

# Enhancing uptake of an online evidence-informed guide to HIV rehabilitation among occupational therapists, physiotherapists and speech-language pathologists

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Preparing Providers: Tools and Strategies to Enhance Health Services

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# Collaborators



UNIVERSITY OF  
**TORONTO**



Canadian Working Group on HIV and Rehabilitation  
Groupe de travail canadien sur le VIH et la réinsertion sociale



**Barts Health**



NHS Trust



**University  
of Victoria**



**CIHR IRSC**  
Canadian Institutes of Health Research  
Instituts de recherche en santé du Canada

**McMaster  
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# Rehabilitation & HIV

- As HIV transforms into a chronic & episodic illness, rehabilitation has an important role
- Rehabilitation is “any services or activities that address or prevent impairments, activity limitations and participation restrictions”
- In spite of a high prevalence of disablement among people living with HIV access to rehabilitation services is a challenge



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# The Challenge of Knowledge Translation in HIV & Rehabilitation

Barriers include:

- Inadequate training of rehabilitation professionals
- Inadequate referral to rehabilitation
- Lack of understanding of role from a perspective of persons living with HIV



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# Leaders in HIV and Rehabilitation

- Canadian Working Group on HIV and Rehabilitation (CWGHR) identified the need in 1998
- A national charitable organization with partners in government, health care, research and education
- Received funding to develop an online module



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# CWGHR E-Module



Canadian Working Group on HIV and Rehabilitation  
Groupe de travail canadien sur le VIH et la réinsertion sociale

## E-MODULE FOR EVIDENCE-INFORMED HIV REHABILITATION (E-MODULE)

- Current evidence on HIV rehabilitation
- Interdisciplinary
- Comprehensive
- 8 chapters
- 6 case studies
- 170 pages of text
- Available at: [www.hivandrehab.ca](http://www.hivandrehab.ca)



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# Increasing Access to Clinical Practice Guidelines

- Posting guides/guidelines on the Internet does not ensure healthcare professionals will access them
- Use of email to disseminate case-based information has been associated with increased knowledge, attitudes and practices (Kemper 2002)
- Use of email reminders has been associated with increased access to an online health guidelines (Abdolrasulnia 2004)



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# Purpose

To evaluate the extent to which case based emails with content and links to the e-module increased awareness and capacity in rehabilitation professionals to provide evidence based health care to people living with HIV



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# Study Design, Participants, Recruitment

- Before and after study with quantitative and qualitative methods of data collection
- Participants: PTs, OTs, and SLPs in clinical practice with an interest in HIV
- Recruitment: e-notices sent through professional groups in Canada and the UK
- Ethics approval obtained from participating universities



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# Knowledge Translation Intervention

- Six case studies, one emailed every 2 weeks
- Case studies included a case scenario, questions and answers, links to the e-module
- Q&A highlighted evidence from the e-module on HIV pathophysiology and associated conditions, assessment and treatment, and psychosocial issues
- Certificate of completion was provided



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# Knowledge to Action

## Rehabilitation in HIV

### Case Study 3 - Louis

Louis is a 63 year old man referred to home care for an initial assessment. He was diagnosed with HIV infection 2 years ago. His viral load is slightly above detectable and his CD4 count is 450. He is not taking any antiretroviral medication at the present. He has a past history of cardiovascular disease and bipolar disorder. Louis lives alone in a 1 bedroom apartment downtown. He is a retired musician who stopped giving private lessons 4 months ago due to deteriorating health. He tells you that he has a companion who assists him with grocery shopping and errands. He recently had to sell his prized cello to pay for his companion's services. His companion is having financial problems and sends money abroad to support his family. Louis tells you he is concerned as his companion uses his credit card to buy his groceries.



#### QUESTIONS

1. What are HIV Associated Neurocognitive Disorders? (click here to view [4.12.5.10 CNS - Neurocognitive Functioning](#))
  - There are 3 main categories of HIV related Neurocognitive Disorders: 1) HIV-Associated Dementia 2) HIV Mild Neurocognitive Disorder and 3) Asymptomatic Neurocognitive Impairment.
  - Louis appears to have HIV Associated Mild Neurocognitive Disorder (HAND) defined as impairment in at least 2 domains that produces mild interference in day to day. These could be self-reported changes in functional ability or through the observations of others.
  - The interactions between HAND and age related dementia are not well understood.
2. Is there any evidence to suggest that exercise would be an effective treatment strategy for Louis? (click here to view [6.4 Exercise](#))
  - Published studies support the benefits of aerobic and resistive exercise in adults living with HIV
  - Exercise intensity for aerobic exercises in HIV re-



# Data Collection & Analysis

- Semi-structured telephone interview post-intervention
- Interviews audio-taped and transcribed
- Constant comparative approach to identify emergent themes
- Results from qualitative data analysis will be presented



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# Results

- 26 participants
  - Canada: 13 PT, 4 OT
  - UK: 3 PT, 3 OT, 3 SLT
- 96% were female
- Mean age: 34 years (range: 23-48 years)
- Mean no. years of clinical experience: 8.3 years (range 0-25 years)
- 7 worked extensively in HIV, 9 had seen a few people with HIV in clinical practice and 10 had no experience working with people with HIV



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# Results: Themes

## 1. Increased or reinforced knowledge

- ❑ Co-morbidities
- ❑ Potential for rehabilitation
- ❑ Need for holistic approach
- ❑ Episodic nature of HIV
- ❑ Importance of team

## 2. Increased confidence

- ❑ Access to a comprehensive resource
- ❑ Relevance of pre-existing knowledge & skills



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# Increased Knowledge

## Co-morbidities

*I think it's changed my ideas about what kind of questions I need to ask and how I can be more helpful in adjusting some of the needs (of people living with HIV). Especially what I said before about some of the co-morbidities that I didn't really know, just so that I have more of an idea of what I'm seeing, how I can educate for signs to look for, or things that they have to be mindful of especially because it's episodic. I feel more equipped especially on the education aspect for when I am interacting with people.*



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## Increased Knowledge Potential for rehabilitation

*I think I will be more involved than I might have been in the past. So knowing that (persons living with HIV have) rehab potential and that we've got a really strong role for rehabilitating them I'll try and be less medical model and a little bit more social focus ...like getting them into their home environment if it's appropriate.*



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# Increased Knowledge Need for a holistic approach

*The e-module and the case studies did help me look more at the social complexities of this population as opposed to the clinical.*



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# Increased Knowledge

## Episodic nature

*(People living with HIV) have periods where (the symptoms) are exacerbating and then they are fine ... that's similar to MS and other neurological ones. It gave me that perspective of those clients as well..... provide them with treatment that's appropriate when they are having good periods and bad periods and so it helped to remind me about that.*



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# Increased Knowledge Importance of the team

*There is more than just the Physio aspect of it. And if you are the primary care provider that's the first thing, you need to know what's available where Social Work comes in, where Occupational Therapy comes in, where Psychology comes in, where medical comes in.*



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# Increased Confidence

Access to a comprehensive resource

*I definitely feel more confident.... just having that extra knowledge I think makes anyone feel more confident to work with populations that they haven't worked with before.*



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# Increased Confidence

## Relevance of pre-existing knowledge and skills

*It's not a scary and foreign concept as it was before because it reinforces that you know you can do your physio assessment and look at their gait and their strength and their discharge needs and it's like treating anybody else in that regard. You just have to remember more that they can fluctuate.*



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# Key Findings

- Learning related to co-morbidities & episodic nature
- Relevance of behaviourally and social science oriented knowledge
- Interprofessionalism and team approach
- Increased confidence an important consequence of the intervention



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# Knowledge Translation Perspective

- “Implementability” is an important characteristic of clinical practice guidelines (Gagliardi & Brouwers, 2012)
- More steps involved in moving evidence to practice



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# Conclusions

- Rehabilitation in HIV is still evolving and strategies are required to increase capacity in rehabilitation professionals & beyond
- Findings suggest a brief email intervention linked to evidence informed guidelines increases knowledge and confidence
- Further research to assess impact on changes in practice required



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