



**CORE COMPETENCIES  
FOR HIV/AIDS  
NURSING EDUCATION  
AT THE UNDERGRADUATE  
LEVEL**

**POSITION PAPER**





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### **Please cite this document as follows:**

Canadian Association of Nurses in AIDS Care (CANAC), Core Competencies for HIV/AIDS Nursing Education at the Undergraduate Level, May 2013.

# LEXICON

## **ACRN**

AIDS Certified Registered Nurse

## **AIDS**

Acquired Immunodeficiency Syndrome

## **HIV**

Human Immunodeficiency Virus

## **IDUS**

Injection Drug Users

## **I.V.**

Intravenous

## **I.M.**

Intramuscular

## **MSM**

Gay Men and Other Men who Have Sex with Men

## **S.Q.**

Subcutaneous

# TABLE OF CONTENTS

<b>INTRODUCTION</b>	1
<b>BACKGROUND</b>	2
<b>POSITION STATEMENT</b>	4
<b>CORE COMPETENCIES:</b>	5
<b>1. HIV PREVENTION, TESTING, TREATMENT, AND CARE</b>	6-8
<b>2. PSYCHOSOCIAL, SPIRITUAL, ETHICAL, AND LEGAL ISSUES RELATED TO HIV/AIDS</b>	9-10
<b>3. PSYCHOMOTOR SKILLS NECESSARY TO PROVIDE HIV/AIDS NURSING CARE</b>	11-12
<b>4. PROFESSIONAL EXPECTATIONS IN THE DELIVERY OF HIV/AIDS NURSING CARE</b>	13-14
<b>REFERENCES</b>	15



# INTRODUCTION

In 2008-2009, the number of admissions in entry-to-practice nursing programs reached a 10-year high in Canada (CNA/CASN, 2010). More than 14,000 nursing students are currently enrolled in an entry-to-practice program and this number is expected to increase in the upcoming years as the demand for registered nurses continues to grow in every Canadian province (CNA/CASN, 2010). Based on the latest data published by the Canadian Nurses Association (CNA) and the Canadian Association of Schools in Nursing (CASN), the vast majority of these students are enrolled in an undergraduate baccalaureate program as it continues to be the main point of entry to practice in Canada\*. The Canadian Association of Nurses in AIDS Care (CANAC) is gravely concerned that these students are not prepared to provide care to people living with HIV/AIDS, and consequently advocates for the integration of a basic level of education about HIV/AIDS into undergraduate curricula across the country. It is the position of CANAC that the quality of the care that registered nurses provide to people with HIV/AIDS directly relates to their preparation as nursing students. CANAC therefore calls for the development of core competencies for HIV/AIDS nursing education at the undergraduate baccalaureate level of education.

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\* In the province of Quebec, entry-to-practice programs are widely offered by colleges and universities.

# BACKGROUND

The Public Health Agency of Canada (2010) estimates that there were approximately 65,000 (54,000-76,000) people living with HIV/AIDS in Canada at the end of 2008. Every year, it is estimated that an additional 2,300 to 4,300 people are infected with HIV/AIDS in Canada and this trend has remained stable since 2002 (PHAC, 2010). What is emerging from the literature and the anecdotal evidence gathered in preparation for this position paper is that a large number of newly graduated nurses in Canada practice without the basic minimum level of knowledge that is necessary to provide safe and competent care to people living with HIV/AIDS\*. Nurses who graduate with minimal or no theoretical content and without any clinical experience in the field of HIV/AIDS have a limited understanding of the broader social, cultural, political, and historical contexts within which HIV/AIDS is located and must be understood. Many of these new nursing graduates also lack awareness about their professional responsibilities and obligations regarding client confidentiality in the context of HIV/AIDS, and the need to preserve the dignity of people living with HIV/AIDS. As such, these new nurses are not prepared to intervene in a safe and competent manner while providing care to clients who are living with HIV/AIDS.

Research conducted in Canada indicates that people living with HIV/AIDS continue to endure stigma and discrimination in health care settings (Mill et al., 2006, 2009, 2010). It is generally recognized that knowledge about HIV/AIDS (or lack thereof) shapes the attitudes of many practicing nurses. To the detriment of many people living with HIV/AIDS, these attitudes often impact the quality of care that they receive in the various clinical settings where nurses work (Webb et al., 1997). By increasing the clinical knowledge of nurses and providing opportunities to intervene with people living with HIV/AIDS during clinical rotations, CANAC believes that attitudes can be explored, skills can be developed, and quality of care can be enhanced. Based on the findings of Webb and colleagues (1997), we argue that such a strategy should also increase client satisfaction with nursing care. CANAC takes this stance as a result of people living with HIV/AIDS often being placed in situations where they must provide instructions to nurses and educate them about the management of their condition including therapeutic management. This particular phenomenon is common in health care settings and was recently reported by Rintamaki and colleagues (2007), who conducted a study in the United States which indicated that health care professionals generally lack knowledge about HIV/AIDS and about what constituted standards of practices when providing care to people living with HIV/AIDS.

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\* In reference to the Code of Ethics of the Canadian Association of Nurses (2008)

In addition, unethical behaviours in health care settings continue to be reported worldwide and Canada is no exception when it comes to issues related to confidentiality and disclosure of HIV/AIDS status without consent. The initial findings published by “The People Living with HIV Stigma Index” (2009) in the United Kingdom indicate that up to 60% of people living with HIV/AIDS believe that their medical records and personal information are not kept confidential by health care providers – such findings are compatible with the current situation in Canada. Research indicates that breach of confidentiality and disclosure of HIV status without consent are common among health care providers (Wu et al., 2008). However, this phenomenon can be successfully addressed through basic educational interventions in many undergraduate-nursing programs (Wu et al., 2008). This type of strategy is widely supported in the literature as it contributes to the creation of safe spaces for people living with HIV/AIDS across the health care system (Nyblade et al., 2009). Based on the literature and the anecdotal evidence gathered in preparation, we argue that the integration of basic information about HIV/AIDS in undergraduate nursing curricula across the country should include, at a minimum, educational sessions to inform nursing students about their professional responsibilities and obligations regarding confidentiality and the need to preserve the dignity of people living with HIV/AIDS. It is important here to reinforce the idea that unethical behaviours by registered nurses and nursing students not only impairs professional interactions, but could conceivably lead clients to avoid health care in the future. Such an outcome would, without much doubt, produce unfavourable health outcomes for both people living with HIV/AIDS and the entire population at large.

It is, therefore, the position of CANAC that the quality of the care provided to people with HIV/AIDS directly relates to and depends upon the adequate and appropriate preparation of nursing students. It is our belief that such outcomes also depend on the development of core competencies regarding HIV/AIDS nursing care that should encompass three specific elements: knowledge, skills and attitudes (ICN, 2008). Along with the International Council of Nurses (2009), we argue that all undergraduate nursing curricula should integrate up-to-date information about HIV/AIDS, including discussions about transmission, prevention, testing, diagnosis, treatment, counselling, and care in both biomedical and psychosocial realms. As part of this, CANAC supports the inclusion of educational strategies that rely on a comprehensive description of the broader social, cultural, political, and historical contexts within which HIV/AIDS is located, and the adequate/appropriate preparation of future nurses that will enable them to fulfill their professional responsibilities and obligations including the duty and responsibility to provide care for people living with HIV/AIDS.

# POSITION STATEMENT

The Canadian Association of Nurses in AIDS Care (CANAC) recommends that all undergraduate nursing programs include a minimum of 6 to 12 hours of theoretical content on HIV/AIDS nursing. We also recommend that elective courses in HIV/AIDS nursing be developed and offered in high prevalence areas. In addition, clinical experience in HIV/AIDS nursing should be integrated to the curriculum in sectors where this is feasible and that undergraduate students get the opportunity to work with people living with HIV/AIDS during clinical rotations. CANAC recommends essential education in HIV/AIDS nursing for all undergraduate nursing students in Canada. As such it is the position of CANAC that core competencies in HIV/AIDS nursing care be integrated to undergraduate curricula across the country. The implementation of these core competencies is of utmost importance to ensure that future generations of nurses are prepared to provide care to people living with and at risk for HIV/AIDS.

# CORE COMPETENCIES

1

HIV PREVENTION,  
TESTING, TREATMENT,  
AND CARE

2

PSYCHOSOCIAL,  
SPIRITUAL, ETHICAL,  
AND LEGAL ISSUES  
RELATED TO HIV/  
AIDS

3

PSYCHOMOTOR  
SKILLS NECESSARY  
TO PROVIDE HIV/AIDS  
NURSING CARE

4

PROFESSIONAL  
EXPECTATIONS  
REQUIRED IN THE  
DELIVERY OF HIV/  
AIDS NURSING

# 1. HIV PREVENTION, TESTING, TREATMENT, AND CARE

1.1

## Demonstrate an understanding of the HIV epidemic and the epidemiology of HIV in Canada

Understand the course of the HIV epidemic in Canada and situate this epidemic in a larger historical, social, and cultural context. Apply knowledge of the epidemiology of HIV to better understand the needs of populations that are most heavily affected by HIV namely MSM, IDUs, Aboriginal people, women, people from endemic countries, youth, older people, and inmates.

1.2

## Demonstrate an understanding of risk factors and modes of transmission

Incorporate knowledge of risk factors and modes of transmission in everyday clinical practice (regardless of the clinical setting) and in selected nursing interventions (e.g. sexual health assessment, client education, prevention counselling)

1.3

## Provide basic HIV prevention counselling appropriate to client needs

Provide information on prevention strategies, harm reduction strategies, and key principles of HIV prevention (including the principle of shared responsibility). Tailor this information to the client needs, situation (socioeconomic status, culture, gender, age, etc.), and sexual practices.

1.4

## Secure access to care and services for women of child bearing age

Secure access to care and services for women of child bearing age by liaising with programs and services that can support women in their reproductive choices, provide accurate family planning information, and facilitate access to pre-conception care.

1.5

## Apply best practice standards for the prevention of perinatal (vertical) transmission

Follow current prenatal, intra-partum and postpartum protocols to reduce the risk of transmission. Promote optimal follow-up care of the mother and support of infant feeding (with formula as a replacement for breastfeeding) to further reduce the risk of perinatal (vertical) transmission.

1.6

## Apply best practice standards in the provision of post-exposure prophylaxis (PEP)

Implement protocols to effectively provide or facilitate effective management of exposures to blood and body fluids. These exposures can take place in the context of occupational exposure or nonoccupational exposure (e.g., sexual assault, sexual activities or needle sharing).

**1.7**

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**Demonstrate a basic understanding of HIV testing modalities**

Incorporate knowledge of HIV testing modalities in everyday clinical practice and provide accurate information to clients regarding the types of HIV testing available. Understand the difference in testing modalities and testing schedule when providing care to infants exposed to HIV.

**1.8**

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**Initiate the offer of HIV testing as per organizational policies**

Initiate the offer of HIV testing to clients who are sexually active and ensure that testing is not limited to only those clients deemed “at risk” by a health care providers. Practice in accordance with organization policies and support the informed choice of the client (to get tested or not).

**1.9**

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**Provide pre and post-test counselling as per organizational policies**

Provide pre and post-test counselling at a level appropriate to the setting, the client and the circumstances. Practice in accordance with organizational policies and ensure that informed consent has been obtained prior to conducting the HIV test.

**1.10**

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**Demonstrate basic skills to interpret and discuss HIV test results**

Demonstrate the basic skills needed to interpret the results of an HIV test, provide accurate information to the client, and explain the meaning of HIV test results. Apply these skills in the context of adult and pediatric nursing care.

**1.11**

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**Demonstrate a general understanding of antiretroviral treatment**

Incorporate knowledge of pharmacological effects, mechanisms of action, posology and methods of administration when providing care to clients living with HIV/AIDS. Understand the objectives of antiretroviral treatment and the laboratory monitoring of HIV for adult and pediatric clients.

**1.12**

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**Demonstrate a general understanding of laboratory values specific to HIV care**

Demonstrate the basic skills needed to interpret laboratory values specific to HIV care (e.g., CD4+ count and viral load), provide accurate information to the client, and explain the meaning of these laboratory values. Apply these skills in the context of adult and pediatric nursing care.

**1.13**

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**Assess for adverse effects and complications of antiretroviral treatment**

Assess and identify side effects and complications of antiretroviral treatment in adult and paediatric clients. Intervene in a timely manner based on assessment findings, consult with appropriate health care provider, and take necessary actions when desired response is not attained.

**1.14**

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**Provide care that is supportive of the client who is taking antiretroviral treatment**

Provide care that is supportive for clients of all ages who take antiretroviral treatment based on the identification of potential or actual difficulties with treatment adherence. Intervene to address these difficulties, increase self-efficacy, promote health, and improve quality of life.

**1.15**

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**Apply general knowledge regarding opportunistic infections and cancers**

Apply general knowledge to assess for signs and symptoms of opportunistic infections and cancers in adult and pediatric clients. Initiate urgent consultation with appropriate health care provider and communicate relevant information about the client's health status.

**1.16**

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**Consult with other health care team members or health care services in complex situations**

Consult with other health care team members to analyze and plan care in complex situations (e.g., mental health issues, addictions, co-morbidities, co-infections, etc.). Consult with health care services based on the needs of the client (pain services, palliative services, detox services, etc.).

**1.17**

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**Collaborate with client and health care members in health promotion activities**

Collaborate with client and health care members to identify priority areas for health promotion (e.g. immunization, smoking cessation, dietary changes, etc.) and develop strategies to achieve health promotion goals.

## 2. PSYCHOSOCIAL, SPIRITUAL, ETHICAL, AND LEGAL ISSUES RELATED TO HIV/AIDS

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2.1

### Provide care that is sensitive to and respectful of diversity

Provide care that is sensitive and respectful of diversity including, but not limited to ethnicity, religion and spiritual beliefs, ancestry, values, culture, gender identity, sexual orientation, family status, socio-economic circumstances, language, lifestyles, and health practices.

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2.2

### Provide culturally competent and safe nursing care

Provide care using a strength-based approach that fosters resilience, engagement, empowerment, inclusivity, respect, and power-sharing. Incorporate traditional healing, culturally valued knowledge, customs, and health beliefs in the delivery of nursing care.

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2.3

### Provide care that incorporates a holistic approach

Provide care for the ‘whole person’ (mind, body, spirit) by assessing for emotional, psychological, and spiritual distress, identifying the needs of the client, and referring the client to the resources or services best suited to the client needs.

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2.4

### Provide care that is supportive of the client living with HIV/AIDS

Provide care that is supportive of the client living with HIV/AIDS based on the understanding that HIV is a profound life changing experience affecting all aspects of life. Intervene to support coping skills, health (emotional, psychological, physical, and sexual), well-being, and quality of life at various stages in life from birth to death and during transitions (including care transitions).

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2.5

### Apply key principles of trauma-informed practice

Apply key principles of trauma-informed practice by building awareness among staff and clients, establishing safety and trustworthiness, provide opportunities for choice, collaboration and connection as well as opportunities to promote strengths, resiliency, and coping skills.

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2.6

### Promote and respect the client’s right to be informed and make decisions

Provide the information that the client needs to make informed decisions related to health and well-being. Respect the wishes and the decisions of the client in making decisions about care, treatment, health practices, and personal life (e.g., disclosure).

**2.7**

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**Apply ethical and legal principles related to client confidentiality**

Apply ethical and legal principles to maintain client confidentiality in all forms of communication: written, oral and electronic. Understand that concerns about confidentiality can be more acute for people living with HIV/AIDS and that breaching confidentiality is a serious ethical problem.

**2.8**

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**Recognize the significance of social determinants of health in the context of HIV**

Recognize that social determinants of health impact the person who may be at risk or living with HIV/AIDS and society as whole. Work individually and with others to advocate for policies, programs, and activities that address these determinants and bring about greater health equity.

**2.9**

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**Work to address broader social issues in the context of HIV**

Work individually and with others to address social issues such as blaming, disrespect, abuse, neglect, violence, stigma, discrimination, homophobia, serophobia, colonization, racism and so forth in health care settings, service organizations, and society at large. Work individually and with others to advocate for social change in the Canadian context.

**2.10**

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**Work to address the impact of criminalization and punitive laws in the context of HIV**

Work individually and with others to address the impact of criminalization (of non-disclosure, sex work, drug use) at the individual and collective level. Work individually and with others to advocate for laws designed to promote social justice, human rights, and healthy communities.

## 3. PSYCHOMOTOR SKILLS NECESSARY TO PROVIDE HIV/AIDS NURSING CARE

### 3.1

#### Demonstrate the correct use of standard (routine) and transmission-based precautions

Demonstrate the correct understanding of modes of transmission and the correct use of precautions when caring for clients with known or suspected infections (e.g. Tuberculosis or Herpes Zoster). Use both standard (routine) and transmission-based precautions when indicated.

Demonstrate the appropriate use of standard (routine) and transmission-based precautions and intervene when precautions are used inappropriately (overuse, underuse, selective use of precautions). Understand the importance of using precautions appropriately in clinical practice.

### 3.2

#### Demonstrate the correct technique for performing skills related to HIV and TB diagnosis\*

Demonstrate safe intradermal injection for TB skin testing and venipuncture techniques for conventional HIV testing. Demonstrate the correct technique for obtaining finger stick blood specimens and for performing point-of-care HIV testing (POCT).

\* Practices related to HIV diagnosis may vary considerably between jurisdictions

### 3.3

#### Demonstrate the applicable and relevant assessment skills for HIV/AIDS nursing care

Demonstrate applicable and relevant assessment skills when providing nursing care to people living with HIV/AIDS, including but not limited to clinical assessment skills, psychosocial assessment skills, and spiritual-cultural assessment skills.

### 3.4

#### Demonstrate the correct technique for performing skills related to HIV management

Demonstrate safe subcutaneous and intramuscular injection techniques. Demonstrate correct technique for the administration of aerosolized medications (e.g. Pentamidine) and injectable medications (via central venous catheter or intravenous catheter).

**3.5**

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### **Demonstrate safe I.V. injection techniques in accordance with harm reduction principles**

Demonstrate proper safe I.V. injection techniques to clients who use drugs (including safe manipulation and disposal of drug equipment). Educate clients about effective vein care, skin care (including abscess and wound care), and drug overdose prevention and management.

**3.6**

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### **Demonstrate safe S.Q. and I.M. injection techniques**

Demonstrate proper safe S.Q. and I.M. injection techniques to clients who self-administer medications (including hormone medications). Educate clients about self-injection principles, medication administration, adverse reactions, and post-injection care.

**3.7**

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### **Demonstrate correct application and safe removal of condoms**

Demonstrate correct application, safe removal, and disposal of condoms (including insertive “male” and receptive “female” condoms). Educate clients on the effectiveness of these barrier methods in preventing transmission of HIV and other sexually transmitted infections.

## 4. PROFESSIONAL EXPECTATIONS IN THE DELIVERY OF HIV/AIDS NURSING CARE

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4.1

### Practice in a manner consistent with core nursing values and ethical responsibilities

Practice according to nursing values and ethical responsibilities outlined in the Code of Ethics (CNA, 2008) by providing safe, compassionate, competent and ethical care, promoting health and well-being, promoting and respecting informed decision-making, preserving dignity, maintaining privacy and confidentiality, promoting justice, and being accountable.

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4.2

### Apply the principles of therapeutic nurse-client relationship

Relate to all clients at risk for or living with HIV/AIDS with respect, openness, and non-judgemental attitudes. Demonstrate self-awareness by clarifying personal values, beliefs and assumptions and analyzing how they may or may not impact interactions with the client.

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4.3

### Practice in a manner that is consistent with professional and practice standards

Practice according to professional standards for nurses in their jurisdiction and practice standards (e.g. best practice guidelines, agency policies, procedures, protocols). Use professional judgement when following standards and working with clients living with HIV/AIDS.

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4.4

### Translate evidence-informed knowledge into practice to deliver quality nursing care

Use relevant and up-to-date evidence-informed knowledge to challenge, change, enhance, or support nursing practice. Provide rationale for nursing interventions and decisions based on evidence-informed knowledge when providing care to clients living with HIV/AIDS.

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4.5

### Work collaboratively with all members of the health care team

Collaborate with all members of the health care team (including peer navigators) in the provision of care for clients living with HIV/AIDS. Initiate consult with HIV/AIDS nurses (or other HIV/AIDS specialists) when needed and take action to ensure that the highest standard of nursing care is provided.

**4.6**

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### **Promote client involvement throughout the care planning and evaluation processes**

Provide opportunities for the client to meaningfully participate in the planning, delivery and evaluation of care, programs and services. Foster an environment that encourages questionings, exchange of information, and client involvement.

**4.7**

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### **Facilitate linkages with community programs and local services**

Refer the client to appropriate community-based programs and local services (e.g. shelters services, housing services, food and nutrition services, harm reduction and rehabilitation services). Facilitate linkages between the client and the available resources.

# REFERENCES

- Association of Nurses in AIDS Care (2010a). ANAC's Core Curriculum in HIV/AIDS Nursing Care (3rd edition). Sudbury, MA: Jones and Bartlett Publishers.
- Association of Nurses in AIDS Care (2010b). HIV/AIDS Nursing: Scope and Standards of Practice. Silver Spring, Maryland: Nursesbooks.org
- Canadian Association of Nurses in AIDS Care (2013). Caring for clients who are at risk for and living with HIV/AIDS: Best Practice Guidelines. Retrieved from: <http://www.canac.org/English/index.html>
- Canadian Nurses Association (CAN) (2008). Code of Ethics for Registered Nurses. Retrieved from: [http://www2.cna-aiic.ca/cna/documents/pdf/publications/Code\\_of\\_Ethics\\_2008\\_e.pdf](http://www2.cna-aiic.ca/cna/documents/pdf/publications/Code_of_Ethics_2008_e.pdf)
- Canadian Nurses Association (CAN) (2010). Blueprint for the Canadian Registered Nurses Examination (2010-2015), 3rd edition. Ottawa: CNA.
- Canadian Nurses Association (CNA) and Canadian Association of Schools in Nursing (CASN) (2010). Nursing Education in Canada: Statistics (2008-2009). Retrieved from: [http://www.cna-nurses.ca/CNA/documents/pdf/publications/Education\\_Statistics\\_Report\\_2008\\_2009e.pdf](http://www.cna-nurses.ca/CNA/documents/pdf/publications/Education_Statistics_Report_2008_2009e.pdf)
- International Council of Nurses (ICN) (2008). Nursing Care Continuum – framework and competencies. Geneva, Switzerland: ICN.
- International Council of Nurses (ICN) (2009). Position Statement on HIV Infection and AIDS. Retrieved on February 12th 2011 from: <http://www.icn.ch>.
- Mill, J., Reintjes, F., Leonard, L., MacLean, L., Austin L., Jackson, R., Edwards N. & Dumont-Smith, C. (2006). The stigma within the stigma: Accessing health services when you are living with HIV. (Abstract #418). Canadian Journal of Infectious Diseases and Medical Microbiology, 16 (supp A).
- Mill, J., Edwards, N., Jackson, R., Austin, W., Maclean, L., & Reintjes, F. (2009). Accessing health services while living with HIV: Intersections of stigma. Canadian Journal of Nursing Research, 41(3), 168-185.
- Mill, J., Edwards, N., Jackson, R., Maclean, L., Chaw-Kant, J. (2010). Stigmatization as a Social Control Mechanism for Persons Living with HIV and AIDS. Qualitative Health Research, 20(11), 1469-1483.
- Nyblade, L., Stangl, A., Weiss, E., & Ashburn, K. (2009). Combating HIV stigma in health care settings: what works? Journal of the International AIDS Society, 12, 15.
- Relf, M. V., Mekwa, J., Chasokela, C., Nhengethwa, W., Letsie, E. & al. (2011). Essential Nursing Competencies Related to HIV and AIDS. Journal of the Association of Nurses in AIDS Care, 22 (1S), e5-e40.
- Rintamaki, L. S., Scott, A., Kosenko, K. A. & Jensen, R. E. (2007). Male Patients Perceptions of HIV Stigma in Health Care Contexts. AIDS Patient Care and STDs, 21 (2), 956-969.
- The People Living with HIV Stigma Index (2009). Give Stigma the Index Finger: Initial findings from the The People Living with HIV Stigma Index in the UK 2009. Retrieved from: <http://www.stigmaindex.org/>
- Webb, A. A., Brower, D. A. & Gill, S. (1997). Satisfaction with Nursing Care: A Comparison of Patient with HIV/AIDS, Non-HIV/AIDS Infectious Diseases, and Medical Diagnoses. Journal of the Association of Nurses in AIDS Care, 8 (2), 39-46.
- Wu, S., Wu, Z., Liang, L-J., Cao, H., Yan, Z. & Li, J. (2008). A Brief Stigma Reduction Intervention for Service Providers in China. AIDS Patient Care and STDs, 22 (6), 513-520.







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