

Developing the Next Generation of HIV Teams through Interprofessional Practice (IPP) at Ryan White Clinics (15937)

TOM DONOHOE MBA

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LEARNING OUTCOMES

At the conclusion of this activity, participants will be able to:



- Describe how AETCs are developing the next generation of HIV faculty and clinicians through Interprofessional Education (IPE) and Interprofessional Practice (IPP)
- Discuss motivations and aspirations of NP, medical, and pharmacy students as well as psychiatric residents who pursue HIV IPP rotations at 5 Ryan White clinics in Los Angeles
- Review how your AETC, planning body, health jurisdiction or other program can use HIV IPE and IPP programs to recruit the next generation of HIV providers trained in team-based care

Outline



- PAETC, LA AETC, and IPE/IPP
- The last grant cycle inspired us: VIDEO
- Working with Ryan White Clinics and Mentors
- Process, HRSA, and other Evaluations
- CQI and Training/Mentoring
- Challenges, Facilitators, and Lessons Learned
- Future Plans and Recommendations
- Questions and Answers

HIV Workforce Needs



The HIV workforce is aging, as the challenges of the epidemic change. HIV clinicians and faculty will need to train their replacements to be scientifically competent and skilled in team-based care, sexual orientation and gender identity, substance use, and social determinants of health. HIV Interprofessional Education (IPE) and Practice (IPP) programs can help develop this next generation of HIV providers.

PAETC – Los Angeles Area, and IPE/IPE





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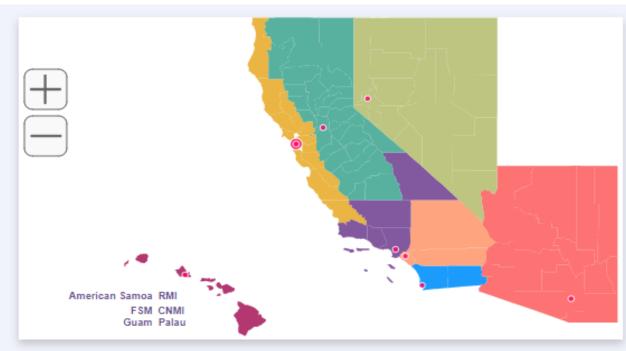
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About Us

The Pacific AIDS Education and Training Center (Pacific AETC) is a member of a national AIDS Education and Training Center network of eight regional and two national centers, covering all 50 states as well as US Territories and Jurisdictions. Pacific AETC works to expand the number and ability of healthcare professionals and organizations in the Pacific region to provide high-quality HIV-related services to increase access to healthcare and decrease health inequities. Our Regional Office provides overall leadership and program direction and oversight for the 8 Local Partner sites in the Pacific region. The Regional Office is based at UCSF and housed within the Department of Family & Community Medicine.

Learn More

PAETC – LA Area IPE/IPP... in the COVID-19 Era



For the past five years, the Pacific AIDS Education and Training Center - Los Angeles Area has developed HIV IPE and IPP programs through a collaboration with the David Geffen School of Medicine at UCLA, the USC School of Pharmacy, and the Charles Drew School of Medicine and Science Nursing's NP program. In 2020, we added the Greater Los Angeles Veterans Administration (VA) Psychiatry Residency Training Program. This interactive workshop will describe our approaches, share outcomes and best practices, and inspire AETCs and planning bodies about the next generation of well-trained, motivated HIV clinicians. We will also share how we dealt with - and are planning for - an HIV IPE program during COVID-19.

Engagement with Health Professional Programs (HPPs)



- Four schools / departments within three universities:
 - Mervyn M. Dymally School of Nursing (MMDSON) at Charles Drew University (CDU) – Senior Nurse Practitioner Students
 - David Geffen School of Medicine at University of California Los Angeles (UCLA) – 4th year Medical Students and UCLA FM IMG Students
 - University of Southern California (USC) School of Pharmacy Senior Pharmacy Students
 - Department of Psychiatry and Biobehavioral Science, Semel Institute for Neuroscience and Human Behavior (UCLA) – 2nd year Psychiatric Residents
- Leads from each school
- Lead for the IPE project heads the systems-based health care program at Geffen SOM

Interprofessional Education (IPE) & Interprofessional Practice (IPP)



The four core competencies for interprofessional collaborative practice are:

- Work with individuals of other professions to maintain a climate of mutual respect and shared values. (Values/Ethics)
- 2) Use the knowledge of one's role and those of other professions to assess and address patients' health care needs appropriately. (Roles/Responsibilities)
- 3) Communicate with patients, families, communities, and professionals responsively and responsibly that supports a team approach (Interprofessional Communication), and
- 4) Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles. (**Teams and Teamwork**)

What are we proud of?

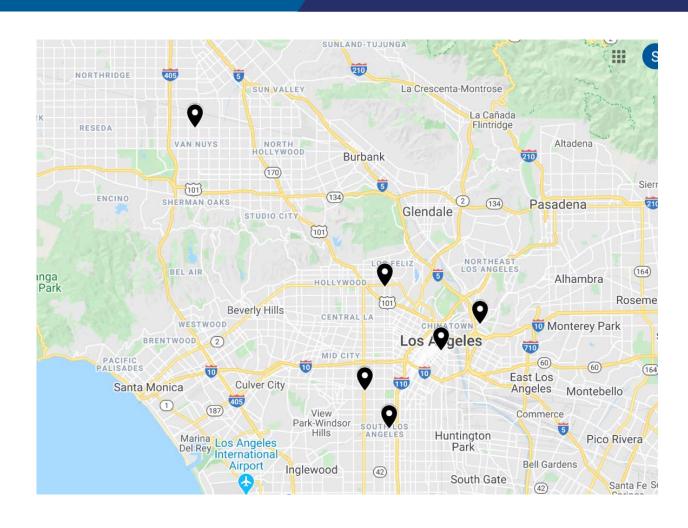


- 69 practicum graduates
- Over 1193 students exposed to enhanced HIV IPE curricula
- 110 students from multidisciplinary disciplines from Southern California Health Professional Schools introduced to HIV IPE content
- FNP and Pharmacy graduates actively looking for HIV-related work opportunities. Residents committed to HIV work.
- Mentors and their clinics find value in training inter-professional teams

IPP Participating Clinics 2020 - 2021



- To Help Everyone Clinic (T.H.E.) in South Los Angeles
- St. John's Well Child and Family Center in South Los Angeles
- Northeast Valley Health Corp in Van Nuys
- LAC+USC Rand Schrader Clinic in Central East Los Angeles
- JWCH Institute Inc., Wesley
 Health Centers in Downtown Los
 Angeles and East Hollywood
 (New HIV IPP clinic sites to be added in
 2021)



HIV IPP Mentors



Dr. Derrick Butler To Help Everyone Clinic



Dr. Brian Downs St. John's Well Child and Family Center



Dr. Oscar Rosas (Psychiatrist) Northeast Valley Health Corp



Dr. Ardis Moe Northeast Valley Health Corp



Dr. Jesse Sanders Northeast Valley Health Corp







IPE Activities planned for 2020



- IPE Practicum
 - Student orientation (for the rotation)
 - Rotation 10 weeks (all 4 institution students) at 4 RWHAP clinics
 - Didactic sessions (every Monday morning and Thursday afternoon + debriefing of rotations)
 - In response to COVID-19, some students learned HIV content through the National HIV Curriculum
- Saturday Student Seminar expanded disciplines included (met IPE requirements for some of these institutions)
- HIV Curriculum: Provide HIV content "menu" for the faculty of systems-based healthcare, including med students, advance practice nursing students, dental students
- Faculty Training: Provide HIV update within faculty orientation
 - IPE webinar for clinic mentors led by IPE Lead

Pre-COVID In-person Schedule



2020 FEBRUARY

CALENDAR YEAR

CALENDAR MONTH FIRST DAY OF WEEK

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
27	28	29	30	31	01	02
03	04	05	06	07	08	09
To Help Everyone Clinic Didactic Session with Tom Donohoe 9:00 am - 12:00 pm Basement Conference Room Dr. Derrick Butler 1:00 pm - 5:00 pm	Northeast Valley Health Corp Dr. Ardis Moe 9:30 am - 4: 30 pm Hep C Clinic (optional) 5:30 pm - 8:00 pm	Northeast Valley Health Corp Dr. Jesse Sanders 1:30 pm - 6: 00 pm	To Help Everyone Clinic Dr. Derrick Butler 8:00 am - 12:00 pm Didactic Session with Tom Donohoe 1:00 pm - 3:00 pm Basement Conference Room	LAC + USC Rand Schrader Clinic Dr. Jenica Ryu 9:00 am - 5:00 pm (County badge required or a signed LAC + USC Confidentiality Visiting State Observer Statement)		
10	11	12	13	14	15	16
To Help Everyone Clinic Didactic Session with Tom Donohoe 9:00 am - 12:00 pm Basement Conference Room Dr. Derrick Butler 1:00 pm - 5:00 pm	Northeast Valley Health Corp Dr. Ardis Moe 9:30 am - 4: 30 pm	St. John's Well Child and Family Center Dr. Brian Downs 9:00 am - 1:00 pm (2 students) 1:00 pm - 5:00 pm (2 students)	No Rotation	LAC + USC Rand Schrader Clinic Dr. Jenica Ryu 9:00 am - 5:00 pm (County badge required or a signed LAC + USC Confidentiality Visiting State Observer Statement)		
1	7	.8 19	20	21	22	23
Presidents Day Holiday Observed	Northeast Valley Health Corp Dr. Ardis Moe 9:30 am - 4: 30 pm Hep C Clinic (optional) 5:30 pm - 8:00 pm	Northeast Valley Health Corp Dr. Jesse Sanders 1:30 pm - 6: 00 pm	To Help Everyone Clinic Dr. Derrick Butler 8:00 am - 12:00 pm Didactic Session with Tom Donohoe 1:00 pm - 3:00 pm Basement Conference Room	LAC + USC Rand Schrader Clinic Dr. Jenica Ryu 9:00 am - 5:00 pm (County badge required or a signed LAC + USC Confidentiality Visiting State Observer Statement)		
24	4	25 26	27	28	29	01
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MONDAY

Post COVID-19 Virtual Learning (AETC National Curriculum was VERY helpful)



Maintaining Experiential HIV IPE during COVID-19

"Continuing to learn from with and about each other"

<u>IPE:</u> 1) Values/Ethics 2) Roles/Responsibilities

3) Interprofessional communication 4) Teams/Teamwork

Monday

8:30 am - 11:30 am Distance Based Learning via Zoom with Tom Donohoe

- HIV 101
- Substance Use and HIV
- Payers and Systems
- SOGI
- COVID-19
- AETC National Curriculum

Monday afternoon

Online Learning

AETC National Curriculum, 2) Clinical Care Options, 3) APA, or 4) Other?

- 1) https://aidsetc.org/nhc
- 2) https://www.clinicaloptions.com/hiv/programs/pharmacy-care
- 3) https://www.psychiatry.org/psychiatrists/practice/professional-interests/hiv-psychiatry/training-and-education/video-presentations

Or 2 research article reviews (yours and another discipline)

Tuesday

Online Learning

Or 2 research article reviews (yours and another discipline)

<u>Wednesday</u>		
	Wednesday Morning	Online Learning
		Or 2 research article reviews (yours and another discipline)
	1 pm – 2 pm	Practical Clinical Management of HIV Treatment and PrEP via
		Zoom with KevinTangonan, MD
<u>Thursday</u>		
	Thursday morning	Online Learning
		Or 2 research article reviews (yours and another discipline)
	2 pm - 3:30pm	Check in Via Zoom with Tom Donohoe and Sandra Cuevas
		Live HIV Patient Interviews (via Zoom and Telephone)
<u>Friday</u>		
	Friday morning	
	10:00 - 10:45	Zoom: Group sharing of research articles and Online Learning
	10:45 - 11:45	Case Discussions via Zoom
		with Kirsten Balano, PharmD, AAHIVP
	11:45 – 12:30	Wrap up/Evaluations
	1:00 - 3:00	Online Learning

Please review two HIV-related articles (1 outside your discipline) and complete at least 12 hours of Online Learning

HIV IPE Student Seminar



ATTENTION FACULTY AND STUDENTS

HIV INTERPROFESSIONAL EDUCATION (IPE) STUDENT SEMINAR

Free 1/2 day seminar for medicine, nursing, pharmacy, social work, and other interested students. Free onsite parking and breakfast.

SATURDAY, MARCH 7, 2020 8:30 AM TO 12:30 PM ST. ANNE'S 155 N OCCIDENTAL BLVD LOS ANGELES, CA 90026

Registration: http://bit.ly/IPESeminar2020

NOW IN ITS 1ST YEAR

FREE ADMISSION. OPEN TO STUDENTS!

At the end of this seminar, participants will be able to:

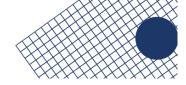
- Review Interprofessional Education core competencies (values/ethics, roles/responsibilities, interprofessional communication, and teams/teamwork) in the context of HIV
- Consider the importance of team-based care when working with people living with HIV
- Discuss HIV epidemiology, HIV care continuum, anti-retroviral therapies, diagnosis, follow-up, overall care management, and Pre-exposure Prophylaxis (PrEP) through a team-based framework

For additional information, please contact Tom Donohoe at TDonohoe@mednet.ucla.edu or (310) 794-8276.

Sponsored by

- Los Angeles Area AIDS Education and Training Center (LA AETC)
- . David Geffen School of Medicine at UCLA
- Charles R. Drew University of Medicine and Science: Mervyn M Dymally School of Nursing (MMDSON)
- USC School of Pharmacy
- Keck School of Medicine of USC







IN ITS FIRST YEAR!

HIV INTEPROFESSIONAL EDUCATION STUDENT SEMINAR

Saturday, March 7, 2020



Evaluations



- Baseline student survey complete before rotation
- 2 immediate follow-up student surveys complete after rotation
- One year from your HIV
 IPE rotation survey



Interprofessional Education Project Student Assessment (IPE-SA) Baseline

Instructions: This assessment is to be completed by students who receive HIV IPE training at each IPE Project participating health professional program. Students may be pre-license students or post-license practitioners. The IPE-SA Baseline is to be administered prior to the start of the IPE Project training activities.

Please note, only individuals approved by or directly involved in the AETC Evaluation will use the information collected by this survey.

NEXT

Students' Feedback



Q1 Please provide 5 adjectives that best describe your experience in the HIV IPE practicum.

Engaging Eye opening diverse important Helpful challenging eye-opening

Organized fun Unique Educational Interactive

Informative insightful interesting enlightening

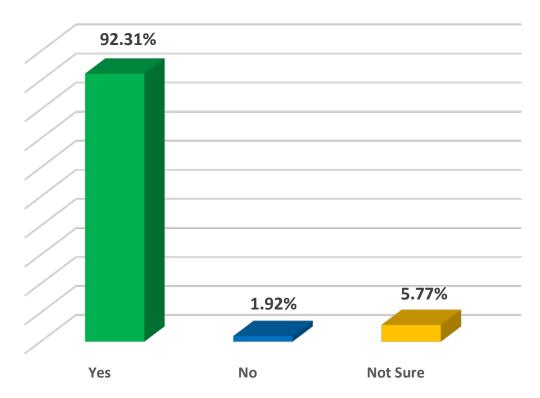
inspiring good HIV opportunity patient enriching

IPE Experience



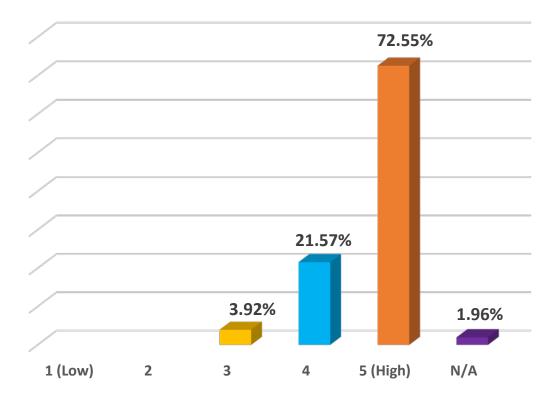
Would you recommend the HIV IPE practicum experience to a fellow student?

Answered: 52 Skipped: 0



Overall quality of the practicum experience

Answered: 51 Skipped: 1

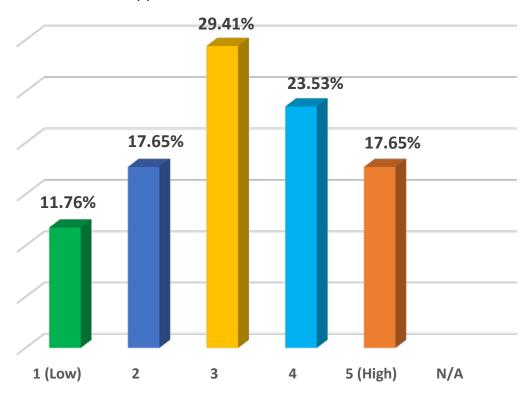


Intent to Provide HIV Care



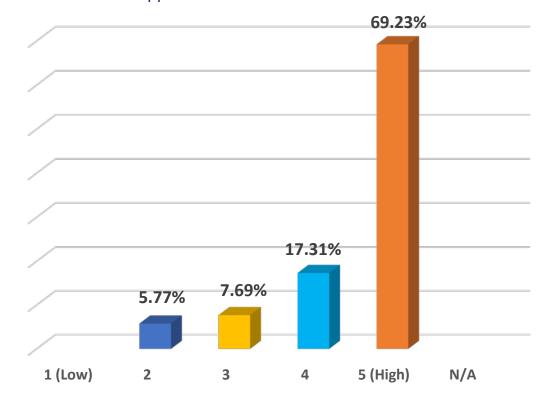
INTENT to provide care in the future to people with HIV BEFORE the HIV IPE practicum experience

Answered: 51 Skipped: 1



INTENT to provide care in the future to people with HIV AFTER the HIV IPE practicum experience

Answered: 51 Skipped: 1

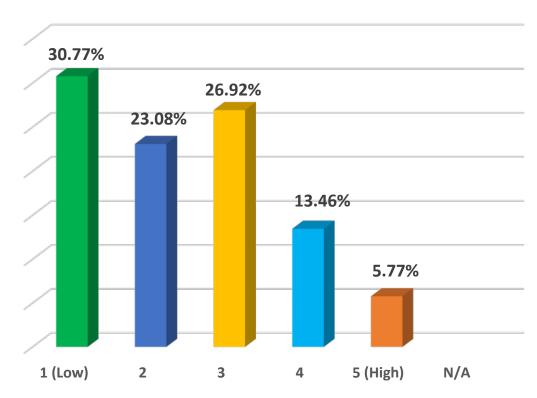


Ability to Provide HIV Care



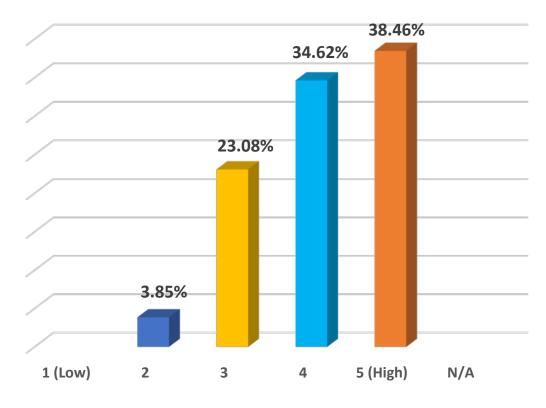
ABILITY to provide care to people with HIV BEFORE the HIV IPE practicum experience

Answered: 52 Skipped: 0



ABILITY to provide care to people with HIV AFTER the HIV IPE practicum experience

Answered: 52 Skipped: 0

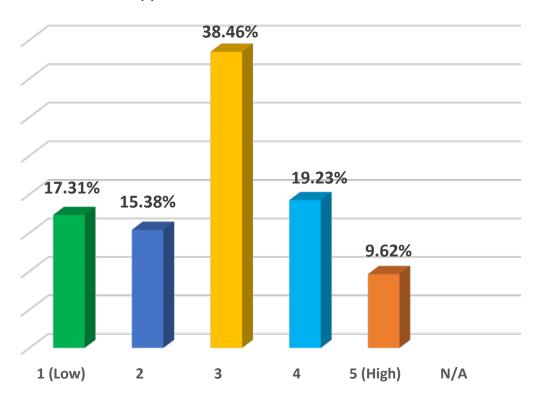


Ability to Provide Team-Based HIV Care



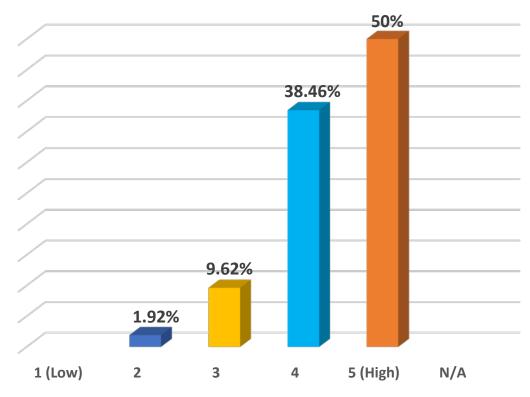
ABILITY to provide team-based care BEFORE the HIV IPE practicum experience

Answered: 52 Skipped: 0



ABILITY to provide team-based care AFTER the HIV IPE practicum experience

Answered: 52 Skipped: 0



2020 Evaluation Results



	Overall			In-person			Distance-based				
	Baseline	Follow-up	Diff	Baseline	Follow-up	Diff	Diff from overall	Baseline	Follow-up	Diff	Diff from overall
Justify recommendations/actions in-	baseiirie	rollow-up	DIII	Daseille	rollow-up	DIII	Overali	Daseille	rollow-up	DIII	overall
person, with more senior people	3.44	4.13	0.69	3.14	4.14	1.00	0.31	3.67	4.11	0.44	-0.25
Develop an interprofessional patient/client care plan	3.62	4.00	0.38	3.43	4.00	0.57	0.19	3.78	4.00	0.22	-0.16
Express opinions in a group, even when others disagree	3.62	3.88	0.26	3.71	4.00	0.29	0.03	3.56	3.78	0.22	-0.04
Develop trusting relationships with patients/clients and their families	3.62	4.13	0.51	3.71	4.14	0.43	-0.08	3.56	4.11	0.55	0.04
Address conflict and differences of opinions among interprofessional team members	3.31	4.06	0.75	3.29	3.86	0.57	-0.18	3.33	4.22	0.89	0.14
Involve patients/clients in decision- making	3.69	4.31	0.62	3.71	4.14	0.43	-0.19	3.67	4.44	0.77	0.15
Respond to feedback from team members on your performance	3.62	4.00	0.38	3.86	3.86	0.00	-0.38	3.44	4.11	0.67	0.29
Provide constructive feedback to team members on their performance											
	3.38	3.81	0.43	3.57	3.57	0.00	-0.43	3.22	4.00	0.78	0.35
		Overall		In-person		Distance-based					
	Baseline	Follow-up	Diff	Baseline	Follow-up	Diff	Diff from overall	Baseline	Follow-up	Diff	Diff from overall
Average	Daseille	i ollow-up	DIII	Daseillie	i ollow-up	DIII	Overall	Dasenne	i ollow-up	DIII	Overall
,,,,,,	3.54	4.04	0.50	3.55	3.96	0.41	-0.09	3.53	4.10	0.57	0.07

IPP/IPE Content Expert & Faculty Lead





Margaret Stuber, MD

Professor and Director, Systems-Based Healthcare, David Geffen School of Medicine at UCLA

Q/A



- How long have you worked in Interprofessional Education (IPE)?
- What are the benefits of IPE? The Challenges?
- Are their misperceptions about what IPE is? Isn't?
- How have your Psychiatric Residents responded to HIV IPP?
- How do you make classroom IPE experiences interactive?
- Can you tell us more about Systems-Based Healthcare at UCLA, and how additional HIV content has been incorporated?



Speaker: Margaret Stuber, MD

Systems-Based Healthcare



Systems Based Health Care (SBHC) -- Small groups of students meet twice a month to develop an understanding of the dimensions of the health care system and implications for patient care, access to care, and interprofessional collaborative practice.

SBHC Session Topics include:

- Team Building
- Ethics, Conflict or Interest, Opioid and Population Health
- Boundaries and Burnout
- Hospice and Palliative Care
- Health care economics and Value
- Quality Improvement and Error
- Communication, Collaboration and Conflict
- Stigma, Bias, and Implicit Associations & Healthcare Decision-making



Speaker: Margaret Stuber, MD

HIV Sample Content for SBH



Comment

Hankins C et al. Journal of the International AIDS Society 2015, 18(Suppl 3):19973 http://www.jiasociety.org/index.php/jias/article/view/19973 | http://dx.doi.org/10.7448/IAS.18.4.19973



Commentary

Translating PrEP effectiveness into public health impact: key considerations for decision-makers on cost-effectiveness, price, regulatory issues, distributive justice and advocacy for access

Catherine Hankins §,1,2. Ruth Macklin3 and Mitchell Warren4

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Abstract

Introduction: The extraordinary feat of proving the effectiveness of oral pre-exposure prophylaxis (PrEP) in clinical trials in different populations in a variety of settings may prove to have been easier than ensuring it is used well. Decision-makers must make difficult choices to realize the promise of antiretroviral prophylaxis for their countries. This paper outlines key economic, regulatory and distributive justice issues that must be addressed for effective and acceptable PrEP implementation.

Discussion: In considering the role that PrEP can play in combination prevention programmes, decision-makers must determine who can benefit most from PrEP, how PrEP can be provided safely and efficiently, and what kind of health system support will ensure successful implementation. To do this, they need contextualized information on disease burden by population, analyses of how PrEP services might best be delivered, and projections of the human resource and infrastructure requirements for each potential delivery model. There are cost considerations, varying cost-effectiveness results and regulatory challenges. The principles of ethics can inform thorny discussions about who should be prioritized for oral PrEP and how best to introduce it fairly. We describe the cost-effectiveness of PrEP in different populations at higher risk of HIV exposure, its price in low- and middle-income countries, and the current regulatory situation. We explore the principles of ethics that can inform resource allocation decision-making about PrEP anchored in distributive justice, at a time when universal access to antiretroviral treatment remains to be assured. We then highlight the role of advocacy in moving the PrEP agenda forward.

Conclusions: The time is ripe now for decisions about whether, how and for whom PrEP should be introduced into a country's HIV response. It has the potential to contribute significantly to high impact HIV prevention if it is tailored to those who can most benefit from it and if current regulatory and pricing barriers can be overcome. Advocacy at all levels can help inform decisionmaking and push the access agenda to avert HIV infections among those at highest risk of HIV exposure. The benefits will accrue beyond the individual level to slow HIV transmission at the population level.

Keywords: HIV prevention; pre-exposure prophylaxis; ethics; cost-effectiveness; regulatory; antiretroviral; tenofovir/emtricitabine;

Received 10 December 2014; Revised 6 April 2015; Accepted 15 April 2015; Published 20 July 2015

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12 myths about HIV/AIDS and people who use drugs

People who use drugs too often face stigma, discrimi-

Drug users are more concerned about getting high Published Online nation, and mistreatment in HIV prevention, than using injecting equipment safely-In a study of My20,2010. treatment, and care. Some societies consider such 760 participants who used a supervised injecting facility 6736(10)63005.7 users less deserving of compassion than others with in Vancouver, Canada, more consistent use of the facility HIV who are not drug users, because users' health was associated with safer injecting behaviours than was problems are self-inflicted or their substance use is less consistent use, including less syringe re-use (odds judged as a moral or personal failing. Even among ratio [OR] 2:16, 95% CI 1:48-3:16), use of clean water





Speaker: **Margaret Stuber, MD**

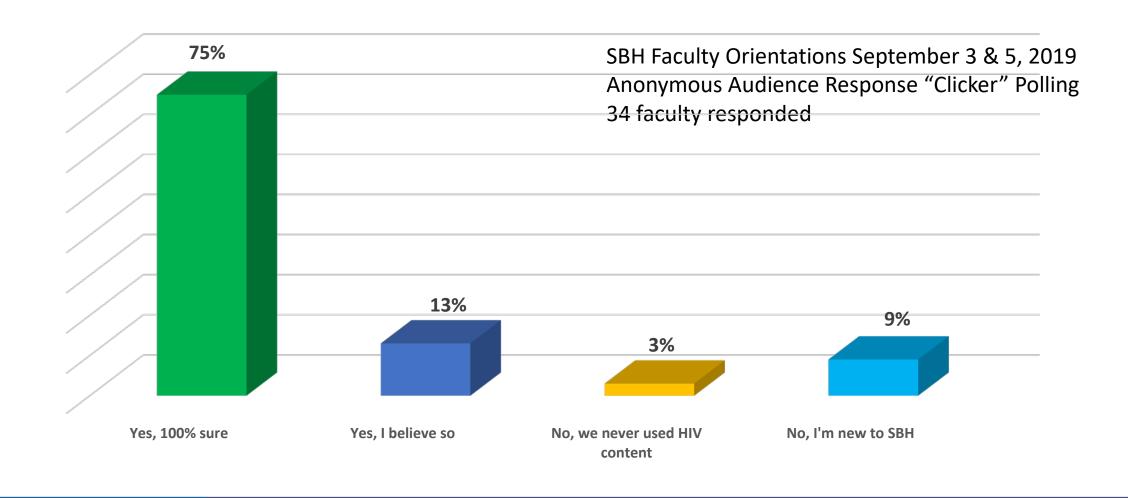
Sarah K. Calabrese · Valerie A. Earnshaw · Kristen Underhill · Nathan B. Hansen John F. Dovidio

and Implications for Access

Published online: 24 December 2013 © Springer Science+Business Media New York 2013

Have you had HIV-related discussions in your previous SBH sessions? Faculty Responses





RW Clinic Mentor







Assistant Professor, CDU and DGSOM at UCLA Chief Medical Officer, T.H.E Clinic (Ryan White Part C)

Dr. Butler Q/A



- What motivated you to become an HIV clinician?
- If a Ryan White HIV clinician is considering taking students in, what should they do?
- All your IPP students meet your patients as a group.
 Why is that?
- What encourages you about the next generation of providers?



Speaker:
Derrick Butler, MD

IPP Clinical Trainee



Felipe Saavedra, MD

LGBTQ+ Fellow, DGSOM at UCLA
UCLA FM Residency Program
UCLA FM International Medical Graduate Program
University of Chile Medical School



Dr. Saavedra Q/A



- Did you have any HIV training before the IPP program?
- Is it different learning in groups?
- What surprised you about other disciplines?
- What are your plans in the future? Where do you see yourself in 5 years?
- Can you please tell us more about the UCLA FM IMG program and HIV training experiences?



Speaker: Felipe Saavedra, MD

UCLA IMG Program in a Nutshell



A comprehensive three to 21-month pre-residency program of professional instruction that assists IMGs in becoming competitive to match to a FM residency position. It consists of the following components:

- A Basic Science
- B Clinical Science
- C Clinical Rotations (12 weeks)

IMGs Matched in California



Central Valley

Clinica Sierra Vista Bakersfield

Clinica Sierra Vista Fresno 2

13

Sacra ento

Contra Costa 1
Kaweah Delta 1
Kern Medical Center 2
Hanford 13
Mercy Merced 1
Natividad Medical Center 4
San Joaquin General Hospital 5
Sutter Health Sacramento 1
UC San Francisco Fresno 6
Valley Family Medicine of Modesto 3
Valley Health Team, Fresno 1

Outside California Jackson Memorial Hospital (FL)

St. Joseph Family Medicine (NY) 1
Sackler School of Medicine (NY) 1
Texas Tech University El Paso (TX) 1
University of Texas Houston (TX) 1
Puerto Rico 1

Southern California

Camp Pendleton Naval Hospital 1
Citrus Valley Health Program 5
Family Health Centers of San Diego 2
Glendale Adventist Medical Center 6
Kaiser Permanente Fontana 3
Northridge Family Medicine 7
PIH Family Health Medicine 2
Pomona Valley Hospital 10
UC Irvine 1
UC Los Angeles 21
UC San Diego 3
Dignity California Hospital 11
Harbor UCLA 2
Long Beach Memorial 1

IMGs Matched

(2007-20)

Central Valley 53
Southern California 75
Coachella Valley 17
Outside California 6
Total 151





HIV activities after HIV IPP



UCLA Family Medicine Grand Rounds. Los Angeles, CA:

"Recent PrEP updates." October 2019.

"LGBTQ+ youth in primary care." August 2019.

"Case presentation: Viral suppression and HIV transmission in serodiscordant male couples." November 2018.

"Pre-exposure prophylaxis against HIV infection." August 2018.

"HIV care in the geriatric population." January 2018.

UCLA David Geffen School of Medicine. Los Angeles, CA:

"HIV pre and post exposure prophylaxis, transgender care." May 2020.

UCLA International Medicine Program. Los Angeles, CA:

"HIV pre and post exposure prophylaxis, transgender care." June 2020.

"HIV in primary care, pre- and post-exposure prophylaxis." April 2017.

Ongoing communication with Mentors/AETC

Elective rotations during FM residency.

Poster Presentation/Scholarly Project:

"Assessing the Impact of a QI Program to Decrease Missed Opportunities for HPV Vaccination in Adolescents at UFHC." May 2020.

Quality Improvement Project

"Collecting important LGBTQ+ information in CareConnect." May 2020.

Future Plans



- Add JWCH clinic sites, including homeless populations and a clinical rotation dedicated to PrEP
- Incorporate HIV content classroom activity
- Design a hybrid rotation 2021 schedule
- Target wider student participation for the IPE Student Seminar 2021, including schools throughout our PAETC region (California, Arizona, Nevada, and Hawaii)

Acknowledgements



- Margaret Stuber, MD, UCLA Medicine and VA Psychiatric IPE Lead
- Ying Wang, Pharm D., USC IPE Pharmacy Lead
- Marican C. Jhocson, NP, CDU Nurse Practitioner Lead
- IPE HIV Clinic Mentors: Derrick Butler, MD Ardis Moe, MD Oscar Rosas, MD – Jesse Sanders, MD – Brian Downs, DO – Jenica Ryu, MD – Stephanie Mock, PharmD
- Portia Morris, MPH, PAETC Evaluation Analyst
- Phil Meyer, LCSW, Past IPE Lead

Questions and Answers

