The AETCs’ Contributions to the Scientific Literature

In this issue of the Evaluation Spotlight, we provide a brief overview of the literature published by individuals across the AIDS Education and Training Centers (AETC) network. We hope that this review will help enhance the understanding of the importance of the work that the AETCs do, and provide an easy reference to evidence for planning and program development. Only the following types of articles were included: (1) articles written by AETC faculty or staff that presented AETC data; (2) articles that explicitly stated that data were collected from activities conducted by or within a regional AETC; and (3) articles that explicitly stated funding support by the AETC program. This report provides evidence of the important contributions the AETCs have made to both science and practice over the last 20 years.

Synthesis of Findings

The AETCs have provided education and training to clinicians and other HIV/AIDS care providers on state-of-the-art care and treatment for the past 20 years. The AETCs have identified training and consultation needs of health care providers, developed techniques to better target and recruit providers most in need of training, introduced the continuing medical education community to a small cadre of innovative curricula for adaptation, tested the effectiveness of different educational models and identified attributes of training that improve participants’ experience. AETCs have also conducted a number of studies that assess trainees’ experiences post-training; these projects examined changes in provider knowledge and attitudes, trainees’ practice behavior changes, the health outcomes of trainees’ patients, and systems-level changes in care.

Between 1994 and 1999, nine project sites delivering HIV training to health care providers (HCP) collaborated on a mixed-method evaluation to determine the influence of training on provider practice and health care service delivery. Of the over two hundred HCPs participating in trainings across the nine sites, 82% identified at least one instance of change in patient care as a result of their training experience. Some examples of changes described by participants included improved HIV testing and counseling skills, improved collaboration with other service providers involved in a patient’s care, more carefully planned referrals, increases in the number of HIV patients seen, and better management of patient’s medication. Fifty-five percent of participants were able to provide at least one example of a systems change (clear mention by trainee that different procedures and guidelines were being followed due to training). Participants mentioned changes in the manner in which patient referrals were made, the way agency collaborations were organized, and the way care was delivered. Seventy-nine percent of those providing an example of a systems change also stated the training had a positive effect on the services they provided to their patients. Lastly, twenty-seven percent of all participants stated they were able to make changes to the existing policies and procedures at their setting as a result of the information acquired during training. Results published by the Midwest AIDS Training and Education Center (MATEC) confirm these findings. In a telephone follow-up with 66 trainees attending an HIV clinical training program offered by MATEC, 75% of participants reported practice changes following training. Some examples of changes included: (1) practice better medically; (2) improved skills in HIV risk assessment and test counseling; (3) increased confidence and comfort in treating HIV patients; and (4) increased sensitivity with patients.

While the aforementioned studies are based on self-reported changes, the National HIV/AIDS Clinicians’ Consultation Center (The NCCC or “Warmline”) also conducted a study examining outcomes in patients who were highly experienced with antiretroviral therapies and whose providers received expert consultation from the Warmline. Warmline consultants collected information about consultees’ patients over a course of six months with data collected at baseline, three months, and six months. Between 32-59 percent of patients achieved viral suppression after six months. Furthermore, a viral load less than 500 copies/ml was achieved in forty-eight percent of patients at three months and fifty-nine percent of patients at 6 months. At 3 months (23 patients) and 6 months (17 patients), changes in viral load were -1.7 log₁₀ copies/ml and -1.4 log₁₀ copies/ml, and changes in CD4 cell count were +99 cells/mm and +95 cells/mm compared with baseline.

Next Steps

There recently has been a push to better understand the results of training in terms of patients’ health outcomes. In collaboration with regional AETCs, the AETC NEC is currently developing the following projects to measure patient health outcomes:

**Delta Pilot Project:** We are working with the Delta regional site on a retrospective evaluation utilizing existing administrative and clinical data. Together, we will assess changes in the quality of HIV care provided over time and how these changes differ between clinics that did or did not participate in Delta AETC trainings.

**MAI Type 1:** Regional collaboratives are examining the outcomes of the following MAI projects: (1) an initiative to develop materials aiming to increase the cultural competency of clinicians serving Latinos with HIV.

**MAI Type 2:** We are working with regional AETCs to identify clinics and measure changes in clinical practice and patient-related clinical indicators associated with improved quality and reduced disparities in care resulting from MAI programs.


