

was targeted to clinical and non-clinical providers to encompass the range of providers caring for HIV+ patients. Participants completed an evaluation rating the training and a retrospective self-assessment of their confidence to perform learning objectives on a 5 point Likert Scale; 1=not at all confident and 5=very confident.

Results A total of 37 providers attended training in St. Croix and 42 in St. Thomas. Non-clinical providers represented a significant proportion of attendees; 62.2% in St. Croix, (23/37) and 40.5% in St. Thomas (17/42). Among all participants, course satisfaction ratings ranged from 4.28 to 4.59 (1=strongly disagree; 5=strongly agree), with high ratings for relevance of learning objectives and appropriateness of content. Participants reported post-training gains in confidence ranging from +0.69 to +1.24 Likert scale interval per each learning objective, including increased knowledge of STD screening and prevention counselling for HIV+ patients. The most frequently reported intended practice changes included asking more detailed questions routinely about sex practices and taking a more thorough sexual history.

Discussion ASI training reached the intended target audience and resulted in gains in provider confidence and intention to change practice, and can be expected to positively impact patient outcomes. Further dissemination of ASI training appears warranted.

P5-S6.12 CONTROL OF SEXUALLY TRANSMITTED INFECTIONS (STI) IN GUYANA: PLAN TO INTEGRATE INTO EXISTING PROGRAMMES

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Background Over the last decade, Guyana has developed and strengthened surveillance, prevention and care and treatment for HIV. These interventions have resulted in a decline in HIV prevalence in antenatal as well as most at risk populations (MARPs defined as female sex workers, men who have sex with men (MSM), in and out of school youth, military and police). For non-HIV STI, a structured programme did not exist prior to 2005. From 2007 to 2009, the reported cases of STI increased significantly. In addition to HIV, non HIV STI has been identified as a priority for prevention and control by the National AIDS Program Secretariat (NAPS), Guyana Ministry of Health (MOH).

Methods In conjunction with the Pan American Health Organisation and other international and local stakeholders, NAPS/MOH worked with local and external consultants to develop a STI strategy. Consultation meetings were held in Guyana and relevant documents were reviewed.

Results A STI strategy for 2011–2020 has been developed. The strategy outlines activities that will build on existing HIV, antenatal and visualisation under acetic acid (VIA) programmes. In addition, activities have been outlined to build on existing second generation HIV surveillance initiatives currently in place in MARPs. Strategies to ramp up the provision of care and treatment for STI in existing primary care settings have also been addressed. The strategy highlights activities under five priority areas: (1) Programme Management and Coordination, (2) Prevention, (3) Laboratory, (4) Care and Treatment and (5) Surveillance. Under each priority area, broad goals, guiding principles, specific objectives, performance milestones and activities have been developed. A Monitoring and Evaluation plan will be a key part of the document to monitor progress during the strategy. The strategy will coordinate the activities of international and local agencies including non governmental and faith based organisations as well as persons from MARPs.

Conclusions Guyana has developed a comprehensive 10-year plan for the prevention and control of non HIV sexually transmitted infections which will build on existing programmes for HIV, antenatal and VIA programmes.

P5-S6.13 OBJECTIVE ASSESSMENT OF PATIENT SATISFACTION WITH THEIR HIV CARE

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Background Patient engagement with HIV services is essential since early diagnosis and care has a direct impact on patient survival and also provides public health benefits associated with reduced infectivity. Positive physician/patient relationships have been linked to higher levels of treatment adherence. Determining and measuring patient priorities in the delivery of HIV services can therefore have a direct impact on perceived satisfaction with services and also improve clinical outcomes.

Methods A systematic review was undertaken to identify existing approaches to identifying patient derived key themes in the delivery of their care. These themes were then examined and expanded using 4 focus groups discussions with HIV services users.

Results A search of 12 bibliographic databases, a hand search of journal bibliographies and a wider internet search yielded 1474 titles from which 150 study abstracts were appraised. 32 articles were retrieved and reviewed using a quality appraisal checklist. A data extraction form was used by two reviewers to extract relevant information for thematic analysis. The review identified key themes of principal importance to patients attending for HIV care—medical staffs' perceived knowledge about HIV, attitude of clinic staff, maintenance of patient dignity, patient autonomy, confidentiality and an appropriate care environment. Three specific survey tools were identified for measuring satisfaction with HIV services but none had wide geographical validity or else failed to reflected current clinical management of HIV disease. The subsequent focus groups supported the findings of the literature review but following the introduction of HAART issues of staff knowledge about HIV were given less prominence.

Conclusions Existing survey tools to measure patient satisfaction with HIV services lack validity or generalisability. The themes identified from this literature review and patient focus groups should be incorporated in the development of future assessment tools.

P5-S6.14 QUALITATIVE ASSESSMENT OF FACILITATORS AND BARRIERS TO HPV VACCINATION AMONG PROVIDERS SERVING A HIGH-RISK COMMUNITY

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Background Maximising HPV vaccine uptake among those at highest risk for cervical cancer is critical. We explored healthcare provider perspectives on factors influencing HPV vaccination among adolescent girls in a community with high cervical cancer rates.

Methods From March to May 2009, we conducted in-depth interviews with 21 physicians and other staff providing care to adolescent girls at two clinics in Los Angeles, CA, serving a predominantly Hispanic population with high cervical cancer rates. The semi-structured interviews explored HPV vaccination processes and potential barriers to vaccination.