

Special Projects of National Significance

Neuropsychiatric Management of HIV/AIDS Patients with Delirium

PROVIDER TRAINING

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Overview:

- Educational sessions were offered on a monthly basis to each of 4 participating agencies; topics were based on the results of a pre-training needs assessment and included: diagnosis and treatment; psychosocial and case management issues; and personal, interpersonal and other issues.
- 61 neuropsychiatric trainings were offered to 634 attendees, including nurses (49%), social workers/case managers (19%), and primary care providers/MDs (22%).
- 91% of the trainings were conducted in an interactive didactic/lecture style; 9% included showing a project-developed 22 minute video “Unmasking AIDS-related Delirium” which focused on the diagnosis and treatment of delirium.

Outcomes:

- Participants improved their knowledge (objective and subjective) and perceived ability (subjective) with respect to the identification and management of delirium in HIV/AIDS patients. Paired t-test results for providers at baseline and at 6 month follow-up showed a significant improvement in objective knowledge regarding delirium ($t = -4.45$; $df = 24$; $p < 0.006$). Perceived ability scores, such as knowledge about the causes of delirium ($t = 17.19$; $df = 78$; $p < 0.0001$) and knowledge of other psychiatric conditions associated with HIV ($t = 15.66$; $df = 78$; $p < 0.0001$) also showed significant improvement. There were no clear associations between the number or type of trainings attended and change in providers’ objective knowledge or perceived ability ratings. However, as evidenced by a follow-up chart review, there was not a corresponding change in provider behavior.

Conclusions:

- Didactic trainings resulted in improved knowledge (both objective and subjective) and perceived ability (subjective) with respect to the identification and management of delirium in HIV/AIDS patients.
- Chart review following the training series demonstrated that training alone did not significantly change provider behavior.

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