

University of Texas Health Science Center at San Antonio

1. Title/Focus for your IPE prevention initiative:

Interprofessional Education in the HIV/AIDS Clinic: Improving Clinician-Patient Communication to Improve Medication Compliance

- **Professions involved, faculty and students**

School Of Medicine

- Team Leader: Jan E. Patterson, MD - Professor; Director, Center for Patient Safety and Health Policy,
- Delia Bullock, MD - Assistant Professor; Medical Director HIV/AIDS Clinic,
- Martha Medrano, MD - Professor; Associate Dean CME
- Betty Vestal, RN – Director of Clinical Programs, University Health System FFACTS/Immunosuppression

School Of Nursing

- Kathleen Stevens, RN, EdD, –Professor; Director, Academic Center for Evidence-Based Practice
- Jane Cardea, PhD, RN – Associate Professor/Clinical, Chronic Nursing Care

College of Pharmacy

- Veronica Young, PharmD, MPH – Assistant Professor; Pharmacotherapy Education and Research Center; the University of Texas at Austin College of Pharmacy, Austin, TX. Asst. Director, Drug Information Service, UTHSCSA

School of Health Professions

- Judi Colver, MMS – Associate Professor; Associate Chair, Department of Physician Assistant Studies
- Rubin Restrepo, MD, RRT – Associate Professor, Department of Respiratory Care

School of Public Health

- John Herbold, DVM, MPH, PhD – Professor, UT-Houston School of Public Health, San Antonio Regional Campus

Department of Social Work, College of Public Policy, UTSA

- Maureen Rubin, PhD – Assistant Professor, Dept of Social Work
- **Was there an existing core IPE faculty team prior to this project?**

Yes, in April 2008, a team consisting of faculty from the five schools at the Health Science Center, was formed to develop a project to apply for the Fall 2008 APTR institute.

2. Goals you seek to achieve

- a. Engage an interprofessional team of medical, nursing, PharmD, allied health, and public health students to do patient education and communication in community-based service learning.
- b. Engage faculty from each school to advise the interprofessional team.
- c. Develop an interprofessional curriculum to educate HIV/AIDS patients about evidence-based therapeutic and preventive medications.
- d. Provide opportunity for students to reflect on community-based learning.
 - o **Note type of prevention – primary, secondary, tertiary**
Tertiary – since the students actually got to do medical reconciliations at the clinic
 - o **Educational methods or approaches used – [i.e. service-learning, pre/post clinic discussions, web-based, classroom, independent study]**
Blackboard: Didactics for independent study, Pre and Post course
Interprofessional learning assessment surveys, Course evaluation survey, Discussion Board
Face –to face meetings with the faculty on feedback about course on an ongoing basis.
Self Reflection exercise about the course and interprofessional education
 - o **Was credit offered for the course or was the activity an elective?**

The following schools are offering credit for the course:
SOM, SPH, SHP at Health Science Center, and the Department of Social Work, College of Public Policy at University of Texas at San Antonio.
The COP is not offering credit for the course.
We currently have no SON students enrolled for the fall longitudinal elective due to a conflict with their rotation schedules.

3. Progress to date

- o **Is your project proceeding as you had planned?**

Our project has been very enthusiastically supported by dedicated faculty and staff at UTHSCSA. Our timeline is as below:

March 2008 – Team leader, Dr Patterson, recruited faculty leaders for project from Schools of Medicine, Nursing, Allied Health, Public Health, and College of Pharmacy, initiated discussion about project.

April 2008 – Faculty leaders met to discuss and finalize project proposal.

June – July 2008 – Faculty leaders discussed curriculum planning of project at regularly scheduled meetings. Didactic components of project were assigned, planned, and coordinated.

September 2008 – Team attended the Institute for Interprofessional Prevention Education.

September – October 2008 – Team met to discuss material learned at Institute to refine project. On-line component of didactic designed. Began recruiting students for project and coordinating student schedules and clinic logistics for community service learning component of project. Faculty from the School of Social Work at the University of Texas at San Antonio recruited for project.

November 2008 –Curriculum for Spring '09 Senior elective and for next year's longitudinal elective submitted to SOM curriculum committee.

February 2009 – Dr Bullock presented poster on ' Interprofessional Education at the HIV/AIDS clinic' at the 2009 Teaching Prevention conference, Los Angeles, CA.

March 2009 –IPE students participated in the pilot elective. This was a week long elective with a total of 14 interprofessional students. The Readiness of healthcare students for Interprofessional Learning (RIPLS) Survey was used to explore differences in students perception & attitude toward interprofessional learning. The results showed 93.5% and 92.1% positive responses pre and post course respectively.

Planning meetings and the pilot elective showed us that coordination of student schedules was challenging.

Online didactic learning through Blackboard was easy to facilitate and well-accepted by students. Availability of the RIPLS and course evaluation surveys via Blackboard yielded a 100% response rate.

Group case analysis was reflective and instructional. It was a highlight of the elective for students and faculty.

Student comments were: *'Great experience ; Liked the role playing best; Liked working closely with other professionals; Excellent opportunity; Wonderful overview of IPE; Novel idea.'*

July 2009- Dr Patterson presented poster on 'Interprofessional education at the HIV/AIDS clinic: Improving communication and Medical Reconciliation' at the 2009 Summer Institute on Evidence-Based Practice: Achieving Excellence held in San Antonio, TX.

September 2009 – IPE students enrolled in the longitudinal elective, 'Interprofessional Education in the HIV/AIDS clinic: Improving communication and medical reconciliation'.

The elective has the same elements(given below) as the Spring elective, with the addition of a community service learning project for the students.

- **Have you modified any elements of your project from your original plan?**

As we were evaluating the HIV/AIDS clinic requirements, we realized that Social Work plays a significantly important role in facilitating treatment offered to the patients. Therefore, we approached the School of Social Work at the University of Texas at San Antonio(UTSA). The result was the inclusion of a Social Work faculty member to work with the interprofessional team.

Initially we had planned to use only Blackboard for the Didactic component; we are now recording the lectures through Sonic Foundry to make them more interactive with the audience and to make the recordings available to the students at any time.

The Discussion board was added to the Longitudinal elective as the students have a longer time to review the Didactics. Every two weeks, the IPE faculty posts a discussion question on Blackboard. Additionally, blackboard is also being used to alert students of upcoming events, reminders and schedule changes.

- **Explain any unexpected outcomes from your project; positive, negative and other.**

We have not had any unexpected outcomes.

Positively, the contribution from each school's faculty has resulted in a well rounded curriculum for the students to follow.

Additionally, this has also positively impacted more interaction amongst the various schools. The Health Science Center President issued a university wide interprofessional education task force to identify, describe, and propose interprofessional instructional activities across the campus. The IPE task force include faculty members from the University: Dental Health Professions, Medical, Nursing, and Public Health; and a representative from the Office of the Registrar and Academic Center for Excellence in Teaching.

The team efforts made various schools realize the resources available at each school which could be used not only for the course but even later. E.g. Sonic Foundry at the School of Allied Health.

Faculty learned to use Blackboard as a medium of instruction for courses.

Inclusion of Social Work faculty will make the IPE a more enriching and well rounded experience.

The students enrolled for the longitudinal elective were introduced to the non-profit community service organizations at the orientation (Alamo Area Resource Center, San Antonio AIDS Foundation, and BEAT AIDS). The students are working closely with these organizations on health promotion and health prevention projects that are necessary for this specific patient population.

The most challenging part has been getting students from all the schools to sign up for the course, since all the schools have different semester start dates.

- **Which instructional strategies have worked best?**

All the instructional strategies used for the course have been very student- friendly and complement each other. The course has the following components:

- a) Element I: Didactic lectures on Blackboard covering patient safety, health literacy, medication reconciliation, treatment guidelines, interprofessional roles and responsibilities, community needs assessments and social support networks.
- b) Element II: Clinic experience: Students will interact in the University Health Clinic Downtown HIV/AIDS clinic (Family Focused AIDS Care and Treatment Services [FFACTS Clinic]) setting with a broad spectrum of healthcare providers, focusing on management of specific patients. Students will perform medication reconciliation with healthcare provider and attend interprofessional team meetings.
- c) Element IV: Community-based service learning project working with HIV/AIDS clinic community outreach workers. Interdisciplinary student will implement a brief community needs assessment and develop and implement a community service learning activity focused on health prevention and health promotion.
- d) Element III: Students will analyze an HIV management case and implementation of the community service learning project with other health professional students, highlighting interprofessional roles.
- e) Element V: Self-reflective exercise on Blackboard to reflect on the experience of working within an interdisciplinary team.

- **Are there any instructional strategies you would change? If yes, please explain.**

At this point, we would not like to change any of the instructional strategies.

4. Important decisions made (or contemplated)

- **Based on what you have learned thus far, what would you have done differently?**

The IPE faculties from the various schools are working closely with their Deans to make it easier for time to be available for the students to take the course. This has been the biggest challenge for the course...getting dedicated time for the students to do the course.

The newly developed Task Force is also working together to resolve this, so that students from all 5 schools at the Health Science Center have dedicated times to do future institution-wide IPE courses.

5. Lessons learned or new perspectives acquired so far

- **Explain any unanticipated outcomes from your project, both positive and negative.**

The IPE has had immensely positive outcomes for the institution. This has led to the generation of more interest in IPE by faculty and students institution wide. Recently our institution appointed a new President (Dr William Henrich, MD), and new interim Dean to the School of Medicine (Dr Glenn Halff, MD) and a new Dean to the School of Nursing (Dr Eileen Breslin, PhD). Consequently, a university-wide IPE task force was formed by President Enrich (please find attached charge). Faculty from the Department of Social Work, College of Public Policy at the University of Texas, San Antonio(UTSA) is also a part of this task force. The charge to the task force is to identify, describe and propose IPE activities across the campus. The institutional environment shift that is being catalyzed by the CTSA/IIMS activities is removing 'silos' across a number of aspects of the HSC...including education across disciplines.

- **Given your experience thus far, would any other type of training or preparation have been helpful?**

So far, we have had a Spring elective (March 2009) and currently we have students enrolled in the Longitudinal elective (Sept-Dec 2009). We have been collecting data via the RIPLS pre and post course interprofessional learning surveys and the course evaluation surveys. The results of the data from the spring course helped us prepare better for the Longitudinal elective. The students were encouraged to sign up for the Clinic Visits as per their schedules. More flexibility was offered so that the course could be completed in a timely manner.

6. Challenges faced

Getting all the faculty together for meetings was a challenge but everyone was cooperative and accommodative.

Getting the curriculum ready for each school and then getting it approved by the respective Curriculum Committees

Learning curve for Blackboard and Sonic Foundry

7. Evaluation plans/instruments being used

- a) **Readiness of healthcare students for Interprofessional Learning (RIPLS) Survey :**
This is being used as a pre and post course assessment tool. It is available on Blackboard for the students.

This questionnaire is designed to test the readiness and attitudes of health professionals towards inter-professional learning. For the purposes of the questionnaire, interprofessional learning is defined as mixed health professional groups, learning with, from and about each other at the same learning events with a view to improving collaboration and the quality of care.

- b) **Course Evaluation Surveys:** These surveys are also on Blackboard. The students complete this survey as part of course completion.
- c) **Self Reflective Exercise:** The students complete this at the end of the course with personal feedback about the course. Some of the comments have been cited earlier .(please refer to 3.)

8. Other items of interest to share

- **Has your team participated in specific activities designed to help you work together more effectively? If yes, please explain.**

The team met monthly to discuss the project. The meetings were rotated through the various schools so that faculty could learn more about the respective schools.

The faculty and staff have done the Blackboard course training.

They also visited with the School of Allied Health to tour the Sonic Foundry Classroom where the didactic lectures are recorded.

- **What impact on the curricula at your institution do you anticipate will emerge as a result of your interprofessional prevention education initiative?**

Please explain:

We have received positive feedback from the Curriculum Committees. We feel that this course will set the precedent for future interprofessional courses at UTHSCSA and UTSA.

The students at the participating schools will also benefit from the hands on interprofessional experience.

Alignment of curriculum has been a challenge and has created some barriers. Curriculum planning leaders are aware of the necessity to consider this as they prepare for the 2010-2011 elective offerings.

- **Please share future plans you have for advancing interprofessional prevention education activities at your institution.**

June 2010 - Faculty leaders make plans for future projects and collaborations.

Members of the IPE task force convene on a monthly basis to evaluate opportunities for future interprofessional activities institution-wide.

The Center for Patient Safety was recently awarded the “Retooling Quality and Safety: An Initiative of the Josiah Macy, Jr. Foundation and IHI Open School for Health Professions” grant by the IHI. Our proposal’s goal is to integrate improvement and knowledge within the academic curricula by offering a Quality and Safety Elective Course to 6 medical students and 6 nursing students, commencing October and convening in June, 2010.