

# Southeast AETC IPE Overview

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### **SE AETC IPE Logic Model**



#### SE AETC Interprofessional Education Logic Model

Inputs	Activities	Outputs	Outcomes Proximal	Intermediate Long-term
<ul> <li>SE AETC central office leadership</li> <li>SLI, IPE, and evaluation workgroups</li> <li>HRSA program guidelines and funding</li> <li>SE AETC infrastructure and resources</li> <li>National IPE resources and guidelines</li> </ul>	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 contentfor 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     Evaluation data across sites	Increased capacity for IPE- HIV programs in the region     Satisfaction of stakeholders	Increased capacity of the clinical HIV workforce brables stronger practice transformation initiatives Improved case management of PL/WH     PL/WH     Reduced incidence of HIV in the regio Improved health Decreased fragmentation of health care syster Neduced incidence of HIV in the regio Improved health Decreased fragmentation of health care syster healthcare costs     Section 1000
<ul> <li>Site infrastructure and resources</li> <li>Site policies and procedures</li> <li>Clinical facilities</li> <li>IPE faculty</li> <li>HIV clinicians who volunteer as preceptors</li> <li>Students in medicine, nursing, dentistry, public health, pharmacy, and/or behavioral health ap toential trainees</li> <li>Site-based funding that can be leveraged</li> </ul>	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 HV and other classroom-based seminars     Conduct regional webinars     Provide clinical immersion placements     Engage trainees in reflective practices     Oversee IPE team capstone project     Conduct egional and quality improvement activities	<ul> <li>Site-specific IPE-HIV program vision expectations, and curricula</li> <li>Resources and training available to in the region</li> <li>Number of faculty trained in IPE-HIV curricula</li> <li>Number of students by discipline enrolled in IPE-HIV program</li> <li>Number of students by discipline who complete IPE-HIV program</li> <li>Number of IPE-HIV seminars</li> <li>Number on PIE-HIV seminars</li> <li>Number of completed capstone projects</li> </ul>	<ul> <li>Increased trainee knowledge of IP theory; roles, responsibilities, contributions of all team members; ethical decision-making effective team development</li> <li>Strengthened knowledge of HIV best practices and the healthcare needs of PLWH</li> <li>Increased use of reflective practices to improve care</li> <li>Increased respect and value of IP practice</li> <li>Increased sense of shared values among team members</li> <li>Faculty, clinician, and trainee satisfaction with the program</li> </ul>	<ul> <li>Improved collaboration and communication skills in multiple contexts and across stakeholders (e.g., conflict management, active listening, providing feedback)</li> <li>Improved team functioning</li> <li>Increased patient stakeholders (e.g., conflict</li> <li>Increased patient adherence with treatment recommendations</li> <li>Increased patient adherence with treatment retention in HIV care</li> <li>Increased patient retention in HIV care</li> <li>Increased patient retention in HIV care</li> <li>Increased patient retention in HIV care</li> <li>Increased access and utilization of healthcare outcomes along th HIV care continuu</li> </ul>

#### 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**

# University of UNIVERSITY of UNIVERSITY of Kentucky



UNIVERSITY OF

Developed
 Completely New
 HIV IPE Projects

VANDERBILT WUNIVERSITY®

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		



*"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)



"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)



"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)



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#### **Capstones: Understanding Why Patients Missed Appointments**

#### **Top Five Reasons for No Show**

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

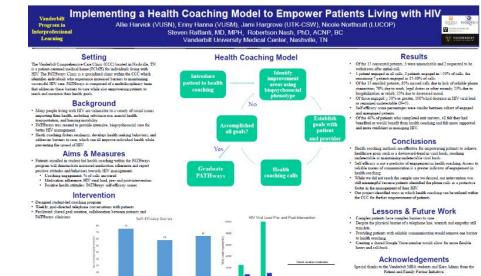
#### Patients will reschedule in 3 days

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#### **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





#### **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

