



Thinking Outside the Box:

Evaluating a virtual classroom model to deliver HIV primary care education to physicians & nurse practitioners across Saskatchewan



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Amanda Galambos: I have no conflicts of interest

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HIV Virtual Classroom (VC)

- A novel education model created by SIDCN in 2018 to increase the capacity of primary care providers to test, treat, and manage HIV in Saskatchewan.
- The VC uses an online platform to deliver live accredited continuing medical education (CMEs) to physicians and nurse practitioners seeking best practices for delivering HIV primary care.
- Presentations are facilitated by local Infectious Disease Care Specialists and HIV experienced physicians.
- Presentation Topics
 1. HIV Diagnosis & First Visit
 2. HIV Treatment Start on Naïve Patients
 3. Managing Treatment & Long Term HIV Care
 4. HIV Special Populations
- After attending the four 2-hour presentations, graduates are encouraged to participate in HIV preceptorship opportunities coordinated by SIDCN and become approved anti-retroviral (ARV) prescribers.



Evaluation Surveys



- **7 VC sessions** were delivered between May 2018 and March 2020 with a **total of 62 primary care providers** located across **14 different communities** in Saskatchewan.
- A **post-participation evaluation survey** was developed to determine whether participants increased their knowledge of HIV primary care.
- A **follow-up survey** was sent to all VC graduates several months after completing the VC to assess the impact of the VC their clinical practices.
- Surveys were distributed by email and the data were analyzed using descriptive techniques.

Figure 1: Provincial Reach of the HIV Virtual Classroom

Key Results

Post-participation evaluation survey

- A total of **38 post-participation surveys** (62% response rate) were collected.
- Of those surveyed:
 - 100% indicated the VC *“enhanced their knowledge of HIV primary care”* and they will *“use the education in their clinical practice”*
 - 97% strongly agreed or agreed they learnt *“when to order an HIV test and interpret results”*
 - 95% strongly agreed or agreed to; *“learning how to assess readiness to start ARV medication”*
- Participants self-reported that as a result of attending the VC *they will increase HIV testing and initiating ARV medication treatment*
- **After completing the VC, 24% of participants became approved ARV prescribers in Saskatchewan.**



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Key Results

Follow-up survey



- A total of **21 surveys** (34% response rate) were collected.
- Of those surveyed:
 - 90% of respondents reported *using knowledge from the VC to inform others*;
 - 81% indicated *several changes occurred to their practice as a direct result of attending the VC*.
- **The top five changes reported by participants were:**
 - Feeling more comfortable recognizing HIV and ARV therapy complications (86%);
 - Feeling more comfortable providing primary care to people living with HIV (81%);
 - Developing a better understanding of ARV therapy and HIV treatment (81%);
 - Feeling more comfortable recognizing a patient with an opportunistic infection (77%); and
 - Feeling more comfortable discussing the results of HIV testing (72%).



Conclusion & Next Steps

- Findings suggest that HIV Virtual Classroom is an effective model for educating primary care providers and enrolling new ARV prescribers in Saskatchewan.
- What makes this project unique:
 - Novel education model offering live interaction with local HIV experts;
 - Case studies are reflective of SK HIV trends and highlight local resources;
 - Creates connections between local HIV specialists and primary care providers;
 - Identifies rural and remote physicians who need support and can expand their practices by incorporating HIV primary care.
- Based on the positive response, 6 additional cohorts will occur between April 1, 2020-March 31, 2022.
- The VC model is currently being adapted to create a new Hepatitis C Virtual Classroom to address the growing need for HCV care in the province.



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