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1443. Strengthening the HIV Provider Workforce Through a Residency Pathway: Outcomes and Challenges

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Background. HIV medicine pathways within residency programs are designed to help address the shortage of trained HIV providers in the United States, but little is known about outcomes following graduation from residency. In 2015 we surveyed University of Washington (UW) internal medicine residency HIV pathway graduates about practice habits and found a high proportion continued to provide primary care for people living with HIV (PLWH). Here, we aim to reassess pathway graduates' practice patterns two years later.

Methods. In March 2017 we sent an anonymous, electronic survey to pathway graduates. We asked if their pathway training had prepared them adequately to provide primary care for both HIV-infected and HIV-uninfected patients and inquired as to whether they continue to provide care for PLWH.

Results. All participants responded to the survey, and 12/12 (100%) felt their pathway training prepared them well to provide primary care for PLWH. Ten of 12 (83%) felt their pathway training was adequate to provide primary care for HIV-uninfected patients; two felt they lacked sufficient training in women's health and geriatric medicine. Although in our prior survey all anticipated care for PLWH to be an important part of their careers, currently only 2/12 (17%) graduates provide care for greater than 20 PLWH, as compared with 5/7 (71%) of graduates in 2015. Six graduates (50%) currently provide care to less than 20 PLWH. The most common barrier cited for either finding or sustaining jobs in HIV primary care was lack of fellowship training in infectious diseases.

Conclusion. Graduates of the UW internal medicine residency HIV pathway feel confident caring for PLWH and generally feel their internal medicine training is sufficient. However, we observed a marked decrease in graduates caring for greater than 20 PLWH between 2015 and 2017. We need further assessments of the barriers to sustaining jobs in HIV primary care and suggest that other residency training programs assess graduate employment outcomes. Given HIV provider workforce shortages, we must address practice barriers for primary care providers trained in HIV medicine and create mechanisms to support the career development of residency pathway graduates.

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1444. HIV/AIDS Training and Skills of Infectious Disease Fellows Among 33 US Academic Institutions

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Background. In U.S. internal medicine residency program studies, residents indicated low self-assessed HIV training adequacy, patient care experience, and clinical skills competence. Little is known for infectious disease (ID) fellows, but review

findings indicate that increased healthcare provider (HCP) experience and training are associated with better patient outcomes. As part of a continuing medical education (CME) program on HIV, we conducted a survey study in which ID fellows rated their training adequacy, comfort level, and experience in HIV patient care.

Methods. On October 1, 2016, an 8 hour workshop was attended by 33 ID fellows from across the US, selected by their program directors. Three HIV experts designed and led the workshop of interactive presentations, case-based discussions, and Q&A. Pre-program surveys included items for trainees to report their experience in providing HIV patient care and to rate their training adequacy and comfort level for clinical skills related to the educational topics. Post-program surveys included items assessing educational outcomes in these domains. In addition to describing the trainees' self-assessments, the associated relationship between trainees' experience in providing patient care and comfort level in performing HIV-related clinical skills were analyzed.

Results. Many ID fellows reported little experience (≤ 15 patients) from their fellowship training in personally counseling patients for PrEP (91% of fellows) and initiating and monitoring patients on guideline-directed ART (51%). Only 30% and 22% of fellows strongly felt that they had adequate experience from their fellowship training in PrEP and guideline-directed ART, respectively. Following the educational program, 55% of fellows strongly agreed that they now felt comfortable in both of these areas. Few ID fellows reported that their training provided adequate experience in discussing sexual risk behavior and preferences (39%), individualizing ART (22%), and avoiding/managing drug-drug interactions (9%). However, following the program, more ID fellows reported feeling comfortable in these areas – 55%, 45%, and 21%, respectively.

Conclusion. Gaps persist for ID fellows in training adequacy, comfort level, and experience in HIV patient care.

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1445. Bridging the Gap: An Assessment and Intervention for Pediatric Providers on the Prevention of Perinatal Transmission of HIV

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Background. In the US, the rates of perinatal transmission of HIV have fallen dramatically since the start of the epidemic. The declining rates have been attributed to key interventions, which pediatric providers should be familiar. Annually, very few mothers infected with HIV give birth at our institution. Such limited exposure may affect our pediatric providers' ability to stay aware of current guidelines as well as maintain their comfort level when caring for infants born to HIV positive mothers. We sought to assess both the level of knowledge of the current guidelines to prevent perinatal transmission of HIV, as well as the comfort level pediatric providers had with the care of these infants.

Methods. Pediatric nurses, staff and trainees, were invited to attend a lecture. Prior to the lecture, a pretest was administered which highlighted the key preventative interventions. Comfort level was also assessed on a 1 to 4 scale, 1 denoted "very uncomfortable" and 4 denoted "very comfortable." A 30 minute lecture was conducted which emphasized the vital intervention strategies. A posttest was given following the lecture. In addition, a poster was created summarizing the key preventative interventions and displayed in all neonatal provider areas. Approximately two months following the lecture, an electronic questionnaire was administered to assess knowledge retention.

Results. A total of 35 participants completed both the pre and posttest (Figure 1). The average score on the pretest was 65.7% and average comfort level 1.94. After the lecture, the average score on the posttest was 98.3% [t(68) = 10.63, P = <0.0001] and the average comfort level was 3.00 [t(68) = 5.27, P = <0.0001] (Figure 2,3). A total of 14 participants completed the follow up questionnaire with an average score of 80% and comfort level of 2.3.

Conclusion. Limited exposure to mothers delivering with HIV affects both the knowledge and the comfort level of the pediatric providers. We were able to see a significant improvement in the knowledge and comfort level of participants immediately