

# Innovative Approaches to Increasing the HIV Workforce Through Interprofessional Education

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20  
22

NATIONAL  
**RYAN WHITE**  
CONFERENCE  
ON HIV CARE & TREATMENT

# Disclosures

- This program is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U10HA30535 as part of an award totaling \$4.2m. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov).

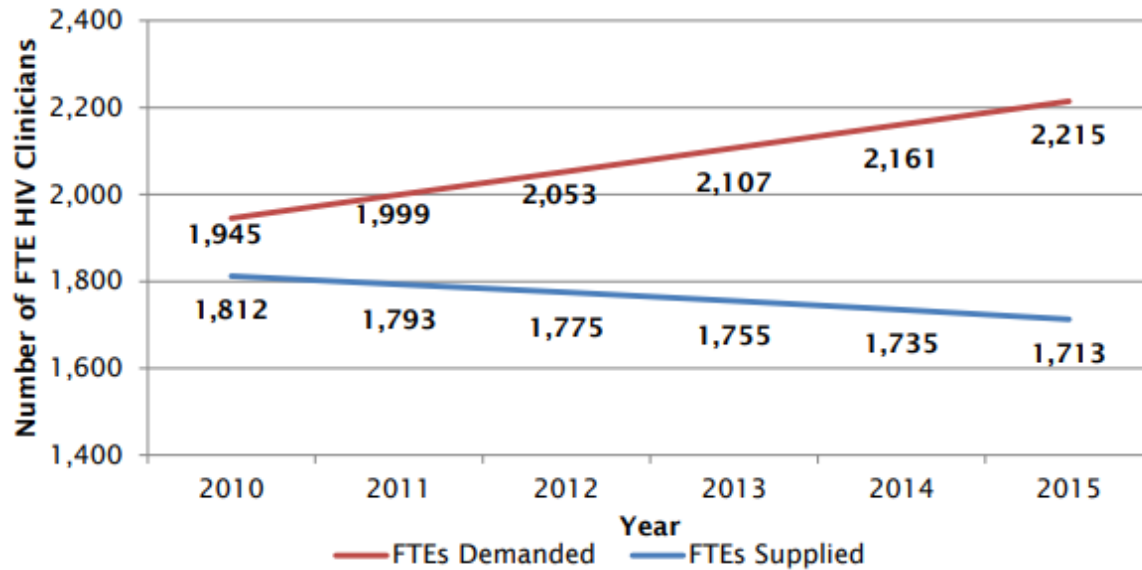
# Objectives

At the end of the session, participants will be able to

1. Describe 4 models of Interprofessional Education (IPE) surrounding HIV care for students/faculty in various health professions
2. Discuss the outcomes of implementing HIV IPE in 4 different healthcare institutions in the Southeast United States
3. Summarize ways to implement HIV IPE in varied training programs

# HIV Workforce Concerns

## Then



Sources: Mathematica and Lewin analysis of the HIV clinician workforce survey (2012), Medical Group Management Association (MGMA) survey (2012), NAMCS (2009) and NHAMCS (2008) surveys, HCUP-NIS data (2002-2009), and state and federal HIV surveillance data (2008).

Mathematica Policy Research: HIV Clinician Workforce Study. May 31, 2013.  
Available at <https://mathematica.org/publications/hiv-clinician-workforce-study>.

## Now

Healio NEWS CME JOURNALS

Infectious Disease HIV/AIDS

January 22, 2020 | 8 min read

### Push to end HIV epidemic in US complicated by 'brain drain'

PEW

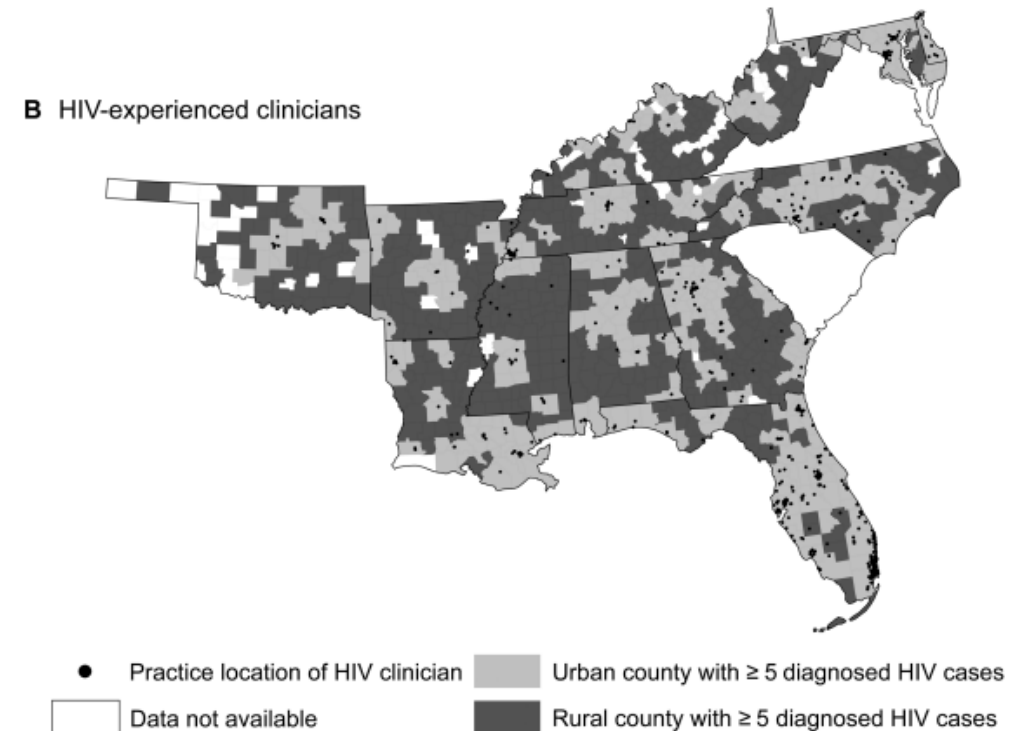
Stateline

### There Aren't Enough Doctors to Treat HIV in the South

STATELINE ARTICLE | August 5, 2019 | By: Max Blau | Read time: 9 min

# Challenges in the South

- Greatest burden of new HIV diagnoses and lowest rate of virologic suppression in the US
- Challenges with access to HIV care in rural/suburban areas
  - Large rural/suburban population in the South
  - HIV-experienced providers more likely to practice in urban areas
  - > 80% of counties in Southern US have no HIV-experienced clinicians



Bono RS, et al. Clin Infect Dis. 2021 May 4;72(9):1615-1622.

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**Health Resources and Services Administration**

HIV/AIDS Bureau  
Division of Training and Capacity Development

*Regional AIDS Education and Training Centers*

Announcement Type: Initial: New  
Funding Opportunity Number: HRSA-15-154

Catalog of Federal Domestic Assistance (CFDA) No. 93.145

**FUNDING OPPORTUNITY ANNOUNCEMENT**

Fiscal Year 2015

**Application Due Date: July 15, 2015**

*Ensure your Grants.gov registration and passwords are current immediately!  
Deadline extensions are not granted for lack of registration.  
Registration may take up to one month to complete.*

Release Date: June 15, 2015  
Issuance Date: June 15, 2015

## Program Goals

1. Increase size and strength of current and novice HIV clinical workforce in the United States
2. Improve outcomes along the HIV Care Continuum through training and technical assistance, and
3. Reduce HIV incidence by improving the achievement and maintenance of viral load suppression of people with HIV (PWH)

# Background continued

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## Program Goals

1. Increase size and strength of current and novice HIV clinical workforce in the United States
2. Improve outcomes along the HIV Care Continuum, including diagnosis, linkage, retention and viral suppression, in alignment with the National HIV/AIDS Strategy, through training and technical assistance, and
3. Reduce HIV incidence by improving the achievement and maintenance of viral load suppression of PWH

# Project Desired Outcomes

- Health care practitioners (HCP) able to provide for diagnosis, care and treatment of PWH as part of an interprofessional team
- HCP who understand their individual professional role and that of other HCPs in the health care team, specifically with regard to diagnosis, treatment and prevention of HIV disease



# Southeast AETC (SE AETC) IPE Project Goals

- Participating students will incorporate person-centered, interprofessional, team-based care for PWH into their future careers
- Help students appreciate that today's health care system requires multiple layers of expertise to tackle the social, economic, mental and physical challenges of caring for PWH

# Southeast AETC IPE Sites

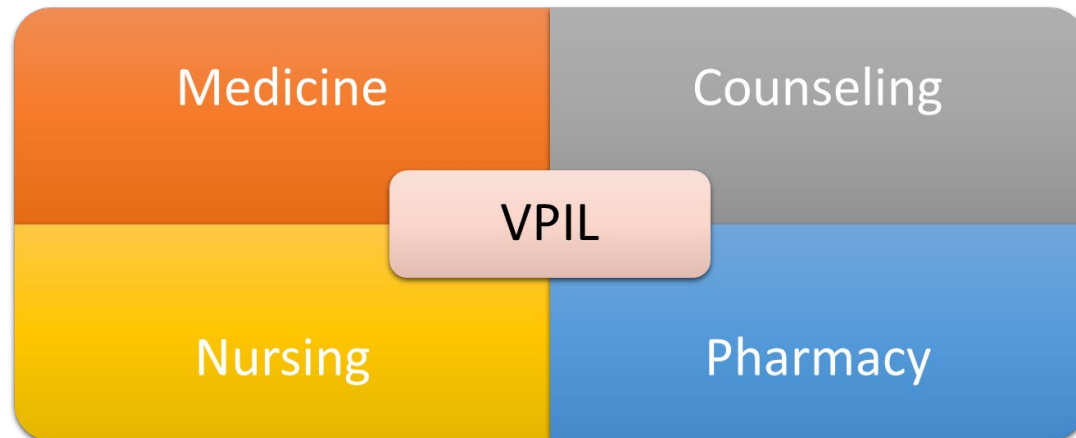


- Vanderbilt University (Nashville)
- University of Kentucky (Lexington)
- University of South Carolina (Columbia)
- University of Florida (Gainesville)

- Program Requirements
  - Interprofessional teams
  - 40 contact hours/year
  - 20 hours of IPE coursework
  - At least 8 HIV-related
  - Capstone
  - Faculty education on HIV
- Implementation Strategy
  - Monthly SE AETC IPE Community of Practice (COP) meetings
  - Pre- and post- experience student and faculty surveys
  - Adjustments as needed
    - COVID
    - Differences in program size requirements and accessible clinical sites

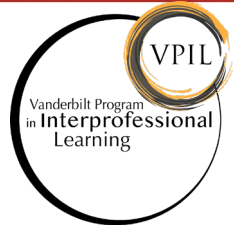
# Vanderbilt University

# Tennessee - Vanderbilt 1



- 4 Students
  - Vanderbilt University School of Medicine
  - Vanderbilt University School of Nursing
  - Lipscomb College of Pharmacy
  - Vanderbilt Peabody College
- 2 Years
  - Year 1 Capstone: Home Visit
  - Year 2 Capstone: QI Project

# Tennessee – Vanderbilt 2



- Summer Immersion
- Clinic Work, one afternoon each week (Aug to April)
- Seminars (4 per year)
- Simulation (4 times over 2 years)
- Individual assignments
- Team-based assignments & Group projects

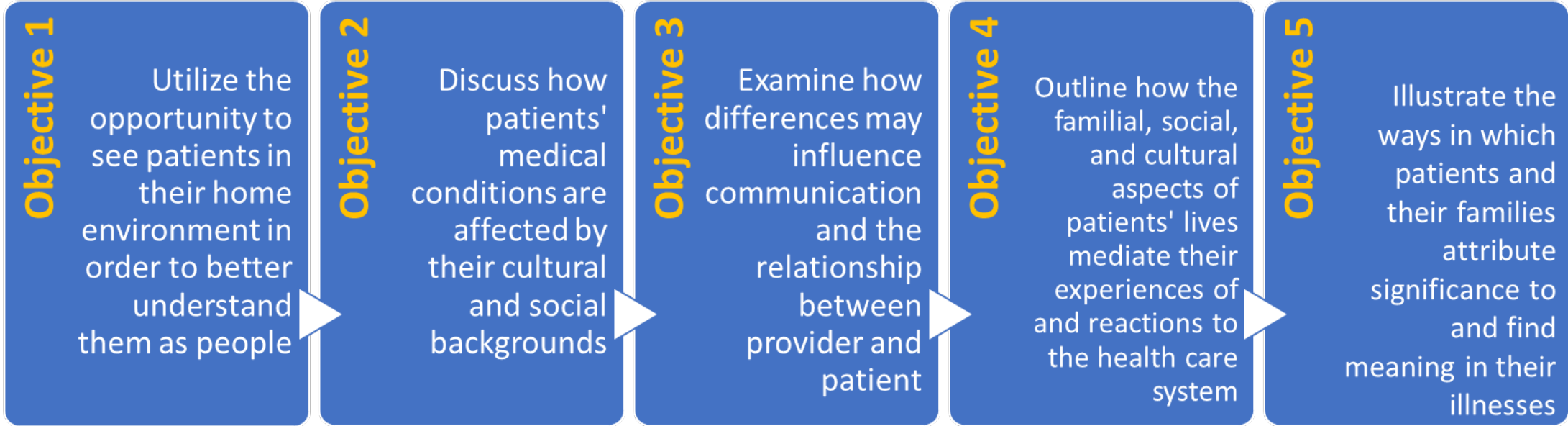


# Tennessee – Vanderbilt 3




# Tennessee – Vanderbilt 4

## Year 1 Capstone: The Home Visit







## Year 2 Capstone: QI Project



### Identifying Barriers to Routine Lab Follow-Up in HIV Patients

Malini Anand<sup>1</sup>, Kalina Hajec<sup>2</sup>, Shaniya Pleasant<sup>3</sup>, Stephen Raffanti MD MPH<sup>4</sup>  
 Vanderbilt University School of Medicine<sup>1</sup>, Vanderbilt University Peabody College of Education<sup>2</sup>, Lipscomb College of Pharmacy<sup>3</sup>, Vanderbilt Comprehensive Care Clinic<sup>4</sup>

### Setting

The Comprehensive Care Clinic serves 3,800 patients with HIV, providing interdisciplinary outpatient primary care that addresses the multifaceted aspects of care for people living with HIV. Services include primary care, nutrition, pharmacy, psychiatry.

### Background


- A goal of HIV clinics in the U.S. is to reach 90% undetectable HIV viral load among patients that are regularly seen by the clinic.
- Routine lab follow-up is imperative for HIV patients, as it allows for providers to monitor prognosis and treatment.
- At the Comprehensive Care Clinic, approximately 89% of patients are currently undetectable.
- Lack of follow up to labs increases resource use in the clinic and increases provider burden in determining care plans.
- HRSA quality metrics require the CCC to show how many patients seen at the clinic have an undetectable viral load over a determined period of time.
- Patients who do not have their labs drawn in the specified time period are not counted as having undetectable virus
  - This decreases the percentage of patients with undetectable virus reported to HRSA.
- The percentage of patients that did not have appropriate lab follow up increased significantly during the COVID pandemic.
- Identifying patient barriers to lab follow up that can be addressed at the CCC, can optimize resource use and determine an accurate number of undetectable patients at the clinic.

### Aims

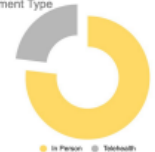
To identify and report what barriers 156 patients have that have limited their follow up to labs at the CCC within 3 months of visit. A reminder and barrier acknowledgment phone call was implemented to achieve a 30% follow up to labs within 2 months post phone call. The goal is to provide possible interventions to address the issues patients have, and improve lab follow up at the CCC.

### Demographics


Gender	
Male	73.7%
Female	26.3%



### Appointment Type




### Years in HIV Care



### Process and Methods

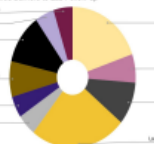
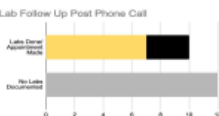
- Phase 1 (October 2021): Identifying which patients hadn't followed up to labs from (September 2020 - August 2021) but are still refilling their medications.
  - Clinic Staff identified patients who had been lost to follow up for labs but were still currently refilling or requesting refills of their medications.
  - 156 patients were identified by this review.
- Intervention 1 (November 2021 - January 2022): Chart review of 156 patients.
  - Patients who had labs drawn since the initial review, are deceased, or had moved/switched care to another provider documented in the chart were excluded
  - Potential barriers were identified.
    - Gender, ethnicity, zip code, mental health diagnoses, substance use, main provider, telehealth vs in-person, time of appointment, time in HIV care data was collected.
- Intervention 2 (January 2022 - February 2022): Identified patients were called
  - Screened for the main barriers to labs that were identified from the chart review
  - Discussed the importance of labs for treatment and medication refills/compliance
- Phase 2 (March 2022): Reviewed patients who completed labs after the phone call or email reminder.



### Results

- 108 patients were called.
- 56% of patients answered and were screened for barriers to lab follow up.
- 25% of patients had recently followed up to labs, just outside of the two month time period.
- 20% of patients had relocated out of the area or established care elsewhere.

49% percent of patients without lab follow up had been in care for 10 or more years. **Of the patients who were reminded to follow-up, 45% of patients called had labs drawn within a one month period.**

### Conclusions And Future Work

The most significant finding from the demographic data was the **length of time patients had been in HIV care**. Most of the patients who had not had labs drawn within a 2 month period, had been in care for over 10 years.

Additionally, many patients had labs drawn just outside of the 2 month time frame, or had delayed communication from outside facilities where labs were drawn. This indicates that many patients are aware of the need for labs, but may not feel a sense of urgency within the appropriate time to follow up. This may be especially true in patients who have had long term successful HIV care. Future work will include change in policy via reminders and discussion with long established patients about why a timely follow up to labs is essential. The other demographic information was not significantly different than overall clinic demographics.

From our analysis, we have identified barriers to routine lab follow up. The most **pertinent barriers affecting this patient population include re-establishing care elsewhere, forgetfulness, and issues with insurance**. Future work would include clear documentation in patient charts of transferred care and closer follow up with social work when insurance issues arise. The findings of this study was shared with VCCC staff, and providers were reminded of the importance of emphasizing laboratory follow-up to all patients.

The majority of patients who completed labs or made an appointment post phone call intervention, had cited forgetfulness as the reason for not having lab follow up. Creating an EPIC alert to automatically notify providers when a patient has not had labs drawn within 3 weeks of an appointment would empower the health care team to send reminder messages to mitigate this barrier.

# Tennessee - Vanderbilt 6



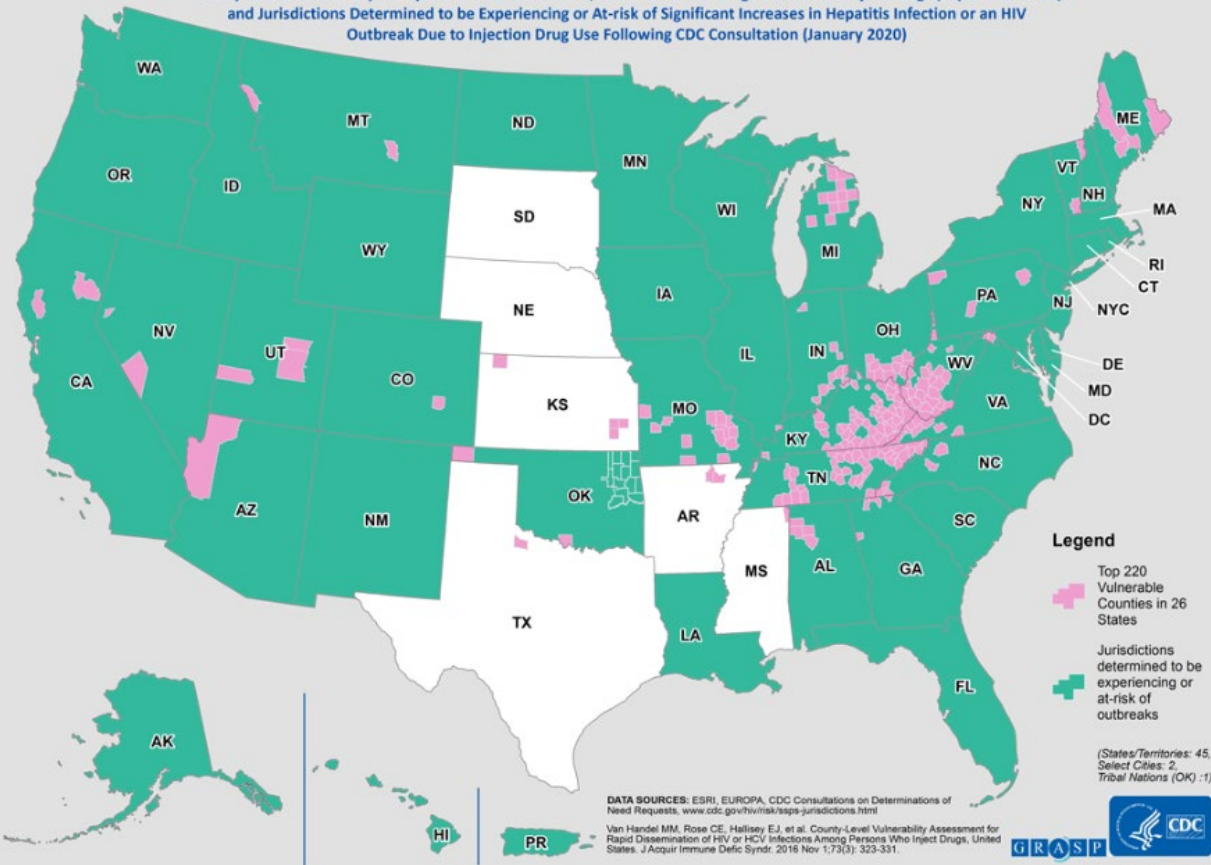
*“When I entered the IPE program, **making HIV the focus of my career wasn’t part of the plan.** After spending some time at the clinic I found that I was always looking forward to my afternoons there ... as I was graduating from my program one of the psych providers at the VCCC was leaving her position **and I had all the training I needed to get the job!** ... **My experience in IPE also inspired me to become a preceptor myself,** so I can train the next generation of providers to be HIV-informed.” – Allie Harvick, PMHNP*

# University of Kentucky

# Kentucky: Workforce Expansion is Important Locally

## Vulnerable Counties and Jurisdictions Experiencing or At-Risk of Outbreaks

County-level Vulnerability to Rapid Dissemination of HIV/HCV Infection Among Persons who Inject Drugs (September 2015) and Jurisdictions Determined to be Experiencing or At-risk of Significant Increases in Hepatitis Infection or an HIV Outbreak Due to Injection Drug Use Following CDC Consultation (January 2020)



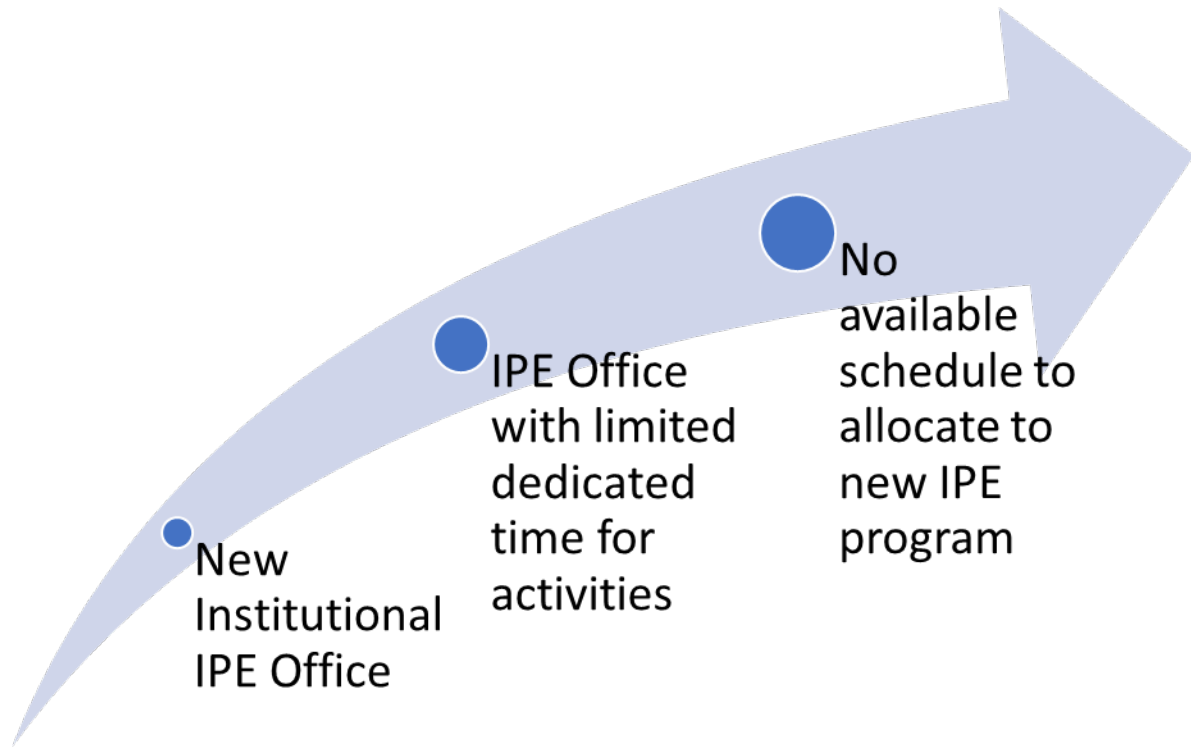
## Map of the Bluegrass Care Clinic's Service Area

- Physical Location of the Bluegrass Care Clinic
- Outline of the Bluegrass Care Clinic's 63 county service area



[www.cdc.gov/pwids/vulnerable-counties-data](http://www.cdc.gov/pwids/vulnerable-counties-data); Accessed June 2022

# Kentucky: In the Beginning...



- Individual allied health colleges with leadership transition
- Building from the Ground Up
  - Small cohort
  - 12-month curriculum
  - Assembling content experts
  - Stakeholders for recruitment at individual colleges

# Kentucky: Program Building Blocks

- Applicant recruitment
  - Marketing!!!!
  - Information session (November)
- Program Duration
  - January → December
- Celebrate Our Success
  - Academic credit
  - Certificate of completion
  - Honored at local AETC meeting
- Didactics
  - Monthly/bimonthly
  - Content experts
  - Interactive
- Mentoring/Shadowing
  - Inpatient: University of Kentucky Medical Center
  - Outpatient: Bluegrass Care Clinic
- Capstone
  - Hepatitis C drug guides, COVID care packages, World AIDS Day, Pharmacy Assistance

# Kentucky: Didactics Examples

- HIV 101
- Patient Zero
- Introduction to Antiretrovirals
- Cultural Humility
- Mental Health
- Taking a Sexual History
- Linkage to Care
- HIV pre-exposure/post-exposure prophylaxis
- Ethical Conundrums
- Introduction to Substance Use Disorders, Medication Assisted Management

# Kentucky: Challenges

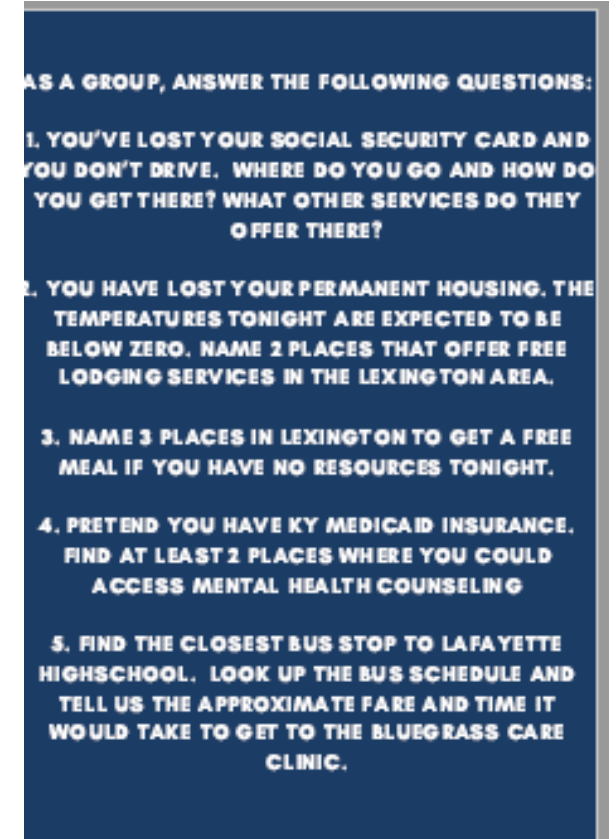
- Negotiating schedule complexity
- Limitations of space/faculty
- Intense training of a few
- COVID
  - Significant restrictions on meetings/shadowing
  - Faculty burden





# Kentucky: WINS!

- Virtual “Social Work Scavenger Hunt”
- New connections
- Growing cohort
- New friends/colleagues/networks
- Personal growth/wellness
- Multiple students entering HIV-related careers



# Kentucky: Future Goals/Projects



- Expand cohort
- Antiretroviral learning tools
- Opportunity to be integrated into local IPE curriculum
- Work closely with Practice Transformation colleagues

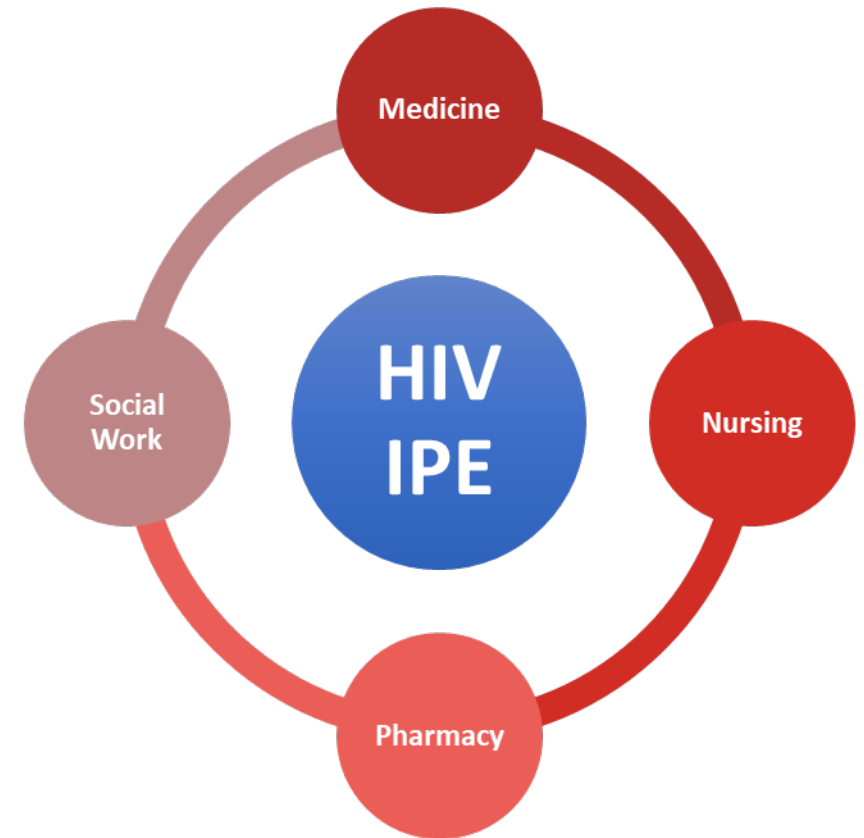
Left: Sarah Kirsch PA-C, IPE Graduate; UK Infectious Disease Inpatient Provider

Right: Gloria Maldonado PA-C, IPE Graduate; UK Bluegrass Care Clinic HIV Primary Care Provider

# University of South Carolina

# South Carolina Faculty and Staff

- Faculty & staff designed an *intentional* HIV interprofessional education (IPE) rotation
  - **Who:** 6-9 senior-level healthcare students across 4 professions
  - **What:** 2-week clinical rotation
  - **Location:** U of SC Immunology Clinic in Columbia, SC



# South Carolina: HIV IPE Two-Week Rotation Structure



Time with Clinical Staff	HIV Didactic Lectures	IPE Didactic Lectures	Patient Shadowing	Team Capstone Project
<ul style="list-style-type: none"> <li>• Rotate through 4 professions</li> <li>• Paired with student from another profession</li> </ul>	<p>Topics include:</p> <ul style="list-style-type: none"> <li>• Epidemiology &amp; Screening</li> <li>• Pathophysiology</li> <li>• Pharmacotherapy</li> <li>• Cultural Competency</li> <li>• Medical Coverage Access</li> </ul>	<p>TeamSTEPS<sup>®</sup> framework:</p> <ul style="list-style-type: none"> <li>• Team Structure</li> <li>• Communication</li> <li>• Leadership</li> <li>• Situation Monitoring</li> <li>• Mutual Support</li> </ul>	<ul style="list-style-type: none"> <li>• Follow HIV+ patient in the clinic- from entry to exit</li> <li>• Interview patient about their experience</li> <li>• Peer Health Advocate session</li> </ul>	<ul style="list-style-type: none"> <li>• Interprofessional team of 4 students conduct clinic visit with HIV+ patient</li> <li>• Write team SOAP note &amp; present case conference</li> </ul>

# South Carolina: Student Interprofessional Teams

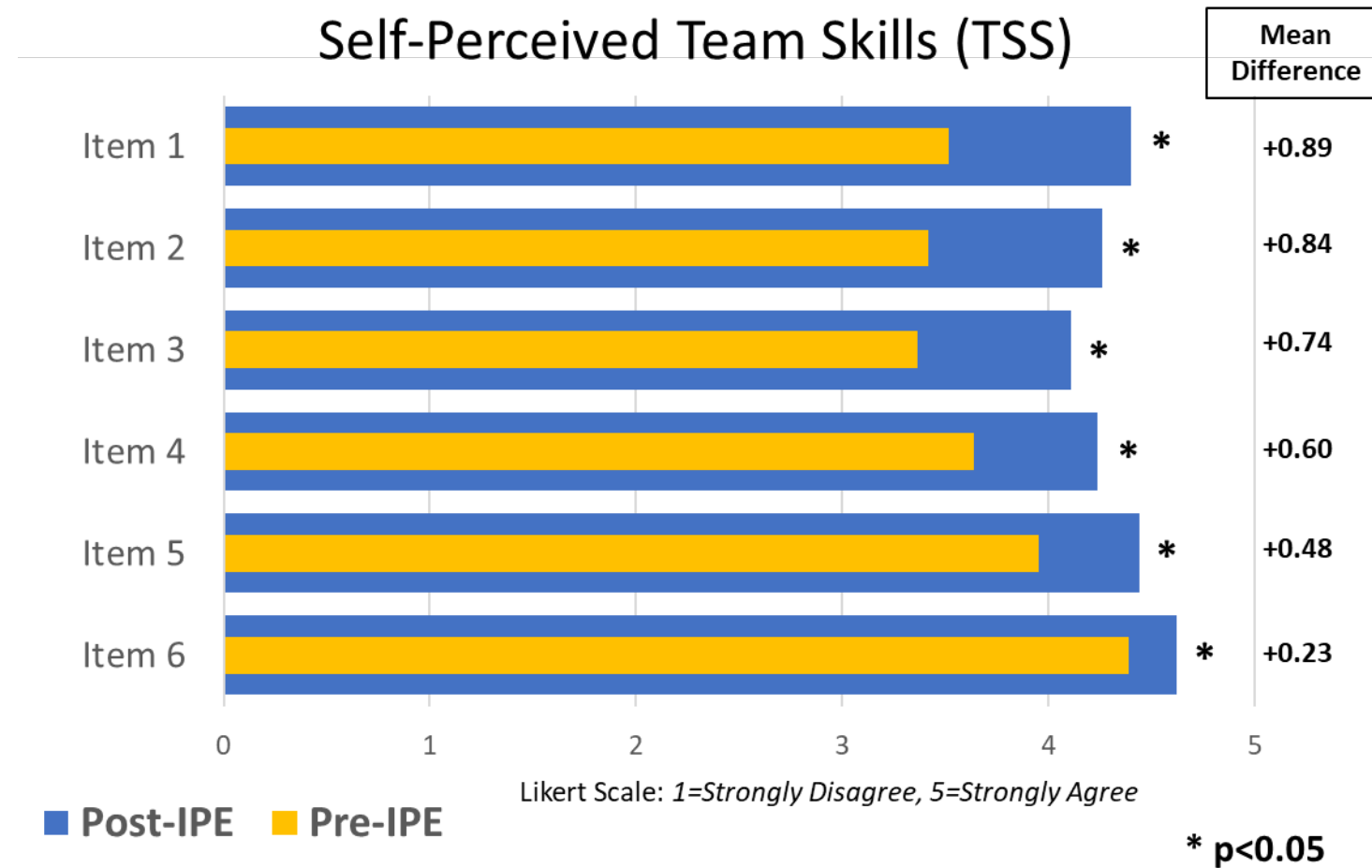


# South Carolina: HIV IPE Students by Profession over Time

Profession	No. of Students (%) Year 1	No. of Students (%) Year 2	No. of Students (%) Year 3	No. of Students (%) Year 4	No. of Students (%) Year 5	No. of Students (%) Year 6	Overall No. of Students (%)
Medicine	8 (20)	8 (26.7)	8 (30.7)	8 (26.7)	4 (26.7)	8 (34.8)	44 (26.8)
Nursing	14 (35)	8 (26.7)	5 (19.2)	8 (26.7)	4 (26.7)	8 (34.8)	47 (28.7)
Pharmacy	8 (20)	6 (20.0)	7 (26.9)	7 (23.3)	4 (26.7)	2 (8.7)	34 (20.7)
Social Work	10 (25)	8 (26.7)	6 (23.1)	7 (23.3)	3 (20.0)	5 (21.7)	39 (23.8)
<b>Total</b>	<b>40</b>	<b>30</b>	<b>26</b>	<b>30</b>	<b>15</b>	<b>23</b>	<b>164</b>

# South Carolina: Results

- Attitudes towards healthcare teams significantly improved in:
  - **8/11 items** (p-values  $\leq 0.032$ )
- Teamwork perceptions significantly improved in:
  - **5/8 items** (p-values  $\leq 0.024$ )
- Self-perceived team skills significantly improved in:
  - **all 6 items** (p-values  $\leq 0.002$ )
- Data from first 3 years of HIV IPE
  - N=92 students surveyed
  - Time Period: Oct 2016 – Jan 2019
  - All trends continue through Feb 2022



Justo J, et al. IDWeek 2019, Washington, DC, 2-6 Oct 2019. Abstract #680052. [Platform Presentation]



# South Carolina: Results continued

- **Two social work students** subsequently went into HIV care following graduation
- Many other students commented on new comfort & interest in HIV:

Getting to see interesting ID cases made me more interested in it as a specialty



I now know that HIV is an easily treatable and managed chronic condition with the correct resources. Probably HIV & ID is more likely as a whole for an interest of practice.

As an aspiring psychiatrist, I know I will be working with this patient population to some extent; I now look forward to it.

I will be more comfortable testing / treating / educating pediatric patients regarding HIV

## Successes

- Students inspired by **passionate** providers → resulted in a growing network!
  - HIV providers
  - Non-HIV providers who are now comfortable caring for HIV-positive patients
- Students repeatedly commented on the value of each component of the rotation:
  - Team Capstone Visit, esp. with transgender patients
  - Provider Time in Clinic
  - Patient Shadowing
  - HIV Didactics

## Challenges

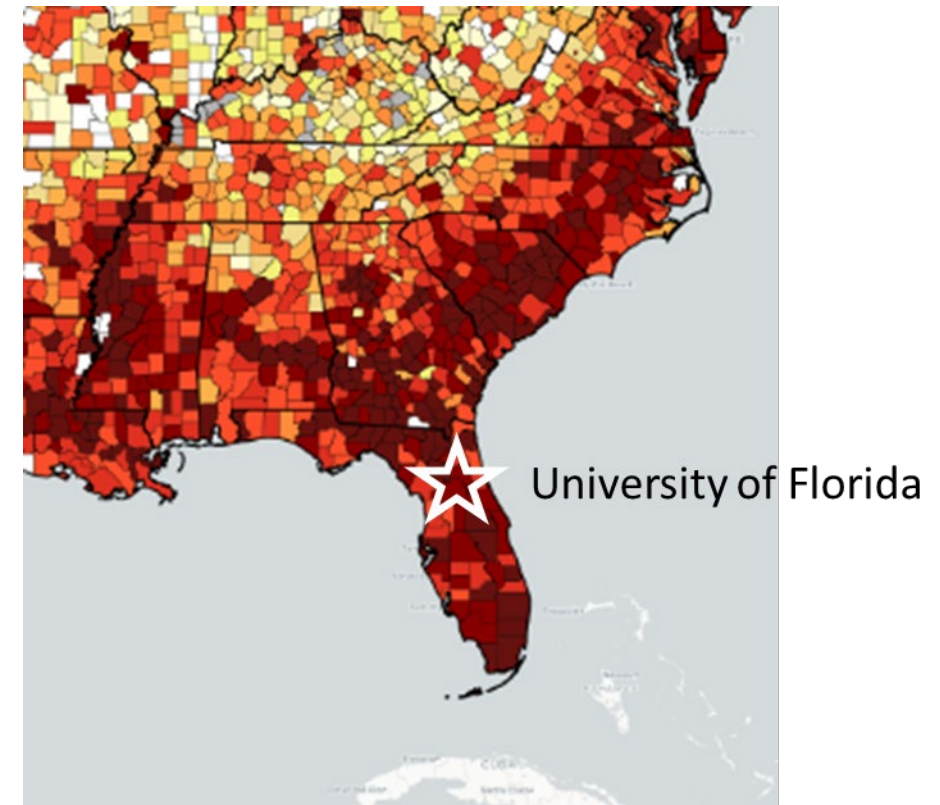
- Too much IPE didactics initially
  - Shifted to more active learning → role play of team visits with patient with feedback rubric
- Varying depths of needed HIV didactics
  - Medicine/Pharmacy asking for more
  - Nursing/Social Work asking for less or better context
- Physical space restrictions during COVID-19
  - Decreased to 1 student team (4 learners) per rotation
- Scheduling & Logistics
  - Scheduling provider time in clinic so all professions seen
  - Avoiding major exam days or events across professional curricula

# University of Florida

# University of Florida continued

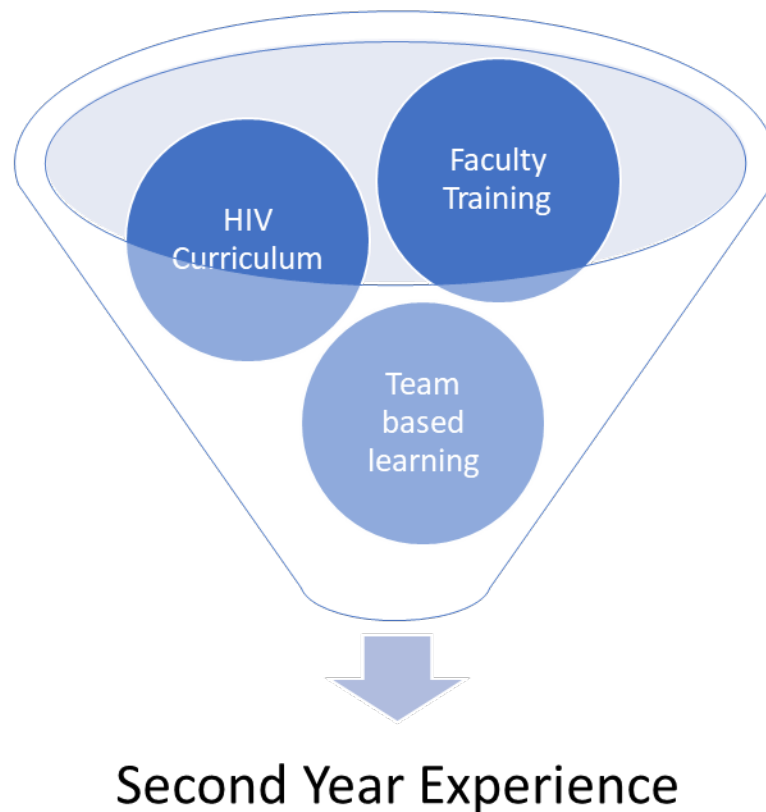
- Existing Office of Interprofessional Education
  - Started 1999
    - Putting Families First
    - Interprofessional Learning in Healthcare (IPLH)
    - Summer Health Professions Education Program
  - Over 900 students in 6 health science colleges

AIDS Vu: Rates of Persons Living with HIV, 2019



<https://map.aidsvu.org/map>

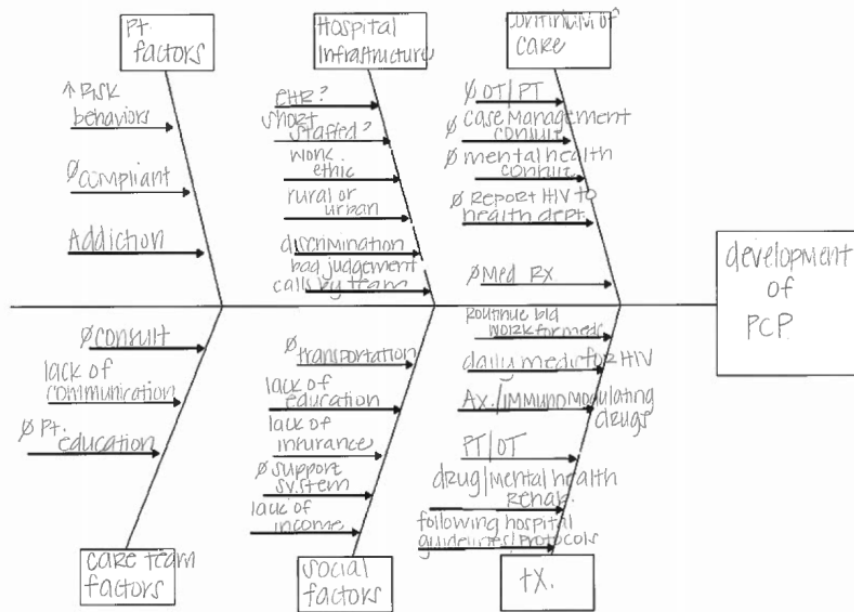
# UF: IPE Second Year Experience Pre-COVID



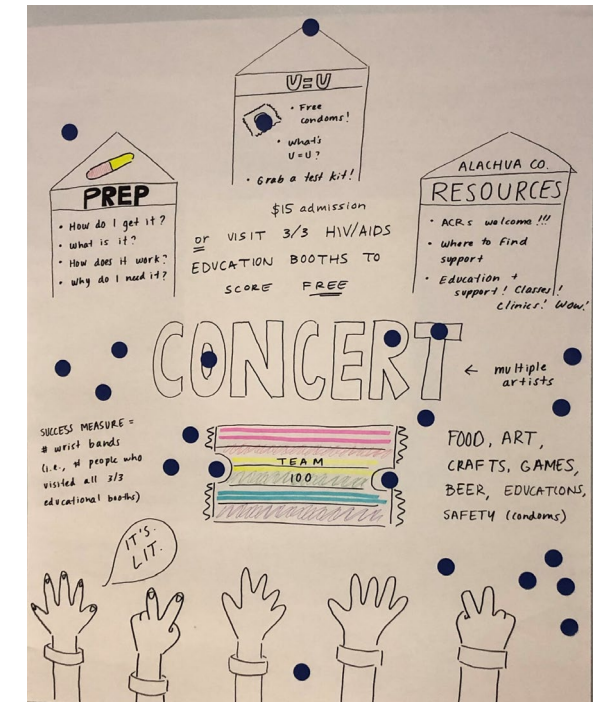
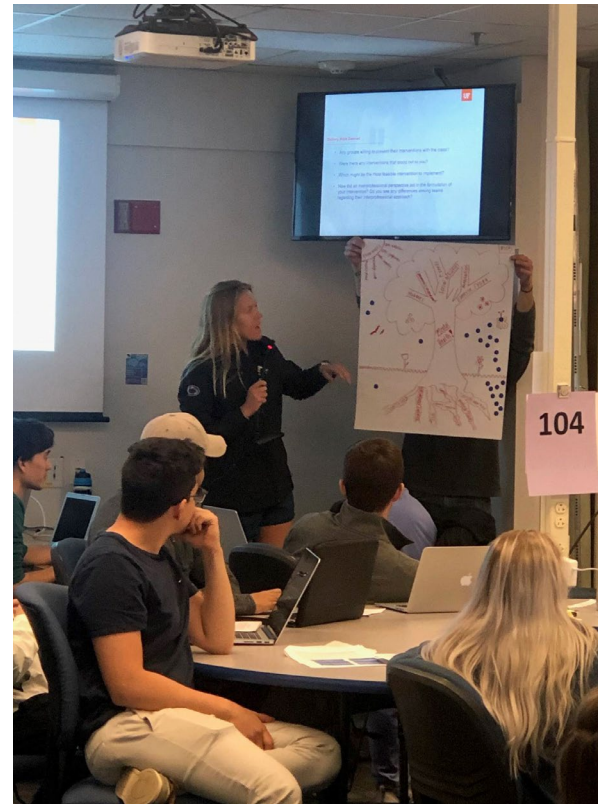
- Over 700 students in multiple health professions programs
- Faculty from multiple colleges
- Curriculum
  - Faculty just in time learning
  - Modified team based learning
  - HIV Clinical case based scenario
  - Stigma reduction video
  - Problem solving
    - Root cause analysis
    - Social determinants of health
    - Community intervention
  - Trauma responsive care
  - Motivational interviewing

# UF IPLH Capstone Projects

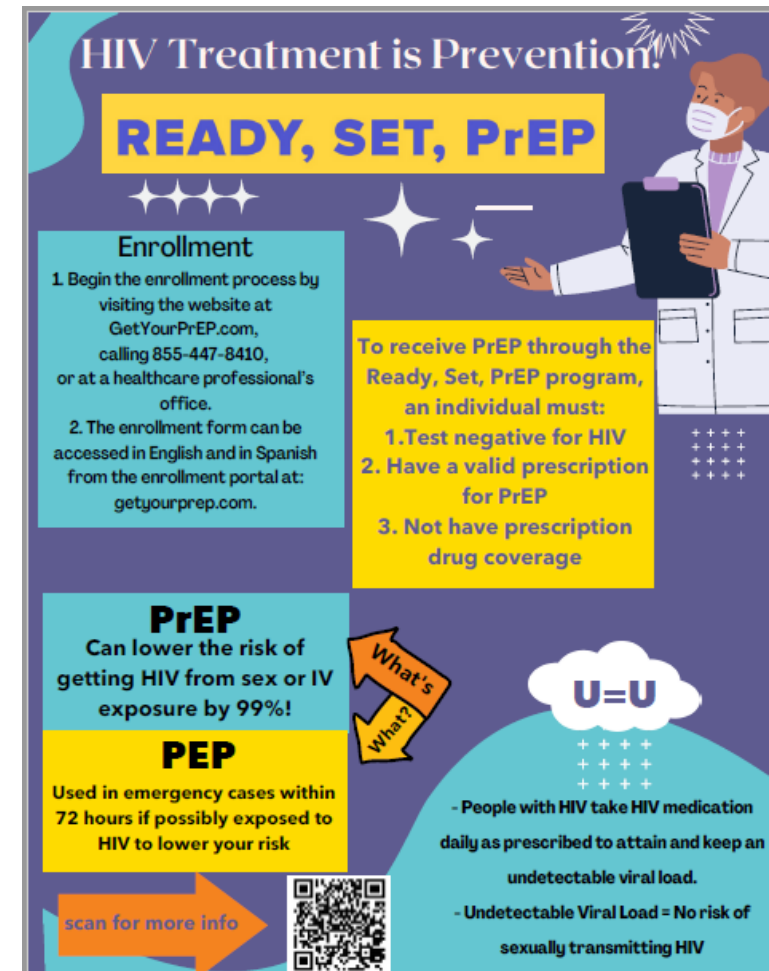
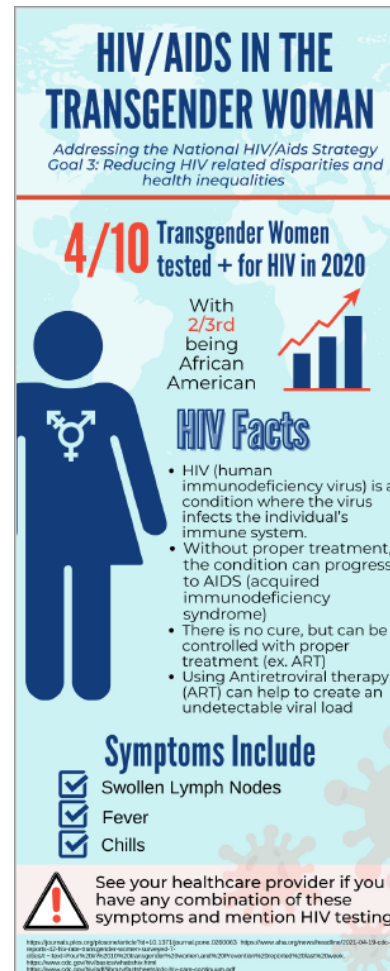
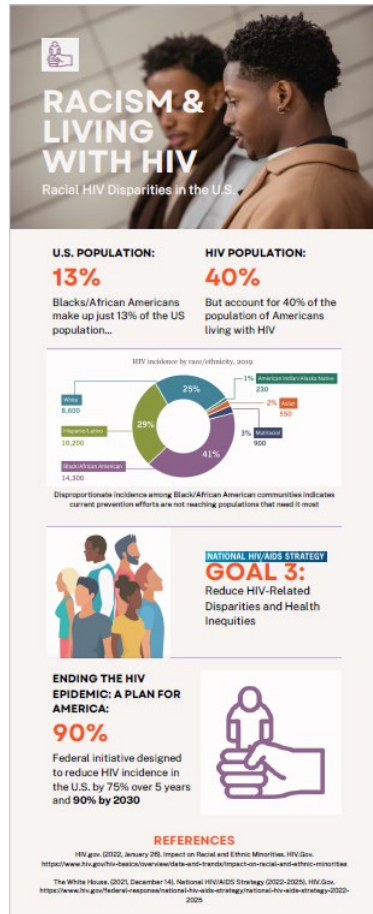
Fishbone Diagram of Contributors to Sentinel Event



Gallery Walk Team Product: Community Intervention



# Sample Student Created Infographics



# UF IPE Hits the Road: LECOM (Bradenton, Florida)

- Interprofessional Competition at Lake Erie College of Medicine (LECOM) Bradenton, Florida
  - Colleges of Medicine, Dentistry and Pharmacy
  - Team competition surrounding UF IPLH case
  - Reflections on impact of training and future careers

“The need for interprofessional teamwork. Increased awareness. Be ready to provide help.” – Dental Student

“It helps us know the resources available to offer our patients who may be HIV positive or who may still need to be tested.” – Dental Student





# Student Change Through IPE

Student Adjectives Related to Care of PWH:  
 Prior to Curriculum



At Conclusion of Curriculum



Student Perceptions of Comfort Caring for People with HIV, n = 665

	Very Uncomfortable	Uncomfortable	Neither Uncomfortable nor Comfortable	Comfortable	Very Comfortable	X <sup>2</sup> p
Pre	131	51	175	277	121	<.001
Post	88	16	112	368	156	

- UF College of Medicine Student Run Equal Access Clinic
  - Started 1992
  - LGBTQ Nights (2/month)
    - Undergraduates
    - Health professional students
    - Services Provided
      - Sexual health
      - PrEP\*
      - HIV testing and referral\*
      - Gender affirming hormone therapy

**LGBTQ Services at the Equal Access Clinic Network**  
Take pride in your health!

**Who we are**  
The Equal Access Clinic Network is a group of student-run free health care services that provide care to uninsured and underinsured patients in Gainesville, Florida.

**What we offer:**

- Specially-trained providers in LGBTQ+ health
- No-cost visits
- Safe and private environment
- STD and HIV testing
- Hormone replacement therapy
- Pap smears

**Contact information:**

Third Tuesday of each month, 5 – 9 p.m.  
UF Health Family Medicine – Eastside  
410 NE Waldo Road



**UFHealth**  
UNIVERSITY OF FLORIDA HEALTH

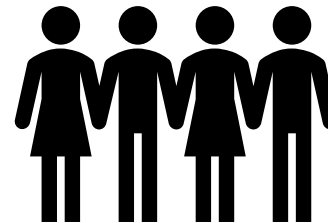
**UF** Equal Access Clinic Network  
Department of Community Health  
and Family Medicine  
UNIVERSITY of FLORIDA

# University of Florida: Clinical Experience Results

- Most commented on new comfort in caring for diverse populations & interest in HIV and recognition of the value to team-based care

“Pharmacy knows a lot of stuff they don't teach doctors.”

“Before EAC, I admired the benefits that an interprofessional team could bring to patient care. After EAC, I was able to experience that concept by working directly with other healthcare professionals.”



“It will allow me to create a more inclusive and welcoming patient base for people from all backgrounds.”

“I am much more comfortable addressing sexual health, including HIV risks, with patients!”

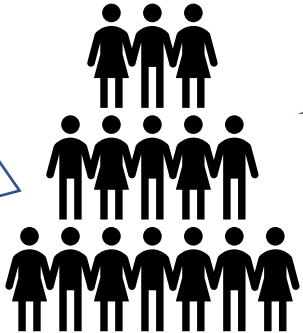
SE AETC

# SE AETC Outcomes to Date

Students committed to pursuing work in HIV field after graduation as result of program

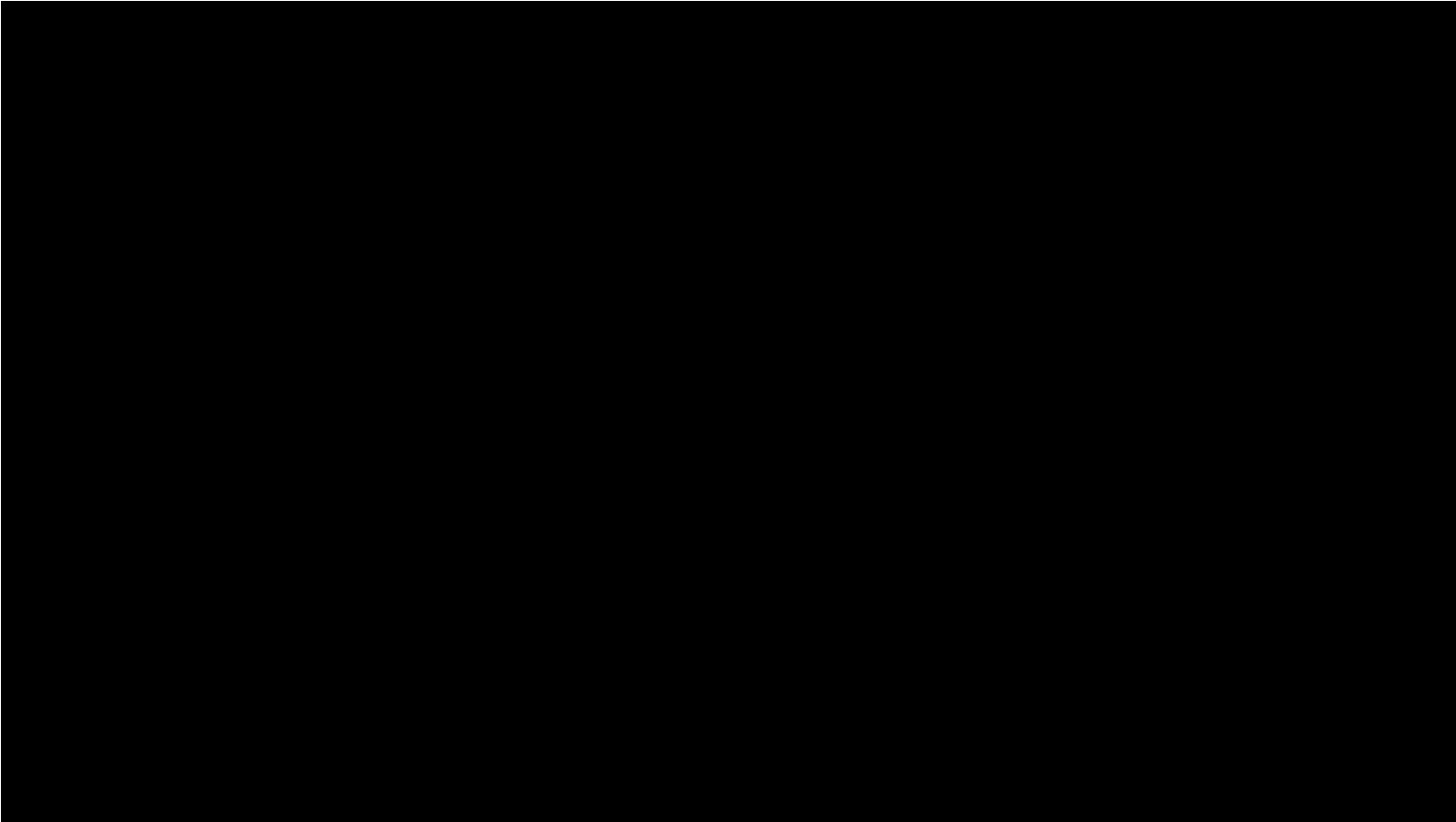
Program	Number of students
Social Work	9
Pharmacy	7
Nurse Practitioner	2 (Psych)
Medical Students	6 – Plans for ID or increased rotations

“100,000% IPE influenced me. I learned that I like managing complex patients, both medical and socially...I am strongly considering ID as a specialty.” – Medical Student



“IPE gave me the confidence to apply to my new job as a medical case manager. I now have 80 clients that are HIV positive that I have the privilege of working with...” – Social Work Student

# What's Next?



## Video Scrip:

Morgan Rivera is a 29-year-old woman who presented one month ago to the academic Health Center emergency room for a nonproductive cough progressive shortness of breath or dyspnea with exertion, and a fever of 101.6 for the last week. She was admitted to the hospital with diagnosis of pneumocystis pneumonia. Her lab workup at that time showed her CD4 count was 98 and HIV viral load was 78,000. A normal CD4 count for an individual who does not have HIV is between 500 and 1600 cells per cubic millimeter.

# Tennessee - Vanderbilt

## CD4 Cells

Source: <https://clinicalinfo.hiv.gov/en/glossary>

Offering information on HIV/AIDS treatment, prevention, and research

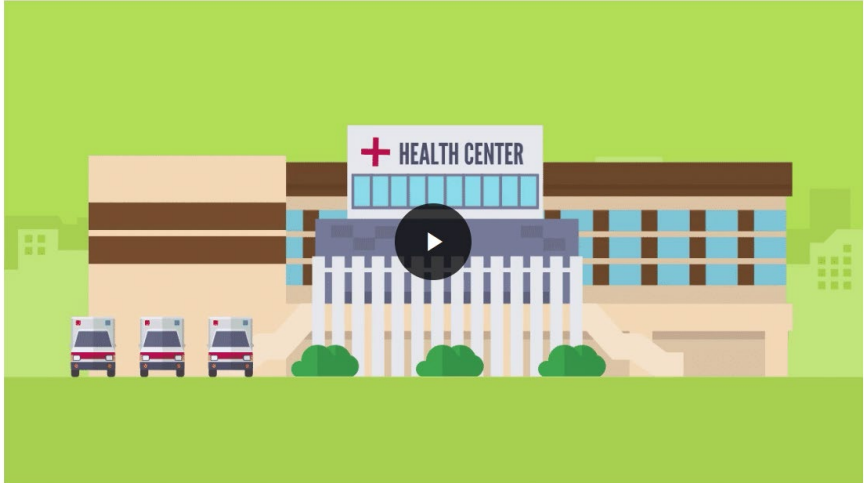
**What is a CD4 cell?** -

Synonym(s): CD4 Cell, Helper T Cell  
 A type of lymphocyte. CD4 T lymphocytes (CD4 cells) help coordinate the immune response by stimulating other immune cells, such as macrophages, B lymphocytes (B cells), and CD8 T lymphocytes (CD8 cells), to fight infection. HIV weakens the immune system by destroying CD4 cells.

**What is a CD4 count?** +

**What is a CD4 percentage?** +

CONTINUE



CONTINUE

What is a normal range of CD4 cells for someone who is NOT living with HIV?

200-800 cells/mm<sup>3</sup>

500-1600 cells/mm<sup>3</sup>

400-1000 cells/mm<sup>3</sup>

100-500 cells/mm<sup>3</sup>

SUBMIT

CONTINUE

# Summary

“The IPE program was such a unique experience that gave me early exposure to interprofessional practice. In other parts of my curriculum, we learned about general role of other healthcare professionals, but it was a different experience entirely to see each discipline’s practice in action.” – Pharmacy Student

My IPE program experience was critical to me being able to jump into my role post-grad doing HIV social work...I even found myself sometimes educating my coworkers and supervisors with the knowledge obtained during my time in the program. –Social Work Student

“Prior to starting IPE, I did not have plans to work specifically with individuals living with HIV. IPE has opened my eyes....Now, I can see that working with this population encompasses all the demographics that I want to see in my future practice.” – Nursing Student

“Overall, this experience has made me feel so much more comfortable caring for patients with HIV. Prior to this, I admit that I had my own biases and am glad this experience proved I was wrong.” – Medical Student





Thank you for your attention!  
What questions do you have?