

Editorial review

Natural history of HIV infection

Andrew R. Moss and Peter Bacchetti

AIDS 1989, 3:55-61

Keywords: AIDS, HIV infection, natural history, progression.

Introduction

HIV infection is now widespread in the United States, in Central and East Africa, and in many European and Central American countries. In the United States a recent estimate is that between 500 000 and 800 000 persons were infected with HIV in 1988 [1]; a somewhat older Centers for Disease Control (CDC) estimate of the number of Americans infected is 945 000-1 400 880 [2]. Worldwide, The World Health Organization's broad estimate is that several million persons are now infected with HIV.

In the United States and other Western countries, the majority of HIV-infected persons are homosexual men. Seroconversion rates have steadily declined in this risk group and, as a result, the incidence rates of newly diagnosed clinical AIDS are stable in San Francisco, New York and Los Angeles, the three main epidemic cities. Meanwhile, however, large numbers of homosexual men are advancing towards the point in the progression of HIV disease where life-threatening clinical manifestations can be expected. Thus, in this population of persons at risk, attention is shifting away from issues of prevention and towards questions about the natural history of HIV infection. The same is true of HIV-infected hemophiliacs, most of whom were infected in the early 1980s.

Although AIDS is likely to be predominantly a heterosexual disease in Western countries (as in Africa) by the end of the 1990s, the oldest infected cohorts, and thus those in which the natural history of HIV infection is studied, are of homosexual men and hemophiliacs. For questions about the natural history of HIV infection, as in so many other aspects of AIDS, studies of homosexual men and to a lesser extent of hemophiliacs will provide the information on which planning decisions will be made for HIV carriers in general. The primary question for members of these risk groups, of course, is: what is the prognosis for an HIV-infected individual?

For society as a whole, two additional broad questions hover behind the study of the natural history of HIV infection: what kind of demand for clinical services will the progression of large numbers of infected persons to clinical AIDS entail? When are early intervention and detection appropriate for the HIV-infected individual? At present, these

questions can only be answered in qualitative terms, if at all. Most natural history studies are new and relatively incomplete; in addition, very long publication lags and widespread differences in recruitment procedures and in measurement techniques make it difficult to synthesize the studies. Here we review the existing studies of the natural history of HIV infection in adults, many of them presented at the recent IV International Conference on AIDS in Stockholm, with a view to a preliminary synthesis of the information currently available, and in the hope of stimulating quicker and more compatible studies.

Infection

Acute infection with HIV has been characterized as a mononucleosis-like syndrome with symptoms appearing 2-6 weeks after laboratory seroconversion. Symptoms may include maculopapular rash, fever, myalgia, arthralgia, headache, diarrhea and sore throat, and also neurological manifestations. One study [3] suggests that 50-90% of adults may experience the acute syndrome at seroconversion.

Persistent antibodies to HIV normally develop within three months; however, there have been sporadic reports of delayed seroconversion [4]. Occasional antibody reversion has also been reported [5]. Recent results on detection of HIV-proviral DNA by the polymerase chain reaction (PCR) test may throw some light on this phenomenon. HIV-proviral DNA has been reported before detectable antibody seroconversion in 18 people in the Multicenter AIDS Cohort Study (MACS), with detection up to 42 months before seroconversion by Western blot [6]. In addition, MACS cohort seroreverters were positive for HIV-proviral DNA by PCR. The existence of people who are positive for HIV-proviral DNA by PCR, but are HIV-antibody negative, has been confirmed in other studies of homosexual men and infants. Thus, at least some individuals appear to be persistently infected, but not replicating virus at a level sufficient to induce antibody formation, for periods which may extend to years. The extent and consequences of this phenomenon are not clear, and the specificity of the PCR process for detecting HIV-proviral DNA has not

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EVALUATION KEY - IDSA/APEX; DECEMBER, 1990

APEX -- Week #1, December 10-14, 1990

EXCELLENT(1) / POOR (5)

MONDAY, DECEMBER 10 & TUESDAY, DECEMBER 11

Faculty and Topic

CUMULATIVE RATING

CLINICAL CARE OF THE AIDS PATIENT 1.33

COMMENTS: OVERALL VERY GOOD; ORDER OF PRESENTATIONS NOT LOGICAL; CERTAIN LACK OF ENTHUSIASM AMONG SOME OF THE SPEAKERS/PANELISTS. || PEDIATRIC AIDS WAS NOT DISCUSSED IN DEPTH AND NO DISCUSSIONS ON AFRICAN AIDS - BOTH AREAS SUBSTANTIVELY NEED TO BE COVERED

WEDNESDAY, DECEMBER 12

COMING HOME HOSPICE SITE VISIT - BRENT HAWKE, R.N. 1

COMMENTS: WELL WORTH THE VISIT. ||

SAN FRANCISCO AIDS FOUNDATION SITE VISIT - JOE FERA 1.33

COMMENTS: None

SHANTI SITE VISIT - GEORGE SIMMONS 1.33

COMMENTS: ALTHOUGH HE SEEMS TO BE TIRING, HIS CANDOR WAS APPRECIATED. || EXTREMELY DEDICATED AND DETERMINED STAFF - HOWEVER, I DID SENSE A SOMEWHAT "BURN-OUT" SENTIMENT ON THE PART OF STAFF

CONTINUUM (ADULT HIV DAY CARE) 2.33

JESSE STERMAN

COMMENTS: COULD BE BETTER STRUCTURED - HARD TO SEE EXACTLY HOW THIS WILL WORK - ALSO SEEN AT THE END OF THE DAY - MAY HAVE AFFECTED MY ENTHUSIASM. || VERY AMBITIOUS AND ENERGETIC LEADERSHIP

WARD 86 ASYMPTOMATIC CLINIC - ERIC ARCHIBIQUE, M.D. 2.66

COMMENTS: ARCHIBIQUE'S COMMENTS HELPFUL - VERY SLOW CLINIC THAT PARTICULAR EVENING || THERE WAS NOT MUCH TO SEE OR TO TALK ABOUT BECAUSE THE PROGRAM IS RELATIVELY NEW.

THURSDAY, DECEMBER 13

EXCELLENT(1) / POOR (5)

PATIENT CARE CONFERENCE 1.33
WARD 84 - ERIC GOOSBY

COMMENTS: EXCELLENT! PARTICULARLY, THIS MEETING ALLOWED INPUT FROM VARIOUS DISCIPLINES INCLUDING LAB PERSONNEL. ||

RESEARCH COORDINATION - VINCE DE GENOVA, R.N. 2.33

COMMENTS: SOMEWHAT SIDETRACKED WITH CERTAIN ISSUES; DIFFICULT TO UNDERSTAND THE OVERALL ORGANIZATION OF THE RESEARCH STUDIES - MAY BE MY BIAS. || VINCE USED ACTG 081 AS AN EXAMPLE TO ILLUSTRATE HOW THE "ENVIRONMENT" INFLUENCED STUDY ACCRUAL AT A PARTICULAR TIME; I HAVE FOUND THIS TYPE OF INFORMATION TO BE VERY IMPORTANT TO THE DESIGN OF CLINICAL TRIALS.

RESEARCH CLINIC - MARK JACOBSON, M.D. 3

COMMENTS: GOOD FOR ME BECAUSE I HAVE WORKED WITH DR. JACOBSON - NOT SURE HOW USEFUL THIS WAS FOR OTHERS. || CLINIC WAS CONFUSED AND SOMEWHAT DISORGANIZED || IT WAS A BIT UNORGANIZED BUT I DON'T KNOW HOW BEST TO KEEP VISITORS "ENTERTAINED" IN ANY CLINIC BY THE ATTENDING PHYSICIANS - PROBABLY THE ATTENDING PHYSICIAN SHOULD SELECT JUST ONE CASE AND USE IT AS A STARTING POINT FOR THE DISCUSSIONS ON A PARTICULAR PROTOCOL.

WARD 86 OUTPATIENT CLINIC - DAVID FRENCH, M.D. - ATTENDING PHYSICIAN 1.33

COMMENTS: DR. CLEMENT WAS VERY ATTENTIVE AND ENGAGING - MORE HELPFUL THAN THE ATTENDING BUT PROBABLY JUST THE WAY THE SESSION WAS THAT DAY. || I FOLLOWED DR. MURPHY TO SEE HIS PATIENTS AND HE WAS EXTREMELY THOROUGH AND EXPLAINED PATIENT-ORIENTED ISSUES TO ME VERY PROPERLY.

FRIDAY, DECEMBER 14

CONSULT ROUNDS - 5A - JOHN STANSELL, M.D. 1

COMMENTS: VERY USEFUL. || VERY INFORMATIVE YET VERY RELAXED FORMAT

RESEARCH ISSUES - BELLE LEE, PHARM. D. 2

COMMENTS: MANY INTERRUPTIONS WITH DR. LEE - OTHERWISE USEFUL, PARTICULARLY THE LABORATORY VISIT. || A PARTICULARLY IMPORTANT VISIT FOR ME. DR. LEE PROVIDED SEVERAL INSIGHTFUL COMMENTS REGARDING CLINICAL TRIALS. IT IS LIKELY THAT I MAY CONTACT HER IN THE NEAR FUTURE REGARDING PK/PD STUDIES OF SOME OF THE INVESTIGATIONAL DRUGS.

PROVIDER MEETING - WARD 84 - ERIC GOOSBY, M.D. 1

COMMENTS: GREAT MEETING, GREAT ACADEMIC TEACHING. || MICHAEL CLEMENT'S DISCUSSION ON "DEFINITION OF ZDV FAILURE" WAS VERY THOUGHT-PROVOKING AND WILL BE UNDOUBTEDLY INCORPORATED INTO MY THINKING PROCESSES FOR DESIGNING CLINICAL TRIALS.

OUTPATIENT CLINIC ADMINISTRATION - MICHAEL CLEMENT, M.D. 1

COMMENTS: VERY USEFUL FOR ME - VERY CANDID CONVERSATION || EXCELLENT - GIVE AND TAKE TALK VERY HELPFUL; ANSWERED HOST OF QUESTIONS - HE IS A GOOD TEACHER || EVEN THOUGH THE ADMINISTRATIVE ASPECT OF OPC HAS LITTLE IMPACT ON MY WORK, I FOUND SOME OF THESE PRACTICAL ISSUES FASCINATING.

MONDAY, DECEMBER 17

EXCELLENT(1) / POOR (5)

Faculty and Topic

RESIDENTS REPORT - 5H22 1

COMMENTS: DR. GILBERT FROM OREGON WAS PRESENT AND BOTH DRS. SANDE AND GILBERT HAD VERY ILLUMINATING COMMENTS ON THE CASES.

RESEARCH ISSUES - REBECCA COLEMAN 1

COMMENTS: GOOD CONVERSATIONS AND INSIGHTS. || VERY INFORMATIVE CONVERSATIONS.

WARD 86 OUTPATIENT CLINIC - CONNIE WOFSY, M.D. 2

COMMENTS: SAW PATIENTS WITH DRS. WOFSY, ABRAMS, CLEMENT. || CASES WERE INTERESTING.

TUESDAY, DECEMBER 18

IVDU CLINIC VISIT/TREATMENT UNIT 1

WARD 92 - ERIC GOOSBY, M.D.

COMMENTS: BECAUSE DR. GOOSBY WAS ABSENT, I VISITED THE METHADONE CLINIC AND MUST SAY THAT CAROL HAS A MOST DIFFICULT JOB WHICH SHE DOES VERY WELL.

INFECTIOUS DISEASE CLINIC 2

1M - MAIN HOSPITAL

COMMENTS: ALTHOUGH THERE WERE ONLY A FEW ORDINARY CASES, DISCUSSIONS WERE INTERESTING; GRAND ROUNDS BY JACOBSON WERE EXCELLENT.

ADMINISTRATIVE CONSIDERATIONS 2

DIANE MILLER - 2A12

COMMENTS:

CD 4 LAB - DR. KHAYAM-BASHI 1

COMMENTS: VISITED FLOW CYTOMETRY LAB FOR CD4/CD8 ASSAY. THANKS TO YVETTE FOR HER PATIENCE IN GOING OVER THE PROCEDURE.

WEDNESDAY, DECEMBER 19

PROJECT INFORM 1

COMMENTS: I AM VERY IMPRESSED.

BUYERS CLINIC 1

COMMENTS: I AM VERY IMPRESSED.

COMMUNITY CONSORTIUM 1

COMMENTS: EXCELLENT - CASE OF THE MONTH IS SADDENING BUT FASCINATING. I AM MORE CONVINCED THAN EVER THAT COMMUNITY-SPONSORED CLINICAL TRIALS CAN BE OF HIGH QUALITY AS WELL.

MICHAEL McGRATH, M.D.

COMMENTS: SINCE I HAVE NOT FOLLOWED UP ON HIS WORK, THIS SESSION COULD HAVE BEEN ELIMINATED, BUT DR. McGRATH IS VERY PLEASANT TO TALK WITH.

INFUSION CLINIC
JUDITH LUCE, M.D.

COMMENTS:

COMMENTS

GENERAL

THE PROGRAM WAS OVERALL VERY BENEFICIAL FOR ME BECAUSE I WAS ABLE TO OBSERVE PATIENT CARE, DISCUSS THE PROVISION OF CARE WITH A VARYING ASSORTMENT OF INDIVIDUALS, AND UPDATE CLINICAL INFORMATION EITHER BY DIDACTIC PRESENTATION (2ND CONFERENCE) OR BY QUESTIONING PROVIDERS. THE PROGRAM WAS TOO LONG (FOR MY PURPOSES) - IT IS DIFFICULT TO STAY AWAY FROM WORK THAT LONG. IT WOULD HAVE BEEN MORE USEFUL TO HAVE THE DIDACTIC SESSIONS OVER THE WEEKEND FOLLOWED BY FIVE DAYS OF VARIOUS CLINICAL ACTIVITIES. MEETING WITH INDIVIDUALS BELOW THE ATTENDING LEVEL IN GENERAL TENDED TO START SLOWLY, I.E., "WHAT DO YOU WANT TO TALK ABOUT?" PERHAPS THEY SHOULD JUST TAKE THE PLUNGE AND BE READY TO STOP FOR QUESTION AS THEY ARISE.

OVERALL I FELT RENEWED AND RE-ENERGIZED. TALKING ONE ON ONE WITH OTHER PEOPLE DEALING WITH THE SAME PROBLEMS AND KNOWING THAT NO ONE HAS THE ANSWER REALLY HELPS. SINCE SO MANY PATIENTS IN THIS COMMUNITY LOOK TO SAN FRANCISCO TO SEE WHAT IS GOING ON, IT IS VERY HELPFUL TO SEE FOR MYSELF AND MEET WITH THE GROUPS AND INDIVIDUALS WHO MAKE IT ALL HAPPEN.

I TRULY THINK THIS IS A MARVELOUS PROGRAM THAT IS SMOOTHLY RUN BY A GROUP OF TALENTED PROFESSIONALS

SPECIFIC

THE ALL-DAY COMMUNITY ACTIVITIES WAS TOO MUCH OF A SIMILAR PRESENTATION - PERHAPS THESE COULD BE SPREAD OUT OVER SEVERAL DAYS COMBINING WITH OTHER SFGH ACTIVITIES. A SHORT SESSION WITH THE ONCOLOGISTS TO SEE MANAGEMENT OF KS PATIENTS AND WITH THE ORAL MEDICINE CLINIC WOULD BE USEFUL. DRS. ABRAMS, CLEMENT, GOOSBY, AND WOFSY WERE OPEN TO SHARING PATIENTS - SHOULD THERE BE OTHERS AS WELL SO THAT PARTICIPANTS CAN SEE MANY PATIENTS (PARTICULARLY IF PROVIDERS ARE COMING TO THE PROGRAM TO GET MORE CLINICAL EXPOSURE

TWO WEEKS WOULD BE TOO LONG FOR SOMEONE ACTIVELY WORKING IN THE AIDS FIELD; could have had less research stuff but I know i tried to squeeze a lot into a small time

LIVING ARRANGEMENTS WERE OK; HOWEVER, SERVICES PROVIDED BY THE GUEST HOUSE (HILL POINT INN) COULD BE MORE DESIRABLE. GIVEN ITS LOCATION AND PRICE, I WOULD STILL RECOMMEND THIS PLACE TO FUTURE PARTICIPANTS. SHUTTLE SERVICE IS REMARKABLY CONVENIENT.

OVERALL EVALUATION

EXCELLENT = 1 | POOR = 5

1.66

WOULD YOU RECOMMEND THE PROGRAM
TO A COLLEAGUE AT YOUR OWN LEVEL?

YES xx NO

FOR MY COLLEAGUES WHO HAVE HAD CLINICAL EXPERIENCE WITH WITH CHANGES xx
PATIENTS WITH AIDS, THE PROGRAM CAN BE SHORTENED TO ONE WEEK.

HOW WILL YOU USE THE APEX EXPERIENCE TO FURTHER HIV WORK IN YOUR AREA OF
RESPONSIBILITY?

1. IMPROVE CLINIC ADMINISTRATION.

PLAN TO EXPAND ACCESS AND OUTPATIENT FACILITIES THROUGH HEALTH DEPARTMENT AND PUBLIC
HOSPITAL FUNDING WILL STILL BE A PROBLEM.

VISITS TO THE HOSPICE, AIDS TRAINING CENTER, ETC., HAVE GIVEN ME A MORE COMPLETE VIEW OF
THE HEALTH CARE SYSTEM FOR PATIENTS WITH AIDS/ARC. THIS WHOLESOME PICTURE WILL HAVE A
STRONG INFLUENCE ON MY DAILY WORK WHICH INCLUDES DISCUSSIONS AND NEGOTIATIONS WITH
INVESTIGATORS/PHARMACEUTICAL SCIENTISTS, REVIEW AND RECOMMENDATIONS ON PROTOCOL
DESIGN, ANALYSIS OF STUDY RESULTS, AND ULTIMATELY, MAKING THE DRUG AVAILABLE TO THE
MEDICAL COMMUNITY. I AM GLAD THAT I HAD THE OPPORTUNITY TO BE EXPOSED TO SUCH UNIQUE
EXPERIENCES IN SAN FRANCISCO. IN ORDER TO MAKE SUCH EXPERIENCES AVAILABLE TO OTHERS
IN MY DEPARTMENT, I WILL RECOMMEND A SIMILAR TOUR TO LOCAL FACILITIES IN WASHINGTON, D.C.
BE CONDUCTED FOR MY CO-workers.

2. IMPROVE CLINICAL CARE

CLINICAL EXPERIENCE THAT I HAVE GAINED, EVEN THOUGH BRIEF, IS OF TREMENDOUS VALUE TO MY WORK.
SEEING PATIENTS HAS NOT ONLY REINFORCED WHAT I HAVE KNOWN ABOUT AIDS, BUT ALSO HAS MADE ME
FEEL MORE DIRECTLY INVOLVED WITH THE DISEASE WHICH HAS HAD TREMENDOUS GLOBAL IMPACT.

3. DEVELOP NEW CLINIC PROGRAMS

I AM PLANNING TO GIVE A TALK ON APEX TO MY COLLEAGUES. CONTENTS OF THE TALK WILL BE NON-
JUDGMENTAL. WHILE I FULLY RESPECT PEOPLE'S COMMITMENTS, I ALSO RECOGNIZE THE SENSITIVITY
OF MANY AIDS-RELATED ISSUES. I AM PLEASED TO LEARN THAT A NEW SITE FOR PEDIATRIC AIDS
TRAINING WILL BE ADDED FOR THE NEXT YEAR.. VERY LIKELY, THIS PROGRAM WILL EXPAND TO
INCLUDE WOMEN/MINORITIES WITH AIDS IN THE COMING YEARS. LAST BUT NOT LEAST, I ENJOYED
IMMENSELY THE HOSPITALITY THAT WAS EXTENDED TO ME FROM THE STAFF, THE SUPPORTING
MEMBERS, AND OTHER PEOPLE I MET AT SFGH. I HOPE YOU WILL GIVE ME THE OPPORTUNITY OF
OFFERING YOU THE SAME IN THE NEAR FUTURE.

EXCELLENT = 1 | POOR = 5

COMMENTS

CLINICAL EXPERIENCE:

INCLUDE NEXT SESSION?

	YES	NO	MAYBE
WARD 86 1.33	<u>xxx</u>	—	—
WARD 5A 1.33	<u>xxx</u>	—	—

ADMINISTRATIVE ORGANIZATION:

CONNIE WOFSY . 1
AS PROGRAM DIRECTOR

SAM BROYLES . . 1
AS PROGRAM ASSISTANT

COMMENTS: THEIR ENERGY AND EFFORT PUT INTO THIS UNIQUE PROGRAM IS GREATLY APPRECIATED.
a superb job!

COMMUNICATIONS:

MAIL 1

MEMOS 1

COMMENTS:

GENERAL:

WHAT SHOULD THERE BE MORE OF? COMMENTS:

WHAT SHOULD THERE BE LESS OF? COMMENTS:

ADDITIONAL COMMENTS: THIS DETAILED AGENDA CAN BE USED TO FIND OUT FUTURE APPLICANTS/PARTICIPANTS NEEDS. A SUGGESTION IS THAT A LIST OF CATEGORIES OF ACTIVITIES COULD BE SENT TO POTENTIAL APPLICANTS ASKING THOSE WHO ARE ACCEPTED TO SELECT THEIR CHOICES PRIOR TO COMING TO SAN FRANCISCO. FLEXIBILITY IS THE BEAUTY OF THIS PROGRAM. A PRE-TRAINING COULD MAKE THE PROGRAM MORE SUITABLE FOR MEETING INDIVIDUAL NEEDS AND WOULD BE EASIER ON ADMINISTRATION.

APEX -- Week #1, December 10-14, 1990

MONDAY, DECEMBER 10

Faculty and Topic

CLINICAL CARE OF THE AIDS PATIENT

EXCELLENT

POOR

1

2

3

4

5

11

1.33

TUESDAY, DECEMBER 11

CLINICAL CARE OF THE AIDS PATIENT

1

2

3

4

5

11

COMMENTS:

1.33

WEDNESDAY, DECEMBER 12

COMING HOME HOSPICE SITE VISIT

1

2

3

4

5

BRENT HAWKE

111

COMMENTS:

1

SAN FRANCISCO AIDS FOUNDATION

1

2

3

4

5

SITE VISIT - JOE FERA

1

11

COMMENTS:

1.33

SHANTI FOUNDATION SITE VISIT

1

2

3

4

5

GEORGE SIMMONS

1

11

COMMENTS:

1.33

CONTINUUM (ADULT HIV DAY CARE)

1

2

3

4

5

JESSE STERMAN

11

1

COMMENTS:

2.33

WARD 86 ASYMPTOMATIC CLINIC

1

2

3

4

5

ERIC ARCHIBIQUE, M.D.

1

11

COMMENTS:

2.66

THURSDAY, DECEMBER 13
PATIENT CARE CONFERENCE
WARD 84 - ERIC GOOSBY

EXCELLENT					POOR
1	2	3	4	5	
11	1				

COMMENTS: _____

1.33

RESEARCH COORDINATION
VINCE DE GENOVA, R.N.

1	2	3	4	5
1		11		

COMMENTS: _____

2.33

RESEARCH CLINIC
MARK JACOBSON, M.D.

1	2	3	4	5
	1	1	1	

COMMENTS: _____

3

WARD 86 OUTPATIENT CLINIC
DAVID FRENCH, M.D. - ATTENDING PHYSICIAN

1	2	3	4	5
11	1			

COMMENTS: _____

1.33

FRIDAY, DECEMBER 14
CONSULT ROUNDS - 5A
JOHN STANSELL, M.D.

1	2	3	4	5
111				

COMMENTS: _____

1

RESEARCH ISSUES
BELLE LEE, PHARM. D.

1	2	3	4	5
1	1	1		

COMMENTS: _____

2

PROVIDER MEETING - WARD 84
ERIC GOOSBY, M.D.

1	2	3	4	5
11				

COMMENTS: _____

1

OUTPATIENT CLINIC ADMINISTRATION
MICHAEL CLEMENT, M.D.

1	2	3	4	5
111				

COMMENTS: _____

1

APEX -- Week #2, December 17-21, 1991

MONDAY, DECEMBER 17

Faculty and Topic

EXCELLENT

POOR

RESIDENTS REPORT
5H22

1

2

3

4

5

COMMENTS:

①

MEDICAL ROUNDS
HOUSESTAFF

Rebecca Colman

1

2

3

4

5

COMMENTS:

①

WARD 86 OUTPATIENT CLINIC
CONNIE WOFSY, M.D.

1

2

3

4

5

COMMENTS:

②

TUESDAY, DECEMBER 18

IVDU CLINIC VISIT/TREATMENT UNIT
WARD 92 - ERIC GOOSBY, M.D.

1

2

3

4

5

COMMENTS:

①

INFECTIOUS DISEASE CLINIC
1M - MAIN HOSPITAL

1

2

3

4

5

COMMENTS:

②

ADMINISTRATIVE CONSIDERATIONS
DIANE MILLER - 2A12

1

2

3

4

5

COMMENTS:

②

~~CONSULT ROUNDS - 5A~~ CD4 Lab
JOHN STANSELL, M.D. *Reyah Bashi*

1

2

3

4

5

COMMENTS:

①

WEDNESDAY, DECEMBER 19

PROJECT INFORM

1

2

3

4

5

COMMENTS:

①

BUYERS CLINIC

1

2

3

4

5

COMMENTS:

①

WEDNESDAY, DECEMBER 19(cont.)
COMMUNITY CONSORTIUM

EXCELLENT				POOR	
1	2	3	4	5	

COMMENTS: _____

THURSDAY, DECEMBER 20
~~PATIENT CARE CONFERENCE~~
WARD 84 - ERIC GOOSBY
Mike McCall

1	2	3	4	5
---	---	---	---	---

COMMENTS: _____

INFUSION CLINIC
JUDITH LUCE, M.D.

1	2	3	4	5
---	---	---	---	---

COMMENTS: _____

Faculty and Topic

EXCELLENT				POOR	
1	2	3	4	5	

COMMENTS: _____

1	2	3	4	5
---	---	---	---	---

COMMENTS: _____

1	2	3	4	5
---	---	---	---	---

COMMENTS: _____

1	2	3	4	5
---	---	---	---	---

COMMENTS: _____

1	2	3	4	5
---	---	---	---	---

COMMENTS: _____

1	2	3	4	5
---	---	---	---	---

COMMENTS: _____

1	2	3	4	5
---	---	---	---	---

COMMENTS: _____

COMMENTS

GENERAL

SPECIFIC

OVERALL EVALUATION

EXCELLENT

POOR

1

1.5

2

2.5

3

3.5

4

4.5

5

11

1

1.66

WOULD YOU RECOMMEND THE PROGRAM
TO A COLLEAGUE AT YOUR OWN LEVEL?

YES 11 NO

WITH CHANGES 11

HOW WILL YOU USE THE APEX EXPERIENCE TO FURTHER HIV WORK IN YOUR AREA OF
RESPONSIBILITY?

1.

2.

3.

NAME: _____

COMMENTS

CLINICAL EXPERIENCE:

						<u>INCLUDE NEXT SESSION?</u>			
	<u>Poor</u>					<u>Excellent</u>	<u>YES</u>	<u>NO</u>	<u>MAYBE</u>
WARD 86	1 st	2	3	4	5	11	4.5	11	—
WARD 5A	1 st	2	3	4	5	11	4.5	11	—

COMMENTS RE SPECIFIC CLINIC PROVIDERS:

1 2 3 4 5
11 1

ADMINISTRATIVE ORGANIZATION:

	<u>Poor</u>					<u>Excellent</u>	
CONNIE WOFSY	1	2	3	4	5	11	5
AS PROGRAM DIRECTOR							5
SAM BROYLES	1	2	3	4	5	11	
AS PROGRAM ASSISTANT							

COMMENTS: _____

COMMUNICATIONS:

MAIL	1	2	3	4	5	1	5
MEMOS	1	2	3	4	5	1	5

COMMENTS: _____

GENERAL:

WHAT SHOULD THERE BE MORE OF? COMMENTS: _____

WHAT SHOULD THERE BE LESS OF? COMMENTS: _____

ADDITIONAL COMMENTS: _____

IDSA | APEX COURSE EVALUATION - PROGRAM VII
12\10\90 - 12\21\90

Your opinions of the APEX course are of great value to the APEX program administration and to the preceptors. We are particularly interested in your opinions as to the entirety of the program in which you are participating as well as to the individual presentations. Below listed are the various sessions, by the week in which they occurred, along with rating options. Please note your rating while your memory of the session is still fresh. Rather than using this evaluation form to address questions about the different aspects of each session, e.g., organization, relevance, clarity, syllabus materials, etc., your overall assessment of the session is requested; a separate sheet for comments is attached. We would very much appreciate such comments, especially if you found the session disappointing, since only in this way can we know how it might be improved in the future. You are not asked to sign your name and an envelope is provided for you to hand in your evaluations. Thank you for your cooperation.

IDSA | APEX COURSE EVALUATION - PROGRAM VII
12\10\90 - 12\21\90

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MONDAY, DECEMBER 10

Faculty and Topic

CLINICAL CARE OF THE AIDS PATIENT

EXCELLENT

POOR

1

2

3

4

5

TUESDAY, DECEMBER 11

CLINICAL CARE OF THE AIDS PATIENT

1

2

3

4

5

COMMENTS:

WEDNESDAY, DECEMBER 12

COMING HOME HOSPICE SITE VISIT
BRENT HAWKE

1

2

3

4

5

COMMENTS:

SAN FRANCISCO AIDS FOUNDATION
SITE VISIT - JOE FERA

1

2

3

4

5

COMMENTS:

SHANTI FOUNDATION SITE VISIT
GEORGE SIMMONS

1

2

3

4

5

COMMENTS:

CONTINUUM (ADULT HIV DAY CARE)
JESSE STERMAN

1

2

3

4

5

COMMENTS:

WARD 86 ASYMPTOMATIC CLINIC
ERIC ARCHIBIQUE, M.D.

1

2

3

4

5

COMMENTS:

THURSDAY, DECEMBER 13
PATIENT CARE CONFERENCE
WARD 84 - ERIC GOOSBY

EXCELLENT

POOR

1

2

3

4

5

COMMENTS: _____

RESEARCH COORDINATION
VINCE DE GENOVA, R.N.

1

2

3

4

5

COMMENTS: _____

not much relevant -

RESEARCH CLINIC
MARK JACOBSON, M.D.

1

2

3

4

5

COMMENTS: _____

clinic was confused & somewhat disorganized

WARD 86 OUTPATIENT CLINIC
DAVID FRENCH, M.D. - ATTENDING PHYSICIAN

1

2

3

4

5

COMMENTS: _____

FRIDAY, DECEMBER 14
CONSULT ROUNDS - 5A
JOHN STANSELL, M.D.

1

2

3

4

5

COMMENTS: _____

RESEARCH ISSUES
BELLE LEE, PHARM. D.

1

2

3

4

5

COMMENTS: _____

PROVIDER MEETING - WARD 84
ERIC GOOSBY, M.D.

1

2

3

4

5

COMMENTS: _____

great meeting; great bedside teaching

OUTPATIENT CLINIC ADMINISTRATION
MICHAEL CLEMENT, M.D.

1

2

3

4

5

COMMENTS: _____

*excellent ~~to~~ give pt/acc talk
very helpful. answered most
of questions -
he's a good teacher*

APEX -- Week #2, December 17-21, 1991

MONDAY, DECEMBER 17

Faculty and Topic

EXCELLENT

POOR

RESIDENTS REPORT
5H22

1

2

3

4

5

COMMENTS:

MEDICAL ROUNDS
HOUSESTAFF

1

2

3

4

5

COMMENTS:

WARD 86 OUTPATIENT CLINIC
CONNIE WOFSY, M.D.

1

2

3

4

5

COMMENTS:

TUESDAY, DECEMBER 18

IVDU CLINIC VISIT/TREATMENT UNIT
WARD 92 - ERIC GOOSBY, M.D.

1

2

3

4

5

COMMENTS:

INFECTIOUS DISEASE CLINIC
1M - MAIN HOSPITAL

1

2

3

4

5

COMMENTS:

ADMINISTRATIVE CONSIDERATIONS
DIANE MILLER - 2A12

1

2

3

4

5

COMMENTS:

CONSULT ROUNDS - 5A
JOHN STANSELL, M.D.

1

2

3

4

5

COMMENTS:

WEDNESDAY, DECEMBER 19

PROJECT INFORM

1

2

3

4

5

COMMENTS:

BUYERS CLINIC

1

2

3

4

5

COMMENTS:

WEDNESDAY, DECEMBER 19(cont.)
COMMUNITY CONSORTIUM

EXCELLENT

POOR

1 2 3 4 5

COMMENTS: _____

THURSDAY, DECEMBER 20

PATIENT CARE CONFERENCE
WARD 84 - ERIC GOOSBY

1 2 3 4 5

COMMENTS: _____

INFUSION CLINIC
JUDITH LUCE, M.D.

1 2 3 4 5

COMMENTS: _____

Faculty and Topic

EXCELLENT

POOR

1 2 3 4 5

COMMENTS: _____

1 2 3 4 5

COMMENTS: _____

1 2 3 4 5

COMMENTS: _____

1 2 3 4 5

COMMENTS: _____

1 2 3 4 5

COMMENTS: _____

1 2 3 4 5

COMMENTS: _____

1 2 3 4 5

COMMENTS: _____

COMMENTS

GENERAL

overall I felt renewed & reenergized. Talking 1 on 1 to other people dealing to the same problems & knowing no one has the answers really helps.

SPECIFIC

- 2 who would be 2 long for some one actively working in AIDS field.
- Could have had less of research stuff but know I tried to squeeze alot into a small time.

OVERALL EVALUATION

EXCELLENT

1

1.5

2

2.5

3

3.5

4

4.5

POOR

5

WOULD YOU RECOMMEND THE PROGRAM
TO A COLLEAGUE AT YOUR OWN LEVEL?

YES ☒ NO ☐

WITH CHANGES ☐

HOW WILL YOU USE THE APEX EXPERIENCE TO FURTHER HIV WORK IN YOUR AREA OF RESPONSIBILITY?

1.

Since so many it's in this community
look to see what's going on,
it's very helpful to see for myself &

2. meet with those groups & individuals
making it all happen -

3. missed not going to proper inform
& byers market, many people have got
these needs than -

> plan to expand access to out pt
facilities thru health dept & public hospitals
funding will still be a problem.

thanks. JH

NAME: _____

COMMENTS

CLINICAL EXPERIENCE:

						<u>INCLUDE NEXT SESSION?</u>			
	<u>Poor</u>				<u>Excellent</u>	<u>YES</u>	<u>NO</u>	<u>MAYBE</u>	
WARD 86	1	2	3	4	5	✓	_____	_____	
WARD 5A	1	2	3	4	5	✓	_____	_____	

COMMENTS RE SPECIFIC CLINIC PROVIDERS:

ADMINISTRATIVE ORGANIZATION:

	<u>Poor</u>					<u>Excellent</u>
CONNIE WOFSY	1	2	3	4	5	
AS PROGRAM DIRECTOR						
SAM BROYLES	1	2	3	4	5	
AS PROGRAM ASSISTANT						

COMMENTS: _____

COMMUNICATIONS:

MAIL	1	2	3	4	5
MEMOS	1	2	3	4	5

COMMENTS: _____

GENERAL:

WHAT SHOULD THERE BE MORE OF? COMMENTS: _____

WHAT SHOULD THERE BE LESS OF? COMMENTS: _____

ADDITIONAL COMMENTS: _____

APEX -- Week #1, December 10-14, 1990

IM

MONDAY, DECEMBER 10

Faculty and Topic

EXCELLENT

POOR

CLINICAL CARE OF THE AIDS PATIENT 1 (2) 3 4 5

TUESDAY, DECEMBER 11

CLINICAL CARE OF THE AIDS PATIENT 1 (2) 3 4 5

COMMENTS: Overall very good - comments left at the session. Order of
presentation not logical. Certain lack of enthusiasm among some of the
speakers (panelists)

WEDNESDAY, DECEMBER 12

COMING HOME HOSPICE SITE VISIT (1) 2 3 4 5
BRENT HAWKE

COMMENTS: well worth the visit

SAN FRANCISCO AIDS FOUNDATION 1 (2) 3 4 5
SITE VISIT - JOE FERA

COMMENTS: _____

SHANTI FOUNDATION SITE VISIT (1) 2 3 4 5
GEORGE SIMMONS

COMMENTS: Although he seems to be tiring, his candor was appreciated

CONTINUUM (ADULT HIV DAY CARE) 1 2 (3) 4 5
JESSE STERMAN

COMMENTS: Could be better structured - hard to exactly see how this will work -
also seen at the end of the day - may have affected the enthusiasm

WARD 86 ASYMPTOMATIC CLINIC 1 2 (3) 4 5
ERIC ARCHIBIQUE, M.D.

COMMENTS: Archibique's comments useful - very slow clinic that particular
evening

THURSDAY, DECEMBER 13
PATIENT CARE CONFERENCE
WARD 84 - ERIC GOOSBY

EXCELLENT		POOR		
1	2	3	4	5

COMMENTS: _____

RESEARCH COORDINATION
VINCE DE GENOVA, R.N.

1	2	③	4	5
---	---	---	---	---

COMMENTS: Somewhat side tracked with certain issues, difficult to understand the overall organization of the research studies - maybe my bias

RESEARCH CLINIC
MARK JACOBSON, M.D.

1	②	3	4	5
---	---	---	---	---

COMMENTS: Good for me because I worked with Dr. J - not sure how useful this was for others

WARD 86 OUTPATIENT CLINIC
DAVID FRENCH, M.D. - ATTENDING PHYSICIAN

1	②	3	4	5
---	---	---	---	---

COMMENTS: Dr. Clement very attentive and engaging - more helpful than the attending but probably just the way the session was that day.

FRIDAY, DECEMBER 14
CONSULT ROUNDS - 5A
JOHN STANSELL, M.D.

①	2	3	4	5
---	---	---	---	---

COMMENTS: Very useful

RESEARCH ISSUES
BELLE LEE, PHARM. D.

1	2	③	4	5
---	---	---	---	---

COMMENTS: many interruptions with Dr. Lee, otherwise useful, particularly the laboratory visit

PROVIDER MEETING - WARD 84
ERIC GOOSBY, M.D.

1	2	3	4	5
---	---	---	---	---

COMMENTS: unable to attend

OUTPATIENT CLINIC ADMINISTRATION
MICHAEL CLEMENT, M.D.

①	2	3	4	5
---	---	---	---	---

COMMENTS: very useful for me, very candid conversation

APEX -- Week #2, December 17-21, 1991

MONDAY, DECEMBER 17

Faculty and Topic

EXCELLENT

POOR

RESIDENTS REPORT
5H22

1 2 3 4 5

COMMENTS: unable to attend

MEDICAL ROUNDS

HOUSESTAFF

Rebecca Coleman

① 2 3 4 5

COMMENTS: cancelled good conversation, insights

WARD 86 OUTPATIENT CLINIC
CONNIE WOFSY, M.D.

1 ② 3 4 5

COMMENTS: saw patients with Dr. Wofsy, Abrams, + Clement

TUESDAY, DECEMBER 18

IVDU CLINIC VISIT/TREATMENT UNIT
WARD 92 - ERIC GOOSBY, M.D.

1 2 ③ 4 5

COMMENTS: _____

INFECTIOUS DISEASE CLINIC
1M - MAIN HOSPITAL

1 2 3 4 5

COMMENTS: _____

ADMINISTRATIVE CONSIDERATIONS
DIANE MILLER - 2A12

1 2 3 4 5

COMMENTS: _____

CONSULT ROUNDS - 5A
JOHN STANSELL, M.D.

1 2 3 4 5

COMMENTS: _____

WEDNESDAY, DECEMBER 19

PROJECT INFORM

1 2 3 4 5

COMMENTS: _____

BUYERS CLINIC

1 2 3 4 5

COMMENTS: _____

WEDNESDAY, DECEMBER 19(cont.)
COMMUNITY CONSORTIUM

EXCELLENT

POOR

1 2 3 4 5

COMMENTS: _____

THURSDAY, DECEMBER 20
PATIENT CARE CONFERENCE
WARD 84 - ERIC GOOSBY

1 2 3 4 5

COMMENTS: _____

INFUSION CLINIC
JUDITH LUCE, M.D.

1 2 3 4 5

COMMENTS: _____

Faculty and Topic

EXCELLENT

POOR

1 2 3 4 5

COMMENTS: _____

1 2 3 4 5

COMMENTS: _____

1 2 3 4 5

COMMENTS: _____

1 2 3 4 5

COMMENTS: _____

1 2 3 4 5

COMMENTS: _____

1 2 3 4 5

COMMENTS: _____

1 2 3 4 5

COMMENTS: _____

COMMENTS

GENERAL

The program was overall very beneficial for me because I was able to observe patient care, discuss the provision of care with a varying assortment of individuals, and update clinical information either by didactic ^{presentation} (2d conference) or questioning providers.

The program for my purposes was too long - it is difficult to stay away from work that long. It would have been more useful to have the didactic sessions over the weekend, followed by 5 days of various clinical activities.

Meetings with individuals below the attending level in general tended to start slowly - "what do you want to talk about?" Perhaps they should just take the plunge + be ready to stop for questions as they arise.

SPECIFIC

The all-day community activities was too much of a similar presentation - perhaps these could be spread out over several days, combining with other SFGH activities. A short session with the oncologists to see management of KS patients + with the oral medicine clinic would be useful.

Drs. Abramo, Clemente, Boosky, + Wolsky were open to showing patients - should there be others as well so that participants can see many patients (particularly if providers are coming to get more clinical exposure)?

OVERALL EVALUATION

EXCELLENT

POOR

1

1.5

(2)

2.5

3

3.5

4

4.5

5

WOULD YOU RECOMMEND THE PROGRAM
TO A COLLEAGUE AT YOUR OWN LEVEL?

YES ☒ NO ☐

WITH CHANGES ☒

HOW WILL YOU USE THE APEX EXPERIENCE TO FURTHER HIV WORK IN YOUR AREA OF
RESPONSIBILITY?

1.

Improve clinic administration

2.

Improve clinical care

3.

Develop new clinic programs

NAME: _____

COMMENTS

CLINICAL EXPERIENCE:

					<u>INCLUDE NEXT SESSION?</u>			
	<u>Poor</u>				<u>Excellent</u>	<u>YES</u>	<u>NO</u>	<u>MAYBE</u>
WARD 86	1	2	3	4	(5)	<u>7</u>	<u> </u>	<u> </u>
WARD 5A	1	2	3	4	(5)	<u>7</u>	<u> </u>	<u> </u>

COMMENTS RE SPECIFIC CLINIC PROVIDERS:

see previous comments

ADMINISTRATIVE ORGANIZATION:

	<u>Poor</u>				<u>Excellent</u>
CONNIE WOFSY	1	2	3	4	(5)
AS PROGRAM DIRECTOR					
SAM BROYLES	1	2	3	4	(5)
AS PROGRAM ASSISTANT					

COMMENTS: Both assisted me in getting the experience I wanted

COMMUNICATIONS:

MAIL	1	2	3	4	5
MEMOS	1	2	3	4	5

COMMENTS:

* I have not received my IDSA Fellowship check as of 12/18/90 - this is a major personal expense that I had not anticipated

GENERAL:

Accommodation: I would not advise a recommendation to future APSE participants to try the Hill point - the desk clerk is very unhelpful, the room temperature is difficult to regulate, the building + rooms have a musty odor, the breakfast offered begins at 8:00 AM + therefore too late, + there is a charge for local + long distance calls.

WHAT SHOULD THERE BE MORE OF? COMMENTS: more help with accommodationsWHAT SHOULD THERE BE LESS OF? COMMENTS: _____

ADDITIONAL COMMENTS: _____

MONDAY, DECEMBER 10

Faculty and Topic

CLINICAL CARE OF THE AIDS PATIENT

EXCELLENT

POOR

1

2

3

4

5

TUESDAY, DECEMBER 11

CLINICAL CARE OF THE AIDS PATIENT

1

2

3

4

5

COMMENTS:

Pediatric AIDS was not discussed in depth. No discussions on African AIDS. Both areas need be covered or substantiated.

WEDNESDAY, DECEMBER 12

COMING HOME HOSPICE SITE VISIT

1

2

3

4

5

BRENT HAWKE

COMMENTS:

SAN FRANCISCO AIDS FOUNDATION
SITE VISIT - JOE FERA

1

2

3

4

5

COMMENTS:

SHANTI FOUNDATION SITE VISIT
GEORGE SIMMONS

1

2

3

4

5

COMMENTS:

Extremely dedicated and determined staff.

However, I did sense a somewhat burn-out

CONTINUUM (ADULT HIV DAY CARE)
JESSE STERMAN

1

2

3

4

5

COMMENTS:

Very ambitious / energetic leadership.

WARD 86 ASYMPTOMATIC CLINIC
ERIC ARCHIBIQUE, M.D.

1

2

3

4

5

COMMENTS:

There was not much to see or to talk about because this program is relatively new.

THURSDAY, DECEMBER 13

EXCELLENT

POOR

PATIENT CARE CONFERENCE

(1)

2

3

4

5

WARD 84 - ERIC GOOSBY

COMMENTS: Excellent! Particularly, this meeting allows inputs from various disciplines including lab personnel.

RESEARCH COORDINATION

(1)

2

3

4

5

VINCE DE GENOVA, R.N.

COMMENTS: Vince used MCG81 as an example to illustrate how the "environment" influenced study accrual at a particular time. I've found this type of information is very important to the design of a clinical trial.

RESEARCH CLINIC

1

2

(3)

4

5

MARK JACOBSON, M.D.

COMMENTS: It was a bit unorganized. But I don't know how ^{best} to keep visitors "entertained" in any clinic by the attendings. Probably the attending physician should select just one case and use it as a starting point for the discussions on ~~this~~^a particular protocol

WARD 86 OUTPATIENT CLINIC

(1)

2

3

4

5

DAVID FRENCH, M.D. - ATTENDING PHYSICIAN

COMMENTS: I followed Dr. ~~Murphy~~ to see his patients. Dr. Murphy was extremely thorough & he explained patient-oriented issues to me very properly.

FRIDAY, DECEMBER 14

CONSULT ROUNDS - 5A

(1)

2

3

4

5

JOHN STANSELL, M.D.

COMMENTS: Very informative, yet very relaxed format.

RESEARCH ISSUES

1

(2)

3

4

5

BELLE LEE, PHARM. D.

COMMENTS: A particular important visit for me. Dr. Lee provided several insightful comments regarding clinical trial. It's likely that I may contact her in the near future regarding PK/PD study of some of the investigational drugs

PROVIDER MEETING - WARD 84

(1)

2

3

4

5

ERIC GOOSBY, M.D.

COMMENTS: Michael Clement's discussion on "Definition of DV failure" is very thought-provoking and will be undoubtedly incorporated into my thinking process for designing clinical trials.

OUTPATIENT CLINIC ADMINISTRATION

(1)

2

3

4

5

MICHAEL CLEMENT, M.D.

COMMENTS: Even though the administration aspect of OPC has little impact on my work, I find some of these practical issues fascinating.

APEX -- Week #2, December 17-21, 1991

MONDAY, DECEMBER 17

Faculty and Topic

EXCELLENT

POOR

RESIDENTS REPORT

5H22

①

2

3

4

5

COMMENTS:

Dr. Gilbert from Oregon was present. Both Drs. Sande & Gilbert had very illuminating comments on the cases.

MEDICAL ROUNDS

HOUSESTAFF

1

2

3

4

5

COMMENTS:

Eric Goosby was out sick. Rebecca Coleman graciously filled in on short notice. Very informative conversations.

WARD 86 OUTPATIENT CLINIC

CONNIE WOFSY, M.D.

1

②

3

4

5

COMMENTS:

Cases were interesting

TUESDAY, DECEMBER 18

IVDU CLINIC VISIT/TREATMENT UNIT

WARD 92 - ERIC GOOSBY, M.D.

1

2

3

4

5

COMMENTS:

Dr. Goosby was absent. Visited Methadone clinic instead. I must say Carol has the most difficult job yet she's doing it so well.

INFECTIOUS DISEASE CLINIC

1M - MAIN HOSPITAL

1

②

3

4

5

COMMENTS:

Although there were only few ordinary cases, discussions were interesting. Grand Round by Jacobson was excellent

ADMINISTRATIVE CONSIDERATIONS

DIANE MILLER - 2A12

1

②

3

4

5

COMMENTS:

Fortunately, I don't have to get involved with administrative chores right now.

HIV care worker
CONSULT ROUNDS - 5A

JOHN STANSELL, M.D.

①

2

3

4

5

COMMENTS:

Gerberding

WEDNESDAY, DECEMBER 19

10AM-12AM
Khayam-Bashi

Visited Flowcytometry Lab for CD4/CD8 assay. Thanks to Yvette for her patience to go over the procedure

PROJECT INFORM

①

2

3

4

5

COMMENTS:

I'm very impressed.

BUYERS CLINIC

①

2

3

4

5

COMMENTS:

I'm very impressed

WEDNESDAY, DECEMBER 19(cont.)
COMMUNITY CONSORTIUM

EXCELLENT

POOR

1

2

3

4

5

COMMENTS:

*Excellent, case-of-the-month is saddening but fascinating.
I'm more convinced than ever that community sponsored
clinical trials can be of high quality too.*

THURSDAY, DECEMBER 20

PATIENT CARE CONFERENCE

1

2

3

4

5

WARD 84 - ERIC GOOSBY

McGrath

COMMENTS:

*Since I have not followed up on his work, this session could have
been done without. Nonetheless, Dr. McGrath is very pleasant to talk to.*

INFUSION CLINIC

1

2

3

4

5

JUDITH LUCE, M.D.

COMMENTS:

Faculty and Topic

EXCELLENT

POOR

1

2

3

4

5

COMMENTS:

1

2

3

4

5

COMMENTS:

1

2

3

4

5

COMMENTS:

1

2

3

4

5

COMMENTS:

1

2

3

4

5

COMMENTS:

1

2

3

4

5

COMMENTS:

1

2

3

4

5

COMMENTS:

COMMENTS

GENERAL

I truly think this is a marvelous program, was smoothly ~~run~~ by a group of talented professionals

SPECIFIC

Living arrangement was ok, however, services provided by the Guest House (Hill point) can be more desirable. Given its location and price, I would still recommend this place to future participants.

Shuttle service is remarkably convenient.

OVERALL EVALUATION

EXCELLENT

1

1.5

2

2.5

3

3.5

4

4.5

POOR

5

WOULD YOU RECOMMEND THE PROGRAM
TO A COLLEAGUE AT YOUR OWN LEVEL?

YES ☒ NO ☐

For my colleagues who have had clinical
experience with patients with AIDS, this
program can be shortened to one week.

WITH CHANGES ☒

HOW WILL YOU USE THE APEX EXPERIENCE TO FURTHER HIV WORK IN YOUR AREA OF
RESPONSIBILITY?

1.

Visits to Home Hospice, AIDS Training Center...etc. have given me
a more complete view of ^{the} health care ^{system} for patients with AIDS/SARC.
This wholesome picture will have a strong influence on my daily

2. work which includes discussions & negotiations with
investigators / Pharmaceutical scientists, review and
recommendations on protocol design, analysis &
study results, and ultimately, to make the drug
available to the medical community. I am glad

3. that I had the opportunity to be exposed to such
unique experience in San Francisco. In order to make
such experience available to others in my department,
I'll recommend a similar tour to local facilities
in Washington D.C. be conducted for my co-workers.

Clinical experience that I've gained, even though
a very brief one, is of tremendous value to my work.
Seeing patients not only has reinforced what I've known
about AIDS, but also has made me feel more directly
involved with the disease which has had tremendous
global impact.

I'm planning to give a talk on APEX to my colleagues.
Contents of the talk will be non-judgmental. While
I fully respect people's commitments, I also recognize

-over-

the sensitivity of many AIDS-related issues.

I'm pleased to learn that a new site for Pediatric AIDS training will be added for next year. Very likely, this program will expand to include women / minority with AIDS in the coming years.

Last but not the least, I enjoyed immensely the hospitality that had extended to me from the staff, the supporting members and people I met at the SFGH. I hope you'll give me the opportunity of doing the same to you in the near future.

Wishing you all a very happy holiday.

NAME: _____

COMMENTS

CLINICAL EXPERIENCE:

	<u>INCLUDE NEXT SESSION?</u>							
	Poor				Excellent	YES	NO	MAYBE
WARD 86	1	2	3	4	5	<u>✓</u>	<u> </u>	<u> </u>
WARD 5A	1	2	3	4	5	<u>✓</u>	<u> </u>	<u> </u>

COMMENTS RE SPECIFIC CLINIC PROVIDERS:

ADMINISTRATIVE ORGANIZATION:

	Poor				Excellent
CONNIE WOFSY	1	2	3	4	5
AS PROGRAM DIRECTOR					
SAM BROYLES	1	2	3	4	5
AS PROGRAM ASSISTANT					

COMMENTS: Their energy and effort put in this unique program is greatly appreciated. a SUPERB job!

COMMUNICATIONS:

MAIL	1	2	3	4	5
MEMOS	1	2	3	4	5

COMMENTS: _____

P.S. Please note that there are two grading systems (1 = poor; 1 = Excellent). Potentially confusing!

GENERAL:

WHAT SHOULD THERE BE MORE OF? COMMENTS: _____WHAT SHOULD THERE BE LESS OF? COMMENTS: _____

ADDITIONAL COMMENTS: This detailed agenda can be used to find out future applicants/Participants' needs. A suggestion is that a list of categories of activities can be sent to people who are interested in applying and ask those who are accepted to the program to select their choices prior to over-