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How medical students screen for HIV with standardized patients establishing care

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Introduction

- In the US, approximately 1.1 million people are living with HIV.¹
- The US Preventive Services Task Force (USPSTF) recommends HIV testing for everyone 15-65 years old at least once regardless of sexual activity.²
- Individuals with risk factors such as injection drug use or new sex partners with unknown status should be tested more frequently.²
- Knowing one's status is important to reduce infections, but less than 40% of Americans have ever been tested for HIV.³

Purpose

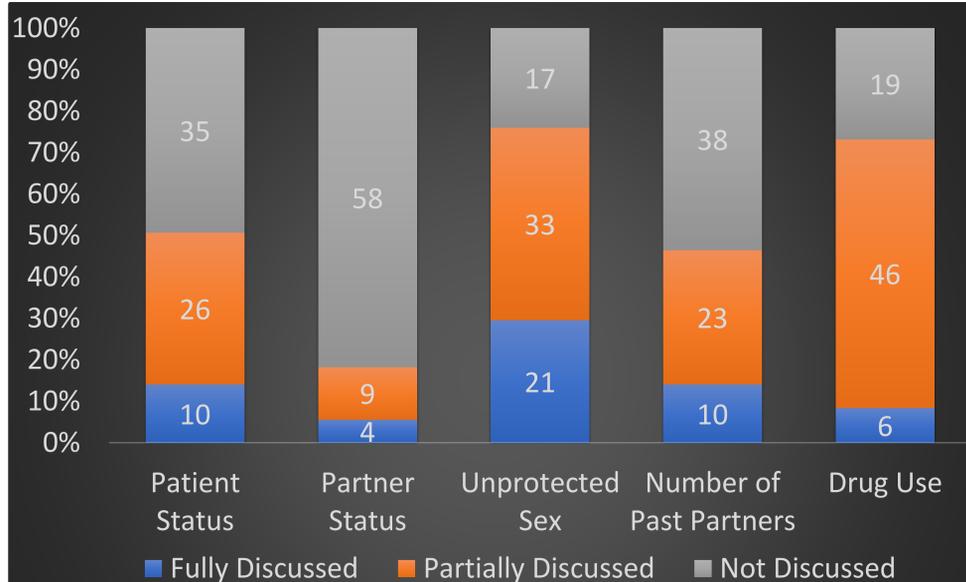
The purpose of our study is to identify the whether medical students discuss HIV status and testing recommendations with patients.

Methods

- Rising third-year medical students were recorded taking new patient histories from standardized patients establishing care.
- If asked by the trainee, the patient reported that they had never been tested and did not know their HIV status or their partner's.
- The recordings were sampled (n=71) and coded for criteria regarding HIV screening:
 - Discussions of risk factors: unprotected sex, intravenous drug usage, multiple partners, patient/partner HIV status
 - Context given to the patient as to how screening questions related to HIV
 - Tone of the HIV discussion as accusatory, informative, and/or non-judgmental
- This study was approved by the University of Louisville Institutional Review Board.

Results

Figure 1: HIV risks discussed in standardized patient encounters (n=71)



Risk factors were considered fully discussed if the student fully addressed the factor as it pertains to HIV.

Risk factors were considered partially discussed if the student brought up the topic but it was not discussed in enough detail to identify risk.

HIV testing was recommended to the patient by only 7 students.

- Risk factors were discussed thoroughly enough to assess HIV risk in only a minority of encounters and were discussed in regards to other health issues more frequently (Figure 1):
 - Some students broadly discussed STI status, but only 10 students explicitly discussed HIV status
 - Many of students discussed protection during sex, but only 21 specified if protection was used during both vaginal and anal sex.
 - Most students discussed drug use, but only 6 specified intravenous drug use
- Overall, the tone of most discussions was informative and non-judgmental across all screening topics (Table1).

Successful recommendation: "We can do a full STI panel just to be safe, and we'll include HIV testing in that. It's something we recommend to most of our patient's if they haven't done it before, just so you can know your HIV status. You can do it with your partner as well."

Table 1. Tone used in HIV screening discussions (each could be categorized with none, one, or multiple tones)

Tone: Description	Patient Status	Unprotected Sex	Past Partners	Drug Use
Informative: any discussion in which the student clarified why the information was relevant to the patient's health. e.g. "It is important to know your STI/HIV status in order to prevent transmission."	8	10	1	1
Non-Judgmental: any discussion that clarified that the questioning was standard. e.g. "I recommend screening to all my patients"	34	53	32	45
Accusatory: any discussion that would make the patient uncomfortable. e.g. asking if the patient uses any "illegal drugs" or if they are "clean"	1	1	1	4

Conclusions

- These results show a lack of explicit discussions about HIV and testing recommendations to patients who do not know their HIV status and have additional risk factors.
- Even when STI status is discussed, HIV status is often not specified, which highlights an important distinction for preventive care since many STI panels do not include HIV testing
- Emphasizing USPSTF recommendations to medical trainees and the importance of all patients knowing their HIV status could help mitigate the transmission of HIV.

Future Study

- Future studies should address how perceived risk for HIV and patient identity affect HIV screening and testing recommendations.
- Additional research on recommendations for HIV testing frequency could help identify additional areas to increase patient testing.

Acknowledgements

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