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2018 RYAN WHITE
CONFERENCE ON HIV CARE & TREATMENT

Building the Future of the HIV Workforce HIV Interprofessional Education Efforts Across the United States

John Nelson, PhD, CNS, CPNP, François-Xavier Bagnoud Center, Rutgers School of Nursing

Interprofessional Education Defined

- "Collaborative and integrated learning amongst two or more health professionals (pre-license students and/or post-license practitioners) in order to encourage safe, high quality, accessible, patient-centered care and ultimately, improve health outcomes." (AETC Program, 2015)

- "When students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes." (WHO, 2010)

Regional AETC IPE Projects

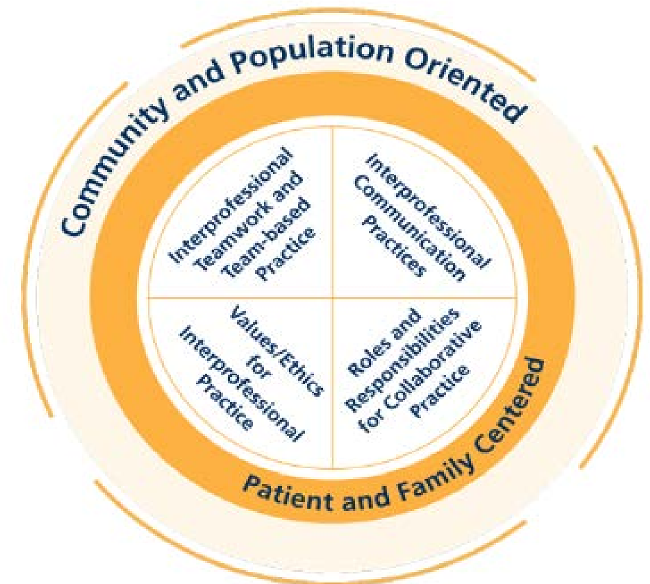
- Started September 2015 in FY1
- Goal: To increase the size and the strength of the HIV clinical workforce and to improve outcomes along the HIV Care Continuum through a project focused on providing hands on learning in HIV care and treatment in the post graduate setting

Desired Outcomes

- Trainees who participate in these programs will be prepared to provide quality HIV care within interprofessional collaboration
- Upon graduation, will enter clinical practice settings where they can provide team-based, comprehensive care to PLWH

IPE Collaborative Core Competencies

- Work with other health professionals to establish and maintain a climate of mutual respect, dignity, diversity, ethical integrity, and trust
- Use the knowledge of one's own role and thos of other professions to appropriately assess and address the healthcare needs of the patients
- Communicate effectively with other health professionals in a confident, clear, respectful, and consistent manner to deliver optimal patient care and build consensus
- Respect the dignity and privacy of patients while maintaining confidentiality in the deliver of team-based care
- Safely and appropriately incorporate patients' cultural diversity and individual differences into healthcare plans



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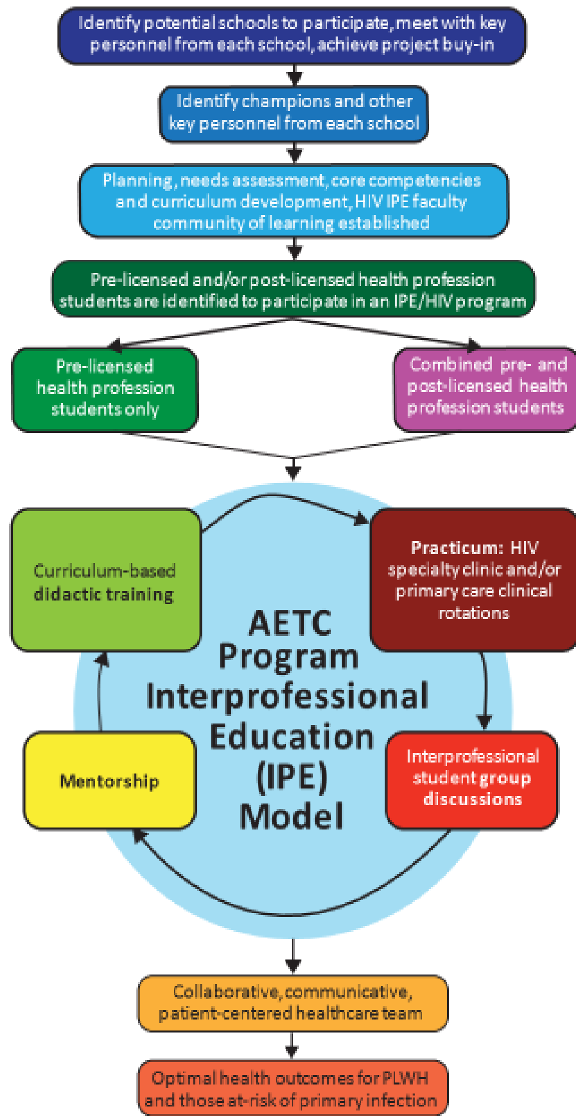
Identify potential schools to participate, meet with key personnel from each school, achieve project buy-in
Identify champions and other key personnel from each school
Planning, needs assessment, core competencies and curriculum development, HIV IPE faculty community of learning established
Pre-licensed and/or post-licensed health profession students are identified to participate in an IPE/HIV program
Pre-licensed health profession students only
Combined pre- and post-licensed health profession students
Curriculum-based didactic training
Practicum: HIV specialty clinic and/or primary care clinical rotations
AETC Program Interprofessional Education (IPE) Model
Mentorship
Interprofessional student group discussions
Collaborative, communicative, patient-centered healthcare team
Optimal health outcomes for PLWH and those at-risk of primary infection

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Interprofessional Practice: Implication for Improving the Continuum of Care

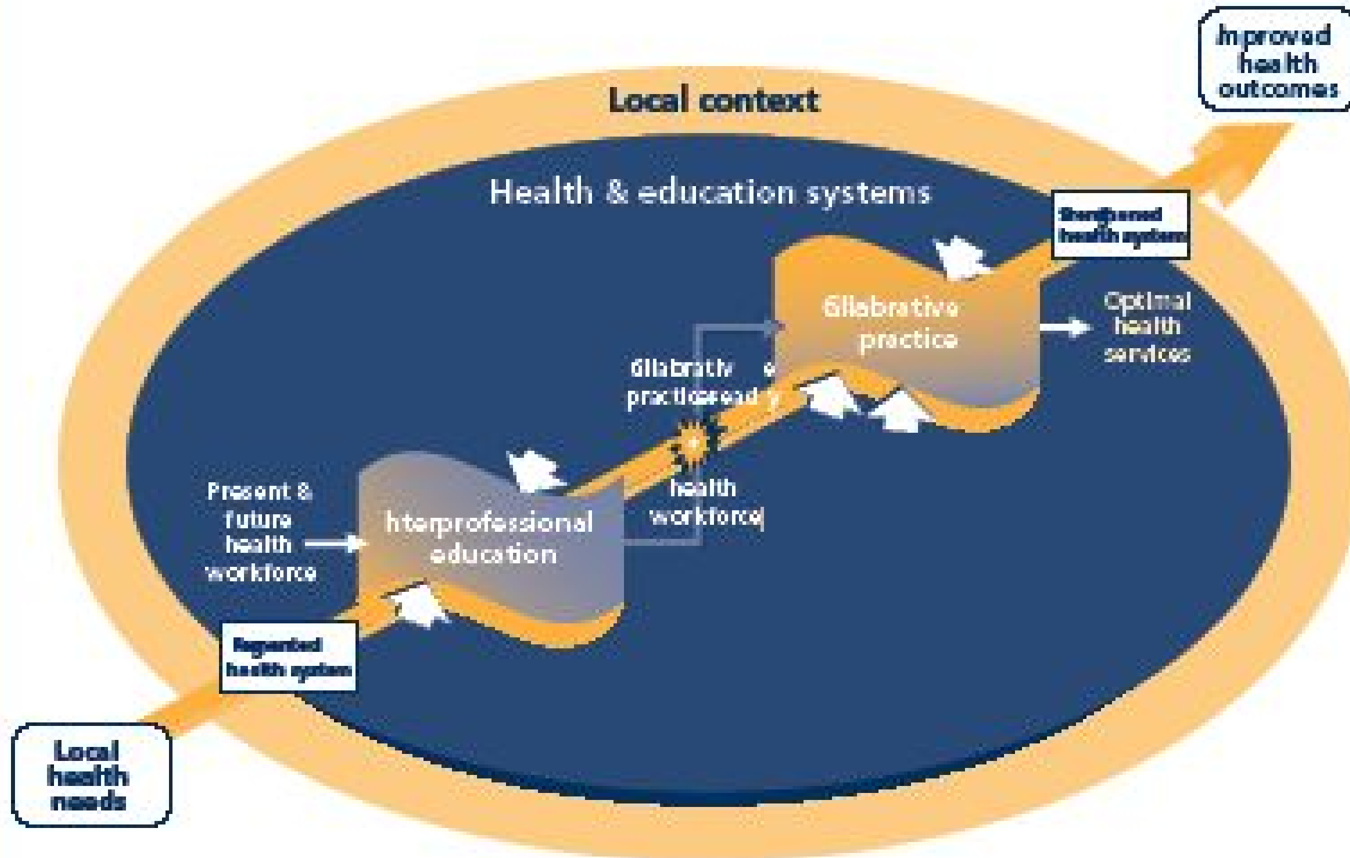
Linda Rose Frank, PhD, MSN, ACRN, FAAN
Professor of Public Health, Medicine, and Nursing
Principal Investigator, MidAtlantic AETC, Graduate School of Public Health, University of Pittsburgh

Abby Plusen, MPH
Regional Coordinator, MidAtlantic AETC
Regional Partner, University of Maryland at Baltimore

Principles of Interprofessional Practice

- Patient & family centered
- Community & population oriented
- Relationship focused
- Process-oriented but outcomes-driven
- Integrated across the learning continuum
- Applicable across professions
- Sensitive to systems context

FIGURE 2: Framework for Action on Interprofessional Education & Collaborative Practice



Reprinted with permission from: ***World Health Organization (WHO). (2010). Framework for Action on Interprofessional Education & Collaborative Practice. Geneva: World Health Organization.***

Linda Rose Frank, PhD, MSN, ACRN, FAAN

Developing Core Competencies

Domain	Definition
Professionalism	Commitment to ethical principles, respect, accountability
Patient centered care	Collaboration with health care team, patients, families to meet health related needs
Communication	Exchange of information with patients, families and the health care team
Critical thinking	Decision making based on open-minded analysis and deliberate thinking
Systems-based practice	Awareness of larger context of health care and ability to promote changes that enhance care delivery
Leadership	Influence change for the benefit of clients, the health system, and the professions

Portney, L. et al. MGH Institute of Health Professions

MidAtlantic AETC IPE Program Model

SOURCE: Reitz A, Mignano J, Spencer D, Moen M, Kapilikisha H. Emerging professionals to address the National HIV/AIDS Strategy through service-learning: A unique approach to HIV outreach, testing and linkage to care. Association of Nurses in AIDS Care Annual Conference; 2013 November 22; Atlanta, GA, United States.

Interprofessional Education

IPE has been part of MAAETC capacity building model

IPE has become more focused with this 4 year AETC cycle

MAAETC regional partner at University of Maryland

- Identified due to ongoing IPE work
- UMB was able to expand their efforts with AETC funding

Other MAAETC regional partners have IPE initiatives ongoing at their institutions

- West Virginia University
- University of Pittsburgh
- Virginia Commonwealth University
- Drexel University
- Howard University

Goals of MAAETC IPE Project

- UMB, Preparing the Future as a model for adaption and dissemination.
- Engaged all regional partners in initiating IPE activities within their own institutions within the existing IPE Centers
- Develop regional training events focused on IPE
- Integrate IPE into the MAAETC
  - Integrate into practice transformation initiative with targeted clinics and other capacity building clinic sites
  - Facilitate health professions students working together to improve patient outcomes and health disparities related to HIV
  - Prepare interprofessional AETC and health professions faculty to disseminate the model

IPE Team Learning

- All students participate in service learning opportunities at a practicum site
- Mentored by representatives from each discipline: medicine, nursing, law, social work, pharmacy, dentistry
- Faculty champions meet regularly to share resources, best practices, update curricula, stay informed

Interprofessional Practice Education Curriculum

IPE Merged Curriculum	Medicine	Nursing	Pharmacy	AETC
	PTF Didactic	PTF Didactic	PTF Didactic	• Clinical Training • Expert Preceptors • Simulation Support • Webinar Access • Curriculum Access (ACRN, Adherence Case Management) • Medical case conference • Trauma Informed Case Conference • Consultation technical assistance
	HIV Treatment Didactic-online	HIV Treatment Didactic-online	Pharmacy Specific Didactic	
	Service Learning Hours	Service Learning Hours	Service Learning Hours	
	Simulation	Simulation	Simulation	
	Clinical Component	Clinical Component	HIV testing training	
	Small Group Case Review	Small Group Case Review	Small Group Case Review	

IPE Activities: PTF Curriculum/service learning hours, Simulation ,Small group conference, clinical component

FALL 2018

Course Title	Course Description & Registration Link	Date	Time	Day	Location
HIV 101 THROUGH AN INTERPROFESSIONAL LENS	https://www.maaetc.org/events/view/11407	8/27/2018	8-10am	M	UMSOD, Room #G310
	https://www.maaetc.org/events/view/11408	8/31/2018	8-10am	F	UMSOD, Room #G310
	https://www.maaetc.org/events/view/10933	9/5/2018	1-4pm	WE	SMC, Room 208
	https://www.maaetc.org/events/view/10934	9/6/2018	9-12pm	TH	SMC, Room 208
	https://www.maaetc.org/events/view/11878	10/1/2018	8-10am	M	UMSOD, Room #G310
	https://www.maaetc.org/events/view/11907	10/9/2018	1-4pm	TU	SMC, Room 351
RAPID HIV AND HCV TESTING TRAINING^	https://www.maaetc.org/events/view/10935	9/8/2018	9:30-3:30pm	SA	SMC, Room 349
	https://www.maaetc.org/events/view/10937	9/14/2018	9:30-3:30pm	FR	SMC, Room 349
	https://www.maaetc.org/events/view/11909	10/12/2018	1:00-7:30pm	FR	JJC
INTERPROFESSIONAL CASE CONFERENCE	https://www.maaetc.org/events/view/10942	9/13/2018	5:15-7:30pm	TH	SMC, Room 208A
	https://www.maaetc.org/events/view/10943	11/6/2018	5:15-7:30pm	TU	SON, Room 150
CULTURAL COMPETENCY SESSION					
Social Justice through a Trauma Informed Approach	https://www.maaetc.org/events/view/10944	9/11/2018	5:15-7:30pm	TU	SMC, Room 351
HIV Criminalization	https://www.maaetc.org/events/view/10945	10/23/2018	5:15-7:30pm	TU	SOL, Room TBA
LGBT	https://www.maaetc.org/events/view/10946	9/25/2018	5:15-7:30pm	TU	SSW, Auditorium

MidAtlantic AIDS Education and Training Center

Headquarters:
MidAtlantic AETC
Department of Infectious Diseases
Graduate School of Public Health
130 Desoto Street
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412-624-1895
maaetc@pitt.edu
www.maaetc.org

Regional Partner:
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University of Maryland at Baltimore
Human Virology Institute
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Interprofessional Collaborative Practice in HIV Care and Prevention

Ricardo Rivero, MD, MPH

Executive Director
Midwest AIDS Training and Education Center (MATEC)

STRENGTHS

Academic Partners

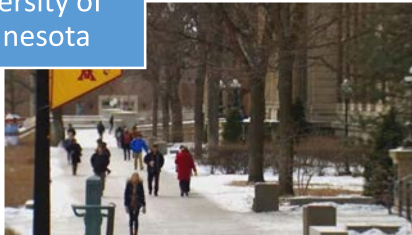
University of Cincinnati

University of Nebraska

University of Illinois at Chicago

Indiana University

University of Minnesota



University of Wisconsin

Program Objectives

Interprofessional Collaborative Practice in HIV Care and Prevention Coming to UIC for Spring, 2017!

Right now, an estimated 1.2 million people are living with HIV in the United States and 1 in 8 don't know it.

The good news is that people with HIV are living full and productive lives!

Thanks to highly effective strategies, healthcare professionals are making significant improvements in HIV prevention and treatment.

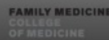
What will you learn?

- Key principles of interprofessional collaboration and foundational knowledge of **HIV/AIDS**
- How collaborative practice can impact patient and population outcomes related to screening, prevention and collaborative management of **HIV/AIDS**
- The roles and responsibilities of advanced practice nurses, dentists, physicians, dieticians, occupational therapists, pharmacists, social workers, health information managers, health informaticians, public health professionals

Be a part of an interprofessional team of learners! This curriculum is for learners who want to actively participate in the learning experience and includes the following:

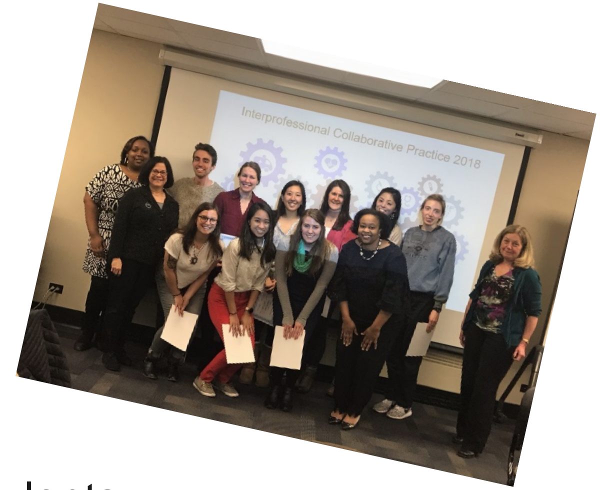
- A learning community comprised of an interprofessional group of 6-8 students and facilitated by 2 faculty from different professions
- Three in-person sessions (3 hours each) scheduled to begin late afternoon with dinner included; scheduled 3 weeks apart for a total length of 9 weeks
- Online synchronous or asynchronous learning – your group decides – in between the live sessions
- A clinical component with immersion in 2 different clinical settings at a **HIV/AIDS** care provider in Chicago during the last 4 weeks of the program

For questions, or to enroll, contact [INSERT YOUR CONTACT INFORMATION]



- Provide foundational knowledge related to HIV/AIDS
- Provide foundational knowledge related to interprofessional collaborative practice
- Identify where ICP could improve outcomes in HIV Prevention and Care
- Inspire learners to future involvement in HIV Prevention and Care and in Interprofessional Collaborative Practice

Targets



Students

- Required: Medicine, Nursing, Pharmacy, and Social Work
- Encouraged: Dentistry, Nutrition, Occupational Therapy, and Public Health

Faculty/Mentors

- Consistent with students disciplines
- Content expertise in HIV care and prevention
- Content expertise in IPE and ICP is necessary for developing curriculum materials

Instructional Design

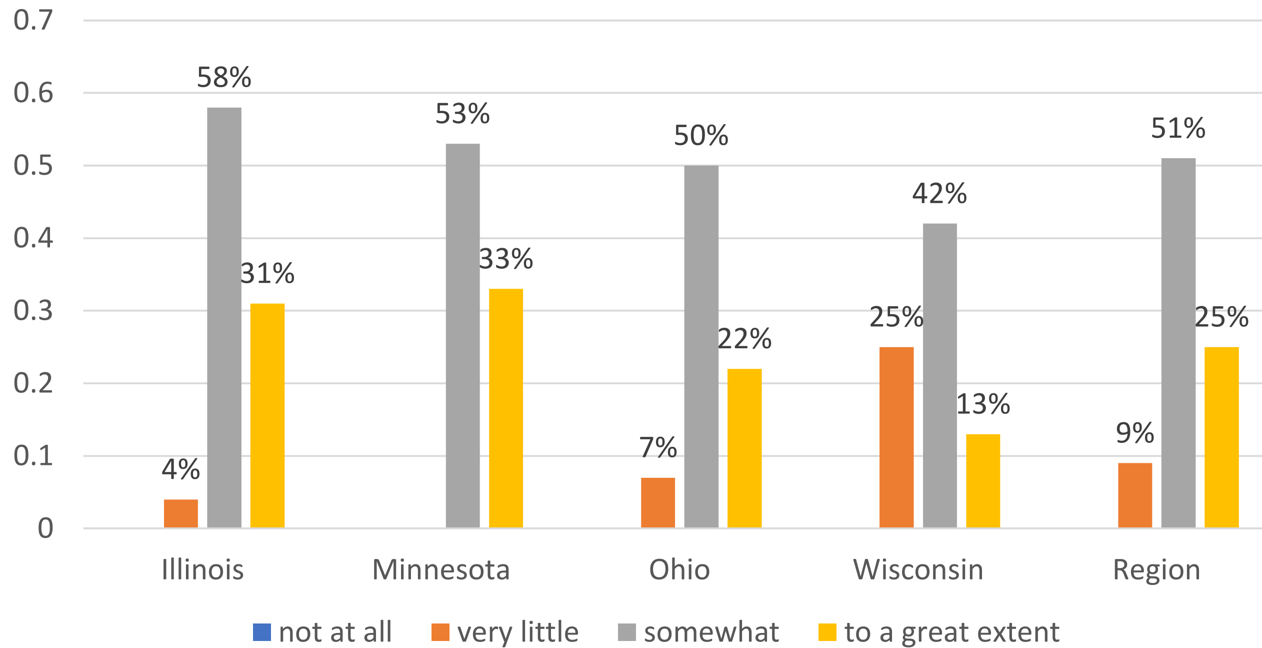
- Desire for standardization
- Determined the use of four instructional modalities:
  - Self Study, Online Discussion, In Person Sessions and Clinical/Community Placement
- Call for submission of resources such as articles, videos, etc., existing course materials
- Organized into units using Curriculum Mapping
- Patient Cases
- Organizational Case

Clinical & Community Placement

- Agreed upon target of 4 hours minimum
- Primarily clinics with established relationship to MATEC
- Activities:
  - Structured observation
  - Patient Interview
  - Staff interview
  - Observation of staff
  - Shadowing a clinician
  - No actual patient care

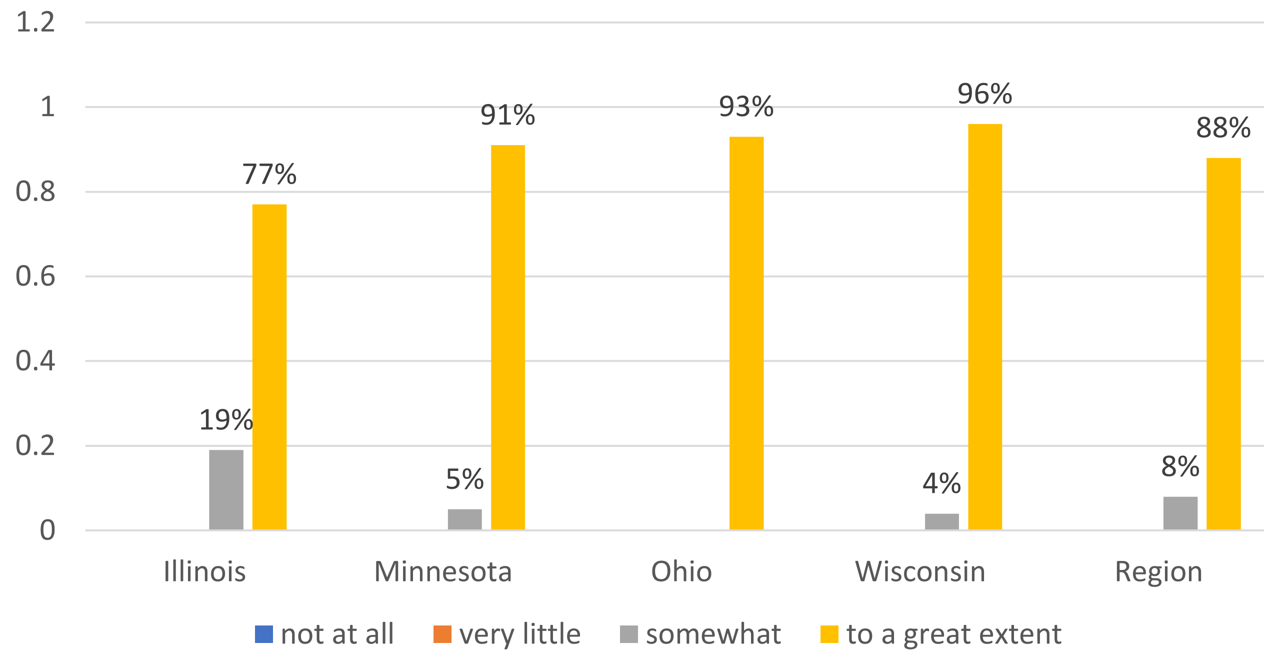
HELLO
SUCCESS

Anticipated Involvement with HIV Care in Career
(N=85)



Anticipated Involvement with ICP in Career

(N=85)



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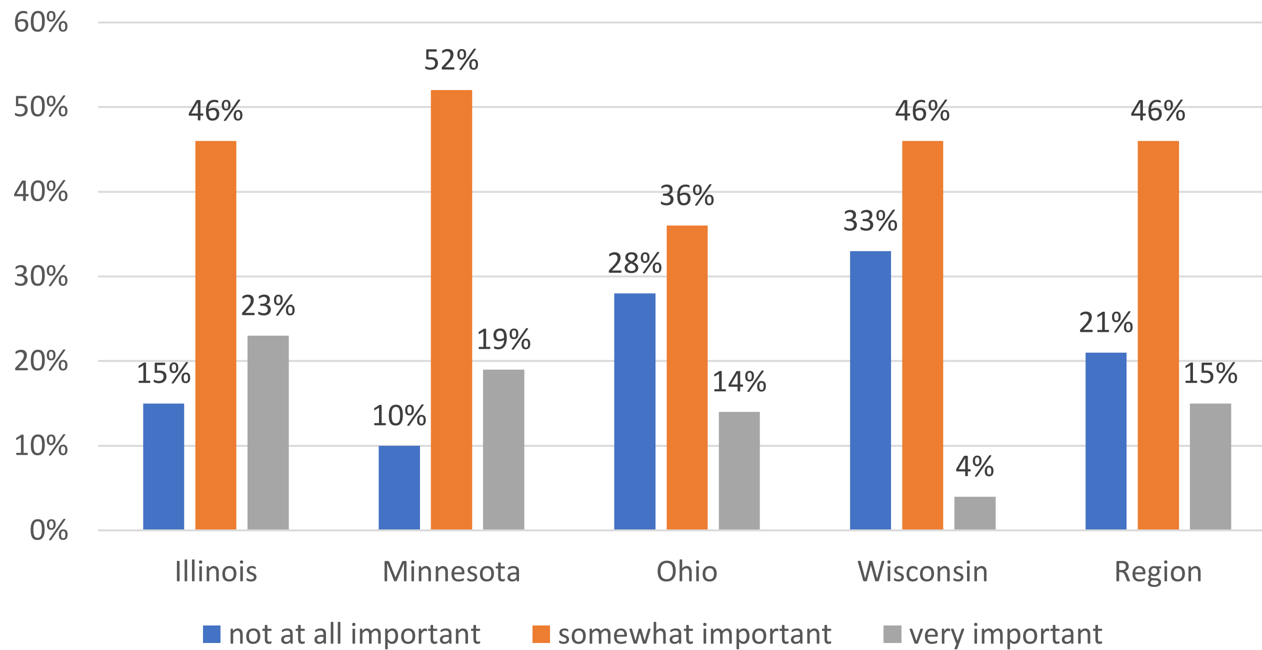
Importance of Involvement with HIV Care in First Position
(N=85)



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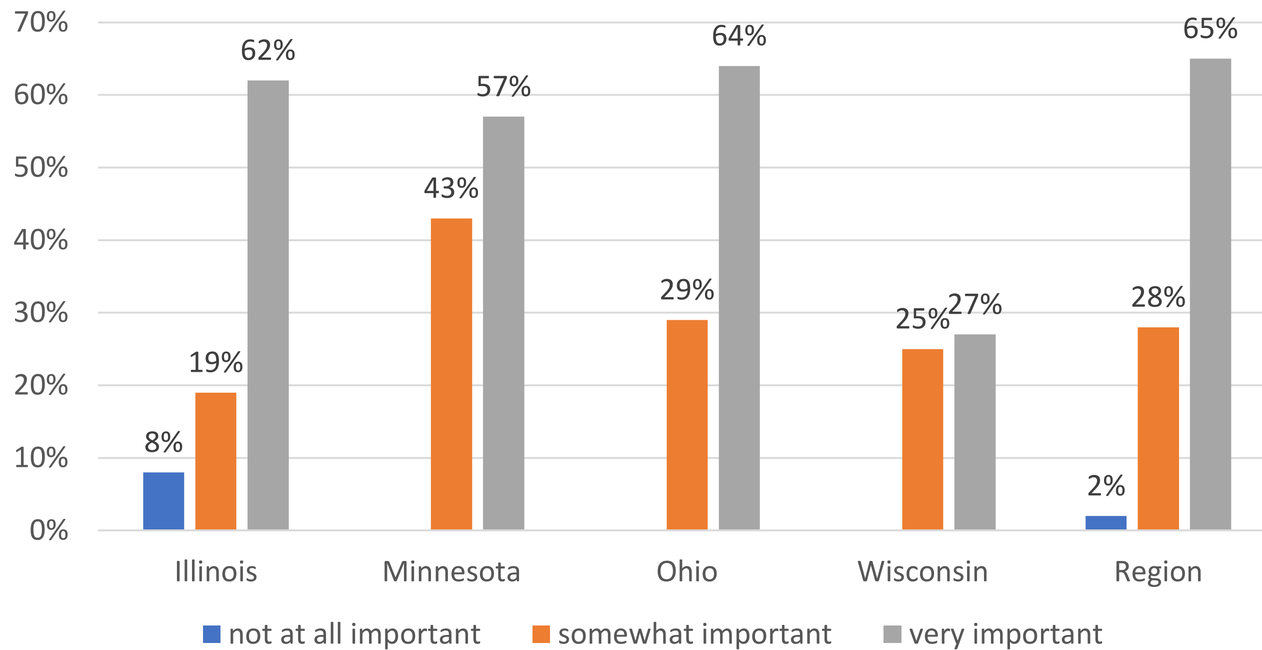

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Challenge
1
2

Standardization Among Multiple Academic Institutions

University of Cincinnati

University of Nebraska

University of Illinois at Chicago

University of Minnesota

University of Wisconsin

Indiana University

Balancing the curriculum so that it is suitable for students from all professional programs

Time and effort coordinating clinical observations

Sustainability:

- The program is not sustainable on its own without external funding
- It is resource intense for each professional program to have only a small number of students in the program, but the depth of the program limits scalability

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Mountain West AETC

Paul F. Cook, PhD

Associate Professor, University of Colorado College of Nursing

Evaluator, Mountain West AETC

Welcome to Colorado

<u>IPE at the University of Colorado:</u>

- Academic medical center
- Designated Hispanic-serving college
- Strong history of IPE training
- For HIV, highest-prevalence state in our region …
- … But still relatively low prevalence!
- HIV care experts in Denver
- Yet most clinicians (and faculty) don't serve PLWH

Getting Our Foot in the Door

Topics in High Demand:

Motivational interviewing – coaching patients to improve healthy behaviors or to self-manage chronic diseases

Communication methods / difficult conversations

Quality improvement methods for health care systems

Health care for vulnerable and underserved populations

Primary care for patients with complex comorbidities

Topics with Nearly Zero Demand:

HIV prevention, testing, and care!

IPE/HIV
FOR PRIMARY CARE

We can help you teach your students:
- motivational interviewing / behavior change
- interprofessional team communication
- quality improvement methods

We offer advanced training on:
- HIV testing and prevention
- treatment of HIV infection
- primary care for patients with HIV

Classroom-Based Approach

Work within existing curriculum to build skills – 295 faculty

- Everyone needs to know about HIV testing and basic ART
- Everyone must be able to work in interprofessional teams
- Everyone can access specialist consultation as needed
- TA based on faculty interests: 34 nursing, 5 pharm, 17 MD
- Students reached: 616 nursing, 455 pharm, 31 MD, 17 other

Identify students interested in HIV care for practicum –

- Link students to further training resources on HIV care
- Offer clinical rotations in IP HIV clinics: 8 nursing, 27 pharm

"HIV Primary Care" Component

- Baseline post-grad survey results (May/August 2016)
  - Nurses (*n* = 38): 16% offer testing, 12% HIV care
  - Pharmacists (*n* = 21): 10% offer testing, 5% HIV care

- Top training topics, 2015-2018:
  - 71% HIV care (e.g., ART basics, adherence)
  - 51% HIV testing
  - 49% HIV prevention, risk assessment, PrEP
  - 44% mental health, substance use (esp. opioids)
  - 37% primary care, aging, comorbidities34% cultural competency, minority populations
  - 26% quality improvement topics
  - 20% educational program development
  - In 2017-18: 14% transgender patients' health
- Topics of most interest to *faculty*: ART meds, HIV primary care
- … to *students:* motivational interviewing, team care, HIV prevention

"Interprofessional Teams" Component

THEORY

PRACTICE

Ongoing Challenges for IPE

- Schools each have a different calendar
- Professions have different accrediting agencies, core competencies, licensing requirements, etc.
- Everyone thinks they are "already doing IPE"
- Limited opportunities for students to learn "with, from, and about" one another
- Medical students were a particular challenge: paying prix fixe vs. per-credit, faculty teaching on the side vs. hired primarily to teach
- Limited student slots at HIV clinic, so few had clinic-based IPE

A New Target: Primary Care Residencies

Train IP practicum groups at primary care clinics, adding HIV content to Colorado's existing IPE initiatives. Better opportunities for IPE, and for integration of teaching with clinical experiences.

CeDAR (Year 1): 3 MD, 1 pharm, 10 MH, 5 addictions, 2 public health

- Inpatient/outpatient treatment center for substance use disorders
- IP care team with mental health, medicine, nursing

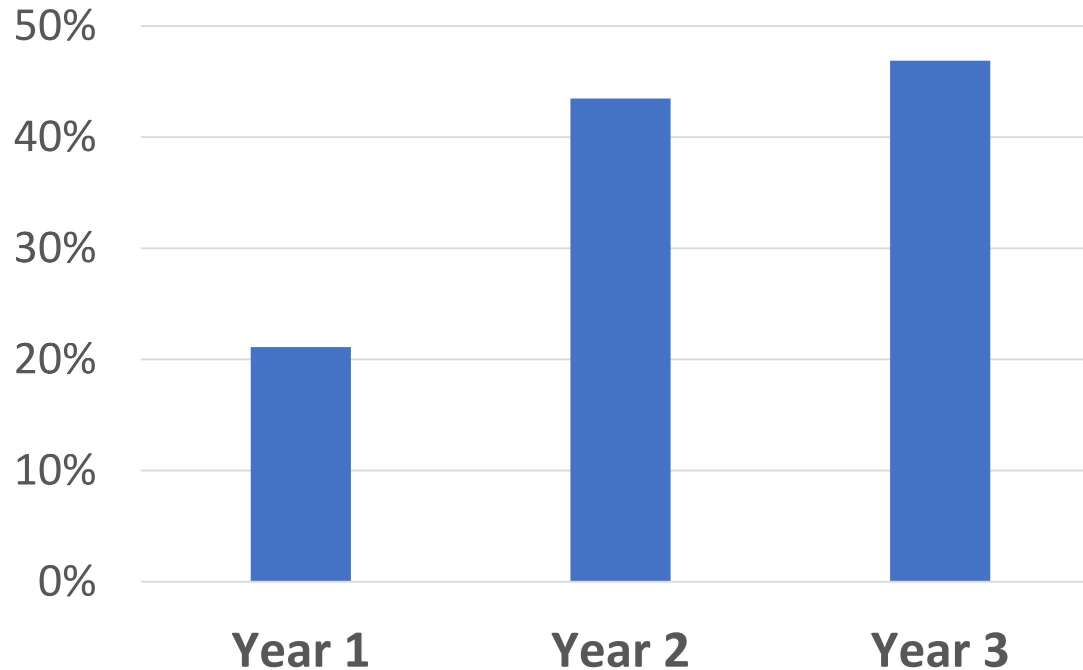
DAWN Clinic (Years 2 & 4): 2 pharm, 3 RN, 3 APRN, 3 MD, 5 MH/other

- Student-led free clinic with an underserved, mainly Hispanic population
- IP care team with medicine, nursing, pharmacy, dentistry

AF Williams Clinic (Years 2-4): 26 MD, 23 MH, 2 APRN

- FQHC with an underserved, Hispanic and non-Hispanic population
- IP care team with medicine, nursing, PAs
- Integrated behavioral health services as part of statewide improvement grant

More Interprofessional Training Groups



Percent of training events that involve trainees from more than one profession simultaneously

Resources and Mentoring

Slidesets:

- Motivational interviewing (adherence, retention, or other health behavior)
- Difficult conversations with patients
- Mental health issues in HIV
- Opioid / MJ / other substance abuse
- Integrated medical/behavioral care
- HIV primary care (5 slides that can be inserted into talks on other primary care topics)
- HIV and aging; HIV and fatigue
- Social determinants of health (HIV examples)
- Care for GLBT patients (focus on transgender)
- Quality improvement methodologies

Online videos:

- Motivational interviewing
- Opioid abuse: current trends, use of MI
- Quality improvement (uses of data, QI vs. research)
- Marijuana (illegal, medical, and recreational)

Annotated bibliographies: MI, linkage, adherence, retention

Links to AETC Online National HIV Curriculum modules

Links to the AETC National Clinicians' Consultation Center (NCCC)

Our website: https://canvas.instructure.com/courses/1111194

A Success Story …

- A recent nurse practitioner graduate (adult-geriatric APRN)
- Had completed a 12-week practicum at the University of Colorado Hospital's Ryan White Clinic, with a nurse practitioner who trains for the AETC
- Experience working with PLWH in a clinical setting, and with an interprofessional team that included medicine, pharmacy, mental health, medical social work
- Now in practice at a rural primary care clinic
- Knew the AETC offered resources and how to contact us
- Tests for HIV in her clinical work, and identified a new patient
- Reached out to us and received the latest ART training resources from the HIV National Curriculum, plus the number for clinical consultation from the NCCC
- With support, is managing her patient's HIV care in the rural primary care setting

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Thank You!

Paul F. Cook, PhD

Paul.cook@ucdenver.edu

NEAETC IPE: HIV and Viral Hepatitis Fellowship

Philip Bolduc, MD, AAHIVS

Assistant Professor of Family Medicine and Community Health, University of Massachusetts Medical School

Principal Investigator, New England AIDS Education and Training Center

HIV and Hepatitis Program and Fellowship Director, Family Health Center of Worcester

NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT 2018

NEAETC Interprofessional Education: HIV and Viral Hepatitis Fellowship

A collaboration between:

- New England AIDS Education and Training Center
- Family Health Center of Worcester (FHCW)
- University of Massachusetts Department of Family Medicine and Community Health

One-year, non-ACGME accredited fellowship

Family Medicine and Internal Medicine physicians and Advance Practice Clinicians

Mission Statement

The NEAETC/FHCW/UMass HIV and Viral Hepatitis Fellowship seeks to train family and internal medicine primary care specialists to also become experts in outpatient HIV, Hepatitis B and Hepatitis C management, as well as educators and leaders in the care of these patients in primary care settings.

HIV Collaborative Care Model

Embed primary care HIV specialists in primary care clinics

HIV Specialists help "up-skill" non-HIV expert generalists through patient-based and in-house CME education

- Following patients on ART, addressing adherence, and recognizing HIV regimen failure
- Assessing routine vs. serious infections and complications of HIV treatment
- Carrying out HIV primary care – vaccinations, screening for STIs and cancer
- Managing mental health and addiction issues

Chu C, Selwyn P. An Epidemic in Evolution: The Need for New Models of HIV Care in the Chronic Disease Era. Jour Urban Health. 2011; 88: 556-566.

HIV Collaborative Care Model

Supports the PCMH values

- Continuity of care (same people)
- Comprehensive care (same location)

Uses PCP skills for prevention and management of chronic diseases

De-stigmatizes care location

Chu C, Selwyn P. An Epidemic in Evolution: The Need for New Models of HIV Care in the Chronic Disease Era. Jour Urban Health. 2011; 88: 556-566.

HIV Collaborative Care Model

Larger workforce of PCPs – MDs, PAs, NPs – alleviates access problem to provide:

- Better engagement with care
- Timelier initiation of ART
- Better health-related quality of life
- More cost-effective health services utilization

Addresses HIV workforce shortage

Chu C, Selwyn P. An Epidemic in Evolution: The Need for New Models of HIV Care in the Chronic Disease Era. Jour Urban Health. 2011; 88: 556-566.

Fellowship Elements

Outpatient clinic of their own: HIV, HBV, HCV and primary care

Collaborative care visits with other PCPs

Preceptor time with fellowship director

Teaching rounds with inpatient ID attending

Fellow time (self- and collaborative study)

- AAHIVM Fundamentals of HIV Medicine
- DHHS and IDSA/AASLD guidelines
- Webinars
- National HIV Curriculum, U.Washington HBV/HCV self-study

Fellowship Elements continued

Weekly ID grand rounds at UMass

Weekly HIV team meetings

HIV Conferences

Quality improvement projects

Teacher development

- UMass Teachers of Tomorrow conferences
- NEAETC talks, in-house resident and provider presentations

Fellowship Daily Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
8:30-12:00	Fellow time with program director, self-study time	Self-study time	Clinic	Clinic	ID grand rounds, ID teaching attending time
12:00-1:30	Admin time	Family Medicine Grand Rounds	Admin time	Admin time	Admin time
1:30-5:00	Clinic	Self-study time	HIV Team Meetings (Mass CARE, Interdisciplinary, Case Conferences, CQI)	HCV team meeting, Self-study time	Clinic

Education Plan

1) HIV Basic Science
   - Virology
   - Pathogenesis
   - Transmission
   - Epidemiology
2) Antiretroviral Management
4) HIV Clinical Manifestations
5) HIV-Specific Primary Care
6) Hepatitis B and C
7) HIV Transmission Prevention
8) Special Populations and Topics
   - Perinatal HIV
   - Substance abuse and chronic pain
   - Refugee health
9) Public Health, Leadership and Teaching

Fellowship Evaluation

AAHIVM HIV Specialist Certification

- Exam taken at the end of the fellowship
- All fellows have become or are in the process of becoming AAHIVM HIV Specialists

New in 2017-2018: National HIV Curriculum

- Fellowship director able to track the fellows' progress in the curriculum

How is this an IPE program?

ND, NP and PA fellows are fully embedded in the FHCW Interdisciplinary Ryan White program, working with, teaching and learning from:

- Nurses
- Adherence counselors
- Social and medical case managers
- Licensed social workers
- Mass College of Pharmacy residents

How is this an IPE program?

Fellows teach at various venues:

- Family Health Center staff meetings and Learning Lunches
  - Includes MDs, NPs, PAs, behavioral health and pharmacy departments
- Resident outpatient didactic sessions
- Resident inpatient morning report
- NEAETC events for NPs, PAs, MDs, nurses, medical translators

Fellows then bring their skills to other primary care / community health center settings where interdisciplinary teamwork is the norm

Outcomes

Navid Roder, MD

- FHCW Assistant HIV Program Director for 2 years, now working at UPenn FM residency clinic leading HIV in primary care, including an FM resident with an HIV area of concentration

Emily Colgate, MD and Amanda Oropeza, MD

- Spokane, WA FQHC – doing HIV, Hepatitis and primary care

Carrington Koebele, MD

- Baltimore, MD HIV clinic – doing HIV, Hepatitis and primary care

Babafemi Onabanjo, MD and Benjamin Alfred, NP

- Worcester, MA FQHC – doing HIV, Hepatitis and primary care

Rebecca Thal, NP – current fellow

- previously worked for Boston Health Care for the Homeless
- strong interest in caring for LGBTQ populations

Strengths

- Teaches practice of specialty HIV and Hepatitis care within the FQHC setting

    Naturally interprofessional in nature

- Significant access to teaching faculty and self-study time
- Maximizes use of on-line resources and case-based learning
- Utilizes academic resources of UMass while maintaining CHC focus
- Grooms fellows to be teachers and leaders in CHC-based HIV and Hepatitis care

Challenges

- Need to more formally involve other non-medical disciplines
  - Reach out to UMass College of Nursing program to establish formal collaboration
  - Invite FHCW social work intern(s) to join HIV team and develop an area of expertise in the care of HIV patients
  - Expand MCPHS pharmacy residents from 1 to 2 per year
- Limited patient volume (260 at FHCW)
  - Consider expansion to sister FQHC in Worcester (Edward M. Kennedy CHC)

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NEAETC IPE:
HIV and Viral Hepatitis Fellowship

Thank you!

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Principal Investigator, New England AIDS Education and Training Center

HIV and Hepatitis Program and Fellowship Director, Family Health Center of Worcester

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Los Angeles Area HIV IPE

Tom Donohoe, MBA

Professor of Family Medicine

Director, Los Angeles Area Pacific AIDS Education and Training Center (LA PAETC)

Associate Director, UCLA Center for Health Promotion and Disease Prevention

David Geffen School of Medicine at UCLA

What did we propose?

<u>One Inter-Professional Education Program:</u>

- Charles Drew University (CDU), Mervyn M. Dymally School of Nursing
- David Geffen School of Medicine at UCLA
- University of Southern California (USC) School of Pharmacy

<u>Two Major Assumptions:</u>

- Each school would manage its own HIV and IPE curriculum
- Students from each school would gather together for in-clinic practicum experiences at Ryan White clinics throughout the county

What kinds of challenges have we faced?

- Leadership changes
- Intermingling of 3 institutional cultures x 3 professions
- HIV expertise lacking at CDU nursing school
- Standardized curricula developed by committee
- Affiliation agreements (3 for each of 6 rotation sites)
- Diverse (and distant) practicum sites
- Recruitment of students for new elective/practicum experience

What are we proud of?

- 33 practicum graduates
- Over 800 students exposed to enhanced HIV IPE curricula
- 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
- **Our video, which you are about to see ….**

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South Central AETC Interprofessional Education

Lindsey E. Prihoda

Project Manager Interprofessional Education Program (IPE)

Parkland Health & Hospital System, Dallas, TX

South Central AIDS Education & Training Center (SCAETC)

Two week rotation per month

Parkland Health and Hospital System

- Serving Dallas County since 1894
- One of the largest public hospital systems in the country
- Parkland's HIV service has 25-40 patients with HIV admitted at any point in time

Amelia Court

- HIV outpatient clinic
- Approximately 6,000 patients receiving care, largest in Dallas area

Strengths

Multidiscipline Student Participation

- Medical
- Nurse Practitioners
- Pharmacy
- Physician Assistants
- Clinical Nutrition
- Rehabilitation Counseling
- Social Work

Strengths II

Faculty worked as a team to select IPEC (IPE Collaborative) competencies appropriate for the rotation.

- Value/Ethics for collaborative practice
- Team work
- Roles and responsibilities
- Interprofessional communication

Strengths III

One patient: individual interviews by several students

- Goals:
  - Learn important aspects of history taking from different professional perspectives
  - Understand how different perspectives can lead to very different information
  - Discuss the value of seemingly irrelevant or tangential information

Challenges

Logistics

Institutions: Dallas, TX

- UT Southwestern (3 disciplines)
- Texas Tech (2 disciplines)
- Texas Women's University
- UT Arlington
- University of North Texas

Lessons Learned

Every learner AND learning group is unique

- Outpatient vs inpatient experiences differs
- Need for organized structure differs
- Team dynamic differs
- More challenging than anticipated to follow the same patient from inpatient to outpatient
  - Heavy no-show rates for post-hospital discharge visits
  - Variable patient acceptance

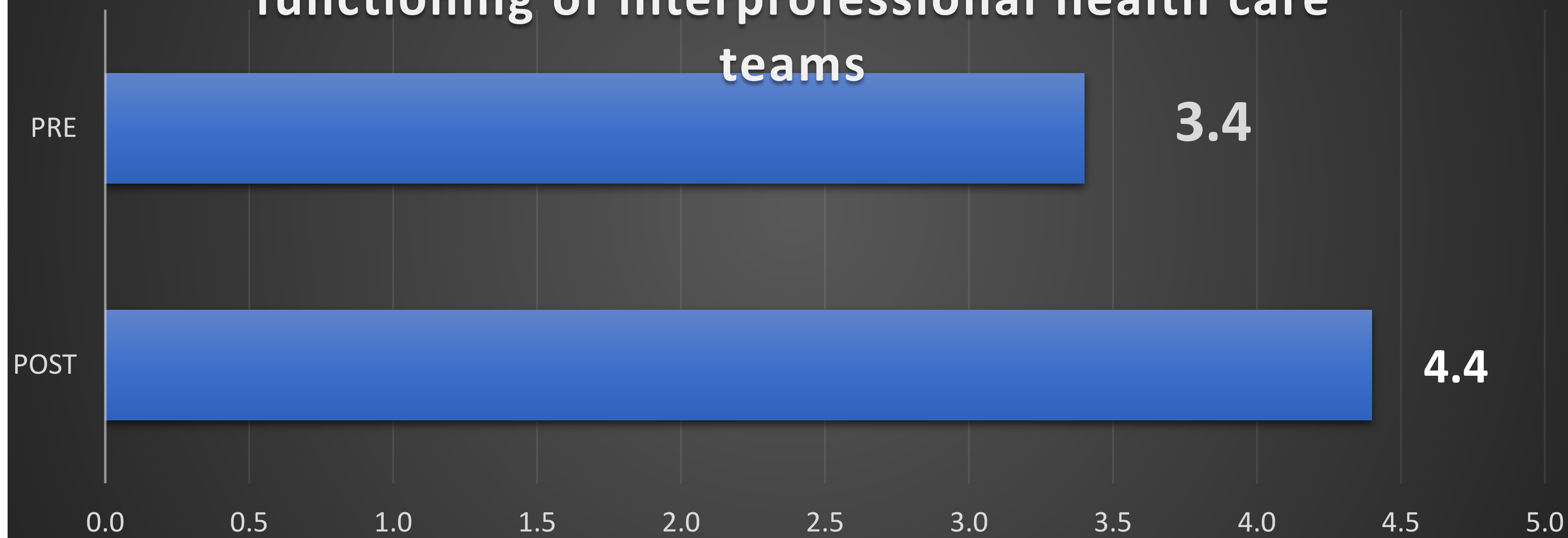
Mission Fatigue: Providers get overwhelmed with balancing work and teaching roles

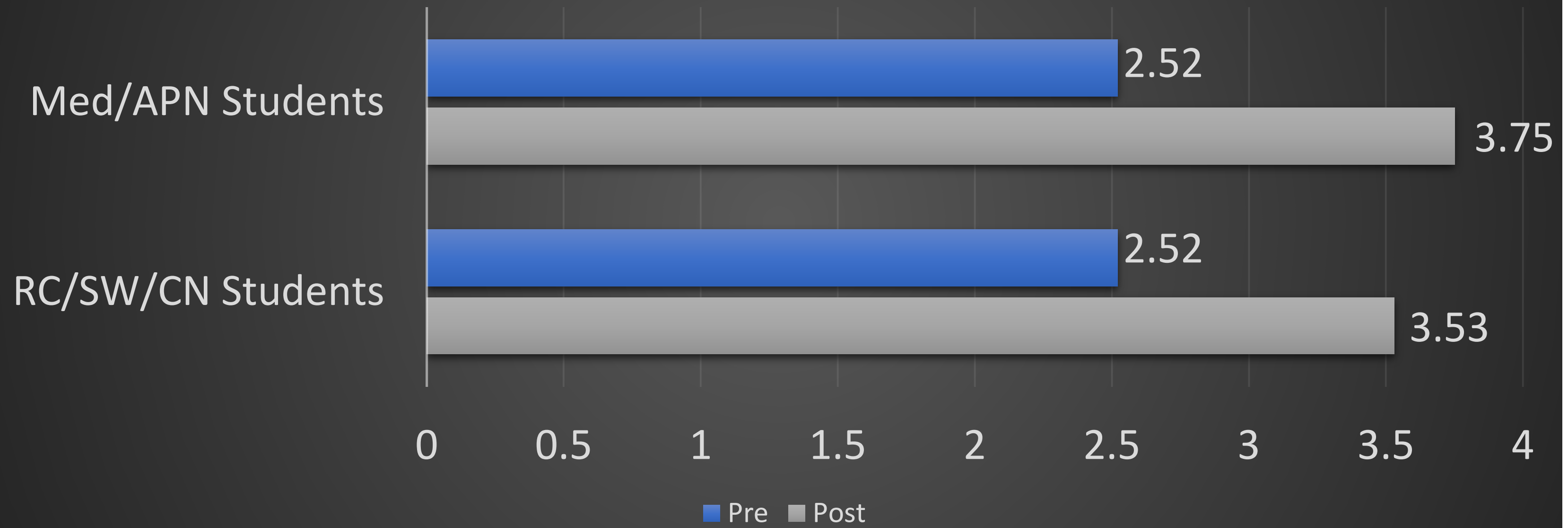
Lessons Learned II

- Mission Fade: Providers forget what the rotation is designed for
- Size matters: Computers, rounding rooms get crowded
- On-site champions can affect the entire experience
- Partners and collaborators change over time
- Student flux from each discipline is variable throughout year
- Credentialing students to enter a clinical space is a time consuming and resource heavy process
  - Deadlines for signing up for rotations are critically important

Outcomes

- Pre- and post-surveys of the HIV inter-professional education experience conducted
- 21 Cohorts completed
- 70 participants


Rate your current level of knowledge on the ideal functioning of interprofessional health care teams
PRE
POST
3.4
4.4
0.0
0.5
1.0
1.5
2.0
2.5
3.0
3.5
4.0
4.5
5.0



Changes in HIV-Related Competencies
Med/APN Students
RC/SW/CN Students
2.52
3.75
2.52
3.53
0
0.5
1
1.5
2
2.5
3
3.5
4
Pre
Post

Student Feedback

Question to students: Would you now consider a career within HIV prevention and treatment?

"Yes! I love these patients and HIV treatment is fascinating!"

"I would love to work within HIV prevention and treatment!"

"Yes, I would consider a career within HIV. My interest and knowledge has grown."

" I would consider volunteer work for the underserved population. This rotation was emotional for me, and maybe as I grow as a provider possibly to help with the adjustment to outpatient."

Next Steps

Measure impact of the IPE Program

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SE AETC IPE Overview

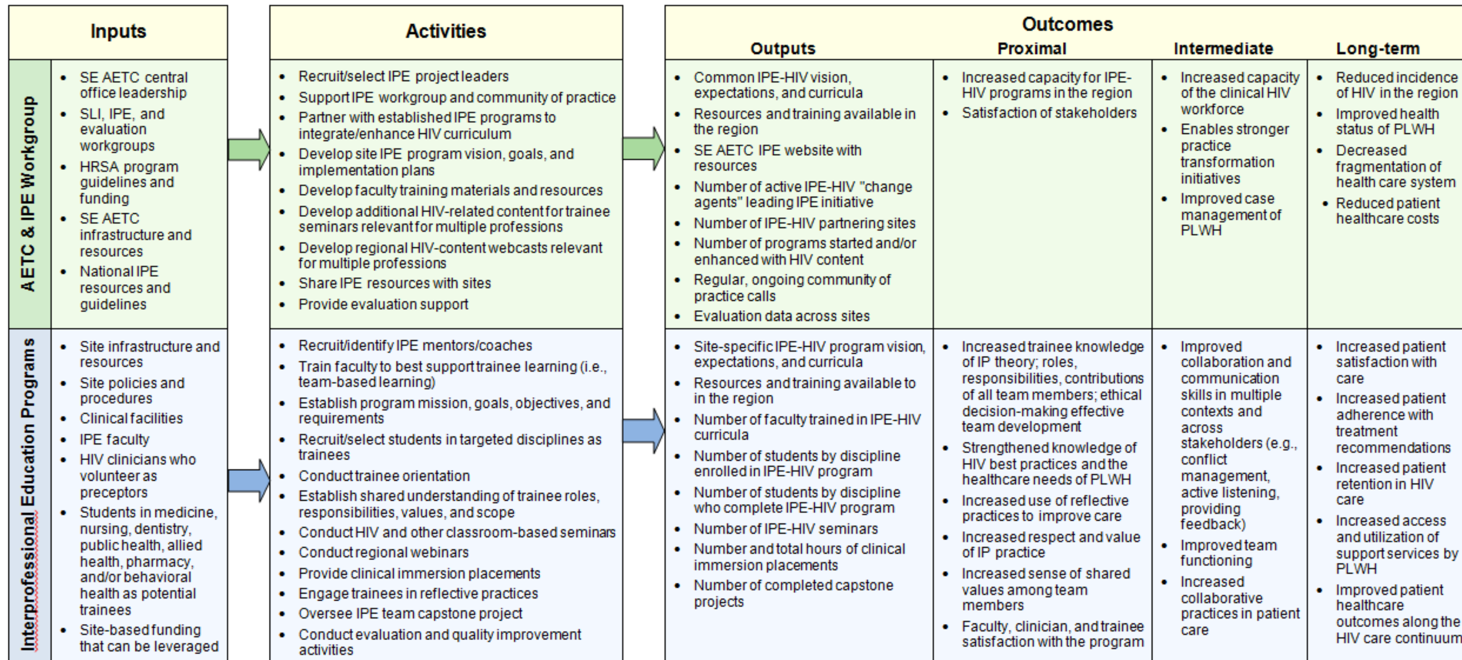
Jennifer Burdge, MEd.

Program Director – Southeast AETC

Vanderbilt Comprehensive Care Clinic

Vanderbilt University Medical Center

SE AETC IPE Logic Model



SE AETC Interprofessional Education Logic Model

	Inputs	Activities	Outcomes			
			Outputs	Proximal	Intermediate	Long-term
AETC & IPE Workgroup	• SE AETC central office leadership • SLI, IPE, and evaluation workgroups • HRSA program guidelines and funding • SE AETC infrastructure and resources • National IPE resources and guidelines	• Recruit/select IPE project leaders • Support IPE workgroup and community of practice • Partner with established IPE programs to integrate/enhance HIV curriculum • Develop site IPE program vision, goals, and implementation plans • Develop faculty training materials and resources • Develop additional HIV-related content for trainee seminars relevant for multiple professions • Develop regional HIV-content webcasts relevant for multiple professions • Share IPE resources with sites • Provide evaluation support	• Common IPE-HIV vision, expectations, and curricula • Resources and training available in the region • SE AETC IPE website with resources • Number of active IPE-HIV "change agents" leading IPE initiative • Number of IPE-HIV partnering sites • Number of programs started and/or enhanced with HIV content • Regular, ongoing community of practice calls • Evaluation data across sites	• Increased capacity for IPE-HIV programs in the region • Satisfaction of stakeholders	• Increased capacity of the clinical HIV workforce • Enables stronger practice transformation initiatives • Improved case management of PLWH	• Reduced incidence of HIV in the region • Improved health status of PLWH • Decreased fragmentation of health care system • Reduced patient healthcare costs
Interprofessional Education Programs	• Site infrastructure and resources • Site policies and procedures • Clinical facilities • IPE faculty • HIV clinicians who volunteer as preceptors • Students in medicine, nursing, dentistry, public health, allied health, pharmacy, and/or behavioral health as potential trainees • Site-based funding that can be leveraged	• Recruit/identify IPE mentors/coaches • Train faculty to best support trainee learning (i.e., team-based learning) • Establish program mission, goals, objectives, and requirements • Recruit/select students in targeted disciplines as trainees • Conduct trainee orientation • Establish shared understanding of trainee roles, responsibilities, values, and scope • Conduct HIV and other classroom-based seminars • Conduct regional webinars • Provide clinical immersion placements • Engage trainees in reflective practices • Oversee IPE team capstone project • Conduct evaluation and quality improvement activities	• Site-specific IPE-HIV program vision, expectations, and curricula • Resources and training available to in the region • Number of faculty trained in IPE-HIV curricula • Number of students by discipline enrolled in IPE-HIV program • Number of students by discipline who complete IPE-HIV program • Number of IPE-HIV seminars • Number and total hours of clinical immersion placements • Number of completed capstone projects	• Increased trainee knowledge of IP theory; roles, responsibilities, contributions of all team members; ethical decision-making effective team development • Strengthened knowledge of HIV best practices and the healthcare needs of PLWH • Increased use of reflective practices to improve care • Increased respect and value of IP practice • Increased sense of shared values among team members • Faculty, clinician, and trainee satisfaction with the program	• Improved collaboration and communication skills in multiple contexts and across stakeholders (e.g., conflict management, active listening, providing feedback) • Improved team functioning • Increased collaborative practices in patient care	• Increased patient satisfaction with care • Increased patient adherence with treatment recommendations • Increased patient retention in HIV care • Increased access and utilization of support services by PLWH • Improved patient healthcare outcomes along the HIV care continuum

Assumptions
Collaborative teams can provide better care to PLWH, and IPE helps professionals learn how to work in teams and understand the roles of different providers play in providing care

External Factors
Funding for IPE programs, proximity of different professional programs, schedules of those programs, graduation requirements, clinics willing to provide clinical experience to students, patients willingness to work with students

IPE Program Goals

- Cultivate respectful professionals
- Prepare a collaborative-practice–ready work force
- Improve health care delivery and systems
- Create self-directed lifelong learners

Image Resource: https://www.pexels.com/photo/photo-of-four-persons-uniting-hands-943630/

HIV & IPE Objectives

- Discuss basic pathophysiology of HIV and its effect on the immune system
- Describe the epidemiology of HIV/AIDS
- Identify the social determinants of health that can uniquely impact PLWH
- Utilize available health resources in a responsible manner to provide quality care and support services for PLWH

IPE Projects

- Developed Completely New HIV IPE Projects

- Added HIV Education Into Existing Program

IPE Developed Standards

- Student Teams of 4 or 5 (MD, NP, Pharmacy, Social Work, Mental Health, Some PA, Public Health, Nutrition, Dental)
- 20 Hours Classroom or team course work (with at least 4 hours of HIV per year)
- 40 Hours Clinical Team Practice in a setting providing clinical HIV care – per year
- Capstone or Quality Improvement Project

Curriculum Topics

- Interprofessional Plans of Care
- Team Roles and Responsibilities
- Medication Reconciliation
- Quality Improvement and Patient Safety
- Transitions of Care/Settings of Care
- Patient Advocacy
- Patient Education and Health Coaching
- Patient Centered Communication

HIV Curriculum - Session Sample

Pre-Study

- RadioLab Podcast – Patient Zero
- Review HIV 101 Recording
- Complete Inpractice Module: Epidemiology of HIV
- Complete group study assignment

- Historical context
- Ryan White Care Act
- HIV Care Continuum
- Epidemiology of HIV
- HIV Testing Recommendations
- Pathogenesis of HIV infection
- Social Determinants of Health

Faculty Training

Agenda:

- What is the AETC Program?
- How does it fit with IPE?
- Examining attitudes, beliefs and stigma of HIV
- Introduction to HIV (History and Pathogenesis)
- Faculty Manual – The Case of Morgan Rivera
- Other Items: PrEP, ART 101, Case Management (MI), Test & Treat, comorbidities

Faculty Manual

- Guides facilitators through each HIV IPE session
- Video introductions maintain consistency between sessions
- The facilitator uses the guide to work through answers to tests provided after each video
- Manual helps facilitator guide the groups through a practice case that flows through the entire year
- Provides definitions, answers to common HIV Questions, and further explanations of social determinants and co-morbidities

Challenges

- Creating new IPE Programs – Schedules differ by School
- Adding HIV into Existing Programs – Agreeing on value added changes to curriculum
- Determining consistent measurable outcomes between all four projects (different paths – consistent outcome)
- Developing Process for tracking students beyond the program (surveys and email addresses)

Program Monitoring

- Weekly 2 hour Central Office Team Meetings
- Monthly 1 hour Partner Group Conference calls
- Monthly IPE Community of Practice Work Group calls
- Monthly individual Partner calls
- Three day face-to-face live partner meeting in May each year
- Site visits every other year
- Monthly Narrative Reports and Work plan updates
- Events tracked through moXse, Core-IP and IPE Evaluation

IPE Statistics

All data discussed today is from events between **September 1, 2015 – June 30, 2018**

5,547 Trainees

355 Events

1,865 Hours

IPE = Increased HIV Workforce

	Tennessee	South Carolina	Kentucky	Florida
Social Workers	2	3	1	1
Pharmacists	2		1	2
Nurse Practitioners	2 Psych			
Medical Students	1 – plans for ID	1- plan for ID		

Did IPE Influence your Career Choice?

"100,000% IPE influenced me. I learned that I like managing complex patients, both medically and socially. Being at the VCCC has been so enjoyable and I am strongly considering ID as a specialty." ***(Medical student)***

"Prior to starting IPE I did not have plans to work specifically with individuals living with HIV. IPE has opened my eyes to the opportunities available in working with this population and given me confidence in navigating the resources available to them. Now, I can see that working with this population encompasses all the demographics that I want to see in my future practice. Whenever I am asked, I tell people it would be an honor to continue working with this population. ***(Nursing student)***

Did IPE Influence your Career Choice?

“My baseline knowledge of HIV/AIDS was not much more than knowing what the acronyms stood for. After starting the program, I began to feel very attached to this patient population and was fascinated by not only HIV, but infectious diseases in general. It is such a unique population of people and it opened my eyes to caring for a person as a whole. There is so much misinformation and lack of knowledge/experience, even among educated professionals, that I definitely took ownership in being the person that others came to for questions or insight. I knew very early on that I wanted a career that somehow involved working with people living with HIV. Unfortunately, there are few career opportunities for pharmacists that are as niche as working with people living with HIV. However, after graduation I began working as a clinical staff pharmacist at the hospital in my hometown of Glasgow, KY where I became the unofficial "infectious disease pharmacist" (we are too small to really have specialties). I have been able to educate many of my colleagues about the nuances of this population and disease state. I think I will always feel a connection to this population of people.” **(Pharmacist student)**

Did IPE Influence your Career Choice?

"This was a wonderful experience. IPE helped me to gain insight into a population that I had never thought of working with. I had little to no knowledge of HIV/AIDs but love to learn. The staff at the SC AETC was a wealth of knowledge and were so patient to explain things in a way that did not overwhelm me. My favorite part of the experience was being able to shadow a client from the beginning of an appointment in the waiting room to check out. It was really amazing to see everything that client's go through during one visit with their doctor from labs to case management. IPE gave me the confidence to apply to my now job at Careteam+ in Conway, SC as a medical case manager. Without that prior experience, I would not have considered myself qualified for the job. Flash forward and I now have 80 clients that are HIV positive that I have the privilege of working with as their case manager. I am beyond grateful for the IPE experience and the opportunities it has afforded me." (Social Work Student)

Did IPE Influence your Career Choice?

"IPE helped me to gain insight into a population that I had never thought of working with. I had little to no knowledge of HIV/AIDs but love to learn. My favorite part of the experience was being able to shadow a client from the beginning of an appointment in the waiting room to check out. It was really amazing to see everything that a client will go through during one visit with their doctor from labs to case management. IPE gave me the confidence to apply to my now job as a medical case manager. I now have 80 clients that are HIV positive that I have the privilege of working with as their case manager. I am beyond grateful for the IPE experience and the opportunities it has afforded me." **(Social Work Student)**

Capstones: Understanding Why Patients Missed Appointments

Top Five Reasons for No Show

- Transportation
- Patient not understanding importance
- Scheduling Issues
- Forgetfulness
- Stigma

Patients will reschedule in 3 days

An Improved Understanding of Why Patients Miss Appointments

Vanderbilt Comprehensive Care Clinic

Duy Tran[1], Matthew Maulis[1], Jeff Leininger[2] & Monisha Bhatia[3]

Clinical Preceptor: Stephen Raffanti[3], MD, MPH

Capstones: Implementing a Health Coaching Model

- 15 patients -weekly phone calls
- Medication Adherence Counseling
- Encouraged to keep appointments
- All 15 patients showed decrease in viral load
- 40% missed calls due to unreliable phone
- 70% missed calls due to work, legal issues or errands
- 23% missed calls due to hospitalization
- 23% missed calls due to mood

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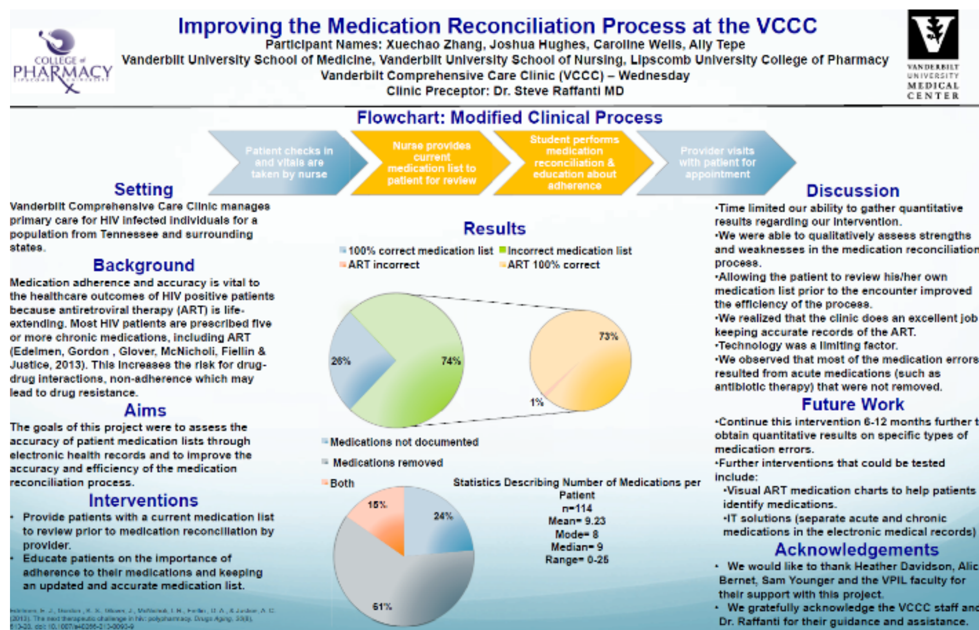
Capstones: Improving Medication Reconciliation Process

Students Determined

- More time with patients was needed for qualitative results
- Providing patient with med list ahead of time improved results
- ART meds were very accurate in the chart
- Errors arose from Acute meds - antibiotics



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