LETTERS

Training Residents in Outpatient HIV Care

Karran A. Phillips, MD, MSc¹ and Gail V. Berkenblit, MD, PhD²

¹National Institute on Drug Abuse, Intramural Research Program, National Institutes of Health, Baltimore, MD, USA; ²Johns Hopkins School of Medicine, Baltimore, MD, USA.

To the Editor:—The recent JGIM article entitled, "Training Internal Medicine Residents in Outpatient HIV Care: A Survey of Program Directors" by Adams et al. found that fewer than half of the program directors surveyed agreed that it was important to train residents to be PCPs for patients with HIV and provide residents with an outpatient-based HIV curricula¹. One of the most common reasons cited was the belief by program directors that most graduates will not provide HIV ambulatory care as a generalist. The authors go on to say that it is not known if surveying residents would yield the same result. In fact, these findings are in stark contrast to internal medicine residents' perceptions of training, competence, and performance in outpatient HIV care as reported in our recent multicenter study². In our study managing HIV patients was rated an excellent educational opportunity by 89% of residents and 77% planned to care for HIV patients in the future. Adams et al. also found that very few program directors believed their graduates had the skills to care for HIV outpatients, which is consistent with our findings with residents, 39% of whom stated that they did not feel competent to provide HIV outpatient care. Furthermore, we found that higher rates of residents reported deficiency in outpatient HIV training compared to outpatient non-HIV training ($p<0.05$) or inpatient HIV training ($p<0.05$). Residents reported substandard HIV risk assessment, testing, counseling, and initial management performance. Self-reported proficiency correlated with the number of HIV outpatients cared for and perceived training adequacy.

The combined findings of these two studies suggest several things that may be important for medical education. First, residents and program directors may have different points of

view when it comes to resident training needs, deficits, and future plans. Second, current residency training in HIV care remains largely inpatient-based and residents frequently rate HIV outpatient training as inadequate despite a desire to care for HIV outpatients in the future. Finally, as both articles point out, in the face of the Centers for Disease Control and Prevention (CDC) recommendation to provide routine HIV screening and a primary care workforce shortage, it is imperative that the care of the HIV outpatient be integrated into internal medicine residency curricula and that when developing training programs both the point of view of the residents and the program directors should be incorporated.

Karran A. Phillips, MD, MSc; *National Institute on Drug Abuse, Intramural Research Program, National Institutes of Health, 251 Bayview Blvd., BRC 01B-616, Baltimore, MD 21224, USA (e-mail: phillipsk@nida.nih.gov).*

REFERENCES

1. **Adams J, Chacko K, Guiton G, Aagaard E.** Training Internal Medicine Residents in Outpatient HIV Care: A Survey of Program Directors. *Journal of General Internal Medicine*. 25(9):977-81. doi:10.1007/s11606-010-1398-6.
2. **Phillips KA, Cofrancesco J Jr, Sisson S, Wu AW, Bass EB, Berkenblit G.** A multicenter study of internal medicine residents' perceptions of training, competence, and performance in outpatient HIV care. *AIDS Patient Care STDS*. 2010;24(3):159-64.

J Gen Intern Med 25(12):1273

DOI: 10.1007/s11606-010-1522-7

© Society of General Internal Medicine 2010

Published online September 30, 2010