

Southeast AETC IPE Overview

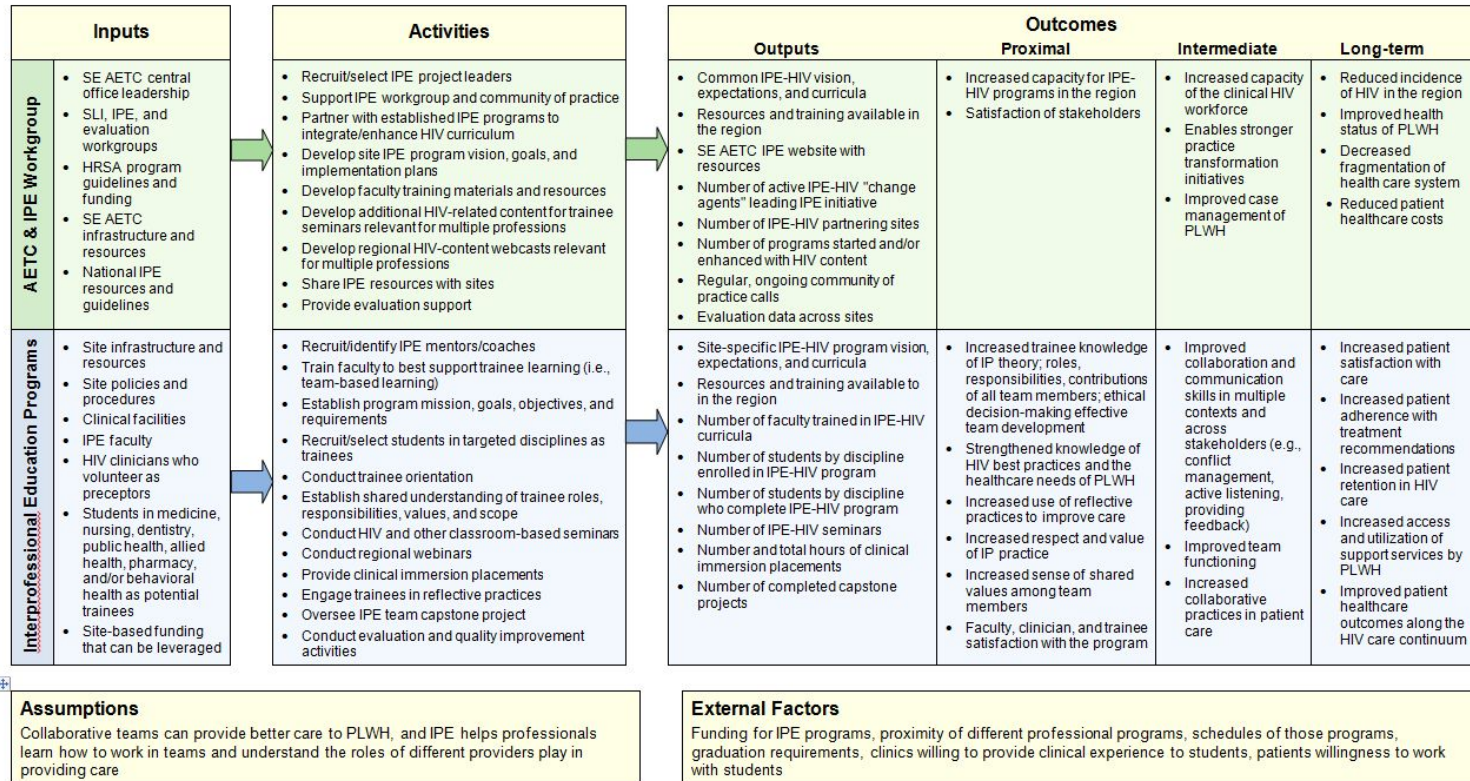
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SE AETC IPE Logic Model



SE AETC Interprofessional Education Logic Model



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?

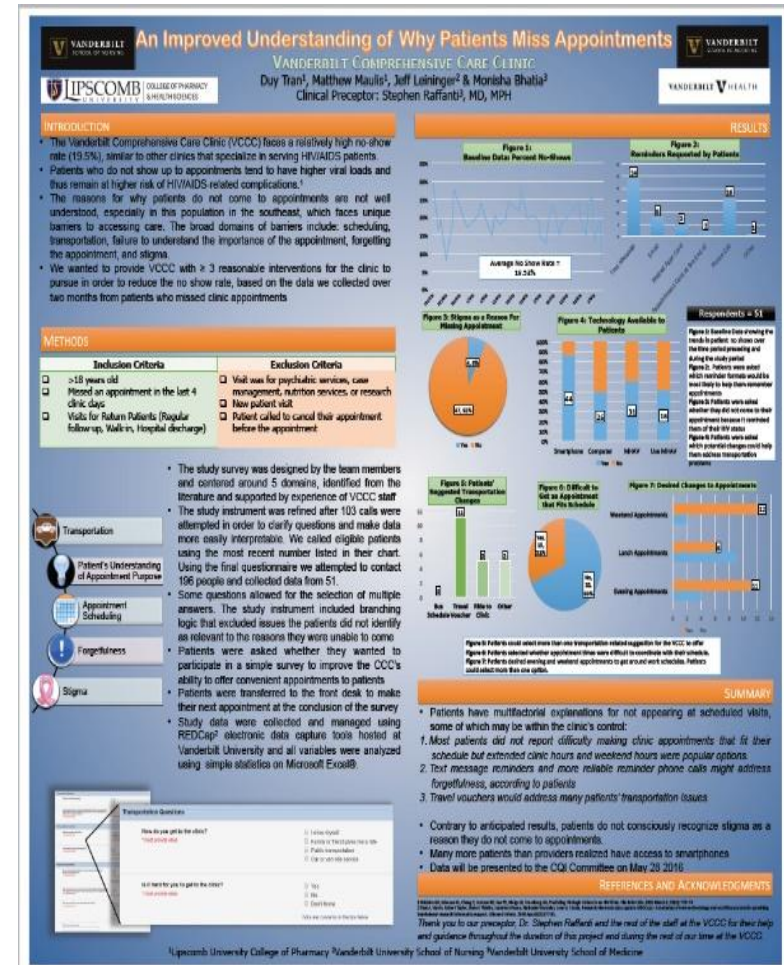
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Capstones: Understanding Why Patients Missed Appointments

Top Five Reasons for No Show

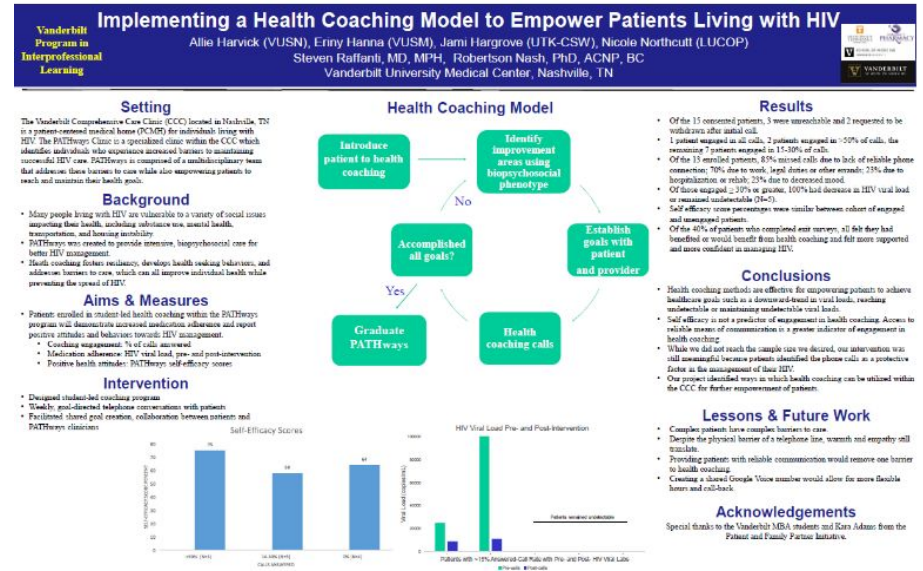
- Transportation
- Patient not understanding importance
- Scheduling Issues
- Forgetfulness
- Stigma

Patients will reschedule in 3 days



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

