

ENDURING MATERIAL DIRECTIONS

Rapid HIV Testing and & Diagnosing Acute HIV Infection Videotape or DVD of the April 16, 2008 Live Broadcast

Every item in this packet must be completed and mailed to the contact below by **June 30, 2008** in order for continuing education credits to be granted. **The estimated time for completion of this activity is 2.0 hours.** There is no fee for continuing education credits.

IMPORTANT: Please read these instructions BEFORE proceeding.

Directions:

1. You will need a VCR or DVD player in order to complete this activity.
2. If desired, copies of the slides which accompany each presentation may be obtained from www.amc.edu/hivconference
3. Read the CME Activity Data Sheet in this packet.
4. Watch the videotape or DVD.
5. Complete the attendance record form in its entirety including your signature.
6. Fill out the program evaluation.
7. Take the self-assessment test.
8. Complete the HRSA participant information form in **black pen**.
9. Fax your paperwork to the attention of Jim Ybarra at 518.262.8460 (items 5, 6, 7 and 8 above) or mail using the return envelope addressed to:
Jim Ybarra, Albany Medical College, 47 New Scotland Avenue, Mail Code 158, Albany, NY 12208.
10. If you have any questions, please contact Jim Ybarra at (518) 262-4674 or ybarraj@mail.amc.edu.

If you are conducting a group viewing of this resource, please photocopy this packet so it is **collated and stapled** in this exact order for each trainee.

Thank you for your interest in this program!



Albany Medical College
Attendance Record

Rapid HIV Testing & Diagnosing Acute HIV Infection
Videotape or DVD of the April 16, 2008 Live Broadcast

Discipline (Please **bubble** one):

MD PA NP RN LPN Other _____ (specify)

First & Last Name (**Print**): _____

Employer: _____

Full Mailing Address: _____
(City) (State) (ZIP)

Birth Month _____ (i.e. 04) Day of Birth _____ (i.e. 15) Last four Digits of Social Security Number _____ (i.e. 8187)
(*Required for attendance tracking)

I attended the above program and am claiming ____ hour(s) of credit (number of hours you actually participated, excluding breaks). If you participated in the entire program, please write 2.0 hours in the space provided.

Signature: _____

What HIV related topics would you like to see covered in future activities? (Please bubble all that are of interest).

<input type="radio"/>	Addiction Treatment & HIV Care	<input type="radio"/>	New Emerging Treatment Options
<input type="radio"/>	Adherence	<input type="radio"/>	Non-Occupational Exposure
<input type="radio"/>	Adolescent HIV Management	<input type="radio"/>	Nutritional Complications/Wasting Syndrome
<input type="radio"/>	Antiretroviral Therapies	<input type="radio"/>	Occupational Exposure
<input type="radio"/>	Basic Overview of HIV Treatment/Management	<input type="radio"/>	Older Adults and HIV/AIDS
<input type="radio"/>	Cardiovascular Complications	<input type="radio"/>	Opportunistic Infections
<input type="radio"/>	Case Management	<input type="radio"/>	Pain Management/Palliative Care in HIV/AIDS
<input type="radio"/>	Co-Morbidities (Hepatitis B/C, TB, STDs)	<input type="radio"/>	Perinatal HIV Screening & Intervention
<input type="radio"/>	Confidentiality	<input type="radio"/>	Post-Exposure Prophylaxis (PEP)
<input type="radio"/>	Cultural Competency and HIV Care	<input type="radio"/>	Psychiatric/Social Mgt with HIV/AIDS Patients
<input type="radio"/>	Dermatological Manifestations of HIV	<input type="radio"/>	Pulmonary Complications of HIV disease
<input type="radio"/>	Diagnostic Tests and Disease Progression	<input type="radio"/>	Rapid HIV Testing
<input type="radio"/>	Discharge Planning	<input type="radio"/>	Reproductive Health
<input type="radio"/>	Drug-Drug Interactions	<input type="radio"/>	Resistance Testing
<input type="radio"/>	Early Interventions for HIV Disease	<input type="radio"/>	Risk Assessment
<input type="radio"/>	Harm Reduction	<input type="radio"/>	Sexual History Taking
<input type="radio"/>	HIV Oncology	<input type="radio"/>	Sexuality/Sexual Identity Issues in HIV Care
<input type="radio"/>	HIV Screening, Diagnosis, and Case Finding	<input type="radio"/>	Triple Diagnosis (HIV, Addiction & Mental Illness)
<input type="radio"/>	Immunology & Virology in HIV Treatment	<input type="radio"/>	Women Specific HIV Care
<input type="radio"/>	Long Term Care	<input type="radio"/>	Other (specify):
<input type="radio"/>	Mentally Ill and HIV/AIDS	<input type="radio"/>	Other (specify):
<input type="radio"/>	Metabolic Issues	<input type="radio"/>	Other (specify):
<input type="radio"/>	Neurological Manifestations of HIV	<input type="radio"/>	Other (specify):

**Albany Medical College
Program Evaluation**

Rapid HIV Testing & Diagnosing Acute HIV Infection

Videotape or DVD of the April 16, 2008 Live Broadcast

Evaluation results will be shared with speakers as composite data only.	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
Please complete this evaluation form by completely filling in the circles with black pen or pencil and return it to the site coordinator.				
1. As a result of attending this program, I am able to meet the following program goal: To update the practitioner on various HIV rapid test options and clinical information to diagnose Acute Retroviral Syndrome.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The knowledge and/or skills gained through this course are applicable to my profession.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Overall, I was satisfied with this program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
As a result of attending this learning activity, I am able to achieve the following objectives:				
Rapid HIV Testing				
a) Outline the available options to test for HIV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diagnosing Acute HIV Infection				
b) Describe Acute Retroviral Syndrome.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Discuss diagnosis and clinical management of Acute Retroviral Syndrome.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Explain the role that Acute Retroviral Syndrome plays in secondary HIV transmission.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I feel comfortable applying the information I learned during the broadcast related to HIV rapid testing and diagnosing acute HIV infection.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. The objectives of this learning activity were relevant to the overall program goal.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Sindy M. Paul, MD, MPH, FACPM was an effective teacher.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Antonio E. Urbina, MD was an effective teacher.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Participant material (handouts, etc.) were useful during the course.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. There was no commercial bias in this learning activity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. FDA approved drugs or devices were discussed within the approved use (no off-label use discussed).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. A two-hour self-study is convenient for my schedule.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Time required to complete this activity: _____ hours _____ minutes				

Comments:

SELF ASSESSMENT TEST

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Directions: Please select the BEST answer and circle your response directly on the self-assessment test. To obtain education credit, a minimum of 80% of the questions must be answered correctly (5 questions out of 6). To assure your receipt of education credit, please complete all items outlined on the first page of this stapled packet.

This activity is eligible for continuing medical education credit until **June 30, 2008**. Individuals who mail the required documentation noted above after this date will be ineligible for credit. The estimated time for completion of this activity is 2.0 hours. There is no fee for education credit.

1. What percentage of HIV-infected individuals in the United States is unaware of their infection?
 - a) 10%
 - b) 25%
 - c) 50%

2. New CDC guidelines for testing patients for HIV recommend testing all individuals between the ages of _____?
 - a) 21 to 45
 - b) 18 to 65
 - c) 13-64

3. HIV screening in the HAART era is cost-effective.
 - a) True
 - b) False

4. Studies have shown that the majority of people experiencing an Acute Retroviral Syndrome from HIV infection have sought medical attention.
 - a) True
 - b) False

5. The usual time course from exposure to development of symptoms of acute HIV infection is two to four weeks.
 - a) True
 - b) False

6. A rapid HIV antibody test will be positive in a patient with acute HIV infection.
 - a) True
 - b) False

PIF

**HRSA AIDS Education and Training Centers
PARTICIPANT INFORMATION FORM**

Please completely fill in the circles (●) when answering the questions.

1. To create your unique ID number, use the month of your birth, the day of your birth, and the last four digits of your SSN. For example, May 29, 123-45- 6789 has the ID number 05296789.

M	M	D	D	#	#	#	#
Birth				Last 4 SSN			

Unique ID Number

2. Date of Training (mm/dd/yy)

0	4	/	1	1	6	/	0	8
mm			dd			yy		

3. Your Primary Professional Discipline (Select one)

- Dentist
- Other Dental Professional
- Nurse Practitioner
- Other Advanced Practice Nurse
- Nurse
- Pharmacist
- Physician
- Physician Assistant
- Clergy/Faith Based Professional
- Dietitian/Nutritionist
- Health Educator
- Mental Health Professional
- Public Health Professional
- Social Worker
- Substance Abuse Professional
- Other (specify) _____

4. Your Primary Function Role (Select one)

- Administrator
- Agency Board Member
- Care Provider/Clinician
- Case Manager
- Client/Patient Educator
- Intern/Resident
- Researcher/Evaluator
- Student/Graduate Student
- Teacher/Faculty
- Other (specify) _____

5. Your Principal Employment Setting (Select one)

- | | |
|---|---|
| <u>Clinic</u> | <u>Other Settings</u> |
| <input type="radio"/> Academic Health Center | <input type="radio"/> College/University |
| <input type="radio"/> Community Health Center | <input type="radio"/> Community-Based Organization |
| <input type="radio"/> Family Planning | <input type="radio"/> Correctional Facility |
| <input type="radio"/> HIV Clinic | <input type="radio"/> HMO/Managed Care Organization |
| <input type="radio"/> Hospital-Based Clinic | <input type="radio"/> Hospital/ER |
| <input type="radio"/> Indian Health Services/Tribal | <input type="radio"/> Military/VA |
| <input type="radio"/> Infectious Disease | <input type="radio"/> Private Practice |
| <input type="radio"/> Maternal/Child Health | <input type="radio"/> State/Local Health Department |
| <input type="radio"/> Mental Health | <input type="radio"/> Non-Health |
| <input type="radio"/> Rural Health | <input type="radio"/> Other Primary Care |
| <input type="radio"/> Sexually Transmitted Disease | <input type="radio"/> Not Working (skip to item 9) |
| <input type="radio"/> Substance Abuse | |

6. Primary Employment Setting/Zip code

- a. Rural Urban Suburban
- b.

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- Zip Code

7. Is the employment setting a faith-based organization?

- Yes No Don't Know

8. Does the employment setting receive Ryan White Program Funding?

- Yes No Don't Know

If you don't know, please write the full name of your employer:

9. Are you of Hispanic, Latino/a or Spanish origin

- Yes No

10. Your Racial Background (Select all that Apply)

- American Indian/Alaska Native
- Asian
- Black or African American
- Native Hawaiian/Other Pacific Islander
- White

11. Your Gender

- Female Male Transgender

12. Do you provide services directly to clients/patients?

- Yes No [Stop here. You are done with this form.]

13. Do you provide services directly to HIV-infected clients/patients?

- Yes No/ Don't Know (Stop here. You are done with this form.)

14. How many years have you been providing services directly to HIV infected clients/patients? [Round up to the nearest whole year.]

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15. Estimate the NUMBER of HIV-Infected clients/patients to whom you provide direct services in an average MONTH.

- None [Stop here. You are done with this form.]
- 1-9 10-19 20-49 50+

For questions 16-18, estimate the PERCENTAGE of your HIV infected clients/patients in the past YEAR who were:

16. Racial or Ethnic Minorities

- None 1-24% 25-49% 50-74% > 75%

17. On Antiretroviral Therapy

- None 1-24% 25-49% 50-74% > 75%

18. Women

- None 1-24% 25-49% 50-74% > 75%

For Office Use Only	May 2007	1	0	0	1	1	9	1	0	6	Ryan White Program
		AETC	Subsite	Program Number	Agency	<input type="radio"/> Yes <input checked="" type="radio"/> No					

32570



Title: HIV Therapy, Management & Emerging Treatment Options (Part of Management of HIV/AIDS in the Correctional & Community Setting Live Videoconference Series)

Date: October 3, 2007 Location: National Videoconference (Originating out of Albany, New York)

Presenting Faculty: Drs. Douglas G. Fish, Lester N. Wright, Amneris E. Luque and Roy M. Gulick

Department/Division: Medicine/Division of HIV Medicine Phone #: 518.262.4674

Contact Person: Jim Ybarra

Learning Objectives: At the conclusion of this activity, the participant should be able to:

1. List the indications for initiation of treatment of HIV infection.
2. Review the HIV therapeutic classes, and state how they are used in combination.
3. Discuss the current guidelines/recommendations for initial antiretroviral therapy.
4. Describe the indications for changing therapy.
5. State how resistance testing can be utilized in designing new regimens.
6. List two new classes of antiretroviral therapy for use in treatment-experienced patients.

Faculty/Planning Committee Disclosure

Albany Medical College endorses the standards of the Accreditation Council for Continuing Medical Education (ACCME) and the guidelines of the Association of American Medical Colleges (AAMC) that the sponsors of continuing medical education activities, speakers and planning committee members of these activities disclose significant relationships with commercial companies. Significant relationships include receiving from a commercial company research grants, consultancies, honoraria and travel, or other benefits or have a self-managed equity interest in a company.

Disclosure of a relationship is not intended to suggest or condone bias in any presentation, but is made to provide participants with information that might be of potential importance to their evaluation of a presentation.

Relationships exist with the following companies/organizations:

FACULTY	COMPANY & RELATIONSHIP
Douglas G. Fish, MD	<u>Research Support:</u> Roche Laboratories Inc. & Trimeris, Inc. <u>Speaker's Bureau:</u> Gilead Sciences, Inc., Roche Laboratories Inc. <u>Consultant:</u> Tibotec Therapeutics & Trimeris
Roy M. Gulick, MD, MPH	<u>Research Grants:</u> Gilead Sciences, Inc., Merck & Co., Inc., Panacos Pharmaceutical, Inc., Pfizer, Inc., Schering Plough, Tibotec Therapeutic <u>Ad Hoc Consultant:</u> Abbott Laboratories, Inc., Bristol-Myers Squibb, Gilead Sciences, Inc., GlaxoSmithKline, Merck & Co., Inc., Monogram Biosciences, Inc., Pfizer, Inc., Roche-Trimeris, Inc., Schering Plough, Tibotec Therapeutics, Virco Pharmaceuticals, Inc. <u>Data & Safety Monitoring Board Member:</u> Koronis Pharmaceuticals, Inc.

The following Faculty or Planning Committee Members have no financial relationships to disclose: Lester N. Wright, Amneris E. Luque, Jennifer Price, Abigail Gallucci, and Sarah Walker

The information being presented will be scientifically valid. The content of the presentations will promote improvements or quality in healthcare and not a specific proprietary business interest of a commercial interest. All presentations will give a balanced view of therapeutic options.

X Yes No

Will off-label investigational use of a product be discussed? X Yes No

If yes, please list: Cited in curricula

Who will be responsible for monitoring this? Name: Douglas G. Fish, MD

Commercial Support

This activity has not received commercial support.

This activity has received commercial support from the following:

<i>Platinum Contributor</i>	Boehringer Ingelheim Pharmaceuticals, Inc., Bristol-Myers Squibb Virology, Gilead Sciences, Inc., Merck & Co., Inc., Roche Laboratories, Inc.
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