

# **AIDS EDUCATION AND TRAINING CENTER PALLIATIVE CARE PROJECT NEEDS ASSESSMENT RESULTS**

## **EXECUTIVE SUMMARY**

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 (a total of 192 sites nationwide). In addition, HIV/AIDS health providers in Washington, Alaska, Montana, Idaho, and Oregon were surveyed.

Results of these surveys reveal an interest in receiving additional training in palliative care topics, particularly in the areas of pain management, managing emotional suffering, and cultural issues related to end of life care.

## **DIRECTORS' AND TRAINERS' NATIONAL SURVEY**

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

**Respondents:** Completed surveys were received from 13 (87%) of the 16 AETC's. Physicians comprised the largest professional group represented in the sample, with approximately one third of the respondents falling into this category. 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.

**Palliative Care Training Needs:** Respondents were asked whether their AETC currently has formal training curricula developed in 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.

One of the survey questions asked was, "How helpful do you feel additional training would be for your trainees 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." 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.

## **NORTHWEST REGIONAL SURVEY**

Surveys were mailed or emailed to approximately 900 HIV/AIDS medical providers in the Pacific Northwest in December, 2001. The information presented here is the result of analysis of data from 110 surveys which were returned as of March 29, 2002.

Respondents: Physicians comprised the largest professional group represented in this sample, with almost half of the respondents falling into this category. Nurses represented 13 percent of the sample, with all other professions between 2 and 10 percent of the sample. Approximately 2/3 of the respondents provided information about their medical specialties. Infectious disease and HIV/AIDS specialists comprised one fourth of those that reported specialties. Family medicine comprised 26 percent of the specialties reported, and internal medicine represented approximately 17 percent.

Respondents were asked to report their zipcodes to examine regional differences that might exist. Zipcodes were clustered into groups by region. The largest concentration of respondents was from the Puget Sound region, accounting for 64 percent of the surveys received.

Palliative Care Training Needs: Respondents answered 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.” On average, respondents’ ratings fell between 2.5 and 3.2, with the highest average ratings being in the areas of: managing emotional suffering in life-threatening illness; and addressing cultural issues related to end of life care. Both of these topics were rated in the “Moderately helpful” range.

Respondents were asked to choose whether they preferred to attend trainings in which the material presented was specific to HIV/AIDS, or whether they would prefer the content to be generalized to other illnesses. Similar numbers of respondents reported preferring content specific to HIV/AIDS as those who preferred content generalized to other illnesses, with a few respondents choosing both. As “both” was not a clear option in the survey, this proportion may represent a low estimate of actual numbers of respondents preferring a combination of specific and generalized content.

When geographic region was clustered by urban (Puget Sound metropolitan, Portland, Spokane, Anchorage, and Bay Area) and rural/small city (All other zipcodes), analysis yielded a generally higher rate of interest in all training areas for respondents working in rural/small city areas.