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