2020

Educational Program on Human Immunodeficiency Virus for Clinic Staff

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This is to certify that the doctoral study by

Margaret Ayoade

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

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Walden University
2020

Abstract

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MS, Walden University, 2015

BS, Winona University, 2012

Project Submitted in Partial Fulfillment

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Doctor of Nursing Practice

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Abstract

Medical assistants (MAs) and nurses provide primary care to patients infected with the human immunodeficiency virus (HIV). However, differences in their standard workflow were observed to affect the provision of preventive care. This warranted intervention due to prevalence of ongoing HIV-related stigma that affects HIV prevention and care. The practice-focused question asked whether an educational program could fill an identified gap in knowledge to assuage the fears of MAs and nurses providing care to HIV-positive patients. The project was guided by Kolb's experiential learning theory and Lewin's change theory. The purpose was to develop an educational program to educate the staff based on the recommendations set forth by the Office of National AIDS Policy in its *National HIV/AIDS Strategy for the United States: Updated to 2020*, which includes goals to improve access and reduce health disparities. A 5-point Likert scale, 7-item pretraining and posttraining survey and a training evaluation were completed by 5 nurses and MAs who attended a video-taped training that sought to address the stigma experienced by HIV-positive patients. The survey data were analyzed using descriptive statistics. A key finding was that 40% of staff reported after the training possessing an undiscovered HIV-related stigma. Findings support the value of implementing an educational program to teach staff the facts about HIV to change their attitudes and assuage their fears. This has implications for positive social change: HIV-positive patients would receive more equitable care and thus health disparities associated with the stigma would be reduced.

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Dedication

This project is dedicated to my family, especially my wonderful sister, Martina Oluwakemi. Margaret-Mary Mopelola; Emmanuel Olalekan and my Mom Agnes Arinola. In memory of my late beloved Dad, Mr. Anthony Olayiwola Akande, who passed away in September 2019, buried in November 2019, you are gone, but you will never be forgotten.

Acknowledgments

I am giving thanks to God, my Alfa, and Omega, who has been helping me throughout my years. To God be Glory Honor and Adoration. My profound gratitude goes to my family, especially my amazing sister Martina Oluwakemi Akande. Her endless prayer, emotional and physical support lightened my way to success; you are my Angel sent by God. I love you sissy! Also, a big thank you to Margaret-Mary Mopelola and Emmanuel Olalekan for understanding and tolerating me during this process. I am also recognizing and appreciating my mom for her motherly love and support, Agnes Arinola Akande. How I would have loved to share my achievement with my dad, but God Loves him more. Rest in Peace my dad, Anthony Olayiwola Akande thank you for bringing me into this world, I miss you Dad, and I love you exceedingly!

I am thankful to the faculty members, especially Dr. Melanie Braswell, for her support and help throughout the project years. She believed in me, and she held my hand and has seen me to the successful completion of this project. I am also grateful to my other committee members Dr. Joan Hahn and Dr. Diane Whitehead, and for Dr. Samuel Boadu, for his help, time, and support.

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Section 1: Nature of the Project

Introduction

A care deficit noticed during the care of a patient with human immunodeficiency virus (HIV) at a clinic raised concerns about health care disparities among HIV patient's care. The purpose of this project was to develop an educational program to educate the clinic staff on the facts of HIV to assuage their fears and/or to modify their negative attitudes of stigma and discrimination towards patients diagnosed with HIV.

According to Avert.org, "35% of countries with available data have over 50% of people report having discriminatory attitudes towards people living with HIV" (Avert.org, 2017). Stigma and discrimination in the health care setting and elsewhere are discouraging people from accessing HIV prevention, care, and treatment services, which subsequently affects the adoption of recommended preventive behaviors (Nyblade, Stangl, Weiss & Ashburn, 2009).

Stigma and discrimination often affect the delivery of quality HIV care by health providers. HIV stigma has a damaging effect on the patients that include physical and mental health issues. Finding strategies and ways for managers to reduce the stigma that the patients experience from the provider is vital to the HIV positive population to ensure that HIV-positive patients receive improved care (Nyblade et al. 2009).

Problem Statement

Inconsistencies in the care the HIV patients were receiving in a clinic dedicated to the care of HIV patients was observed. Nurses and medical assistants (MA) are responsible for placing patients in examination rooms Once in the examination room, the

nurse or MA is tasked with obtaining the patient's medical history, reconciling medications, collecting immunizations records, collecting the history of preventative screening tests such as mammograms, colonoscopies, pap smears, fecal occult blood tests; also, conducting a mood and depression screening.

The standard health maintenance recommendations by the Infectious Diseases Society of America (IDSA) emphasizes that the care and evaluation of HIV-positive patients should include holistic and routine preventive care. A comprehensive exam would consist of performing standardized age-and sex-appropriate health-maintenance interventions such as cancer screening in HIV-infected patients according to the same guidelines used for non-HIV-infected patients (Clinical Guidelines Program, 2018). HIV-positive patients require consistent screening and monitoring of risk for preventable health issues. The recommendations for the general population include various immunizations and screenings on a regular schedule. These include tuberculosis screening, colonoscopy, rectal/pap smear, mammogram, dental care, and vaccination against hepatitis A and B and pneumococcal vaccination (Clinical Guidelines Program, 2018). The revised HIV recommendations emphasize the importance of all these routine health maintenance interventions, immunizations, and screenings to help with the welfare of the HIV population (Maartens, Celum & Lewin, 2014).

There was recognition of noticeable differences in the screening and immunization records of HIV-positive patients at the clinic when compared to non-HIV-positive patients. During a meeting with the clinic manager, data were provided on a recent care provision to 60 HIV-positive patients in a midwestern primary care clinic. A

review of the data revealed significant deficits in the information collected by the MAs or nurses about the preventive care of 44 (73.3%) of these HIV-positive patients at various phases in their care. The deficits were seen in the standard workflow. When MAs and nurses placed patients in examination rooms to collect routine information, detailed histories were not being taken, and preventative screenings were not being offered consistently. Two reasons were given in direct conversation with staff: an irrational fear of contracting the virus while providing primary patient care and a belief that the person with HIV had led a wayward life. This staff education program will contribute to the reduction of negative attitudes towards HIV-positive patient populations.

This education project was developed in line with the *National HIV/AIDS Strategy for the United States: Updated to 2020* published in 2015 by The White House, which includes the goal of increasing access to care and improving health outcomes for people living with HIV. The strategy emphasizes the importance of providing quality care to HIV-positive patients to increase their longevity and compliance with treatment (Office of National AIDS Policy, 2010).

At this project site, we identified a significant gap in practice, as shown in patients' records with the absence of consistent and thorough documentation of preventative care immunizations and screenings. Besides, based on my conversation and observations at this practice site, some staff exhibited? Have negative attitudes toward HIV-positive patients.

In 1995, Horsman and Sheeran reported two significant fears that persuaded healthcare workers' attitudes about HIV. The first was an irrational fear from the

healthcare worker about contracting the virus from the patient, and this would lead to death and dying issues. The second was an irrational fear involving homophobia relating to negative attitudes about same-sex sexual behaviors or relationships (Horsman & Sheeran, 1995).

Eighteen years later, Deetlefs, Greeff, and Koen (2003) explored and described the attitudes of nurses who had cared for an HIV-positive patient in the past year. Their research concluded that nurses' attitudes toward HIV-positive patients were mostly negative, and they attributed this attitude to nurses' lack of knowledge about HIV. The conclusion of the study found that the nurses experienced conflicts of personal value, religious and cultural beliefs. The authors recommended that education was needed to change nurses' attitudes and reduce their stigmatizing behavior.

Both Horsman and Sheeran (1995) and Deetlefs et al. (2003) recommended workshops to educate the staff while also discussing nurses' duties. Explanation of the nurse's responsibilities includes assuring an appropriate confidentiality process, promoting measures of sharing established factual knowledge about the mode of transmission of HIV, and using universal precautions for safe patient care. Emphasis was placed on the importance of education that would increase the nurse's knowledge about HIV transmission.

Purpose

The purpose of this project was to develop an educational program to train staff on the recommendations set forth by the Office of National AIDS Policy (2010) that were updated and published by The White House in 2015 as the *National HIV/AIDS Strategy*

for the United States: Updated to 2020. The strategy includes three goals, namely: to improve access to care and improve health outcomes, to reduce HIV-related health disparities, and to achieve a more coordinated national response to HIV (Office of National AIDS Policy, 2010). The staff education intends to maximize staff adherence to the recommended way of caring for HIV patients by providing education on HIV prevention, its contractibility, and available therapies to realize the full treatment for HIV patients.

Nature of the Doctoral Project

This project focused on a gap in the care of HIV patients following the identification of a deficiency noticed during the provision of routine preventive health care practice at the HIV clinic based on a chart audit and practice that required improvement. Some of the deficits shown by the care handoff were the absence of consistent care provision and thorough documentation about patients' preventive care records. The issue of stigmatization and negative attitudes was noticed during direct conversation with staff: an irrational fear of contracting the virus while providing basic patient care. This increased the need for staff education that would address stigmatization and the negative attitude of staff towards HIV patients as well as provide information on HIV.

The study's nature is a staff education project to enhance the care of HIV patients at a local clinic based on the HIV care guideline of the Infectious Diseases Society of America (IDSA); this education project could be used by others providers caring for HIV patients.

The primary source of evidence for the staff education project was based on the following 2015 publication: *The National HIV/AIDS Strategy for the United States: Updated to 2020* . Its strategy for a national response to HIV care incorporates scientific advances that could lead to the reduction of disparities that persist among HIV populations. A study by Stringer, Turan, McCormick, Durojaiye, Nyblade, Kempf, and Turan (2016) provided an analysis of healthcare settings in which HIV-related stigmatization is coming from healthcare workers. Patients' records of preventive care had not been updated. Some patients did not receive the recommended immunizations that include: pneumococcal, influenza; Hepatitis A, and B vaccine. Likewise, screening such as mammograms, colonoscopy, pap smear, rectal smear, Hepatitis A, B, and C records were not up to date because the staff did not want to engage in the required conversation (Stringer et al. 2016).

Additional sources of evidence to identify resources for education on HIV/AIDS used to explore the evidence to develop the educational program for staff include:

Electronic databases

- Europepmc.org
- Sage Pub. Com
- Wiley Online Library
- Walden University Library

Professional organizations

- AIDS Care
- Centers for Disease Control and Prevention

- International Aids Society
- National Institutes of Health
- New York State Department of Health AIDS Institute
- Nursing Forum Centers for Disease Control and Prevention
- White House Office on National AIDS Policy

Journals and Publications

- AIDS and Behavior
- Journal AIDS Patient Care and STDs
- Journal of Association of Nurses
- Journal of Innovation & Knowledge
- Journal of the International AIDS Society
- Journal of Nursing research
- Journal Studies in Continuing Education
- The Lancet Medical Journal
- Western Journal of Nursing

Evidence from the Project

A summative evaluation of this staff development project will include a seven-item pretraining and posttraining survey for this teaching that is designed to assess levels that include: learners' knowledge of patients with HIV; the importance of the topic; confidence and their comfort level in dealing with patients with HIV; stigma toward patients with HIV, and preparedness to care for patients with HIV (See Appendix A for

the pretraining survey and Appendix B for the posttraining survey with the seven areas to be assessed before and after the training). The project purpose was to educate the staff on the recommendations set forth by the Office of National AIDS Policy, *National HIV/AIDS Strategy for the United States: Updated to 2020.* The goals include improving access to care and health outcomes, reducing HIV related health disparities, and achievement of a more coordinated national response. I evaluated evidence from the pre and posttraining surveys to assess the potential of the staff education to improve awareness of stigmatization in HIV patient care at this clinic for the aim of reducing health care disparities.

Significance

Nurses' negative attitudes toward HIV-positive patients create a significant care deficit that affects the delivery of care. The negative attitude of staff may be linked to their lack of knowledge about HIV or to the conflict between their personal and professional value systems. This issue of healthcare disparity requires tangible intervention that includes a change in nurses' attitudes (Stringer et al., 2016).The project will increase the knowledge of nurses and MAs about HIV transmission and care. It will also provide other nurses and providers with the knowledge about how to provide unbiased care to patients no matter their HIV status.

The stakeholders who will benefit the most from the project are the MAs, nurses, and patients. The implementation of this project is aimed to improve the care of HIV patients. The project is expected to create positive social change by promoting a stigma-free patient care environment that will positively enhance the patient's quality of care.

Patient-provider relationships and facility-reputation as having a stigma-free environment can positively impact patients' quality of life. With the generality of the project, other facilities will be able to use the results to improve patient care. This training will reduce caregivers' negative attitudes and irrational fears. It is hoped that HIV-positive patients will no longer have to be on disability, have reduced fatigue, will be accepted within the society, and will no longer face marginalization.

Summary

HIV patient care at the facility can be improved by providing stigma-free patient care and addressing the social issue that is affecting HIV care delivery at the clinic. The optimization of HIV-positive care through staff education to reduce stigmatization will contribute to HIV patient care. Section 1 introduced the project question, the nature of the project, and the sources of evidence. The project's practice-focused question was as follows: Will, an education program on the National HIV/AIDS strategy for the United States for registered nurses and MAs in a Midwestern primary healthcare clinic, improve staff knowledge about HIV and foster more positive attitudes toward patients who have HIV?

Section 1 reviewed the deficits in preventive care practice observed in a clinic serving HIV-positive patients and the need for HIV education to reduce the stigmatization of patients during routine care.

Section 2 will explore the theory framing the project, local background and context, and the DNP student role in the project.

Section 3 will discuss the collection and analysis of evidence that includes an introduction, practice-focused questions, sources of evidence, and summary.

Section 4 will deliberate on findings and implementation of the project that include the strength and limitations of the project and recommendations for future use.

Section 5 will examine the project dissemination plan, analysis of the DNP student, and the summary of the project.

Section 2: Background and Context

Introduction

The purpose of this project was to develop a program to educate the staff on the recommendations set forth by the following report from the Office of National AIDS Policy: *National HIV/AIDS Strategy for the United States: Updated to 2020*. It includes goals to improve both access to care and health outcomes to reduce HIV-related health disparities and to achieve a more coordinated national response. This study is needed because a review of patient charts shows a shortfall in patient care: that includes not offering preventative care or recommended screening to the HIV positive patient when compared to non-HIV positive patients.

This staff education project is intended to enhance the care of the HIV-positive patient population by supporting adherence to the preventive practice care standard and thus promoting patient safety and positive health outcomes. The project's practice-focused question was as follows: Will, an education program on the National HIV/AIDS strategy for the United States for registered nurses and MAs in a Midwestern primary healthcare clinic, improve staff knowledge about HIV and foster more positive attitudes toward patients who have HIV?

Concepts, Models, and Theories

Nursing theory is the knowledge that guides nursing practice (Alligood, 2017). The dissemination of care guided by nursing theory contributes to delivering efficient patient care. The theories that guided this staff education development were Kolb’s

experiential learning theory (Bergsteiner, Avery & Neumann, 2010) and Lewin's change model (Hussain, Lei, Akram, Haider, Hussain & Ali, 2018).

Kolb's Experiential Learning Theory

In coordinating adult education, the educator has the responsibility of facilitating an organized learning experience that is influenced by experimental learning (Bergsteiner, Avery & Neumann, 2010). Kolb (1984) described learning as a mental process that involves constant adaptation to one's environment, and that is created from experience rather than instruction. Disagreement and conflicts occur as learners move from one action to another in the learning process (Bergsteiner et al., 2010). Differences in ways of learning reflect learning preferences that are not constant and can change with conditions (Bergsteiner et al., 2010).

Kolb stipulated that the process of learning is a holistic process when supporting the choices made by people as a result of collaborative interactions with the environment (Bergsteiner et al., 2010). Kolb's four learning styles are "concrete experience, reflective observation of the new experience, abstract conceptualization, and active experimentation" (Bergsteiner et al., 2010, p. 31). Active learning occurs as a person progresses through these four stages. The participant is expected to have a real experience, followed by observation and reflection on the experience, which results in the formation of abstract concepts (analysis) and generalizations (conclusions). These are then used to test hypotheses in future situations, thereby contributing to new experiences. Kolb's theory of learning styles and the experiential learning model is applicable in educational management (Bergsteiner et al., 2010).

Lewin's Change Model

Kurt Lewin is known as the father of social psychology, and his change model of the 1940s is a crucial change theory of the human process using three stages of change model to explain the process. Lewin's theory stated that behavior is seen as an energetic balance of energies working in different directions. The change process allows for a constructive outline for managing organizational change during the atypical stages of the development (Hussain et al., 2018). The three levels of change theory of Kurt Lewin applied to the planned changes as indicated below:

Unfreezing. This allows for the identification of the problem at hand, using root and cause analysis. The process begins with the study of root and cause of the problem before proceeding on to the solution. Understanding the source of a problem ease the process of finding a solution "for applicable change to occur, a thorough and true assessment of the level and interest in change is recommended. Also, the nature and depth of motivation and the environment in which the change will occur are essential (Marquis & Huston, 2012, p. 164).

Movement. After the problem has been identified, we will develop a plan to help reduce the occurrence of healthcare attitudes towards HIV-patients by updating and making changes to the current staff education format but including mandatory education. Nurses will be notified of plans ahead of time, and training will occur to reduce resistance and ensure compliance "recognizing, addressing, and overcoming resistance may be a lengthy process" (Marquis & Huston, 2012, p. 165).

Refreezing phase. The organization will enforce mandatory staff education, starting with hiring new staff and retraining every year. Nurses are required to follow the change and the punitive measure assigned for non-compliant nurses (Marquis & Huston, 2012).

Relevance to Nursing Practice

The *National HIV/AIDS Strategy for the United States: Updated to 2020* shows that HIV-related stigmas are an ongoing issue affecting HIV prevention and care requiring intervention. The study by Stringer et al. (2016) provides an analysis of healthcare settings HIV-related stigmatization occurring from healthcare workers. The workers' attitude influencing factors is linked to individual staff, the organization setting, and the organizational policy that required updating.

Stigmatization related to HIV is seen to have adverse effects on the HIV-positive patient population. Stigmatization occurring in the healthcare setting is concerning, exacerbating adverse health outcomes. The issue of health disparity is concerning requiring feasible intervention to reduce healthcare setting related stigmatization of the HIV-positive patients (Batey et al., 2016).

Attitude is a mixture of feelings, beliefs, purposes, and perceptions. A combination of attitude with knowledge examines the acceptability of execution of behavior concerning a positive or negative scale. According to McEwen and Wills (2014), "attitude or behavior beliefs refers to the individual's positive or negative evaluation of performing the behavior; it is concerned with his or her beliefs about the consequences of performing the behavior" (p. 323).

According to a study by Florom-Smith and De Santis, (2012), regarding the healthcare provider's stigma experience, it was clear that HIV-related stigma occurs in the health care setting through many measures. Measures of stigma include providers not connecting with HIV-positive patients, and substance abusers regarding available appropriate resources. Florom-Smith and De Santis (2012) "found that the providers and the patients experienced several forms of stigma that include stigma from referral sources; physician stigma; stigma from physician specialists; and stigma perceived by clients" (p. 159). Other experiences discussed in the article include stigma seen through referrals from care providers; the provider lacks empathy toward patients. Providers are not able to accept HIV-positive patients and to generalize that all HIV-patients are abusing substances due to their assumptions (Florom-Smith & De Santis, 2012).

There has been an increase in the rate of stigma toward HIV-positive patients among health care workers, including nurses and other providers. Stigma towards HIV-positive patients is common among nurses and other healthcare providers and has been seen to have a devastating effect on the patients. Stigma attitude is manifested in issues that include HIV status disclosure to relatives without patients' consent, denying HIV-positive patients of hospital services, and charging an extra cost for infection control supplies usage (Shah, Heylen, Srinivasan, Perumpil, & Ekstrand, 2014).

Local Background and Context

HIV is a major contributor to world disease burden. In 2010, HIV was the leading cause of disability-adjusted life-years globally for people aged 30–44 years, and HIV is the fifth leading cause of disability-adjusted life-years for all ages. In 2005, Universal's

death related to AIDS peaked at 2·3 million, which in 2012 has decreased to 1·6 million (Maartens, Celum & Lewin, 2014).

At the local clinic, HIV-positive patients were missing necessary immunizations such as Hepatitis B and Pneumococcal. Many of the patients are not up to date with their required screening, including mammograms, colonoscopy, pap smear, rectal smear, colonoscopy and mood, and depression assessment. During the rooming process of HIV patients, some of these vital monitoring is being missed by the care team that includes the nurses and medical assistance.

The care deficit was noticed during the handoff from rooming information of HIV-positive patients at the clinic. Deficiencies noticed include no up-to-date immunization records, no mammograms, pap smear records for women, and no rectal pap smear record for men. Other deficits include no mental health assessment records and no recent dental record compared to a non-HIV-positive patient. It was noticed that this vital health information and records are missing because the nurses and MAs are expressing discriminating behavior towards the HIV-positive patients and not assessing necessary information to ensure that patients recommended the patients are following immunization and screening

Providing adequate care for HIV-positive patients will lead to earlier and greater involvement in care goals, which includes effective viral control, improved immune status, near-normal life expectancy, enhanced quality of life, and prevention of HIV transmission. The objectives of providing effective HIV care at the clinic can be achieved by increasing the optimum visit assessment.

Role of the DNP Student

I have worked in several patient care units. During my experience, I have had the opportunity to notice the care deficit and the need to optimize the HIV-positive patient care. As a DNP student, I will work with the clinic management team and nurse educator to develop a 30 minutes staff education program based on the national HIV/AIDS strategy for the United States for registered nurses and MAs. I will plan on implementing the education to all registered nurses and MAs at this Midwestern primary healthcare clinic. Evaluation of the staff's survey will be de-identified and not available to clinic management or nurse educator. The results will be presented in aggregate format.

Role of the Project Team

As the DNP student, in conjunction with the project director, clinic's manager, and nurse educator, a 30 minutes staff education program will be developed based on the national HIV/AIDS strategy for the United States. A seven-question pre-training survey will be used to assess the staff's initial knowledge of the subject, and the same seven questions survey to determine their post-training knowledge. The inclusion of the clinic manager will ensure support from the facility's management team. The nurse educator was involved in executing the teaching plan and the coordination of the teaching model strategies to be used for the project.

Summary

The theories that guided the staff education development incorporated into this project include Kolb's experiential learning theory and Lewin's change model. Theory's relevance to nursing practice from this DNP project will be providing analysis of

healthcare settings' HIV-related stigmatization occurring from providers. The project will discuss the need for updating organization settings and policies to combat factors that are influencing stigmatization attitudes. The local background and context show the care deficit noticed during the handoff from rooming information of HIV-positive patients at the clinic that require optimization.

Section 3 will discuss the collection and analysis of evidence that include an introduction, practice-focused question, sources of evidence, and summary.

Section 3: Collection and Analysis of Evidence

Introduction

In a large primary healthcare clinic in the Midwestern United States, nurses and MAs are responsible for placing patients in examination rooms. When providing care to HIV patients, the standard workflow is currently different when compared to the non-HIV positive patient. The standard workflow is set up to embrace preventive care for all patients. A chart audit revealed that 44 of 60 HIV patients experienced significant care deficits during various phases of their primary care. The gaps include HIV-positive patients missing recommended immunizations such as Hepatitis A and B, pneumococcal and influenza vaccination, and screenings that include mammograms, colonoscopy, pap smear, and rectal smear, also mental health screening of mood and depression assessment. This deficit occurs as a result of a staff failure to perform the necessary review and offer needed immunization and screening to the HIV-positive patients.

The deficits in care practices were attributed to fear associated with the care of HIV patients, relating to the discussion in (Horsman & Sheeran, 1995). The negative attitudes of the staff were equated to their lack of knowledge about HIV (Deetlefs, Greeff, & Koen, 2003). Both Horsman and Sheeran (1995) and Deetlefs et al. (2003) suggest that the nurses' attitudes needed to change in order to improve the care of HIV patients and improve their self-esteem. Improved care would, in turn, lead to earlier and greater involvement in the goals of care, which include effective viral control, improved immune status, near-normal life expectancy, enhanced quality of life, and prevention of HIV transmission (Deetlefs et al., 2003).

An educational program was developed on Human Immunodeficiency Virus for Clinic Staff, a training that sought to address the stigma experienced by HIV-positive patients. The program is set to educate the staff on the recommendations set forth by the Office of National AIDS Policy, *National HIV/AIDS Strategy for the United States: Updated to 2020.* The goal of the strategy is to improve access to care and health outcomes, reduce HIV-related health disparities and achieve a more coordinated national response.

Practice-Focused Question

The practice-focused question was based on the currently identified gap in nursing practice The project's practice-focused question was as follows: Will, an education program based on the national HIV/AIDS strategy for the United States for registered nurses and MAs in a Midwestern primary healthcare clinic, improve staff knowledge about HIV and foster more positive attitudes toward patients who have HIV?

Sources of Evidence

The nature of the project is a staff education for optimizing HIV-positive care in the primary care setting by increasing positive attitudes of staff toward HIV-positive patients. The project will follow the guidelines outlined in the Walden University DNP Manual for Staff Education.

The source of evidence used to develop a staff education project was the 2015 publication, *The National HIV/AIDS Strategy for the United States: Updated from 2010 to 2020*. This was used to provide learners with training content that would align with the current national response for HIV care. The strategy as published by The White House in

2015 incorporates scientific advances that could lead to the reduction of the disparities that persist among HIV.

Evidence Generated for the Doctoral Project

Participants

Participants includes registered nurses and medical assistants at a large Midwestern clinic which serves HIV positive patients. Their participation is voluntary.

Procedures

The project is designed to improve the care of HIV-positive patients at the health care facility following identifying shortfalls in the care I developed a short staff education program addressing the concerns according to the recommendations set forth by the Office of National AIDS Policy, *National HIV/AIDS Strategy for the United States: Updated to 2020*. I developed the training program to facilitate change in knowledge, attitude and skills as outlined in Appendix E and F. The objectives of the training are in Appendix G. The outline of the program is in Appendix H. The steps used in the project follow:

Planning

- Pretraining and post training surveys used and analyzed to determine the effectiveness of the educational program
- Video recorded training developed with the PowerPoint presentation
- Outcomes analyzed de-identified data using descriptive statistics
- Charts and tables constructed displaying percentage improvement between pre and post-survey results.

Implementation

- The education plan used in this project will be included as a training program for staff education in the organization
- Roll out training to other satellite HIV clinics associated with this clinic, Poster presentation, publication in the future.

Evaluation

- The use of pre and post deidentified training surveys to evaluate teaching.
- A post educational survey will be conducted for clinic staff to evaluate DNP student

Protections

- Assessments conducted of knowledge conducted using a questionnaire which was deidentified and anonymous
- Results kept confidential by the DNP student and not accessible to clinic administration or nursing educator
- Walden IRB approval and clinic written agreement obtained.

Analysis and Synthesis

Summative Evaluation

To assess gains made by learners, a 7-item pre and post training survey was created. With the utilization of a 7-item pretraining survey and a post training survey for this teaching, a staff assessment of knowledge and stigmatizing attitudes toward patients who are HIV-positive was conducted using de-identified survey data consisting of seven questions. The follow-up post training survey was performed using a de-identified method and consisted

of the same seven questions as in the pretraining survey (see Appendix A and B). An evaluation of the presentation that I developed (see Appendix C) and an evaluation by the DNP project director (see Appendix D) added evidence to explore the impact of the project as assessed by the project participants.

Summary

The project used a staff education model to improve the care of the HIV-positive patient population that will contribute to care adherence, safety, and positive outcome. Referencing nursing model and theorist to guide the project and the use of pre and posttraining survey data were used to evaluate the teaching. This activity is essential because shortfall was reported in the patients to care concerning differences in the standard workflow of the MAs and nurses when performing the tasks related to providing care to the HIV patients when placing them into examination rooms. Education strategy to help present the teaching well was adopted using various teaching models. A plan to use this staff education as a mandatory training module as a part of the overall training program for staff education in the organization was an expected outcome with findings that supported its use.

Section 4 will discuss the findings and implementation of the project that include the strength and limitations of the project and recommendations for future use.

Section 4: Findings and Recommendations

Introduction

During the provision of primary care to 60 HIV-positive patients at the clinic, there was a shortfall in the HIV care continuum identified from chart audit on preventive care practice in an upper Midwestern primary healthcare clinic in the United States. The provision of preventive care was noted as suboptimal after MAs and nurses led patients into examination rooms and engaged in preventive care protocols. Based on a chart audit, 44 patients (73.3%) experienced care deficits during various phases of HIV care. Thus, an appropriate intervention was needed to resolve these HIV-related health disparities, in line wto achieve a more coordinated national response.

After chart review, to understand the rationale behind the differences in care noticed, with the conversation, it was revealed that the negative attitudes expressed by MA's and nurses during care were presumed to be related to the nurse's lack of knowledge about HIV and fear of contracting the virus through casual contact with HIV-positive patients. Findings by Deetlefs et al. (2003) support the observation that nurses' attitudes toward HIV-positive patients are mostly negative and linked to their lack of knowledge about HIV. The study showed that the nurses experienced conflicts between their value systems such as religion and cultural belief and their professional value systems that include providing health care to a diverse population. Therefore, a measure was needed to reduce the staff stigmatizing behavior presumed to be based on fears. Thus, education as a measure to reduce the nurses stigmatizing behavior was implemented and evaluated.

The project's practice-focused question was as follows: Will an education program, on the National HIV/AIDS strategy for the United States for registered nurses and MAs in a Midwestern primary healthcare clinic, improve staff knowledge about HIV and foster more positive attitudes toward patients who have HIV?

The purpose of the project was to develop an educational program to train the staff based on the recommendations set forth by the Office of National AIDS Policy in its publication, *National HIV/AIDS Strategy for the United States: Updated to 2020*, which includes goals (a) to improve access to care and health outcomes, (b) to reduce HIV related health disparities, and (c) to achieve a more coordinated national response Office of National AIDS Policy, 2010). The staff training was intended to maximize staff's adherence to the publication's core recommendations for HIV patients; it covered HIV prevention, contractibility, and available therapies to realize the treatment options for HIV patients fully. This staff education development project was guided by Kolb's experiential learning theory and Lewin's change theory. The training was supported by an evidence-based literature review derived from several electronic databases, field-consultant experts, journals and publications, and books, encyclopedia, handbooks, and reports. The objectives and outline use for this training of HIV Stigma reduction are located on Appendix G and H respectively.

Findings and Implications

The project's findings include an unanticipated change in the project that was planned to be a 1-hour in-person staff education at the clinic, with the DNP student presenting this project on a staff meeting day. A change in time and mode of presentation was made due to the current state of the COVID-19 pandemic. The issue caused the DNP student to change the presentation from face to face to a virtual teaching method and reduced the training time to 30 minutes. Findings are based on the participation of five staff members who were able to watch the pre-recorded teaching video session and complete electronically provided pre- and post-training survey questionnaires on staff perceptions of the HIV training. The analyses of responses to the 7-item survey before and after the educational session follow. Then, the overall training evaluation questionnaire will be reviewed.

Staff Perception of Training

Question 1 addressed a rating of staff perception of knowledge before and after the training. Greater than half (80%) reported being satisfied or very satisfied with their knowledge of HIV compared to their peers before the training. This increased to 100% after the training (see Table 1).

Table 1 *Self-Rating of Knowledge of HIV, Pre- and Posttraining (*N = *5)*

Question 1	*N*	Very satisfied (%)	Satisfied (%)	Neutral (%)	Dissatisfied (%)	Very dissatisfied (%)
Pretraining	5	20	60	20	0	0
Posttraining	5	40	60	0	0	0

Question 2 addressed how vital the topic was to the staff. After the training, an improvement was noted with one person reporting a change in their perception of importance. At the end of the training, no participant rated the topic an unimportant (see Table 2).

Table 2 *Self-Rating of Importance of Topic, Pre- and Posttraining (*N = *5)*

Question 2	*N*	Very important (%)	Important (%)	Neutral (%)	Low importance (%)	Not at all important (%)
Pretraining	5	20	40	20	20	0
Posttraining	5	20	40	40	0	0

Question 3 addressed how comfortable the staff was in caring for HIV-positive patients. After the training, more than half of the staff (60%) reported feeling comfortable in caring for HIV patients compared to 40% before the training. There is a positive shift in their comfort level after the training (see Table 3).

Table 3 *Self-Rating of Comfort Level, Pre- and Posttraining (*N = *5)*

Question 3	N	Very comfortable (%)	Comfortable (%)	Neutral (%)	Slightly comfortable (%)	Not comfortable (%)
Pretraining	5	0	40	20	40	0
Posttraining	5	0	60	40	0	0

Question 4 addressed the staff's stigma attitude level. About 80% of staffs are either neutral are likely to have stigma towards HIV patients, which was not known before the training. The survey after the training showed that not a single staff member was totally confident of not having stigma attitude (see Table 4).

Table 4

*Self-Rating of Stigma Behavior, Pre- and Posttraining (*N = *5)*

Question 4	N	Very Likely (%)	Likely (%)	Neutral (%)	Unlikely (%)	Very unlikely (%)
Pretraining	5	0	0	40	20	40
Posttraining	5	0	40	40	20	0

Question 5 addressed the preparedness of the staff in caring for HIV-positive patients. The majority of the staff, 80% reports enough preparation after completion of the training compared to 40% before the training (see Table 5).

Table 5 Self-*Rating of Preparedness, Pre- and Posttraining* (N = 5)

Question 5	N	Very prepared (%)	Prepared (%)	Neutral (%)	Slightly prepared (%)	Not prepared (%)
Pretraining	5	0	40	20	40	0
Posttraining	5	0	80	20	0	0

Question 6 addressed the staff's confidence level in caring for HIV-positive patients. The staff's confidence increased to 60% after the training, and the rest of the staff reported an unsure level of confidence. No staff reported zero confidence (see Table 6).

Table 6

*Self-Rating g of Confidence, Pre- and Posttraining (*N = *5)*

Question 6	*N*	Very confident (%)	Confident (%)	Neutral (%)	Slightly confident (%)	Not confident (%)
Pretraining	5	0	40	60	0	0
Posttraining	5	0	60	40	0	0

Question 7 addressed the amount of training the staff received before caring for the HIV-positive patients. It was an encouraging seeing the shift in the outcome of the training as all the staff, 100% reported that the training was adequate after the training (see Table 7).

Table 7 *Self-Rating of amount of training Pre and Post (*N = *5)*

Question	N	Very Enough (%)	Enough (%)	Neutral (%)	Not Enough (%)	None (%)
Pre	5	0	40	40	20	0
Post	5	0	100	0	0	0

Evaluation of the DNP Student's Presentation

The analysis of findings using descriptive statistics showed that the program's satisfaction level and all the staff totaling (100%) were either pleased or very pleased with the program presented by the DNP student. All the staff members were satisfied with the method used by the DNP student to conduct the training and agreed that the topic was well-presented by the DNP student. All participants portrayed the DNP student as an expert on HIV: Finally, 100% of the staff rated the training as good or excellent (see Appendix C).

DNP Project Director Evaluation

An evaluation of the DNP project director who supervised me was conducted using descriptive statistics. The result of the evaluation of the DNP project director showed that all participants agreed that the DNP project director was knowledgeable on the topic. The educational training presentation was acceptable, and the presentation was good or excellent. All participants agreed to endorse the program for training purposes (see Appendix D).

Implications

Positive social changes noticed after staff education showed that staffs unknowingly possess stigma attitudes towards HIV patients. Identification of this behavior contributed to the staff's willingness to participate in the training, which will help them to utilize what they learned from the training to improve care provision by reducing stigmatizing behavior during the provision of care to the HIV patient population. Staff exhibition of this behavior tends to create a positive model/environment for other nurses to learn from, thereby making a difference in the provision of HIV patient care.

The DNP student was surprised by the staff's lack of knowledge of HIV, which was contributing to their fear and attitude, causing the stigma. The staff's concerns were identified, and the teaching was able to relieve their fear that resulted in the proclamation of the need to make a positive change that was reflected in the post-training survey that was completed. The training contributed to the enablement of a positive change in the staff and how they continue to provide care to HIV patients.

This educational training revealed that education was comprehensive enough. It positively contributed to the improvement of the MA's and the nurses' knowledge of taking care of HIV patients and understanding the need to reduce stigma while taking care of patients. As a result of this DNP project and findings, the clinic administrator intended to optimize HIV care by directly targeting staff nurses and medical assistance using the staff education program that was packaged by the DNP student. The clinic administrator was able to update the facility's teaching manual as a result of these findings from the project.

The training provided a step in utilizing the teaching as a requirement for clinic staff to maintain annual mandatory education. Going forward, the clinic's administration and nursing educator will incorporate this education as part of the staff's yearly mandatory training. The outcome of the staff response to the training made both the administration and the nurse educator to also incorporate the training in the new hire training manual to start them on a solid foundation of the knowledge of the HIV patient population. This effort will accustom them to the process, thereby reducing stigmatizing behavior.

Recommendations

As a result of this project finding after the training, the recommendations include ongoing education or training to help enrich and knowledge of the Nurses and MA’s providing care to the HIV patients. Annual training, updated training manual, and creation of resource books or accessible updated guidelines with recommendations to supports the new finding and adequate care provision. Also, the formulation of an

efficient orientation package for the newly hired will build their confidence and train them in the correct way of providing care to HIV-positive patients.

Contribution of the Doctoral Project Team

The DNP student, in conjunction with the clinic's manager and nurse educator, developed a 30 minutes staff education program based on the national HIV/AIDS strategy for the United States. A seven-question pre-survey was used to assess the staff's initial knowledge of the subject, and the same seven questions survey to determine their post-training education knowledge. The inclusion of the clinic manager ensures support from the facility's management team. The nurse educator was involved in executing the teaching plan and the coordination of the teaching model strategies that were used for the project.

Strengths and Limitations of the Project

Limitations encountered during the process of implementing the project provided the opportunity for a better approach that allows for compromise. The COVID-19 pandemic created an environment that affected the implementation of the training, thereby leading to the use of alternate teaching models. The COVID-19 pandemic also affected the number of participants because most staff are either working from home or furloughed during this time. Introducing a new measure of worklist as a measure for staff to embrace created some resistance to the implementation of the protocol guideline. Buy out option was created with the involvement of the administrator and the nurse manager of the clinic. They were able to buy in some of the lead nurses and MA that later helped the process of recruiting other nurses and MA's to allow for education on purpose and the

importance of the project to guide and decrease stigmatization of the HIV-positive patients. All MAs and nurses were scheduled for the training to have everyone on board with the ability to cover on another during their days off, but only five staff were able to attend the training. The flexibility of the project team was a strength as it allowed for dissemination using a virtual format for participation by a cohort of flexed staffing.

Summary

This section discussed the implementation of the projects, the training presentation, the pre and post-training survey completion, analysis of the results. It also includes the unforeseen circumstances that warrant changes in the project presentation mode, the discussion about the strength and limitation of the project,

The next section will discuss the project dissemination plan, analysis of the DNP student, and the summary of the project.

Section 5: Dissemination Plan

The plan to disseminate these findings has already begun. The clinic's administration voiced the support of this project and the results. This training will be presented to all new hire registered nurses and MAs during their onboarding period from the nurse educator. Additionally, this topic and training will be included in the annual mandatory staff competencies training, which the nurse educator will present. This training is anticipated to be used at other HIV clinics within the local area that is linked to this facility to help improve staff's provision of stigmatized free HIV patient care. I will also be presenting this project as a poster presentation at local and national HIV conferences, and I can look more into possible publishing.

Analysis of Self

I gained both personal and professional growth during this project. My passion is for HIV patients. When the topic of the project was discussed, it touched my heartstrings as a provider, clinician, nurse, and human being. I was so bothered by the thought of my colleagues treating and caring for HIV-positive patients differently than non-HIV patients. It inspired me to take a leadership role to develop and present this training program. I am so happy with the results the staff provided me with regards to my knowledge and the elements of my training to them. I can already see a change in the clinic's staff's attitudes towards HIV-positive patients, which provides me with a great sense of pride.

Summary

It is a cumbersome process for this project and any organization to embark on implementing a well-planned project, setting a benchmark of accountability indicator while making a lasting change and monitoring its progress to show that growth is real. In collaboration with the organization, a well-planned change project was set in place. A unique method was embarking on the process for better outcomes and fulfillment of the goal. Work practice change in the nursing staff and the MA creates a state of chaos at the beginning of the process. Several staff members were against the change due to the state of fear of learning new methods of doing things; they wanted things to be the way it has been for many years, all in the light of being afraid of embarking on any change. Some staff prefers to quit, while others that are close to the retirement age are elected to retire before the full implementation date. In implementing an evidence-based project, several barriers are possible: resistances, lack of resources, time, skills inadequacy, ineffective access, lack of knowledge, and financial constraints. All these are part of issues facing the smooth adoption of change projects (McEwen & Wills, 2014).

This project faced some of these issues that include unforeseen COVID-19 pandemic. Creating an environment and policy that does not tolerate any HIV-related discrimination policies, and zero HIV-related discrimination in all settings that include health settings is anticipated to increase the compliance rate of HIV-positive population in gaining more equitable preventive care, improve overall mental health that will contribute to their longevity (Office of National AIDS Policy, 2010). The project encounters driving forces, restraining forces. Still, with the project reaching equilibrium

setting, both the driving forces and the restraining force were able to reach a compromise that allows for the project completion to allow for change implementation to occur.

Participation in the project does not involve any known foreseeable physical or emotional risks to participants. All nurses and MAs at this primary healthcare clinic have the opportunity of participating in education. The organization will be able to implement the project if elected, and clinic staff can utilize this staff training for education purposes.

Positive social changes noticed after staff education showed that staffs unknowingly possess stigma attitudes towards HIV patients. Staff's participation in the training helped them to utilize what they learned from the training to improve care provision by reducing stigmatizing behavior during the provision of care to the HIV patient population. Staff 's ability to display acceptable behavior has the tendency of creating a positive model for other nurses to learn from and a positive working environment, thereby making a difference in the provision of HIV-positive patient care.

The training contributed to the enablement of a positive change in the staff and how they continue to provide care to HIV patients. With the findings of this project creation of positive social change is possible by promoting a stigma-free patient care environment that will positively improve patient care outcomes. Also, patient-provider relationships and facility-reputation can positively impact patients' quality of life by embracing a stigma-free care provision environment.

References

Alligood, M. R. (2017). *Nursing theorists and their work*. St Louis Missouri: Elsevier Health Sciences.

Batey, D. S., Whitfield, S., Mulla, M., Stringer, K. L., Durojaiye, M., McCormick, L., ... & Turan, J. M. (2016). Adaptation and implementation of an intervention to reduce HIV-related stigma among healthcare workers in the United States: piloting of the FRESH workshop. *AIDS Patient Care and STDs*, *30*(11), 519-527.

Bergsteiner, H., Avery, G. C., & Neumann, R. (2010). Kolb's experiential learning model: critique from a modelling perspective. *Studies in Continuing Education*, *32*(1), 29-46

Centers for Disease Control and Prevention (2019). Facts about HIV stigma. Retrieved from https://www.cdc.gov/hiv/basics/hiv-stigma/index.html

Deetlefs, E., Greeff, M., & Koen, M. P. (2003). The attitudes of nurses towards HIV positive patients. *Health SA Gesondheid*, *8*(2), 23-33.

Florom-Smith, A. L., & De Santis, J. P. (2012). Exploring the concept of HIV-related stigma. In *Nursing Forum, 47*, 153-165..

Horsman, J. M., & Sheeran, P. (1995). Health care workers and HIV/AIDS: a critical review of the literature. *Social Science & Medicine*, *41*(11), 1535-1567.

Hussain, S. T., Lei, S., Akram, T., Haider, M. J., Hussain, S. H., & Ali, M. (2018). Kurt Lewin's change model: A critical review of the role of leadership and employee involvement in organizational change. *Journal of Innovation & Knowledge*, *3*(3), 123-127.

Maartens, G., Celum, C., & Lewin, S. R. (2014). HIV infection: epidemiology, pathogenesis, treatment, and prevention. *The Lancet*, *384*(9939), 258-271.

MacCarthy, S., Hoffmann, M., Ferguson, L., Nunn, A., Irvin, R., Bangsberg, D., & Dourado, I. (2015). The HIV care cascade: models, measures and moving forward. *Journal of the International AIDS Society*, *18*(1), 19395.

Marquis, B. L., & Huston, C. J. (2012). *Leadership roles and management functions in nursing: Theory and application* (Laureate Education, Inc., custom ed.). Philadelphia, PA: Lippincott, Williams & Wilkins.

McEwen, M., & Wills, E.M. (2014). *Theoretical basis for nursing.* (4th ed.). Philadelphia, PA: Wolters Kluwer Health.

National HIV/AIDS Strategy: Updated to 2020. (2015). Retrieved from https://www.hiv.gov/federal-response/national-hiv-aids-strategy/nhas-update

New York State Department of Health AIDS Institute (2011). Clinical Guideline Program (2018). Primary HIV care. Retrieved from: https://www.hivguidelines.org/

Nyblade, L., Stangl, A., Weiss, E., & Ashburn, K. (2009). Combating HIV stigma in health care settings: what works? *Journal of the international AIDS Society*, *12*(1), 12-15.

Office of National AIDS Policy. (2010). National HIV/AIDS Strategy for the United States. Washington: White House Office on National AIDS Policy. Retrieved from: https://obamawhitehouse.archives.gov/sites/default/files/uploads/NHAS.pdf

Shah, S. M., Heylen, E., Srinivasan, K., Perumpil, S., & Ekstrand, M. L. (2014). Reducing HIV stigma among nursing students: a brief intervention. *Western journal of nursing research*, *36*(10), 1323-1337.

Stringer, K. L., Turan, B., McCormick, L., Durojaiye, M., Nyblade, L., Kempf, M. C., ... & Turan, J. M. (2016). HIV-related stigma among healthcare providers in the deep south. *AIDS and Behavior*, *20*(1), 115-125.

Appendix A: Pretraining Survey

1. **Compared to average staff in the facility, how would you rate your knowledge of HIV?**
   - Very Satisfied
   - Satisfied
   - Neutral
   - Dissatisfied
   - Very Dissatisfied

2. **How important is this topic to you?**
   - Extremely Important
   - Very Important
   - Neutral
   - Low Importance
   - Not at all Important

3. **How comfortable are you in caring for HIV-positive patients?**
   - Very comfortable
   - Comfortable
   - Neutral
   - Slightly comfortable
   - Not comfortable

4. **Do you see yourself having stigma to HIV-positive patients?**
   - Very Likely
   - Likely
   - Neutral
   - Unlikely
   - Very Unlikely

5. **How prepared do you feel to care for the HIV-positive patients?**
   - Very prepared
   - Prepared
   - Neutral
   - Slightly prepared
   - Not prepared

6. **How confident are you in caring for the HIV-positive patients?**
   - Very confident
   - Confident
   - Neutral
   - Slightly confident
   - Not confident

7. **Compared to your previous training on caring for HIV-positive patient, how would you rate the training you received?**
    - Very enough
    - Enough
    - Neutral
    - Not enough
    - None

Appendix B: Posttraining Survey

1. **Compared to average staff in the facility, how would you rate your knowledge of HIV?**
   - Very Satisfied
   - Satisfied
   - Neutral
   - Dissatisfied
   - Very Dissatisfied

2. **How important is this topic to you?**
   - Extremely Important
   - Very Important
   - Neutral
   - Low Importance
   - Not at all Important

3. **How comfortable are you in caring for HIV-positive patients?**
   - Very comfortable
   - Comfortable
   - Neutral
   - Slightly comfortable
   - Not comfortable

4. **Do you see yourself having stigma to HIV-positive patients?**
   - Very Likely
   - Likely
   - Neutral
   - Unlikely
   - Very Unlikely

5. **How prepared do you feel to care for the HIV-positive patients**
   - Very prepared
   - Prepared
   - Slightly prepared
   - Neutral
   - Not prepared

6. **How confident are you in caring for the HIV-positive patients after this training?**
   - Very confident
   - Confident
   - Neutral
   - Slightly confident
   - Not confident

7. **Compared to your previous training on caring for HIV-positive patient, how would you rate the training you received?**
    - Very enough
    - Enough
    - Neutral
    - Not enough
    - None

Appendix C: DNP Student Evaluation

Are you satisfied with the program presented by the DNP student?

- Very Satisfied
- Satisfied
- Neutral
- Dissatisfied
- Very Dissatisfied

Are participants satisfied with the DNP students' method of delivery of the program?

- Very Satisfied
- Satisfied
- Neutral
- Dissatisfied
- Very Dissatisfied

Was the DNP student knowledgeable of the topic?

- Very knowledgeable
- Knowledgeable
- Neutral
- Slightly knowledgeable
- Not knowledgeable

The topic was well presented by the DNP student

- Strongly agree
- Agree
- Neither agree nor disagree
- Somewhat disagree
- Disagree

How would you rate the training you received today?

- Excellent
- Good
- Fair
- Poor
- Very poor

Appendix D: DNP Project Director Evaluation

Was the DNP student knowledgeable of the topic?

- Very knowledgeable
- Knowledgeable
- Neutral
- Slightly knowledgeable
- Not knowledgeable

Would you recommend that this education plan be use as a training for new staff?

- Very Likely
- Likely
- Neutral
- Unlikely
- Very unlikely

Do you think the education plan will have positive effect on the care of HIV-positive patient?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

How would you rate the training that the DNP student packaged for the facility?

- Excellent
- Good
- Fair
- Poor
- Very poor

Appendix E: Teaching Strategies: Concepts Related to HIV Stigma

Knowledge:

- Staffs will write their own description of stigma
- Discussion to identify new knowledge, perceptions and stigmatizing behaviors
- Review of definition of stigmatization, effect and their consequences
- Short interactive questions to assess staffs understanding of HIV-related stigma, where and how stigmatizing attitudes may occur in a work setting.

Attitudes:

- Video-Self-reflection exercise- participants will identify and consider a time when have experienced stigma or discrimination and how they felt
- Exploring staffs' beliefs and attitudes by asking short questions about people living with HIV
- Self-reflection on stigmatizing attitudes and understanding of strategies to engage in reducing stigma

Skills:

- Skills-building with role-playing of circumstances where stigma may occur during patient's care
- Skill training of proper use of universal standard precautions
- Increasing confidence in the effectiveness of standard precautions usage

Appendix F: Teaching Strategies: Concepts Related to HIV Stigma Handout

Knowledge	Attitudes	Skills
• Staffs will write their own description of stigma • Discussion to identify new knowledge, perceptions and stigmatizing behaviors • Review of definition of stigmatization, effect and their consequences • Short interactive questions to assess staffs understanding of HIV-related stigma, where and how stigmatizing attitudes may occur in a work setting.	• Self-reflection exercise- participants will identify and consider a time when have experienced stigma or discrimination and how they felt • Exploring staffs' beliefs and attitudes by asking short questions about people living with HIV • Self-reflection on stigmatizing attitudes and understanding of strategies to engage in reducing stigma	• Skills-building with role-playing of circumstances where stigma may occur during patient's care • Skill training of proper use of universal standard precautions • Increasing confidence in the effectiveness of standard precautions usage

Appendix G: Learner Objectives

- Clinical staff will be able to explain the goals of the Office of National AIDS Policy to improve access to care and health outcomes, to reduce HIV-related health disparities, and to achieve a more coordinated national response.

- At the end of the learning, the MA and RN will be able to identify the meaning of stigma, and give examples of its consequences

- Will be able to reflect on stigmatizing attitudes and understanding of strategies to engage in reducing stigmatization

- At the end of the learning, the MA and nurses describe HIV-related stigma, where and how stigmatizing attitudes may occur in a work setting.

Appendix H: HIV Stigma Reduction Training Outline