



# AAHIVM HIV Specialist™ Credentialing Exam Content Outline

Below is an outline of the Domains and Tasks that are evaluated on the AAHIVM HIV Specialist™ Credentialing Exam. Each Domain is a high level function for the role of the HIV Specialist™. Domains are made up of Tasks that an HIV Specialist™ will be able to perform competently.

Each question on the Exam is related directly to one of these tasks. The number of questions on the exam for each Task is determined based on the results of a Role Delineation Study (RDS). An RDS is a standardized study of a profession designed to establish the knowledge and skills necessary for competent practice.

Exam candidates should familiarize themselves with these Domain and Task statements and have knowledge of Basic Medical Sciences, Clinical Management, Epidemiology and Prevention, Social and Economic Issues, and Clinical Research related to each.

## Domain I: Prevention

- Task 1: Educate patients at risk of acquiring HIV infection on the importance of periodic screening by discussing its benefits and implications in order to promote early detection and prevention.
- Task 2: Educate patients with HIV infection about the importance of initiating and maintaining antiretroviral therapy to achieve virologic suppression and reduce the risk of HIV transmission.
- Task 3: Counsel the patient who is at risk for acquiring and/or transmitting HIV by assessing risk behaviors (e.g., high-risk sex, sharing of needles or works, substance use, intimate partner violence [IPV], child abuse) in order to reduce transmission of HIV and other sexually transmitted infections (STIs).
- Task 4: Educate patients at risk of acquiring HIV infection and initiate pre- or post-exposure prophylaxis in accordance with current guidelines in order to reduce the risk of acquiring HIV.

## Domain II: Diagnosis

- Task 1: Order HIV tests, recognizing and utilizing test characteristics such as sensitivity and specificity, positive and negative predictive values, window period, and incidence and prevalence rates in various populations to diagnose HIV-1 and HIV-2 infections accurately.
- Task 2: Obtain comprehensive information about the patient's medical, social (including sexual history), and mental health status through patient history, medical records, physical examination, mental health evaluation, and ordering of the appropriate tests (e.g., laboratory, imaging) and/or referrals in order to follow people living with HIV and prevent and diagnose opportunistic infections, malignancies, and co-morbid conditions.
- Task 3: Diagnose acute retroviral syndrome through patient history, physical examination, appropriate laboratory tests, clinical signs, symptoms, and risk factors, and understand primary HIV infection in order to counsel the patient and encourage early treatment.

## Domain III: Treatment and Management

- Task 1: Provide antiretroviral therapy (ART) by applying Department of Health and Human Services (DHHS) and International AIDS Society—USA (IAS—USA) Guidelines in order to reduce HIV transmission, improve and/or preserve immune function and quality of life, prevent opportunistic infections, and increase survival.
- Task 2: Obtain appropriate medication, supplement, lifestyle history, laboratory tests, and other evaluations to create individualized treatment through shared decision-making by selecting a regimen designed to minimize ART-associated adverse effects and drug-drug interactions, and maximize adherence to therapy in order to achieve viral suppression and reduce transmission.
- Task 3: Maximize the benefits and durability of treatment by using patient history, physical examination, and laboratory parameters to monitor the efficacy, toxicity, patient adherence, and presence of resistance to prescribed ART.
- Task 4: Prescribe appropriate opportunistic infections prophylaxis based on laboratory parameters, geographic exposures, and current guidelines in order to improve quality of life and survival.
- Task 5: Using a multidisciplinary approach (e.g., by making appropriate referrals to sources of expertise, incorporating other health care professionals into the patient's care), treat opportunistic infections, sexually transmitted infections, co-infections, and co-morbidities,

- including pain and substance use-related disorders associated with HIV, in order to optimize management and improve quality of life.
- Task 6: Address the needs of special populations (e.g., the physically impaired, people with special needs, infants, children, adolescents, women, pregnant women, racial and ethnic minorities, aging individuals, the incarcerated, people with mental illness, substance users, homeless people, rural people, transgender people, transsexual people, migrants, sex workers, people affected by intimate partner violence and child abuse, and the underinsured) by recognizing the unique challenges to access and care that these populations face in order to optimize treatment.
- Task 7: Encourage people living with HIV to actively participate in health maintenance behaviors through counseling about HIV disease, treatment, available resources, and related diseases in order to improve quality of life, reduce transmission, and increase survival.
- Task 8: Advise people living with HIV about the interactions between complementary/alternative treatments and ART by inquiring about these treatments, providing essential information, and providing referral to expert resources if needed.

#### Domain IV: Professional Responsibility

- Task 1: Comply with relevant state and federal public health requirements regarding disclosure of HIV results and related issues (including confidentiality) in order to ensure accurate tracking of the disease, appropriate resource allocation based on epidemiological trends, and protection of the interests of the patient and those who may be at risk of acquiring HIV.
- Task 2: Apply the results of research studies to practice by critically reviewing data in order to maximize the efficacy and safety of prevention and treatment modalities.
- Task 3: Identify appropriate clinical trials and expanded access programs for patients who may benefit from them to foster ongoing research and provide access to additional health care services.
- Task 4: Maintain continuing competence in HIV medicine through ongoing professional development, education, and clinical practice in order to remain current with the rapid evolution of HIV medicine and the context of HIV care (e.g., public health systems, care for chronic disease, etc.).
- Task 5: Promote excellence in HIV care through advocacy and education within the health care community and broader community in order to reduce stigma, optimize care, and improve understanding of people living with HIV.