HIV Risk Screening Practices Among Internal Medicine Residents in 2012



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Background

- •Men who have sex with men (MSM) bear a disproportionate burden of HIV disease.
- •As novel HIV prevention strategies, such as pre-exposure prophylaxis (PrEP), become available for this high-risk population, it is becoming increasingly important that primary care providers screen their male patients for HIV risk behaviors
- •In addition, the CDC has recently updated its guidelines on HIV and STD testing in 2010.
- •Current medical residents are in a unique position in that these new prevention strategies and guidelines have emerged during the time of their training. To implement these guidelines and prevention strategies, it is important that medical residents incorporate risk screening into their practices.

STUDY AIMS

- •The aims of this study are:
- To assess risk screening practices of internal medicine residents
- To identify facilitators and barriers to risk screening by residents in a primary care setting

METHODS

- •An online quantitative survey was sent to 98 medical residents at Beth Israel Deaconess Medical Center.
- •Eligible participants were medical interns and residents who:
- Had completed at least 1 year of training
- Have primary care practice at an Academic Medical Center in the Boston area
- •Residents were asked about their attitudes, practices and education about HIV risk screening, as well as their comfort with lesbian, gay, bisexual, and transgender (LGBT) health issues.

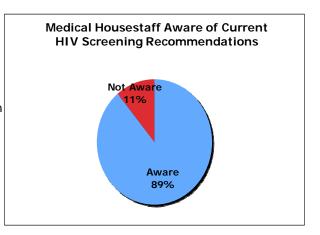
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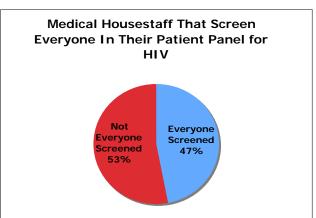
- Centers for Disease Control and Prevention. Revised guidelines for HIV counseling, testing and referral. MMWR Recomm Rep. 2001;50(RR-19):1-57.
- Wenrich MD, Curtis JR, Carline JD, Paauw DS, Ramsey PG. HIV risk screening in the primary care setting: assessment of physicians' skills. *J Gen Intern Med.* 1997;12(2):107-113.
- Ostermann J, Kumar V, Pence BW, Whetten K. Trends in HIV testing and differences between planned and actual testing in the United States, 2000-2005. Arch Intern Med. 2007;167(19):2128-2135.

RESULTS

- •Fifty-seven residents provided informed consent and 53 completed the survey.
- •The majority of the residents planned to do specialty training and did not anticipate providing primary management of HIV infection in their clinical practice after residency.
- •Forty-three percent did not ask most or all of their male patients if they had sex with other men
- •Fifty-one percent did not agree with the statement that they had the skills to provide effective medical management to patients with LGBT identity.
- •With regards to screening for risky behaviors
 - 30% stated that they had training in the screening of risky behavior in residency, and
- 50% felt that their clinical preceptors only had a small influence on their decision to perform risk assessments for HIV and STDs

HIV Testing Knowledge and Practices





CONCLUSIONS

- •A substantial proportion of Internal Medicine residents in an urban setting do not routinely assess their male patients for HIV risk behaviors or ensure that all patients have been tested for HIV at least once.
- •An increased focus on risk screening through both didactic and clinical mentoring in residency programs could help improve efforts to identify and test high-risk men, thereby providing enhanced opportunities for STD diagnosis and treatment as well as the opportunity to discuss novel HIV prevention modalities to those individuals at greatest risk for HIV acquisition
- •Development of interventions to enhance risk screening by medical residents is warranted.

Acknowledgments

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