

Survey of the effect of knowledge obtained by family doctors after the thematic improvement cycle «management of hiv-patients for family doctor»

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Survey's results of the impact of knowledge obtained by 111 family doctors through the thematic improvement cycle «Management of HIV-patients for family doctor» are presented in the article. The main achievements of this program are: raising awareness on the subject of HIV-infection / AIDS; formation of safe behavior of family doctors during their work with HIV-positive patients; establishing communication with patients; increase patient referrals for testing; awareness of the network of institutions and organizations servicing people living with HIV.

Key words: HIV-infection, thematic improvement, family doctors, group at high-risk.

Ukraine remains a country with high prevalence of HIV-infection, especially among group at high-risk (GHR). According to the data of SI «Ukrainian Centre for socially dangerous diseases control of the Ministry of Health of Ukraine», on 01.01.2016 in Ukraine the number of people living with HIV (PLWH) was 220 000, the number of new HIV-infection – 16 000. The number of identified HIV-positive patients among the GHR was 13,9%. According to the results of seroepidemiological monitoring the spreading of HIV among the GHR was 1,7% among injecting drug users (IDUs), 0,2% of persons engaged in commercial sex services, and 1,1% – men who have sex with men (MSM) [1].

People who live with HIV/AIDS, often face stigma and discrimination and this remains a major problem in providing them assistance from qualified medical staff. According to a survey in 2013, 11% of PLWH in the last 12 months at least once faced with limitation in access to health services for reasons related with HIV-status. Although this index has decreased by almost half compared to the survey in 2010, PLWH, who identified themselves with the HPR, faced with the manifestations of stigma and discrimination when using health services more often (14%). The survey of health care workers from Kyiv and Kyiv region confirmed that more than 25% of staff has a high commitment to stigma and discrimination of PLWH. The main reasons for this are lack of knowledge about HIV-infection among physicians [2].

Family doctors (FD) are health professionals of the primary contact who first must be aware of HIV-infection and have the skills to support HIV-positive patients. However, the education of FD does not include HIV-infection topics at all or very limited. The knowledge and skills of FD often depends on timely diagnosis of opportunistic diseases, adherence to follow-up, initiation and adherence to antiretroviral therapy (ART). Thus, there is an urgent need for training of FD in support of HIV-positive patients, and popularization of such training programs within the country.

For this purpose in 2015 the NGO «Kyiv Association of family doctors» took part in the project «Improving the quality of medical care for HIV-infected patients by family doctors», which was funded by the ACO «All-Ukrainian Network of PLWH» implements project RESPECT: «Reducing HIV-related stigma and discrimination for most-at-risk populations in health care facilities in Ukraine» by the US Agency for International Development (USAID)/ There were five 5-day cycles of thematic improvement (TI) «Management of patients with HIV-infection/AIDS for family doctor» for FD from Zhytomyr, Kyiv, Cherkasy, Chernihiv, Kyiv regions and Kyiv.

So, it was important to assess the impact of knowledge obtained by FD during cycle of TI, on the involvement of PLWH and representatives of GHR to programs to voluntary counseling and testing (VCT) and treatment of HIV-infection.

The objective: to assess the impact of knowledge of FD obtained during cycle of TI, «Management of patients with HIV-infection/AIDS for family doctor» the involvement of PLWH and representatives of GHR to programs to VCT and treatment of HIV-infection.

PATIENTS AND METHODS

- clarify the level of stigma and stigmatization of PLWHA on the HIV-status among FD, before and after participating in training;
- identify manifestations of discrimination on basis of HIV-status among FD before and after participating in training;
- compare the contents of work of FD with HIV-infected patients before and after participating in the training, including the involvement of VCT and treatment of HIV-infection.

Methods and research tools. A mixed design was used for the study that involved the collection of information by the survey FD using standardized and in-depth interviews.

The procedure and criteria for selecting respondents. In the survey took part all 111 FD who attended cycle of TI «Management of patients with HIV-infection/AIDS for family doctor». 17 respondents were selected (4-5 in each region) from FD, which took part in standardized survey, to participate in in-depth interviews.

The procedure for processing and analysis. Statistical analysis of data was performed by program SPSS. It was also carried out traditional analysis and comparison answers of respondents before and after participating in the training.

Ethical aspects. Protocol and research tools answered ethical standards and sociological research based on three principles: informed consent; confidentiality; voluntary participation.

Socio-demographic characteristics of respondents.

The absolute majority of respondents were female (80,2%) and only about five parts – male (19,8%). The average age of respondents was 50 years; the average duration of practice – 9 years.

RESULTS AND DISCUSSION

Participation in the study and assessment of the results

All respondents highly appreciated the relevance of content of the TI for their professional activities. The highest score was 10 points and it was given by the majority of respondents – 72,1%. Most of respondents (29,7%) got completely new information about ART, 9,9% of respondents – normative and legal laws, 8,1% – the treatment of HIV-infected persons, 7,2% significantly enhanced their knowledge on the ways of transmission of HIV-infection. Results of in-depth interviews are fully confirmed by the data obtained by standardized survey. It is important that doctors learned that mothers with HIV-positive status, taking ART, can give birth to healthy children. **P10:** «HIV-infected woman can give birth to a healthy baby. This is a significant progress in the treatment of HIV-infection».

Most respondents (23,4%) stressed that after participating in the training they have fear to patients HIV-positive status, 13,5% indicated that they had improved attitudes to these patients (tolerance, loyalty, understanding), 11,7% propose more actively testing, 10,8% of respondents consider each patient as potentially HIV-infected, 9,9% feel more confident in working with HIV-infected [Fig. 1]. The same results were confirmed by the data of in-depth interviews.

Among obtained during the study knowledge, respondents most frequently used «Motivation for counseling and testing for HIV» (84,7%); «Legal laws in the field of HIV-infection» (76,6%); «Prevention of stigma and discrimination on HIV-positive patients» (75,7%) [Fig. 2].

The in-depth interviews also revealed that FD more often in their practice was recommended to patients to be tested for HIV. Also, doctors have more knowledge about cooperation with HIV-positive patients. **P10:** «How to deal with infected patients as to provide him medical care, where he was to refer to testing, how to behave with his relatives».

Interviewed physicians are most interested in the subject «Rights and duties of health professionals related to the safety of medical services to patients infected» (45,9%). Another three important topics: «Algorithm of actions for health workers due contact with a potential source of HIV-infection when performing professional duties» (42,3%), «Ukraine's legislation in the field of health and counteraction of HIV in Ukraine» (41,4%) and «Procedures for the prescription of post-exposure prophylaxis of HIV-infection» (39,6%).

The practice of medical services after participating in training and compare them with the previous experience

After completing the training doctors have changed parameters to assess the risk of getting infected by HIV-infection. Thus, the number of persons who consider it «very real» decreased twice to 1,8% and 5,4% [Fig. 3]. More than twice declined the part of doctors who assess their risk as «fifty-fifty» (14,4% versus 36,9%). In this case, more respondents chose the «unlikely» (42,3% versus 35,1%) and almost in three times – «not in danger» (32,4% versus 11,7%).

After completing the training the percentage of respondents who assessed the risk as «absolutely realistic» remained the same – 5,4%, and they did not influence participation in education. As a result of training significantly increased the proportion of physicians who are not afraid to be infected while working with HIV-positive patients without latex gloves or

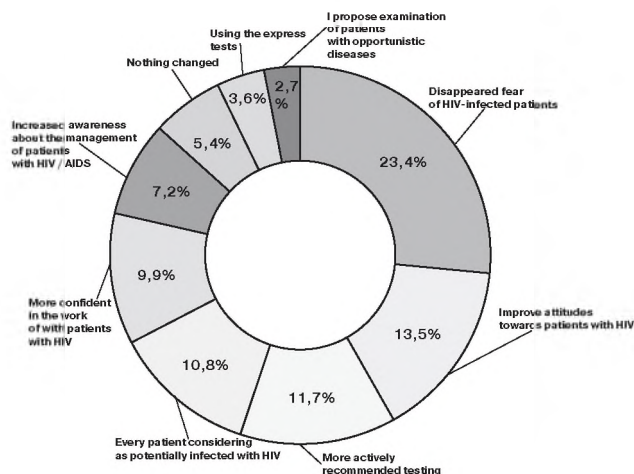


Figure 1. Changes in the work of respondents after the completion of the cycle of thematic improvement

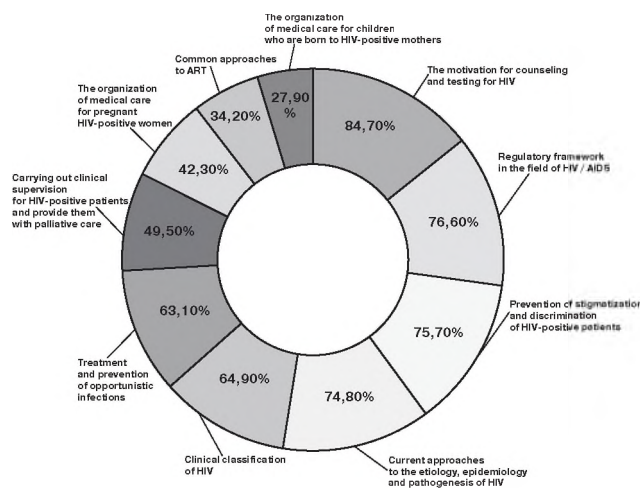


Figure 2. Knowledge, which are used respondents after completion of the cycle of thematic improvement

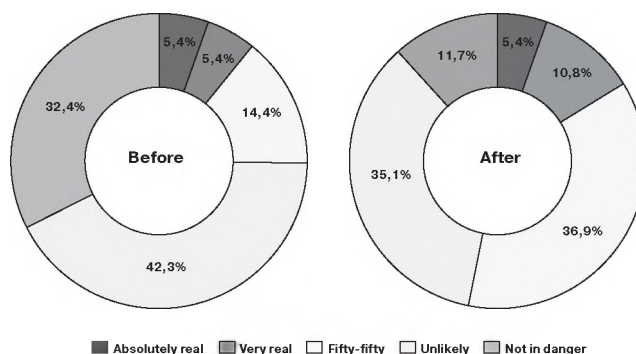


Figure 3. Assessment of risk of getting infected in the performance professional duties in the workplace before and after a cycle of thematic improvement

other facilities of protection (84,7% versus 56,8%). Total number of respondents who indicated they are afraid of infection when interacting with HIV-positive person has decreased from 48 to 17 people.

In the survey the majority of FD (94,6%) consider that the attitude to HIV-positive patients and other patients should be equal. However, the respondents agreed with the statement that HIV-positive people deserve this disease through their behavior: MSM (9,9%); people who are HIV infected sexually (9%); IDU (7,2%). The same number (8,1%) believes that «HIV-infected persons should be treated separately from others to protect the general population from infection» and «if the health worker is afraid of HIV infected patient, he may refuse to accept such patients». Only 3,6% of respondents did not agree with any of these allegations.

The proportion of answers in the category to whom is recommended to get tested for HIV-infection – option «all patients» increased to 54,1% compared to the same period of study (27%). During the survey respondents said that the main reason for recommendations on testing – the presence of the patient opportunistic infections (69,4%), the history anamnesis (58,6%), the presence of family members with HIV-positive status (51,4%), which is also confirmed by the results of in-depth interviews. Also, FD the referred to testing of patients at risk (IDU; persons who have been in prison; CWs) [Fig. 4]. Significant numbers of doctors recommend testing young people or people under 60 years old.

The main indicator of the effectiveness of training is that after going through training doctors refer for testing on HIV in 2-3 times more patients than before. The average number of persons recommended to be tested has increased from 10 to 45 people.

Almost all doctors performed pre-test counseling and discussed the following issues: the need for delivery of analyzes in connection with the various possible ways of transmission in the case of HIV-positive status, early prescription of ART, which will allow the patient to significantly improve their health and live a full life. To report HIV-status, it should be noted that compared to last year grew most percentage of those who said they «do not need to know the HIV- status of patient during providing medical care» – from 22,5% to 47,7%.

The main source of information about HIV-status of patients are themselves (50,5%). Most significantly decreased the proportion of those who know about the HIV-status of patients by staff of the medical institution where the patient is tested (from 4,5% to 1,8%). Considerably rare doctors were informed of their HIV-status by colleagues (from 8,1% to 5,4%) and family members of patients (from 11,7% to 8,1%). From 18,9% to 16,2% decreased the proportion of those who receive the information from the medical record of the patient.

Over the past year increased the number of doctors who referred HIV- patients to non-governmental organizations – from 6 to 29. Also significantly increased the proportion of those who refer such patients to other health facilities (from 22,5% to 38,7%) and prescribe clinical and laboratory examination (from 31,5% to 53,2%) [Fig. 5]. Also increased the part of doctors who refer patients to another doctor (from 15,3% to 23,4%) and discuss with the patient the importance of certain safe behavior (from 40,5% to 60,4%).

After the cycle of TI, the proportion of respondents whose behavior does not depend on the status of HIV-patients increased from 65,8% to 89,2%, while the share of those whose behavior depends on the patient's HIV-status was reduced from 27,9% to 10, 8% and completely disappeared in the responses category of «difficult to say».

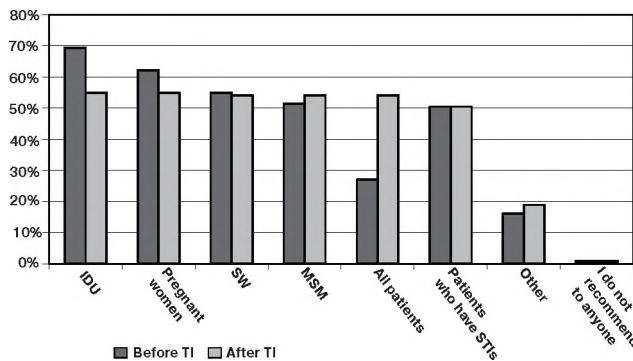


Figure 4. Categories of patients, whom family doctors recommend to be tested for HIV-infection before and after a cycle of thematic improvement

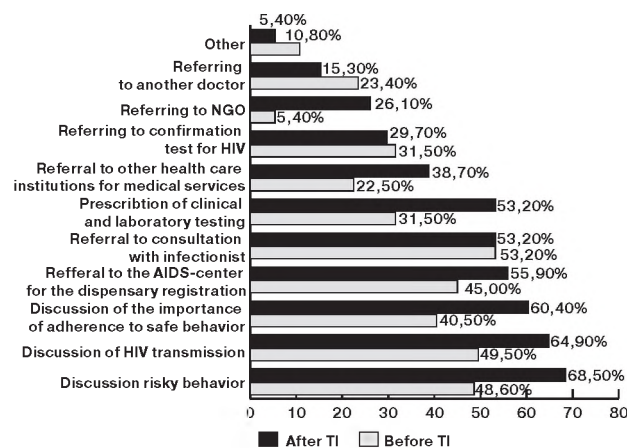


Figure 5. Actions doctor after detecting HIV-positive status of the patient before and after a cycle of thematic improvement

CONCLUSIONS

So, the cycle of TI «Management of patients with HIV-infection/AIDS for family doctor» significantly influenced the involvement of PLWH and GHR to testing and treatment of HIV-infection.

The main results and advances of the program should consider the following:

- greatly increased awareness of HIV-infection / AIDS, legal basis on HIV / AIDS, ethical principles of working with such group of patients;
- ART and its role in improving the health of patients with HIV-positive status;
- almost all the doctors confirmed they use obtained knowledge in practice;
- knowledge obtained during the training helped create safe behaviors of FD in their professional activity;
- FD now better understand how to behave yourself at work and to deal with HIV-positive patients, overcoming barriers and misunderstandings in communication between FD and HIV-positive patients;
- after participating in training FD in 2-3 times more often refer their patients to the testing. The main causes of suspected HIV-positive status were clinical symptoms;
- FD increased their awareness about the network of institutions and organizations that work with PLWH, which significantly improve the algorithm of actions after receiving test results.

Результати дослідження впливу знань, отриманих сімейними лікарями після проходження циклу тематичного удосконалення «ведення пацієнта з ВІЛ-інфекцією/СНІДом сімейним лікарем»

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У статті представлені результати оцінки впливу знань, отриманих 111 сімейними лікарями після проходження циклу ТУ «Ведення пацієнта з ВІЛ-інфекцією/СНІДом сімейним лікарем». Основними досягненнями даної програми слід вважати підвищення рівня обізнаності щодо тематики ВІЛ-інфекції/СНІД; формування безпечної моделі поведінки сімейних лікарів в процесі своєї професійної діяльності з ВІЛ-позитивними пацієнтами; налагодження комунікації з хворими; збільшення направлення пацієнтів на тестування; поінформованість щодо мережі закладів та організацій, які працюють з ЛЖВ.

Ключові слова: ВІЛ-інфекція, цикл тематичного удосконалення, сімейні лікарі, групи ризику.

Результаты исследования влияния знаний, полученных семейными врачами после прохождения цикла тематического усовершенствования «ведения пациента с ВИЧ-инфекцией / СПИДом семейным врачом»

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В статье представлены результаты оценки влияния знаний, полученных 111 семейными врачами после прохождения цикла ТУ «Ведение пациента с ВИЧ-инфекцией / СПИДом семейным врачом». Основными достижениями данной программы следует считать повышение уровня осведомленности по тематике ВИЧ-инфекции / СПИД; формирование безопасной модели поведения семейных врачей в процессе своей профессиональной деятельности с ВИЧ-позитивными пациентами; налаживание коммуникации с больными; увеличение направления пациентов на тестирование; осведомленность о сети учреждений и организаций, которые работают с ЛЖВ.

Ключевые слова: ВИЧ-инфекция, цикл тематического усовершенствования, семейные врачи, группы риска.

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