



HIV-MEDICINE ON-LINE

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**Humphrey Fellowship Program
Alumni Impact Award**

Final Report

Distance Learning Education of HIV for Primary Care Physicians in Odessa City, Ukraine

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U.S. Department
of State



Southeast AIDS Training
and Education Center



Institute of International
Education



International Training and
Education Center on HIV



NGO "Future Without
AIDS"

*While educational intervention is not a panacea for all problems with health care there is a need to improve the effectiveness of Continuing Medical Education (CME), the longest and arguably the most important component of the medical education continuum**

*Grol R, Wensing M. What drives change? Barriers to and incentives for achieving evidence-based practice. Med J Aust. 2004;180(6 suppl):S57-S60.

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LIST OF ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
CME	Continuous Medical Education
DL	Distance Learning
FWA	Future Without AIDS
HIV	Human Immunodeficiency Virus
IIE	Institute of International Education
I-TECH	International Training and Education Center on HIV
PLWHA	People Living With HIV/AIDS
PPM	Power Point Module
SEATEC	Southeast AIDS Training and Education Center
.swf	shock wave file

BACKGROUND AND SIGNIFICANCE

As of January 2007 the total number of officially registered people living with HIV/AIDS (PLWHA) in Ukraine was 71958, which is 0.15% of the total population¹. 377,600 Ukrainians estimated are living with HIV². If not controlled, it is projected that AIDS will account for 35% of male deaths and 65% of female deaths in the 15-49 age group by 2014.

Lack of health care infrastructures, including lack of trained and experienced health care professionals, is one of a major barriers for rational HIV medical care in developing countries³. The expertise of medical staff responsible for HIV care considers limited in Ukraine⁴. The experience of primary care physicians in the management of AIDS is significantly associated with their patients' survival. After adjusting for the severity of disease and changes in the treatment of AIDS over time, it was founded a 31 percent lower risk of death for patients cared for by physicians with the most experience as compared with patients of physicians with the least experience⁵.

Despite this belief and the level of participation in and resources for Continuous medical Education (CME), many studies have demonstrated a lack of effect on physicians' performance of current practice guidelines^{6,7}. In addition, a relatively weak effect of formal, planned CME on physician performance has been demonstrated in several reviews^{8,9}. The exclusively didactic CME modality has little or no role to play. Knowledge is clearly necessary but not in and of itself sufficient to bring about change in physician behavior and patient outcomes¹⁰.

Interactive methods, such as hands-on practice sessions, case discussion, and role-play, are effective at changing physician practice and in some cases the health outcomes of patients. The AIDS Education and Training Centers in the United States emphasize interactive methods and clinical training such as consultation¹¹.

E-learning offers the potential for higher levels of interactivity. Virtual patients and Web-based simulations are dramatic examples of highly interactive educational materials¹². We use e-learning to refer to the use of Internet technologies to deliver a broad array of approaches that enhance learners' knowledge and performance^{13,14,15}. Common synonyms for e-learning are Web-based learning, online learning, distributed learning, computer-assisted instruction, or Internet-based learning. E-learning is fast becoming an established approach in medical education¹⁶. The use of Web-based education can help hospitals to improve the quality of lifelong learning programs, reducing the total cost of management¹⁷. Examples of successful e-learning materials include multimedia case-based simulations and computer games, which allow medical learners access to a varied clinical case mix free from temporal and spatial restrictions¹⁸.

PROJECT OVERVIEW

Project objectives

1. Implement access to internet based HIV/AIDS medical education
2. Improve knowledge of HIV diagnostics and exposure prophylaxis among primary health care physicians
3. Disseminate the results and impact of the project

Activities for each objective

Activities for objective (1) Implement access to internet based HIV/AIDS medical education

Creation of Educational Power Point Module (PPM) and pre/post questionnaires. The educational module was created in collaboration with Southeast AIDS Training and Educational Center (SEATEC). Specific topics for education and assessment were based on existing materials that are currently in use for training of US health care providers. Preliminary agreement on the choice of topics and the number of assessment questions was agreed with SEATEC.

Translation/adaptation of educational modules and pre/post questionnaires into Russian language. Specialists from the Odessa Regional Charity Foundation "Future Without AIDS" (FWA) made translation of PPM and pre/post questionnaires into Russian. The proposed program was adapted to the current Ukrainian HIV Care Protocols.

Topics covered:

Upon completion of this distance learning educational program, the participant will be able to:

1. Describe the signs and symptoms of acute/primary HIV infection
2. Identify two common early clinical manifestations of symptomatic HIV disease
3. Identify two common opportunistic infections typical of HIV disease progression
4. Describe an effective referral process for patients newly diagnosed with HIV in the primary care setting
5. Define HIV occupational exposure
6. List the critical steps in post-HIV-exposure management
7. Describe workplace procedures that minimize risk of occupational HIV exposure
8. Describe the HIV case notification procedure

Methodology

Several points were selected for successful project implementation:

1. Minimal software and hardware requirements
2. Maximal speed of data delivery
3. Easy to use interface

The main reason of his selection was the fact that the course was created in Ukraine, one of the low-middle income countries¹⁹. Because of this fact low rate of internet-technologies development as well as slow, predominantly modem connection were expected.

The review of current e-learning technologies was made to select the most appropriate. For example an archived Webcast is prerecorded stream video that is hosted on a server. To create an archived Webcast, lecture is recorded with a digital camcorder and uploaded to a computer for editing. Any video-editing software can be used to make necessary changes in the recorded lecture. The lecture is then published to a server and participants access the stream Video via the Web. To access the lecture, students need a media player, such as Windows Media Player or Netscape Real Player. These can be downloaded free from Web sources²⁰. The benefits of this method include convenience, efficiency, cost, and archive abilities²¹.

The project utilizes Flash technologies for information delivery²². This technology allows to distribute information in convenient and space restricted manner. To view the project content the only requirement is to have Adobe Flash Player on computer. If not on computer the Flash Player will automatically downloaded via internet when starting the review of Course. Flash Player is the most ubiquitous client runtime available today, reaching more than 97% of Internet-enabled desktops worldwide as well as a wide range of devices²³.

To see the Flash technology in action on example of "HIV LIFE CICLE" Presentation please click the bottom below



ABOUT THE HUBERT H. HUMPHREY FELLOWSHIP PROGRAM



The Hubert H. Humphrey Fellowship Program brings accomplished professionals from designated countries of Africa, Asia, Latin America, the Caribbean, the Middle East, and Eurasia to the United States at a midpoint in their careers for a year of non-degree graduate study and related practical professional experiences.



The Humphrey Program was established in 1978 to honor the public service career of Hubert H. Humphrey, the former vice president and senator, and to encourage leadership in fields critical to the engagement of the United States with countries in the developing world. A champion of many causes, Hubert Humphrey had made critical contributions to U.S. federal legislation in many fields. In his capacity as U.S. Senator (1949-1964, 1971-1978) and Vice President (1964-1968), Humphrey also advocated for many international causes. Fellows are nominated by U.S. Embassies or Fulbright Commissions, based on their potential for national leadership and a demonstrated commitment to public service in either the public or private sector. The Program provides a basis for lasting ties between citizens of the United States and their professional counterparts in other countries.

It fosters an exchange of knowledge and mutual understanding, through which the United States joins in a significant partnership with developing countries.

Fellowships are granted competitively to professional candidates in a variety of fields. Fellows are then placed in

groups by professional field at selected U.S. universities offering specially designed programs of study and training. The Program receives its primary funding from the U.S. Department of State and is included in the Fulbright Program. The J. William Fulbright Foreign Scholarship Board, appointed by the President, has overall responsibility and awards the Fellowships. The Institute of International Education (IIE), a private not-for-profit educational exchange agency, has administered the Program since its inception in 1978.

Men and women interested in applying for Fellowships should contact the United States Embassy or Fulbright Commission in their home countries, or consult the Humphrey Fellowship websites at: www.iie.org/pgms/hhh or <http://exchanges.state.gov/education/hhh/>.

