

## Dual Nursing Role: Effectiveness in Adolescent Transition and Perinatal Outreach

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**Background:** The pediatric and adult clinics are located in separate medical organizations at different locations in the city; therefore there was often a lapse in communication that hindered the coordination of care for pregnant women, exposed infants, and adolescents transitioning to adult care.

**Purpose:** The dual clinic nursing role was developed to promote adherence and provide comprehensive medical care for multiple populations: pregnant women, exposed infants, and adolescents. The role would provide many benefits for providers, families, women, and youth through coordination of care.

**Methods/Practice:** A novel role was created to position a Part D nurse within a pediatric clinic at Phoenix Children's Hospital and the women's/youth clinic at McDowell Healthcare Center. Pregnant women seen at the McDowell clinic were provided with information about perinatal transmission and referred to high risk OB care. The nurse followed the patient during medical appointments to provide education and coordinate a prenatal visit with the Pediatric HIV physician while at the McDowell Clinic. Follow-up information regarding medications and appointments for the baby was provided prior to delivery to allow for smooth, effective care and follow-up for their infants. Delivering hospitals were assisted with ordering medications and scheduling two-week follow-up appointment for the baby, prior to discharge home. Appointments for adolescents transitioning to adult care were planned and described in advance and the youth were able to attend their first appointment with a familiar caregiver, easing the stress of navigating the adult medical system and ensuring the smooth transfer of medical information to the new provider.

**Conclusions:** The role was found to be beneficial for continuity of care by having one designated staff member to share between clinics for women, infants, and youth. Having this role benefits coordination of care for pregnant women, exposed infants and transitioning youth; strengthens family/provider relationships and increases communication between providers.

**Implications for Practice:** It is beneficial for continuity of care to have one designated staff member who is able to be shared between clinics for women, infants, and youth.

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

- Describe 2 ways in which a dual nursing role in pediatric and adult care can enhance HIV positive adolescents' transition to adult care;
- Describe the benefits of a dual nursing role in pediatric and adult care in reducing the risk of perinatal transmission of HIV.

**Transitioning Youth to Adult Care through Project ACCESS  
(Adolescent Connecting Care to Engage, Strive and Succeed)**

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**Background:** It is estimated that 1.5 million people are living with HIV in the United States, with one in five are unaware of their status. Nationally, adolescents and young adults continue to demonstrate high rates of HIV and STI infection. In 2009, youth aged 15-29 comprised 39% of all new HIV/AIDS diagnosis (CDC, 2011). Despite concerted efforts, youth continue to be one of the hardest populations to engage into care. Additionally, youth present specific challenges when transitioning to adult care. New tools and strategies need to be utilized to engage and retain youth in care as they transition to adult HIV care.

**Purpose:** To provide nurses and other clinical care providers with new tools and innovative strategies to transition youth to adult HIV care.

**Methods/Practice:** Anecdotal information will be reviewed focusing on the use of a client-centered transition to adult HIV care protocol.

**Conclusions:** As new youth age out of pediatric programs, clinical practice must advance in a way that embraces empowering youth to make better decision about how and where youth receive care. By using a client-centered transition to care protocol, nurses and other clinical care providers can further help their youth patients by engaging them in a way that is receptive and accessible to youth.

**Implications for Practice:** By using a client-centered protocol, nurses can improve their interaction with their youth patients, thereby improving successful patient transition rate to adult HIV care.

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

- Better understand the unique challenges of transitioning youth to adult HIV care;
- Develop an assessment tool to ascertain patient's readiness to transition to adult HIV care;
- Adapt a transition to care protocol in their agencies that is client centered and patient self-managed.

**Condom Attitudes of Older Hispanic and Non-Hispanic Heterosexual  
Men Using Prescribed Sexual Enhancement Drugs  
(Viagra, Cialis, Levitra) for Treatment of Erectile Dysfunction**

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**Background:** Sexually active older heterosexual men may be at risk for HIV infection related to lack of knowledge of safer sex practices, such as condom use. Cultural differences may also affect older men's acceptance or attitudes toward condoms.

**Purpose:** The purpose of this study was to describe older Hispanic and non-Hispanic men's condom attitudes in relation to effect on sexual experience. This study was part of a larger NIH funded study that explored safer sex practices of older men using prescribed sexual enhancement drugs to treat erectile dysfunction.

**Methods:** After IRB approval, a convenience sample of sexually-active heterosexual men ages 50 and older using prescribed drugs (Viagra, Levitra, Cialis) to treat erectile dysfunction were recruited from physician offices and by community fliers in South Florida, USA. The sample size was 86 men. One half of the sample were ages 50- 59; 28% were ages 60- 69; and 22% were ages 70- 79; almost half were Hispanic. The 10-item Effect on Sexual Experience subscale of the Condom Attitude Scale was completed during a telephone interview. Data were analyzed using SPSS.

**Conclusion:** A majority (60% or more) of the men agreed with the statements "condoms reduce spontaneity of sex," "take the wonder out of sex," "are a hassle to use," "take the pleasure out of sex," interrupt the pleasure of sex," and "dislike condoms because they decrease sensitivity during intercourse." Additionally, 48% agreed that "condoms are disgusting", and 58% agreed that condoms "take time out of foreplay." Almost a third of the men agreed that you could lose an erection by putting on a condom.

**Implications:** Findings reveal negative attitudes toward condoms for this sexually active older heterosexual group. Findings also demonstrate the need for targeted age- and culturally-appropriate HIV prevention, safer sex and condom use education for older men who are using prescribed sexual-enhancement drugs.

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

- Discuss the use of erectile dysfunction drugs in older men;
- Describe older Hispanic and non-Hispanic men's condom attitudes in relation to effect on sexual experience.

**Ease of Use and Applicability of a Spanish Language Computer-Based Counseling Program to Support HIV Treatment Adherence and Risk Reduction**

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**Background:** HIV disease disproportionately affects Latinos in the US. Documented barriers to engaging in care include language, stigma, immigration/migration issues and lack of access to health care. Few interventions have been developed in Spanish to address treatment adherence and risk reduction.

**Purpose:** The RCT of the CARE+ Spanish program has recently completed data collection in three HIV clinics in NYC. This Spanish narrated computer counseling program was adapted using an expert panel. Usability testing in a pilot study (n=8) preceded the implementation. After random assignment (N=512), group A (study) completed sessions at 0, 3, 6, 9 and 12 months, while group B (control) completed modified sessions at the same interval switching to the study arm at the 12 month session (delayed intervention design).

**Methods:** Semi-structured exit interviews, guided by the Technology Acceptance Model, were implemented by trained peer research assistants in Spanish and/or English with purposively selected participants after the completion of the final computer session to evaluate the ease of use and acceptability of the program. Acceptability of the program by the clinic staff was also assessed using focus group interviews.

**Conclusions:** 61 participants completed the exit interviews. Participants were 37 men (61%), 21 women (34%) and 3 transgendered persons (5%), aged 21 - 69 years. Length of time in the US, country of birth and immigration/migration status varied. HIV-related concerns for Latinos were not considered to be different from others except when language, immigration status and stigma were the source. Overall, the CARE+ Spanish program was perceived positively. Most interviewees liked the tool and content, especially the privacy, lack of judgment and reinforcement of medication/treatment information. Some participants did not like the repetition nor directness of content regarding risk behaviors. Some bilingual participants requested an English option. Most reported that they would use the program again in the clinic setting, time permitting. Provider interviewees supported this use, too.

**Implications for Practice:** The diversity of the Latino population must be considered in the assessment, planning and evaluation of interventions. Differences in language, by region and fluency, and cultural norms affect the acceptability of computer-based assessment and health education interventions.

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

- Discuss 2 issues affecting access to HIV care for Latinos in NYC;
- Identify 2 factors affecting ease of use of computer-based health education/assessment programs for Spanish-speaking individuals in the clinic setting.

**Erie County Medical Center's (ECMC) Integrated Interdisciplinary Approach to the Mandated Offer of HIV Testing in Area Hospital's and Primary Care Settings and its' Impact on Testing, Linkage to Care and Partner Notification**

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**Background/Purpose:** New York State HIV testing law was enacted September 2010, mandating the offer of HIV testing in primary care settings and linkage to HIV care. The law cites data proving a direct correlation between early identification of HIV and decreased viral transmission. Challenges associated with implementation of the law include; reluctance of providers to discuss HIV, lack of knowledge of HIV services and the perceived difficulty of system-wide execution of testing.

**Method:** ECMC's Clinical Education Initiative and Expanded HIV Testing Program developed a 1/2 day HIV didactic training including:

- Practical approaches to the routine offer of HIV testing in various clinical settings.
- Streamlined linkage to care for HIV + clients
- Role of Partner Services Programs in prevention

To afford training for a greater number of providers, a 1-hour webinar was later developed and implemented at a number of area hospitals and practices.

**Implications for Practice:** By April 2011, ECMC testing had increased 5 fold resulting in an influx of newly identified HIV+ patients. In one year, 84 new patients were linked to care via inpatient testing and linkage referrals from outside agencies. Many were diagnosed simultaneously with AIDS reflecting previous "Missed Opportunities" for testing.

During the same time period, greater than 2,500 medical professionals attended HIV clinical education trainings, resulting in numerous linkage agreements between ECMC and other healthcare facilities. This established a healthcare web ensuring continuity of care for these clients.

**Conclusion:** Through this integrated interdisciplinary approach, clinical education and training has enhanced provider's skill and comfort level, making HIV testing a routine part of patient care, resulting in earlier identification of HIV. The testing initiative has enabled a streamlined approach to service linkage, enhancing quality of life through client engagement, healthcare retention and reduction in risk behaviors.

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

- Describe the impact of education on the offer of HIV testing and increase in number of HIV tests performed;
- Explain the impact of HIV Clinical Education on the implementation of the NYS HIV testing law within the 8 counties of Western New York;
- Discuss unique implementation strategies of patient outreach and linkage to care for use within their individual settings.

## Diminution of Patient Waiting Time Through Task Shifting in Nigeria

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**Background:** The existing Nigerian National HIV/AIDS strategic plan aims to increase ART access to HIV clients by 50%. Borromeo Hospital, Onitsha is a secondary health facility attending to 1.2million patients with over 5000 HIV positive clients accessing HIV/AIDS services. In Nigeria, only doctors can legally initiate and monitor antiretroviral treatment(ART); while nurses provide HIV Counseling and Testing(HCT) and adherence counseling (AC). However, doctor shortages have made task shifting a necessary step for scaling up HIV services

**Purpose:** To reduce the long queues of HIV clients waiting to see the doctor and waiting again to collect ARVs, some having to pass nights in the hospital premises before it gets to their turn.

**Methods:** Nurses were trained on HIV/AIDS comprehensive management while social workers in the facility and People Living With HIV AIDS(PLWHAs) were trained as HCT and Adherence Counsellors. Thus, the tasks of rendering HCT and AC shifted from nurses to the trained social workers. Meanwhile, the trained Nurses and doctors share the task of attending to patients. Nurses see stable patients, treat minor ailments, determine eligibility for and monitor ART patients while doctors see the complicated cases, provide supportive supervision and mentoring for the nurses.

**Conclusions:** Engaging trained social workers and PLWHAs and shifting tasks to them have significant advantages and improve HIV program outcomes. Also, HIV trained Nurses can effectively manage HIV infected persons thus enabling speedier ART scale-up and ensuring quality care.

**Implications for Practice:** The Nurses are now able to treat patients according to the National ART Guidelines. The introduction of task shifting has had the effect of reducing the average waiting time of clients from 10hours to 6hours. The clinic is able to see more clients who also say they no longer have to spend their whole day in the clinic. The stable clients no longer use up time with doctor thus allowing the clinically ill ones more time. This has allowed Nurses to render immediate care and doctors initiate more clients on ARVs.

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

- Highlight the importance of task shifting, modifying systems and policies in order to accommodate for lack/shortage of human resources and capacity;
- Influence/develop Nurses, who can effectively manage HIV clients enabling speedier ART scale-up and ensuring quality care.

**Supportive Care for HIV Infected, Older, Black MSM  
Who Report Extended Histories of Self Abuse**

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**Background:** Older age is generally associated with many variable health conditions, behaviors and beliefs. However, the experiences of aging Black MSM are often fraught with, emotional and psychological trauma further complicated by a higher incidence of the cardiovascular disease, colorectal cancers, hypertension, and diabetes. In addition to the potential result of self-abusive behaviors some of which may also result in high-risk sexual practices placing aging Black MSM at increased risk for HIV infection.

**Purpose:** The purpose of this case study was to pilot interview a Black MSM, who had previously participated in an aging study of gay males, to determine the need and parameters for extending such a study to an exclusively Black MSM population.

**Methods/Practice:** Previous research in the area of gay aging has pointed to the relative absence of Black MSM in the sample populations and the need to expand the state of the science to include such groups. In this particular **case study**, consideration was given to the experience of aging as a factor contributing to self abusive behaviors that put the participant at higher risk for HIV.

**Conclusions:** The authors noted that the assessment and determination of behaviors as self abusive, particularly among racial and ethnic populations, may influence factors that facilitate health promotion and HIV and other disease prevention modalities within a context of more culturally competent and individualized care.

**Implications for Practice:** To more effectively serve this population, the following assessment/needs guidelines are recommended: A detailed sexual health history should be obtained and risk factors determined, never assume anything. Be aware of the stigma in the Black community with regards to mental health providers. Black MSM are often under-diagnosed for depression. Discuss the experience of aging and client's perception of aging process, plans for future and concerns related to aging. Assess psychosocial functioning including current housing and living arrangements and social support network.

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

- Have Gained a greater understanding of the supportive care needs of older, Black, MSM with extended histories of self-abuse.

## **Incidence of HIV Infection among Infants Breastfed and those not Breastfed by HIV Positive Mothers**

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**Background:** HIV/AIDS is increasing among infants born and breastfed by HIV infected mothers in Lagos, Nigeria. While considerable control of mother to child transmission of HIV has been controlled in wealthier control, the situation generally in African and Nigeria in particular is abysmal. If corrective action is not taken, more and more children will be infected with HIV virus.

**Purpose:** The purpose of this study is to evaluate the incidence of HIV infection among infants breastfed by HIV infected mothers and those not breastfed by HIV infected mothers.

**Methods:** A one year study was carried out on infant's breastfed by HIV infected mothers in Lagos Nigeria from January 2011- December 2011. Blood samples were collected from 120 infants delivered by HIV infected mothers and analyzed for HIV using the PCR technique. This includes 60 breastfed infants and 60 infants not breastfed, male 58 and females 62.

**Results:** The results shows that 36 (60%) of infants breastfed were infected with HIV while 24 (40%) infants breastfed were negative for HIV. The results further showed that 10 (17%) out of the 60 infants not breastfed were positive for HIV while 50 (83%) infants not breastfed were HIV negative.

**Conclusion:** Infants breastfed by HIV infected mothers contracted HIV virus more than those not breastfed by HIV infected mothers. Breast-feeding increases the risk of HIV infections.

**Implication to Practice:** HIV infected mothers should be counselled not to breast-feed their infants to avoid mother to child transmission. Viral load and CD4 count investigation should be carried out on all HIV positive pregnant women and ARV drug started if necessary.

Education and public awareness is an effective method for preventing mother to child transmission. This should be intensified by nurses during and after delivering, especially to HIV positive mothers who face the dilemma as to whether to breast-feed their infants in keeping with cultural norms, but in doing so risk transmitting the virus through breast milk, and also those who were not able to afford prepared and store formula safely.

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

- Use of educational and public awareness as a good methods to apply to reduce Mother to child transmission of HIV. These methods are to be adopted to women living in rural setting, and those who have little or no knowledge about HIV;
- Volunteering Counselling as a tool to be employed to anti-natal and post-natal HIV positive women to reduce the risk of Mother to child transmission;
- Laboratory Diagnosis to be carried out on all pregnant women. HIV positive cases should be evaluated for CD4 count and viral load and ARV drug administered if need be.



**Pooled 96-week ECHO and THRIVE Analysis: Rilpivirine + Emtricitabine/Tenofovir DF (FTC/TDF) Demonstrates Similar Efficacy with a more Favorable Safety Profile Compared with Efavirenz (EFV) plus Emtricitabine/Tenofovir DF (FTC/TDF) in Treatment-Naïve, HIV-1 Infected Adults**

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**Objectives:** RPV+FTC/TDF demonstrated non-inferior efficacy to EFV+FTC/TDF at Week 48 (W48) with a more favorable tolerability/safety profile in pooled Phase III trials ECHO-THRIVE of treatment-naïve HIV-1-infected adults. W96 analysis of efficacy, virologic failure (VF), resistance, and safety for the FTC/TDF subset, which is particularly relevant with single-tablet regimen available, will be presented.

**Methods:** 1,096 subjects on FTC/TDF with RPV (N=550) or EFV (N=546) were included in this analysis.

**Results:** Similar response rates were observed, with 77% of subjects achieving HIV-1 RNA (VL) <50c/mL (ITT-Snapshot) at W96, for both RPV+FTC/TDF and EFV+FTC/TDF. Virologic response, stratified by baseline VL (BVL), was similar among subjects with BVL ≤100,000c/mL (83 vs. 77%) and 100,001-500,000c/mL (74% vs. 73%); and were 60% vs.75% for BVL >500,000c/mL for RPV+FTC/TDF vs. EFV+FTC/TDF, respectively. Mean increase from baseline in CD4 count was 226 and 222 cells/mm<sup>3</sup> for RPV+FTC/TDF and EFV+FTC/TDF, respectively. In Year 1 (up to W48), virologic failures (VF) in were greater with RPV+FTC/TDF (11.5%) vs. EFV+FTC/TDF (4.2%); in Year 2, VFs were low and similar in both arms (2.7% and 2.6%, respectively).

The overall safety profile was superior for RPV+FTC/TDF with less subjects discontinuing due to AEs (4% vs. 9%; p<0.0011). AEs leading to discontinuation in >1% of subjects were: psychiatric disorders (1.6% RPV+FTC/TDF and 2.4% EFV+FTC/TDF) and rash (2% EFV+FTC/TDF). Through Year 2 the incidence of treatment-related Grade 2-4 AEs was 17.1% (RPV+FTC/TDF) and 33.2% (EFV+FTC/TDF). Compared to RPV+FTC/TDF subjects, a significantly greater proportion of EFV+FTC/TDF subjects experienced any neurological AE (16.7% vs. 37.2%, respectively) or psychiatric AE (16.2% vs. 26.7%, respectively) - most commonly dizziness and abnormal dreams/nightmares. Grade 2-3 elevations in total cholesterol (7.2% vs. 21%) and LDL (8% vs. 19%) were significantly less common with RPV+FTC/TDF vs. EFV+FTC/TDF, respectively.

**Conclusions:** At W96, RPV+FTC/TDF showed sustained antiviral efficacy that was non-inferior to EFV+FTC/TDF. While the VF in resistance analysis population was higher with RPV than EFV in Year 1, VFs in Year 2 were similar among both arms. RPV+FTC/TDF was well tolerated with lower incidences of Grade 2-4 overall AEs, Grade 2-4 lipid abnormalities, and AEs leading to discontinuation vs. EFV+FTC/TDF.

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

- Describe virologic response of regimens containing RPV or EFV combined with FTC/TDF, and how these might differ by baseline viral load among ART-naïve patients who are candidates for treatment with these two regimens studied in ECHO/THRIVE;
- Characterize the differences in safety/tolerability profiles among ART-naïve patients treated with RPV + FTC/TDF vs EFV + FTC/TDF, and how these might influence proper patient selection of the two regimens studied in ECHO/THRIVE.

## School Performance in HIV Positive Children

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**Background:** According to the Centers for Disease Control, at the end of 2007 an estimated 2,700 children under the age of 13 were living with HIV/AIDS in the US. Currently, most children with HIV live well into adulthood. Success in school is a necessary precursor to becoming an active member of society. However, there are HIV-related barriers that threaten this goal. Many HIV-positive children have ADHD, another learning disorder, and/or motor, speech or cognitive delay.

**Purpose:** This project addressed the following questions: Which students have an IEP or 504 Plan? What are the child's grades and attendance? What are parent perceptions of how their child is doing in school and how do they compare with teachers' perceptions?

**Methods:** This prospective, cross-sectional mixed methods study examined 18 school age patients from a pediatric HIV clinic in the southwest. The main reason given for non-participation was fear of breach of confidentiality about the child's diagnosis. Participant families were recruited during a routine clinic visit. Informed consent as obtained to 1) request grades, attendance, and a copy of any IEP/504 plan from the school, 2) interview the parent, 3) invite the student's teacher to respond to an online survey, and 4) complete medical record review for neurodevelopment exam records and medical conditions that might affect school performance.

**Conclusions:** Over half of the students had medical or mental health conditions which could affect learning. It was difficult to obtain information from schools while maintaining confidentiality. Only 5 children had data from all sources, with school records and teacher surveys being the most commonly missing. There were 13 students for whom there were developmental evaluations recommending accommodation in the classroom. Five of these students had no IEP or 504 plan in place. In addition, six children were known to have an IEP/504 plan, but it was not in the medical record.

**Implications for Practice:** These findings suggest better information exchange between clinic and school would benefit children with HIV. Closer follow-up and advocacy with parents and schools could help HIV positive children to optimize their educational opportunities.

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

- Describe prevalence of school difficulties in HIV-positive children;
- Describe difficulties in communication of information between schools and clinical staff regarding school performance.

**An Evaluation of Undergraduate Nursing Students  
Participating in HIV/STI Counseling and Testing During a  
Community Health Nursing Clinical**

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**Background:** Recent changes in nursing curricula and changes in the HIV epidemic provide very little opportunity for undergraduate nursing students to provide care for persons with HIV infection. The majority of HIV care is provided in outpatient or community health settings; therefore, community health nursing clinicals are an ideal opportunity for students to provide care for persons with HIV infection.

**Purpose:** The purpose of this study was to evaluate the experiences of BSN nursing students who participated in an HIV/STI testing and counseling experience at a community-based organization (CBO).

**Methods:** Twenty-five BSN students completed a 6-hour clinical experience at a CBO that provides HIV/STI counseling and testing. Under the supervision of faculty and staff at the CBO, students were given the opportunity to observe the HIV/STI counseling and testing experience, and were able to provide individualized client education. Students were selected for the experience based on an essay they wrote that discussed their interest in HIV/STI counseling and testing. At the end of the community experience, students were asked to evaluate the experience in meeting their learning needs.

**Conclusions:** Student essays provided faculty with a method to gauge student interest in HIV/STI counseling and testing. The evaluations of the experience were overwhelmingly positive. This experience provided students with a unique community health nursing clinical experience.

**Implications for Practice:** Providing a clinical experience such as this may provide students with a unique learning experience. This experience may also encourage students to consider employment in some aspect of HIV/AIDS nursing.

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

- Discuss factors that might influence student interest in an HIV/STI testing and counseling clinical experience in community health nursing;
- Provide an explanation of a community health nursing experience for BSN students in a community health nursing course;
- Discuss methods of evaluation of this clinical experience in meeting students' learning needs.

## Desire's Story: A Case Study in Power as Knowing Participation in Change

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**Background:** Sexually abused at an early age, Desire (pseudonym) was infected with HIV at age 16. By age 32, Desire had a criminal record for prostitution and possession of illegal drugs. To avoid incarceration, Desire agreed to be remanded to a drug rehabilitation program for PLWHA. This case study describes the use of Barrett's Power Theory by a Nurse Practitioner to support Desire's actions to change her life.

**Purpose:** The purpose of this case study is to demonstrate the use of Barrett's Theory of Power as Knowing Participation in Change (PKPC) to support a client's transition from power as domination or coercion to power as knowing participation. Nurses assisted the client in developing an awareness of the possibility of change and identifying choices available for change. Nursing support and feedback confirms for the client that she does have the power to perform actions that result in improved health and wellbeing. The case study describes changes in nursing practice resulting from the nurse-client power sharing relationship.

**Methods/Practice:** The case study outlines the method of nursing critical analysis used to select the nursing diagnosis of *Enhanced Readiness for Power*. Implementation of the actions involved in the interventions of *Active Listening* and *Presence* are discussed. Behavioral indicators used to measure the achievement of the nursing outcomes *Enhanced Health Seeking Behavior* and *Enhanced Power* are reviewed. Both the NP and client's perspective on the achievement of the outcomes is presented.

**Conclusions:** People are often viewed as powerless beings that nurses feel obligated to "empower." This is not the case. People simply need to become aware of their innate power as human beings. Desire's poem about the discovery of her own power is included as an example of this self-awareness. Integrating PKPC into nursing practice supports the client's process of transformation; change becomes a mutual process for both the nurse and the client.

**Implications for Practice:** Identification of readiness to accept and use power as knowing participation in change creates a nurse-client relationship that supports the exploration of issues that affect the client's health, create strategies for change, and allows the person to experience power as an energy to change their life and health.

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

- Use Barrett's Theory of Power as Knowing Participation in Change (PKPC) to develop nursing care plans for people living with HIV;
- Identify a person's readiness for enhanced power;
- Implement PKPC nursing interventions to achieve improved health seeking behavior and enhanced power in the person living with HIV;
- Evaluate the achievement of nursing outcomes that reflect the achievement of power as knowing participation in change in persons infected with HIV.

## A Road Map Leading to Hepatitis C Virus (HCV) Treatment for HIV/HCV Coinfected Individuals

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**Background:** The Miriam Hospital Immunology Center is the largest Ryan White-funded HIV care center in Rhode Island, serving 1500 HIV-infected patients. The HIV/Viral Hepatitis Coinfection Clinic cares for one-third of Immunology Center patients coinfecting with hepatitis C virus (HCV).

**Purpose:** Coinfection Clinic aims include: education; evaluating disease stage/other liver disease etiologies; determining sequence of HIV versus HCV therapy; HCV treatment; treatment of addiction, psychiatric illness and potential contraindications to therapy; hepatocellular carcinoma screening; and care of cirrhotics. The treatment philosophy of our Clinic is to offer all patients, including patients with comorbid addiction/psychiatric illness, HCV therapy.

**Methods/Practice:** A myriad of specialists work with patients at varied stages during HCV care. Following referral from their HIV physician, patients meet with the Coinfection Physician for initial liver evaluation and together determine next steps for HCV care, which may include treatment by our Coinfection Team or consideration for clinical trials of new therapies. Patients deciding to undergo HCV treatment are next referred to the Coinfection Nurse.

The Nurse plays an integral role in each patient's HCV care. The Nurse is responsible for engagement/retention, nursing case-management and education, evaluation of substance use, and treatment support. At each visit the Nurse provides education and medical assessment. The Nurse facilitates referrals to related clinical care. During HCV treatment, the Nurse coordinates with Physician and meets patients weekly for directly-administered pegylated interferon injections and prompt adverse event management. This optimizes safety, tolerability, and adherence thereby minimizing treatment discontinuations.

Patients may attend a weekly coinfection support group facilitated by a Clinical Psychologist and Research Assistant. The group supports patients on HCV treatment and encourages others to undergo therapy.

Before initiating therapy, patients are evaluated by a Clinical Psychologist. During treatment, the Nurse monitors patients' mental status and if change is evident, the Psychologist meets with patients to provide appropriate care. Psychiatrists with experience working with coinfecting patients provide psychiatric care as needed.

**Conclusions:** Our Clinic provides an individualized model of HCV treatment among a unique coinfecting population.

**Implications for Practice:** At the center of the program is a dedicated Nurse assisting patients during all stages of HCV treatment.

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

- Present information about our model of care and the key players involved in the model;
- Discuss how this model works in "real time" with patients who present with multiple comorbidities and the challenges that this model has overcome;
- Cite the barriers and facilitators of coinfection care with this model.

**Developing Creative Partnerships and Working Collaborations for  
PLWHA - Initiating Connections to Care, Reducing Harm, and Optimizing Health**

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**Background:** Health disparities impact how PLWHA access healthcare. In communities of color, substance use, mental illness, homelessness, and co-morbid health conditions are often present. It is critical to develop collaborative strategies with other stakeholders that improve access to care and optimize health outcomes.

**Purpose:** To examine how health care collaborations create opportunities for nurses to engage patients, retain them in care, promote harm reduction practices, and improve health outcomes.

**Methods/Practice:** A New York City Community Health Center (CHC) in collaboration with an insurance company, a harm-reduction program, and learning collaborative implemented the following strategies:

- Mobile Engagement Team to coordinate outreach, case management, and psychiatric field assessments and counseling. Patients who had lapses in treatment were successfully re-engaged in medical and mental health care through this process.
- NY Learning Collaborative - focused on developing and sustaining access to care systems for CHC's for PLWHA; streamlined clinic procedures, making it easier to make appointments, reduced clinic wait times, and increased same day access.
- Health and Wellness Center - a primary care clinic was established in a needle exchange program; collaboration has increased testing for HIV and Hepatitis C, resulting in early treatment.
- HPTN 065 (TLC-Plus) - as a participant in HIV Prevention Trials Network (HPTN) study, the CHC offered incentives for undetectable viral loads and quarterly HIV medical visits. Previously non-adherent patients now have reduced or undetectable viral loads.

**Conclusion:** Partnerships within the health care community are an essential component of care. Collaborative health care strategies help to re-connect patients lost to care, retain them in care, and optimize health care outcomes.

**Implications for Practice:** Developing effective partnerships can provide unique care opportunities with major public health implications - early identification and treatment, enhanced patient adherence, reduced HIV transmission, and improved morbidity rates.

**Objectives: Participants will be able to:**

- Discuss the differences between "partnership" and "collaboration" as it relates to health care;
- Discuss how partnerships and collaborative work practices can be operationalized (connect to care, reduce harm, optimize health outcomes) within a health care community.

**Reduction of Mother to Child Transmission in Rural Communities  
by Tracking of HIV Positive Pregnant Mothers through the  
Traditional Birth Attendants (TBAs)**

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**Background:** HIV positive mothers chose to keep away from hospitals, rather prefer to patronize the Traditional Birth Attendants (TBAs) due to stigmatization and discrimination experienced in hospital facilities thereby not getting the necessary prevention of mother to child transmission (PMTCT) of HIV. There was need to reduce the incidence of Mother to Child Transmission {MTCT} among 20,000 populations of women in Maraba/Uke community where majority of the pregnant women patronize TBAs.

**Purpose:** To educate and equip the TBAs on HIV and PMTCT in order to help reduce the incidence of MTCT.

**Methods:** Questionnaires were shared among TBAs and the answers received showed that a lot of TBAs are not knowledgeable about HIV/AIDS and PMTCT.

With the findings, we, the Association of Nurses and Midwives integrated the TBAs into PMTCT programs. Trainings were organized for TBAs and they were educated comprehensively on HIV/AIDS and PMTCT. TBAs were also trained on how to track and refer HIV positive mothers for further management.

The healthcare workers in the hospital were sensitized on the effects of stigmatization. The TBAs were also integrated into the care and management of HIV positive mothers and HIV exposed babies.

**Conclusions:** Tracking of H+PM through TBAs is a good method to be adopted by facilities. Through this the TBAs no longer feel inferior to nurses rather they are part of the care, thereby working hard to ensure compliancy which leads to drop in the rate of MTCT in the communities.

**Implications for Practice:** The TBAs now request for a routine HCT for pregnant mothers on their 1<sup>st</sup> antenatal visits and referred mothers who tested positive to HIV, linked them to PMTCT centers for proper/further management. 30 HIV positive mothers referred by TBAs were well managed during antenatal, delivery and puperium. Another 15 who were referred but didn't show up were tracked. PCR test carried on their babies showed HIV negative and mothers are healthy and happy. Good effect was seen by the 60% reduction in the incidence of transmitting of this virus to the unborn babies in Marabe/Uke community.

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

- Parameter for Traditional Birth Attendants (TBAs) in reducing Mother to Child Transmission of HIV;
- Highlight the importance of tracking HIV positive mothers in rural communities.

**An Evaluation of the Effect of Action Meal on Malnourished  
PLWHA at Selected Health Facilities in Nigeria**

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**Background:** Malnutrition is considered to be the most common cause of immunodeficiency worldwide. Malnutrition, immune system, and infectious diseases are interlocked in a complex negative cascade thus malnutrition is one of the biggest problems faced by HIV/AIDS patients especially in developing countries where poverty abounds. In Nigeria about 90% of HIV positive patients are malnourished. This prompted the Institute of Human Virology Nigeria, to introduce a free cereal based Nutritional supplement - ACTION meal<sup>®</sup> that meets the immediate nutritional needs of patients.

**Methods/Practice:** 12 Health facilities were selected as pilot sites for the provision of ACTION meal to malnourished clients. Health care workers were reoriented on the calculation of clients BMI and daily caloric intake/caloric deficit using weight /height parameters and dietary recall respectively. Action meal was prescribed by nurses to clients that qualified for therapeutic nutrition (BMI < 18.5). Clients were followed up fortnightly and discharged from the program when a BMI of over 18.5 was reached. A register was used for longitudinal documentation of service.

**Results:** 451 Clients received the meal; 142 (31%) Males and 309 (69%) Females. The mean weight, height and BMI at baseline were 43 kg, 1.63m and 16.4kg/m<sup>2</sup> respectively. Of the 451 clients that met the eligibility criteria for prescription, 84(19%) of these had a second visit, 16 (4%) had a third visit and only 4 (1%) had a fourth visit. The mean weight and BMI difference at each visit ranged from 1- 3.6kg and 0.36 – 1.55kg/m<sup>2</sup> respectively. For the four Clients that had three follow-up visits, the mean weight gain and BMI from baseline was 2.5kg and 0.94kg/m<sup>2</sup> respectively.

**Conclusion:** Malnutrition remains a silent killer for patients with HIV/AIDs. Access to therapeutic foods and retention in care remains a serious problem in Nigeria. In addition to incorporating nutritional components into HIV programming, innovative interventions to improve adherence to therapeutic meals and retention in care is necessary in order for clients to have maximal therapeutic benefits.

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

- Differentiate normal and abnormal BMI;
- Conduct nutritional assessment for clients.



## Exploring Differences in Stress, Isolation, Physical Activity and Sleep in Older and Younger Adults Living with HIV

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**Background:** PLWH have increasingly longer life spans and recent estimates suggest that by 2015, 50% of all HIV cases will be over the age of 50. This age group faces different challenges to self-management than PLWH under the age of 50, including increased stress and social isolation, which directly impact their ability to carry out important daily self-management behaviors.

**Purpose:** The purpose of our study was to: [1] describe and compare levels of stress, social isolation, physical activity, and sleep between older PLWH (>51 years of age) and younger HIV-infected adults (18-50 years); and [2] describe and compare differences in levels of stress, social isolation, physical activity, and sleep between men and women living with HIV.

**Methods:** We conducted a cross-sectional cohort study. We purposively recruited 98 PLWH by the four age and gender groups. Participants completed one study visit to obtain descriptive data on levels of stress, isolation, physical activity, and sleep. Data sources included wrist actigraphy, medical chart abstraction, and self-report surveys.

**Results:** Ninety-seven participants were enrolled and have completed all assessments (52% male). The mean age of the male participants was 47.4 years (+/- 8.2) and of the female participants was 49.2 years (+/- 8.2). Most are African-American (85%), single (71%); and have a high school education (54%). Mean level of perceived stress was 22.2 (+/-7.5) indicating high levels of stress; the mean level of social isolation was 16.9 (+/- 4.9) indicating moderate levels of social isolation. Eighty-three percent of participants engaged in physical activity in the past week and, on average reported spending an average of 20 minutes per day in physical activity. They had a mean daily sleep duration of 5.7 hours (+/-2.3hrs), sleep efficiency of 68.8% (+/-25.0), and sleep fragmentation of 33.9% (+/-18.1). Analyses exploring the differences in outcomes by sex and age are currently ongoing and will be presented.

**Conclusions and Implications for Practice:** Findings from this research will guide development of a future intervention promoting self-management for PLWH and may improve the health and well-being of this highly vulnerable population. Nurses can use these findings to personalize interventions targeting self-management in PLWH.

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

- Describe the theoretical and methodological background of our study;
- Describe our findings related to the differences in stress, physical activity and sleep in PLWH by sex and age.

## **Five Collaborative Research Studies of the International Nursing Network for HIV/AIDS Research**

### The International Nursing Network for HIV/AIDS Research *USA*

**Background:** Since its establishment in 1995, the International Nursing Network for HIV/AIDS Research has completed five collaborative studies on HIV/AIDS. These studies have addressed a number of important topics for HIV/AIDS nursing, including treatment adherence, symptom management, self-care, quality of life, and self-compassion.

**Methods:** Studies have included both quantitative and qualitative methodologies, as well as web-based data collection techniques in some cases. The Network's fourth collaborative study was a randomized controlled trial.

**Results:** A summary of all of the result from each study will be presented.

**Conclusion:** Collaborative research is an effective way to build knowledge about HIV/AIDS nursing care. The Network's body of research has added substantially not only to our knowledge, but also to the pool of nursing researchers.

**Implications for Practice:** Health care providers can use the information gathered through these studies to improve care for their patients.

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

- Increase knowledge about various research methodologies;
- Increase knowledge about the breadth of research conducted by the Network.

**Best Practices in Sexual History Taking in Youth:  
An Educational Simulation**

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**Background:** American youth engage in sexual encounters at younger ages than in years past-as young as 10 or 11. In the state of Washington, minors may provide consent for contraception and termination, but those 13 and under who seek the care and advice of a health care provider regarding sexually transmitted diseases must have the consent of a parent or guardian.

**Purpose:** Given the young ages of these clients, it is incumbent upon providers to build trusting relationships, take sexual histories, discuss risks, and recommend forms of protection from STIs and/or pregnancy. The simulation scenario presented here demonstrates a version of a best practice for taking a sexual history.

**Methods/Practice:** This simulation was designed to be used in nurse practitioner training. It takes place in a family planning clinic where a 14-year-old girl has arrived to request birth control do to an ongoing consensual sexual relationship with a 16-year-old boy. A nurse practitioner student must then engage with the youth. For this presentation, a team of graduate students produced a script using knowledge of the nurse practitioner role, common pitfalls of sexual history taking, and likely responses from the client. The video was produced to resemble a public clinic exam room. Three members of the team portray the client, the nurse practitioner, and a nursing student who is shadowing the practitioner and acting as a same-sex chaperone to reduce liability and enhance the therapeutic relationship.

**Conclusions:** The end-product short video demonstrates the building of a trusting relationship between the provider and the client. The practitioner takes a sexual history, provides the client with advice about sexual health, and ensures that the client leaves with protection. The simulation concludes with the client choosing to acquire condoms on her way out and taking responsibility for her sexual health.

**Implications for Practice:** The intention of this simulation is to provide teaching opportunities for practitioners, demonstrating good sexual history taking practices. This "best-case" scenario exemplifies a non-threatening, non-judgmental setting in which the practitioner is able to correct misconceptions and help support the teen in making healthy sexual choices of her own.

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

- Describe the importance of sexual history taking among youth in the US;
- List the merits of video simulation and role play as an educational tool both clinically and academically.

**Opiate Use for Patients Living with Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome, Chronic Pain, and Addiction Disorders**

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**Background:** There is a high prevalence of chronic pain and addiction disorders amongst people living with HIV/AIDS (PLWHA). Harm reduction focuses the right for PLWHA, chronic pain, and addiction disorders to have their pain adequately controlled with opiates if necessary. There is a lack of HIV-specific guidelines and providers must utilize and synthesize the existing research.

**Purpose:** The purpose of this literature review is to analyze and critique research in order to provide guidance to ANPs that work with PLWHA and addiction disorders so that they may safely furnish opiate medications, in cases where they are indicated, to manage chronic pain.

**Methods:** A literature review was conducted on five research studies to develop implications for clinical practice and future research.

**Results:** For PLWHA, chronic pain, and addiction disorders having their pain well-controlled could lead to the reduction of illicit drug use or prescription opiate medication misuse. Given that over 50% of their chronic pain is attributed to the HIV disease process and the antiretroviral (ARV) medications, researchers need to validate whether existing research and guidelines for the population at-large can be generalized to these patients.

**Conclusions:** More research studies on PLWHA, chronic pain, and addiction disorders are necessitated to develop evidence-based interventions in order to safely implement chronic opioid treatment plans.

**Implications for Practice:** An implication for practice is to synthesize information from research studies and develop a protocol for furnishing opiates to PLWHA, chronic pain, and addiction disorders. A comprehensive protocol needs to include evaluation, treatment plan creation, patient education and agreements, regular follow-up intervals, referral plan, documentation, and adherence to federal controlled substance laws. This comprehensive protocol directs the assessment and ongoing management of chronic pain for their patients in this population.

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

- Analyze current research on people living with HIV/AIDS, (PLWHA) chronic pain, and addiction disorders;
- Synthesize current research and develop implications for practice.

**Predicting Factors that Influence Cervical Cancer Screening in HIV-Infected Women:  
Using the Health Belief Model**

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**Background:** The National Cancer Institute and the American Cancer Society estimate that more than 12,000 women will be diagnosed and over 4,000 will die secondary to cervical cancer. HIV-infected women are at an increased risk for developing cervical dysplasia and cancer as a result of the HPV-infection because of their compromised immune systems. Cervical dysplasia is detected by Pap testing; therefore, making Pap testing vital in the early detection of cervical dysplasia and prevention of cervical cancer. Current guidelines recommend conducting Pap testing every six months during the first year after diagnosis or during the first year in care and annually thereafter in women infected with HIV. HIV-infected women are not obtaining Pap testing per the recommended guidelines.

**Purpose:** To evaluate HIV-infected women's knowledge of, perceived susceptibility to, and perceived seriousness of cervical cancer. Further, the study will assess HIV-infected women's perceived self-efficacy to, perceived benefits of, and perceived barriers to Pap testing.

**Method:** The research design is an exploratory, cross-sectional, quantitative correlational design. The sample of convenience will consist of participants recruited from an ambulatory HIV clinic in Florida. To participate in the study, women must have a diagnosis of HIV or AIDS, be 18 years of age or older and be able to read and understand English. Attitudes will be assessed with Champion's Health Belief Model and Champion's Self-efficacy scales. Knowledge will be evaluated with an updated HPV/Cervical Cancer Knowledge scale. Sociodemographic variables will be assessed using a Demographic Data form. In addition, the researcher will review participants' chart collecting the following information: lab values, past medical history and previous Pap history. The information will be analyzed using the latest version of SAS.

**Conclusion:** The researcher is expecting the following: knowledge, perceived susceptibility, perceived self-efficacy and perceived benefits scores to be low, and perceived barriers and seriousness scores to be high.

**Implications for Practice:** The importance of this study is to provide clinicians and researchers with information that they can utilize to identify patients at risk for poor Pap test adherence, thereby enabling clinicians and researchers to develop interventions to increase Pap test adherence.

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

- Define perceived susceptibility, severity, benefits, barriers and self-efficacy;
- Identify variable that increase HIV-infected women's likelihood of obtaining a Pap smear.

**Transitioning the Delivery of HIV Services to Nurses in Primary Care Clinics:  
A Case Study of a Rural, Nurse-Run Clinic in Limpopo Province**

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Rebecca Dillingham<sup>1</sup>  
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**Background:** Provision of HIV services in South African primary health centers (PHC) has been targeted as a national strategy to increase access to antiretroviral treatment (ART). Because of physician shortages, many PHC in South Africa are run by registered nurses. Little is known about how organizational factors impact HIV care quality in these environments. A case study of a nurse-run PHC in rural Limpopo Province will assess and describe the relationship between the clinic's organization and HIV care quality.

**Purpose:** The purpose of this study is to document how HIV treatment services are being adopted into a rural primary health care program and to identify potential clinic structural and procedural variables that can influence HIV outcomes.

**Methods:** Guided by Donabedian's (1966) quality model, our case study will outline the clinic's structural inputs, care processes, and patient outcomes as observed during extended site visits in 2012 and 2013. Visits to non-nurse run HIV programs in Limpopo Province will allow for program comparison. Structural inputs will be assessed through semi-structured interviews with clinic leaders and site observations in summer of 2012. Clinic observations will assess for the physical presence of resources on site. Data from summer 2012 will be used to inform subsequent focus group guides, surveys on staff training and education, and selection of appropriate patient outcomes for review in future research.

Quantitative data will be summarized using SPSS and will provide a summary of the PHC's operating statistics. Qualitative data from interviews and site observations will be analyzed using conventional content analysis to elicit structural factors perceived to influence the quality of HIV care provided at the clinic.

**Conclusions:** We will present preliminary findings on the organization and resources supporting the clinic's HIV program as obtained from interviews and site observations conducted in summer 2012.

**Implications:** Our work will provide a richer understanding of the relationship between clinic structures, processes, and outcomes as they impact the quality of HIV treatment in a rural PHC. Data from summer of 2012 will identify organization and structural elements perceived to impact quality of HIV/AIDS treatment, and inform future data collection.

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

- Differentiate nurse-run HIV programs from non-nurse run programs in Limpopo Province;
- Identify at least 2 structures important for nurse-run primary health centers providing HIV/AIDS treatment.

## HCV Treatment in HIV Coinfected Intravenous Drug Users

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**Background:** Statistics indicate that 70-95% of HIV-infected intravenous drug users are coinfecting with HCV. Hepatitis C treatment guidelines state that a past or active history of intravenous drug use should not exclude patients from treatment if its use will not interfere with treatment adherence.

**Purpose:** The purpose of this review was to examine the evidence for treating HCV in HIV coinfecting intravenous drug users in order to help guide the ANP in treatment decisions.

**Methods:** A PubMed search was conducted and limited to English studies conducted from 2007 to the present. The articles were reviewed to determine inclusion of HIV-infected individuals.

**Results:** Four studies were selected that addressed adherence and treatment outcomes. Analyses comparing non-intravenous drug users and intravenous drug users 30 days before treatment initiation had similar adherence. Findings were similar among participants who endorsed intravenous drug use during treatment. Three prospective studies addressed directly observed therapy, adherence, and treatment outcomes. No statistically significant differences were found in sustained virologic response (SVR) in those with and without a period of abstinence prior to treatment initiation or for those who actively used intravenous drugs during treatment. Adherence varied between studies, but was greater than 80%.

**Conclusions:** Coinfecting intravenous drug users attained similar rates of SVR, 18-43%, as in larger HIV trials excluding intravenous drug users. A period of abstinence and occasional intravenous drug use did not affect SVR. Directly observed therapy had positive effects on adherence and SVR. Multidisciplinary teams can positively impact treatment outcomes in patients with intravenous drug use.

**Implications for practice:** The ANP needs to employ an individualized approach for HCV treatment decisions in this population. Treatment decisions need to focus on the patient's desire for treatment as well as social functioning, stability of HIV disease, and medical comorbidities. There is a need for collaboration between HIV practitioners, substance abuse specialists, mental health specialties, peer advocates, support groups, and case management to assist in treatment.

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

- Discuss models of care in which HCV treatment has been successful in HIV/HCV intravenous drug users;
- Discuss current HCV guidelines for the treatment of intravenous drug users;
- Discuss patient and provider barriers to HCV treatment;
- Discuss the findings of four studies that addressed HCV treatment in intravenous drug users.

## Rates of Depression on an Inpatient HIV Unit

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**Background:** There is overwhelming evidence that HIV positive individuals experience high rates of depression. Despite this, there has been no systematic attempt to assess for depression in patients admitted to an acute care HIV unit in a Canadian hospital.

**Methods:** This study conducted depression surveys on patients admitted to the unit over a 12 month period. In addition to the survey, a number of demographic variables were collected.

**Results:** Findings from the study indicated that a significant number of the patients scored as moderate or severe for depressive symptoms on a depression inventory. There was also a statistically significant relationship between depression and illicit drug use. Despite this, relatively few of the patients were being treated for depression.

**Conclusion:** Recommendations from the study include conducting depression surveys on all patients diagnosed with HIV and referring affected individuals for psychiatric assessment and treatment.

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

- Have gained an understanding of how depression impacts on the health and well-being of people infected with HIV;
- Understand how a Beck's depression inventory can be used to assess for depressive symptoms;
- Understand the strategies that can be utilized to treat depressive symptoms.



## HIV Care examined within a Transcultural Nursing Theory Framework

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**Background:** In 2010 over 67% of newly diagnosed HIV infections in the US were in African Americans and Latinos (CDC, March 23, 2012). The cultural diversity of people with HIV infection requires culturally congruent care to meet their care needs. The care we, as nurses, provide addresses the client as an individual, a family, a cultural group and community.

**Purpose:** Culture Care Diversity and Universality Theory provides an assessment via the Sunrise Enabler that can discover the client's worldview, lifeways, social structure and cultural perspectives that influence care, helping the nurse better understand the factors affecting risk reduction behaviors for prevention of transmission and adherence to treatment.

**Method/Practice:** After completing the assessment by interviewing the client, the transcultural nurse uses the three action modes to work together with the client to plan what HIV care will mean for that client. The nurse using culture care preservation and maintenance actions will assist clients to maintain their meaningful care values, as when a regimen is simplified to once a day dosing so as to not interfere with Muslim daily prayers. Culture care accommodation and negotiation actions lead to the adaptation of a cultural practice that could interfere with the action of medications such as herbal remedies or the adaptation of a care regimen to respect the culture. Culture care repatterning and restructuring actions involve the change or modification of lifeways to achieve beneficial healthcare outcomes, such as when adult men become circumcised to reduce HIV transmission risk.

**Conclusions:** These action modes are not unknown to HIV nurses. This is the work that we have done throughout the epidemic, respecting our clients' needs in a holistically caring way. Our willingness to explore the unknown as novices early on has matured into the evidenced-based patient-centered care we deliver now as experts.

**Implications for Practice:** The Theory of Culture Care Diversity and Universality provides a nursing theory with applicability to our diverse client populations, grounding our nursing care activities.

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

- Discuss the applicability of the Theory of Culture Care Diversity and Universality to HIV care;
- Identify 2 action modes of the Theory of Culture Care Diversity and Universality for use when working with clients on ARV adherence.