

HIV Interprofessional Education Project (HIPEP)

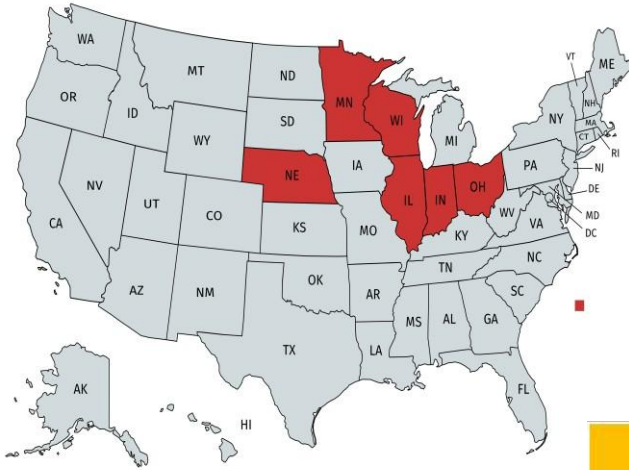
March 21,
2019

*Ricardo A. Rivero, MD, MPH
Executive Director/Project Director
Teresa Haro, BA
Regional Assistant Director*

Overview

1. Key partners and program structure
2. Program and learning objectives
3. Targets and instructional design
4. Program evaluation
5. Successes
6. Challenges
7. Sustainability

States Participating in HIPEP



Credent with mapchart.net ©

University of Illinois at Chicago



University of Minnesota



Indiana University



University of Wisconsin



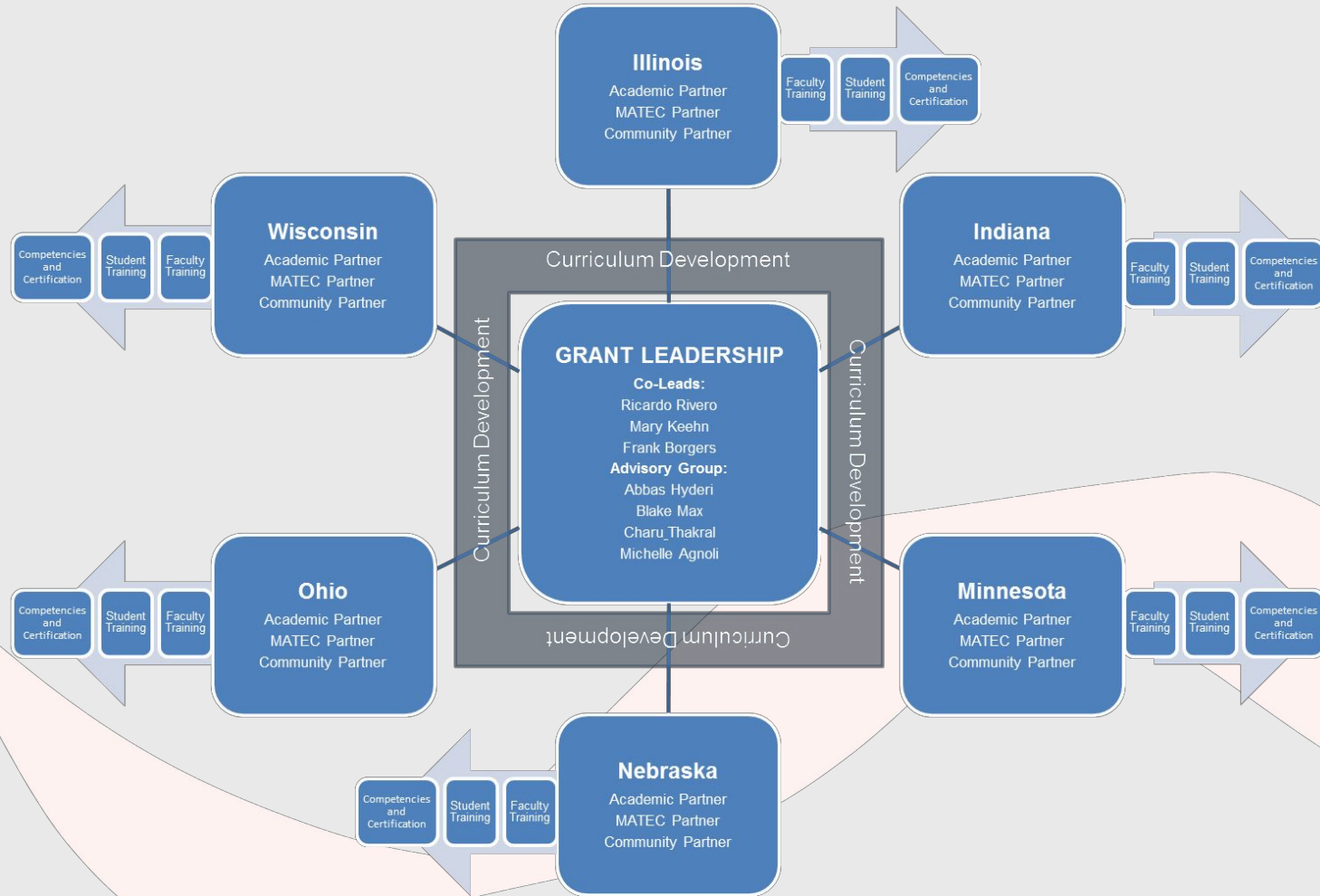
University of Nebraska



University of Cincinnati



Organizational Structure



Definition of Roles

Co-Leads – overall program development.

MATEC Central Office – administration & evaluation

Advisory Group – content development, strategy

Local MATEC Partners - implementation

Local Academic Partners - implementation

Faculty - delivery

Clinical Preceptors – delivery

Many individual had roles in more than one group

Program

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, dietitians, 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

Interprofessional Collaborative Practice in HIV Care and Prevention – Learning



Interprofessional Collaboration in HIV Care Learning Objectives

1. HISTORY AND EPIDEMIOLOGY OF THE HIV EPIDEMIC
 - a. Describe the history of the HIV epidemic in the U.S. including national responses and the mobilization of communities for prevention and care.
 - b. Describe the epidemiology of HIV.
 - i. Compare local, national and international epidemiological data
 - ii. Identify risk groups and discuss the evidenced based risk reduction strategies
2. INTERPROFESSIONAL COLLABORATIVE PRACTICE (ICP)
 - a. Define Interprofessional Collaborative Practice (ICP) and describe the characteristics of effective interprofessional collaborative practice.
 - b. Identify the benefits of collaborative practice, shared leadership and shared decision making for providers and patients.
 - c. Discuss the driving forces behind the current emphasis on ICP.
 - d. Discuss the IPEC Core Competencies for Interprofessional Collaboration Competence.
 - e. Describe team behaviors that foster patient/family/caregiver participation in shared decision making and that support patient autonomy.
3. NATURAL HISTORY OF THE DISEASE
 - a. Describe the natural history of HIV disease with and without antiretroviral therapy (ART).
 - b. Describe how HIV is transmitted and replicated.
 - c. Describe strategies to prevent HIV infection including PEP, PrEP and other harm reduction strategies for people who engage in high risk sexual and or substance-use behaviors.
4. PREVENTION, DIAGNOSIS AND TREATMENT
 - a. Discuss US Dept of Health & Human Services guidelines & recommendations for prevention, screening, diagnosis, treatment, and management of HIV infection and HIV-related diseases in the United States.
 - b. Describe clinical manifestations of HIV infection.
 - c. Discuss Antiretroviral Therapy (ART) including decision making about initiation, common protocols and side effects .
 - d. Explain the importance of adherence in ART, factors that interfere in adherence and methods to optimize adherence.
5. HIV CARE DELIVERY MODELS
 - a. Describe the HIV care continuum including testing, entry and retention in care, and treatment and successful viral suppression.
6. HEALTH PROMOTION AND WELLNESS
 - a. Discuss dimensions of wellness (emotional, environmental, financial, intellectual, occupational, physical, social and spiritual)
 - b. Discuss key health behaviors within the physical dimension (exercise & activity, weight control, sleep, smoking cessation, substance use) specifically as they relate to wellness in people with HIV/AIDS.

Page 1 | 2

10.19.17

ion in HIV Care ives

ected population including hepatitis B and
isease, sexually transmitted infections, and
dities in individual with HIV or AIDs.

vention, care, and treatment.
s poverty, homelessness, substance abuse,
action and interfere with adherence to care.
s psychosocial barriers to patient care that
ie team.
orting the psychological and emotional

other federal and state policies and their
d scope of practice that facilitate or create

among high risk and vulnerable populations
ransgender men and women, injection drug
adults.

CARE
erprofessional teams bring to discussion of
nes across the HIV Care Continuum.
the development of a plan of care for an
ological, social and psychological domains at

Page 2 | 2

10.19.17

Example:

- ### 11. INTERPROFESSIONAL COLLABORATIVE PRACTICE IN HIV CARE
- a. Recognize the varying professional perspectives interprofessional teams bring to discussion of HIV Care and Prevention.
 - b. Identify how ICP can contribute to improved outcomes across the HIV Care Continuum.
 - c. Contribute, as part of an interprofessional team, to the development of a plan of care for an HIV + individual, that comprehensively addresses biological, social and psychological domains at any stage of the HIV care continuum.

Program Planning and Coordination

- Monthly co-leads meeting
- Monthly webinar with MATEC Local Partners
- As needed, advisory group meeting
- Annual in-person regional meeting
- Utilized online folder system to share materials

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

Face to
Face
Orientation

Several
Weeks of
Online

Face to
Face
meeting

- Case discussions

Several
Weeks of
Online

Face to
Face
meeting

- Report out
- Debriefing
- “Graduation”

.....Clinical experience

Clinical & Community Placement

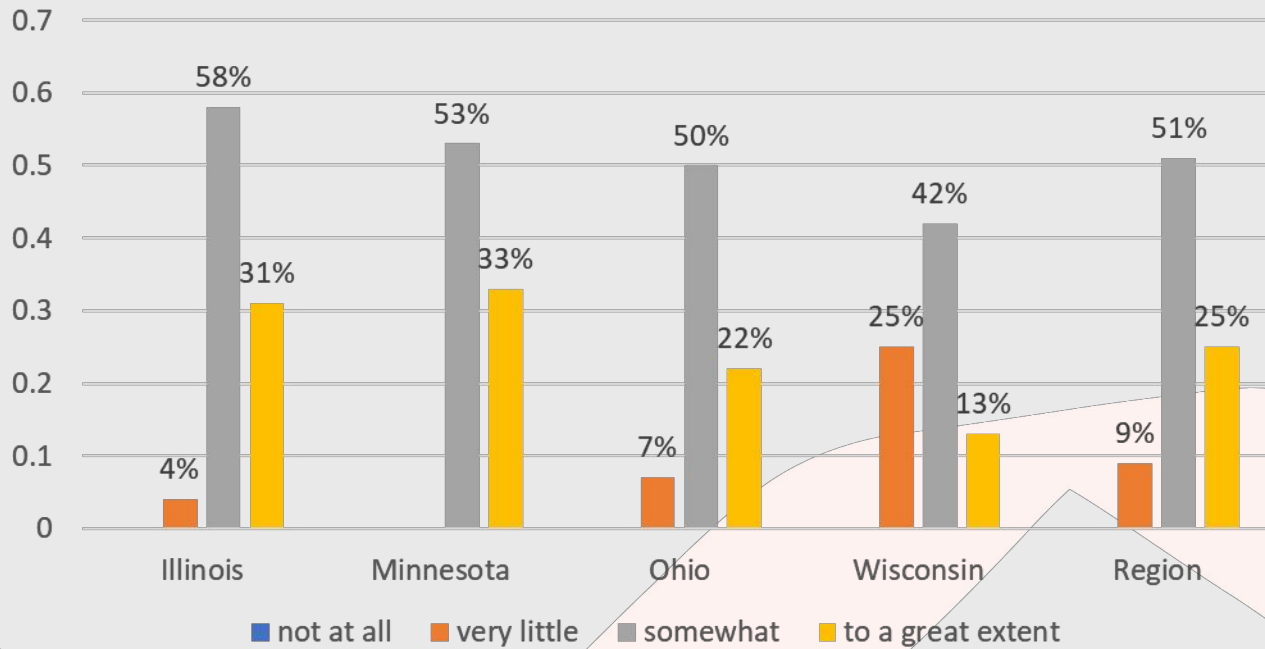
- Agreed upon target of 4 hours minimum
- Primarily clinics with established relationship to MATEC
- Activities:
 - Structured observation
 - Patient Interview
 - Staff interview
 - Observation of staff
 - Shadowing a clinician
 - No actual patient care

Program Evaluation

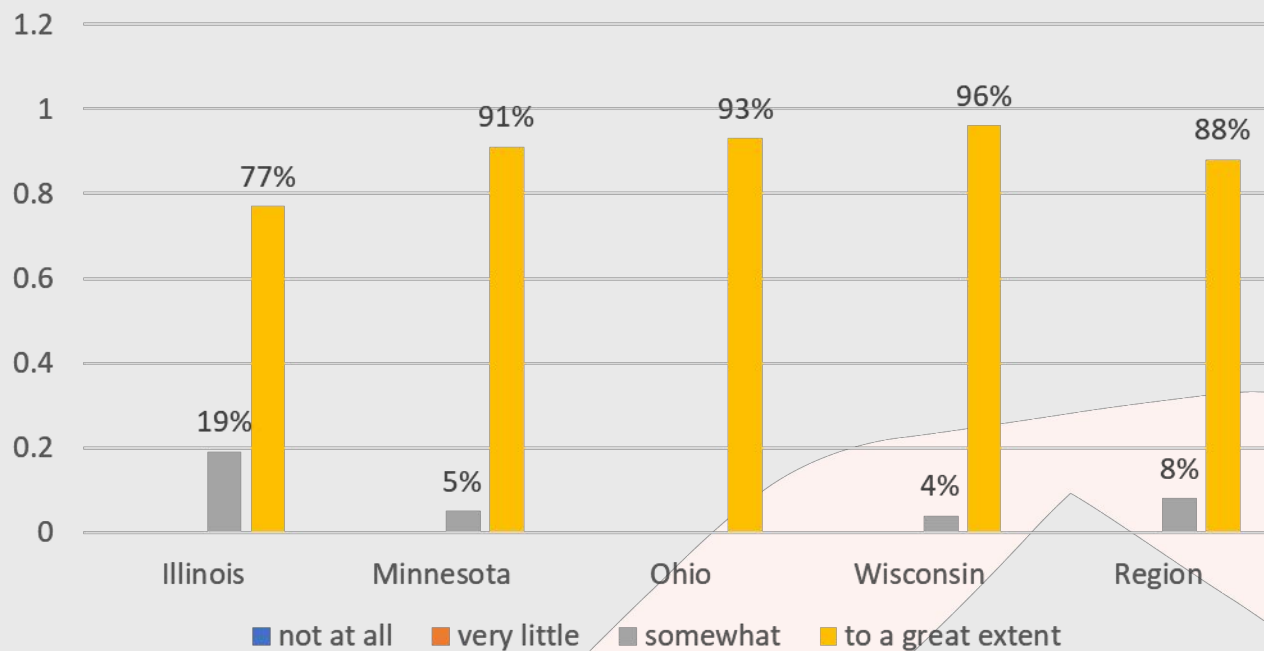
- **STUDENTS**
 - Student Assessment - Baseline
 - Student Assessment - One-Time Follow-Up
 - Student Final Reflections
- **FACULTY**
 - Health Professional Program Profile - Annual Follow Up
 - Faculty Assessment - Annual Follow-Up
- **ER & PIF COLLECTION FOR FACULTY**
- **ER & PIF COLLECTION FOR STUDENTS**



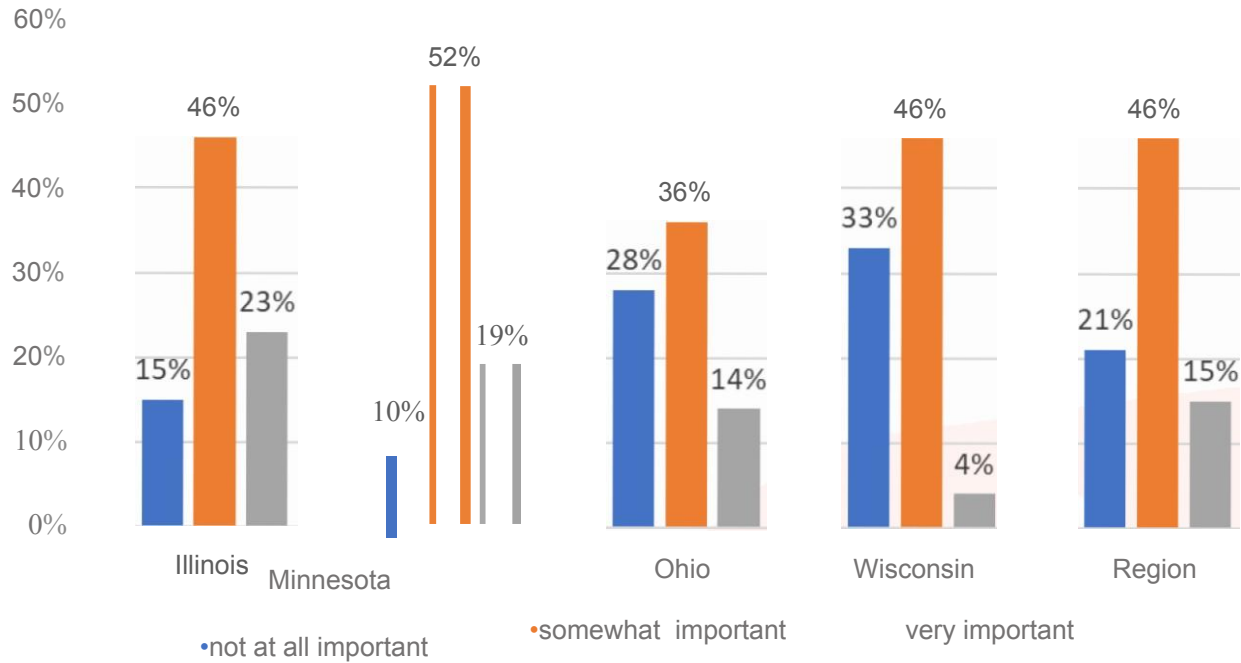
Anticipated Involvement with HIV Care in Career (N=85)



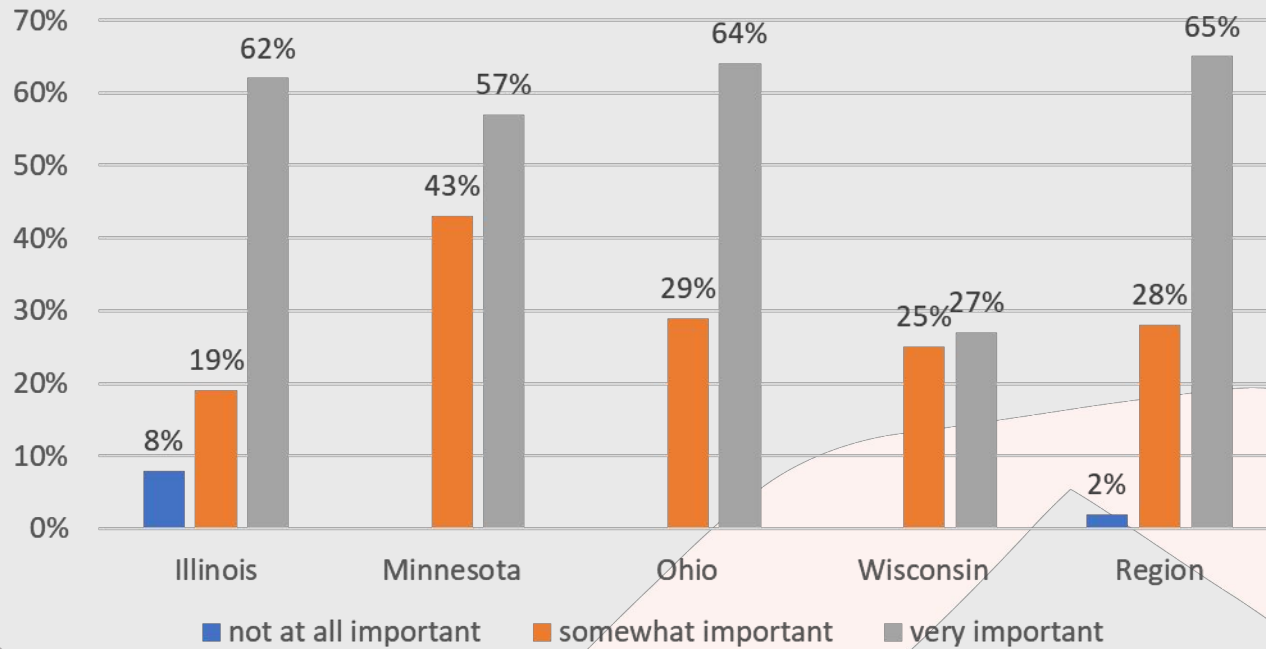
Anticipated Involvement with ICP in Career (N=85)



Importance of Involvement with HIV Care in First Position (N=55)



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





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

