

## Final Report

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# **HIV/AIDS Education in Health Professionals Training in the Philippines**

*By*

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## **Executive Summary**

It is recognized by both private and public sectors that an adequate education forms an indispensable part in stemming the spread of HIV. While the topic of sex education among primary and secondary schools remains a contentious issue for predominantly Catholic country like the Philippines, the teaching of HIV/AIDS among health professionals is incorporated as vital part of subject on infectious diseases. At present, there is a need to evaluate the current curriculum of health professionals in terms of the adequacy of the teaching of HIV/AIDS in addressing the current situation of HIV/AIDS in the country.

This study was undertaken to review the present state of HIV/AIDS education in undergraduate health professionals' curriculum in the public health education sector and to assess the response of local tertiary private hospitals to the emerging threat of HIV/AIDS.

### MEDICINE CURRICULUM

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- The inputs gathered from the medical students and faculty leaned towards the idea that in general, the medical curriculum was adequate in its scope in teaching HIV/AIDS among the students.
- Suggestions to improve the teaching of the topic included emphasis on patient disclosure, standard precaution, health promotion at the community and hospital and correcting misconceptions about the disease.
- The limited actual patient encounters by the students were seen as deterrent in gaining experience in handling HIV cases.
- It was recommended to strengthen the teaching of psychosocial issues and skills needed for patient counselling.
- Emphasis on standard precaution must not end in the lectures; but it must also be strictly implemented in actual practice.
- Promoting HIV/AIDS awareness during community rotation could be integrated in the curriculum.

## NURSING CURRICULUM

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- It was perceived that nursing students will generally be ready to handle cases of HIV/AIDS since the curriculum is adequate in terms of teaching about it.
- Suggestion on increasing actual patient exposure remained to be the collective opinion of the respondents.
- There were suggestions to put emphasis on discussion of psychosocial issues and standard precaution.
- Increasing the patient encounter, developing patient counselling skills, promoting public awareness of the disease and strictly implementing the practice of standard precaution were recommended strategies for improvement.

## MEDICAL TECHNOLOGY/PUBLIC HEALTH CURRICULUM

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- The curriculum was deemed adequate, with organized course outline on what aspects of the disease that must be highlighted for the purposes of the training program.
- Though the students were receptive to having an actual HIV-positive patient encounter, the significance of this potential learning tool needs to be carefully examined in the context of the general objectives of the undergraduate program.
- It was recommended that patient counseling regarding the screening and confirmatory tests be taught to the students.
- Special seminars on HIV/AIDS could also be included during the fourth year of training to discuss latest developments on the disease.

## MIDWIFERY CURRICULUM

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- Collective inputs from the faculty and students of Diploma in Midwifery showed that the current teaching about HIV/AIDS is generally sufficient.
- There was a perceived confusion on the prescribed breastfeeding practices among HIV-positive mothers.

- There was apparently lack of available patient encounter with HIV patient for the midwifery students.
- It was recommended to devise strategies to address the lack of patient encounters in the training institution.

#### PRIVATE TERTIARY HOSPITALS

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- Current training was deemed to be generally sufficient in addressing the biomedical aspect of HIV/AIDS in tertiary hospital settings.
- The hospitals' surveillance reports showed an increase in the incidence of HIV/AIDS among their patient populations, especially among the 20-30 age-groups.
- For residents and attending physicians, the hospitals expected most, if not all, formal training on HIV/AIDS to have been conducted in medical school.
- The hospitals required all health staff to undergo an orientation (including HIV/AIDS discussion) upon employment/acceptance into residency programs.
- There was a need for further evaluation of current attitudes and practices and the effects of any intervention or training on them.
- Efforts to reduce HIV/AIDS stigma should include information on HIV/AIDS as well as interventions for counseling or acquiring coping mechanisms.
- Increased compliance to standard precaution protocol must be ensured in the hospital setting.

## Introduction

The alarming increase in the incidence of confirmed HIV positive cases in the Philippines has brought to the limelight the current state of HIV/AIDS education in the country. It is recognized by both private and public sectors that an adequate education forms an indispensable part in stemming the spread of HIV. While the topic of sex education among primary and secondary schools remains a contentious issue for a predominantly Catholic country like the Philippines, the teaching of HIV/AIDS among health professionals is incorporated as a vital part of the subject on infectious diseases. However, there is a need to evaluate the current curriculum of health professionals in terms of the adequacy of the teaching of HIV/AIDS in addressing the current situation of HIV/AIDS in the country.

In the country, there are a total of 4,817 reported cases of HIV from January 1984 to March 2010, of which 3,979 are asymptomatic and 838 are AIDS cases. In the active surveillance for 2010, the common modes of transmission include sexual contact, needle sharing among drug users and mother-to-child transmission. In March 2010, there were 120 new HIV antibody seropositive individuals confirmed by the STD/AIDS Cooperative Central Laboratory (SACCL) and reported to the HIV and AIDS Registry. This was a 103% increase compared to the same period last year. This brings the total for 2010 (January to March) to 393 reported cases. (Philippine HIV/AIDS Registry, March 2010)

In light of the emerging threat of HIV/AIDS in the country, it is important to review the public health sector particularly the public health education sector and private tertiary hospitals with regards to their undergraduate HIV/AIDS curriculum as the country attempts to improve its programs against HIV/AIDS and to minimize its spread.

The study was undertaken with the following *primary objectives*:

1. To analyze the current situation of HIV/AIDS lectures and discussions in public tertiary education academic curricula of health professionals in the Philippines.
2. To determine the perceptions of different stakeholders to the sufficiency of the current level of lectures and discussions on HIV/AIDS.
3. To describe the private hospital sector response to the HIV/AIDS problem of the country.

This study was divided into two parts. The first part dealt with the first and second objectives, focusing on the training of health professionals for HIV/AIDS. The second part dealt with the third objective, investigating the response of the private sector to the HIV/AIDS problem.

On the basis of this analysis, the investigators elaborated strategic recommendations for an approach to piloting an exploration into the development of HIV/AIDS package in health

professionals training and the private hospital sector in research, policy and clinical management.

## **Review of related literature**

### **Medicine**

According to the Commission on Higher Education (CHED), the medical curriculum is taught in a four year course, plus another year of Internship at an accredited hospital. Collectively, these five years are required for a medical student to be able to apply for the medical licensure exam. The goal of the curriculum is for students to be skilled enough to perform the duties and responsibilities required of a primary care physician or a general practitioner.

Both the CHED and the Association of Philippine Medical Colleges (APMC) medical curriculum blueprints cite the competencies of medical students to be able to diagnose, manage, track the progress, support emotionally and educate a patient in either an emergency (emergency room situation) or non-emergency situation (outpatient or inpatient ward.) The APMC document details the aspects of the major, required subjects of the curriculum including competencies both core and specific, and a topic outline of the subjects that the curriculum must teach to students.

The CHED memorandum does not specifically state the discussion of AIDS. In the APMC outline of the medical curriculum, the subject of HIV/AIDS can be specifically seen under the subspecialty topics of: Obstetrics-Gynecology, Pediatrics and Internal Medicine (under their respective subsections on Infections/infectious disease) Pathology (under Diseases of Immunity) and Microbiology (under Viral Diseases.) Presumably, AIDS can be taught in Public Health under epidemiology of transmitted diseases. Treatment for AIDS can be taught in Pharmacology under antiviral treatment.

The CHED document is a standard for which all medical curricula need to conform to at a basic level. But the curriculum itself might be subject to change and modification due to the ever-changing landscape of available medical knowledge and medical issues.

### **Nursing**

The Commission on Higher Education (CHED) defines the Bachelor of Science in Nursing course to be a four year course that includes clinical training in the form of RLE (related learning experience.) The curriculum is geared towards nursing care of patients as opposed to the medical curriculum for doctors. The level of involvement in patient care that a student must know increases over time, from simple health promotion in the second year to complete nursing management by the end of the program.

The courses where HIV/AIDS can be discussed as outlined in the CHED memorandum include Micro (Microbiology), CHN (Community Health Nursing), NCM 102 (Care of Mother, Child, Family and Population Group at-risk or with Problems), Pharma (Pharmacology), NCM 104 (Care of Clients with Problems in Inflammatory and Immunologic Response and Perception and Coordination) and INP (Intensive Nursing Practicum), although there is no specific mention of HIV/AIDS.

### **Medical Technology**

The Commission on Higher Education sets the standards and policies in Bachelor of Science in Medical Technology as a four-year course including six-month internship in an accredited training laboratory during fourth year.

The Medical Technology education is designed to develop knowledge, attitudes and skills in the performance of clinical, laboratory tests important for diagnosis, treatment and prognosis of the disease. Graduates of the program are trained to be competent to go into clinical laboratory practice or education or diagnostic industry or in more specialized fields. As mentioned in Section 2 of CHED memorandum order 14 s2006, one of the specific professions that graduates of the Program can go into is being a medical technician in HIV/AIDS testing laboratory. The topic of HIV/AIDS is specifically identified in the following courses as outlined in Section 11 of the CHED guidelines on Medical Technology education: STS (Introduction to Medical Technology with Science, Technology and Society), Immunology & Serology and Microbiology 2 (Virology). It can also be taken as elective during fourth year as Special Topic for Seminar.

HIV/AIDS can presumably be taught in the following courses outlined in the CHED guidelines: Community and Public Health (Promotion of community, environment and public health) and General Pathology.

### **Midwifery**

The Commission on Higher Education specifies that the Diploma in Midwifery is a two-year program composed of general education and professional subjects, totaling 118 units. The course is designed to produce midwives who are up-to-date with the knowledge and skills to deliver midwifery services in the primary health care setting. Graduates of the program are qualified to take the midwifery licensure examination and are also eligible for admission to the Bachelor of Science in Midwifery program. This is distinguished from Bachelor of Science in Midwifery which is a four-year degree program consisting of 188 units of subjects, geared towards higher level midwifery competencies.

The main objective of the Midwifery Diploma program is to develop the knowledge, attitudes and skills of midwives in the basic care of mother and infant prior to, during, and following

pregnancy. The program is geared to produce midwives who are capable of performing primary health care services in the community, counseling women on parenthood and family planning, detecting abnormal conditions in pregnancy and facilitating appropriate referral to specialized fields.

The topic of HIV/AIDS can presumably be taught in the following courses outlined in the CHED guidelines on Diploma in Midwifery Education: Microbiology, Midwifery 102 (Pathological Obstetrics, Basic Family Planning and Care of Infants), Primary Health Care I (Health promotion and disease prevention at the individual and family level) and Primary Health Care II (Health promotion and disease prevention at the community level).

## **Methodology**

### Data Collection

Two standard Questionnaires were developed, one directed towards students and faculty of Medicine, Nursing, Medical Technology and Midwifery (refer to **Appendix 1**), and another directed towards Key Informants from the Infection Control Committee (ICC) of private tertiary hospitals (refer to **Appendix 2**.) Items in the questionnaires included questions on how HIV/AIDS were learned in the curriculum, actual experiences during training and post-training, problems encountered, etc.

Key Informants in the different identified schools or colleges of the health professionals were identified, which included either the deans of the respective colleges, or were course coordinators and/or faculty members of the subjects involved in teaching of HIV/AIDS. The school selected for the Medical Technology program, the University of the Philippines School of Public Health, has an undergraduate Public Health program which is equivalent to Bachelor of Science in Medical Technology. These Key Informants are listed in **Appendix 3**.

Letters were sent to deans of these colleges expressing intent for a Key Informant interview and a Focus Group Discussion involving 3-10 members of their college, attaching a copy of the questionnaire for reference purposes. A sample letter is included in **Appendix 4**.

Documents were also obtained from various institutions (CHED, APMC) outlining the standard curricula in various health related fields. These documents are listed in **Appendix 5**.

Key informant interviews were scheduled, taking in consideration the informant's availability. In cases where the informant was unavailable for personal interview, a copy of the questionnaire was sent through the channels to be answered by the key informant or a

representative. The research associates conducted the interview, with one serving as interviewer and another serving as documenter.

FGDs among the students were then conducted outside of class hours. Rooms were prepared in advance to accommodate the discussion. Attendance was taken (a copy of this list can be found in **Appendix 6**). All inputs in the discussion were recorded. The entirety of this Focus Group Discussion was recorded and photographs of the activity were taken for documentation (**Appendix 7**). One research associate served as a facilitator, while another served as a documenter. The schedule of these activities (FGDs and interviews) can be found in **Appendix 8**.

The FGDs and KIIs were then transcribed and compiled into separate documents, citing important points and issues raised. From these transcriptions, data were then compiled into a matrix that compared inputs from each health profession (**Appendix 9**). From here, the result of the study was discussed in the report, taking into consideration the inputs from the FGDs and KIIs and the standardized curricula.

For the tertiary hospitals, the heads or members of Infection Control Units were identified for possible respondents for the study. Letters were sent to the aforementioned key informants expressing intent for an interview (see **Appendix 10**). In cases where the informant is unavailable for personal interview, a copy of the questionnaire was sent through the channels to be answered by the key informant or a representative. Photographs of the activity were also taken (**Appendix 7**)

## Data Analysis

Content analysis of the different health related curricula was done, dividing the analysis into the following headings: course description, scope of the topic, teaching strategies used, actual patient encounters, perceptions of the faculty and students regarding HIV/AIDS education and other issues not covered.

Analysis of the data from the respondents of the tertiary hospitals were divided into: competencies of hospital staff, hospital experience in dealing with HIV/AIDS, training of hospital staff with regards to HIV/AIDS, perceptions of the Infectious Control Committee/Unit regarding HIV/AIDS and strategies of the hospital in monitoring or dealing with HIV/AIDS.

## **RESULTS AND DISCUSSION**

### **Part 1: Analysis of the Teaching Curricula of Health Professionals on HIV/AIDS**

#### **Data Sources and Respondents**

For all program comparisons, the source documents used were the CHED Memorandum and the APMC blueprint for the Medical Curriculum. For all KIIs, deans and assigned or designated faculty of the respective colleges were chosen as respondents. One FGD was performed per college with student participants ranging from 3-10 per FGD. See Table 1 below.

**Table 1. Matrix of Sources of Information According to Program.**

<b>Program</b>	<b>Documents/Records</b>	<b>KII</b>	<b>FGD</b>
<b>Medicine</b>	CHED memorandum, APMC	Faculty ( <b>6 respondents</b> )	Second and Fourth Year Students ( <b>n = 3</b> )
<b>Nursing</b>	CHED memorandum	Faculty and Course Coordinator ( <b>2 respondents</b> )	Third Year Students ( <b>n = 9</b> )
<b>Medical Technology/Public Health</b>	CHED memorandum	Faculty ( <b>2 respondents</b> )	Third Year Students ( <b>n = 10</b> )
<b>Midwifery</b>	CHED Memorandum	School principal ( <b>1 respondent</b> )	Second Year Students ( <b>n = 5</b> )

### **Content Analysis for the Medical Curriculum**

#### **I. Course description & design of HIV/AIDS in the academic curriculum**

Medical Students are taught concepts on HIV and AIDS from second year medical school to Internship Year (see Box 1.) They are introduced to the topic during the course called Introduction to Infectious Diseases, which is part of the Biopsychosocial Dimension of Illness Module. This is an overview covering all kinds of infections from bacterial to viral to fungal, elaborating on basic concepts. This is further elaborated on the next academic year, in the LU5 Module on Infectious Diseases (OS 217). More clinical aspects of the disease

are discussed in addition to the basic information from the basic course. The Department of Family and Community Medicine also has a separate session on HIV/AIDS that deals with the public health aspects of the disease, adding upon the topics discussed as applied to the biopsychosocial model. During Clerkship and Internship, discussion on HIV/AIDS includes more emphasis on in and outpatient care respectively, through case reports, progress notes, daily rounds or endorsements. This is limited by the availability of HIV/AIDS patients that go to the hospital as in- or outpatients.

For second and third year medicine, around 1-3 hours each are devoted to the discussion purely of HIV/AIDS. The teaching staff consists mainly of consultants in the fields of Microbiology, Pathology, Internal Medicine (specifically, Infectious Disease) and Family Medicine. In total, this adds up from as little as two to as much as six hours. Exposure time from Clerkship and Internship varies with patient availability.

#### **The UPCM Organ System Integration (OSI) Curriculum**

The OSI was implemented at the UPCM since Academic Year 2004-2005. It is composed of a total of seven years, designated Learning Unit (LU) I to VII which correspond to:

LU I and II – Basic Medical Sciences course, equivalent to a pre-medicine course

LU III – First year medicine proper

LU IV – Second year medicine proper

LU V – Third year medicine proper

LU VI – Clinical Clerkship

LU VII – Internship at PGH

Lateral entrants, who have finished their pre-medical course, start at LU III. Students from the Integrated Liberal Arts and Medicine program (INTARMED) start at LU I.

Box 1. Excerpted from UPCM website and Academic Directory

## **II. Scope of the HIV/AIDS topic in the academic curriculum**

During the second year, students are taught about the disease but emphasizing the basic concepts. The epidemiologic data taught includes Global and National Data, presented in charts. There was a bit more emphasis on Global or International data. Pathophysiology was discussed thoroughly including methods of transmission, and diagnosis. Diagnostic tests were also discussed, including which test is the gold standard, which test is suitable for screening and so on. The classic findings of HIV/AIDS were discussed, correlating presentation to the level of CD4 count. Treatment was also discussed thoroughly, however, no emphasis placed on prophylaxis. Social issues discussed include misconceptions about the disease and discrimination issues, highlighted by a resource HIV positive speaker. Public health issues were also discussed in terms of prevention and risk factors. There was no emphasis on pre- and post- HIV testing.

During the third year, the concepts learned in LU4 are elaborated upon, including concepts regarding concomitant infections the patient can contract, complications of immunosuppression and the natural progression and prognosis of the disease.

During Clerkship and Internship, discussion of HIV/AIDS is centered around the management plan for the patient, including all the aspects mentioned above. This includes therapeutic regimens that can be given to the patient. Also, emphasis is placed on identifying a possible HIV/AIDS patient in the clinical setting, based on how they will present (symptoms, chief complaint, etc.) and ordering an appropriate diagnostic and management plan for this patient, including psychological support. This is, of course, if patients are available at the OPD or ward. During the straight track internship for Medicine, offered to Medical Interns, interns rotate at the Infectious Disease Section for two weeks, increasing the amount of exposure to patients that have diseases of an infectious etiology, including HIV/AIDS.

The Department of Family and Community Medicine (DFCM) has its own section on HIV/AIDS. During the second year, the students are given HIV as a case example for addressing Public Health issues. During Clerkship, HIV/AIDS is part on the discussion of vulnerable groups and gender sensitivity. During Internship, discussion of the disease is included in the module on Urban Communicable Diseases, Included together with other sexually transmitted diseases, with emphasis on public health and social/ethical issues.

### **III. Teaching Strategies**

In the second year of training, students are taught the subject by a simple lecture. During LU5, the lecture is accompanied by some patient exposure at OPD if available, as well as a session with an actual patient with HIV/AIDS. This session includes role playing and talking to an HIV/AIDS patient.

During Clerkship, the DFCM holds a small group discussion where students read up on HIV/AIDS. During their clinical rotations, clerks and interns are taught through learning direct patient care in the ward and OPD, which includes endorsement and bedside rounds if applicable.

### **IV. Actual Encounter with Persons Living With HIV/AIDS**

Students in Philippine General Hospital (PGH) had exposure during Internal Medicine rotation (3<sup>rd</sup> Year, 4<sup>th</sup> Year, Internship), the average block of 8-10 students can potentially encounter about 4-5 cases in one rotation during clerkship and/or internship. This is dependent on the nature of the teaching facility and the clientele.

In addition, there is the previously mentioned personal session/encounter with an HIV patient during the third year of training. In one session, an HIV patient gives a testimony regarding his/her exposure to AIDS, and in the end, shakes the hand of the students to indicate that it is okay to contact a person with AIDS.

When dealing with patients, during the taking of the clinical history, the students talked about the clinical signs and symptoms of a patient with HIV/AIDS, the possible risk factors, and delved into the personal and social history of the patient. However, some patients would hesitate in disclosing personal information in regards to HIV/AIDS.

When discussing AIDS or HIV to patients, medical students first get the baseline knowledge of the patient about the illness. From there, they build up the concrete explanation of the illness and try to answer misconceptions on the disease. They can discuss the mechanism of the disease, complications and treatment, with emphasis on prevention. They also delve into psychosocial aspect of the disease. They try to impart to the patient hope and reassurance that with proper treatment, one can still live a healthy life even with the disease.

In general, the medical students were receptive in having actual patient exposure. They discovered that most patients do not know that they have AIDS until they present with severe illness. Students were also made aware of the importance of keeping the case confidential, as the issue of disclosure to the patient/family is important in eventual management.

#### **V. Perception of the Faculty and the Students on the adequacy of the curriculum in teaching of AIDS**

Students generally agreed that the curriculum was adequate enough to address cases of AIDS. They suggested that they be taught the formal skills on proper counseling of HIV/AIDS patients especially in dealing with young patients with HIV/AIDS. They also suggested to incorporate teaching of HIV/AIDS among the community members during the community rotation.

The faculty members have differing opinions on the adequacy of the curriculum. Some believe that the teaching of the topic is adequate. Some say that the curriculum is still not enough to address this growing concern, but since there will be more exposure to patients with HIV/AIDS in the future, as more patients get admitted and diagnosed, this will eventually change. Some suggest more emphasis on Standard Precautions for safety reasons.

#### **VI. Other issues or concerns**

The faculty cited areas of improvement involved in teaching med students regarding management of AIDS, which include: Counseling of patients and their caregivers regarding HIV test results, and discussion on long term follow-up. This is however limited by confidentiality issues and the protocol for disclosure. Currently, opportunities for

observership are currently being negotiated in the UPCM system to increase patient exposure.

## **Content Analysis for the Nursing Curriculum**

### **I. Course description & design of HIV/AIDS in the academic curriculum**

Topics in Nursing are taught in a conceptual manner. During the 3<sup>rd</sup> year of Nursing, normal concepts such as Oxygenation, Reproduction, etc are taught to the nursing students, starting from individual to family level. The second semester tackles abnormal states, and includes HIV/AIDS as part of course on infection (as a concept.) The name of this course is N107 (Nursing Interventions II.) It is described as: Nursing care of individuals of all age groups with Pathophysiologic disturbances in increasingly complex situations. This is the main subject where HIV/AIDS is discussed extensively.

The total time spent on the course (Infectious Disease) is 4 days, which amounts to 48 working hours, inclusive of clinical rotation/duty and lecture. This course is done during 4 days in Research Institute for Tropical Medicine (RITM), with clinical work for 4 hours a day for a total of 16 hours. There were 2 days allotted at the RITM rotation for bedside rounds with patients, and patient sharing and clinical exposure (3<sup>rd</sup> year)

HIV/AIDS is included in the hours committed to Infectious disease. One hour is spent specifically for HIV/AIDS out of a 4 hour lecture.

The teaching staff consists of a former chief nurse of the RITM, with extensive knowledge in handling infectious disease cases.

### **II. Scope of the HIV/AIDS topic in the academic curriculum**

The epidemiology of the disease was taught using Global and National Data, using sources such as the WHO, DOH, and CDC. These statistics were presented to the students during the lecture.

HIV/AIDS statistics were also presented based on gender, occupation, and geographic distribution. High risk groups were also identified

The methods of transmission of the disease such as sexual contact, parenteral transmission and vertical transmission were discussed. Diagnostic tests were taught, oriented towards establishing a nursing diagnosis which includes risk for infection and psychosocial needs of the patient.

Methods for diagnosis discussed included ELISA and Western Blot. Also discussed were concepts such as window and latency period and the significance of viral load and CD4 levels.

The clinical signs and symptoms of a patient with AIDS were discussed, along with the stages of the disease. Therapeutics was covered more thoroughly in the Pharmacology-related subjects of Nursing, but during this course therapeutic concepts such as Highly Active Anti-retroviral Therapy (HAART) and non-pharmacologic therapy were discussed. No additional precautions aside from the standard precaution protocol were taught or are promoted in dealing with HIV positive patients, as is the standard with all infectious disease. Only an overview on prognosis was provided, since this is not the focus of the nurse. Discussing prognosis, and subsequently its disclosure rests more on the hands of the physicians.

Social and economic aspects of the disease included attitudes towards people with AIDS, myths regarding transmission and internalization regarding AIDS and HIV. A separate subject discusses the ethical dilemmas on care.

Economic issues are an overview and include the social burden of the disease on the family.

### **III. Teaching Strategies**

The students are taught mainly through lectures, problem-based case study and preceptorials. As part of the RITM clinical rotation direct patient exposure/care is included, focusing on management (nursing) disease prevention. Students are taught how to handle patients with infectious diseases including HIV/AIDS.

The first day in the four day rotation consists mostly of lectures, an orientation to the course, including a video on RITM and communicable diseases, including rare ones such as rabies, MDRTB and treatment strategies such as DOTS.

The second day includes an interactive lecture on infection. This lecture contains a section on HIV. Later a counseling session on HIV is held, supervised by a former chief nurse of RITM. This consists of a pretest, post-test, and the counseling session proper. During this session, a resource person is the one conducting the session. The students do not know that this person is actually an actual patient with HIV/AIDS. A role-playing session is then done with students. At the end of the session, this resource person is revealed to be a person with HIV/AIDS. After the reveal, a post counseling processing session is done to discuss what the students felt about this revelation. The students are asked if they could tell the speaker had HIV/AIDS. Insights are shared by the students and the main concept is the fact that anybody, not only one group or denomination, can be afflicted with AIDS

The third day is heavy on clinical duty. Nursing students are assigned patients with infectious diseases. These assignments are not necessarily of HIV, and being assigned a patient with HIV depends on patient availability. Students then engage in creating a nursing care plan for their patient, engaging in patient history and some physical exam. In the afternoon, lectures on MSM (males having sex with males) are conducted.

The fourth and last day involves more hospital exposure, with nursing rounds/evaluation and a quiz that covers the course.

Other teaching methods/evaluation include: daily journal (identification of key experiences), nursing care plan, and drug study

#### **IV. Actual Encounter with Persons Living With HIV/AIDS**

The actual encounter of students with HIV/AIDS is described above. During clinical rotation and patient assignments, the students mostly concentrate on taking the clinical history of the patient, and some patient counseling. This includes advice on the nursing care plan like risk of infection, psychological, and family counseling.

The students were allowed to interact extensively with patients and explore the psychosocial dimension of HIV/AIDS (i.e. self concept, coping mechanism, effect on spirituality, etc.). However, helping patients deal with the psychological and social implications of disease is not strictly part of the requirements for the 3<sup>rd</sup> year level

The students had limited encounters with the patient's relatives.

#### **V. Perception of the Faculty and the Students on the adequacy of the curriculum in the teaching of AIDS**

Feedback was generally positive, but due to the structure of the rotation and the selection of cases to be studied, not all students were able to have direct clinical experience or interaction with patients. This was either due to lack of patients, difficulty in patient consent, (as RITM patients must consent first before students can care for/handle them) and patient selection for their own safety (preventing health worker to patient infection for immunocompromised patients)

Students reiterated the lessons they learned in the processing session, in that 1) anyone can be afflicted with AIDS, including the affluent, health workers, etc. and 2) care must be taken in handling HIV infected patients

Students want more exposure, but this is heavily dependent on patient availability, so the informant said that increasing exposure may be difficult.

In general, there was not enough time for the all students to encounter an HIV case due to these concerns. Some students felt that the 2 days for this kind of interaction felt rushed. Some expressed concern that there was no more RITM exposure in the 4<sup>th</sup> year. (Although they may encounter HIV patients in subsequent clinical courses.) Some commented that the focus of education should be more towards primary prevention.

## **VI. Other issues or concerns**

One of the more pressing concerns is the case of disclosure. In cases where in attending physicians do not explain adequately to patients the specifics of their disease, the students were taught to direct the patient to ask the physician. We are now asked the question: Should patients with HIV or AIDS be identified in the nursing/clinical chart or should health care workers only be informed of a status of standard precaution? The faculty informant notes some incidents where such a patient with HIV was identified or improperly disclosed when he/she was not supposed to be identified.

Also of concern is the concept of translating lessons learned into action. Although some students are taught, for example, standard precaution, upon clinical practice these concepts may not be translated into action all of the time. Reminding students of these concepts is important.

The students are aware of some government programs for HIV/AIDS such as free anti-retrovirals. However, they recognize that some actions by government were controversial such as giving away free condoms. These were seen as possibly sending the wrong message and may have ignored the problem of proper use of condoms. There is still misinformation with regards to the latest AIDS issues in the Philippines.

The informant recently attended a conference of the WHOCC on AIDS, and there, updates on teaching HIV/AIDS on nursing colleges were made. Efforts were made to strengthen the curriculum on sexually transmitted infections (STI) (including infection control). It was suggested that workshops can be conducted on many colleges to include HIV and infection control. There should be increased focus on psychosocial aspects of care and precautions for infection control have been discussed in theory, but the component of transmission needs to be discussed more

Since the encounter of students with HIV/AIDS is limited, they may not be comfortable in handling HIV patients compared to other more common diseases, even if these diseases are more complicated to handle than HIV/AIDS

For example there is a noticeable difference, therefore, with nurses more familiar with a ward setting than nurses trained in an ICU setting for universal precaution and infection control.

In general both students and faculty agree that something is still lacking in terms of how HIV/AIDS is taught to health professionals as a whole.

## **Content Analysis for Medical Technology Curriculum**

### **I. Course description & design of HIV/AIDS in the academic curriculum**

The topic of HIV/AIDS is taught predominantly during the third year of training in the undergraduate program of Public Health. It may also be included during the fourth year of training as an elective subject under Biostatistics and Epidemiology. During the second semester of third year, the Public Health students are introduced to the topic in their Physiology and Microbiology (PH 152) subjects. The topic is specifically discussed under the Virology section of the subject of Microbiology which is a 48-hour course. About 3-5 hours are devoted to discussion of HIV/AIDS, including one laboratory session. Students may encounter additional lectures again during their fourth year depending whether the students decide to choose the topic as part of Special Studies (elective). Some senior students choose to work on HIV/AIDS as research topic for undergraduate thesis.

The faculty assigned in the teaching of the topic is composed of specialists in Microbiology (Virology) and Epidemiology and Biostatistics.

### **II. Scope of the HIV/AIDS topic in the academic curriculum**

The discussion of HIV/AIDS in the Public Health undergraduate program focuses mainly on the epidemiology, pathophysiology, diagnostic tests, prevention and public health issues of the disease. Other aspects involving clinical signs and symptoms; treatment and prognosis are introduced in passing.

An overview of HIV/AIDS epidemiology is taught using both global and national data. Though the global scenario is presented, emphasis is placed on the Philippine statistical data pertaining to distribution and frequency of the disease in the local population. In particular, the geographic distribution, target age groups, risk factors and epidemiology of virus subtypes (HIV-1 and HIV-2) are discussed in Microbiology course. Homosexual vs. heterosexual transmission rates are compared. There is also identification of the emerging trends of infections among high risk groups.

The pathophysiology of the disease is discussed thoroughly, emphasizing the conceptual difference between HIV and AIDS, concepts on viral structure and disease correlation, transmission methods and diagnosis using both screening and confirmatory tests. Students are also taught the appropriate interpretation of diagnostic tests, highlighting the possible erroneous interpretation of some of these tests. However, the principles of the diagnostic tests are not elaborated enough to explain the mechanism by which the diagnostic tool detects a positive HIV sample. As part of the course, a separate laboratory session is conducted where the students are taught on how to use rapid screening HIV test on a sample material.

Clinical aspects of the disease are also presented briefly but are not elaborated upon. The clinical aspects discussed consist of signs and symptoms and systemic complications (e.g. susceptibility to infections, end-stage symptoms, Kaposi's sarcoma and neurologic symptoms). Disease stage is also correlated with the actual diagnostic test values (CD4 levels). The prognosis and disease course are also briefly discussed but not expounded. An overview of types of drugs used is mentioned in the lecture series as well as the reasons for discontinuation of the drugs like side effects. Actual dosages and recommended treatment regimens are not included in the course outline discussed.

Public health perspective of the disease is taught including common myths about transmission (e.g. kissing, skin contact, swimming pools, mosquito bites and urine) and the preventive strategies emphasizing the ABC method (A-Abstinence, B-Be Faithful and C-Condom use)

On the psychosocial aspect, social issues are included as side stories during lectures. For example, there is a discussion that having AIDS is not a reason to be fired from work.

Both the faculty and students believe that religious beliefs have not affected the way the topic on HIV/AIDS is being taught in the Program but have acknowledged that religious influence has a significant effect on how the general public reacts to HIV/AIDS.

### **III. Teaching Strategies**

The third year students are taught about the topic in didactic lectures in Microbiology course. There is one laboratory session conducted where students are made to use an HIV rapid kit test. Additional informal discussions during fourth year are also given by faculty advisers for students who choose to make a research on HIV/AIDS.

### **IV. Actual Encounter with Persons Living With HIV/AIDS**

The undergraduate Public Health Program does not include actual patient encounter. There is no activity designed to give students the opportunity to have direct patient interaction. Senior students may or may not discuss HIV/AIDS as a topic in public health lectures in the

community rotation depending on the perceived needs of the community being served. The topic is incorporated into public health lectures on sexually transmitted infections.

#### **V. Perception of the Faculty and the Students on the adequacy of the curriculum in the teaching of AIDS**

Public health students generally agreed that the teaching of HIV/AIDS in their present curriculum was sufficient for objectives of the Program. They admitted, however, that there was no actual patient encounter. They believed that their learning about the subject would be more interesting and significant if they would be given the opportunity to see actual patients with HIV/AIDS. Furthermore, they are very receptive to the idea of attending special seminars which covers topics like HIV/AIDS.

The faculty members also agreed that the curriculum is adequate on most parts in the teaching of HIV/AIDS. They generally believed that the scope and course design is appropriate to prepare the graduates for future work related to public health. However, it was suggested that more emphasis on proper counseling of patients be done in teaching the students.

#### **VI. Other issues or concerns**

The students expressed their intent to have an actual patient encounter. On the other hand, the faculty generally considered the current course design sufficient for the expected competencies of a graduate in Bachelor of Science in Public Health.

Though the faculty believed that laboratory diagnosis of the disease is important in the curriculum of undergraduate Public Health students, they are also considering on how to improve the education of HIV/AIDS to students and the patients.

### **Content Analysis for Midwifery Curriculum**

#### **I. Course description & design of HIV/AIDS in the academic curriculum**

Students of Midwifery are taught the topic of HIV/AIDS in both the first and second years of training. During the first year, the topic is introduced as part of Microbiology. The amount of time spent on the topic is not fixed and depends on the schedule of the course. In the second year, the topic is again expounded upon in the following courses: Primary Health Care II, Communicable Diseases and COPAR (Community Participatory Research). One lecture session lasting for about 2.5 hours is devoted to the discussion of the topic out of the

total 54 hour credit of the subject in communicable diseases. COPAR may or may not deal with the disease depending on need of the community.

The faculty involved in the teaching of the topic is either registered nurses or midwives with prior experience in teaching.

## **II. Scope of the HIV/AIDS topic in the academic curriculum**

The range of topics discussed about the disease spans most of the aspects of the disease but emphasis is placed on principles of identification, prevention and control. Treatment and economic effect are not included in the major course outline. Treatment may be included as supplemental topic only.

The students are given brief background knowledge on HIV/AIDS epidemiology in both the global and local setting, with emphasis on latest Philippine data. Pathophysiology is thoroughly presented via video presentation about the disease. Concepts emphasized include the mechanism of viral entry and replication in a cell, methods of transmission, state of immunocompromise, and principles of diagnostic tests (e.g. ELISA and Western blot techniques). The risk of transmission through breastfeeding is also included in the discussion. However, it is acknowledged that there is confusion on the consensus on the breastfeeding practices among HIV positive mothers. Clinical signs and symptoms as well as natural disease progression are also shown in the video presentation. Disease stages from detection of early HIV positive status until full-blown AIDS were identified. There are also some items pointed out briefly about prognosis which is geared more towards health promotion, prevention and proper referral to specialists. Psychosocial issues like discrimination of HIV patients are also discussed. Prevention and education are the core elements considered in the perspective of public health topics.

Both the faculty and students believe that the issue of religion has not affected the teaching of the topic in the curriculum.

## **III. Teaching Strategies**

The students are taught of the topic by lectures and video/film showing. The video/film showing provides a comprehensive discussion of the disease from the cellular to organ system to organism disease manifestations. They have generally positive feedback on the use of film showing as alternative teaching strategy because it makes them remember the concepts easier.

## **IV. Actual Encounter with Persons Living With HIV/AIDS**

In general, the students have no actual HIV/AIDS patient encounter. Patient exposure depends on the availability of HIV positive patients in the affiliated training hospital of the school. The students acknowledge that they would appreciate the disease condition better if given the chance to have a direct encounter with an HIV positive patient.

#### **V. Perception of the Faculty and the Students on the adequacy of the curriculum in the teaching of AIDS**

Both the faculty and students believe that the present curriculum of Diploma in Midwifery is adequate in terms of discussing the various aspects of HIV/AIDS pertinent for midwives' competencies. The main thrust of teaching is composed of discussion of preventive and public health aspects. Thus, midwifery students are trained to counsel on prevention and control of spread of the disease. According to the Commission on Higher Education memorandum order regarding the standards in Midwifery Education, the midwifery graduates are expected to perform primary health care services in the community which includes giving appropriate health teachings to individuals, families and the community members. (CHED Memorandum Order No. 33 s2007) Based on the expected core competencies of the graduates, there is appropriate discussion on the prevention aspect and referral system. The course in the curriculum highlighted the preventive strategies (e.g. ABC: A for abstinence, B for be faithful and C for proper condom use) in dealing with the disease. Strict standard precaution is also being promoted in attending to all patients. Some of the basic standard precaution practices are using double gloves in deliveries and wearing only closed shoes. However, they admitted that they don't use goggles or eye shield during deliveries for all patients. Midwifery students are also taught on how to do proper nutritional counseling for mothers.

#### **VI. Other issues or concerns**

The students are hopeful that the school's affiliated training hospital would provide them more actual patient exposure with HIV positive cases.

On the part of the school principal, the issue of the recommended practice on breastfeeding among HIV positive mothers must be clarified since it is observed that different consultants have their own belief on the said practice. It is suggested that information on the transmission rate of HIV through breastfeeding be validated. It is also acknowledged that there is possibility of adding more hours to the discussion of the disease given the rising cases of HIV in the country.

## **Part 2: Assessment of Tertiary Private Hospitals' Response to HIV/AIDS**

### **I. Competencies of the Hospital Infectious Control Committee**

Among the four hospitals involved, the Infection Control Committees (ICC) are headed by specialists in the field of Infectious Disease. Members of the committee include other infectious disease specialists, specialists in related fields in primary care such as Preventive medicine and Internal medicine, and nurses and other health staff.

With regard to HIV/AIDS, the ICCs have several responsibilities which can be broadly categorized into three functions: Surveillance (patient statistics, personnel exposure rates, etc.), Hospital Policy (screening, exposure, and patient care protocols, patient referrals, etc.), and Training/Education for both health providers and patients.

In this capacity, the ICC adequately fulfills the functions required of an HIV/AIDS Core Team (HACT) as stated by Philippine Republic Act 8504 (See Box 2 below).

The functions of HACT include:

1. Implement hospital guidelines on the comprehensive care and management of HIV/AIDS patients;
2. Provide care and counseling to HIV/AIDS patients;
3. Promote prevention and control measures/strategies such as health education and hospital infection control;
4. Facilitate inter- and intra- departmental/agency coordination including referral system and networking;
5. Perform training and research activities on HIV/AIDS;
6. Provide recommendations on hospital planning and development related to HIV/AIDS;
7. Monitor compliance of ethico-moral guidelines for HIV/AIDS including confidentiality of records and reports and release of information;
8. Update records and submit reports to concerned offices; and
9. Conduct monitoring and evaluation activities.

Box 2. Excerpted from Sec. 22, RA 8504. Aids Prevention and Control Act of 1998

### **II. Experience of the hospitals with HIV/AIDS cases in the past 2 years**

In terms of epidemiologic trends, each of the four hospitals reported an increase in the incidence of HIV/AIDS among their patient populations, especially among the 20-30 age group. The ICC head of Hospital B related that they have seen more HIV/AIDS patients in 2009 as compared to 2008. Furthermore, he reported that there were already a number of patients seen for, or suspected of having, HIV/AIDS in Jan and Feb of 2010. He was unable to provide exact statistics, however. For Hospital A, they diagnosed 3 new HIV/AIDS

patients in 2004, versus 11 new cases in 2009. This trend is consistent with data from the Philippine Department of Health and WHO/UNAIDS which shows an annual increase in HIV/AIDS incidence from 2000-2007 and an overall increase in prevalence over the same period. It is possible to attribute this increasing trend to both increased spread of disease and increased detection and reporting of disease.

Other than epidemiologic trends, only one hospital reported an incident involving the care of a patient with HIV. In this instance, hospital operating room staff took issue that they were not informed of the positive HIV status of a surgical patient. Although the issue was eventually settled with the issuing of new guidelines on patient confidentiality, the ICC admits that the incident highlights the difficulty of eliminating the stigma associated with HIV/AIDS even among healthcare workers.

### **III. HIV/AIDS Education and Training in the hospital**

For residents and attending physicians, the hospitals expect most, if not all, formal training on HIV/AIDS to have been conducted in medical school. Any fora or seminars conducted on HIV/AIDS are meant to supplement or update that knowledge. Aside from this, it is expected that much of the experience and knowledge gained about HIV/AIDS in the hospital setting will come from actual patient encounters/management, which due to the increasing incidence of HIV/AIDS, may be as early as the 1<sup>st</sup> year of residency for certain departments. Despite this, it is still more likely that most physicians will not encounter HIV/AIDS patients for most of their time at their respective hospitals.

The hospitals require all health staff to undergo an orientation upon employment/acceptance into residency programs. This orientation usually lasts between 4 hours to half a day and includes but is not limited to a discussion of HIV/AIDS. Beyond this, practices vary. Two of the four hospitals conduct yearly conferences on HIV/AIDS open to all, but usually mostly attended by staff from the Infectious Disease or Internal Medicine Department. Of these two, one is planning to increase the frequency (quarterly instead of annually) and scope of the conference to include residents and specialists from other departments (e.g. Surgery, Pediatrics, etc.).

The orientations and fora are conducted using lectures as well as problem based case studies. For both, more emphasis is placed on aspects of HIV/AIDS which could have a direct application on patient management. Thus, more emphasis is placed on treatment, prognosis, diagnosis, etc., rather than on pathophysiology. For some institutions, emphasis is also placed on topics such as patient confidentiality and counseling. Economics and public health are not uniformly included among the hospitals' training programs, although residents are usually made aware of government programs that benefit HIV/AIDS patients. Religion has had no effect on the teaching of HIV/AIDS to hospital workers.

#### **IV. Perception on the adequacy of HIV/AIDS training**

All key informants agreed that further training of health personnel is needed in light of the increasing incidence of HIV/AIDS. Specific topics or issues identified include:

- *HIV/AIDS stigma and discrimination from health care providers*

Both ICC heads interviewed related that in many cases, many patients still face some form of discrimination from health providers, resulting in delayed provision of health services or denial of admission to hospital. This perception is consistent with a 2005 study showing that more than half of HIV/AIDS patients in Asia encountered some form of discrimination within the health sector (Paxton et al, 2005). Moreover, the problem of HIV/AIDS discrimination is a more complicated one than that seen in other diseases. This is because aside from the common association of HIV/AIDS with fears of death, HIV/AIDS is also associated with traditionally marginalized groups of society (e.g. homosexuals, sex workers, and IV drug users) (Li et al., 2007).

- *Lack of knowledge of and adherence to Standard Precautions*

Adherence to standard precautions is difficult to monitor. Despite this, the perception among ICC heads is that attending physicians and residents are among the most consistent violators of standard precautions. This is significant not only for its implications on the transmission of disease but also for its effect on HIV/AIDS related stigma since it is likely that fear of infection and death is a major contributing factor to HIV/AIDS related stigma. This is compounded by the observation that in some cases, health workers prefer to rely on HIV testing and knowledge of a patient's HIV status rather than use Standard Precautions (Hesse et al., 2006). This underscores the need to educate health care providers on the importance of proper use of Standard Precautions and its role in preventing HIV/AIDS transmission.

- *Lack of knowledge of or adherence to hospital policy*

It was admitted that it is difficult to disseminate hospital policy guidelines to staff, especially in large tertiary institutions. According to a study by Dijkstra et al. (2007), more than a quarter of hospital staff were unaware of HIV/AIDS policy. Considering that the study was done in a South African state hospital which regularly receives HIV/AIDS patients, it is reasonable to assume that awareness of hospital HIV/AIDS policy in Philippine hospitals not accustomed to dealing with the disease would be lower.

- *Breach of confidentiality*

One ICC head admitted that in many cases, a reminder on a patient's chart to 'use standard precautions' is speculated on by health staff as an indication that the patient may have HIV/AIDS. Uniform compliance to Standard Precautions would preclude the need for such reminders and circumvent the issue.

- *Lack of training on the psychosocial dimensions of HIV/AIDS*

In one interview, the ICC head expressed the opinion that physicians should be more prepared to help patients with HIV to deal with and integrate back into their communities. This would involve addressing social stigmas and individual coping mechanisms.

- *Training opportunities for fields outside of Internal Medicine and Infectious Disease are limited*

The ICC heads agree that for the most part, further training and exposure to HIV/AIDS education is available mostly only to personnel within certain fields of medicine (i.e. Internal Medicine and Infectious Disease). This contributes to the difficulty of dispelling misconceptions about HIV/AIDS among the general hospital staff, and even among specialists in other fields.

- *Lack of programs or studies to evaluate training programs*

Due to the limitations imposed by a hospital setting, it is difficult to evaluate the effects of training programs and interventions intended to change attitudes and behaviors in dealing with HIV/AIDS (Brown et al., 2003). But in one such study, it was documented that role playing, along with lectures and pamphlets, was successful in improving health worker knowledge, attitudes, and needle recapping practices. However, as the program was discontinued, the improvements in attitude to HIV/AIDS patients slowly reversed in the course of 2 months. This suggests that any program needs to be continuous in order to see sustained effects on behavior (Santana et al., 1992).

## **V. Strategies of Hospital Infection Control Committees in addressing HIV/AIDS**

The primary preventive methods employed by the hospitals involved are centered on the use of personal protective equipments (PPEs) and Standard Precautions for all patients. Implementation consists of seminars on infection control, as well as written notices. Periodic checks on the availability of PPEs are also done. However, it is difficult to actually assess compliance to these measures.

In cases of possible exposure of a hospital worker, standard WHO/ILO guidelines are followed. These include documentation of the event, referral assistance, risk assessment,

counseling services, HIV testing (source and exposed individual), post exposure prophylactic medications, and follow up services. However, none of the hospitals have reported any instance of HIV infection of a health worker due to hospital exposure. According to DOH data, only 3 cases (in 1993, 1996, and 1998) have been reported since HIV surveillance started.

Surveillance of HIV/AIDS consists of keeping records of needle prick injuries and other potential exposures of medical staff. A patient HIV registry is also kept. Neither contact tracing nor HIV screening is done for hospital employees. At least one hospital confirms the absence of any clear hospital policy on HIV positive employees.

In terms of patient education, the ICC leaves it up to the infectious disease specialist or private physician to advise the patient. Thus, methods for patient education may vary from verbal reminders to self-instructional pamphlets. For teaching hospitals, interns and students occasionally give public health lectures. However, the topics of these lectures are not constant.

In all four hospitals, HIV positive patients are not quarantined or isolated. Although referral to an Infectious Disease specialist is usually automatic, some hospitals do not immediately refer newly diagnosed HIV positive patients to a counseling service.

### Summary of Hospitals' Training and Response to HIV/AIDS

	Hospital A	Hospital B	Hospital C	Hospital D
<b>Training on HIV provided</b>	Yes	Yes	Yes	Yes
<b>Schedule of HIV/AIDS Training Sessions</b>	Orientation, then annual	Orientation, then annual	Orientation and HIV 101 course in 1 <sup>st</sup> year	Once (orientation), but HIV included in occasional infection control seminars
<b>Learning Methods</b>	Seminar/Conference, Patient management	Seminar/Conference, Patient management	Seminar/Conference, Patient management	Seminar/Conference, Patient management
<b>Participants of Training</b>	Mostly Medicine and Infectious Disease Department staff, except orientation (for all new staff)	Mostly Medicine and Infectious Disease Department staff, except orientation (for all new staff)	HIV 101 course for Residents (not specified which departments) and orientation (for all new staff)	Orientation for all new staff
<b>Standard Precautions</b>	Yes	Yes	Yes	Yes
<b>Mandatory Screening</b>	No	No	No	No
<b>Screening and registry for staff exposure</b>	Yes	Yes	Yes	Yes
<b>HIV/AIDS patient registry</b>	Yes	Yes	Yes	Yes
<b>HIV/AIDS patient quarantine</b>	No	No	No	No
<b>Psychosocial support</b>	Yes, in-hospital counseling	Yes, in-hospital counseling	Yes, in-hospital counseling	Yes, referral to Research Institute for Tropical Medicine (RITM) for social support

## **Conclusions and Recommendations**

### **On the Different Academic Programs**

#### **Medicine**

- **Present medical curriculum is deemed adequate in its handling of HIV/AIDS teaching. However, there are suggested areas for improvement.**

The inputs gathered from the students and faculty lean towards the idea that in general, the medical curriculum is adequate, in at least a basic level, to address the growing problem of HIV/AIDS in the country. Suggestions were made to address several concepts that both parties felt could improve the existing curriculum. This includes emphasis on the topic of disclosure, public health and health promotion at the community and hospital level for diseases like HIV/AIDS, and awareness of the disease and correcting misconceptions. Also emphasized was the importance of using standard precaution for all patients, to protect the health worker from getting infected.

- **Actual patient exposure is contingent on the availability of confirmed HIV-positive patients in the training institution.**

Exposure to patients with HIV/AIDS is limited given the current availability of such patients in a hospital or community setting. This can serve as a limiting factor in increasing students experience with AIDS patients. But as more patients are identified and as more people are aware of the disease, this can change, and the curriculum can be made to adapt.

Based on the information presented above, our recommendations are as follows:

- **To formulate a guideline in teaching medical students on disclosure of HIV/AIDS**

This guideline entails what to write in the charts, who is responsible for disclosure in the chain of command. This would include clarifying hospital protocol for disclosure of sensitive diagnoses to patients and/or their families. If this happens, another recommendation is to improve teaching strategies for teaching students how to do long term follow-up on patients.

- **To efficiently implement standard precaution protocol in the training institution**

More emphasis can be placed on standard precaution. The knowledge needs to be entrenched in the student's consciousness so that he or she will be able to do it in practice.

- **To promote HIV/AIDS education in the community setting**

As part of the curriculum's objective of promoting community medicine, it is possible to increase integration of HIV/AIDS in community education, as part of or separate to public health information on STDs. By helping increase community knowledge on risk factors such as unsafe or unhealthy sexual practices, we can decrease sexual transmission of the disease. At the same time, we improve primary prevention, hopefully to reduce patients often received at the OPD or ER setting in advanced stages of the disease.

## **Nursing**

- **The present nursing curriculum is perceived to be generally adequate for the expected competencies for nursing graduates. However, improvement can be done to increase patient encounters.**

The inputs gathered from students and faculty are that nursing students will generally be ready to handle cases of HIV/AIDS and that the program is adequate. At the same time, there is a general consensus among the persons interviewed that improvements can be made to the current curriculum to increase exposure to patients with AIDS, although the availability of patients can be a limiting factor.

- **There are suggestions to put emphasis on psychosocial aspects and standard precaution.**

Suggestions were made to emphasize the concepts of standard precaution (which includes methods of transmission,) the psychosocial aspect of the disease in the context of a nursing care plan, the nurse's role in disclosure (or non-disclosure) of a diagnosis to a patient with the disease, and the nurse's role in public health and health information regarding the disease. The last item would cover correcting the problem of misinformation about the disease and identifying patients with risk factors and making the appropriate plan of management or referral to a physician.

Based on the above, we make the following recommendations:

- **To promote collaboration with other health professionals in teaching about the disease**

In order to effectively implement information dissemination, the nursing students and graduates should work with other health related professionals in correcting misinformation to the public regarding HIV/AIDS. This can be achieved by improving the teaching of the public health aspect of the disease. It was shown in the latest NDHS (National Demographic Health Survey) that misconceptions about HIV transmission are still prevalent in the country. Among the respondents, only 58% know that AIDS cannot be transmitted by sharing food with someone who has AIDS and 63% know that AIDS cannot be transmitted through mosquito bites. (NDHS 2008)

- **To include HIV/AIDS education in public health activities of the school during community rotations**

It is recommended to increase emphasis on public health programs on STIs, including HIV/AIDS, in the community setting. This will, however be limited to the needs of the community, but informing people at the community level about HIV/AIDS and other sexually transmitted diseases, as well as risk factors and how to avoid it, is an important process towards primary prevention of the disease.

- **To emphasize the teaching of infection control protocol in the curriculum**

It is recommendable to strengthen the curriculum with regards to infection control, to reduce transmission to health workers. This can be done by adding or supplementing the course with subject that deals with infection control measures, standard precaution and protocols for needle stick injuries or dealing with infectious waste.

- **To devise strategies to increase the students' opportunity for actual patient encounters**

It is important to increase the exposure of nursing students in dealing with patients with infectious etiologies, including HIV/AIDS, to prepare them for later clinical practice.

- **To develop basic counseling skills among the students in dealing with HIV/AIDS patients**

It is recommended to emphasize and clarify the concept of disclosure to the students to avoid accidental disclosure of a sensitive diagnosis to a patient. This could be included in improvements to the psychosocial support part of the curriculum, which would include helping manage patients' psychosocial problems.

## Medical Technology/Public Health

- **The present course design of undergraduate Public Health program is acknowledged to be generally on track of the program's objectives with regards to teaching HIV/AIDS.**

Both the U.P. Manila faculty and students of the undergraduate Public Health program have acknowledged that the present course design on HIV/AIDS topic distributed under the different course subjects is adequate to prepare graduates of the program in working at various fields of public health. There is an organized course outline on what aspects would be highlighted in the discussion of the disease with emphasis on epidemiology, pathophysiology, diagnostic tests, prevention and public health issues. Though the students are receptive to having an actual HIV positive patient encounter, the significance of this potential learning tool needs to be carefully examined if indeed it would serve its purpose in the case of undergraduate Public Health students.

- **Patient education and counseling could still be improved in response to the growing incidence of HIV/AIDS in the country.**

Concerns on improving the course discussion on the topic have brought up the issue on appropriate patient education. In the community level, public education lectures are deemed important strategies in the promotive and preventive aspects of public health. In the hospital setting, individual patient education involves not only explaining the disease process but also taking into account the patient's understanding about the results and implications of screening diagnostic tests. It was suggested that the patient counseling regarding the screening and confirmatory tests be taught to the students. This would require developing among the students the skill on how to properly conduct patient counseling. Likewise, the issue of patient confidentiality was also considered to be requiring emphasis in the course discussion of the psychosocial issues of the disease.

Based on the information presented above, our recommendations are as follows:

- **To organize supplemental seminars or discussions where students can learn updates**

Special seminars on HIV/AIDS could be included during the fourth year of training to discuss latest developments on the disease. This would keep the students updated of the pressing public health issues that must be addressed in the community.

- **To utilize community rotation for information dissemination of HIV/AIDS**

Public health lectures on HIV/AIDS and other sexually transmitted infections could be done in community rotation as part of the students' activities. As public health advocates, the students could be vital resource in disseminating information about HIV/AIDS to the lay people in the community. In the latest NDHS survey, it was revealed that only 53% of the respondents know the 2 major methods for preventing transmission of HIV (using condoms and limiting sex to one uninfected partner). (NDHS 2008)

- **To develop the skills on proper patient counseling about the disease, the available diagnostic tests, and accurate interpretation of the test result.**

Though the students are taught exhaustively about the pathophysiology and diagnostic exams, the skill on proper patient counseling regarding the correct interpretation of the results of HIV diagnostic exams must also be developed among the students. The issue of patient confidentiality must also be emphasized during discussion of the social issues. As provided in the memorandum order by Commission on Higher Education on standards of Medical Technology Education, one of the competencies of the graduates includes observing the principles of patient confidentiality. (CHED Memorandum Order No. 14 s2006)

- **To consider the inclusion of actual patient encounter in the teaching of HIV/AIDS**

Actual patient encounter is a feasible teaching opportunity where students can learn to develop the skills in counseling patients before and after the performance of the screening and confirmatory diagnostic tests on HIV suspected patients.

## **Midwifery**

- **The teaching of HIV/AIDS in the program is considered generally adequate, emphasizing important aspects considered important for the expected competencies of the students. However, there is limitation in actual patient encounter.**

Collective inputs from the faculty and students of Diploma in Midwifery show that the current teaching about HIV/AIDS is generally sufficient in terms of imparting to the graduates the knowledge and skills expected of their professional level. In the curriculum, emphasis is put on the principle of disease identification, prevention and control while also discussing the clinical aspects of the disease. As partners in the delivery of basic health services, the midwives are taught about the most important

aspects they have to know about the disease. However, the actual patient encounter is still wanting. The students are optimistic in having actual encounter with HIV patient, believing that the encounter would enrich their learning experience about the topic.

- **There is a perceived confusion on the prescribed breastfeeding practices among HIV-positive mothers.**

Suggestion was also made on arriving at a consensus regarding breastfeeding among HIV positive mothers. This issue needs to be emphasized among the faculty and students. An acceptable recommendation must be disseminated to the different school of midwifery to clarify about the standard practice.

Based on the information presented above, our recommendations are as follows:

- **To devise strategies to increase the students' actual patient encounter with HIV-positive patients**

The teaching of baseline knowledge on HIV/AIDS to midwifery students appears to be adequate in content and emphasis in accordance to the expected competencies of graduates of Diploma in Midwifery. However, there is apparently lack of available patient encounter with HIV patient. As vital partners in primary health care, midwifery students are best to have direct patient experience in dealing with HIV positive mothers. This first-hand experience will give the students the opportunity to apply their theoretical knowledge about the disease in the real setting. In the point of view of public health advocates, they can serve as vital manpower in preventing the spread of the disease and decreasing the risk of maternal-fetal transmission by patient education and timely and appropriate referral to specialists, if needed. This is also in accordance to the minimum standard competencies set by Commission on Higher Education among graduates of the 2-year program in Midwifery. (CHED Memorandum Order No. 33 s2007)

Though the availability of patients in the training hospital remains the primary deterrent to having actual patient encounter, the school might consider arranging *observership* status in other training hospitals in the country.

- **To disseminate a standard guideline on the prescribed breastfeeding practice for HIV-positive mothers**

Based on the interviews with the school principal and some of the students, there seems to be confusion on what existing guidelines to follow in regards to breastfeeding infants by HIV positive mothers. This issue must be addressed by

appropriate specialty organizations or other concerned parties in formulating uniform guideline to be disseminated in midwifery schools in the country.

### **Common conclusion among the programs**

- **According to the respondents, the teaching of HIV/AIDS to health professionals can be assessed to be adequate for the expected competencies of the graduates in the respective programs. There are areas that necessitate improvements like the actual patient encounters during the training, patient counseling and strict implementation of standard precaution protocols.**

In general, all of the respondents believed that the teaching of HIV/AIDS to health professionals is adequate for their own respective levels of patient care. However, several suggestions were made to improve the curriculum. Many suggested that these improvements were limited by the number of patients available, thus leading to less actual patient exposure. Some improvements can be made by emphasizing behavior in dealing with patients with infectious disease, and the importance of standard precaution.

- **There are certain issues in the teaching and curriculum that must be addressed in order to further improve the HIV/AIDS education among health professionals.**

The respondents also cited several issues about the teaching of HIV/AIDS. First is the issue of disclosure. In the past, there have been experiences where problems were encountered in disclosing the diagnosis to patients who either refuse or do not know their diagnosis. Second, there are still misconceptions among health professionals and the public on some issues concerning HIV/AIDS. One example for this is the issue of breastfeeding in HIV/AIDS. A standardized answer for many frequently asked questions by both health professionals and the public alike can help address these misconceptions. Finally, following this is the issue on health education of AIDS. We recommend a study on public perceptions on HIV/AIDS, as well as the teaching of HIV/AIDS to the public, to further study the factor of patient knowledge on the disease.

As more and more people get infected with the disease, health professionals must step up their efforts in their own activities by helping the public by instituting proper care, teaching others the right and appropriate information on the disease, and protecting themselves from infection as well.

**From the hospital survey, the following conclusions were drawn:**

- **Current training is deemed to be generally sufficient in addressing the biomedical aspect of HIV/AIDS in tertiary hospital settings.**

Despite perceived inadequacies in adherence to hospital policy and standard precautions, hospital surveillance data as well as the absence of concern over treatment errors seem to suggest that current training is largely sufficient in addressing the biomedical aspect of HIV/AIDS within hospital settings.

- **There are still areas for improvement to make the hospital workforce responsive to the threat of HIV/AIDS.**

On the other hand, there seems to be consensus that: 1. Further education and exposure to the psychosocial dimension of HIV/AIDS would be beneficial in reducing stigma and changing health worker attitudes regarding HIV/AIDS and the policies surrounding it, and 2. There is a need for further evaluation of current attitudes and practices and the effects of any intervention or training on them.

Thus, from the interviews conducted and previous studies, there is much reason to conclude that prevailing misconceptions and negative attitudes of health providers toward persons living with HIV/AIDS poses a more serious challenge to the delivery of timely, supportive, and holistic healthcare.

Based on the hospital data analysis, the following recommendations are made:

- **To include counseling and other psychosocial interventions in managing HIV confirmed patients**

Efforts to reduce HIV/AIDS stigma should include information on HIV/AIDS as well as interventions for counseling or acquiring coping mechanisms. Different methods should be explored such as role playing or direct contact with persons living with HIV/AIDS. Emphasis must be given to dispel misconceptions about transmission since fear of infection or death is a significant factor in HIV/AIDS related stigma. Efforts to increase the scope of seminars and fora on HIV/AIDS and Infection Control Practices should be encouraged. Interventions should be on a frequent, regular basis in order to achieve sustainable changes in behavior.

- **To strictly implement and ensure compliance to standard precaution protocols among hospital workforce**

Undue fears of HIV/AIDS infection must not be exploited for the sake of increasing compliance to Infection Control Practices. This could increase health worker apprehension in dealing with HIV/AIDS patients while not guaranteeing increased or proper use of PPEs. Thus, other methods should be used to increase compliance to standard precautions (e.g. constant reminders, memos, surveys, and increased monitoring).

- To conduct formal assessment of existing policies and guidelines in controlling the spread of HIV/AIDS.

Finally, more rigorous evaluations of hospital practices, attitudes, and policies are needed in order to ascertain the most effective solutions to the most pressing issues regarding HIV/AIDS.

## **References**

1. Philippine HIV/AIDS Registry March 2010. National Epidemiology Center, Department of Health
2. CHED Memorandum Order No. 10 S2006: Policies, Standards and Guidelines for Medical Education
3. APMC Core competencies of the Medical Curriculum
4. CHED Memorandum Order No. 14 s2009: Policies and Standards for Bachelor of Science in Nursing Program
5. CHED Memorandum Order No. 14 s2006: Policies, Standards and Guidelines for Medical Technology Education
6. CHED Memorandum Order No. 33 s2007: Policies and Standards for Midwifery Education
7. National Demographic Health Survey (NDHS) 2008. National Statistics Office, Philippines.
8. Republic Act 8504. AIDS Prevention and Control Act of 1998.
9. Philippine HIV and AIDS Registry 2007 Annual Report. National Epidemiology Center, Department of Health.
10. Epidemiological Fact Sheet on HIV and AIDS: Core data on epidemiology and response: Philippines. UNAIDS, WHO, and UNICEF. Dec 2008.
11. Paxton S., Gonzales G., Uppakaew K, Abraham KK, Okta S, Green C, Nair KS, Merati TP, Thephtien B, Marin M, Quesada A. *AIDS-related discrimination in Asia*. *AIDS Care*. 2005 May; 17(4):413-24
12. Dijkstra A., Kangawaza E., Martens C., Boer H., Rasker JJ. *Knowledge about HIV/AIDS and policy in a South African state hospital*. *SAHARA J*. 2007 Aug; 4(2):636-9
13. Hesse A.A.J., Adu-Aryee N.A., Entsua-Mensah K., Wu L. *Knowledge, Attitude, and Practice Universal Basic Precautions by Medical Personnel in a Teaching Hospital*. *Ghana Med. J*. 2006 June; 40(2):61-64
14. Li L., Wu Z., Zhao Y., Lin C., Detels R., Wu S. *Using case vignettes to measure HIV-related stigma among health professionals in China*. *Int J Epidemiol*. 2007 Feb; 36(1):178-84
15. Post-Exposure Prophylaxis to Prevent HIV Infection. Joint WHO/ILO Guidelines on post exposure prophylaxis to prevent HIV infection. 2007.
16. Brown L., Trujillo L., Macintyre K. *Interventions to Reduce HIV/AIDS Stigma: What Have we Learned?* *AIDS Educ Prev*. 2003 Feb; 15(1):49-69
17. Santana R.T., Monzon O.T., Mandel J., Hall T.L., Hearst N. *AIDS education for hospital workers in Manila: effects on knowledge, attitudes, and infection control practices*. *AIDS*. 1992 Nov; 6(11):1359-63.

## **Acknowledgment**

This research project on HIV/AIDS Education in Health Professionals Training in the Philippines has been wholly funded by World Bank for which the investigators express their gratitude. Dr. Eduardo Banzon in particular provided the encouragement and support leading to timely completion of the report. Nonetheless, the views expressed in this report should not be taken to reflect the official position of the World Bank on the matter.

We would like to express our profound gratitude to the University of the Philippines Manila college deans specifically Dean Alberto B. Roxas (U.P. College of Medicine), Dean Josefina A. Tuazon (U.P. College of Nursing), Dean Nina G. Gloriani (U.P. College of Public Health) and school principal of Fabella School of Midwifery Ms. Ruth A. Castro for their support in this project.

This project involved conduct of series of key informant interviews with the faculty and hospital ICC heads. The group would like to acknowledge the particular key resource persons:

- Dr. Iris Isip-Tan (U.P. College of Medicine)
- Dr. Jodor A. Lim (U.P. College of Medicine)
- Dr. Andrew D. Dimacali (U.P. College of Medicine)
- Dr. Bernadette Heizel M. Reyes (U.P. College of Medicine)
- Dr. Josephine C. Dizon (U.P. College of Medicine)
- Dr. Homer Co (U.P. College of Medicine)
- Dr. Ofelia P. Saniel (U.P. College of Public Health)
- Prof. Lilen C. Sarol (U.P. College of Public Health)
- Dr. Bethel Buena P. Villarta (U.P. College of Nursing)
- Ms. Jennifer T. Paguio, R.N. (U.P. College of Nursing)
- Ms. Ruth A. Castro, RN, RM, MAN (Fabella School of Midwifery)
- Dr. Melecia A. Belmonte (Manila Doctors Hospital)
- Dr. Mario M. Panaligan (UERMMMC)
- Dr. Maria Fe R. Tayzon (The Medical City)
- Dr. Salvador Abad Santos (Asian Hospital and Medical Center)

We would also like to give credits to Dr. Marissa Valbuena (Associate Dean for Academic Development, U.P. College of Medicine) and Ms. Vicky Ching (The Medical City ICC) for their assistance in arranging the schedules for the key informant interviews.

A significant part of this study involved conducting focus group discussions with group of students from U.P. College of Medicine, U.P. College of Nursing, U.P. College of Public Health and Fabella School of Midwifery. We are sincerely grateful for their cooperation and participation in the study.

# Appendices

## Appendix 1

### Guide Format and Questions for the Key Informant Interview and Focus Group Discussions

Good day, I am Dr. Noel Juban and I am here to interview you regarding HIV/AIDS and the health professional curriculum and your experiences and perceptions regarding the matter. There are some questions that I need to ask from and I hope that we can finish this within an hour. Please feel free to express your views and we will assure you of confidentiality of your responses.

Would it be also okay with you to record our interview for fear that we might not catch important points that you will raise if we rely on note-taking alone?

Thank you for your consent. Let us now start with the interview.

1. When is the topic of HIV/AIDS taught in your curriculum?
  - a. What year of your training?  1<sup>st</sup> year  2<sup>nd</sup> year  3<sup>rd</sup> year  4<sup>th</sup> year  5<sup>th</sup> year  \_\_
  - b. What particular course or subject?
  - c. How many sessions? Hours in total?
2. What particular aspects were discussed? Emphasized? *Probe*.

<input type="checkbox"/> Epidemiology (Global, Regional, National)	<input type="checkbox"/> Treatment
<input type="checkbox"/> Patho-physiology	<input type="checkbox"/> Prognosis
<input type="checkbox"/> Transmission	<input type="checkbox"/> Social and ethical issues
<input type="checkbox"/> Diagnosis	<input type="checkbox"/> Public health
<input type="checkbox"/> Clinical signs and symptoms	<input type="checkbox"/> Economics
<input type="checkbox"/> Other issues, specify _____	
3. What particular aspects were discussed? Emphasized? *Probe*.
  - a. In particular, was there emphasis placed on HIV/AIDS Epidemiology (Global, Regional, National)  Yes/  No
  - b. How thoroughly were the patho-physiological aspect of the disease discussed including (1) transmission and (2) diagnosis?
  - c. How thoroughly were the clinical aspects of the disease discussed including (1) Clinical signs and symptoms, (2) treatment and (3) prognosis?
  - d. How thoroughly were the psychosocial aspect of the disease discussed including (1) Social and ethical issues (2) public health and (3) economics?
    - i. How does the issue of religion affect the teaching content on HIV/AIDS?
4. How was the subject of HIV/AIDS taught to the students?

<input type="checkbox"/> Lecture	<input type="checkbox"/> Problem-based case study	<input type="checkbox"/> Preceptorials	<input type="checkbox"/> Small group discussions
<input type="checkbox"/> Other strategies: _____			
5. Was there opportunity for the students to see actual cases of HIV/AIDS during their training?  
 Yes/  No

- a. When?
  - b. Describe the exposure.
    - i. Did they take the history?  Yes/  No
    - ii. Did they talk to the patient?  Yes/  No
    - iii. What did the students talk about with the patients and relatives with regards to AIDS?
  - c. What was the students' feedback with regards to the exposure?
  - d. Did they think it was adequate exposure?  Yes/  No
  - e. Are there other opportunities for teaching/discussing HIV during the course of training of the students?  Yes/  No
  - f. *Upon identification of patients with high risk behavior, are the students allowed to educate the patients? (FOR FGD only)*  Yes/  No
  - g. *Upon identification of actual patients confirmed with HIV/AIDS, what is the level of involvement of the students in teaching the patients? (FOR FGD only)*
6. Based on the magnitude of the HIV/AIDS problem in the country, are the present inputs in the training of future health professionals sufficient to be able handle these cases? Yes/No. Describe

Are there other issues or comments that you may want to discuss?

## Appendix 2

### Guide Format and Questions for the Hospital Infection Control Unit Key Informant Interview

Good day, I am Dr. Noel Juban and I am here to interview you regarding HIV/AIDS and the health professional curriculum and your experiences and perceptions regarding the matter. There are some questions that I need to ask from and I hope that we can finish this within an hour. Please feel free to express your views and we will assure you of confidentiality of your responses.

Would it be also okay with you to record our interview for fear that we might not catch important points that you will raise if we rely on note-taking alone?

Thank you for your consent.

1. What are your trainings, background and experiences with handling HIV/AIDS cases/issues as the Infection Control Unit Head of the hospital?
2. What is the experience of the hospital with HIV/AIDS cases in the past 2 years?
3. Regarding medical personnel (residents, nurses, allied health personnel) trainings, when is the topic of HIV/AIDS taught to your medical personnel?
  - a. What year of your training?
  - b. What particular course or subject?
  - c. How many sessions? Hours in total?
  - d. Who are the participants in the HIV/AIDS sessions?
4. What particular aspects were discussed? Emphasized?

<input type="checkbox"/> Epidemiology (Global, Regional, National)	<input type="checkbox"/> Treatment
<input type="checkbox"/> Patho-physiology	<input type="checkbox"/> Prognosis
<input type="checkbox"/> Transmission	<input type="checkbox"/> Social and ethical issues
<input type="checkbox"/> Diagnosis	<input type="checkbox"/> Public health
<input type="checkbox"/> Clinical signs and symptoms	<input type="checkbox"/> Economics
<input type="checkbox"/> Other issues, specify _____	
a. In particular, was there emphasis placed on HIV/AIDS Epidemiology (Global, Regional, National) <input type="checkbox"/> Yes/ <input type="checkbox"/> No	
b. How thoroughly were the patho-physiological aspect of the disease discussed including (1) transmission and (2) diagnosis?	
c. How thoroughly were the clinical aspects of the disease discussed including (1) Clinical signs and symptoms, (2) treatment and (3) prognosis	
d. How thoroughly were the psychosocial aspect of the disease discussed including (1) Social and ethical issues (2) public health and (3) economics	
i. How does the issue of religion affect the teaching content on HIV/AIDS?	
e. Other issues, specify _____	
5. How was the subject of HIV/AIDS taught to medical health personnel?

<input type="checkbox"/> Lecture	<input type="checkbox"/> Problem-based case study	<input type="checkbox"/> preceptorials	<input type="checkbox"/> Seminar	<input type="checkbox"/> Others: _____
----------------------------------	---	--	----------------------------------	--

6. Was there opportunity for the health personnel to see actual cases of HIV/AIDS during their training?
  - a. When?
  - b. Describe the exposure.
    - i. Did they take the history?  Yes/  No
    - ii. Did they talk to the patient?  Yes/  No
    - iii. What did the students talk about with the patients and relatives with regards to AIDS?
  - c. What was the feedback with regards to the exposure?
  - d. Did they think it was adequate exposure?
  - e. Are there other opportunities for teaching/discussing HIV during the course of training?  
 Yes/  No
7. Based on the magnitude of the HIV/AIDS problem in the country, are the present inputs in the training of future health professionals sufficient to be able handle these cases? Why or why not?
8. As ICC, what are the initiatives towards Infection Control Committee surveillance and prevention of HIV/AIDS transmission among health personnel?
9. How do you implement the strategy?
10. Do you keep records of this surveillance?  Yes /  No
11. How do you disseminate information on HIV/AIDS to patients?
  - a. Upon identification of patients with high risk behavior, how do you educate these patients?
12. What is your protocol for dealing with confirmed cases of HIV/AIDS in your patients?
  - a. Do you quarantine the patients?  Yes /  No
  - b. Is the compliance to universal precaution being monitored in the hospital?  Yes /  No
  - c. In cases of needle stick accidents and unintentional exposure to HIV/AIDS patients, what procedure do you follow?
  - d. Does management include (1) psychosocial support? (2) health education on the disease?  Yes /  No

## Appendix 3

### List of KII resource persons

**(1) U.P. College of Public Health**

Ofelia P. Saniel, MPH, Ph.D.  
Chair and Professor  
Department of Epidemiology & Biostatistics  
College of Public Health  
U.P. Manila

**(2) U.P. College of Nursing**

Bethel Buena P. Villarta, DrPH, RN  
Associate Professor and Head, Teaching Program  
College of Nursing  
U.P. Manila

**(3) U.P. College of Nursing**

Jennifer T. Paguio, R.N.  
Instructor/Course Coordinator in Nursing Intervention subject (N105/N107)  
College of Nursing  
U.P. Manila

**(4) U.P. College of Public Health**

Prof. Lilen C. Sarol  
Associate Professor  
Department of Medical Microbiology  
College of Public Health  
U.P. Manila

**(5) Manila Doctors Hospital**

Melecia A. Belmonte, M.D.  
Infection Control Committee Head  
Manila Doctors Hospital

**(6) Dr. Jose Fabella Memorial Hospital  
School of Midwifery**

Ruth A. Castro, RN, RM, MAN  
Midwifery School Principal II  
Dr. Jose Fabella Memorial Hospital

**(7) University of the East-Ramon Magsaysay Memorial Medical Center (UERMMMMC)**

Mario M. Panaligan, M.D.  
Infection Chair Committee Chair  
UERMMMMC

**(8) U.P. College of Medicine**

Through the U.P. College of Medicine Office of Associate Dean for Academics (Compiled written responses from 6 respondents)  
Respondents:

Homer Co, M.D. - LU7 coordinator for Track A (Straight Internship in Medicine)  
Iris Isip-Tan, M.D. - LU7 Track C coordinator for Medicine  
Jodor A. Lim, M.D. - LU5 Lecturer for HIV/AIDS, OS 217 (on behalf of Dr. Cecilia Montalban)  
Andrew D. Dimacali, M.D. - LU4 lecturer, HS 202 (BDI, Introduction to Infectious Diseases)  
Bernadette Heizel M. Reyes, M.D. – (LU5/6/7, Clinical rotations)  
Josephine C. Dizon, M.D. - (Department of Family and Community Medicine)

**(9) The Medical City**

Email correspondence with The Medical City Infection Control  
Respondent: Maria Fe R. Tayzon, M.D.  
Hospital Infection Control Unit Head  
The Medical City

**(10) Asian Hospital & Medical Center**

Email correspondence with Asian Hospital and Medical Center Infection Control  
Respondent: Salvador Abad Santos, M.D.  
Hospital Infection Control Unit Head  
Asian Hospital & Medical Center

## Appendix 4

### Sample Letter

February 18, 2010

Dear Mr/Madam,

Good day!

I am Dr. Noel R. Juban, Associate Professor and Chair of the Department of Clinical Epidemiology University of the Philippines Manila College of Medicine. Currently we are conducting a study for the World Bank entitled: **HIV/AIDS in Health Professionals Training in the Philippines**

The primary objectives of the study are:

1. To analyze the current situation of HIV/AIDS lectures and discussions in tertiary education academic curricula of health professionals in the Philippines.
2. To determine the perceptions of different stakeholders to the sufficiency of the current level of lectures and discussions on HIV/AIDS.
3. To describe the private hospital sector response to the HIV/AIDS problem of the country.

Part of the methodology of the study details conducting Focus Group Discussions through selected faculty members and **students** of the medical, nursing, medical technology and midwifery courses, and through this, collect and consolidate individual inputs and important data.

Ultimately the study is envisioned to provide an analysis as to the teaching curricula regarding HIV/AIDS, and an assessment of the private sector response to HIV/AIDS.

As such, we would like to request the participation of at least 5 to 10 individuals from your class/college for the focus group discussion. We plan to conduct the FGD for your class/college on one of the available dates: **23, 24, 25 February 2010** from 4-5 PM at the Department of Clinical Epidemiology, Paz Mendoza Building. Attached is a separate sheet containing Guide Questions that will be used for the FGD. All information divulged in the discussion will be properly cited and noted.

My research associates, Dr. Vincent Salvador (09192742424; scientia\_eyes@yahoo.com) and Dr. John Tawasil (09272459181, get\_your\_fix@yahoo.com), will be coordinating with your office regarding this matter.

Thank you very much.

Sincerely yours,

Noel R. Juban, M.D.  
Principal Investigator

## **Appendix 5**

### **List of Official Memoranda and Guidelines**

1. CHED Memorandum Order No. 10 S2006: Policies, Standards and Guidelines for Medical Education
2. APMC Core competencies of the Medical Curriculum
3. CHED Memorandum Order No. 14 s2009: Policies and Standards for Bachelor of Science in Nursing Program
4. CHED Memorandum Order No. 14 s2006: Policies, Standards and Guidelines for Medical Technology Education
5. CHED Memorandum Order No. 33 s2007: Policies and Standards for Midwifery Education
6. Republic Act 8504. AIDS Prevention and Control Act of 1998.
7. Post-Exposure Prophylaxis to Prevent HIV Infection. Joint WHO/ILO Guidelines on post exposure prophylaxis to prevent HIV infection. 2007.

## Appendix 6

### List of FGD Participants

#### **(1) U.P. College of Public Health**

February 23, 2010/4-5 PM/Paz Mendoza Building Rm. 104

Facilitator: Dr. Vincent Salvador

Assistant Facilitator/Transcriber: Dr. John Tawasil

1. Tejano, Kim Patrick S.
2. Diwa, Kristianne Joyce T.
3. Ilaya, Czarina Jeninne R.
4. Carlos, Anne Clarisse C.
5. Villacorta, Aedelweiss V.
6. Sanchez, Jennifer Therese A.
7. Gavino, Sarah Olivia J.
8. Ang, Angeli Anne S.
9. Ong, Kenneth Paul S.
10. Soriano, Charles Sherwin M.

#### **(2) U.P. College of Nursing**

March 11, 2010/4-5 PM/College of Nursing Main Building

Facilitator: Dr. John Tawasil

Assistant Facilitator: Dr. Vincent Salvador

Transcriber: Dr. Michael Chan

1. Ayon, Jhane
2. Crudo, Emily
3. Bibat, Paul
4. Villaroman, Junelane Hazel
5. Blaquera, Allan Paolo
6. Mendoza, Gerald Nelson
7. San Antonio, Donna
8. Jbeili, Reggie
9. Angkico, Christopher

#### **(3) Dr. Jose Fabella Memorial Hospital-School of Midwifery**

March 25, 2010/10:30-11 AM/School of Midwifery Principal Office

Facilitator: Dr. Vincent Salvador

Assistant Facilitator/Transcriber: Dr. John Tawasil

1. Alinarte, Chyrill Anne
2. Navarro, Lei Mary Joy
3. Niza, Crissy Marineth
4. Romero, Marlo Andrew
5. Sundiam, Junia

#### **(4) U.P. College of Medicine**

March 25, 2010/5-6 PM/Paz Mendoza Building

Facilitator: Dr. John Tawasil

Assistant Facilitator/Transcriber: Dr. Vincent Salvador

1. Quicoy, Allison
2. Samala, Kenneth G.
3. Sembrano, Leonil

## Appendix 7 Pictures



Student participants in FGD, College of Nursing, U.P. Manila



Fabella School of Midwifery Principal during the interview



Student participants in FGD, College of Public Health, U.P. Manila



Manila Doctors' Hospital Infection Control Unit Head during the interview

## Appendix 8

### Schedule of Activities

Legend:  - Focused Group Discussion;  - Key Informant Interview;  - Written correspondence

Date/Time	Institution	Place	Activity	Respondents	Facilitators/Interviewers
February 23, 2010 4:00-5:00 PM	UP College of Public Health	Paz Mendoza Building Rm. 104	Focused Group Discussion	UP College of Public Health Students 1. Tejano, Kim Patrick S. 2. Diwa, Kristianne Joyce T. 3. Ilaya, Czarina Jeninne R. 4. Carlos, Anne Clarisse C. 5. Villacorta, Aedelweiss V. 6. Sanchez, Jennifer Therese A. 7. Gavino, Sarah Olivia J. 8. Ang, Angeli Anne S. 9. Ong, Kenneth Paul S. 10. Soriano, Charles Sherwin M.	Facilitator: Dr. Vincent Salvador  Assistant Facilitator/Transcriber: Dr. John Tawasil
March 01, 2010 4:00-5:00 PM	UP College of Public Health	Office of the Chairman of Department of Epidemiology & Biostatistics	Key Informant Interview	Ofelia P. Saniel, MPH, Ph.D. Chair and Professor Department of Epidemiology & Biostatistics College of Public Health U.P. Manila	Interviewers: Dr. Vincent Salvador Dr. John Tawasil
March 02, 2010 2:00-4:00 PM	UP College of Nursing	College of Nursing Main Building	Key Informant Interview	Bethel Buena P. Villarta, DrPH, RN Associate Professor and Head, Teaching Program College of Nursing U.P. Manila	Interviewers: Dr. Vincent Salvador Dr. John Tawasil
March 4, 2010 10:00-11:00 AM	UP College of Public Health	College of Public Health- Microbiology Department	Key Informant interview	Prof. Lilen C. Sarol Associate Professor Department of Medical Microbiology College of Public Health U.P. Manila	Interviewers: Dr. Vincent Salvador Dr. John Tawasil
March 4, 2010	UP College	College of	Key Informant	Jennifer T. Paguio, R.N.	Interviewers:

1:00-2:00 PM	of Nursing	Nursing Main Building	Interview	Instructor/Course Coordinator Nursing Intervention subject (N105/N107) College of Nursing U.P. Manila	Dr. Vincent Salvador Dr. John Tawasil
March 11, 2010 4:00-5:00 PM	UP College of Nursing	College of Nursing Main Building	Focused Group Discussion	College of Nursing Students 1. Ayon, Jhane 2. Crudo, Emily 3. Bibat, Paul 4. Villaroman, Junelane Hazel 5. Blaquera, Allan Paolo 6. Mendoza, Gerald Nelson 7. San Antonio, Donna 8. Jbeili, Reggie 9. Angkico, Christopher	Facilitator: Dr. John Tawasil  Assistant Facilitator: Dr. Vincent Salvador  Transcriber: Dr. Michael Chan
March 12, 2010 1:00-2:00 PM	Manila Doctors Hospital	Manila Doctors Medical Arts Building (Clinic)	Key Informant Interview	Melecia A. Belmonte, M.D. Infection Control Committee Head Manila Doctors Hospital	Interviewers: Dr. Michael Chan Dr. Vincent Salvador Dr. John Tawasil
March 25, 2010 9:00-10:00 AM	UERMMMC	UERMMMC Hospital Building (Clinic)	Key Informant Interview	Mario M. Panaligan, M.D. Infection Control Committee Chair UERMMMC	Interviewer: Dr. Michael Chan
March 25, 2010 10:00-10:30 AM	Dr. Jose Fabella Memorial Hospital-School of Midwifery	School of Midwifery Principal Office	Focused Group Discussion	Midwifery Students 1. Alinarte, Chyrill Anne 2. Navarro, Lei Mary Joy 3. Niza, Crissy Marineth 4. Romero, Marlo Andrew 5. Sundiam, Junia	Facilitator: Dr. Vincent Salvador  Assistant Facilitator/Transcriber: Dr. John Tawasil
March 25, 2010 10:30-11:00 AM	Dr. Jose Fabella Memorial Hospital-School of Midwifery	Office of School Principal	Key Informant Interview	Ruth A. Castro, RN, RM, MAN Midwifery School Principal II Dr. Jose Fabella Memorial Hospital	Interviewers: Dr. Vincent Salvador Dr. John Tawasil
March 25, 2010	UP College	Paz Mendoza	Focused Group	Medicine Students	Facilitator:

5:00-6:00 PM	of Medicine	Building	Discussion	<ol style="list-style-type: none"> <li>1. Quicoy, Allison</li> <li>2. Samala, Kenneth G.</li> <li>3. Sembrano, Leonil</li> </ol>	<p>Dr. John Tawasil</p> <p>Assistant Facilitator/Transcriber: Dr. Vincent Salvador</p>
March 25, 2010	UP College of Medicine	Not Applicable	Compiled written responses	<p>Respondents:</p> <p>Homer Co, M.D. - LU7 coordinator for Track A (Straight Internship in Medicine)</p> <p>Iris Isip-Tan, M.D. - LU7 Track C coordinator for Medicine</p> <p>Jodor A. Lim, M.D. - LU5 Lecturer for HIV/AIDS, OS 217 (on behalf of Dr. Cecilia Montalban)</p> <p>Andrew D. Dimacali, M.D. - LU4 lecturer, HS 202 (BDI, Introduction to Infectious Diseases)</p> <p>Bernadette Heizel M. Reyes, M.D. – (LU5/6/7, Clinical rotations)</p> <p>Josephine C. Dizon, M.D. - (Department of Family and Community Medicine)</p>	<p>Coordinator/Compiler: Dr. John Tawasil</p>
April 2010	The Medical City	Not Applicable	e-mail correspondence	<p>Maria Fe R. Tayzon, M.D. Hospital Infection Control Unit Head The Medical City</p>	<p>Coordinator/Compiler: Dr. Vincent Salvador</p>
April 2010	Asian Hospital and Medical Center	Not Applicable	e-mail correspondence	<p>Salvador Abad Santos, M.D. Hospital Infection Control Unit Head Asian Hospital &amp; Medical Center</p>	<p>Coordinator/Compiler: Dr. John Tawasil</p>

## Appendix 9.1

### Comparative Description of the Components/Strategies of HIV/AIDS Education among Health Professionals in the Philippines

Components	UPCM Faculty	UPCN Faculty	UPCPH Faculty	Fabella School of Midwifery Faculty	UPCM Students	UPCN Students	UPCPH Students	Fabella School of Midwifery Students
<b>Professional background of teaching staff involved with discussion of HIV/AIDS</b>	Dr. Andrew Dimacali - LU4 lecturer, HS 202 (BDI, Intro to infectious diseases) Dr. Jodor A. Lim - LU5 Lecturer for HIV/AIDS, OS 217 (on behalf of Dr. Cecilia Montalban) Dr. Heizel Reyes (LU5/6/7, Clinical Rotations) Dr. Homer Co - LU7 coordinator for Track A (Straight Internship in Medicine) Dr. Iris Isip-Tan - LU7 Track C coordinator for Medicine Dr. Josephine Dizon (Department of Family and Community Medicine, teaches all	Dr. Villarta (Students Coordinator) Jennifer Paguio, RN (course coordinator for N107)	Dr. Saniel (Epidemiology and Biostatistics Department) Dr. Sarol (Department of Clinical Microbiology, Virology Section)	Ruth Castro, RN (Academic Director, Fabella School of Midwifery)	NA	NA	NA	NA

	levels)							
<b>Year of training taught</b>	From LU 4 to LU 7	3rd year of Nursing, first and second semester	3rd year, Second Semester (May also teach HIV/AIDS as part of 4th year Special Studies)	2nd year, second semester 1st year, second semester	2 <sup>nd</sup> , 3 <sup>rd</sup> , 4 <sup>th</sup> year and internship (5 <sup>th</sup> year)	2 <sup>nd</sup> and 3 <sup>rd</sup> year	3 <sup>rd</sup> and 4 <sup>th</sup> year	1 <sup>st</sup> year and 2 <sup>nd</sup> year
<b>Course/Subject</b>	LU4*, Intro to Infectious Diseases LU5, Module on Infectious Diseases LU6, During endorsements of patients with AIDS LU7 Track A (Straight Track) if patient available LU7 Track C	N107 (Nursing Intervention II)	PH152 (Medical Microbiology) For Biostatistics and Epidemiology: No single formal course is taught specifically for HIV/AIDS for BSPH	(Primary Health Care II, Communicable Diseases and COPAR)	BDI (Biopsychosocial Dimension of the Illness) in 2 <sup>nd</sup> year  OS 217 (Systemic Diseases/ Infectious) in 3 <sup>rd</sup> year  Clinical rotation (I.M.) during 4 <sup>th</sup> year  Internship rotation in I.M.	Pathophysiology and Microbiology in 2 <sup>nd</sup> year  Nursing Interventions (N107) in 3 <sup>rd</sup> year (lectures, patient sharing, Public Health lectures)	Physiology Curriculum, Medical Microbiology course in 3 <sup>rd</sup> year 4 <sup>th</sup> year, in additional lectures/ special subjects/ course (elective)	Microbiology in 1 <sup>st</sup> year Primary Health Care II, Communicable Diseases and COPAR in 2 <sup>nd</sup> year
<b>Total number of sessions/hours</b>	LU4 - 1 session 1 hour in total LU5 – 1 session 2 hours in total LU6 (DFCM) – 1 hours session LU6/7 Clinical rotations – Depends of patient availability	Total time spent on the course (Infection) Clinical Work – 4 Days in RITM, 4 hours a day for a total of 16 hours 1 hour specifically for HIV/AIDS out of a 4 hour lecture	3 hours out of a total of 48 hours (Microbiology)	For the second year course, 1 hour out of 54 hours For the first year course, it depends	2-hr lecture devoted to discussion on HIV/AIDS in 2 <sup>nd</sup> year plus 2 hr patient exposure  3-hr lecture in 3 <sup>rd</sup> year  Clerkship and internship exposure dependent on patient availability	1 hour specifically for HIV/AIDS out of a 4 hour lecture committed to Infectious diseases (2 <sup>nd</sup> year)  2-day RITM rotation for bedside rounds with clinical exposure, patient interaction (3 <sup>rd</sup> year)	3-5 hours combined out of 48 hours for 3 <sup>rd</sup> year	For the second year course, one session with 2.5 hours out of 5 hour lecture For the first year course, one integrated, time spent depends
<b>Aspects/Range of discussion (see Appendix)</b>	All aspects	All aspects but in a Nursing perspective	Epidemiology Pathophysiology Diagnostic tests	Identification, Prevention and Control	All aspects except, economic aspect	All aspects	All aspects	All aspects except Treatment and

			Prevention and Public Health		not included			economic aspects not emphasized
<b>HIV/AIDS Epidemiology</b>	Global national and regional Data	Global and National Data Uses relevant data from WHO, DOH, CDC	Mostly an overview Global picture and national picture were discussed Distribution and epidemiology of virus subtypes (HIV-1 and HIV-2) Geographic Distribution Targeted age groups Risk factors Distribution and risk factors were discussed in terms of epidemiology	Global and National Data	Epidemiology discussed thoroughly (international and country-level data). Lack of emphasis on local data, as claimed by the student	Statistics presented (Philippine and global data)  Statistics based on gender, occupation, and geographic distribution  High Risk Groups	Statistics presented (mostly Philippine Data)  Homosexual vs. Heterosexual transmission rate  High Risk Groups (e.g. OFWs)	Global and National Data included  National Data more emphasized
<b>Pathophysiology</b>	Molecular Structure, method of infection	Includes methods of transmission Diagnostic tests Nursing Diagnosis is used, including Risk for infection	The Difference between HIV and AIDS Concepts on Viral structures were linked to how the virus causes disease Transmission methods laboratory diagnosis including: Screening - Students are told when certain tests can be used instead of others	Methods of transmission Breastfeeding issue remains in contention State of Immunosuppression	Pathophysiology discussed thoroughly including transmission, risk factors and diagnosis	Pathophysiology discussed, with emphasis on:  Methods of transmission  Myths regarding transmission (reinforced during patient education activities)  Standard Precautions without need for additional precautions	Pathophysiology discussed, with emphasis on:  The difference between HIV and AIDS  Methods of Transmission  Common myths and fallacies  Methods for Diagnosis, PCR included  A rapid screening tool	Pathophysiology discussed, with emphasis on:  Entry of virus into cells  Methods of transmission  Mentioned concepts behind methods such as ELISA and western blots  Not much discussion on treatment

						Methods for Diagnosis (ELISA and Western Blot, concepts such as widow and latency period)  The significance of Viral load and CD4 levels	demonstrated in the laboratory.  The methods of screening were not fully elaborated	
<b>Clinical aspects discussed</b>	Includes s/sx from all stages of the disease, as well as signs and symptoms of related infections	Risk Factors/Risk Behavior Clinical Signs and symptoms Manifestation Stages of the disease Pharmacology (covered more in the Pharma-related subjects of Nursing) HAART therapy Non-pharmacologic therapy Overview on Prognosis	Clinical signs and symptoms introduced, not exhaustively elaborated upon  Opportunistic infections  Treatment touched upon, no emphasis on dosage or regimen  Resistance to treatment  Disease course is discussed, linking laboratory values (CD4 levels) to signs and symptoms  Some discussion on prognosis	Describes natural progression of the disease, and disease stages from HIV positive to full blown AIDS Discussion on prognosis centers more health promotion/prevention and for referral purposes Discussion on treatment is supplemental	Classic findings of HIV/AIDS; correlated to level of CD4 count;  Treatment However, no emphasis placed on prophylaxis.	Characteristic signs and symptoms (e.g. susceptibility to infections, etc.)  Signs and Symptoms vs stage in the disease process  Prognosis and disease course  Types of drugs used were mentioned  Nursing implications of drug administration and effects were learned through drug studies (i.e. research on adverse effects and means of administration)  Actual dosages and treatment	Signs, Symptoms, and systemic complications (e.g. susceptibility to infections, end-stage symptoms, Kaposi's sarcoma, neurologic symptoms)  Diagnostic lab values with disease stage correlation  Prognosis and disease course  The types of drugs used were mentioned  Reasons for discontinuation of drugs  Actual dosages and treatment regimens not	Clinical signs and symptoms included in the video presentation  Progression of the disease correlated to signs and symptoms  some items on prognosis  Treatment not so much discussed

						regimens were not emphasized  Prophylactic regimens not discussed	emphasized	
<b>Psychosocial aspect discussed</b>	All aspects as per the Biopsychosocial aspect of the disease	Psychosocial needs of the patient as per Nursing Diagnosis	Myths about the transmission of AIDS were discussed, such as: Transmission by Kissing, Transmission by holding hands, Transmission by sharing swimming pools, Transmission by mosquitoes  Social Issues: Hetero vs. homosexual transmission	Economic, Social and ethical issues were not discussed in depth  Public Health topics include discussion on preventive measures such as Barrier Methods, High Risk Behavior and avoidance of these behaviors	Misconceptions; Discrimination issues  The social and ethical issues were highlighted by a resource HIV positive speaker.  No emphasis about pre- and post- HIV testing  Public health issues also discussed (prevention and risk factors)  No economic aspect discussed	Myths about transmission (in the context of patient exposure and education)  Opined that patients themselves sometimes are not fully aware of the means of HIV transmission  Social Issues included patient privacy, social stigma, employment, HIV/AIDS laws, and financial burden  Prevention was discussed	Myths about transmission discussed (e.g. kissing, skin contact, swimming pools, mosquito bites, urine)  Social Issues were mostly tidbits in the lecture such as: AIDS is not a reason to get fired from work  Prevention discussed, emphasizing the ABC method (Abstinence, Be Faithful, Condom use)	Discrimination of patients with HIV is partly discussed.  Public health topics focus more on prevention and education  Economic impact of the disease not discussed
<b>Issue of religion</b>	No effect on the teaching of HIV/AIDS	No effect on the teaching of HIV/AIDS	No effect on the teaching of HIV/AIDS	No effect on the teaching of HIV/AIDS	No effect on the teaching of HIV/AIDS	Religious ideas did have an effect on how the public reacted to AIDS, but they did not think that it impacted the way it was taught to them  Religious opposition to	Opined that religious ideas did have an effect on how the public reacted to AIDS, but they did not think that it impacted the way it was taught to them	No effect on the teaching of HIV/AIDS

						contraceptive use (condoms) may affect HIV/AIDS programs and policy outside of the academic setting		
<b>Teaching strategies</b>	Lecture, SGD, Patient Exposure/Direct Patient Care	Lecture, Video, Direct Patient Care, Session with HIV patient	Lecture, Laboratory	Lecture, Film Showing	Lecture, SGD, bedside rounds, formal ward endorsements, Patient exposure and role-playing	Lecture, patient exposure and education, bedside rounds, clinical rotations	Lectures, laboratory sessions where students were made to use a rapid kit. No actual patient encounter	Lectures, SGD, film showing No actual patient encounter
<b>Year of training during actual patient encounter</b>	LU5 (OPD) LU6 -7 (Direct Patient Care)	3rd Year, Days 2-4 Later years if patient encountered in hospital setting	N/A, unless encountered in community	N/A	Had exposure during Internal Medicine rotation (3 <sup>rd</sup> Year, 4 <sup>th</sup> Year, Internship), about 4-5 cases in one rotation during clerkship	Possibly in 3 <sup>rd</sup> year clinical rotation at RITM, depending on selected topic and prevalent patient population	No opportunity to see actual patients.	No actual patient exposure for students. Exposure depends on patient availability (rare according to students)
<b>Actual patient encounter (Description)</b>	Testimonial by HIV patient History Taking	History Taking, formulation of Nursing Care Plan	N/A	N/A	Talked about clinical signs and symptoms, risk factors, delved into the personal and social history. Some patients would hesitate in disclosing personal information in regards to HIV/AIDS	Extensive interaction, exploring the psychosocial dimension of HIV/AIDS (i.e. self concept, coping mechanism, effect on spirituality, etc.).  However, helping patients deal with the psychological and social implications of disease is not	No patient encounter.	No patient encounter.

						<p>strictly part of the 3<sup>rd</sup> year requirements</p> <p>Allowed to give patients health advice and education regarding HIV/AIDS</p> <p>Only limited encounters with the patient relatives</p>		
<b>Students' feedback with encounter</b>	Positive	Positive, reiterated points learned in the sessions	N/A	N/A	<p>Receptive to patient exposure</p> <p>Discovered that most patients do not know they have AIDS until they present with severe illness</p> <p>Importance of confidentiality and proper disclosure reinforced</p>	<p>Generally positive</p> <p>Due to the structure of the rotation and selection of cases, not all were able to have direct clinical experience or interaction with patients.</p>	N/A	N/A
<b>Perception on adequacy of patient encounter</b>		Too little time to cover everything	N/A	N/A	<p>The ward rotation and lectures were adequate.</p>	<p>Yes.</p> <p>However, some students felt that the 2 days for this kind of interaction felt rushed.</p> <p>Some expressed concern that there was no</p>	N/A	<p>Not adequate but understand this is due to limited number of cases</p> <p>Students want to be able to appreciate the disease entity more</p> <p>They understand the risk.</p>

						more RITM exposure in the 4 <sup>th</sup> year.		
<b>Other opportunities for learning</b>	Yes, as long as patients are available	As part of teaching standard precaution Other opportunities depend on patient availability	None	None	In Art of Medicine, students were taught how to disclose the illness. They also had exposure on this in hospice care.	Depending on choice of subject and local needs, there may be a need for public health lectures in the Community setting	None	Yes. (Only when it cases are found in COPAR)
<b>Expected degree of participation of students in teaching patients with HIV/AIDS</b>	Counseling and information on the disease	Nursing Care – related questions	Identification of Cases, public health, diagnostic counseling	Identification, prevention and referral	Getting the baseline knowledge of the patient from which to build on. Impart to the patient hope and life even with the disease. Discussion on the mechanism, complications, and treatment, with emphasis on prevention. They also delve into psychosocial aspect of the disease.	Patient education sessions in 3 <sup>rd</sup> and 4 <sup>th</sup> year by giving lectures to patients (not exclusive to AIDS only, incorporated into the broader topic of STIs). Topic is usually dictated by the prevalent morbidity/ mortality in the audience or is preselected.  Education and advocacy and referrals to hospital	Patient education sessions in 4 <sup>th</sup> year by giving lectures to patients but this is not exclusive to AIDS only, and the topic is usually dictated by the prevalent morbidity/ mortality in the audience or a preselected topic.	Includes ABC's, prevention, and nutritional advice, as they teach mainly to mothers  Focuses more on prevention and public health aspect  Training for midwives on counseling focuses more on advice regarding the above aspects of the disease
<b>Perception on the adequacy of HIV/AIDS education</b>	Inadequate in some areas, adequate in others. More emphasis on safety	Adequate (nursing-wise)	Adequate on most parts, more emphasis on counseling	Adequate	Suggestions: teach students the skills on proper counseling of HIV/AIDS patients especially in dealing with young patients	In the subject as a whole, training was sufficient, but at their current level the amount of exposure was still limited and unfinished, particularly in the	In the subject as a whole, training was sufficient, but at their current level the amount of exposure was still limited and unfinished.	As Midwives' management consists on prevention and referral, the way this topic is taught to them is adequate

					with HIV/AIDS  incorporate teaching of HIV/AIDS among the community during the community rotation  In general, among med students, it is sufficient.	psychosocial dimension (competency requirement for 4 <sup>th</sup> year).  Some commented that the focus of education should be more towards primary prevention.	Next year, the students will undergo special seminars which cover topics like AIDS.	
<b>Other issues /concerns</b>	Improve following aspects:  Counseling of patients and their caregivers regarding HIV test results  Long term follow-up (This is however limited by confidentiality issues and the protocol for disclosure)  Opportunities for observership are currently being negotiated.	Health Professionals Training is still inadequate for AIDS  Misinformation about AIDS still exists  Concepts taught may not be practiced all the time Increased focus on psychosocial aspects	Laboratory Diagnosis is important in the teaching of PH students Department of Health promotion and education plays a role in this teaching How can we better educate or communicate issues on HIV/AIDS to students and patients alike?	What should be the standard answer in breastfeeding to HIV+ mothers? There is no consensus. Validate what percent of mothers transmit HIV to their children, as this information is useful Now that there are more cases of HIV/AIDS, it is appropriate to add more hours to the discussion on HIV	None mentioned	In cases where in attending physicians do not explain adequately to patients, the students were taught to direct the patient to ask the physician.  The students are aware of some government programs for HIV/AIDS (eg. free anti-retrovirals.)  Recognize that some actions by government were controversial (eg. free condoms – sending wrong message).	The students are amenable to exposure or to meet a patient with AIDS.	Hopefully more exposure if patients are available  Current practice include:  Standard Precaution for ALL patients  Double gloves provided by the hospital and students  Closed shoes Currently, no goggles

NA - not applicable

\* LU – Learning Unit. LU3 equivalent to first year medical school, LU4 equivalent to second year, and so on

## Appendix 9.2

### Comparative Description of Tertiary Private Hospitals' Practices in addressing HIV/AIDS

Components	Hospital A	Hospital B	Hospital C	Hospital D
<b>Background, experiences, trainings of Hospital Infection Control Unit Head</b>	<ul style="list-style-type: none"> <li>• Infectious Disease Specialist</li> <li>• Faculty member in Infectious Disease Section of UP-PGH</li> <li>• Former Head of IDS of Department of Internal Medicine</li> <li>• Former Chair of Infection Control Unit of PGH</li> <li>• Chair of HIV/AIDS Core Team of Manila Doctors Hospital</li> <li>• Head of Infection Control Unit of Manila Doctors Hospital</li> <li>• Active advocate of HIV/AIDS with links to Department of Health</li> <li>• Published books on HIV/AIDS in the Philippines</li> </ul>	<ul style="list-style-type: none"> <li>• Consultancy and Fellowship in Infectious Disease, University of the Philippines, PGH</li> <li>• Infection Control Committee Head, UERM since 2000-present</li> <li>• Infection Control Head, Jose Reyes Memorial Hospital, 2006-present</li> <li>• President, Philippine Hospital Infection Control Society, 2006</li> <li>• Attended HIV/AIDS training conference, Southern California, 2007</li> </ul>	<ul style="list-style-type: none"> <li>• ID Fellowship in UP-PGH; rotation in SAGIP of UP-PGH</li> <li>• Rotation in RITM; attendance to their workshops on STD/HIV updates.</li> <li>• On-line update as member of CCOHIV of IDSA</li> </ul>	<ul style="list-style-type: none"> <li>• Head of the HICU, Diplomate of American Board of Internal Medicine and Diplomate of American Board of Infectious Diseases, Critical Care Medicine</li> <li>• For ICC staff members, we have five infectious diseases consultants all of which are familiar with the treatment of HIV</li> <li>• The infection control nurses have undergone training for all infectious cases including HIV</li> </ul>
<b>Experience of the hospital in the past 2 years on HIV/AIDS cases</b>	<ul style="list-style-type: none"> <li>• Increasing prevalence of HIV/AIDS mostly in the 20-30 age group</li> <li>• In 2004, there were 3 cases recorded in the hospital; in 2009, there were 11 cases reported</li> <li>• Increased prevalence could be due to increased reporting of the disease</li> </ul>	<ul style="list-style-type: none"> <li>• Trend is increasing incidence</li> <li>• 1 year ago, there was an incident regarding an HIV positive patient who underwent an operation. OR staff expected that they would be informed of the HIV status of the patient, contrary to patient confidentiality and standard practice. Not a lot of people read the guidelines on dealing with HIV positive patients.</li> <li>• Currently, in part because of the incident, more people are aware of guidelines and protocols (ie. Automatic referral to IDS, and privacy issues)</li> </ul>	<ul style="list-style-type: none"> <li>• Unfortunately with increasing numbers of newly diagnosed cases, mostly admitted because of opportunistic infections</li> </ul>	<ul style="list-style-type: none"> <li>• Admitted several cases, but not as huge as the population in San Lazaro or RITM</li> <li>• Increasing incidence</li> </ul>
<b>HIV/AIDS education and training for medical personnel (year of training, course, session, participants)</b>	<ul style="list-style-type: none"> <li>• No particular year of training</li> <li>• The topic is discussed every year during a specified period</li> <li>• ICC conducts fora on HIV/AIDS (especially on World AIDS day)</li> <li>• Residents learn from consultants on how to manage private patients</li> <li>• The topic is not categorized under a</li> </ul>	<ul style="list-style-type: none"> <li>• For both residents and nurses, there is an orientation as soon as they join the hospital staff, as well as a yearly seminar/conference (mostly attended by Internal Medicine Residents)</li> <li>• The ICC has plans to increase the frequency of these seminars</li> </ul>	<ul style="list-style-type: none"> <li>• For residents, 1<sup>st</sup> year</li> <li>• HIV 101 and of course the infection control aspect of managing HIV patients</li> <li>• One session for the new HCWs; special training usually half day</li> <li>• Total of 30-40 mins; 4 hours for the latter</li> </ul>	<ul style="list-style-type: none"> <li>• The hospital has no residents</li> <li>• All nurses and health professional undergo the usual infection control training including HIV.</li> <li>• No special seminars specifically in regards to HIV but all training are in regards</li> </ul>

	<p>particular subject, but implemented in coordination with the activities of ICC of the hospital</p> <ul style="list-style-type: none"> <li>• Seminars discussing epidemiology, transmission, prevention, pathogenesis, management</li> <li>• Group dynamics are also done where scenarios are given to the members to discuss on how to deal with such cases</li> <li>• There are also forums about HIV/AIDS counseling for medical personnel</li> <li>• Posters on updates about HIV/AIDS are utilized as part of</li> <li>• Seminars on HIV/AIDS are conducted on a particular day, in one whole afternoon</li> <li>• Residents, allied medical personnel are required to attend seminars</li> </ul>	<p>to quarterly and broaden the scope to include residents from all departments, other health staff, and also consultants.</p> <ul style="list-style-type: none"> <li>• For residents, it is expected that they have taken formal training on HIV/AIDS during medical school.</li> <li>• Aside from that, there are other opportunities for additional training as early as 1<sup>st</sup> year residency and/or 4<sup>th</sup> year medical students (e.g. patients, rounds, conferences, etc.).</li> <li>• Due to increasing incidence, many Internal Medicine residents encounter HIV positive patients as early as 1st year. i.e. learning through management of patients and rounds.</li> <li>• However, residents in other departments (e.g. surgery, etc.) may not have the same opportunities for encountering HIV positive patients.</li> <li>• The length of session (hours in total) depends on medical school curriculum</li> </ul>		<p>to infection control in the hospital which would include HIV</p>
<b>Aspects discussed (see appendix)</b>	<ul style="list-style-type: none"> <li>• Epidemiology (Global, regional, national), pathophysiology, transmission, diagnosis, clinical signs and symptoms, treatment, social and ethical issues, public health</li> </ul>	<ul style="list-style-type: none"> <li>• Epidemiology (Global, regional, national), pathophysiology, transmission, diagnosis, clinical signs and symptoms, treatment, social and ethical issues, public health</li> </ul>	<ul style="list-style-type: none"> <li>• Epidemiology (Global, regional, national), pathophysiology, transmission, diagnosis, clinical signs and symptoms, treatment (partially only), social and ethical issues, public health</li> </ul>	<ul style="list-style-type: none"> <li>• More of a clinical application</li> <li>• items discussed included: <ul style="list-style-type: none"> <li>○ methods of transmission</li> <li>○ diagnosis</li> <li>○ signs and symptoms</li> </ul> </li> <li>• Pathophysiology not discussed</li> <li>• No seminars on treatment since this will be handled by Infectious Disease doctors (consultants)</li> </ul>
<b>HIV/AIDS Epidemiology</b>	<ul style="list-style-type: none"> <li>• Yes. The epidemiology is discussed under AIDS 101 seminar conducted by the hospital for medical personnel.</li> </ul>	<ul style="list-style-type: none"> <li>• Yes.</li> </ul>	<ul style="list-style-type: none"> <li>• Yes.</li> </ul>	<p>No answer</p>

<b>Pathophysiology</b>	<ul style="list-style-type: none"> <li>In AIDS 101, the basic aspect of HIV/AIDS is discussed</li> <li>There is separate training for AIDS counseling</li> <li>Discussed pathophysiology, transmission, diagnosis but not thoroughly</li> </ul>	<ul style="list-style-type: none"> <li>It is expected that these aspects of HIV have already been taken up in medical school. It is also reinforced if there is an opportunity (e.g. during rounds), but only the basics are needed in the context of the hospital/patient setting.</li> </ul>	<ul style="list-style-type: none"> <li>Constantly reinforced</li> </ul>	<p>Not discussed</p>
<b>Clinical aspect</b>	<ul style="list-style-type: none"> <li>Not so much discussed on clinical signs and symptoms, treatment and prognosis</li> <li>What is emphasized is the issue of confidentiality among patients with HIV/AIDS</li> <li>Standard precaution (formerly known as universal precaution) is also emphasized among the medical personnel in handling all patients with or without HIV/AIDS</li> <li>Even though standard precaution is emphasized, the biggest violators are the doctors in the hospital.</li> </ul>	<ul style="list-style-type: none"> <li>Doctors are expected to know these from their formal medical education. As previously mentioned, there are opportunities to refresh that knowledge.</li> <li>For nurses and other health staff, aside from their formal education prior to joining the hospital, there is an orientation, as previously mentioned.</li> </ul>	<ul style="list-style-type: none"> <li>Clinical signs and symptoms are always discussed thoroughly</li> <li>Treatment and Prognosis are thoroughly discussed to residents and doctors but less so for other health care workers</li> </ul>	<p>No answer</p>
<b>Psychosocial aspect</b>	<ul style="list-style-type: none"> <li>There is separate session on counseling</li> <li>Psychosocial aspect of the disease is discussed in the counseling session</li> <li>Economics of the disease is not discussed.</li> <li>Acknowledged that economic matters become prominent later on as consequence of the disease due to cost of maintenance drugs for AIDS.</li> </ul>	<ul style="list-style-type: none"> <li>Privacy issues are stressed, but there are still problems when nurses and occasionally residents spread rumors or speculate about a particular patient's HIV status. E.g., IDS consultants' warning on a patient's chart to 'Maintain Standard Precautions' becomes a signal for nurses/residents to ask/speculate about the HIV status or particular disease of the patient.</li> <li>In terms of the psychosocial aspect, it is being taught but it is hard to assess the skill of the resident. More encounters/ experience with HIV positive or</li> </ul>	<ul style="list-style-type: none"> <li>Economics, Social and Ethical Issues are lightly discussed.</li> <li>Public Health is more discussed.</li> </ul>	<p>No answer</p>

		<p>at risk patients is probably the best way to learn.</p> <ul style="list-style-type: none"> <li>Residents are made aware of the DOH initiatives on HIV (e.g. free antiretrovirals). However, one of the problems is that the antiretrovirals may be free but the medicines for the other common complications of HIV/AIDS are not (e.g. antibiotics, drugs for HIV associated cancers, etc.). Also, only a few different antiretrovirals are provided. This can be a problem if resistance develops and the patient needs a different drug.</li> <li>Except for the subsidized initial testing for HIV, other diagnostic tests are also not covered by government.</li> </ul>		
<b>Religious Aspect</b>	<ul style="list-style-type: none"> <li>The issue of religion does not affect the teaching on HIV</li> <li>Religious group in the hospital learned to accept about it through the years</li> </ul>	<ul style="list-style-type: none"> <li>There has been no issue so far.</li> </ul>	<ul style="list-style-type: none"> <li>Not discussed, but no issue or conflict so far</li> </ul>	No answer
<b>Teaching Strategies</b>	<ul style="list-style-type: none"> <li>Lecture, Seminars, others: Patient exposure &amp; actual management, small teaching rounds with residents, department conferences where cases are discussed thoroughly by multidisciplinary team</li> </ul>	<ul style="list-style-type: none"> <li>Lecture, Problem-based case study, preceptorials, Seminar, Patient rounds</li> </ul>	<ul style="list-style-type: none"> <li>Lecture and Problem based case study.</li> </ul>	<ul style="list-style-type: none"> <li>Seminar for infection control, but this is not necessarily only for HIV (but it is included)</li> </ul>
<b>Actual patient encounter (description)</b>	<ul style="list-style-type: none"> <li>Yes. There are a number of HIV/AIDS cases in the hospital.</li> <li>Residents take Clinical history of the patient and give psychosocial support.</li> </ul>	<ul style="list-style-type: none"> <li>Yes. As early as 4<sup>th</sup> yr med school or 1<sup>st</sup> year residency</li> <li>Aside from history taking, residents also advised patients and relatives when applicable</li> </ul>	<ul style="list-style-type: none"> <li>No patient encounter for most health personnel</li> </ul>	<ul style="list-style-type: none"> <li>Yes, when patients are admitted, nurses and the infection control nurses interact with them</li> </ul>
<b>Health personnel's feedback on patient encounter</b>	<ul style="list-style-type: none"> <li>Adequate patient exposure for medical residents</li> </ul>	<ul style="list-style-type: none"> <li>There have been no problems since the previously mentioned incident</li> </ul>	Not applicable	No answer
<b>Perception on the adequacy of patient encounter</b>	<ul style="list-style-type: none"> <li>Adequate patient exposure for residents who were able to manage one</li> </ul>	<ul style="list-style-type: none"> <li>Adequate</li> </ul>	Not applicable	No answer

<b>Other opportunities for learning</b>	<ul style="list-style-type: none"> <li>• Yes. There is also patient exposure in DOH (HIV Pavilion) for medical personnel.</li> </ul>	<ul style="list-style-type: none"> <li>• Yes</li> </ul>		
<b>Perception on the adequacy of the HIV/AIDS education</b>	<ul style="list-style-type: none"> <li>• There is a need for medical professionals to have training on how to integrate HIV/AIDS patients in the community because of rampant discrimination in the society.</li> <li>• There is need to teach the community about the disease to address discrimination and stigma of the disease.</li> <li>• “Ningas-kugon” educational system</li> <li>• The problem is that education is not sustained and not evaluated for its effect.</li> <li>• Lack of evaluation on change of attitudes of people taught about HIV/AIDS</li> </ul>	<ul style="list-style-type: none"> <li>• No. In many hospitals, especially big hospitals, many are not aware or are not familiar how to handle properly HIV/AIDS patients. Disseminating such guidelines is also difficult in large institutions.</li> <li>• Many hospitals still do not accept HIV/AIDS patients.</li> <li>• For Hospital B, There is a need to increase the frequency of the HIV seminars/sessions and to widen the staff participation.</li> <li>• Ideally, physicians in other fields, particularly in primary care specialties (Family medicine, Internal medicine, and even Pediatrics), need to know more about when to suspect HIV and how to handle possible or confirmed HIV cases.</li> <li>• Many misconceptions still abound (e.g. Anesthesiologist wanted to throw away laryngoscope after it was used on an HIV positive patient)</li> </ul>	<ul style="list-style-type: none"> <li>• Probably not. Collaborative studies and training workshops should be open not only to ID people but to other Internists and those of other subspecialties who have special interest regarding HIV/AIDS</li> </ul>	<ul style="list-style-type: none"> <li>• Further training is indeed needed particularly to this field since we are encountering more and more cases.</li> <li>• Health care professionals should be further educated regarding the transmission/ pathogenesis (of the disease)</li> </ul>
<b>Strategies on HIV/AIDS surveillance and control</b>	<ul style="list-style-type: none"> <li>• Use of standard precaution for all patients</li> <li>• HIV screening for employees of the hospital is not mandatory</li> <li>• No definite hospital policies on HIV-positive employees</li> <li>• Follows a definite protocol for needle stick injury</li> <li>• During needle stick injury, a written incident report is filed, then assessed by IDS, then immunization status is checked</li> <li>• Uses ELISA for screening</li> <li>• Do not perform contact tracing due to lack of manpower</li> <li>• There is no documented hospital</li> </ul>	<ul style="list-style-type: none"> <li>• Use of standard precautions for all patients is highly encouraged by the hospital</li> <li>• Hospital B follows standard protocols for needle stick injuries and other potential exposure incidents (e.g. blood spray, etc.)</li> <li>• HIV screening for employees of the hospital is not mandatory</li> </ul>	<ul style="list-style-type: none"> <li>• Making sure PPEs are available</li> <li>• Education campaign</li> <li>• Creation of pamphlets and reading materials</li> <li>• As to surveillance, all positive tests (in-patients) are being reported to HICC who then facilitate the submission of data to DOH NEC</li> </ul>	<ul style="list-style-type: none"> <li>• Reports of HIV cases are made to DOH,</li> <li>• Usual infection control seminars would touch on prevention and precautionary measures needed for patients with HIV (standard precautions)</li> <li>• However a strategy really has to be made particularly for HIV cases</li> </ul>

	transmission of HIV in the hospital.			
<b>Implementation of strategies</b>	<ul style="list-style-type: none"> <li>Follows definite hospital protocol/guidelines</li> <li>HIV patients are still accepted in the hospital without discrimination</li> </ul>	<ul style="list-style-type: none"> <li>Staff is informed during initial orientation and during IDS conferences</li> <li>HIV patients accepted without discrimination</li> </ul>	<ul style="list-style-type: none"> <li>HICC nurses and identified HCWs (HICC champions) conduct regular rounds for the surveillance and checking of availability of PPEs;</li> <li>Supervisory heads and managers are active members of the HICC and they are the persons responsible for the strict implementations of policies;</li> <li>memos are issued to those who failed to abide by the regulations.</li> </ul>	<ul style="list-style-type: none"> <li>Implementation would include a meeting first with the ICC head</li> </ul>
<b>HIV/AIDS patient registry</b>	Yes	Yes	Yes	Yes
<b>Info dissemination and education about HIV/AIDS</b>	<ul style="list-style-type: none"> <li>Individual counseling with patients</li> </ul>	<ul style="list-style-type: none"> <li>Emphasis is placed on transmission, use of barrier methods of contraception, and safe sex practices.</li> <li>Residents are occasionally assigned to give health lectures regarding HIV/AIDS. They are also allowed to advise patients regarding HIV/AIDS.</li> <li>Clinical Clerks have community rotations wherein they may be required to give public health lectures on HIV/AIDS, along with other topics.</li> <li>Individual counseling where appropriate</li> </ul>	<ul style="list-style-type: none"> <li>Trained counselors conduct pre and post-test counseling and patients are referred to ID specialists for follow up.</li> </ul>	<ul style="list-style-type: none"> <li>Education is usually undertaken by the [Infectious Disease Doctor, in charge] including: <ul style="list-style-type: none"> <li>Prognosis</li> <li>Treatment</li> </ul> </li> <li>However for social support, refer patients to RITM</li> </ul>
<b>Protocol in dealing with HIV/AIDS patients</b>				
<b>Quarantine of patients</b>	No	No	No	No
<b>Standard precaution compliance</b>	Yes, with no need for additional/special precautions if not indicated	Yes, with no need for additional/special precautions if not indicated	Yes	Yes, with no need for additional/special precautions if not indicated
<b>Protocol in needle stick injuries and other accidental</b>	<ul style="list-style-type: none"> <li>Follows a definite protocol/flow chart</li> <li>Titers for immunization status are</li> </ul>	<ul style="list-style-type: none"> <li>There are standard protocols such as screening immediately and again after 6 months.</li> </ul>	<ul style="list-style-type: none"> <li>Use WHO and CDC guidelines</li> </ul>	<ul style="list-style-type: none"> <li>For needle stick injuries [nurses/health personnel] are referred to ID doctors</li> </ul>

<b>exposure</b>	<ul style="list-style-type: none"> <li>checked for needle stick injuries</li> <li>HIV rapid testing for needle stick injury is utilized only in cases of high-risk patients.</li> </ul>	<ul style="list-style-type: none"> <li>Also screened for other blood borne diseases such as Hepatitis B.</li> </ul>		<ul style="list-style-type: none"> <li>There is a standard protocol to follow for needle stick injuries</li> </ul>
<b>Psychosocial support as part of patient management</b>	Yes. Hospital conducts training in counseling HIV patients Counseling is done pre- and post HIV testing.	Yes. But referral to a psychiatrist is not automatic. This depends on whether the patient wants or is amenable to a psych referral.	Not automatically	For these cases, management includes treatment, for social support, referral made to RITM
<b>Other issues/concerns</b>		As for government programs, more resources should be devoted to screening (e.g. OFWs returning home), public awareness, and monitoring (e.g. there is no way to track down blood donors who tested positive since the labels on blood supplies are all anonymous. There needs to be at least a tracking number or system of some sort.).		

NA - not applicable

## Appendix 10

### Sample Letter

March 01, 2010

Dear Dr/Madam,

Good day!

I am Dr. Noel R. Juban, Associate Professor and Chair of the Department of Clinical Epidemiology University of the Philippines Manila College of Medicine. Currently we are conducting a study for the World Bank entitled: **HIV/AIDS in Health Professionals Training in the Philippines**

The primary objectives of the study are:

1. To analyze the current situation of HIV/AIDS lectures and discussions in tertiary education academic curricula of health professionals in the Philippines.
2. To determine the perceptions of different stakeholders to the sufficiency of the current level of lectures and discussions on HIV/AIDS.
3. To describe the private hospital sector response to the HIV/AIDS problem of the country.

Part of the methodology of the study details conducting Key Informant Interviews with top-level officials (CHED officials, university heads/deans of colleges) and the medical teaching staff of various training institutions for health related professions (MD, Nursing, Midwifery, etc) as well as key personnel (Infection Control Committee Head) of various private hospitals.

Ultimately the study is envisioned to provide an analysis as to the teaching curricula regarding HIV/AIDS, and an assessment of the private sector response to HIV/AIDS.

As such, we would like to request your time and input for a Key Informant Interview regarding this subject. Attached is the questionnaire that will be used for the Interview. All information divulged in this interview will be duly and properly cited and noted in the study.

My research associates, Dr. John Tawasil (09272459181, [get\\_your\\_fix@yahoo.com](mailto:get_your_fix@yahoo.com)) and Dr. Vincent Salvador (09192742424, [scientia\\_eyes@yahoo.com](mailto:scientia_eyes@yahoo.com)), will be coordinating with your office regarding this matter.

Thank you very much.

Sincerely yours,

Noel R. Juban, M.D.  
Principal Investigator

**--END--**