



Broadening the Lens: What can we Learn from Other Complex Conditions for Successful Ageing with HIV?

Symposium

Friday November 9, 2018 – 9:00-5:00pm

Cicely Saunders Institute, Denmark Hill Campus, King's College
London

Dinwoodie Lecture Theatre, Ground Floor
London, United Kingdom



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The Symposium was supported by King's College London, Cicely Saunders Institute, the British Rehabilitation in HIV Association (RHIVA), Chelsea and Westminster Hospital NHS Foundation Trust, and the Department of Physical Therapy, University of Toronto

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Summary

The Cicely Saunders Institute, King's College London and the Canada-International HIV and Rehabilitation Research Collaborative (CIHRRC), hosted the *Broadening the Lens Symposium* on Friday November 9, 2018 in London, UK. The Forum was funded by a Fellowship from the British Academy for Humanities and Social Sciences.

Aim of Symposium:

To advance knowledge and partnerships in rehabilitation in the context of HIV across complex chronic and potentially episodic conditions.

Objectives:

1. To facilitate **knowledge transfer and exchange (KTE)** on successful ageing research in the field of complex and chronic episodic illness.
2. To identify the **similarities (and differences)** among interventions to promote successful ageing in complex chronic and episodic illness?
3. To **foster new research and clinical partnerships** in rehabilitation and complex chronic disease
4. To identify **new and emerging research priorities** in rehabilitation intervention-focused research in complex chronic disease.

Key Areas of Focus:

- Evidence on effectiveness of rehabilitation interventions and knowledge exchange
- Outcome measurement issues
- Rehabilitation service delivery innovations
- Priorities and strategies for moving forward - Where are we going to go from here and working towards a collaborative grant proposal

The Symposium brought together **77 stakeholders**, including researchers, community leaders, clinicians, research and health professional trainees, and people living with HIV from the United Kingdom (UK) (n=74), Canada (n=2), and Ireland (n=1) to exchange research evidence related to rehabilitation, HIV and complex chronic disease.

The Symposium was organized into a Keynote Speaker Session (Lynne Turner-Stokes) and three Research Evidence Panel Sessions. **Thirteen speakers** were invited to present on research related to the role and evidence for rehabilitation using HIV as an exemplar (Session A1), role and evidence for rehabilitation in other complex chronic diseases (Session A2), and advancing patient-reported outcome measures in rehabilitation implementation science research (Session B). The sessions were followed



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by large and small group breakout discussions whereby participants discussed 1) how research done in other areas of chronic disease and rehabilitation translate to the work done in HIV, and what might we learn from the field of rehabilitation across conditions moving forward, and 2) what are the key priority areas and new and emerging research priorities that transcend across other chronic diseases? Structured discussions and Q&A segments enabled participation throughout the day and a Chair of each session. Discussion was encouraged through Q&A as well as informal discussions during breaks and lunch. Please view the Symposium Program in **Appendix A**.

Twitter Updates were provided throughout the event using the hashtag **#RehabHIV**. All attendees were encouraged to use Twitter throughout the day to further translate highlights from the Forum.

To access the **Symposium Speaker Presentations** go to the Cicely Saunders Institute YouTube Channel or the Episodic Disability and Rehabilitation Research Channel -<https://www.youtube.com/user/CSIKCL>

RESULTS / SYNOPSIS - Key Discussion Points from the Symposium

The Symposium was the first known to bring rehabilitation specialists, researchers, clinicians and community members in the fields of HIV, cancer, cardiovascular disease, renal disease, and chronic obstructive pulmonary disease (COPD). The following include highlights from the discussion as a result of a content analysis of information gathered from the following sources: 1) rapporteur notes capturing the discussion in the Q&A post speaker sessions; and 2) group breakout discussion sessions focused on identifying similarities and priorities in the field; 3) evaluation forms reporting the key important issues moving forward. The following emerged as key highlights and priorities from the Symposium:

- The key to successful implementation of **patient-reported outcome measures (PROMs)** can be achieved through successful clinical-research partnerships making PROMs beneficial to both clinicians and researchers, providing a 'win-win' situation that offers immediate data to immediately inform clinical decisions, and for researchers collecting data on the impact of rehabilitation interventions.
 - **PROMs** have multiple purposes including facilitating discussion, facilitating goal setting, communication, and assessing change in health status, effectiveness of interventions.
- In the era of increasing multimorbidity experienced among adults ageing with HIV and the need to coordinate care, discussions related to the rehabilitation '**specialist**' versus '**generalist**' arose and the added benefit of a **disease specific versus non-disease-specific approach**. Much of the services are tied to funding opportunities and while there was not consensus on what approach may be ideal, participants discussed the need to reduce burden on patients and the health system.



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- **Comprehensive geriatric assessment** is one service possessing a wealth of expertise across different chronic conditions including frailty and ageing that would be beneficial to people ageing with chronic disease.

Similar issues in disability and rehabilitation across the complex chronic diseases profiled at the Symposium included:

- **Frailty** is an important and emerging rehabilitation consideration for people ageing with HIV and other chronic diseases. There is an increasing role for rehabilitation in addressing and preventing frailty.
- **Uncertainty** (closely linked to anxiety and mental health) is a key domain of disability that requires assessment and management in chronic disease. Knowledge can help to alleviate uncertainty or worrying about the future. Uncertainty can be similarly experienced with cancer, renal disease and respiratory disease related to prognosis and uncertainty with fluctuations in health.
- **Stigma** remains a key issue for people ageing with HIV closely linked with fear that can pose barriers for accessing care. Stigma also can be experienced by individuals living with other chronic illnesses (e.g. respiratory disease and breathlessness and home oxygen, stigma related to smoking). The challenges with access to sexual health services in the UK were also raised by participants and the need to invest in sexual health and HIV services in order to address stigma, sexual health and HIV prevention.
- **Chronic pain** is key physical forms of disability experienced by adults ageing with chronic disease with implications for mental health. Rehabilitation interventions in order to address pain management.
- **Mental health including anxiety and depression** (which is closely linked to uncertainty) remains a key priority ageing with complex episodic illness requiring accurate PROMs in which to measure and effectiveness of rehabilitation interventions in order to prevent or mitigate anxiety and depression.
- **Exercise is a key rehabilitation intervention** with high level systematic review evidence demonstrating benefits across different chronic diseases (respiratory disease, cancer, HIV, renal disease). *Self-management approaches* are critical to embrace in an environment under service constraints to empower and increase self-efficacy of individuals ageing with HIV to manage their health.
- Multiple opportunities for cross-learning and collaboration exist in the fields of complex chronic disease. The HIV field can **learn from more established rehabilitation models of care** such as cardiovascular, renal, cardiopulmonary and cancer programs.



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Key Priorities in Rehabilitation that Spanned Across Chronic Disease Groups included:

- ✓ **Coordination of care in the context of multimorbidity** across rehabilitation, medical, community care and other health and supportive services (e.g. mental health, specialist care, general practitioner, substance use) is essential in order to reduce burden and streamline care to enhance the care of people living with complex chronic disease, *“navigating the landscape”* to enhance *seamless access and delivery*. Rehabilitation needs exist across the continuum including community / home care however services are not universally accessible and may be unique to specific areas (e.g. Silver Clinic in Brighton offering a ‘one-stop-shop’ of health and support services for people aging with HIV). Opportunities exist for developing patient pathways of care that includes an interprofessional approach involving rehabilitation.
- ✓ **Rehabilitation is a critical component of care for people ageing with chronic illness.** Models of care include a *person-centred, interprofessional, needs-based* and *goal-oriented approach* aimed at mitigating disability and enhancing social inclusion and well-being.
 - **Rehabilitation interventions should consider strategies to address uncertainty** (as well as other similar identified issues above such as frailty, stigma, pain, and mental health challenges) and to incorporate PROMs to measure intervention effectiveness are needed across complex chronic diseases.
 - **Rehabilitation as Prevention** - Rehabilitation has a key role in **health promotion and prevention** of multimorbidity, disability, and subsequently hospital admission. Interventions and PROMs should be targeted to specifically address these outcomes of interest.
 - Opportunities for **ongoing education and mentorship** among current and future health professionals and people living with chronic disease may help to address issues related to uncertainty and stigma and take on roles as a ‘health care navigator’ to help navigate the maze of services (e.g. Undetectable = Untransmissible (U=U) in the context of HIV).
 - Consideration of other forms of service delivery such as **online or remote access to health services, peer and social supports** (e.g. telehealth, online support networks) are important to consider to address burden of attending in-person appointments in combination with geographical barriers to accessing care. Participants discussed the benefits of a ‘one-stop-shop’ or ‘hub’ such as the Silver Clinic or online form of hub. Evaluation of the cost-effectiveness of remote or online forms of interventions will be needed as online does not always translate into being more cost-effective of beneficial.



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- ✓ **Universal uptake and implementation of PROM use** is critical for clinicians and researchers. Data can be utilized at the local level to help inform policy and programming at an organizational or clinic level as well as contribute to universal measurement of outcomes to document changes in health, cost effectiveness of rehabilitation interventions over time.
- ✓ Embedding **cost-effectiveness analyses** into rehabilitation research is a critical component of evidence needed to demonstrate the optimal timing, duration and value of rehabilitation in chronic disease. Cost-effective analyses done in fields of stroke, and traumatic brain injury in hospital may similarly be modelled in other chronic diseases such as HIV. This approach should take into consideration the cost-benefit of rehabilitation in the community based setting. This approach is critical for examining the long-term sustainability of services as well as optimal and timely approach to referral, duration of treatment and effectiveness of interventions.

Summary

Given this was the first symposium of this kind, the focus of discussion was on similar and distinct priorities across the disease groups. Speakers shared more similarities than distinctions when it came rehabilitation and disability issues, but noted some distinction in relation to funding models of care across different disease groups and health systems.

The sense from participants were that we are **'just getting started'** as a collective rehabilitation field spanning cross-chronic disease with much opportunity ahead. While we did not achieve a list of refined research questions, we did establish shared priorities (above) that span across chronic disease groups that will be important for future collaborations and partnerships moving forward.

Moving forward, participants collectively participants recommended and raised the importance of:

- ✓ Strength in Numbers Approach - Collaborating or joining forces with other chronic conditions in order to access larger funding opportunities that would enable us to examine the effectiveness of rehabilitation interventions across multiple chronic diseases.
- ✓ Engaging Commissioners Early and Throughout the Research Process: It is critical to engage commissioners (or policy stakeholders) early and throughout the research process in order to ensure timely and appropriate uptake of any changes in evidence-based interventions or services.
- ✓ Shifting Efforts of Service Delivery and Research to Community Care: Given the shift of chronic disease into the community, it will be critical to implement and enhance PROM use in the community setting and to evaluate the translation of rehabilitation interventions and models of care in the community.



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EVALUATIONS - Strengths and Limitations of the Symposium:

Evaluation of the Symposium (n=36 respondents) indicated that the majority of participants agreed or strongly agreed (92%) that the Symposium achieved its goal of translating recent research evidence on HIV, aging and rehabilitation interventions.

- Strengths of the Symposium included the diversity of high quality speakers with a breadth of knowledge across disciplines, opportunities for collaboration and KTE between clinicians and researchers. The Symposium was well organized with excellent speaker session content, and had good information and highlighted commonalities across different chronic diseases as well as new and emerging updates in HIV and chronic disease rehabilitation research. Respondents thought the Symposium was a great opportunity for networking and transfer and dissemination of knowledge and research across different chronic diseases.
- The majority of participants (92%) said they would consider incorporating the content covered in the Symposium to their work and 64% agreed or strongly agreed they made new contacts which will be helpful in their everyday work. Respondents' comments on their enthusiasm for sharing information from the Symposium with their colleagues in their respective organizations such as BHIVA, community-based organizations (UK-CAB) and clinical settings.
- Respondents also noted the program was quite full with lots of speakers, and would have liked more room in the scheduled for group discussion. Other areas of chronic diseases to consider are rehabilitation professionals specifically working in the field of cognitive and mental health would be beneficial for future sessions.

Seventy-seven participants convened at King's College London to discuss research evidence on HIV, aging and rehabilitation. Participants represented a broad range of stakeholders. The majority of participants indicated that they worked at a Hospital (52%, n=40) or University (or other academic institution) (30%, n=23), and identified as a Clinician (60%, n=46), Student/Trainee (8%, n=6), Researcher (6%, n=6), or 'Other' which included Coordinators, Biostatisticians and Program Implementers (12, n=9). See **Table 1** for an overview of characteristics of participants based on information gathered at Symposium registration.



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Table 1 Characteristics of Symposium Participants (N=77)

Participant Affiliation	Participants N (%)	Participant Role	Participants N (%)
Hospital	40 (52%)	Clinician	46 (60%)
University or Academic Institution	23 (30%)	Student or Trainee (e.g MSc, PhD, Postdoc)	6 (8%)
Community-Based Organization/Charity	6 (8%)	Researcher	5 (6%)
Other (including program implementers, research assistants, policy officers etc.)	6 (8%)	Educator	5 (6%)
Unknown	2 (3%)	Community member (living with HIV or other chronic disease)	3 (4%)
		Other (including government and HIV organizations, and HIV associations etc.)	9 (12%)
		Unknown	3 (4%)

Evaluation

Thirty-six of the 77 participants (47%) completed an evaluation form. The evaluation highlighted strengths and successes and provided valuable feedback.

Of the respondents who submitted an evaluation:

- ✓ 33 (92%) agreed or strongly agreed the Forum achieved its goal of translating evidence on HIV, aging, and rehabilitation interventions;
- ✓ 36 (100%) agreed or strongly agreed the presenters were knowledgeable and communicated their ideas clearly;



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- ✓ 34 (94%) agreed or strongly agreed it was useful to learn about rehabilitation research and programming carried out in other countries;
- ✓ 24 (67%) agreed or strongly agreed that there was adequate time allocated for informal discussion among Forum participants;

Of the 36 Symposium evaluation respondents 23 (64%) indicated they made new contacts which will be helpful in their everyday work and 33 (92%) indicated they will consider incorporating the skills learned at this workshop in their current projects/initiatives.

Table 2 - To what degree did participants gain new and relevant knowledge or insight in each of the content areas listed below? (n=34 responses)

Topic	Meeting Participants (N(%)) who gained Extensive or Considerable knowledge/insight
a) The complexities of ageing with HIV and other complex chronic illnesses (COPD, cardiovascular disease, renal disease, cancer etc.)	17 (50%)
b) The impact of disability and episodic disability related to HIV and complex chronic illness	22 (65%)
c) Evidence on rehabilitation interventions and approaches to promote successful ageing with HIV and complex chronic and episodic illness.	26 (77%)
d) New and emerging priorities related to rehabilitation in the context of HIV and other complex chronic illnesses.	23 (68%)
e) The role and use of Patient Reported Outcome Measures (PROMs) with people living with HIV and other complex chronic episodic illnesses.	28 (82%)
f) Your ability to recognize, prescribe or promote strategies for ageing successfully with HIV and other complex chronic illnesses.	22 (65%)
g) Your ability to integrate evidence of rehabilitation interventions into decisions made for people ageing with HIV and other complex chronic illnesses.	22 (65%)



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Respondents provided informative and encouraging comments with regard to strengths and drawbacks of the Symposium. The responses indicated that participants appreciated the organization of the Forum; appreciated the diversity of speakers; found speakers and presentations to be high quality; and felt it was a great opportunity for networking, and transfer and dissemination of knowledge and research. Respondents indicated that in the future, they would prefer more time for interactive dialogue and discussion.

Conclusion

This report summarizes the process and content of the *Broadening the Lens Symposium*. The need for research in rehabilitation and chronic disease continues to increase as people live longer and age with HIV and other chronic conditions. Rehabilitation in the context of HIV and chronic disease is an integral area of inquiry and practice that effectively bridges academic disciplines, clinical practice areas and community efforts. Overall, the Symposium was successful in translating research evidence, and fostering new research partnerships among stakeholders in chronic disease, HIV and rehabilitation and identified some common priorities across chronic disease that are critical for moving the field of clinical practice and research forward.

Appendix A: Symposium Program



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SYMPOSIUM PROGRAM

Friday November 9, 2018 - 9:00am – 5:00pm

Cicely Saunders Institute, Denmark Hill Campus, King's College London, UK

Dinwoodie Lecture Theatre, Ground Floor

#RehabHIV

Symposium Aim: To advance knowledge and partnerships in HIV and rehabilitation across complex chronic and potentially episodic conditions	
Time	Topic
900-915	Welcome and Introductions Richard Harding, <i>King's College London</i>
915-930	Program Overview & Aim of the Symposium Introduction to the Canada-International HIV and Rehabilitation Research Collaborative (CIHRRC) Kelly O'Brien, <i>University of Toronto</i>
930-1000	Advancing the use of outcome measures and costs in rehabilitation: UK-ROC – UK Rehabilitation Outcome Collaboration Lynne Turner-Stokes, <i>King's College London</i>
1000-1015	Break
1015-1130	EVIDENCE of REHABILITATION ACROSS COMPLEX CHRONIC EPISODIC ILLNESS & SERVICE INNOVATIONS - Role for Rehabilitation Part 1 Ageing with Chronic Illness: HIV as an Exemplar <i>Chair – Richard Harding</i> <ol style="list-style-type: none"> 1) Older Adults living with HIV and Cognitive Health – Updates from The Silver Clinic Jaime Vera, <i>The Silver Clinic - Brighton UK</i> 2) Prevalence of disability among adults with HIV in the UK Darren Brown - <i>Chelsea and Westminster Hospital, London, UK</i> 3) Phenotypes of Episodic Disability in HIV Patty Solomon – <i>McMaster University, Hamilton, Canada</i> 4) HIV and Aging in Ireland – Perspectives from the Social Determinants of Health Cliona Ni Cheallaigh– <i>St. James's Hospital, Dublin, Ireland</i> Ageing with HIV: A Story Respondent - Colin Corbett, <i>Community Member, London, UK</i>

Time	Topic
1130-100	<p>EVIDENCE of REHABILITATION ACROSS COMPLEX CHRONIC EPISODIC ILLNESS & SERVICE INNOVATIONS - Role for Rehabilitation Part 2</p> <p>Learning from Other Complex Chronic Illnesses - What is the Evidence for Rehabilitation and What can we learn moving forward?</p> <p><i>Chair – Kelly O’Brien</i></p> <ol style="list-style-type: none"> 1) Chronic Obstructive Pulmonary Disease (COPD) Matthew Maddocks, King’s College London, UK 2) Cardiovascular Rehabilitation Simon Nichols and Helen Speake, Sheffield Hallam University Team – Centre for Sport and Exercise Science 3) Renal Disease Sharlene Greenwood, King’s College Hospital NHS Foundation Trust 4) Reducing Variation and Improving Outcomes in Cancer Rehabilitation: The London Experience Karen Robb, Macmillan Rehabilitation Clinical Lead, Transforming Cancer Services Team, part of Healthy London Partnership & Chartered Society of Physiotherapy Council Member <p>Questions and Round Table Discussion (30 minutes)</p>
100-200	Lunch
200-300	<p>ALL ABOUT THE MEASURES! ADVANCING PATIENT REPORTED OUTCOME MEASURES IN IMPLEMENTATION SCIENCE RESEARCH</p> <p>Patient Reported Outcome Measurement in Complex Chronic Disease</p> <p><i>Chair – Darren Brown</i></p> <ol style="list-style-type: none"> 1) Patient Reported Outcome Measures (PROMs) for People living with HIV Richard Harding, King’s College London, UK 2) Advancing Outcome Measurement – HIV Disability Questionnaire (HDQ) & Adapting the HDQ in Complex Chronic Disease Kelly O’Brien, University of Toronto, Toronto, Canada
300-315	Break
315-430	IDENTIFYING EMERGING ISSUES, PRIORITY AREAS & NEXT STEPS FOR FUTURE RESEARCH in CHRONIC DISEASE AND INTERVENTIONS
430-500	Wrap Up, Evaluation and Next Steps

Acknowledgements: Funded by a Fellowship from the British Academy for the Humanities and Social Sciences. Kelly O’Brien is funded by a Canada Research Chair (CRC) in Episodic Disability and Rehabilitation. The Symposium is supported by the British Rehabilitation in HIV Association (RHIVA), Chelsea and Westminster Hospital NHS Foundation Trust, and the Department of Physical Therapy, University of Toronto



Appendix B: Evaluation Questionnaire



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Broadening the Lens: What can we Learn from Other Complex Conditions for Successful Ageing with HIV? **Friday November 9, 2018** **Cicely Saunders Institute, King's College London, London, UK** **Evaluation Form**

Thank you for taking the time to complete our Symposium Evaluation. We encourage you to complete this form with honesty and with confidence that the results are anonymous and confidential. We use evaluations to inform the ongoing development of future HIV and rehabilitation activities and initiatives.

1. Which stakeholder group do you most identify with? (please select the one that best describes your stakeholder group)

- | | |
|--|--|
| i. Community Member -Person Living with HIV | vii. Public Health Employee |
| ii. Community Member - Person living with another chronic illness
Please specify: _____ | viii. Non-Governmental Organization (NGO) |
| iii. Clinician in Primary or Community Care | ix. Funder |
| iv. Clinician in Hospital Care | x. Student or Trainee (Please specify MSc, PhD, Postdoc, Other): _____ |
| v. Educator | xi. Pharmaceutical industry |
| vi. Staff or volunteer from a Community Organization | xii. Researcher |
| | xiii. Other (Please specify): _____ |

2. What sector do you primarily identify with in terms of your organization or your work? (Please choose one)

- | | |
|---|--|
| <input type="checkbox"/> HIV | <input type="checkbox"/> Health Care (general) |
| <input type="checkbox"/> Rehabilitation | <input type="checkbox"/> Palliative Care |
| <input type="checkbox"/> Employment or Income Support | <input type="checkbox"/> Ageing |
| <input type="checkbox"/> Other Chronic or episodic illnesses (COPD, Cardiovascular Disease, Renal Disease, Cancer etc.) | <input type="checkbox"/> Other (Please specify): _____ |

3. What type of setting do you work or volunteer in? (Please choose one)

- | | |
|---|---|
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Community-Based Organization |
| <input type="checkbox"/> University or Academic Institution | <input type="checkbox"/> Community Health Centre |
| <input type="checkbox"/> Knowledge Broker or Translation Organization | <input type="checkbox"/> Government Organization |
| <input type="checkbox"/> Research Organization | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Private Sector / Industry (please specify) _____ | |

4. Where do you primarily work?

- a. City: _____
 b. Country: _____

5. How old are you? _____ years

6. What gender do you identify with?

- i. Man
 ii. Woman
 iii. Trans Man
 iv. Trans Woman
 Other _____
 Prefer not to answer

7. Based on your experience at the Symposium, please circle the number that best describes your overall increase in knowledge on *successful ageing with HIV and complex chronic disease*?

1 (Little to none)	2 (Limited)	3 (Somewhat)	4 (Considerable)	5 (Extensive)
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8. What are the three most important “take-home messages” that you heard at the Symposium?

- a) _____
- b) _____
- c) _____

9. Please circle on a scale of 1 to 5, how much you agree with the following statements:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a) The Symposium achieved its goal of translating recent research evidence on HIV, aging and rehabilitation interventions	1	2	3	4	5
b) The presenters were knowledgeable and communicated their ideas clearly.	1	2	3	4	5
c) It was useful to learn about the rehabilitation research and programming carried out in other countries.	1	2	3	4	5
d) There was adequate time allocated for informal discussion amongst Symposium participants.	1	2	3	4	5
e) I made new contacts which will be helpful in my everyday work.	1	2	3	4	5
f) I will consider incorporating the skills learned at this symposium in my current projects/initiatives.	1	2	3	4	5

Comments?

10. Based on the information shared and the discussions held today, please circle how much your knowledge/insight about each of the following content has increased on a scale of 1 to 5:

	Little to None	Limited	Somewhat	Considerable	Extensive
a) The complexities of ageing with HIV and other complex chronic illnesses (COPD, cardiovascular disease, renal disease, cancer etc.)	1	2	3	4	5
b) The impact of disability and episodic disability related to HIV and complex chronic illness	1	2	3	4	5
c) Evidence on rehabilitation interventions and approaches to promote successful ageing with HIV and complex chronic and episodic illness.	1	2	3	4	5
d) New and emerging priorities related to rehabilitation in the context of HIV and other complex chronic illnesses.	1	2	3	4	5
e) The role and use of Patient Reported Outcome Measures (PROMs) with people living with HIV and other complex chronic episodic illnesses.	1	2	3	4	5
f) Your ability to recognize, prescribe or promote strategies for ageing successfully with HIV and other complex chronic illnesses.	1	2	3	4	5
g) Your ability to integrate evidence of rehabilitation interventions into decisions made for people ageing with HIV and other complex chronic illnesses.	1	2	3	4	5
Comments?					

11. a. Will you be able to apply the content covered in the Symposium to your work? (circle one) Yes No

b. If yes, how so? If not, please explain.

12. In your opinion, what are 1 or 2 new and emerging issues related to rehabilitation in the context of HIV, ageing and chronic disease that were not covered in the Symposium?

13. What were some strengths of the Symposium (if any)?

14. What were some limitations of the Symposium (if any)?

15. Do you have any recommendations for improving the Symposium content or structure in the future?

16. Are there topics or issues that were not raised today that you would like to see covered in future Symposiums, workshops, or webinars?

17. How did you hear about this year's *Broadening the Lens: What can we Learn from Other Complex Conditions for Successful Ageing with HIV Symposium*?

Social Media (Twitter, Facebook)

Website

Colleague

Email Communication

Other (please specify): _____

18. Do you have any other comments, recommendations or reflections on the Symposium?

Thank You for your Feedback!

Acknowledgements: The Broadening the Lens: Advancing Rehabilitation and Successful Ageing with Complex Chronic Disease was funded by a Visiting Fellowship from the British Academy, the symposium is a collaboration between King’s College London, University of Toronto, Rehabilitation in HIV Association (RHIVA), Chelsea and Westminster Hospital, and the Canada-International HIV and Rehabilitation Research Collaborative (CIHRRC). Knowledge transfer across HIV and other chronic episodic conditions will inform high level evidence-informed discussions on advancing the field of future rehabilitation research and models of service delivery.



Appendix C: Symposium Poster

Broadening the Lens: What can we Learn from Other Complex Conditions for Successful Ageing with HIV?

You are invited!

Join an international group of researchers, clinicians, students, community organization representatives and international speakers to translate research, evidence and knowledge on rehabilitation interventions to promote successful ageing with chronic disease.

This symposium will include a dynamic group of speakers from the United Kingdom, Ireland, and Canada. **Building on the field of HIV and complex chronic disease**, the symposium will translate research on rehabilitation interventions in complex chronic disease; build new research and clinical partnerships, and identify new and emerging research priorities in the field.

Click Here for More Information:

<https://www.kcl.ac.uk/events/event-story.aspx?id=6a9a09b4-bbce-4872-a4a2-c4c6910f9a47>



Friday
November 9, 2018

9:00am-5:00pm

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Lecture Theatre,
Ground Floor,
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This Event is Free to
Register!

**To Register: Email your
name and affiliation to:**

pa-richardharding@kcl.ac.uk

For more information,
contact

cihrrc@utoronto.ca

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