

**EVALUATION SUMMARY FROM**  
**Managing HIV and HIV with co-infections**  
**Cultural Conference Centre Elzenveld**  
**Antwerp, Belgium, 18 April 2008**

A compilation of evaluations from training participants

**Organised by:** The HIV Training and Resource Initiative  
**Faculty:** Dr Sanjay Bhagani, Dr Martin Fisher, Dr Anna Maria Geretti  
and Dr Mike Youle

**Programme:**

- When to start ARVS and how to integrate the newer classes and compounds
- Short and long-term antiviral complications of therapy and immune reconstitutions — what matters
- How hepatitis co-infection affects the course of HIV and vica versa
- What's new in the treatment of hepatitis co-infections
- Translation of resistance testing/interpretation into clinical practice
- What to do when it all goes wrong — the changing paradigms of salvage

**Participants:**

30 doctors from Belgium, Luxembourg and The Netherlands actively involved in HIV care in these countries

**Supporters:**

Tibotec

**Number of responses:**

17 evaluation forms were completed

**Average approval rating per session:**

3.61 out of 5

1. What were your expectations of the training?

- Overview management of co-infection in HIV and discussion on general management of HIV with difficult treatment regimes
- To get a better idea of the guidelines used in co-infection
- I didn't know what to expect
- State of the art of topics — summary of where the field stands
- State of the art lecture
- Introduction and overview
- Expected more interactions with the participants sharing experiences
- For experienced HIV physicians. Workshops and interaction
- To learn more about the items
- State of the art of HIV treatment and in co-infection
- Exchange of opinions/experience with colleagues from Belgium, interactive and in depth
- Concise update on HIV co-infection management

2. How well did the training meet your expectations?

Please circle the appropriate response. (3.53 average)

5 (1)	4 (7)	3 (9)	2 (0)	1 (0)	0 (0)
<i>Well exceeded expectations</i>			<i>Did not meet expectations</i>		

3. How would you rate the effectiveness of the following sessions?

Session I: Cases — early and late (2.94 average)

5 (0)	4 (4)	3 (8)	2 (5)	1 (0)	0 (0)
<i>Very effective</i>				<i>Not effective</i>	

COMMENTS

- Not familiar with all mutations so decisions are hard to make
- Extreme case in which non-compliance could have come out much earlier.
- Bizarre case, strange strategy
- Slipping through slides too fast

Session II: Antiretrovirals — “what we have and how to use them” – toxicity issues (3.65 average)

5 (2)	4 (7)	3 (8)	2 (0)	1 (0)	0 (0)
<i>Very effective</i>				<i>Not effective</i>	

COMMENTS

- Very general overview, why do some combinations 'not work together'
- Very good speaker. Nice overview but more interactive discussion needed.
- Nice talk but a bit for beginners

Session III: HIV resistance — “old and new (3.59 average)

5 (3)	4 (8)	3 (4)	2 (0)	1 (2)	0 (0)
<i>Very effective</i>				<i>Not effective</i>	

COMMENTS

- Too much too quick
- Loads of information
- Good speaker but a lot of information in little time. Very fast but very interesting.
- Good but very fast
- Too difficult
- Good

Session IV: Cases — resistance and toxicity management (2.94 average)

5 (0)	4 (7)	3 (3)	2 (6)	1 (1)	0 (0)
<i>Very effective</i>				<i>Not effective</i>	

COMMENTS

- Good cases lots of good moments for discussion
- Cases not well prepared, step by step explain why decisions made
- Speaker doesn't know the patient
- Too fast
- Didn't know the patient

Session V: Hepatitis B co-infection (4.5 average)

5 (8)	4 (8)	3 (0)	2 (0)	1 (1)	0 (0)
<i>Very effective</i>				<i>Not effective</i>	

COMMENTS

- Structure to show the monotherapy and highlighted differences with co-infection
- Your best speaker
- Very well built up talk
- Very useful for clinicians
- Very good explained
- Excellent presentation technically
- Good presenter

Session VI: Hepatitis B resistance (4.5 average)

5 (3)	4 (10)	3 (1)	2 (2)	1 (0)	0 (0)
<i>Very effective</i>				<i>Not effective</i>	

COMMENTS

- Too much information
- Good

Session VII: Cases — co-infection (3.69 average)

5 (2)	4 (6)	3 (4)	2 (1)	1 (0)	0 (0)
<i>Very effective</i>				<i>Not effective</i>	

COMMENTS

- Opportunity for interaction missed
- Needs more interaction
- Good cases too little interaction (due to the group)
- Too fast

Session VIII: Salvage HIV therapy — “the new paradigm” (3.83 average)

5 (2)	4 (7)	3 (2)	2 (1)	1 (0)	0 (0)
<i>Very effective</i>				<i>Not effective</i>	

COMMENTS

- Too much information in too little time
- Too much information
- Too much information in to little time

4. How will this training help you in your day-to-day work?

- It challenged me to study several subjects in depth and gave me a good overview and strategy how to handle HIV and co-infection
- Will probably re-discuss own used protocols
- Too advanced for my level yet. I am more at the Eastern European level.
- For Hep B treatment it helped
- Discussion of difficult cases multi discipline is important. This training helps to understand the global discussion

5. What is your overall assessment of the training? (3.59 average)

5 (1)	4 (8)	3 (8)	2 (2)	1 (0)	0 (0)
<i>Excellent</i>				<i>Poor</i>	

COMMENTS

- Some parts too much information- too long at end of the day
- More workshops/interaction would be nice

6. Please give suggestions for how the training might better achieve its training goals.

- Separate main topics. HCV HBV co-infection only, Drug resistance and salvage only
- More interactive
- Start more basic and longer on each topic
- More multiple choice questions
- More interaction/discussion
- Restriction

7. Is there anything in the planning or the execution of this training that you would have wanted done differently?
- More to basic and less items.
  - A training on a specific topic and not too much together.
8. Please comment on the location, food or any other item.
- Great
  - Good
  - Good location food ok
  - Excellent
  - Ok
  - Very nice
  - Fine!

Your opinions are extremely valuable to us. If you wish, please take an additional moment to write a few sentences below that we may use to promote these efforts publicly.

*Look for the new kid on the block in therapeutic options but be rather conservative in putting into practice.*

*TRI is good 'initiative'.*