**A-1**

**HRSA's Role in Quality Assurance and Quality Improvement**

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**Abstract:** Background: The United States Government (USG) requires the funding agency to fulfill their role in regards to the stewardship of federal funds. To this end, the Health Resources and Services Administration (HRSA) monitors administrative, fiscal, and programmatic components of each grantee to identify potential problems and areas where technical assistance may be needed.

**Purpose:** When implementing grants and cooperative agreements, the USG has an interest in monitoring the quality of services implemented and continually striving to improve the quality of future services. To accomplish these activities, HRSA implements a variety of tools, techniques, and activities aimed at quality assurance and quality improvement.

**Methods:** HRSA employs technical, scientific, and subject matter experts to serve as project officers. The core activities of the project officer fall into two categories: program monitoring or quality assurance and quality improvement. Quality assurance, as known as program monitoring, includes activities in three domains: 1.) assuring work plan activities are designed to meeting the program goals and objectives; 2.) garnering consensus and support of in-country USG agencies; and 3.) monitoring program implemented so that it occurs in a timely manner. Quality improvement is the process by which the project officer works with the grantee to assess the quality of services implemented and use this information to improve the future services. The project officer employs a number of tools and methods to implement quality assurance and quality improvement including monitoring calls, narrative reports, monitoring calls, grants management process, correspondence, and site visits.

**Conclusions/Implications for Practice:** HRSA undertakes a series of activities aimed at assuring the highest quality programs are implemented. HRSA engages in these activities jointly with the grantee in order to have the greatest impact. The activities discussed can be applied to the monitoring and improvement of many programs.

**Objectives: The learner will be able to:**

* Verbalize and link HRSA's domestic activities with its on-going technical assistance to PEPFAR, and quality improvement of programs;
* Describe activities that support this country-led program and identify how NEPI affects other nursing institutions and human resources for health planning;
* Identify challenges some PEPFAR countries face in educating nurses, and list three innovative interventions that have been implemented in response to the noted need;
* Discuss how NEPI activities may inform pre- and in-service nursing education in the United States.

**A-2**

**Coordinating a Multi-Country Pre-Service Nursing Education Strengthening Initiative:**

**ICAP Columbia University Coordinating Center for the Nursing**

**Education Partnership Initiative**

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**Background:** Long standing underinvestment in pre-service nursing/midwifery education limits the ability of institutions to educate nurses and midwives in sufficient numbers and with the right clinical skills for current and anticipated population health needs. The PEPFAR-funded Nursing Education Partnership Initiative (NEPI) was established in 2011 in response to key challenges facing 19 nursing/midwifery education institutions (NEI) in five countries: Ethiopia, Democratic Republic of Congo, Lesotho, Malawi and Zambia.

**Purpose:** The ICAP Columbia University NEPI Coordinating Center (CC) in cooperation with the Human Resources Services Administration (HRSA) coordinates this multi-country initiative.  NEPI CC leads the design, implementation and evaluation of NEPI in partnership with governments and key stakeholders to strengthen the capacity of selected NEI.

**Methods/Practice:** The coordinating center interacts with systems, organizations and individuals to achieve the NEPI goal of improving the production, quality and relevance of nurses and midwives to address essential population-based needs, including HIV and other life threatening conditions, in low resource settings. The four elements: partnerships, comprehensive capacity building strategies and country ownership; formal and informal coordinating mechanisms; support for project and grants management; and technical assistance for transforming education practices and systems and evaluating change, underpin ICAP’s multi-layered coordination approach.

**Conclusions:** Coordination involves harmonizing the interests, perspectives and capacities of different partners in achieving project outcomes. Coordination is multilayered involving the organization of relations not only at headquarters, but also at the donor, regional, country and NEI levels.

**Implications for Practice:** The NEPI CC fosters dialog, leverages technical expertise in public health and nursing education systems strengthening strategies, and supports program planning, implementation and evaluation at the NEI, country and ICAP levels. Coordination is key to ensuring that NEPI’s investments and contributions will be sustainable and contribute to achieving universal health coverage for the countries of this region.

**Objectives: The learner will be able to:**

1. Verbalize and link HRSA’s domestic activities with its on-going technical assistance to PEPFAR, and quality improvement of programs;
2. Describe activities that support this country-led program and identify how NEPI affects other nursing institutions and human resources for health planning;
3. Identify challenges some PEPFAR countries face in educating nurses, and list three innovative interventions that have been implemented in response to the noted need;
4. Discuss how NEPI activities may inform pre- and in-service nursing education in the United States.

**A-3**

**Standards for Nursing and Midwifery Education in Malawi:**

**Promoting Quality in Nursing and Midwifery Education**

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**Background:** The need for standards in nursing and midwifery education has arisen globally in result of increasing complexities in health service delivery systems, increasing numbers of health professionals at different levels, variations in the type and duration of educational programs, and the need to ensure more equitable access to quality health care.  In 2006, the World Health Assembly (WHA) called for the development of global and national standards for initial education of nurses and midwives to ensure a minimum quality of nursing and midwifery education.

**Purpose:** ICAP-Columbia University Coordinating Center for the PEPFAR-funded Nursing Education Partnership Initiative (NEPI) in collaboration with the Nurses and Midwives Council of Malawi (NMCM) and the Ministry of Health developed the nursing and midwifery education standards to serve as a benchmark for moving educational institutions toward a common competency-based outcome in unison with global requirements to ensure the provision of quality nursing and midwifery services in Malawi.

**Methods/Practice:** Standards for nursing and midwifery education programs were prescribed for ten categories including: mission, philosophy and objectives; educational program; academic faculty; educational resources; governance and administration; student selection, admission and support; assessment of students; program evaluation; quality assurance; and research and evidence.  Each of the ten standards categories has indicators that guide in benchmarking achievement.  The NMCM engages in accreditation processes with the training institutions and continuous monitoring and evaluation to ensure standards are met and maintained.

**Conclusions:** Development of standards for nursing and midwifery education in Malawi has acted as a catalyst in advocating for education change, reform and quality improvement.  Application of the standards among training institutions has allowed for immediate intervention and capacity building, ensured education is relevant to the needs of the population, improved quality assurance and performance mechanisms, and facilitated on-going development of nursing and midwifery education through continuous dialogue and feedback.

**Implications for Practice:** Establishment of standards to promote quality in nursing and midwifery education in Malawi will serve as leverage in the production of sufficient numbers of well-trained, clinically competent graduates, building a high quality nursing and midwifery workforce for strengthened health systems.

**Objectives: The learner will be able to:**

* Verbalize and link HRSA’s domestic activities with its on-going technical assistance to PEPFAR, and quality improvement of programs;
* Describe activities that support this country-led program and identify how NEPI affects other nursing institutions and human resources for health planning;
* Identify challenges some PEPFAR countries face in educating nurses, and list three innovative interventions that have been implemented in response to the noted need;
* Discuss how NEPI activities may inform pre- and in-service nursing education in the United States.

**A-3.1**

**Competency-Based Curriculum in Zambia**

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**Background:** Competency-based curriculum is driven by health and human resource needs to create nurses who are prepared to provide quality care.  The International Council of Nurses has called for competency-based curriculum, defining competencies as characteristics that graduating students should demonstrate which indicate they are prepared to perform and function independently in professional practice.

**Objective:** ICAP-Columbia University Coordinating Center for the PEPFAR-funded Nursing Education Partnership Initiative (NEPI) in collaboration with the Zambia Ministry of Health (MoH) and Clinton Health Access Initiative (CHAI) completed a nursing and midwifery assessment to inform development of a competency-based curriculum for a combined nursing and midwifery diploma program to increase the number of graduates competent in providing both nursing and midwifery services.

**Methods/Practice:** The nursing and midwifery assessment included consultation with nursing and midwifery experts, surveys of principle tutors, and health facility assessments.  Nurse experts from the MoH and Nursing Council identified key priorities for improving the quality of nursing education.  Principal Tutors from the public nursing and midwifery training institutions shared challenges with providing quality education.  Health facility assessments showed that nurses and midwives were often providing services for which they received no training and midwifery skills were in great need at health facilities.  Insight from the nursing and midwifery assessment resulted in the identification of competencies for the development of a combined nursing and midwifery curriculum. Implementation of the curriculum commenced in 2012 at the Lusaka Schools of Nursing, University Teaching Hospital, Lusaka.

**Conclusions:** Development of a competency-based curriculum for combined nursing and midwifery education in Zambia resulted in standardization of learning, enhanced tutor student interaction, implementation in all schools, easy monitoring by the Nursing Council by use of one tool with timely corrective measures, and best practices shared among schools.

 **Implications for Practice:** Improvements to nursing and midwifery education were made by ensuring the curriculum was competency-based and thus prepared nurses and midwives for practice.  Competent nurses and midwives can have a direct effect on health outcomes for populations.

**Objectives: The learner will be able to:**

* Verbalize and link HRSA’s domestic activities with its on-going technical assistance to PEPFAR, and quality improvement of programs;
* Describe activities that support this country-led program and identify how NEPI affects other nursing institutions and human resources for health planning;
* Identify challenges some PEPFAR countries face in educating nurses, and list three innovative interventions that have been implemented in response to the noted need;
* Discuss how NEPI activities may inform pre- and in-service nursing education in the United States.

**A-3.2**

**Strengthening the Clinical Environment in Nursing and Midwifery Education:**

**The Nursing Education Partnership Initiative Clinical Simulation Program in Lesotho**

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**Background:** Lesotho is experiencing a critical shortage of human resources for health to respond to significant national health challenges including the third highest in HIV prevalence in the world and maternal mortality ratio twice the global average. Increasing the number of qualified nurses and midwives providing clinical care, especially in rural areas, may reduce maternal mortality and HIV. While Lesotho has an adequate number of nursing and midwifery schools, increasing quantity of qualified nurses and midwives has been constrained by shortages of clinical placement sites and inability of newly qualified nurses to apply theory to practice.

**Purpose:** ICAP-Columbia University Coordinating Center for the PEPFAR-funded Nursing Education Partnership Initiative (NEPI) developed a clinical simulation program in Lesotho to enhance acquisition of clinical competencies of nursing and midwifery students by bridging the gap from theory to practice.

**Methods/Practice:** Clinical simulation in Lesotho was designed to provide students with a learning environment in which mistakes can be made and learning takes place without the risk of error to the patient.   A systematic approach was followed for introducing simulation-based education.  The program included review of curriculum, building of scenarios/case studies for the required skills and defining minimum criteria to exit learners to the clinical setting, and, a monitoring and evaluation plan to measure the impact on direct patient care by nurse midwives at places of deployment post-graduation within the health sector in Lesotho.

**Conclusions:** Clinical simulation allows for experience in critical competencies that might be difficult for all students to develop in real life due to limited clinical practicum settings in Lesotho.  Clinical simulation promotes the integration of evidence into practice, increases student confidence, promotes reflection and improves problem solving, clinical reasoning and decision-making.

**Implications for Practice:** Clinical simulation will increase the capacity of NM entering the workforce to provide competent care. Many institutions are investing significantly in this method. The NEPI advocates for the need to apply a systematic and evidence based approach for effective implementation of this intervention in low resource settings.

**Objectives: The learner will be able to:**

* Verbalize and link HRSA’s domestic activities with its on-going technical assistance to PEPFAR, and quality improvement of programs;
* Describe activities that support this country-led program and identify how NEPI affects other nursing institutions and human resources for health planning;
* Identify challenges some PEPFAR countries face in educating nurses, and list three innovative interventions that have been implemented in response to the noted need;
* Discuss how NEPI activities may inform pre- and in-service nursing education in the United States.

**A-4**

**Enrolling Uninsured Minority Individuals Living with HIV into New Insurance Options under**

**the Affordable Care Act (ACA): A Nationwide Ryan White HIV/AIDS Program**

**Grantee Needs Assessment and Development of Training Materials**

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**Background:** The Affordable Care Act (ACA) seeks to reduce the number of uninsured individuals who do not have access to care for chronic diseases like HIV.  Minorities living with HIV are more likely to be uninsured and are disproportionately served by the Ryan White HIV/AIDS Program (RWHAP) which provides primary care, medications, and support services for low income PLWH.  Under ACA, PLWH who receive care through RWHAP will have access to insurance, including Medicaid, and RWHAP providers will be required to diligently pursue new insurance options for their patients.

**Purpose:** This study assessed the capacity of RWHAP grantees to conduct outreach and enrollment into ACA insurance to inform development of technical assistance and training.

**Methods:** A structured grantee needs assessment (NA) was developed to explore capacity related to outreach and enrollment. Over 500 RWHAP grantees and sub-grantees were invited to complete the web-based NA tool. Results were analyzed using SAS v.9.3 and stratified by a capacity score, Medicaid expansion status, and grantee type. Qualitative interviews were conducted with selected low capacity respondents.

**Results:** There were 231 competed responses to the NA with 87% from organizations providing direct services to clients. Twenty-one percent of grantees were classified as "low" capacity, 54% were "moderate", and 26% were "high". Respondents in Medicaid expansion states had higher enrollment capacity than respondents in states without Medicaid expansion. Qualitative interviews with low capacity respondents revealed limited knowledge about the enrollment process and difficulties providing outreach to clients with low literacy, immigrants and individuals with language barriers. Based upon these data tools and training materials were developed.

**Conclusions:** Many RWHAP grantees have limited knowledge of ACA coverage options, and limited experience enrolling clients in health insurance. These data suggest that increasing the enrollment of minority PLWH into insurance options will require culturally/linguistically appropriate training and technical assistance.

**Implications for Practice:** With ongoing ACA implementation, nurses and other health care professionals who provide services to minority PLWH will likely face challenges as clients transition into new insurance options. Findings informed the development of technical assistance and training materials to simplify this process.

**Objectives: The learner will be able to:**

* Identify and describe unique issues regarding the enrollment of people living with HIV/AIDS into ACA insurance options;
* Formulate strategies regarding how to expand insurance coverage for people living with HIV/AIDS;
* Increase capacity of attendees to identify culturally competent tools, technical assistance and training for outreach and enrollment of minority clients receiving care and treatment services at RWCA funded clinics.

**A-5**

**Addressing the Risk of Hepatitis B Infection by Ugandan Health Care Workers:**

**A PEPFAR Funded /Nursing Student Driven Initiative**

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**Background:** In Uganda, the prevalence of hepatitis B has been estimated at 1%.  Researchers report exceptionally high exposure to blood and body fluids by Ugandan health care workers (HCW) . At the National Hospital in 2010 67.8% of the HCW had at least one exposure.   This study found that only 6.2% of Ugandan HCWs were vaccinated against Hep B, in spite of a government promise to provide universal coverage, and only 34% reported receiving a government mandated annual continuing education program in infection control.  HCWs expressed concern about exposure to Hepatitis B and 95% indicated that they would be willing to be vaccinated and eager to participate in prevention education. As a result of these findings a PEPFAR funded program, initiated by the Student Nurses Association (SNA) of Mbarara University of Health Sciences (MUST) in Uganda, was designed and implemented to address these concerns.

**Purpose:** PEPFAR funding was received with the goal of  vaccinating all willing medical and nursing students at MUST and the eligible staff at the local referral hospital. Three vaccination periods were carried out in conjunction with educational outreach targeting all HCWs on Hep B and HIV prevention, infection control, and the importance of universal precautions.

**Method:** The SNA worked with the leadership of MUST and the referral hospital to launch the Hep B campaign.  All necessary materials were purchased (vaccine, needles, syringes, educational materials).  Dates were set for the 3 required administrations, students and HCWs pre-registered. Educational sessions were held and competency evaluated. All records were shared with the MoH.

**Conclusions:** The result of this nursing student driven campaign: 567 students and hospital staff were successfully immunized, better educated workforce and strong advocacy by HCWs to implement the Ugandan government's promise to provide Hep B vaccine to all HCWs.

**Implications for Practice:** It was noted that a protected workforce, a safer work environment, as well as an empowered next generation of nurses, will help remove barriers to entering the nursing profession where the shortage is significant. One step further to realizing PEPFAR's goal of 140,000 new HCWs in resource limited countries.

**Objectives: The learner will be able to:**

* Have a better understanding of the risks and barriers their nursing colleagues have regarding Hep B and other infectious diseases;
* To have the learner better understand the role of advocacy and nursing student empowerment in Uganda.

**A-6**

**Going to the ACA Market, Jiggity Jig: Migrating a Ryan White**

**ADAP Population into the Marketplace**

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**Background:** With approximately 7,000 ADAP clients in the State of Florida needing to migrate into ACA Marketplace plans, nurses are most likely to be the frontline for information and advice. Forewarned and forearmed, nurses will have the opportunity to learn detailed information on how best to advise their clients - while maintaining and acting within their professional scope.

**Purpose:** Provide accurate and critical information so that PLWHAs can make informed and logical choices when choosing health insurance in the "Market Place."

**Methods/Practice:** Choosing a Marketplace health insurance plan is overwhelming with a multitude of choices, decisions and other factors that consumers face including:

1. No Medicaid Expansion
2. No "State Run" Marketplace
3. Transferal from Ryan White Care Programs to Federally sponsored ACA health insurance

**Conclusions:** Facilitated by a Certified Application Counselor and HIV expert, participants will learn how to review health plans and:

* Participate in small groups, with sample scenarios enabling them to choose a health plan for themselves / clients
* Create a realistic checklist when shopping in the Marketplace for a health plan
* Learn what health plans have drug formularies that are inclusive of ARV's and ther HIV medications
* Increase knowledge base of what other services may be available for themselves and or their clients.

Additionally, participants will learn how to navigate the Marketplace web site.

**Implications for Practice:** Nurse training and practice is expected to shift toward wellness care, including preventive care and screening**.**  Nurses will have opportunities to participate in population health and increased opportunities to provide for health and well-being. It also bolsters the Federal commitment to reducing health disparities. The health care workforce will increase with its funding for community health centers. Nurses will see the enhanced capacity of the health care system, ensuring quality coverage, better information, quality comprehensive care, preventive care, and coordinated care.

Some industry experts forecast a "catch-up" period, in which a wave of previously uninsured individuals will enter the mainstream healthcare system. Inexperienced patients, administrators and even practitioners may struggle to look after and process people who haven't received regular medical care in years. As a result, nurses in HIV care will need to become navigation experts for the clients they serve.

**Objectives: The learner will be able to:**

* Increase knowledge of Federal Marketplace plans;
* Increase insurance literacy of Marketplace plans;
* Create a realistic checklist when shopping in the Marketplace for a health plan.

**B-1**

**The HIV Primary Care Workforce of Tomorrow: Integrating an HIV**

**Curriculum into Nurse Practitioner Education**

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**Background:** Forecasts of the HIV/AIDS workforce predict that there will be a shortage of clinicians available to provide HIV primary care in coming decades. This provider deficit can be filled with nurse practitioners (NPs), who, as a profession, have already been leaders in caring for people living with HIV/AIDS. To increase the NP workforce, a five-year HIV/AIDS Primary Care Capacity (HIV PCC) project has been funded at the UCSF School of Nursing in partnership with the PAETC.

**Purpose:** The purpose of the HIV PCC project is to plan, develop, and implement an HIV primary care curriculum that is integrated into existing NP curricula for adult gerontology and family NPs. These graduates will be prepared to provide comprehensive HIV primary care to vulnerable populations upon entry into practice.

**Methods/Practice:** In the project’s first year, HIV PCC faculty developed core competencies for HIV primary care NPs, including specific knowledge, skills, and attitudes necessary to provide high-quality HIV primary care. No previously developed framework for NP training in HIV care existed. The core competences were mapped into the curricula of the existing NP programs. The integrated HIV primary care curriculum will be implemented in the adult-gerontology and family NP cohorts entering fall 2014. Clinical residencies that model interprofessional patient-centered care in settings that serve people living with HIV/AIDS will complement didactic learning.

**Conclusions:** HIV PCC faculty has developed competencies for HIV primary care that can be integrated into NP training programs. Anticipated challenges of implementing the HIV PCC curriculum include the availability of HIV/AIDS clinical training sites and the development of faculty within the area of HIV management.

**Implications for Practice:** HIV PCC provides a model by which other NP training programs can integrate HIV primary care content into existing curricula. Lessons learned during implementation of the HIV PCC over the next four years will add to our understanding of how to train HIV/AIDS primary care NPs. Successful use of the integrated curriculum project will potentially strengthen the HIV/AIDS primary care workforce.

**This grant was funded by USDHHS, HRSA, HIV/AIDS Bureau (Grant #H4HA26223, PD: Portillo)**

**Objectives: The learner will be able to:**

* Describe future HIV primary care workforce needs and policy recommendations for increasing workforce capacity through NP education;
* Describe the HIV Primary Care Capacity (HIV PCC) project as a specific strategy for integrating HIV content into curriculum of an NP primary care program;
* Describe challenges and implications of integrating HIV care content into an NP primary care program.

**B-2**

**The Option B+ Approach to Antiretroviral Treatment to Prevent Mother-to-Child**

**HIV Transmission and Keep Mothers and Infants Healthy: An E-Learning**

**Module for Pre-Service Nursing and Midwifery Students**

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**Background:** Recent changes to HIV care and treatment guidelines under the Option B+ approach call for a scale-up of services requiring task-shifting to trained nurses and midwives to initiate and manage antiretroviral treatment (ART) for pregnant and breastfeeding women and care for HIV-exposed infants.   Thus, nursing and midwifery school curricula in sub-Saharan Africa must be updated to ensure graduates are ready for practice.

**Purpose:** ICAP-Columbia University Coordinating Center for the PEPFAR-funded Nursing Education Partnership Initiative (NEPI) developed an e-learning module to prepare nurses and midwives at the pre-service education level with essential competencies to initiate and manage ART for HIV infected pregnant and breastfeeding women to prevent mother-to-child HIV transmission (PMTCT) and keep mothers and infants healthy according to the Option B+ approach.

**Methods/Practice:** The e-learning module was designed to facilitate student self-directed learning through six online sessions: 1) PMTCT basics, 2) HIV testing for the mother, 3) ART for the mother, 4) Care of the HIV-exposed infant, 5) Infant diagnosis, 6) Retention in care.  The curriculum is competency-based, with competencies defined according to WHO 2013 guidelines and a survey of fourteen nursing schools in Zambia, Lesotho, Malawi, Ethiopia, Mozambique, and Cote d’Ivoire.  Evaluation measures include a learner satisfaction survey, pre-post multiple choice exam, job performance observational checklist, and organizational change instrument.  Interactive learning sessions will engage students through case studies following the narratives of three women and their infants from the point of HIV testing to retention in lifelong HIV care and treatment.

**Conclusions:** The e-learning module addresses a gap in nursing and midwifery schools’ HIV curricula, aiming to ensure graduates are competent to initiate and manage ART for HIV infected pregnant and breastfeeding women according to the Option B+ approach.

**Implications for Practice:** Increasing numbers of trained nurses and midwives should result in a scale-up of services to prevent mother-to-child HIV transmission (PMTCT) and keep mothers and infants healthy.

**Objectives: The learner will be able to:**

* Describe the rationale and purpose for the e-learning module on Option B+, the process for developing the new and innovative teaching tool, and a summary of its content;
* Access and utilize the e-learning module on Option B+.

**B-3**

**Living Well and Dying Well with HIV:**

 **Initiating Caring Conversations in Palliative Care**

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Most research around the patient’s spiritual health tends to focus on the latter stages or terminal stages of the disease process.  The spiritual advisor (Chaplain, Pastor, Priest, Rabbi, Imam, etc.) focus on comforting the patient, whether they be in palliative care or hospice.

Assessing the patient’s spiritual belief early in the process, during testing, diagnosis or early hospitalizations, can greatly impact the patient’s sense of well-being, their decision making about treatment decisions, family relationships, and   planning for the future.

Nurses must be aware of their own feelings about spirituality and its role in provision of healthcare, whether at the bedside, or in the advanced care practitioner’s office.

**Purpose:**   This skill-based educational program was developed to assist HIV Clinical staff to increase their comfort level with the topic and ascertain ways they can assist the HIV+ client in identifying their beliefs that can act as a support for them.

**Methods:**  This educational workshop covers the difference between spirituality between spirituality and religion; and the patient identifying their spirituality can assist in improved patient outcomes (adherence to treatment, improved family relationships, and encouragement of communication with healthcare providers).   Group discussions, use of “spirituality assessment” tool.  The session is very interactive and requires not only reflection on the part of the participant, but also willingness to share with their colleagues, at the session, and when they return home.

**Conclusions:**  Spirituality is rarely addressed in full in practice and often, only when brought up by the patient.  Identification of our feelings about spirituality in our practice assists the patient to lead a fuller and more peaceful life.

**Implications for Practice:**  Spirituality is a significant component of the care spectrum, and this session allows nurses to explore and discuss spirituality in a “safe” space.

**Objectives: The learner will be able to:**

* Explore how the awareness of the patient’s spiritual beliefs impact their health outcomes;
* Examine how we, as healthcare providers, can help the individual patient identify their spiritual beliefs;
* Describe at least one intervention to facilitate incorporation of the patient’s health care beliefs into improved health outcomes.

**B-4**

**Life intervenes: HIV is not # 1 on the List in Educating**

 **Persons Living with HIV**

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Yvette Cuca4, Shira Winter1, Wenting Jiang1, Ellah Matshediso5, Lucille Sanzaro Eller3,

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**Background:**  Persons living with HIV infection come from a variety of backgrounds. Both those more economically advantaged and those without financial resources confront problems in remaining adherent to appointments, medications and other aspects of care. Given the time constraints for medical appointments, physicians and nurse practitioners are limited in their ability to provide HIV education and address the myriad issues confronting their patients. Professional care team members (PCTM) undertake these activities.

**Purpose:**  The purpose of this research was to examine barriers to learning identified by PCTM and the strategies used to provide HIV education and keep patients adherent to care.

**Methods:**  This study is part of a larger study on health literacy of HIV infected persons. Focus groups of PCTM (RN's social workers, and pharmacists) (n=30) were conducted at HIV/AIDS clinics in Boston, New York City, San Francisco, and Wilmington, N.C. and one site in Botswana. PCTM data were examined for this thematic analysis.

**Results:** Barriers to learning include those that are: Cognitive (learning disabilities; literacy); Psychological (mental health issues); Behavioral (substance abuse) Social (employment; geographic mobility, financial); and Cultural (belief systems; incorrect prior knowledge). The provider strategies of "take patients where they're at" and addressing the patient's immediate priorities such as preventing the electricity from being shut off are part of having "mutually defined goals". The PCTM identified other strategies that address impediments to education and facilitate "readiness to learn".

**Conclusions:** The role of the PCTM in keeping patients adherent has not been sufficiently appreciated. PCTM address cognitive, psychological, behavioral, social, and cultural factors that serve as barriers to HIV education.

**Implications for Practice:** The PCTMs provide a needed linkage of services to PLWH that may improve ART adherence rates. To address the many diverse issues facing PLWH, adequate time is required to provide attention to the barriers to individual learning and health literacy so that PCTM can provide the HIV education necessary to maintain adherence to treatment.

**Objectives: The learner will be able to:**

* Examine the context for the study of health literacy;
* Appraise the findings on health literacy from the perspective of members of the health care team;
* Examine the learners' experiences with the health literacy of their patients.

**B-5**

**Acknowledging and Addressing Grief and Loss:**

**Supporting Patients, Families and Ourselves**

Melanie Steilen

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**Background:**  Death, like birth, is a normal part of the life process.  We all experience a fear of death, pain, loss of control and the unknown. It is normal to fear death, but being able to accept these fears and face them, can help us to accept and face the loss of loved ones and patients. Nurses recognize that death is a natural part of life. However, we still tend to fear the loss and pain that death represents and protect ourselves by not discussing it or expressing anger over the loss.  Nurses must first explore their own feelings surrounding death in order to better understand and assist patients and families through their loss.

**Purpose:**  This skilled -based educational program was developed to assist HIV Clinical staff at NY/NJ AETC sites to address those fears and develop effective communication skills when working with grieving families and/or patients.

**Methods/Practice:**  This educational session covers the basics of grief and bereavement from various experts in the field (Corless, et al).  It focuses on death awareness activities and communication skills to facilitate the grief process.  Poetry, art and other methods to express grief are explored as are "helpful" comments to use with someone who is grieving. (ELNEC) If time allows, the needs of children, siblings and disenfranchised grief are covered. This program is highly interactive and thought provoking about death anxiety and ways to lessen the fear.

**Conclusions:**  Grief is often the elephant in the room. Listening about it, talking about it and allowing yourself to feel it can reduce what is now huge and unmanageable to something that is huge but finally manageable (Pollatsek, 1994)

**Implications for Practice**:  Nursing care does not end with the death of a patient. This program allows nurses to learn to recognize and respond to their own grief and take part in the journey from grief to healing.

**Objectives: The learner will be able to:**

* Explore the difference between grief and bereavement;
* Examine personal death awareness and anxiety;
* Describe at least one helpful intervention to facilitate the grieving process.

**B-6**

**Empowering Newly Diagnosed HIV/AIDS Patients to Face Their Fears**

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Many newly diagnosed clients face many fears. It is our responsibility as providers to "Empower Newly Diagnosed HIV/AIDS Patients to Face Their Fears."

The University Medical Center of Las Vegas Wellness Center nurses conducted a study for the purpose of finding out if the newly diagnosed HIV/AIDS patients would benefit from  a nurse visit before their first doctor visit to address their fears, adherence issues, educational needs, emotional needs and clinic operation. The survey was conducted among 300 HIV/AIDS individuals, 21 years of age or older, females and males currently attending the  Center. Clients were asked to answer questions reflecting their feelings when they were newly diagnosed.

* Results were analyzed using data charts. The results indicated the need of a nurse visit before the first doctor visit was crucial to the majority of the patients. 64 % of the patients would have preferred talking to a nurse about HIV/AIDS disease before their first doctor visit and 63% of the patients indicated that they would had preferred talking to a nurse about the clinic operation before their first doctors visit. Based on results, it is suggested the need to conduct patient and nurse visits before the patient's first doctor visit. This may elevate the comfort zone level between the patients and the medical staff when it comes to addressing adherence issues, educational and emotional needs and other patient concerns and fears.

As a result of this study a New Patient Orientation Class was started for any new client coming to the clinic whether newly diagnosed or not. The class focuses on teaching clients about the services and mission, clinic operation, patient responsibilities, and adherence. Patients are also educated on the disease, are allowed to ask questions and are empowered to take responsibility for their health care needs. Each person is allowed to evaluate the class and give their feedback at the end of the class. 96% thought the class was excellent/very good and 100% stated that they got all of their questions answered.  The time for the first visit with the Provider has been reduced by 50%.

**Objectives: The learner will be able to:**

* Understand the findings of 300 HIV clients related to their feelings at the time of diagnosis;
* Discuss the patient satisfaction results received from the clients post instruction;
* Discuss the reduction in patient time spent in clinic and improvement in physician visit quality.

**B-7**

**What's your Problem? Just Use a Condom:**

**Advice on HIV Prevention from Incarcerated Women**

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**Background:** HIV acquisition rates continue to rise in poor, women of color in the Southeastern United States. Ethnic minorities are disproportionately represented in the incarcerated population, including ethnic minority women. Arresting behaviors for women are frequently behaviors that increase HIV risk such as IV drug use and sex work. Attitudes towards HIV prevention have not been adequately explored among incarcerated women and may be used to design more effective HIV prevention programs delivered in prison settings.

**Purpose:**  Formerly incarcerated women who took part in an HIV risk reduction study while incarcerated were interviewed to better understand their attitudes towards condom use, relationship factors such as monogamy and to explore life factors influencing risk reduction behaviors. The insight gained was used to inform HIV prevention strategies targeting any unique needs for this population.

**Methods:**  An HIV prevention study was conducted among incarcerated women in the southeastern United States. Qualitative interviews exploring the risk reduction behaviors women used upon release after receiving the HIV prevention program while incarcerated were analyzed . The women were asked to describe behaviors they used since release and to provide HIV prevention advice to another woman similar to themselves. The results of the qualitative descriptive analysis will be discussed including the themes of attitudes towards condoms, monogamy/trust in the relationship and the realities of life.

**Conclusions:** Women in this study readily agreed that HIV risk reduction behaviors were worthwhile and emphasized the importance of condom use. They generally however did not use condoms themselves stating they trusted their partner or felt that requesting condoms would jeopardize their relationships. Many feared loss of home and support for childcare if they pushed for monogamy and/or condom use. Most gave pointed, clear advice as the presentation title suggests, but did not follow their own advice.

**Implications for Practice:** Nurses aware of the attitudes towards HIV risk reduction strategies for incarcerated women may be able to collaborate with the woman to find strategies that best fit her life once released from prison.

**Objectives: The learner will be able to:**

* Identify common themes from incarcerated women's interviews regarding HIV acquisition and prevention;
* Discuss themes from incarcerated women's actual behaviors related to prevention;
* Apply findings to prevention messaging for incarcerated women.

**B-8**

**Effects of Mental Health and Relationship Power Factors upon Risk Reduction**

**Behaviors among Pregnant Women Receiving Substance Abuse Treatment**

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**Background:** Relationship conflict and mental health problems are likely to decrease women's motivation to engage in HIV risk reduction behaviors. Pregnant women, particularly substance abusers, may even be more disempowered within relationships to negotiate self-protection.

**Purpose:**  To gain deeper understanding of ways in which relationship and mental health variables affect HIV risk behaviors among pregnant, substance abusing women.

**Methods/Practice:** Participants were 224 pregnant or recently postpartum women in substance abuse treatment programs in Miami, FL.  Background variables were history of abuse, history of mental health problems, and percentage of life as a substance user. Intermediate variables were current partner abuse, social support, recent depression, and degree of power in the relationship. Outcome variables were barriers to condom use and current drug use. Structural equation modelling using EQS was performed to test associations.

**Results:**  Participants’ mean age was 27.4 years; most were African-American (45%) or White (39%); 17% were Hispanic and 73% had clinically-significant depressive symptoms. Mean numbers of days in the last 30 using alcohol or cocaine were 6.11 and 11.25, respectively; the most commonly reported barriers to condom use were: condoms are unavailable [42%], reduce intimacy [36.6%] and/or are undesirable [30.1%]).  In the final path model, less social support, more depression, and less power in the relationship were associated with more barriers to condom use. Less power in the relationship predicted more current drug use. Both history of abuse and mental health problems were associated with more current partner abuse. There was one significant indirect effect: history of mental health problems predicted barriers to condom use, mediated through both current depression and power in the relationship. Current substance use was associated with barriers to condom use and less power in the relationship.

**Conclusions:** Depression and gender-based relationship power dynamics can limit the ability of the highest-risk pregnant women to consistently use condoms and abstain from AOD use.

**Implications for Practice:** Clinicians treating pregnant and recently post-partum women who abuse drugs or alcohol should consider possible abuse within their current relationships and other limitations such as depression upon women’s power to engage in and negotiate protective behaviors.

**Objectives: The learner will be able to:**

* Identify associations between history of abuse and mental health problems upon the current state of relationship dynamics and current depression among pregnant women who abuse substances;
* Identify associations between intermediate variables (current relationship and mental health) and HIV risk/protective outcomes among pregnant women who abuse substances.

**B-9**

**Balancing Interactivity and Essential Content in the Development of a Digital**

**HIV Prevention Game for Young Teenagers**

Comfort Enah

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**Background**: African American adolescents aged 13 to 19 years remain disproportionately affected by HIV in the United States. In 2011, 15% of adolescents were African American, yet an estimated 67% of diagnoses of HIV infection in 13 to 19 year olds were in African American adolescents. Adolescents are also less likely to receive care and treatment. To attain the goal of an AIDS free generation, ongoing efforts are needed to identify developmentally appropriate strategies that promote sexual health among African American youth. Tapping into the ubiquitous nature of gaming technologies to address sexual health is one of the promising areas needing further research.

**Purpose**: The purpose of the study was to develop a culturally sensitive individually tailored HIV prevention game prototype for young African American rural adolescents.

**Method**: In this user-centric approach to intervention development, a total of 124 purposively selected African American rural adolescents participated in three phases of data collection. Eighty four adolescents participated initial, and follow up focus group sessions to provide formative data for the development of the prototype. Using and intervention mapping approach, findings were used to develop the game prototype. Forty participants evaluated the initial functioning prototype for acceptability, relevance, and areas needing further development

**Results**: Participants wanted the game to reflect their daily life experiences, and include HIV prevention massages that were implicit rather than explicit. Making the game fun and player controlled emerged as critical to capturing and maintaining the interest of participants in the game. The initial prototype was acceptable to participants and they provided additional input on making the game more immersive.

**Conclusion**: Results provide preliminary evidence regarding the targeted and tailored use of gaming interventions to address health disparities in risks for HIV and other sexually transmitted diseases with rural adolescents.

**Implications for Practice**: Given that African American rural adolescents remain disproportionately affected by HIV and other STDs, nurse researchers and clinicians need to continue to explore innovative strategies that have potential to promote sexual health in this population. In addition using a user-centric approach in the development of such interventions can translate to greater acceptability, relevance, and sustainability.

**Objectives: The learner will be able to:**

* Discuss gaps in HIV prevention efforts among adolescents;
* Describe two major study findings and implications