Interprofessional Education in the HIV/AIDS Clinic: Improving Communication and Medication Reconciliation
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Problem: Interprofessional education prepares health professional students to work and communicate effectively in teams, potentiating quality and safety in their future work. Optimal healthcare for patients has been achieved through interprofessional healthcare professionals working together. Though the gains are immense, health professionals’ education has inadequate assimilation of interdisciplinary education.

Evidence: An IOM report recommended educating all health professionals to deliver patient-centered care as members of an interdisciplinary team(1). The 2003 IOM Report recommends “a common language; development, demonstration and maintenance of core competencies; funding for education, practice and research to support the integration of core competencies”(2). Shine suggested that all health professional students be taught together so that they learn to solve problems jointly(3). Interprofessional collaboration is critical to optimize safety and quality(1,3). IPE experiences must address existing cultural differences between healthcare professions(4).

Strategy: The overarching goal is to introduce medical, nursing, pharmacy, public health, social work and physician assistant professional students to HIV case management. They will learn how to function as members of an interprofessional team. At the end of the course, students will be familiar with issues of: patient safety, health literacy, medication reconciliation, and interprofessional teamwork in HIV care.

A team of faculty from UTHSCSA Center for Patient Safety& Health Policy, School of Medicine, School of Nursing, School of Allied Health, College of Pharmacy and UT-Houston School of Public Health, San Antonio Regional Campus and UTSA School of Social Work have developed an interprofessional curriculum to educate HIV/AIDS patients about evidence-based anti-retroviral therapy. They will teach above mentioned health professional students, who will then provide patient education in the University Health System HIV/AIDS Clinic for Bexar County, Texas (also called FFACTS/Immunosuppresion clinic).

There will be spring and longitudinal electives with didactic lectures, clinic visits, group case analysis, and self reflective exercises. The later would also have a community based service project.

The didactic component will teach students about evidence-based regimens for anti-retroviral therapy and medications to prevent opportunistic infections in HIV patients, patient education principles and cultural barriers to medication compliance.
The community-based service component will take place at the FFACTS Clinic serving under- and uninsured patients of Bexar County. Students will perform medication reconciliation with providers.

**Practice Change:** It is the first time that formal interprofessional education involving multidisciplinary students will be conducted at the FFACTS clinic.

**Evaluation:** Knowledge, skills and attitudes (using RIPLS survey) regarding interprofessional education will be assessed before and after the course.

**Results:**
- Better appreciation and attitude for IPE
- Increased knowledge in patient safety & medication reconciliation
- Serves as a framework for future IPE courses
- Related publications & presentations
- Lead to IPE in other areas
- Expansion to include IPE into faculty development and CE activities.

**Recommendations:** Experience from Year 1 will be used to refine and further develop the courses and electives.

**Lessons Learned:** There is a growing necessity for interprofessional education in healthcare. It needs to be integrated in more didactic course curricula. This course will facilitate communication between healthcare professionals which should improve patient outcomes. The project may also facilitate medication knowledge and compliance in HIV/AIDS patients.

**Bibliography**