

Trainer guidance for delivery of HIV slide set

The HIV slide set contains a comprehensive set of trainer notes for each slide and is designed to be delivered within an hour including time for questions and discussion, and ensuring that the registration form and evaluation sheets have been completed.

As it is intended to engender an interactive session where staff ask questions and discuss solutions to embedding integrated basic sexual health in their practice, you may find that you do not follow the slides in order or miss some as you have discussed them or because time is running out.

Whether you have a comfortable full hour, or the session is curtailed for any reason, the following is a list of key points that it is really important that you cover in the session. The points have been chosen as they were evaluated as important in engendering testing according to national guidance by staff who have received a previous training intervention

Key point	Trainer note
HIV is now a long term manageable condition	Introduction of HAART has meant people with HIV can live near normal life span. Align their thinking with diabetes, asthma etc.
Prevalence of HIV in the UK continues to rise	MSM, those from countries with high prevalence but also heterosexuals acquiring virus in UK.
Local HIV data	Show them diagnosis, positives and late diagnosis rates.
Undiagnosed HIV accounts for 25% of infections	Those people can transmit virus to others and are likely to have poorer outcomes than those diagnosed early.
Late diagnosis means expensive and more difficult treatment, poorer outcomes and continued transmission risk.	
Patients on HAART can have viral load reduced to the extent where they do not transmit the virus	
75% of people with late diagnosis had seen GP in previous year with indicator illness	Opportunities to diagnose are being commonly missed.
Patients may present to GP with primary HIV infection	Ensure familiar with symptoms and equate them with possible need to check for HIV infection
Familiarity with indicator conditions	Show photographs of common conditions and go through the list
Testing guidelines for general practice	Anyone age 16 or over presenting with indicator condition or disclosing risk, or routinely where prevalence is 2 per 1000 or more
How to raise the idea of a test	As an appropriate clinical consideration within a number of possibilities that would be sensible to include, or as a routine offer based on prevalence in local population
Myth busting	Negative HIV tests do not have to be declared on insurance Pre test counselling not required

Familiarity with pathway for a reactive result	
Patients report high acceptability of a test offer	Patients accept offer of a routine screen based on prevalence as well as an appropriate consideration to an indicator illness
Reminders to test	Use posters, set up computer prompts and start straightaway.
Staff should contact you with any queries/advice needed	