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Meeting with Speech at Wagner School, 12:00p 3/9/94

Stack:	Row:	Section:	Shelf:	Position:
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DAY: WEDNESDAY
DATE: MARCH 9, 1994
TIME: 12:00P
LOCATION: NYU
EVENT: SPEECH AT WAGNER SCHOOL

NEW YORK UNIVERSITY
A private university in the public service

ROBERT F. WAGNER GRADUATE SCHOOL OF PUBLIC SERVICE

40 West Fourth Street
600 Tisch Hall
New York, NY 10012-1118
Telephone: (212) 998-7440

March 3, 1994

TO: Steve Lee

FROM: Lisa Duchon, 212-529-7918 Lisa Duchon

Here's a copy of the flier I promised you. I apologize for the delay. Unfortunately, I am still fulfilling my civic duty as a juror on a trial. Ellen Lovitz said that you and she spoke this week. Should you have any additional concerns or questions, please feel free to leave a message at my home number above and I will get back to you.

The March 9th program with Ms. Gebbie is shaping up nicely. We are all very much looking forward to meeting her. Thanks for your assistance, Steve.

Kristine Gebbie, R.N.
National AIDS Policy Coordinator
for the Clinton Administration

will discuss

The National AIDS Policy Agenda:
The Big Picture &
What It Means To New York

Wednesday
March 9, 1994
12:00 - 1:30 pm

The Commons Room
4 Washington Square North

Please RSVP by March 2, 1994
Seating IS Limited
(212) 998-7400

sandwiches and beverages will be served

This Program Is Sponsored By:

The Health Student Steering Committee
The Doctoral Student Association
The Wagner Student Association

THE WHITE HOUSE

WASHINGTON

The National AIDS Policy Agenda:
The big picture
and what it means to New York

presented by

Kristine M. Gebbie, R.N., M.N.
National AIDS Policy Coordinator

before

New York University
New York, NY
March 2, 1994

1. What is the national policy agenda
   - A. Research
     1. Basic/applied
     2. Biological/chemical/behavioral
   - B. Services
     1. Health reform
     2. Ryan White
     3. Substance abuse
   - C. Prevention
     1. Focus on youth/young adult
     2. Community partnerships
     3. Local planning

University Community

II. What does this have to do with today's college student
    A. Issues of personal risk
        1. Choices in sexual and substance life
    B. Issues of professional opportunities
        1. Careers and studies
    C. Issues of community leadership
        1. Within the school
        2. Within the community

III. ~~Who is responsible~~ Fitting into the city
    A. The balance between the school and student as citizens
    ~~B. The balance between the families and students~~

~~to enter w~~
The balance between the school and city as resource —

Determinants of Physicians' AIDS-Related Practice Behavior
(Funded by the Agency for Health Care Policy and Research, DHHS)

Michael Yedidia, Ph.D.
NYU Health Research Program
(212)998-7447

Purpose of the Research: The project is designed to assess the impact of aspects of residency training and post-training experiences on AIDS-related practice behavior. We intend to identify contributing factors which are alterable and propose strategies for intervention that have promise in increasing the supply of physicians available for treating AIDS and other clinically difficult conditions. The study will address three research questions and seven related hypotheses; the research questions are:

1. What characteristics, attitudes, and experiences of third-year residents predict their career involvement with AIDS treatment as reflected by their practice types and locations, sub-specialty choices, and numbers of HIV+ and AIDS patients which they treat?

2. At what stage of training do attitudes have the most impact on career behavior affecting AIDS treatment?

3. What post-residency factors influence AIDS-related career behavior, particularly among the 63% of residents who, during their third year, were undecided about their plans with regard to caring for people with AIDS?

Research Strategy: The research design is intended to reveal determinants of AIDS-related practice behavior relying upon predictors from three stages in the professional development of each physician in the study: the fourth year of medical school, the third-year of residency, and six years post-graduation when most will be entering practice. Data has already been collected at the first two points in time for the 1989 graduating classes from six medical schools in New York State. The current project will collect time-3 data in a longitudinal study spanning six years. Physicians will be surveyed during their sixth year post-graduation from medical school. By using a longitudinal design, we will track changes in attitudes and plans concerning AIDS over time, and establish factors which contribute to such changes. Most important, we will identify predictors of physicians' practice behavior with regard to the care of PWAs and HIV-infected persons.

Sample: The sample will consist of the 563 physicians for whom we have data as third-year residents. Of these, 383 have responded as both medical students (time 1) and third-year residents (time 2). The original sample consisted of all members of the 1989 graduating classes of six medial schools in New York State. The six schools were selected to reflect variation on three key dimensions: the AIDS prevalence in the region where the students trained, state versus private ownership, and proximity to New York City. It was important to include students with a wide range of experience with people with AIDS (PWAs) in order to isolate this dimension in our analyses.

Inclusion of private and state-owned schools was designed to assure variations in students' social backgrounds. Finally, we wanted to be able to generalize our findings to students attending schools both in and outside of the New York City metropolitan area.

In the spring of 1989, 521 of the total 861 graduates from the six schools completed our surveys, constituting a response rate of 61%. In spring of 1992, we again surveyed the 861 graduates, most of whom were in their third year of residency training. We received completed time-2 surveys from 563 residents of a total of 847 (14 respondents were removed from the pool because they had not pursued residencies). The response rate was 67%. These rates were sufficiently high to provide adequate power for all of our analyses, and they compare favorably with response rates in similar studies of physicians. We have no evidence that our process of fielding the surveys introduced any systematic bias in response. We conducted an extensive response analysis to assess whether or not there was response bias with respect to our major variables of interest. We found no evidence of any such bias.

Data Collection: Data will be collected through a self-administered questionnaire sent to each respondent in the fall of 1994. Our survey of medical students (time 1) included questions about experiences with AIDS, attitudes and plans concerning treating PWAs, several items relating to other factors affecting residency and specialty choice, and demographic characteristics. Our survey at time 2 (third year of residency) included a core set of almost identical items concerning AIDS attitudes and experience, as well as new items designed to measure more refined dimensions of AIDS-related outlooks and behavior. As predictors, the survey sought extensive information on specific aspects of the residency program, the faculty, the resident peer group, the hospital, and demographic characteristics. Additionally, this questionnaire addressed a number of attitudes potentially related to the process of residency training -- such as cynicism regarding patient care and professional burn-out -- and specifically related to outlook on AIDS -- such as homophobia and drug-phobia (aversion to drug-users).

Several sections of the survey for phase three will resemble the earlier questionnaires. There will be one major difference, however. For times 1 and 2, each respondent completed an identical questionnaire. At time 3, in recognition of the fact that the nature of their clinical work has become more differentiated as they have progressed in their careers, physicians will receive different questionnaires depending upon their field of medicine. Of course, all of the surveys will have an identical set of core questions, but several items will have to be tailored to their specific fields (e.g., the nature of their contact with AIDS patients). For example, a question about the frequency of performing risky procedures will differ for a primary care provider and a surgeon. In addition, there will be a series of branching questions on all of the surveys to lead physicians to appropriate items related to their type of career (practice, research, teaching). Physicians combining career activities among these

types will answer all relevant sections. A series of focus group interviews of physicians who have recently entered practice in a number of fields will be convened to assist in developing discipline-specific questions. In addition, these focus groups will be utilized to inform the design of appropriate items for addressing key variables which play a role in practice-related career decisions and behavior. Further, prior to finalizing the surveys, input on the relevance and wording of the questions will be gathered from our interdisciplinary advisory committee of graduate medical educators.

Key Previous Findings and Their Significance to the Current Project: Our previous research provides evidence that residency training, not medical school, is the formative period determining AIDS-related practice plans. Moreover, training programs provide a natural mechanism for implementing initiatives which will have a broad effect on our future pool of physicians. Accordingly, a major purpose of the current project is to identify characteristics, attitudes, and experiences of third-year residents which predict their actual career involvement with treating AIDS (Question 1). Among those time-2 factors which were associated with AIDS practice plans in our previous study were a number of dimensions of the residency environment, including degree of emotional support from colleagues and faculty,tolerance of diversity of opinions, democratic decision-making, and perceptions of faculty outlook on treatment of people with AIDS. The importance of these findings -- if they extend to actual post-residency behavior -- cannot be overstated: They constitute aspects of the residency training experience which are susceptible to change. Time-3 data will be used to determine the impact of these factors on such AIDS-relevant behavior as practice types and locations, sub-specialty choices, and numbers of AIDS patients which they treat.

A second category of variables of importance to career plans are specific individual attitudes, most powerful of which are homophobia and drug-phobia. We have established that the impact of these seemingly intractable attitudes on willingness to treat AIDS is mediated by whether or not residents have social acquaintances who are HIV+ and their degree of cynicism about patient care respectively. Further, several of the triggering factors are also associated with aspects of the residency training experience. Accordingly, it is crucial to develop an understanding of the dynamics through which homophobia and drug-phobia affect career behavior so as to develop interventions for blunting their impacts. Three of our hypotheses address this phenomenon.

A second set of research issues addressed in the current project concerns the development of AIDS-related attitudes over time (Question 2). While we know that attitudes expressed during residency (time 2) are much more significant predictors of AIDS career plans than those reported as medical students (time 1), it remains to be seen whether these relationships extend to actual practice behavior. Moreover, we have documented substantial fluctuation in attitudes toward AIDS treatment over the course of residency training and have identified several predictors of such changes, including supportiveness of the program, perceptions of faculty as being positively oriented to treating AIDS, cynicism toward patients, homophobia, and drug-phobia. It is important (1)to establish whether or not such

attitudes continue to fluctuate post-residency, particularly among the 63% of third-year residents who were undecided about their practice plans for caring for AIDS patients and (2)to identify predictors of such changes. We will examine the impact of factors reported at time 1 and time 2 (as medical school seniors and third-year residents) as well as those expressed at time 3 (six years post-graduation). Based upon these findings, we will be able to target for change specific attitudes which have been observed to exert their influence at particular training and career stages and to develop strategies which focus on those sources of attitude formation which are alterable.

Mission of the Advisory Committee: The advisory committee will be convened at two critical stages of the project: (1)before finalizing the survey questionnaire in order to provide input on the content and (2)after completion of analyses in order to assist us in incorporating our findings into the design of realizable and effective interventions.