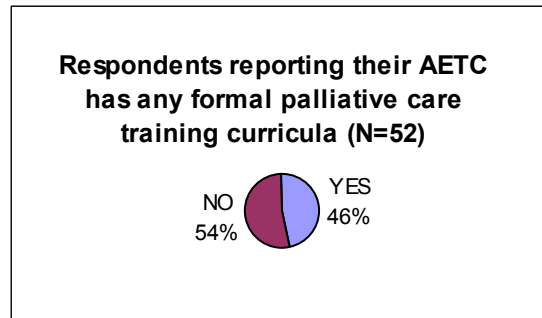
Completed surveys were received from 13 (87%) of the 16 AETC's. Numbers of surveys per AETC ranged from 0 to 6, with the highest numbers of respondents per AETC in the Pacific, Mountain Plains, Delta, and New Jersey centers.



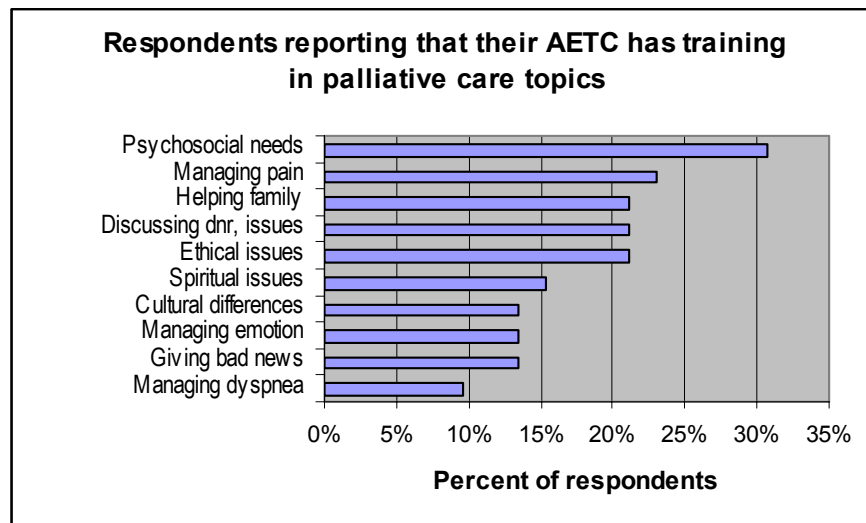
TRAINING NEEDS

Current Palliative Care Curricula

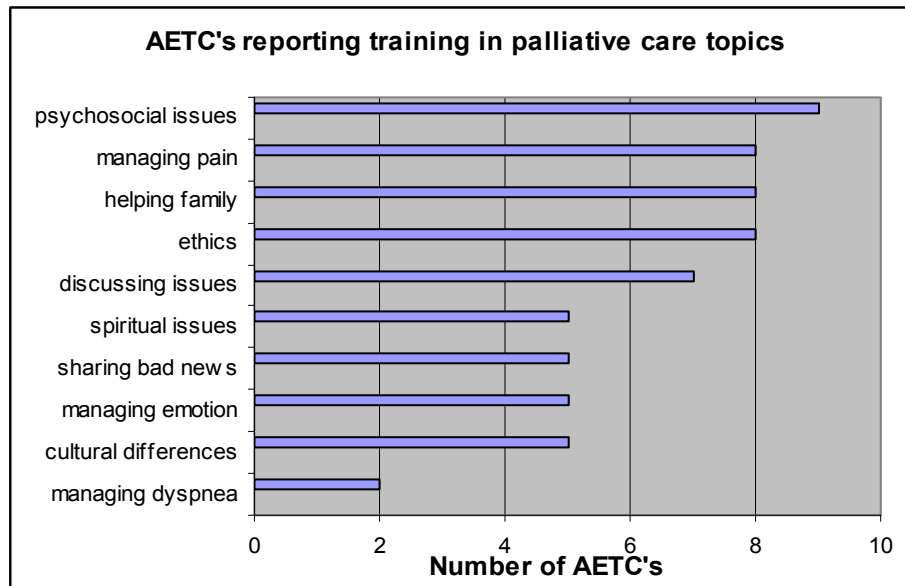
Respondents were asked whether their AETC currently has formal training curricula developed in any of the 10 listed subject areas related to palliative care. Over half of the respondents reported no formal curricula at all, while 46 % of the respondents indicated that their AETC had some curricula in place.



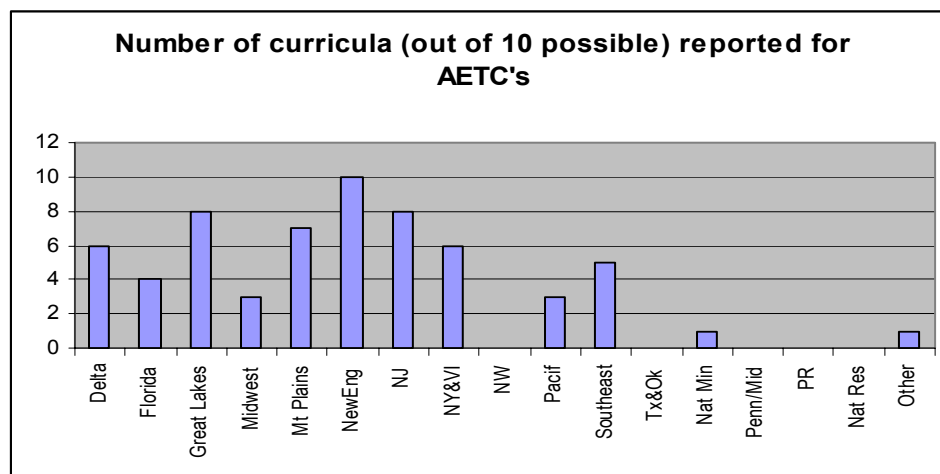
Of the 24 respondents who reported having at least one palliative care curriculum developed, the topics most frequently indicated were: Discussing patient/family psychosocial needs and concerns; and Managing pain in life-threatening illness. It should be noted that even for these topics, only about one third of the 24 respondents endorsed having these, leaving the majority of AETC directors and trainers either without formal curricula or unaware of them.



In addition to the above examination of *respondents'* reports of curricula, we examined the numbers of *AETC's* reporting training curricula in the palliative care topics listed. The most-frequently cited curriculum was again psychosocial issues, and the least-reported topic area was managing dyspnea.



Finally, we examined the curricula per AETC and found a range of numbers of curricula reported, from none to all or most of the curricula in place. Most of the AETC's reported having fewer than half of the topics developed into formal training curricula.

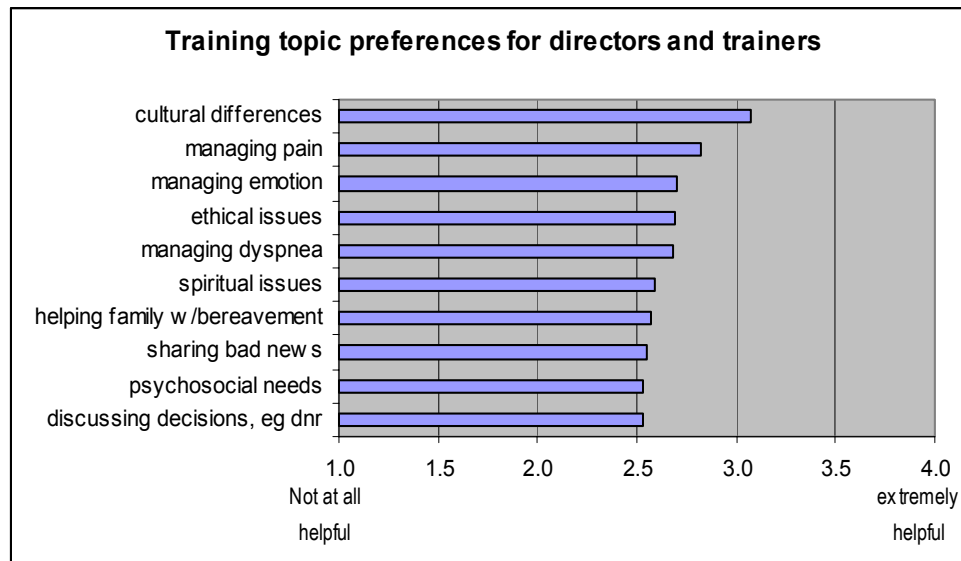


Training Topics

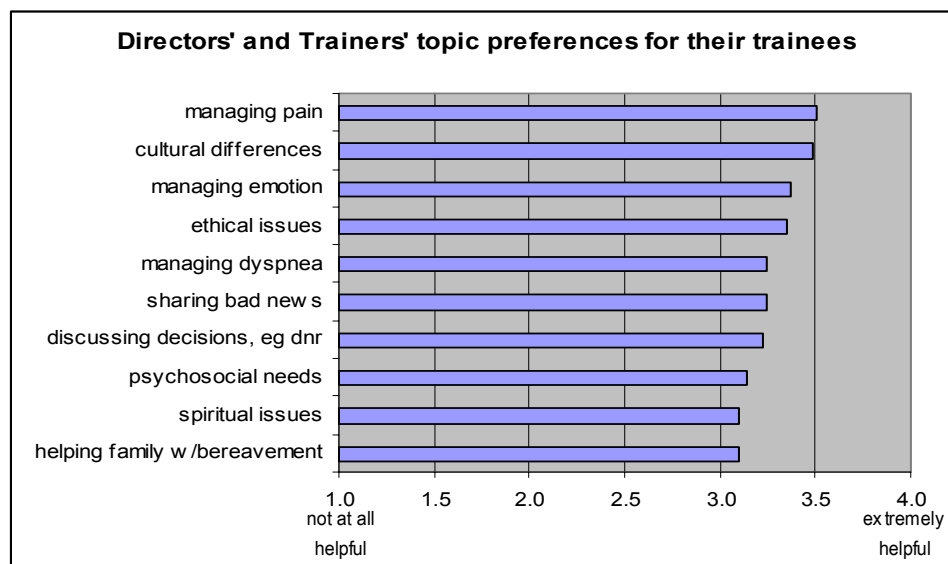
Respondents were asked to rate topics, in response to the question, “How helpful do you feel additional training would be for you in each of the HIV/AIDS palliative care topics below?” Responses were on a 1 to 4 scale, with 1 being “Not at all helpful,” 2 “Slightly helpful,” 3 “Moderately helpful,” and 4 “Extremely helpful.” They were also asked to rate topics in response to the question, “How helpful do you feel additional training would be for your trainees in each of the areas?”

Overall, AETC directors and trainers rated the possible helpfulness of the 10 topic areas in the “Slightly helpful” to “Moderately helpful” range. The highest interest was shown in the

area of addressing cultural differences related to end-of-life care, which fell in the “Moderately helpful” range.

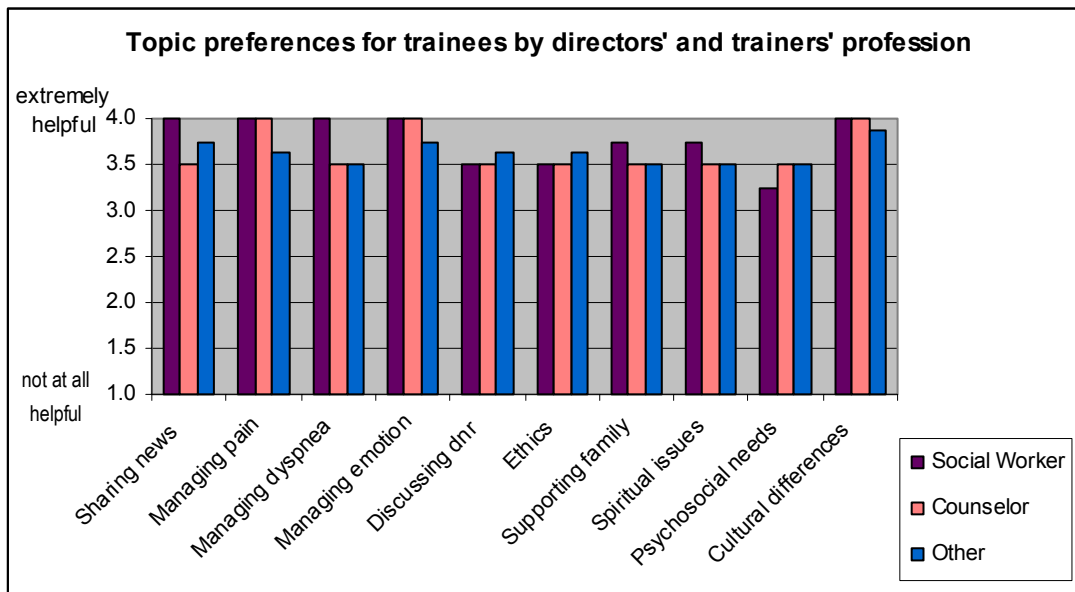
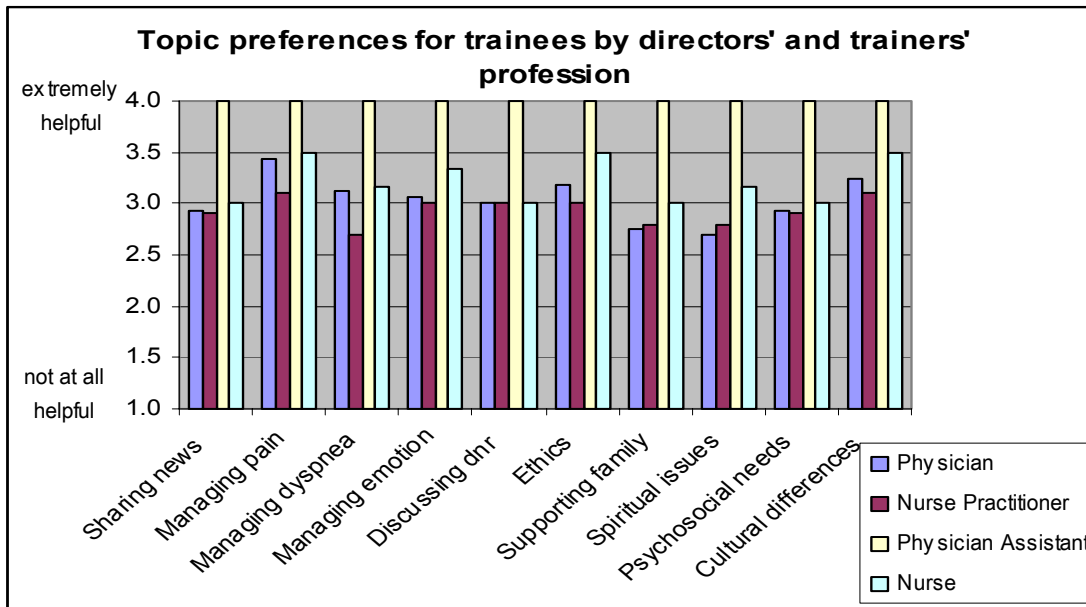


On average, respondents’ ratings regarding helpfulness of the various topics for their trainees were between 3.1 and 3.5, in the “Moderately helpful” to “Extremely helpful” range. The highest average ratings for trainees were in the areas of managing pain and addressing cultural issues related to end of life care.



Preferences by profession

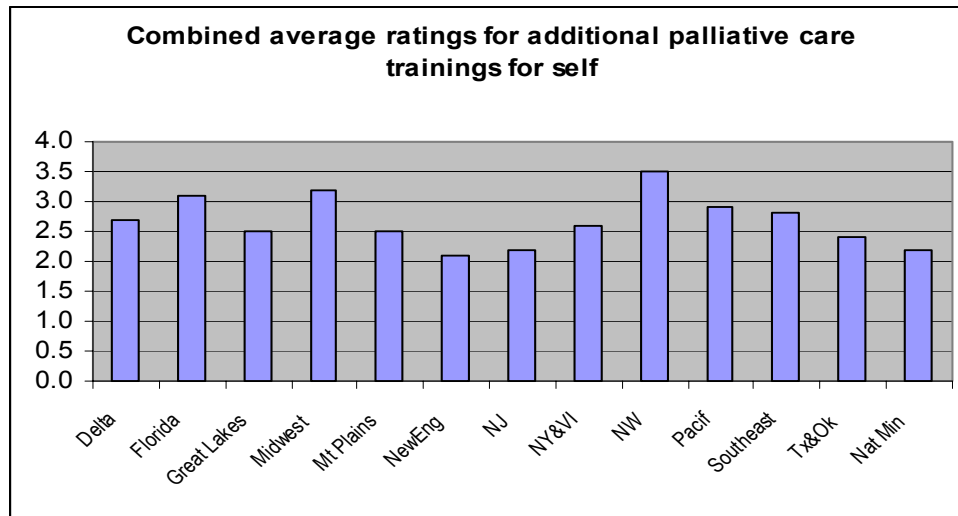
Analyzing the preference data by profession yielded some differences among the different groups of respondents. For example, physicians and nurse practitioners tended to report lower interest in training topics in general, compared with nurses, social workers, and counselors.



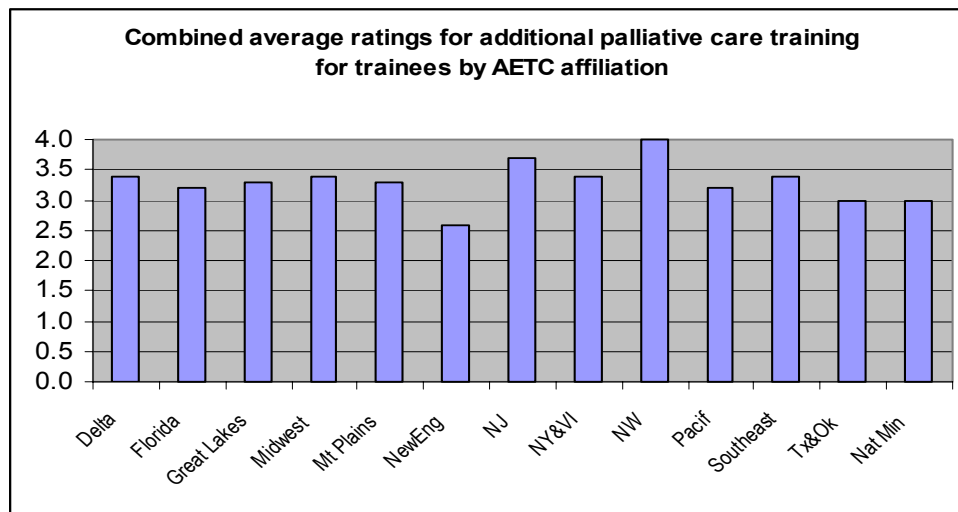
In terms of the potential helpfulness of the topics for their trainees, these profession-based differences appeared to be less substantial. Nonetheless, the physician assistants, social workers and counselors were the professional groups whose responses with regard to the helpfulness of some topics for their trainees resulted in the highest average rating of 4, in the “Extremely helpful” range.

Preferences by AETC affiliation

The helpfulness ratings for training in palliative care topics varied by AETC, both with regard to respondents' preferences for training for themselves, and their preferences for training for their trainees. The respondents affiliated with AETC's with the highest numbers of training curricula currently in place, such as New England and New Jersey, reported the lowest potential helpfulness of additional training for themselves. The respondents affiliated with the AETC's with few or no curricula, such as Northwest AETC, indicated the highest potential helpfulness of additional training for themselves.



With regard to helpfulness for their trainees, respondents affiliated with most of the AETC's rated these topics in the "moderately helpful" to "extremely helpful" range; the exception to this was New England AETC, which rated the helpfulness in the "slightly helpful" to "moderately helpful" range. Again, respondents from Northwest AETC rated most highly the potential helpfulness of additional trainings for their trainees.



SUMMARY

Results of this assessment reveal an interest in receiving additional training in palliative care topics, particularly in the areas of pain management and cultural issues related to end of life care. Over half of the respondents reported that their AETC currently has no formal curricula developed in any of the 10 listed subject areas related to palliative care, while 46% of the respondents indicated that their AETC had some curricula in place. The respondents affiliated with AETC's with the highest numbers of training curricula currently in place, such as New England and New Jersey, reported the lowest potential helpfulness of additional training for themselves. The respondents affiliated with the AETC's with few or no curricula, such as Northwest AETC, indicated the highest potential helpfulness of additional training.