



Southeast AETC IPE Curriculum Outline

The Southeast IPE project will have at least 20 hours of a combination of lecture, online self-study, case studies and workshops per year. There should also be at least 40 hours of clinical team-based care in an HIV or ID clinic with patient interaction. This can also include home visits; standardize patient experiences and the capstone project.

Of the 20 hours of classroom and study time, at least 4 hours per year should be HIV related. The HIV curriculum is designed as a pod that can be inserted into an existing curriculum or expanded for a new IPE project.

The IPE page on the SE AETC website is up and contains links to additional IPE materials. Eventually the website will house power points, webcasts, articles and sample instruction videos that can be utilized by our region.

The SE IPE website can be found at <http://www.seaetc.com/programs-services/interprofessional-education-ipe/>

Overall IPE Program Goals

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

The SE IPE curriculum should include IPECs Core Competencies for Collaborative Practice found on the following website: https://ipecollaborative.org/uploads/IPEC-2016-Updated-Core-Competencies-Report_final_release_.PDF

Competency 1 - Work with individuals of other professions to maintain a climate of mutual respect and shared values. (Values/Ethics for Interprofessional Practice)

Competency 2 - Use the knowledge of one's own role and those of other professions to appropriately assess and address the health care needs **of patients** and **to promote and advance the health of populations**. (Roles/Responsibilities)

Competency 3 - Communicate with patients, families, communities, **and professionals in health and other fields** in a responsive and responsible manner that supports a team approach to the **promotion and** maintenance of health and the **prevention and** treatment of disease. (Interprofessional Communication)

Competency 4 - Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to **plan, deliver, and evaluate** patient/population-centered care **and population health programs and policies** that are safe, timely, efficient, effective, and equitable. (Teams and Teamwork)

For more detailed information, take a moment to peruse the Interprofessional Education Guide (pages 4-16): https://ipecollaborative.org/uploads/APTR-HPCTF_IPE_Crosswalk_2013.pdf

IPE Clinical Curricular Topics:

(this experience should provide the health professional students the opportunity to work as a team in a clinical setting serving people living with HIV.)

- 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

Clinical experiences can also include home visits, standardized patient experiences and capstone projects (final capstone poster and presentations are due in year 2)

HIV Curriculum

Curriculum to be used to provide foundational understanding of HIV pathogenesis to Interprofessional Teams of novice health professional students.

Overall HIV Learning Objectives:

1. Describe the historical context of HIV infection globally and in the US.
2. Recall the basics regarding HIV pathogenesis.
3. Discuss the epidemiology of HIV infection and how it may differ in the US from the rest of the world.
4. Identify who should be tested for HIV infection.
5. Explain indications for treatment of HIV.
6. List barriers to effective HIV diagnosis and treatment (ie, the HIV care continuum).
 - a. Identify the social determinants of health that can uniquely impact PLWH
 - b. Utilize available health resources in a responsible manner to provide quality care and support services for PLWH
7. Articulate how interprofessional teams of health students can best help PLWH

Process:

Sections may include: a) Asynchronous content learning that students do on their own before their clinical team based session; b) Discussion questions for each section that are focused on the IPE learning environment; c) Case studies that interprofessional teams would work through together or the “flipped classroom model” d) Didactic lectures, and/or e) key articles that can be discussed in journal club format.

Target audience:

Novice health professional students from health professional schools in their first or second year of study. Areas include MD, NP, Pharmacy, Social Work and Mental Health.



HIV Curriculum Outline

- I. **Objective #1: Understand the historical Context of HIV both globally and in the US.**
 - a. InPractice Module, reading: Epidemiology of HIV Infection in the Developing World, and Epidemiology of HIV Infection in the Developed World
 - b. Content source: Patient Zero, RadioLab Podcast. Starts at 16:04.
 - i. <http://www.radiolab.org/story/169879-patient-zero/>
 - ii. Group to prepare a 2-3 paragraph reflection on their thoughts about the content of the podcast.
 - iii. Discussion questions for group after listening:
 1. What are your thoughts after hearing about “Patient Zero” (Gaetan Dugas). Were you surprised to hear he was not, in fact, patient zero?
 2. Do you recall when you first heard about HIV/AIDS? Was there a person in popular culture that you remember had HIV (ie Magic Johnson, Greg Louganis, etc).
 3. The virus entered the US in 1966 from Haiti, and had come to Haiti from Africa- was that a story you were familiar with?
 4. What are some of the factors related to the spread of HIV around the world?
 5. 1908 was when HIV began in humans. How did scientists define “spillover”? What was the “spillover” for HIV?
 6. How did SIV jump to humans? What is the “cut hunter” hypothesis?
 7. Who is the real “Patient Zero?”
 8. How did history/ urban development/geography shape the HIV epidemic?
 9. How did this story change your perception of HIV and the epidemic?
 10. Describe “chimp zero” and how chimp spillover occurred?
 11. We talked about the history of HIV: what do you envision is the future of HIV infection? What will be the role for pharmacists, doctors, nurses, social workers in this field?
- II. **Objective #2: Be familiar with basics regarding HIV pathogenesis.**
 - a. Link to Powerpoint HIV Pathogenesis I and II, and/or B) Flipped Classroom.
 - b. Break up into 4 groups and teach about these topics. “Chalk talk” or visuals to teach the group encouraged.
 - c. Basics of CD4 and VL
 - d. How HIV infects a cell
 - e. How HIV replicates and infects a cell
 - f. Opportunistic infections
- III. **Objective #3: Who is at risk? Know the epidemiology of HIV infection and how it may differ in the US from the rest of the world.**
 - a. Epidemiology (in the past versus the present day)
 - Understand the face of the epidemic today and how it looks different than in past years.

- InPractice Module: Epidemiology of HIV Infection in the Developed World. Take posttest.
- Watch PBS documentary “Ending AIDS” Episode 2 on Atlanta/Fulton County Task force on HIV/AIDS.
- Case study on young African American gay male patient who is recently diagnosed. Use examples from PLWH you have seen in clinic.
- Optional focus on transgender individuals in a case study.
 1. “A Whole New Being: How Cricket Nimmons Seized the Transgender Moment” by Deborah Sontag, Dec 12, 2015.
 2. InPractice Module, reading: Special Considerations in the management of HIV-infected individuals from minority communities.
 3. Link to Powerpoint Presentation: Best Practices for Care of the Transgender Patient.
- What are risk behaviors for HIV? (How is HIV transmitted? How is it NOT transmitted?) Flipped classroom. Teach your colleagues about these topics.

IV. Objective #4: Be aware of who should be tested for HIV infection.

- a. Who should be tested for HIV? When is testing indicated?
- b. Current CDC algorithms for testing. Journal club on CDC guidelines: Laboratory testing for the diagnosis of HIV Infection: June 27, 2014.
- c. Understand acute infections. Discuss case study from a PLWH you may have seen in clinic.
- d. Limitations of current testing- the “window period”
- e. InPractice Module- reading: HIV Testing and Diagnosis and post-test.

V. Objective #5: Understand the indications for HIV Treatment

- a. Who should be treated? Review Guidelines for Use of Antiretroviral Agents in HIV-1 Infected Adults and Adolescent, July 14, 2016.
- b. Why do we treat people for HIV? (both individual and community benefit)
- c. High level ART information and drug-drug interaction risk. Link to PowerPoint Presentation by Ryan Moss PharmD on Drug-drug Interactions and Basics of ART.

VI. Objective #6: Be familiar with barriers to effective HIV diagnosis and treatment (ie, the HIV care continuum).

- a. **HIV Transmission:** Flipped Classroom. Divide into groups and each report back on the effectiveness of various methods for prevention of HIV transmission.
 - “Treatment as Prevention”- discuss HTPN 052 Study (Cohen et al, NEJM 2011;363:493-505) and PARTNER Study (Rodger et al, JAMA July 12, 2016).
 - Pre-exposure Prophylaxis (PrEP)- discuss the iPrEX study (Grant N Engl J Med 2010; 363:2587)
 - Male circumcision- discuss Bailey et al, “Male circumcision for HIV prevention in young men in Kisumu, Kenya” Lancet , Feb 24 2007 and Gray et al, “Male circumcision for HIV prevention in Rakai, Uganda”, Lancet, Feb 24, 2007
 - Behavior modification- discuss Coates et al, “ Behavioural strategies to reduce HIV transmission: how to make them work better.” Lancet 2008 Aug 23: 327(9639): 669-684.



- InPractice Module- reading: Overview of HIV Prevention
 - b. The Complexities of Care**
 - HIV Care Continuum (<https://www.aids.gov/federal-resources/policies/care-continuum/>). Link to PowerPoint Presentations on the HIV Care Continuum by Peter Rebeiro, PhD.
 - HIV care as a medical home. What does this look like?
 - What new models are needed in health care?
 - Journal club: Crisis in the HIV workforce: required reading Weiser et al, Clin Infect Dis (2016). Qualifications, Demographics, Satisfaction, and Future Capacity of the HIV Care Provider Workforce in the United States, 2013-2014.
 - c. What kinds of system barriers continue to exist?**
 - Community services and Health Care collaboration opportunities- discuss in a small group format some examples of ways we can partner with community service organizations.
 - Primary Care needs- discuss in a small group format how Primary Care practitioners can care for PLWH. What are some barriers they may face?
 - Workforce barriers- discuss in a small group format barriers to caring for PLWH in the next 5-10 years.
- VII. Objective #7: How can we help? Understand how we as interprofessional teams of health students can help PLWH.**
- a. Learning to identify risk factors
 - b. How to talk to patients about sex? Link to PowerPoint Presentation on Taking a Sexual History by Amen Eguakun, NP.
 - c. Role of primary care providers in the future of HIV
 - InPractice Module, reading: Primary Care for HIV-infected Patients in the Developed World

For IPE projects that have additional HIV education time built into their programs, the list below provides additional HIV topics that should be considered for students.

- Adherence (Retention in Care)
- Antiretroviral Therapy (Drug/Drug Interactions, Resistance Mutations, Viral Escape, Genotype Interpretation)
- Conception and Reproductive Health
- Cultural Competency
- Health Coaching /Medication Reconciliation
- Health Literacy and Case Management
- HIV Associated Cancers
- HIV and Aging
- HIV Care for Adolescents
- HIV Epidemiology
- HIV and Hepatitis
- HIV Prevention (PEP/PrEP)
- HIV Retrovirology and Pathogenesis
- Improved Interprofessional Communication/Workflow
- Mental Health and Substance Abuse issues Associated with HIV



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- Metabolic Disorders Associated with HIV (Bone and Renal as well as Cardiovascular)
 - MSM and Transgender Health Care
 - Neurologic Disease in HIV
 - Nutrition
 - Opportunistic Infections
 - Oral Health and HIV
 - PCMH 101
 - Ryan White and Medical Coverage
 - Screening and Testing (Risk Reduction Counseling or Delivering a Positive Test Result)
 - Social Barriers and Determinants of HIV
 - Taking a Sexual History

IPE Project Evaluation Assessment and Evaluation:

- Faculty Pre-assessment
- Student Pre-assessment
- Team assessment
- Individual course and clinical evaluations