

AIDS EDUCATION AND TRAINING CENTER NORTHWEST REGIONAL HIV/AIDS PROVIDERS' PALLIATIVE CARE EDUCATION NEEDS ASSESSMENT

INTRODUCTION

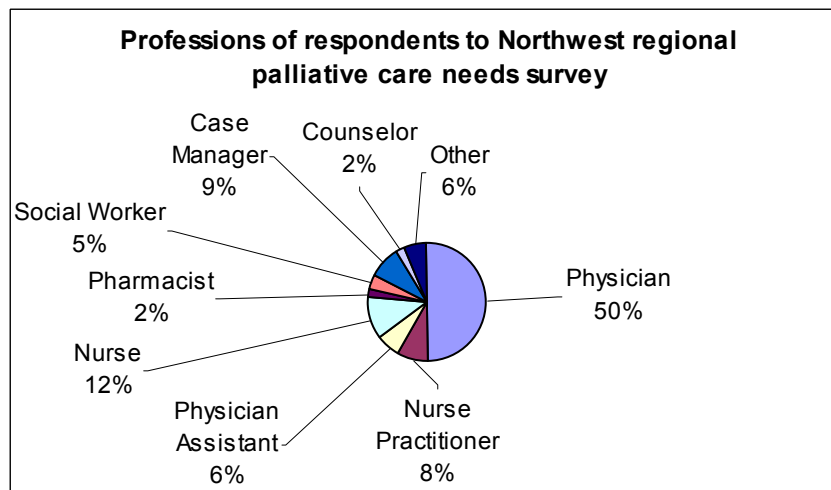
In order to assess the palliative care training needs of HIV/AIDS professionals in the Pacific Northwest region, surveys were mailed to approximately 900 medical providers in Washington, Alaska, Montana, Idaho, and Oregon in December, 2001. The information presented here is the result of analysis of data from 110 surveys which were returned as of March 29, 2002.

RESPONDENTS

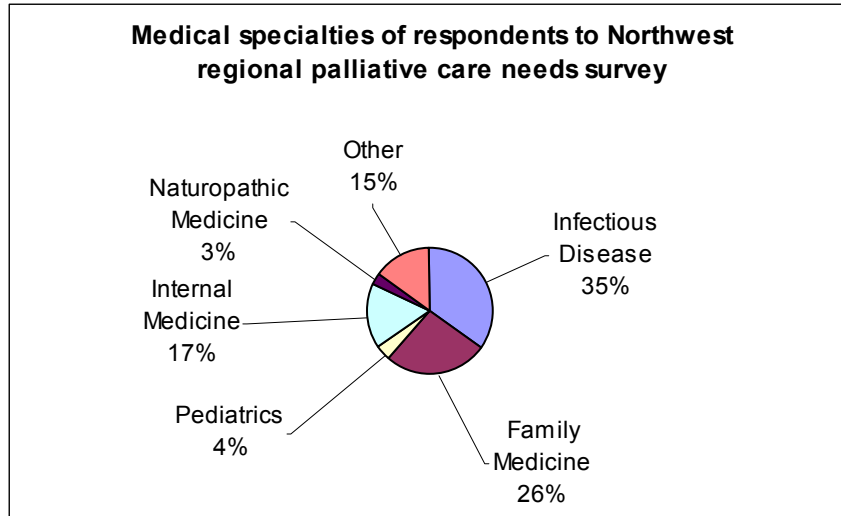
Respondents were asked to indicate their professions, medical specialties, years of service working with people with HIV/AIDS, numbers of persons with HIV/AIDS served in the past year, and the ethnic backgrounds of their patient panels. In addition, respondents reported their zipcodes to indicate geographic regions represented by the data sample.

Professions

Physicians comprised the largest professional group represented in this sample, with half of the respondents falling into this category. Nurses represented 12 percent of the sample, with all other professions between 2 and 10 percent of the sample.

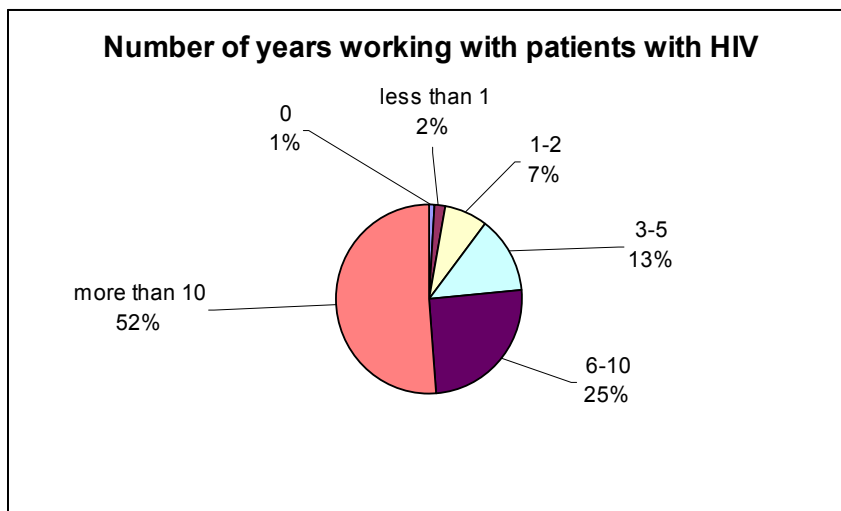


Approximately two thirds of the respondents provided information about their medical specialties. Infectious disease and HIV/AIDS specialists comprised approximately one third of those that reported specialties. Family medicine comprised 26 percent of the specialties reported, and internal medicine represented approximately 17 percent.

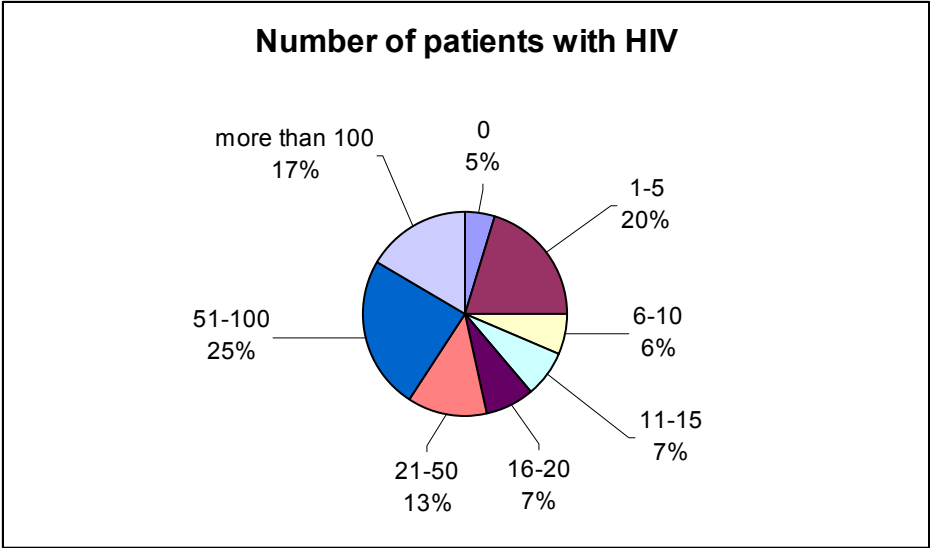


Experience

Respondents’ years of experience in working with patients with HIV/AIDS was examined. Results showed that about half of this group of respondents has over 10 years of experience in this field, with another 25 percent reporting over 6 years of experience. Almost one fourth of the respondents had less than 6 years experience.

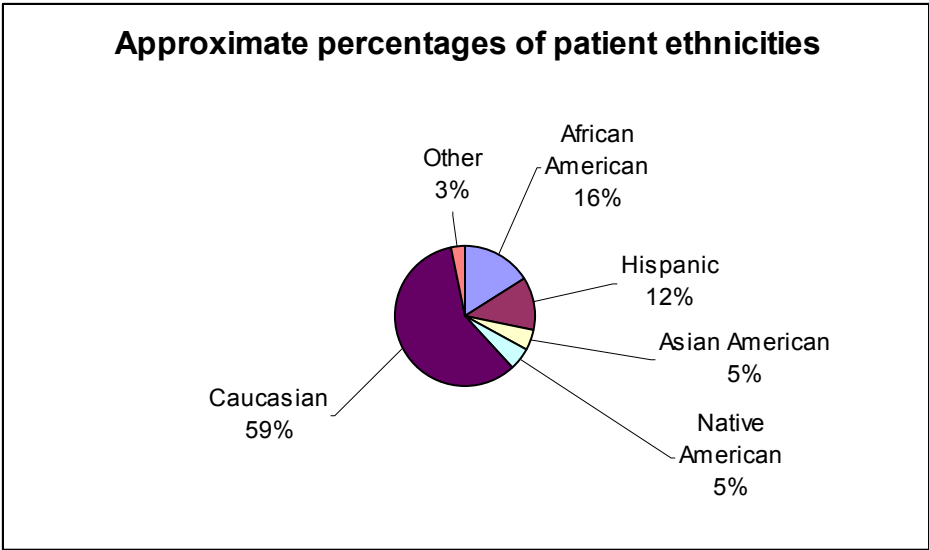


Respondents’ reports of the numbers of people with HIV/AIDS whom they have served in the past year are indicated below. While the combined categories of ‘51-100’ and ‘more than 100’ represented almost 40 percent of respondents, approximately one third of the respondents served 10 or fewer people with HIV/AIDS in the past year.



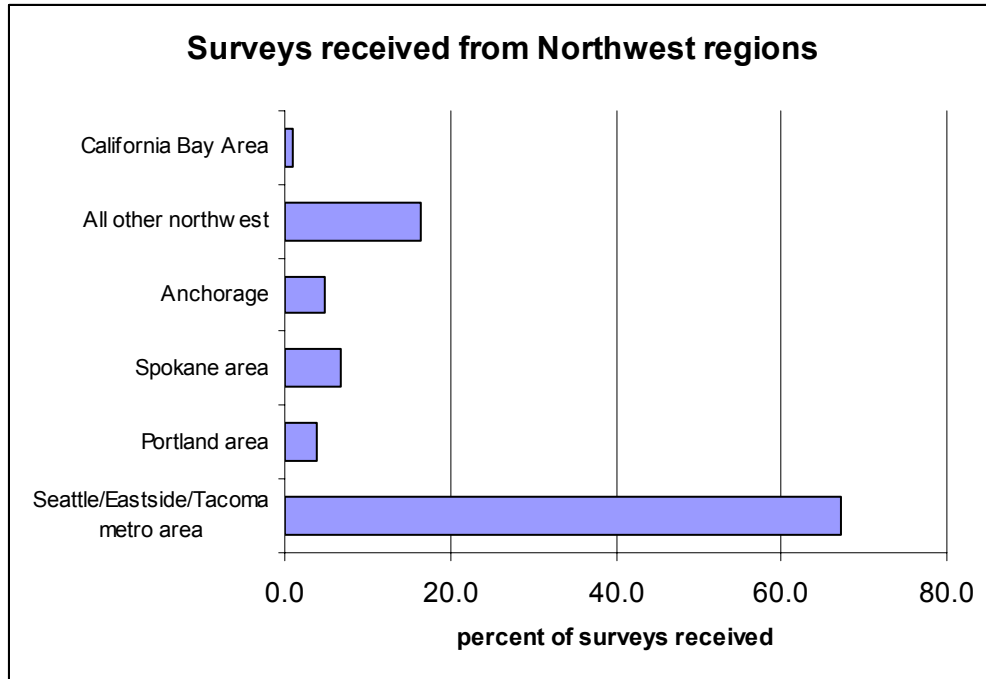
Ethnic background of patient panel

Respondents were asked to report the ethnic backgrounds in their HIV/AIDS patient panels. 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. In addition, it should be noted that a typographical error occurred on the email version of this survey, resulting in the deletion of the option to respond regarding Native American patients for 44 of the 110 surveys returned. On some of these, respondents voluntarily added numbers of Native Americans served, but it may not be assumed that all respondents who worked with Native American patients did this; *thus, the proportion reported here for Native Americans served may represent a low estimate.*



Regions represented

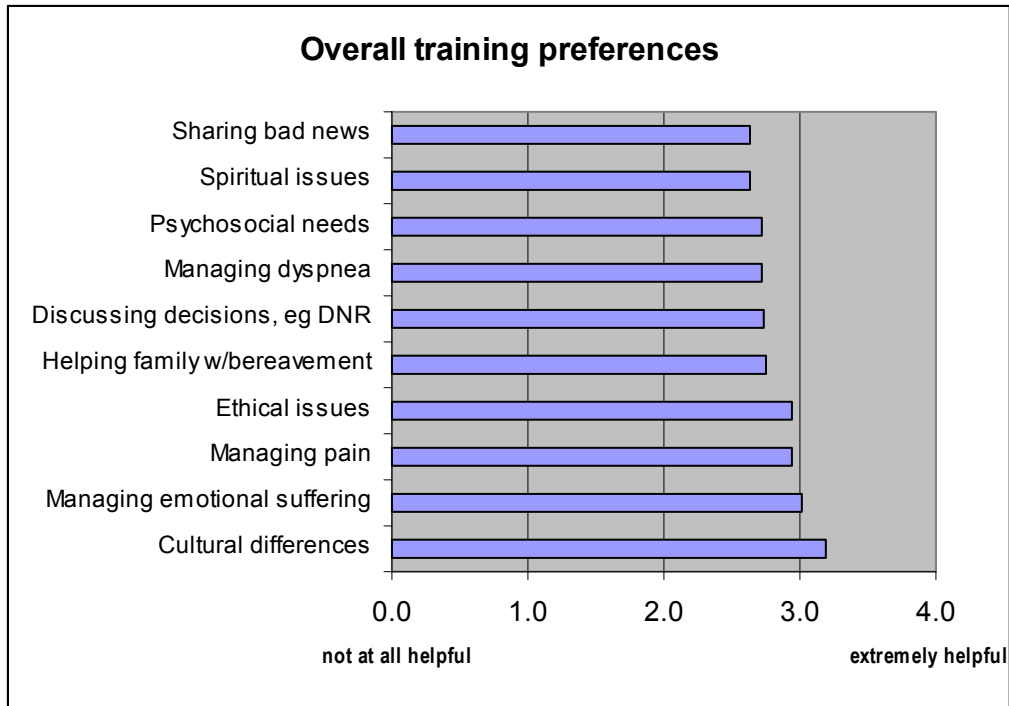
Respondents' zipcodes were clustered into groups by region: Seattle, Seattle's Eastside, and Tacoma were clustered into one Puget Sound metropolitan region, and Spokane, Portland, and Anchorage zipcodes were clustered to indicate each of those metropolitan regions. All other northwest zipcodes were clustered together, representing small cities, such as Bellingham, and rural areas including Yakima and Walla Walla, as well as rural regions in Montana and Idaho. One survey was received from Berkeley, California, and that is represented on its own. The largest concentration of respondents was from the Puget Sound region, accounting for 64 percent of the surveys received.



TRAINING PREFERENCES

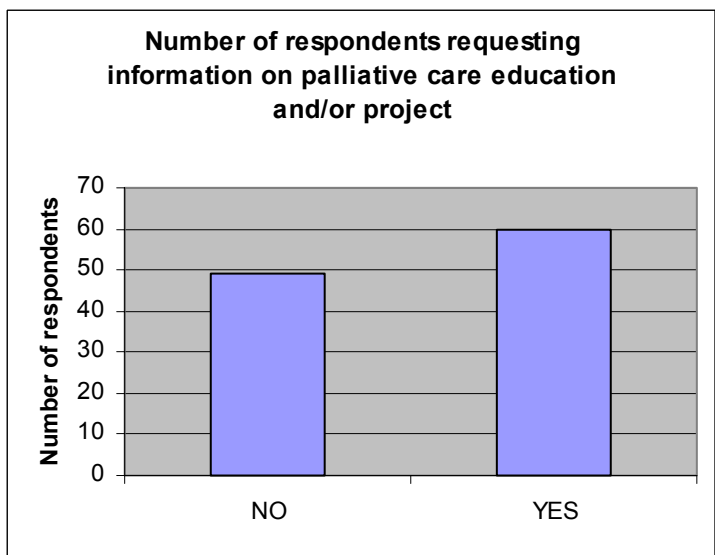
Training Topics

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." 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.



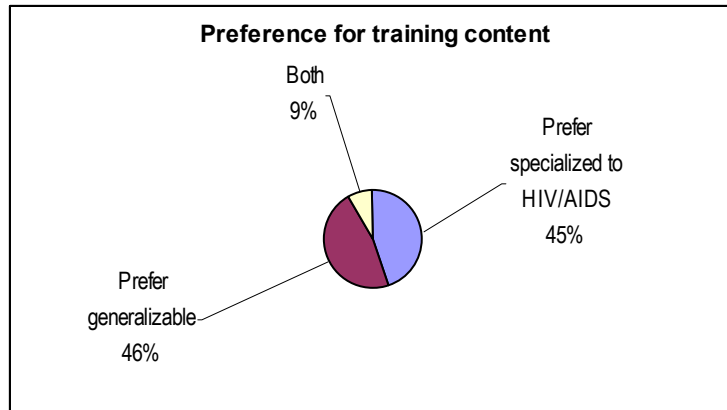
Request for information

Respondents were asked to indicate if they would like to receive further information on palliative care education or about this project. Approximately 55 percent of respondents indicated that they would like further information and provided an email address to be contacted.



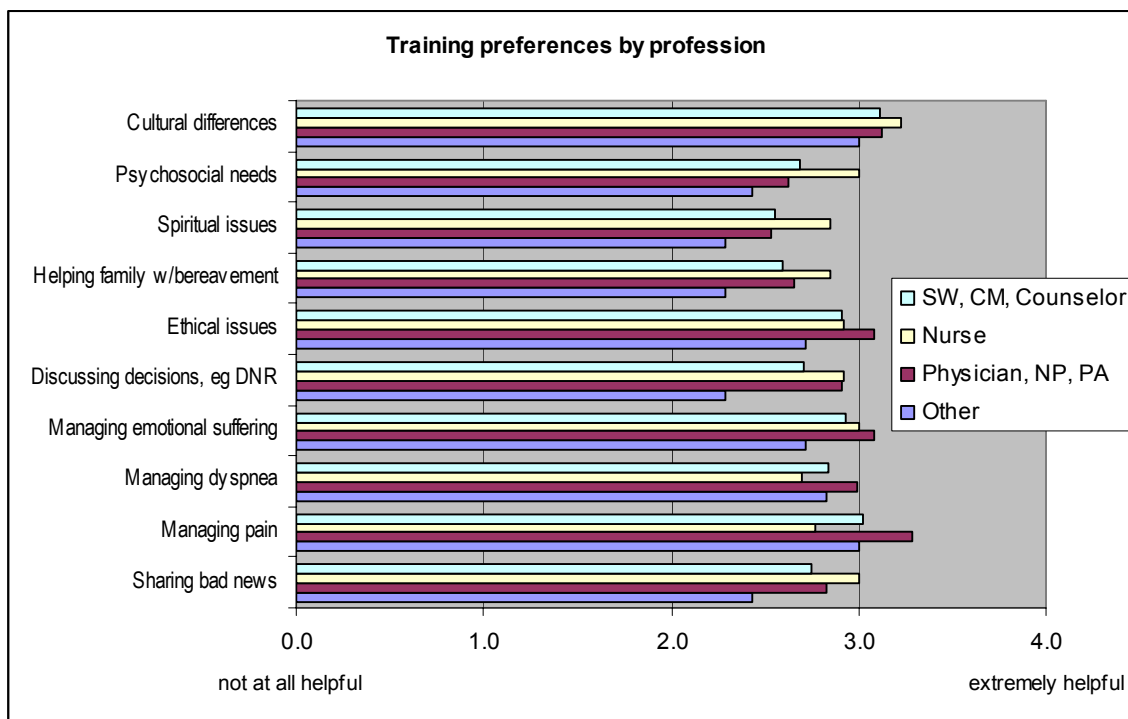
Specific to HIV/AIDS?

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. The results show that similar numbers prefer specific to HIV/AIDS and 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.



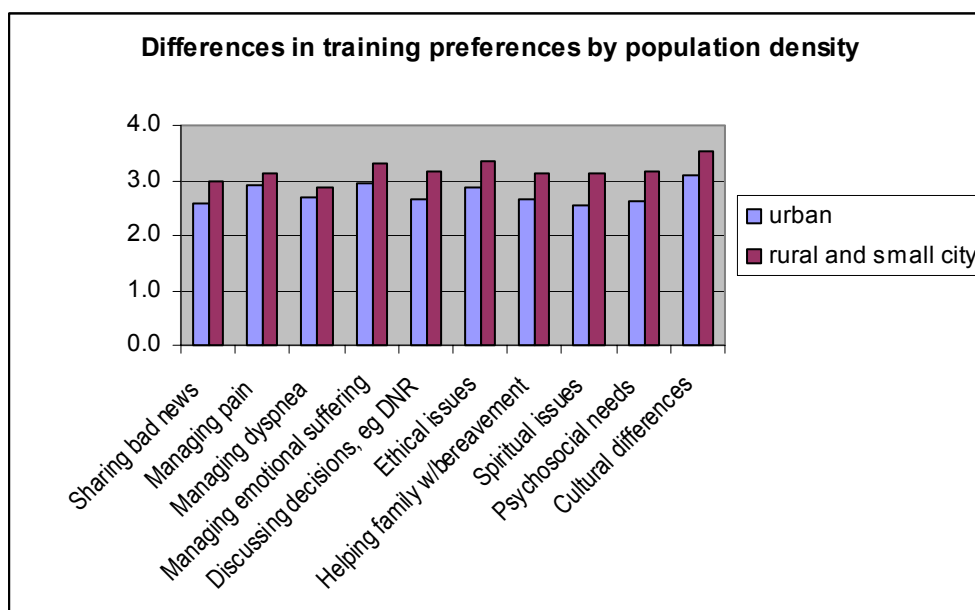
Preferences by profession

Analyzing the preference data by profession yielded some differences among the different groups of respondents. For example, the physicians, nurse practitioners and physician assistants cited pain management as their topic of greatest interest, while nurses and social service providers, including social workers, case managers, and counselors indicated that cultural issues in end of life care was of greatest interest to them.



Preferences by population density

When geographic region was clustered by urban (Puget Sound metro, 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 rural/small city dwellers.



SUMMARY

Results of this assessment reveal an interest in receiving additional training in palliative care topics, particularly in the areas of managing emotional suffering in end of life care and cultural issues related to end of life care. Over half of the respondents requested additional information on future trainings in the area of palliative care, and respondents were equally interested in HIV/AIDS-specific training and more generalized palliative care information. Some differences were noted among the different professional groups of respondents. For example, the physicians, nurse practitioners and physician assistants cited pain management as their topic of greatest interest, while nurses and social service providers, including social workers, case managers, and counselors indicated that cultural issues in end of life care were of greatest interest to them. Analyzing the data by region revealed a greater interest in trainings on the part of practitioners in rural areas and small cities compared with those in larger urban areas.